

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 95-15879

Date Received: 5/17/10

Receipt No: 17024357

Received By: IK

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) test Maynard-Tarleton Living Trust Phone (208) 755 3174
755 3175Mailing Address 5051 West Highland Drive Coeur d'Alene ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 7/13/1983
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 50N, Range 4 WEST, Section 17,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 50N04W170175 on assessment (taxes)

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.

1983 Depth 62' (WELL) 2003 Depth 240' (WELL)
2008 (May) 3000 gallon reservoir installed

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 0.01 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.01 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) one household

9. Location of Place of Use is: Township 50 N, Range 4 WEST, Section 17,
NW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50N04W170175
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)

Date: 5-14-2010

Date: 5-14-2010

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 Maynard-Tarleton Living Trust Identification No. _____



WELL SERVICE

770 West Hayden Ave.
Hayden Lake, Idaho 83835
Phone: 208-772-4004

Quote & Installation Sheet

Customer: Kathleen Anderson

Address: _____

Job Location: Hayden Lake, Idaho

Customer Phone No. 208-772-4004

Date: 7-17-83

Estimate by: ☒ Phone ☐ Visit ☐ Mail

Well depth 62' Ft. Drilling Co. 1988-08-70
Static Level 5' Ft. Liner 6"
GPM tested 17 Pump setting 54'
GPM to be pumped _____ Pipe length 50'
Well to house 200' Ft. GPM test pumped _____
Well to power _____ Ft. Well dev. time _____

☒ Pressure system in basement
☒ Pressure system in well house
Pump Model # 120H107012
Pump serial # 02-20012

Owner to provide

Excavation & Fill to pump control

Pumping from _____ feet against
_____ pounds tank pressure, pump
_____ gallons per _____

QUANTITY	ITEM	SIZE	@ EA	EST. COST	ACT. QTY	ACT. COST	COST CHANGE
1	Pump						
	Control						
	Motor Lead						
	Subsurance	54'					
1	Galv. Pipe	1 1/4"					
	PVC Pipe	1 1/4"					
	Misc. galv. fittings						
	Misc. PVC fittings						
1	Sub Cable	12-3					
	Bury Cable	12-3					
	Alumn						
	Liq. Level Wire						
	Conduit						
	Misc. Elec.						
1	Fuse Disconnect						
1	Pitlass Ad.	1"					
	Well Cap						
	Well Seal						
1	Pressure Tank	10 X					
	Press. Switch						
	Press. Gauge						
	Tank Fittings						
1	Check Valves	1 1/4"					
	Gate Valves	1 1/4"					
	Press Relief Valve	3/4"					
	Yard Hydrant	1 1/2"					
1	Liq. Level Controls						
	Pump Guard						
1	Labor						
1	Sales Tax						
1	Total						

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028818

Drilling Permit No:

Other IDWR No.

2. OWNER

Name SPRAKTES, DAVID

Well Number:

638

Address 5051 W. HIGHLAND DR.

City CDA

State ID

Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. 50		☒ North or ☐ South
W		Rge. 4		☐ East or ☒ West
E		Sec. 17		1/4 NW 1/4 NE 1/4
S		Gov't Lot		County KOOTENAI
		Lat		Long
		Address of Well Site SAME		City CDA

(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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
DRY GRANULE				
BENTONITE	0	18	10 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 26'Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	26	.250	STEEL	☒	☐	☒	☐
4	-20	240	.160	PVC	☐	☒	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-220	240	1/4 X 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50 ft. below ground Artesian pressure lb.

Depth flow encountered 240 ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
4			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: GOOD

Depth first Water encountered 59

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Top Soil	☐	☐
8	3	22	Gravels & Sand	☐	☐
8	22	26	Soft Granite	☐	☐
6	58	59	Fractured Rose Granite	☒	☐
6	59	100	Green / Gray Granite Layers	☐	☐
6	100	143	Black & White Granite	☐	☐
6	143	145	Fractured Rose Granite	☐	☐
6	145	160	Gray & Rose Granite	☐	☐
6	160	200	Gray Granite w/ Occasional Fracs.	☐	☐
6	200	240	Gray & White Granite w/Fractures	☒	☐

COPY

 Completed Depth 240 (Measurable)
 Date: Started 8/19/03 Completed 8/20/03

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

(Sign Once if Firm Official and Operator)

(Jim McLeslie)