

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

95-11634

Date Received:

6/22/2009

Receipt No:

J020997

Received 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) DANIEL A & OL SUSAN M LOEFFKE Phone (208) 687-8701Mailing Address 18812 N. ATLAS RD RATHDRUM ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) OCT 1, 2005
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) GROUND WATER
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 52N, Range 04W, Section 22,
NW 1/4 of NW 1/4, or Govt. Lot - BM. County of Kootenai County;
Parcel (PIN) no. 52N 04W - 22-3400Additional points of diversion if any: N/AIf 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.

D 00 404 28 well drilled 2005 connected to
one home

6. 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 _____

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 home

9. Location of Place of Use is: Township 52N, Range 04W, Section 22,

NW 1/4 of NW 1/4, Govt. Lot — BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) Domestic (X) Stock () Domestic and Stock ()

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? _____

11. Do you own the property listed above as place of use? Yes (X) 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 (X)

13. Remarks:

Well Tag D0040428 Drilled for DAN + Sue Loeffler
NOT for David Hayes as shown on well log

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 02

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)

Daniel a Loeffler
Susan M. Loeffler

Date: 6-22-09

Date: 6-22-09

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. _____

IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0040428

DRILLING PERMIT N 835386

Other IDWR No _____

2. OWNER:

Name Dan Coeffler

Address Clearwater Awnings / P.O. Box 507

City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

N
W E S
Twp 52N North ☒ or South ☐
Rge 04W East ☐ or West ☒
Sec 22 1/4 NW 1/4 NW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

18868 N Atlas RD

City Rathdrum

Lot _____ Bk _____ Sub. Name (see next line)

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/Lbs	
Bentonite	0	-18	7 Sacks	Pour In
Granular				

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 382

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	+2	-382	0.250	Steel	☒	☐	☒	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations? Method Air Perforator
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
-370	-380	1X1/4	100	6"	Steel	☒	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

265 ft. below ground. Artesian pressure _____ lb.

Depth flow encountered 265 ft. Describe access port or

control devices: Steel Cap Welded

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
60+	100%	380	1Hr

Water Temp. _____ Cold Bottom hole temp. _____ Cold

Water Quality test or comments: (below) Depth first Water Encountered 265

Clear, Cold, No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	1	Top Soil	☐	☒
8	1	68	Sand & Gravel with Cobbles	☐	☒
8	68	185	Sand & Gravel 3/4 Minus	☐	☒
8	185	265	Sand & Gravel Fine	☐	☒
8	265	270	Sand & Gravel with Clay	☒	☐
8	270	290	Clay & Silt Gray	☐	☒
8	290	315	Sand Black Fine	☒	☐
8	315	350	Sand & Gravel Fine	☒	☐
8	350	382	Sand & Gravel 1 1/4 minus	☒	☐

RECEIVED
AUG 15 2005
IDWR/North

Completed Depth 380 (Measurable)

Date: Started 7/26/05 Completed 7/27/05

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc. Firm No 414

Firm Official Tim M. Valby Date 7/27/05

Supervisor or Operator Jason C. Beckham Date 7/27/05

52N 4W 22

LOEFFLER PIN 52N04W-22-3400

