

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 95-14328
Date Received: 7-20-2010
Receipt No: N025250
Received By: W

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) BRUCE + DEBORAH JACOBS Phone ²⁰⁸ (877) 818 6688

Mailing Address 8244 E. SCENIC BAY DR, COEUR D'ALENE, ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 1-19-2005
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 49N, Range 3W, Section 12,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of KOOTENAI;

Parcel (PIN) no. 5734 + 8794

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 PUMP WITH PIPELINE TO RESIDENCE

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from ^{Month/Day} 1-1 to ^{Month/Day} 12-31 amount ^{cfs} 0.04 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) DOMESTIC ONE HOME

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9. Location of Place of Use is: Township 49N, Range 03W, Section 12,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. SAME
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: _____

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) Bruce M. Jacob Date: 7-20-2010
Deborah Jacobs 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. D0039820

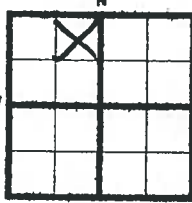
Drilling Permit No: 828035
Other IDWR No. _____

2. OWNER

Name JACOBS, DEBRA Well Number: 905
Address 5868 N. ST. CROIX DR.
City COEUR D'ALENE State ID Zip 83815

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N W S E		Twp. <u>49</u> ☒ North or ☐ South
		Rge. <u>3</u> ☐ East or ☒ West
		Sec. <u>12</u> <u>1/4 NE 1/4 NW 1/4</u>
Gov't Lot _____ County <u>KOOTENAI</u>		
Lat: : : Long: : :		
Address of Well Site <u>SCENIC BAY DRIVE</u> City <u>CDA</u>		

(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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Seals or Pounds	
BENTONITE	0	18	200 lbs	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
4	-4	482	sch40	PVC	☐	☒	☐	☐
6	+2	18	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKIL SAY

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
466	482	1/8 X 6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

200 ft. below ground Artesian pressure _____ lb.

Depth flow encountere 220 ft. Describe access port or control devices: STEEL CAP WELDED

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			1 Hr

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: CLEAR
Depth first Water encountered 211

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
8	0	3	TOP SOIL	☐	☒	
8	3	18	DECOMP GRANITE	☐	☒	
8	18	18	GRANITE WHITE W/BLACK	☐	☒	
6	18	211	GRANITE WHITE W/BLACK	☐	☒	
6	211	247	GRANITE BLACK W/WHITE	☒	☐	
6	247	441	GRANITE WHITE W/BLACK	☐	☒	
6	441	482	GRANITE WHITE W/BLACK	☒	☐	

RECEIVED
AUG 15 2005
IDWR/North

Completed Depth 482 (Measurable)
Date: Started 1/17/2005 Completed 1/19/2005

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 H2O WellService, Inc. Firm No. 448

Firm Official [Signature] Date 6-13-05

and Supervisor or Operator Todd Morgan Date 01/19/05
(Sign Once if Firm Official and Operator)

49N 3W 12

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