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IDWR / NORTH

**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

ID Number: 95-17379Date Received: 10-25-2017Receipt No: 11033011Amount: 25.00 By: AW

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

- Name of claimant(s) SHAWN AND CHERYL SUTTERLY Phone 214-882-5642
Mailing address 4321 E. LISA RD. HARRISON, ID ZIP 83833
Street or Box City State
- Date of priority (only one (1) per claim) MARCH 14, 2017
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 3W, Section 4,
SE 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of KOOTENAI
Parcel (PIN) no. 084500010030
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 TAG # D0017015, IDWR # 767861, JAN. 30, 2001, WELL DEPTH 564 FT.,
GOULDS 1 1/2 HP PUMP
- Water is claimed for the following: (Limited to domestic and/or stockwater uses. See page 1 of the instructions.)
For DOMESTIC purposes from JAN. 01 to DEC. 31 amount 0.04 cfs (☒) AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (☒) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): DOMESTIC, (1) HOME

9. Location of place of use is: Township 49N, Range 3W, Section 4, SE 1/4 of NW 1/4, or Govt. Lot _____, B.M., Parcel (PIN) no. (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 your 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:

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 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: 0

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: 10/23/2017

Cheryl Sutterly

Date: 10/23/2017

For organizations:

I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below as

_____ of _____,
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of authorized agent _____ Date _____

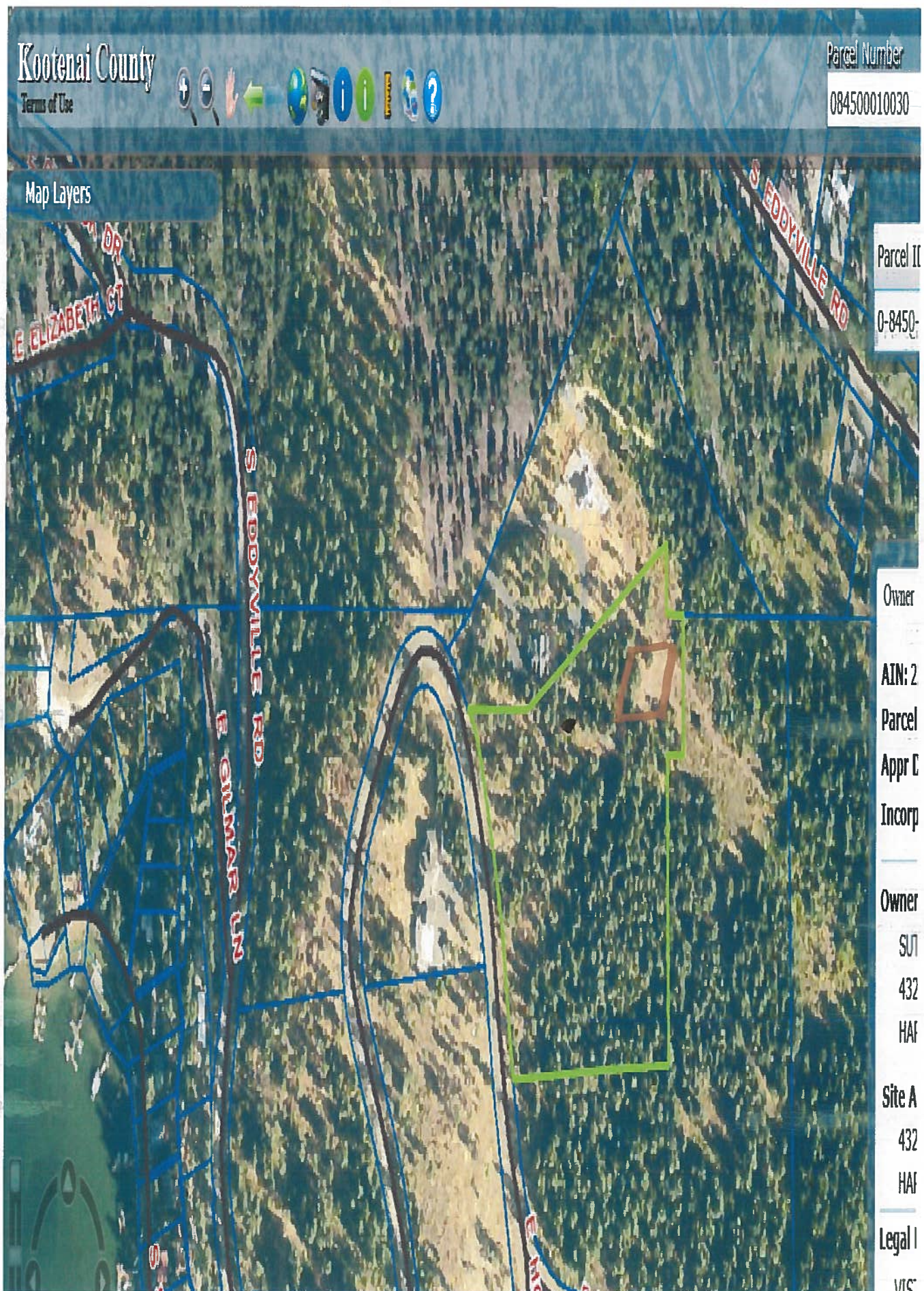
Title and organization _____

16. Notice of appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of 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 _____



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0017015 JAN 30 2001

Drilling Permit No: _____ IDWR/North

Other IDWR No. 767861

2. OWNER

Name Mike & Sharon Kennedy

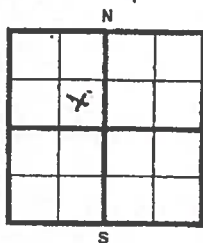
Well Number: 176

Address 609 Seminary Drive

City Mill Valley State CA Zip 94941

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 49 ☒ North or ☐ South
Rge. 3 ☐ East or ☒ West
E Sec. 4 1/4 SE 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site Eddyville Road
City Coeur d'Alene

(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	
WELL SEAL				
BENTONITE	0	30	13 bags	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 416

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+1	-38	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	+2	-416	.250	steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	-384	-564	.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 Saw cut

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-524	-564	1/8x6	170	4	pvc	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

290 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 10-12			1 hour

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: good

Depth first Water encountered 535

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	21	Basalt boulders in clayish soil	<input type="checkbox"/>	<input checked="" type="checkbox"/>
10	21	38	Basalt dark gray hard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	38	112	Basalt dark gray hard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	112	168	Clay brown & tan	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	168	235	Basalt honey comb w/clay	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	235	395	Shale seams in clay w/sand	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	395	416	Shale seams in clay w/sand	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	416	528	Shale blue-green medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	528	536	Shale broken w/H2O apx 8 gpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	536	548	Shale green med hard	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	548	554	Shale fractured w/H2O apx 4-5 gpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	554	564	Shale green medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Completed Depth 564 (Measurable)
Date: Started 1/22/01 Completed 1/26/01

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 _____ Date 1-29-01

and

Supervisor or Operator _____ Date 1-29-01

(Sign Once if Firm Official and Operator)

Louie Hanner

49N 3W 4