

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 95-14058
Date Received: 9-21-09
Receipt No: N022216
Received By: WJ

RECEIVED

SEP 21 2009

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

IDWR / NORTH

1. Name of Claimant(s) Sara Klauitter Phone (208) 277-4050

Mailing Address 22625 N. Ramsey Rathdrum, Id Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 11-20-2002
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 52, Range 4, Section 3,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. X 010050010010

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 1-1 to 12-31 amount 0.02
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 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 - single household

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9. Location of Place of Use is: Township 52, Range 4, Section 3,

SE 1/4 of SE 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 County

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) Sara Kila Date: 9-17-09

_____ 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. _____

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WELL DRILLER'S REPORT

RECEIVED

MAR 25 2003

IDWR/North

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

1. WELL TAG NO. D0028020

Drilling Permit No. 289132

Other IDWR No. _____

2. OWNER

Name KLAUITTER, SARA

508

Address 22511 N. RAMSEY RD.

City ATHOL Rathdrum State ID Zip 83801

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 52 ☒ North or ☐ South

Rge. 4 ☐ East or ☒ West

Sec. 3 1/4 SE 1/4 SE 1/4

Gov't Lot _____ County KOOTENAI

Lat. : : Long. : :

Address of Well Site SAME

City ATHOL

(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	18	12 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 108'

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Uner	Welded	Threaded
6	+2	108	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Uner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

300 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 325 ft. Describe access port or control devices: _____

11. WELL TESTS:

Pump	Bailer	Air	Flowing Artesian
Yield gal./min.	Drawdown	Pumping Level	Time
2			1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 400

12. LITHOLOGIC LOG:(Describe repairs or abandonment

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	3	Top Soil	☐	☐
10	3	18	Gravels, Clay Cobbles	☐	☐
8	18	70	Gravels & Clay	☐	☐
8	70	102	Gravels	☐	☐
8	102	108	Granite Gray w/ 1/2 gpm	☒	☐
6	108	170	Granite Gray	☐	☐
6	170	180	Granite Gray/Brown 1/2 gpm @ 170'	☒	☐
6	180	270	Granite Lt. Gray	☐	☐
6	270	325	Granite Dark Gray 1 gpm @ 320'	☐	☐
6	325	400	Granite Salt & Pepper Med. Hard	☐	☐

Completed Depth 400 (Measurable)

Date: Started 11/18/02 Completed 11/20/02

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 _____ Date 11-27-02

and Supervisor or Operator _____ Date 11/29/02

(Sign Once if Firm Official and Operator)

(Jim McLeslie)

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