

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 95-14722Date Received: 11/20/2009Receipt No: N022934BReceived By: Am B

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) Kenneth ~~James~~ and Rita Birge Phone 208 773-5673Mailing Address PO Box 1104 Post Falls ID 83877
Street or Box City State Zip2. Date of Priority: (Only one per claim) 12/09/2002
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 S2 N, Range 5 W, Section 30,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 52N05W-30-7270Additional points of diversion if any: N/AIf 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.

D0022982 Well completed 2002
connected to existing home6. 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 (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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 - Home

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9. Location of Place of Use is: Township 52 N, Range 5 W, Section 30,

NE 1/4 of SE 1/4, Govt. Lot _____ 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 N/A

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.

95 - 9182 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: 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) Kenneth Birge Date: 11/20/2009

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. _____

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RECEIVED
Form 238-7
11/97

JAN 06 2003

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

IDWR/North

1. WELL TAG NO. **D0022982**

DRILLING PERMIT N **789422**

Other IDWR No _____

2. OWNER:

Name **Ken Birge**

Address **P O Box 1104**

City **Post Falls**

State **ID**

Zip **83877**

3. LOCATION OF WELL by legal description:

N
Twp **52N** North ☒ or South ☐
Rge **05W** East ☐ or West ☒
Sec **30** 1/4 NW 1/4 SW 1/4
Gov't Lot _____ County **Kootenai**
Lat _____ Long _____

Address of Well Site: (see next line)

Three Forks Rd 3 miles on right - 10958 Right Fork Road

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				
Granules	0	19	3 Sacks	Dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) **19**

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

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	1	19	0.025	STEEL	☒	☐	☒	☐
4	5	200	0.165	PVC	☐	☒	☒	☐

Length Headpipe _____

Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____

☒ Screens? Screen Type **Johnson PVC**

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
160	200	.20		4	PVC	☐	☒

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

40 ft. below ground. Artesian pressure _____ ft.

Depth flow encountered **70, 150** ft. Describe access port or

control devices: **STEEL CAP WELDED**

52N 5W 30

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pump Level	Time
16+	100%	198	2 HOUR

Water Temp. **COLD**

Bottom hole temp. **COLD**

Water Quality test or comments: (below) Depth first Water Encountered **70**

CLEAR COLD, NO SMELL

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	19	Granite - Brown/white Soft-Medium	☐	☒
6	19	40	Granite - Brown/white Medium	☐	☒
6	40	70	Granite - Purple/black/white Medium	☐	☒
6	70	72	Granite - Purple/black/white Medium	☐	☒
			4 GPM	☒	☐
6	72	135	Granite - Purple/black/white Medium	☐	☒
6	135	150	Granite - Green/white/black Soft	☐	☒
6	150	153	Granite - Green/white/black Soft	☐	☒
			Broken 12 GPM	☒	☐
6	153	182	Granite - Green/white/black Soft	☐	☒
6	182	200	Granite - Purple/black/white Hard	☐	☒

Completed Depth **198** (Measurable)

Date: Started **12/2/02** Completed **12/9/02**

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 and

Jason C. Beckham

Date **12/9/02**

Supervisor or Operator **Jason C. Beckham**

Date **12/9/02**

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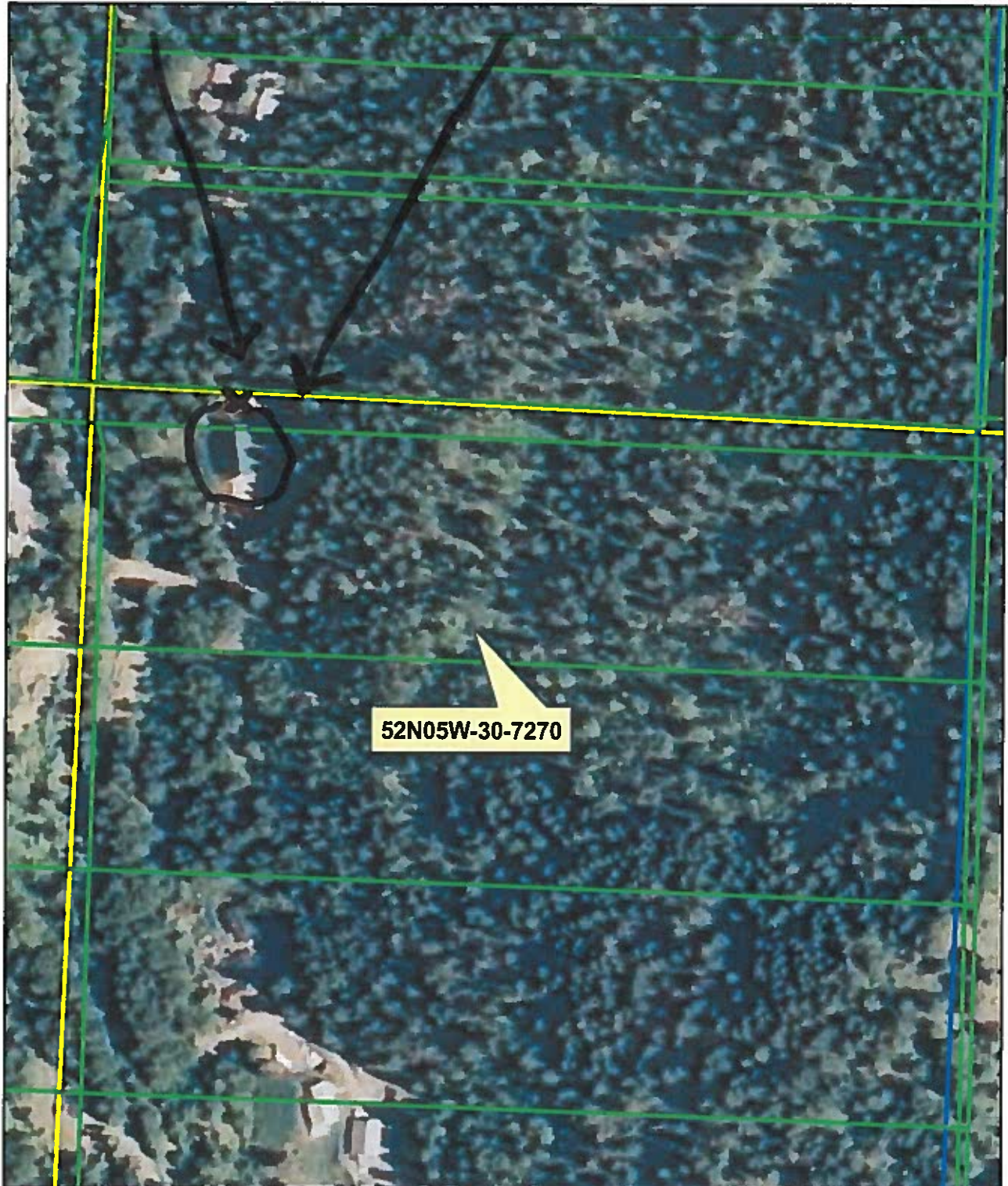
52N05W-30-7270

BIRGE PIN ~~XXXXXXXXXX~~

KB: rge

Well

House



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