

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 95-14759Date Received: 11/18/2009Receipt No: NO22899Received By: dm

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) MICHAEL S CHRISTENS, AND, OR KARA L. CHRISTENS Phone (208) 771-1039

Mailing Address 36392 E HAYDEN LAKE RD HAYDEN ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 01/01/2007
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 51 N, Range 03 W, Section NE 33,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI _____;

Parcel (PIN) no. 032880010010

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.

300ft well with 6" Bolted well cap. DRILLED 2005, CONNECTED
TO 1 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 1-1 to 12-31 amount 0.04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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) DOMESTIC: 1 HOUSEHOLD

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9. Location of Place of Use is: Township 51 N, Range 03 W, Section 33
NE 1/4 of SE 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 ()

13. Remarks:

SECTION NUMBER ON WELL INCORRECT - SHOULD BE 33

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 (X) 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: 11/18/09

[Signature] Date: 4/18/09

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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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0040004
DRILLING PERMIT NO. 823110
Water Right or Injection Well No. _____

2. OWNER:
Name Kirsten Clarke
Address 7743 N. Colfax
City Dalton Gardens State Id. Zip 83815

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub. or Directions to well.
Twp. 51 North ☒ or South ☐
Rge. 03 East ☐ or West ☒
Sec. 4 1/4 NE 1/4 SE 1/4
Gov't Lot _____
Lat: _____ Long: _____
Address of Well Site North From Corner of Dodd Rd. & Lancaster City _____
(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>35</u>	<u>550 lbs</u>	<u>over bore</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 398'
Was drive shoe seal tested? ☒ Y ☐ N How? air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6" +1</u>	<u>0</u>	<u>398</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____
Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

300 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices: 6" Bolted Well Cap

12. WELL TESTS:

☐ Pump	☐ Bailor	☒ Air	☐ Flowing Artesian
Yield gal/min. <u>3</u>	Drawdown	Pumping Level	Time

Water Temp. Cool Bottom hole temp. Cool
Water Quality test or comments: Good

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>315</u>			
<u>6</u>	<u>315</u>	<u>1101</u>			
	<u>0</u>	<u>17</u>	<u>Clay & gravel</u>		
	<u>17</u>	<u>97</u>	<u>Basalt</u>		
	<u>97</u>	<u>127</u>	<u>Brown Clay</u>		
	<u>127</u>	<u>145</u>	<u>Grey Clay</u>		
	<u>145</u>	<u>160</u>	<u>Light Brown Clay</u>		
	<u>160</u>	<u>165</u>	<u>Soft Brown Rock & Quirts</u>		
	<u>165</u>	<u>175</u>	<u>Soft Brown Volcanic Rock</u>		
	<u>175</u>	<u>190</u>	<u>Brown & green Volcanic Rock</u>		
	<u>190</u>	<u>195</u>	<u>Brown Rock & Quirts</u>		
	<u>195</u>	<u>197</u>	<u>Hard Brown Volcanic Rock</u>		
	<u>197</u>	<u>208</u>	<u>Basalt w/soft spots</u>		
	<u>208</u>	<u>211</u>	<u>(Hard) Basalt</u>		
	<u>211</u>	<u>398</u>	<u>Soft Decomposed Granite</u>		
	<u>398</u>	<u>449</u>	<u>(Hard) Granite</u>		
	<u>449</u>	<u>601</u>	<u>Granite</u>		
	<u>601</u>	<u>720</u>	<u>Granite with Soft Spots</u>		
	<u>720</u>	<u>745</u>	<u>Soft Brownish Granite</u>		X
	<u>745</u>	<u>1101</u>	<u>(Hard) Granite</u>		X

AQUA DRILLING & EXPLORATION INC.
PO BOX 2850
HAYDEN, ID 83835-2850

Completed Depth 1101 (Measurable)
Date: Started 5-9-05 Completed 7-15-05

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was used.
AQUA DRILLING & EXPLORATION INC.
Company Name AQUA DRILLING & EXPLORATION INC. Firm No. 163
Principal Driller Scott M. Brumby Date _____
and
Driller or Operator II Wayne Miller Date 7-15-05
Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES

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CHRISPENS PIN 0-J288-001-001-0



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