

DEC 21 2021

DEPARTMENT OF
WATER RESOURCES

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

Claim ID: 95-18239

Date Received: _____

Receipt No: _____

Claim Fee: \$25.00 By: _____

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) Dennis Marcheschi and/or Martha Bowman Phone (916) 591-3721
Mailing address PO Box 813 Athol ID Zip 83801
Street or Box City State
Email address (optional) marthabowman1@gmail.com
- Date of priority: (Only one per claim) 4/13/2017 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 53N, Range 02W, Section 18,
SW 1/4 of NW 1/4, or Govt. Lot 2 BM, County of _____;
Parcel no. 53N02W183300
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 supplying home
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For Domestic purposes from 1/1 to 12/31 amount .04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed .04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
1 home, 1 shop

9. Location of place of use is: Township 53N, Range 02W, Section 18,
NW 1/4 of NW 1/4, Govt. Lot 1 BM, Parcel no. Same
If different than shown in Item 4
for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()

Additional places of use, if any 53N 02W 18 SWNW 2

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):

Date the well was completed.

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: 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) D.P. Marchetti Date: 12-17-2021
Martha Date: 12/17/2021

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

1. WELL TAG NO. D 0073540

Drilling Permit No. 881871

Water right or injection well # _____

2. OWNER:

Name Dennis Marcheschi

Address PO Box 813

City Athol State ID Zip 83801

3. WELL LOCATION:

✓ Twp 53 North ☒ or South ☐ Rge. 2 East ☐ or West ☒
Sec 18 1/4 SW 1/4 NW 1/4

Gov't Lot _____ County Kootenai

Lat. 47 56.636 (Deg. and Decimal minutes)

✓ Long 116 37.902 (Deg. and Decimal minutes)

Address of Well Site SE Corner of Lewellen Creek Rd and Hwy

54 City Athol

(Give at least name of road - Distance to Road or Landmark)

Lot _____ Blk. _____ Sub Name _____

4. USE:

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

5. TYPE OF WORK:

☒ New well ☐ Replacement well ☐ Modify existing well
☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Mud Rotary ☐ Cable ☐ Other _____

7. SEALING PROCEDURES:

Seal material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method/procedure
Bentonite Chips	0	18	600 lbs.	Temp. Casing

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+2	480	.250	Steel	☒	☐	☐	☒

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) Ring @ 480'

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Air Perforator

Manufactured screen ☐ Y ☒ N Type _____

Method of installation NA

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
470	480	1/4x1	18	6"	Steel	.250

Length of Headpipe NA Length of Tailpipe NA

Packer ☐ Y ☒ N Type _____

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft ³)	Placement method
NA				

11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) _____

Describe control device _____

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 420 Static water level (ft) 410

Water temp. (°F) Cold Bottom hole temp. (°F) Cold

Describe access port Steel Welded Cap

Well test:	Test method:
Drawdown (feet)	Pump
Discharge or yield (gpm)	Bailer
Test duration (minutes)	Air
NA	Flowing artesian
30+ gpm	☒
240	☐

Water quality test or comments: _____

13. LITHOLOGIC LOG and/or repairs or abandonment:

Bore Dia. (in)	From (ft)	To (ft)	Remarks, lithology or description of repairs or abandonment, water temp.	Water	
				Y	N
12	0	18	Cobbles, Gravel and Clay		X
8	18	276	Sand and Gravel		X
8	276	284	Boulder		X
8	284	367	Sand and Gravel		X
8	367	410	Sand, Gravel and Tan Clay		X
8	410	419	Sand and Gravel	X	
8	419	457	Sand	X	
8	457	480	Gravel	X	

RECEIVED

MAR 23 2018

IDWR / NORTH

Completed Depth (Measurable): 480'

Date Started: 4/10/2017 Date Completed: 4/13/2017

14. DRILLER'S CERTIFICATION:

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Company Name Horsley Drilling, Inc. Co. No. 632

*Principal Driller C. Mark Horsley Date 4/25/2017

*Driller Steve C. Horsley Date 4/25/2017

*Operator II _____ Date _____

Operator I Robert B. Miller Date 4/25/2017

* Signature of Principal Driller and rig operator are required.