

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 95-14117Date Received: 9-18-09Receipt No: 1022183Received By: cm

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) Rick Weirick Phone (208) 687-3755Mailing Address 17520 N. RESERVOIR RATON ID Zip 83858
Street or Box City State2. Date of Priority: (Only one per claim) 4/30/2004
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 S2N, Range SW, Section 25,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of _____;Parcel (PIN) no. S2N0SW-25-0150Additional 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.

DOO13118 WELL COMPLETED 2000 CONNECTED TO SHOP BUILDING AND
HOME. BUILT 2004 ONE PRESSURE TANK IN WELL HOUSE.

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

For DOMESTIC purposes from 01-01 to 12-31 amount .04 cfs (✓) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. 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

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9. Location of Place of Use is: Township S2N, Range SW, Section 25,
NE 1/4 of NE 1/4, Govt. Lot N/A BM. Parcel (PIN) no. S2N0SW-25-0200
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? 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: 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) Pete Nink Date: 9-17-09

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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Form 238-7

APR 28 2000

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

IDWR/North

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

1. WELL TAG NO. D0013118

DRILLING PERMIT NO _____

Other IDWR No. _____

2. OWNER:

Name Terry & Sue Agnew

Address 7055 E Riverview DR.

City Coeur d'Alene

State ID

Zip 83815

3. LOCATION OF WELL by legal description:

N Twp 52N North ☒ or South ☐
Rge 05W East ☐ or West ☒
Sec 25 1/4 NE 1/4 NE 1/4
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

End of Reservoir Road

City Rathdrum

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	2	6 sacks	dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) _____

19'

Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	1	19	0.25	Steel	☒	☐	☒	☐
4	10	160	0.165	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____

Length Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations?

Method Drill

☐ Screens?

Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
80	160	1/8"	600	1/8"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

20 ft. below ground.

Artesian pressure _____ lb.

Depth flow encountered _____

40

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
30	100%	160	2 hrs.

Water Temp. _____

cold

Bottom hole temp. _____

cold

Water Quality test or comments: (below)

Depth first Water Encountered _____

clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	19	Decomposed granite	☐	☒
6	19	74	Broken decomposed granite with clay	☒	☐
			seams - 5 gpm @ 40' & 4 gpm @ 70'	☐	☐
			4 to 6 inch shale trap installed at	☐	☐
			80' due to possible heavy iron.	☐	☐
6	74	160	Broken black & white granite with quartz	☒	☐
			layers.	☐	☐
			9 gpm @ 85'	☐	☐
			12 gpm @ 110'	☐	☐
			12 gpm @ 158'	☐	☐

Completed Depth _____

160

(Measurable)

Date: Started _____

4/25/00

Completed _____

4/25/00

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 _____

Date 4/26/00

Supervisor or Operator Timothy R. Volking

Date 4/26/00

FORWARD WHITE COPY TO WATER RESOURCES

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52N 5W 25

WEIRICK PIN 52N05W-25-0150



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