

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 95-15421Date Received: 9-30-10Receipt No: ND 25866Received By: clerk

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

RECEIVED

SEP 30 2010

IDWR/NORTHERN

1. Name of Claimant(s) Jeffrey P. Browne and/or Lisa J. Browne Phone (949) 633-4823 cell

Mailing Address 212 W. Ironwood Dr., Ste. D-233, CDA ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 02/10/2010
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) N/A
 which is tributary to (b) N/A

4. Location of Point of Diversion is: Township 49N, Range 3W, Section 18
SW 1/4 of SW 1/4, or Govt. Lot 5 BM. County of Kootenai;

Parcel (PIN) no. 49N03W-18-6400

Additional points of diversion if any: T49N03W5.18 SWSE, T49N03W5.18 ENEGL1, T49N03W5.18 NWGL1
 (16)

If available, GPS coordinates: N/A

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.

D0056451 well completed 2009 and connected to new home
2010.

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 (✓) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) 1 home

SCANNED
OCT - 5 2010

9. Location of Place of Use is: Township 49N, Range 3W, Section 18,

SW 1/4 of SW 1/4, Govt. Lot 5 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 (see remarks)

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:

T49N R3W S.13 SW SE GL4, T49N R04W S.24 NENE GL1,
T49N R03W S.18 SW SW GL5, T49N R03W S.19 NW NW GL1

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) J. P. Brune Date: 9-30-2010
Lisa J. Brune Date: 9-30-2010

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.

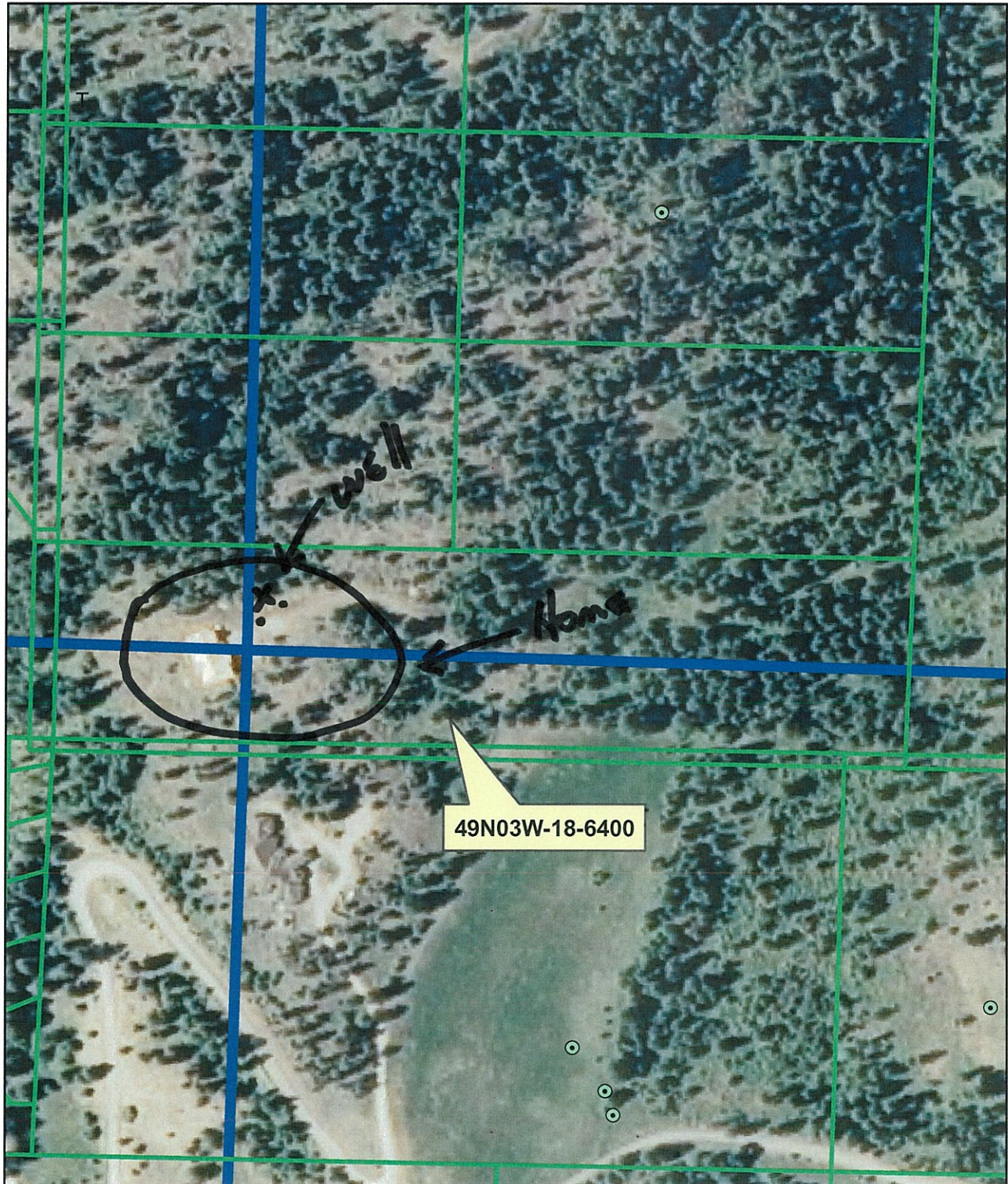
Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
OCT - 5 2010

