

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 95-10228
Date Received: 3/24/2009
Receipt No: NO20116
Received By: *M*

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

1. Name of Claimant(s)

DIRK AND LINDA SCHWARTZ LIVING TRUST Phone: (208) 683-3230
13291 E NUNN RD
ATHOL ID USA 83801

2. Date of Priority: 03/28/2007

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
53N	02W	29	SE SW	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.

8. Total consumptive use:

9. Non-irrigation uses:
Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
53N	02W	29	SE SW	DOMESTIC	

11. Place of use in counties: KOOTENAI

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

13. Other Water Rights Used:

14. Remarks:

PARCEL NUMBER 53N02W-29-6850

15. Basis of Claim: Beneficial Use

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 1

For Organizations:

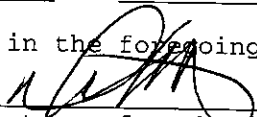
I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____,
Title Organization

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

_____ of _____

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



Signature of Authorized Agent

OWNER
Title and Organization

3-21-09
Date

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

ENTERED

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

1. WELL TAG NO. D0051633

Drilling Permit No:

Other IDWR No.

2. OWNER

Well Number:

Name SCHWARTZ, DIRK

1280

Address 13305 E. NUNN RD.

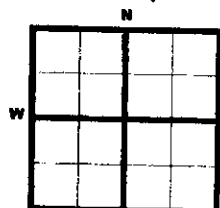
City ATHOL

State ID

Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 53N



North or

South

Rge. 02W



East or

West

Sec. 29

1/4

SE

1/4

SW

1/4

Gov't Lot

County

KOOTENAI

Latitude:

Longitude:

Address of Well Site SAME

City

ATHOL

(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	
BENTONITE	0	18	350 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.250	STEEL	☒	☐	☒	☐
4	-12	250	.200	PVC	☐	☒	☐	☐

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
212	250	1/8 X 6	80	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

57 ft. below ground Artesian pressure lb.

Depth flow encountered 80 ft. Describe access port or control devices:

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 80

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	3	Top Soil	☐	☒
10	3	28	Sandy Loam	☐	☒
8	28	29	Sandy Loam	☐	☒
8	29	38	Decomposed Granite	☐	☒
6	38	80	Decomposed Granite	☒	☐
6	80	250	Granite w/ Soft Spots	☒	☐

RECEIVED

OCT 10 2007

IDWR/North

Completed Depth 250 (Measurable)
Date: Started 3/27/2007 Completed 3/28/2007

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 Well Service, Inc. Firm No. 448

Firm Official [Signature] Date 8-31-07

and

Supervisor or Operator [Signature] Date 3/28/07

TODD MORGAN (Sign Once if Firm Official and Operator)

53N 2W 29