

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 95-12712
Date Received: 6/3/2010
Receipt No: *N024681*
Received By: *A.P.*

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)

JEFF SCHMITT
BETH SCHMITT
1238 S REYNOLDS RD
COEUR D ALENE ID USA 83814

Phone: (208) 641-9581

2. Date of Priority: 01/12/1993

3. Source: GROUND WATER , GROUND WATER Trib. to: ,

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
50N	04W	18	SE SE	KOOTENAI	
50N	04W	18	SE SE	KOOTENAI	

5. Description of diverting works:

2 SIX INCH WELLS WITH SUBMERSIBLE PUMPS

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.02	

7. Total Quantity Appropriated is:

0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

Number of homes: 1

10. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
50N	04W	18	SE	SE	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:

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

Number of attachments: _____

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): Jeff Schmitt Date: 6-3-10

Date: _____

State law requires that this report be filed with the Director, Department of Water Resources, within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>JOHN NORD</u> Address <u>MEADOW BROOK RD, CDA, ID</u> Owner's Permit No. <u>95-92-N-252-000</u>	7. WATER LEVEL Static water level <u>160</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>GOOD</u> <i>Describe artesian or temperature zones below.</i>																																																															
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td><u>5-ESTIMATED</u></td> <td><u>500</u></td> <td><u>1</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>5-ESTIMATED</u>	<u>500</u>	<u>1</u>																																																									
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <u>104512</u> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>8"</u></td> <td><u>0</u></td> <td><u>1</u></td> <td><u>SOIL</u></td> <td><u>X</u></td> </tr> <tr> <td rowspan="10" style="text-align: center; vertical-align: middle;"><u>6</u></td> <td><u>1</u></td> <td><u>18</u></td> <td><u>DECOMPOSED GRANITE</u></td> <td><u>X</u></td> </tr> <tr> <td><u>18</u></td> <td><u>90</u></td> <td><u>DECOMPOSED GRANITE</u></td> <td><u>X</u></td> </tr> <tr> <td><u>90</u></td> <td><u>110</u></td> <td><u>DECOMPOSED GRANITE</u></td> <td><u>X</u></td> </tr> <tr> <td><u>110</u></td> <td><u>118</u></td> <td><u>DECOMPOSED GRANITE</u></td> <td><u>X</u></td> </tr> <tr> <td><u>118</u></td> <td><u>180</u></td> <td><u>GRANITE - B&W MED</u></td> <td><u>X</u></td> </tr> <tr> <td><u>180</u></td> <td><u>270</u></td> <td><u>GRANITE - B&W</u></td> <td><u>X</u></td> </tr> <tr> <td><u>270</u></td> <td><u>300</u></td> <td><u>GRANITE - B&W</u></td> <td><u>X</u></td> </tr> <tr> <td><u>300</u></td> <td><u>380</u></td> <td><u>GRANITE - B&W</u></td> <td><u>X</u></td> </tr> <tr> <td><u>380</u></td> <td><u>385</u></td> <td><u>GRANITE B&W</u></td> <td><u>X</u></td> </tr> <tr> <td><u>385</u></td> <td><u>425</u></td> <td><u>GRANITE - B&W</u></td> <td><u>X</u></td> </tr> <tr> <td></td> <td><u>425</u></td> <td><u>430</u></td> <td><u>GRANITE - B&W</u></td> <td><u>X</u></td> </tr> <tr> <td></td> <td><u>430</u></td> <td><u>500</u></td> <td><u>GRANITE - B&W</u></td> <td><u>X</u></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water Yes No	From	To	<u>8"</u>	<u>0</u>	<u>1</u>	<u>SOIL</u>	<u>X</u>	<u>6</u>	<u>1</u>	<u>18</u>	<u>DECOMPOSED GRANITE</u>	<u>X</u>	<u>18</u>	<u>90</u>	<u>DECOMPOSED GRANITE</u>	<u>X</u>	<u>90</u>	<u>110</u>	<u>DECOMPOSED GRANITE</u>	<u>X</u>	<u>110</u>	<u>118</u>	<u>DECOMPOSED GRANITE</u>	<u>X</u>	<u>118</u>	<u>180</u>	<u>GRANITE - B&W MED</u>	<u>X</u>	<u>180</u>	<u>270</u>	<u>GRANITE - B&W</u>	<u>X</u>	<u>270</u>	<u>300</u>	<u>GRANITE - B&W</u>	<u>X</u>	<u>300</u>	<u>380</u>	<u>GRANITE - B&W</u>	<u>X</u>	<u>380</u>	<u>385</u>	<u>GRANITE B&W</u>	<u>X</u>	<u>385</u>	<u>425</u>	<u>GRANITE - B&W</u>	<u>X</u>		<u>425</u>	<u>430</u>	<u>GRANITE - B&W</u>	<u>X</u>		<u>430</u>	<u>500</u>	<u>GRANITE - B&W</u>	<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. RECEIVED JAN 26 1993 NORTHERN REGION ID-WR																																																															
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>.250</u> inches</td> <td><u>6</u> inches</td> <td><u>+ 2</u> feet</td> <td><u>118</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>118</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port <u>N/A</u>	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>+ 2</u> feet	<u>118</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>UNITED DRILLING</u> FNO No. <u>414</u> Address <u>P.O. BOX 1690</u> Date <u>1-18-93</u> <u>HAYDEN, ID 83835</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>W. Van der Linde JR.</u>																															
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location Subdivision Name _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> SE 1/4 SE 1/4 Sec. <u>19</u> T. <u>50N</u> N/S, R. <u>4W</u> E/W.	MICROFILMED AUG 09 1993																																																															

