

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 95-10829Date Received: 1/5/15Receipt No: NOV 10 605Received 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) Thomas R. & Karen L. Brunch Phone (209) 551-0439Mailing Address 2104 Bailey Ct. Modesto CA Zip 95355
Street or Box City State2. Date of Priority: (Only one per claim) 4-21-98
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) ground water
which is tributary to (b) _____4. Location of Point of Diversion is: Township 52N, Range 4W, Section 15,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of _____;
Parcel (PIN) no. 52N04W-15-4300

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.

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) one home

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9. Location of Place of Use is: Township 52N, Range 4W, Section 15,
SE 1/4 of NW 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 _____

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: _____

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) Klaus Bueh Date: 5-5-09

Klaus Bueh Date: 5/13/09

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. _____

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Form 238-7
11/97

MAY 19 1998

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

77713

Office Use Only

Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :



NORTHERN REGION

IDWR

1. WELL TAG NO. D0003674

DRILLING PERMIT N 95-98-N-50

Other IDWR No _____

2. OWNER:

Name Lin Rimple

Address 2772 Diagonal Road

City Rathdrum

State ID

Zip 83858

3. LOCATION OF WELL by legal description:

N		Twp 52N	North ☒ or South ☐
W		Rge 04W	East ☐ or West ☒
E		Sec 15	1/4 NW 1/4 NE 1/4
S		Gov't Lot	County Kootenai
		Lat	Long

Address of Well Site: (see next line)

Ramsey to Diagonal, L second drive on left City

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	0	-18	12 Sacks	Pour-in

Drive Shoe Used? ☐ Y ☒ N Shoe Depth(s) _____

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
8"	1	-357	0.025	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____

☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

310 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 310 ft. Describe access port or

control devices: Steel cap welded

52N 4W 15 NWNW FORWARD WHITE COPY TO WATER RESOURCES

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
30+	100%	355	2 hrs

Water Temp. _____ cold Bottom hole temp. _____ cold

Water Quality test or comments: (below) Depth first Water Encountered 310
clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
				Y	N
8"	0	2	Topsoll	☐	☒
8"	2	170	Sand & gravel & cobbles - 3/4 minus	☐	☒
8"	170	265	Sand & Gravel - 3/4 minus	☐	☒
8"	265	305	Sand & Gravel - 1/4 minus	☐	☒
8"	305	325	Sand & Gravel - 3/4 minus	☒	☐
8"	325	357	Sand & Gravel - 1/4 minus	☒	☐
8"	357	365	Sand & Gravel - 1/4 minus	☒	☐
8"	365		Rock	☒	☐

Completed Depth 357 (Measurable)

Date: Started 4/18/98 Completed 4/21/98

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 No 414

Name

Firm Official

and

Supervisor or Operator Jason C. Beckham

Date 5/15/98

Date 5/15/98

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