

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 95-14261

Date Received: 10/21/2009

Receipt No: N022315

Received By: John Standing

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Gilbert +^{jr} Jo Moncrief Phone (208) 667-2046

Mailing Address 212 W Ironwood Dr. Ste D357 Coeur d'Alene, Id ZIP 83814
Street or Box City State

2. Date of Priority (Only one (1) per claim) 02/08/2005
Month Day Year (YYYY)

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

4. a. Location of Point of Diversion is: Township 49N, Range 3W, Section 9,
SE^{jr}, 1/4 of NW, 1/4 Govt. Lot 6, BM., County of Kootenai

Parcel (PIN) no. 0-1944-001-006-A

Additional points of diversion if any: _____

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. Well located at North end of property -

400 feet deep - 3/4 hp pump - two frost-free hydrants at shop near
well. Water pumped up hill approx 1100 feet to ~~house~~ 1500 gal
reservoir tank then to house and shop.

Note: GPS coordinates of well on well driller's report are
incorrect. Well is east of shop building in Q & claimed ^{jr}

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic Use purposes from 01-01 to 12-31 amount .04 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .04 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) One home

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.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	03W	09							<u>D</u>	<u>D</u>									
									<u>DM</u>	<u>GL</u>									

Parcel (PIN) no(s) 0-1944-001-006-A
(same as diversion)

Total number of acres irrigated _____

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 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.

_____ or None (☒)

13. Remarks: See well drillers report
See site plan

Last Name MONCRIEF

Identification No. _____

RECEIVED

OCT - 2 2009

14. Basis of Claim (Check One) Beneficial Use (X) 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 jms

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) Gilbert R Moncrief Date: 09-30-09
Jo A Moncrief Date: 09-30-09

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 _____ Date _____

Address _____

Last Name MONCRIEF Identification No. _____

SCANNED

OCT - 2 2009

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. DRILLING PERMIT NO. _____
Other IDWR No. D 0039685

2. OWNER:
 Name Gil Moncrief
 Address P.O. Box 4797
 City Mission Viejo State CA Zip 92690

3. LOCATION OF WELL by legal description:
Sketch map location must agree with written location

W  E

Twp. 49 North ☒ or South ☐
 Rge. 3 East ☐ or West ☒
 Sec. 9 $\frac{1}{4}$ $\frac{SW}{40}$ $\frac{NW}{160}$
 10 acres 40 acres 160 acres

S _____ Gov't lot _____ County Kootenai
 Lat: 47: 36:559 _____ Long: 116: 44:245 _____
 Address of Well Site Eagle's Mere Road
 _____ City Eddyville
 (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/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	200#	drv granular

Was drive shoe used? ☐ Y ☒ N Shoe Depth(s) 298' ring bit
Was drive shoe seal tested? ☐ Y ☒ N How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+2	298	250	Steel	☒	☐	☒	☐
4"	5	378	160	PVC	☐	☒	☒	☐
4"	378	398	200	PVC	☐	☒	☒	☐

Length of Headpipe Length of Tailpipe

9. PERFORATIONS/SCREENS

☒ Perforations Method saw cut 1/8" x 6" slot
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
378	398	1/8"	33	4	PVC	☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

Depth flow encountered _____ ft. Artesian Pressure _____ lb

devices: Describe access port or control

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal/min	Drawdown	Pumping Level	Time
5 gpm			4 hrs

Water Temp. cold Bottom hole temp.
Water Quality test or comments: Cold, clear, light brown
Depth first Water Encountered 280

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Water

[illegible]

