

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 95-14116Date Received: 9/22/2009Receipt No: N022235Received By: Jm

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) test DAVID J. KAPLAN TRUST Phone 208 964-7847Mailing Address P.O. Box 2887 HAYDEN ID. Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) 07-01-1991
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 52N, Range 3W, Section 17,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOT.Parcel (PIN) no. 52 N03W-17-9100Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

95-90-N-60 Completed 1990 Connected TO
ONE Home 1 PRESSURE TANK LINES TO HOME + BARN.

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

For DOM purposes from 01-01 to 12-31 amount .04 cfs () or AFY ()For STOCK purposes from 01-01 to 12-31 amount .027. Total Quantity claimed .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) 1 Home + 2 HORSES

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9. Location of Place of Use is: Township 520, Range 3W, Section 15,
SE 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. KOOT 4K
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? Koot

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) David J. Kaplan Date: 9-22-09

DAVID J. KAPLAN TRUSTEE Date: 9-22-09

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 _____ Date _____

Address _____

Last Name _____ Identification No. 95-14116

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

USE TYPEWRITER OR
BALLPOINT PEN

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name RICH BURDETTE

Address 188 HIGHLAND MEADOW
COPPER, TX 75019

Owner's Permit No. 95-90-N-60

2. NATURE OF WORK

☒ New well

☐ Deepened

☐ Replacement

☐ Well diameter increase

☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic

☐ Irrigation

☐ Test

☐ Municipal

☐ Industrial

☐ Stock

☐ Waste Disposal or Injection

☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary

☒ Air

☐ Hydraulic

☐ Reverse rotary

☐ Cable

☐ Dug

☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness

Diameter

From

To

250 inches

6 inches

1 feet

20 feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

_____ inches

_____ inches

_____ feet

_____ feet

Was casing drive shoe used? ☐ Yes ☒ No

Was a packer or seal used? ☒ Yes ☐ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation _____ inches by _____ inches

Number

From

To

_____ perforations

_____ feet

_____ feet

_____ perforations

_____ feet

_____ feet

_____ perforations

_____ feet

_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter

Slot size

Set from

_____ feet to _____ feet

Diameter

Slot size

Set from

_____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 20 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Puddling clay ☐ _____

Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

☒ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

☐ Weld

☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.

N

W

E

S

Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAI

NE, SE, SW, NW 1/4 Sec. 17, T. 38N S, R. 32W E

7. WATER LEVEL

Static water level 250 feet below land surface.

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ Plug

Temperature _____ °F. Quality GOOD

Describe artesian or temperature zones below.

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ Other _____

Discharge G.P.M.

Pumping Level

Hours Pumped

5 ESTIMATED

950

1HR

9. LITHOLOGIC LOG

Bore

Depth

Material

Water

Diam.

From

To

Yes

No

8

0

20

SOFT SHALE

6

20

310

SOFT GRAY SHALE

310

720

HARD GRAY SHALE

X

720

950

SOFT SHALE

X

6pm

3 1/2 AT 975-900

1 1/2 AT 440-460

10.

Work started 7/3/90 finished 7/6/90

11. 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. No. 414

Address P.O. BOX 2499 Date 7/6/90

COEUR D'ALENE, ID 83814

Signed by (Firm Official) [Signature]

and

(Operator) Jim Volking

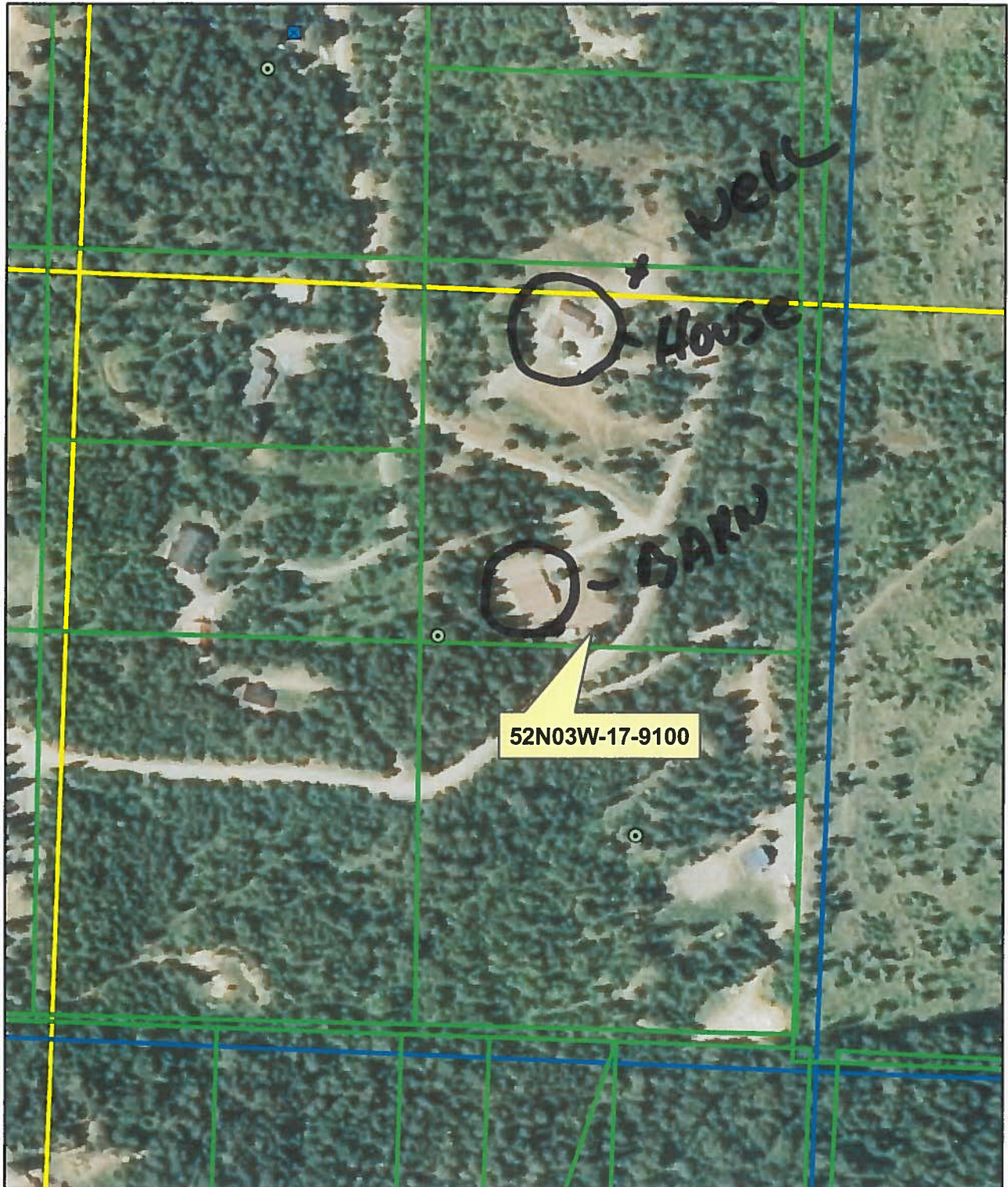
USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

95-14116

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DAVID J KAPLAN TRUST PIN 52N03W-17-9100



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