

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 95-15708Date Received: 6-2-10Receipt No: N 024644Received By: cm**RECEIVED****JUN - 2 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) Rick Carter Phone (203) 765-8278Mailing Address 5943 W. Wapiti Trail Coeur d'Alene ID Zip 83814
Street or Box City State2. Date of Priority: (Only one per claim) 08/04/1995
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) well
which is tributary to (b) _____4. Location of Point of Diversion is: Township 49N, Range 4W, Section 33,
NW 1/4 of NE 1/4, or Govt. Lot _____ BM. County of Kootenai;Parcel (PIN) no. 49N04N-33-5500Additional points of diversion if any: XIf available, GPS coordinates: X

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 & Pump.

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 0.04 cfs () or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total Quantity claimed 0.04 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) Three households.SCANNED
JUN - 2 2010

9. Location of Place of Use is: Township T49N, Range R44, Section 33,
NW 1/4 of NE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. 49N04W-33-5500
for (Check One) **Domestic** (X) **Stock** () **Domestic and Stock** () If different than shown in Item 4

Additional places of use, if any None

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: Well Driller's Report, Application For Drilling Permit and Map of Location.

14. Basis of Claim (Check One) Beneficial Use () Posted Notice () License () Permit (X) Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-95-N-0082-000

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: 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) Rob Harts Date: 5/31/10
Kellen Cant Date: 5/31/10

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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JUN - 2 2010



Ident. No.

95-95-N-0082-000

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR DRILLING PERMIT

1. Name: RICK CARTER
Address: PO BOX 1190
SANDPOINT ID 83864

O 208-265-0244

2. Proposed Well Location: Township 49N, Range 04W, Sec. 33, NWNE
KOOTENAI County

Street Address of Well Site: LOFFS BAY ROAD

ID

3. Proposed Use of Well: Domestic

The use of water for homes, organization camps, livestock and for any other purpose in connection therewith, including irrigation for up to .5 acres of land, if the total use is not in excess of 13,000 gpd; or any other uses, if the total use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

Domestic does not include water for multiple ownership subdivisions, mobile home parks, commercial or business establishments, unless the use does not exceed a diversion rate of 0.04 cfs and a diversion volume of 2500 gpd.

4. Well Construction Information:

A. NEW WELL

B. Proposed Surface Diameter 6 In. Proposed Maximum Depth 460 Ft.

C. Anticipated Bottom Hole Temperature: 85 F or less (Cold water well)

(NOTE: Construction diagrams and/or other information may be requested for monitor, low temperature geothermal, municipal and artesian wells.)

5. Construction Start Date: 6/12/1995

6. Anticipated Well Driller: H2O WELL SERVICE (No. 0448)

NOTE: The actual well driller must be identified prior to drilling.

7. Applicant's Signature

Date 6-20-95

Title

(Owner, Firm Representative, Other)

Fee \$

385.00 Received by _____ No. N009042 Date 6/12/1995

(Continued)

SCANNED
JUN 2 2001

ACTION OF THE DEPARTMENT OF WATER RESOURCES

This permit is APPROVED

Date: 6/14/1995

If approved, this permit authorizes the construction or modification of a well subject to the following conditions. READ CAREFULLY!

CONDITIONS OF APPROVAL:

1. This drilling permit is valid for two (2) months from the approval date for the start of construction and is valid for one (1) year from the approval date for completion of the well unless an extension has been granted.
2. This permit does not constitute an approval of the District Health Department or the Idaho Department of Health and Welfare which may be required prior to construction of this well. The local Health Department should be contacted for septic tank/drainfield locations. Domestic wells must not be drilled closer than 100' from any drainfield and 50' from any septic tank.
3. The well shall be constructed by a driller currently licensed in the state of Idaho who must maintain a copy of the drilling permit at the drilling site.
4. Approval of this drilling permit does not authorize trespass on the land of another party.
5. This permit does not constitute other local, county, state or federal approvals which may be required for construction of a well.
6. This drilling permit does not represent a right to divert and use the water of the State of Idaho.
7. If the bottom hole temperature of 85 Degrees F (29.44 oC) or greater is encountered, well construction shall cease and the well driller and the well owner shall contact the Department immediately.
8. Idaho Code, S 55-2201 - 55-2210 requires the applicant and/or his contractors to contact "Digline" (Dig Line is a locator service) not less than 3 working days prior to the start of any excavation for this project. The "Dig Line " Number for your area is 1-800-428-4950.



REGIONAL MANAGER

Signature of Authorized Dept. Representative

Title

EXTENSION OF DRILLING PERMIT

Extension Approved by: _____

Approval Date: _____

Expires On: _____

 SCANNED
 JUN 22 2000

2679 III SW
(ROCKFORD BAY)



ELEVATION 2126

1 Mile

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