

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 95-15682Date Received: 6-1-10Receipt No: W 0 24625Received By: W

RECEIVED

JUN - 1 2010

IDWR/North

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 L. Schaffer Phone (208) 426-1667Mailing Address 10634 W. Bennion Rd, Worley Zip 83826
Street or Box City State2. Date of Priority: (Only one per claim) 7/22/1997
Month/Day/Year (YYYY)Driller's Report
Home was built the same year3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 48N, Range 05W, Section 24,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no: 48 N05W-24-4000

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 0.04 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) _____

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9. Location of Place of Use is: Township 48N, Range 05W, Section 24,
NW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Same
If different than shown in Item 4
for (Check One) Domestic ☒ Stock () Domestic and Stock ()

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:

ONE home

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: 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) James Z. Schaffer Date: 6/1/10

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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APPLICATION



0 105 210 420 630 840 Feet



Legend

 Taxlots

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WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

096824

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

NORTHERN REGION

1. DRILLING PERMIT NO. Tag #D0003095

Other IDWR No.

95-97-0-73

2. OWNER

Well Number:

Name SCHAFFER, JIM

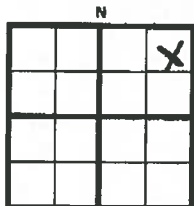
577

Address 25980 ATOR HILL RD

City WORLEY State ID Zip 83876

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 48 ☒ North or ☐ SouthRge. 05 ☐ East or ☒ West

Sec. 24 1/4 NE 1/4 NE 1/4

Gov't Lot County KOOTENAI

Lat. : : Long. : :

Address of Well Site BENNION RD.

City CDA

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

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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	8 BAGS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
8	+2	-18	.250	STEEL	☒	☐	☒	☐
4	-8	320	.160	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
220	240	1/8X4	70	4	PVC	☐	☒
300	320	1/8X4	70	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

225 ft. below ground Artesian pressure lb.

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

NENE 24 48N 5W

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
15 GPM			

Water Temp. Bottom Hole Temp

Water Quality test or comments:

Depth first Water encountered

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

					Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature		Y	N
10	0	8	Limey topsoil		☐	☒
10	8	12	Basalt Decomposed		☐	☒
10	12	18	Basalt Medium		☐	☒
8	18	91	Basalt Medium		☐	☒
8	91	98	Basalt W/Clay Tan		☐	☒
8	98	107	Basalt Medium		☐	☒
8	107	113	Basalt W/Clay Brown		☐	☒
8	113	141	Basalt Medium Soft		☐	☒
8	141	238	Basalt Medium Hard		☒	☐
8	238	245	Clay Black		☐	☒
8	245	295	Clay Tan W/Sand		☐	☒
8	295	320	Clay Dark Brown W/Water		☒	☐
	0	0	Gravel Pack		☐	☐

Completed Depth 320' (Measurable)
Date: Started 7/18/97 Completed 7/22/97

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 WellService Inc. Firm No. 448

Firm Official Mona R. Hanner Date 7/22/97

and Supervisor or Operator Date 7/22/97

(Sign Once if Firm Official and Operator)

(Louie Hanner)

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