

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 95-14754Date Received: 11/30/09Receipt No: N023008Received 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) Scott and/or Laurie Stuart Phone (208) 773-1379Mailing Address 3776 S. Big Rock Rd. Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 10/11/1986
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 05W, Section 30,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 6860

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 and 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 Jan 1 to Dec 31 amount 1.04 cfs
Month/Day Month/Day cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 1.04 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 house

SCANNED
NOV 30 2009

9. Location of Place of Use is: Township 50N, Range 05W, Section 30,

SE 1/4 of SW 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

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 (☐)

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: 1

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) Scott Stua Date: 11/30/2009

_____ 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 _____

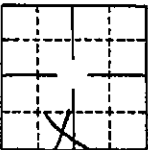
Last Name _____ Identification No. _____

SCANNED
NOV 30 2009

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.

POSTER

1. WELL OWNER Name <u>NORM & ARMIDA SNYDER</u> Address <u>2135 - 66 E Valley Park Way</u> <u>Escondido Calif 92027</u> Owner's Permit No. <u>95-86-N-70</u>	7. WATER LEVEL Static water level <u>60'</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>Very good</u> <i>Describe artesian or temperature zones below.</i>																																				
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)	8. WELL TEST DATA ☐ Pump ☐ Bailor ☒ Air ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Discharge G.P.M.</th> <th>Pumping Level</th> <th>Hours Pumped</th> </tr> </thead> <tbody> <tr> <td align="center"><u>10</u></td> <td align="center"><u>250'</u></td> <td align="center"><u>4hrs.</u></td> </tr> </tbody> </table>	Discharge G.P.M.	Pumping Level	Hours Pumped	<u>10</u>	<u>250'</u>	<u>4hrs.</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" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Bore Diam.</th> <th>Depth From</th> <th>To</th> <th>Material</th> <th>Water Yes</th> <th>No</th> </tr> </thead> <tbody> <tr> <td align="center"><u>8</u></td> <td align="center"><u>0</u></td> <td align="center"><u>18</u></td> <td><u>Over burden De Comp. Granite</u></td> <td></td> <td align="center"><u>X</u></td> </tr> <tr> <td align="center"><u>6</u></td> <td align="center"><u>18</u></td> <td align="center"><u>146</u></td> <td><u>Decomposed Granite</u></td> <td></td> <td align="center"><u>X</u></td> </tr> <tr> <td align="center"><u>6</u></td> <td align="center"><u>146</u></td> <td align="center"><u>148</u></td> <td><u>Soft Green Granite</u></td> <td align="center"><u>X</u></td> <td></td> </tr> <tr> <td align="center"><u>6</u></td> <td align="center"><u>148</u></td> <td align="center"><u>240</u></td> <td><u>Hard Black & White Granite</u></td> <td align="center"><u>X</u></td> <td></td> </tr> <tr> <td align="center"><u>6</u></td> <td align="center"><u>240</u></td> <td align="center"><u>275</u></td> <td><u>Hard Black & White Granite</u></td> <td></td> <td align="center"><u>X</u></td> </tr> </tbody> </table>	Bore Diam.	Depth From	To	Material	Water Yes	No	<u>8</u>	<u>0</u>	<u>18</u>	<u>Over burden De Comp. Granite</u>		<u>X</u>	<u>6</u>	<u>18</u>	<u>146</u>	<u>Decomposed Granite</u>		<u>X</u>	<u>6</u>	<u>146</u>	<u>148</u>	<u>Soft Green Granite</u>	<u>X</u>		<u>6</u>	<u>148</u>	<u>240</u>	<u>Hard Black & White Granite</u>	<u>X</u>		<u>6</u>	<u>240</u>	<u>275</u>	<u>Hard Black & White Granite</u>		<u>X</u>
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____	RECEIVED OCT 16 1988 RECEIVED OCT 23 1988 Department of Water Resources Northern District																																				
5. WELL CONSTRUCTION Casing schedule: ☐ Steel ☐ Concrete ☐ Other _____ <table border="1" style="width: 100%; border-collapse: collapse;"> <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>2</u> feet</td> <td><u>18</u> feet</td> </tr> <tr> <td><u>4"</u> inches</td> <td><u>10"</u> inches</td> <td><u>10'</u> feet</td> <td><u>275</u> feet</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 Number From To _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet _____ perforations _____ feet _____ feet 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>18'</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>2</u> feet	<u>18</u> feet	<u>4"</u> inches	<u>10"</u> inches	<u>10'</u> feet	<u>275</u> feet	RECEIVED OCT 23 1988 Department of Water Resources Northern District																								
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> <u>SE ¼ SW ¼ Sec. 30 T. 50 N. R. 5 NW.</u>	10. Work started <u>10-10-86</u> finished <u>10-11-86</u> 11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. UNITED DRILLING INC. Firm Name <u>PO BOX 2499</u> Firm No. <u>414</u> <u>COEUR D'ALENE IDAHO 83814</u> Address _____ Date <u>10-13-86</u> Signed by (Firm Official) <u>Ethan R. Volking</u> and (Operator) <u>Tim Volking</u>																																				

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