

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 95-11464Date Received: 06/15/09Receipt No: N020912Received By: N. Steading

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

- Name of Claimant(s) Earl W. Kasperson & or Phone (208) 683-3109
Priscilla J. Kasperson
Mailing Address 8817 E. Parks Road Athol Id. Zip 83801
Street or Box City State
- Date of Priority: (Only one per claim) Dec. 15, 1995
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) NA
- Location of Point of Diversion is: Township 53N, Range 03W, Section 23,
SW 1/4 of NE 1/4, or Govt. Lot — BM. County of Kootenai;
Parcel (PIN) no. 53N03W-23-1550
Additional points of diversion if any: NA
If available, GPS coordinates: NA
- 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.
96-95-N-379 well drilled to 600 ft.
Plumbed to two Homes
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For domestic purposes from 01-01 to 12-31 amount .04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed .04 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;
Stockwater and Number of livestock) 1 home

SCANNED

JUN 15 2009

9. Location of Place of Use is: Township 53N, Range 03W, Section 23

SW 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 NA

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:

Shared well with one additional home, having
seperate owner - We previously hauled water to our home

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) Carl Zuk Date: 6/12/09

Priscilla Kaspesson Date: 6/12/09

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 _____

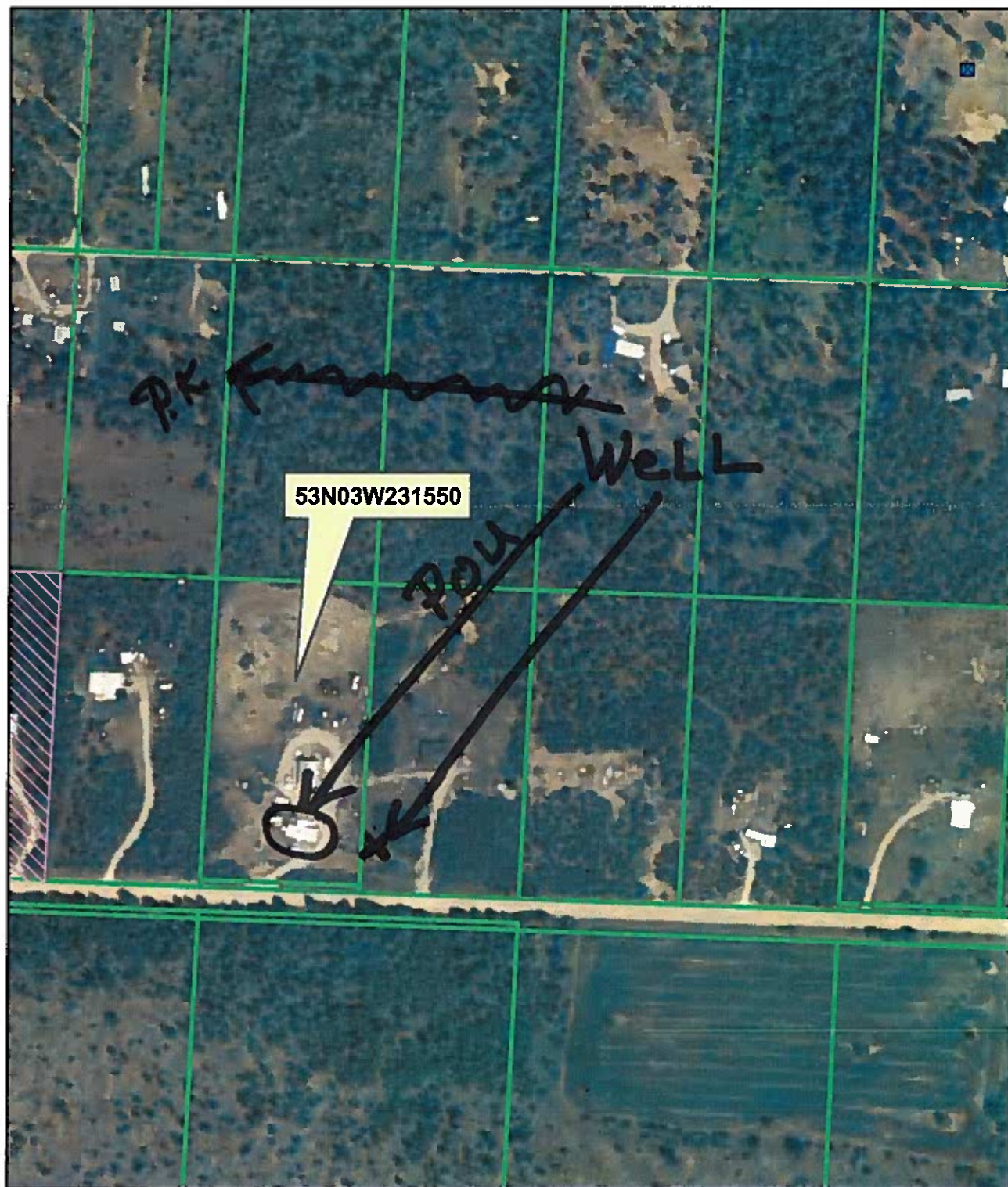
Date _____

Last Name _____ Identification No. _____

SCANNED

JUN 15 2009

KASPERSON, PIN 53N03W-23-1550



RECEIVED

Form 238-7

3/95

State of Idaho Department of Water Resources
Engineering, Construction and Management Services

POSTED
DEC 22 1995

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

Office Use Only	
Inspected by <u>TOK</u>	
Twp. <u>53N</u> Rge. <u>3W</u> Sec. <u>23</u>	