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

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. D0051838

Drilling Permit No:

Other IDWR No.

2. OWNER

Name SCHMITT, JEFF

Well Number:

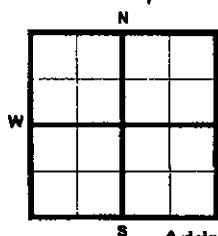
1296

Address 1238 S. REYNOLDS RD.

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50N ☒ North or ☐ South

Rge. 04W ☐ East or ☒ West

Sec. 18 1/4 SE 1/4 SE 1/4

Gov't Lot County KOOTENAI

LAT: N47:40:527 LON: W116:52:673

Address of Well Site SAME

City COEUR D'ALENE

(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	
BENTONITE	0	20	400 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 37

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	37	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

290 ft. below ground Artesian pressure lb.

Depth flow encountered 480 ft. Describe access port or control devices:

50N 4W 18

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1.5	100	680	1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: GOOD

Depth first Water encountered 230

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	8	Decomposed Soft Granite	☐	☒
10	8	18	Med. Soft Granite Brown	☐	☒
8	18	23	Med. Soft Granite Brown	☐	☒
8	23	37	Med. Soft Granite Brown	☐	☒
6	37	235	Copper, Blk & Wht Granite 3/4gpm 235	☒	☐
6	235	680	Copper, Blk & Wht Granite 3/4gpm 480	☒	☐

RECEIVED
MAY 18 2007
IDWR/North

RECEIVED
JUL 05 2007
IDWR/North

Completed Depth 680 (Measurable)

Date: Started 5/5/2007 Completed 5/8/2007

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 Well Service, Inc. Firm No. 448

Firm Official Date 5-14-07

and

Supervisor or Operator Date 5/9/07

JR CANTRELL

(Sign Once if Firm Official and Operator)

UNITED DRILLING WATER WELL HYDRO-FRACTURING REPORT

RECEIVED

NOV 06 2001

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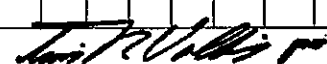
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Hydro-fracturing Information

IDWR/North

OWNER'S NAME:	Jeff Schmitt	TAG NO.	D8017971
MAILING ADDRESS:	628 S 196th	771897	
CITY/STATE/ZIP	Seattle WA 98148		
TELEPHONE NOS:	208-824-2746	HOME	WORK
			CELL
WELL LEGAL ID	TWN 50N SEC 19 RNG 4W 1/4 SE 1/4 SE		
WELL SITE ADDRESS	Reynolds Road, top of hill		
CITY/STATE/ZIP	Coeur d'Alene ID 83815		
COUNTY	Kootenai		
WELL DEPTH	500	CASING:	118 LINER:
ORIGINAL DRILLER	UNITED DRILLING INC.	Prev. Tag No.	5-92-N-252-00
DATE DRILLED	1/12/93	DATE HYDRO-FRACTURED:	10/31/01
PACKER SETTINGS	130 ft	230 ft	300 ft
WATER USED (GAL)	750 gal	750 gal	750 gal
WELL YIELD	BEFORE:	1	AFTER: ? No pump test
 UNITED DRILLING INC. LICENSE #414			

RECEIVED

MAR - 1 2002

UNITED DRILLING INC.

3rd no change from second
2nd set

15T

MINUTES OF PUMPING

50N 4W 19