

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 95-12373Date Received: 4-19-10Receipt No: NO 24108Received By: GW

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

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IDWR/North

1. Name of Claimant(s) FRED W. & MARYBALL REVOCABLE TRUST. Phone () 534-4041
BACKLUND. 509
Mailing Address S. 2022 ABRAMS CT. SPOKANE, WA. Zip 99203
Street or Box City State

2. Date of Priority: (Only one per claim) 4/30/1987
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 48 N., Range 4 W., Section 17
SE. 1/4 of NW. 1/4, or Govt. Lot 1 BM. County of Kootenai.
Parcel (PIN) no. 48N 04W-17-3495

Additional points of diversion if any: N/A.

If available, GPS coordinates: N/A.

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.

OWNER PERMIT NUMBER '95-87-N-50
well completed 1987 - connected to 1-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 0.04 cubic
For _____ purposes from _____ to _____ amount el. per sec.

7. Total Quantity claimed 0.04 cfs (X) 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

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9. Location of Place of Use is: Township 48N., Range 4W., Section 17,
SE 1/4 of NW 1/4, Govt. Lot 1 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 N/A

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 (X) 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.

95 8 668 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: 3-3-200

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 _____

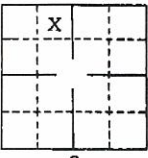
Date _____

Last Name _____ Identification No. _____

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState 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>Fred W. Bachlund</u> Address <u>S. 2022 Abrams Court</u> <u>Spokane, WA 99203</u> Owner's Permit No. <u>95-87-N-58</u>		7. WATER LEVEL Static water level <u>40</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 _____ <i>Describe artesian or temperature zones below.</i>																																																																							
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 ☐ Bailer ☒ Air ☐ Other _____ Discharge G.P.M. _____ Pumping Level _____ Hours Pumped _____ <u>50 GPM - ESTIMATED AIRLIFT</u>																																																																							
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 colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>10"</td><td>0</td><td>2</td><td>Top soil</td><td></td><td>X</td></tr><tr><td>10"</td><td>2</td><td>35</td><td>Clay</td><td></td><td>X</td></tr><tr><td>10"</td><td>35</td><td>38</td><td>Basalt, fractured</td><td></td><td>X</td></tr><tr><td>6"</td><td>38</td><td>55</td><td>Basalt, fractured</td><td></td><td>X</td></tr><tr><td>6"</td><td>55</td><td>65</td><td>Basalt, fractured w/ 10 GPM</td><td>XX</td><td></td></tr><tr><td>6"</td><td>65</td><td>95</td><td>Clay</td><td></td><td>X</td></tr><tr><td>6"</td><td>95</td><td>105</td><td>Basalt, medium</td><td></td><td>X</td></tr><tr><td>6"</td><td>105</td><td>120</td><td>Basalt, fractured w/ 40 GPM</td><td>XX</td><td></td></tr><tr><td colspan="6">4" PVC Liner installed</td></tr><tr><td colspan="6">6" Drive shoe utilized</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	10"	0	2	Top soil		X	10"	2	35	Clay		X	10"	35	38	Basalt, fractured		X	6"	38	55	Basalt, fractured		X	6"	55	65	Basalt, fractured w/ 10 GPM	XX		6"	65	95	Clay		X	6"	95	105	Basalt, medium		X	6"	105	120	Basalt, fractured w/ 40 GPM	XX		4" PVC Liner installed						6" Drive shoe utilized					
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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>6</u> inches + <u>2</u> feet <u>38</u> feet <u>PVC Line</u> inches <u>4</u> inches <u>20</u> feet <u>120</u> 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 <u>38</u> 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.  Subdivision _____ Lot No. _____ Block No. _____ County <u>KOOTENAI</u> <u>NE</u> 1/4 <u>NW</u> 1/4 Sec. <u>17</u> , T. <u>48N</u> , N/S, R. <u>4W</u> E/W.		10. Work started <u>4/30/87</u> finished <u>4/30/87</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>PONDEROSA DRILLING</u> Firm No. <u>228</u> E. 6010 Broadway Address <u>Spokane, WA 99212</u> Date <u>4/30/87</u> Signed by (Firm Official) <u>W. Scott Barratt</u> and <u>James M. Doyle</u> (Operator)		RECEIVED MAY 21 1987 Department of Water Resources Northern District Office																																																																							

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

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BACKLUND, PIN 48N04W-17-3495



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