

LINDA

IDAHO DEPT OF WATER RESOURCES
7600 NORTH MINERAL DRIVE
SUITE 100
CDA, ID 83815

(CHECK TO IDWR
\$25.00)

Form No. 42-1409-2 (Internet 06/21)

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 97-7987

Date Received: 10-20-2021

Receipt No: N037692

Claim Fee: 25.00 By: [Signature]

RECEIVED

OCT 20 2021

IDWR / NORTH

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

Please type or print clearly

- Name of claimant(s) BART TRIESCH Phone (509) 991 1591
Mailing address So. 4708 SAINT ANDREWS LANE SPOKANE WA Zip 99223
Street or Box City State
Email address (optional) BTRIESCH@STARLABELUSA.COM
- Date of priority: (Only one per claim) 6/4/1994 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (X) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township T59N, Range R04W, Section 3,
SE 1/4 of SW 1/4, or Govt. Lot 5 BM, County of BONNER;
Parcel no. RP0041800019A0A
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 PUMP & PIPELINE
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 11/01 Month/Day to 12/31 Month/Day amount 0.02 cfs (X) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.02 cfs () or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
ONE HOME AND ONE LIVING SPACE ABOVE GARAGE

9. Location of place of use is: Township 59N, Range 04W, Section 3,
SE 1/4 of SW 1/4, Govt. Lot 5 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? BONNER

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.
NONE or None ()

13. Remarks (include an explanation of the priority date selected):
DRILLING PERMIT NUMBER 97-94N-32

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 Clark Fork-Pend Oreille 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) Bart A. Trisch Date: 10-18-21
Diana L. Trisch Date: 10-18-21

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

_____ of _____,
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 _____ Date _____

Printed Name of Authorized Agent _____

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 _____



IDAHO DEPARTMENT OF WATER RESOURCES

WELL DRILLER'S REPORT

Use typewriter
RECEIVED
Ball Point Pen
AUG 20 1994
NORTHERN REGION
☐ Flowing ☒ DWP

1. DRILLING PERMIT NO. 97-94 N-32 -
Other IDWR No. _____

2. OWNER: Name Bert Triesch
Address Box 172
City Colin State Id Zip 83821

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.


 T. 59 North ☒ or South ☐
 R. 4 East ☐ or West ☒
 Sec. 3 SW $\frac{1}{4}$ SE $\frac{1}{4}$ $\frac{1}{4}$
 Gov't Lot _____ County Booner

Address of Well Site Sherwood beach

(Give at least Direction + Distance to Road or Landmark)

Lot No. _____ Block No. _____ Subd. Name _____

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☐ Air Rotary ☒ Cable ☐ Other _____

7. SEALING PROCEDURES

SEAL/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sacks or Pounds	
Bentonite	0	18	8	Temp Casing

Was drive shoe seal tested? Y ☐ N ☒ How? _____

8. CASING/LINER:

Diameter	From	To	Gauge	Casting	Liner	Steel	Plastic	Welded	Threaded
6	0	55	250			☒	☐	☒	☐
						☐	☐	☐	☐
						☐	☐	☐	☐
						☐	☐	☐	☐

Final location of shoes 55

Top Packer or Headpipe _____ Bottom Tailpipe _____

9. PERFORATIONS/SCREENS

☐ Perforations Method Johnson
☒ Screens Type Johnson Material Steel

From	To	Slot Size	Number	Diameter	Tel./Pipe Size	Casting	Linear
55	60	20		6"		☐	☐
						☐	☐
						☐	☐
						☐	☐

SWSE 3 59N 4W

10. WELL TESTS:

☐ Pump ☒ Bailer ☐ Air

Yield gal/min.	Drawdown	Pumping Depth	Time
8	5'	35	1

Temperature of water _____ Was a water analysis done? Yes ☐ No ☒

By whom? _____

Water Quality (odor, etc.) _____

Bottom Hole Temperature _____

11. STATIC WATER LEVEL:

30 ft. below surface Depth artesian flow found _____

Artesian pressure lb. Describe access port _____

Describe Controlling Devices: _____

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	GPM	SW
8	0	18	S211D		
10	18	25	S211D		
	25	40	S211D		
	40	41	S211D		

2047, 1114

OFFICE USE ONLY

Inspected by TDK

Twp 59N Rge 4W Sec 03

1/4 SW 1/4 SE 1/4

MICROFILMED

DEC 29 1998

Date: Started 6-3-94
Completed 6-4-94

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 Carl P. HS + Sons Firm No. 168

Firm Official _____ Date 6-10-84

and *P. H. Ross* 1 1 11

(Sign once if Firm Official & Operator)

FORWARD WHITE COPY TO WATER RESOURCES