

**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: 95-17528
Date Received: 5/17/2018
Receipt No: NO33408
Claim Fee: 25.00
Received By: L.W.

**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)

GENE LUTZ
8433 E PARKS RD
ATHOL ID 83801

Phone: (707) 227-2030

GAIL LUTZ
8433 E PARKS RD
ATHOL ID 83801

Phone: (707) 227-2030

2. Date of Priority: 5/4/2018

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
53N	03W	23	SE NW		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	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

One home

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
53N	03W	23	SE		NW		

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:

None

12. Remarks:

Priority Date Explanation:
Certificate of occupancy

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: 3

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:

5/17/18

Date:

5/17/18

State of Idaho
Department of Water Resources
Adjudication Claim
95-XXXXXX



0 0.0225 0.045 0.09 Miles

-  PLS Sections
-  Taxlots



Tax parcel information provided by Kootenai County.

AFFIDAVIT OF OWNER - OCCUPIED PRIMARY RESIDENCE

GEO 1203Single Family Dwelling ☒ []

Multi - Family Dwelling..... []

Apartment or Condominium..... []

Manufactured Home..... []

(Do you own your own land ☐ Yes ☐ No)
*(If YES, do you have a detached garage ☐ Yes ☐ No)

Commercial Improvement with Living Quarters..... []

Lutz, Gene + Gail
Name of Owner (print last name first)8433 E Parks Rd
Mailing AddressAtmos ID 83801
City State ZipTax # 7105
Subdivision Name Lot Blockgnglutz@sbcglobal.net
Email

FOR OFFICIAL USE ONLY

HOMEOWNER'S EXEMPTION

2018 OCC2019 HO

Effective Year

mg
Deputy's InitialsKootenai County
Assessor

MAY 08 2018

RECEIVED

707-227-2030
Telephone Numbersame
Street Address53 N 03 W 234550
Parcel Number\$ 515,000
Purchase PriceCA # 2
Idaho Drivers License [] Yes [] NoPURCHASE DATE 4 / 24 / 18 DATE OF OCCUPANCY 5 / 4 / 18
Month Day Year Month Day Year

UNDER PENALTY OF PERJURY, I CERTIFY THAT, I AM THE OWNER, OR AM PURCHASING, AND OCCUPY AS MY PRIMARY DWELLING THE RESIDENTIAL IMPROVEMENT AS DESCRIBED ABOVE.
I AM AN IDAHO RESIDENT AND I DO NOT HAVE A HOMEOWNER'S EXEMPTION ON ANY OTHER PROPERTY THAT I CURRENTLY OWN. I HEREBY GRANT PERMISSION TO ANY GOVERNMENT AGENCY TO CONFIRM MY STATUS RELATIVE TO IDAHO STATE RESIDENCY, AND TO RELEASE, TO THE KOOTENAI COUNTY ASSESSOR WHATEVER INFORMATION IS NECESSARY TO DO SO.

I have read the above statement. gk
InitialPrevious Address: 3325 Dry Creek Rd Napa CA County: Napa☒ SOLD [] STILL OWNDid you have a Homeowners Exemption
at your previous address? YES [] NO []

[] RENTED [] FAMILY/FRIEND

KOOTENAI COUNTY ASSESSOR
451 GOVERNMENT WAY
P.O. BOX 9000
COEUR D'ALENE, IDAHO 83816-9000
PHONE 446-1500

Gene Lutz
Signature of Owner5/8/18
Date of ApplicationGail Lutz
Signature of Owner5-8-18
Date of Application

IMPORTANT INFORMATION ON REVERSE SIDE

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0055306

Drilling Permit No. 854099
Water right or injection well # _____

2. OWNER

Name Roger Haines
Address 10688 Parks Road
City Athol State ID Zip 83801

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 3 East ☐ or West ☒
Sec. 23 1/4 SE 1/4 NW 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai
Lat. _____ (Deg. and Decimal minutes)
Long. _____ (Deg. and Decimal minutes)
Address of Well Site 8433 Parks Road

City Athol
Lot _____ Blk. _____ Sub. Name _____

4. USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation ☐ Thermal ☐ Injection
☐ Other _____

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method/procedure
Bentonite	0	20	600 lbs	Dry Pour
Granular				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6	+2	200	.250	Steel	☒	☐	☐	☒
4	-10	600	.200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drilled 3/8" Holes
Manufactured screen ☐ Y ☒ N Type _____
Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
550	590	3/8 R	120	4	PVC	.200

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____
Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 410 Static water level (ft) 320
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	8	1 Hour	☐	☐	☒	☐

Test method:

Water Quality test or comments: Clear, Cold, No Smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y	N
8	0	1	Topsoil		X
8	1	185	Sand & gravel's coarse		X
8	185	201	Granite black/white medium		X
6	201	410	Granite black/white/peach medium		X
6	410	412	Granite black/white/peach soft	X	
6	412	510	Granite black/white/peach medium		X
6	510	575	Granite black/white/peach soft	X	
6	575	600	Granite black/white/peach medium		X

RECEIVED

DEC 11 2008

IDWR/North

UNITED
PUMP & DRILLING
3125 W. Hayden Ave. Hayden, ID 83835
Office (800) 682-9641 (208) 772-7867

Completed Depth (Measurable) _____ 600 FT

Date: Started 11-06-08 Completed 11-10-08

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 United Pump & Drilling Co. No. 636
Principal Driller Jason Beckham Date 11-11-08
Driller [Signature] Date 11-11-08
Operator II _____ Date _____
Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

53N 03W 23