

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 96-7780

Date Received: 6.18.26

Receipt No: N046109 / N046110

Claim Fee: \$58 By: NS

RECEIVED

JUN 18 2026

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) ODEN BAY LLC Phone (626) 241-5305
Mailing address PO BOX 1065 Sandpoint ID Zip 83864
Street or Box City State
Email address (optional) karlsdad@yahoo.com
2. Date of priority: (Only one per claim) 5/1/1979 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (☒) or Other (☐) (a) _____
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 56N, Range 06W, Section 25,
NW 1/4 of SE 1/4, Govt. Lot _____, BM, County of Bonner
Parcel no. RP56N06W254803A
Additional points of diversion, if any: Two wells on same parcel.
If available, GPS Coordinates _____
- b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
5. Description of existing diversion works (dams, reservoirs, ditches, wells, pumps, pipelines, headgates, 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.

2 points of diversion (wells) supplying domestic use is for 18 homes.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD) (cfs) (acre-feet)

For Domestic purposes from 1/1 to 12/31 amount 0.08 or 21.6

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.08 (cfs) and/or (b) 21.6 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) 18 Motor home hookups

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
56n	06w	25								X						X			
										W+						W+			

Parcel no(s). RP56N06W254803A Total number of acres irrigated D

10. In which county(ies) are lands listed above as place of use located? Bonner

11. Do you own the property listed above as place of use? Yes (✓) No ()

If your 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.

96-7780, license based claim. or None ()

13. Remarks (Include an explanation of the priority date selected):

Refer to IDWR water right back filee for licensed right 96-7780

Name of claimant(s) ODEN BAY LLC

Claim ID _____

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 96-7780

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 Clark Fork-Pend Oreille 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: 5

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 of ODEN BAY LLC
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent Walt D. Hardin Date 6/18/26

Printed Name of Authorized Agent WALT D. HARDIN

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____

Name of claimant(s) _____ Claim ID _____

Map of mobile home lots



POD MAP



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTUSE TYPEWRITER OR
BALLPOINT PENState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Walter Campbell
Address Box 130 Altamont
Owner's Permit No. 96-7780

7. WATER LEVEL

Static water level 266 feet below land surface.
Flowing? ☐ Yes ☒ No G.P.M. flow 20
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality good
Describe artesian or temperature zones below.2. NATURE OF WORK 96-84-N-89

- ☒
- New well
- ☐
- Deepened
- ☐
- Replacement
-
- ☐
- Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

8. WELL TEST DATA

☐ Pump ☒ Bailer ☐ Air ☐ Other _____

Discharge G.P.M. Pumping Level Hours Pumped

3. PROPOSED USE

- ☒
- Domestic
- ☐
- Irrigation
- ☐
- Test
- ☐
- Municipal
-
- ☐
- Industrial
- ☐
- Stock
- ☐
- Waste Disposal or Injection
-
- ☐
- Other _____ (specify type)

4. METHOD DRILLED

- ☐
- Rotary
- ☐
- Air
- ☐
- Hydraulic
- ☐
- Reverse rotary
-
- ☒
- Cable
- ☐
- Dug
- ☐
- Other _____

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____Thickness inches 0.025 Diameter inches 6 From feet 1 To feet 290
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feetWas casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☐ NoPerforated? ☐ Yes ☐ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch

Size of perforation _____ inches by _____ inches

Number From To
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feetWell screen installed? ☒ Yes ☐ NoManufacturer's name Cook Well Screen CorpType _____ Model No. 304Diameter 6 Slot size 20 Set from 290 feet to 295 feet

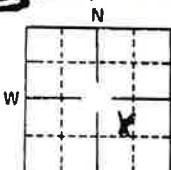
Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☐ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 18 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded ☐ Solvent☐ Cemented between strataDescribe access port in well cap

6. LOCATION OF WELL

Sketch map location must agree with written location.Subdivision Name SilverBurch

Lot No. _____ Block No. _____

County BonnerNW SE SW NE 25 T. 56 N. 6 R. 6 W.

