

9. Location of Place of Use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 50N04W-08-5050
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: _____

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) Krista Kaufman Date: 4/22/10

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

SCANNED

JUN 16 2009

KAUFMAN PIN 50N04W-08-5050



SCANNED
JUN 16 2009

RECEIVED

Form 238-7

3/95

Starships Consulting and
Management Services

MAY 27 1998

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77725



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

1. DRILLING PERMIT NO. TAG#D3864

Other IDWR No. _____

2. OWNER

Well Number:

Name CHOATE, JEFF

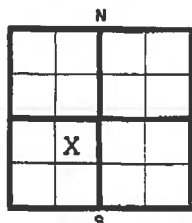
699

Address 2955 E 2ND #37

City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 50 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ West

E Sec. 08 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site E RIVERVIEW

City POST FALLS

(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	40	7 BAGS	OVERBORE

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	100	.250	STEEL	☒	☐	☒	☐
4	-5	340	.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
280	300	1/8X4	70	0		☐	☐
3210	340	1/8X4	70	0		☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

100 ft. below ground Artesian pressure _____ lb.

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

50N 4W 8 NESW

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

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

Water Temp. _____ Bottom Hole Temp. _____

Water Quality test or comments: _____

Depth first Water encountered 120

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	6	Broken Basalt	☐	☒
8	6	16	Basalt Dark Gray	☐	☒
8	16	42	Basalt Dark Gray	☐	☒
8	42	51	Clay Light Brown	☐	☒
8	51	65	Clay Blue W/Silt	☐	☒
8	65	100	Quartz Cemented W/Clay White	☐	☒
6	100	115	Granite Salt & Pepper	☐	☒
6	115	123	Granite Broken White & Green W/trac	☒	☐
6	123	168	Granite Salt & Pepper W/Copper	☐	☒
6	168	241	Granite Salt & Pepper W/Green	☐	☒
6	241	332	Granite Salt & Pepper W/Copper	☐	☒
6	332	340	Granite Salt & Pepper W/Green Fractur	☒	☐
	0	0	1- Bolt on Cap 6"	☐	☐

Completed Depth 340 (Measurable)

Date: Started 5/14/98 Completed 5/15/98

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 [Signature] Date 5/15/98

and Supervisor or Operator [Signature] Date 5/15/98

(Sign Once if Firm Official and Operator)

(Louie Hanner)

SCANNED

JUN 16 2009