

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 95-11990Date Received: 2-22-10Receipt No: NO 23607Received By: mm

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

RECEIVED

NOV 18 2009

IDWR/North

1. Name of Claimant(s) Lee ROBERTSON Phone 208 773-8240Mailing Address 16289 W. Summertfield Rd Post Falls Idaho Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 8-1-1996
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 50N, Range 5W, Section 17,
NE 1/4 of NW 1/4, or Govt. Lot N/A BM. County of Kootenai;
Parcel (PIN) no. 50N05W-17-2400Additional points of diversion if any: Yes, second well in 50N5W17NENW
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.

SUBMERSIBLE PUMPS IN WELLS

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 .04
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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 plus guest houseSCANNED
FEB 22 2010SCANNED
NOV 18 2009

9. Location of Place of Use is: Township 50N, Range 5W, Section 17,
NE 1/4 of NW 1/4, Govt. Lot N/A BM. Parcel (PIN) no. 50N05W-17-2400
for (Check One) Domestic (☒) Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any none

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 drilled in 1993 declined output, second well was drilled in 1998 to make up for deficit

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) [Signature] Date: 4/16/09

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. _____

SCANNED
FEB 22 2010

SCANNED
NOV 18 2009

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.

[illegible]

RECEIVED

Form 238-7
11/97

JUL 23 1998

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

NORTHERN REGION

1. WELL TAG NO. D3974

DRILLING PERMIT N

Other IDWR No

2. OWNER:

Name Lee Robertson

Address 3407 W Summerfield

City Post Falls

State ID

Zip 83854

3. LOCATION OF WELL by legal description:

N		Twp	50N	North	☒ or	South	☐
Rge		05W	East	☐ or	West	☒	
Sec		17	1/4 SW 1/4	NE 1/4			
			10 Ac	40 Ac	160 Ac		
Gov't Lot		County Kootenai					
Lat		Long					

Address of Well Site: (see next line)

Carpenter to Summerfield to top of hill

City

Lot Blk

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	39	14 sacks	dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 39

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	1	39	0.25	Steel	☒	☐	☒	☐
4"	20	380	0.165	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe Length Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations? Method Drill

☐ Screens? Screen Type

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
220	380	1/8	500	1/8	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

45 ft. below ground. Artesian pressure lb.

Depth flow encountered 120 ft. Describe access port or

control devices: cap welded

Office Use Only

Inspected by

Twp Rge Sec

1/4 1/4 1/4

Lat: : : Long: : :

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
4 to 5 est	100%	380	1 hr.

Water Temp. cold Bottom hole temp. cold

Water Quality test or comments: (below) Depth first Water Encountered 12' clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water
8"	0	79	Decomposed granite	☐ Y ☒ N
6"	39	64	Decomposed granite	☐ Y ☒ N
6"	64	210	Black & white fractured granite	☒ Y ☐ N
			2 gpm @ 120'	☐ Y ☐ N
6"	210	380	Black & white granite with soft seams	☒ Y ☐ N
			1.5 gpm @ 242	☐ Y ☐ N
			1.5 gpm @ 340	☐ Y ☐ N

Completed Depth 380 (Measurable)

Date: Started 7/20/98 Completed 7/21/98

13. DRILLERS CERTIFICATION

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

Firm United Drilling Inc.

Firm No 414

Name

Firm Official

and

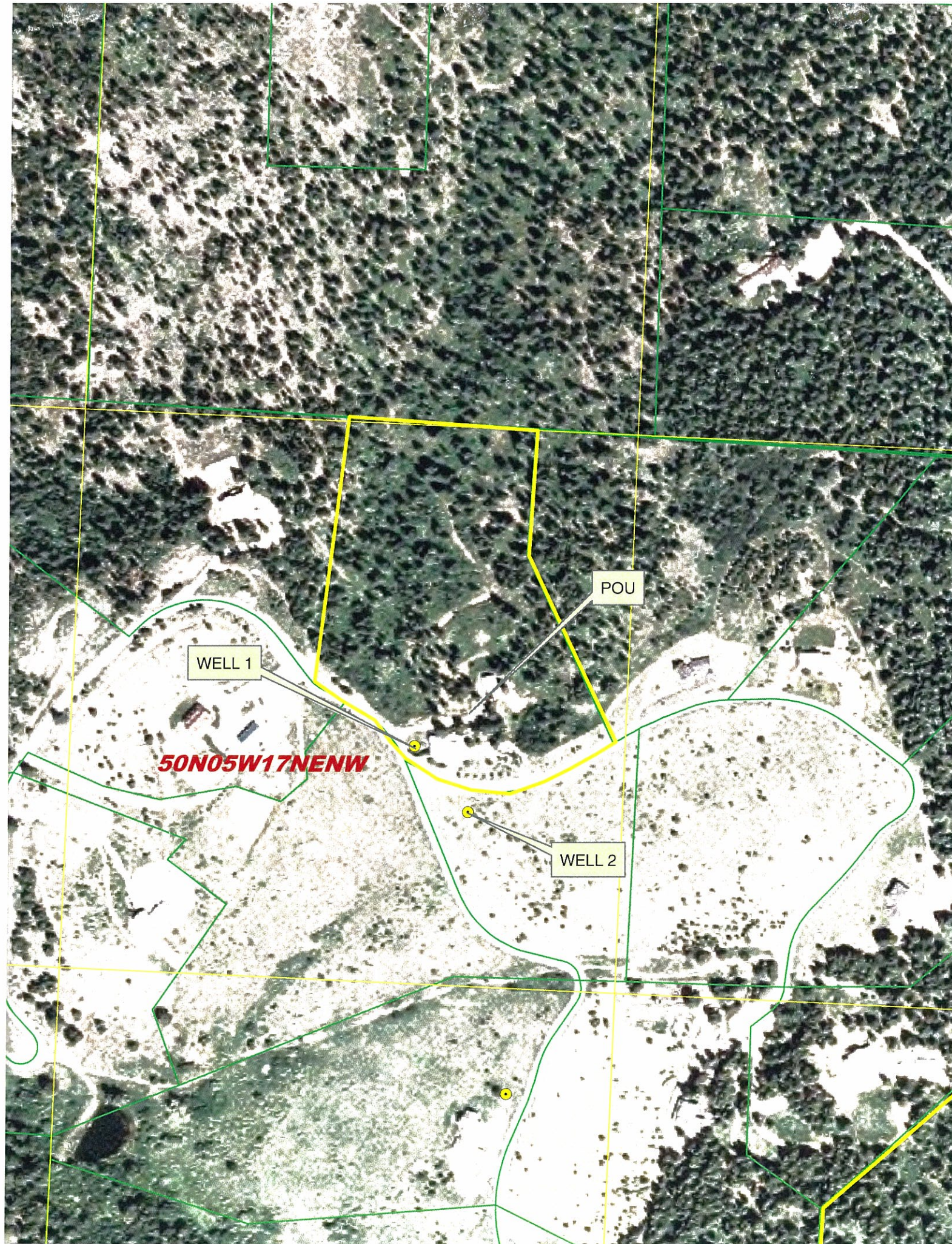
Supervisor or Operator Eldon R. Volking

Date 7/21/98

Date 7/21/98

50 N 05 W 17

FORWARD WHITE COPY TO WATER RESOURCES



WELL 1

POU

50N05W17NENW

WELL 2