

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 95-14854Date Received: 12/24/2009Receipt No: 1023154Received 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

- Name of Claimant(s) James A and or Susan A Long Phone (206) 818-5071
Mailing Address PO Box 848 Post Falls Id Zip 83877
Street or Box City State
- Date of Priority: (Only one per claim) 05/30/2008
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion is: Township 50N, Range 5W, Section 11,
SE 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 0-3195-001-011-0
Additional points of diversion if any: N/A
If available, GPS coordinates: N/A
- 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 tag D0054492 completed May 2008 and
connected to existing shop with bath and stub to homesite
- 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 0.04 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total Quantity claimed 0.04 cfs (X) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) one home

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9. Location of Place of Use is: Township 50N, Range 5W, Section 11,

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

If different than shown in Item 4

for (Check One) **Domestic** (X) **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 (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: 3

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: 12-15-09

Arson A Long

Date: 12-15-09

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. _____

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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. D0054492

DRILLING PERMIT NO 851579
Other IDWR No. _____

2. OWNER:

Name James Long
Address 17418 SE 106th St
City Renton State Wa Zip 98059

3. LOCATION OF WELL by legal description:

N		Twp <u>50N</u> North ☒ or South ☐	
Rge <u>05W</u> East ☐ or West ☒		Sec <u>11</u> 1/4 SE 1/4 SE 1/4	
Gov't Lot _____		County <u>Kootenai</u>	
Lat <u>47:41:14</u>		Lor <u>116:55:06</u>	
Address of Well Site: (see next line)			
City <u>post falls</u>			
Lot _____ Blk _____ Sub. Name (see next line)			

greens ferry

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
Material	From	To	Sacks/Lbs	
BENTONITE	0	30	12 SACKS	DRY POOR

Drive Shoe Used? ☐ Y ☒ N Shoe Depth(s) _____Drive Shoe Seal Tested? ☐ Y ☒ N How? _____

8. CASING/LINER

Diam	From	To	Gauge	Material	Casing	Liner	Weld	Thrded
6	+2	140	0.250	STEEL	☒	☐	☒	☐
4	100	300	0.200	PVC	☐	☒	☐	☐
					☐	☐	☐	☐

Length Headpipe N/A Length Tailpipe N/A

9. PERFORATIONS/SCREENS

☒ Perforations? Method drill _____
☐ Screens? Screen Type _____

---	300	3/8	250	3/8	PVC	Casing	Liner
						☐	☒
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

140 ft. below ground. Artesian pressure 0 lb.
Depth flow encountered 203 ft. Describe access port or control devices: CAP WELDED

11. WELL TESTS

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
15 TO 18	100%	300	2HRS

Water Temp. COLD Bottom hole temp. COLD
Water Quality test or comments: (below) Depth first Water Encountered 203
CLEAR

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Remarks: Lithology, Water Quality and Temperature	Water	
8	0	130	SAND	☐ Y	☒ N
8	130	140	DEC GRANIT	☐ Y	☒ N
6	140	203	DEC BROKEN GRANIT 4 TO 5 AT 203	☒ Y	☐ N
6	203	300	BROKEN FRACTURED GRANIT	☒ Y	☐ N
			3 AT 210 4 AT 240 6 AT 380	☐ Y	☐ N

RECEIVED

MAY 30 2008

IDWR/North

Completed Depth 300 (Measurable)
Date: Started 5/19/2008 Completed 5/20/2008

13. DRILLERS CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name United Drilling Inc. Firm No 414Firm Official Timothy R. Volking Date 5/19/2008Supervisor or Operator Timothy R. Volking Date 5/19/2008

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50N 05W 11



State of Idaho
Division of Building Safety

PLUMBING BUREAU
1090 East Watertower Street
Meridian, Idaho 83642

Applied Date: 08/08/2005

Entered By: CRW

Permit No.: PLB-H-55130

License No.:

JAMES LONG

Site Address: 9756 W CAMELIA CT	Parcel No.:
City: Coeur d Alene	Default Inspector:
Owner: JAMES LONG 17418 SE 106TH ST Renton, WA 98059 Phone: (206)276-6065	Description of Work: 7C CDA
Owner: JAMES LONG Mailing 17418 SE 106TH ST Address: Renton, WA 98059 Phone: (206)276-6065	Directions to Location: 12/24/2008 Expired cj

PERMIT FEES

<u>DESCRIPTION</u>	<u>AMOUNT</u>	<u>PAID DATE</u>	<u>RECEIPT NO</u>
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TOTAL FEE	\$0.00
TOTAL FEES PAID	\$0.00
TOTAL FEES DUE	\$0.00

PLB-H-55130

LONG PIN 0-3195-001-011-0

