FILE

GROUND WATER CERTIFICATE

*41K *

103351

00

Box Bar Code _____

File Bar Code _____

Date/Initials _____

FORM NO 604 R5/96

STATE OF MONTANA
DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION
48 NORTH LAST CHANCE GULCH P O BOX 201601 HELENA, MONTANA 59620-1601

Certificate of Water Right

UPON FINDING THE REQUIREMENTS OF SECTION 85-2-301 MCA HAVE BEEN MET, THIS CERTIFICATE OF WATER RIGHT IS ISSUED TO:

SCOTT D & SANDRA K ODEGARD
439 1ST RD S
FAIRFIELD MT 59436

CERTIFICATE OF WATER RIGHT NUMBER: 103351-41K

PRIORITY DATE: MARCH 27, 1998 AT 8:40 A.M.

SOURCE: GROUNDWATER

DIVERSION: MEANS: WELL

PERIOD OF DIVERSION: 01/01-12/31
SWSESE SEC. 6 TWP. 21N RGE. 01W CASCADE CO

TOTAL FLOW RATE: 8.50 GPM

TOTAL VOLUME: 2.50 ACRE FEET PER YEAR

USE: 8.50 GPM UP TO 1.00 AC-FT (01/01-12/31)
FOR DOMESTIC

UP TO .25 AC-FT (04/15-10/31)
FOR IRRIGATION ON .10 ACRES

UP TO 1.25 AC-FT (04/15-10/31)
FOR LAWN AND GARDEN ON .50 ACRES

PLACE OF USE: SWSESE SEC. 6 TWP. 21N RGE. 01W CASCADE CO
FOR DOMESTIC

SWSESE SEC. 6 TWP. 21N RGE. 01W CASCADE CO
FOR IRRIGATION ON .10 ACRES

SWSESE SEC. 6 TWP. 21N RGE. 01W CASCADE CO
FOR LAWN AND GARDEN ON .50 ACRES

** PRIOR RIGHTS:
THIS CERTIFICATE IS ISSUED SUBJECT TO ALL PRIOR EXISTING WATER RIGHTS IN THE SOURCE OF SUPPLY.

** BACKFLOW PREVENTOR:
PURSUANT TO SECTION 85-2-505, MCA, TO PREVENT GROUNDWATER CONTAMINATION, AN OPERATIONAL BACK FLOW PREVENTOR MUST BE INSTALLED AND MAINTAINED BY THE APPROPRIATOR IF A CHEMICAL OR FERTILIZER DISTRIBUTION SYSTEM IS CONNECTED TO THE WELL.

FAILURE TO COMPLY WITH ANY TERMS AND CONDITIONS HEREIN MAY RESULT IN THE LOSS OF THE WATER RIGHT GRANTED BY THIS CERTIFICATE.

** TRANSFER OF OWNERSHIP:
UPON A CHANGE IN OWNERSHIP OF ALL OR ANY PORTION OF THIS CERTIFICATE, THE PARTIES TO THE TRANSFER SHALL FILE WITH THE DEPARTMENT OF NATURAL RESOURCES AND CONSERVATION A WATER RIGHT TRANSFER CERTIFICATE, FORM 608, PURSUANT TO SECTION 85-2-424, MCA.

Scott Irwin
WITNESS

Gayle E Phillips
PROGRAM ASSISTANT

DATE: APRIL 10, 1998 WATER RIGHTS BUREAU, WATER RESOURCES DIVISION

Form No. 602 R11/92

NOTICE OF COMPLETION OF GROUNDWATER DEVELOPMENT

For groundwater developments with a maximum use of 35 GPM not to exceed 10 AC-FT per year

GROUNDWATER IS DEFINED AS ANY WATER BENEATH THE GROUND SURFACE.

(Use Form 600, Application for Beneficial Water Use Permit for appropriations in excess of 35 GPM or 10 AC-FT per year.)

RECEIVED
MAR 27 1998
D.N.R.C.

