

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 95-14127

Date Received: 9/24/2009

Receipt No: N022246

Received 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) Peter D. Rozin Phone (208) 929-0389 cell

Mailing Address 12140 N Chicken Pt. Rd Hayden ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 4/15/2005
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) N/A
which is tributary to (b) N/A

4. Location of Point of Diversion is: Township S1N, Range 3W, Section 10,
SE 1/4 of NE 1/4, or Govt. Lot 5 BM. County of Kootenai;

Parcel (PIN) no. 0-2820-000-012-A

Additional points of diversion if any: N/A

If 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.

D0040034 - Well completed 2005 and connected to
one home

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 (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) one home

SC/...
SCANNED
SEP 24 2009

9. Location of Place of Use is: Township S1N, Range 3W, Section 10,
SE 1/4 of NF 1/4, Govt. Lot 5 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 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.

Water right 95-246 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)  Date: 9/24/09

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. 95-14127

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

Other IDWR No.

Well Number:

939

3. **LOCATION OF WELL** by legal description

sketch map location must agree with written location

Lat: : : Long: : :

City Hayden

(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

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	550 lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

[illegible]

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

 Perforations	Method	Skill Saw
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Generations	Method
Screens	Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
120	140	1/4 x 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.

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

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
10			

Water Temp. Clear Bottom Hole Temp Clear

Water Quality test or comments: Cold

Depth first Water encountered 60

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

[illegible]

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 120 WellService, Inc. Firm No. 448

Firm Official Walter R. Kuhn Date 4-14-08

Supervisor or Operator Paul M. Geste Date 04/15/05

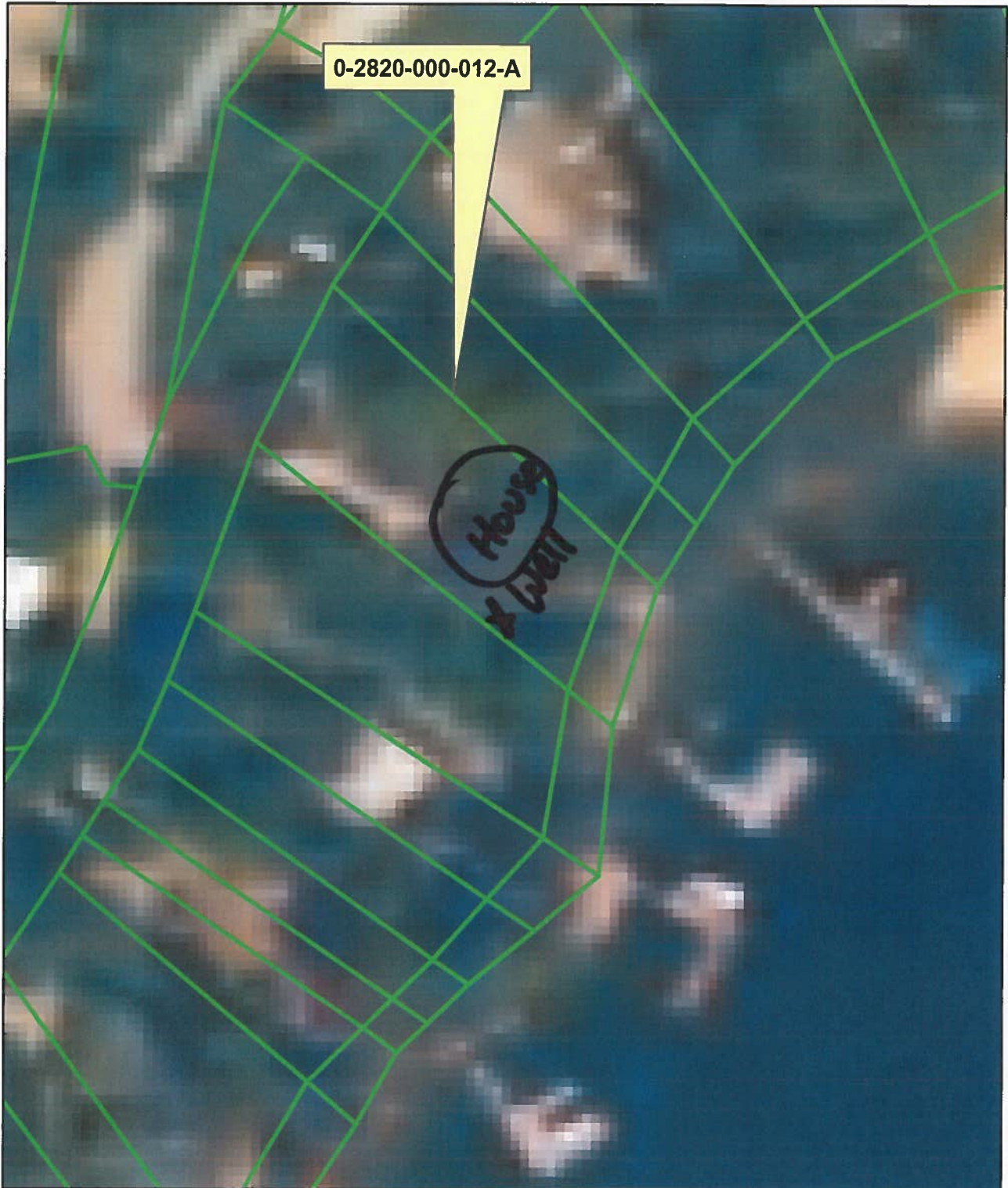
Jim McLeslie

(Sign Once if Firm Official and Operator)

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ROZIN PIN 0-2820-000-012-A



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