

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 95-10443Date Received: 7/28/9Receipt No: NO20914BReceived By: KE

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) ALLEN & KATHY BRAUTIGAN Phone 208 667-9287Mailing Address 7857 W. RIVERVIEW DR. CDA ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) JUNE 10, 1998
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 50N, Range 4W, Section 7,
NE 1/4 of SE 1/4, or Govt. Lot 7 BM. County of KOOTENAI;
Parcel (PIN) no. 50N04W077700

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.

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount 0.04 cfs () or AFY ()
Month/Day Month/Day

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

SCANNED

APR 2009

9. Location of Place of Use is: Township 50N, Range 4W, Section 7,
NE 1/4 of SE 1/4, Govt. Lot 2 BM. Parcel (PIN) no. SAME
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.

_____ 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: 1

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) Oliver H. Brantegom Date: 4-28-09

Kathy H. Brantegom Date: 4-28-09

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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APR 28 2009

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

77740

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

1. WELL TAG NO. D0003917

DRILLING PERMIT N 95-98-N-77-000

Other IDWR No _____

2. OWNER:

Name **Allen & Cathy Brautigan**

Address 6755 E Riverview DR

City Coeur d'Alene

State ID

Zip 83815

3. LOCATION OF WELL by legal description:

N
Twp 50N North ☒ or South ☐
Rge 04W East ☐ or West ☒
Sec 07 1/4 NE 1/4 SE 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
S
Address of Well Site: (see next line)

Same First drive to the right past harbor isl 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	0	80	15 sacks	50 lbs dry pour

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

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

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	1	79	0.25	Steel	☒	☐	☒	☐
4"	40	280	0.16	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Drill

☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
200	280	1/8"	500	1/8"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

40 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 245 ft. Describe access port or

control devices: Steel cap welded

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
24 gpm est	100%	280	1.5 hrs

Water Temp. _____ cold Bottom hole temp. _____ cold

Water Quality test or comments: (below) Depth first Water Encountered 245

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 & gravel	☐	☒
8"	8	37	Clay - white	☐	☒
8"	37	79	Decomposed granite with clay	☐	☒
6"	79	125	Decomposed granite-soft- brown	☐	☒
6"	125	240	White quartz	☐	☒
6"	240	280	Green granite	☒	☐
			(24 gpm 245 feet)	☐	☐

RECEIVED

JUN 29 1998

NORTHERN REGION
IDWR

LOG FIRST RCUD 6-16-98-RET TDK

Completed Depth 280 (Measurable)

Date: Started 6/10/98 Completed 6/10/98

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 414

Name

Firm Official
and

Date 6/10/98

Supervisor or Operator Timothy R. Volking

Date 6/10/98

FORWARD WHITE COPY TO WATER RESOURCES

50N 4W 7