

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 95-13716Date Received: 3-8-10Receipt No: N023718Received By: mr

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) Royce and Colleen MORT Phone (208) 818-9747Mailing Address PO Box 1817 Past Falls ID Zip 83877
Street or Box City State2. Date of Priority: (Only one per claim) 08-06-1993
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 49N, Range 4W, Section 6,
NW 1/4 of NW 1/4, or Govt. Lot 4445 BM. County of KOOTENAI;Parcel (PIN) no. 49N04W063000Additional points of diversion if any: N/AIf available, GPS coordinates: N/A

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.

95-93-N-152-000 well completed 1993
well connected to modular home 1993

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

For Domestic purposes from 1/01 to 12/31 amount .04 cfs
Month/Day Month/Day cfs () or AFY ()For stock water purposes from 1/01 to 12/31 amount .02 cfs7. Total Quantity claimed .04 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 home 5 head mixed stock

SCANNED
MAR - 8 2010

9. Location of Place of Use is: Township 49N, Range 4W, Section 6,

NW 1/4 of NW 1/4, Govt. Lot 4 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 NA

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 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: 2

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) _____

Date: 3-8-10

Colleen Mart

Date: 3-8-10

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 _____

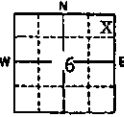
Last Name _____ Identification No. _____

