

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 95-13862Date Received: 9-11-09Receipt No: N 022051Received By: am

RECEIVED

SEP 11 2009

IDWR/North

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

1. Name of Claimant(s) CAREY Lee Schorzman OR Phone (208) 687-0762
SAMMI LYNN Schorzman 208 691-9039

Mailing Address 5655 W Mallory Rd Rathfrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 7/31/1992
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) NA
which is tributary to (b) NA

4. Location of Point of Diversion is: Township 52N, Range 04W, Section 29,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 52N04W-29-4840Additional points of diversion if any: NAIf available, GPS coordinates: NA

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.

95-92-N-98 Well completed 1992 1 PRESSURE TANK
Water Line to 1 HOME -

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 .02

7. Total Quantity claimed _____ 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 2-5 HEAD MIXED STOCK

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9. Location of Place of Use is: Township 52N, Range 04W, Section 29,

NE 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:

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) Charles D. Johnson

Date: 8-29-09

Shirley A. Johnson

Date: 9-8-09

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. 95-13862

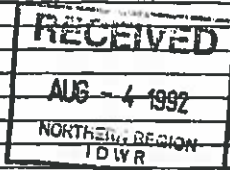
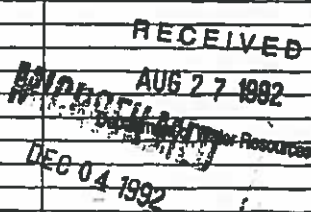
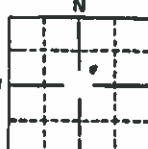
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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

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.

1. WELL OWNER Name <u>G. Murray Hubbard</u> Address <u>E. 2355 Mallory R. Rothelium</u> Drilling Permit No. <u>95-92-10-98</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>12.5</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of. Quality _____ Describe artesian or temperature zones below.																																																										
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> <tr> <td><u>12</u></td> <td><u>248</u></td> <td><u>1</u></td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>12</u>	<u>248</u>	<u>1</u>																																																				
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 081887 <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td>10"</td> <td>0</td> <td>1</td> <td>Topsoil</td> <td></td> <td>X</td> </tr> <tr> <td>10"</td> <td>1</td> <td>12</td> <td>Heavy sand & silt</td> <td></td> <td>X</td> </tr> <tr> <td>6"</td> <td>18</td> <td>35</td> <td>Hard sand & silt</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>35</td> <td>135</td> <td>Hard & gravel some boulders</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>135</td> <td>151</td> <td>Hard & gravel some boulders</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>151</td> <td>200</td> <td>Hard & gravel some boulders</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td>200</td> <td>257</td> <td>Boulders & gravel some</td> <td></td> <td>X</td> </tr> <tr> <td></td> <td></td> <td></td> <td>Hard silt</td> <td></td> <td></td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	0	1	Topsoil		X	10"	1	12	Heavy sand & silt		X	6"	18	35	Hard sand & silt		X		35	135	Hard & gravel some boulders		X		135	151	Hard & gravel some boulders		X		151	200	Hard & gravel some boulders		X		200	257	Boulders & gravel some		X				Hard silt		
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	 																																																										
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>20</u> inches</td> <td><u>6</u> inches</td> <td><u>+1</u> feet</td> <td><u>244</u> feet</td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ 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 <u>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port <u>Well cap</u>	Thickness	Diameter	From	To	<u>20</u> inches	<u>6</u> inches	<u>+1</u> feet	<u>244</u> feet													10. Work started <u>7/24</u> finished <u>7/31/92</u>																																						
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> <u>E2 NE 34</u> <u>SW</u> <u>Sec. 29</u> <u>T. 52</u> <u>N 34</u> <u>R. 04</u> <u>W 34</u>	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Tip Top Waterworks</u> Firm No. <u>488</u> Address <u>586 N. 9900</u> Date <u>7/31/92</u> Signed by (Firm Official) <u>Emmett H. Harty</u> and (Operator) <u>S.H.</u>																																																										

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

95-13862
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SCHORZMAN PIN 52N04W-29-4840



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