

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 95-13475Date Received: 1-22-10Receipt No: N 023451 AReceived 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

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JAN 22 2010

IDWR / NORTH

1. Name of Claimant(s) Bruce Christiansen Phone (208) 699 7045

Mailing Address 16853 North Hayden Lake Rd. Hayden ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 8/22/2000
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 51N, Range 3W, Section 11,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 035920010010Additional points of diversion if any: NoneIf available, GPS coordinates: 524546 E, 5291224 N, UTM 11

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 pump to a pressure tank in home for domestic and 1/2 acre or less of irrigation

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 ^{Month/Day} to 12/31 ^{Month/Day} amount 0.02 ^{cfs() or AFY()}

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.02 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 single family residence

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9. Location of Place of Use is: Township 51N, Range 3W, Section 11,
SE 1/4 of SW 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:

Quantum Engineering is an authorized agent for the owner

Existing use falls under domestic exemption and no water right has been filed for this use.

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: 2

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) _____ Date: _____

_____ 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 Don Pehl Date 1/15/10

Title and Organization Quantum Engineering and Consulting, S. 2641 Silver Beach Loop, Coeur d'Alene,
Idaho, 83814

16. Notice of Appearance:

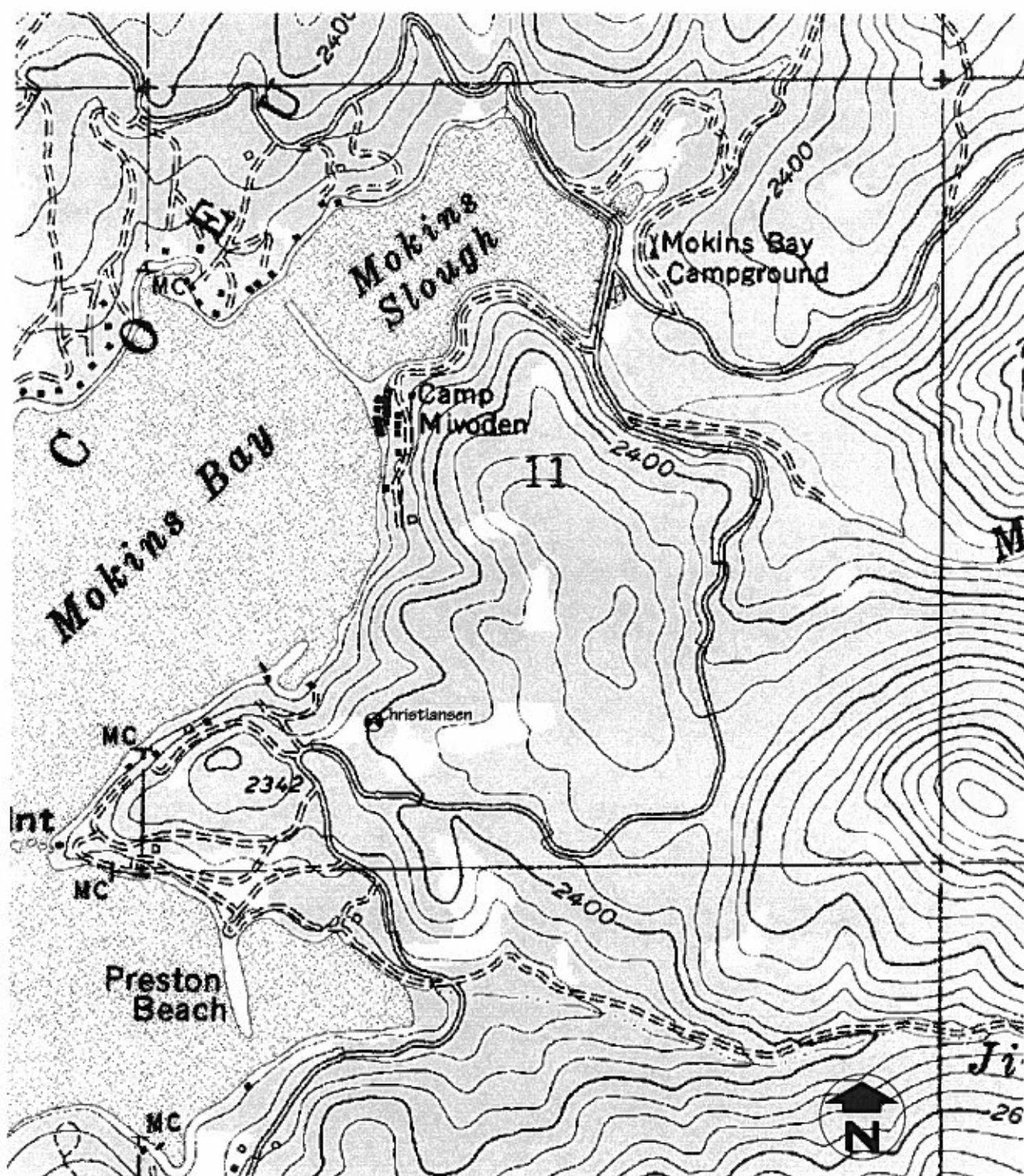
Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
JAN 22 2010



0 500 1500 2500 3500 4500 FT



QUANTUM Engineering and Geologic Consulting*

ENGINEER: Jim De Smet
DRAWN BY: Jim De Smet
DATE: 11/30/09
SCALE: 1"=1000'(approx)
SHEET NO:

Bruce Christiansen Well
T51N, R3W, Sec 11
Kootenai County, Idaho

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT
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Office Use Only		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat	Long	

1. WELL TAG NO. D0013653 AUG 28 2000

Drilling Permit No: 766206

Other IDWR No.

IDWR/North

2. OWNER

Well Number:

Name Bruce Christianson

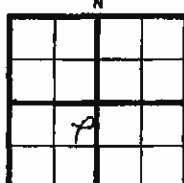
89

Address 12295 East Hayden Lk Rd

City Hayden Lake State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 51 ☒ North or ☐ South

Rge. 03 ☐ East or ☒ West

Sec. 11 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site

City Hayden Lake

(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	38	6 bags	overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	-38	250	steel	☒	☐	☒	☐
4	-5	-340	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
300	340	1/8x6	170	6	pvc	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground Artesian pressure _____ lb.

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

51N 3W 11

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
12-15			

Water Temp. 49 Bottom Hole Temp 49

Water Quality test or comments: good clear

Depth first Water encountered 124

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
8	0	38	Loamy top soil	☐	☒	☒
6	38	64	Granite decomposed brown soft	☐	☒	☒
6	64	120	Granite salt & pepper medium	☐	☒	☒
6	120	127	Granite white & green w/H2O apx 1 gp	☒	☐	☐
6	127	240	Granite salt & pepper w/green	☐	☒	☒
6	240	245	Granite green & white w/H2O apx 1 gp	☒	☐	☐
6	245	315	Granite salt & pepper medium hard	☐	☒	☒
6	315	318	Granite green & brown w/H2O apx 12 g	☒	☐	☐
6	318	340	Granite salt & pepper	☐	☒	☒

RECEIVED
OCT 28 2000
Department of Water Resources

Completed Depth	<u>340</u>	(Measurable)
Date: Started	<u>8/22/00</u>	Completed <u>8/22/00</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 Thomas R. [Signature] Date 8-24-00

and Supervisor or Operator [Signature] Date 8-23-00

(Sign Once if Firm Official and Operator)

Louie Hanner