

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 95-13533Date Received: 9-14-09Receipt No: NO 22062Received By: ew

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

SEP 14 2009

IDWR / NORTH

1. Name of Claimant(s) BYRON N. BUBLITZ, ETUX Phone (208) 687-0903Mailing Address P.O. BOX 827 BATHDRUM, ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) 10/9/1985
Month/Day/Year (YYY)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 05W, Section 4
NE 1/4 of NW 1/4, or Govt. Lot 3 BM. County of KOOTENAI, ID
Parcel (PIN) no. S1N05W-04-2770Additional points of diversion if any: N/A

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.

410' WELL (07/84); PUMP, 378' PIPE TO HOUSE,
(2) OUTDOOR HYDRANTS, (10/85)

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) SINGLE OWNER HOME, GARDENSCANNED
SEP 14 2009

9. Location of Place of Use is: Township 51N, Range 05W, Section 4,
NE 1/4 of NW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. 51N05W-04-2770
If different than shown in Item 4

for (Check One) Domestic (☒) Stock () Domestic and Stock ()

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 (☒) 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.

(NONE) 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: 3 (aerial, well report, pump in stallation)

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) X Byron Buhley Date: 9/10/09

X Shanna V. Buhley Date: 9/10/2009

For ~~X~~ 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 forgoing document are true and correct.

Signature of Authorized Agent _____ Date _____

~~X~~ NA
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.

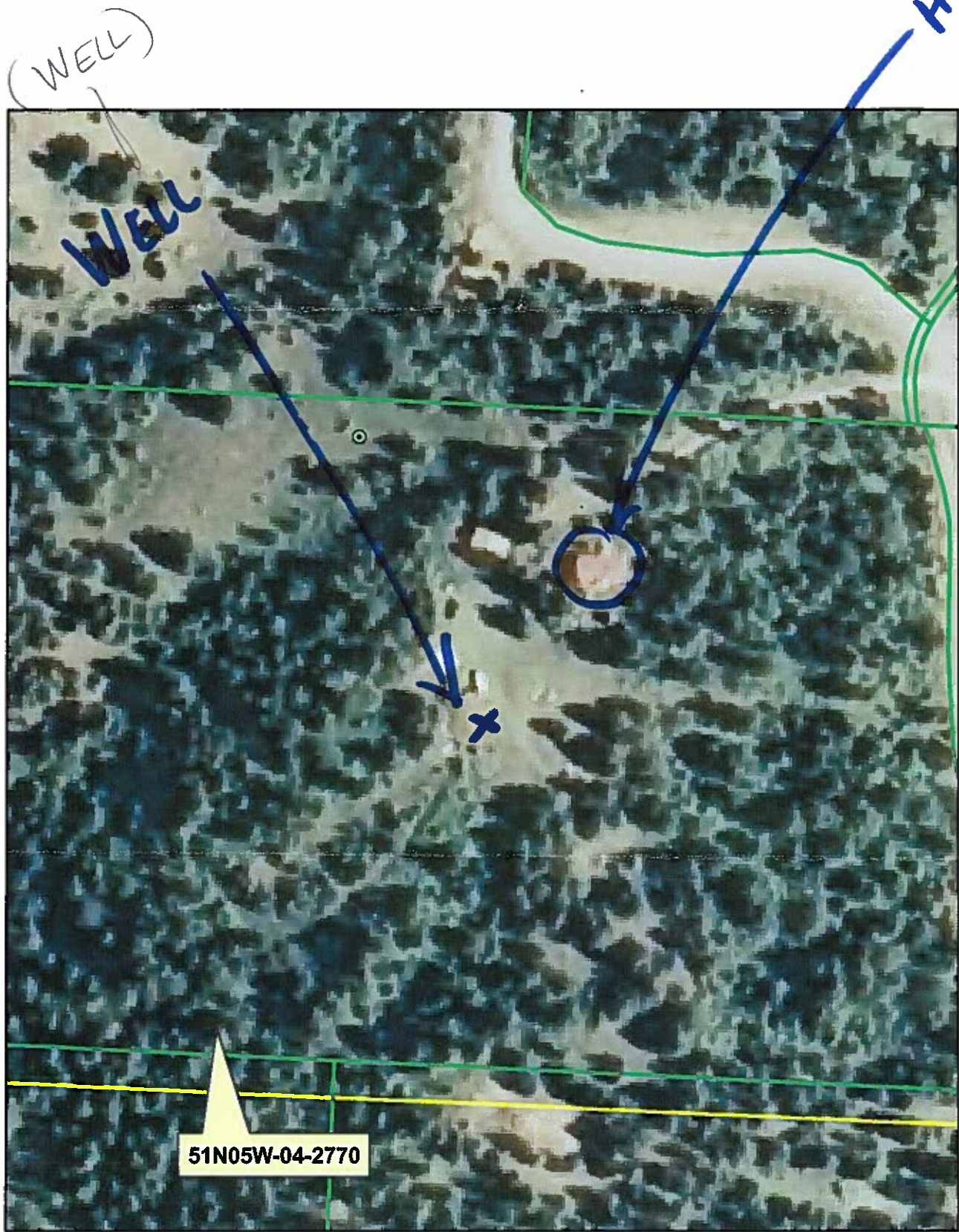
Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED
SEP 14 2009

