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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

95-10286

Date Received:

3/3/09

Receipt No:

N020192

Received By:

cb

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) RONALD L. ECKERT Phone (208) 772-6127

Mailing Address 4549 E. WILDLIFE TRAIL HAYDEN ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 01/28/1993
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 52N, Range 03W, Section 17,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 178300

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.

WELL, 6 inches 1 TO 124 FEET, 4 inches 100 TO 300 FEET,
DEPTH 300 FEET.

6. 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 .02
Month/Day Month/Day cfs () or AFY ()

For STOCK purposes from 01/01 to 12/31 amount .02

7. Total Quantity claimed .02 cfs () 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; 6 HORSES

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9. Location of Place of Use is: Township 52N, Range 3W, Section 17
SW 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 _____

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.

_____ 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) Ronald L. Eckert Date: 03-30-2009

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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SDK
RL

NEW STRUCTURE OCCUPANCY REPORT RECEIVED

(SECTION 63-3905, IDAHO CODE)

NOV 09 1995

Chapter 39, Title 63, Idaho Code, provides for:

Kootenai County
Assessor

1. Taxation of new structures for that portion of the year after first occupancy (Section 63-3902);
2. The owner of the new structure to report to the County Assessor on or before first occupancy, the fact that the structure is ready for occupancy (Section 63-3905);
3. A penalty of 5% per month for each month after first occupancy up to a maximum of 25% for failure to report first occupancy (Section 63-3908); and
4. The non-paid occupancy tax becomes a lien upon the property (Section 63-3910).

Please complete and return this form within thirty (30) days from this date _____ to:

Tom Moore
Kootenai County Assessor
501 Government Way
P.O. Box 9000
Coeur d'Alene, ID 83816-9000
(208) 769-4400 Ext. 459

Previous Owner:

New Owner:

Zip _____

WARREN & JEANNE BONTHEU
4245 WILDLIFE TRAIL
HAYDEN LAKE, ID
Zip 83835

Parcel Number: 52W03W-17-8300 # 101041

Legal Description of property: _____

Purchase Date _____

Purchase Price \$ CONST ^{H-T} COST ONLY \$ 120,000.00

Date of First Occupancy: 7-1-95

Your Phone Number 208 762-3080

Under penalty of perjury, I certify that to the best of my knowledge, and belief, that the information I have provided herein is true, correct, and complete.

Date 11/2/95

[Signature]
Signature of Owner

NO SUNDAY



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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

MAR 24 1993

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 90 days after the completion or abandonment of the well.

1. WELL OWNER

Name BILL BONTIUS
Address OHIO MATCH & RIMROCK - GARWOOD
Drilling Permit No. 95-93-N-0003
Water Right Permit No. _____

7. WATER LEVEL

Static water level 35 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
<u>10 ESTIMATED</u>	<u>300</u>	<u>1 HR</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Monitor
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

104554

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	1	SOIL		X
	1	25	GRAY CLAY		X
	25	95	BROWN CLAY		X
	95	124	CEMENTED SAND & GRAVEL	X	
6"	124	140	GRANITE - GREEN BLACK		X
	140	200	GRANITE - GREEN		X
	200	230	GRANITE - BLACK BROKEN		X
	230	250	GRANITE - BLACK SOFT	X	
	250	300	GRANITE - BLACK		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>124</u> feet
<u>160 PSE</u> inches	<u>4</u> inches	<u>100</u> feet	<u>300</u> feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? PVC ☒ Yes ☐ No **DRILL**How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ GunSize of perforation? 3/8 inches by 3/8 inches

Number	From	To
<u>240</u> perforations	<u>240</u> feet	<u>300</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

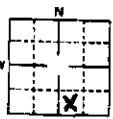
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____Placed from XXX feet to _____ feetSurface seal depth 124 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit☐ Temp. surface casing ☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded☐ Solvent Weld ☐ Cemented between strataDescribe access port N/A

6. LOCATION OF WELL

Sketch map location must agree with written location



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAISW 1/4 SE 1/4 Sec. 17 T. 52N S 34 E 34 W

10.

Work started 1-25-93 finished 1-28-93

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 FIRM No. 414Address P.O. BOX 1690 Date 1-29-93HAYDEN, ID 83835Signed by Drilling Supervisor [Signature]

and _____

(Operator) [Signature]

(if different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY -> FORWARD THE WHITE COPY TO THE DEPARTMENT