

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 95-14335

Date Received: 10-8-09

Receipt No: N022402

Received By: ED

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) ROY L. SOLTAU Phone (208) 667-7662

Mailing Address 20594 S. LOFF'S BAY RD. COEUR D'ALENE ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 7/14/2005
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 49 N, Range 4 W, Section 33,
SE 1/4 of SE 1/4, or Govt. Lot 7 BM. County of KOSTENAI;
Parcel (PIN) no. 49N04W-33-9100

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 0.04 cfs (x) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

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

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

Stockwater and Number of livestock) _____

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9. Location of Place of Use is: Township 49N, Range 4W, Section 33,

SE 1/4 of SE 1/4, Govt. Lot 7 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? _____

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: 2

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) Roy L. Lofgren Date: 10-8-09

_____ 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 _____

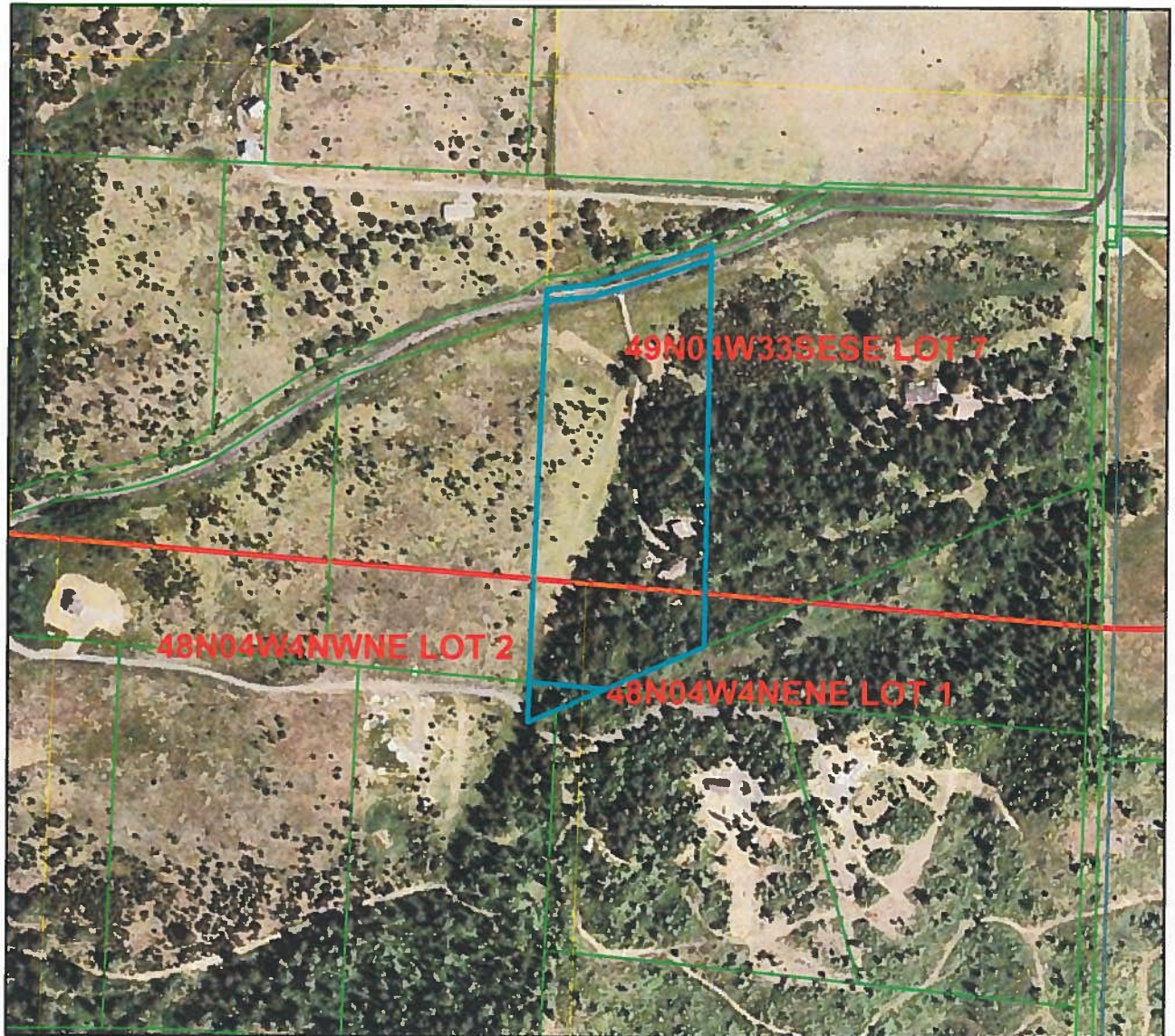
Date _____

Last Name _____ Identification No. _____

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ROY SOLTAU



0 180 360 720 1,080 1,440 Feet



Legend

 Taxlots

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Office Use Only
 Inspected by _____
 Twp _____ Rge _____ Sec _____
 _____ 1/4 _____ 1/4 _____ 1/4
 Lat: : : Long: : :

Drilling Permit No: _____
Other IDWR No. _____

Address 20594 LOFFS BAY RD
City CDA State ID Zip 83814

N
 W E
 Twp. 49 ☒ North or ☐ South
 Rge. 4 ☐ East or ☒ West
 Sec. 33 1/4 SW 1/4 SE 1/4
 Gov't Lot _____ County KOOTENAI
 Lat: : : Long: : :

Address of Well Site LOFFS BAY RD
City CDA

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

Lt. _____ Blk. _____ Sub. Name _____

☒ 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

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	200 LBS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) RB 2
Was drive shoe seal tested? ☐ Y ☐ N How?

[illegible]

Length of Headpipe 5' Length of Tailpipe

☐ Perforations Method _____
☒ Screens Screen Type **STAINLESS**

From	To	Slot Size	Number	Diameter	Material	Casing	Line
217	222	10		5	S/S	☐	☐

140 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or
control devices:

Yield gal./min.	Drawdown	Pumping Level	Time
20+			1 1/2 HR

Water Quality test or comments: CLEAR
Depth first Water encountered 210

[illegible]

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

Firm Official _____ Date _____
and _____

Supervisor or Operator _____ Date **CANNED**
TODD MORGAN (Sign Once If Firm Official and Operator)

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