

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: 95-17720

Date Received: 10-29-18

Receipt No: N033862

Claim Fee: \$25 By: JA

RECEIVED

OCT 29 2018

IDWR/NORTHERN

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

1. Name of claimant(s) JAMES AND HARRIET RATLIFF LIVING TRUST Phone (208) 660-9744 (cell)

Mailing address 8251 S MUNDT RD COEUR D'ALENE ID Zip 83814

Street or Box City State HOME PHONE: (208)667-6049

Email address (optional)

2. Date of priority: (Only one per claim) 11/8/1973 (Explain priority date selected in Remarks) Month/Day/Year (YYYY)

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

4. Location of point of diversion is: Township 49N, Range 04W, Section 17 NW 1/4 of NW 1/4, or Govt. Lot BM, County of KOOTENAI

Parcel no. 49N04W173400

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. WELL WITH PIPELINE TO PLACE OF USE

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 (x) or AFY ()

For STOCKWATER purposes from 1/1 to 12/31 amount 0.02

7. Total quantity claimed 0.06 cfs (x) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind) DOMESTIC USE FOR 1 HOME, STOCKWATER FOR UP TO 15 HEAD OF MIXED STOCK

9. Location of place of use is: Township 49N, Range 04W, Section 17,
NW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. 49N04W173400

If different than shown in Item 4

for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any 49N04W181900 & 49N04W173300

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.
DOMESTIC AND STOCKWATER USE FROM SPRING or None ()

13. Remarks (include an explanation of the priority date selected):
DATE WELL COMPLETED AND HOOKED TO HOME

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) Larry Mundt Date: 10/29/18

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

_____ 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) JAMES AND HARRIET RATLIFF LIVING TRUST Claim ID _____

USE TYPEWRITER BALL POINT PEN

State of Idaho Department of Water Administration

WELL DRILLER'S REPORT

RECEIVED

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

1974

1. WELL OWNER

Name James Ratliff
Mica Creek
 Address Coeur d'Alene, Idaho 83814

Owner's Permit No. 95-73-N-23

7. WATER LEVEL

Static water level 18 feet below land surface
 Flowing? Yes No G.P.M. flow _____
 Temperature _____ ° F. Quality _____
 Artesian closed-in pressure _____ p.s.i.
 Controlled by Valve Cap Plug

2. NATURE OF WORK

New well Deepened Replacement
 Abandoned (describe method of abandoning)

8. WELL TEST DATA

Pump Bailer Other Air

Discharge G.P.M.	Draw Down	Hours Pumped
<u>30 +</u>	<u>?</u>	<u>2</u>

3. PROPOSED USE

Domestic Irrigation Test Other (specify type)
 Municipal Industrial Stock Waste Disposal or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	4	Brown top soil		x
"	4	7	Brown hard pan		x
"	7	22	Brown clay seepage	x	
"	22	80	Dark gray clay & sand mica	x	
"	80	85	Gravel & some sand		x

4. METHOD DRILLED

Cable Rotary Dug Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 85 feet
 Casing schedule: Steel Concrete

Thickness	Diameter	From	To
<u>x250</u> inches	<u>6</u> inches	<u>+ 1</u> feet	<u>85</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? Yes No
 Perforated? Yes No
 How perforated? Factory Knife Torch
 Size of perforation _____ inches by _____ inches
 Number _____ From _____ To _____
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet
 _____ perforations _____ feet _____ feet

Well screen installed? Yes No
 Manufacturer's name _____
 Type _____ Model No. _____
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet
 Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? Yes No Size of gravel _____
 Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal Cement grout
 Pudding clay Well cuttings
 Sealing procedure used Shurry pit Temporary surface casing
 Overbore to seal depth

10. Work started Nov 7, 1973 finished Nov 8, 73

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____
 Lot No. _____ Block No. _____
 County Kootenai
NE 1/4 NE 1/4 Sec. 18, T. 49 N/S, R. 4 W

11. DRILLERS CERTIFICATION

Firm Name COEUR D'ALENE DRILLING, INC Firm No. 214
Box 237
 Address Hayden Lake, Idaho Date Dec 3, 73
 Signed by (Firm Official) Bill Finkbeiner
 and
 (Operator) Burt Neuhoff

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



The USDA-FSA Aerial Photography Field office asks to be credited in derived products.