

RECEIVED

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO, IN AND FOR THE COUNTY OF TWIN FALLS

OCT 10 2025

DEPARTMENT OF WATER RESOURCES

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER FROM THE COEUR D'ALENE-SPOKANE RIVER BASIN WATER SYSTEM RECEIVED

CIVIL CASE NUMBER: 49576 Claim ID: 95-18711 Date Received: 9-15-25 Receipt No: N045615 Claim Fee: \$2500 By: NS

SEP 15 2025

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

IDWR/NORTH

Please type or print clearly

1. Name of claimant(s) BNL Real Estate Holdings, LLC Phone (208) 819-8016 Mailing address 10272 S Caribou Ridge Road Harrison ID Zip 83833 Email address (optional) beckyjbertsch@yahoo.com

2. Date of priority: (Only one per claim) May 01 2002 (Explain priority date selected in Remarks)

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

4. Location of point of diversion is: Township 49N, Range 3W, Section 4 NW 1/4 of SW 1/4, or Govt. Lot BM, County of Kootenai

Parcel no.

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.

well drilled 05/01/2002

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For domestic purposes from 01/01 to 12/31 amount 0.04 cfs (X) or AFY ()

For purposes from to amount

7. Total quantity claimed 0.04 cfs (X) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

domestic: 1 RV lot + boat dock

SCANNED

OCT 10 2025

9. Location of place of use is: Township 49N, Range 3W, Section 4,
NW 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel 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

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 (include an explanation of the priority date selected):
well drilled 05/01/2002; property purchased by BNL Real Estate Holdings, LLC
2019 owned by Kai + Rebecca Bertsch / Steven + Kim Liss

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 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: 3: parcel map, well driller's report, LLC certificate

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: _____
_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the
manager of BNL Real Estate Holdings, LLC,
Agent's title (Please print) Name of organization (Please print)

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

Signature of Authorized Agent Rebecca J Bertsch Date 09/08/2025
Printed Name of Authorized Agent Rebecca J Bertsch

16. Notice of Appearance:
Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____ Date _____
Address _____

Name of claimant(s) _____ Claim ID _____

MAY 03 2002

WELL DRILLER'S REPORT

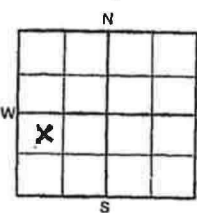
Use Typewriter or Ballpoint Pen

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

1. DRILLING PERMIT NO. D 0022116
 Other IDWR No. 776688

2. OWNER:
 Name STAN CHAPPEL
 Address 90 MACAWA TRAIL
 City SEQUIM State WA Zip 98382

3. LOCATION OF WELL by legal description:
 Sketch map location must agree with written location.



Twp. 49N North or South
 Rge. 3W East or West
 Sec. 4 1/4 NW 1/4 SW 1/4
 Gov't Lot _____ County Kootenai
 Lat: : : Long: : :
 Address of Well Site EDDYVILLE RD.
 City _____



(Give at least name of road + Distance to Road or Landmark)
 Lt. _____ Blk. _____ Sub. Name _____

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 or Pounds	
BENTONITE	0	20	1 sacks	POUR DRY

Was drive shoe used? Y N Shoe Depth(s) 38'
 Was drive shoe seal tested? Y N How? _____

8. CASING/LINER

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	+2	38	.25	STEEL	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4	-10	220		PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS
 Perforations Method SKILL SAW
 Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
200	220	1/8	40	4"	PVC	<input type="checkbox"/>	<input checked="" type="checkbox"/>

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:
65 ft. below ground Artesian pressure _____ lb.
 Depth flow encountered _____ ft. Describe access port or control devices:
49N 3W 4

11. WELL TESTS:
 Pump Bailor Air Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
1.5-2.0		220'	1 hr.

Water Temp. COLD Bottom hole temp. _____
 Water Quality test or comments: _____
 Depth first Water Encountered 75'

