

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 95-14741

Date Received: 11-23-09

Receipt No: NO 22970

Received By: cm

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) ROGER AGA Phone (208) 215-4933 cell
773-9860

Mailing Address P.O. Box 723 POST FALLS ID Zip 83877
Street or Box City State

2. Date of Priority: (Only one per claim) MAY 01, 1987
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 06W, Section 24
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of _____
Parcel (PIN) no. 50N06W247000

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.

A WELL 120' DEEP

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 .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) DOMESTIC WITH ONE HOUSEHOLD

SCANNED

NOV 24 2009

9. Location of Place of Use is: Township 50N, Range 06W, Section 24,
SE 1/4 of SW 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) [Signature] Date: 11-23-09

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 _____ Date _____

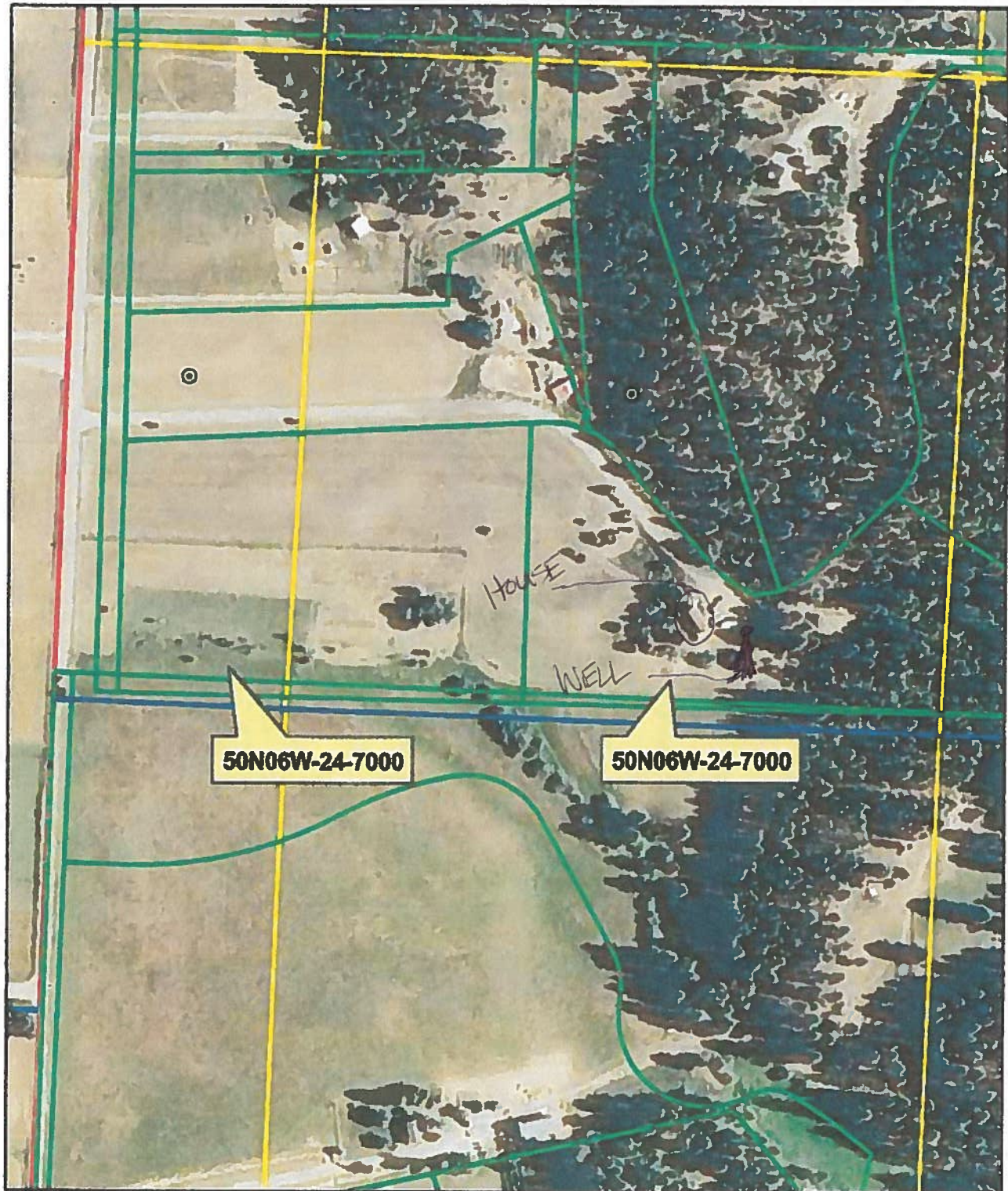
Address _____

Last Name _____ Identification No. _____

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AGA PIN 50N06W-24-7000



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NOV 24 2009

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>Roger Aaga</u> Address <u>Box 723 Port Falls Idaho</u> Owner's Permit No. _____		7. WATER LEVEL Static water level <u>50</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>Clear</u> Describe artesian or temperature zones below.																																																											
2. NATURE OF WORK <u>95-86-N-104</u> ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>20+</u></td><td><u>120'</u></td><td><u>1</u></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>20+</u>	<u>120'</u>	<u>1</u>																																																				
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><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>26</td><td>DECOMPOSED GRANITE</td><td> </td><td> </td></tr><tr><td>6"</td><td>26</td><td>60</td><td>GRANITE</td><td> </td><td> </td></tr><tr><td>"</td><td>60</td><td>65</td><td>SOFT GRANITE (LOW TEMPERATURE)</td><td>X</td><td> </td></tr><tr><td>"</td><td>65</td><td>80</td><td>GRANITE</td><td> </td><td> </td></tr><tr><td>"</td><td>80</td><td>90</td><td>SOFT GRANITE QUARTZ</td><td>X</td><td> </td></tr><tr><td>"</td><td>90</td><td>105</td><td>GRANITE</td><td> </td><td> </td></tr><tr><td>"</td><td>105</td><td>110</td><td>SOFT GRANITE QUARTZ</td><td>X</td><td> </td></tr><tr><td>"</td><td>110</td><td>120</td><td>GRANITE</td><td> </td><td> </td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	8"	0	26	DECOMPOSED GRANITE			6"	26	60	GRANITE			"	60	65	SOFT GRANITE (LOW TEMPERATURE)	X		"	65	80	GRANITE			"	80	90	SOFT GRANITE QUARTZ	X		"	90	105	GRANITE			"	105	110	SOFT GRANITE QUARTZ	X		"	110	120	GRANITE		
