

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 95-13984Date Received: 4/19/10Receipt No: 15024099Received By: He

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) Lyle & Kathleen Wendling Phone 208 765-8979Mailing Address 16274 S. Loffs Bay Rd CDA ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) Oct 20, 2003
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 49N, Range 4W, Section 26,
SE 1/4 of NW 1/4, or Govt. Lot 2 BM. County of Kootenai;
Parcel (PIN) no. 4350

Additional points of diversion if any: _____

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.

Well & Pump6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from 1 JAN to 31 Dec amount 0.04 cfs

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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

RECORDED
APR - 5 2010

9. Location of Place of Use is: Township 49N, Range 4W, Section 26,
SE 1/4 of NW 1/4, Govt. Lot 2 BM. Parcel (PIN) no. 4350

If different than shown in Item 4

for (Check One) Domestic (X) 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 (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:

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 () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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) John Wendling Date: 9 Apr 2010

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 _____ 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. _____

RECORDED
APR - 5 2010

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. D0028892

DRILLING PERMIT NO 807829
Other IDWR No. _____

2. OWNER:

Name Lyle Wendling
Address 1717 South Ridge Drive
City Spokane State WA Zip 99223

3. LOCATION OF WELL by legal description:

N		Twp	49N	North	☒ or	South	☐
W		Rge	04W	East	☐ or	West	☒
E		Sec	26	1/4 NE 1/4 NW 1/4			
S							

Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)

Lofts Bay Road _____ City _____
Lot _____ Blk _____ Sub. Name (see next line) _____

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/Lbs	
Bentonite Grans	0	19	3 Sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 19 feet

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	+1	19	0.250	Steel	☒	☐	☒	☐
4"	-10	680	0.200	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____
☒ Screens? Screen Type PVC Johnson

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
640	680	40		4"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

70 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 660 ft. Describe access port or control devices: Steel Cap Welded

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
22	100%	680	1 hr

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered 660
Clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
8	0	8	Granite: Broken and Decomposed	☐ Y	☒ N
8	8	12	Granite: Decomposed	☐ Y	☒ N
8	12	19	Granite: Gray, Medium	☐ Y	☒ N
8	19	30	Granite: Gray, Medium	☐ Y	☒ N
6	30	33	Granite: Salt and Pepper with orange	☐ Y	☒ N
6	33	120	Granite: Gray, Medium	☐ Y	☒ N
6	120	588	Granite: Gray, Medium Hard	☐ Y	☒ N
6	588	596	Granite: Salt and Pepper, Medium Soft	☐ Y	☒ N
6	596	637	Granite: Gray, Medium	☐ Y	☒ N
6	637	664	Granite: Gray with Green Soft	☒ Y	☐ N
6	664	680	Granite: Salt and Pepper, Medium Soft	☐ Y	☒ N

RECEIVED

NOV 21 2003

IDWR North

Completed Depth 680 (Measurable)
Date: Started 10/14/03 Completed 10/20/03

13. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name United Drilling Inc. Firm No 414
Firm Official Tim M. Vally Date 10/22/03
Supervisor or Operator Mark A. Penick Date 10/22/03