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Form No. 42-1409-2 (Internet 12/08)

IDWR/NORTHERN

**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 95-15658Date Received: 6/1/2010Receipt No: N024618Received By: RJ

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) RONALD E. LOWE for Robin Lowe Phone (208) 765-3557

Mailing Address 6601 W. KIDD ISLAND RD. COEUR D'ALENE ID. Zip 83814
Street or Box City State

2. Date of Priority: (Only one per claim) 4/24/1998
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) N/A

4. Location of Point of Diversion is: Township 49N, Range 4W, Section 4
S/W 1/4 of N/E 1/4, or Govt. Lot NO BM. County of Kootenai
Parcel (PIN) no. 0-4270-000-001-0

Additional points of diversion if any: None

If available, GPS coordinates: N/A

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.

1- WELL 120' DEPTH

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 - HOUSEHOLD

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9. Location of Place of Use is: Township 49N, Range 4W, Section 4,
S/W 1/4 of N/E 1/4, Govt. Lot 0 BM. Parcel (PIN) no. 04270-000-001-0
If different than shown in Item 4

for (Check One) Domestic (☒) Stock () Domestic and Stock ()

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) Blaine Date: 6-1-2010

_____ 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 Howe Identification No. _____

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WELL DRILLER'S REPORT

Use Typewriter or Ballpoint Pen

77704

Office Use Only

Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat : : Long : :1. DRILLING PERMIT NO. D0 - 00 - 3 - 701

Other IDWR No. _____

2. OWNER

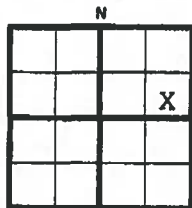
Name LOWE, RON

Well Number:

682Address 1416 MELROSECity CDAState IDZip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 49 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ WestSec. 04 1/4 SE 1/4 NE 1/4Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site KIDD ISLAND RDCity CDA

(Give at least name of road + Distance to Road or Landmark)

Blk. _____

Sub. Name _____

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 _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
BENTONITE	0	18	6 SACKS	Granular
BENTONITE	0	18	6 SACKS	GRANULAR

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 58Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	58	.250	STEEL	☒	☐	☒	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

60 ft. below ground Artesian pressure _____ lb.Depth flow encountered 110 ft. Describe access port or control devices: _____49N 4W 4 SE NE

11. WELL TESTS:

☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>10+</u>			<u>1 HR</u>

Water Temp. COLD Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered 110

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	2	Topsoil W/Broken Basalt	☐	☒
8	2	17	Basalt W/Fractures	☐	☒
8	17	20	Basalt Broken W/Clay	☐	☒
8	20	53	Clay Brown	☐	☒
8	53	58	Basalt Broken	☐	☒
6	58	100	Basalt Hard	☐	☒
6	100	138	Clay Yellowish W/Sand	☒	☐
6	138	143	Clay Brown	☐	☒
	0	0	Gravel Packed well w/3/8" Gravel 90' to	☐	☐
	0	0	Note: Hole caved in to 120'	☐	☐
6" Well cap					
RECEIVED MAY 11 1998 NORTHERN REGION IDWR					
Completed Depth <u>90'</u> (Measurable)					
Date: Started <u>4/23/98</u> Completed <u>4/24/98</u>					

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 H2O WellService, Inc. Firm No. 448Firm Official [Signature] Date 4/24/98

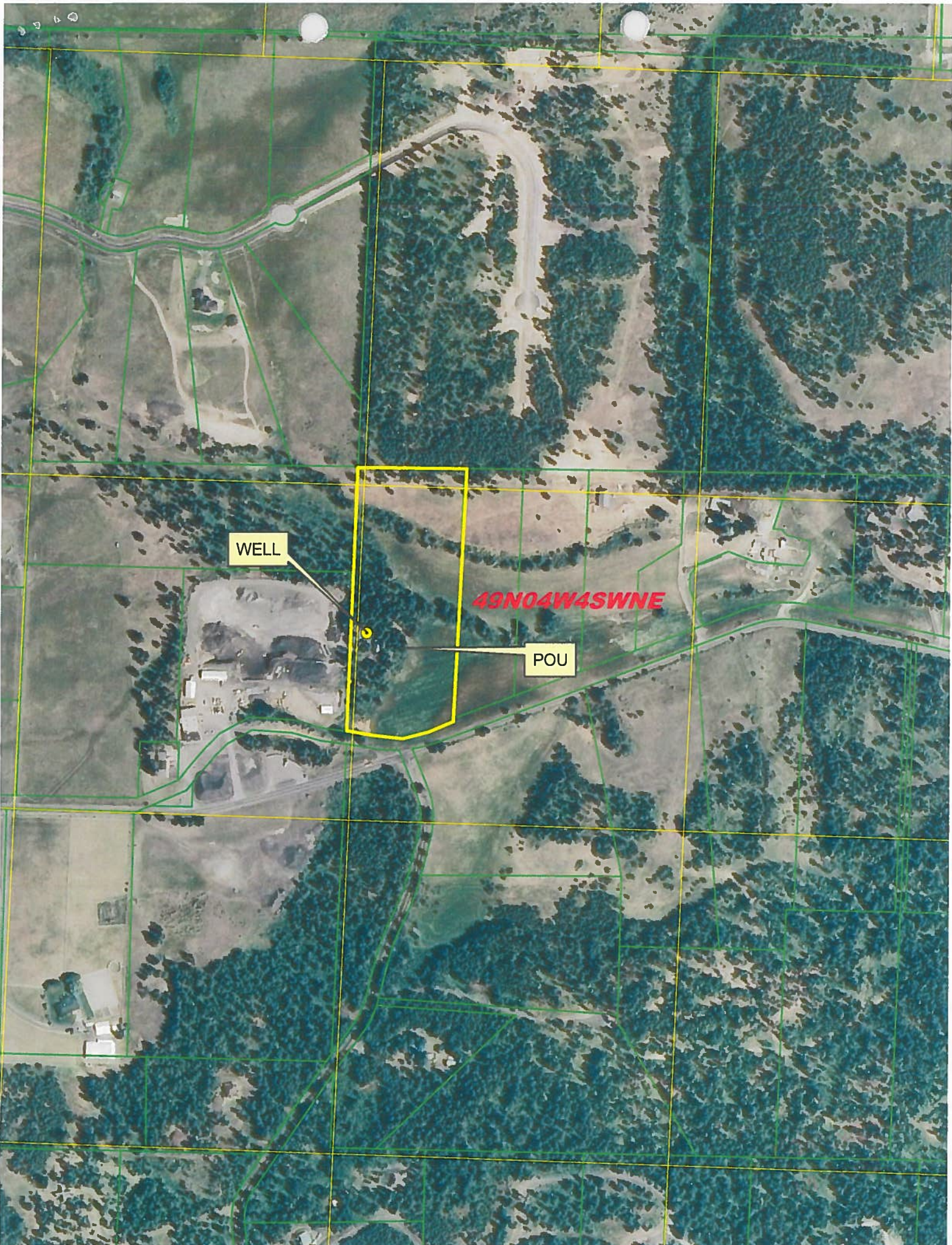
and

Supervisor or Operator [Signature] Date 4/24/98

(Sign Once if Firm Official and Operator)

(Todd Morgan)

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WELL

49N04W4SWNE

POU