

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 95-14197Date Received: 7/20/10Receipt No: REFUND 0029988Received By: Lee

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) Gary D. And/or Carol A. Goodman Phone 208 664-9249Mailing Address 30701 S. Hwy 97 Harrison ID. Zip 83833
Street or Box City State2. Date of Priority: (Only one per claim) 8-27-1991
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 49N, Range 3W, Section 30,
1W 1/4 of SW 1/4, or Govt. Lot 4 BM. County of Kootenai;
Parcel (PIN) no. 49N03W-30-6190

Additional points of diversion if any: _____

If available, GPS coordinates: N/A5. 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.

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 cfs (X) or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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) One Home

SCANNED

JUL 19 2010

9. Location of Place of Use is: Township 49N, Range 3W, Section 30,
NW 1/4 of SW 1/4, Govt. Lot 4 BM. Parcel (PIN) no. 49N03W-30-6190
if different than shown in Item 4

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

Additional places of use, if any None

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 (X) 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:

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 5

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) Gary D. Roach Date: 7-20-10
Carol A. Roach Date: 7-20-10

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. _____

SCANNED

JUL 19 2010

State of Idaho
Department of Water Resources

APPLICATION FOR DRILLING PERMIT

1. Applicant (please print) GARY GOODMAN

2. Mailing Address 560 E LACROSS

City & State SPOKANE, WA Zip Code 99207 Telephone 664-9249/509-534-0586

☒ Well Owner () Well Operator () Other, specify _____

3. Proposed well location _____ 1/4 _____ 1/4, or Gov't Lot No. _____

Sec. 30, Twp. 49N, Rge. 3W, County KOOTENAI

Street Address of Well Site _____

Lot, block and subdivision _____

4. Proposed use of well:

☒ Domestic: The use of water for homes, organization camps, public campgrounds, livestock and for any other purpose in connection therewith, including irrigation of up to 1/2 acre of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

() Non-Domestic: Any beneficial use not included within the definition of domestic.

() Injection

() Monitoring - A well bore schematic and map is required for each well.
No. of proposed wells: _____

() Other _____
(Describe)

5. Well construction information:

A. ☒ New well () Deepen () Enlarge () Replace - See Condition 9

B. Proposed Surface Diameter _____ Proposed Maximum Depth _____

C. Anticipated bottom hole temperature:

- ☒ 85°F or less (Cold water well)
() 85°F to 212°F (Low temp. geothermal well)
() 212° or more (Geothermal well)

6. Construction Start Date 8/20/91

7. Anticipated Well Driller UNITED DRILLING INC

NOTE: The actual well driller must be identified prior to drilling.

8. Applicant's signature Judy C Brown Date 8/20/91

Title SECRETARY

(Owner, Firm Representative, Other)

This Permit is approval.

Date 8/20/91 (verbal 8/20/91).

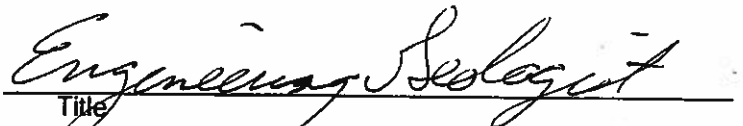
If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY

GENERAL CONDITIONS:

1. The well must be constructed in compliance with the applicable statutes, specific conditions of approval shown on the water right permit, injection well permit, transfer or amendment and the rules and regulations of the Department for water appropriation, injection wells and well construction standards.
2. This drilling permit is valid for two (2) months from the above approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required before construction of this well. All wells must be drilled a minimum distance of 100 feet from a drain field. Domestic and Public Water Supply wells must be drilled a minimum distance of 50 feet and 100 feet respectively from a septic tank.
4. The well shall be constructed by a driller currently licensed in the State of Idaho who must maintain a copy of the drilling permit at the drilling site.
5. Approval of this drilling permit does not authorize trespass on the land of another party.
6. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
7. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
8. If a bottom hole temperature of 85° or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
9. If this permit is for a replacement well, the well being replaced must be abandoned in accordance with Department Rules and Regulations.

