

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 95-12331Date Received: 7/17/2009Receipt No: N021414Received 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) Martin Pargee Phone 744 300-3202Mailing Address 9323 N. Govt Way #108 Hayden ID Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) 1/1/2007
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 53, Range 2 West, Section 18,
SE 1/4 of SE 1/4, or Govt. Lot — BM. County of Kootenai;
Parcel (PIN) no. 53 N 02 W-18-9200Additional points of diversion if any: n/aIf 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.

D 0041480 well completed 5/1/06
connected to one home6. 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 _____ 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) one home

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9. Location of Place of Use is: Township 53, Range 2 West, Section 18

SE 1/4 of SE 1/4, Govt. Lot — BM. Parcel (PIN) no. same

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 (☒) 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: _____

_____ 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 Susan J. Schinnerer Date 7/17/09

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 _____

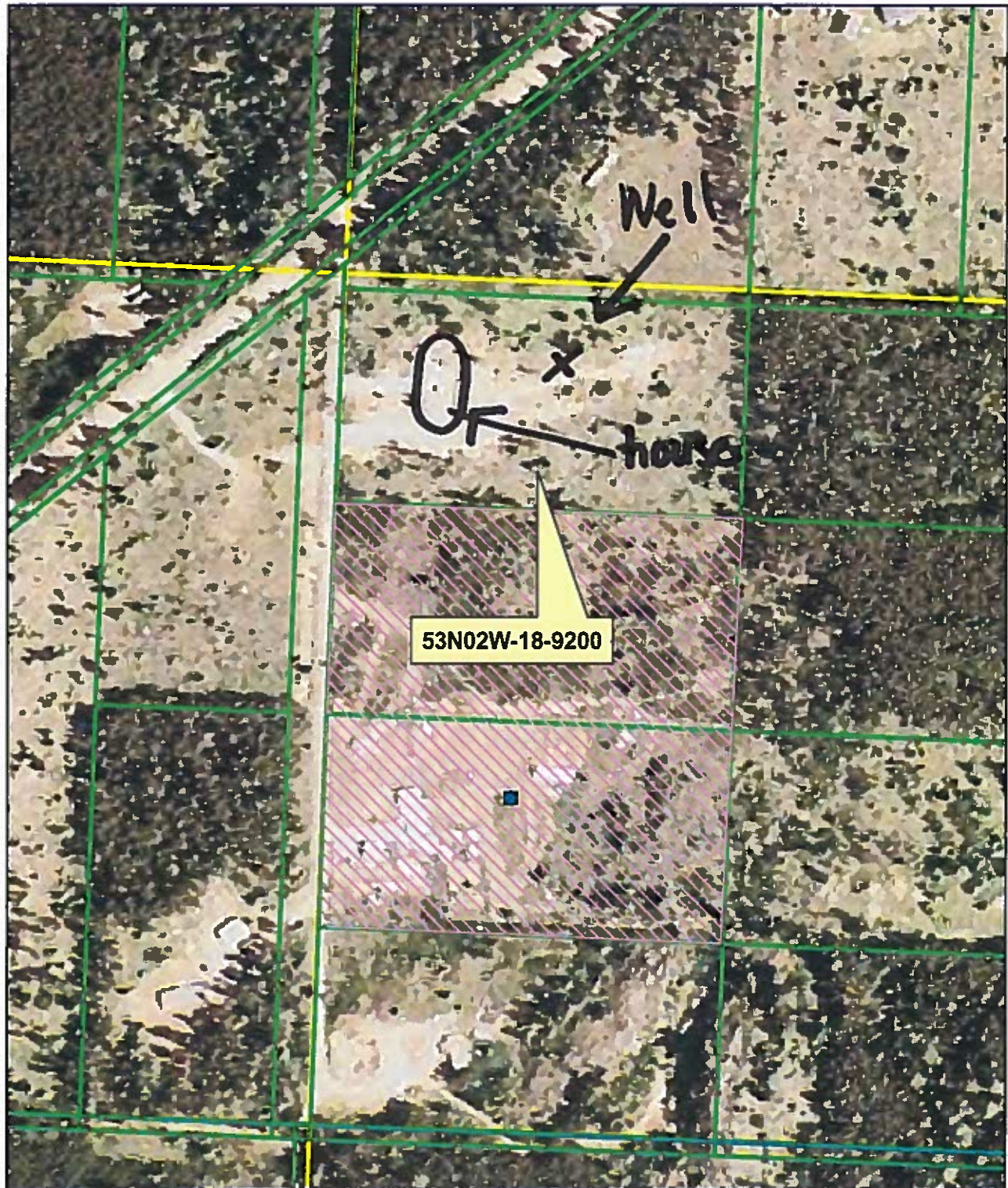
Date _____

Last Name _____ Identification No. _____

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PARGEE PIN 53N02W-18-9200



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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

Office Use Only		
Well ID No.		
Inspected by		
Twp	Rge	Sec
1/4	1/4	1/4
Lat:	:	Long:
:	:	:

1. WELL TAG NO. D 0041480
 DRILLING PERMIT NO. 839323
 Water Right or Injection Well No. _____

2. OWNER:

Name John Olson
 Address 1722 Hastings Rd
 City Coeur d'Alene State ID Zip 83814

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 53 North ☒ or South ☐
 Rge. 2 East ☐ or West ☒
 Sec. 18 SE 1/4 SW 1/4 SW 1/4
 Gov't Lot _____ County Kootenai
 Lat: _____ Long: _____
 Address of Well Site E. Shadow Ln
 City Arctic ID

(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 Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	22	9 Sacks	Over bored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 200' (Ring)

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
0"	+2	200'	250	Steel	☒	☐	☒	☐
4"	-5	520'	250	PVC	☐	☒	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☐ Y ☒ N Type N/A

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method SAW CUT

Screen Type & Method of Installation N/A

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-5	180'	NONE	NONE	4"	PVC	☐	☒
160	220	1/8x6	50	4"	PVC	☐	☒
340	320	1/8x6	100+	4"	PVC	☐	☒

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
N/A				N/A

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

180' ft. below ground Artesian pressure _____ lb.

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

12. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
5			4 Hours

Water Temp. _____ Bottom hole temp. _____

Water Quality test or comments: _____

Depth first Water Encounter 215'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	16	Clay Gravel		X
10	16	19	Gravel		X
10	19	22	Clay		X
8	22	185	Gravel		X
8	185	200	Granite		X
5 1/2	200	215	Granite (1 GPM)	X	
5 1/2	215	216	Fractured Granite		X
5 1/2	216	368	Granite		X
5 1/2	368	365	Fractured Granite (1 GPM)	X	
5 1/2	365	502	Granite		X
5 1/2	502	503	Fractured Granite (3 GPM)	X	
5 1/2	503	520	Granite		X

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MAY - 3 2009

IDWR/North

Completed Depth 520' (Measurable)

Date: Started 4-26-06 Completed 5-1-06

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Horsley Drilling inc. Firm No. 632

Principal Driller C. Mark Horsley Date 5-1-06

Driller or Operator II _____ Date _____

Operator I _____ Date CANNED

Principal Driller and Rig Operator Required.
 Operator I must have signature of Driller/Operator II.

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53 N 2 W 18