

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 95-13163Date Received: 11/31/0Receipt No: 1023355Received By: [Signature]

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) Donald B or Lillian McPoland Phone (or) 773-1237Mailing Address 14349 N Hansen Lake Rd Hansen ID Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) March 18, 1992
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 51N, Range 06W, Section 01,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of _____Parcel (PIN) no. 51N06W04500

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.

well + pump

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 0.02 cfs (or AFY ()For Stockwater purposes from 1-1 to 12-31 amount 0.017. Total Quantity claimed 0.03 cfs (☒ or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic one (1) home + one (1) shop
stock water 10 head cattle

SCANNED
JAN 13 2010

9. Location of Place of Use is: Township 51N, Range 06W, Section 01
SE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 51N06W014500

for (Check One) Domestic () Stock () Domestic and Stock (☒) If different than shown in Item 4

Additional places of use, if any 51N 06W 01 NE of SW

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) Donald B. McPoland Date: 1/13/10
_____ 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 _____ 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 _____

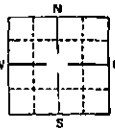
Last Name McPoland Identification No. _____

SCANNED
JAN 13 2010

MCPOLAND PIN 51N06W-01-4500



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>CENTERLINE CONST.</u> Address <u>E. 5900 HIGHWAY 53</u> Drilling Permit No. <u>95-92-N-28</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>110</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 <u>GOOD</u> 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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr><tr><td>12-13</td><td>550</td><td>1 HR</td></tr><tr><td>ESTIMATED</td><td></td><td></td></tr></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	12-13	550	1 HR	ESTIMATED																																																																																	
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 079752 <table border="1" style="width: 100%; border-collapse: collapse;"><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>8</td><td>0</td><td>3</td><td>BROWN DIRT</td><td></td><td>X</td></tr><tr><td></td><td>3</td><td>19</td><td>B&W GRANITE</td><td></td><td>X</td></tr><tr><td>6</td><td>19</td><td>112</td><td>B&W GRANITE HARD</td><td></td><td>X</td></tr><tr><td></td><td>112</td><td>142</td><td>SOFT GREEN GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>142</td><td>252</td><td>B&W GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>252</td><td>297</td><td>MED B&W GRANITE</td><td>X</td><td></td></tr><tr><td></td><td>297</td><td>380</td><td>SOFT BLACK GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>380</td><td>410</td><td>SOFT QUARTZ</td><td></td><td>X</td></tr><tr><td></td><td>410</td><td>520</td><td>HARD BLACK GRANITE</td><td></td><td>X</td></tr><tr><td></td><td>520</td><td>550</td><td>SOFT B&W GRANITE</td><td>X</td><td></td></tr><tr><td></td><td></td><td></td><td>GPM</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>1 1/2 AT 270</td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>11 AT 527</td><td></td><td></td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	3	BROWN DIRT		X		3	19	B&W GRANITE		X	6	19	112	B&W GRANITE HARD		X		112	142	SOFT GREEN GRANITE		X		142	252	B&W GRANITE		X		252	297	MED B&W GRANITE	X			297	380	SOFT BLACK GRANITE		X		380	410	SOFT QUARTZ		X		410	520	HARD BLACK GRANITE		X		520	550	SOFT B&W GRANITE	X					GPM						1 1/2 AT 270						11 AT 527		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	10. Work started <u>3/14/92</u> finished <u>3/17/92</u>																																																																																								
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ Thickness _____ Diameter _____ From _____ To _____ <u>.250</u> inches <u>6</u> inches + <u>1</u> feet <u>20</u> feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet Well 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 <u>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Pudding 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 _____	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 <u>UNITED DRILLING INC.</u> <u>414</u> Address <u>P.O. BOX 2499</u> Date <u>3/18/92</u> <u>CDA, ID 83814</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>Tim Volking</u> (Operator) (If different than the Drilling Supervisor)																																																																																								
6. LOCATION OF WELL Sketch map location must agree with _____  Subdivision Name _____ <u>AUG 11 1992</u> Lot No. _____ Block No. _____ County <u>KOOTENAI</u> _____ 1/4 _____ 1/4 Sec. <u>1</u> , T. <u>51N</u> S. <u>6W</u> W. <u>6E</u>	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 <u>UNITED DRILLING INC.</u> <u>414</u> Address <u>P.O. BOX 2499</u> Date <u>3/18/92</u> <u>CDA, ID 83814</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>Tim Volking</u> (Operator) (If different than the Drilling Supervisor)																																																																																								

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