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		RECEIVED NOV 13 1986 Department of Water Resources RECEIVED NOV 16 1986 Water Resources																																																											
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="1"><thead><tr><th>Thickness</th><th>Diameter</th><th>From</th><th>To</th></tr></thead><tbody><tr><td><u>.250</u> inches</td><td><u>6"</u> inches</td><td><u>1 1/2</u> feet</td><td><u>26'</u> feet</td></tr><tr><td><u>PVC</u> inches</td><td><u>4"</u> inches</td><td><u>20</u> feet</td><td><u>120</u> feet</td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td><td> </td></tr></tbody></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches <table border="1"><thead><tr><th>Number</th><th>From</th><th>To</th></tr></thead><tbody><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table> Well screen installed? ☐ Yes ☒ No Manufacturer's name _____ Type _____ Model No. _____ 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>26'</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling 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 _____				Thickness	Diameter	From	To	<u>.250</u> inches	<u>6"</u> inches	<u>1 1/2</u> feet	<u>26'</u> feet	<u>PVC</u> inches	<u>4"</u> inches	<u>20</u> feet	<u>120</u> feet									Number	From	To																																			
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6. LOCATION OF WELL Sketch map location <u>must</u> agree with written location. <table border="1"><tr><td>N</td><td></td><td></td><td></td></tr><tr><td>W</td><td></td><td></td><td>E</td></tr><tr><td></td><td>X</td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td></tr></table> County <u>Idaho</u> <u>SW</u> 1/4 <u>SW</u> 1/4 Sec. <u>24</u> , T. <u>50</u> N., R. <u>6</u> W.		N				W			E		X			S				10. Work started <u>10-28-86</u> finished <u>10-29-86</u>																																											
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11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>1420</u> Firm No. <u>448</u> Address <u>Hayden Id.</u> Date <u>10-29-86</u> Signed by (Firm Official) <u>John Wilson</u> and (Operator) <u>William L. Brown</u>		RECEIVED NOV 24 2009																																																											
USE ADDITIONAL SHEETS IF NECESSARY - FORWARD THE WHITE COPY TO THE DEPARTMENT																																																													