

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 95-12841

Date Received: 1-6-10

Receipt No: 2023247

Received By: um

RECEIVED

JAN 06 2010

IDWR / NORTH

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) Anthony & Victoria Ambrosetti Phone (208) 773-3762

Mailing Address 1140 S. Baker Lane Post Falls ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) February 1, 1999
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 50, Range 05, Section 18,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of _____;

Parcel (PIN) no. 5300

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 drilled 03/05/1995; Permit # 95-95-N-0029-000; Well Driller's Report attached; Pump and reservoir (3000 gal) installed February 1, 1999.

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 0.04 cfs(✓) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) Domestic, 1 home, 1/2 acre lawn.

SCANNED
JAN - 6 2010

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1. DRILLING PERMIT NO. 95 - 95 - H - 0029 - 000
Other IDWR No. _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3.5	2.4		1.5HR
	2.1		
	2.0		

Water Temp. COLD Bottom hole temp. _____
Water Quality test or comments: CLEAN

2. OWNER:
Name PUCKETT, GEOFF
Address 1401 FLOWER ST
City GLENDALE State CA Zip 91201

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 50 North ☒ or South ☐
 Rge. 05 East ☐ or West ☒
 Sec. 18 $\frac{1}{4}$ SE $\frac{1}{4}$ SW $\frac{1}{4}$
 Gov't Lot _____ County KOOTENAI $\frac{10}{160}$ acres

Address of Well Site _____
 _____ City _____
 (Give at least name of road + Distance to Road or Landmark)

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth 522 (Measurable)
Date: Started 03/03/95 Completed 03/05/95

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: John J. Geller Date: 03/09/95

and
Supervisor or Operator Mark L. Lee Date 03/08/95

(Sign once if Firm Official & Operator)

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4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	19	100 LBS	SLURRY

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) 19
Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1	19	.250	STEEL	☒	☐	☒	☐
4	-7	520	.180	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method SAT CUT

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Line
460	520	1/16	60	4	PVC	☐	☐ X
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: