

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 95-12903

Date Received: 6-23-10

Receipt No: 1225034

Received By: WV

RECEIVED

JUN 10 2010

IDWR/NORTHERN

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) Floyd R + Sandra L. Bennett Phone (208) 687-3247

Mailing Address 14554 N. Saddle Ridge Rd. Rathdrum ID Zip 83858
Street or Box City State

2. Date of Priority: (Only one per claim) 1-25-2002
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 52N, Range 5W, Section 32 NW,
_____ 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. _____

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.

See Attached

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 _____ cfs () or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 12 gpm cfs () or AFY ()

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

Stockwater and Number of livestock) one household and lawn/
garden maintenance

SCANNED
JUN 23 2010

SCANNED
JUN 10 2010

9. Location of Place of Use is: Township 52N, Range 5W, Section 32NW
_____ 1/4 of SF 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? Routenai

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:

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) Floyd R. Bennett Date: 6/8/10
Sandra L. Bennett Date: 6-8-10

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. _____

RECEIVED
JUN 10 2010



582 West Hayden Avenue • Hayden Lake, Idaho 83835
(208) 772-4004 Office • (800) 772-4901 Toll Free • (208) 772-4892 Fax • (509) 535-5554

August 31, 2009
Floyd Bennett

Subject: Well Test / Tag # D0022022

Well Data:

Well Location:	14554 Saddle Ridge Rd., Rathdrum Id.
Well Construction:	6" steel w/ 4" PVC liner
Well Depth:	283'
Static Water Level:	98'
Test Pump Used:	Existing 1HP (open discharge to storage tank)
Pump Setting:	231' plus pitless
Pipe Size:	1"
Wire Size:	10/3
Liquid Level Controls:	PumpSaver Plus w/ floats in water storage tank
Pitless:	Yes
Pump House:	No
Condition:	NA
Pressure Tank Size:	NA
Electrical Controls:	1Hp control box w/ PumpSaver
Date of Test:	8/31/09
Time:	9:00 AM thru 11:00 AM

Summary:

This well will produce 6.5 gallons per minute over a 2-hour period.

A handwritten signature in black ink, reading 'Clayton Raney'.

Clayton Raney
Service Manager

Form 238-7
7/98
Starships Consulting and
Management Services

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. D0022022 # 1Drilling Permit No: 772-879

Other IDWR No. _____

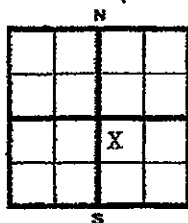
2. OWNER

Well Number: _____

Name THOR BEST - SADDLE RIDGE EST. 356Address 500 N. IDAHO LINE #65City POST FALLS State ID Zip 83854

3. LOCATION OF WELL by legal description

sketch map location must agree with written location



Twp. 52N ☒ North or ☐ South
Rge. 5W ☐ East or ☒ West
Sec. 32 NW 1/4 SE 1/4 1/4

Gov't Lot _____ County KOOTENAI

Lat: _____ Long: _____

Address of Well Site CHURCH RD. & HOW
City RATHDRUM

(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
	From	To	
BENTONITE	0	30	6 BAGS
			OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 76'Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
6	+2	76	.250	STEEL	☒	☐	☒
4	-8	283	.160	PVC	☐	☒	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SAW CUT☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
243	283	1/8 X 6	170	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

185 ft. below ground Artesian pressure _____ lb.

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

11. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Field gal./min.	Drawdown	Pumping Level	Time
10-12		283	1 HR

Water Temp. COLD Bottom Hole Temp COLDWater Quality test or comments: GOODDepth first Water encountered 80

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Base	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	65	Soil Brown Clayish w/ Gravel	☐	☒
8	65	76	Granite Decomposed Brown Soft	☐	☒
8	76	78	Granite Decomposed Brown Soft	☐	☒
6	78	103	Granite Black & Copper Med / Wet spo	☐	☒
6	103	156	Granite Black & Green & White, Med.	☐	☒
6	156	191	Granite Green & White Med.	☐	☒
6	191	258	Granite Black & White w/ Copper	☐	☒
6	258	264	Granite Green & Black Hard w/ Green	☒	☐
6	264	283	Granite Black & Green	☐	☒

SHANE JOHNSON

RECEIVED
JAN 29 2002
IDWR/North

Completed Depth 283 (Measurable)Date: Started 1/15/02 Completed 1/16/02

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 H2O Well Service, Inc. Firm No. 448Firm Official Mark Penick Date 1-25-02and Supervisor or Operator Mark Penick Date 1-24-02

(Sign Once if Firm Official and Operator)

Mark Penick

52N 5W 32