FOR DEPARTMENT USE ONLY

Notice No. 103351 Basin 41K
Priority Date 3-27-98
Time 8:40 A.M. AM / PM
Rec'd By T.A.
Fee Rec'd $ 25.00
Check No. 2819
Transmittal No. 981616
Refund $ _____ Date _____

IMPORTANT

State law requires this form be filed by the appropriator within 60 days after the water has been put to use. Your priority is determined by the date of filing.

Complete the notice and attach an aerial photo, survey, or other map showing the location of your development. Submit it with the $25.00 filing fee, payable to DNRC, to the appropriate Water Resources Regional Office. This form will be returned if any of the pertinent information is incomplete or incorrect.

(Please type or print in ink.)

1. **NAME** James R. Eskridge
   MAILING ADDRESS P.O. Box 174
   CITY Fairfield **STATE** MT **ZIP** 59436
   HOME PHONE N/A **OTHER PHONE** (509) 253-3251

2. **SOURCE OF GROUNDWATER SUPPLY** ☒ Well ☐ Developed Spring (Excavation performed at spring location) ☐ Pit ☐ Other _____

3. **ACTUAL PUMPING RATE** 8.5 GPM Pump: HP Rating 1 HP Installation Depth 32 Ft.

4. **DATE WATER PUT TO BENEFICIAL USE** (Water must be used prior to this filing) 9-9-96 (Month / Day / Year)

5. **DOES THIS WELL REPLACE AN EXISTING WELL ?** Yes ☐ No ☒
   Old Well Depth _____ Ft. Old Well GPM _____ Date Old Well Drilled or Dug _____ (Month / Day / Year)

6. **WILL THIS DEVELOPMENT** be used in combination with another well or spring ? Yes ☐ No ☒
   If yes, list the water numbers and explain how they are used.

7. **POINT OF DIVERSION** Describe the location to the nearest 10 acres (i.e.: to the 1/4 1/4 1/4). Legal land descriptions may be obtained from your county records.
   _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp _____ N/S Rge _____ E/W County _____
   Lot _____ Block _____ Tract No. _____ Subdivision Name _____
   Government Lot _____

8. **PURPOSE AND PLACE OF USE**
   Purpose of Use _____ If same as Point of Diversion, Check ☒
   _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp _____ N/S Rge _____ E/W County _____
   Lot _____ Block _____ Tract No. _____ Subdivision Name _____
   Government Lot _____
   Purpose of Use _____ If same as Point of Diversion, Check ☐
   _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp _____ N/S Rge _____ E/W County _____
   Lot _____ Block _____ Tract No. _____ Subdivision Name _____
   Government Lot _____

9. **PURPOSE AND PERIOD OF USE**

DOMESTIC	Number of Households Currently Using Water From This Development 1 Year-round Use? Yes ☒ No ☐ If no, From _____ (Month / Day) to _____ (Month / Day), Inclusive of Each Year. *If lawn and / or garden exceeds 1/4 acre, list total size below.*
LAWN AND / GARDEN	Total Size of Lawn and / or Garden 1/2 Acres (Length x Width ÷ 43560 = Acres) Period of Use: From Apr. 15 (Month / Day) to Oct 30 (Month / Day), Inclusive of Each Year.
STOCK	Number and Type N/A Year-round Use? Yes ☐ No ☐ If no, From _____ (Month / Day) to _____ (Month / Day), Inclusive of Each Year.
IRRIGATION (Other than Lawn And Garden)	Shelterbelt or Type of Crop Shelterbelt Total Acres Irrigated 1/2 A. Period of Use: From Apr. 15 (Month / Day) to Oct 30 (Month / Day), Inclusive of Each Year.
OTHER	Describe the Purpose of Use _____ Amount of Water Used _____ Gallons Per Day Year-round Use? Yes ☐ No ☐ If no, From _____ (Month / Day) to _____ (Month / Day), Inclusive of Each Year.

10. **REMARKS** (Use this space for additional information.) _____

11. **AFFIDAVIT OF OWNERSHIP OR WRITTEN CONSENT**
I certify the statements appearing herein are to the best of my knowledge true and correct. I also certify I have possessory interest in the property where the water is to be put to beneficial use and exclusive property rights in the groundwater development or the written consent of the person with those property rights.

Appropriator's Signature James R Eskridge Date: 3/26/98
AKA Jim Eskridge Date: _____

Subscribed and sworn before me this 26th day of March, 1998

Notary's Signature Rise Medved
Notary for the State of Montana
Residing at Great Falls
My commission expires 8-15-99

Form No. 603 (R 2-89)

WELL LOG REPORT

File No. 2353

State law requires that the Bureau's copy be filed by the water well driller within 60 days after completion of the well.

1. WELL OWNER
Name Jim Eskridge

2. CURRENT MAILING ADDRESS
Box 174
Fairfield mt. 59436

3. WELL LOCATION
SE ¼ ¼ ¼ Section 6
Township 21 (N)/S Range 1 E/(W) County Cascade
Govn't Lot _____, or Lot _____, Block _____
Subdivision Name NA
Tract Number NA

4. PROPOSED USE: Domestic ☒ Stock ☐ Irrigation ☐
Other ☐ specify _____

5. TYPE OF WORK:

New well	☒	Method: Dug	☐	Bored	☐
Deepened	☐	Cable	☐	Driven	☐
Reconditioned	☐	Rotary	☒	Jetted	☐

6. DIMENSIONS: Diameter of Hole
Dia. 6 in. from 0 ft. to 35 ft.
Dia. _____ in. from _____ ft. to _____ ft.
Dia. _____ in. from _____ ft. to _____ ft.

7. CONSTRUCTION DETAILS:
Casing; Steel Dia. 6 from 1½ ft. to 25 ft.
Threaded ☐ Welded ☒ Dia. _____ from _____ ft. to _____ ft.
Type _____ Wall Thickness .250
Casing; Plastic Dia. _____ from _____ ft. to _____ ft.
Weight _____ Dia. _____ from _____ ft. to _____ ft.
PERFORATIONS: Yes ☐ No ☒
Type of perforator used _____
Size of perforations _____ in. by _____ in.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
_____ perforations from _____ ft. to _____ ft.
SCREENS: Yes ☐ No ☒
Manufacturer's Name _____
Type _____ Model No. _____
Dia. _____ Slot size _____ from _____ ft. to _____ ft.
Dia. _____ Slot size _____ from _____ ft. to _____ ft.
GRAVEL PACKED: Yes ☐ No ☒ Size of gravel _____
Gravel placed from _____ ft. to _____ ft.
GROUTED: To what depth? 20 ft.
Material used in grouting Bentonite

8. WELL HEAD COMPLETION:
Pitless Adapter ☐ Yes ☒ No

9. PUMP (if installed)
Manufacturer's name _____
Type _____ Model No. _____ HP. _____

10. WELL TEST DATA
The information requested in this section is required for all wells. All depth measurements shall be from the top of the well casing.
All wells under 100 gpm must be tested for a minimum of one hour and provide the following information:
a) Air X Pump _____ Bailer _____
b) Static water level immediately before testing 8 ft. If flowing; closed-in pressure _____ psi. _____ gpm.
Flow controlled by: _____ valve, _____ reducers, _____ other, (specify) _____
c) Depth at which pump is set for test 25
d) The pumping rate: 3 gpm.
e) Pumping water level 25 ft. at 2 hrs. after pumping began.
f) Duration of test: Pumping time 2 hrs.
g) Recovery time ½ hrs.
h) Recovery water level 8 ft. at ½ hrs. after pumping stopped.

Wells intended to yield 100 gpm or more shall be tested for a period of 8 hours or more. The test shall follow the development of the well, and shall be conducted continuously at a constant discharge at least as great as the intended appropriation. In addition to the above information, water level data shall be collected and recorded on the Department's "Aquifer Test Data" form.

NOTE: All wells shall be equipped with an access port ½ inch minimum or a pressure gauge that will indicate the shut-in pressure of a flowing well. Removable caps are acceptable as access ports.

