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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

Ident. Number 92-11014

Date Received: _____

Receipt No: _____

Received 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

1. Name of Claimant(s) Jeff + Doyle Benjamin Phone (208) 699-2636Mailing Address 706 W 13th Ave Post Falls Id Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) 08/15/07 JMB
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____4. Location of Point of Diversion is: Township 44 N, Range 1 E, Section 19,
SW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Benevolence;
Parcel (PIN) no. RPO01500202000AAdditional points of diversion if any: N/AIf available, GPS coordinates: N/A

5. 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.

00051927 well completed 2007 connected
to 1 home 1 pressure tank in shed

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from 01/01 to 12-31 amount 0.4 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.4 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 1 home

9. Location of Place of Use is: Township 44, Range 1 E, Section 19,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
If different than shown in Item 4

for (Check One) **Domestic** (☒) **Stock** () **Domestic and Stock** ()

Additional places of use, if any N/A

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

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: well put into use on 8.15.07 using generator
to irrigate trees & landscaping, Goulds pump installed
8/15/07

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 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: 2 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) Jeffrey Date: 10-1-09

Wayne Benjamin Date: 10-1-09

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

_____ of _____,
Title Organization

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

_____ of _____,
Title Organization

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

Signature of Authorized Agent _____ Date _____

Title and Organization _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of 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.

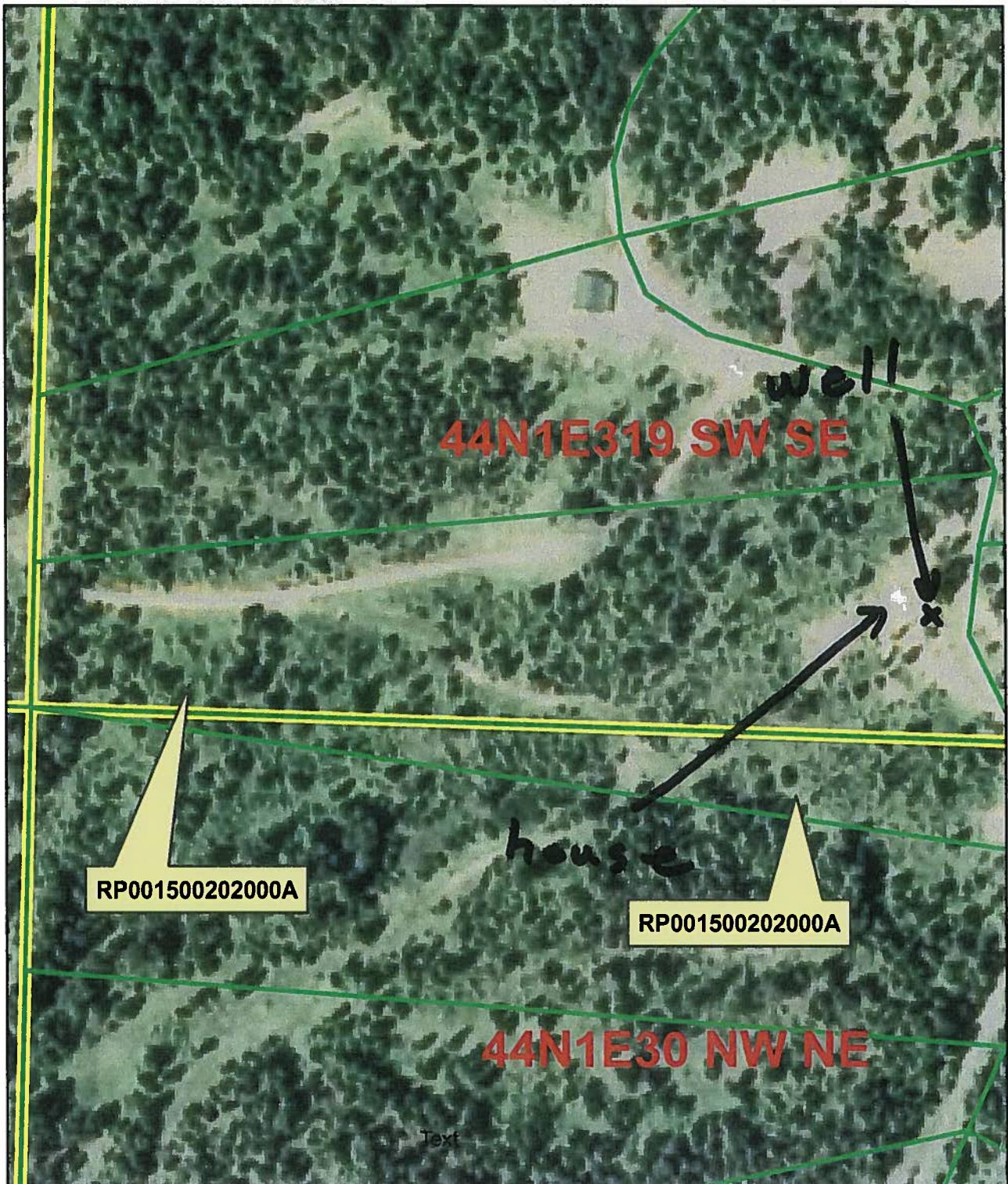
Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

