

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 95-13552
Date Received: 9/28/2010
Receipt No: NO 26167
Received By: *Am*

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)

RENEE A LYTTLE Phone: (208)215- 0830
4404 W SPIERS AVE
COEUR D ALENE ID USA ID

*my sole & separate
property confirmed
PX Howard Lytle*

2. Date of Priority: 07/02/2010

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
48N	05W	25	SW NE 2	KOOTENAI	

5. Description of diverting works: *D00 58134 well connected to existing CABIN.*

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	01/01	12/31	0.04	

7. Total Quantity Appropriated is:
0.04 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses: *one home*

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
48N	05W	25	SW NE 2	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: 95-12867 LAKE WATER FOR DOMESTIC USE

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: 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): Renee A. Speltz Date: 9-28-10

Date: _____

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D D0058134

Drilling Permit No. 859398

Water right or injection well # _____

2. OWNER: LYTLE, HOWARD & RENEE

Name _____

Address 4404 W. Spiers Ave.City Coeur d'Alene State ID Zip 83815

3. WELL LOCATION:

Twp. 48N North ☒ or South ☐ Rge. 05W East ☐ or West ☒Sec. 25 1/4 SW 1/4 NE 1/4Gov't Lot _____ County KootenaiLat. N 47 28: 506 (Deg. and Decimal minutes)Long. W 116 55: 350 (Deg. and Decimal minutes)Address of Well Site 10159 W. Ballmer Rd.City Worley

Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Bentonite	0	38	1200 lbs.	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	185	.250	Steel	☒	☐	☒	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 203'

9. PERFORATIONS/SCREENS:

Perforations ☐ Y ☒ N Method _____Manufactured screen ☒ Y ☐ N Type Stainless

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
186	191	.15	1	5"	SS	

Length of Headpipe 6' Length of Tailpipe 12'Packer ☒ Y ☐ N Type K-Packer

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 185 Static water level (ft) 92Water temp. (°F) Cold Bottom hole temp. (°F) ColdDescribe access port Weld on cap

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	50+	120

Test method:

Pump	Ball	Air	Flowing artesian
☐	☐	☒	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10	0	3	Top Soil		X
10	3	15	Cobbles, Clay, Small Gravels		X
10	15	17	Large Cobbles		X
10	17	38	Broken Basalt w/ Clay		X
8	38	95	Broken Basalt w/ Clay		X
8	95	175	Sand w/ Tan Clay		X
8	175	182	Clay w/ Small Gravels		X
8	182	203	Silica Sand & Basalt w/ water	X	

RECEIVED

AUG 03 2010

IDWR/North

Completed Depth (Measurable): 203Date Started: 6/30/2010Date Completed: 7/2/2010

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 H2O Well Service Inc.Co. No. 448*Principal Driller Thom Rahl Date 7-6-10*Driller Jim McLestie Date 7-8-10

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

48N 05W 25

LYTLE PIN 48N05W-25-1770

