

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 95-10343

Date Received: 4/7/09

Receipt No: 1020249

Received By: dm

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) Henkosc: Family Trust Phone (208) 683-9159

Mailing Address P.O. Box 750 Arhol ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 7/7/2003
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 53 N, Range 03 W, Section 36,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of _____

Parcel (PIN) no. 53N03W362000

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 500' 7/7/03

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Stockwater purposes from 01/01 to 12/31 amount 0.02 cfs () or AFY ()

For Domestic purposes from 01/01 to 12/31 amount 0.02

7. Total Quantity claimed 0.02 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 Bathroom

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9. Location of Place of Use is: Township S3N, Range 03W, Section 36,

SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock ☒

If different than shown in Item 4

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.

95-9486, 95-9766, 95-9767, 95-9768 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) _____ Date: _____

_____ Date: _____

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

Trustee Title of Henkeski Family Trust 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 Michael H. Henkeski Date 4-7-09

Title and Organization Trustee of the Henkeski Family Trust

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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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: : : _____	

1. WELL TAG NO. D0028427

DRILLING PERMIT N _____

Other IDWR No _____

2. OWNER:

Name Mike HenkoskiAddress 25189 N. Infinity RoadCity Athol State ID Zip 83801

3. LOCATION OF WELL by legal description:

N			
	X		
S			

W E

Twp 53N North ☒ or South ☐
Rge 03W East ☐ or West ☒
Sec 36 1/4 SE 1/4 NW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

Nunn Road to Infinity Road then right on Infinity 1/4 mile

City Athol

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 Gran.	0	31	5 Sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 31'Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	+1	31	0.250	STEEL	☒	☐	☒	☐
4"	-10	500	0.160	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____
☒ Screens? Screen Type PVC Johnson

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
460	500	40		4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

15 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 34 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
6	100%	500	1 Hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered 34

Clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	8	Sand with Decomposed Granite	☐	☒
8	8	10	Boulder	☐	☒
8	10	27	Decomposed Granite - Soft	☐	☒
8	27	31	Decomposed Granite - Medium	☐	☒
6	31	34	Decomposed Granite - Soft	☒	☐
6	34	39	Granite - Salt & Pepper with Green	☐	☒
6	39	107	Granite - Salt & Pepper - Medium	☐	☒
6	107	129	Granite - Salt & Pepper with Pink - Soft	☒	☐
6	129	237	Granite - Salt & Pepper - Medium	☐	☒
6	237	259	Granite - Salt & Pepper with Pink - Soft	☒	☐
6	259	374	Granite - Salt & Pepper - Medium	☐	☒
6	374	449	Granite - Salt & Pepper with Brown - Med	☐	☒
6	449	500	Granite - Salt & Pepper - Medium/Hard	☐	☒

Completed Depth 500 (Measurable)Date: Started 7/3/03 Completed 7/7/03

13. DRILLERS CERTIFICATION

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

Firm United Drilling Inc. Firm No 414Name _____
Firm Official Tim M. Valley pres. Date 7/8/03Supervisor or Operator Mark A. Penick Date 7/8/03

HENKOSKI FAMILY TRUST

