

**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

Ident. Number: 95-18330
Date Received: 7/6/2022
Receipt No:
Claim Fee: \$25⁰⁰
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 J CUSENZA
1517 STONE RD
BLANCHARD ID 83804

Phone: (360) 621-2105

AND/OR

CAROL D CUSENZA
1517 STONE RD
BLANCHARD ID 83804

Phone: (360) 621-2105

2. Date of Priority: 12/19/2007

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	05W	8	SW NE		BONNER	

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 BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
54N	05W	8	SW		NE		

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:

DATER WELL COMPLETED AND WATER FIRST PUT TO BENEFICIAL USE.

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: 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):

Date:

7/6/22

Date:



IDAHO DEPARTMENT OF WATER RESOURCES WELL DRILLER'S REPORT

1. WELL TAG NO. D 0054380

Drilling Permit No. 850372

Water right or Injection well # _____

2. OWNER

Name Monte Staab

Address 1517 Stone Road

City Blanchard State ID Zip 83804

3. WELL LOCATION:

Twp. 54 North ☒ or South ☐ Rge. 5 East ☐ or West ☒

Sec. 8 1/4 SW 1/4 NE 1/4

Gov't Lot _____ County Bonner

Lat. _____ (Deg. and Decimal minutes)

Long. _____ (Deg. and Decimal minutes)

Address of Well Site Same as above

City _____

(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 check all that apply (Replacement etc.)

☒ 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 ft³)	Placement method/procedure
Bentonite SI	0	20	2 sacks	Overbore

8. CASING/LINER:

Diameter (nominal)	From (ft)	To (ft)	Gauge/Schedule	Material	Casing	Liner	Threaded	Welded
6"	+1	59'	0.25	Steel	☒	☐	☐	☒
4"	50	190	0.18	PVC	☐	☒	☐	☐

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 59"

9. PERFORATIONS/SCREENS:

Perforations ☒ Y ☐ N Method Skillsaw

Manufactured screen ☐ Y ☒ N Type N/A

Method of installation N/A

From (ft)	To (ft)	Slot size	Number/ft	Diameter (nominal)	Material	Gauge or Schedule
150'	190'	1/8	100	4"	PVC	0.18

Length of Headpipe N/A Length of Tailpipe N/A

Packer ☐ Y ☒ N Type N/A

10. FILTER PACK:

Filter Material	From (ft)	To (ft)	Quantity (lbs or ft³)	Placement method
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11. FLOWING ARTESIAN:

Flowing Artesian? ☐ Y ☒ N Artesian Pressure (PSIG) N/A

Describe control device N/A

12. STATIC WATER LEVEL and WELL TESTS:

Depth first water encountered (ft) 119' Static water level (ft) 25'

Water temp. (°F) 50

Bottom hole temp. (°F) _____

Describe access port _____

Well test:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)
	15	60

Test method:

Pump	Ballor	Air	Flowing artesian
☐	☐	☒	☐

Water Quality test or comments: Good

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
10	0	20	Brown sand and gravel		X
6	20	23	Brown sand and gravel		X
6	23	48	Clay - brown		X
6	48	58	Granite - decomposed		X
6	58	119	Granite, purple & white, med		X
6	119	126	Granite, green & white, frac. 6.5 gpm	X	
6	126	135	Granite, S & P, hard		X
6	135	146	Granite, purple & white, med		X
6	146	171	Granite, S & P, hard		X
6	171	176	Granite, green & white, frac. 6.5 gpm	X	
6	176	190	Granite, S & P, hard		X

RECEIVED

MAY 08 2009

IDWR/North

RECEIVED

JUN 03 2009

IDWR/North

Completed Depth (Measurable) 190'

Date: Started 12-18-2007

Completed 12-19-2007

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 Intermountain Drilling

Co. No. 513

*Principal Driller [Signature]

Date 4-29-2009

*Driller [Signature]

Date 5-5-09

*Operator II _____

Date _____

Operator I _____

Date _____

*Signature of Principal Driller and rig operator are required.

54N 05W 08