

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 95-12007

Date Received: 7/10/09

Receipt No: NO21243B

Received By: Ree

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) Thomas A. Kuntz Phone (208) 667-1205

Mailing Address 6264 W. Heine Rd. Cda Id Zip 83814  
Street or Box City State

2. Date of Priority: (Only one per claim) July 3 1989  
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 50N, Range 4W, Section 17,  
S.W 1/4 of S.W 1/4, or Govt. Lot \_\_\_\_\_ BM. County of Kootenai \_\_\_\_\_;

Parcel (PIN) no. -6400

Additional 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.  
\_\_\_\_\_  
\_\_\_\_\_

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 404 CFS  
Month/Day Month/Day cfs( ) or AFY( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 404 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

SCANNED

JUL 14 2009

9. Location of Place of Use is: Township 50N, Range 4W, Section 17,  
SW 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. -6400

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.

Spring 95-1087 or None ( )

13. Remarks:

irrigation

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: 1

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) Thomas J. Smith

Date: 7/10/09

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. \_\_\_\_\_

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JUL 13 2009

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR  
BALLPOINT PEN

## 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.

## 1. WELL OWNER

Name Tom KUNTZ  
Address 1145 HEIN RD. CDA IDAHO 83814  
Owner's Permit No. 95-89-N-43

## 7. WATER LEVEL

Static water level 100 feet below land surface.  
Flowing? ☐ Yes ☒ No G.P.M. flow \_\_\_\_\_  
Artesian closed-in pressure \_\_\_\_\_ p.s.i.  
Controlled by: ☐ Valve ☐ Cap ☐ Plug  
Temperature \_\_\_\_\_ °F. Quality good CLEAN  
Describe artesian or temperature zones below.

## 2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
- 
- ☐
- 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>15</u>        | <u>130'</u>   | <u>2</u>     |

## 3. PROPOSED USE

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

## 4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
- 
- ☐
- Cable
- ☐
- Dug
- ☐
- Other \_\_\_\_\_

## 5. WELL CONSTRUCTION

Casing schedule: ☐ Steel ☐ Concrete ☐ Other

| Thickness         | Diameter         | From          | To             |
|-------------------|------------------|---------------|----------------|
| <u>250</u> inches | <u>6"</u> inches | <u>0</u> feet | <u>20</u> feet |
| _____ inches      | _____ inches     | _____ feet    | _____ feet     |
| _____ inches      | _____ inches     | _____ feet    | _____ feet     |
| _____ inches      | _____ inches     | _____ feet    | _____ feet     |

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation \_\_\_\_\_ inches by \_\_\_\_\_ inches

| Number             | From       | To         |
|--------------------|------------|------------|
| _____ perforations | _____ feet | _____ 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 \_\_\_\_\_

## 9. LITHOLOGIC LOG

| Bore<br>Diam. | Depth |     | Material           | Water |    |
|---------------|-------|-----|--------------------|-------|----|
|               | From  | To  |                    | Yes   | No |
| 8"            | 0     | 10  | OVER BURDEN        |       | X  |
| 8"            | 10    | 15  | DECOMPOSED GRANITE |       | X  |
| 8"            | 15    | 20  | HARD GRANITE       |       | X  |
| 6"            | 20    | 45  | HARD GRANITE       |       | X  |
| 6"            | 45    | 100 | BLACK GRANITE      |       | X  |
| 6"            | 100   | 110 | BRIGHT GRANITE     | X     |    |
| 6"            | 110   | 125 | BLACK GRANITE      |       | X  |
| 6"            | 125   | 145 | PEPPER GRANITE     | X     |    |

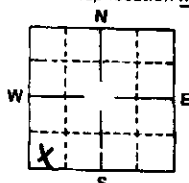
MICROFILMED

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## 10.

Work started 6-21-89 finished 6-29-89

## 6. LOCATION OF WELL

Sketch map location must agree with written location.

Subdivision Name \_\_\_\_\_

Lot No. \_\_\_\_\_ Block No. \_\_\_\_\_

County KootenaiSW 1/4 SW 1/4 Sec. 17, T. 50 N, S. 4 E

## 11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were  
complied with at the time the rig was removed.Firm Name ATLAS DRILLING Firm No. 466EXPLORATION INCAddress CDA IDAHO Date 7-3-89Signed by (Firm Official) James E. Orphan

and

(Operator) James E. Orphan