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JUN 01 2021

DEPT. 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

Claim ID: 95-18100

Date Received: _____

Receipt No: _____

Claim Fee: \$25.00 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

- Name of claimant(s) James Wilson Phone (541) 760-7292
Mailing address 18442 S Finnebott Rd Worley ID 83876
Street or Box City State Zip
Email address (optional) jim@custombilletworks.com
- Date of priority: (Only one per claim) 7/07/2004 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 48N, Range 05W, Section 13,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM, County of Kootenai;
Parcel no. 025110010020
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
One well supplying home and shop. There is an apartment within the shop.
- 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 to 12/31 amount .04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home, 1 apartment within shop

9. Location of place of use is: Township 48N, Range 05W, Section 13,
NW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. 025110010020

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):

Priority date is when the well was completed. Use began soon after.

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 _____

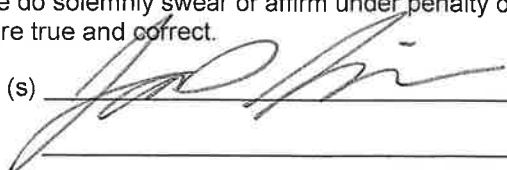
15. Signature(s)

(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)  Date: 5/20/21

Date: _____

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) James Wilson Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.	Lot 2 Blk 1		
Inspected by	RFD		
Twp	Rge	Sec	
48N	5W	13	
1/4 NW		1/4 NW	1/4
Lat:	:	Long:	:

1. WELL TAG NO. D 0033981
DRILLING PERMIT NO. 819340
Water Right or Injection Well No. _____

2. OWNER:

Name George Werts
Address 1925 Canyon Drive
City Coeur d'Alene State ID Zip 83815

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 48 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 13 1/4 NW 1/4 NW 1/4
Gov't Lot _____ County Kootenai 10 acres 40 acres 160 acres

Lat: : : Long: : :
Address of Well Site 18442 Finnebot Road
City Worley

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

Lt. _____ Blk. _____ 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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	200#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 98'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	98	250	Steel	☒	☐	☒	☐
4"	5	240	160	PVC	☐	☒	☒	☐
4"	240	260	200	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut 1/8"x 6" slot

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
240	260	1/8	33	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
20-25			4 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: cold & clearDepth first Water Encounter 103'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	Topsoil		
	1	16	Clay, sand, tan		
	16	18	Sand, tan w/clay		
8	18	34	Sand, brown		
	34	63	Sand, decomposed shale, brn		
	63	79	Sand, brown		
	79	83	Sand, decomposed shale, grey		
	83	98	Shale, decomposed, brown		
6	98	106	Shale, brown, medium	x	
	106	123	Shale, brn, med w/ soft lenses		
	123	134	Shale, grey, medium		
	134	158	Shale, brown, medium		
	158	169	Shale, brown, soft		
	169	246	Shale, black & white 15 gpm x		
	246	260	Shale, black & white 5 gpm x		

RECEIVED
JUL 29 2004
IDWR North

Completed Depth 260' (Measurable)Date: Started 07-06-04 Completed 07-07-04

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 McCarty Drilling & Pump Inc. Firm No. 586Principal Driller [Signature] Date 7-12-04

Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

48N 5W 13