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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 95-15157Date Received: 1/7/11Receipt No: N 028424Received By: JB

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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) 04/12/2010
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 Kootenai
Parcel (PIN) no. 049700010100

Additional points of diversion if any: _____

If available, GPS coordinates: Lat. 47 deg. 26.0421; Long. 116 deg. 47.4246

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.

420' well drilled in April, 2010. 3 HP, 20GPM VFD pump installed in well.Drill tag D0057384

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.

~~NE~~ NE 1/4 of NE 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: 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, N/A, 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 0057384

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 ☐ Rge. 4 East ☐ or West ☒
Sec. 11 1/4 NE 1/4 NE 1/4

Gov't Lot _____ County Kootenai
Lat. 47° 26.0421 (Deg. and Decimal minutes)
Long. 116° 47.4246 (Deg. and Decimal minutes)
Address of Well Site West Lowemelster Bay Road - Well #2
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
Bentonite	0	40	1150 lbs	Dry Pour
Granular				

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	94	250	Steel	☒	☐	☐	☒
4"	-20	420	200	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 94

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
380	420	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) 300 Static water level (ft) 70
Water temp. (°F) _____ Bottom hole temp. (°F) _____
Describe access port 3/4" Plug

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
100%	30	1 Hour	☐	☐	☒	☐

Test method:

Water Quality test or comments: Clear, 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	18	Sandy loam brown with clays		X
10	18	30	Clay brown firm		X
10	30	32	Clay rusty brown firm		X
10	32	58	Clay rust/red firm		X
10	58	98	Shale brown/red soft		X
8	98	117	Shale brown/red soft		X
8	117	130	Shale yellow/brown with clay seams		X
8	130	170	Shale brown/tan soft		X
8	170	310	Shale gray soft with 2 GPM @ 300 ft	X	
8	310	373	Shale dark gray firm		X
8	373	375	Shale dark gray fractured with 4 GPM	X	
8	375	410	Shale dark gray firm		X
8	410	415	Shale dark gray soft with 24 GPM	X	
8	415	420	Shale dark gray firm		X

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ENTERED
APR 19 2010
IDWR/North

UNITED CROWN
PUMP & DRILLING
3125 W Hayden Ave. Hayden ID 83833
OFFICE (208) 682-9641 (208) 772-7867

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MAY 06 2010

Completed Depth (Measurable) 420 FT
Date: Started 4-08-10 Completed 4-12-10

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 4-13-10

*Driller _____ Date 4-13-10

*Operator II _____ Date _____

Operator I _____ Date _____

*Signature of Principal Driller and rig operator are required.

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