

# 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 93-14618Date Received: 11/12/2009Receipt No: N022799Received By: fm

## 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) Hans & Della Munnich (Munnich Family Trust) Phone 208 689-9022Mailing Address 3763 So. Hwy. 97 HARRISON MT. Zip 83835  
Street or Box City State2. Date of Priority: (Only one per claim) 4/15/96 1996  
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 48N, Range 4W, Section 12,  
NW 1/4 of NW 1/4, or Govt. Lot 1 BM. County of KOOTENAI;Parcel (PIN) no. 0-7640-000-004-0

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.

95-96-N-32 - WELL COMPLETED 4/19/96  
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  
Month/Day Month/Day cfs ( ) or AFY ( )

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) ONE HOME

SCANNED

NOV 12 2009

9. Location of Place of Use is: Township 48N, Range 4 W, Section 12,  
NW 1/4 of NW 1/4, Govt. Lot 1 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 NA

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) [Signature] Date: 11/12/09

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  
8/95

MAY 02 1996



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096950

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

NON-RESIDENT IDWR

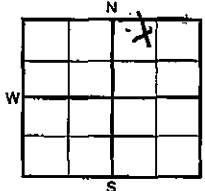
1. DRILLING PERMIT NO. 95-96-N-32  
Other IDWR No. \_\_\_\_\_

2. OWNER:

Name Martin Wagnan  
Address 1835 NE Upper Drive  
City Portland State OR Zip 97163

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 48 North ☒ or South ☐  
Rge. 4 East ☐ or West ☒  
Sec. 12 1/4 NW 1/4 NE 1/4  
Gov't Lot \_\_\_\_\_ County Kootenai  
Lat: \_\_\_\_\_ Long: \_\_\_\_\_

Address of Well Site 16335 S. Highway  
97 City Harrison  
(Give at least name of road + Distance to Road or Landmark)

Lt. \_\_\_\_\_ 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 |  |             |
| <u>Bentonite</u> | <u>0</u> | <u>25</u> | <u>11 SKS</u>   |  | <u>POOR</u> |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) \_\_\_\_\_  
Was drive shoe seal tested? ☒ Y ☐ N How? AIR

8. CASING/LINER:

| Diameter | From      | To         | Gauge       | Material     | Casing                              | Liner                               | Welded                              | Threaded                 |
|----------|-----------|------------|-------------|--------------|-------------------------------------|-------------------------------------|-------------------------------------|--------------------------|
| <u>6</u> | <u>+2</u> | <u>80</u>  | <u>.250</u> | <u>Steel</u> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| <u>4</u> | <u>60</u> | <u>200</u> | <u>160</u>  | <u>PVC</u>   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> | <input type="checkbox"/>            | <input type="checkbox"/> |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

9. PERFORATIONS/SCREENS

- ☐ Perforations Method \_\_\_\_\_  
☐ Screens Screen Type \_\_\_\_\_

| From       | To         | Slot Size | Number    | Diameter    | Material   | Casing                   | Liner                               |
|------------|------------|-----------|-----------|-------------|------------|--------------------------|-------------------------------------|
| <u>140</u> | <u>200</u> |           | <u>60</u> | <u>1/4"</u> | <u>PVC</u> | <input type="checkbox"/> | <input checked="" type="checkbox"/> |

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

55 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered 185 ft. Describe access port or control devices: Pump Well C/L

NWNE 12 48N 4W

11. WELL TESTS:

- ☐ Pump ☐ Bailor ☐ Air ☐ Flowing Artesian

| Yield gal/min. | Drawdown | Pumping Level | Time          |
|----------------|----------|---------------|---------------|
| <u>20</u>      |          |               | <u>1/2 hr</u> |

Water Temp. Cold Bottom hole temp. \_\_\_\_\_  
Water Quality test or comments: Murky

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

| Bore Dia. | From       | To         | Remarks: Lithology, Water Quality & Temperature | Y                                   | N |
|-----------|------------|------------|-------------------------------------------------|-------------------------------------|---|
| <u>8</u>  | <u>0</u>   | <u>74</u>  | <u>Brown Broken Shale with clay</u>             |                                     |   |
|           | <u>74</u>  | <u>80</u>  | <u>Gray Shale (Med)</u>                         |                                     |   |
| <u>6</u>  | <u>80</u>  | <u>180</u> | <u>Gray Shale</u>                               |                                     |   |
|           | <u>180</u> | <u>185</u> | <u>Coarse Broken Quartz</u>                     | <input checked="" type="checkbox"/> |   |
|           | <u>185</u> | <u>200</u> | <u>Gray Shale</u>                               |                                     |   |

Completed Depth 200 (Measurable)  
Date: Started 4/14/96 Completed 4/15/96

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 All-ways Drilling Inc Firm No. 510

Firm Official Shane Kwoke Date 4/19/96

and Supervisor or Operator R. R. R. R. Date 4/19/96

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

**MUNNICH FAMILY TRUST PIN 0-7640-000-004-0**

