

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: 95-17649

Date Received: 7-24-18

Receipt No: N033612

Claim Fee: 25.00 By: ja

RECEIVED

JUL 24 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) MARIO A AND OR BRENDA L SPANGENBERG Phone (208) 699-0117

Mailing address 783 S ZIRCON LN COEUR D'ALENE ID Zip 83814

Street or Box City State Email address (optional) spangy333@gmail.com

2. Date of priority: (Only one per claim) 5/3/2002 (Explain priority date selected in Remarks) Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (checked) or Other () (a) which is tributary to (b)

4. Location of point of diversion is: Township 50N, Range 04W, Section 18 NW 1/4 of NE 1/4, or Govt. Lot BM, County of KOOTENAI

Parcel no. 07382001002A

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 0.04 cfs (checked) or AFY ()

For purposes from to amount

7. Total quantity claimed 0.04 cfs (checked) 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 50N, Range 04W, Section 18,
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? 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) [Signature] Date: July 24, 2018
[Signature] Date: July 24, 2018

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:

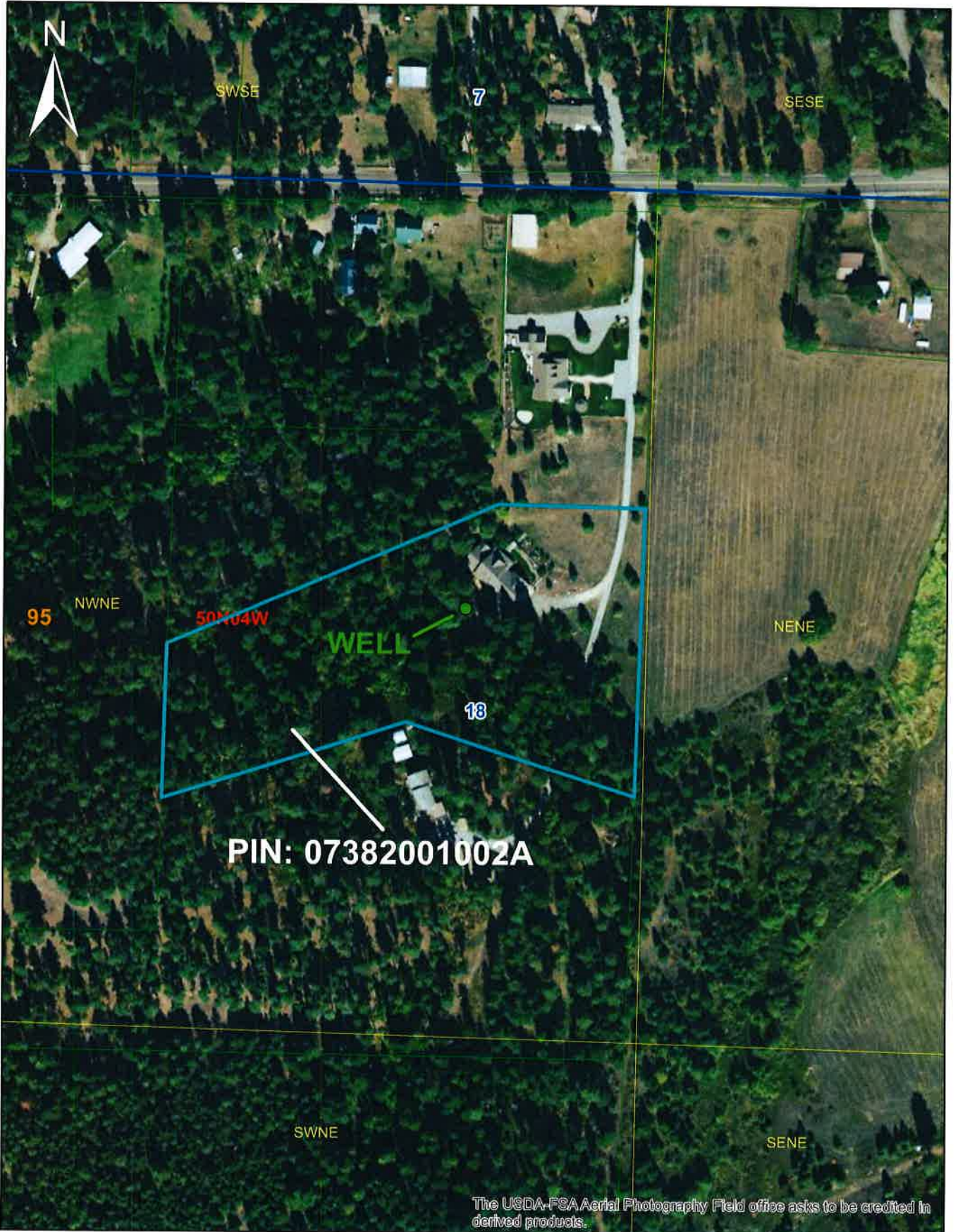
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) MARIO A AND OR BRENDA L SPANGENBERG Claim ID _____

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

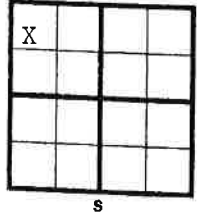
RECEIVED

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: : : Long: : :

1. WELL TAG NO. D0022249
Drilling Permit No: 276727
Other IDWR No. _____

2. OWNER *
Name WARREN MCCUNE C/O RILEY RIT Well Number: 3883T
Address 6844 HIGHLAND DR.
City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 50N North or South
Rge. 4W East or West
Sec. 18 NW 1/4 NW 1/4 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site HIGHLAND DR.
City POST FALLS

(Give at least name of road + Distance to Road or Landmark)
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 20	12 BAGS		OVERBORE

Was drive shoe used? Y N Shoe Depth(s) 38
Was drive shoe seal tested? Y N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	-20	360	.160	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method SKILL SAW
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-320	360	1/4 X 8	84	4	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
120 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 315 ft. Describe access port or control devices: _____

* correct name
50N 4W 18

11. WELL TESTS:
 Pump Bailer Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			1 HR

Water Temp. COLD Bottom Hole Temp COLD
Water Quality test or comments: GOOD
Depth first Water encountered 315

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Top Soil	<input type="checkbox"/>	<input type="checkbox"/>
8	3	35	Soft decomposed Brown Granite	<input type="checkbox"/>	<input type="checkbox"/>
6	35	110	Med. Light Gray Granite	<input type="checkbox"/>	<input type="checkbox"/>
6	110	113	Green Granite w/ 1/2 gpm water	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	113	260	Med. Gray & White Granite	<input type="checkbox"/>	<input type="checkbox"/>
6	260	275	Rose Granite	<input type="checkbox"/>	<input type="checkbox"/>
6	275	315	Med. Black & White Granite	<input type="checkbox"/>	<input type="checkbox"/>
6	315	320	Fine Gray Granite Apx. 4 1/2 gpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	320	360	Med. Gray Granite	<input checked="" type="checkbox"/>	<input type="checkbox"/>

SCANNED
JUN 20 2002

Completed Depth 360 (Measurable)
Date: Started 5/2/02 Completed 5/3/02

13. DRILLER'S CERTIFICATION
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name H2O Well Service, Inc Firm No. 448
Firm Official [Signature] Date 5-10-02
and
Supervisor or Operator [Signature] Date 5/3/02
(Sign Once if Firm Official and Operator)

Jim McLeslie