

JUN 27 2022

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

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: 95-18322
Date Received: 6/21/2022
Receipt No:
Claim Fee: \$25.00
Received 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**

1. Name of Claimant(s)

DAVID M MARSAN
2912 S BLUECREEK RD
COEUR D ALENE ID 83814

Phone: (208) 667-7098

AND/OR

IMOGENE MARSAN
2912 S BLUE CREEK RD
COEUR D ALENE ID 83814

Phone: (208) 667-7098

2. Date of Priority: 5/29/1979

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	02W	20	SE SE		KOOTENAI	

5. Description of diverting works:

WELL WITH PIPELINE TO HOME

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	02W	20	SE		SW		
50N	02W	20	SW		SE		

10. Do you own the property listed above as place of use? Yes

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

DATE WELL PUMP INSTALLED AND WATER FIRST PUT TO BENEFICIAL USE, WELL REPLACED WITH NEW WELL AT SAME LOCATION IN 2018.

13. Basis of Claim: Beneficial Use

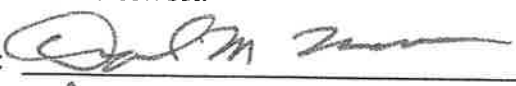
14. Signature(s)

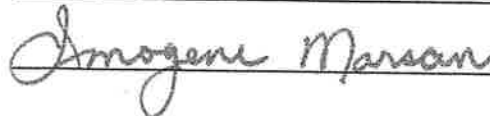
(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the COEUR D'ALENE-SPOKANE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

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: 6-21-22

 Date: 6-21-22

Professional
Service

GOULDS
Water Systems

H2O WELL SERVICE
Rt. 3 Box 125
Hayden Lake, Idaho 83835

INVOICE

*1st look
Friday OK
call this
week-end*

To: *Dave Morsan*

Date: *5/29/79*

2149.30
758.51

2907.81

2149.30

758.51

PO#

bal

Amount

Quantity

Description

1 13cm 30412
273' x 1 1/2" Gal Tac
1 1 1/4" piths
1 6" Sealed well Cap
1 1 1/2 Lin Chest
200' 1/10-3 Sub Cable
2 Mercury Sw
1 Control panel
2200' x 1 1/2 160 Class PVC

