

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 95-14791

Date Received: 12/9/09

Receipt No: N023964

Received By: [Signature]

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) Steve and/or Frieda Agte Phone (208) 699 1793Mailing Address 13102 W. Hayden Ave, Post Falls, ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 7-29-04 (July 29, 2004)
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 5W, Section 21,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 02940210021A

Additional points of diversion if any: _____

If available, GPS coordinates: N 47° 45.542', W 116° 57.739'

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.

Domestic Well 6" casing; 215 Ft deep 3 house^{VS} pump
with standard black poly pipe to house, pressure tank located in shop.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from Jan 1 to Dec 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) Domestic: 1 household plus irrigation
of 1/2 Acre lawn & Garden & Trees

9. Location of Place of Use is: Township 51N, Range 5W, Section 21,
NE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

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

Additional places of use, if any W/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:

Greenacres Irrigation Tract Plot 4; East one half of Tract #2

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: 1

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) Steve D. Agte Date: 12-8-09
Heidi M. Agte Date: 12/8/09

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 _____ Date _____

Address _____

Last Name Agte Identification No. _____

16	15
21	22

X

CORRECTED COPY

Form 238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
	1/4	NE 1/4 NE 1/4	
Lat	:	:	Long
:	:	:	:

1. WELL TAG NO. D 0035266 **RECEIVED**
 DRILLING PERMIT NO. 821421
 Water Right or Injection Well No. AUG 04 2004

2. OWNER:
 Name Steve Agte **IDWR/North**
 Address P.O. Box 786
 City Post Falls State ID Zip 83877

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 51 North ☒ or South ☐
 Rge. 5 East ☐ or West ☒
 Sec. 21 1/4 NE 1/4 NE 1/4
 Gov't Lot _____ County Kootenai
 Lat: : : Long: : :
 Address of Well Site 13102 W. Hayden Ave.
 City Post Falls

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	18	400#	dry granular

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	213	250	Steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

168 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30-40			2 hrs

Water Temp. cold Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 17'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	Boulders, topsoil		
	1	18	Boulders, big, nasty		
8	18	78	Boulders, bigger		
	78	83	Gravel, cobbles, coarse		
	83	97	Boulders, (no returns)		
	97	116	Gravel, coarse		
	116	134	Gravel, coarse, sand		
	134	147	Cobbles, gravel		
	147	156	Boulders		
	156	168	Gravel, cobbles		
	168	174	Gravel, fine, sand coarse		
	174	179	Cobbles, coarse		X
	179	186	Sand, medium to fine		X
	186	189	Gravel, sand, silt, brown		X
	189	198	Gravel, fine		X
	198	207	Sand, coarse		X
	207	214	Gravel, fine		X
	214	216	Gravel, fine, sand, coarse		X
	216	218	Sand, silt		X

Pulled casing back to 213'
and developed

RECEIVED

SCANNED SEP 13 2004

AUG 12 2004 Department of Water Resources

Completed Depth 213' (Measurable)

Date: Started 7-28-04 Completed 07-29-04

14. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc Firm No. 586

Principal Driller Brent McCarty Date 7-30-04

and Driller or Operator II _____ Date _____

Operator I _____ Date _____

Principal Driller and Rig Operator Required.

51N 5E 21