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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 95-10115Date Received: 2/4/09Receipt No: N019899Received By: cb

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) ROB, CAROL RANDALL Phone (208) 765-0584

Mailing Address 4040 E. FRENCH GULCH RD COEUR D'ALENE ID Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 1-30-09
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 50 N, Range 03 W, Section 08,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of _____

Parcel (PIN) no. _____

Additional points of diversion if any: _____

If available, GPS coordinates: N 47° 41.546 LATITUDE W 116° 43.862 LONGITUDE

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, 220 FEET IN DEPTH, 6" DIAMETER

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

For DOMESTIC purposes from JAN 1 to DEC 31 amount .150 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .150 cfs ☒ or AFY ()

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

Stockwater and Number of livestock) SINGLE HOUSEHOLD

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9. Location of Place of Use is: Township 50N, Range 03W, Section 08,
NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
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 copy of well drillers report

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: 1-30-09

[Signature] Date: 1-30-09

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 _____ Date _____

Address _____

Last Name _____ Identification No. _____

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WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0054684

Drilling Permit No: 852047
Other IDWR No.

2. OWNER

Name ROB RANDALL Well Number: 1428

Address 4040 FRENCH GULCH RD

City COEUR D'ALENE State ID Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

W	E	S	N	Twp. <u>50N</u> ☒ North or ☐ South
				Rge. <u>03W</u> ☐ East or ☒ West
				Sec. <u>08</u> <u>1/4 NW 1/4 SE 1/4</u>
Gov't Lot _____ County <u>KOOTENAI</u>				
Latitude: <u>N47:41 546</u> Longitude: <u>W116:43 862</u>				
Address of Well Site <u>4040 FRENCH GULCH RD</u>				
City <u>CDA</u>				

(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 18 300 LBS		OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 88

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	88	.250	STEEL	☒	☐	☒	☐
4	-7	202	.200	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILLSAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
187	202	1/8X6	50	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

110 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 180 ft. Describe access port or control devices:

50N 03W 08

11. WELL TESTS:

Pump ☐ Bailer ☒ Air ☐ Flowing Artesian
Yield gal./min. Drawdown Pumping Level Time
50+ 1/2HR

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 120

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	Y	N
8	0	3	Top Soil		☒	☐
8	3	22	Tan Clay w/Basalt		☒	☐
8	22	48	Tan Clay		☒	☐
8	48	81	Gray Clay		☒	☐
8	81	86	Brown Clay		☒	☐
8	86	88	Basalt		☒	☐
6	88	118	Basalt		☒	☐
6	118	125	Basalt		☒	☐
6	125	180	Basalt		☒	☐
6	180	202	Basalt		☒	☐

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AUG 08 2008

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AUG 27 2008

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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 Todd Morgan Date 7-1-08

and Supervisor or Operator Todd Morgan Date 6/30/2008

TODD MORGAN (Sign Once if Firm Official and Operator)

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