<u>1/4 SW 1/4 NE 1/4</u>	
Lat: : : Long: : :	

1. DRILLING PERMIT NO. 96-95-N-379

Other IDWR No. _____

2. OWNER

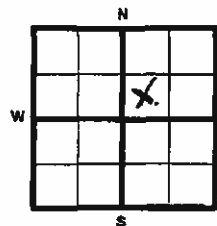
Name KASPERSON, EARL

Address 8855 E PARKS RD

City ATHOL State ID Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 53 ☒ North or ☐ South

Rge. 03 ☐ East or ☒ West

Sec. 23 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site PARKS ROAD

City _____

(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	40	200 GALS	URRY/2 BAGS D

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 158

Was drive shoe seal tested? ☒ Y ☐ N How? Drove into Rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	158	.250	Steel	☒	☐	☒	☐
4	-140	600	.160	PSI PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method skillsaw

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
540	560	1/8x4"	70	4	pvc	☐	☒
580	600	1/8x4"	70	4	pvc	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

380 ft. below ground Artesian pressure _____ lb.

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

SW NE 23 53N 3W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5 gpm			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Topsoil.	☐	☒
8	2	41	Gravel, W/Sand 3/4 Minis	☐	☒
8	41	150	Sand & Gravel 3/4 Minis	☐	☒
8	150	158	Cobble & Gravel	☐	☒
6	158	217	Granite white & Green & Rose Mediu	☐	☒
6	217	253	Granite Salt & Pepper & Rose	☐	☒
6	253	327	Granite Salt & Pepper Medium Hard	☐	☒
6	327	344	Granite Green & Rose Soft	☐	☒
6	344	419	Granite Salt & Pepper W/Rose	☐	☒
6	419	430	Granite Rose & Green Soft W/Water 3	☒	☐
6	430	564	Granite Salt & Pepper W/Rose	☐	☒
6	564	600	Granite Rose & White & Green W/Wat	☒	☐
	0	0	Mixed Gravel and Rock	☐	☐

RECEIVED
DEC 22 1995
IDWR

MICROFILMED

DEC 22 1995

Completed Depth 600' (Measurable)

Date: Started 12/12/95 Completed 12/14/95

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 John W. W. W. Date 12-19-95

and

Supervisor or Operator J. E. W. Date _____

(Sign Once if Firm Official and Operator)