

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 95-13917Date Received: 03/26/2010Receipt No: 1023912Received By: Am

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

f.s. Laraine

1. Name of Claimant: Laraine Solberg Phone (208) 765-4507Mailing Address 5704 N. Christopher Dr. COA Id. Zip 83815
Street or Box City State2. Date of Priority: (Only one per claim) 1-1-1980
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (✓) or Other () (a) N/A
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 49 N, Range 4 W, Section 9,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 49N04W-09-1500Additional 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.

95-79-N-96 well completed 1979, deepened 1983
and con. to one home. water lines to horse barns

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
Month/Day Month/Day cfs () or AFY ()For stock water purposes from 01-01 to 12-31 amount .027. 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 5 head mixed Stock.

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9. Location of Place of Use is: Township ⁴⁹~~SW~~ N, Range 4 W, Section 9

SW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock (✓) 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? Koot

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: 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) Laraine Solberg Date: 3-25-10

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 Solberg Identification No. _____

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState 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.TYPEWRITER OR
BALLPOINT PEN

1. WELL OWNER

Name GARY HEBNER
Address BOX 1886 CDA, IDAHO
Owner's Permit No. 95-79-N-96

7. WATER LEVEL

Static water level 80 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 61 OF. Quality Good

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>8 - 10</u>		

3. PROPOSED USE

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

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
6	0	6	CLAY BROWN		
	6	26	Decomposed GRANITE		
	26	28	QUARTZ BROKEN		
	28	36	Decomposed GRANITE		
	36	40	Black & White GRANITE		
	40	43	Very Broken		
	43	56	Firm Black & White		
	56	64	BROKEN		
	64	67	Decomposed Seam		
	67	83	Firm Grey GRANITE		
	83	86	BROKEN Seam seep	-	
	86	116	Firm		
	116	120	BROKEN seep	-	
	120	160	Firm		
	160	193	BROKEN Black & White		
	193	207	Some QUARTZ		
	207	249	Firm		
	249	267	BROKEN QUARTZ seep	-	
	267	311	Black & White		
	311	327	QUARTZ Seams		
	327	347	B & W QUARTZ Seams		
	347	353	HARD Black & White		
	353	357	BROKEN Seams seep	-	
	357	370	HARD		
	370	387	QUARTZ		

4. METHOD DRILLED

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

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>40</u> feet
<u>.160</u> inches	<u>4</u> inches	<u>39</u> feet	<u>387</u> feet

Was casing drive shoe used? ☐ Yes ☒ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? P.V.C. ☒ Yes ☐ No SAW
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation 1/8 inches by 6 inches

Number	From	To
<u>60</u> perforations	<u>80</u> feet	<u>140</u> feet
<u>60</u> perforations	<u>200</u> feet	<u>260</u> feet
<u>60</u> perforations	<u>300</u> feet	<u>360</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 _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout☒ Puddling clay ☐ Well cuttingsSealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld _____

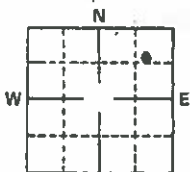
☐ Cemented between strataDescribe access port Welded Cap

10.

Work started 5/9/79 finished 5/12/79

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAINE 1/4 NE 1/4 Sec. 9, T. 49N NB. R. 4 EW.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name American Drilling Firm No. 269Address PO BOX 14977 Spokane Date 5/16/79Signed by (Firm Official) Law Murphy

and

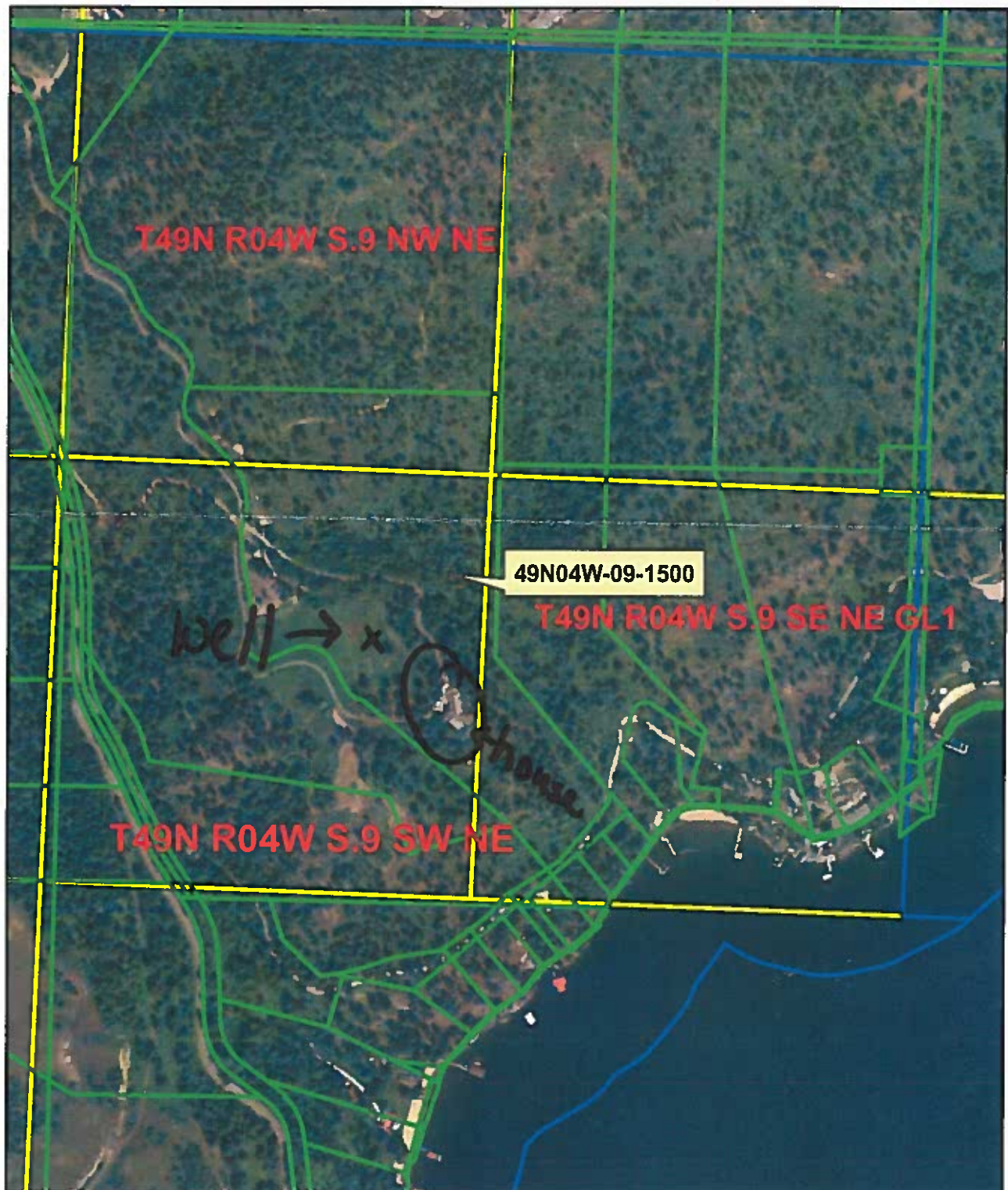
(Operator) B.D. MurphySCANNED
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State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

[illegible]

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

SOLBERG PIN 49N04W-09-1500



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