

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: 95-17504

Date Received: 4/11/18

Receipt No: N033310

Claim Fee: \$250 By: JA

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APR 11 2018

IDWR/NORTHERN

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

1. Name of claimant(s) CARL MARTIN OBRADOVICH Phone (360) 761-9299
Mailing address 21118 S LOFFS BAY RD COEUR D'ALENE ID 83814
Street or Box City State Zip
Email address (optional) _____
2. Date of priority: (Only one per claim) 5/15/2014 (Explain priority date selected in Remarks)
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 49N, Range 04W, Section 33,
SE 1/4 of SW 1/4, or Govt. Lot 5 BM, County of KOOTENAI;
Parcel no. 49N04W337000
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 WITH PIPELINE TO HOME
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 0.02 cfs (✓) or AFY ()
Month/Day Month/Day
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.02 cfs (✓) or AFY ()
8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME

9. Location of place of use is: Township 49N, Range 04W, Section 33,
SE 1/4 of SW 1/4, Govt. Lot 5 BM, Parcel no. SAME
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 (include an explanation of the priority date selected):
DATE WELL WAS COMPLETED AND WATER PUT TO USE

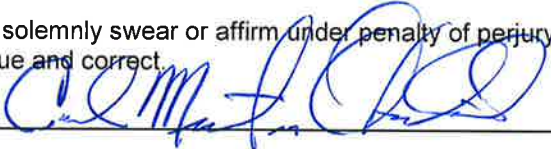
14. Basis of claim (check one) **Beneficial Use** (✓) **Posted Notice** () **License** () **Permit** () **Decree** ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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)  Date: 4/11/18

Date: _____

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:**

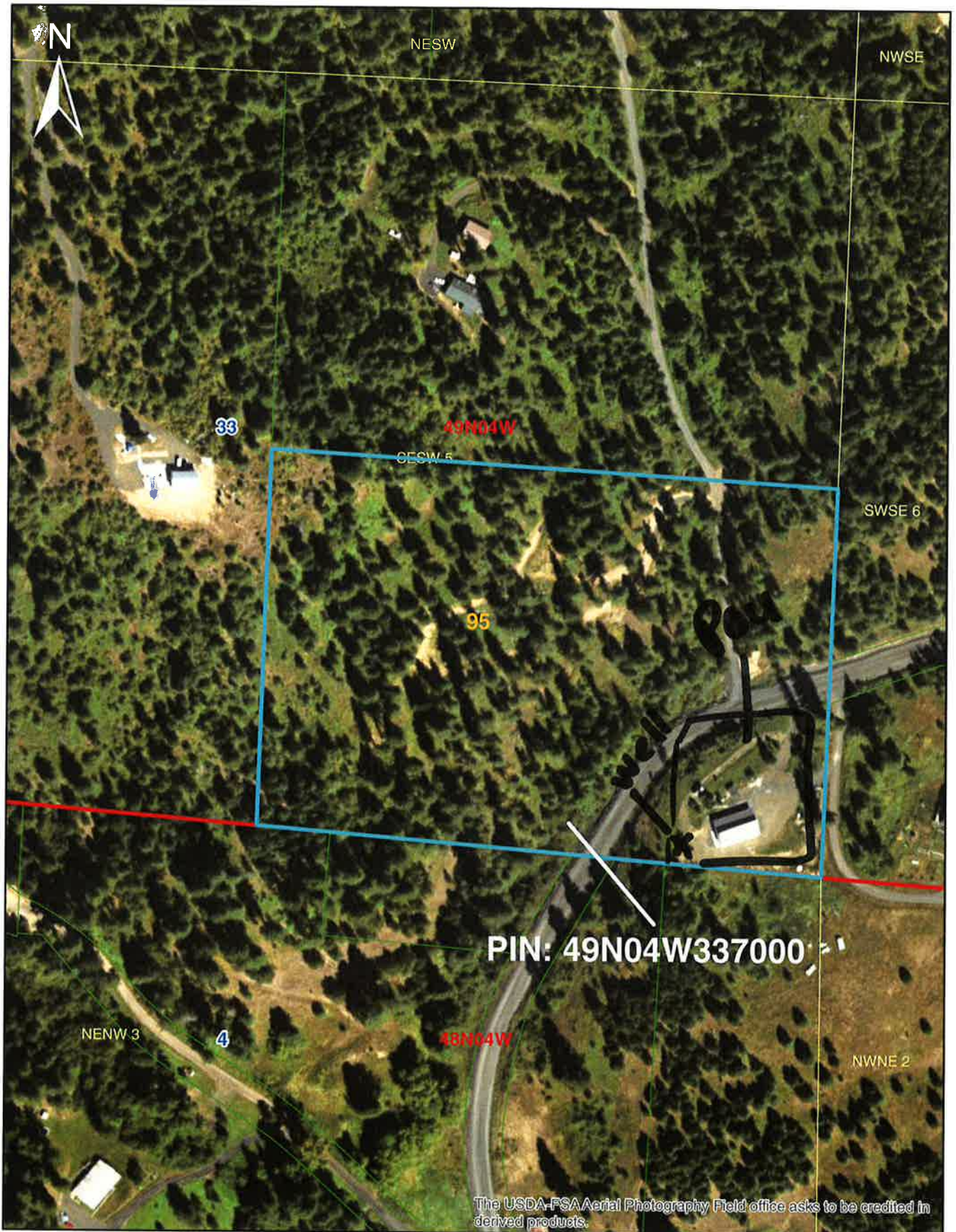
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) CARL MARTIN OBRADOVICH Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

