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Form No. 42-1409-2 (Internet 11/08)

IDWR / NORTH

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 95-14529Date Received: 10/27/09Receipt No: N022635Received By: RJ

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

- Name of Claimant(s) Peter Wallner Phone (208) 661-9379
Mailing Address PO Box 1186 Hayden Id. Zip 83835
Street or Box City State
- Date of Priority: (Only one per claim) June/29/2000
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (☒ or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion is: Township 52N, Range 3W, Section 32,
SE 1/4 of SW 1/4, or Govt. Lot — BM. County of Kootenai County;
Parcel (PIN) no. 52N 03 W-32-6850
Additional points of diversion if any: None
If available, GPS coordinates: _____
- 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.
Sub Pump in well
- 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 Stock purposes from 1-1 to 12-31 amount 0.02
- Total Quantity claimed 0.02 cfs (☒ or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) One home site
4 head mixed ~~stock~~ stock

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9. Location of Place of Use is: Township 52N, Range 3W, Section 32,
SE 1/4 of SW 1/4, Govt. Lot - BM. Parcel (PIN) no. 52N-03W-32-68
for (Check One) Domestic () Stock () Domestic and Stock ☒ If different than shown in Item 4

Additional places of use, if any None.

10. In which county (ies) are lands listed above as place of use located? Kootenai County

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: Used For stock water, & 5th wheel trailer

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) Peter Zoller Date: 10/27/9

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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. _____

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

1. WELL TAG NO. D0013414

DRILLING PERMIT NO _____

Other IDWR No. 765233

2. OWNER:

Name Peter Wallner

Address 10780 SW Cowan Road

City Vashon Island State WA Zip 98070

3. LOCATION OF WELL by legal description:

N
W E S
Twp 52N North ☒ or South ☐
Rge 03W East ☐ or West ☒
Sec 32 1/4 NE 1/4 SW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)

Dodd Rd to Boot Hill Rd, 2nd drive

City _____ Lot _____ Blk _____ Sub. Name (see next line)

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/Lbs	
Bentonite	0	55	10 sacks	dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) -55

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
8	1	-55	0.250	Steel	☒	☐	☒	☐
4	-45	-165	0.165	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method drill
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
-105	-165		600	3/8	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

80 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 164 ft. Describe access port or
control devices: Steel cap welded

11. WELL TESTS

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
3	100%	160	1 hr.

Water Temp. _____ cold Bottom hole temp. _____ cold
Water Quality test or comments: (below) Depth first Water Encountered 164
clean, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	-54	Clay, brown	☐	☒
8	54	55	Basalt, black, hard	☐	☒
6	55	160	Basalt, black, hard	☐	☒
6	160	165	Basalt, broken	☒	☐
				☐	☐

Completed Depth 165 (Measurable)
Date: Started 8/26/00 Completed 8/28/00

13. DRILLERS 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. Firm No 414

Firm Official _____ Date 8/29/00

Supervisor or Operator Curtis S. Hammond Date 8/29/00

FORWARD WHITE COPY TO WATER RESOURCES

299

52N 3W 32

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52N03W32SESW

POU

WELL