

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 95-16252Date Received: 6/24/2010Receipt No: N025044 BReceived By: Ann

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) AH & JH Properties, LLC Phone (818) 620-0203Mailing Address 25234 EL DORADO MEADOWS Hills Idaho Zip 91320
Street or Box City State2. Date of Priority: (Only one per claim) 9-15-2008
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) N/A
which is tributary to (b) N/A4. Location of Point of Diversion is: Township 49N, Range 3W, Section 17,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of KOOTENAI;Parcel (PIN) no. 49N03W-17-8600Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

DOSS626 well completed 2008, CONNECTED
TO existing shop w/new bathroom and (1) Frosters

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01-01 to 12-31 amount .04 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 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) one shop w/ bathroom/shower

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JUN 25 2010

9. Location of Place of Use is: Township 49N, Range 3W, Section 17,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

If different than shown in Item 4

for (Check One) Domestic (X) Stock () Domestic and Stock ()

Additional places of use, if any N/A

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 (X) 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 (X)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (X) 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 (X) 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) Anders Hainer

Date: 4/1/2010

Date: _____

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 _____

Address _____

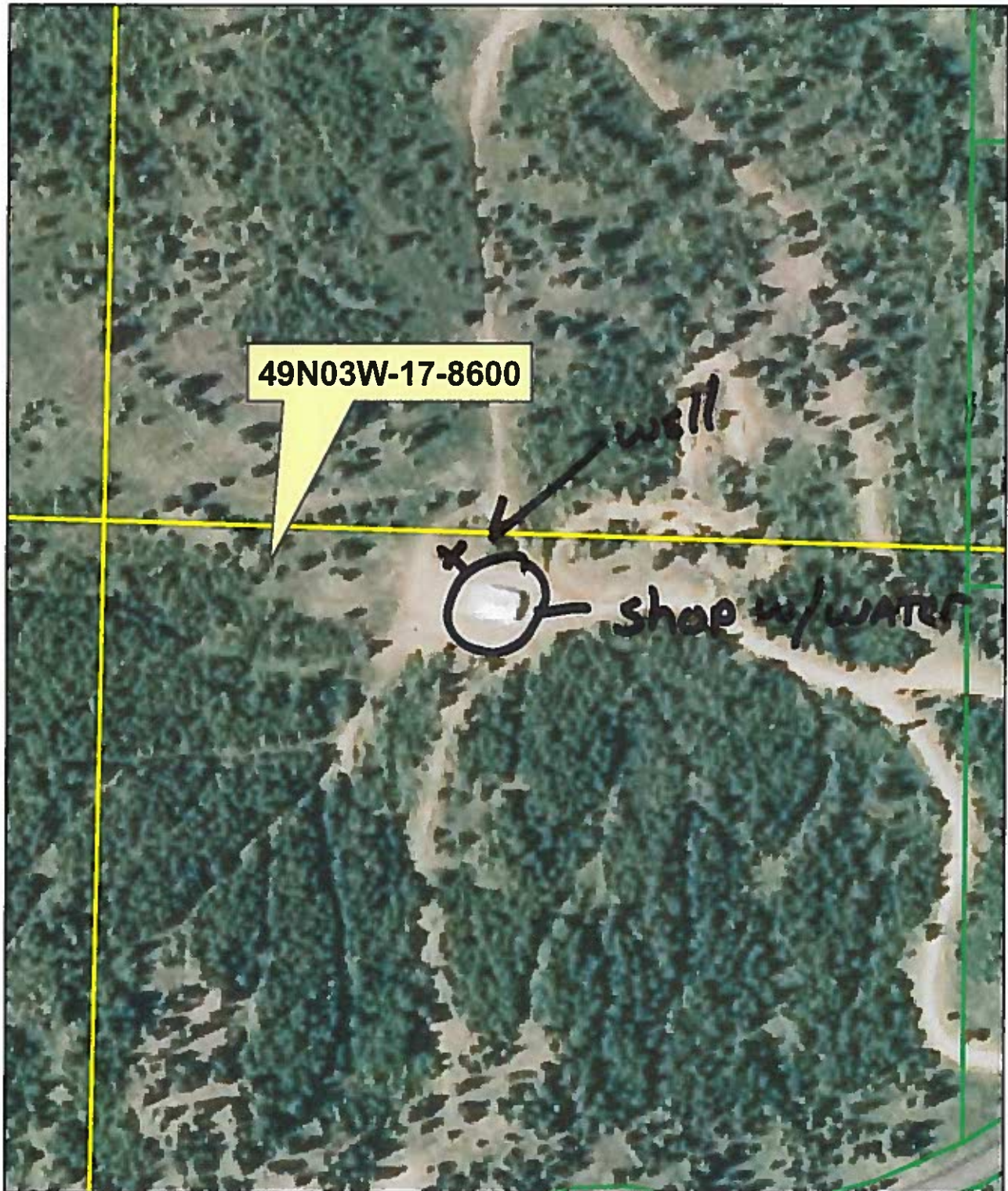
Date _____

Last Name _____ Identification No. _____

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HAINER PIN 49N03W-17-8600



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JUN 24 2010

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0055626

DRILLING PERMIT N

Other IDWR No

2. OWNER:

Name Julie and Anders Hainer

Address 3723 gotham bay rd

City harrison

State ID

Zip 83833

3. LOCATION OF WELL by legal description:

N		Twp 49N	North ☒ or South ☐
Rge 03W		East ☐ or West ☒	
Sec 17		1/4 SW 1/4 NE 1/4	
Gov't Lot		County Kootenai	
Lat 47:35:13		Long 116:45:02	

Address of Well Site: (see next line)

gotham bay rd

City harrison

Lot

Blk

Sub. Name (see next line)

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/Lbs	
BENTONITE	0	80	26 SACKS	DRY POOR

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 178Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	+2	178	0.250	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe N/A Length Tailpipe N/A

9. PERFORATIONS/SCREENS

☒ Perforations? Method DRILL☐ Screens? Screen Type

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
340	380	3/8	500	3/8	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

120 ft. below ground. Artesian pressure 0 lb.

Depth flow encountered 280 ft. Describe access port or

control devices: CAP WEDED

11. WELL TESTS:

- ☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
35 TO 40	N/A	380	1HRS

Water Temp. COLD

Bottom hole temp. COLD

Water Quality test or comments: (below) Depth first Water Encountered 320

CLEAR

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
				Y	N
8	0	2	CLAY	☐	☒
8	2	64	BASALT	☐	☒
8	64	158	CLAY BROWN	☐	☒
8	158	285	SHALE TAN	☐	☒
6	285	305	SHALE TAN SOFT	☐	☒
6	305	380	SOFT BROKEN SHALE	☒	☐
			6 GPM 320	☐	☐
			11 GPM 355	☐	☐
			25 TO 30 AT 370	☐	☐

RECEIVED

SEP 23 2008

IDWR/North

Completed Dept 380 (Measurable)

Date: Started 8/14/2008 Completed 8/15/2008

13. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm United Drilling Inc.

Firm No 414

Name

Firm Official and

Timothy R. Volking

Date 8/15/2008

Supervisor or Operator Timothy R. Volking

Date 8/15/2008

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49N 03W 17