

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 95-14566

Date Received: 11/02/2009

Receipt No: N022694

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) Charles ^{OR} Denise Kies Phone (208) 691-4984
and

Mailing Address PO Box 115 Post Falls Id Zip 83877
Street or Box City State

2. Date of Priority: (Only one per claim) 05/25/2005
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 51N, Range 05W, Section 04,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 51N05W047350

Additional points of diversion if any: NA

If available, GPS coordinates: NA

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.

DO035410 well completed 2004 + connected
to one home, in 2005

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 (☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) one home

9. Location of Place of Use is: Township 51N, Range 05W, Section 04,
NE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Kootenai
for (Check One) Domestic ☒ Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any NA

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: well drilled for Tienken Const

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: 3

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) Charles E. Kise Date: 11/02/09

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. _____

51N05W-04-7350

KIES PIN 0-8340-000-004-A

ck



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. D0035410

DRILLING PERMIT N _____

Other IDWR No _____

2. OWNER:

Name Tienken ConstructionAddress PO Box 1216City RathdrumState IDZip 83858

3. LOCATION OF WELL by legal description:

N		Twp	51N	North	☒ or	South	☐
W		Rge	05W	East	☐ or	West	☒
E		Sec	04	1/4 NE	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)							
Corner of Winch and Freddi Road		City Rathdrum					
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 Grans	0	19	4 sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 19Drive 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	200	0.165	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe 20 Length Tailpipe 190

9. PERFORATIONS/SCREENS

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

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
140	200	3/8	200	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

20 ft. below ground. Artesian pressure _____ lb.Depth flow encountered 140 ft. Describe access port orcontrol devices: Steel Cap Welded

11. WELL TESTS

☐ Pum ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
45	100%	195	1 Hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered 140
Cold, Clear, and No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	15	Granite: Brown Soft	☐	☒
8	15	19	Granite: Gray Medium	☐	☒
6	19	140	Granite: Gray Medium	☐	☒
6	140	142	Broken Granite: Gray Medium (40GPM)	☒	☐
6	142	155	Granite: Gray Medium	☐	☒
6	155	156	Broken Granite: Gray Medium (5GPM)	☒	☐
6	156	200	Granite: Salt and Pepper Hard	☐	☒

Completed Dept 200 (Measurable)
Date: Started 8/26/2004 Complete 8/27/2004

13. DRILLERS CERTIFICATION

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

Firm United Drilling Inc. Firm N 414
Name _____
Firm Official Tienken Construction Date 8/27/2004
and _____
Supervisor or Operator Curtis S. Hammond Date 8/27/2004



Post Office Box 1690, Hayden Lake, ID 83835
 (208) 772-7867 • (800) 682-9641 • Fax (208) 772-7229

INVOICE

№ 15519

INVOICE DATE May 25, 2005	ORDER NO.
SHIP TO	

SOLD TO: Charlie Kies
12735 West Winch Road
Rathdrum ID 83858

PHONE# (208) 691-4984

INSTALLATION/SERVICE DATE		SHIPPED VIA	F.O.B. POINT	TERMS	
May 23, 2005		Install: WR	12735 West Winch Road	Net 15	
QTY.	UNIT	DESCRIPTION		UNIT PRICE	TOTAL
1	ea.	Jacuzzi 2HP 18 GPM pump/motor/ deluxe control		\$1,257.00	\$1,257.00
1	ea.	5-year extended pump and motor warranty		\$90.00	\$90.00
179	lf.	1 1/4" Galvanized drop pipe		\$1.60	\$286.00
2	ea.	1 1/4" Check valves		\$30.00	\$60.00
189	lf.	#8/3 TW Submersible pump cable		\$1.10	\$207.90
1	ea.	Motor splice and tape		\$25.00	\$25.00
1	ea.	Electrical permit		\$50.00	\$50.00
1	ea.	Labor to install system to top of well		\$275.00	\$275.00
1	ea.	1 1/4" pitless adapter		\$65.00	\$65.00
1	ea.	6" Cast iron well cap and conduit		\$60.00	\$60.00
1	ea.	Wire splice at top of well head		\$5.00	\$5.00
1	ea.	119 gallon pressure tank		\$575.00	\$575.00
1	ea.	Brass pressure tank package		\$90.00	\$90.00
1	ea.	Labor to install " balance of system" (1/3 complete)		\$132.00	\$132.00
1	ea.	Temporary Water Setup		\$250.00	\$250.00
		Subtotal			\$3,427.90
		Idaho State Tax 6%			
		TOTAL DUE THIS INVOICE			\$3,427.90
	CALOTS	SITEAMIPROADOCS\MHINV			