

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 95-11227Date Received: 6-2-09Receipt No: N020786Received By: err

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

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JUN - 2 2009

IDWR/North

1. Name of Claimant(s) Leroy C & Anita R Kronvall Phone (208) 687-6996Mailing Address 2303 W hollyhock Lane Rathdrum Id Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) May/15/2002
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 52N, Range 04W, Section 22,
SE 1/4 of SW 1/4, or Govt. Lot 6700 BM. County of Kootenai;Parcel (PIN) no. 52N04W2267700

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, pump

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

For Domestic purposes from 1/1 to 12/31 amount .04 cfs(✓) or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) Domestic, 1 home

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9. Location of Place of Use is: Township 52n, Range 04w, Section 22
SE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
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.

_____ 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) [Signature] Date: 15 JUN 09

Cynthia R. Krounall Date: 15 JUN 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 _____ Date _____

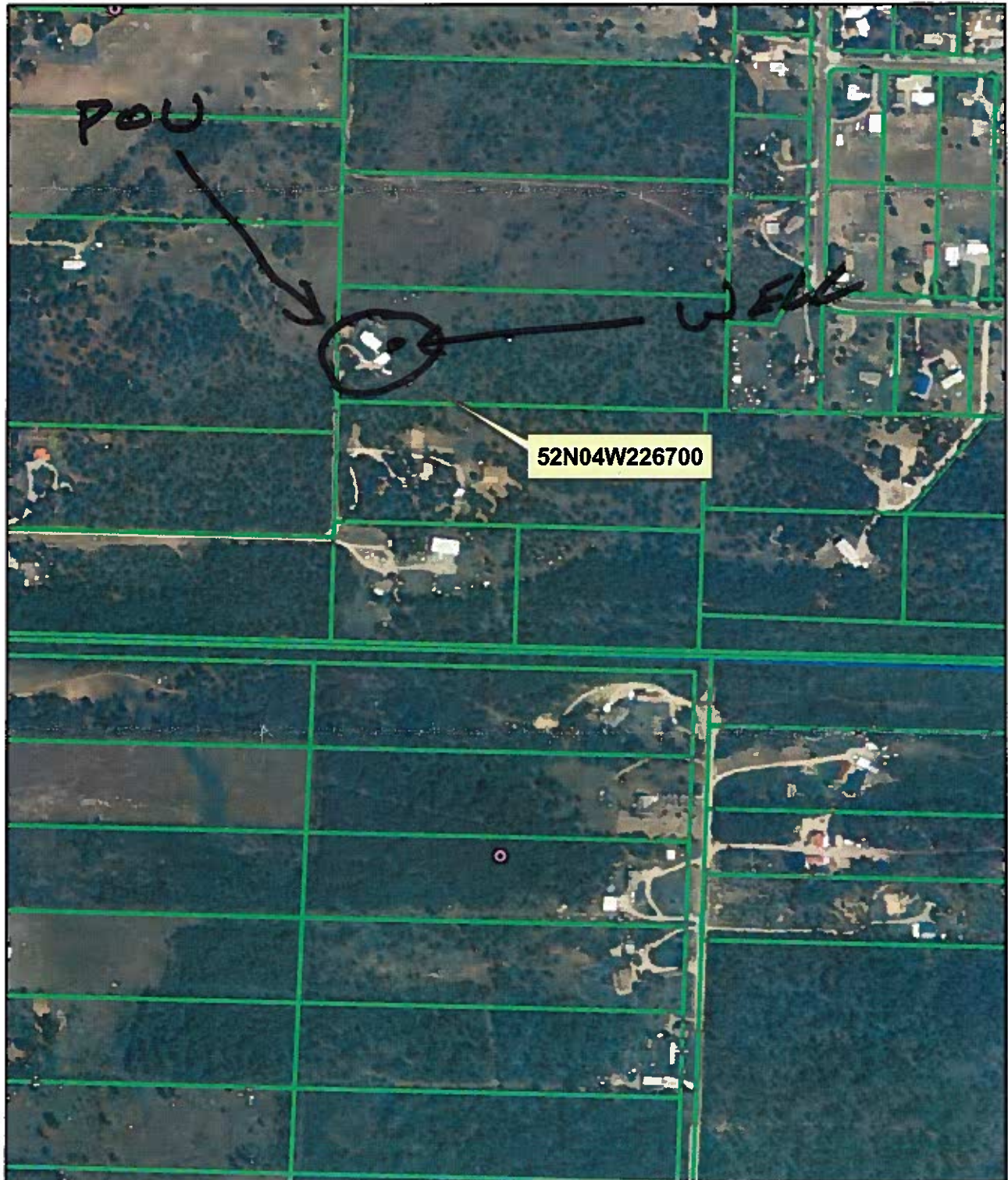
Address _____

Last Name _____ Identification No. _____

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JUN 13 2009

KRONVALL PIN 52N04W226700



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0017074 APR 16 2001

Drilling Permit No:

Other IDWR No.

768454 IDWR/North

2. OWNER

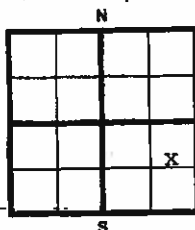
Name Leroy & Anita Kronvall

Well Number:

206Address 1625 Westwood StreetCity Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location


 Twp. 52 ☒ North or ☐ South
 Rge. 04 ☐ East or ☒ West
 Sec. 22 1/4 NE 1/4 SE 1/4
Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site Atlas Rd to Holleyhock
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	METHOD
Material	From	To	Sacks or Pounds	
Casing Seal	0	18	11 sacks	overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	322	.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:

275 ft. below ground Artesian pressure _____ lb.

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

52N 4W 22

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

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

Water Temp. cold Bottom Hole Temp coldWater Quality test or comments: clearDepth first Water encountered 275

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	1	Topsoil	☐	☒
10	1	18	Sand, gravel, & soil	☐	☒
8	18	91	Sand & gravel	☐	☒
8	91	95	Boulder	☐	☒
8	95	121	Sand & gravel & clay	☐	☒
8	121	179	Sand	☐	☒
8	179	275	Sand & gravel	☐	☒
8	275	322	Sand & gravels	☒	☐

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MAY 25 2001

Department of Water Resources

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. 448Firm Official Todd Morgan Date _____

and _____

Supervisor or Operator Todd Morgan Date 4-11-01

(Sign Once If Firm Official and Operator)

Todd Morgan