

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 95-12069
Date Received: 7/15/2009
Receipt No: N021284
Received By: dm

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) Timothy E PALMA Phone (208) 661-2913

Mailing Address 19404 N Faith Ct. Rathbun ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 03/08/2001
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 52N, Range 4W, Section 13,
SE, SE^{TP} 1/4 of SE 1/4, or Govt. Lot _____ BM. County of _____;
Parcel (PIN) no. 023700010030

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.

D0017053 Well drilled 2001 to
replace D0017064 (same casing) New depth 210'

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) one home on Sharcel Well
with one other residence that will file separat claim RECEIVED

JUL 14 2009

9. Location of Place of Use is: Township 52N, Range 4W, Section 13,

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

Original Well Tag # D0010063 Went dry. Drilled for trailer house in May 21st 1999

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) Jinethy E. Pale Date: 7/15/09

_____ 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

JUL 14 2009

PALMA PIN 0-2370-001-003-0



**WELL DRILLER'S REPORT
RECEIVED**

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

1. WELL TAG NO. D0017053

Drilling Permit No. _____

Other IDWR No. _____

MAR 12 2001

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
0			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

2. OWNER

Name Kevin Naasz

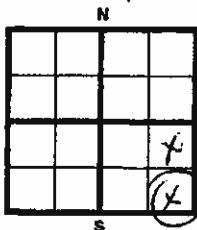
Well Number 189

Address N 19404 Faith Court

City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 52 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 13 1/4 SE 1/4 SE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site N 19404 Faith Court
City Rathdrum

(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 Deepen

6. DRILL METHOD

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	-199	-210	.250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

_____ ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

52N 4W 13

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Depth	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	199	209	Sand, gravels, clay	☐	☒
8	209	210	Granite boulder	☐	☒
			Reattached to ring but could only advance casing 10 feet. Ring possibly missing buttons or glancing off boulder.		
Completed Depth <u>210</u> (Measurable)					
Date: Started <u>3/5/01</u> Completed <u>3/5/01</u>					

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 3-8-01

and Supervisor or Operator [Signature] Date 3-8-01

(Sign Once If Firm Official and Operator)
Todd Morgan

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

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

1. WELL TAG NO. D0017064 MAR 28 2001

Drilling Permit No:

Other IDWR No. 768223 IDWR/North

2. OWNER

Well Number:

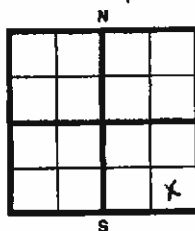
Name Kevin Naasz

197

Address N 19404 Faith CourtCity Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 52 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ WestSec. 13 1/4 SE 1/4 SE 1/4Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site N 19404 Faith CourtCity Rathdrum

(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		
3/8 PEA GRAVEL	-205	-240		
BENTONITE	0	18	10 sacks	overbore

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) _____Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-205	.250	steel	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
estimate 10			

Water Temp. cold Bottom Hole Temp coldWater Quality test or comments: clearDepth first Water encountered 180

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

						Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N		
10	0	18	Gravels, sand	☐	☒		
8	18	75	Gravels	☐	☒		
8	75	78	Boulder	☐	☒		
8	78	110	Gravels	☐	☒		
8	110	130	Clay brown, sand	☐	☒		
8	130	210	Gravels w/tan clay, w/H2O at 180	☒	☐		
8	210	233	Clay gray silty	☐	☒		
8	233	240	Granite salt & pepper, soft	☐	☒		
			Pulled casing back to 205	☐	☐		
			Back filled w/pea gravel	☐	☐		
Completed Depth <u>240</u> (Measurable)							
Date: Started <u>3/20/01</u> Completed <u>3/22/01</u>							

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. 448Firm Official [Signature] Date 3-29-01and Supervisor or Operator [Signature] Date 3-22-01

(Sign Once if Firm Official and Operator)

Jim McLeslie

52N 4W 13