

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 95-14770

Date Received: 12/01/2009

Receipt No: NO23017

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) Lawrence B. or Catherine A. Burt Phone (208) 667-6616

Mailing Address 7332 Happy Hill, Cd. A Id. Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 1/21/87
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 50N, Range 5W, Section 4,
SE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 0-5140-004-009-A

Additional points of diversion if any: NA
If available, GPS coordinates: NA

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.

95-87-N-73 Well completed 1987 &
connected to existing 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 12-31-2009 amount 04 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) 1 home

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9. Location of Place of Use is: Township 50N, Range 5W, Section 4,
SE 1/4 of NW 1/4, Govt. Lot _____ 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: _____

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) Catherine A. Bunt Date: 12-1-09

James B Bunt Date: 12-1-09

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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE **REWRITER OR
BALLPOINT PEN**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 E.J. Pettis
Address 1770 Lundy Blvd Post Falls
TO 83854
Owner's Permit No. 95-87-N-73

7. WATER LEVEL

Static water level 150 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow —
Artesian closed-in pressure — p.s.i.
Controlled by: ☐ Valve ☒ Cap ☐ Plug
Temperature — °F. Quality Good
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☐ Bailor ☒ Air ☐ OtherDischarge G.P.M. 30+ Pumping Level 175 Hours Pumped 1 hour

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other (specify type)

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Dug
- ☐
- Other

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	45	SAND + Gravel		X
6	45	125	SAND + clay		X
6	125	180	SAND, Gravel, clay	X	

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>+1</u> feet	<u>180</u> 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 _____ inches by _____ inches

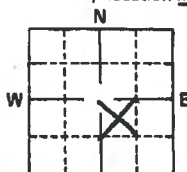
Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ NoManufacturer's name _____
Type _____ Model No. _____Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feetGravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feetSurface seal depth 20 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling claySealing procedure used: ☐ Slurry pit ☐ Temp. surface casingMethod of joining casing: ☐ Threaded ☒ Weld ☐ Solvent☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAINW 1/4 S1/4 Sec. 5, T. 50 N., R. 5 W.

11. 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. 414Address PO Box 2499 CDA Date 1/25/86Signed by (Firm Official) Tim R. Volkingand
(Operator) Tim R. Volking

Kootenai

Cashier: HMJ Location: HMJ
Session: HMJ-12012009-0 Date: 12/1/2009

Payment Receipt: 009.1558
Real Property \$758.16
Bill Number: 157413
Bill Year: 2009
PIN: 05140004009A
Owner: MANDR, MANDRILL
Prop Addr: 1942 W LUNDY BLVD
Prop Desc: MCGUIRE ESTATES, LT 9 EX N 5' B
LK 4 & RIVER FRONTAGE SOUTH- EAST OF CANAL

Tendered Information:
Amount Due: \$758.16
Check #516 \$758.16
Total Tendered: \$758.16

By Whom Paid:

LAWRENCE B BURT
7332 W HAPPY HILL RD
COEUR D'ALENE ID 83814

Thank you

Catherine Burt
inherited property
from Mandrill.

Shawn M. Mafey

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BURT PIN 0-5140-004-009-A



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