

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 95-10476

Date Received: 4/24/09

Receipt No: N020391 B

Received By: dm

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) Douglas or Linda Reagon Phone (208) 689-9483

Mailing Address P.O. Box 3306 Coeur d'Alene ID Zip 83816
Street or Box City State

2. Date of Priority: (Only one per claim) 10-01-1991
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 48N, Range 03W, Section 6,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 48N03W065000

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 drilled 1991 for horse Barn and
ag use.

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

For stock water purposes from 01-01 to 12-31 amount 4 ft to 0.2 cfs
For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed: 0.2 CFS cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 2 horses no more than
6 cows.

SCANNED

APR 27 2009

9. Location of Place of Use is: Township 48N, Range 03W, Section 6,
NE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 48N03W065000
If different than shown in Item 4

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

Additional places of use, if any 48N-03W-6-SE-SW 48N03W0667SC

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: stock water supplied to horse barn,
AND Pond located to South.

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- well drillers report 95-91-N-158
drilled for Mike Pearce. 10-01-1991 & MAP.

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] Date: 4-24-09
[Signature] Date: 4-24-09

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 _____

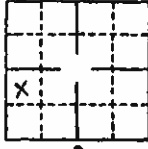
Last Name _____ Identification No. _____

SCANNED

APR 27 2009

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER Name <u>Mr. Mike Pearson</u> Address <u>WRC Box 30 Harrison Id</u> Owner's Permit No. <u>95-91-N-158</u>		7. WATER LEVEL Static water level <u>150</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ of. Quality _____ Describe artesian or temperature zones below.																																																					
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Well diameter increase ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____																																																					
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		<table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>30+</u></td><td></td><td><u>2</u></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>30+</u>		<u>2</u>																																														
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		9. LITHOLOGIC LOG <u>081745</u> <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8"</td><td>0</td><td>3</td><td>Topsoil</td><td></td><td>☒</td></tr><tr><td>"</td><td>3</td><td>35</td><td>Clay</td><td></td><td>☒</td></tr><tr><td>"</td><td>35</td><td>118</td><td>Gravel</td><td></td><td>☒</td></tr><tr><td>"</td><td>118</td><td>220</td><td>Clay</td><td></td><td>☒</td></tr><tr><td>"</td><td>220</td><td>230</td><td>Coarse sand clay</td><td></td><td>☒</td></tr><tr><td>6"</td><td>230</td><td>280</td><td>Clay</td><td></td><td>☒</td></tr><tr><td>"</td><td>280</td><td>283</td><td>Crushed gravel</td><td>☒</td><td></td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	3	Topsoil		☒	"	3	35	Clay		☒	"	35	118	Gravel		☒	"	118	220	Clay		☒	"	220	230	Coarse sand clay		☒	6"	230	280	Clay		☒	"	280	283	Crushed gravel	☒	
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5. WELL CONSTRUCTION Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>250</u> inches <u>6</u> inches + <u>2</u> feet <u>283</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ Diameter _____ Slot size _____ Set from _____ feet to _____ feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth _____ Material used n seal: ☐ Cement grout ☐ Bentonite ☒ Puddling clay <u>Bentonite</u> Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing ☒ Overbore to seal depth Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld _____ ☐ Cemented between strata Describe access port _____		RECEIVED OCT 29 1991 NORTHSEN REGION DWR RECEIVED AUG 27 1992 Department of Water Resources RECEIVED DEC 04 1992																																																					
6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> N ☒ S ☐ E ☐ W ☐ T. <u>48</u> S. <u>1</u> R. <u>3</u> E. ☐ W ☐		10. Work started <u>10-1-91</u> finished <u>10-4-91</u>																																																					
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>H2O Well Svc</u> Firm No. <u>4418</u> Address <u>Hayden Idaho</u> Date <u>10-8-91</u> Signed by (Firm Official) <u>John W. Brown</u> and <u>Mike Pearson</u> (Operator)		11. USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT																																																					