12. LITHOLOGIC LOG: (Describe repairs or abandonment) Water

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Y	N
10	0	1	TOP SOIL		X
10	1	20	SANDY BROWN CLAY w/ BASALT COBBLES		X
6	20	32	SANDY BROWN CLAY w/ BASALT COBBLES		X
6	32	52	BASALT BROKEN BLACK / SOME BROWN CLAY		X
6	52	75	BASALT BLACK HARD		X
6	75	81	BASALT BLACK MED FRAC w/ water in	X	
6	81	117	BASALT BLACK MED w/ FRACS		X
6	117	120	BASALT BLACK / BROWN FRAC. SOFT w/ water 1.0 GPM	X	
6	120	218	BASALT BLACK MED w/ FRACS		X
6	218	220	CLAY DARK BROWN 1-6" DRIVE SHADE SHALE TRAP @ 60'		X

Completed Depth 220' (Measurable)
 Date: Started 5/1/02 Completed 5/1/02

13. DRILLER'S CERTIFICATION
 I/We certify that all minimum well construction standards were complied with at the time the rig was removed.
 Firm Name FOGLE PUMP & SUPPLY, INC. Firm No. 537
 Firm Official [Signature] Date 5-1-02
 and
 Supervisor or Operator [Signature] Date 5-1-02
 (Sign once if Firm Official & Operator)



0003572618



STATE OF IDAHO
Office of the secretary of state, Lawrence Denney
CERTIFICATE OF ORGANIZATION LIMITED LIABILITY COMPANY

Idaho Secretary of State
 PO Box 83720
 Boise, ID 83720-0080
 (208) 334-2301
 Filing Fee: \$100.00 - Make Checks Payable to Secretary of State

For Office Use Only

-FILED-

File #: 0003572618

Date Filed: 7/18/2019 3:51:56 PM

Certificate of Organization Limited Liability Company											
Select one: Standard, Expedited or Same Day Service (see descriptions below)	Expedited (+\$40; filing fee \$140)										
<i>Standard service filings are processed in the order received.</i>											
<i>Expedited service filings are processed within 8 working hours of receipt.</i>											
<i>Same Day Service filings must be received by 1:00 pm MST, for same day service.</i>											
Please select carefully as expedite fees are non-refundable.											
1. Limited Liability Company Name Type of Limited Liability Company Entity name	Limited Liability Company BNL Real Estate Holdings, LLC										
2. The complete street address of the principal office is: Principal Office Address	STEVEN M. LISS 14121 S. HIGHWAY 97 HARRISON, ID 83833										
3. The mailing address of the principal office is: Mailing Address	STEVEN M. LISS 14121 S HIGHWAY 97 HARRISON, ID 83833-8740										
4. Registered Agent Name and Address Registered Agent	BRENT SCHLOTTAUER Registered Agent Physical Address 409 COEUR D ALENE AVE COEUR D ALENE, ID 83814 Mailing Address										
5. Governors											
	<table border="1"> <thead> <tr> <th>Name</th> <th>Address</th> </tr> </thead> <tbody> <tr> <td>Steven M. Liss</td> <td>14121 S. HIGHWAY 97 HARRISON, ID 83833</td> </tr> <tr> <td>Kim M. Liss</td> <td>14121 S. HIGHWAY 97 HARRISON, ID 83833</td> </tr> <tr> <td>Kai D. Bertsch</td> <td>10272 S. CARIBOU RIDGE ROAD HARRISON, ID 83833</td> </tr> <tr> <td>Rebecca J. Bertsch</td> <td>10272 S. CARIBOU RIDGE ROAD HARRISON, ID 83833</td> </tr> </tbody> </table>	Name	Address	Steven M. Liss	14121 S. HIGHWAY 97 HARRISON, ID 83833	Kim M. Liss	14121 S. HIGHWAY 97 HARRISON, ID 83833	Kai D. Bertsch	10272 S. CARIBOU RIDGE ROAD HARRISON, ID 83833	Rebecca J. Bertsch	10272 S. CARIBOU RIDGE ROAD HARRISON, ID 83833
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Rebecca J. Bertsch	10272 S. CARIBOU RIDGE ROAD HARRISON, ID 83833										
Signature of Organizer: <i>Brent G. Schlotthauer</i> Sign Here	<u>07/18/2019</u> Date										

B0305-3359 07/18/2019 3:53 PM Received by ID Secretary of State Lawrence Denney