

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 95-10435
Date Received: 4/28/2009
Receipt No: 2029337
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)

GARY J TREFZ Phone: (208)765-1416
18491 S FRANCIS FAIRE RD
WORLEY ID USA 83876

OR

JENNIFER W TREFZ Phone: (208)765-1416
18491 S FRANCIS FAIRE RD
WORLEY ID USA 83876

2. Date of Priority: 06/12/1971

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	17	SE NE	KOOTENAI	

5. Description of diverting works:

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:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
48N	05W	17	SE NE	DOMESTIC	
			NE 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

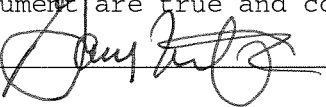
16. Signature(s)

(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: 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):  Date: 4-28-09

Date: _____

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT



RECEIVED

State law requires that this report be filed with the State Reclamation Engineer
within 30 days after completion or abandonment of the well.

NOV 20 1971

1. WELL OWNER

Name John Hove
Address 3307 W. 117th St
Inglewood, Calif. 90303
Owner's Permit No. 95-71-N-12

7. WATER LEVEL

Static water level 82 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature _____ ° F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other Air

Discharge G.P.M.	Draw Down	Hours Pumped
<u>15</u>	<u>—</u>	<u>—</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 6 inches Total depth 178 feet
Casing schedule: ☐ Steel ☐ Concrete
Thickness Diameter From To
250 inches 6 inches +1 feet 13.6 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet

Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number From To
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

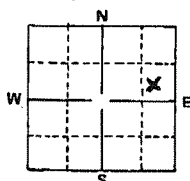
Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 13.6 feet
Material used in seal ☐ Cement grout ☒ Puddling clay

6. LOCATION OF WELL

Sketch map location must agree with written location.



County Kootenai
SE 1/4 NE 1/4 Sec. 17, T. 48 N., R. 5 W

10.

Work started 6-9-71 finished 6-12-71

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is
true to the best of my knowledge.
Bill Fondly
Driller's or Firm's Name Number
1926 N 5th
Address
Bill Fondly
Signed By Date 6/21/71

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT