

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 95-11257Date Received: 6/9/2009Receipt No: 1020859Received By: am

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) PAUL W. ^{ANP} or GINA M. VICTORINO Phone 208 683-2870

Mailing Address 29534 N. GOODHOPE RD. ARHOL, ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 06-26-92
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 53 N, Range 02W, Section 17,
N.W. 1/4 of S.W 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 0-8072-001-001-0

Additional points of diversion if any: N/A

If available, GPS coordinates: N/A

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.

Metel Tag # D0003897 Well For
ONE HOME

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

For Domestic USE purposes from 01-01 to 12-31 amount .04 cfs () or AFY ()

For N/A 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) ONE HOME

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9. Location of Place of Use is: Township 53 N, Range 02 W, Section 17,

N-W - 1/4 of S.W 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 _____

N/A

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:

well Hydro-Fracture in Oct 28 1998

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 4 PAGES

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) _____

Date: 06-09-09

Mrs. Victoria

Date: 06-09-09

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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE **PEWITTER OR**
POINT PENState 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**Name Don NURSALL
Address Good Hope Rd, Athol, Id.
Drilling Permit No. 96-92-N-82
Water Right Permit No. _____**7. WATER LEVEL**Static water level _____ 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 _____
Describe artesian or temperature zones below.**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 _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>1 1/2</u>	<u>438</u>	<u>1</u>

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

9. LITHOLOGIC LOG

080000

Bore Diam.	Depth		Material	Water Yes No
	From	To		
8	0	20	SAND GRAVEL, BOLDERS	X
7 1/2	20	137	SAND GRAVEL, BOLDERS	X
7 1/2	137	149	SAND, COARSE	X
7 1/2	149	155	GRANITE, GREEN, WHT, DECOMP	X
5 1/2	155	159	GRANITE, GREEN, WHT, DECOMP	X
	159	217	GRANITE, BLACK, WHITE, FRACTURED	X
	217	235	GRANITE, GREEN, WHITE, DECOMP	X
	235	254	GRANITE, BLACK, WHITE, MED. HARD	X
	254	284	GRANITE, BLACK, WHITE, FRACTURED	X
	284	340	GRANITE, BLACK, WHITE, DECOMP	X
	340	395	GRANITE, BLACK, WHITE, MED. HARD	X
	395	438	GRANITE, BLACK, WHITE, HARD	X

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTIONCasing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>155</u> feet
<u>200 PSI</u> inches	<u>4" PVC</u> inches	<u>138</u> feet	<u>438</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ No **STRADAX**
Was a packer or seal used? ☐ Yes ☐ No
Perforated? ☒ Yes ☐ No **SKILL SAW**
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation 1/4 inches by 6 inches

Number	From	To
<u>120</u> perforations	<u>398</u> feet	<u>438</u> feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

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 20 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location

Subdivision Name _____
Lot No. _____ Block No. _____
County Kootenai
NE 1/4 SW 1/4 Sec. 17, T. 53 S. R. 2 W. 3

10.Work started 6/22/92 finished 6/25/92**11. DRILLERS CERTIFICATION**

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name H2O Well Svc Firm No. 448Address Hayden Lk Id Date 6-26-92Signed by (Firm Official) Burt M. Ratzand
(Operator) Anthony C. Kient

VICTORINO PIN 0-8072-001-001-0



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