

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 95-10789Date Received: 5/15/09Receipt No: 2020597Received By: R

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) HOWARD E. KIEFER Phone () 687-1935Mailing Address Box 64 RATHDRUM ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) MAY 31, 2002
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 51N, Range 5W, Section 10,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. 0290010009AA

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 ()

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) 1 HOME

SCANNED

MAY 15 2009

9. Location of Place of Use is: Township SIN, Range 5W, Section 10

NE 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.

_____ 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) Howard E. Kiefer Date: 5-15-09

_____ 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. _____

SCANNED

MAY 15 2009

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	

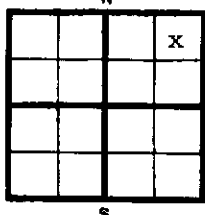
1. WELL TAG NO. D0017052

Drilling Permit No: _____
Other IDWR No. 768100

2. OWNER Howard Kiefer Well Number: 188

Address PO Box 64
City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 51 ☒ North or ☐ South
Rge. 05 ☐ East or ☒ West
Sec. 10 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site Off Hwy 53
City Rathdrum

(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 Sacks or Pounds	METHOD
Material	From	To		
WELL SEAL				
BENTONITE	0	30	4 bags	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 177

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	-177	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:

150 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices: _____

MAR 12 2001

11. WELL TESTS:

IDWR North

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 20+		177	1 hour

Water Temp. cold Bottom Hole Temp cold

Water Quality test or comments: good

Depth first Water encountered 148

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	6	soil w/cobbles	☐	☒
8	6	55	Sand & gravel w/soil	☐	☒
8	55	110	Cemented gravel	☐	☒
8	110	148	Gravel & soil	☐	☒
8	148	177	Sand, gravel w/H2O	☒	☐

Completed Depth 177 (Measurable)
Date: Started 3/5/01 Completed 3/5/01

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 WellService, Inc. Firm No. 448
Firm Official [Signature] Date 3-8-01
and
Supervisor or Operator [Signature] Date 3-8-01

(Sign Once if Firm Official and Operator)

Louie Hanner

51N 5W 10