5/30
paid by A

2149.30

FARM USE *Fittings & yard Hyd*
pipe @ plumbers *479.77* *1/2 hp* *150.00*

78.74

168.36

479.77

479.77

1/2 hp

150.00

1/2 Starite

150.00

S. Call

50

6/28

S. Call

50.00

Balance

758.51

7/20/79

Total ▶

Tax ▶

Total ▶

Olen D. Hollon

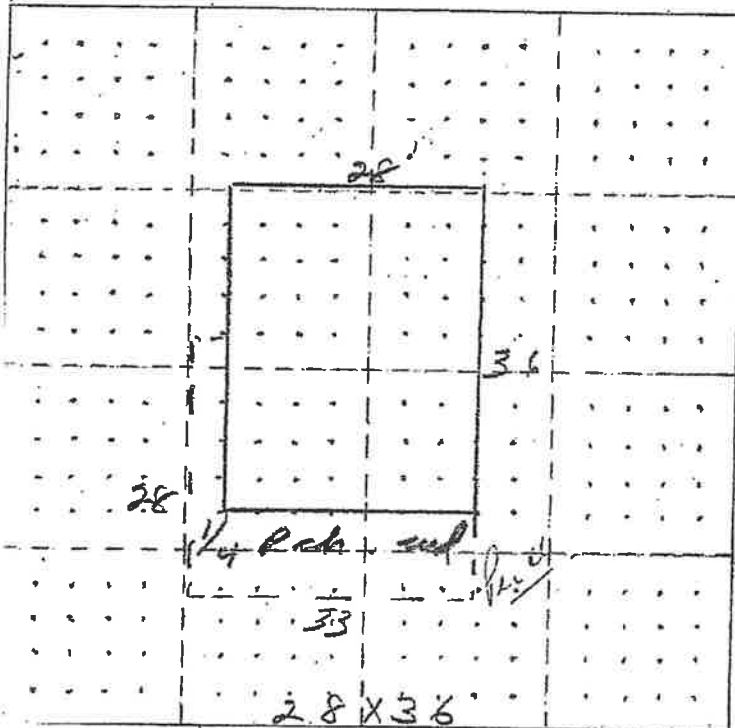
20-50-2W

RESIDENTIAL
BUILDING
APPRAISAL
RECORD

80% = 8,550
144 only

Acct. # 17-22-942-1 Map # _____

Photo # _____



CLASS		APPRaised VALUE SUMMARY	
R1- <u>4</u>	DWELLING	Depr. Repl. Cost	\$ <u>10,475</u>
R2- _____	GARAGE	Depr. Repl. Cost	_____
CURVE	OTHER IMPROVEMENTS D.R.C.		
A B C D	TOTAL DEPR. REPL. COST		
STORIES	VALUE BY MGRM		
		CORRELATED VALUE	\$ <u>10,475</u>
1 <u>1 1/2</u>	2 <u>2 1/2</u>	SL	Land value ff. _____
Built 19 <u>73</u>	Cost \$ _____	Mo. Rent	\$ _____
Remodeled 19 _____	\$ _____	Sold 19 _____	\$ _____
Listed _____ to _____	\$ _____	Offrd _____	\$ _____
Int Inspected <u>Yes</u>	No _____	Owner _____	Tenant _____
Appraised <u>6-20-74</u>	By <u>RC</u>	Computed _____	By _____
Appraised _____	By _____	Computed _____	By _____
Square Foot		Sg. Ft. Items	
Bsm't	1st	2nd	Base
	1008		Cost 9.95
FOUNDATION		☒ Conc. ☐ Blk. ☐ Rock ☐ Msry ☒ Pier ☐ Wd	
ROOF		☒ Gable ☐ Low ☐ Avg. ☒ Steep ☐ Hip ☐ SHGS ☐ Comp ☐ Wd ☒ AI ☐ Flat ☐ Asb ☐ Slate ☐ SHKS ☐ LI. ☐ Hvy ☐ Bltup w/Gr ☐ RRfg ☐ AI ☐ CGI ☐ Msry Tile	

EXTERIOR WALL	2 <u>DBI</u> Sgl	SDG SHGS	Bevel Asb	Drop Comp	B&B Wd	Vert BRK	Horiz Ven	HdBd Solid	PlyWd Pt	AL Stucco	SHKS
FIRST FLOOR	<u>DBI</u> Sgl	<u>SWd</u> <u>DR</u>	HWd <u>Kir</u>	PlyWd Util	Hall	Tile <u>10</u>	LI <u>90</u>	Carpet <u>Den</u>	Conc w/ATile		
ELECTRICAL	CL	<u>110</u> <u>220</u>	Low Volt	Intercom	Vac System						
HEATING and COOLING	CL	Fao HWir BB	Fag Conv GIPnl	Fae Rad Cable	Gas Rad	Oil HtPump	4dFuel <u>Chim only</u>	Sikr ACondg	Fa Elec	Gravity Elec	Flr Wl WIFurn
INTERIOR & PARTITIONS		<u>DW</u> Trim	<u>50</u> <u>SWd</u> <u>Plas</u>	Comp HWd	Sld&Pa Paneling	T&G	PlyWd				
BATHING	CL	<u>2 1/2</u> <u>WC</u>	<u>1</u> <u>Tub</u> w/S	<u>1</u> <u>Enc</u> WH	<u>1</u> <u>SSk</u> <u>OSK</u>	<u>1</u> <u>Shower</u>	<u>1</u> <u>Dr</u> LF	<u>1</u> <u>Laundry</u> Tray	<u>1</u> <u>Plc</u> <u>Clay</u>	<u>1</u> <u>Porc</u>	
OTHER INTERIOR CONSTRUCTION	CL	BLTINS APP	<u>SWd</u> <u>Gas</u>	HWd Elec	Mit Oven	TOP Range	<u>Plc</u> Surf	Lino Slidein	CerTile Dropin		
REPLACE None	CL	Ext <u>1</u> <u>Hearth</u>	<u>350</u> <u>2Sty</u> <u>Mantel</u>	Sgl Circ	Bkd FreeSldg	Sikd	ClgHi				
BASEMENT	CL		or _____ %	WLS Conc	Blk Rock	Dirt DaLt	FLR Conc	Wd Dirt			
Full None _____ % Heated		FIN <u>Plas</u> <u>Fam</u>	Comp <u>BR</u> <u>Bath</u>	AcouTile <u>Ldry</u>	PlyWd <u>Kit</u> <u>Den</u>	Wd <u>Gar</u>	FLR <u>Area</u> _____ sf	Fin _____ sf	Heal _____ sf		
ATTIC or PPER STORIES	CL	<u>12</u> <u>24</u>	or _____ %	Flr&Stairs	FIN <u>x</u> <u>or</u> <u>60</u> %	<u>DW</u> <u>Carpet</u> <u>Fam</u> <u>11</u> <u>BR</u>	Plas Comp Wd				
_____ % Heated		Sld&Pa <u>FLR</u>	<u>DBI</u> <u>Sgl</u> <u>SWd</u>	HWd <u>Title</u>	Lino <u>Area</u> <u>288</u> sf	Fin <u>125</u> sf	Heat _____ sf				
SPECIAL											

atings	Phys Cond	F A G	Func Utility	F A G	Appearance	Res F A G	Nbrhd F A G	Totals	+	-
marks <u>80</u> <u>90</u> <u>70</u> <u>100</u> <u>12</u> <u>1974</u>	SUMMARY OF DWELLING COMPUTATION									
Dwelling _____ sf x _____ R2 units = <u>1008</u>							sf x \$ <u>9.93</u>	psf =	\$ <u>10,009</u>	
							Net Lump Sum Adjustment	\$ <u>+680</u>		
							Total Base Cost	\$ <u>10,689</u>		
19 _____ LCM _____ % x Qual Adjustment _____ % = <u>1.54</u>							% Modifier <u>16.46</u>	Base =	\$ _____	
Depreciation: Physical, Functional and Economic							Percent Good	<u>98</u> %		
Depreciated Replacement Cost (transfer to Value Summary)							\$ <u>10,475</u>			
<u>12000</u> <u>20</u> Value										

85% Fin
6-20-74 A.C.