

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 95-10236
Date Received: 3/25/2009
Receipt No: NO 20134
Received By: *MM*

**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)

GARY AND KATHRYN JENKINS LIVING TRUST Phone: (208)983-2313
11425 E BUNCO RD
ATHOL ID USA 83801

2. Date of Priority: 06/23/1992

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	03W	24	SW 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
STOCKWATER	01/01	12/31	0.02	
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.06 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	03W	24	SW SW	DOMESTIC	
			SW SW	STOCKWATER	

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 53N03W246500

PARCEL NUMBER 53N03W246400

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: 3

For Organizations:

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

Owner of Living Trust
Title Organization

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

Owner of Living Trust

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

Mary R. Jankovic
Signature of Authorized Agent

Owner
Title and Organization

3/25/2009
Date

53N03W246500



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.

N

1. WELL OWNER
Name Mr. Bob Huff
Address Banco Rd., Athol Id.
Drilling Permit No. 96-92-N-114
Water Right Permit No. _____

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED
☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION
Casing schedule: ☐ Steel ☐ Concrete ☐ Other
Thickness Diameter From To
-250 inches 6 inches + 1.5 feet -339 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation _____ inches by _____ inches
Number From To
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☐ Yes ☒ 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? ☐ Yes ☐ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 410+ Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐
Sealing procedure used: ☒ Slurry pit ☐ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent
Weld
☐ Cemented between strata
Describe access port _____

6. LOCATION OF WELL
Sketch map location must agree with written location.
Subdivision Name AUG 1-1 1992
Lot No. _____ Block No. _____
County Kootenai
SW ¼ SW ¼ Sec. 24, T. S3 N 40 E R. 3

7. WATER LEVEL
Static water level 280 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA
☐ Pump ☐ Baller ☐ Air ☐ Other _____
Discharge G.P.M. 20+ Pumping Level _____ Hours Pumped _____

9. LITHOLOGIC LOG 080001
Bore Depth Material Water
Diam. From To Yes No
10 0 20 Top Soil 1/4 Gravel Brown X
8 20 125 Cemented Gravel Tan X
8 125 121 Boulders, Cobble Gravel X
8 121 280 Cemented Gravel X
8 280 340 Sand & Gravel 1/4 water X
APX. 20+ gpm

10. Work started 6-18-92 finished 6-23-92

11. DRILLERS CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name H2O Well Svc. Firm No. 2148
Address Hayden Lake Id Date 6-23-92
Signed by (Firm Official) [Signature]
and
(Operator) L.E.H.

USE ADDITIONAL SHEETS IF NECESSARY

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