

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: 95-17534

Date Received: 3/12/18

Receipt No: N033205

Claim Fee: \$250 By: TA

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MAR 12 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

- Name of claimant(s) JOHN O. AND/OR ELIZABETH E. GREEN Phone ( 208 ) 687-1741  
Mailing address PO BOX 690 LIBERTY LAKE WA Zip 99019  
Street or Box City State  
Email address (optional) johnngreen@sololegal.com
- Date of priority: (Only one per claim) 5/27/2008 (Explain priority date selected in Remarks)  
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 51N, Range 05W, Section 5,  
NW 1/4 of SW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of KOOTENAI;  
Parcel no. 51N05W055500  
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 WITH PIPELINE TO HOME
- 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 0.06 cfs (✓) or AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ cfs (✓) or AFY ( )
- Total quantity claimed 0.06 cfs (✓) or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 51N, Range 05W, Section 5,  
NW 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM, Parcel no. SAME

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):

\_\_\_\_\_  
\_\_\_\_\_

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: 1

**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: 3/12/18

Date: 3/12/18

**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) JOHN O. AND/OR ELIZABETH E. GREEN Claim ID \_\_\_\_\_

# IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

## 1. WELL TAG NO. D 0054431

Drilling Permit No. 851507  
Water right or injection well # \_\_\_\_\_

## 2. OWNER

Name John O. Green  
Address P.O. Box 690  
City Liberty Lake State WA Zip 99019

## 3. WELL LOCATION:

Twp. 51 North ☒ or South ☐ Rge. 5 East ☐ or West ☒  
Sec. 5 1/4 NW 1/4 SW 1/4

Gov't Lot \_\_\_\_\_ County Kootenai  
Lat. \_\_\_\_\_ (Deg. and Decimal minutes)  
Long. \_\_\_\_\_ (Deg. and Decimal minutes)  
Address of Well Site 14644 N. SMITH Ave

City Rathdrum  
Lot \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

## 4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection  
☐ Other \_\_\_\_\_

## 5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well  
☐ Abandonment ☐ Other \_\_\_\_\_

## 6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other \_\_\_\_\_

## 7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	59	400 lbs	Dry Pour
Granular				

## 8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6 Inch	+1	59	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4 Inch	-8	480	.200	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 59 FT

## 9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drill 3/8" Holes  
Manufactured screen ☐ Y ☐ N Type \_\_\_\_\_  
Method of installation \_\_\_\_\_

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
420	480	3/8"	180	4"	PVC	.200

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

Packer ☐ Y ☒ N Type \_\_\_\_\_

## 10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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## 11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) \_\_\_\_\_  
Describe control device Steel Cap Welded

## 12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 245 FT Static water level (ft) 220 FT  
Water temp. (°F) Cold Bottom hole temp. (°F) Cold  
Describe access port \_\_\_\_\_

## Well test:

## Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	45	1 Hour	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>

Water Quality test or comments: Cold, Clear, No Smell

## 13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	N
8	0	2	Top soil		X
8	2	12	Brown clay		X
8	12	50	Granite decomposed brpwm/white soft		X
8	50	59	Granite brown/white/black medium		X
6	59	95	Granite brown/white/black medium		X
6	95	150	Granite black/white/brown medium		X
6	150	230	Granite black/brown/white medium		X
6	230	250	Granite brown/black/white soft	X	
6	250	350	Granite black/white medium		X
6	350	430	Granite black/brown medium		X
6	430	480	Granite purple/black/white medium	X	

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JUN 27 2008

IDWR/North

**UNITED**  
PUMP & DRILLING  
3125 W. Hayden Ave. Hayden, ID 83835  
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable) 480 FT

Date: Started 5-23-08 Completed 5-27-08

## 14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name United Pump & Drilling Co. No. 636

\*Principal Driller Jason Beckham Date 5-27-08

\*Driller [Signature] Date 5-27-08

\*Operator II \_\_\_\_\_ Date \_\_\_\_\_

Operator I \_\_\_\_\_ Date \_\_\_\_\_

\* Signature of Principal Driller and rig operator are required.

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