

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 95-10622Date Received: 5/5/2009Receipt No: N020489Received 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) John and/or Debra DeBernardis Phone 208 623-5197Mailing Address P.O. Box 579 Spirit Lake ID Zip 83869
Street or Box City State2. Date of Priority: (Only one per claim) 9-19-1984
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 54, Range 4W, Section 31,
50E 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Bonner;Parcel (PIN) no. RP03120000080A

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 completed 9-19-1984 Permit # 96-84-11-109

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

For Domestic purposes from 201 ^{Month/Day} to 12/31 ^{Month/Day} amount .04 ^(cfs) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 ^(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 Family Dwelling on Shared
Well covered by separate claim

SCANNED
MAY - 5 2009

9. Location of Place of Use is: Township 54, Range 4W, Section 31
SW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. RPO3120000280A
for (Check One) Domestic ☒ Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? Bonner County

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: 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) _____

Date: 5-4-09

Date: 5-4-09

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 5/5/09

Last Name

John M. Alvarado

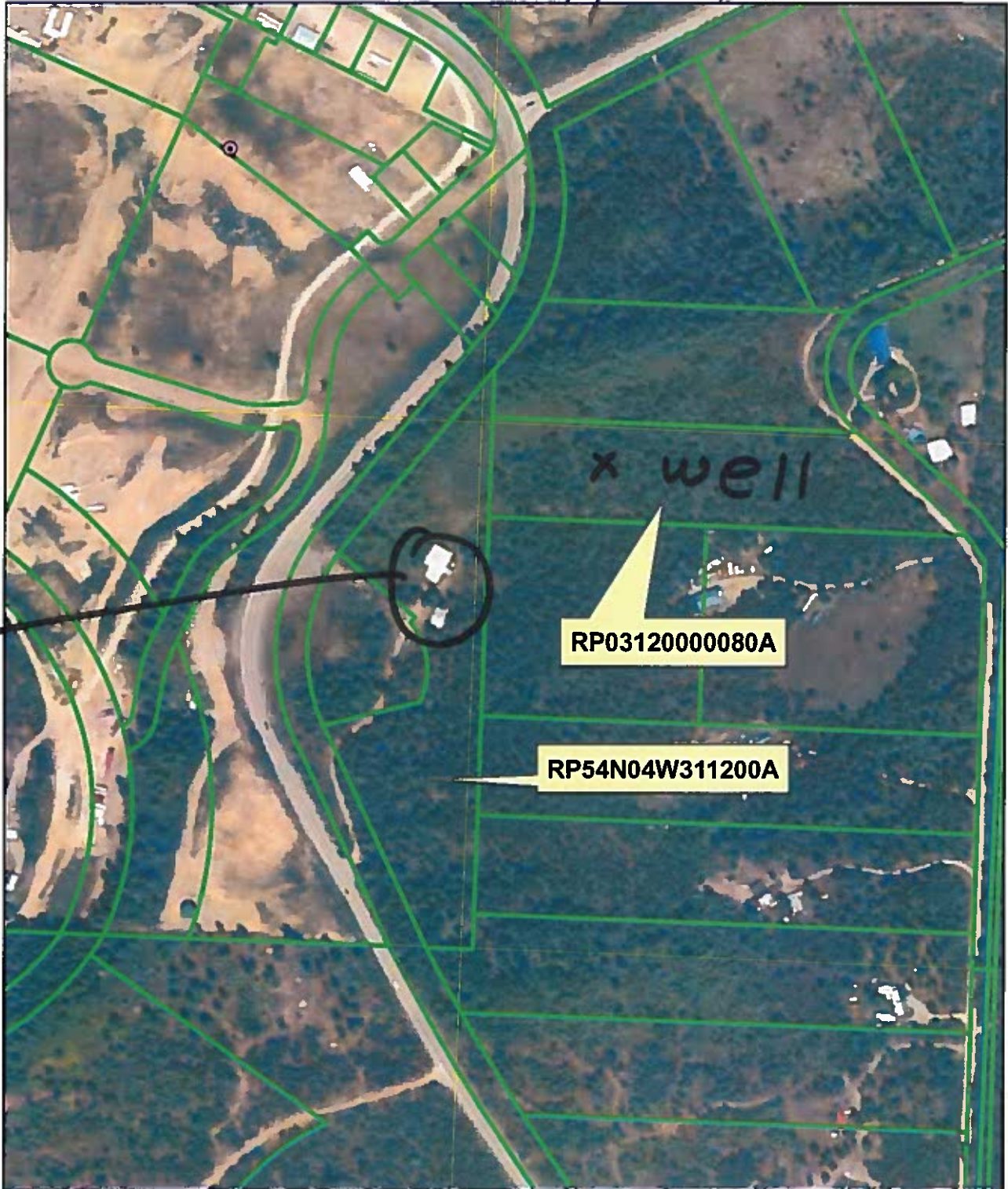
Identification No. _____

SCANNED

MAY - 5 2009

DeBernardi

*assessor office confirmed
ownership 6/4/9*



SCANNED

MAY - 5 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTO.I.N.T. RECEIVED
JAN 7 1985State 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 Roland E. Pat Green
Address Spirit Lake Idaho - 83869
Owner's Permit No. 46-84-N-109

7. WATER LEVEL

Department of Water Resources

Static water level 523 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 _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe method of abandoning) _____

8. WELL TEST DATA

☐ Pump ☒ Bailor ☐ Air ☐ Other 004354

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
<u>250</u> inches	<u>8</u> inches	<u>0</u> feet	<u>150</u> feet
<u>250</u> inches	<u>6</u> inches	<u>2</u> feet	<u>568</u> 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
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

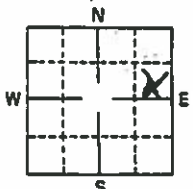
Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 525 feet Material used in seal: ☐ Cement grout☒ Puddling clay ☐ Well cuttingsSealing procedure used: ☐ Slurry pit ☒ Temp. surface casing☐ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Cemented between strataDescribe access point will be in the top of the

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County BANNERSE 1/4 NE 1/4 Sec. 31, T. 54 N. R. 4 W.

11. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name E.H. Holman Drilling Firm No. 105Address Lat. S. Price Rd Date Sept. 19-84Signed by (Firm Official) [Signature]and [Signature](Operator) [Signature]