

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 95-12363Date Received: 7/20/09Receipt No: ND31445Received By: KA

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) Mike Wagoner and Lou Wagoner Phone (208) 661-3276

Mailing Address PO Box 3441 CDA ID Zip 83816
Street or Box City State

2. Date of Priority: (Only one per claim) 07-20-2009
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 53N, Range 3W, Section 2B,
NE 1/4 of NE 1/4, or Govt. Lot - BM. County of Kootenai;
Parcel (PIN) no. 52N03W-2B-0150

Additional points of diversion if any: N/A

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.

Submersible pump in 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 1/1 to 12/31 amount 0.04 cfs (L) of AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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 home

SCANNED
JUL 20 2009

9. Location of Place of Use is: Township 52N, Range 3W, Section 28,
NE 1/4 of NE 1/4, Govt. Lot - BM. Parcel (PIN) no. 52N03W-28-0150
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? 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) Mike Wagner Date: 7-20-09

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 _____

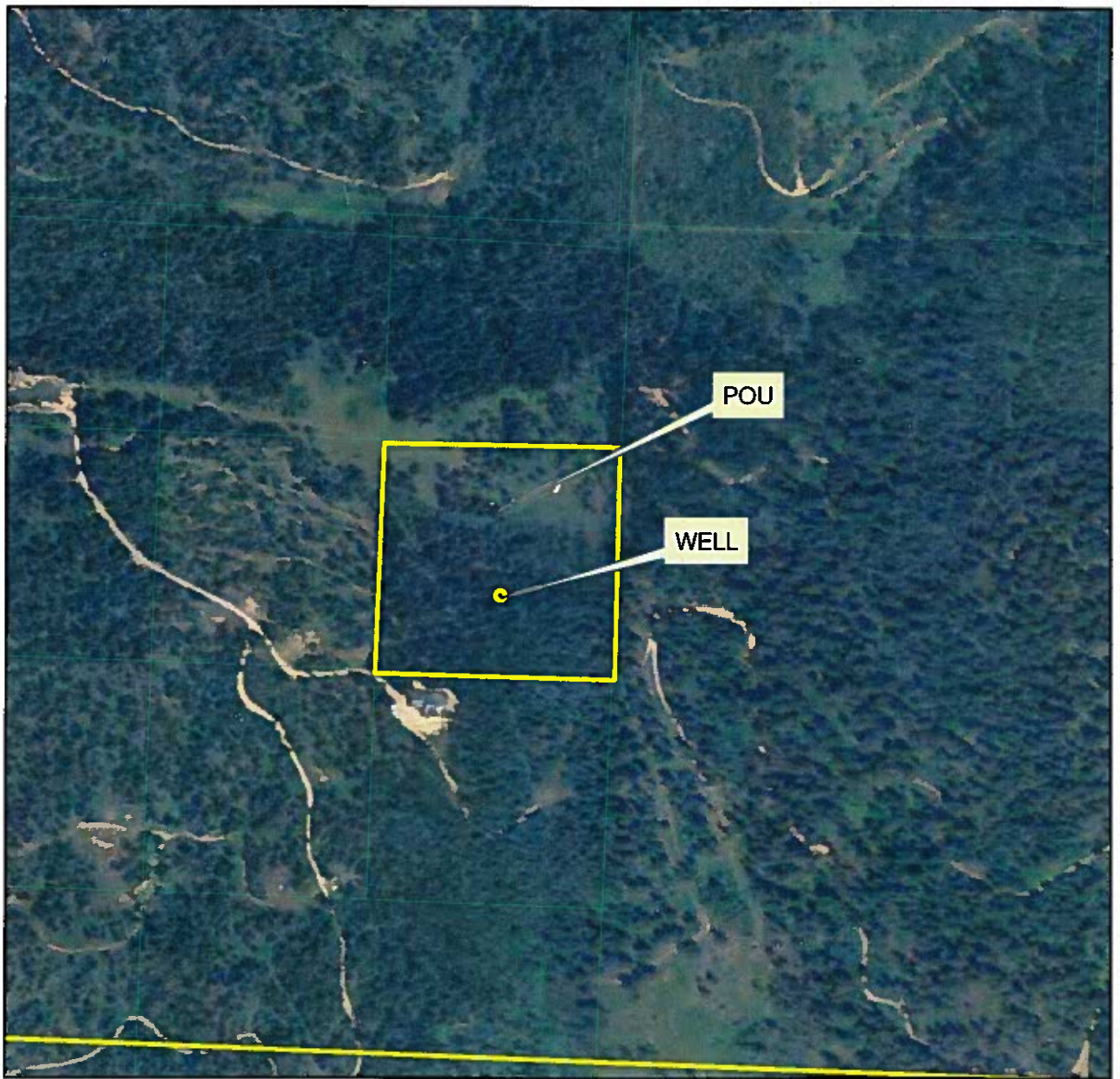
Date _____

Last Name _____ Identification No. _____

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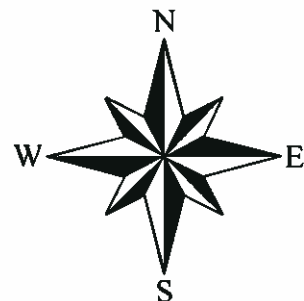
WAGONER



0 225 450 900 1,350 1,800 Feet

Legend

-  workingpod
-  workingpou
-  Taxlots



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 0056225
 DRILLING PERMIT NO. _____
 Water Right or Injection Well No. _____

2. OWNER:
 Name Mike Wagoner
 Address P.O. Box 344N
 City Coeur d'Alene State ID Zip 83841

3. LOCATION OF WELL by legal description:
 You must provide address or Lot, Blk, Sub. or Directions to well.
 Twp. 52 North ☒ or South ☐
 Rge. 03 East ☐ or West ☒
 Sec. 28 NE 1/4 NE 1/4 1/4
 Gov't Lot _____
 County Kootenai 10 acres 40 acres 160 acres
 Lat: N47:49:726 Long: W116:42:442
 Address of Well Site End of Garwood Rd.
 City Hayden
 (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	40	13 Sacks	CNC/bored

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 140'
 Was drive shoe seal tested? ☐ Y ☒ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6" +2	140	1250		STEEL	☒	☐	☒	☐

Length of Headpipe N/A Length of Tailpipe N/A
 Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE
 Perforation Method Cut - Air Perforator
 Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
140	120	1/8x10	40	6	STEEL	☒	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
Peaboard	140	40	2 Yards	

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
23 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices: _____

12. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
40			4 Hours

Water Temp. _____ Bottom hole temp. _____
 Water Quality test or comments: _____

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Depth first Water Encounter 67

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	16	CLAY		X
10	16	67	Weathered Shale		X
10	67	71	Shale	X	
10	71	110	Decomposed Shale	X	
10	110	117	Shale	X	
10	117	133	Decomposed Shale	X	X
10	133	140	Shale		X
6	140	160	Shale		X

Completed Depth 160' (Measurable)
 Date: Started 5-26-09 Completed 5-27-09

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 5-27-09
 and _____ Date _____
 Driller or Operator II _____ Date _____
 Operator I _____ Date _____

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