

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 95-14651

Date Received: 11/12/2009

Receipt No: N022806

Received By: Am

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) CAROL H. FURMAN Phone 208 762 8079

Mailing Address 2459 E. WYDEN LANE RD WYDEN ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 08 JUNE 2006
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 50 N, Range 03 W, Section 29,
NW 1/4 of NW 1/4, or Govt. Lot 1 BM. County of KOOTENAI;

Parcel (PIN) no. 073200 00007 A

Additional points of diversion if any: _____

If available, GPS coordinates: Lat 47° 29' 33.0 Long 116° 44' 33.9

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.

WELL LOCATED ON PROPERTY, SEE ATTACHED REPORTS (4)

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 .04 cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .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, YARD, ONE HOME

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9. Location of Place of Use is: Township 50N, Range 03W, Section 29,

NW 1/4 of NW 1/4, Govt. Lot 1 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 _____

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.

LAKE COEUR D'ALENE or None (☒)

13. Remarks:

SEPERATE CLAIM WILL BE FILED FOR LAKE WATER

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

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) Carol L. Luman Date: 10 Nov 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 forgoing 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. _____

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Tag D 41577

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50N 3W 29

Idaho Dept. of Water Resources

Write Tag Number Here

RECEIVED

Start Card/Permit - Single Family Domestic Well Only

(Cold Water less than 85 degrees F.)

1. Owner's Name (please print): Carel A Furman

2. Owner's Mailing Address: 675 Romero Canyon Rd IDWR/North
 City: Santa Barbara State: CA Zip Code: 93108 Telephone: (805) 969-3663

3. Proposed Well Location: Twp. 50N., Rge. 36W., Sec. 28, NE 1/4 NE 1/4 1/4
 Gov't Lot No. _____ County Kootenai Lat. 47° 39' 33.0 Long. 116° 44' 33.9
 Street Address of Well Site 2133 Silver Beach City CHA

Must give at least name of road + Distance to Road or Landmark

Lot _____ Block _____ and Subdivision _____

4. Are all adjacent septic tanks and drain fields accurately located? By Property Owner: Yes ☒ No ☐ By Health District: Yes ☐ No ☐

5. Well Construction Information:

A. ☒ New well ☐ Replace ☐ Deepen ☐ Modify Previous well # _____ B. Proposed Casing Dia. 6" C. Proposed Maximum Depth: 300'6. Construction Start Date: 5/28/06 7. Well Driller: ROAN & WATER WELLS Driller's Lic. No. 289

8. The Driller hereby accepts the terms and conditions of the Start Card/Permit.

Driller's Signature: Frederick Cordova Date: 5/16/06

9. The Well Owner affirms to have read this Start Card/Permit, validates its accuracy and accepts the conditions.

Owner's Signature: Kevin R. Witt for Carel A. Furman Date: 5/16/06

CONDITIONS FOR USE OF START CARD:

1. This permit authorizes the construction or modification of one domestic well for a single-family residence. No additional residences, businesses, or dwellings may be connected to this well without a valid water right.

2. This form must be complete, including the prepaid tag number and signature of the driller. The owner should sign the start card after reviewing these conditions. Mailing must take place no less than 72 hours prior to construction (Dept. address below), hand delivered or faxed to the Dept. prior to commencing construction. The start construction date shall be no more than 10 days after the Department receives the permit. An incomplete form will not be considered a valid permit to drill.3. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare. All wells must be drilled a minimum distance of 100' from a drain field. Domestic wells must be drilled a minimum of 50' from a septic tank.

4. Only Well Drillers licensed in Idaho may use a Start Card for construction of a well. The driller shall maintain a copy of the Start Card and the well I.D tag at the drilling site during construction.

5. This drilling permit does not authorize trespass on the land of another party.

6. This drilling 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° F. or greater is encountered, well construction shall cease and the well driller shall contact the Department immediately.

9. Idaho Code, § 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Digline is a one-call center for utility notification) not less than 2 working days prior to the start of any excavation for this project. The "Digline" Number for your area is 1-800-342-1585.

10. The stainless steel I. D. tag must be welded to the well casing upon completing the well and must remain permanently attached above ground level for the life of the well. Other tags may be added following a repair or modification of the well. The well driller is responsible for permanently attaching the I.D. tag to the casing upon completing the well. The well tag shall be attached by welding at least 3 sides or using Four (4) stainless steel, closed-end pop rivets.

11. A start card is not valid for drilling in Areas of Drilling Concern, Critical Groundwater Areas, Groundwater Management Areas or Areas Identified by the Department as Contaminated.

12. The possession of a well tag does not authorize construction of a well.

13. Any well being replaced by a new well, shall be properly abandoned by the well driller prior to removing the drilling equipment, unless otherwise authorized by the department.

Effective June 1, 2006

Your Start Card/Application and Tag purchase may be submitted to one of the following offices:

Western Region
 Idaho Department of Water Resources
 2735 Airport Way Boise, ID 83705-5082
 Phone: (208) 334-2190 Fax: (208) 334-2348

Northern Region
 Idaho Department of Water Resources
 1910 Northwest Blvd., STE 210 Coeur d'Alene, ID 83814-2615
 Phone: (208) 769-1450 Fax (208) 769-1454

Eastern Region
 Idaho Department of Water Resources
 900 North Skyline Drive STE A Idaho Falls, ID 83402-1718
 Phone: (208) 525-7161 Fax: (208) 525-7177
 Southern Region
 Idaho Department of Water Resources
 1341 Fillmore Street, STE 200 Twin Falls, ID 83301-3380
 Phone: (208) 736-3033 Fax (208) 736-3037

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Well Proof Report

Receipt # N017572,
Permit No. 839976
Metal Tag No. D0041577,
Well ID # 410287
Water Right No.

Relationship: Owner/Operator
Name: CAROL A FURMAN Phone:(805) 969-3663
Address: 675 ROMERO CANYON RD
SANTA BARBARA CA 93108

Permit Status: Permitted

Well Location: Township 50N, Range 03W, Section 28, NE, NW COUNTY KOOTENAI

Address of Well Site: 2133 SILVER BEACH
COEUR D ALENE ID

Use of Well: Domestic-Single Residence

Activity: New Well

Region: Northern

Construction Method:

Const Start Date: May 28 2006 Const End Date:

Well Drilling Company: BRAND X WATER WELLS (No. 289)

Card Hold Name:

Certifying Official:

Date Received:

Date Approved: May 24 2006

Date Inspected:

Completed Depth: Drilled Depth: 300 FT Surface Diameter: 6 inches

Primary Flow Depth: Overall Temp: Static Water Level:

Head Pipe Length: Tail Pipe Length Production Rate:

Closed in Pressure: Bottom Hole Temp: Low Temp Geothermal: NO

Control Device Desc:

Access Port Desc:

Casing

From	To	Diam	Type	Gauge	Join Type	Material
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Seal

From	To	Material	Amount	Method
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Screen

From	To	Dia	Type	Slot Size	# of Slots	Material	Perforation Meth	Screen Type
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Lithologic Layer

From	To	Diam	Water	Color	Material	Texture
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Drive Shoe

Depth	Test Description
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FURMAN PIN 0-7320-000-007-A



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