

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 95-14721

Date Received: 11-20-09

Receipt No: NO 22941

Received By: cm

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) Mark & Michelle Mantouff Phone (208) 762-3848

Mailing Address 16874 N. Morgan Ln Hayden, ID Zip 83835
Street or Box City State

2. Date of Priority: (Only one per claim) 8/19/1998
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____

4. Location of Point of Diversion is: Township 52N, Range 3W, Section 28,
NE 1/4 of SW 1/4, or Govt. Lot _____ BM. County of Kootenai;

Parcel (PIN) no. 02683-001-0040

Additional points of diversion if any: 52N 3W 28 NE SW

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.

2 Wells & Pumps

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from Jan 1 to Dec 31 amount .04 cfs () or AFY ()

For Stockwater purposes from Jan 1 to Dec 31 amount .02

7. Total Quantity claimed .06 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) Domestic & Livestock

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9. Location of Place of Use is: Township 52N, Range 36E, Section 28,

NE 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 (X)

Additional places of use, if any _____

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 ()

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 () wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: _____

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) [Signature]

Date: 11/20/09

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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Form 238-7

11/97 AUG 24 1999

IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

076719

Office Use Only
Inspected by _____
Twp _____ Rge _____ Sec _____
1/4 1/4 1/4
Lat: : : Long: : :

IDWR/North

1. WELL TAG NO. D0010434

DRILLING PERMIT N

Other IDWR No 95-99-N-125

2. OWNER:

Name Mark Manteuffel

Address 16550 N Morgan Lane

City Hayden

State ID

Zip 83835

3. LOCATION OF WELL by legal description:

N
W E S
Twp 52N North ☒ or South ☐
Rge 03W East ☐ or West ☒
Sec 33 1/4 NW 1/4 NE 1/4
10 Ac 40 Ac 160 Ac
Gov't Lot _____ County Kootenai
Lat _____ Long _____
Address of Well Site: (see next line)

Lancaster to Morgan to end

City

Lot _____ Blk _____

Sub. Name (see next line)

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	-22	32 sacks	pour in

Drive Shoe Used? ☒ Y ☐ N Shoe Depth(s) 397

Drive Shoe Seal Tested? ☐ Y ☒ N How?

8. CASING/LINER

Diam	From	To	Gauge	Material	Casng	Liner	Weld	Thrded
6	3	397	0.025	Steel	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length Headpipe

Length Tailpipe

9. PERFORATIONS/SCREENS

☐ Perforations?

Method

☐ Screens?

Screen Type

From	To	Slot	Nmbr	Diam	Material	Casng	Liner
						☐	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL or ARTESIAN PRESSURE

330 ft. below ground. Artesian pressure lb.

Depth flow encountered 390 ft. Describe access port or

control devices: Steel cap welded

11. WELL TESTS:

☐ Pump

☐ Baller

☒ Air

☐ Flowing Artesian

Yield gal./min.	Drawdown	Pump Level	Time
10-15 gpm	100%	450	1 hr.

Water Temp. cold

Bottom hole temp. cold

Water Quality test or comments: (below) Depth first Water Encountered 390

clear, cold, no smell

12. LITHOLOGIC LOG (Describe repairs or abandonment)

Bore Diam	From	To	Lithology, Water Quality and Temperature	Remarks	Water
8	0	22	Clay - brown		☐
8	22	144	Basalt		☐
8	144	265	Clay - brown with sand mix		☐
			T4 was moved off of hole and well		☐
			was finished with T2.		☐
			Tim Volking, President		☐
			United Drilling drilled first 265'		☐
			Started 8/10/99 moved T4 off 8/16/99		☐
			Moved T2 on 8/16/99 - finished 8/18/99		☐
6	250	390	Clay - brown with quartz and sand		☐
6	390	397	Granite-broken - brown/white with quartz		☐
6	397	460	Granite- brown/white with quartz		☐
			soft to medium		☐

Completed Depth

460

(Measurable)

Date: Started

8/10/99

Completed

8/18/99

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

4

Firm Official and

Tim Volking

Date 8/19/99

Supervisor or Operator Jason C. Beckham

Date 8/19/99

FORWARD WHITE COPY TO WATER RESOURCES

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52N 3W 33