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JAN 07 2011
IDWR / NORTHIN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLSIN 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 95-15156Date Received: 1/7/11Receipt No: N 26423Received By: B

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) Ed Schweitzer Phone (509) 338-5508Mailing Address 330 NW Brandon Dr. Pullman WA Zip 99163
Street or Box City State2. Date of Priority: (Only one per claim) 12/14/2009
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 47N, Range 4W, Section 11,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of KootenaiParcel (PIN) no. 049700010070

Additional points of diversion if any: _____

If available, GPS coordinates: Lat. 47 deg. 26.211; Long. 116 deg. 47.829

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.

800' well drilled in December, 2009. 5 HP, 10GPM VFD pump installed in well.Drill tag D0057306

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) Domestic

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9. Location of Place of Use is: Township 47N, Range 4W, Section 11,
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: one

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: 12/30/2010

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, PJA, 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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IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

1. WELL TAG NO. D 0057308

Drilling Permit No. _____
Water right or Injection well # _____

2. OWNER

Name Gunder Homes
Address P.O. Box 790
City Liberty Lake State WA Zip 99019

3. WELL LOCATION:

Twp. 47 North ☒ or South ☐ Rgs. 4 East ☐ or West ☒
Sec. 11 1/4 NE 1/4 NE 1/4 1/4
10 acres 40 acres 160 acres

Gov't Lot _____ County Kootenai
Lat. 47° 28.211 (Deg. and Decimal minutes)
Long. 116° 47.829 (Deg. and Decimal minutes)
Address of Well Site West Lowmeister Bay Road
City Worley

Lot _____ Blk. _____ Sub. Name _____

4. USE:

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

5. TYPE OF WORK check all that apply (Replacement etc.)

☒ New Well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES

Seal material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method/procedure
Granular Bentonite	0	40	1150 lbs	Dry Pour
3/8 Hole Plug	40	88	1350 lbs	Dry Pour

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+3	88	.250	Steel	☒	☐	☐	☒
4"	-20	800	.200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 88

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Drilled 3/8" Holes

Manufactured screen ☐ Y ☒ N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
780	800	3/8"	120	4	PVC	200

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device Steel Cap Welded

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 160 Static water level (ft) 85
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port 3/4" Plug

Well test:

Test method:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	7 1/2	1 Hour	☐	☐	☒	☐

Water Quality test or comments: Slight Color, Cold, No Smell

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water Y N
10	0	30	Clay brown with some basalt gravels	X
10	30	50	Clay brown and orange	X
10	50	78	Shale brown/tan soft	X
10	78	88	Shale blue/black medium	X
6	88	200	Shale dark blue/black medium	X
6	200	290	Shale blue/gray soft	X
6	290	385	Shale dark blue/black soft	X
6	385	430	Shale gray/blue medium	X
6	430	497	Shale blue/gray soft	X
6	497	530	Shale gray medium	X
6	530	584	Shale blue/gray medium	X
6	584	620	Shale blue/black soft	X
6	620	700	Shale blue/gray medium	X
6	700	800	Shale gray/blue medium	X

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1 GPM @ 160 FT
4.5 GPM @ 590 FT
2 GPM @ 750 FT

JAN 04 2010

IDWR / NORTH

UNITED CROWN
PUMP & DRILLING
SC 1000
Hayden Ave. Hayden ID 83835
Office (208) 682-9641 (208) 773-7867

MAR 3 1 2010

Completed Depth (Measurable) 800 FT
Date: Started 12-10-09 Completed 12-14-09

14. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name United Crown Pump & Drilling Co. No. 636

*Principal Driller Jason Beckham Date 12-16-09

*Driller _____ Date _____

*Operator II _____ Date _____

Operator I _____ Date _____

* Signature of Principal Driller and rig operator are required.

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