

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 D0033683

Date Received: 08/03/09

Receipt No: N0211610

Received By: N. Steading

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AUG 03 2009

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

IDWR/North

1. Name of Claimant(s) PAUL M. CIRVED Phone (818) 523 2027

Mailing Address 159 KINGS SPUR DR ATHOL ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) MAY 13, 2009
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 54N, Range 2W, Section 18,
1/4 of _____ 1/4, or Govt. Lot _____ BM. County of BONNER
Parcel (PIN) no. RP012510000040A

Additional points of diversion if any: _____

If available, GPS coordinates: N48° 01.419 W 116° 37.714

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.

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
Month/Day Month/Day 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 - ONE HOME

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9. Location of Place of Use is: Township 54N, Range 2W, Section 18,
_____ 1/4 of _____ 1/4, Govt. Lot _____ 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? BONNER

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: 1

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: 8-3-09

_____ 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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0033683
DRILLING PERMIT NO. 815762
Water Right or Injection Well No. _____

2. OWNER:

Name Ron Kilgore
Address 511 14th Street
City Rawlins State WY Zip 82301

3. LOCATION OF WELL by legal description:

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

Twp. 54 North ☒ or South ☐
Rge. 2 East ☐ or West ☒
Sec. 18 1/4 NW 1/4 SW 1/4
Gov't Lot _____ 10 acres 40 acres 160 acres
County Bonner

Lat: 48 01:416 Long: 116:37:719Address of Well Site Kings Spur RoadCity Careywood

(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	350#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 73'Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	73	250	Steel	☒	☐	☒	☐

Length of Headpipe 1' Length of Tailpipe n/aPacker ☐ Y ☐ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation Johnson Telescoping

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
73	78	25		6"	S.S.	☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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

54N 2W 18

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4	1/4	1/4	
Lat: _____	_____	Long: _____	_____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+			3 hrs.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: cloudy, then cold & clearDepth first Water Encounter 48'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	6	Gravel, silt		
	6	18	Gravel, coarse		
8	18	26	Gravel, coarse		
	26	34	Gravel, medium w/sand		
	34	51	Gravel, coarse		X
	51	54	Sand		X
	54	59	Gravel, cobbles		X
	59	62	Gravel, medium, sand		X
	62	66	Sand, fine, 10 slot		X
	66	74	Gravel, sand, coarse		X
	74	78	Gravel, sand, 30 slot		X

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MAY 27 2004
IDWR North

Completed Depth 78' (Measurable)
Date: Started 5/25/04 Completed 5/25/04

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 McCarty Drilling & Pump Inc. Firm No. 586Principal Driller Burt McCarty Date 5/26/04and Driller or Operator II Mike V. Michael Date 5-26-04

Operator I _____ Date _____

Principal Driller and Rig Operator Required
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

AUG - 3 2009

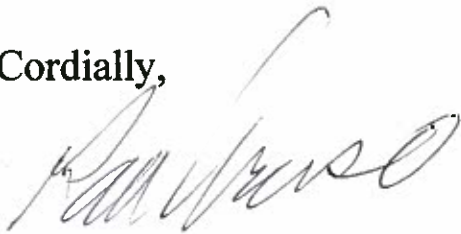
7/22/10

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Hi Shaun,

I hope the enclosed photo map is adequately marked for your records. I marked the well location as I close as I could on the page, which is approximately 75' No. of the house. If I can be of any more assistance please do not hesitate to call me on my cell at 818 - 523 - 2024.

Cordially,

A handwritten signature in dark ink, appearing to read "Paul Ciruso", written over a light blue horizontal line.

Paul Ciruso
159 Kings Spur Drive,
Athol, ID.

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IDWPA NORTH

2006 CIRVSO, PAUL M PIN RP012510000040A



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