

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: 95-17551

Date Received: 3/29/2018

Receipt No: N033266

Claim Fee: 82500 By:

RECEIVED

MAR 29 2018

IDWR/NORTHERN

Please type or print clearly

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

- Name of claimant(s) MARY LOUISE TELFORD Phone ( 208 ) 773-5545  
Mailing address 2785 S STEINPREIS RD POST FALLS ID 83854  
Street or Box City State Zip  
Email address (optional) gtelford@gmail.com
- Date of priority: (Only one per claim) 11/12/1985 (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 50N, Range 05W, Section 29,  
NE 1/4 of NW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of KOOTENAI;  
Parcel no. 50N05W292600  
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 0.04 cfs (✓) or AFY ( )  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
- Total quantity claimed 0.04 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 50N, Range 05W, Section 29,  
NE 1/4 of NW 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):

DATE THE WELL WAS COMPLETED AND CONNECTED TO HOME

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) Mary Louise Telford Date: 3/29/18  
\_\_\_\_\_ 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) MARY LOUISE TELFORD Claim ID \_\_\_\_\_

# PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR  
BALLPOINT PEN

## WELL DRILLER'S REPORT

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.

<b>1. WELL OWNER</b> Name <u>Gary R. Telford</u> <u>S. 5103 Steinpreis Rd.</u> Address <u>Post Falls, ID 83854</u> Owner's Permit No. <u>95-85-N-80</u>		<b>7. WATER LEVEL</b> Static water level <u>70</u> feet below land surface. Flowing? <input type="checkbox"/> Yes <input checked="" 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 _____ °F. Quality _____ <i>Describe artesian or temperature zones below.</i>																																															
<b>2. NATURE OF WORK</b> <input checked="" type="checkbox"/> New well <input type="checkbox"/> Deepened <input type="checkbox"/> Replacement <input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		<b>8. WELL TEST DATA</b> <input type="checkbox"/> Pump <input type="checkbox"/> Bailer <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>25 GPM - ESTIMATED AIRLIFT</u>																																															
<b>3. PROPOSED USE</b> <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)		<b>9. LITHOLOGIC LOG</b> <table border="1"><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>10"</td><td>0</td><td>2</td><td>Top soil</td><td></td><td>XX</td></tr><tr><td>10"</td><td>2</td><td>19</td><td>Granite, decomposed</td><td></td><td>XX</td></tr><tr><td>6"</td><td>19</td><td>110</td><td>Granite, decomposed</td><td></td><td>XX</td></tr><tr><td>6"</td><td>110</td><td>137</td><td>Granite, black &amp; white, medium</td><td></td><td>XX</td></tr><tr><td>6"</td><td>137</td><td>142</td><td>Granite, fractured w/water</td><td></td><td>XX</td></tr><tr><td colspan="6">132' of 4" PVC Liner Installed 6" Drive shoe installed</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	0	2	Top soil		XX	10"	2	19	Granite, decomposed		XX	6"	19	110	Granite, decomposed		XX	6"	110	137	Granite, black & white, medium		XX	6"	137	142	Granite, fractured w/water		XX	132' of 4" PVC Liner Installed 6" Drive shoe installed					
Bore Diam.	Depth		Material		Water																																												
	From	To		Yes	No																																												
10"	0	2	Top soil		XX																																												
10"	2	19	Granite, decomposed		XX																																												
6"	19	110	Granite, decomposed		XX																																												
6"	110	137	Granite, black & white, medium		XX																																												
6"	137	142	Granite, fractured w/water		XX																																												
132' of 4" PVC Liner Installed 6" Drive shoe installed																																																	
<b>4. METHOD DRILLED</b> <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 _____																																																	
<b>5. WELL CONSTRUCTION</b> Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> feet</td><td><u>19</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Was a packer or seal used? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Perforated? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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 checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>19</u> Material used in seal: <input type="checkbox"/> Cement <input 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 checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld <input type="checkbox"/> Cemented between strata Describe access port _____		Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet																												
Thickness	Diameter	From	To																																														
<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>19</u> feet																																														
_____ inches	_____ inches	_____ feet	_____ feet																																														
_____ inches	_____ inches	_____ feet	_____ feet																																														
_____ inches	_____ inches	_____ feet	_____ feet																																														
<b>6. LOCATION OF WELL</b> Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>NE</u> 1/4 <u>NW</u> 1/4 Sec. <u>29</u> , T. <u>50N</u> N/S, R. <u>5W</u> E/W.		<b>10.</b> Work started <u>11/11/85</u> finished <u>11/12/85</u>																																															
		<b>11. DRILLERS CERTIFICATION</b> I/We certify that all minimum well construction standards were compplied with at the time the rig was removed. Firm Name <u>PONDEROSA DRILLING</u> Firm No. <u>228</u> E. 6010 Broadway Address <u>Spokane, WA 99212</u> Date <u>11/12/85</u> Signed by (Firm Official) <u>W. Scott Barratt</u> and <u>James M. Doyle</u> (Operator)																																															

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT