

# 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 45-11506Date Received: 11-10-09Receipt No: NO 22784Received By: WV **RECEIVED**

## 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

OCT 29 2009

IDWR / NORTH

1. Name of Claimant(s) John + Jennie Burtchell Phone ( 805 ) 524-6333Mailing Address 4763 Adam Rd Simi Va. Ca Zip 93063  
Street or Box City State2. Date of Priority: (Only one per claim) Well Date 6-24-86  
11/1/86 Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ( ) or Other ( ) (a) (Well)  
which is tributary to (b) Spokane River (I guess)4. Location of Point of Diversion is: Township 50, Range N 5 W, Section 8,  
NW 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Kootenai;  
Parcel (PIN) no. 50N05W08P325Additional points of diversion if any: NONEIf available, GPS coordinates: 9005101d Crk Rd Post Fall. ID 83854

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 #1 225' United Drilled (Dry)Well #2 468 J+J Drilled

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 12/1 amount \_\_\_\_\_ cfs ( ) or AFY ( )For Stockwater purposes from 3-1 to 10-1 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) 1 Horse for Fire Protection purposes only  
1 Household (Domestic)

SCANNED

NOV 10 2009

1-208-762-2800

9. Location of Place of Use is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_,  
\_\_\_\_\_ 1/4 of \_\_\_\_\_ 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

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: 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) John R. Burtchell Date: 10-23-09

Jerene D. Burtchell Date: 10-23-09

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

NOV 10 2009

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**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.

~~USE TYPEWRITER OR~~

RECEIVED

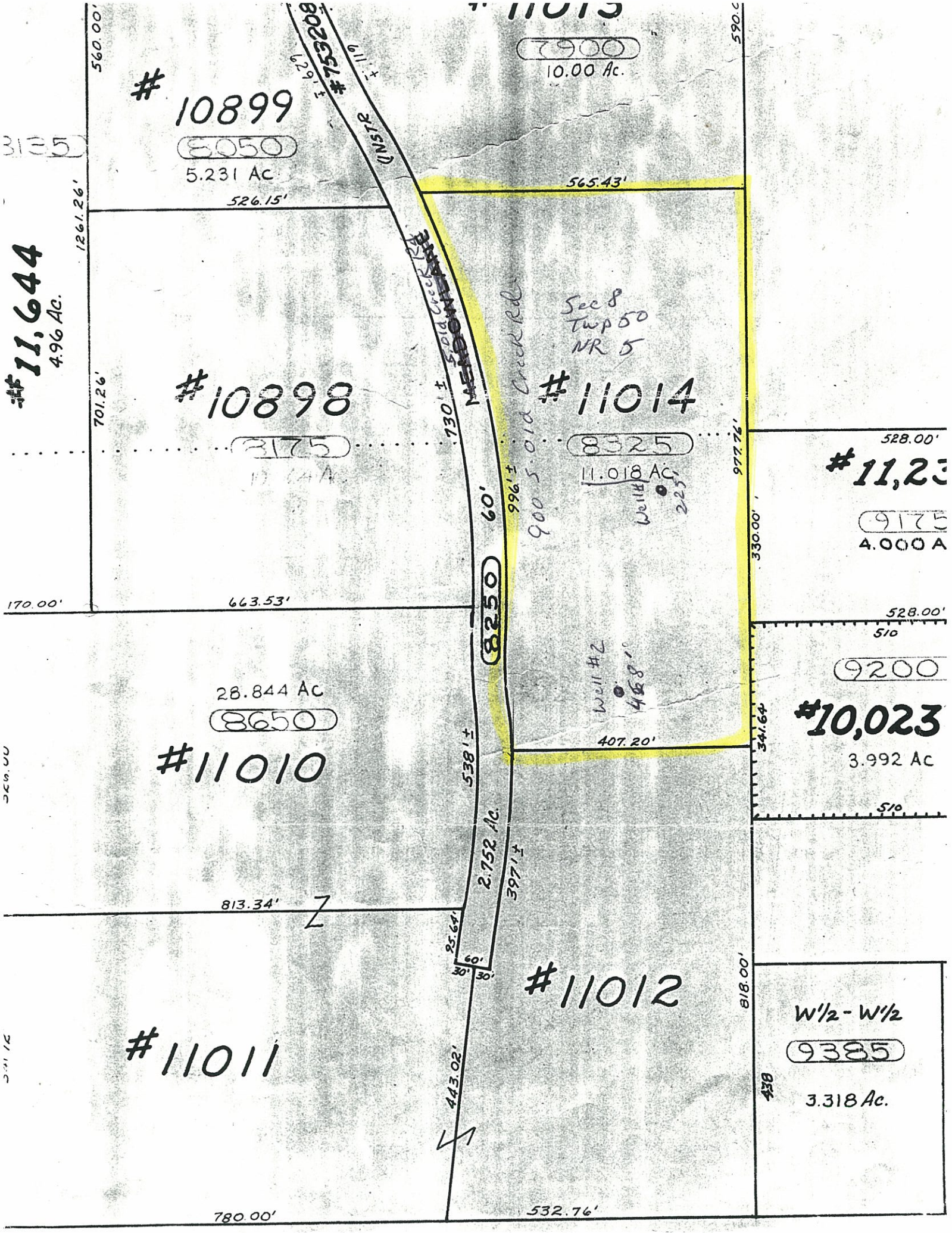
APR 19 1991

## NORTHERN REGION

**INPUT:**

| 1. WELL OWNER                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 7. WATER LEVEL                                                                                                                                                                                                                                                                                                                                                                                                      |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| Name <u>JOHN R. BURTCHELL</u><br>Address <u>4763 ADAM RD</u><br><u>SIMI VALLEY, CA 93063</u><br>Drilling Permit No. <u>95-85N-10-1</u><br>Water Right Permit No. _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Static water level <u>87</u> feet below land surface.<br>Flowing? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No G.P.M. flow _____<br>Artesian closed-in pressure _____ p.s.i.<br>Controlled by: <input type="checkbox"/> Valve <input type="checkbox"/> Cap <input type="checkbox"/> Plug<br>Temperature ____ °F. Quality <u>GOOD</u><br><i>Describe artesian or temperature zones below.</i> |  |
| 2. NATURE OF WORK<br><input type="checkbox"/> New well <input checked="" type="checkbox"/> Deepened <input type="checkbox"/> Replacement<br><input type="checkbox"/> Well diameter increase<br><input type="checkbox"/> Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  | 8. WELL TEST DATA<br><input type="checkbox"/> Pump <input type="checkbox"/> Bailor <input checked="" type="checkbox"/> Air <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                     |  |
| 3. PROPOSED USE<br><input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Test <input type="checkbox"/> Municipal<br><input type="checkbox"/> Industrial <input type="checkbox"/> Stock <input type="checkbox"/> Waste Disposal or Injection<br><input type="checkbox"/> Other _____ (specify type)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | Discharge G.P.M.      Pumping Level      Hours Pumped<br><u>8-10</u> <u>250</u> <u>1 HR</u><br><u>ESTIMATED</u>                                                                                                                                                                                                                                                                                                     |  |
| 4. METHOD DRILLED<br><input checked="" type="checkbox"/> Rotary <input checked="" type="checkbox"/> Air <input type="checkbox"/> Hydraulic <input type="checkbox"/> Reverse rotary<br><input type="checkbox"/> Cable <input type="checkbox"/> Dug <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |  | 9. LITHOLOGIC LOG<br>Bore Diam.      Depth From To      Material      Water Yes No<br><u>6</u> <u>90</u> <u>110</u> <u>DECOMPOSED GRANITE</u> X<br><u>6</u> <u>110</u> <u>230</u> <u>BROKEN BLACK &amp; WHITE GRANITE</u> X                                                                                                                                                                                         |  |
| 5. WELL CONSTRUCTION<br>Casing schedule: <input checked="" type="checkbox"/> Steel <input type="checkbox"/> Concrete <input type="checkbox"/> Other _____<br>Thickness      Diameter      From      To<br><u>.250</u> inches <u>6</u> inches + <u>1</u> feet <u>26</u> feet<br><u>.160</u> inches <u>4</u> inches <u>10</u> feet <u>230</u> feet<br>_____ inches    _____ inches    _____ feet    _____ feet<br>_____ inches    _____ inches    _____ feet    _____ feet<br>Was casing drive shoe used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Was a packer or seal used? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>Perforated? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No<br>How perforated? <input type="checkbox"/> Factory <input type="checkbox"/> Knife <input type="checkbox"/> Torch <input type="checkbox"/> Gun<br>Size of perforation <u>7/16</u> inches by <u>7/16</u> inches<br>Number      From      To<br><u>250</u> perforations <u>100</u> feet <u>230</u> feet<br>_____ perforations    _____ feet    _____ feet<br>_____ perforations    _____ feet    _____ feet<br>Well screen installed? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Manufacturer's name _____<br>Type _____ Model No. _____<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Diameter _____ Slot size _____ Set from _____ feet to _____ feet<br>Gravel packed? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Size of gravel _____<br>Placed from _____ feet to _____ feet<br>Surface seal depth <u>20</u> Material used in seal: <input type="checkbox"/> Cement grout<br><input checked="" type="checkbox"/> Bentonite <input type="checkbox"/> Puddling clay <input type="checkbox"/><br>Sealing procedure used: <input type="checkbox"/> Slurry pit <input type="checkbox"/> Temp. surface casing<br><input checked="" type="checkbox"/> Overbore to seal depth<br>Method of joining casing: <input type="checkbox"/> Threaded <input checked="" type="checkbox"/> Welded <input type="checkbox"/> Solvent Weld<br><input type="checkbox"/> Cemented between strata<br>Describe access port _____ |  | 10. Work started <u>4-15-91</u> finished <u>4-16-91</u>                                                                                                                                                                                                                                                                                                                                                             |  |
| 6. LOCATION OF WELL<br>Sketch map location must agree with written location.<br>Subdivision _____<br>Lot No. _____ Block No. _____<br>County <u>KOOTENAI</u><br><u>SW</u> ¼ <u>SE</u> ¼ Sec. <u>8</u> , T. <u>50N</u> S <input type="checkbox"/> R. <u>5W</u> W <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  | 11. DRILLERS CERTIFICATION<br>I/We certify that all minimum well construction standards were complied with at the time the rig was removed.<br>Firm Name <u>UNITED DRILLING INC.</u> No. <u>414</u><br>Address <u>P.O. BOX 2499</u> Date <u>4-17-91</u><br><u>CDA, ID 8302</u><br>Signed by (Firm Official) <u>[Signature]</u><br>and<br>(Operator) <u>[Signature]</u>                                              |  |

