

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 95-15040

Date Received: 9/1/10

Receipt No: 0025543

Received By: Kam

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) THOMAS RETZEL LIVING TRUST Phone 800 689-3759

Mailing Address Box 210 HARRISON ID Zip 83833
Street or Box City State

2. Date of Priority: (Only one per claim) Nov 2, 1992
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 48N, Range 4W, Section 15,
SE 1/4 of SE 1/4, or Govt. Lot 1 BM. County of KOOTENAI;
Parcel (PIN) no. 05580002005A

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.

WELL & PUMP

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For DOMESTIC purposes from JAN 1 to DEC 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) ONE HOME

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9. Location of Place of Use is: Township 43N, Range 4W, Section 15,
SE 1/4 of SE 1/4, Govt. Lot 1 BM. Parcel (PIN) no. _____
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:

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) Thomas M. Ritzel Date: 9-1-10

Trustee 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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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESUSE TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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 TOM RETZEL
Address PO BOX 210 HARRISON ID 83833
Drilling Permit No. 95-92-N-225
Water Right Permit No. _____

7. WATER LEVEL

Static water level 50 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 _____
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
such as liners, screen, materials, plug depths, etc. in lithologic
log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
7 GPM	120	1

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

104500

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	2	TOPSOIL, CLAY		X
8	2	33	BASALT, BLACK/ BROKEN		X
6	33	68	BASALT, BLACK, MED HARD		X
	68	73	BASALT, BROWN, FRACTURED	X	
	73	95	BASALT, BLACK, MED. HARD		X
	95	98	BASALT, BLACK, MED HARD	X	
	98	117	BASALT, BLACK, MED. HARD		X
	117	119	BASALT, BLACK, FRACTURED	X	
	119	123	BASALT, BLACK, MED HARD		X

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
(backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____Thickness .250 inches Diameter 6 inches From 2 feet To 33 feet
160 psi inches 4 pvc inches 5 feet 123 feet
_____ inches _____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ No Skill SawHow perforated? ☐ Factory ☐ Knife ☐ Torch ☐ GunSize of perforation? 1/4 inches by 6 inchesNumber 60 From 103 feet To 123 feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☒ Yes ☐ No ☐ Size of gravel _____

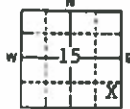
Placed from _____ feet to _____ feet

Surface seal depth 30 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit☐ Temp. surface casing ☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded☐ Solvent Weld ☐ Cemented between strata

Describe access port _____

6. LOCATION OF WELL - Powderhorn Bay

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAI

Address of Well Site _____

(give at least name of road)

SE 1/4 SE 1/4 Sec. 15 T. 48 N ☒ or S ☐R. 4 E ☐ or W ☒

10.

Work started 11/02/92 finished 11/02/92

DRILLER'S CERTIFICATION

We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name H2O WELL SERVICE Firm No. 448Address 582 W HAYDEN AVE Date 11/02/92Signed by Drilling Supervisor Anthony J. Hunt

and

(Operator) Anthony J. Hunt
(if different than the Drilling Supervisor)

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT

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