

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: 95-8644
Date Received: 6/30/2009
Receipt No: N021078
Received By: BM

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) JEFFREY B and/or CINDY S. SHARN Phone (208) 660-7480

Mailing Address 5281 W. HAYDEN AVE RATHDRUM ID ZIP 83858
Street or Box City State

2. Date of Priority (Only one (1) per claim) FEB 28 1990
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 51N, Range 04W, Section 17
SW, 1/4 of SE, 1/4 Govt. Lot —, BM., County of KOOTENAI

Parcel (PIN) no. 51N04W178900

Additional points of diversion if any: N/A

If available, GPS Coordinates N/A

b. If instream flow, beginning point of claimed instream flow is:

Township _____, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

ending point is: Township _____, Range _____, Section _____, 1/4 of _____, 1/4

Govt. Lot _____, BM., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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. 95-90-N-14-95-08644

WELL COMPLETED 1990 FOR IRRIGATION AND
ONE HOME 2 PRESSURE TANKS IN
PUMP HOUSE GATE VALVE USED TO REGULATE
IRRIGATION WATER AND HAND LINES

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JUN 30 2009

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For IRRIGATION purposes from 03/15 to 11/15 amount 0.11 or 25.5

For DOMESTIC purposes from 01/01 to 12/31 amount 0.12 or 0.6

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.11 CFS (cfs) and/or (b) 26.1 AF (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) ONE HOME TWO HORSES

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
<u>51N</u>	<u>04W</u>	<u>17</u>												<u>8.5</u>					<u>8.5</u>
<u>51N</u>	<u>04W</u>	<u>17</u>												<u>D</u>					

Parcel (PIN) no(s). 51N04W178900

Total number of acres irrigated 8.5

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 your 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: _____

