

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 95-13998

Date Received: 9/15/09

Receipt No: W022100 B

Received By: KC

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) FRANK BOISSEPIAN Phone ( ) 681-1308

Mailing Address 2423 N. RAMSEY RD RATHDRUM, ID. Zip 83858  
Street or Box City State

2. Date of Priority: (Only one per claim) SEP 6-1995  
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 53N, Range 4-W, Section 35,  
N.W. 1/4 of S.E. 1/4, or Govt. Lot \_\_\_\_\_ BM. County of KOOTENAI;  
Parcel (PIN) no. -8000

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.  
\_\_\_\_\_  
\_\_\_\_\_

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 0.02  
Month/Day Month/Day cfs ( ) or AFY ( )

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 0.02 cfs ( ) or AFY ( )

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1-HOUSE

SCANNED

SEP 15 2009

9. Location of Place of Use is: Township 53-14, Range 4-11, Section 35,

N.W. 1/4 of S.E. 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 \_\_\_\_\_

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: 1

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) Frank Bousserin Date: 9-15-09

\_\_\_\_\_ 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

SEP 15 2009

IDWR

**Use Typewriter or Ballpoint Pen**

☒ Air      ☐ Flowing Artesian

Other IDWR No. \_\_\_\_\_

**2. OWNER:**

Name Frank Boisseranc  
Address N 8600 Ramsey Rd  
City Rathdrum State ID Zip 83858

**3. LOCATION OF WELL by legal description:**

Sketch map location must agree with written location.



Twp. 53 North ☒ or South ☐  
 Rge. 4 East ☐ or West ☒  
 Sec. 35 1/4 NW 1/4 SE 1/4  
 Gov't Lot \_\_\_\_\_ County Kodetnai  
 Lat: : : Long: : :  
 Address of Well Site Ramsey Rd  
 City Rathdrum  
 (Give at least name of road & distance to road or 1 endpoint)

Lt. \_\_\_\_\_ Blk. \_\_\_\_\_ Sub. Name \_\_\_\_\_

**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 or Pounds |        |
|                  |      |    |                 |        |
|                  |      |    |                 |        |
|                  |      |    |                 |        |

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) \_\_\_\_\_

Was drive shoe seal tested? ☐ Y ☐ N How? \_\_\_\_\_

**8. CASING/LINER:**

| Diameter | From | To | Gauge | Material | Casing                   | Liner                    | Welded                   | Threaded                 |
|----------|------|----|-------|----------|--------------------------|--------------------------|--------------------------|--------------------------|
|          |      |    |       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|          |      |    |       |          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations      Method \_\_\_\_\_

☐ Screens      Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing                   | Liner                    |
|------|----|-----------|--------|----------|----------|--------------------------|--------------------------|
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |
|      |    |           |        |          |          | <input type="checkbox"/> | <input type="checkbox"/> |

**10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:**

18 ft. below ground      Artesian pressure        lb.

Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: cap

NWSE 35 S3N 4W

FORWARD WHITE COPY TO WATER RESOURCES

## 11. WELL TESTS:

☐ Pump      ☐ Bailer

| Yield gal/min     | Drawdown | Pumping Level | Time |
|-------------------|----------|---------------|------|
| App $\frac{1}{3}$ |          | 600           | 1hr  |

Water Temp. \_\_\_\_\_ Bottom hole temp. \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

### Depth first Water Encountered

**12. LITHOLOGIC LOG:** (Describe repairs or abandonment)

## Water

[illegible]

### 13. DRILLER'S CERTIFICATION

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

Firm Name Bronson Water Wells Firm No. 360

Firm Official N. D. R. Date 10-2, 1995

and

Supervisor or Operator \_\_\_\_\_ Date \_\_\_\_\_

(Sign once if Firm Official & Operator)

SCANNED

SEP 15 2009