

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 45-13072Date Received: 8-10-09Receipt No: NO 21716Received By: cm

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

AUG 11 2009

IDWR/North

1. Name of Claimant(s) Robert and Kristin Stueve Phone 208 765-6740Mailing Address 10258 W. Thompson Rd. Coeur d'Alene, ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 06-30-2009
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 5W, Section 26,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai County;
Parcel (PIN) no. 8900

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.

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 1-81 to 12-31 amount .04 cubic ft.
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) 1 home

SCANNED

AUG 11 2009

9. Location of Place of Use is: Township 50 N, Range 5 W, Section 26

SW 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 ~~Kootenai County~~ none

10. In which county (ies) are lands listed above as place of use located? Kootenai County

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: 1 (CO)

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: 8-10-09
[Signature] Date: 8-10-09

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. _____

SCANNED

AUG 11 2009

Certificate of Occupancy

Kootenai County Building and Planning Department

This Certificate is issued pursuant to the requirements of the Kootenai County Building Code Ordinance and all current and adopted 2003 International Building Codes certifying that, at the time of issuance, this structure was in compliance with the ordinances of Kootenai County regulating building construction or use for the following:

Building Permit No	RES07-0310	Load	N/A
Occupancy Group	R-3/U	Sprinkler Required	Yes
Use Classification	Single Family Residence	Construction Type	V-B
Owner of Building	Robert M. Stueve, Etax Trustee		
Building Address	10258 W. Thompson Road, Coeur d'Alene, ID 83814		
Special Conditions/Stipulations			

Authorized Signature: _____

Date: 6/30/2009

By issuing any permit or certificate, or by conducting any compliance inspection, Kootenai County makes no warranty, implied or otherwise, that any inspected building is constructed wholly in compliance with adopted codes or that it is safe or fit for any particular purpose. Kootenai County expressly disclaims any liability for construction defects or workmanship related to the structure it is called upon to inspect in the course of carrying out its government duties.

Form 238-7
7/98
Starships Consulting and
Management Services

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0053732

Drilling Permit No: _____
Other IDWR No. _____

2. OWNER

Well Number:

Name STUEVE, ROBERT & KRISTIN

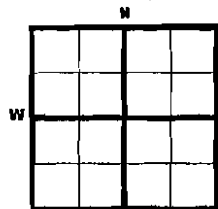
1333

Address 11613 N. AVONDALE LP

City HAYDEN State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50N ☒ North or ☐ SouthRge. 5W ☐ East or ☒ West

Sec. 26 1/4 SW 1/4 SE 1/4

Gov't Lot _____ County KOOTENAI

Latitude: N47:39:054 Longitude: W:116:53:063

Address of Well Site 10210 W. Thompson Rd.
Cougar Gulch City Coeur d'Alene

(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	600 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 125Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Linear	Welded	Threaded
6	+1	125	.250	STEEL	☒	☐	☒	☐
4	-5	220	.200	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	Linear
185	220	1/8 X 60	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

42 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 140 ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: GOOD

Depth first Water encountered 140

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
10	0	2	Top Soil	☐	☒	
10	2	10	Med. Brwn Clay & Sand	☐	☒	
10	10	18	Brown Clay	☐	☒	
8	18	24	Brown Clay	☐	☒	
8	24	56	Decomp. Brown Granite	☐	☒	
8	56	102	Decomp. Blk Granite	☐	☒	
8	102	120	Decomp Blk/Brwn Granite	☐	☒	
8	120	125	Blk & Wht Soft Granite	☐	☒	
6	125	130	Blk & Wht Soft Granite	☐	☒	
6	130	140	Brwn & Wht Decomp. Granite	☐	☒	
6	140	146	Decomp. Wht, Brwn, Grn Granite w/ Cla	☒	☐	
6	146	197	Decomp. Brwn & Wht. Granite	☐	☒	
6	197	218	Decomp Granite w/ Clay 28 gpm	☒	☐	
6	218	220	Gray & Wht Med. Granite	☐	☒	

Completed Depth 220 (Measurable)

Date: Started 7/24/2007 Completed 7/27/2007

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 _____ Date _____

and

Supervisor or Operator _____ Date 7/28/07

BOB KERN

(Sign Once If Firm Official and Operator)