

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 95-14020
Date Received: 9-17-09
Receipt No: 11022157
Received By: cm

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) Glenn Allan Sylte Phone (208) 687-1183

Mailing Address P.O. Box 495 Parthrum Idaho Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 4/19/05
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 52, Range 4, Section 30,
SW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 52N04W300700 AIN 772341 Legal Desc TX #14067 EX PLTD

Additional points of diversion if any: well

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 34d deep 1hp pump

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 0.04 cfs () or AFY ()
For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs () or AFY ()

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

Stockwater and Number of livestock) 3 bedroom 2 bath house &

sprinkler system in yard.
domestic / 1 home

SCANNED

SEP 17 2009

9. Location of Place of Use is: Township 52, Range 4, Section 30,

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

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 (X) Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 0040020

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 (X) 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) Eileen A. Sylte Date: Sept 16 - 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 17 2009

238-7
6/02

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0040020

DRILLING PERMIT NO. _____

Water Right or Injection Well No. _____

2. OWNER:

Name Glenn Sylte

Address 6444 W Diagonal Rd

City Rathdrum State ID Zip 83858

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 52 North ☒ or South ☐

Rge. 4 East ☐ or West ☒

Sec. 30 1/4 SW 1/4 NE 1/4

Gov't Lot _____ 10 acres _____ 20 acres _____ 160 acres _____

Lat: : : Long: : :

Address of Well Site Willadsen Rd

City Rathdrum

(Give at least name of road + Distance to Road or Landmark)

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 Material	From	To	Weight / Volume	Seal Placement Method
bentonite	0	18	400lbs	surface pipe

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 128

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1 1/2	128	250	steel	☒	☐	☒	☐
4	-8	348	160	pvc	☐	☒	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☒ Y ☐ N Type k-packer 188

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
288	348	1/8x5	50	4	pvc	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

118 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

cap

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15+		340	1 1/2 hr

Water Temp. cold

Bottom hole temp. _____

Water Quality test or comments: clear

Depth first Water Encounter 220

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	18	sand&gravel		
6	18	98	sand&gravel		
	98	105	brown clay&sand		
	105	128	decomposed granite		
	128	133	firm salt&pepper granite		
	133	170	salt&pepper some de-		
			composed granite		
	170	220	firm salt&pepper granite		
	220	223	soft salt&pepper granite	X	
	223	303	firm salt&pepper granite		
	303	315	softer salt&pepper	X	
	315	348	firmer salt&pepper		

Completed Depth 348ft (Measurable)

Date: Started 4/15/05 Completed 4/19/05

14. DRILLER'S CERTIFICATION

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

Company Name Bronson Water Wells Firm No. 350

Principal Driller Clint Bronson Date 4/22/05

Driller or Operator II _____ Date _____

Operator I _____ Date 17 2009

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.