

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO
IN AND FOR THE COUNTY OF TWIN FALLS

RECEIVED
JAN 26 2018
IDWR / NORTH

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: 95-17444
Date Received: 1/26/2018
Receipt No: 1033129
Amount Paid: 25.00
Received By: 2.W

**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)

MOUNTAIN AIR RESORT LLC
C/O STEVE LARSEN
5245 E DODD RD
HAYDEN ID 83835

Phone: (208) 660-8552

2. Date of Priority: 8/1/2005

3. Source:

GROUND WATER
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
52N	03W	33	NE SW		KOOTENAI	
52N	03W	33	NE SW		KOOTENAI	

5. Description of diverting works:

Well, Pump and Pipeline
Well, Pump and Pipeline to Place of Use

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 home and lawn irrigation

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
52N	03W	33	NE		SW		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:
Well Log

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 3

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

OWNER of MOUNTAIN AIR RESORT LLC
Title Organization

that I have signed the foregoing document in the space below as

OWNER of MOUNTAIN AIR RESORT LLC
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent [Signature] Date 1/26/2018

Title and Organization OWNER MOUNTAIN AIR RESORT LLC

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only
Inspected by _____
Twp. _____ Rge. _____ Sec. 33
1/4 _____ 1/4 _____
Lat. : : Long. : :

1. WELL TAG NO. D0040339

Drilling Permit No: 834594

Other IDWR No. _____

2. OWNER

Name LARSEN, STEVE

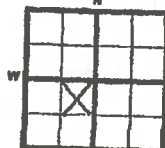
Well Number: 1004

Address 5245 E DODD RD

City HAYDEN LAKE State ID Zip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 52 ☒ North or ☐ South
Rge. 03 ☐ East or ☒ West
Sec. 33 1/4 NE 1/4 SW 1/4

Gov't Lot _____ County KOOTENAI

Lat. : : Long. : :

Address of Well Site 5245 E DODD RD

City HAYDEN LAKE

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

Lt. _____ 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	Shells or Pounds	
BENTONITE	0	18	400 LBS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 115

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Inner Weight	Threaded
6	+1	115	.250	STEEL	☒	☐	☐

Length of Headpipe _____

Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method _____
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Inner

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

600 ft. below ground Artesian pressure _____ lb.

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

52N 3W 32

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal/min.	Drawdown	Pumping Level	Time
1-2			2 HRS

Water Temp. COLD Bottom Hole Temp. COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 545

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
0	2	TOP SOIL	☐	☒
2	15	CLAY, BROWN	☐	☒
15	30	SHALE, TAN, WHITE SOFT	☐	☒
30	50	CLAY, TAN	☐	☒
50	75	CLAY, SAND, BROWN	☐	☒
75	90	CLAY, TAN	☐	☒
90	95	CLAY, WHITE	☐	☒
95	115	SANDSTONE, WHITE, GRAY	☐	☒
115	120	BASALT, BLACK BROKEN	☐	☒
120	255	BASALT, BLACK MED	☐	☒
255	265	CLAY, BLACK	☐	☒
265	275	CLAY, BROWN	☐	☒
275	375	BASALT, BLACK MED	☐	☒
375	385	CLAY, BROWN	☐	☒
385	390	CLAY, BLUE	☐	☒
390	395	SANDSTONE, GRAY	☐	☒
395	445	DECOMP GRANITE, WHITE, BLACK	☐	☒
445	460	GRANITE, SALT & PEPPER, GREEN	☐	☒
460	525	GRANITE, SALT & PEPPER	☐	☒
525	535	GRANITE, SALT & PEPPER, TAN	☐	☒
535	545	GRANITE, SALT & PEPPER	☐	☒
545	550	GRANITE, SALT & PEPPER	☐	☒
550	550	TAN, FRAC, 5 GPM	☒	☐
550	605	GRANITE, SALT & PEPPER	☐	☒
605	610	GRANITE, SALT & PEPPER	☒	☐
610	610	GREEN, FRAC, 5 GPM	☒	☐
610	645	GRANITE, SALT & PEPPER	☐	☒
645	660	GRANITE, SALT & PEPPER	☐	☒
660	660	GREEN, FRAC, 10 GPM	☒	☐
660	845	GRANITE, SALT & PEPPER	☐	☒
845	860	CLAYSTONE, BLUE	☐	☒
860	875	GRANITE, SALT & PEPPER, BLUE	☐	☒
875	880	GRANITE, SALT & PEPPER	☐	☒

Completed Depth 880 (Measurable)

Date Started 7/26/2005 Completed 8/1/2005

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 H36 Well Services, Inc. Firm No. 448

Firm Official Robert Kern Date _____

and
Supervisor or Operator Robert Kern Date 08/04/05
ROBERT KERN (Sign Once if Firm Official and Operator)

well 1

[illegible]

The USDA-FSA Aerial Photography Field office asks to be credited in derived products.