Completed Depth: 398 (Measurable)
Date: Started 01/31/05 Completed 02/03/05

13. DRILLER'S CERTIFICATION

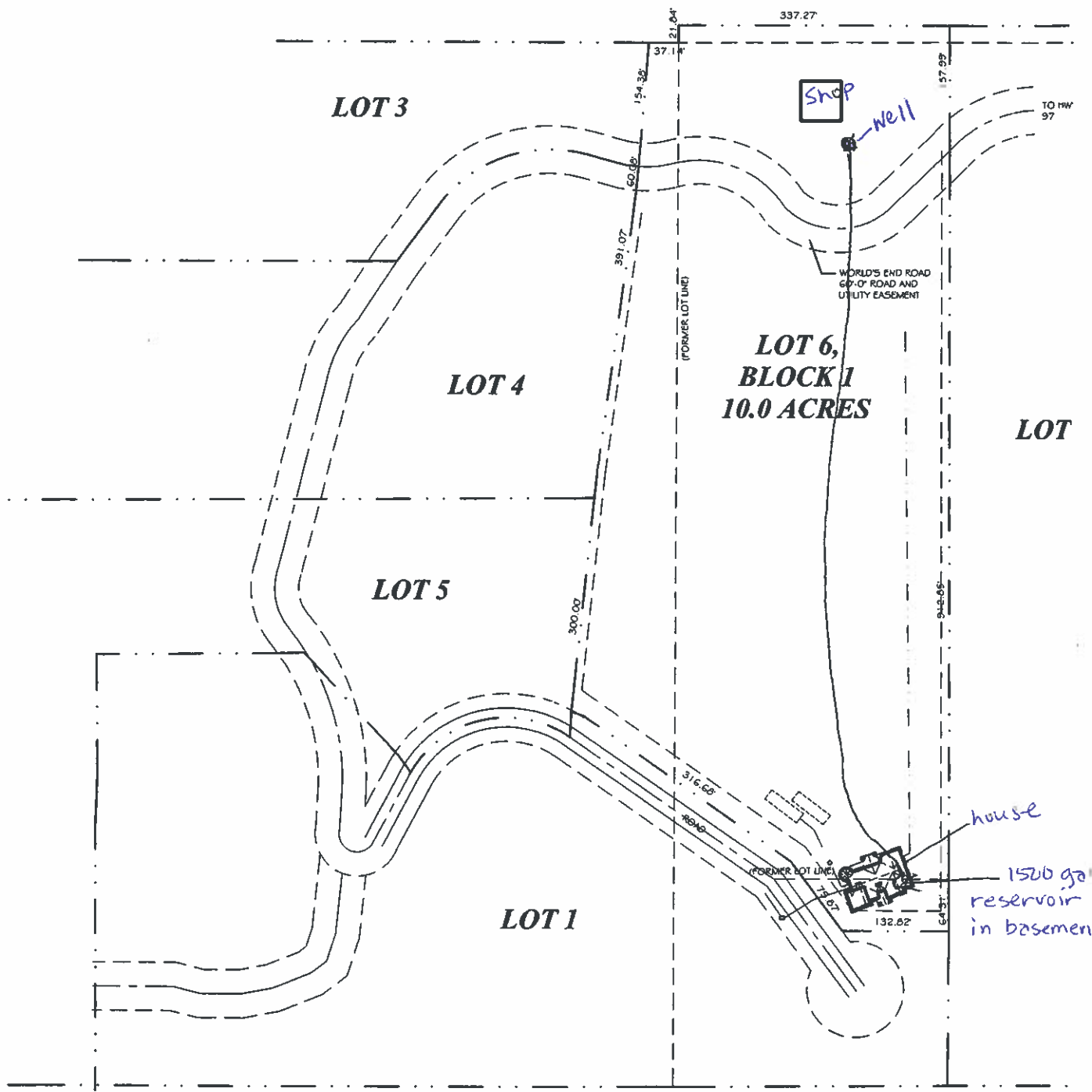
I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name McCart Drilling & Pump Inc Firm No. 586

Firm Official [Signature] Date 2/8/05

Supervisor or Operator _____ Date _____
(Sign once if Firm Official & Operator)

Date: 2/8/2005 Time:9:30:59 AM



OVERALL SITE PLAN

SCALE: 1" = 100'-0"



Moncrief Jot Gil

MONCRIEF PIN 0-1944-001-006-A

