

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 95-14459

Date Received: 10-19-09

Receipt No: N022511

Received 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

RECEIVED

OCT 19 2009

IDWR/North

1. Name of Claimant(s) Rex & Karen Moore Phone (951) 850-1818

Mailing Address 42976 Valentine Circle Temecula CA Zip 92592
Street or Box City State

2. Date of Priority: (Only one per claim) 05/19/94
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 52N, Range 03W, Section 34,
SW 1/4 of SW 1/4, or Govt. Lot 7 BM. County of KOOTNEY;
Parcel (PIN) no. 0-3580-000-011-A

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 & PUMP

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 .02 cfs() or AFY()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .02 cfs (✓) 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

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9. Location of Place of Use is: Township 52N, Range 3W, Section 34,
SW 1/4 of SW 1/4, Govt. Lot 7 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? KOOTNEY COUNTY

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:

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

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] Trustee Date: 10/15/09

X [Signature] Trustee Date: 10/15/09

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

REXIMOORE TRUSTEE of MOORE Family Trust,
Title Organization

that I have signed the foregoing document in the space below as

X [Signature] - Trustee of MOORE Family Trust,
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. 95-14459

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OCT 19 2009



United Pump Co.

A DIVISION OF UNITED DRILLING, INC.
P.O. BOX 2499 • COEUR D'ALENE, ID 83814
(208) 765-0661

WELL TEST

Customer: Al Lindsay

Address: Camarillo(Short Well #2)

Job Location: Hayden Lake

Phone No:

WELL DATA

Total Depth: 120'

Test Pump Used: 1 HP 10 GPM

Static Water Level: 45'

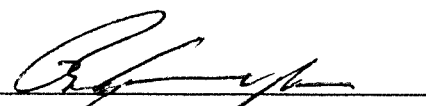
Pump Setting: 112'

Driller Tested:

Date of Test: 5/19/94

TIME	FLOW RATE	PRESSURE	WATER QUALITY	STATIC LEVEL
2:00	15 GPM	0 PSI	Clear	45'
2:15	4 GPM	70-90 PSI	Clear	112'
2:30	4 GPM	70-90 PSI	Clear	112'
2:45	4 GPM	70-90 PSI	Clear	112'
3:00	4 GPM	70-90 PSI	Clear	112'
3:15	4 GPM	70-90 PSI	Clear	112'
3:30	4 GPM	70-90 PSI	Clear	112'
3:45	4 GPM	70 PSI	Clear	112'
4:00	4 GPM	70 PSI	Clear	112'
4:15	4 GPM	70 PSI	Clear	112'
4:30	4 GPM	70 PSI	Clear	112'
4:45	4 GPM	70 PSI	Clear	112'
5:00	4 GPM	70 PSI	Clear	112'
5:15	4 GPM	70 PSI	Clear	112'
5:30	4 GPM	70 PSI	Clear	112'
5:45	4 GPM	70 PSI	Clear	112'
6:00	4 GPM	70 PSI	Clear	112'

Test Summary:

CERTIFIED BY: 

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95-14459 OCT 19 2009

State of Idaho, Department of Health and Welfare
Bureau of Laboratories - Coeur d'Alene Branch Lab
2195 Ironwood Court, Coeur d'Alene, Idaho 83814
DRINKING WATER COLIFORM BACTERIA ANALYSIS REPORT (PRIVATE)

LAB: COEUR D'ALENE, Phone: (208) 769-1432
Branch Laboratory Supervisor, Bacteriology: Mike Brodwater

UNITED PUMP ATTN: RICH AGUEROS
P O BOX 1690
HAYDEN LAKE, ID 83835

Tracking Number: 10594-8144/
(Please Refer to this Tracking Number on any communications)

PWS Number: UNITED
Water System: UNITED PUMP
Sample Location: AL LINDSAY - OLD HOME
County:
Collected by: AGUEROS
Sample Type: Construction/Special - C

Date Collected: 05/19/94 Date Received in Lab: 05/20/94
Time Collected: 17:30 Time Received in Lab:

TEST CODE		RESULTS	COMPLETED
WMMO	TOTAL COLIFORM	ABSENT	05/21/94

APPROVED

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