RECEIVED

# IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, " COUNTY OF TWIN FALLS OF IDAHO," 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:

Phone: (949) 289-6333

95-17256

Date Received: Receipt No:

1/30/2017 NO32365

Amount Paid: 25.00

Received By:

L.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)

**B WELLS LAKE HOUSE LLC** C/O LANCE BADGWELL 34145 PACIFIC COAST HWY #170 **DANA POINT CA 92629** 

2. Date of Priority: 6/13/2001

3. Source:

Trib. to:

**GROUND WATER** 

4. Point of Diversion:

Township Range Section 48N 04W 11

14 of 14 of 14

SW SE

Lot County **KOOTENAL**  Type

5. Description of diverting works:

WELL, PUMP AND PIPELINE

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:

#### **HOME AND LAWN IRRIGATION**

9.	Place of use	<b>:</b> :				
	DOMEST	IC with	nin KO	OTENAI	Со	unty
	_					

Township	Range	Section	1/4	of ¼	Lot	Acres
48N	04W	11	SE	SW	3	
48N	04W	11	SW	SE	3	

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: HOME BUILT THAT DATE.					
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 wish to receive and pay a small annual fee for monthly copies of the docket sheet.  Number of attachments:					
	For Organizations:					
	I do solemnly swear or affirm under penalty of perjury that I am					
	MANAGER   MEMBER of BWELLS LAKE HOUSE!					

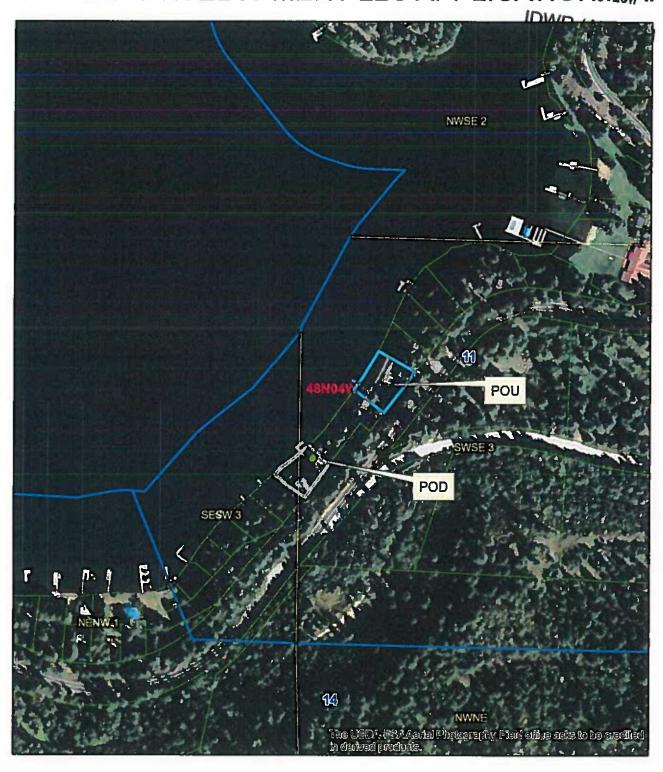
that I have signed the foregoing document in the space below as

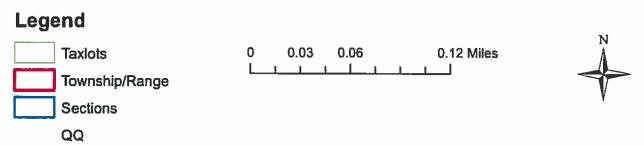
95-17256

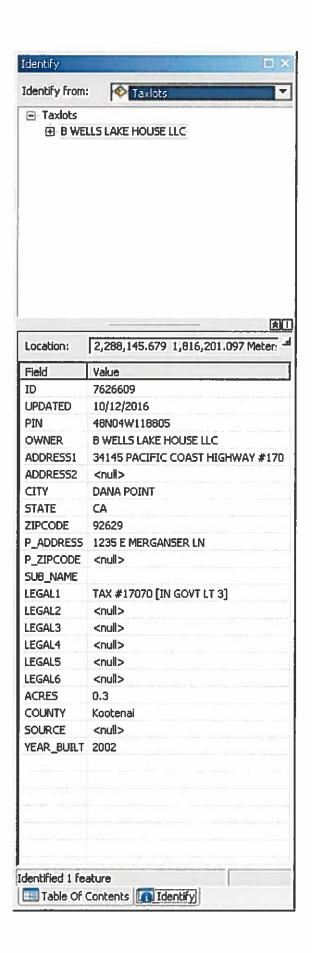
### Organization

and that the statements contained in the foregoing document are true and correct.				
Signature of Authorized Agent Date 1/30/17				
Title and Organization RWEIS LAKEHOUSE, LLC				