1. WELL TAG NO. D D0061892
Drilling Permit No. 871872
Water right or Injection well # _____
2. OWNER: Carl Obradovich
Name _____
Address 21118 S. Loffs Bay Rd.
City Coeur d' Alene State ID Zip 83814
3. WELL LOCATION:
Twp. 49 North ☒ or South ☐ Rge. 04 East ☐ or West ☒
Sec. 33 _____ 1/4 SE 1/4 SW 1/4
10 acres 40 acres 160 acres
Gov't Lot _____ County Kootenai
Lat. 47 _____ 32 : 411 (Deg. and Decimal minutes)
Long. 116 _____ 51 : 770 (Deg. and Decimal minutes)
Address of Well Site Same
City Coeur d' Alene
(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 ft ³)	Placement method/procedure
Bentonite	0	35	900 lbs.	Dry Pour
Hole Plug	35	40	300 lbs.	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/ Schedule	Material	Casing	Liner	Threaded	Welded
6"	+3	316	.250	Steel	☒	☐	☐	☒
4"	-9	563	.200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 316'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method _____

Manufactured screen ☐ Y ☐ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
543'	563'	1/8x6	48	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 ft ³)	Placement method

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) 115' Static water level (ft) 100'

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

Describe access port welded steel cap

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Baller	Air	Flowing artesian
	1/2	1 hr.	☐	☐	☒	☐
			☐	☐	☐	☐

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
10	0	15	Brown Clay		x
10	15	23	Broken Basalt & Clay		x
10	23	38	Soft Basalt		x
8	38	55	Soft Basalt		x
8	55	115	Orange Clay		x
8	115	147	Black Clay & Sand, Silt	x	
8	147	286	Orange Clay		x
8	286	295	Orange Clay, Sand & mica	x	
8	295	315	Hard Gray Clay		x
6	315	333	S&P Med. Granite		x
6	333	334	S&P Fractured Granite	x	
6	334	563	S&P Granite w/ Soft Spots		x

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~~JUN 09 2014~~

~~IDWR / NORTH~~

Completed Depth (Measurable): 563

Date Started: May 9, 2014 Date Completed: May 15, 2014

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 H2O Well Service Inc. Co. No. 448

*Principal Driller Don Kuehn Date 5-16-1

*Driller Ben Date 5-16-17

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.