BUBLITZ PIN 51N05W-04-2770



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name LARRY R. WRIGHT
Address 5455 S. 2nd St. R.R.
Owner's Permit No. Permit to Drill 83854
95-84-N-17

7. WATER LEVEL

Static water level 135 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature cold °F. Quality Excellent
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as
materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>40</u>	<u>variable</u>	<u>1/2 hr.</u>

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>8</u>	<u>0</u>	<u>53</u>	<u>Decomposed Granite</u>		<u>X</u>
	<u>52</u>	<u>58</u>	<u>Granite</u>		<u>X</u>
<u>6</u>	<u>58</u>	<u>375</u>	<u>Granite</u>		<u>X</u>
	<u>375</u>	<u>441</u>	<u>Green Soft Granite</u>	<u>X</u>	
	<u>441</u>	<u>410</u>	<u>Granite</u>		<u>X</u>

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>1.250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>58</u> feet
<u>1.600</u> inches	<u>4</u> inches	<u>50</u> feet	<u>410</u> feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation 3/4 inches by 4 inches

Number	From	To
<u>50</u> perforations	<u>370</u> feet	<u>390</u> feet
<u>50</u> perforations	<u>380</u> feet	<u>350</u> feet
<u>50</u> perforations	<u>250</u> feet	<u>270</u> feet

Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 58 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ CuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent
Weld☐ Cemented between strata

Describe access port _____

10.

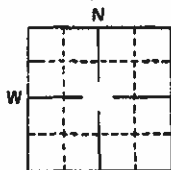
Work started 7/6/84 finished 7/9/84

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Associated well
Firm Name Drillers Inc Firm No. 245Address Box 723 C.D.A. Date 7/10/84Signed by (Firm Official) [Signature]and
(Operator) Robert F. Pegg

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name

SE of Gov't Lot 3

Lot No. _____ Block No. _____

County Kootenai1/4 _____ 1/4 Sec. 4, T. 5 S., R. 5 E.

582 W. Hayden Avenue, Hayden Lake, ID 83835
(208) 772-4004

**SOLD
TO:**

ADDRESS

CITY

QUANTITY			DESCRIPTION	PRICE EACH	EXTENSION	TOTAL
ORD	BO	SHIP				
*	1		22 MG-15-30 SN 1327902 Rm SRA 12 - motor DC -C-85			
*	378		1 1/4 galv pipe			
	2		1 1/4 x 12" NIP galv			
	1		6" x 1 1/4" well seal			
	2		splice Kits			
	6		#6 Butt Connectors			
	2		Roll plymorth tape			
	1		116" #12 motor lead			
	283'		#8 sub wire			
	94'		#6 sub wire			
	2		1 1/4 Check valves			
	1		5 yr warrentee			

ok

LABOR

HOURS

RATE

AMOUNT**TOTAL MATERIALS**

2201	70
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Tracked pumps above items in customers were

Self no test - called runners to observe test

mw 11-9-85

TA

88.06

PERM

3.500

TOTAL LABOR

**TOTAL LABOR****INVOICE TOTAL**

252476

WHITE - ORIGINAL
CANARY - CUSTOMER COPY

PINK - OFFICE COPY
GOLDENROD - PACKING SLIP

INVOICE

525

DATE 10-9-85 *

JOB

NAME

JOB	
LOCATION	

**CUSTOMER
PHONE #**

**JOB
PHONE**

**CUSTOMER
ORDER #**

CASH	100
------	-----

CHARGE

CHÉRON

FILLED BY

ORDER	DATE
-------	------

DATE SHIPPED

SHIP
VIA

TERMS