Last Name SHARON

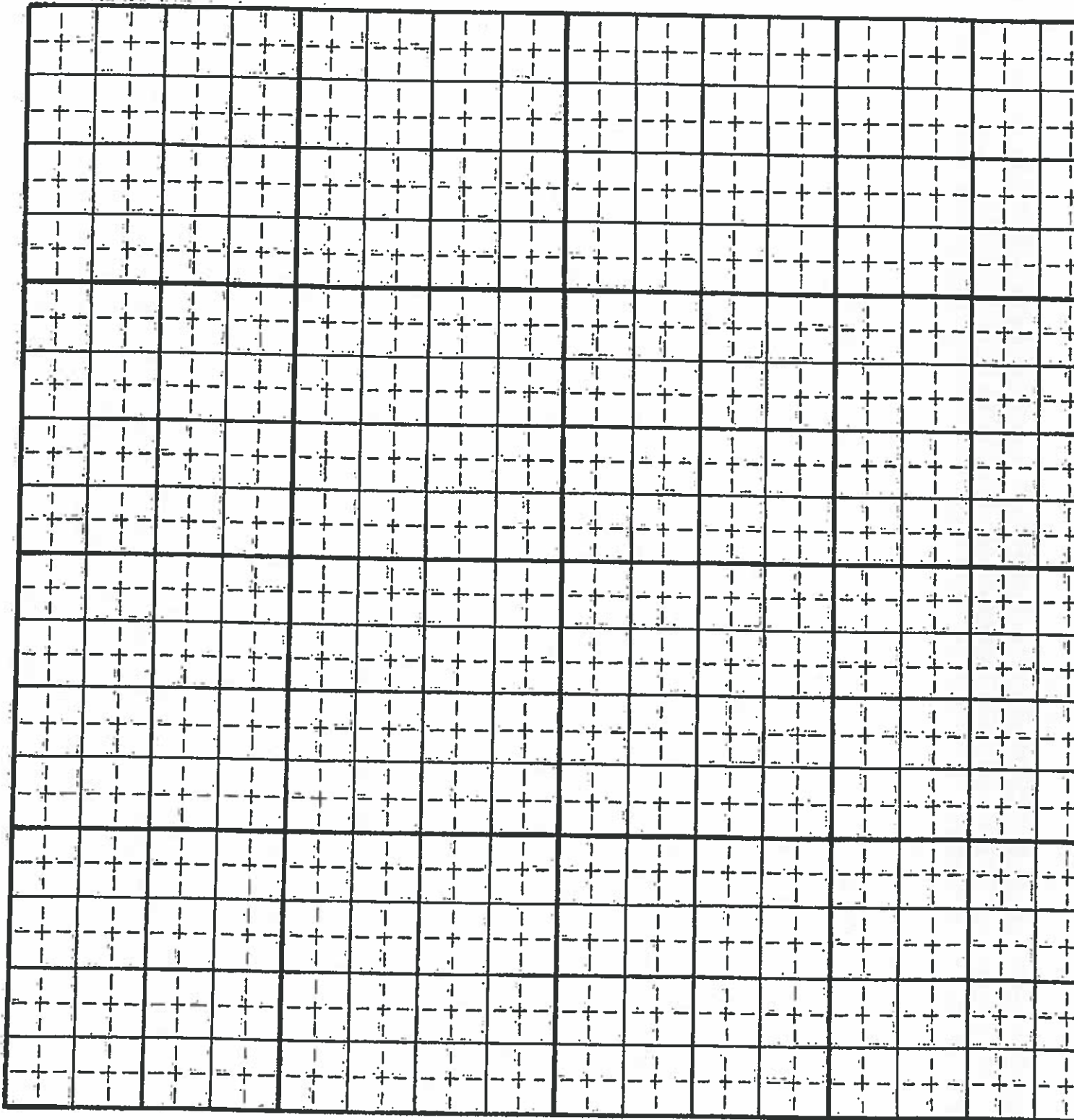
Identification No. _____

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Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile



Last Name _____ Identification No. _____

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14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License (X) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-08644

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) Jeffrey B. Shanon Date: 6-30-09
Cindy S. Shanon Date: 6-30-09

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. _____

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SHARON PIN 51N04W-17-8900

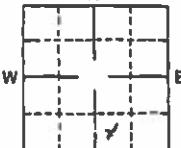


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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESTYPEWRITER OR
BALLPOINT PEN

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>BRAD CHALKER</u> Address <u>56715 Hayden Ave Rathdrum, ID</u> Owner's Permit No. <u>95-90-N-14 - 95-68644</u>	7. WATER LEVEL Static water level <u>263</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 _____ °F. Quality _____ Describe artesian or temperature zones below.																																
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☐ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td colspan="3">NO TEST</td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	NO TEST																												
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3. PROPOSED USE ☐ Domestic ☒ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th rowspan="2">Water Yes No</th></tr><tr><th>From</th><th>To</th></tr></thead><tbody><tr><td>8</td><td>1</td><td>45</td><td>large gravel & boulders</td><td>-</td></tr><tr><td>6</td><td>45</td><td>180</td><td>sand & gravel</td><td>-</td></tr><tr><td>6</td><td>180</td><td>190</td><td>boulders</td><td>-</td></tr><tr><td>6</td><td>190</td><td>315</td><td>sand & gravel with bent clay</td><td>+</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water Yes No	From	To	8	1	45	large gravel & boulders	-	6	45	180	sand & gravel	-	6	180	190	boulders	-	6	190	315	sand & gravel with bent clay	+					
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4. METHOD DRILLED ☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☒ Cable ☐ Dug ☐ Other _____	RECEIVED MAY 24 1990 Department of Water Resources RECEIVED MAY 10 1990 NORTH IDAHO																																
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1</u> foot</td><td><u>310</u> feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ inches</td><td>_____ inches</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr><tr><td>_____ perforations</td><td>_____ feet</td><td>_____ feet</td></tr></tbody></table> Well screen installed? ☒ Yes ☐ No Manufacturer's name <u>COOK</u> Type <u>Stainless Steel</u> Model No. _____ Diameter <u>6</u> Slot size <u>10</u> Set from <u>310</u> feet to <u>315</u> feet Diameter _____ Slot size _____ Set from _____ feet to _____ feet Gravel packed? ☐ Yes ☒ No Size of gravel _____ Placed from _____ feet to _____ feet Surface seal depth <u>40</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding clay ☐ _____ 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 <u>well cap</u>		Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1</u> foot	<u>310</u> feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	_____ inches	_____ inches	_____ feet	_____ feet	Number	From	To	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet	_____ perforations	_____ feet	_____ feet
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6. LOCATION OF WELL ✓ Sketch map location must agree with well location.  County <u>Kootenai</u> Subdivision Name _____ Lot No. _____ Block No. _____ T. <u>51N</u> N/S, R. <u>4W</u> E/W. SW 1/4 Sec. <u>17</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>BRONSON WELL DRILLERS</u> Firm No. <u>360</u> Address <u>Box 151111, Lake, ID</u> Date <u>4-24-90</u> Signed by (Firm Official) <u>ADB</u> and (Operator) _____	10. Work started <u>3-15-90</u> finished <u>4-24-90</u>																																

USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT

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