

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 95-13042Date Received: 11/01/12/2010Receipt No: N023341Received By: Am

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) Jeffrey & JoAnn Kieseboom Phone (208) 773 7277Mailing Address P.O. Box 1887 Post Falls Id Zip 83877
Street or Box City State2. Date of Priority: (Only one per claim) 10/1/2005
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 SUN, Range SW, Section 8,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 20 4363-001-001-0

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.

6" well 1hr pump 560'

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

For house hold use purposes from 10/2005 to 10/2005 amount 104 CFS
Month/Day 10 Month/Day 10 cfs() or AFY()
For _____ purposes from 01-01 to 12-31 amount _____7. Total Quantity claimed 104 CFS 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-household

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9. Location of Place of Use is: Township 50N, Range 5W, Section 8,
NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4
for (Check One) Domestic (X) 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 (X) 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 (X)

13. Remarks:

well location / well record incorrect

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) 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)

[Signature]

Date: 11-12-10

Date: 11-12-10

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. _____

CONTINUED
JAN 12 2010

KIRSEBOM PIN 0-4363-001-001-0



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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE **REWRITER OR
BALLPOINT PEN**State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.**1. WELL OWNER**Name BOB GUINDON
Address POST FALLS, ID
Drilling Permit No. 95-92-N-102
Water Right Permit No. _____**7. WATER LEVEL**Static water level 200 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality GOOD
Describe artesian or temperature zones below.**2. NATURE OF WORK**☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
such as liners, screen, materials, plug depths, etc. in lithologic
log, section 9.)**8. WELL TEST DATA**☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
8 ESTIMATED	560	1

3. PROPOSED USE☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)**9. LITHOLOGIC LOG****081843**

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	4	TOP SOIL		X
	4	37	BROKEN GRANITE		X
6	37	175	SOFT BROKEN GRANITE	X	
	175	314	HARD B&W GRANITE	X	
	314	490	SOFT BLACK GRANITE		X
	490	560	VERY HARD B&W GRANITE	X	

4. METHOD DRILLED☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)**5. WELL CONSTRUCTION**Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

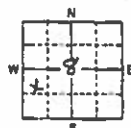
Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>37</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? PVC ☒ Yes ☐ No **DRILL**
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation? 1/2 inches by 1/2 inches

Number	From	To
<u>500</u> perforations	<u>200</u> feet	<u>250</u> feet
<u>500</u> perforations	<u>400</u> feet	<u>500</u> feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No
Manufacturer _____ Type _____
Top Packer or Headpipe _____
Bottom of Tailpipe _____Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 37 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit
☐ Temp. surface casing ☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded
☐ Solvent Weld ☐ Cemented between strataDescribe access port NODE**6. LOCATION OF WELL**

Sketch map location must agree with written location. ✓



Subdivision Name _____

Lot No. 4 Block No. _____County KOOTENAINW 1/4 SW 1/4 Sec. 8, T. 50N S ☐ R. 5W W ☐**10.**Work started 6/18/92 finished 6/22/92**11. DRILLER'S 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. 414Address P.O. BOX 2499 Date 6/22/92CDA, ID 83814Signed by Drilling Supervisor Larry Vanderhuden

and

(Operator) Larry Vanderhuden
(If different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

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