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APR 17 2019

DEPARTMENT OF
WATER RESOURCES

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: 95-17795

Date Received:

Receipt No: W034113

Claim Fee:

Received By: L.W.

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)

ILENE M MORPHIS
3689 S CARPENTER LOOP
POST FALLS ID 83854-8258

Phone: (208) 620-1002

HEATH J MORPHIS
3689 S CARPENTER LOOP
POST FALLS ID 83854-8258

Phone: (208) 620-1002

2. Date of Priority: 11/24/2014

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	17	SE SW		KOOTENAI	

5. Description of diverting works:

Well, Pump and Pipeline to Home and Shop

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

Home and Shop

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	17	SE		SW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

None

12. Remarks:

Priority Date Explanation:
Well Report

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 3

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): [Signature] Date: 4/5/2019

Oliver Morpino Date: 4/5/2019

State of Idaho
Department of Water Resources
Application For Permit



- PLS Sections
- Quarter Quarters
- Taxlots

0 0.0325 0.065 0.13 Miles

X - Well, point of Diversion

● - Domestic place of use

○ - stock water place of use
Not Applicable.

Tax parcel information provided by Kootenai County.

COPY

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0067713

Drilling Permit No. 873046
Water right or Injection well # _____

2. OWNER:

Name Heath Morphis #2
Address 12260 W. Parkway Dr.
City Post Falls State ID Zip 83854

3. WELL LOCATION:

Twp. 50 North ☒ or South ☐ Rge. 05 East ☐ or West ☒
Sec. 17 1/4 SE 1/4 SW 1/4

Gov't Lot _____ County Kootenai
Lat. 47 40 : 373 (Deg. and Decimal minutes)
Long. 116 59 : 767 (Deg. and Decimal minutes)
Address of Well Site 3689 Carpenter Loop

City Post Falls, Id 83854

(Give at least name of road + distance to head of landmark)

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK:

☒ 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 ft ³)	Placement method/procedure
Bentanite	0	38	2200	Over bore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6	+2	-38	250	Steel	☒	☐	☒
4	-10	-340	200	Pvc	☐	☒	☐
					☐	☐	☐
					☐	☐	☐

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

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skillsaw

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
320	340	48	1/4 x 8	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 ft ³)	Placement method

11. FLOWING ARTESIAN:

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

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 100 Static water level (ft) 100

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

Describe access port Welded Steel Cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
	15	1 hr.	☐	☐	☒	☐

Test method:

Water quality test or comments: _____

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	3	Top Soil		X
10	3	24	Granite Decomposed		X
10	24	38	Granite Grey Med		X
6	38	45	Granite Grey Med		X
6	45	57	Granite Rose Med		X
6	57	80	Granite Grey Green		X
6	80	285	Granite Grey		X
6	285	295	Granite Rose 1GPM	X	
6	295	310	Granite Grey		X
6	310	340	Granite Grey Green	X	

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OCT 06 2014

IDWR / NORTH

Completed Depth (Measurable): 340

Date Started: Aug 26, 2014

Date Completed: Aug 27, 2014

14. DRILLER'S CERTIFICATION:

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

Company Name H2O Well Service Inc. Co. No. 448

*Principal Driller Tom Rupp Date 9-3-14

*Driller Tom McLeslie Date 9-3-14

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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DEPARTMENT OF
WATER RESOURCES

To Whom It May Concern:

I am not enclosing a check for \$25 with this Notice of Claim because I had previously paid the Idaho Dept. of Water Resources a \$100 payment for a water rights licence which is being partially refunded due to my decision to cancel that license application and apply for an Adjudicated Notice of Claim. The \$25 fee for the claim will be taken by IDWR from that original \$100 I had already paid. I am enclosing the receipt for that payment as proof of payment.

Regards,



Heath Morphis

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APR 10 2019
IDWR / NORTH

**WITHDRAWAL
OF
APPLICATION FOR PERMIT**

I/We, Heath J. Morphis and Ilene M. Morphis,
(Applicant's Printed Name) (Applicant's Printed Name)

(Applicant's Printed Name) and _____
(Applicant's Printed Name)

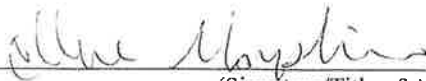
hereby withdraw our Application for Permit to Appropriate the Public Waters of the

State of Idaho, No. 95-17788.

Signed this 5th day of April, 20 19.



(Signature/Title of Applicant)



(Signature/Title of Applicant)

(Signature/Title of Applicant)

(Signature/Title of Applicant)

Idaho Department of Water Resources Receipt

Receipt ID: N034113

Payment Amount	\$100.00	Date Received	3/27/2019	Region	NORTHERN
Payment Type	Cash				
Payer	MORPHIS, HEATH J & ILENE M				
Comments	APPLICATION FOR PERMIT FOR HEATH J & ILENE M MORPHIS DOCUMENT NUMBER: D190626				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$100.00	PERMITS	65103	0229	21		1155



Signature Line (Department Representative)