

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

Ident. Number 95-15409

Date Received: 5-19-09

Receipt No: NO 20643 D

Received By: KK

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

1. Name of Claimant(s) BOMAR FAMILY REVOC LUGTST Phone 208 683-2758

Mailing Address N-26628 GOOD HOPE RD ATHOL ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 11/22/88
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 53N, Range 34W, Section 24
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of _____
Parcel (PIN) no. 53N34W241900

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.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.08 cfs () or AFY ()

For STOCKWATER purposes from JAN 1 to DEC 31 amount 0.03

7. Total Quantity claimed 0.09 cfs (☒) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 3 HOMES 25 HEAD

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MAY 19 2009

9. Location of Place of Use is: Township 53N, Range 3W, Section 24,
NE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 53N3W24P0200
If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock ()

Additional places of use, if any 53N3W24SENE 53N3W24 1900, 1950

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:

14. Basis of Claim (Check One) Beneficial Use (X) Posted Notice () License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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

Number of attachments: _____

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) George W. Bannay Trustee Date: 5-19-09

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of 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 George Date _____

Address _____

Last Name _____ Identification No. _____

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MAY 19 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

RECEIVED
NOV 30 1988
DEPARTMENT OF WATER RESOURCES

1. WELL OWNER Name <u>GEORGE ROMAR</u> Address <u>GOOD HOPE RD ATHOL ID</u> Owner's Permit No. <u>96-88-N-83</u>	7. WATER LEVEL Department of Water Resources Static water level <u>20'</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ Describe artesian or temperature zones below.																																																																																		
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td style="text-align: center;">40</td> <td style="text-align: center;">450'</td> <td style="text-align: center;">4</td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	40	450'	4																																																																												
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8"</td> <td>0</td> <td>50'</td> <td>TOP SOIL GRAVEL (GRAY)</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>50</td> <td>75</td> <td>BOULDERS (COBBLES)</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>75</td> <td>125'</td> <td>GRAVEL (GRAY)</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>125'</td> <td>140'</td> <td>BOULDERS</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>140</td> <td>170'</td> <td>SANDY GRAVEL (BLUE CLAY)</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>170</td> <td>189'</td> <td>CLEAN GRAVEL (BOULDERS)</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>189</td> <td>215</td> <td>HARD GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>215</td> <td>400</td> <td>HARD BLACK GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>400</td> <td>405</td> <td>SOFT SPOT "</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>405</td> <td>425</td> <td>HARD GRANITE</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>425</td> <td>435'</td> <td>SOFT SPOT (BROKEN)</td> <td></td> <td>X</td> </tr> <tr> <td colspan="6" style="text-align: center;">TD.</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	50'	TOP SOIL GRAVEL (GRAY)		X	6"	50	75	BOULDERS (COBBLES)		X	6"	75	125'	GRAVEL (GRAY)		X	6"	125'	140'	BOULDERS		X	6"	140	170'	SANDY GRAVEL (BLUE CLAY)		X	6"	170	189'	CLEAN GRAVEL (BOULDERS)		X	6"	189	215	HARD GRANITE		X	6"	215	400	HARD BLACK GRANITE		X	6"	400	405	SOFT SPOT "		X	6"	405	425	HARD GRANITE		X	6"	425	435'	SOFT SPOT (BROKEN)		X	TD.					
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____																																																																																			
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>250 inches</td> <td>6" inches</td> <td>1 1/2 feet</td> <td>189 feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number <u>4" PVC</u> From _____ To _____ _____ perforations <u>174'</u> feet <u>450'</u> feet _____ perforations <u>400'</u> feet <u>440'</u> feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>50'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	250 inches	6" inches	1 1/2 feet	189 feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																																																															
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6. LOCATION OF WELL Sketch map location must agree with written location. N <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%; text-align: center;">W</td> <td style="width:33%; text-align: center;">E</td> </tr> <tr> <td style="text-align: center;"> </td> <td style="text-align: center;"> Subdivision Name _____ Lot No. _____ Block No. _____ </td> </tr> </table> County <u>KOOTENAI</u> <u>NE 1/4 NE 1/4 Sec. 24, T. 53, R. 3</u>	W	E		Subdivision Name _____ Lot No. _____ Block No. _____	10. Work started <u>11-1-88</u> finished <u>11-22-88</u> 11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>ALBERT IRVING WATER WORKS</u> Firm No. <u>464</u> Address <u>P.O. Box 346 ATHOL</u> Date <u>11-22-88</u> Signed by (Firm Official) <u>William L. Pelt</u> and (Operator) <u>William L. Pelt</u>																																																																														
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USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

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MAY 19 2009