

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 95-15521Date Received: 10-7-10Receipt No: N 026039Received By: ew

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

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IDWR/NORTHERN

1. Name of Claimant(s) ALAN H. ZEUTSCHEL Phone (509) 924-1685KAREN ZEUTSCHELMailing Address PO Box 538 Spokane Valley WA Zip 99016

Street or Box

City

State

2. Date of Priority: (Only one per claim) May 21, 1987

Month/Day/Year (YYYY)

3. Source of water supply (Check one) ☒ Ground Water ☐ Other () (a) _____

which is tributary to (b) _____

4. Location of Point of Diversion is: Township 47N, Range 04W, Section 11NE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of _____

Parcel (PIN) no. _____

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; Lined with 4" PVC

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 (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 cfs (X) or AFY ()

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

Stockwater and Number of livestock) Domestic, ONE Household

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9. Location of Place of Use is: Township 47N, Range 04W, Section 11,

1/4 of 1/4, Govt. Lot BM. Parcel (PIN) no.

for (Check One) **Domestic** (X) **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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) 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) Karen Zentgraf Date: 10/6/10

 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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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.

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WELL OWNER

Name ALAN ZEUBHEL
Address 54002 CHAPMAN RD. GREENACRES WY.
Owner's Permit No. _____

7. WATER LEVEL

Static water level 40 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 GOOD
Describe artesian or temperature zones below.

IDWR/NORTHERN

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 ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M. Pumping Level Hours Pumped

5-6 GPM

PROPOSED USE

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

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
6"	0	1	TOPSOIL & FILL		
	1	10	SAND & Boulders		
	10	100	DK. RED CLAY - FIRM TO HARD		
	100	240	RED SHALE w/ FRACTS.		
	240	255	BRN. SHALE w/ FRACTS.		
	255	270	GRAY SHALE w/ FRACTS.	X	
	270	290	RED SHALE w/ FRACTS.		
	290	310	BRN. SHALE w/ FRACTS.		
	310	320	GRAY SHALE w/ FRACTS.		
	320	330	BRN. SHALE w/ FRACTS.		
	330	400	GRANITE - HARD w/ FRACTS.	X	

WELL IS LINED w/ 4" PVC

WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>219</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Casing drive shoe used? ☒ Yes ☐ No
Casing packer or seal used? ☐ Yes ☒ No
Casing perforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Casing diameter _____ Slot size _____ Set from _____ feet to _____ feet

Casing diameter _____ Slot size _____ Set from _____ feet to _____ feet

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

Cased from _____ feet to _____ feet

Surface seal depth 184 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

Weld

☐ Cemented between strataDescribe access port 1/4" OPENING

10.

Work started 5/19/87 finished 5/21/87

LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name SSI DRILLING INC. Firm No. 316Address 53013 LINK RD. Date 5/21/87Signed by (Firm Official) [Signature]

and

(Operator) [Signature]

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