

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Claim ID: 95-16750

Date Received: 7/30/18

Receipt No: N030327

Claim Fee: \$2500 By: LW.

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JUL 30 2018

IDWR/NORTHERN

AMENDED
NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

Please type or print clearly

1. Name of claimant(s) SAM AND/OR BETTY SYMONS Phone (208) 755-0805
Mailing address PO BOX 2942 HAYDEN LAKE ID 83835
Street or Box City State Zip
Email address (optional) bettrysymons07@gmail.com
2. Date of priority: (Only one per claim) 12/31/1979 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
4. Location of point of diversion is: Township 52N, Range 03W, Section 30,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 52N03W308600
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
WELL WITH PIPELINE TO HOME
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.04 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

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9. Location of place of use is: Township 52N, Range 03W, Section 30,
SW 1/4 of SE 1/4, Govt. Lot BM, Parcel no. SAME

If different than shown in Item 4

for (check one) **Domestic** (☒) **Stock** (☐) **Domestic and Stock** (☐)

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? KOOTENAI

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks (include an explanation of the priority date selected):

PREVIOUSLY SERVED DOMESTIC WATER FROM A SHARED WELL STARTING IN 1979. WELL DRILLED

IN 1997 WAS A LOW PRODUCER AND A REPLACEMENT WELL WAS DRILLED IN 2015.

14. Basis of claim (check one) Beneficial Use (✓) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-16750

15. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notices in the Coeur d'Alene-Spokane River Basin Water System Adjudication."

(b.) I/We do () do not (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 2

For Individuals: I/We do solemnly swear or affirm under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Sam P. Simon Date: 7-30-18

Date: 7-30-18

Date: 2-30-18

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) SAM AND/OR BETTY SYMONS

Claim ID

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0069635

Drilling Permit No. 876679

Water right or injection well # _____

2. OWNER

Name Sam Symons

Address PO Box 2942

City Hayden

State ID

Zip 83835

3. WELL LOCATION:

Twp. 52 North ☒ or South ☐ Rge. 03 East ☐ or West ☒

Sec. 30 1/4 SW 1/4 SE 1/4

10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai

Lat. 47° 49:161 (Deg. and Decimal minutes)

Long. 116° 45:119 (Deg. and Decimal minutes)

Address of Well Site 18625 North Marble Lane

City Hayden

State or Federal name of road or distance to road or landmark

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	38	1050lbs	Dry pour
Granular				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	2	96	.250	Steel	☒	☐	☐	☒
4	14	214	200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 96

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
174	214	3/8rmd	120	4	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 65 Static water level (ft) 75

Water temp. (°F) _____ Bottom hole temp. (°F) _____

Describe access port 1 inch plug

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
N/A	6	2hrs	☐	☐	☒	☐

Water Quality test or comments: Clear, cold, no smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	N
10	0	12	Clay tan/yellow firm		x
10	12	19	Clay reddish brown firm		x
10	19	38	Clay tan brown firm		x
8	38	68	Clay dark brown/black firm		x
8	68	80	Silty brown sand with some clay	x	
8	80	84	Clay gray firm		x
8	84	95	Clay black firm		x
8	95	96	Basalt black firm		x
6	96	213	Basalt black firm	x	
6	213	214	Clay black firm		x

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SEP 16 2015

IDWR / NORTH

UNITED CROWN
PUMP & DRILLING
3125 W Hayden Ave. Hayden ID 83835
Office (208) 682-9641 (208) 773-7867

Completed Depth (Measurable)

Date: Started 9/15/2015 Completed 9/16/2015

14. DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name United Crown Pump & Drilling Co. No. 636

*Principal Driller Jason C Beckham Date 9/16/2015

*Driller _____ Date 9/16/2015

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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SEP 24 2018