

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 95-10637
Date Received: 6/8/2009
Receipt No: NO20838
Received By: *W*

**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)

BRUCE MADDUX. Phone: (208)687-5153
PMB NO 22
13785 W HWY 53 NO 4
RATHDRUM ID USA 83858

OR

CAROL MADDUX. Phone: (208)687-5153
PMB NO 22
13785 W HWY 53 NO 4
RATHDRUM ID USA 83858

2. Date of Priority: 01/31/2005

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
52N 04W 29 SE NE 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 0.04

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:
Township Range Section 1/4 of 1/4 Lot Use Acres
52N 04W 29 SE NE 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:

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: 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): Bruce Maddox

Date: June 8, 2009

Date: _____

MIKE McDOWELL
KOOTENAI COUNTY ASSESSOR
PO Box 9000
451 Government Way
Coeur d'Alene, ID 83816-9000

ASSESSMENT NOTICE

BUDGET HEARING INFORMATION
2007 ASSESSMENTS

THIS IS NOT A BILL.
DO NOT PAY.

June 4, 2007
1201

For any questions, please notify the Assessor's Office immediately.
Assessor's Telephone Number: (208) 446-1500

Appeals of your property value must be
filed in writing on a form provided by the
County by: **6-25-07 5:00 PM**

MADDUX BRUCE ETUX
13785 W HIGHWAY 53 # 4 PMB 22
RATHDRUM ID 83858-7205

144275
71
37664 93 96



Serial # 144275

Parcel # 52N04W292350

Tax Code Area: 107000

Parcel Address: 16836 N FOWLER RD
Parcel Description: S2-SE-SE-NE (OM-32) 29 52N 04W

ASSESSED VALUE OF YOUR PROPERTY

CURRENT CATEGORY AND DESCRIPTION	LOTS/ACRES	LAST YEAR'S VALUE	CURRENT YEAR'S VALUE
12 Rural Land	5.0510	107222	134111
34 Res imp on 12		163880	152874
Total Homeowners Exemption Val		-75000	-89325
Sub Total:	5.0510		197660
Less Homeowners Exemption:			
Net Taxable Property Value:	5.0510		197660

BUDGET HEARING INFORMATION

TAXING DISTRICTS	PHONE NUMBER	DATE OF PUBLIC BUDGET HEARING
1-KOOTENAI CO	208-446-1000	Sep 4, 2007 6:00pm
227-LAKES HIGHWAY #2	208-772-7527	Aug 20, 2007 1:15pm
231-SCHOOL DIST #272-BOND	208-664-8241	Jun 18, 2007 5:00pm
231-SCHOOL DIST #272-OTHER	208-687-0431	Jun 11, 2007 5:30pm
254-NORTHERN LAKES FIRE	208-772-5711	Aug 27, 2007 3:00pm
271-KOOT FREE LIBRARY	208-772-5612	Aug 29, 2007 3:00pm
351-N ID COLLEGE	208-769-3340	May 30, 2007 6:00pm
354-KOOTENAI-EMS	208-676-8739	July 26, 2007 3:00pm

THIS IS NOT A BILL. DO NOT PAY.
See the back of this Notice for details.

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
Lat: _____	_____	Long: _____	_____

1. WELL TAG NO. D0035346Drilling Permit No: 823754

Other IDWR No. _____

2. OWNER

Name Maddux, Bruce & CarolWell Number: 813Address PBM#22 13785 W Hwy 53 #4City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 52		☒ North or ☐ South	
W		Rge. 04		☐ East or ☒ West	
E		Sec. 29		SE 1/4 SE 1/4 NE 1/4	
S		Gov't Lot _____		County <u>KOOTENAI</u>	
		Lat: _____		Long: _____	

Address of Well Site 1608 N Fowler RoadCity Rathdrum

(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	500 lbs	Overbore

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	280	.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:

235 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15			2hrs

Water Temp. Cold Bottom Hole Temp ColdWater Quality test or comments: ClearDepth first Water encountered 235

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	Top Soil	☐	☒
8	2	67	Large Cobble Gravels, Sand	☐	☒
8	67	144	Sand & Gravels	☐	☒
8	144	165	Cemented Gravels w/Sand	☐	☒
8	165	169	Boulder	☐	☒
8	169	248	Cemented Gravels w/Sand	☒	☐
8	248	274	Gravels 3/8 Minus	☒	☐
8	274	280	Course Gravels	☒	☐

RECEIVED
SEP 08 2004
IDWR/North

Completed Depth 280 (Measurable)Date: Started 8/27/2004 Completed 8/30/2004

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. 448Firm Official Mark Penick Date 09/02/04

and _____

Supervisor or Operator Mark Penick Date 08/31/04

(Sign Once If Firm Official and Operator)

Mark Penick

52N 4W 29