

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 95-14125Date Received: 9-25-09Receipt No: NO 2224813Received 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) Oram R. and Sandra M. Kramer Phone (208) 667-5109

Mailing Address 7265 W. Otter Bay Rd. Coeur d'Alene ID 83814
Street or Box City State Zip

2. Date of Priority: (Only one per claim) 09/17/2009 6/11/97
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 50 N, Range 04 W, Section 07,
NE 1/4 of SW 1/4, or Govt. Lot 09 BM. County of Kootenai;
Parcel (PIN) no. 50N04W-07-4850

Additional points of diversion if any: Spokane River, IDWR License No. 95-9041 approved for irrigation.

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.

See "WELL DRILLERS REPORT" for IDWR DRILLING PERMIT NO. 95-97-049-000. Depth of well is
approx 203 feet.

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 0.04 cfs (✓) 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) One (1) household

SCANNED
SEP 25 2009

9. Location of Place of Use is: Township 50N, Range 04W, Section 07,
SE NE 1/4 of SW 1/4, Govt. Lot 09 BM. Parcel (PIN) no. 50N04W-07-4850
If different than shown in Item 4
for (Check One) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

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 95-97-N-049-000

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) Opam R. Kramer Date: 9/18/09

Sandra M. Kramer Date: 9/18/09

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. 95-14125

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SEP 25 2009

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. 95-97-N-049-000

Other IDWR No. _____

2. OWNER

Name KRAMER, ORM

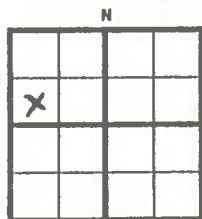
Well Number: 560

Address 6175 HARBOR DR

City CDA State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 50 ☒ North or ☐ South
Rge. 04 ☐ East or ☒ West
Sec. 07 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site E RIVERVIEW DR

City POST FALLS

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

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	Sacks or Pounds	
BENTONITE	0	65	8 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 71

Was drive shoe seal tested? ☒ Y ☐ N How? DROVE/ ROCK

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+1.5	71	.250	STEEL	☒	☐	☒	☐
4	-8	203	.160	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
183	203	1/8x4	160	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

15 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesia

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM			

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonme

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	4	Fill	☐	☒
8	4	28	Soil, w/Clay Brown	☐	☒
8	28	39	Clay Light Brown	☐	☒
8	39	65	Clay Redish Brown	☐	☒
6	65	76	Granite Quartz W/Brown	☐	☒
6	76	85	Granite W/Clay Brown	☐	☒
6	85	108	Granite Quartz W/Brown	☐	☒
6	108	115	Granite Black & Green	☐	☒
6	115	145	Granite Salt & Pepper	☐	☒
6	145	153	Granite Black & Green 3-4 GPM	☒	☐
6	153	190	Granite Salt & Pepper	☐	☒
6	190	196	Granite Black Green White W/Water I	☒	☐
6	196	203	Granite Salt & Pepper	☐	☒

Completed Depth 203' (Measurable)
Date: Started 6/10/97 Completed 6/11/97

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 _____ Date 6/11/97

and

Supervisor or Operator _____ Date 6/11/97

(Sign Once if Firm Official and Operator)

NOTED

95-14125

SEP 25 2009