

**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 KOOTENAI RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 89576

Ident. Number 98-7315

Date Received: 9/22/2026

Receipt No: N046444

RECEIVED

SEP 22 2026

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOHN F MARTLING	239 GLORY RD	NAPLES	ID	UNITED STATES	83847
PAMELA K MARTLING	239 GLORY RD	NAPLES	ID	UNITED STATES	83847

2. Date of Priority:

Date	Explanation
8/17/1979	

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
60N	01E	5		SW	NE	BOUNDARY		DRILLED WELL WITH PIPELINE TO HOME

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Number of Stock	Description
DOMESTIC	1			DOMESTIC USE FOR ONE HOME

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.04	1.20	

Totals

CFS	AF	KW
0.04	1.20	

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
60N	01E	5	SE	NW	BOUNDARY			
60N	01E	5	SW	NE	BOUNDARY			

 Place Of Use Map

9. Remarks:

10. Other Water Rights:

11. Basis:

12. 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 Kootenai River Basin Water System 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):  Date: 9/22/2026
_____ 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 _____

Please print name