

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

Claim ID: 95-17560

Date Received: 4/13/2018

Receipt No: N033288

Claim Fee: \$2500 By: TA

RECEIVED

APR 13 2018

IDWR / NORTH

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

Please type or print clearly

- Name of claimant(s) MICHAEL R GUSTAFSON AND/OR PAT GUSTAFSON Phone (208) 691-4158
Mailing address 3762 W COOPER RD RATHDRUM ID 83858
Street or Box City State Zip
Email address (optional) patgustafson@frontier.com
- Date of priority: (Only one per claim) 10/18/2016 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 53N, Range 04W, Section 33,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 53N04W330900
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 COMPLETED 10/18/2016 BY HORSLEY WELL DRILLING (TAG#D0072387) - INLAND PUMP
INSTALLED IS 5HP SUBMERSIBLE.
- 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 STOCKWATER purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
- Total quantity claimed 0.06 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME; STOCKWATER USE FOR UP TO 50 HEAD OF MIXED STOCK

9. Location of place of use is: Township 53N, Range 04W, Section 33,
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. SAME
If different than shown in Item 4
for (check one) **Domestic** () **Stock** () **Domestic and Stock** (✓)

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? _____

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 (include an explanation of the priority date selected):
DATE WELL WAS COMPLETED AND WATER PUT TO BENEFICIAL USE

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 Water System 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: 2

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) Michael R. Gustafson Date: 4/13/18
Pat Gustafson Date: 4/13/18

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____

Name of claimant(s) MICHAEL R GUSTAFSON AND/OR PAT GUSTAFSON Claim ID _____

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D 0073387

Drilling Permit No. _____

Water right or injection well # _____

2. OWNER:

Name Mike and Pat Gustafson

Address 3765 W. Cooper Rd

City Rathdrum State ID Zip 83858

3. WELL LOCATION:

Twp. 53 North ☒ or South ☐ Rge. 4 East ☐ or West ☒

Sec. 33 1/4 NW 1/4 NE 1/4

Gov't Lot _____ County Kootenai

Lat. 47 54.128 (Deg. and Decimal minutes)

Long. 116 50.158 (Deg. and Decimal minutes)

Address of Well Site 3762 W. Cooper Rd

City Rathdrum

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

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

☐ Other _____

5. TYPE OF WORK:

☒ 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 Chips	0	18	600 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	500	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring @ 500

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
480	500	1/4x1	14	6"	Steel	.250

Length of Headpipe NA Length of Tailpipe NA

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 405 Static water level (ft) 405

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Steel Welded Cap

Well test: Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	30+ gpm	240	☐	☐	☒	☐

Water quality test or comments: _____

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
12	0	18	Sand and Gravel		X
8	18	21	Sand and Gravel		X
8	21	26	Boulder		X
8	26	135	Course Sand		X
8	135	395	Large Gravel and Sand		X
8	395	410	Gravel and Clay	X	
8	410	500	Large Gravel	X	

Completed Depth (Measurable): 500

Date Started: 10/13/2016 Date Completed: 10/18/2016

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 Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 10/19/2016

*Driller Star C. Horsley Date 10/19/2016

*Operator II _____ Date _____

Operator I Robert R. Miller Date 10/19/2016

* Signature of Principal Driller and rig operator are required

State of Idaho
Department of Water Resources
Application For Permit
95-XXXXX



-  PLS Sections
-  Taxlots

0 0.025 0.05 0.1 Miles

X WELL
DOMESTIC
STOCK



Tax parcel information provided by Kootenai County.