

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: 95-17760

Date Received: 1-30-19

Receipt No: N034026

Claim Fee: 25.00 By: JA

RECEIVED

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

JAN 30 2019

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) JAMES MORALES Phone (208) 660-6142
Mailing address 17544 W JULIA DR HAUSER ID Zip 83854
Street or Box City State

2. Date of priority: (Only one per claim) 8/13/1991 (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 51N, Range 05W, Section 18, SE 1/4 of NE 1/4, or Govt. Lot BM, County of KOOTENAI

Parcel no. X00000182200

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 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 (checked) or AFY ()

For purposes from to amount

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

8. 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 51N, Range 05W, Section 18,
SE 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME

for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

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: 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) [Signature] Date: 1-30-19

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 _____

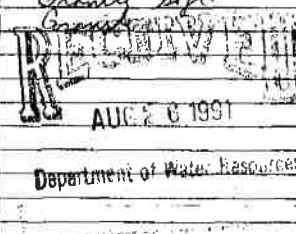
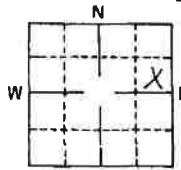

Address _____

Name of claimant(s) JAMES MORALES Claim ID _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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




| <p>1. WELL OWNER</p> <p>Name <u>Grant Peterson</u> Address <u>6905 - G Hawser Lk Rd</u> Drilling Permit No. <u>95-71-N-122</u> Water Right Permit No. _____</p> | <p>7. WATER LEVEL</p> <p>Static water level <u>25'</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input type="checkbox"/> No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug Temperature _____ OF. Quality _____ <small>Describe artesian or temperature zones below</small></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|---|---|------------------|--------------------|--------------|----------------------|-------|--|------|----|-----|----|---|---|---|----------|--|---|--|---|---|--------------------|--|---|--|---|----|---------|---|--|---|----|-----|--------------|---|--|--|-----|-----|---------|---|--|
| <p>2. NATURE OF WORK</p> <p><input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Well diameter increase <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)</p> | <p>8. WELL TEST DATA</p> <p><input type="checkbox"/> Pump <input type="checkbox"/> Baller <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>AIR Lift 3gpm</u></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> | Discharge G.P.M. | Pumping Level | Hours Pumped | <u>AIR Lift 3gpm</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Discharge G.P.M. | Pumping Level | Hours Pumped | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <u>AIR Lift 3gpm</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. PROPOSED USE</p> <p><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal <input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection <input type="checkbox"/> Other _____ (specify type)</p> | <p>9. LITHOLOGIC LOG</p> <table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>8</td> <td>0</td> <td>3</td> <td>Top Soil</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>3</td> <td>8</td> <td>Decomposed Granite</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>8</td> <td>18</td> <td>Granite</td> <td>X</td> <td></td> </tr> <tr> <td>6</td> <td>18</td> <td>120</td> <td>Granite soft</td> <td>X</td> <td></td> </tr> <tr> <td></td> <td>120</td> <td>205</td> <td>Granite</td> <td>X</td> <td></td> </tr> </tbody> </table> <div style="text-align: center;">  <p>Department of Water Resources</p> </div> | Bore Diam. | Depth | | Material | Water | | From | To | Yes | No | 8 | 0 | 3 | Top Soil | | X | | 3 | 8 | Decomposed Granite | | X | | 8 | 18 | Granite | X | | 6 | 18 | 120 | Granite soft | X | | | 120 | 205 | Granite | X | |
| Bore Diam. | Depth | | Material | Water | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | From | To | | Yes | No | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 8 | 0 | 3 | Top Soil | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 3 | 8 | Decomposed Granite | | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 8 | 18 | Granite | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 6 | 18 | 120 | Granite soft | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | 120 | 205 | Granite | X | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>4. METHOD DRILLED</p> <p><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary <input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____</p> | <p>10.</p> <p>Work started <u>8-13-91</u> finished <u>8-13-91</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>5. WELL CONSTRUCTION</p> <p>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input checked="" type="checkbox"/> Other <u>PVC</u> <small>200'</small> Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet <u>PVC</u> <u>2.50</u> inches <u>6</u> inches + <u>2</u> feet <u>18</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet</p> <p>Was casing drive shoe used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input type="checkbox"/> No <u>SAW</u> How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun Size of perforation <u>1/8</u> inches by <u>4</u> inches</p> <p>Number _____ From _____ feet To _____ feet <u>21</u> perforations <u>185</u> feet <u>205</u> feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet</p> <p>Well screen installed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>18</u> Material used in seal: <input type="checkbox"/> Cement grout <input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/> _____ Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing <input checked="" type="checkbox"/> Overbore to seal depth Method of joining casing: <input type="checkbox"/> Threaded <input type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata</p> <p>Describe access port _____</p> | <p>11. DRILLERS CERTIFICATION</p> <p>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.</p> <p>Firm Name <u>H2O Well Svc</u> Firm No. <u>448</u> Address <u>Hwy 200</u> Date <u>8-13-91</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>[Signature]</u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>6. LOCATION OF WELL</p> <p>Sketch map location must agree with written description</p> <div style="display: flex; align-items: center;">  <div style="margin-left: 20px;"> Subdivision Name <u>DEC 04 1991</u> Lot No. _____ Block No. _____ </div> </div> <p>County <u>Kootenai</u> <u>SE 1/4 NE 1/4 Sec. 18, T. 51 N R. 5 E</u></p> | <div style="text-align: center;">  </div> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

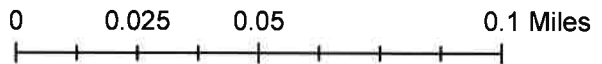
State of Idaho
Department of Water Resources
Adjudication Claim

05W



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

-  PLS Sections
-  Quarter Quarters
-  Taxlots



Tax parcel information provided by Kootenai County