

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 95-12974Date Received: 1/6/10Receipt No: NO 23252Received By: Kam

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) BERNARD L. WEBER Phone 208 777-2113Mailing Address 426 S Mossy Rock Ln COA ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) OCT 28 2003
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 50N, Range 5W, Section 12,
SE 1/4 of NE 1/4, or Govt. Lot 8 BM. County of KOOTENAI
Parcel (PIN) no. -2100

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.

WELL & PUMP

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

For DOMESTIC purposes from 1-1 to 12-31 amount 104 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 104 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 - RESIDENCE

SCANNED
JAN 11 6 2010

9. Location of Place of Use is: Township 50N, Range 5W, Section 12,

SE 1/4 of NE 1/4, Govt. Lot 8 BM. Parcel (PIN) no. _____

for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** ()

If different than shown in Item 4

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) [Signature] Date: 1-6-10

Date: _____

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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JAN 06 2010

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0028855
DRILLING PERMIT NO. 808215
Water Right or Injection Well No. _____

2. OWNER:

Name Bernie Weber
Address 16825 So. Weber Dr.
City Chandler State AZ Zip 85226

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 50 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 12 1/4 SE 1/4 NE 1/4
Gov't Lot _____ County KOOTENAILat: _____ Long: _____
Address of Well Site Coach Lane EstatesCity Post Falls

(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 Material	From	To	Weight / Volume	Seal Placement Method
BENTONITE	0	18	400/165	OVERBORE/POUR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'Was drive shoe seal tested? ☒ Y ☐ N How? AIR

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	250	STEEL	☒	☐	☐	☐
4	-5	300	200	PVC	☐	☒	☐	☐

Length of Headpipe NA Length of Tailpipe NAPacker ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SKIL SAW (SAW CUT)

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
180	200	1/8	40	4	PVC	☐	☒
280	300	1/8	40	4	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

50 ft. below ground Artesian pressure _____ lb.

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

50N 5W 12

12. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
14-15			
ESTIMATE			

Water Temp. COLDBottom hole temp. COLDWater Quality test or comments: CLEARDepth first Water Encounter 92'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dis.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	3	GRANITE BROKEN GRAY		X
10	3	18	GRANITE BLACK/WHITE MED		X
6	18	29	GRANITE B/W - MED w/FRACS		Y
6	29	34	" BROWN/WHITE SOFT		Y
6	34	54	" GRAY WHITE MED		Y
6	54	92	" B/W MED		Y
6	92	94	" B/W MED / FRACTURED	X	
6	94	121	" B/W MED		X
6	121	126	" GRAY FRAC. MED		Y
6	126	175	" B/W HARD		Y
6	175	219	" B/W MED		X
6	219	233	" B/W MED FRACTURED	X	
6	233	256	" B/W MED		X
6	256	265	" B/W SOFT FRAC.		Y
6	265	270	" B/W HARD		X
6	270	300	" B/W MED w/QUARTZ SEAMS		X

RECEIVED

OCT 30 2003

IDWR North

Completed Depth 300' (Measurable)Date: Started 10/28/03 Completed 10/28/03

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 FOGLE Pump Firm No. 537Principal Driller [Signature] Date 10/28/03

and Driller or Operator II _____ Date _____

Operator I [Signature] Date 10/28/03Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

JAN 06 2010