

RECEIVED

SEP 03 2019

DEPARTMENT OF
WATER RESOURCESIN 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

Claim ID: 95-17873

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

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

Please type or print clearly

- Name of claimant(s) Windy Bay LLC Phone (208) 667-0100
Mailing address 4450 W Earhart Way, Chandler AZ Zip 85226
Street or Box City State
Email address (optional) _____
- Date of priority: (Only one per claim) 7/10/2000 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 48N, Range 4W, Section 20,
NW 1/4 of SW 1/4, or Govt. Lot 2 BM, County of KOOTENAI;
Parcel no. 084750010020 - AIN 212864
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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.
6" 108' WELL IDENTIFIED IN IDWR RECORDS WITH TAG D10377
- 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 _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 Home

9. Location of place of use is: Township 48N, Range 4W, Section 20,
NW 1/4 of SW 1/4, Govt. Lot 2 BM, Parcel 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 (include an explanation of the priority date selected):

Priority date determined by final inspection by county. Septic tank already installed. Cabin was move from property, but owner desires to keep water right for potential guest house.

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 Water System 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: 3

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) _____

Date: _____

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Manager

Agent's title (Please print)

of

Windy Bay, LLC

Name of organization (Please print)

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

Signature of Authorized Agent _____

Date 8-29-19

Printed Name of Authorized Agent Ron Pratte

16. Notice of Appearance:

Notice is hereby given that I, (please print) John F. Magnuson, will be acting as attorney at law of behalf on 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

8/29/19

Address _____

P.O. Box 2350, Coeur d'Alene, ID 83816

Name of claimant(s) Windy Bay LLC

Claim ID

95-17873



0003585781

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0003585781

Date Filed: 8/1/2019 12:37:33 PM

Entity Name and Mailing Address:

WINDY BAY, LLC

The file number of this entity on the records of the Idaho Secretary of State is: 0000243918

Address

PO BOX 2350
COEUR D ALENE, ID 83816-2350

Entity Details:

Entity Status

Active-Existing

This entity is organized under the laws of:

IDAHO

If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: W77928

The registered agent on record is:

Registered Agent

JOHN F MAGNUSON

Registered Agent

Physical Address

1250 NORTHWOOD CENTER CRT
COEUR D'ALENE, ID 83816

Mailing Address

Limited Liability Company Managers and Members

Name	Title	Address
RONALD H PRATTE	Member	4400 W, EARHART WAY CHANDLER, AZ 85226

The annual report must be signed by an authorized signer of the entity.

JOHN F. MAGNUSON

Sign Here

08/01/2019

Date

Signer's Title: Registered Agent

B0311-6385 08/01/2019 12:37 PM Received by ID Secretary of State Lawrence Denney

Permit #: 31150

Permit #: 31150

Permit Information

Permit #: 31150

Restrictions

Description: .60 AC, (49 \$20) KEC CADET, CLA

Applied: 09/15/1999

Applicant: VOGEL, HOWARD E ETUX TRUSTEES

Approved:

Type: RESIDENTIAL

Issued:

Subtype: ONE FAMILY DWELLING

Finaled: 07/10/2000 CRW

Status: FINALED

Expiration:

App Exp: 07/10/2000 CRW

Assessor PIN

Owner:

Address: 7780 W WINDY BAY RD WORLEY

Subdivision:

City, State, Zip: WORLEY ID 83876

AIN: 212864 Block: Lot:

Restrictions

Contacts (2)

Owner: <none>

Contractor: THOMAS MILLER CONST.

Applicant: VOGEL, HOWARD E ETUX

Valuation Details

Job Value: \$128,262.00

Financial Information

Charged: \$1,291.00 Paid: \$1,291.00 Due: \$0.00

Plan Reviews

Conditions

Inspections (10)

Inspection Type	Inspector	City	Scheduled Date	Time	Completed Date
FRAMING 1		WORLEY			04/14/2000
INSULATION 1		WORLEY			04/25/2000
STORMWATER		WORLEY			04/14/2000
INSPECTION COMMENT		WORLEY			10/04/1999
INSPECTION COMMENT		WORLEY			06/29/2000
INSPECTION COMMENT		WORLEY			08/15/2000
FINAL INSPECTION 1		WORLEY			06/27/2000
FINAL INSPECTION 2		WORLEY			06/30/2000
MECHANICAL GPT		WORLEY			06/27/2000

Chronology

IDAHO DEPARTMENT OF WATER RESOURCES

~~WELLED~~ DRILLER'S REPORT

SEP 13 1999

076728

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

1. WELL TAG NO. D10377Drilling Permit No: 95-99-N-135

Other IDWR No.

2. OWNER

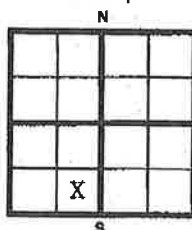
Name VOGEL% Tom Miller Const.

Well Number:

930Address E 5050 LANCASTERCity HAYDENState IDZip 83835

3. LOCATION OF WELL by legal description

sketch map location must agree with written location

Twp. 48 ☒ North or ☐ SouthRge. 04 ☐ East or ☒ WestSec. 20 1/4 SE 1/4 SW 1/4Gov't Lot _____ County KOOTENAI

Lat: : : Long: : :

Address of Well Site WINDY BAYCity CDA

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

Lt. _____ Blk. _____ Sub. Name _____

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
8 GPM			1 HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: CLEARDepth first Water encountered 65

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality, Temperature	Water	
				Y	N
8	0	5	FILL	☐	☒
8	5	18	Broken Basalt W/Clay	☐	☒
8	18	57	Broken Basalt W/Clay	☐	☒
8	57	64	Clay Tan	☐	☒
8	64	88	Broken Basalt W/Clay	☐	☒
8	88	101	Broken Basalt	☒	☐
8	101	108	Broken Basalt	☒	☐

Completed Depth 108' (Measurable)
Date: Started 8/30/99 Completed 8/30/99

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 Todd Morgan Date 8/30/99and Supervisor or Operator Todd Morgan Date 8/30/99

(Sign Once if Firm Official and Operator)

(Todd Morgan)

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 Sacks or Pounds	METHOD
Material	From	To		
BENTONITE	0	18	6 SACKS	GRANULAR

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

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+3	101	.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:

65 ft. below ground Artesian pressure _____ lb.Depth flow encountered _____ ft. Describe access port or control devices: WELD ON CAP

48N 4W 20