

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 95-11489  
Date Received: 11/9/2009  
Receipt No: NO 22764  
Received By: *AS.*

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)

GRANT FOREST  
7448 AQUA CIRCLE  
DALTON ID USA 83815

Phone: (208) 762-4766

2. Date of Priority: 02/26/2009

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

| Township | Range | Section | 1/4 of 1/4 of 1/4 Lot | County   | Type |
|----------|-------|---------|-----------------------|----------|------|
| 50N      | 03W   | 35      | SE NW 2               | KOOTENAI |      |

5. Description of diverting works:

Submersible pump

6. Water is used for the following purposes:

| Purpose  | From  | To    | C.F.S. | (or) A.F.A |
|----------|-------|-------|--------|------------|
| DOMESTIC | 01/01 | 12/31 | 0.02   |            |

7. Total Quantity Appropriated is:  
0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:  
Number of homes: 1

10. Place of use:

| Township | Range | Section | 1/4 of 1/4 Lot | Use      | Acres |
|----------|-------|---------|----------------|----------|-------|
| 50N      | 03W   | 35      | SE NW 2        | DOMESTIC |       |

11. Place of use in counties: KOOTENAI

12. Do you own the property listed above as place of use? Yes

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Beneficial Use

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do \_\_\_\_\_ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: \_\_\_\_\_

**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): tit Date: 11-9

\_\_\_\_\_ Date: \_\_\_\_\_

# WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0056576  
Drilling Permit No: 854827  
Other IDWR No. \_\_\_\_\_

2. OWNER FOREST, GRANT Well Number: 1467  
Address 7448 AQUA CIRCLE  
City DALTON State ID Zip 83815

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

|   |  |
|---|--|
| N |  |
| W |  |
| E |  |
| S |  |

Twp. 50N ☒ North or ☐ South  
Rge. 03W ☐ East or ☒ West  
Sec. 35 1/4 SE 1/4 NW 1/4  
Gov't Lot \_\_\_\_\_ County \_\_\_\_\_  
Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_

Address of Well Site S. MOLSTEADS LN  
BLUE CRK BAY City COEUR D'ALENE  
(Give at least name of road + Distance to Road or Landmark)  
Lt. 2 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 | 500 LBS         | OVERBORE |
|                  |      |    |                 |          |
|                  |      |    |                 |          |

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 18

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

## 8. CASING/LINER:

| Diameter | From | To  | Gauge | Material | Casing                              | Liner                    | Welded                              | Threaded                 |
|----------|------|-----|-------|----------|-------------------------------------|--------------------------|-------------------------------------|--------------------------|
| 8        | +1   | 18  | .250  | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| 6        | +2   | 300 | .250  | STEEL    | <input checked="" type="checkbox"/> | <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
|          |      |     |       |          |                                     |                          |                                     |                          |

Length of Headpipe \_\_\_\_\_ Length of Tailpipe \_\_\_\_\_

## 9. PERFORATIONS/SCREENS

☐ Perforations Method \_\_\_\_\_

☐ Screens Screen Type \_\_\_\_\_

| From | To | Slot Size | Number | Diameter | Material | Casing | Liner |
|------|----|-----------|--------|----------|----------|--------|-------|
|      |    |           |        |          |          |        |       |
|      |    |           |        |          |          |        |       |
|      |    |           |        |          |          |        |       |

## 10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

40 ft. below ground Artesian pressure \_\_\_\_\_ lb.

Depth flow encountere 330 ft. Describe access port or control devices: \_\_\_\_\_

## 11. WELL TESTS:

☒ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

| Yield gal./min. | Drawdown | Pumping Level | Time |
|-----------------|----------|---------------|------|
| 6               |          |               |      |
|                 |          |               |      |
|                 |          |               |      |

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: GOOD

Depth first Water encountered 70

## 12. LITHOLOGIC LOG:(Describe repairs or abandonment)

|           |      |     |                                                | Water                               |                                     |
|-----------|------|-----|------------------------------------------------|-------------------------------------|-------------------------------------|
| Bore Diam | From | To  | Remarks: Lithology, Water Quality, Temperature | Y                                   | N                                   |
| 12        | 0    | 3   | Top Soil                                       | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12        | 3    | 15  | Tan Clay & Gravels                             | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 12        | 15   | 18  | Tan Shale                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 18   | 30  | Tan Shale                                      | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 30   | 50  | Green, Grav Shale                              | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 90   | 115 | Broken Brown Shale                             | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| 8         | 115  | 130 | Tan Med. Shale                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 130  | 160 | Broken Shale                                   | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 160  | 250 | Hard Gray Clay                                 | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 250  | 290 | Tan Soft Clay                                  | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 8         | 290  | 300 | Hard Gray Shale                                | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| 6         | 300  | 360 | Gray Shale                                     | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

RECEIVED

APR 01 2009

IDWR/North

Completed Depth 360 (Measurable)  
Date: Started 2/19/2009 Completed 2/26/2009

## 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 Jim McLeslie Date 3-4-09

and  
Supervisor or Operator Jim McLeslie Date 2/27/2009  
JIM McLESLIE (Sign Once if Firm Official and Operator)

50N 03W 35