

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 95-13989Date Received: 4/12/10Receipt No: 11024062Received By: HK

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) Travis Kaestner Phone 208-664-8445 208-215-1003Mailing Address 7899 Yellowstone Trail CD'A ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 12/6/70
Month/Day/Year (YYYY)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 50N, Range 3W, Section 34,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 50N03W-34-8075

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 with piping to 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 1/1 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) domestic

SCANNED
APR 12 2010

9. Location of Place of Use is: Township 50N, Range 3W, Section 34

NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50N03W348000

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: _____

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) [Signature] Date: 4/11/10

_____ 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. _____

SCANNED
APR 12 2010

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Administration

WELL DRILLER'S REPORT

State law requires that this report be filed with the State Reclamation Engineer
within 30 days after completion or abandonment of the well.

Received
2-17-71
J. B. B. Water Admin.

1. WELL OWNER

Name WARD TESTNER
Address RT 3 COEUR D'ALENE T.O.A.
Owner's Permit No. NONE REQUIRED

7. WATER LEVEL

Static water level 94 feet below land surface
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Temperature 60.0 F. Quality TASTE GOOD
Artesian closed-in pressure _____ p.s.i.
Controlled by ☐ Valve ☐ Cap ☐ Plug

2. NATURE OF WORK

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

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Other AIR
Discharge G.P.M. 12 Draw Down 14.5 Hours Pumped 2

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test
☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 170 feet
Casing schedule: ☒ Steel ☐ Concrete
Thickness Diameter From To
0.25 inches 6 inches 1 feet 59 feet
3/16 inches 4 inches 49 feet 170 feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet

Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No Drill
How perforated? ☐ Factory ☐ Knife ☒ Wash
Size of perforation 3/16 inches by _____ inches
Number From To
100 perforations 120 feet 170 feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet

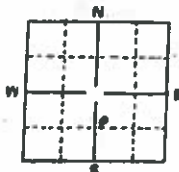
Well screen installed? ☐ Yes ☒ No
Manufacturer's name _____
Type _____ Model No. _____
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____
Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 60 feet
Material used in seal ☒ Cement grout ☒ Pudding clay

6. LOCATION OF WELL

Sketch map location must agree with written location.



County KROTHAT

Lot 2 Sec. 34 T. 50 N. R. 3 E. W.

Address RT 3

USE ADDITIONAL SHEETS IF NECESSARY

10.

Work started DEC 5 1970 finished DEC 6 1970

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Address AKA DRILLING & DEVELOPMENT INC. 163
Driller's or Firm's Name _____ Number _____

Address RT 1 COEUR D'ALENE

Address RT 3

Signed By J. B. B. Date DEC 28 1970

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

SCANNED
SCANNED
APR 12 2010
MAR - 3 2010