

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 COEUR D'ALENE-SPOKANE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number 95-14874Date Received: 12-29-09Receipt No: N023170Received By: MM

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

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DEC 29 2009

IDWR / NORTH

1. Name of Claimant(s) Jim Feeney or Lori Rousseau or Rousseau, LLC Phone (208) 773-0857

Mailing Address 2201 S Millsap Loop Post Falls ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 05/15/2000
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 50N, Range 05W, Section 19,
NE 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 50N05W192620

Additional points of diversion if any: _____

If available, GPS coordinates: _____

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.

200' six inch well drilled in May 2000. Installed 3/4 HP, 18 gpm pump in the well

Drill tag no. D0013229

6. 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 0.04 total

For Stock water purposes from 1-1 to 12-31 amount 0.02

7. Total Quantity claimed 0.04 cfs (✓) or AFY ()

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

Stockwater and Number of livestock) Domestic and horses (up to 20)

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9. Location of Place of Use is: Township 50N, Range 05W, Section 19
NE 1/4 of NW 1/4, Govt. Lot _____ BM. Parcel (PIN) 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: Location on well log incorrect
Tag number verified as correct. Home connected to
community water system well prior to well drilling.

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: two

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) James G. Feeney Date: 12-18-09

James G. Feeney Date: 12-18-09

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 _____

Name and Organization _____

16. Notice of Appearance:

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

Last Name _____ Identification No. _____

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MAY 18 2000

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D0013229

DRILLING PERMIT NO. _____

Other IDWR No. 764442

2. OWNER:

Name Darrel Radcliffe

Address 3426 S. Millsap

City Post Falls State ID Zip 83854

3. LOCATION OF WELL by legal description:

N
Twp 50N North ☒ or South ☐
Rge 05W East ☐ or West ☒
Sec 19 1/4 SW 1/4 NW 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
S
Address of Well Site: (see next line)

West Riverview to Carpenter Loop to Millsap-top of hill r City
Lot _____ Blk _____ Sub. Name (see next line)

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	Method
Material	From	To	Sacks/Lbs	
Bentonite	0	18	5 sacks	dry

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 18'
Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	2	18	0.250	Steel	☒	☐	☐	☐
4	10	200	0.165	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe _____ Length Tailpipe _____

9. PERFORATIONS/SCREENS

- ☒ Perforations? Method Drilled
☐ Screens? Screen Type _____

From	To	Slot	Nmbr	Diam	Material	Casing	Liner
120	200		800	3/8"	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

50 ft. below ground. Artesian pressure _____ lb.
Depth flow encountered 55' ft. Describe access port or
control devices: Steel cap welded

11. WELL TESTS

- ☐ Pump ☐ Baller ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
13.5	100%	195	1 hr.

Water Temp. _____ cold Bottom hole temp. _____ cold
Water Quality test or comments: (below) Depth first Water Encountered 55
clean, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
8	0	18	Topsoil	Y	N
6	18	55	Decomposed granite - brown	☐	☒
6	55	60	Granite - broken	☒	☐
6	60	180	Granite - black & white - soft	☐	☒
6	180	200	Granite - black & white - medium	☐	☒

Completed Depth 200 (Measurable)
Date: Started 5/12/00 Completed 5/15/00

13. DRILLERS CERTIFICATION

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

Firm Name United Drilling Inc. Firm No 414
Firm Official Tina N. Volkmann Date 5/17/00
Supervisor or Operator Curtis S. Hammond Date 5/17/00

FORWARD WHITE COPY TO WATER RESOURCES

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50N 5W 19

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FEENEY ROUSSEAU PIN 50N05W-19-2620



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