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 Ident. Number: 95-17199

NO32/600 55 Received By: AU

## NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

ANDREW HELLEWELL Phone: (208) 689-3249

14942 S CARLIN BAY HARRISON ID 83833

ANN HELLEWELL Phone: (208) 689-3249

14942 S CARLIN BAY RD HARRISON ID 83833

2. Date of Priority: 6/13/1986

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township Range Section 1/4 of 1/4 of 1/4 Lot County Type

49N 03W 32 SE NW KOOTENAI

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose From To C.F.S. (or) A.F.A

DOMESTIC 01/01 12/31 0.02

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Hornes: 1 Water Use Type Of Stock Number Of Stock

9. Place of use:

Township Range Section 1/4 of 1/4 Lot Use Acres

49N 03W 32 SE NW DOMESTIC

Section Acres

**Total Acres** 

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use?

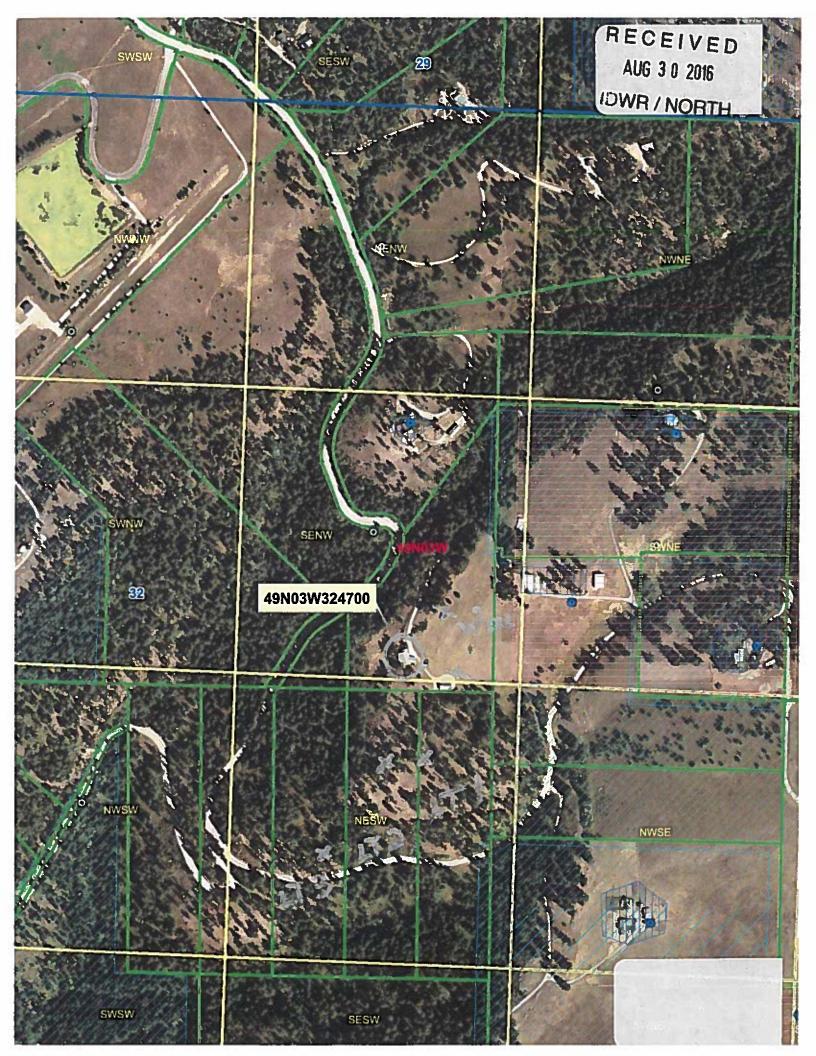
12. Other Water Rights Used:

13. Remarks:

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Priority date description	on: WELL LOG		
Description of use:	Water Use	Description	
	DOMESTIC		
14. Basis of Claim: Ben	eficial Use		
15. Signature(s)			
"How you will receive no	We acknowledge that I/We lice in the Coeur d'Alene-S e and pay a small annual fo	pokane River Basin Adju	d understand the form entitled udication." (b.) I/We do do the docket sheet.
For Individuals: I/We do foregoing document are	solemnly swear or affirm untrue and correct.	nder penalty or perjury th	nat the statements contained in the
Signature of Claimant(s)	fm. C. Hel	lewell	
For Organizations: I do s	olemnly swear or affirm un	der penalty or perjury tha	at I am
		of Organization	*
Title		Organization	
That I have signed the fo	pregoing document in the s	pace below as	
		of	
Title Organization			
and that the statements	contained in the foregoing (	document are true and c	orrect.
Signature of Authorized Agent			_ Date:
Title and Organization _			
Please print name			

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## STATE OF IDAHO **DEPARTMENT OF WATER RESOURCES**

WELL DRILLER'S REFUR:
State law requires that this report be filed with the Director, Department of Water Resources DWR / NORTH 1. WELL OWNER 7. WATER LEVEL Static water level 66 feet below land surface. Flowing? Yes No G.P.M. flow Artesian closed-in pressure \_\_\_ \_\_\_ p.s.i. Describe ertesian or temperature zones below 2. NATURE OF WORK 8. WELL TEST DATA New well ☐ Deepened ☐ Replacement ☐ Pump ☐ Bailer SZ Air Other | Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic tog) Discharge G.P.M. Pumping Level Hours Pumped yaria He 1hr. \_5\_ 3. PROPOSED USE 🕅 Domestic 🗀 Irrigation 🗅 Test 🚨 Municipal 9. LITHOLOGIC LOG Bore Depth Water ☐ Other (specify type) Diam. From To Material Yes No 4. METHOD DRILLED 2 85 Clay 85 135 3041 M Rotary ☐ Hydraulic ☐ Reverse rotary 135 134 5hale (5047) Blue ☐ Cable □ Dug ☐ Other 139 250 5. WELL CONSTRUCTION Casing schedule: ☑ Steel ☐ Concrete ☐ Other \_ Diameter From To
hes \_\_\_\_\_\_ inches + \_\_\_\_\_ feet \_/39\_ feet 160 inches 4 inches - 130 feet 250 feet inches inches feet feet
inches inches feet feet
Was casing drive shoe used? Syes No
Was a packer or seal used? Yes No 'S' Yes □ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation \_\_\_\_\_\_ Inches by \_\_\_\_\_ inches 4 - 1 - 11 - 12 From To 2/0 feet 230 feet Number From 30 perforations \_ perforations perforations Periorations feet feet

Well screen installed? □ Yes Of No

Manufactures\* Type Model No.

Diameter Slot size Set from feet to feet

Diameter Slot size Set from feet to feet Gravel packed? 

Yes St No 
Size of gravel \_\_\_\_ feet Placed from \_ \_ feet to \_\_\_\_\_\_ S Overbore to seal depth Method of joining casing: 

Threaded 
Welded 
Solvent Department of Water Resources ☐ Cemented between strata Describe access port Work started 6/12/86 finished 6/13/86 6. LOCATION OF WELL 11. DRILLERS CERTIFICATION Sketch map location must agree with written location. I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

A65000760 WEIT Subdivision Name \_ Firm Name Orillers Inc Firm No. 245 Block No. Signed by (Firm Official) KODTEN County (Operator)

.T. 47.00s, R. J. E.

NW x NE x Soc. 9