

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 95-15268Date Received: 9-21-2010Receipt No: N0257224 #2500Received By: ED

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 M. FRITZ Phone (509) 999-1801Mailing Address 4415 S. Tampa Dr. Spokane, WA Zip 99223
Street or Box City State2. Date of Priority: (Only one per claim) 05/20/1999
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) NONE4. Location of Point of Diversion is: Township 78N, Range 4W, Section 28
SW 1/4 of NE 1/4, or Govt. Lot 2 BM. County of Kootenai
Parcel (PIN) no. 0-8520-000-018-0

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.

pump in 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 4W, Section 28,
SW 1/4 of NE 1/4, Govt. Lot 2 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 no

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) [Signature] Date: 9-21-2010

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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Form 238-7
11/99 JUN 23 1999

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____
☒ Air ☐ Flowing Artesian

1. IDWR Permit No. 95-99-N-55
Other IDWR No. _____

076655

11. WELL TESTS:

☐ Pump ☐ Bailer

Yield gal/min.	Drawdown	Pumping Level	Time
10			1 hr

Water Temp. Cold Bottom hole temp. Cold
Water Quality test or comments: Clear

Depth first Water Encounter 45

2. OWNER:
Name Tam Frite
Address 4415 So. Tampa Dr.
City Spokane State WA Zip 99223

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Tw. 48 North ☒ or South ☐
Rge. 4 East ☐ or West ☒
Sec. 28 1/4 SE 1/4 SE 1/4
Gov't Lot _____ County Harrison
Lat: _____ Long: _____

Address of Well Site East Point Bldg
City Harrison

Lt. 18 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 40 350#		pour dry

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 40
Was drive shoe seal tested? ☒ Y ☐ N How? As

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	40	.250	Steel	☒	☐	☒	☐
4"	20	100	.140	PVC	☐	☒	☐	☐

Length of Headpipe N/A Length of Tailpipe N/A

9. PERFORATIONS/SCREENS

Perforations Method Drill
Screens Screen Type N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
40	80	1/4"	100	4"	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

45' ft. below ground Artesian pressure N/A lb.
Depth flow encountered 70 ft. Describe access port or control devices: well cap

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8"	0	2	Rock fill (shale greg)		☒
	2	6	Overburden		
	6	12	Clay white		
	12	18	Clay yellow		
	18	22	Clay white		
	22	31	Basalt decomposed		
	31	33	Clay black		
	33	36	Basalt med		
	36	39	Clay brown		
	39	40	Basalt med		
	40	45	Basalt med		
	45	51	Basalt broken 5 gpm	☒	
	51	69	Basalt med		
	69	76	Basalt broken	☒	
	76	100	Basalt med		

Completed Depth 579 100' (Measurable)
Date: Started 5-19-99 Completed 5-20-99

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Always Drilling Inc Firm No. 510

Firm Official Shane Wolfe Date 6-6-99

and Driller or Operator Wolfe Date 5-20-99

(Sign once if Firm Official & Operator)

48 N 4 W 28

FORWARD WHITE COPY TO WATER RESOURCES

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