

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 95-14397Date Received: 10/8/2009Receipt No: N022393Received By: dm

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) Dwain H. and/or Elaine G. WHITE Phone (208) 773-5368

Mailing Address 1101 S. Goldfinch Rd. Post Falls ID Zip 83854
Street or Box City State

2. Date of Priority: (Only one per claim) 4-28-1988
Month/Day/Year (YYYY)

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

4. Location of Point of Diversion is: Township 50N, Range 5W, Section 7,
SE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 50N05W-07-6700

Additional points of diversion if any: N/A

If 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.

Driller Permit # 95-87-N-18 well completed 1987
connected to home 4-28-88 and Kennel at later date

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 (4 or AFY ()

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed .04 cfs (4 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 and one Kennel

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9. Location of Place of Use is: Township 50N, Range 5W, Section 7,

SE 1/4 of SW 1/4, Govt. Lot _____ 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 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 ☒ 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: 4

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) _____

Date: 10-8-09

DARIN H. WHITE

Date: _____

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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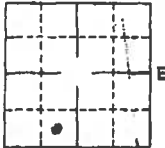
STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTState law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

SEP 24 1987

RECEIVED FOR
BALLENTINE

POSTED

Department of Water Resources

1. WELL OWNER Name <u>Dwain + Elaine White</u> Address <u>S. 4326 Pondera Dr., Spokane, Wt.</u> Owner's Permit No. <u>95-87-W-18</u>		7. WATER LEVEL Static water level <u>120</u> feet below land surface. Flowing? ☐ Yes ☒ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality <u>Good</u> <i>Describe artesian or temperature zones below.</i>																																																																							
2. NATURE OF WORK ☒ New well ☐ Deepened ☐ Replacement ☐ Abandoned (describe abandonment procedures such as materials, plug depths, etc. in lithologic log)		8. WELL TEST DATA ☐ Pump ☐ Baller ☒ Air ☐ Other _____ <table border="1"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td><u>6 gpm</u></td><td></td><td></td></tr><tr><td><u>Air test approx</u></td><td></td><td></td></tr></tbody></table>		Discharge G.P.M.	Pumping Level	Hours Pumped	<u>6 gpm</u>			<u>Air test approx</u>																																																															
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Test ☐ Municipal ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)		9. LITHOLOGIC LOG <table border="1"><thead><tr><th rowspan="2">Bore 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>25</td><td>Cobble, boulders, sand</td><td></td><td>☒</td></tr><tr><td>6"</td><td>25</td><td>50</td><td>gravel</td><td></td><td>☒</td></tr><tr><td>6"</td><td>50</td><td>80</td><td>Sand, coarse; some gravel</td><td></td><td>☒</td></tr><tr><td>6"</td><td>80</td><td>140</td><td>Sand, gravel; some cobble</td><td></td><td>☒</td></tr><tr><td>6"</td><td>140</td><td>200</td><td>Granite, ledge, sand + gravel</td><td></td><td>☒</td></tr><tr><td>6"</td><td>200</td><td>300</td><td>Granite, tan, very soft</td><td></td><td>☒</td></tr><tr><td>6"</td><td>300</td><td>380</td><td>Granite, grey, fine, med.</td><td></td><td>☒</td></tr><tr><td>6"</td><td>380</td><td>460</td><td>Granite, blue-grey, med.</td><td></td><td>☒</td></tr><tr><td>6"</td><td>460</td><td>500</td><td>Granite, grey, med. to soft</td><td></td><td>☒</td></tr><tr><td></td><td></td><td></td><td>Granite, blue-grey, fine, med. to soft</td><td></td><td>☒</td></tr></tbody></table>		Bore Diam.	Depth		Material	Water		From	To	Yes	No	6"	0	25	Cobble, boulders, sand		☒	6"	25	50	gravel		☒	6"	50	80	Sand, coarse; some gravel		☒	6"	80	140	Sand, gravel; some cobble		☒	6"	140	200	Granite, ledge, sand + gravel		☒	6"	200	300	Granite, tan, very soft		☒	6"	300	380	Granite, grey, fine, med.		☒	6"	380	460	Granite, blue-grey, med.		☒	6"	460	500	Granite, grey, med. to soft		☒				Granite, blue-grey, fine, med. to soft		☒
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4. METHOD DRILLED ☒ Rotary ☐ Air ☐ Hydraulic ☐ Reverse rotary ☐ Cable ☐ Dug ☐ Other _____		500' - PVC installed RECEIVED OCT 21 1987 Department of Water Resources RECEIVED SEP 30 1987 Department of Water Resources Northern District Office																																																																							
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ 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>20</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling 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 _____																																																																									
6. LOCATION OF WELL Sketch map location  Subdivision <u>1000</u> Lot No. _____ Block No. _____ County <u>Kootenai</u> S/E 1/4 SW 1/4 Sec. <u>7</u> , T. <u>50</u> N., R. <u>5</u> E.		10. Work started <u>9/16/87</u> finished <u>9/18/87</u>																																																																							
11. DRILLERS CERTIFICATION I/We certify that all minimum well construction standards were complied with at the time the rig was removed. Firm Name <u>J+J DRILLING, Inc.</u> Firm No. <u>319</u> Address <u>S. 543 Link Rd., Grangeville</u> <u>9/30/87</u> Signed by (Firm Official) <u>Keith D. Jermillion</u> and (Operator) <u>Keith D. Jermillion</u>																																																																									

50N05W-07-6700

WIAWD JTIHW 82421

BUILDING PERMIT

CALL FOR INSPECTIONS 769-4401

KOOTENAI CO., IDAHO

*Already
Flagged*

No: Nº 15458 Plan: 7681 Date: 4/28/88
Owner: WHITE, DWAIN Phone: (509) 922-2307
Address: S 4326 PONDRA DR City: SPOKANE, WA 99206
Sec: 7 TWP: 50 RG: 5 Legal: TAX #13861
Contractor: PARSONS CONST Phone #: (509) 928-9008
Address/City: 11307 E. 36TH, SPOKANE, WA 99206
Job Address: W 4905 RIVERVIEW DR PF 83854
Directions: I-90 TO STATE LINE EXIT - SOUTH ON IDAHO ROAD TO W RIVERVIEW - 1.6 MILE NORTH S
IDE OF ROAD
Value: 107,707 Permit: 667 Plan Chk: _____ Total: 667
Size: 4112 SF MF 2345 IWB 1022 G 543 CD 93
OCC Type: 9. SINGL FAM RES OCC Group: R3 OCC Load: 10
Constr Type: VN Health: 1174
Zoning: SUB AG
Comments: POST FALLS HWY DIST

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10/01/09 CONSUMER INQUIRY inp037.p
1272973 White, Dwain H S Goldfinch Rd 1101

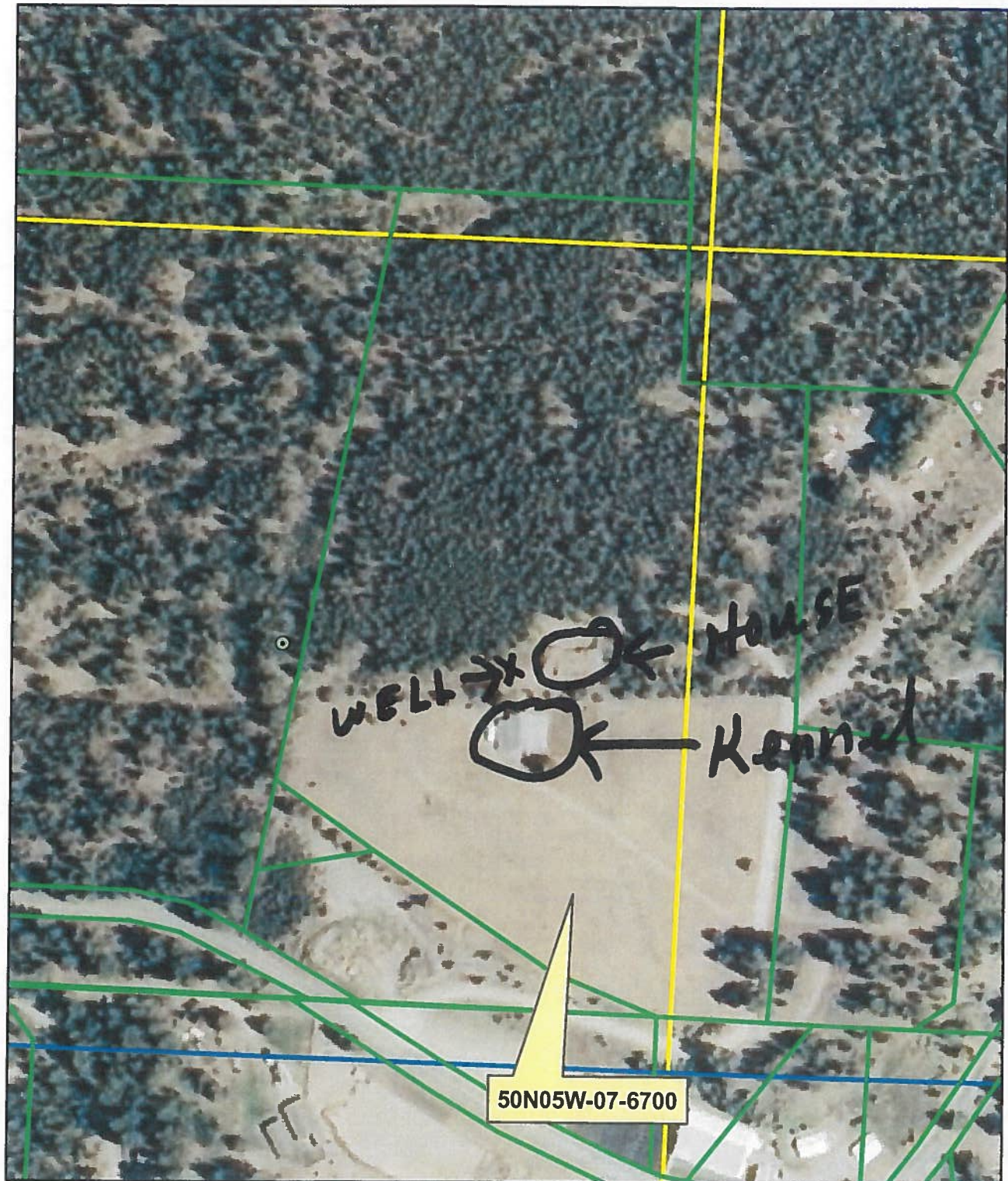
PAGE 1	ACCOUNT INFORMATION	inp037gi
C/O:	STAT: A	
STREET: 1101 S Goldfinch Rd	CONN DT: 03/16/88	
RT/PO:	DISC DT:	
CITY ST: Post Falls ID	CASH ONLY: NO	
ZIP: 83854-4621	PAY ARR: 0.00	0.00
HOME PH: (000)773-5368	DRAFT:	
SSN/EIN:	CR CARD:	
DOB:	BUDGET:	
LICENSE:	CURRENT: 127.00	10/16/09
CSP PROG:	OVERDUE: 0.00	
	TOT BAL: 127.00	
	UNBILLED:	
	DEPOSITS: .00	
	STOP: NO	
	# STMT: 1	

ENTER NEXT PAGE, <F4>EXIT, <96>MNT, <98>RESELECT, OR <99>OPTIONS: 2

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WHITE PIN 50N05W-07-6700



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