BENJAMIN PIN RP001500202000A



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT1. WELL TAG NO. D D00 51927
DRILLING PERMIT NO. 847001
Water Right or Injection Well No. _____

2. OWNER:

Name JEFF BENJAMIN
Address 706 W. 13th AVE
City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 44 North ☒ or South ☐
Rge. 1 East ☒ or West ☐
Sec. 30 1/4 N/W 1/4 N/E 1/4
Gov't Lot _____
County BENELWAHLat: _____ Long: _____
Address of Well Site 727 Willow Lane
City FERNWOOD(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 Material	From	To	Weight / Volume	Seal Placement Method
<u>Bentonite</u>	<u>0</u>	<u>50</u>	<u>10 sX</u>	<u>Pour Around Pipe</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 373Was drive shoe seal tested? ☒ Y ☐ N How? Air

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6"</u>	<u>+2</u>	<u>-373</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Torch

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
<u>273</u>	<u>353</u>	<u>1/8x16</u>	<u>28</u>	<u>6"</u>	<u>Steel</u>	☒	☐
<u>133</u>	<u>213</u>	<u>1/8x16</u>	<u>28</u>	<u>6"</u>	<u>Steel</u>	☒	☐
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method
<u>none</u>				

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

116 ft. below ground Artesian pressure _____ lb.Depth flow encountered 150 ft. Describe access port or control devices: _____well cap44N 1E 30

Office Use Only

Well ID No. _____
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 _____ 1/4 _____ 1/4 _____
Lat: _____ Long: _____

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
<u>30 gpm</u>	<u>Air lift from 370</u>		

Water Temp. 43° Bottom hole temp. _____Water Quality test or comments: silty + cloudyDepth first Water Encounter 150

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
<u>8</u>	<u>0</u>	<u>22</u>	<u>clay Tan</u>			
	<u>22</u>	<u>30</u>	<u>clay Gray</u>			
	<u>30</u>	<u>88</u>	<u>clay Tan</u>			
	<u>88</u>	<u>150</u>	<u>Brown clay</u>			
	<u>150</u>	<u>160</u>	<u>Brown clay w/water</u>			
			<u>5 gpm</u>			
	<u>160</u>	<u>190</u>	<u>clay Brown</u>			
	<u>190</u>	<u>290</u>	<u>clay - Gray</u>			
	<u>290</u>	<u>300</u>	<u>clay - Gray w/wood</u>			
			<u>+ Granite w/water</u>			
			<u>25 gpm</u>			
	<u>300</u>	<u>373</u>	<u>clay - Gray w/wood</u>			

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JUN 15 2007

IDWR/North

Completed Depth 373 (Measurable)Date: Started 6-1-07 Completed 6-7-07

14. DRILLER'S CERTIFICATION

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

Company Name ACTION DRILLING inc Firm No. 618Principal Driller ALVIN CARRIS Date 6-13-07

and Driller or Operator II _____ Date _____

Operator I Alvin Carris Date 6-13-07Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

P

92965



form AA - All States Except California

Goulds Pumps ProSurance® Five Year Protection Plan

See the Terms and Conditions on the back. For claims contact the Goulds Pumps Authorized Dealer listed below.
PLEASE PRINT CLEARLY, (black ink please). All capital letters, one letter per box with one space between words.

GOULDS PUMPS DEALER										Goulds Pumps Dealer Number									
Name																			
P.O. Box																			
Street Address																			
City																			
US		State		WA		ZIP		99206		CANADA				Code					
Dealer's Signature										Date:									
PURCHASER (Location of the Installation)																			
Name																			
P.O. Box																			
Street Address																			
City																			
US		State		Id		ZIP		83830		CANADA				Code					
Purchaser's Signature										Date:									
PRODUCT COVERAGE -																			
Installation Date (mo/day/yr)										Submersible Depth									
081507										147 Feet									
Pump Model No.										Pump Serial No.									
102510412L										50614873									
Hydro-Pro Tank Model No.										Hydro-Pro Tank Serial No.									
Motor Model No.										Motor Serial No.									
BF Controller Model No.										BF Controller Serial No.									

L. Jeffery M Benjamin am filing a late claim
for water rights with the court and i am
Sending you copies of the paper work

Dated

2-25-2015

Jeff Benya

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WATER RESOURCES