

File Oct 8

**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 95-14829
Date Received: 7-27-10
Receipt No: N025300
Received By: WJ

RECEIVED

JUL 27 2010

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

IDWR / NORTH

1. Name of Claimant(s) MIKE ^{or} ALISON RIABUCHA Phone (208) 659-1445

Mailing Address 3713 SOUTH ELK RD HARRISON ID Zip 83833
Street or Box City State

2. Date of Priority: (Only one per claim) APRIL 5, 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 48 N, Range 3 W, Section 4 & 5,
_____ 1/4 of _____ 1/4, or Govt. Lot _____ BM. County of _____;

Parcel (PIN) no. 48N03W-05-9200 PARCELT

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.

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 .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 2 people in
HOUSEHOLD

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9. Location of Place of Use is: Township 48N, Range 3W, Section 4d5,
_____ 1/4 of _____ 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 _____

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: 1

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: 7-27-10
Alexis Gray Richards Date: 7-27-10

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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JUL 27 2010

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D 0041262
DRILLING PERMIT NO. _____
Water Right or Injection Well No. _____

2. OWNER:

Name Mike Krabucha
Address 13200 S. Ridgeview Loop
City Harrison State ID Zip 83833

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 42 North ☒ or South ☐
Rge. 3 East ☐ or West ☒
Sec. 5 1/4 SE 1/4 N/4
Gov't Lot _____
County Kootenai 10 acres 40 acres 160 acres
Lat: _____ Long: _____
Address of Well Site 35915 Elk Rd
City Harrison

(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>0.5</u>	<u>30 Sacks</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58Was drive shoe seal tested? ☒ Y ☐ N How? air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>+2</u>	<u>-58</u>	<u>2.50</u>	<u>Steel</u>	☒	☐	☒	☐
<u>4</u>	<u>-15</u>	<u>270</u>	<u>1.00</u>	<u>PVC</u>	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Drill

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>150</u>	<u>190</u>	<u>1"</u>	<u>28</u>	<u>4"</u>	<u>PVC</u>	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

18' below ground Artesian pressure _____ lb.
Depth flow encountered 60 ft. Describe access port or control devices: cap

Office Use Only

Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: _____ : _____ : _____ Long: _____ : _____ : _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>15</u>			<u>2 hrs</u>

Water Temp. 46° Bottom hole temp. _____Water Quality test or comments: clear no odorDepth first Water Encounter 60

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>2</u>	<u>Clay Brown</u>		
	<u>2</u>	<u>15</u>	<u>Clay Blue</u>		
	<u>15</u>	<u>22</u>	<u>Clay White</u>		
	<u>22</u>	<u>25</u>	<u>Clay Red</u>		
	<u>45</u>	<u>58</u>	<u>Basalt</u>		
<u>6</u>	<u>58</u>	<u>100</u>	<u>Basalt Soft</u>		
	<u>100</u>	<u>205</u>	<u>Basalt</u>		
	<u>205</u>	<u>210</u>	<u>Clay Gray</u>		

Completed Depth 210 (Measurable)Date: Started 3/15/06 Completed 3/16/06

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Always Drilling Inc Firm No. 519Principal Driller Paul Kwaga Date 5/21/06and Driller or Operator II Jeff Miller Date 5/21/06Operator I _____ Date SCANNED

Principal Driller and Rig Operator Required.

Operator I must have signature of Driller/Operator II.

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