

# 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 95-14044  
Date Received: 9/16/09  
Receipt No: 202219  
Received By: IC

## 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

- Name of Claimant(s) MARIL SEATH Phone (208) 661-9118  
Mailing Address 2900 GOV. WAY PMB #64 COA ID Zip 83815  
Street or Box City State
- Date of Priority: (Only one per claim) 11-27-2004  
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other ( ) (a) GROUND WATER  
which is tributary to (b) \_\_\_\_\_
- Location of Point of Diversion is: Township 52N, Range 4W, Section 15,  
NW 1/4 of SE 1/4, or Govt. Lot \_\_\_\_\_ BM. County of \_\_\_\_\_;  
Parcel (PIN) no. 085350010070  
Additional points of diversion if any: 0  
If available, GPS coordinates: 0
- 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 & PUMP
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)  
For DOMESTIC purposes from JAN to DEC amount .04  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_
- Total Quantity claimed .04 cfs ( ) or AFY ( )
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) 1 HOME

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9. Location of Place of Use is: Township 52N, Range 4W, Section 15,  
NW 1/4 of SE 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 N/A

10. In which county (ies) are lands listed above as place of use located? Idaho County

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.

N/A or None ☒

13. Remarks:

N/A

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) Mark D. Selt Date: 9-16-09

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. \_\_\_\_\_

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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. D0046240DRILLING PERMIT N 843704

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

## 2. OWNER:

Name ACB ConstructionAddress 2900 Government Way, PMB #64City Coeur d'Alene

State ID \_\_\_\_\_

Zip 83815

## 3. LOCATION OF WELL by legal description:

|                                       |  |     |        |                             |                                        |                                     |                          |
|---------------------------------------|--|-----|--------|-----------------------------|----------------------------------------|-------------------------------------|--------------------------|
| N                                     |  | Twp | 52N    | North                       | <input checked="" type="checkbox"/> or | South                               | <input type="checkbox"/> |
| Rge                                   |  | 04W | East   | <input type="checkbox"/> or | West                                   | <input checked="" type="checkbox"/> |                          |
| Sec                                   |  | 15  | 1/4    | NW                          | 1/4                                    | SE                                  | 1/4                      |
|                                       |  |     | 10 Ac  | 40 Ac                       | 160 Ac                                 |                                     |                          |
| Gov't Lot                             |  |     | County |                             | Kootenai                               |                                     |                          |
| Lat                                   |  |     | Long   |                             |                                        |                                     |                          |
| Address of Well Site: (see next line) |  |     |        |                             |                                        |                                     |                          |

Atlas Road chrissham ct

City rath

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        | 0    | 20 | 12 SACKS  | DRY POOR |
|                  |      |    |           |          |
|                  |      |    |           |          |

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) \_\_\_\_\_ RING BIT 320Drive Shoe Seal Tested? ☐ Y ☒ N How? \_\_\_\_\_

## 8. CASING/LINER

| Diam | From | To  | Gauge | Material | Casng                               | Liner                    | Weld                                | Thrded                   |
|------|------|-----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 6    | +2   | 320 | 0.250 | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" 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 Headpipe \_\_\_\_\_ Length Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations? Method \_\_\_\_\_  
☐ Screens? Screen Type \_\_\_\_\_

| From | To | Slot | Nmbr | Diam | Material | Casng                    | 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

275 ft. below ground. Artesian pressure 0 lb.

Depth flow encountered 275 ft. Describe access port or control devices: CAP WEDED

## 11. WELL TESTS

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pump Level | Time |
|-----------------|----------|------------|------|
| 30+             | 100%     | 320        | 2HRS |
|                 |          |            |      |
|                 |          |            |      |

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

Water Quality test or comments: (below) Depth first Water Encountered 275

CLEAR

## 12. LITHOLOGIC LOG (Describe repairs or abandonment)

| Bore Diam | From | To  | Lithology, Water Quality and Temperature | Remarks: | Water                                                            |
|-----------|------|-----|------------------------------------------|----------|------------------------------------------------------------------|
| 8         | 0    | 129 | SAND GRAVEL 1/2                          |          | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N |
| 8         | 129  | 305 | SAND GRAVEL 3/4                          |          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 8         | 305  | 315 | SAND                                     |          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |
| 8         | 315  | 320 | SAND GRAVEL 3/4                          |          | <input checked="" type="checkbox"/> Y <input type="checkbox"/> N |

RECEIVED

DEC 28

IDWR/North

Completed Dept 320 (Measurable)  
Date: Started 11/20/2006 Completed 11/27/2006

## 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 and

*Timothy R. Volking*

Date 11/27/2006

Supervisor or Operator Timothy R. Volking

Date 11/27/2006

52 N 04W 15

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