

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 95-13468

Date Received: 8/26/2009

Receipt No: N021080

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) Mark Louis & Kathleen Hope Johnson AND OR Phone (208-651-6160)

Mailing Address 31054 East Hayden Lake Road Hayden ID 83835
Street or Box City State Zip

2. Date of Priority: (Only one per claim) July 26 1996
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 52N, Range 3W, Section 34,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 52N03W349350

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.
95-96-N-111-000 WELL COMPLETED 1996 CONNECTED
TO ONE HOME 1 PRESSURE TANK WATER LINES TO SHOP AND HOME

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from 01-01 to 12-31 amount .04 cfs(x) or AFY()

For STOCK purposes from 01-01 to 12-31 amount .02

7. Total Quantity claimed .06 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) DOMESTIC: 1 HOUSEHOLD

STOCKWATER: 6 SHEEP

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9. Location of Place of Use is: Township 52N, Range 3W, Section 34,
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock (X)

Additional places of use, if any NA

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 (X) 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: 95-7724 FOR BACK UP DOMESTIC USE

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) do not () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3 mty

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) Kathleen Hope Johnson Date: 8/24/09
Matt Johnson Date: 8/24/09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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RECEIVED

JUL 7 1996

IDAHO DEPARTMENT OF WATER RESOURCES

POSTHOLE DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097073

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

1. DRILLING PERMIT NO. 95-96-N-111-000

Other IDWR No. _____

2. OWNER

Well Number:

Name THORN, ROGER

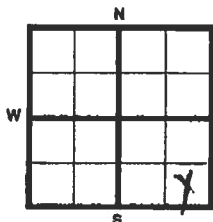
429

Address RT 2 BOX 208A

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 52 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ West

Sec. 34 1/4 SE 1/4 SE 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site

City HAYDEN LAK

(Give at least name of road + Distance to Road or Landmark)

Lt. _____ Bk. _____ 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	56	7 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 56Was drive shoe seal tested? ☒ Y ☐ N How? DDrove into Rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	.250	STEEL	☒	☐	☒	☐
4					☐	☐	☐	☐
4	-5	200	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	160	1/8X4	70	4	PVC	☐	☒
180	200	1/8X4	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

38 ft. below ground Artesian pressure _____ lb.

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

SESE 34 52N 3W

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 55-87

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	15	Soil W/Decomposed Granite	☐	☒
8	15	55	Granite Decomposed Brown	☐	☒
6	55	87	Granite Green & White & Black W 2	☒	☐
6	87	98	Granite White & Black	☐	☒
6	98	103	Granite White & Green 3 GPM	☒	☐
6	103	200	Granite White & Black	☐	☒
	0	0	Granite/Shale	☐	☐

Completed Depth 200' (Measurable)

Date: Started 07/26/96 Completed 07/26/96

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 *[Signature]* Date 7-31-96and Supervisor or Operator *[Signature]* Date 7-30-96

(Sign Once if Firm Official and Operator)

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M-22-23W-34-344-A/

SM: 164549 for PG
164550 for 85

MOBILE HOME APPRAISAL RECORD

Owner Roger A. JhorrieCode Area 085-000Decal No. 4983-85Address Rt. 2 Box 208A- H.L. 83835

Rent per Mo: Dwelling \$

Lot \$

Resident ☐ Military non-resident ☐

19

19

Assessed Value

19

19

19

Location / Legal Des. SE-SE-34-52-7W81-4076Mfgd by NashuaSerial No. 27123

Lienholder

Trade Name

Model

Previous Owner

Class 5

Sgl

Dbl. XLgth 60Width 24Purchase price \$ 34700

New

Used

Expando size

Total Sq Ft

1440Date of Purchase July 1985Year Mfgd. 1985
(Title)

Int inspected: Yes

No

Owner Info

Tenant

APPRAISED VALUE SUMMARY

Dwelling — Depr Repl Cost \$ 27,122

Other Improvements D.R.C.

Total Depr Repl Cost

Value by GMRM

Correlated Value

Site Value

Total Site & Improvements Value

Base Cost 1770

Lump Sums

Foundation	Cont	Conc	Blk	Rock	Mary	Wd	Mil	Plat	Post	Mudall
Skirting	Fr	Wd	Mil	FG	Cover	Wd	Mil	FG	Comp	<u>168 x 2.80</u>
Frame	Channel	1/2 in	Tube	Med	Hwy	Towing Assembly	Axle	Coupler		
Exterior	Fr	Wd	Mil	FG	Cover	Wd	Mil	FG	Style	Plain
	Elaborate	Storm window	Storm door	Insulated Window	CW Insulation					
Roof	Flat	Gab	Arch	Fr	Wd	Mil	FG	Cover	Mit	FG
	Overhang	Gutters								
Floor	Sgl	Hwd	Joist	Sealed	Insulation	Cover	Carpet	CW Insulation		
Interior	Fr	Wd	Mil	Cover	PG	PG	Swd	Hwd	Comp	Plc
	Doors	Fair	Avg	Good	Trim	OR	OR	Kit	Util	2
	Swd	Hwd	Comp	Acoutile	CR	OR	Kit	Util	2	BR
Interior Components	Blinds	Simple	Avg	Good	Ex	Kit	Util	Chest	App	Gas
	Range	Dropin	Surf	Bltn refr	Wet bar	Fireplace	Kit hood & fan	Gas	Exfan	Gas
	Disp	Dishwasher								
Electrical	Quality	Low cost	Avg	Good	Ex	Quantity	Few	Avg	Many	DCO
Plumbing	11	Lav	11	JUR	Enc	Ssk	Shower	Dr	Laundry Tray	
	WC	(w/)	WH	Dsk	T	M	FG	LF	Plc	Clay
Heating Cooling	Fao	Fag	Fae	Gas	Oil	Elec	Flr	WI	BB	
	ACondg	Refr	Evap	Unit	FaDuct					

Ratings Phys Cond F A G Func Utility F A G Appearance: Res F A G Nbrhd F A G

Totals

+

-

Remarks:

Dwelling 1440

sf x s

1855

psf =

\$26712Net Lump Sum Adjustment +

Total Base Cost

2712219 LCM 1.00

% x Qual Adjustment

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

%

Depreciation: Physical, Functional and Economic

= Percent Good

100 %

Depreciated Replacement Cost (transfer to Value Summary)

\$27122Appraised 11-13-85By SPComputed 11-14-85By SP

AUG 26 2009

JOHNSON PIN 52N03W-34-9350

2009 PHOTO



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