

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: 95-17909
Date Received:
Receipt No:
Claim Fee:
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)

SUSAN D CUTLER
PO BOX 744
ATHOL ID 83801

Phone: (208) 420-8876

2. Date of Priority: 4/22/2002

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	03W	3	NW NE	2	KOOTENAI	

5. Description of diverting works:

WELL, PUMP AND PIPELINE TO HOME AND HYDRANTS

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:

ONE HOME WITH LAWN

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
53N	03W	3	NW		NE	2	

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 ☒ 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): Jason C. Kelly Date: _____

_____ Date: _____

$$x_1 = \frac{1}{2} \left(\frac{1}{2} + \frac{1}{2} \right) = \frac{1}{2}$$

SESW

34

SWSE

54N03W

SESE

NENW 3

NWNE 2

NENE

3

53N03W

SESW

SWNE

SENE

NESW

NWSE

NESE

Identify

Identify from:  Parcels

[-] Parcels

[-] CUTLER, SUSAN D

[-] Parcel_Improvement_Information

... 026400010150
... 026400010150
... 026400010150
... 026400010150
... 026400010150
... 026400010150



Location:

Field	Value
COUNTY	Kootenai
IMP_TYPE	MHHOOKUP
OBJECTID	1710586
PIN	026400010150
YEAR_BUILT	2003



RECEIVED

Form 238-7
11/97 APR 23 2002

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

1. WELL TAG NO. D D-0022115
DRILLING PERMIT NO. 776398
Other IDWR No. _____

2. OWNER:
Name MICHAEL A. MADSEN
Address 30701 PHERSANT RUN CRT.
City ATHOL State ID. Zip 83801

POSTED

1. WELL TESTS:

☐ Pump	☐ Bailer	☐ Air	☐ Flowing Artesian
Yield gal./min. <u>20</u>	Drawdown <u>426</u>	Pumping Level <u>420</u>	Time <u>1 HR.</u>

Water Temp. COLD Bottom hole temp. _____
Water Quality test or comments: _____

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Tw. S3N North ☐ or South ☐
Rge. 3W East ☐ or West ☐
Sec. 3 1/4 SW 1/4 SW 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____
Address of Well Site FOREST VIEW CRT.
City ATHOL

(Give at least name of road + Distance to Road or Landmark)

Lt. 15 Blk. 1 Sub. Name _____

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 or Pounds		
<u>BENTONITE</u> <u>0</u> <u>20</u> <u>12 SACKS</u>		<u>POUR (DRY)</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) _____
Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>41.5'</u>	<u>424</u>	<u>.25</u>	<u>STEEL</u>	☒	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations Method STAR (AIR)

Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>390</u>	<u>420</u>	<u>1/4</u>	<u>600</u>			☐	☐

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>10</u>	<u>0</u>	<u>1</u>	<u>TOP SOIL</u>		☒
<u>10</u>	<u>1</u>	<u>20</u>	<u>COURSE SAND/GRAVEL w/ COBBLES</u>		
<u>6</u>	<u>20</u>	<u>34</u>	<u>COURSE SAND/GRAVEL w/ COBBLES</u>		☒
<u>6</u>	<u>34</u>	<u>64</u>	<u>COURSE SAND/GRAVEL</u>		☒
<u>6</u>	<u>64</u>	<u>68</u>	<u>BOULDER</u>		☒
<u>6</u>	<u>68</u>	<u>85</u>	<u>COURSE SAND/GRAVEL</u>		☒
<u>6</u>	<u>85</u>	<u>179</u>	<u>COURSE GRAVEL/COBBLES</u>		☒
<u>6</u>	<u>179</u>	<u>218</u>	<u>COURSE GRAVEL/SOME SAND</u>		☒
<u>6</u>	<u>218</u>	<u>220</u>	<u>BOULDER</u>		☒
<u>6</u>	<u>220</u>	<u>381</u>	<u>COURSE SAND/GRAVEL w/ WATER</u>	☒	
<u>6</u>	<u>381</u>	<u>391</u>	<u>BOULDERS</u>		☒
<u>6</u>	<u>391</u>	<u>415</u>	<u>COURSE SAND/GRAVEL w/ WATER</u>	☒	
<u>6</u>	<u>415</u>	<u>426</u>	<u>GRANITE/BLACK/WHITE MTD</u>		☒

Completed Depth 426' (Measurable)
Date: Started 4-18-02 Completed 4-22-02

13. DRILLER'S CERTIFICATION

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

Company Name FOGLE Pump Firm No. 537
Firm Official J. All. L. L. L. Date 4/22/02
and J. All. L. L. L. Date 4/22/02
Driller or Operator (Sign once if Firm Official & Operator)

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

340 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 340 ft. Describe access port or control devices: _____

53N 3W 3

FORWARD WHITE COPY TO WATER RESOURCES

