

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 95-15654Date Received: 10/18/10Receipt No: N 026174Received By: [Signature]

RECEIVED NOTICE OF CLAIM TO A WATER RIGHT

OCT 18 2010

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day.

IDWR/North

1. Name of Claimant(s) Douglas H. Stoner and/or Maryalice Stoner Phone (406) 721-4041Mailing Address PO Box 7123 Missoula MT Zip 59807
Street or Box City State2. Date of Priority: (Only one per claim) 11/21/2005
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 30,
SE 1/4 1/4 of Section 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 49N03W307500 + 49N03W307500Additional points of diversion if any: noneIf available, GPS coordinates: NA

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.

① Well = Submersible pump in well
② Well hand dug probably 1930

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 .02 cfs ☒ or AFY ()For stockwater purposes from 1-1 to 12-31 amount .027. 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 and stock water
for 5 head of mixed stock

SEALING
OCT 18 2010

9. Location of Place of Use is: Township 49N, Range 3W, Section 30,
NW 1/4 of SE 1/4, Govt. Lot — BM. Parcel (PIN) no. 49N03W307350
If different than shown in Item 4

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

Additional places of use, if any NESE S30 49N03W307500

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) Margaret Stone Date: 10/18/2010
_____ 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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

SCANNED

OCT 18 2010

WELL DRILLER'S REPORT

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

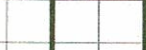
1. WELL TAG NO. D0041076
Drilling Permit No: 837526
Other IDWR No.

2. OWNER **Well Number:**
Name STONER, DOUGLAS & MARYALICE 1081

Address PO BOX 7123
City MISSOULA State MT Zip 59807

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
 Sec. 30 NE 1/4 NW 1/4 SE 1/4
 Gov't Lot _____ County KOOTENAI
 Lat. : : Long. : :
 Address of Well Site STAGHORN RIDGE RD
City HARRISON
 (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	
BENTONITE	0	38	600 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 38

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

8. CASING/LINER:

[illegible]

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒	Perforations	Method	SKIL SAW
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Generation	Method
Screens	Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Linear
200	300	1/4 X 8	48	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

150 ft. below ground Artesian pressure lb.

Depth flow encounter _____ ft. Describe access port or control devices:

49W 3W 30

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8			

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 150

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
10	0	3	TOP SOIL	☐	☒
10	3	38	CLAY, SHALE SOFT	☐	☒
6	38	140	SHALE, TAN MED	☐	☒
6	140	220	SHALE, GRAYISH GREEN, 4 GPM	☒	☐
6	220	300	SHALE, TAN MED, 4 GPM	☒	☐
RECEIVED DEC 01 2005 IDWR/North					
Completed Depth 300				(Measurable)	
Date: Started 11/21/2005				Completed 11/21/2005	

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 [Signature] Date 11-23-05

and
Supervisor or Operator Jim McLesch Date 11/22/05

JIM MCLESIE

(Sign Once if Firm Official and Operator)

49N03W30NWSE

49N03W30NESE

Well

