

# 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 95-15670  
Date Received: 10-22-10  
Receipt No: NO 26194  
Received By: mw

RECEIVED

OCT 22 2010

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

1. Name of Claimant(s) Rachel & Herbert Pawlik Phone (208) 676-1603

Mailing Address 10276 S Caribou Ridge Rd. Harrison ID Zip 83833  
Street or Box City State

2. Date of Priority: (Only one per claim) 07/01/1997  
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 49 N, Range 03 W, Section 10,  
SE 1/4 of SW 1/4, or Govt. Lot \_\_\_\_\_ BM. County of KOOTENAI;  
Parcel (PIN) no. \_\_\_\_\_

Additional points of diversion if any: 0

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.

SEE DRILL REPORT OF 7/16/97; NO CHANGES THEREAFTER

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)  
For DOMESTIC purposes from 7/16/97 to DATE amount 0.02 CFS  
For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_

7. Total Quantity claimed 0.02 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) 1 HOME w/ 1 HOUSEHOLD = 3 PERSONS

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9. Location of Place of Use is: Township 49 N, Range 03 W, Section 10,  
SE 1/4 of SW 1/4, Govt. Lot \_\_\_\_\_ BM. Parcel (PIN) no. \_\_\_\_\_  
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:

0  
\_\_\_\_\_  
\_\_\_\_\_

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 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 WELL REPORT

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) R. Rawlik Date: 10-10-10  
Herbert Rawlik Date: 10/12/10

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 \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

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IDAHO DEPARTMENT OF WATER RESOURCES

July 29 1997

WELL DRILLER'S REPORT 096856

Use Typewriter or Ballpoint Pen

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

NORTHERN REGION

1. DRILLING PERMIT NO. DO - 00 - 3 - 094 -

Other IDWR No. (D0003094) Tag #

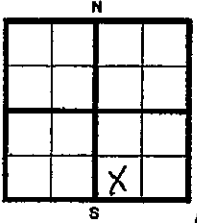
2. OWNER 95-97-N-71 Well Number:

Name DILLMAN, TIM 574

Address 500 N IDAHLINE #70

City POST FALLS State ID Zip 83854

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



Twp. 49  North or  South  
Rge. 03  East or  West  
E Sec. 10 1/4 SE 1/4 SW 1/4

Gov't Lot \_\_\_\_\_ County KOOTENAI

Lat: : : Long: : :

Address of Well Site CARIBOU RDGE RD.  
City CDA

(Give at least name of road + Distance to Road or Landmark)

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	18	8 BAGS	OVERBORE

Was drive shoe used?  Y  N Shoe Depth(s) 18.5

Was drive shoe seal tested?  Y  N How? \_\_\_\_\_

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	18	.250	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	+1	535	.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 SKILLSAW  
 Screens Screen Type \_\_\_\_\_

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

350 ft. below ground Artesian pressure \_\_\_\_\_ lb.  
Depth flow encountered \_\_\_\_\_ ft. Describe access port or control devices: \_\_\_\_\_

11. WELL TESTS:

Pump  Bailor  Air  Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5 GPM			

Water Temp. \_\_\_\_\_ Bottom Hole Temp \_\_\_\_\_

Water Quality test or comments: \_\_\_\_\_

Depth first Water encountered \_\_\_\_\_

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	3	Fill	<input type="checkbox"/>	<input checked="" type="checkbox"/>
8	3	12	Shale Tan Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	12	18	Shale Shale Tan Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	18	49	Shale Tan W/Brown Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	49	160	Shale Light Brown Medium	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	160	181	Shale Green & Brown	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	181	240	Shale Brown & Tan Soft	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	240	270	Shale W/Clay Gravel W/Water 1 Gpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	270	403	Shale Green Medium	<input type="checkbox"/>	<input type="checkbox"/>
6	403	485	Shale Brown & Green	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6	485	509	Shale Green & Brown W/Water 2 gpm	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6	509	540	Shale Green & Brown	<input type="checkbox"/>	<input checked="" type="checkbox"/>

Completed Depth 534' (Measurable)

Date: Started 7/15/97 Completed 7/16/97

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 \_\_\_\_\_ Date 7-28-97

and Supervisor or Operator \_\_\_\_\_ Date 7-17-97

(Sign Once if Firm Official and Operator)

SESW 10 49N 3W