

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: 95-17658

Date Received: 10-2-18 / 10-4-18 (Claim)

Receipt No: N033797

Claim Fee: 2500 By: Ja

\$7500 refund from Application for Permit

RECEIVED

OCT 04 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

- Name of claimant(s) VANCIL A AND/OR LAURIE L LAMONT Phone ( 951 ) 202-6951  
Mailing address 1725 E UPDAHL CT HARRISON ID        Zip 83833  
Street or Box City State  
Email address (optional) LAURIELAMONT12@GMAIL.COM
- Date of priority: (Only one per claim) 12/31/2007 (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 49N, Range 03W, Section 17,  
SW 1/4 of SW 1/4, or Govt. Lot        BM, County of KOOTENAI;  
Parcel no. 08750001002A  
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.  
WELL WITH PIPELINE TO HOME
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)  
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ( )  
For        purposes from        to        amount
- Total quantity claimed 0.04 cfs (✓) or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
DOMESTIC USE FOR ONE HOME

9. Location of place of use is: Township 49N, Range 03W, Section 17,  
SW 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. 49N03W176000  
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):

TAX PARCEL YEAR BUILT

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: 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) Laurie L. Lamont Date: 10-4-18

\_\_\_\_\_  
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) VANCIL A AND/OR LAURIE L LAMONT Claim ID \_\_\_\_\_

# WELL DRILLER'S REPORT

RECEIVED

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

1. WELL TAG NO. D10370

Drilling Permit No:

Other IDWR No.

2. OWNER

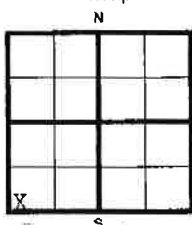
Name WILSON, CLIFF

Address RT 2 BOX 148 C

City HARRISON State ID Zip 83833

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 49 ☒ North or ☐ South

Rge. 03 ☐ East or ☒ West

Sec. 17 1/4 SW 1/4 SW 1/4

Gov't Lot County KOOTENAI

Lat. : : Long. : :

Address of Well Site GOTHAM BAY RD

City HARRISON

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	19	9 SACKS	OVERBORE

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
8	+1	19	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	+2	218	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	-90	470	.160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
430	470		80	4		<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

430 ft. below ground Artesian pressure 470 lb.

Depth flow encountered 360 ft. Describe access port or control devices:

49N 3W 17

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3.5 GPM			

Water Temp. Bottom Hole Temp

Water Quality test or comments:

Depth first Water encountered 260

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	1	TOPSOIL	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	1	6	Tan clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	6	19	Basalt Broken W/Clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	19	51	Basalt Broken W/Clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	51	98	Clay Tan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	98	109	Brown Clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	109	140	Tan Clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	140	150	Gray Hard Pan Clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	150	230	Shale Light Brown Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	230	470	Shale Gray Medium	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Completed Depth 470' (Measurable)					
Date: Started 8/6/99 Completed 8/11/99					

13. DRILLER'S CERTIFICATION

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

Firm Name H2O WellService, Inc. Firm No. 448

Firm Official John Wheeler Date 8/11/99

and Supervisor or Operator Mike Halterman Date 8/11/99

(Sign Once if Firm Official and Operator)

(Mike Halterman)

Identify

Identify from: Taxlots

Taxlots

LAMONT, VANCIL ALLEN

Location: 2,292,382.268 1,824,308.203 Meters

Field	Value
ID	10193607
UPDATED	9/10/2018
PIN	49N03W176000
OWNER	LAMONT, VANCIL ALLEN
ADDRESS1	1725 E UPDAHL CT
ADDRESS2	<null>
CITY	HARRISON
STATE	ID
ZIPCODE	83833
P_ADDRESS	2853 E GOTHAM BAY RD
P_ZIPCODE	<null>
SUB_NAME	
LEGAL1	TX #17368 EX TX #19725
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	4.8
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	2007

Identified 1 Feature

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Identify



# PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM

