

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 95-14712

Date Received: 11/18/09

Receipt No: 20229004

Received By: RC

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) MARILYN & RALPH E DEUTSCH Phone 208-723-5355

Mailing Address 4095 S. State Line Rd Post Falls IDAHO Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 5-27-1968
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 2550N, Range 6W, Section 25,
SE 1/4 of 14W 1/4, or Govt. Lot 2 BM. County of Kootenai;
Parcel (PIN) no. -3700

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 and 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 1-1 to 12-31 amount .04 CFS
Month/Day Month/Day cfs () or AFY ()

For Stock purposes from 1-1 to 12-31 amount .02 CFS

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) 1 HOME

12 HEAD OF CATTLE

SCANNED

NOV 18 2009

9. Location of Place of Use is: Township 50N, Range 6W, Section 25,

SW 1/4 of NW 1/4, Govt. Lot 2 BM. Parcel (PIN) no. -3700

If different than shown in Item 4

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

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 ()

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: Well Drillers Report

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) Marilyn K. Deutsch Date: 11-18-09

_____ 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. _____

SCANNED

NOV 18 2009

REPORT OF WELL DRILLER
State of Idaho



RECEIVED

JUN 5 1968

State law requires that this report shall be filed with the State Reclamation Engineer within 30 days after completion or abandonment of the well.

WELL OWNER:
Name M.L. Eldredge
Address Route 2 Post Falls, Idaho

95-68-AI-21

Owner's Permit No. _____
NATURE OF WORK (check): Replacement well ☐
New well ☒ Deepened ☐ Abandoned ☐

Water is to be used for: domestic

METHOD OF CONSTRUCTION: Rotary ☐ Cable ☒
Dug ☐ Other _____

(explain)
CASING SCHEDULE: Threaded _____ Welded ☒

6 "Diam. from 0 ft. to 65'4" ft.

"Diam. from _____ ft. to _____ ft.

"Diam. from _____ ft. to _____ ft.

"Diam. from _____ ft. to _____ ft.

Thickness of casing: _____ Material: _____

Steel ☒ concrete ☐ wood ☐ other ☐

(explain)
PERFORATED? Yes ☐ No ☒ Type of
perforator used: _____

Size of perforations: _____ " by _____ "

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

perforations from _____ ft. to _____ ft.

WAS SCREEN INSTALLED? Yes ☐ No ☒

Manufacturer's name _____

Type _____ Model No. _____

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

Diam. _____ Slot size _____ Set from _____ ft. to _____ ft.

CONSTRUCTION: Well gravel packed? Yes ☐

No. ☒ size of gravel _____ Gravel

placed from _____ ft. to _____ ft. Surface seal

provided? Yes ☐ No ☐ To what depth?

_____ ft. Material used in seal: _____

Did any strata contain unusable water? Yes ☐

No. ☐ Type of water: _____

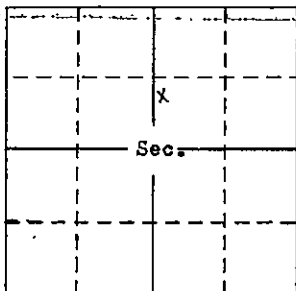
Depth of strata _____ ft. Method of sealing

strata off: _____

Surface casing used? Yes ☐ No. ☒

Cemented in place? Yes ☐ No ☐

Locate well in section



LOCATION OF WELL: County Kootenai
NW 1/4 SW 1/4 Sec. 25 T. 52 N. S. R. 6 E. W

Size of drilled hole: 6 " Total
depth of well: 131 " Standing water
level below ground: 12 " Temp. _____
Fahr. _____ Test delivery: 18 gpm
or _____ cfs Pump? ☐ Bail ☒
Size of pump and motor used to make test: _____

Length of time of test: 2 Hrs. _____ Min.

Drawdown: 99 ft. Artesian pressure: ft. _____

above land surface Give flow _____ cfs

or _____ gpm. Shutoff pressure: _____

Controlled by: Valve ☐ Cap ☐ Plug ☐

No control ☐ Does well leak around casing?

Yes ☐ No ☐

DEPTH MATERIAL WATER

FROM TO YES OR NO

FEET FEET

0 2 Top Soil no

2 40 S. 1/2 "

40 65 Gray sandy clay "

65 131 Broken or decomposed granite yes

Work started: 5-20-68

Work finished: 5-27-68

Well Driller's Statement: This well was
drilled under my supervision and this report
is true to the best of my knowledge.

Name: D. E. BARTHOLOMEW

Address: Post Falls, Idaho

Signed by: D. E. Bartholomew

License No. 52 Date: 5-27-68

Use other side for additional remarks

USGS

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