11. WAS WELL PLUGGED OR ABANDONED? _____ Yes X No
If yes, how? _____

12. WELL LOG

Depth (ft.) From	To	Formation
0	10	Top Soil
10	20	Gravel
20	35	Blue Colorado Shale

ATTACH ADDITIONAL SHEETS IF NECESSARY

13. DATE COMPLETED 2-14-96

14. DRILLER/CONTRACTOR'S CERTIFICATION
This well was drilled under my jurisdiction and this report is true to the best of my knowledge.

5-7-96
Date

Poverty Drilling
Firm Name

2901 9th Ave. N.W. Gt. Falls, Mt. 59404
Address

Frank A. Mardo
Signature

302
License No.

MONTANA DEPARTMENT OF NATURAL RESOURCES & CONSERVATION
1520 EAST SIXTH AVENUE HELENA, MONTANA 59620-2301 444-6610
DNRC

DEPARTMENT COPY
DRILLER: Please give this copy to the well owner to complete reverse side.
OWNER: Complete reverse side and send to DNRC when the well is completed and the water has been used beneficially for the intended purpose.

Form No. 602 R11/92

NOTICE OF COMPLETION OF GROUNDWATER DEVELOPMENT

For groundwater developments with a maximum use of 35 GPM not to exceed 10 AC-FT per year

GROUNDWATER IS DEFINED AS ANY WATER BENEATH THE GROUND SURFACE.

(Use Form 600, Application for Beneficial Water Use Permit for appropriations in excess of 35 GPM or 10 AC-FT per year.)

WORK COPY

RECEIVED
MAR 27 1998
D.N.R.C.

FOR DEPARTMENT USE ONLY

Notice No. 103351 Basin 41K
Priority Date 3-27-98
Time 8:40 A.M. AM / PM
Rec'd By TA
Fee Rec'd $ 25.00
Check No. 2819
Transmittal No. 9016
Refund $ _____ Date _____

IMPORTANT

State law requires this form be filed by the appropriator within 60 days after the water has been put to use. Your priority is determined by the date of filing.

Complete the notice and attach an aerial photo, survey, or other map showing the location of your development. Submit it with the $25.00 filing fee, payable to DNRC, to the appropriate Water Resources Regional Office. This form will be returned if any of the pertinent information is incomplete or incorrect.

(Please type or print in ink)

1. **NAME** ~~James R. Strieg~~ Scott D & Sandra K. Odegard
   MAILING ADDRESS ~~P.O. Box 174~~ 439 1st Rd South
   CITY Fairfield **STATE** Mt. **ZIP** 59436
   HOME PHONE N/A **OTHER PHONE** (509) 235-5251

2. **SOURCE OF GROUNDWATER SUPPLY** [X] Well [ ] Developed Spring (Excavation performed at spring location) [ ] Pit [ ] Other _____

3. **ACTUAL PUMPING RATE** 8.5 GPM Pump: HP Rating 1.4p Installation Depth 32 Ft.

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6. **WILL THIS DEVELOPMENT** be used in combination with another well or spring ? Yes [ ] No [X]
   If yes, list the water numbers and explain how they are used.

7. **POINT OF DIVERSION** Describe the location to the nearest 10 acres (i.e.: to the 1/4 1/4 1/4). Legal land descriptions may be obtained from your county records.
   SW 1/4 SE 1/4 SE 1/4 Section 6 Twp 21 (N/S) Rge 01 (E/W) County CASCADE
   Lot _____ Block _____ Tract No. _____ Subdivision Name _____
   Government Lot _____

   Per map of 4-8-98

8. **PURPOSE AND PLACE OF USE**
   Purpose of Use Dm/LG & IR If same as Point of Diversion, Check [X]
   _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp _____ N/S Rge _____ E/W County _____
   Lot _____ Block _____ Tract No. _____ Subdivision Name _____
   Government Lot _____
   Purpose of Use _____ If same as Point of Diversion, Check [ ]
   _____ 1/4 _____ 1/4 _____ 1/4 Section _____ Twp _____ N/S Rge _____ E/W County _____
   Lot _____ Block _____ Tract No. _____ Subdivision Name _____
   Government Lot _____

