

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: 95-17655

Date Received: 10-3-18

Receipt No: N033802

Claim Fee: 2500 By: JA

RECEIVED

OCT 03 2018

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

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) FRED LUCK OR LINDA LUCK Phone (909) 276-9230

Mailing address PO BOX 1081 ATHOL ID Zip 83801
Street or Box City State

Email address (optional)

2. Date of priority: (Only one per claim) 05/25/18 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (checked) or Other () (a)
which is tributary to (b)

4. Location of point of diversion is: Township 53N, Range 03W, Section 11
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:

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.
PUMP FROM WELL TO HOUSE AND IRRIGATION UP TO 1/2 ACRE

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 to 12/31 amount 0.04 CFS
Month/Day Month/Day cfs () or AFY ()

For purposes from to amount

7. Total quantity claimed 0.04 CFS cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 HOME

9. Location of place of use is: Township 53N, Range 03W, Section 11,
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):
DATE THE HOME WAS BUILT AND HOOKED UP TO WELL

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) *Fred Luck* Date: 10-03-18
Linda Luck Date: 10-03-18

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) FRED LUCK OR LINDA LUCK Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0073533

Drilling Permit No. 881829
Water right or injection well # _____

2. OWNER:
Name Fred and Linda Luck
Address 1139 Shelia Ct
City Upland State CA Zip 91784

3. WELL LOCATION:
Twp. 53 North or South Rge. 3 East or West
Sec. 11 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County Kootenai
Lat. 47 ° 57.165 (Deg and Decimal minutes)
Long. 116 ° 40.194 (Deg and Decimal minutes)
Address of Well Site 8505 E. Scout Trl

City Athol
Lot. 13 Blk. 1 Sub. Name Bing Haven Estates

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 Chips	0	18	700 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing Liner	Threaded	Welded
6"	+2	480	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) Ring @ 480'

9. PERFORATIONS/SCREENS:
Perforations Y N Method Air Perforator
Manufactured screen Y N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
470	480	1/4x1	18	6"	Steel	.250

Length of Headpipe NA Length of Tailpipe NA
Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:
Flowing Artesian? Y N Artesian Pressure (PSIG) NA
Describe control device NA

12. STATIC WATER LEVEL and WELL TESTS:
Depth first water encountered (ft) 410 Static water level (ft) 398
Water temp. (°F) Cold Bottom hole temp. (°F) Cold
Describe access port Steel Welded Cap

Well test: _____ Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	30+ gpm	240	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

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
12	0	18	Clay, Sand and Gravel		X
8	18	190	Sand and Gravel		X
8	190	201	Boulder		X
8	201	350	Sand and Gravel		X
8	350	410	Land Clay w/Gravel		X
8	410	460	Blue Silty Clay	X	
8	460	480	Large Gravel	X	

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Completed Depth (Measurable): 480'
Date Started: 4/4/2017 Date Completed: 4/6/2017

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 Horsley Drilling, Inc. Co. No. 632
Principal Driller C. Mark Horsley Date 4/11/2017
Driller Steve C. Horsley Date 4/11/2017
Operator II _____ Date _____
Operator I Robert B. Miller Date 4/11/2017

* Signature of Principal Driller and rig operator are required.

MAP



Legend

-  Taxlots
-  Township/Range
-  Sections
-  QQ

0 0.0125 0.025 0.05 Miles

