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JUN 27 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: 49576

Claim ID: 95-17834

Date Received: _____

Receipt No: _____

Claim Fee: _____ 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

Please type or print clearly

1. Name of claimant(s) Francis & Ethel Latta Phone (701) 219-3242
 Mailing address 7941 W. Vision Trl Worley Idaho Zip 83876
Street or Box City State
 Email address (optional) katefran@aol.com
2. Date of priority: (Only one per claim) 11/16/2016 (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 48N, Range 04W, Section 20,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Kootenai;
 Parcel no. 48N 04W 20 2500
 Additional points of diversion, if any: _____
 If available, GPS coordinates: Lat: 47 29.621, Long: 116 53.226
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- Single Residence purposes from 1-1 to 12-31 amount 0.04
Month/Day Month/Day cfs (✓) or AFY ()
 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- Single Residence

9. Location of place of use is: Township 48N, Range 04W, Section 20,
NE 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. Same

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** () If different than shown in Item 4

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):

a. Kootenai Co. changed site address from 7382 to 7941 W. Vision Trl.

b. See Attached Well Drillers Report

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

Court _____ Decree Date 11/16/2010 ^{of} 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 Water System 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: 1

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) _____

Francis A Latta
Kate Latta

Date: 6/24/2019

Date: 6/24/2019

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

Agent's title (Please print)

of _____

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) _____

Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTOFFICE USE ONLY
Per GPS & Tax lot info
Inspected by
Twp 48N Rge 4W Sec 20
1/4 NE 1/4 NW 1/4

1. WELL TAG NO. D D0072329

Drilling Permit No. 882421

Water right or Injection well #

2. OWNER: Francis & Ethel Latta

Name

Address 1401 9th St. South

City Fargo State ND Zip 58103

3. WELL LOCATION:

Twp. 48 North ☒ or South ☐ Rge. 04 East ☐ or West ☒

Sec. 20 1/4 NE 1/4 NE 1/4

Gov't Lot County Kootenai

Lat. 47 29.621 (Deg. and Decimal minutes)

Long. 116 53.226 (Deg. and Decimal minutes)

Address of Well Site 7382 W. Vision Trail

(Give at least name of road + Distance to Road or Landmark) City Coeur d'Alene

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
Bentonite	0	38	1150 lbs.	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	201	.250	Steel	☒	☐	☒
4"	-5	583	40	PVC	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 201'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skil sawManufactured screen ☐ Y ☒ N Type

Method of installation

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
563	583	1/4x8	88	4"	PVC	Sch 40

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
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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) 430 Static water level (ft) 430

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

Describe access port

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Ballor	Air	Flowing artesian
	10	1 hr.	☐	☐	☒	☐

Test method:

Water quality test or comments: Some Tan Color

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	9	Brown Clay		X
10	9	38	Black Basalt		X
8	38	100	Black Basalt		X
8	100	120	Basalt w/Brown Clay		X
8	120	201	Brown Clay		X
6	201	225	Black Basalt		X
6	225	300	Basalt w/small Clay Layers		X
6	300	340	Hard Tan Clay		X
6	340	430	Black Basalt		X
6	430	435	Fract. Basalt w/ 1 gpm	X	
6	435	545	Black Basalt		X
6	545	549	Basalt w/ Tan Clay		X
6	549	579	Basalt		X
6	579	585	Broken Basalt w/ h2o	X	
			Shale Trap @ 420'		

Completed Depth (Measurable): 583'

Date Started: Nov 7, 2016

Date Completed: Nov 15, 2016

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 Date Nov 16, 2015

*Driller Date 11-16-16

*Operator II Date

Operator I Date

* Signature of Principal Driller and rig operator are required.