



IDAHO DEPARTMENT OF
WATER RESOURCES

Northern Region • 7600 N Mineral Drive, Suite 100 • Coeur D'Alene, ID 83815-7763
Phone: 208-762-2800 • Fax: 208-762-2819 • Email: northerninfo@idwr.idaho.gov • Web: idwr.idaho.gov

Governor Brad Little

Director Gary Spackman

December 10, 2021

WILLIAM H MYERS
DAWN M MYERS
6422 W STANDING ELK TRL
COEUR D'ALENE, ID 83814

RE: Return of Claim 95-18235

Dear Claimant:

The Department of Water Resources has received your Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Claim. We are returning your adjudication claim for the following reason.

The reason we are returning your claim is because the point of diversion and place of use claimed are located within Basin 95. The Directors Report for this basin was filed February 16, 2019 so your claim is a late claim that must be submitted directly to the Court. I have enclosed the necessary forms and instructions for filing your late claim along with your original claim submission. The Claim ID number assigned to your claim is 95-18235. Also enclosed is your receipt for payment, which can be included with your motion to reflect that the claim fee has already been submitted to IDWR. In the event that your motion is not granted, the claim fee will be refunded to you.

Please contact me if you have any questions regarding this matter. I can be reached by phone during business hours at 208-762-2815.

Best Regards,

Evan W. Roda
Water Rights Supervisor
Northern Region

Enclosures: Returned Notice of Claim to a Water Right No. 95-18235, Standard Form 4 (Motion to File Late Notice of Claim)

Idaho Department of Water Resources Receipt

Receipt ID: N037966

Payment Amount	\$25.00	Date Received	12/8/2021	Region	NORTHERN
Payment Type	Check	Check Number	1213		
Payer	MYERS, WILLIAM H				
Comments	NOTICE OF CLAIM TO A WATER RIGHT FOR WILLIAM & DAWN MYERS				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155



Signature Line (Department Representative)

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: 95-18235

Date Received: 12-8-2021

Receipt No: N037966

Claim Fee: 25.00 By: JD

RECEIVED

DEC 08 2021

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) William H Myers and Dawn M Myers Phone (208) 667-4044
 Mailing address 6422 W Standing Elk Trl Coeur d'Alene ID 83814
Street or Box City State
 Email address (optional) billmyers.cda@gmail.com
2. Date of priority: (Only one per claim) December 28 1993 (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. a. Location of point of diversion is: Township 50N, Range 4W, Section 29,
NW 1/4 of NW 1/4, Govt. Lot _____, BM, County of Kootenai
 Parcel no. 50N04W-29-3000
 Additional points of diversion, if any: _____
 If available, GPS Coordinates 47.657654, -116.868137
- b. If instream flow, beginning point of claimed instream flow is:
 Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
 Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
 Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.
Domestic well constructed on 12-28-1993. Drilling Permit NO. 95-93-N-0259-000. Firm Name: Aqua Drilling & Exploration. Total well depth: 170 ft. 8" steel casing 1'-33', 4" PVC casing -6'-160'. Estimated Yield: 40-60 GPM's.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 01-01 to 12-31 amount 0.04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

13,000 gallons
per DAY

7. Total quantity claimed (a) 0.04 (cfs) and/or (b) _____ (acre-feet)

13,000 gallons
per DAY

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) Domestic use for 1 household.

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
50N	4W	29						D											

Parcel no(s) 50N04W-29-3000 Total number of acres irrigated _____

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 your 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):
The priority date selected is the date the well was constructed.

Name of claimant(s) William H Myers and Dawn M Myers Claim ID _____

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 inches equals 1 mile

[illegible]

Name of claimant(s) William H Myers and Dawn M Myers Claim ID

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: 2

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) William A. Myers Date: 12/5/2021
Dawn M. Myers Date: 12/5/2021

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 on behalf of 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) William H Myers and Dawn M Myers Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUse Typewriter
or
Ball Point Pen

092332 MAR 04 1994

Department of Water Resources

1. DRILLING PERMIT NO. 95-93-N-0259-000
Other IDWR No. _____

2. OWNER:

Name ED Linda Stephenson
Address P.O. Box 63
City Ravensdale State WA Zip 98051

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N		T. <u>50</u>		North ☒ or South ☐	
W		E. <u>4</u>		East ☐ or West ☒	
S		Sec. <u>29</u>		1/4 <u>NW</u> 1/4 <u>NW</u> 1/4	
		Gov't Lot _____		County <u>Kootenai</u>	

Address of Well Site Meadowbrook - Dolores Dr.
No East - No North
(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

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

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
Bentonite	0	33'	13		

Was drive shoe seal tested? ☒ NO ☐ How? Air Pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Casing	Liner	Steel	Plastic	Welded	Threaded
8"	+1	33'	250	Steel		☒	☐	☒	☐
4"	-6	147	160	PVC	☒	☐	☒	☒	☐
						☐	☐	☐	☐

Final location of shoes 33'
Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☒ Screens Type _____ Material Plastic

From	To	Slot Size	Number	Diameter	Total Pipe Size	Casing	Liner
147	137	.10		4"	N/A	☐	☒
97	87	.10		4"	N/A	☐	☒
						☐	☐

NWNW 29 SBN 4w

10. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Depth	Time
<u>Est. 40-60</u>			
<u>GPM's</u>			

Temperature of water cold Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) Good

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

30' ft. below surface Depth artesian flow found _____

Artesian pressure _____ b. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
10"	0	2	Top Soil		
"	2	17	Very Sandy Clay		
"	17	22	Brown Damp Clay		
"	22	25	Blue Clay Harder		
"	25	27	Clay Hard		
"	27	33	Basalt Med Hard		
"	33	44	Basalt Med Hard		
"	44	49	Basalt Fractured	3	
"	49	62	Basalt Med Hard		
"	62	65	Basalt Broken	1 1/2	
"	65	71	Basalt + Granite Type Rock Very Soft		
"	71	104	Basalt Hard		
"	104	107	Basalt Soft Fractured	40+	
"	107	120	light Gray Decomposed Granite		
"	120	129	Dark Gray Decomposed Granite		
"	129	138	Decomposed Granite		
"	138	140	Granite Very Soft		
"	140	170	Granite Soft		

RECEIVED

FEB 10 1994

NORTHWESTERN REGION
IDWRAQUA DRILLING
& EXPLORATION INC.
P.O. Box 2050 Hayden Lake, ID
83835Date: Started 12-27-93 Completed 12-28-93

13. DRILLER'S CERTIFICATION

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

Firm Name AQUA DRILLING & EXPLORATION INC. Firm No. 163Firm Official Scott M. Baum Date 12-28-93and Supervisor or Operator Scott M. Baum Date _____

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES



Legend

- ESPA
- GCDB Township/Range
- GCDB Section
- GCDB Quarter-Quarter
- Counties

X - Well Location

- Property Boundaries