SPECIFIC CONDITIONS:


Signature of Authorized Department Representative


Title

Receipt No. N4796 Received by pm Fee \$35.50 Date 8/20/91

EXTENSION OF DRILLING PERMIT

Extension approved by _____ Approval Date _____

This extension is good for 60 days beyond the above extension approval date.

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name GARY GOODMAN
Address 560 E. LACROSS
SPOKANE, WA 99207
Drilling Permit No. 95-91-N-131
Water Right Permit No. _____

7. WATER LEVEL

Static water level 45 feet below land surface.
Flowing? ☒ Yes ☐ No G.P.M. flow 20
Artesian closed-in pressure _____ p.s.i.
Controlled by: ☐ Valve ☐ Cap ☐ Plug
Temperature COLD OF. Quality CLEAR
Describe artesian or temperature zones below.

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase
☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

4. METHOD DRILLED

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness		Diameter		From		To	
.288	inches	6	inches	1	feet	89	feet
	inches		inches		feet		feet
	inches		inches		feet		feet
PVC	inches	4	inches	70	feet	110	feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? ☒ Yes ☐ No
How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation 1/4 inches by 1/4 inches

Number		From		To	
100	perforations	70	feet	110	feet
	perforations		feet		feet
	perforations		feet		feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 89 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing☐ Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
20	100	2

9. LITHOLOGIC LOG

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	3	SOIL		X
	3	7	CLAY BROKEN BASALT		X
	7	27	CLAY BROWN		X
	27	78	CLAY TAN		X
	78	82	SAND & CLAY	X	
	82	87	CLAY		X
	87	89	BROKEN BASALT & CLAY	X	
6	89	110	BROKEN BASALT	X	

SET PUMP AT 100' LEVEL

8. WELL TEST DATA

- ☐
- Pump
- ☐
- Bailer
- ☒
- Air
- ☐
- Other

Discharge G.P.M.	Pumping Level	Hours Pumped
20	100	2

9. LITHOLOGIC LOG

- [illegible]

☒ Rotary ☒ Air ☐ Hydraulic ☐ Reverse rotary
☐ Cable ☐ Dug ☐ Other _____

Casing schedule: ☒ Steel ☐ Concrete ☐ Other

Thickness		Diameter		From		To	
.288	inches	6	inches	+1	feet	89	feet
	inches		inches		feet		feet
	inches		inches		feet		feet
PVC	inches	4	inches	70	feet	110	feet

Was casing drive shoe used? ☒ Yes ☐ No
Was a packer or seal used? ☐ Yes ☒ No
Perforated? **PVC** ☒ Yes ☐ No **DRILL**

How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun
Size of perforation 1/4 inches by 1/4 inches

Number	From	To
100	70	110

Well screen installed? ☐ Yes ☒ No

Manufacturer's name

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter	Slot size	Set from	feet to	feet
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Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal depth 89 Material used in seal: ☐ Cement grout

☒ Bentonite ☐ Pudding clay ☐ _____Sealing procedure used: ☐ Slurry pit ☐ Temp. surface casing

 Overbore to seal depth

Method of joining casing: ☐ Threaded ☒ Welded ☐ Solvent

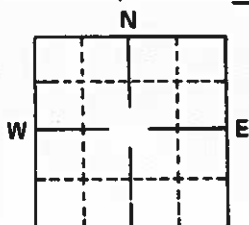
Weld

☐ Cemented between strata

Describe access port

10.

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. Block No. _____

County KOOTENAI

11. 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** Firm No. **414**

Address P.O. BOX 2499 Date 8-28-91
CDA, ID 83814

Signed by (Firm Official) Edward A. Smith

and



49N03W30NWSW
LOT 3

POU

WELL