

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 95-14357

Date Received: 10/9/09

Receipt No: 1022425

Received By: [Signature]

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) ROBERT W. & EILEEN M. ICKES Phone (208) 755-9802

Mailing Address 16811 W. OWL LANE POST FALLS ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) July 1 2003
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 30N, Range 5W, Section 19,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KOOTENAI;
Parcel (PIN) no. - 2920

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 + 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 JAN 1 to DEC 31 amount .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) DOMESTIC - ONE HOME

COANNED
JUL - 9 2009

9. Location of Place of Use is: Township 50N, Range 5W, Section 19,
NE 1/4 of NW 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.

PLEASANTVIEW DEVELOPMENT INC 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: ONE

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) Robert W. Lebs Date: 10/9/09

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Title of _____ Organization

that I have signed the foregoing document in the space below as

Title of _____ 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. _____

COPIED

011 9 2009

RECEIVED

JUL 28 2003

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

IDWR/North

RECEIVED

1. WELL TAG NO. D0028426

DRILLING PERMIT NO

804068

JUL 16 2003

Other IDWR No

IDWR/North

2. OWNER:

Name Bob Ickes

Address 16811 W. Owl Lane

City Post Falls

State ID

Zip 83854

3. LOCATION OF WELL by legal description:

N	Twp	50N	North	☒ or	South	☐
	Rge	05W	East	☐ or	West	☒
	Sec	19	1/4	NW	1/4	NW 1/4
			10 Ac	40 Ac	160 Ac	
	Gov't Lot		County	Kootenai		
	Lat		Long			

S. Mill Sap Loop to W. Owl Lane

City

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 Gran.	0	19	6 Sacks	Dry Pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 135'Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6"	+1	135	0.250	Steel	☒	☐	☒	☐
4"	100	200	0.160	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe Length Tailpipe

9. PERFORATIONS/SCREENS

- ☒ Perforations? Method Knife
☒ Screens? Screen Type PVC Johnson

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
100	120	1/4"	260	6"	Steel	☒	☐
120	200	40		4"	PVC	☐	☒
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

50 ft. below ground. Artesian pressure lb.

Depth flow encountered 130 ft. Describe access port or

control devices: Steel Cap Welded

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
15	100%	200	3 Hours

Water Temp. Cold Bottom hole temp. Cold

Water Quality test or comments: (below) Depth first Water Encountered 86

Brown tint with sand

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	8	Sand with Clay	☐	☒
8	8	74	Decomposed Granite - Medium - Soft	☐	☒
8	74	86	Decomposed Granite - Soft	☒	☐
8	86	122	Decomposed Granite - Medium/Soft	☐	☒
8	122	138	Decomposed Granite - Broken	☒	☐
6	138	176	Decomposed Granite - Medium	☐	☒
6	176	200	Granite - Salt & Pepper - Medium	☐	☒

Completed Depth 200 (Measurable)

Date: Started 6/21/03 Completed 7/1/03

13. DRILLERS CERTIFICATION

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

Firm United Drilling Inc.

Firm No 414

Name

Firm Official
and

Supervisor or Operator Mark A. Penick

Date 7/1/03

Date 7/1/03

50 N 5W 19