BROWNE PIN 49N03W-18-6400



Certificate of Occupancy

Kootenai County Building and Planning Department

This Certificate is issued pursuant to the requirements of the Kootenai County Building Code Ordinance and all current and adopted 2003 International Building Codes certifying that, at the time of issuance, this structure was in compliance with the ordinances of Kootenai County regulating building construction or use for the following:

Building Permit No

RES09-0112

Occupancy Group

R-3/U

Use Classification

SFR

Owner of Building

JEFFREY PAUL BROWNE

Building Address

1081 E DRIFTWOOD HEIGHTS DR. HARRISON, ID 83833

Special

Conditions/Stipulations

Load

21

Spunkler Required

Construction Type

V-B

Authorized Signature:



Date: 2/10/2010

By issuing any permit or certificate, or by conducting any compliance inspection, Kootenai County makes no warranty, implied or otherwise, that any inspected building is constructed wholly in compliance with adopted codes or that it is safe or fit for any particular purpose. Kootenai County expressly disclaims any liability for construction defects or workmanship related to the structure it is called upon to inspect in the course of carrying out its government duties.

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0056451

Drilling Permit No: 855253
Other IDWR No. _____

2. OWNER

Well Number:

Name BROWNE, JEFF & LISA 1476

Address 12 VIENNA

City LAGUNA NIGUEL State CA Zip 92677

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

W	N	E	S	Twp. <u>49N</u> ☒ North or ☐ South
				Rge. <u>03W</u> ☐ East or ☒ West
				Sec. <u>18</u> <u>1/4 SW 1/4 SW 1/4</u>
Gov't Lot _____ County <u>KOOTENAI</u>				
Latitude: <u>N47:35:031</u> Longitude: <u>W116:47:176</u>				

Address of Well Site DRIFTWOOD DRIVE

City COEUR D' ALENE

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

Lt. 5 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/FILTER PACK		AMOUNT		METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	500 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 400

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	18	.250	STEEL	☒	☐	☒	☐
6	+2	400	.250	STEEL	☒	☐	☐	☐
5	-360	460	.250	STEEL	☒	☐	☒	☐

Length of Headpipe 90 Length of Tailpipe 0

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☒ Screens Screen Type JOHNSON SS

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
450	460	.10	2	5	SS	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

380 ft. below ground Artesian pressure _____ lb.

Depth flow encountere 460 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8			2 HRS

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAN

Depth first Water encountered 460

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	3	Top Soil	☐	☒
10	3	18	Basalt	☐	☒
8	18	90	Black Med. Basalt	☐	☒
8	90	110	Basalt w/ Tan Clay	☐	☒
8	110	190	Tan Clay	☐	☒
8	190	270	Tan Clay w/ Sand	☐	☒
8	270	410	Basalt	☐	☒
6	410	445	Brown Clay	☐	☒
6	445	475	Tan Clay w/ Sand	☒	☐
6	475	600	Basalt	☐	☒

RECEIVED

JUN 03 2009

IDWR/North

Completed Depth 460 (Measurable)
Date: Started 4/14/2009 Completed 5/11/2009

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 WellService, Inc. Firm No. 448

Firm Official Thomas R. Smith Date 5-20-09

and

Supervisor or Operator Jim McLeslie Date 5/12/2009

JIM McLESLIE

(Sign Once if Firm Official and Operator)

49N 03W 18