



State of Idaho

DEPARTMENT OF WATER RESOURCES

322 East Front Street • P.O. Box 83720 • Boise, Idaho 83720-0098

Phone: (208) 287-4800 • FAX: (208) 287-6700 • Website: www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Director

March 13, 2018

Byron N Bublitz
Shanna V Bublitz
PO Box 827
Rathdrum, ID 83858

RE: Coeur d'Alene-Spokane River Basin Adjudication (CSRBA) Claim no. 95-13533

Dear Mr. and Mrs. Bublitz:

This letter is in response to meeting with you last week at the Basin 95 Part 1 Preliminary Director's Report Meeting in Coeur d'Alene. At the meeting you indicated that you would like to have Shanna's name to appear on the claim to replace the "Et ux" that was listed with Byron's name on the original claim. You also requested that the diversion rate of the claim be amended to reflect the 40 gallons per minute shown on the well driller's report for your well.

I have attached a draft amended claim that adds Shanna's name, and increases the claimed diversion rate to 0.09 cfs (40 gallons per minute). I have also attached a copy of the well driller's report that you mentioned was for your well.

Please review the enclosed claim for accuracy. If something is not correct, please let me know. If all is correct, please return the signed claim (it must include Byron's signature) in the postage paid envelope by March 30, 2018.

If you have any questions or need further clarification, please contact me at (208) 287-4917 or by an email to: Carter.Fritschle@idwr.idaho.gov

Sincerely,

Carter Fritschle
Adjudication Section Manager
Idaho Department of Water Resources

Enclosures: Amended Notice of Claim 95-13533 and well driller's report in the name of Larry Wright

**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: 95-13533
Date Received:
Receipt No: N022062
Amount Paid: \$25.00
Received By: _____

AMENDED

**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)

BYRON N BUBLITZ
PO BOX 827
RATHDRUM ID 83858

Phone: (208) 687-0903

SHANNA V BUBLITZ
PO BOX 827
RATHDRUM ID 83858

Phone: (208) 687-0903

2. Date of Priority: 10/9/1985

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
51N	05W	4	NE NW	3	KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.09		

7. Total Quantity Appropriated is:

0.09 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 home

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
51N	05W	4	NE		NW	3	

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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.

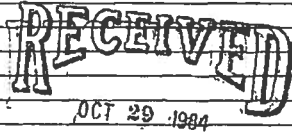
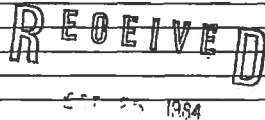
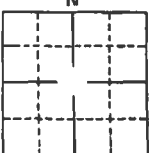
Signature of Claimant(s): _____ Date: _____

_____ Date: _____

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.



1. WELL OWNER Name <u>LARRY R. WRIGHT</u> Address <u>51455 Serval Dr Rd</u> Owner's Permit No. <u>Port Falls No. 83854</u> <u>95-84-N-17</u>	7. WATER LEVEL Static water level <u>135</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☒ Cap ☐ Plug Temperature <u>cold</u> of. Quality <u>Excellent</u> 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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>40</u></td> <td style="text-align: center;"><u>variable</u></td> <td style="text-align: center;"><u>1/2 hr.</u></td> </tr> <tr><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td></tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>40</u>	<u>variable</u>	<u>1/2 hr.</u>																																		
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th rowspan="2">Bore Diam.</th> <th colspan="2">Depth</th> <th rowspan="2">Material</th> <th colspan="2">Water</th> </tr> <tr> <th>From</th> <th>To</th> <th>Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>8</u></td> <td style="text-align: center;"><u>0</u></td> <td style="text-align: center;"><u>53</u></td> <td><u>Decomposed Granite</u></td> <td> </td> <td style="text-align: center;">Y</td> </tr> <tr> <td> </td> <td style="text-align: center;"><u>52</u></td> <td style="text-align: center;"><u>58</u></td> <td><u>Granite</u></td> <td> </td> <td style="text-align: center;">X</td> </tr> <tr> <td style="text-align: center;"><u>6</u></td> <td style="text-align: center;"><u>58</u></td> <td style="text-align: center;"><u>375</u></td> <td><u>Granite</u></td> <td> </td> <td style="text-align: center;">X</td> </tr> <tr> <td> </td> <td style="text-align: center;"><u>375</u></td> <td style="text-align: center;"><u>441</u></td> <td><u>Green Soft Granite</u></td> <td style="text-align: center;">X</td> <td> </td> </tr> <tr> <td> </td> <td style="text-align: center;"><u>441</u></td> <td style="text-align: center;"><u>410</u></td> <td><u>Granite</u></td> <td> </td> <td style="text-align: center;">X</td> </tr> </tbody> </table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	<u>8</u>	<u>0</u>	<u>53</u>	<u>Decomposed Granite</u>		Y		<u>52</u>	<u>58</u>	<u>Granite</u>		X	<u>6</u>	<u>58</u>	<u>375</u>	<u>Granite</u>		X		<u>375</u>	<u>441</u>	<u>Green Soft Granite</u>	X			<u>441</u>	<u>410</u>	<u>Granite</u>		X
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	 OCT 29 1984 Department of Water Resources  OCT 29 1984 Department of Water Resources																																								
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Thickness</th> <th>Diameter</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>1.50</u> inches</td> <td><u>6</u> inches</td> <td><u>2</u> feet</td> <td><u>58</u> feet</td> </tr> <tr> <td><u>160 PVC</u> inches</td> <td><u>4</u> inches</td> <td><u>50</u> feet</td> <td><u>410</u> feet</td> </tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table> 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 <u>3/4</u> inches by <u>3/4</u> inches <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Number</th> <th>From</th> <th>To</th> </tr> </thead> <tbody> <tr> <td><u>50</u> perforations</td> <td><u>370</u> feet</td> <td><u>390</u> feet</td> </tr> <tr> <td><u>50</u> perforations</td> <td><u>330</u> feet</td> <td><u>350</u> feet</td> </tr> <tr> <td><u>50</u> perforations</td> <td><u>250</u> feet</td> <td><u>270</u> feet</td> </tr> </tbody> </table> Well 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 <u>58</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ <u>Cuttings</u> 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 _____	Thickness	Diameter	From	To	<u>1.50</u> inches	<u>6</u> inches	<u>2</u> feet	<u>58</u> feet	<u>160 PVC</u> inches	<u>4</u> inches	<u>50</u> feet	<u>410</u> feet									Number	From	To	<u>50</u> perforations	<u>370</u> feet	<u>390</u> feet	<u>50</u> perforations	<u>330</u> feet	<u>350</u> feet	<u>50</u> perforations	<u>250</u> feet	<u>270</u> feet	10. Work started <u>7/6/84</u> finished <u>7/9/84</u>								
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location.  Subdivision Name <u>SE 1/4 of Gov't Lot 43</u> Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>1/4</u> Sec. <u>4</u> T. <u>5</u> S. R. <u>5</u> E. W.	11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>Associated Well Drillers Inc</u> Firm No. <u>245</u> Address <u>Box 723 C.D.A.</u> Date <u>7/10/84</u> Signed by (Firm Official) <u>[Signature]</u> and (Operator) <u>Robert F. Regitz</u>																																								

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT