

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 93-13038Date Received: 1-12-10Receipt No: N 023342Received By: for

RECEIVED

JAN 12 2010

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) Joe W Goggin and/or Jennifer L Goggin Phone (208) 777 7779Mailing Address 5632 Carpenter Loop PF Id Zip 83854
Street or Box City State2. Date of Priority: (Only one per claim) April 12 1978
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 50N, Range 5W, Section 18,
NE 1/4 of NE 1/4, or Govt. Lot _____ BM. County of _____Parcel (PIN) no. 50N 05W 180350Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

95-78-N-100 well completed 1978
connected to existing home - Demolished 2002 & Replaced with New Home

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 (X) or AFY ()For Stock water purposes from 01/01 to 12/31 amount .027. Total Quantity claimed .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) 1 Home + 5 Head Mixed Stock

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9. Location of Place of Use is: Township 50N, Range 5W, Section 18,

NE 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock (X) If different than shown in Item 4

Additional places of use, if any N/A

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 (X)

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: 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) [Signature] Date: 1/8/10

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. _____

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JAN 12 2010

USE TYPEWRITER OR
BALL POINT PEN

State of Idaho
Department of Water Resources

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 <u>Tom Wharfold</u> Address <u>RT#2 Box 500</u> Owner's Permit No. <u>Post Falls, Idaho 83854</u>		7. WATER LEVEL Static water level <u>15</u> feet below land surface Flowing? ☐ Yes ☒ No G.P.M. flow _____ Temperature _____ ° F. Quality _____ Artesian closed-in pressure _____ p.s.i. Controlled by ☐ Valve ☐ Cap ☐ Plug																																																											
2. NATURE OF WORK <u>95-78-N-100</u> ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe method of abandoning)		8. WELL TEST DATA ☐ Pump ☐ Bailer ☒ Other Discharge G.P.M. _____ Draw Down _____ Hours Pumped _____ <u>blowing estimated 6-7 gpm</u>																																																											
3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Other (specify type) _____ ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or injection		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Hole Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>6"</td><td>0</td><td>6</td><td>brown clay</td><td></td><td></td></tr><tr><td></td><td>6</td><td>40</td><td>decomposed granite</td><td></td><td></td></tr><tr><td></td><td>40</td><td>180</td><td>granite (seeping water)</td><td>X</td><td></td></tr><tr><td></td><td>180</td><td>225</td><td>soft granite</td><td>X</td><td></td></tr><tr><td></td><td>225</td><td>228</td><td>granite</td><td></td><td></td></tr><tr><td></td><td>228</td><td>231</td><td>granite, soft</td><td>X</td><td></td></tr><tr><td></td><td>231</td><td>428</td><td>granite</td><td></td><td></td></tr><tr><td></td><td>428</td><td>508</td><td>hard granite</td><td></td><td></td></tr></tbody></table>		Hole Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	6	brown clay				6	40	decomposed granite				40	180	granite (seeping water)	X			180	225	soft granite	X			225	228	granite				228	231	granite, soft	X			231	428	granite				428	508	hard granite		
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4. METHOD DRILLED ☐ Cable ☒ Rotary ☐ Dug ☐ Other																																																													
5. WELL CONSTRUCTION Diameter of hole _____ inches Total depth _____ feet Casing schedule: ☐ Steel ☐ Concrete Thickness _____ inches Diameter _____ inches From _____ feet To _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet _____ inches _____ inches _____ feet _____ feet Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? ☐ Yes ☒ No How perforated? ☐ Factory ☐ Knife ☐ Torch Size of perforation _____ inches by _____ inches Number _____ From _____ To _____ _____ perforations _____ feet _____ 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 <u>19</u> Material used in seal ☐ Cement grout <u>bentonite</u> ☐ Pudding clay ☐ Well cuttings Sealing procedure used ☐ Sherry pit ☐ Temporary surface casing ☒ Overbore to seal depth																																																													
6. LOCATION OF WELL Sketch map location must agree with written location. <u>95</u> <table border="1"><tr><td>N</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td>X</td></tr><tr><td>W</td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td>S</td><td></td><td></td><td></td></tr></table> County <u>Kootenai</u> <u>NE 1/4 NE 1/4 Sec. 18 T. 50 N. R. 5 E. NW</u> Subdivision Name _____ Lot No. _____ Block No. _____		N							X	W								S				10. Work started <u>10 Apr 78</u> finished <u>12 Apr 78</u>																																							
N																																																													
			X																																																										
W																																																													
S																																																													
		11. DRILLERS CERTIFICATION Firm Name <u>HENDRICKS DRILLING CO</u> Firm No. <u>322</u> <u>E 12320 Valley Way</u> Address <u>SPOKANE WA 99216</u> Date <u>13 April</u> Signed by (Firm Official) <u>Richard A. Hendricks</u> and _____ (Operator)																																																											

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE COPY TO THE DEPARTMENT

GOGGIN PIN 50N05W-18-0350

