

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 95-15618

Date Received: 6/1/10

Receipt No: NO24601A

Received By: Lee

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) JIM THORPE Phone (208) 765 9015

Mailing Address Box 2167 COEUR D'ALENE ID. Zip 83816
Street or Box City State

2. Date of Priority: (Only one per claim) 9/4/02
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 50N, Range 4W, Section 7,
NB 1/4 of SW 1/4, or Govt. Lot 9 BM. County of KOOTENAI;
Parcel (PIN) no. 50N04W074925

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 1/1 to 12/31 amount .04 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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) 1 HOME

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9. Location of Place of Use is: Township 50N, Range 4W, Section 7,
NE 1/4 of SW 1/4, Govt. Lot 9 BM. Parcel (PIN) no. _____
for (Check One) **Domestic** (☒) **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 (☒) 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) [Signature] Date: 6/1/10

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. _____

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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

RECEIVED

SEP 18 2002

Office Use Only			
Well ID No.			
Inspected by			
Twp	Rge	Sec	
1/4	1/4	1/4	
Lat:	:	Long:	:

1. WELL TAG NO. D 0022684

DRILLING PERMIT NO. 784879

Water Right or Injection Well No.

2. OWNER:

Name Dick Brucker

Address 7399 Otter Bay Road

City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 50 North ☒ or South ☐Rge. 4 East ☐ or West ☒

Sec. 7 1/4 1/4 1/4

Gov't Lot 9 County Kootenai

Lat: : Long: :

Address of Well Site 7399 Otter Bay Road

City Coeur d'Alene

(Give at least name of road + Distance to Road or Landmark)

Lt. 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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	19	150#	dry granular

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18'Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	19	250	Steel	☒	☐	☐	☐
4"	5	285	160	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

Packer ☐ Y ☐ N Type

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method saw cut 1/8" x 6"

Screen Type & Method of Installation

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
265	285		60			☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
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11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

57 ft. below ground Artesian pressure lb.

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

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30+			4 hours

Water Temp. cold & clear

Bottom hole temp.

Water Quality test or comments:

Depth first Water Encounter 62

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
8	0	4	Shale, w/hard & dec. lenses		
	4	6	Shale, soft, brown, rose		
	6	11	Shale, medium, black & white		
	11	14	Shale, soft, brown		
	14	18	Shale, hard, black & white		
	18	22	Shale, hard, grey		
	22	34	Shale, medium, grey		
	34	48	Shale, black w/quartz		
	48	67	Shale, grey w/hard & soft	X	
	67	102	Shale, grey, black & white		
	102	113	Shale, rose		
	113	130	Shale, grey, black & white		
	130	132	Shale, broken, green, soft		
	132	139	Shale, white, medium		
	139	143	Shale, bright green, soft		
	143	144	Shale, dark green, medium		
	144	145	Shale, bright green, soft		
	145	151	Shale, grey, black & white		
	151	163	Shale, rose		
	163	164	Shale, green		
	164	170	Shale, white		
	170	174	Shale, rose		
	174	182	Shale, brown, soft		
	182	195	Shale, green 2 gpm	X	
	195	198	Shale, brown		
	198	219	Shale, green		
	219	227	Shale, rose		
	227	230	Shale, green		
	230	253	Shale, hard, black & grey		
	253	285	Shale, very broken, blk & wht 25+ gpm	X	

Completed Depth 285'

(Measurable)

Date: Started 09/03/02

Completed 09/04/02

14. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc Firm No. 586

Principal Driller Date 9-10-02

Driller or Operator II Date

Operator I Date

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II

FORWARD WHITE COPY TO WATER RESOURCES

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