

RECEIVED

MAR 07 2019

DEPARTMENT OF
WATER RESOURCES

March 3, 2019

Dear Sirs,

ATTACHED please find my two existing water rights. The corrections needed are noted.

This year you stated Btst: 95 part two, but it is part one.

Also attached is a third water right that I purchased two years ago. Please note.

Any questions please call

Jack: [Signature] (208) 660-4732

RECEIVED

02/25/2019

MAR 07 2019

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DEPARTMENT OF
WATER RESOURCES

RIGHT NUMBER: 95-14895
NAME AND ADDRESS: JOHN MAC DONNELL BARB
16322 W RIVERVIEW DR
POST FALLS ID 83854

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.020 CFS *x2*

The quantity of water under this right shall not exceed 13,000 gallons per day.

Basin 95 Prior 1

(wr 2!)

26,000

PRIORITY DATE: 10/31/2002

POINT OF

DIVERSION: T50N R05W S7 SESE Within KOOTENAI County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.020 CFS

EACH

Domestic use is for *2* homes.

PLACE OF USE: DOMESTIC in KOOTENAI County

T50N R05W S07

SESE

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Parcel No. 040650010010

Property is also known as Tax #24860 Jacks Tracts. *LT 1, BLK 1*
18834 W. RIVERVIEW DR

PARCEL NO. 04 065 001 0020

JACKS TRACTS LT 2 BLK 1
18820 WEST RIVERVIEW DR

RECEIVED

02/25/2018
MAR 07 2019

IDAHO DEPARTMENT OF WATER RESOURCES
RECOMMENDED WATER RIGHTS ACQUIRED UNDER STATE LAW

DEPARTMENT OF
WATER RESOURCES

RIGHT NUMBER: 95-14896

NAME AND ADDRESS: JOHN MAC DONNELL BARB
16322 W RIVERVIEW DR
POST FALLS ID 83854

SOURCE: GROUND WATER

TRIBUTARY:

Basin 95 part 1 (not 2!)

QUANTITY: 0.020 CFS *x2*

The quantity of water under this right shall not exceed *26,000* 13,000 gallons per day.

PRIORITY DATE: 08/17/2000

POINT OF

DIVERSION: T50N R05W S9 SWNW Within KOOTENAI County

PURPOSE AND

PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

DOMESTIC

01/01 12/31

0.020 CFS

EACH

Domestic use is for *2* homes.

PLACE OF USE: DOMESTIC in KOOTENAI County

T50N R05W S09

SWNW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

The quantity of water decreed for this water right is not a determination of historical beneficial use.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

Parcel No. 50N05W09S200 *20495 DU 10020*

BARB TRACTS 1ST ADDITION

LOT 1 BLOCK TWO

LOT 2 BLOCK TWO

RECEIVED

MAR 07 2019

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:

Ident. Number _____

Date Received: _____

Receipt No: _____

Received By: _____

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) JOHN MAC DONNELLY BARR Phone 208 773-8908Mailing Address 16322 West Riverview Dr. Twin Falls ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 3/11/19
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 50N, Range 05W, Section 18
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai
Parcel (PIN) no. 50N 05W 18 0375Additional points of diversion if any: 5072 SOUTH CARPENTER'S LOOP

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 & Pump

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 1.04 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.40 cfs (✓) or AFY ()8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) DOMESTIC 2 HOMES

9. Location of Place of Use is: Township 50N, Range 05W, Section 18,
NE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50N05W180375
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? ROOSEVELT

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 (☒) 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 (☐) 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) _____

Date: 3/11/19

Date: _____

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.

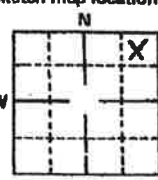
Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

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.

1. WELL OWNER Name <u>WAYNE MORRISON</u> Address <u>CARPENTER LOOP - 200YDS S. OF</u> <u>RIVERVIEW W SIDE OF RD 95-92-N-21</u> Drilling Permit No. _____ Water Right Permit No. _____	7. WATER LEVEL Static water level <u>175</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 <u>COLD</u> °F. Quality <u>GOOD</u> <i>Describe artesian or temperature zones below.</i>																																																				
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ 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;">15</td> <td style="text-align: center;">900</td> <td style="text-align: center;">1</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	15	900	1																																														
Discharge G.P.M.	Pumping Level	Hours Pumped																																																			
15	900	1																																																			
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 rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>2</td> <td>SOIL</td> <td>X</td> </tr> <tr> <td></td> <td>2</td> <td>54</td> <td>DECOMPOSED GRANITE</td> <td>X</td> </tr> <tr> <td>6</td> <td>54</td> <td>240</td> <td>GRANITE HARD B&W</td> <td>X</td> </tr> <tr> <td></td> <td>240</td> <td>260</td> <td>GRANITE MED B&W</td> <td>X</td> </tr> <tr> <td></td> <td>260</td> <td>800</td> <td>GRANITE HARD B&W</td> <td>X</td> </tr> <tr> <td></td> <td>800</td> <td>835</td> <td>GRANITE SOFT B&W</td> <td>X</td> </tr> <tr> <td></td> <td>835</td> <td>900</td> <td>GRANITE HARD B&W</td> <td>X</td> </tr> <tr> <td></td> <td>900</td> <td>902</td> <td>QUARTZ SOFT</td> <td>X</td> </tr> <tr> <td></td> <td>902</td> <td>910</td> <td>GRANITE MED B&W</td> <td>X</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8	0	2	SOIL	X		2	54	DECOMPOSED GRANITE	X	6	54	240	GRANITE HARD B&W	X		240	260	GRANITE MED B&W	X		260	800	GRANITE HARD B&W	X		800	835	GRANITE SOFT B&W	X		835	900	GRANITE HARD B&W	X		900	902	QUARTZ SOFT	X		902	910	GRANITE MED B&W	X
Bore Diam.	Depth		Material	Water Yes No																																																	
	From	To																																																			
8	0	2	SOIL	X																																																	
	2	54	DECOMPOSED GRANITE	X																																																	
6	54	240	GRANITE HARD B&W	X																																																	
	240	260	GRANITE MED B&W	X																																																	
	260	800	GRANITE HARD B&W	X																																																	
	800	835	GRANITE SOFT B&W	X																																																	
	835	900	GRANITE HARD B&W	X																																																	
	900	902	QUARTZ SOFT	X																																																	
	902	910	GRANITE MED B&W	X																																																	
4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED APR 14 1992 NORTHERN REGION I-D-W-R																																																				
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>+ 2 feet</td> <td>54 feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </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 ☐ Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ 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>54</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling 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	+ 2 feet	54 feet													10. Work started <u>3/3/92</u> finished <u>3/11/92</u>																																
Thickness	Diameter	From	To																																																		
.250 inches	6 inches	+ 2 feet	54 feet																																																		
6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location  Subdivision Name <u>AUG 11 1992</u> Lot No. _____ Block No. _____ County <u>KOOTENAI</u> NE ¼ NE ¼ Sec. 18 T. 50N S ¼ R. 5W W ¼	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>UNITED DRILLING INC.</u> No. <u>414</u> Address <u>P.O. BOX 2499</u> Date <u>3/18/92</u> <u>CDA, ID 97816</u> Signed by (Firm Official) <u>[Signature]</u> and <u>[Signature]</u> (Operator)																																																				

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT