

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 95-15902

Date Received: 5/18/10

Receipt No: 1024379

Received By: km

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) Charlotte C Hahn Phone 208 665-2328

Mailing Address 5704 N. Christopher Dr CDA Id. Zip 83815
Street or Box City State

2. Date of Priority: (Only one per claim) 9-30-1997
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 49 N., Range 4 W., Section 9,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. -0600

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 + 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 1/1 to 12/31 amount .04
Month/Day Month/Day 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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MAY 18

9. Location of Place of Use is: Township 49 N, Range 4 W, Section 9,

NW 1/4 of NE 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: _____

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) Charlotte C Hal Date: 5-18-10

_____ 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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MAY 18 2010

POSTED

IDAHO DEPARTMENT OF WATER RESOURCE

WELL DRILLER'S REPORT 096869

Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. TAG#D0003239

Other IDWR No. 95-97-N-115

2. OWNER

Name McCormack, Mike

Well Number: 604

Address 6600 Tall Pines Rd.

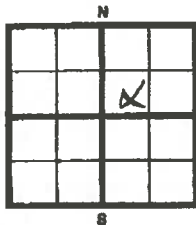
City CDA

State ID

Zip 83814

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 49 ☒ North or ☐ South

Rge. 04 ☐ East or ☒ West

Sec. 09 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site SAME AS ABOVE

City 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	10 SACKS	DRY

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 36

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
8	+2	-36	.250	STEEL	☒	☐	☒
4	+2	-45	.160	PVC	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____

☒ Screens Screen Type WESTCO PVC

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-35	-45	.12		4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

20 ft. below ground Artesian pressure _____ lb.

Depth flow encountered _____ ft. Describe access port or control devices: _____

11. WELL TESTS:

☒ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
30 gpm Air			8 Hours
5 gpm Pump test			12 days

Water Temp. _____ Bottom Hole Temp _____

Water Quality test or comments: _____

Depth first Water encountered _____

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
10	0	18	Clay Sand & Gravels	☐	☒
8	18	36	Clay Sand Gravels	☐	☒
8	36	40	Large Gravels Clay Sandy	☒	☐
8	40	100	Brown Granite Medium	☐	☒
Note: Gravel packed And set Sand Screen 35'-45'					
45' to 100' Washed Pea Gravel.					
RECEIVED OCT 16 1997 NORTHERN REGION IDWR					
Completed Depth <u>45'</u> (Measurable)					
Date: Started <u>9/24/97</u> Completed <u>9/30/97</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. 448

Firm Official [Signature] Date _____

and Supervisor or Operator [Signature] Date 10-6-97

(Sign Once if Firm Official and Operator)

SWNE 9. 49N 4W

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MAY 18 2010