

RECEIVED
JAN 28 2010
IDWR/NORTHERN

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: 95-8343

Date Received: 1/28/10

Receipt No: N033476

Received By: [Signature]

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Rockford Pines Community, Inc Phone (208) 664-6967
Mailing Address 17925 S. Rockford Pines Rd C.D.A. ZIP 83814-7027
Street or Box City State
2. Date of Priority (Only one (1) per claim) 06/13/1983
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 48N, Range 4W, Section 17,
SE, 1/4 of NE, 1/4 Govt. Lot 4, BM., County of Kootenia Co.

Parcel (PIN) no. 48N04W-17-1975

Additional points of diversion if any: None

If available, GPS Coordinates _____

- b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. Submersible pump in well

SCANNED

JAN 28 2010

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For domestic purposes from 1/1 to 12/31 amount 0.06 or 1.2 A.F.

For Irrigation purposes from 3/15 to 11/15 amount 0.03 or 3.0 A.F.

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.09 (cfs) and/or (b) 4.2 A.F. (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) domestic use for 2 (two) homes

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
48N	4W	17		D		D													
				0.5		0.5													1.0

Parcel (PIN) no(s) 48N04W-17-1075
48N04W-17-1950

Total number of acres irrigated 1.0

10. In which county (ies) are lands listed above as place of use located? Rooten'a

11. Do you own the property listed above as place of use? Yes (x) No ()

If your 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 (x)

13. Remarks: _____

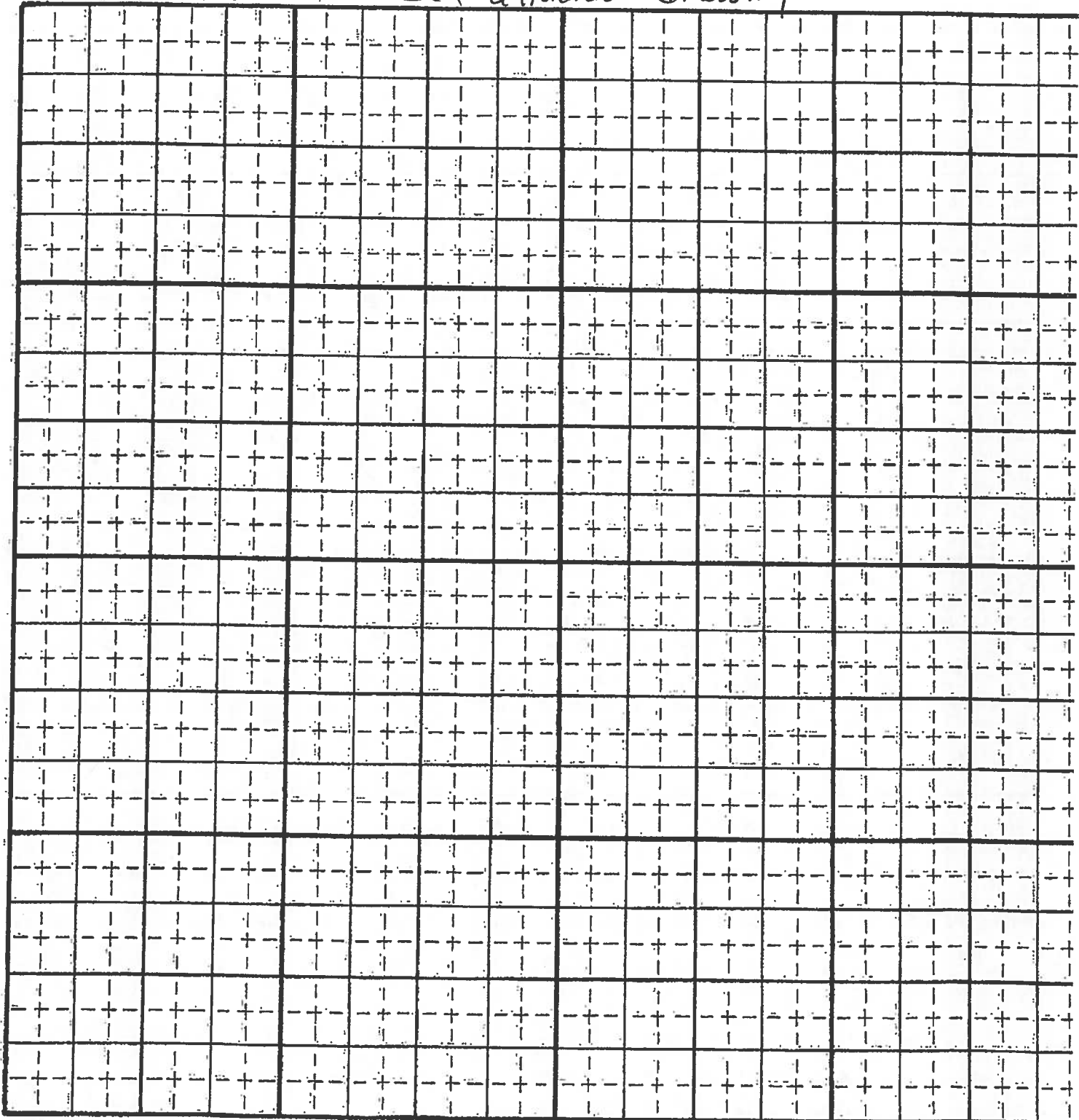
Last Name Rockford Pints Identification No. _____

