

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 95-10500Date Received: 7/29/99Receipt No: NO20422Received By: Lee

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) Ronald G. Howard Phone (208) 765-9120
Amita L. Howard
Mailing Address 7204 S. Camifer Ln. Harrison, ID Zip 83833
Street or Box City State

2. Date of Priority: (Only one per claim) July 17, 1992 Nov 19, 1999
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 49 N., Range 3 West, Section 19,
S.W. 1/4 of N.W. 1/4, or Govt. Lot _____ BM. County of _____;

Parcel (PIN) no. 075900010140

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 2,1 Month/Day to 2,1 Month/Day amount .02 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. 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

SCANNED

APR 29 2009

9. Location of Place of Use is: Township 49 N, Range 3 W, Section 10

S.W. 1/4 of N.W. 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

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

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 _____

Address _____

Date _____

Last Name _____ Identification No. _____

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APR 24 2009

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

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

1. WELL TAG NO. D10879

JAN 26 2000

Drilling Permit No:

Other IDWR No.

754968 IDWR/North

2. OWNER

Name HOWARD, RON

Well Number:

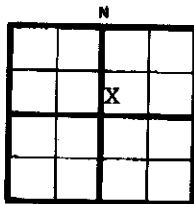
980

Address 177 W DAKOTA

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 49 ☒ North or ☐ SouthRge. 03 ☐ East or ☒ West

Sec. 09 1/4 SW 1/4 NE 1/4

Gov't Lot County KOOTENAI

Lat: : : Long: : :

Address of Well Site SQUAW CREEK EST

City PLUMMER

(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	34	8 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 35Was drive shoe seal tested? ☐ Y ☐ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	35	.250	STEEL	☒	☐	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations Method☐ Screens Screen Type

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

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
2-3 GPM		440	2 HRS

Water Temp. Bottom Hole Temp

Water Quality test or comments:

Depth first Water encountered 263'

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

					Water	
Core Depth	From	To	Remarks: Lithology, Water Quality, Temperature		Y	N
8	0	7	Clayish Soil		☐	☒
8	7	18	Shale Gray Medium		☐	☒
8	18	25	Shale Broken Brown Soft		☐	☒
8	25	35	Shale Gray Gray Soft		☐	☒
6	35	263	Shale Gray Medium		☐	☒
6	263	270	Shale Fractured W/Water 1 GPM		☒	☐
6	270	355	Shale Gray Medium Hard		☐	☒
6	355	360	Shale Fractured W/Water Approximate		☒	☐
6	360	440	Shale Gray		☐	☒

Completed Depth 440' (Measurable)
Date: Started 11/18/99 Completed 11/19/99

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 11/19/99

and

Supervisor or Operator Date 11/19/99

(Sign Once if Firm Official and Operator)

(Louie Hanner)

49 N 3 W 9