

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 95-13671Date Received: 8-28-09Receipt No: N021914Received By: un RECEIVED

NOTICE OF CLAIM TO A WATER RIGHT

AUG 28 2009

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

IDWR/North

Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s) TIMOTHY A. KIEFER AMANDA M. KIEFER Phone (208) 687-4109Mailing Address 15447 TAMARACH LN RATHORN ID. Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) JUNE 28 2005
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 52N, Range 5W, Section 35,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KOOTENAIParcel (PIN) no. 077400010020

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 - 140 FOOT (6-28-2005)
6" STEEL TO 38' 4" PVC TO 140'

6. 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 .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (X) or AFY ()

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

Stockwater and Number of livestock) DOMESTIC 1 HOUSEHOLD

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9. Location of Place of Use is: Township 52N, Range 5W, Section 35.

SW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 077400010020

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:

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: 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) [Signature] Date: 8-25-09

_____ 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. 95-13671

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WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0040331

Drilling Permit No: _____

Other IDWR No. _____

2. OWNER

Well Number: _____

Name KIEFER, TIM

988

Address 10378 LAKE FOREST LOOPCity RATHDRUM State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N	W	E	S	Twp. <u>52</u>	☒ North or ☐ South
				Rge. <u>5</u>	☐ East or ☒ West
				Sec. <u>35</u>	<u>1/4 SW 1/4 NE 1/4</u>
Gov't Lot _____				County <u>KOOTENAI</u>	
Lat: _____				Long: _____	

Address of Well Site 15447 N TAMALARCH LACity RATHDRUM

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Blk. _____ Sub. Name SUMMERS ESTAT

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	38	450 LBS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	250	STEEL	☒	☐	☒	☐
4	-5	140	200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAW☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
125	140	1/8 X 6	32	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

30 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
60			2 HRS

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 63

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	24	Sand, Clay, med. brown	☐	☒
8	24	32	Decomposed granite	☐	☒
8	32	38	Granite, white brown	☐	☒
6	38	63	Granite, white, brown broken	☒	☐
6	63	93	Granite, white black med	☐	☒
6	93	110	Granite, blk, white, brn broken	☒	☐
6	110	120	Granite, white, blk, soft frac	☒	☐
6	120	140	Granite, white, blk, med	☒	☐

Completed Depth 140 (Measurable)Date: Started 6/28/2005 Completed 6/28/2005

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 WellService, Inc. Firm No. 448

Firm Official _____ Date _____

and

Supervisor or Operator _____ Date _____

ROBERT KERN (Sign Once if Firm Official and Operator)

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