

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: 95-17702
Date Received: 12/10/2018
Receipt No: N033949
Claim Fee: \$2500
Received By: JA

RECEIVED

DEC 10 2018

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)

LT CONCEPTS LLC
PO BOX 341
LIBERTY LAKE WA 99019

Phone: (208) 660-8772

2. Date of Priority: 5/10/2016

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	05W	18	NE SE		KOOTENAI	

5. Description of diverting works:

Well, pump and pipeline

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.02		

7. Total Quantity Appropriated is:

0.02 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 shop/dwelling until home is built

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	05W	18	NE		SE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

none

12. Remarks:

Priority Date Explanation:
Well Log

13. Basis of Claim: Beneficial Use

14. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice 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: 2

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

Registered Agent of LT Concepts, LLC
Title Organization

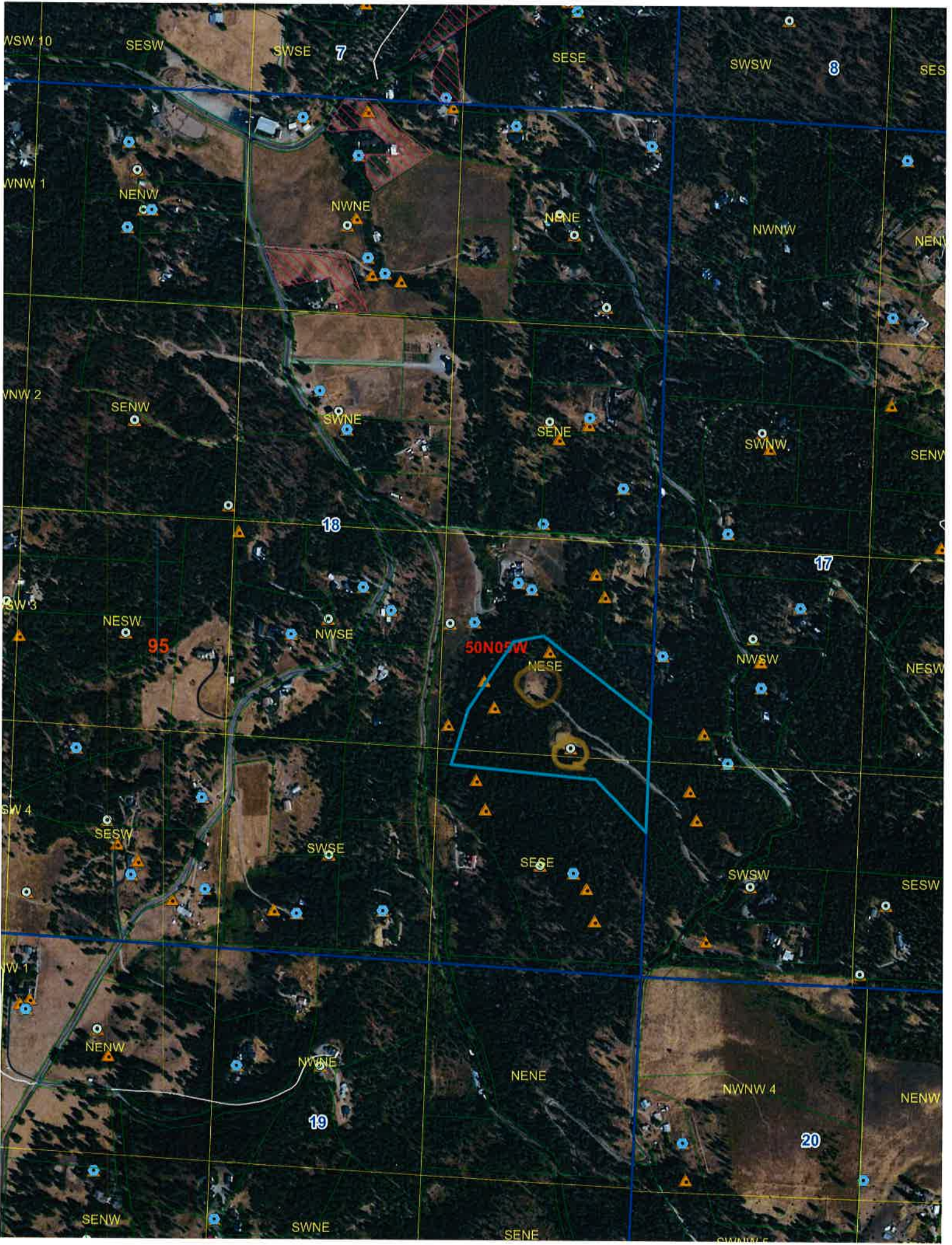
that I have signed the foregoing document in the space below as

Registered Agent of LT Concepts, LLC
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent George Date 12/10/18

Title and Organization Registered Agent LT Concepts, LLC



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D0072033

Drilling Permit No. 878622

Water right or injection well # _____

2. OWNER: _____

Name Tom Wold

Address P. O. Box 341

City Liberty Lake State WA Zip 99019

3. WELL LOCATION:

Twp. 50 North or South Rge. 5 East or West

Sec. 18 1/4 NE 1/4 SE 1/4

Gov't Lot _____ County Kootenai

Lat. 47 ° 40.592 (Deg. and Decimal minutes)

Long. 117 ° 0.222 (Deg. and Decimal minutes)

Address of Well Site 1.1 Miles up S. Carpenter Loop Rd

City Post Falls

Lot. _____ Blk. _____ Sub. Name _____

4. USE:

Domestic Municipal Monitor Irrigation Thermal Injection
 Other _____

5. TYPE OF WORK:

New well Replacement well Modify existing well
 Abandonment Other _____

6. DRILL METHOD:

Air Rotary Mud Rotary Cable Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite Chigi	0	38	1000 lbs	Overbored

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	58	.250	Steel	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4"	-20	600	40	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was drive shoe used? Y N Shoe Depth(s) 58'

9. PERFORATIONS/SCREENS:

Perforations Y N Method Saw Cut

Manufactured screen Y N Type _____

Method of installation _____

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
520	600	1/8"	1	4	PVC	40

Length of Headpipe N/A Length of Tailpipe N/A

Packer Y N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method

11. FLOWING ARTESIAN:

Flowing Artesian? Y N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 465 Static water level (ft) 400

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Steel Welded Cap

Well test:			Test method:			
Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
N/A	8 gpm	120	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
10"	0	38	Decomposed Granite		X
8"	38	50	Decomposed Granite		X
	50	58	Granite		X
6"	58	90	Granite		X
	90	95	Fractured Granite		X
	95	400	Granite with Fractures		X
	400	465	Granite		X
	465	467	Frature 5qpm	X	
	467	575	Granite		X
	575	576	Fracture 3qpm	X	
	576	600	Granite		X

Completed Depth (Measurable) 600'

Date Started: 5/06/2016 Date Completed: 5/10/2016

14. DRILLER'S CERTIFICATION:

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

Company Name Horsley Drilling Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 6/03/2016

*Driller Steve C. Horsley Date 6/03/2016

*Operator II _____ Date _____

Operator I Robert B. Miller Date 6/03/2016

* Signature of Principal Driller and rig operator are required