

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 95-14505

Date Received: 10/26/9

Receipt No: 1072598 B

Received By: Ken

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) Paula Juntila, Nicole Clyde, Chris Ziegele Phone (208) 773 1756

Mailing Address 821 1st Post Falls Id Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 6 3 1977
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 30 N, Range 5 west, Section 15,
NE SW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 3370

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 pump

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 0.2 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.2 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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OCT 26 2009

9. Location of Place of Use is: Township 50 N, Range 5 West, Section 15,

NE 1/4 of SW 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.

Surface water source or None ()

13. Remarks:

Nicola Clyde Paula Junntila Chris
Ziegeler joint owners

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: 1

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) Paula Junntila Date: 10-26-09

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 _____

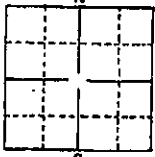
Last Name _____ Identification No. _____

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WELL DRILLER'S REPORT

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 <u>PAUL ZIEGELE</u> Address <u>POST FALLS IDAHO</u> Owner's Permit No. <u>95-77-N-54</u>		7. WATER LEVEL Static water level <u>45</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																													
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other Discharge G.P.M. Draw Down Hours Pumped <u>1.5</u>																													
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>3</td><td>0</td><td>50</td><td>Unconsolidated sand</td><td>X</td><td></td></tr><tr><td>6</td><td>50</td><td>401</td><td>Shale</td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td>WATER AT 45' ±</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	3	0	50	Unconsolidated sand	X		6	50	401	Shale	X					WATER AT 45' ±		
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6	50	401	Shale	X																											
			WATER AT 45' ±																												
4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																															
5. WELL CONSTRUCTION Diameter of hole <u>6</u> inches Total depth <u>401</u> feet Casing schedule: ☒ Steel ☐ Concrete Thickness Diameter From To <u>2.50</u> inches <u>6</u> inches <u>1</u> feet <u>59</u> feet _____ inches _____ inches _____ feet _____ 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 Size of perforation <u>1/4</u> inches by <u>2</u> inches Number From To <u>1</u> perforations <u>47</u> feet <u>49</u> 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 <u>20</u> Material used in seal ☐ Cement grout ☒ Puddling clay ☒ Well cuttings Sealing procedure used ☐ Slurry pit ☐ Temporary surface casing ☒ Overbore to seal depth																															
6. LOCATION OF WELL Sketch map location must agree with written location.  County <u>FOOTEN</u> Subdivision Name _____ Lot No. _____ Block No. _____ T. <u>30</u> N. R. <u>5</u> W.		10. Work started <u>6 1 77</u> finished <u>6 3 77</u>																													
		11. DRILLERS CERTIFICATION Firm Name <u>Adrian Whiting & Son, Inc.</u> Firm No. <u>163</u> Address <u>PA Box 1431 PPA</u> Date <u>6/3/77</u> Signed by (Firm Official) _____ and _____ Operator <u>Harold W. Wainwright</u>																													