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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 45-14594Date Received: 11/6/09Receipt No: NO22748Received By: KJ

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) ROBERT OR NIKI CERVENKA Phone (509) 807-9859Mailing Address PO BOX 20445 PORTLAND OR Zip 97227
Street or Box City State2. Date of Priority: (Only one per claim) 06/15/08
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 53N, Range 4W, Section 12,
SW 1/4 of NW 1/4, or Govt. Lot NW6 BM. County of KOOTENAI;Parcel (PIN) no. 53N04W-12-3800Additional points of diversion if any: NONE

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.

SUBMERSIBLE 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 0.04 cfs ☒ or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs ☒ or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) ONE HOME SITESCANNED
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9. Location of Place of Use is: Township 53N, Range 4W, Section 12,
SW 1/4 of NW 1/4, Govt. Lot NONE BM. Parcel (PIN) no. 53N04W-12-3800
If different than shown in Item 4
for (Check One) Domestic ☒ Stock () Domestic and Stock ()
Additional places of use, if any NONE

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

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:

WATER WAS FIRST USED IN CONSTRUCTION OF
SHOP & RESIDENCE

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) Robert Crank Date: 11/6/09

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 _____ Identification No. _____

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Form 238-7
3/95-C96IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. DRILLING PERMIT NO. _____

Other IDWR No. D0053845

2. OWNER:

Name Ron Hart

Address 6848 N. Gov't Way #114-69

City Dalton Gardens State ID Zip 83815

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location

N

Twp. 53 North ☒ or South ☐Rge. 4 East ☐ or West ☒Sec. 12 1/4 SW 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't lot _____ County Kootenai

Lat: 47: 57: 45 Long: 116: 46: 95

Address of Well Site 31483 Riffle Road

City Athol

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

Lt. _____ Blk. _____ Sub. Name _____

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	
Bentonite	0	19	400#	Dry granular

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

8. CASING/LINER:

Diameter	From	To	Casing	Material	Casing	Liner	Welded	Threaded
6"	+2	578	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:

530 ft. below ground

Artesian Pressure _____ lb

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
20+			2 hrs

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encountered 578

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water				Y	N
Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temp.		
10"	0	1	Topsoil	☐	☒
	1	19	Sand, coarse	☐	☒
8"	19	28	Sand, coarse	☐	☒
	28	47	Gravel, sand	☐	☒
	47	54	Cobbles, gravel	☐	☒
	54	81	Gravel, sand, coarse	☐	☒
	81	112	Cobbles, gravel	☐	☒
	112	129	Gravel, sand, cobbles	☐	☒
	129	134	Sand, fine to medium	☐	☒
	134	168	Gravel, coarse	☐	☒
	168	171	Gravel, cobbles	☐	☒
	171	216	Gravel, sand, medium to coarse	☐	☒
	216	223	Gravel, cobbles	☐	☒
	223	270	Sand, coarse, gravel, medium	☐	☒
	270	346	Gravel, cobbles, silt, brown	☐	☒
	346	348	Boulder	☐	☒
	348	355	Gravel, cobbles	☐	☒
	355	387	Gravel, sand, silt	☐	☒
	387	421	Gravel, cobbles	☐	☒
	421	445	Gravel, sand, cobbles	☐	☒
	445	449	Boulder	☐	☒
	449	473	Gravel, cobbles, large	☐	☒
	473	490	Gravel, sand, silt, brown	☐	☒
	490	511	Sand, coarse, gravel, medium	☐	☒
	511	543	Gravel, cobbles, coarse, sand	☐	☒
	543	567	Gravel, cobbles, sand	☐	☒
	567	578	Gravel, sand	☐	☒
	578	580	Gravel, sand, cobbles	☐	☒
				☐	☐
				☐	☐

Completed Depth: 578 (Measurable)

Date: Started 09/10/07

Completed 09/13/07

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 McCarty Drilling & Pump Inc

Firm No. 586

Firm Official

Date 9/24/07

Supervisor or Operator

Date _____

(Sign once if Firm Official & Operator)

Date 9/24/2007 Time 11:18:21 AM

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53N04W12SWNW

WELL

POU

