

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 95-14795Date Received: 12/7/2009Receipt No: N023054Received By: tm

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) James Jacobsen et vir Phone (208) 691-0328Mailing Address 1869 E. Seltice Way PMB354 Post Falls ID Zip 838547019
Street or Box City State2. Date of Priority: (Only one per claim) 03/01/2004
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 51n, Range 05w, Section 05
se 1/4 of nw 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 4200 51N05W-05-4200

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.

Domestic water well D 0028544 WELL COMPLETED IN 2003AND CONNECTS 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, 1 home purposes from 01/01 to 12/31 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) DOMESTIC, 1 HOME

SCANNED
DEC - 7 2009

Additional places of use, if any _____

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 (✓)

If applicable provide IDWR Water Right Number _____

(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.

Date: _____

Title and Organization _____

Last Name _____ Identification No. _____

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IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

RECEIVED

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

1. WELL TAG NO. D0028544 JUL 09 2003

Drilling Permit No: 803845

Other IDWR No.

IDWR/North

2. OWNER

Name JACOBSON, JAMES

Well Number:

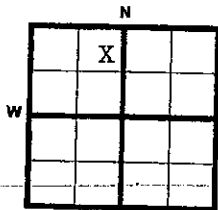
592

Address 418 MOUNTAIN BALDY

City RIDGECREST State CA Zip 93555

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 51 ☒ North or ☐ South

Rge. 5 ☐ East or ☒ West

Sec. 5 1/4 NE 1/4 NW 1/4

Gov't Lot County KOOTENAI

Lat. Long.

Address of Well Site HUASER LAKE

& 3 FORKS RD. City HAUSER LAKE

(Give at least name of road + Distance to Road or Landmark)

Lt. Bk. 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	
DRY GRANULE				
BENTONITE	0	56	15 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58'

Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 ft. below ground Artesian pressure lb.

Depth flow encountered 92 ft. Describe access port or control devices:

51N 5W 5

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1/2	100	560	1 HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: BROWNISH

Depth first Water encountered 90

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
10	0	8	Top Soil		
10	8	18	Decomposed White & Brown Soft Gr		
8	18	55	Decomposed White & Brown Soft Gr		
8	55	58	Yellowish White & Tan Me. Granite		
6	58	90	Yellowish White & Tan Me. Granite		
6	90	92	Granite w/ Aprx. 1/2 gallon Water	☒	
6	92	345	Salt & Pepper Granite		
6	345	371	Salt & Pepper Granite		
6	371	415	White Quartz Granite w/ a Trace of W	☒	
6	415	560	Salt & Pepper Granite		

Completed Depth 560 (Measurable)
Date: Started 6/27/03 Completed 7/1/03

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 H2O Well Service, Inc. Firm No. 448

Firm Official [Signature] Date 7-2-03

and Supervisor or Operator [Signature] Date 7-1-03

(Sign Once if Firm Official and Operator)

(Louie Hanner)

JACOBSEN PIN 51N05W-05-4200

