

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 95-12321Date Received: 7/16/09Receipt No: NO 21368 BReceived By: file

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) DAVID V. or CAROLA EACHON Phone 208 6838057Mailing Address P.O. Box 1762 Hayden ID. Zip 83835
Street or Box City State2. Date of Priority: (Only one per claim) 8/30/1993
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other ☒ (a) Well
which is tributary to (b) _____4. Location of Point of Diversion is: Township 52N, Range 3W, Section 33,
SW 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 52N03W042550

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.

See attached copies of well driller's Reports + Fracturing Log. 7gpm pump 5/13/02 3000gal Holding Tank 3/21/03

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

For Domestic purposes from Jan 1 to Dec 31 amount .04 cfs ☒ or AFY ()For Stock Water purposes from Jan 1 to Dec 31 amount .027. Total Quantity claimed .06 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) one Home Livestock (5) five

SCANNED
JUL 16 2009

9. Location of Place of Use is: Township 52N, Range 3W, Section 33,
SW 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 52N03W042550
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~~ 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: 4

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) David V Eachon Date: 7-16-09
Carol A Eachon Date: 7-16-09

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 at _____ mailed to me at the address listed below.

Signatur _____ Date _____

Address _____

Last Name EACHON Identification No. _____

SCANNED
JUL 16 2009

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
_____ 1/4 _____ 1/4 _____ 1/4
Lat: : : Long: : :
☒ Air ☐ Flowing Artesian

1. WELL TAG NO. D 0022246
 DRILLING PERMIT NO.
 Other IDWR No.

2. OWNER:

Name Dave Eachon
Address P.O. Box 1762
City Hayden State TD Zip 83835

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

N
 Twp. 52 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 33 1/4 SW 1/4 SW 1/4
 Gov't Lot _____ County Kootenai 10 acres 40 acres 160 acres
 Lat. : : Long. : :
 Address of Well Site 5640 E. Native
Lane City Athol
 (Give at least name of Distance to Road or Landmark)

LI. _____ 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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	

Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) _____

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	59.5	250	Steel	☒	☐	☐	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

Perforations	Method
--------------	--------

Screens	Screen Type
---------	-------------

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

170 ft. below ground Artesian pressure lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1 gpm	pre-frac		

Water Temp. Bottom hole temp.

Water Quality test or comments: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Depth first Water Encounter

[illegible]

Completed Depth 645' (Measurable)
Date: Started 4/30/02 Completed 4/30/02

13. DRILLER'S CERTIFICATION

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

Company Name McCarty Drilling & Pump Inc. Firm No. 586

Firm Official Brett McKee Date 5-2-02
and _____

Driller or Operator _____ Date _____

(Sign once if Firm Official & Operator)

Permit No. _____
96-93-N-15-000
Original #

Tag No. D0017297

FRACTURING LOG

1. OWNER NAME: Dave and Carol Eachon
Address: P.O. Box 1762 Hayden Lake, ID 83835

Total depth 645' Diameter 6"

2. TYPE OF WORK: Hydrofracturing

3. WELL TESTS:

Yield: gal./min. with ft. drawdown after Hrs.
Pre-frac: _____

Post-frac: _____

4. HYDRO-FRACTURING LOG

252' - Bottom
189' - 252'
126' - 189'
63' - 126'
4 fractures

5. FRACTURER'S STATEMENT:

This well was hydro-fractured under my jurisdiction and this report is true to the best of my knowledge and belief.

Company Name Northwest Hydro-Fracturing
Address 13812 W Lincoln Rd, Spokane, WA 99224
Signed John Bartholomew
Date Job was done 5/1/02

6. LOCATION OF WELL: County Kootenai
SW 1/4 SW 1/4 Sec. 33 T 52 N, R 3 WM

The revision dates below represent the file save dates for the posting of the linked revisions. The archive dates for these revisions are posted within the ARCHIVE REVISIONS box in the drawing title block.

08/13/00 - VMC
 32N03W-04-800 out of 9000 (07)
 05/14/04 - VMC
 32N03W-04-1200, 1350 & 1800 out of 2000 (05)
 02/75/09 - TH
 32N03W-04-3200, 3400, 3600 & 4000 plotted into CORREN HEL
 ESTIMES (08)



ENT'D

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

FEB 13 1993

TYPEWRITER OR
BALLPOINT PEN

WELL DRILLER'S REPORT

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 DAVE & CAROL EACHON
Address 4545 N. IDAHO RD., POST FALLS, ID
Drilling Permit No. 96-93-N-15-000
Water Right Permit No. _____

7. WATER LEVEL

Static water level 85 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 CLEAR
Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Well diameter increase
- ☐
- Modification
-
- ☐
- Abandoned (describe abandonment or modification procedures
-
- such as liners, screen, materials, plug depths, etc. in lithologic
-
- log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Baller ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
<u>3.4</u>	<u>645</u>	<u>1</u>

3. PROPOSED USE

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

4. METHOD DRILLED

- ☒
- Rotary
- ☒
- Air
- ☐
- Auger
- ☐
- Reverse rotary
-
- ☐
- Cable
- ☐
- Mud
- ☐
- Other _____
-
- (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____Thickness _____ Diameter _____ From _____ To _____
250 inches 6 inches + 2 feet 55 feet
145 inches 4 inches 5 feet 645 feet
_____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☒ Yes ☐ No **DRILL**How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ GunSize of perforation? 3/8 inches by 3/8 inchesNumber _____ From _____ To _____
300 perforations 580 feet 645 feet200 perforations 305 feet 345 feet
_____ perforations _____ feet _____ feetWell screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

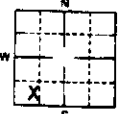
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18. Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit☐ Temp. surface casing ☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded☐ Solvent Weld ☐ Cemented between strutsDescribe access port N/A

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAIAddress of Well Site CORBIN RD.

(give at least name of road)

T. 53N N ☒ or S ☐SW 1/4 SW 1/4 Sec. 33 R. 3W E ☐ or W ☒

9. LITHOLOGIC LOG

89516

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	1	SOIL		X
	1	18	SAND, GRAVEL 3/4 -		X
6"	18	55	SAND, GRAVEL 3/4 -		X
	55	100	GRANITE, B&W SOFT		X
	100	260	GRANITE, B&W MED	X	
	260	530	GRANITE, B&W MED		X
	530	545	GRANITE, B&W MED	X	
	545	645	GRANITE, B&W MED		X

10.

Work started 8/26/93 finished 8/30/93

11. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were
complied with at the time the rig was removed.Firm Name UNITED DRILLING INC. 414Address P.O. BOX 1690 Date 9/3/93HAYDEN, ID 83835Signed by Drilling Supervisor [Signature]

and

(Operator) [Signature]

(If different than the Drilling Supervisor)

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