## RECEIVED LOST BAY DEVELOPMENT LLC APPLICATION MAP







Form 238-7
7/98
Starships Consulting and
Management Services

## IDAHO DEPARTMENTOF WATER RESOURCES WELL DRILLER'S REPORT NOV 0.5 1958

Office Use Only inspected by					
Twp_		Rge	8	Sec_	
	1/4_		1/4	_1/4	
Lat;	ı.	2	Long:	35	

MOV 0 5 1993	076772 Lat: : Long: :	:
1. WELL TAG NO. D10757	11. WELL TESTS:	
1. WELL TAG NO. D10757  Drilling Permit No: Other IDWR No. 95-99-N-184	☐ Pump ☐ Bailer ☑ Air ☐ Flowing Ar	
2. OWNER Well Number:	Yield gal./min. Drawdown Pumping Level Time	<b>3</b>
Name_PUGH, JOHN 966	15+ 1.HR	
Address 3115 NW SENECA PL		
City CORVALLIS State OR Zip 97330	Water Temp. Bottom Hole Temp	
City CORVALLIS State OR Zip 97330  3. LOCATION OF WELL by legal description sketch map location must agree with written location	/ Water Quality test or comments:	
N	Depth first Water encountered_ 2-0	
Twp. 48 ☑ North or ☐ South	12. LITHOLOGIC LOG:(Describe repairs or abando	nment)
Rge. 04 □ East or ☑ West	f	Vater
Sec. 11 1/4 SW 1/4 SE 1/4		YN
Gov't Lot County KOOTENAI		
X Lat: : Long: : :	8 18 32 Basalt Broken W/Tan Clay 8 32 81 Basalt Broken	
Address of Well Site HALF ROUND BAY		
Give at least name of road + Distance to Road or Landmark)		
Lt Bik Sub. Name		1
4. USE:		1
Domestic Municipal Monitor Imagation		
Thermal Injection Other  5. TYPE OF WORK check all that apply (Replacement, etc.)		
✓ New Well ☐ Modify ☐ Abandonment ☐ Other		
6. DRILL METHOD	·	1 1
Air Rotary Cable Mud Rotary Other		
7. SEALING PROCEDURES		
SEAL/FILTER PACK AMOUNT METHOD		
Material From To Secks or Pounds		1
BENTONITE 0 18 8 SACKS GRANULAR		
Man drive charged ( ) 1 x		
Was drive shoe used? ☐ Y ☐ N Shoe Depth(s) 0 Was drive shoe seal tested? ☐ Y ☐ N How?		1 1
8. CASING/LINER:		
Diameter From To Gauge Material Casing Liner Welded Threaded		
6 +2 79 .250 STEEL 🗹 🗆 🖸		
		1 1
Length of Headpipe Length of Tailpipe		
9. PERFORATIONS/SCREENS		
Perforations Method Screens Screen Type	Completed Depth 81' (Measura Date: Started 10/20/99 Completed 10/2	0/99
Screens Screen Type  From To Stot Size Number Diameter Material Casing Liner		0100
	<ol> <li>DRILLER'S CERTIFICATION</li> <li>I/We certify that all minimum well construction standar</li> </ol>	rie
	were complied with at the time the rig was removed.	ua
	Firm Name H20 WellSarvice Ing Firm No. 4	48
10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:		20799
20 ft. below ground Artesian pressure	and Table Man 10/2	20/99
control devices:	Supervisor or Operator 101/1/100—Date 10/2 (Sign Once If Firm Official and Operator)	.07 99
./9	(Todd Morgan)	