

**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 45-14607

Date Received: 11-9-09

Receipt No: NO 22769

Received By: mm

RECEIVED

NOV - 9 2009

IDWR/North

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) MOSES AND FAMILY LLC Phone 207 345-3195

Mailing Address 13700 STECKING ROAD ANCHORAGE AK Zip 99515
Street or Box City State

2. Date of Priority: (Only one per claim) 12/5/2007
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 52N, Range 5W, Section 35,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. OK0230010020

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.
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 .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) 1 home

3. INED

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Water Rights to 15074 North Samahoa Lane

9. Location of Place of Use is: Township 52W, Range 5W, Section 35,
NW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____
for (Check One) Domestic (X) 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 (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 () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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) Joanne M. Morrison

DATE

Date: 9-28-09

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. _____

SCANNED
NOV - 9 2009

IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

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

1. WELL TAG NO. D 54339
DRILLING PERMIT NO. 850133 **ENTERED**
Water Right or Injection Well No. _____

2. OWNER:
Name Dustin Cox
Address 7708 Meriwether Ln
City Rathdrum State Id Zip 83858

3. LOCATION OF WELL by legal description:
You must provide address or Lot, Blk, Sub, or Directions to well.
Twp. 52 North ☒ or South ☐
Rge. 5 East ☐ or West ☒
Sec. 35 1/4 NW 1/4 SE 1/4
Gov't Lot _____
Lat: 117:48:49N Long: 116:55:38W
Address of Well Site Tamarack LN

City Rathdrum
L. 2 Blk. 1 Sub. Name Cedar Hollow
Parcel # 0-K023-001-002-0

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>30</u>	<u>650lb</u>	<u>Pour</u>

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 100
Was drive shoe seal tested? ☒ Y ☐ N How? Air pressure

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
<u>6</u>	<u>HL</u>	<u>100</u>	<u>250</u>	<u>Steel</u>	☒	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

Packer ☐ Y ☐ N Type _____

(owner will install liner)
9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method _____

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
						☐	☐

10. FILTER PACK

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

82 ft. below ground Artesian pressure _____ lb.

Depth flow encountered 82 ft. Describe access port or control devices. _____

Bolted Well cap

12. WELL TESTS:

Yield gal/min	Drawdown	Pumping Level	Time
<u>3</u>	<u>Total</u>	<u>400</u>	<u>3 hrs</u>

Water Temp. Cold Bottom hole temp. C

Water Quality test or comments: Good

Depth first Water Encounter 82

13. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
<u>8</u>	<u>0</u>	<u>3</u>	<u>Top soil</u>		
<u>8</u>	<u>3</u>	<u>30</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>30</u>	<u>82</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>82</u>	<u>87</u>	<u>Hard Granite (1/2 gpm)</u>		
<u>6</u>	<u>87</u>	<u>96</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>96</u>	<u>121</u>	<u>Hard Granite</u>		
<u>6</u>	<u>121</u>	<u>134</u>	<u>Decomposed Granite</u>		
<u>6</u>	<u>134</u>	<u>197</u>	<u>Hard Granite</u>		
<u>6</u>	<u>197</u>	<u>202</u>	<u>Green Granite soft (1/2 gpm)</u>		
<u>6</u>	<u>202</u>	<u>284</u>	<u>Hard Granite</u>		
<u>6</u>	<u>284</u>	<u>291</u>	<u>Green Granite soft (2 gpm)</u>		
<u>6</u>	<u>291</u>	<u>405</u>	<u>Hard Granite</u>		

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DEC 10 2007

IDWR/North

Completed Depth 400 (Measurable)

Date: Started 11-23-07 Completed 12-5-07

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 Disgo Drilling Firm No. 63

Principal Driller Lenny R. Gordon Date 12-6-07

Driller or Operator II _____ Date _____

Operator I _____ Date 9 2009

Principal Driller and Rig Operator Required.