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Form No. 42-1409-2 (Internet 3/12)

IDWR / NORTH

**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

ID Number: 95-17508

Date Received: 3/8/18

Receipt No: N033194

Amount: 2500 By: wa

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**

Please type or print clearly

1. Name of claimant(s) Ty &/or Jackie Cruze Phone 208 687-5348
Mailing address Box 730 Rathdrum ID ZIP 83858
Street or Box City State
2. Date of priority (only one (1) per claim) 12/31/2006
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 52N, Range 4W, Section 18,
NE 1/4 of SE 1/4, or Govt. Lot _____, B.M., County of Kootenai
Parcel (PIN) no. 52N04W180300
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.
3hp Goulds18G530 pump with two 3000 gallon storage tanks. See also attached well log & work order.
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 Month/Day to 12-31 Month/Day amount 0.04 cfs (x) AFY ()
For _____ purposes from _____ to _____ amount _____
7. Total quantity claimed 0.04 cfs (x) or AFY ()
8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served if single ownership; Stockwater: type and number of livestock, etc.): 2 cabins, & a standalone kitchen/dining hall facility. See attached map.

9. Location of place of use is: Township 52N, Range 4W, Section 18, NE 1/4 of SE 1/4, or Govt. Lot _____, B.M., Parcel (PIN) no. (if different than shown in Item 4) _____

For (check one) Domestic (☒) Stock (☐) Domestic and Stock (☐)

Additional places of use, if any: T52N R4W Sec 18 SENE

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 your 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.

Uses described in 95-15703 are different facilities using the same water system or None (☐)

13. Remarks:

County assessor records show three cabins constructed in 2006. One is incorrectly described as a cabin when it is in fact a kitchen/dining hall facility

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) Jackie Lorange Date: 3/8/2018

Lorange

Date: 3/8/2018

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 _____ Date _____

Address _____

Parcel Number
52N04W180300

AIN
128013

Site Address
6387 W STURGEON RD, RATHDRUM

Improvements

View	Use Code	Description	Building #	ID #	Constructed Yr.	Grade	Total GLA	GLA	Full Market Value
View Details / Print View	DWELL	Dwelling	R01	D	2001	Vgd	0,617		\$685,840
View Details / Print View	DWELL	Dwelling	R02	D	2001	Good	847		\$104,710
	ICP	Integral Carport	R01	G01	2001	Vgd		1,824	\$35,010
	ATTGAR	Attached Garage	R02	G01	2001	Good		2,026	\$65,320
	POLEBLDG	General Purpose Bldg Wood Pole	R01	G2	1975	Avg		2,888	\$9,340
	POLEBLDG	General Purpose Bldg Wood Pole	R01	G3	2002	Avg		816	\$11,160
	DETGAR	Residential Detached Garage	R01	G4	2002	Avg		5,250	\$121,410
	MACHINE	General Purpose Bldg x Other	R01	G5	2004	Avg		2,100	\$18,470
	CABIN	Cabin	R01	G6	2006	Avg		480	\$34,310
	CABIN	Cabin	R01	G7	2006	Avg		480	\$34,310
	CABIN	Cabin	R01	G8	2008	Good		1,200	\$93,880
	PAV	Residential Paving	R01	G9	2006	Avg		10,000	\$13,950



582 W. Hayden Avenue, Hayden Lake, ID 83835
(208) 772-4004 • Fax (208) 772-4892

SERVICE, INC.

WORK ORDER

Date 10/18/01

NAME: Ty Cruise

JOB LOCATION: Sturgeon Rd to Left

ADDRESS:

DIRECTIONS: to End then north

PHONE:

JOB PHONE:

JOB INSTRUCTIONS - WORK ORDERED

Set 2 3000 Gal Storage tanks
and 126. Pump House - In

WELL INFORMATION

WELL DEPTH
STATIC LEVEL
PUMP 136530
GPM
PUMPSETTING
CASING
DRILLING CO.
WIRE SIZE
PIPE SIZE

QTY. ITEM MATERIAL PRICE AMOUNT

Fitless Adapter - 1/4 to First
tank from well - 2" between
tanks # 3 well to Pump House.

