

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 95-10859Date Received: 5-19-09Receipt No: ND20631Received By: cm

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) DONALD S. & LESLIE A. KLINE Phone (208) 667-2206

Mailing Address 5253 W. Cougar Estates Rd Coeur d'Alene ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 6-30-1992
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 50, Range 4W, Section 29,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 015300010010 LOT 1 BLOCK 1 COUGAR MEADOWS

Additional points of diversion if any:

If available, GPS coordinates: #1 N47°39'16.6" W116°51'3.7" #2 N47°39'15" W116°51'26.9"

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.

1 home, 2 wells completed at same time due to low production. Both wells 80' deep. Permit #s 95-92-N-95 and 95-92-N-113. Both connected to CISTERN AND THEN TO HOME

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 .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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 home

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9. Location of Place of Use is: Township 50, Range 4W, Section 29,

SE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 0153000 10010

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.

Was connected to Gugar Estate Water Assn. Disconnected or None ☒
when wells DRILLED

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: 3

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) [Signature] Date: 5-18-09

[Signature] Date: 5-18-09

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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KLINE, Donald



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State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER #1 Name <u>Sam Kline</u> Address <u>5455 Cougar Estates, Cde</u> Drilling Permit No. <u>95-92-N-95</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>63</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of. Quality _____ <i>Describe artesian or temperature zones below.</i>																																																				
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☐ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>2 to 3 gpm</u></td> <td></td> <td></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>2 to 3 gpm</u>																																																
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 079979 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th rowspan="2">Water Yes No</th> </tr> <tr> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>8</u></td> <td><u>0</u></td> <td><u>7</u></td> <td><u>Top Soil</u></td> <td><u>X</u></td> </tr> <tr> <td><u>8</u></td> <td><u>7</u></td> <td><u>18</u></td> <td><u>Basalt Dark gray Med</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>18</u></td> <td><u>22</u></td> <td><u>Basalt Dark gray Med</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>22</u></td> <td><u>26</u></td> <td><u>Basalt Benton Brown Soft</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>26</u></td> <td><u>43</u></td> <td><u>Basalt gray Med Hard</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>43</u></td> <td><u>47</u></td> <td><u>Basalt Benton Brown Soft</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>47</u></td> <td><u>76</u></td> <td><u>Basalt gray Med</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>76</u></td> <td><u>78</u></td> <td><u>Clay Silty Black Soft</u> <u>water on top</u></td> <td><u>X</u></td> </tr> <tr> <td><u>6</u></td> <td><u>78</u></td> <td><u>80</u></td> <td><u>Clay Brown Med</u></td> <td><u>X</u></td> </tr> </tbody> </table> <u>Installed 78' of 4" PVC</u>	Bore Diam.	Depth		Material	Water Yes No	From	To	<u>8</u>	<u>0</u>	<u>7</u>	<u>Top Soil</u>	<u>X</u>	<u>8</u>	<u>7</u>	<u>18</u>	<u>Basalt Dark gray Med</u>	<u>X</u>	<u>6</u>	<u>18</u>	<u>22</u>	<u>Basalt Dark gray Med</u>	<u>X</u>	<u>6</u>	<u>22</u>	<u>26</u>	<u>Basalt Benton Brown Soft</u>	<u>X</u>	<u>6</u>	<u>26</u>	<u>43</u>	<u>Basalt gray Med Hard</u>	<u>X</u>	<u>6</u>	<u>43</u>	<u>47</u>	<u>Basalt Benton Brown Soft</u>	<u>X</u>	<u>6</u>	<u>47</u>	<u>76</u>	<u>Basalt gray Med</u>	<u>X</u>	<u>6</u>	<u>76</u>	<u>78</u>	<u>Clay Silty Black Soft</u> <u>water on top</u>	<u>X</u>	<u>6</u>	<u>78</u>	<u>80</u>	<u>Clay Brown Med</u>	<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	10. Work started <u>6-26-92</u> finished <u>6-26-92</u>																																																				
5. WELL CONSTRUCTION Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>2.50</u> inches</td> <td><u>6</u> inches</td> <td><u>2</u> feet</td> <td><u>18</u> feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ inches</td> <td>_____ inches</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☒ Yes ☐ No <u>PVC</u> How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation <u>1/2</u> inches by <u>4</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>70</u> perforations</td> <td><u>60</u> feet</td> <td><u>80</u> feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> <tr> <td>_____ perforations</td> <td>_____ feet</td> <td>_____ feet</td> </tr> </tbody> </table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ 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 _____ feet to _____ feet Surface seal depth _____ Material used in seal: ☐ Cement grout ☐ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	<u>2.50</u> inches	<u>6</u> inches	<u>2</u> feet	<u>18</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	<u>70</u> perforations	<u>60</u> feet	<u>80</u> feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>H2O Well Svc.</u> Firm No. <u>4448</u> Address <u>Hayden Lake, Id</u> Date <u>6-30-92</u> Signed by (Firm Official) <u>Burt M. [Signature]</u> and (Operator) <u>Burt M. [Signature]</u>																				
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6. LOCATION OF WELL Sketch map location must agree with written location. N <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> <td style="width: 25%;"> </td> </tr> <tr> <td style="text-align: center;">W</td> <td style="text-align: center;">21</td> <td style="text-align: center;">X</td> <td style="text-align: center;">E</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;">S</td> <td> </td> <td> </td> </tr> </table> County <u>Kootenai</u> Subdivision Name <u>MICROFILMED</u> Lot No. <u>AUG 10 1992</u> SE 1/4 NE 1/4 Sec. <u>29</u>, T. <u>50</u>, S. <u>4</u>, W. <u>8</u>					W	21	X	E						S																																							
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USE ADDITIONAL SHEETS IF NECESSARY & FORWARD THE WHITE COPY TO THE DEPARTMENT

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WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

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