

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 95-14695

Date Received: 11/17/2009

Receipt No: N022869

Received By: Jm

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) THOMAS R. & JANICE M. GURKOWSKI Phone (208) 762-6890

Mailing Address 8677 N. RHAPSODY LANE, HAYDEN LAKE, ID. Zip 83835-7272
Street or Box City State

2. Date of Priority: (Only one per claim) APRIL 13, 2006
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 51 N, Range 3 W, Section 21,
SW 1/4 of SE 1/4, or Govt. Lot 5 BM. County of KOOTENAI;
Parcel (PIN) no. 0214000 B004A

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 - OPERATIONAL 4-13-2006 AND
CONNECTED TO ONE HOME

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 .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 - ONE HOUSEHOLD

9. Location of Place of Use is: Township 51 N, Range 3 W, Section 21,
S.W. 1/4 of S.E 1/4, Govt. Lot 5 BM. Parcel (PIN) no. ~~0244000~~ B004A 7K
If different than shown in Item 4

for (Check One) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any N/A

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: QUARTER / QUARTER IN THE WELL LOG IS
IN CORRECT.

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) Thomas R. L. Rowski Date: 11/17/09

_____ 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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0041411

DRILLING PERMIT N 838980
Other IDWR No _____

2. OWNER:

Name Tom Gurkowski
Address 3626 S Smith Street
City Spokane State WA Zip 99223

3. LOCATION OF WELL by legal description:

N W E S	Twp <u>51N</u> North ☒ or South ☐	
	Rge <u>03W</u> East ☐ or West ☒	
	Sec <u>21</u> 1/4 NE 1/4 SW 1/4	
	10 Ac 40 Ac 160 Ac	
Gov't Lot _____ County <u>Kootenai</u>		
Lat _____ Long _____		
Address of Well Site: (see next line)		

Back Side of Hayden City Hayden
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	0	-19	4 Sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) -19

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

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	+1	-19	0.250	Steel	☒	☐	☒	☐
4"	-10	-300	0.200	PVC	☐	☒	☐	☒
					☐	☐	☐	☐

Length Headpipe 20' Length Tailpipe 290'

9. PERFORATIONS/SCREENS

☒ Perforations? Method Drilled Liner
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
240	300	3/8"	200	4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

55 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 146,192 ft. Describe access port or control devices: Steel Cap Welded

51N 3W 21

11. WELL TESTS

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
3	100%	295	1 HR

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered 146
Clear, Cold, No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	6	Shale Gravel & Kobbies	☐	☒
8	6	14	Shale Brown Soft	☐	☒
8	14	19	Shale Blue Medium	☐	☒
6	19	52	Shale Blue Medium	☐	☒
6	52	63	Shale Blue Broken	☐	☒
6	63	146	Shale Blue Medium	☐	☒
6	146	153	Shale Broken 2 GPM	☒	☐
6	153	165	Shale Blue Medium	☐	☒
6	165	172	Shale Green Soft	☐	☒
6	172	188	Shale Gray Soft	☐	☒
6	188	192	Shale Broken 1 GPM	☒	☐
6	192	200	Shale Gray Medium	☐	☒
6	200	300	Granite Gray Medium	☐	☒

RECEIVED

APR 19 2006

IDWR/North

Completed Dept 300 (Measurable)
Date: Started 4/3/2006 Completed 4/4/2006

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 [Signature] Date 4/6/2006
Supervisor or Operator Curtis S. Hammond Date 4/6/2006

GURKOWSKI PIN 0-2140-00B-004-A

