

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 95-14219Date Received: 7-14-10Receipt No: 11025202Received By: em/

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 L. JEWETT Phone (208) 762-4659Mailing Address 8083 E DAL City State Zip 83835
Street or Box2. Date of Priority: (Only one per claim) 12/21/1995
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 51N, Range 3W, Section 11,
1/4 of 1/4, or Govt. Lot 7 BM. County of KOOTENAI;
Parcel (PIN) no. -6215Additional 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 AND 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 JAN 1 to DEC 31 amount .04 CFS
Month/Day Month/Day 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) ONE HOME

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9. Location of Place of Use is: Township 51N, Range 3W, Section 11,

1/4 of 1/4, Govt. Lot 7 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: _____

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: July 6, 2010

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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JAN 23 1996

WELL DRILLER'S REPORT

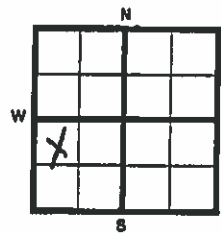
Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 95-95-N-0206-000
Other IDWR # 1111

2. OWNER
Name BERG, GEORGE
Address 9229 RYAN DR
City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 51 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 11 1/4 NW 1/4 SW 1/4
Gov't Lot _____ County KOOTENAI
Lat: _____ Long: _____

Address of Well Site E HAYDEN LAKE RD
MOKINS BAY RD City _____

(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	3.5 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18
Was drive shoe seal tested? ☒ Y ☐ N How? Drove into rock

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	☒	☐	☐	☐
4	-5	320	160	PSI PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	320	1/8X4	140	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
110 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:

NWSW 11 51N 3W

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
76+ GPM			

Water Temp. _____ Bottom Hole Temp _____
Water Quality test or comments: _____
Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Seri Down	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	18	Granite Decomp. Brown	☐	☒
6	18	87	Granite Brown & white Medium	☐	☒
6	87	156	Granite White & black Medium	☐	☒
6	156	165	Granite Green Med soft 1/2 gpm	☒	☐
6	165	215	Granite White & Black Med	☐	☒
6	215	232	Granite White & Black W/Green	☐	☒
6	232	297	Granite White & Black	☐	☒
6	297	301	Granite White & Brown 6gpm	☒	☐
6	301	310	Granite White & Black med	☐	☒
6	310	315	Granite White & Black Fract 70+gpm	☒	☐
6	315	322	Granite White & Black Medium	☐	☒
	0	0	NOTE: 1 4X6 Formation Packer set @ <u>100'</u>	☐	☐

Completed Depth 110 322 (Measurable)
Date: Started 12/20/95 Completed 12/21/95

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 [Signature] Date 1-23-96
and
Supervisor or Operator [Signature] Date 1-15-96
(Sign Once if Firm Official and Operator)

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