Form No. 42-1409-2 (Internet 5/17)



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: <u>95-17444</u>
Date Received: 10 - 3 - 2018
Receipt No: NO33798
Claim Fee: 25.00 By:

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

OALE AZ State Zip 85257 State
(Explain priority date selected in Remarks)) (a)
04W , Section 11
04W Section 11
04W Section 11
unty of KOOTENAI
es, etc.) including the dates of any changes constructed and as enlarged and the depth of
kwater uses - see page 1 of the instructions)
Day Month/Day cfs (✓) or AFY () 10 to 12/31 amount 0.04
to amount
omes; Stockwater: list number and kind)
- k

9.	Location of place of use is: Township <u>47N</u> , Range <u>04W</u> , Section <u>11</u> ,											
	NE 1/4 of NW 1/4, Govt. Lot 2 BM, Parcel no. SAME											
	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	2. Describe any other water rights used at the same place and for the same purposes as described above.											
	DOMESTIC USE FROM LAKE 95-13634 or None ()											
13.	Remarks (include an explanation of the priority date selected): WELL DRILLER'S REPORT											
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											
13.	 (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:											
	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 Agent's title (Please print) and that the statements contained in the foregoing document are true and correct. Signature of Authorized Agent 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											
Nar	ne of claimant(s) VERSTEGEN FAMILY TRUST											

VERESTEGEN FAMILY TRUST CSRBA WATER RIGHT CLAIM



FORM 238 FRECEIVED JUN 1 8 1993

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES

USE TYPEWRITER OR BALLPOINT PEN

JUN 1 & D33

WELL DRILLER'S REPORT

Department of Water Resources within 30 days after the completion or abandonment of the well.

Γ	I. WELL OWNER Name DAVE KELLY	7. WATER LEVEL Static water level 170 feet below land surface. Flowing? Yes X No G.P.M. flow								
l	Address BOX 274 OAKSDALE WA 99158									
ı	Drilling Permit No. 95-93-C-0075-000									
	Water Right Permit No									
T,	. NATURE OF WORK	1							Silie Vitt	
1			WELL '							
ı	 IX New well □ Deepened □ Replacement □ Well diameter increase □ Modification 	l L	□ Pun	ηp		ailer 🖫 Air 🗆	Other			
ı	 Abandoned (describe abandonment or modification procedures) 		Discharg			Pumping Level	Hours F	umpe	d	
	such as liners, screen, materials, plug depths, etc. in lithologic log, section 9.)	Z	to 3	GPM						
3	. PROPOSED USE					#				
ı	In Domestic ☐ Irrigation ☐ Monitor	9. L	.ITHOL	.ogic	LOG	1()	4199			
ı	☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other(specify type)	Bore	Bore Depth			Company Statement Statement		Water		
L	Capecily type)		From		<u> </u>	Material			No	
4	. METHOD DRILLED	10	0	20	DECO	MP. SHALE W/SOIL			х	
	No Rotary No Air ☐ Auger ☐ Reverse rotary	8	20	25	DECO	MP. SHALE BROWN				
ı	☐ Cable ☐ Mud ☐ Other	8	25	28	DECO	MP SHALE W/WATER		x	X	
	(backhoe, hydraulic, etc.)	8	28			E DARK GRAY SOFT			х	
5	. WELL CONSTRUCTION	6	56	2/0		W. W. Y. W. W. W				
ľ	Casing schedule: 💢 Steel 🗆 Concrete 🗆 Other	6		353	SHAL	E DARK GRAY MED E LIGHT GRAY W/GE	TELEVISION CT		X	
	Thickness Diameter From	X	XXX	XXX	WATE	R APRROXIMATELY	-3 gnm	x		
111	250 Inches 6 inches + 2 feet 366 feet 256 feet 256 inches 256 inches 256 feet 256 feet 256	6	353	364	SHAL	E DARK GRAY MEDII	IM		х	
	inches inches feet feet feet feet feet	+								
	Was casing drive shoe used? ∰ Yes ☐ No				- 11 - 4				-	
	Was a packer or seal used? ☐ Yes 🔼 No									
	Perforated?		_		-					
	How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? ☐ 1/4 inches by _4 _ inches									
	60 Number 24 From 24 To				- suc	IRECE	-		-	
	60 Number 346 feet 364 feet					FILEIVE				
	perforationsfeetfeet					AVAV O				
	perforationsfeetfeet Well screen installed? □ Yes ☒ No				Í	MAY 2 4 1893	1-		-	
	Manufacturer Type					NORTHERN REGION	1			
	Top Packer or Headpipe				И.,	DWR				
	Bottom of Tailpipe	-		-	-		4			
	Diameter Slot size Set from feet to feet									
	Diameter Slot size Set from feet to feet			50.02 1.22	1100					
	Gravel packed?		-							
	Placed from feet to feet		322							
	Surface seal depth30+Material used in seal: ☐ Cement grout							-		
	□X Bentonite □ Puddling clay □					111				
	Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☐ Overbore to seal depth									
	Method of joining casing:				-			-		
	□ Solvent Weld □ Comented between strata	10.				3100				
	Describe access port				(- 1	
_	Auc	W	Ork Sta	arted _	_05/	10/93 finished _	05/11/93			
6.	LOCATION OF WELL	11. D	RILLE	R'S CI	PRTIEI	CATION			-	
	Sketch map location must agree with written location.								- 1	
	Subdivision Name CLELAND BAY	I/We certify that all minimum well construction standards were complied with at the time the rig was removed,								
		Firm Name H20 WELL SERVICE Firm No. #448								
	Lot No Block No.									
	County BENEWAH Kochenai	Address 582 W HAYDEN AVE Date 05/11/93								
	Address of Well SiteCOTTONWOOD_RD	Şi	gned t	y Drill	ling Su	pervisor Seed	201	_	-	
	(give at least name of road)	and () - 111 - 17								
	NW 1/4 NE 1/4 Sec. 11 , R. 47 N ₺ or S □									