

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 9516543Date Received: 1-17-13Receipt No: N029622Received By: Chad

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JAN 17 2013

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

IDWR / NORTH

1. Name of Claimant(s) Greg & Leah Stern Family Living trust Phone (208) 661-6347Mailing Address 4933 French Gulch Rd Id 83814 Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 10-8-1996
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 50N, Range 03W, Section 8
SW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 50N03W-08-1450

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.

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 0.04 cfs or AFY ()For Stockwater purposes from 1/1 to 12/31 amount 0.027. Total Quantity claimed 0.06 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) Domestic 1 home Stockwater up
to 10 head mixed stock

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9. Location of Place of Use is: Township 50N, Range 03W, Section 8,
SW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. Same
If different than shown in Item 4

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

Additional places of use, if any _____

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: 1

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) _____ Date: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Trustee of Greg + Leah Stern Family Living Trust
Title Organization

that I have signed the foregoing document in the space below as

Trustee of same
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Greg Stern Date 1-17-13

Title and Organization Greg + Leah Stern Family Living Trust

16. Notice of Appearance:

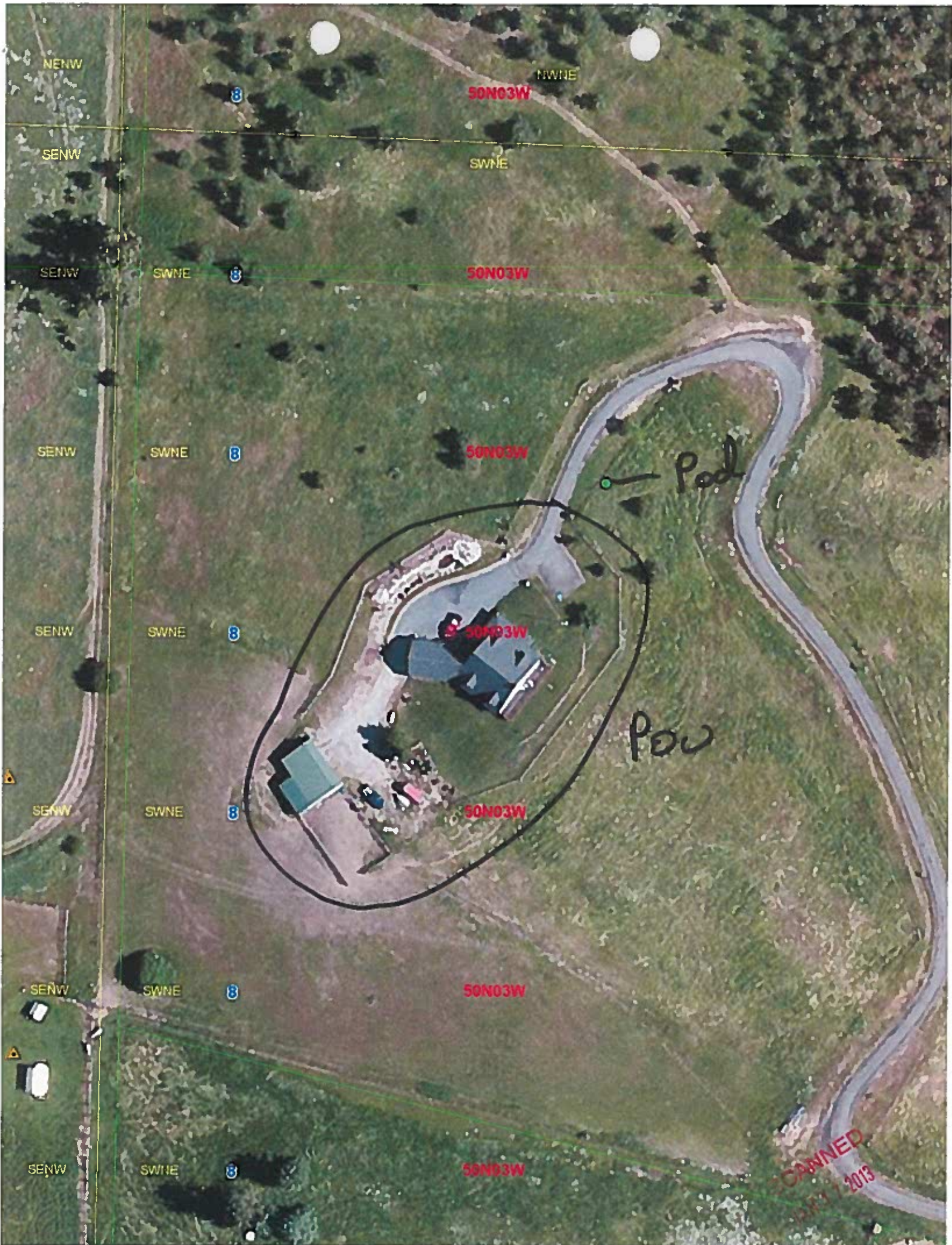
Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Last Name _____ Identification No. _____

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DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

097780

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

1. DRILLING PERMIT NO. 93-96-N-127-000

Other IDWR No.

2. OWNER

Name STERN, GREG

Well Number: 482

Address 730 RUBY

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

N				
		X		
W				
S				

Twp. 50 North or South
Rge. 03 East or West
Sec. 08 1/4 SW 1/4 NE 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site FRENCH GULCH

City CDA

(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	70	3 SACKS	Powder/ 1 Crumb

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 70Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	70	.250	STEEL	☒	☐	☒	☐
4	-10	160	.160	PVC	☐	☒	☐	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method SAWCUT

☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
120	160	1/16	60	4	VPC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

90 ft. below ground Artesian pressure lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
18-20 GPM			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAN

Depth first Water encountered 80

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Hole	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Topsoil Brown	☐	☒
8	2	30	Clay Tanish Gray	☐	☒
8	30	70	Clay Grayish W/Shale	☐	☒
6	70	100	Shale Black W/Gray Clay	☐	☒
6	100	160	Shale Black H2O	☐	☒
	0	0	1-1x6" Bolt on Well Cap	☐	☐

Completed Depth 180' (Measurable)

Date: Started 10/08/96 Completed 10/08/96

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 Date 10-22-96

and Supervisor or Operator Date 10/22/96

(Sign Once if Firm Official and Operator)

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SWNE 8 SON 3W