1	55PAS12	5-12 FITNESS		
2	34FC8655	1/4 FORD MALE		
2	34FOS114	1/4 FORD STIFF		
1	34FC8666	1/2 FORD MALE		
1	34FOS112	1/2 FORD STIFF		
2	34FC8677	2 FORD MALE		
2	34FOS122	2 FORD STIFF		
1	32GN24	2x4 G DIP		
1	3KSE452	2 G ST 45		
1	3IGE452	2 G 45		
2	3IGB2114	2x1/4 G BUSH		
2	3IGB2112	2x1/2 G BUSH		
1	Other LGS pump	4" G PIPE (cut & thread)	79	16
1	32MISC	4" FIRE DRIFT CRP	235	80
2	3IGE904	4" G 90		
5	23PLY2002	2" CL 200 POLY		
15	23PLY20012	1/2 CL 200 POLY		
15	23PLY20024	1/4 CL 200 POLY		
2	74WP1710	3000 STORAGE TANK		
1	74WP1713	WELL HOUSE		
2	74WP1160	2' PVC RISER		
2	74WP1162	RISER COVER		
1	3IGP4	4" G PLUG		

TOTAL MATERIALS

DESCRIPTION OF WORK DONE

Set Fitness, Pump in STORAGE
TANKS, RUN CONDUIT TO WELL HOUSE.

SERVICE CHECKS

VOLTS OFF		VOLTS RUNNING	
OHMS	RB	RY	BY
OHMS to GND	R	B	Y
AMPS	R	B	Y

LABOR

DATE	EMPLOYEE	TIME		HRS.	RATE	AMOUNT
		IN	OUT			
10/16	STEVE	7:45	3:30	5.75	6.00	
	SHAWN	7:45	3:30	5.75	45.00	
DATE	TRAVEL TIME	MILES	HRS.	RATE	AMOUNT	

ENTERED
10/18/01

TOTAL LABOR	
TOTAL MATERIALS	
TOTAL OTHER	
TAX	
TOTAL	

Ty &/or Jackie Cruze

T52N R4W Sec 18

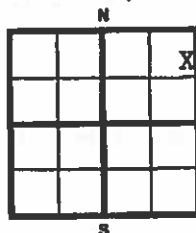


IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Office Use Only
Inspected by TDK
Twp 52N Rge 4W Sec 29
14 NE 14 NE 14
Lat : : Long : :

1. WELL TAG NO. DOO17603 OCT 10 2001
Drilling Permit No: 770616 IDWR/North
Other IDWR No. _____
2. OWNER _____ Well Number: 310
Name TY CRUZE
Address P.O. BOX 1028
City JEFFERSON State OR Zip 97352-102
3. LOCATION OF WELL by legal description
sketch map location must agree with written location



Twp. 52 ☒ North or ☐ South
Rge. 4 ☐ East or ☒ West
Sec. 18 NE 1/4 NE 1/4 1/4
Gov't Lot _____ County KOOTENAI
Lat: : : Long: : :
Address of Well Site GOELZER WAY
City TWIN LAKES

(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
Material	From	To	Sacks or Pounds	
BENTONITE	0	20	14 BAGS	OVERBORE

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 340'

Was drive shoe seal tested? ☐ Y ☐ N How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner Welded	Threaded
4	-320	-490	.160	PVC	☐	☒	☐
6	+2	-340	.250	STEEL	☒	☐	☒

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method SKILL SAW

☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
-450	-490	1/4 X 8	84	4	PVC	☐	☒

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

380 ft. below ground Artesian pressure _____ lb.
Depth flow encountered 430 ft. Describe access port or
control devices: _____

11. WELL TESTS:

Yield gal./min.	Drawdown	Pumping Level	Time
25			1 HR

Water Temp. COLD Bottom Hole Temp COLD

Water Quality test or comments: CLEAR

Depth first Water encountered 430

12. LITHOLOGIC LOG:(Describe repairs or abandonment)

				Water	
Start	From	To	Remarks: Lithology, Water Quality, Temperature	Y	N
8	0	3	Top Soil	☐	☒
8	3	30	Gravels	☐	☒
8	30	200	Sand Small Gravels	☐	☒
8	200	320	Gravels Tan Clay	☐	☒
8	320	335	Granite Brown Soft	☐	☒
8	335	410	Granite Brown Med.	☐	☒
8	410	425	Granite Grey	☐	☒
8	425	435	Granite Green 6 gpm	☒	☐
8	435	455	Granite Rose 10 gpm	☒	☐
8	455	470	Granite S/P 25 gpm	☒	☐
8	470	490	Granite Grey	☐	☒
RECEIVED MAR - 1 2002 IDAHO DEPARTMENT OF WATER RESOURCES					
Completed Depth <u>490</u> (Measurable)					
Date: Started <u>9/25/01</u> Completed <u>10/1/01</u>					

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 1120 Well Service Inc. Firm No. 448

Firm Official Jim McLieslie Date 10-3-01

and _____

Supervisor or Operator Jim McLieslie Date 10-1-01

(Sign Once if Firm Official and Operator)

Jim McLieslie

52N 4W 29