

MAY 11 2010

IDWR/NORTHERN

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 95-14421Date Received: 5-11-10Receipt No: N024297 BReceived By: K3

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) ANDREW AND/OR SONIA SCHUMACHER Phone (208) 755-4925Mailing Address 2885 S. FAISON RIDGE RD COEUR D'ALENE ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 06/24/1978
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) _____
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 50N, Range 2W, Section 30,
SW 1/4 of SW 1/4, or Govt. Lot 8 BM. County of KOOTENAI;
Parcel (PIN) no. 50N 02W -30-6425Additional points of diversion if any: NONEIf 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.

SUBMEASURABLE PUMP IN 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 0.02 cfs (X) or AFY ()For STOCKWATER purposes from 1/1 to 12/31 amount 0.027. Total Quantity claimed 0.02 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) 50 HEAD OF MIXED, 2 HOMES

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9. Location of Place of Use is: Township 50N, Range 2W, Section 30,
SW 1/4 of SW 1/4, Govt. Lot 7 BM. Parcel (PIN) no. 50N02W-30-6425
If different than shown in Item 4
for (Check One) Domestic () Stock () Domestic and Stock (X)

Additional places of use, if any 50N02W30SWSW LOT 8

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:

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 () 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) Anders E Schumacher Date: 05/11/2010

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 Schumacher Identification No. _____

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER 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 Dr. Joe Kirby
Address RT # 3 B474 E.D.L. Idaho
Owner's Permit No. 95-78-N-83

7. WATER LEVEL

Static water level 16 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Temperature cold °F. Quality _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other AIR

Discharge G.P.M.	Drawdown	Hours Pumped
<u>2.6 P.M.</u>		

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type)
☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal
or Injection

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>12</u>	<u>CLAY</u>		
	<u>12</u>	<u>16</u>	<u>GRAVEL</u>		
	<u>16</u>	<u>20</u>	<u>BROKEN BASALT</u>		
	<u>20</u>	<u>27</u>	<u>HARD BASALT</u>		
	<u>27</u>	<u>39</u>	<u>FRACTURES - BASALT</u>		
	<u>39</u>	<u>69</u>	<u>FIRM BASALT</u>		
	<u>69</u>	<u>73</u>	<u>FRACTURES BASALT</u>		
	<u>73</u>	<u>106</u>	<u>FIRM BASALT SEEP</u>		
	<u>106</u>	<u>152</u>	<u>RED CLAY</u>		
	<u>152</u>	<u>175</u>	<u>YELLOW CLAY</u>		
	<u>175</u>	<u>177</u>	<u>BASALT</u>		
	<u>177</u>	<u>204</u>	<u>CLAY</u>		
	<u>204</u>	<u>236</u>	<u>HARD RED CLAY</u>		
	<u>236</u>	<u>248</u>	<u>YELLOW CLAY</u>		
	<u>248</u>	<u>268</u>	<u>RED CLAY</u>		
	<u>268</u>	<u>302</u>	<u>BROWN CLAY</u>		
	<u>302</u>	<u>548</u>	<u>GREEN SHALE</u>		

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 548 feet
Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>3.25</u> inches	<u>8</u> inches	<u>+1</u> feet	<u>20</u> feet

Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☐ Yes ☒ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☐ No
Manufacturer's name _____

Type _____ Model No. _____

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 _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout

☒ Puddling clay ☐ Well cuttings

Sealing procedure used: ☐ Slurry pit ☐ Temporary surface casing

☒ Overbore to seal depth

6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
SW 1/4 SW 1/4 Sec. 30, T. 50 N/S, R. 2 W

10.

Work started 6/22/78 finished 6/24/78

11. DRILLERS CERTIFICATION

Firm Name American Drilling Firm No. 269

Address PO Box 14977 Spokane WA Date 7/7/78

Signed by (Firm Official) B.D. Murphy

and

(Operator) B.D. Murphy

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50N02W30SWSW

LOT 7

50N02W30SWSW

LOT 8

50N02W30SESW

50N02W31NWNW

LOT 2

WELL

