

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 95-14041Date Received: 9/17/09Receipt No: N032163Received By: K3**RECEIVED**

SEP 17 2009

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

IDWR/North

1. Name of Claimant(s) James W. and Laverne W. Oberg Phone 208 687-5800

Mailing Address 15942 N Crystal Springs Ln. Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 11/11/1993
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 52N, Range 5W, Section 35,
NW 1/4 of NE 1/4, or Govt. Lot — BM. County of Kootenai;

Parcel (PIN) no. 52N05W-35-0370

Additional points of diversion if any: None

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.

Artesian well - pipes to house.

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 or 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

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9. Location of Place of Use is: Township 52N, Range 5W, Section 35,
NW 1/4 of NE 1/4, Govt. Lot — BM. Parcel (PIN) no. 52N05W-35-0370
for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** () If different than shown in Item 4

Additional places of use, if any None

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) James W. Oberg Date: 9-17-09

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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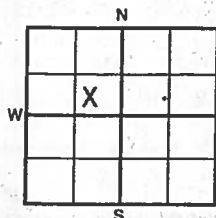
WELL DRILLER'S REPORT

Use Typewriter
or
Ball Point Pen1. DRILLING PERMIT NO. 95-93 C-232
Other IDWR No. _____

2. OWNER:

Name RALPH BRIDGEAddress 2655 GOLDENCity RATHDRUM, ID State _____ Zip 83858

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.

T. 52N North ☒ or South ☐
 R. 5W East ☐ or West ☒
 Sec. 35 1/4 SE 1/4 NW 1/4
 Gov't Lot _____ County KOOTENAI

Address of Well Site OFF OF HIDDEN VALLEY

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

SEA/FILTER PACK			AMOUNT		METHOD
Material	From	To	Sacks or Pounds		
BENTONITE	0	18	200	BEN	OVERBORE

Was drive shoe seal tested? YES How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6"	+2	18	250	X		☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 18'

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Type _____ Material _____

From	To	Slot Size	Number	Diameter	Tele/Pipe Size	Casting	Liner
						☐	☐
						☐	☐
						☐	☐
						☐	☐

10. WELL TESTS:

☐ Pump ☐ Bailor ☐ Air ☒ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Depth	Time
50+ EST.		350'	1 HR

Temperature of water COLD Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) CLEAR

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

ft. below surface Depth artesian flow found 549'Artesian pressure 45 lb. Describe access port 2"Describe Controlling Devices: CAP

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SWL
8"	0	1	SOIL		
	1	8	DECOMPOSED GRANITE		
	8	18	GRANITE B&W HARD		
6"	18	95	GRANITE B&W HARD		
	95	100	GRANITE B&W MED		
	100	52	GRANITE B&W HARD		
	52	54	GRANITE B&W MED	2	
	54	59	GRANITE B&W HARD		
	59	59	GRANITE B&W MED	2	
	59	62	GRANITE B&W HARD		
	62	63	GRANITE B&W MED		
	63	64	GRANITE B&W HARD		
	64	65	GRANITE B&W BROKEN		

Date: Started 11/8/93Completed 11/11/93

13. 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.Firm No. 414Firm Official Tim R. ValleyDate 11-12-93

and

Supervisor or Operator Tim R. ValleyDate 11-12-93

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES

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