9. **PURPOSE AND PERIOD OF USE**

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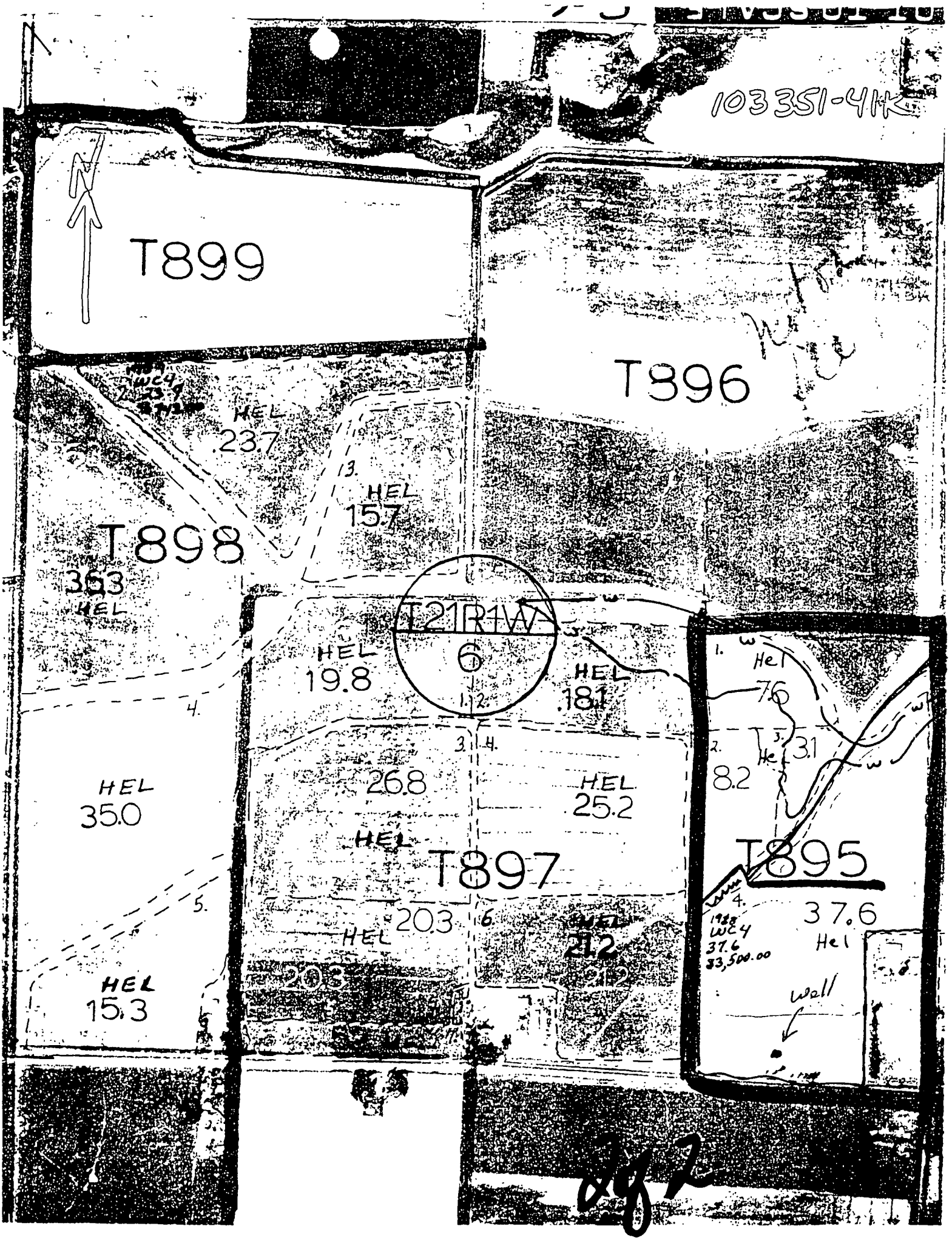
10. **REMARKS** (Use this space for additional information.) _____

