

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 95-13835Date Received: 9-9-09Receipt No: 1022019Received 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

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1. Name of Claimant(s) Mike T. Gardner and/or Diane K. Gardner Phone (208) 681-4444 IDWR/NorthMailing Address PO Box 543 Rathdrum ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) 10/17/1995
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 52 N, Range 5 W, Section 34,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 52 N 05 W - 34 - 5250Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

D 0039652 Well completed 11/3/2004 Well connected to
mobile home moved onto property Aug. 2005

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(c) or AFY()For stock water purposes from 01-01 to 12-31 amount .027. Total Quantity claimed .04 cfs (x) 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 mixed stock - goats + horses
5 head

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9. Location of Place of Use is: Township 52 N, Range 5 W, Section 34,
NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 52 N 05 W - 34 - 5250
for (Check One) Domestic () Stock () Domestic and Stock (X) If different than shown in Item 4

Additional places of use, if any N/A

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 (X) 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 (X)

13. Remarks:

Well on adjoining property to south disconnected from home in this
claim upon completion of well D0039652. D0039652 is connected to this
home.

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3 DB

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) Michael T. Gardner Date: 9-4-09

Diane K. Gardner Date: 9-4-09

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. _____

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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. D0039852Drilling Permit No: 525871
Other IDWR No. _____

2. OWNER

Name Barreth, Diane c/o David GonzalesWell Number: 866Address PO Box 775City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N		Twp. <u>52</u> ☒ North or ☐ South	
W		Rge. <u>05</u> ☐ East or ☒ West	
S		Sec. <u>34</u> <u>1/4 NE 1/4 SW 1/4</u>	

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site 3-Forks Road Parcel 3City Hauser

(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	41	400 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 41Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-25	300	.200	PVC	☐	☒	☐	☐
6	+2	41	.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Skil saw
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
280	300	1/8x6	40	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

70 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
6-7			1hr

Water Temp. Cold Bottom Hole Temp ColdWater Quality test or comments: ClearDepth first Water encountered 110

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Top Soil	☐	☒
8	3	29	Sand	☐	☒
8	29	41	Decomp Granite Soft	☐	☒
6	41	94	Decomp Granite Med Soft	☐	☒
6	94	110	Decomp Granite Soft w/3gpm	☒	☐
6	110	194	Granite Greay w/Rose	☐	☒
6	194	270	Granite S&P Med	☐	☒
6	270	279	Granite S&P w Brown w/3-4gpm	☒	☐
6	279	300	Granite S&P Med	☐	☒

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FEB 28 2005
IDWR/North

RECEIVED
DEC 14 2004
IDWR/North

 Completed Depth 300 (Measurable)
 Date: Started 11/2/2004 Completed 11/3/2004

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 11-08-04

and _____

Supervisor or Operator [Signature] Date 11/04/04Mark Penick (Sign Once If Firm Official and Operator) CANNED

52N SW 34

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Maxey, Shaun

From: AvistaCustomerService [AvistaCustomerService@avistacorp.com]
Sent: Wednesday, September 02, 2009 11:10 AM
To: Maxey, Shaun
Subject: service opening date request for Diane Berreth

*connection date
for electrical power
to well. DB.*

Account #290012475 Chk Digit 7 OPEN (BILLED) 10-17-1995	
Super Collections Templates Windows Production Web Elip Chart	
Diane Berreth	
SSN: [REDACTED]	Cust Cont
P: (208) 687-9419 A: (208) 687-0508	
Pending Activity	
Account Reca	
06-18-2009 EL	
06-09-2009 M	
06-03-2009 BI	

Hi Shaun.

I deleted all but the last four of Diane's social security number to protect her vital information. Thanks, have a great day!

Adela Henninger ext. 7990
Customer Service, Avista Utilities
adela.henninger@avistacorp.com

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BERRETH PIN 52N05W-34-5250



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