

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 95-14045Date Received: 9/17/09Receipt No: N032147Received By: RJ

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

SEP 17 2009

1. Name of Claimant(s) Sonshine Group LLC Phone (208) 765-8577 IDWR/NorthMailing Address 5239 Lisa Rd Harrison, ID Zip 83833
Street or Box City State2. Date of Priority: (Only one per claim) 6-26-2003
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 49N, Range 03W, Section 4,
SW 1/4 of NE 1/4, or Govt. Lot — BM. County of Kootenai;Parcel (PIN) no. 49N03W-04-2150Additional points of diversion if any: noneIf 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.

submersible pump in well

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

For domestic purposes from 1-1 to 12-31 amount 0.02 cfs (X) or AFY ()

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) —

RECORDED

SEP 17 2009

9. Location of Place of Use is: Township 49N, Range 03W, Section 4,
SW 1/4 of NE 1/4, Govt. Lot - BM. Parcel (PIN) no. 49N03W-04-2150
If different than shown in Item 4

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

Additional places of use, if any none

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:

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: 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) Eric Carlson Date: 9-17-09
Manager 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. _____

SCANNED

SEP 17 2009

RECEIVED
JUL 25 2003

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0028491 JUL 09 2003

Drilling Permit No: 803121

Other IDWR No.

IDWR/North

2. OWNER

Name CARLSON, ERIC

Well Number:

591

Address 2437 N. TARVIS

City MESA State AZ Zip 85207

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N			
		X	
W			
S			

Twp. 49 ☒ North or ☐ South
Rge. 3 ☐ East or ☒ West
E Sec. 4 1/4 SW 1/4 NE 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site LISA RD.

City COEUR D' ALE

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

Lt. 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	
DRY GRANULE				
BENTONITE	0	18	7 BAGS	OVERBORE

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) R.B.Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	455	.250	STEEL	☒	☐	☒	☐
4	+1	460	.160	PVC	☐	☒	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method☒ Screens Screen Type TELESCOPING PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-460	500	10	40	4	PVC	☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

430 ft. below ground Artesian pressure lb.

Depth flow encountered 483 ft. Describe access port or control devices:

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5		500'	1HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: DIRTY

Depth first Water encountered 460

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
12	0	18	Top Soil Clayish Brown	☐	☒
10	18	23	Top Soil Clayish Brown	☐	☒
10	23	30	Broken Hard Basalt	☐	☒
8	30	50	Broken Hard Basalt	☐	☒
8	50	153	Hard Basalt	☐	☒
8	153	270	Soft Yellowish Tan Clay	☐	☒
8	270	279	Broken Basalt	☐	☒
8	279	335	Basalt w/ Clay	☐	☒
8	335	420	Hard Basalt	☐	☒
8	420	436	Hard Brown Clay	☐	☒
8	436	475	Soft Tan & Green Shale	☐	☒
8	475	483	Sand w/Clay Apx. 4-6 gpm water	☒	☐
8	483	497	Shale w/Clay Secms	☐	☒
8	497	535	Dark Brown Clay	☐	☒
8	535	600	Soft Green Shale	☐	☒

Completed Depth 500 (Measurable)

Date: Started 6/19/03 Completed 6/26/03

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 WellService, Inc. Firm No. 448

Firm Official Date 7-1-03

and

Supervisor or Operator Date 6-30-03

(Sign Once if Firm Official and Operator)

(Louie Hanner)

49 N 3 W 4