SCANNED
MAR - 8 2010

MORT PIN 0-4490-002-009-0



STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORTRECEIVED
FEB 03 1994
METAL TYPEWRITER OR
BALLPOINT PENState 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 <u>MR KISTH MORT WELL #2</u> Address <u>S 4900 MILLER ROAD CDA ID 83814</u> Drilling Permit No. <u>95-93-N-152-000</u> Water Right Permit No. _____	7. WATER LEVEL Static water level <u>175</u> feet below land surface. Flowing? ☐ Yes ☐ No G.P.M. flow _____ Artesian closed-in pressure _____ p.s.i. Controlled by: ☐ Valve ☐ Cap ☐ Plug Temperature _____ °F. Quality _____ 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 _____ <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th>Discharge G.P.M.</th><th>Pumping Level</th><th>Hours Pumped</th></tr></thead><tbody><tr><td>5 GPM</td><td></td><td></td></tr><tr><td> </td><td> </td><td> </td></tr><tr><td> </td><td> </td><td> </td></tr></tbody></table>	Discharge G.P.M.	Pumping Level	Hours Pumped	5 GPM																																																																																										
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3. PROPOSED USE ☒ Domestic ☐ Irrigation ☐ Monitor ☐ Industrial ☐ Stock ☐ Waste Disposal or Injection ☐ Other _____ (specify type)	9. LITHOLOGIC LOG 89398 <table border="1" style="width: 100%; border-collapse: collapse;"><thead><tr><th rowspan="2">Bore Diam.</th><th colspan="2">Depth</th><th rowspan="2">Material</th><th colspan="2">Water</th></tr><tr><th>From</th><th>To</th><th>Yes</th><th>No</th></tr></thead><tbody><tr><td>8</td><td>0</td><td>14</td><td>SANDY LOME BROWN</td><td></td><td>X</td></tr><tr><td>8</td><td>14</td><td>25</td><td>GRANITE DECOMPOSED BROWN</td><td></td><td>X</td></tr><tr><td>8</td><td>25</td><td>31</td><td>GRANITE DECOMPOSED BLACK GREEN</td><td></td><td>X</td></tr><tr><td>8</td><td>31</td><td>33</td><td>GRANITE DECOMPOSED BROWN WHITE</td><td></td><td>X</td></tr><tr><td>6</td><td>33</td><td>51</td><td>GRANITE WHITE BROWN MEDIUM</td><td></td><td>X</td></tr><tr><td>6</td><td>51</td><td>56</td><td>GRANITE BLK & BRWN W/WATER APPROXIMATE 3 GPM</td><td>X</td><td></td></tr><tr><td>6</td><td>56</td><td>140</td><td>GRANITE BLK & WHITE SOME BRN</td><td></td><td>X</td></tr><tr><td>6</td><td>140</td><td>145</td><td>GRANITE BLK & WHITE W/GREEN W/WATER APPROXIMATE 2 GPM</td><td>X</td><td></td></tr><tr><td>6</td><td>145</td><td>170</td><td>GRANITE BLK & WHITE MEDIUM</td><td></td><td>X</td></tr><tr><td>6</td><td>170</td><td>189</td><td>GRANITE WHITE & BROWN BLACK SOFT</td><td></td><td>X</td></tr><tr><td>6</td><td>189</td><td>201</td><td>GRANITE WHITE & BLACK HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>201</td><td>217</td><td>GRANITE BLACK & WHITE HARD</td><td></td><td>X</td></tr><tr><td>6</td><td>204</td><td>230</td><td>GRANITE WHITE & BROWN W/ BLACK MEDIUM</td><td></td><td>X</td></tr><tr><td>6</td><td>217</td><td>260</td><td>GRANITE BLACK & WHITE MED</td><td></td><td>X</td></tr></tbody></table>	Bore Diam.	Depth		Material	Water		From	To	Yes	No	8	0	14	SANDY LOME BROWN		X	8	14	25	GRANITE DECOMPOSED BROWN		X	8	25	31	GRANITE DECOMPOSED BLACK GREEN		X	8	31	33	GRANITE DECOMPOSED BROWN WHITE		X	6	33	51	GRANITE WHITE BROWN MEDIUM		X	6	51	56	GRANITE BLK & BRWN W/WATER APPROXIMATE 3 GPM	X		6	56	140	GRANITE BLK & WHITE SOME BRN		X	6	140	145	GRANITE BLK & WHITE W/GREEN W/WATER APPROXIMATE 2 GPM	X		6	145	170	GRANITE BLK & WHITE MEDIUM		X	6	170	189	GRANITE WHITE & BROWN BLACK SOFT		X	6	189	201	GRANITE WHITE & BLACK HARD		X	6	201	217	GRANITE BLACK & WHITE HARD		X	6	204	230	GRANITE WHITE & BROWN W/ BLACK MEDIUM		X	6	217	260	GRANITE BLACK & WHITE MED		X
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4. METHOD DRILLED ☒ Rotary ☒ Air ☐ Auger ☐ Reverse rotary ☐ Cable ☐ Mud ☐ Other _____ (backhoe, hydraulic, etc.)	10. Work started <u>08/06/93</u> finished <u>08/06/93</u>																																																																																														
5. WELL CONSTRUCTION Casing schedule: ☒ Steel ☐ Concrete ☐ Other _____ <table border="0" style="width: 100%;"><tr><td>Thickness</td><td>Diameter</td><td>From</td><td>To</td></tr><tr><td><u>.250</u> inches</td><td><u>6</u> inches</td><td><u>1.5</u> feet</td><td><u>39.5</u> feet</td></tr><tr><td><u>160</u> psi</td><td><u>4</u> inches</td><td><u>10</u> feet</td><td><u>260</u> feet</td></tr></table> Was casing drive shoe used? ☒ Yes ☐ No Was a packer or seal used? ☐ Yes ☒ No Perforated? Skill Saw ☒ Yes ☐ No PVC How perforated? ☐ Factory ☐ Knife ☐ Torch ☐ Gun Size of perforation? <u>1 1/4</u> inches by <u>4</u> inches <table border="0" style="width: 100%;"><tr><td>Number</td><td>From</td><td>To</td></tr><tr><td><u>150</u></td><td><u>220</u> feet</td><td><u>260</u> feet</td></tr></table> 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 <u>37</u> Material used in seal: ☐ Cement grout ☒ Bentonite ☐ Puddling clay ☐ _____ Sealing procedure used: ☐ Slurry pit ☒ Overbore to seal depth ☐ Temp. surface casing ☒ Threaded ☒ Welded Method of joining casing: ☐ Solvent Weld ☐ Cemented between strata Describe access port _____	Thickness	Diameter	From	To	<u>.250</u> inches	<u>6</u> inches	<u>1.5</u> feet	<u>39.5</u> feet	<u>160</u> psi	<u>4</u> inches	<u>10</u> feet	<u>260</u> feet	Number	From	To	<u>150</u>	<u>220</u> feet	<u>260</u> feet																																																																													
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6. LOCATION OF WELL Sketch map location must agree with written location.  Subdivision Name _____ Lot No. _____ Block No. _____ County <u>Kootenai</u> Address of Well Site <u>S 4900 MILLER ROAD</u> (give at least name of road) NW <u>1/4</u> NE <u>1/4</u> Sec. <u>6</u> T. <u>48</u> N <u>4</u> or S ☐ R. <u>14</u> 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 <u>E20 WELL SVC INC</u> Firm No. <u>#443</u> Address <u>532 W HAYDEN AVE</u> Date <u>08/06/93</u> Signed by Drilling Supervisor <u>[Signature]</u> and <u>[Signature]</u> (Operator) <u>[Signature]</u> (If different than the Drilling Supervisor)																																																																																														

USE ADDITIONAL SHEETS IF NECESSARY — FORWARD THE WHITE COPY TO THE DEPARTMENT