

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 95-14720

Date Received: 11-20-09

Receipt No: N022939

Received By: am

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 Helwich Phone (208) 772-1902

Mailing Address 5336 E. Shire Ln, Hayden Lake, ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 2/4/03
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 52N, Range 3W, Section 33,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 02683-001-0040

Additional points of diversion if any: D0003975 & D0028151

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.

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 .04 cfs () or AFY ()

For Stockwater purposes from Jan 1 to Dec 31 amount .02

7. Total Quantity claimed .06 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Stockwater & One Home

SCANNED
NOV 20 2009

9. Location of Place of Use is: Township 52 N, Range 3 W, Section 33,

NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) Domestic () 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? _____

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 _____

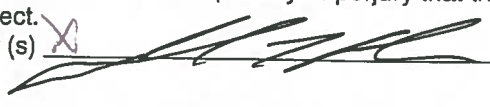
If applicable provide IDWR Water Right Number _____

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: _____

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) X 

Date: 11/8/09

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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NOV 20 2009

Form 236-7
11/97
RECEIVED
MAR 24 2003
IDWR/North

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. D0028151

DRILLING PERMIT NO 791205
Other IDWR No. _____

2. OWNER:

Name **MB Builders**
Address 2427 W Hayden Ave
City Hayden State ID Zip 83835

3. LOCATION OF WELL by legal description:

N
W E S
Twp 52N North ☒ or South ☐
Rge 03W East ☐ or West ☒
Sec 28 1/4 SW 1/4 SW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)

End of North Morgan Lane City _____
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 Gran	0	13	8 Sacks	Pour in

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 207
Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	2	207	0.025	Steel	☒	☐	☒	☐
4	115	315	0.160	PVC	☐	☒	☒	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations? Method _____
☒ Screens? Screen Type PVC

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
295	315	.20		4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

182 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 290 - 310 ft. Describe access port or control devices: Steel Cap Welded

11. WELL TESTS

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
6	100	315	2 Hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) Depth first Water Encountered 105
Clear, Cold, No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	10	Clay - Orange w/Shale Gravel	☐	☒
8	10	30	Clay - Orange	☐	☒
8	30	60	Clay - Tan/Orange	☐	☒
8	60	73	Clay - Dark Orange	☐	☒
8	73	94	Clay - Yellow/Orange	☐	☒
8	94	105	Clay - Orange	☐	☒
8	105	112	Shale Gravel	☒	☐
8	112	130	Clay - Beige	☐	☒
8	130	190	Clay - Orange	☐	☒
8	190	199	Clay - Gray	☐	☒
8	199	207	Clay - Black	☐	☒
6	207	290	Basalt - Black - Hard	☐	☒
6	290	295	Basalt - Soft - 3 GPM	☒	☐
6	295	310	Basalt - Medium - 3 GPM @ 310	☒	☐
6	310	315	Clay - Black - Medium	☐	☒

Completed Depth 315 (Measurable)
Date: Started 1/30/03 Completed 2/4/03

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 Jason C. Beckham Date 2/21/03

Supervisor or Operator Jason C. Beckham Date 2/21/03