11. **AFFIDAVIT OF OWNERSHIP OR WRITTEN CONSENT**
    I certify the statements appearing here are to the best of my knowledge true and correct. I also certify I have possessory interest in the property where the water is to be put to beneficial use and exclusive property rights in the groundwater development or the written consent of the person with those property rights.
    Appropriator's Signature [signature] Date: 3/26/98
    AKA [signature] Date: _____
    Subscribed and sworn before me this 26th day of March, 1998
    Notary's Signature [signature]
    Notary for the State of Montana
    Residing at Great Falls
    My commission expires 8-15-99

Per Shawn @ REIMAR P.C. 4-10-98. Odegards bought property + closed on 3/31/98.


103351-41K
T899
T896
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$3,500.00
well
292

103351-41K

DESCRIPTION OF 30-ACRE TRACT FOR MORTGAGE

A tract of land in the SE1/4 of Section 6, T. 21 N., R. 1 W., P.M.M., Cascade County, Montana, more particularly described as follows: > well

Beginning at the SE corner of Section 6, T. 21 N., R. 1 W., P.M.M.; thence N 87 14' 35" W, 330.38 feet to the true point of beginning; thence N 87 14' 35" W, 975.78 feet; thence N 00 18' 45" W, 1082.76 feet; thence S 57 17' E, 106.05 feet; thence N 53 06' E, 345.73 feet; thence East, 944.86 feet; thence South, 527.15 feet; thence West, 330.00 feet; thence South, 908.10 feet to the true point of beginning, containing in all 30.0 acres more or less, for construction mortgage purposes only.

NOTE: There is a county road easement on the south end of the property as shown on the plat.

DESCRIPTION OF TRACT NOT INCLUDED IN CNST. MORTGAGE

A tract of land in the SE1/4 of Section 6, T. 21 N., R. 1 W., P.M.M., Cascade County, Montana, more particularly described as follows:

Beginning at the SE corner of Section 6, T. 21 N., R. 1 W., P.M.M.; thence N 87 14' 35" W, 330.38 feet; thence N 87 14' 35" W, 975.78 feet; thence N 00 18' 45" W, 1082.76 feet; thence S 57 17' E, 106.05 feet; thence N 53 06' E, 345.73 feet to the true point of beginning; thence N 53 06' E, 258.66 feet; thence N 28 53' 15" E, 579.74 feet; thence N 57 50' 45" E, 136.71 feet; thence N 45 15' 15" E, 300.17 feet; thence N 54 38' 15" E, 159.01 feet; thence South, 883.94 feet; thence West, 944.86 feet to the true point of beginning, containing in all 11.91 acres more or less.

NOTE: There is a county road easement on the east side of this parcel as shown on the plat.

The Construction Mortgage Survey was filed under C.O.S. # 3477M on February 18, 1998.

103351-41K

FIRST MONTANA TITLE
COMPANY OF GREAT FALLS
110 Second Street South
Great Falls, MT 59405
(406) 727-1500

This property will also be transferring to new owners on 3/31/98 - Scott D. & Sandra K. Odegard. Please let us know what we need to do to transfer into their names or if this can be done all at once with this form.

RE/MAX Realtors
Rose Hedrick / Sharon G
761-1011

FILM & FILE HERE: 10A 103351 41K

RO # LRO

	NAME/ADDRESS CORRECTION
X	ADDRESS CORRECTION ONLY

BASIN	TYPE	NUMBER	BASIN	TYPE	NUMBER
41K	Ground Water Certificate	103351			

Owner ID #	OLD 81083 81082	NEW
Name	Scott D + Sandra K Odegard	→
Address	439 1st Rd S	→
City, State, Zip	Fairfield, MT 59436	Fort Shaw, MT 59443

NOTE: Name change must be documented for all WR #
Address change need document only lowest WR #

_____ Telephone contact on _____ with _____
_____ Signature check & Microfiche research
_____ Standardization or Clerical error
X Other Cadastral search

FILMED

Comments _____

Researched by Kimberley Foucher Coded by Kimberley Foucher
Date 10/25/2005 Date 10/25/2005