

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 95-10686

Date Received: 5/11/09

Receipt No: 0020544

Received By: KE

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) GREGORY J. MERTENS Phone 208 683-2242

Mailing Address PO Box 748 ATHOL ID Zip 83801
Street or Box City State

2. Date of Priority: (Only one per claim) 8-24-1993
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 53N, Range 3W, Section 25,
NW 1/4 of NW 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. 53N03W250400

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.

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

For DOMESTIC USE purposes from 1-1 to 12-31 amount .04
Month/Day Month/Day cfs () or AFY ()

For STOCK WATER USE purposes from 1-1 to 12-31 amount .02CFS

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) 1-HOUSE 5-HEAD

SCANNED
MAY 11 2009

9. Location of Place of Use is: Township 53N, Range 3W, Section 25,

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

If different than shown in Item 4

for (Check One) Domestic () Stock () Domestic and Stock ☒

Additional places of use, if any _____

10. In which county (ies) are lands listed above as place of use located? Kootenai County

11. Do you own the property listed above as place of use? Yes ☒ 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 ☒ 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: 1

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: 5-11-09

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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MAY 11 2009

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESRECEIVED
USE TYPEWRITER OR
BALLPOINT PEN
FEB 03 1994

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Resources
within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name GREG MERTENSAddress 30A29 LONGHORN DR.CANYON LAKE, CA 92587 96-93-N-197

Water Right Permit No. _____

7. WATER LEVEL

Static water level 30 feet below land surface.Flowing? ☐ Yes ☒ No G.P.M. flow _____

Artesian closed-in pressure _____ p.s.i.

Controlled by: ☐ Valve ☐ Cap ☐ PlugTemperature _____ °F. Quality GOOD

Describe artesian or temperature zones below.

2. NATURE OF WORK

- ☒ New well ☐ Deepened ☐ Replacement
☐ Well diameter increase ☐ Modification
☐ Abandoned (describe abandonment or modification procedures
 such as liners, screen, materials, plug depths, etc. in lithologic
 log, section 9.)

8. WELL TEST DATA

☐ Pump ☐ Bailer ☒ Air ☐ Other _____

Discharge G.P.M.	Pumping Level	Hours Pumped
20 ESTIMATED	570	1 1/2

3. PROPOSED USE

- ☒ Domestic ☐ Irrigation ☐ Monitor
☐ Industrial ☐ Stock ☐ Waste Disposal or Injection
☐ Other _____ (specify type)

9. LITHOLOGIC LOG

89517

Bore Diam.	Depth		Material	Water	
	From	To		Yes	No
8"	0	3	TOP SOIL		X
	3	19	B&W GRANITE		X
6"	19	170	SOFT B&W GRANITE		X
	170	230	SOFT QUARTZ & GRN GRANITE	X	
	230	460	MED BLACK GRANITE		X
	460	537	SOFT GREEN GRANITE	X	
	537	570	SOFT B&W GRANITE	X	

4. METHOD DRILLED

- ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary
☐ Cable ☐ Mud ☐ Other _____
 (backhoe, hydraulic, etc.)

5. WELL CONSTRUCTION

Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____

Thickness	Diameter	From	To
.250 inches	6 inches	1 1/2 feet	19 feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was casing drive shoe used? ☒ Yes ☐ NoWas a packer or seal used? ☐ Yes ☒ NoPerforated? ☐ Yes ☒ NoHow perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun

Size of perforation? _____ inches by _____ inches

Number _____ From _____ To _____

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

_____ perforations _____ feet _____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer _____ Type _____

Top Packer or Headpipe _____

Bottom of Tailpipe _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No ☐ Size of gravel _____

Placed from _____ feet to _____ feet

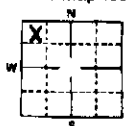
Surface seal depth 19 Material used in seal: ☐ Cement grout☒ Bentonite ☐ Puddling clay ☐ _____Sealing procedure used: ☐ Slurry pit☐ Temp. surface casing ☒ Overbore to seal depthMethod of joining casing: ☐ Threaded ☒ Welded☐ Solvent Weld ☐ Cemented between strataDescribe access port N/A

10.

Work started 8/20/93 finished 8/24/93

6. LOCATION OF WELL

Sketch map location must agree with written location.



Subdivision Name _____

Lot No. _____ Block No. _____

County KOOTENAIAddress of Well Site 11180 E. BUNCO RD. ATHOL
(give at least name of road)T. 53N N or S ☐
NW 1/4 NW 1/4 Sec. 25 R. 3W E or W ☐

11. DRILLER'S 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. No. 414Address P.O. BOX 1690 Date 8/25/93HAYDEN, ID 83835

Signed by Drilling Supervisor _____

and

(Operator) _____
(If different than the Drilling Supervisor)