10.

Work started Sept 1-83 finished March 20-84

11. DRILLERS CERTIFICATION

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

Firm Name Pirley Drilling Firm No. 323Address Box 781 Post FallsSigned by (Firm Official) Carl Pirley

and

(Operator) Walter Campbell

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

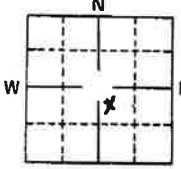
1. WELL OWNER
Name Walter Campbell
Address RT 1 Altoun Zola
Owner's Permit No. 96-7780

2. NATURE OF WORK 96-84-N-90
☒ New well ☐ Deepened ☐ Replacement
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE
☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED
☐ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary
☒ Cable ☐ Dug ☐ Other _____

5. WELL CONSTRUCTION
Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____
Thickness .025 inches Diameter 6 inches + 1 feet From 302 feet To _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
_____ inches _____ inches _____ feet _____ feet
Was casing drive shoe used? ☐ Yes ☐ No
Was a packer or seal used? ☐ Yes ☐ No
Perforated? ☐ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch
Size of perforation _____ inches by _____ inches
Number _____ From _____ To _____
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
_____ perforations _____ feet _____ feet
Well screen installed? ☒ Yes ☐ No
Manufacturer's name Cook Well Strainer Corp Model No. 304
Type _____ Diameter 20 Slot size _____ Set from 302 feet to 307 feet
Diameter _____ Slot size _____ Set from _____ feet to _____ feet
Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____
Placed from _____ feet to _____ feet
Surface seal depth 18 Material used in seal: ☐ Cement grout
☒ Bentonite ☐ Pudding clay ☐ _____
Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing
☒ Overbore to seal depth
Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent Weld
☐ Cemented between strata
Describe access port in well cap

6. LOCATION OF WELL
Sketch map location must agree with written location.

Subdivision Name Silver
Burch
Lot No. _____ Block No. _____
County Bonner
NW 9E 1/4 Sec. 25, T. 56 N., R. 6 W.

7. WATER LEVEL
Static water level 262 feet below land surface.
Flowing? ☐ Yes ☐ No G.P.M. flow 7
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature _____ °F. Quality good
Describe artesian or temperature zones below.

8. WELL TEST DATA
☐ Pump ☒ Bailer ☐ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	1	307			
	1	2	top soil		
	2	47	shale		
	47	55	gravel sand		
	55	59	clay		
	59	70	sand		
	70	85	fine sand		
	85	90	clay		
	90	110	sand & clay		
	110	160	sand		
	160	165	clay & sand		
	165	225	cemented sand & clay		
	225	307	sand clean		

10. Work started Oct 4-83 finished 4-12-84

11. DRILLERS CERTIFICATION 22
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
Firm Name Pixley Drilling Firm No. 323
Address Box 184 Post Falls Date _____
Signed by (Firm Official) Carl Pixley
and
(Operator) Walter Campbell



0006665076

**STATE OF IDAHO***Office of the secretary of state, Phil McGrane***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 #: 0006665076

Date Filed: 2/13/2026 9:07:32 PM

Entity Name and Mailing Address:

Entity Name:

ODEN BAY, LLC

The file number of this entity on the records of the Idaho

0000100666

Secretary of State is:

Address

PO BOX 1065
SANDPOINT, ID 83864-0856

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:

W29206

The registered agent on record is:

Registered Agent

CHARLTON MILLS
Registered Agent

Physical Address

101 N 4TH AVE
SANDPOINT, ID 83864

Mailing Address

Limited Liability Company Managers and Members

Name	Title	Business Address
Walt Hardin	Manager	PO BOX 1065 SANDPOINT, ID 83864

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

Job Title: MANAGER

Walt Hardin

Sign Here

02/13/2026

Date

B1090-4593 02/13/2026 9:07 PM Received by Office of the Idaho Secretary of State