

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 95-11892Date Received: 7-7-09Receipt No: N021180Received By: ELR

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

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JUL -7 2009

IDWR/North

1. Name of Claimant(s) Thomas & Kathryn LaRiviere Phone 208 683-2398Mailing Address 24290 N. Vlazys Lane Arhol Id Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) 8 14 2008 completion date of well
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 53 N, Range 3 W, Section 34,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 53N03W346700

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.

2# Well & pump6. 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 .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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) 1 home

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9. Location of Place of Use is: Township 53 N, Range 3 W, Section 34

SE 1/4 of SW 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: 2

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) Kathryn LaRiviere Date: 7.7.09

_____ 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 _____

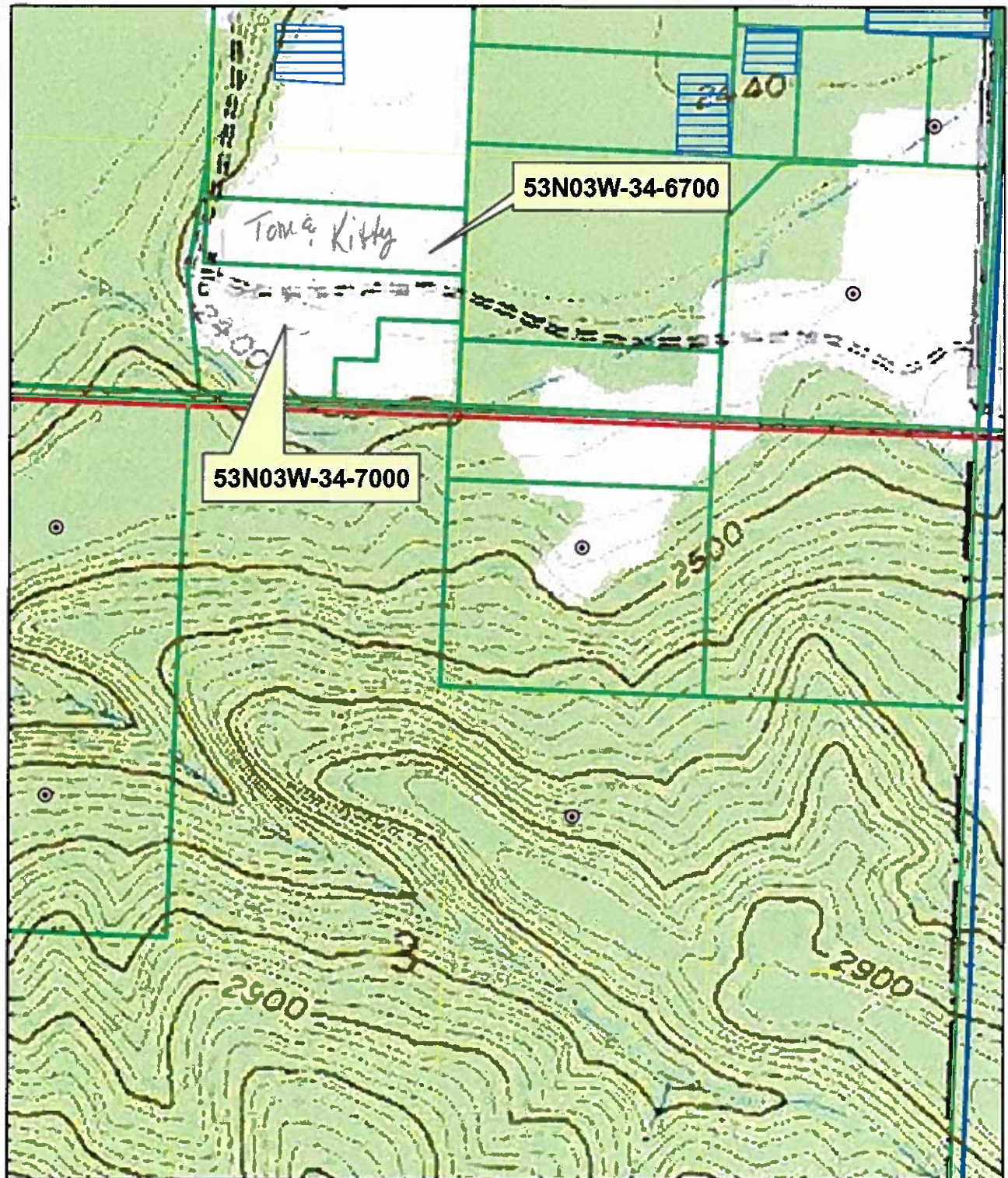
Address _____

Date _____

Last Name _____ Identification No. _____

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LaRiviere



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Form 238-7
11/97

AUG 17 2000

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

IDWR/North

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

1. WELL TAG NO. D0013670

DRILLING PERMIT NO _____

Other IDWR No. 766081

2. OWNER:

Name Tom MongarAddress 5633 Turtle Bay Drive, Apt 36City NaplesState FLZip 34108

3. LOCATION OF WELL by legal description:

N		Twp	53N	North	☒ or	South	☐
W		Rge	03W	East	☐ or	West	☒
E		Sec	34	1/4	SE	1/4	SW 1/4
S		10 Ac 40 Ac 160 Ac					
Gov't Lot		County <u>Kootenai</u>					
Lat		Long					

Address of Well Site: (see next line)

Bunco Rd, N Vlazys Ln to end, through gate

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	10 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
6	2	258	0.250	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

215 ft. below ground.

Artesian pressure _____ lb.

Depth flow encountered _____

235

ft. Describe access port or

control devices: Steel cap welded

11. WELL TESTS

☐ Pump☐ Bailer☒ Air☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
19	100%	399	1 hr.

Water Temp. _____

cold

Bottom hole temp. _____

cold

Water Quality test or comments: (below)

Depth first Water Encountered

225

slight color, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Remarks:		Water	
						Y	N
8	0	3	Topsoil			☐	☒
8	3	18	Sand & gravel - 3/4 minus			☐	☒
6	18	235	Sand & gravel - 3/4 minus			☐	☒
6	235	250	Decomposed granite - brown/white - soft			☒	☐
6	250	258	Decomposed granite - brown/white - med			☐	☒
6	258	290	Decomposed granite - brown/white - med			☐	☒
6	290	300	Granite - black & white - hard			☐	☒

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OCT 20 2000

Department of Water Resources

Completed Depth _____

300

(Measurable)

Date: Started _____

8/12/00

Completed _____

8/14/00

13. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name United Drilling Inc.Firm No 414

Firm Official _____

Date 8/15/00Supervisor or Operator Jason C. BeckhamDate 8/15/00

53N 3W 34

FORWARD WHITE COPY TO WATER RESOURCES

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