

SEP 03 2019

DEPARTMENT OF
WATER RESOURCES

Form No. 42-1409-2 (Internet 5/17)

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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: 95-17823

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) PAUL AND KRISTEN M. TRUMAN Phone (202) 249-3800
 Mailing address 102 GROSSE POINTE PL. HENDERSON NV Zip 89052
Street or Box City State
 Email address (optional) PTRUMAN@TRUWECORP.COM
2. Date of priority: (Only one per claim) 10/11/2007 (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 22,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
 Parcel no. _____
 Additional points of diversion, if any: _____
 If available, GPS coordinates: UT: 47:29:07 LONG: 116:50:43
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, Pumps, 260 FEET DEEP.
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 Month/Day to 12/31 Month/Day amount 0.04 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 - 1 HOME

9. Location of place of use is: Township 48N, Range 04W, Section 22,

NE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. _____
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):

Well Describes Report

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 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: _____

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) Paul G. [Signature] Date: 02/01/2019
[Signature] Date: 2/1/2019

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

_____ 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) _____ Claim ID _____

Form 238-7
11/97IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Location Corrected by IDWR To:

T48N R04W Sec. 22 NESWSW

By: mciscell 2013-10-11

Lat: : : Long: : :

1. WELL TAG NO. D0054073

DRILLING PERMIT N

Other IDWR No

2. OWNER:Name **Ryan Beauchamp**

Address 3423 Canyon lakes DR

City Kennewick

State WA

Zip 99337

3. LOCATION OF WELL by legal description:

N	48N	North	☒ or	South	☐
Rge	04W	East	☐ or	West	☒
Sec	21	1/4 NE 1/4 NE 1/4			
		10 Ac		40 Ac	160 Ac
Gov't Lot		County Kootenai			
Lat	47:29:07	Long	116:50:43		
Address of Well Site: (see next line)					

97 SOUTH

City HARRISON

Lot

Blk

Sub. Name (see next line)

4. USE:
☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other
5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other
6. DRILL METHOD
☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other
7. SEALING PROCEDURES

SEAL/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	
BENTONITE	0	60	19 SACKS	DRY POOR

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 60Drive Shoe Seal Tested? ☐ Y ☒ N How?**8. CASING/LINER**

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	+2	60	0.250	STEEL	☒	☐	☒	☐
4	-40	260	0.200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe N/A

Length Tailpipe N/A

9. PERFORATIONS/SCREENS
☒ Perforations? Method DRILL

☐ Screens? Screen Type

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
220	260	3/8	500	3/8	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

140 ft. below ground. Artesian pressure 0 lb.

Depth flow encountered 210 ft. Describe access port or

control devices: CAP WELDED

11. WELL TESTS☐ Pump☐ Bailer☒ Air☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
15 EST	100%	260	1HR

Water Temp.

COLD

Bottom hole temp.

COLD

Water Quality test or comments: (below) Depth first Water Encountered 210
CLEAR**12. LITHOLOGIC LOG (Describe repairs or abandonment)**

Bore Diam	From	To	Remarks. Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	60	BASAT	☐	☒
6	60	185	CLAY HARD	☐	☒
6	185	210	MED HARD CLAY 15 GPM	☒	☐
6	210	260	HARD BASALT	☐	☒
6	260	265	CLAY SOFT	☐	☒

RECEIVED

NOV 14 2007

IDWR/North

Completed Dept

265

(Measurable)

Date: Started

9/26/2007

Completed

9/27/2007

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc.

Firm No 414

Firm Official and

Timothy R. Volking

Date 10/8/2007

Supervisor or Operator Timothy R. Volking

Date 10/8/2007

484 4W 21