

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 95-10245

Date Received: 3/26/2009

Receipt No: N020154

Received By: dm

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) MARGARET L. GIOROVICH Phone (208) 755-5866

Mailing Address 1970 N. LESLIE ST #3226 PAHRUMP NV Zip 89060
Street or Box City State

2. Date of Priority: (Only one per claim) 8-26-2009 08-23-99 MD
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 53N, Range 03W, Section 029400,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 53N03W029400

Additional points of diversion if any: _____

If available, GPS coordinates: _____

5. 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 drilled Aug 1999 drilled 401 ft.
Buried sprinklers for lawn & drip irrigation for trees

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01-01 to 12-31 amount 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) _____

9. Location of Place of Use is: Township 53N, Range 03W, Section 029400
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 53N 03W 029400
for (Check One) **Domestic** ☒ **Stock** () **Domestic and Stock** ()
If different than shown in Item 4

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:

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: 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) Margaret L Horovich Date: 3/26/09

_____ Date: _____

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

IDAHO DEPARTMENT OF WATER RESOURCES

RECEIVED
WELL DRILLER'S REPORT

SEP 13 1999

077018

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

1. WELL TAG NO. D10375

Drilling Permit No: IDWR North

Other IDWR No.

46-99-N-192

2. OWNER

Name FIOROVICH, NICK

Well Number:

925

Address 9315 E HOWARD RD

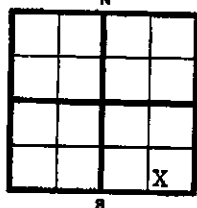
City ATHOL

State ID

Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 53 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ West

Sec. 02 1/4 SE 1/4 SE 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site HOWARD RD 9315

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			METHOD
Material	From	To	
BENTONITE	0	18	8 SACKS
			GRANULAR

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s)Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	401	.250	STEEL	☒	☐	☒	☐

Length of Headpipe

Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

355 ft. below ground Artesian pressure lb.

Depth flow encountered ft. Describe access port or control devices: Weld on Cap

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10+			2 HR

Water Temp. COLD Bottom Hole Temp

Water Quality test or comments: CLEAR

Depth first Water encountered 380'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				V	N
10	0	18	Sand & Gravels	☐	☒
8	18	95	Sand & Gravels	☐	☒
8	95	100	Boulder	☐	☒
8	100	190	Sand & Gravels	☐	☒
8	190	209	Sand & Gravels & Boulders	☐	☒
8	209	380	Sand & Gravels	☐	☒
8	380	401	Sand & Gravels	☒	☐

Completed Depth 401' (Measurable)

Date: Started 8/19/99 Completed 8/23/99

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 Date 8/23/99

and Supervisor or Operator Date 8/23/99

(Sign Once if Firm Official and Operator)

(Todd Morgan)

53N 3W 2