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

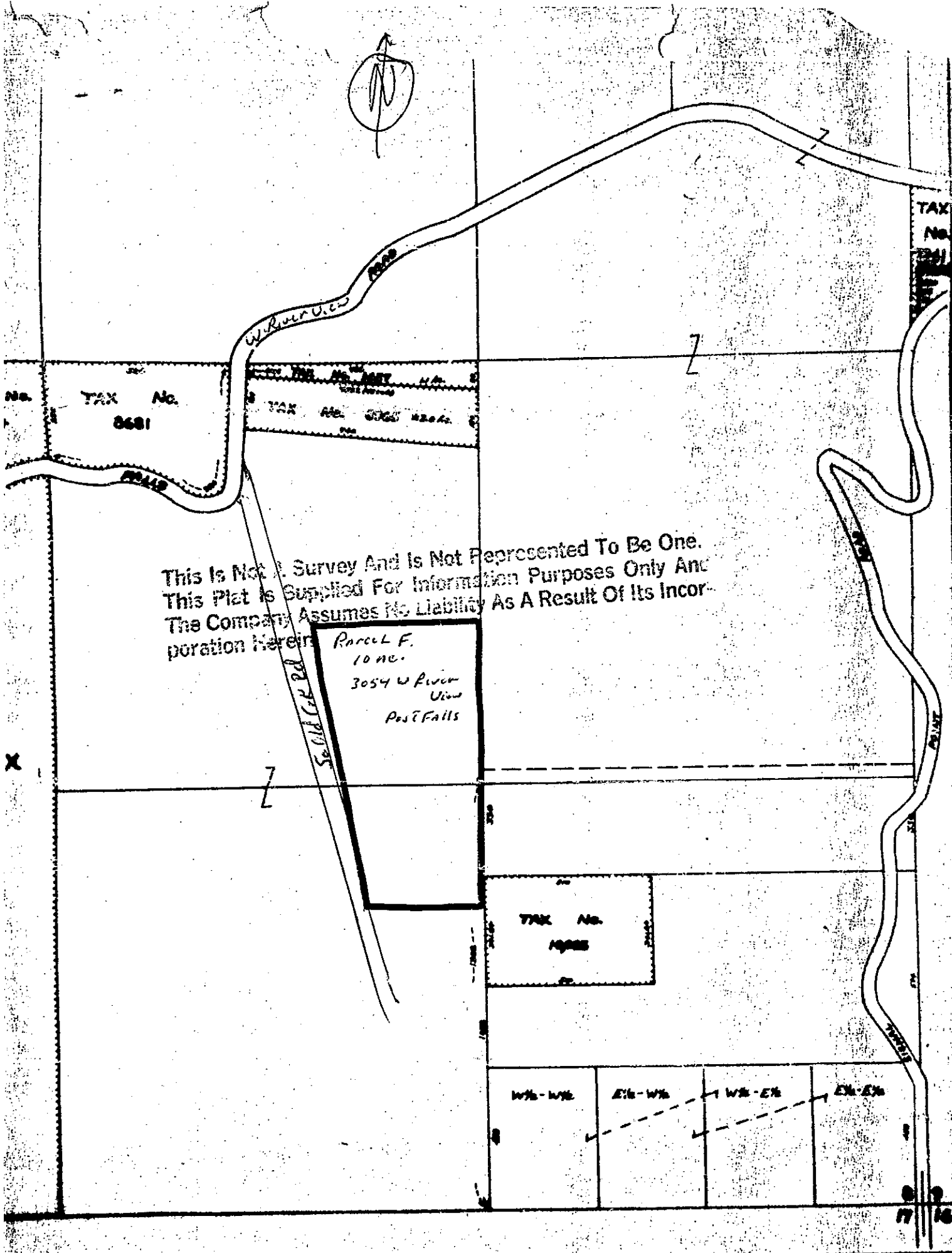


#11,644  
4.96 Ac.  
560.00'  
1261.26'  
701.26'  
170.00'

#10899  
(8050)  
5.231 Ac.  
526.15'  
#10898  
(8175)  
12.64 Ac.  
663.53'  
28.844 Ac  
(8650)  
#11010  
813.34'

#753208  
UNSTR  
900 S Old Creek Rd  
#11014  
(8525)  
11.018 Ac.  
Well #1  
225'  
Well #2  
468'  
407.20'  
#11012  
443.02'  
532.76'

7900  
10.00 Ac.  
565.43'  
590.00'  
977.76'  
330.00'  
528.00'  
510  
9200  
#10,023  
3.992 Ac.  
510  
818.00'  
W 1/2 - W 1/2  
(9385)  
3.318 Ac.  
438



This Is Not A Survey And Is Not Represented To Be One.  
This Plat Is Supplied For Information Purposes Only And  
The Company Assumes No Liability As A Result Of Its Incorporation Herein.

Parcel L.F.  
10 ac.  
3054 W River  
View  
Post Falls

TAX No.  
10985

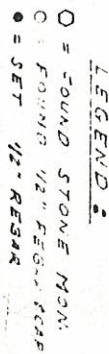
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PAIS OF BEARINGS:  
SOUTH LINE SECTION 8  
PER PLAT BY MECHANICAL



| NAME OF A PORTION OF THE LAND SET AS<br>SECTION 8 T50N., R55W., E14<br>MONTANA COUNTY IDAHO |                       | ACRES | DATE |
|---------------------------------------------------------------------------------------------|-----------------------|-------|------|
| 1-4-78                                                                                      | FOR THE DOBSONY BOOTH | BY    |      |
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