

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

ID Number: 95-16577Date Received: 4-29-13Receipt No: N029806Amount: \$25.00 By: Chad

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

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APR 29 2013

Please type or print clearly

IDWR / NORTH

- Name of claimant(s) PAUL AND WENDY SCHULTZ Phone 702-373-0134
Mailing address 539 EMDEN ST HENDERSON NV ZIP 89015
Street or Box City State
- Date of priority (only one (1) per claim) 09-22-2005
Month/Day/Year (yyyy)
- Source of water supply (check one) Ground Water (x) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 53N, Range 04W, Section 15,
NW 1/4 of NW 1/4, or Govt. Lot _____, B.M., County of KOOTENAI
Parcel (PIN) no. 0-4177-000-002-0
Additional points of diversion, if any: _____
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.
WELL WITH PIPING TO HOME
- 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 ^{Month/Day} to 12/31 ^{Month/Day} amount 0.04 ^{cfs (x) AFY ()}
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (x) or AFY ()
- Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): DOMESTIC FOR 1 HOME

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9. Location of place of use is: Township 53N, Range 04W, Section 15, NW 1/4 of NW 1/4,
or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) SAME

For (check one) ☒ Domestic ☐ 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 ☒ No ☐

If your 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: _____

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)

Paul & Wendy Schultz

Date: 4/29/13

Date: 4/29/13

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 _____

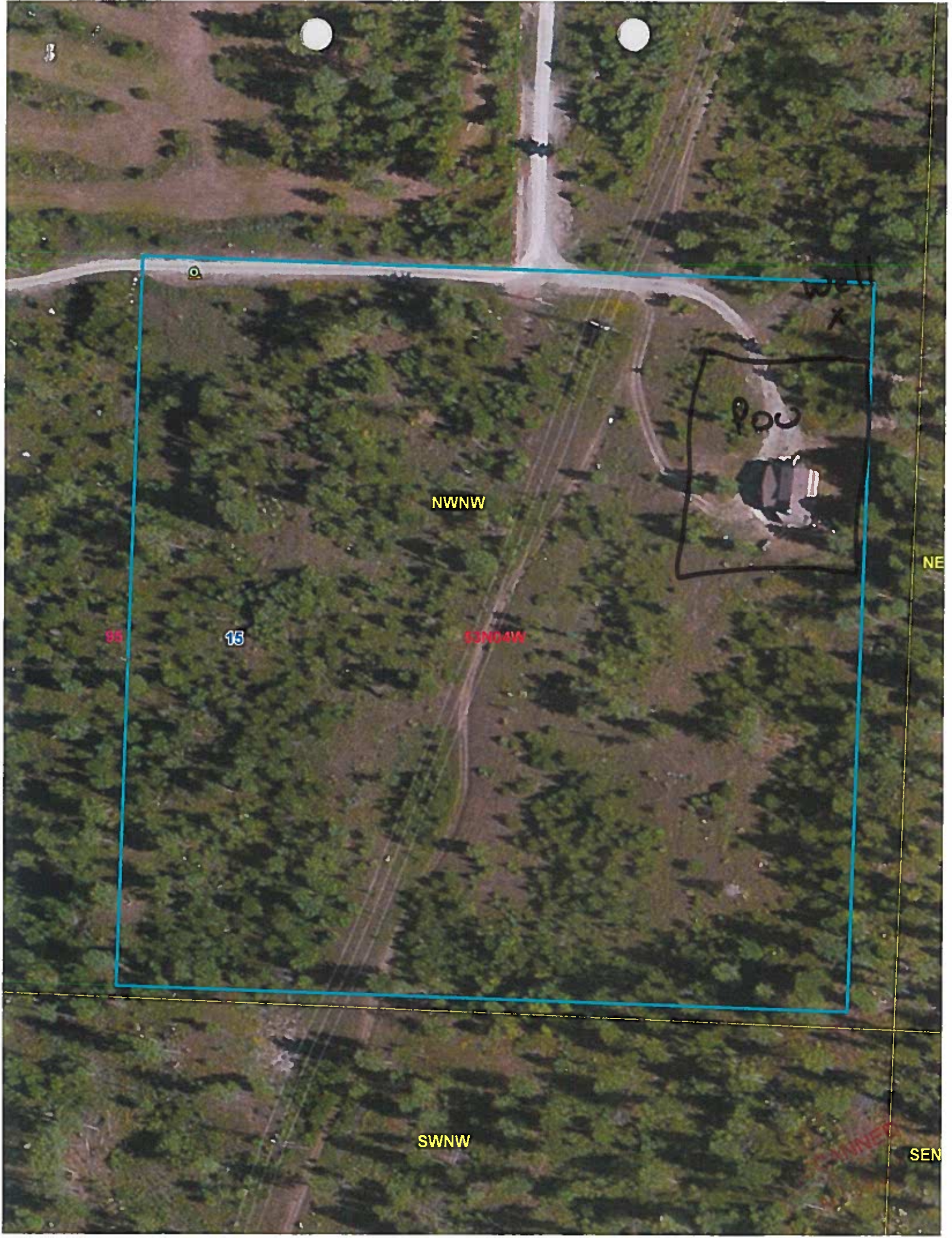
16. Notice of appearance:

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 _____

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WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0040819

Drilling Permit No: 835989

Other IDWR No. _____

2. OWNER

Name TYSLAND, TANYA

Well Number:

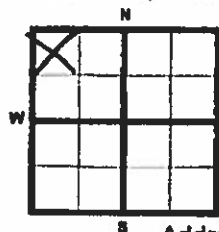
1045

Address 2215 N HOUK #15

City SPOKANE VALLEY State ID Zip 99216

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 53 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ West

Sec. 15 1/4 NW 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site 3026 N KALEB LANE

City SPIRIT LAKE

(Give at least name of road + Distance to Road or Landmark)

Lt. 2 Blk. _____ Sub. Name KALEB TRACTS

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 or Pounds	
MAX GEL	0	15	200 LBS	OVERBORE
BENTONITE	0	18	500 LBS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	642	250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

600 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or

control devices: WELD ON CAP

53N 4W 15

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 600 FT

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	2	TOP SOIL	☐	☒
8	2	66	SANDS W/ GRAVELS	☐	☒
8	66	261	SAND & GRAVEL	☐	☒
8	261	264	BOULDER	☐	☒
8	264	600	SAND & GRAVELS	☐	☒
8	600	642	SAND & GRAVELS	☒	☐

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SEP 30 2005
IDWR/North

Completed Depth 642 (Measurable)
 Date: Started 9/19/2005 Completed 9/22/2005

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Services, Inc. Firm No. 448

Firm Official Tanya Tysland Date 9-22-05and Todd Morgan

Supervisor or Operator Date 09/22/05

TODD MORGAN (Sign Once if Firm Official and Operator)

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