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 - 17740</u>	
Date Received: 12-3-18	
Receipt No: No33932	
Claim Fee: 2500 By:	

RECEIVED

NOTICE OF CLAIM TO A WATER RIGHT

DEC 0 3 2018

HTROW/ MORTH

ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

Please	tvpe	or	print	clearly
	.,	٠.	Pille	oloully

1.	Name of claimant(s) KEVIN D AND/OR JENNIFER HOSKINS Phone (280) 660-5660						
	Mailing address 4864 W MEADOWBROOK LP COEUR D ALENE ID Zip 83814						
	Street or Box City State Email address (optional) JJHOSKINS00@GMAIL.COM						
2.	Date of priority: (Only one per claim) 09/25/2000 (Explain priority date selected in Remarks) Month/Day/Year (YYYY)						
3.	Source of water supply (Check one) <u>Ground Water</u> (✓) or Other () (a)						
	which is tributary to (b)						
4.	Location of point of diversion is: Township50N, Range04W, Section21						
	SW1/4 ofNW 1/4, or Govt. Lot BM, County of KOOTENAI						
	Parcel no. 50N04W213700						
	Additional points of diversion, if any:						
	If available, GPS coordinates:						
5.							
3.	. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)						
	For DOMESTIC purposes from01/01 to12/31amount0.04						
	For to amount						
7.	Total quantity claimed cfs (✓) or AFY ()						
8.	Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind) DOMESTIC USE FOR ONE HOME						

9.	Location of place of use is: Township50N, Range04W, Section31						
	SW 1/4 of NW 1/4 Govt Lot 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.	Describe any other water rights used at the same place and for the same purposes as described above. DOMESTIC USE FROM A SPRING; 95-4377 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						
	 (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:						
	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) 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						
Nan	ne of claimant(s) KEVIN D AND/OR JENNIFER HOSKINS Claim ID						

PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM



Form 23**9CT 16 2000**

IDAHO DEPARTMENT OF WATER RESOURCES

Office Use Only

		a	
٦	n	h.	

WELL DRILLER'S REPORT

DWR/North WELL DRIL	ER'S REPORT		ſnsp	ected by		4
1. WELL TAG NO. D 0013773				RgeSec		.
	11. WELL	TES	TS: Lat:	1/4 1/4 1,		1
DRILLING PERMIT NO. 766775	□ Pı			ir	lan	
2. OWNER: Jerald Machado	Yleid gal.,		Drawdown	Pumping Level	Time	
Name Jerald Machado Address 4640 Meadowbrook		gpm				_
City Coeur d'Alene State ID Zip838	14	_	-			
	Water Temp.			Bottom hole te	mp.	
3. LOCATION OF WELL by legal description:			comments:			
Sketch map location must agree with written location.	5 10 LITUS	1.001	2.1.00	Depth first Water Enco	ounter _2	28
	3ore	LOGI	LOG: (Describe	repairs or abandonme	ent) w	Valer
	th 🗆 💮 Eia. From	Τo		Water Quality & Temperate	ure Y	N
Rge. 4 East Or We	st 🖈 8'' 0	_2	Gravel, sand			×
Sec. 21 1/4 SW 1:4 Gov't Lot County Kootenai	NW 1/4 2	1.6	Clay, tan			x
Lat: : Long: :	: 22	60	Clay, yellow	um, grey 2 gpr	_	×
Lat: : Long: : Address of Well Site Same	60	92	Clay, grey	um, grey 2 gpt	n_ x	_x
(Give nt tenst name of road + Distance to Road or Langmark)	92	116	Clay, tan			x
LtBlkSub. Name	<u> 116</u>	220	Clay, grey		_	_x_
Sub. Name		270	Clay, sand,	silt /tan_silt		x
4. USE:	279	302	Sand medium	/tan sile 25 gpm	x	-X-
🕅 Domestic 🗆 Municipal 🗆 Monitor 🖂 Irrigation	302	312	Shale, decom	posed, broken	^^	X.
☐ Thermal ☐ Injection ☐ Other	312	343	Shale, hard,	broken_10-15	x	553350
5. TYPE OF WORK check all that apply (Replaceme ☑ New Well □ ModIfy □ Abandonment □ Other □					-	
to New Well □ Modify □ Abandonment □ Other — 6. DRILL METHOD					_	+
Rolary □ Cable □ Mud Rolary (☐ Other						1-
7. SEALING PROCEDURES						
SEAL/FILTER PACK AMOUNT METHO						
Material From To Sacks or Pounds					-	-
Bentonite 0 22 200# overbor	<u> </u>				+	+
Mos debus sheet world. The D. N. Ohra D. 1771		-				
Was drive shoe used? □Y □ N Shoe Depth(s) <u>ring bit</u> Was drive shoe seal tested? □ Y□ N How?		-			-	+-
8. CASING/LINER:					-	+-
	d Threaded					
6" +1 339 250 Steel 🖁 □ □ 4" 149 333 160 pvc □ 😾 □		-			4	
4" 149 333 160 PVC						1-1
ength of Headpipe Length of Talipipe					_	+
9. PERFORATIONS/SCREENS				***************************************		
Perforations Method Screen Type Pro-packed Type		1.][
Screen Type Pre-packed PVC		Dej	oth343' 09/20/00		Measural	ble)
From To Slot Size Number Diameter Materia: Casing	Liner Date. Star	ted	03/20/00	Completed_ 09/2	2/00	_
333 343 20 5" PVC			CERTIFICATION			
		t all min	mum well construction s	tandards were complied with	at	
	the time the rig	was rei MCC≥	arty Drillina	a & Pilmo Tra		
O. STATIC WATER LEVEL OR ARTESIAN PRESS	Company Nam	e		& Pump Inc Firm No.58	36	
148 A below ground Artesian pressurelb.	URE: Firm Official	D.	and McA	L-	3 4 - -	_
Depth flow encounteredft. Describe access to			m 1/ Can	Date 10-2-2	FOOC	>
control devices:	Driller or Opera	ator		_ Date		
50N 4W 21			(Sign once if Firm Official &	Operator)		