

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 95-14480

Date Received: 5/13/10

Receipt No: N024329

Received By: KEL

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) JOHN BRUCH Phone (208) 661-2359

Mailing Address PO BOX 328 COEUR D'ALENE ID Zip 83816
Street or Box City State

2. Date of Priority: (Only one per claim) 10/10/2006
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 49N, Range 4W, Section 5,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of KUOTENAI;
Parcel (PIN) no. -2500

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 & PUMPS

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

For DOMESTIC purposes from 1/1 to 12/31 amount .06 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .06 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

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MAY 13 2010

9. Location of Place of Use is: Township 49N, Range 4W, Section 5,
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) **Domestic** (X) **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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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: _____

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) [Signature] Date: 05/13/10

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. _____

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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: : :		

1. WELL TAG NO. D0046246

DRILLING PERMIT N _____

Other IDWR No _____

2. OWNER:Name **John Bruch**

Address P.O. Box 328

City Coeur d'Alene

State ID _____

Zip 83816

3. LOCATION OF WELL by legal description:

N			
	X		
S			

Twp 49N North ☒ or South ☐
Rge 04W East ☐ or West ☒
Sec 05 1/4 NE 1/4 NW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____

Address of Well Site: (see next line)

Mica Flats r on carnie mica springs rd

City Coeur d'Alene

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	23	10 sacks	dry poor

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 23ftDrive Shoe Seal Tested? ☐ Y ☒ N How? _____**8. CASING/LINER**

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	+3	23	0.250	steel	☒	☐	☒	☐
4	-20	300	0.200	pvc	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS☒ Perforations? Method drill☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
260	280	1/8	500	1/8	pvc	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

120 ft. below ground. Artesian pressure 0 lb.

Depth flow encountered 285 ft. Describe access port or control devices: cap welded

11. WELL TESTS

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
60+ est	100%	300	2hrs

Water Temp. _____ cold Bottom hole temp. _____ cold

Water Quality test or comments: (below) Depth first Water Encountered 285 clear

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	18	CLAY BROWN	☐	☒
8	18	23	DECOPOSED GRANITE	☐	☒
6	23	128	DEC GRANITE	☐	☒
6	128	280	BLAKE AND WHITE GRANITE	☐	☒
6	280	300	FRACURED GRANITE 60 GPM+	☒	☐

Completed Dept 300 (Measurable)

Date: Started 10/9/2006 Completed 10/10/2006

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 10/10/2006

Supervisor or Operator Timothy R. Volking

Date 10/10/2006

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