

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 95-11192Date Received: 6/11/9Receipt No: N020782Received By: [Signature]

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) Peter Tustian Phone (208) 661-6051Mailing Address 11089 E Howard Rd. Alpho Idaho Zip 83801
Street or Box City State2. Date of Priority: (Only one per claim) Oct. 6 2000
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 53N, Range 3W, Section 1,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 01705-001-0020

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.

430' Deep well / submersible pump. 2hp/10gpm

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from Jan 1 to Dec 31 amount .03 cfs

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .03 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Single Family Home

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9. Location of Place of Use is: Township S31N, Range 3W, Section 1

SE 1/4 of SWS 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) **Domestic** (X) **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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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: 1

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: June 1 2009

Date: _____

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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11/2/00 11-14-00

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____
☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D 0013479
DRILLING PERMIT NO. _____
Other IDWR No. 766951

OCT 14 2000

IDWR No. 20

2. OWNER: PETE TUSTIAN
Name _____
Address 11089 E. HOWARD Rd.
City ATHOL State ID Zip _____

Flow gal./min.	Drawdown	Pumping Level	Time
<u>20</u>			<u>2</u>

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 400

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	SILTY TOP SOIL		X
10	1	18	SAND/GRAVEL/COBBLES		X
6	18	38	SAND/GRAVEL/COBBLES		X
6	38	41	BOULDERS		X
6	41	193	COURSE SAND/GRAVEL/COBBLES		X
6	193	201	BOULDERS		X
6	201	254	COURSE SAND/GRAVEL/COBBLES		X
6	254	268	GRAVEL w/ BOULDERS		X
6	268	304	COURSE GRAVEL/COBBLES		X
6	304	318	COURSE SAND/GRAVEL w/ COBBLES		X
6	318	319	BOULDER		X
6	319	407	COURSE GRAVEL/COBBLES		X
6	407	443	COURSE SAND/GRAVEL w/ COBBLES		X

Sketch map location must agree with written location.

Twp. 53 North ☐ or South ☐
Rge. 3W East ☐ or West ☐
Sec. 1 SE 1/4 SW 1/4 1/4
Gov't Lot _____ County Kootenai
Lat: _____ Long: _____
Address of Well Site 11089 E. Howard Rd.
City Athol

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/FILTER PACK	AMOUNT	METHOD
Material From To Sacks or Pounds		
BENTONITE 0 19 14 bags		DRY

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

Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	443	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations

Method

Screens

Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

400 ft. below ground Artesian pressure _____ lb.

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

Completed Depth 443' (Measurable)
Date: Started 10-4-00 Completed 10-6-00

13. DRILLER'S CERTIFICATION

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

Company Name FOGLE Pump Firm No. 537

Firm Official Red Fyfe Date 10-31-00

and Driller or Operator [Signature] Date 10-6-00

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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