SC ID
JAN 28 2010

Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile

See attached drawing



Last Name Rockford Pines Identification No. 800000

JAN 28 2010

14. Basis of Claim (Check One) Beneficial Use () Posted Notice (x) License () Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-8343

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) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

President of Rockford Pines Community, Inc.
Title Organization

that I have signed the foregoing document in the space below as

President of Rockford Pines Community, Inc.
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Ante D. Adam Date 01/28/2010

Title and Organization President of Rockford Pines Community, Inc.

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 Rockford Pines Identification No. _____

SCANNED
JAN 28 2010

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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 Rockford Pines
Address Rockford Bay ID
95-75-N-94
Owner's Permit No. 95-8343

7. WATER LEVEL

Static water level 85 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 48 °F. Quality Clear
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 ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>25</u>	<u>DD-20'</u>	<u>1hr</u>

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 _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>.25</u> inches	<u>6</u> inches	<u>1</u> feet	<u>154</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 _____ feetWell screen installed? ☐ Yes ☐ No
Manufacturer's name _____
Type _____ Model No. _____
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 20 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☐ Overbore to seal depth
Method of joining casing: ☐ Threaded ☐ Welded ☐ Solvent
Weld
☐ Cemented between strata
Describe access port _____

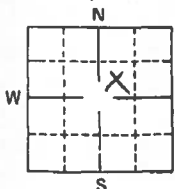
9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
<u>6</u>	<u>0</u>	<u>5</u>	<u>Top soil</u>		
<u>5</u>	<u>135</u>	<u>145</u>	<u>Boulders</u>		
<u>135</u>	<u>155</u>	<u>165</u>	<u>Basalt Hard</u>		
<u>155</u>	<u>305</u>	<u>315</u>	<u>Basalt Hard</u>		
<u>305</u>	<u>401</u>	<u>410</u>	<u>Shale</u>		
			<u>Whitish Blue</u>		

Copied from
A copy
by J Reed 10/6/88

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County Kootenai
SW 1/4 NE 1/4 Sec. 18, T. 48 N, R. 4 E

10.

Work started 6/20/75 finished 6/23/75

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name Craig Dev Firm No. 228

Address _____ Date _____

Signed by (Firm Official) Not Signed

and

(Operator) _____

48N04W17NWNE

ROW

NE NE

West

ROW

48N04W17SENE

LOT 4