

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 95-12118Date Received: 7-14-09Receipt No: N021286Received By: cm

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JUL 14 2009

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

IDWR / NORTH

1. Name of Claimant(s) R B and or R + P Arman Phone (208) 765-1131Mailing Address 2172 W. Meadowbrook Loop CoA Id. Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 8-26-98 (1st date water used)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____

which is tributary to (b) _____

4. Location of Point of Diversion is: Township 50N, Range 4W, Section 29NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 50N04W-29-1100

Additional points of diversion if any: _____

If available, GPS coordinates: N 47° 29' 18.9" W 116° 51' 32.9"

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.

Pump in well also pump in one of two storage tanks holding approx. 4000 gal. also see attached well reports

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 0-1-01 to 12-31 amount .04 cfs () or AFY ()
Month/Day Month/Day

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 50N, Range 4W, Section 29,
NW 1/4 of NE 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 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 is Arnn #2 1st drilled 10-24-96
and deepened 2003 - House occupied 1998

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) RB Arnn Date: 7-9-09

Patricia P. Arnn Date: 7-9-09

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. 95-12118

COANED
JUL 15 2009

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

NWNE 29 50N 4W

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only	
Inspected by <u>TDK</u>	
Twp <u>50N</u> Rge <u>4W</u> Sec <u>29</u>	
1/4 <u>NE</u> 1/4 <u>SE</u> 1/4	
Lat: : : Long: : :	

1. WELL TAG NO. D0028064

Drilling Permit No: 795497

Other IDWR No. _____

2. OWNER

Name ARNN, R. B. #2

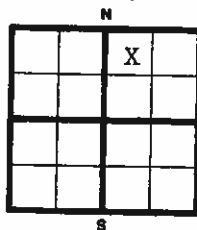
Well Number: 535

Address 7172 W. MEADOWBROOK LP

City COEUR D' ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
Rge. 4 ☐ East or ☒ West
Sec. 29 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site SAME

City COEUR D' ALE

(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) 347

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	-178	220	.250	STEEL	☒	☐	☒	☐
5	+2	347	.250	STEEL	☒	☐	☒	☐
4	-140	640	.160	PVC	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
580	620	1/8 X 6	170	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

390 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 475 ft. Describe access port or control devices: _____

50N 4W 29 NW SE

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
3		640	2 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 200

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
6	-178	400	Re-Drill Cave in to 400' Silty Black W	☐	☒
6	400	420	Soft Brown & White Decomp. Granite	☐	☒
5	420	430	Soft Brown & White Decomp. Granite	☐	☒
5	430	445	Broken Green Granite w/ Water Apx.	☒	☐
5	445	475	Salt & Pepper Granite 2 gpm @ 475'	☒	☐
5	475	640	Salt & Pepper Granite, Med. to Med.	☐	☐

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FEB 19 2003

IDWR/North

#2

Used since
1-23-03

Completed Depth 640 (Measurable)

Date: Started 1/10/03 Completed 1/21/03

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 Well Service, Inc. Firm No. 448

Firm Official [Signature] Date 1-24-03

and

Supervisor or Operator [Signature] Date 1-23-03

(Sign Once if Firm Official and Operator)

(Louie Hanner)

ARNN PIN 50N04W-29-1100

