

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 95-11455
Date Received: 11/3/2009
Receipt No: NO22705
Received By: *WJ*

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)

HARRY HOLMBERG Phone: (208)765-1812
PO BOX 514
POST FALLS ID USA 83877
OR
ANN HOLMBERG Phone: (208)765-1812
PO BOX 514
POST FALLS ID USA 83877

2. Date of Priority: 05/19/2003

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:
Township Range Section 1/4 of 1/4 of 1/4 Lot County Type
50N 05W 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
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
50N 05W 23 SE SE DOMESTIC
50N 05W 24 SW 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: NONE

14. Remarks:

15. Basis of Claim: Beneficial Use

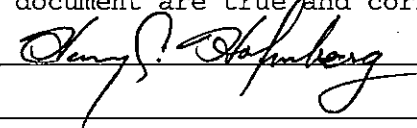
16. Signature(s)

(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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: (1) one

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):  Date: 11-3-09
_____ Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. **D0028409**

DRILLING PERMIT N **801948**

Other IDWR No _____

2. OWNER:

Name **Harry Holmberg**

Address **9715 West Wilderness Trail**

City **Coeur d'Alene**

State ID _____

Zip **83814**

3. LOCATION OF WELL by legal description:

N		Twp	50N	North	☒ or	South	☐
W		Rge	05W	East	☐ or	West	☒
E		Sec	24	1/4 SW 1/4	SW 1/4		
S		10 Ac			40 Ac		
		160 Ac					
		Gov't Lot _____			County Kootenai		
		Lat _____			Long _____		

Address of Well Site: (see next line)

S Greenferry Road - top of hill

City _____

Lot _____

Blk _____

Sub. Name (see next line)

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/Lbs	
Bentonite Gran.	0	23	4 Sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **23**

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	+1	23	0.250	Steel	☒	☐	☒	☐
4"	-10	260	0.160	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

- ☐ Perforations? Method _____
☒ Screens? Screen Type **Johnson PVC**

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
260	300	40		4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

45 ft. below ground. Artesian pressure _____ lb.
 Depth flow encountered **57** ft. Describe access port or control devices: **Steel Cap Welded**

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
10	100%	300	1 Hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered **57**

Clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	2	Topsoil	☐	☒
8	2	19	Clay with Sand	☐	☒
8	19	23	Decomposed Granite	☐	☒
6	23	47	Decomposed Granite - Medium	☐	☒
6	47	57	Granite - Salt/Pepper - Medium	☐	☒
6	57	64	Granite - Broken	☒	☐
6	64	112	Granite - Salt/Pepper with Rose - Medium	☐	☒
6	112	124	Granite - Salt/Pepper with Rose - Soft	☒	☐
6	124	236	Granite - Salt/Pepper with Rose - Medium	☐	☒
6	236	239	Granite - Salt/Pepper with Green - Soft	☒	☐
6	239	300	Granite - Salt/Pepper - Medium	☐	☒

Completed Depth **300** (Measurable)

Date: Started **5/16/03** Completed **5/19/03**

13. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name **United Drilling Inc.** Firm No **414**

Firm Official **Tim M. Valles p.w.s.** Date **5/19/03**

Supervisor or Operator **Mark A. Penick** Date **5/19/03**

FORWARD WHITE COPY TO WATER RESOURCES