

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 95-13739Date Received: 03/09/2010Receipt No: N023740Received By: Jim

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) Eugen³ EBHARD and or Wilma EBHARD (208) 777 0475Mailing Address PO Box 2065 Post Falls ID 83877
Street or Box City State Zip2. Date of Priority: (Only one per claim) 12/31/2006
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 50N, Range 5W, Section 13,
SE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 0-7765-001-016-0Additional points of diversion if any: NAIf available, GPS coordinates: NA

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.

00033547 well completed April 19, 2004 and
connected to ^{one} home completed 2006.

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 .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) 1 home

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9. Location of Place of Use is: Township 50N, Range 5W, Section 13,
SE 1/4 of NE 1/4, Govt. Lot _____ 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 _____

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 _____ 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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IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

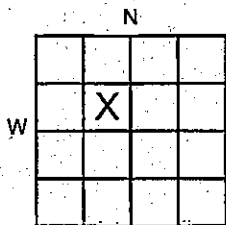
RECEIVED

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

1. WELL TAG NO. D0033547
DRILLING PERMIT NO 812632
Other IDWR No. _____ IDWR/North

2. OWNER:
Name Eagle Tree Group
Address PO Box 1496
City Tacoma State WA Zip 98401

3. LOCATION OF WELL by legal description:
N Twp 50N North ☒ or South ☐
Rge 05W East ☐ or West ☒
Sec 13 1/4 SE 1/4 NW 1/4
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)



West Star Light Road _____ City _____
Lot 16 Blk _____ Sub. Name (see next line)
Sundown Development Lot #16

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 _____

SEAL/FILTER PACK			Amount	Method
Material	From	To	Sacks/Lbs	
Bentonite Grains	0	20'	6 sacks	dry pour

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 125
Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	+1	175	0.250	Steel	☒	☐	☒	☐
5	170	520	0.250	Steel	☒	☐	☒	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS
☒ Perforations? Method Air Perforator
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
500	520	6x1/2	30	5"	Steel	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE
10 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 500 ft. Describe access port or control device: Steel Cap Welded

11. WELL TESTS:
☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian
Yield gal./min. 15 Drawdown 100% Pump Level 515 Time 1 Hour

Water Temp. _____ Cold Bottom hole temp. _____ Cold
Water Quality test or comments: (below) (Depth first Water Encountered 55
Cold, Clear, and No Smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Y	N
10	0	4	Topsoil and Fill Dirt	☐	☒
10	4	19	Granite: Brown Soft	☐	☒
8	19	39	Granite: Brown Soft	☐	☒
8	39	55	Granite: Gray Soft	☐	☒
8	55	58	Granite: Broken (1-2 GPM)	☒	☐
8	58	98	Granite: Gray/Brown Soft	☐	☒
8	98	122	Granite: Gray Extremely Soft to Broken	☐	☒
8	122	166	Granite: Salt and Pepper Medium	☐	☒
8	166	177	Granite: Gray Soft	☐	☒
8	177	179	Broken Gravel Zone Collapsing	☐	☒
8	179	217	Granite: Green Extremely Soft to Broken	☐	☒
6	217	283	Granite: Salt and Pepper Medium	☐	☒
6	283	286	Granite: Brown Soft Decomposed	☐	☒
6	286	308	Granite: Gray Soft	☐	☒
6	308	311	Granite: Gray Broken	☐	☒
6	311	360	Granite: Gray/Green Soft	☐	☒
6	360	383	Granite: Brown Soft	☐	☒
6	383	410	Granite: Gray Medium	☐	☒
6	410	433	Granite: Brown Soft/Broken	☐	☒
6	433	465	Granite: Gray Medium	☐	☒
6	465	498	Granite: Brown Soft	☐	☒
6	498	500	Granite: Brown Broken Soft (10 GPM)	☒	☐
6	500	507	Granite: Gray Medium	☐	☒
6	507	509	Granite: Broken (5 GPM)	☒	☐
6	509	520	Granite: Gray Medium	☐	☒

Completed Depth 520 (Measurable)
Date: Started 4/6/04 Completed 4/19/04

13. DRILLERS 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. Firm No 414
Firm Official [Signature] Date 4/20/04
Supervisor or Operator Curtis S. Hammond Date 4/20/04

50N 5W 13

EBHARD EUGENE R ETUX PIN 0-7765-001-016-0

