

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 95-12236Date Received: 7/16/2009Receipt No: N021339Received By: Am

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) RICHARD L. + DEBRA L. Mott Phone 208 6761316Mailing Address 5170 S. Stach Rd COEUR D'ALENE ID 83814
Street or Box City State Zip2. Date of Priority: (Only one per claim) 1-1-1990
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 4W, Section 29,
NW 1/4 of NW 1/4, or Govt. Lot X BM. County of KOOTENAI Co.
Parcel (PIN) no. 50N04W-29-3400

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.

95-89-N-47 WELL FINISHED
7-18-89 CONNECTED TO ONE HOME

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

For Domestic purposes from 01-01 to 12-31 amount .04 cfs () or AFY ()For Stock purposes from 01-01 to 12-31 amount .027. 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) 1 HOUSE

SCANNED

JUL 16 2009

9. Location of Place of Use is: Township 50N, Range 4W, Section 29,

NW 1/4 of NW 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 NA

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

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) [Signature]

Date: 7-9-09

[Signature]

Date: 7-9-09

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. —

SCANNED

JUL 16 2009

MOTT LLC PIN 50N04W-29-3400



WELL DRILLER'S REPORT 1989

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 Clyde James
Address 2740 Ringfisher Dr
Owner's Permit No. 9589-N-47-800
75-87-N-47-801

2. NATURE OF WORK
☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

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 _____ inches Diameter _____ inches From _____ feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Diameter 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 4 Slot size 80 Set from 60 feet to 65 feet
Diameter _____ Slot size 80 Set from 75 feet to 80 feet
Gravel packed? ☒ Yes ☐ No ☐ Size of gravel Course sand
Placed from 30 feet to 80 feet
Surface seal depth 30 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Puddling 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 _____

6. LOCATION OF WELL
Sketch map location must agree with written location
N
W E
County Keosauqua
Subdivision Name _____
Lot No. _____ Block No. _____
NW 1/4 NW 1/4 Sec. 29 T. 50 N. R. 4 E. 10

7. WATER LEVEL
Static water level _____ feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow _____
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature 60 of Quality _____
Describe artesian or temperature zones below.

8. WELL TEST DATA
☒ Pump ☐ Bailor ☒ Air ☐ Other _____
Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____
2 1/2 gpm 60 72

9. LITHOLOGIC LOG
Bore Depth Material Water
Diam. From To Yes No
8 1/2 0 85 _____ _____
0 60 Brown & grey clay _____ X
60 65 fine sand _____ X
65 85 grey clay _____ X

10. Work started 7-17-89 finished 7-18-89

11. DRILLERS CERTIFICATION 20
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name H2O well serv. Firm No. 448
Address Hayden Rd Date 7-24-89
Signed by (Firm Official) John Whisenand
and
(Operator) Wayne A. Miller

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