

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: 95-17752

Date Received: 1-25-2019

Receipt No: N034017

Claim Fee: \$25.00 By: [Signature]

RECEIVED KS

JAN 25 2018

NOTICE OF CLAIM TO A WATER RIGHT

RECEIVED

IDWR/NORTH

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

JAN 25 2019

Where Daily Use is less than 13,000 gallons per day

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) BRIAN T FARLEY Phone (208) 772-1822
Mailing address PO BOX 1836 HAYDEN LAKE ID Zip 83835
Street or Box City State

2. Date of priority: (Only one per claim) 12/13/1994 (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 52N, Range 03W, Section 9
SE 1/4 of NW 1/4, or Govt. Lot BM, County of KOOTENAI

Parcel no. 52N03W094700

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.
PIPED TO HOME

6. 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 (x) or AFY ()

For STOCKWATER purposes from 01/01 to 12/31 amount 0.02

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

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR ONE HOME AND 12 HEAD MIXED STOCK

9. Location of place of use is: Township 52N, Range 03W, Section 9,
SE 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. 52N03W094700 AND 52N03W095000

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):

WELL LOG

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: 01/25/19

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) BRIAN T FARLEY Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen

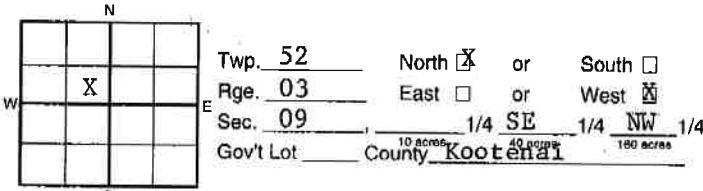


1. DRILLING PERMIT NO. 96 - 94 - N-293
Other IDWR No. _____

2. OWNER:
Name BRIAN & PAMELA FARLEY
Address BOX 1836
City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Address of Well Site _____
City _____

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

Lt. _____ Blk. _____ Sub. 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	40	400 lbs	Slurry & Dry
	40	345		Native Clay

Was drive shoe used? Y N
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+3	345	250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	-320	700	160	PSI 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 Skill Saw
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
620	640	1/8x4"	70	4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>
680	700	1/8x4"	70	4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

11. WELL TESTS:

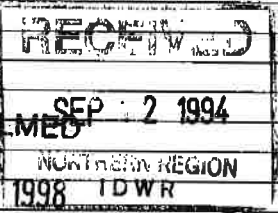
- Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1/2 - 1GPM			1 hr

Water Temp. _____ Bottom hole temp. _____
Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	3	SOIL BROWN		X
8	3	23	CLAY REDDISH BROWN W/GRAVEL		X
8	23	27	CLAY HARD TAN LIGHT BROWN		X
8	27	235	CLAY RED W/GRAVEL SEAMS		X
8	235	255	SHALE BROWN BROKEN		X
8	255	280	CLAY RED MED		X
8	280	340	CLAY TAN MED		X
8	340	345	SHALE DECOMP GREEN & REDDISH BROWN SOFT		X
6	345	364	SHALE GREEN & WHITE MED		X
6	364	371	SHALE WHITE & GREEN HARD		X
6	371	381	SHALE GREEN & BROWN MED		X
6	381	384	SHALE WHITE & BROWN HARD		X
6	384	387	SHALE LIGHT GREEN & WHITE & BROWN W/WATER APPROX 1 GPM	X	
6	387	394	SHALE BROWN & WHITE MED		X
6	394	403	SHALE GREEN & BROWN & WHITE		X
6	403	422	SHALE GREEN & WHITE MED		X
6	422	438	SHALE BROWN & WHITE MED HARD		X
6	438	470	SHALE BROWN & GREEN MED HARD		X
6	470	570	SHALE GREEN & BROWN & WHITE		X
6	570	620	SHALE GREEN & WHITE SOME BROWN		X
6	620	687	SHALE WHITE & GREEN MED SOFT		X
6	687	700	SHALE BROWN & WHITE & GREEN		X



Completed Depth 700' (Measurable)
Date: Started 08/23/94 Completed 08/26/94

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 WELL SERVICE INC Firm No. 448

Firm Official [Signature] Date 9-1-94

Supervisor or Operator [Signature] Date 9-2-94

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES