

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

RECEIVED

MAR 21 2022

DEPARTMENT OF
WATER RESOURCES

Please type or print clearly

1. 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
2. Date of priority: (Only one per claim) 4/13/2017 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
 which is tributary to (b) _____
4. 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: _____
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 supplying home
6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

	Month/Day	Month/Day	cfs (✓) or AFY ()
For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u>			
For _____ purposes from _____ to _____ amount _____			
7. Total quantity claimed .04 cfs (✓) or AFY ()
8. 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 10 acres 1/4 SW 1/4 NW 1/4 160 acres
Gov't Lot 47 County Kootenai
Lat. 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:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	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	

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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.

RECEIVED

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 CSRBA

Case No. 49576

Subcase

95-18239

(Insert water right number)

STANDARD FORM 4

MOTION TO FILE A LATE NOTICE OF
CLAIM

INSTRUCTIONS

This form is used to file a late Notice of Claim in a reporting area where the Director's Report has been filed. Forms may be obtained from the CSRBA Court, the Idaho Department of Water Resources (IDWR), or you may copy or reproduce this blank form.

The water right number for your late Notice of Claim must be indicated above in the blank space following "Subcase." To obtain your water right number, contact the Idaho Department of Water Resources. You must use a **separate form for each** late Notice of Claim.

By filing a Motion to File a Late Notice Claim, you certify that it is well-grounded in fact; is warranted by existing law or a good-faith argument for the extension, modification or reversal of existing law; and is not filed for any improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation.

☒ I have read *CSRBA Administrative Order 1*, Rules of Procedure.

SCANNED

DEC 21 2021

My name is MARTHA Bowman

My address is PO Box 813
Athol ID 83801

My phone number is: work _____ Home 916 591 3721

☐ I am an attorney representing _____

My name is _____

My address is _____

My phone number is _____

☒ I did not file a Notice of Claim to the use of water in the CSRBA because:

WE WERE UNAWARE OF PROCESS

☐ I filed a Notice of Claim and elected to defer judicial proceedings on my domestic or stock watering use. I desire to reinstate my Notice of Claim for domestic or stock watering use.

☒ I am providing legal and factual documentation for my claimed use of water. You must describe these documents and attach a readable copy. (You do not need to fill this out if you are reinstating a Notice of Claim for domestic or stock watering use, but you must attach a copy of your Notice of Claim.)

SEE NOTICE of Claim

A Motion to File Late Notice of Claim will require a hearing before the Presiding Judge.

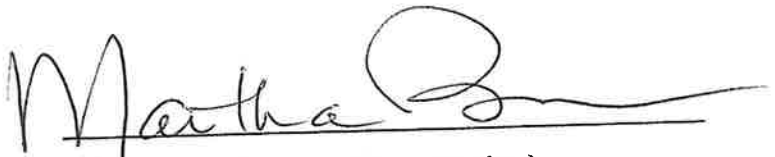
Follow these instructions regarding the hearing on the motion.

1. Contact the Clerk of the CSRBA Court at (208) 736-3011 to request a hearing date and time.
2. Fill in the following information:

This motion will be heard on March 15th, 2022 at 1:30 pm Pacific time
(insert date and time)
at the CSRBA Courthouse, 253 Third Avenue North, Twin Falls, Idaho.

I have attached:

- ☒ A fully completed Notice of Claim (available from IDWR).
- ☒ A claim filing fee for a domestic and stock watering use. IDWR may charge this fee pursuant to I.C. §42-1414. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ 25.00.
- ☐ A claim filing fee and a late claim fee for those claims other than domestic or stock watering use for which a notice of claim was not filed. To determine this amount, contact IDWR at (800) 451-4129. I have enclosed a check payable to: State of Idaho Department of Water Resources in the amount of \$ _____.


(Signature of person filing motion)

(Attorney signing in representative capacity)

INSTRUCTIONS FOR MAILING

You must mail the Motion, to the Clerk of the court. **FAX filings will not be accepted.**
You must also send a copy to all the parties listed below in the Certificate of Mailing.

CERTIFICATE OF MAILING

I certify that on December 17, 2021, I mailed the original and copies of this Motion, including all attachments, to the following persons:

1. Original to:

Clerk of the District Court
Coeur d'Alene-Spokane River Basin Adjudication
253 Third Avenue North
PO Box 2707
Twin Falls, ID 83303-2707

2. Copies to:

IDWR Document Depository
PO Box 83720
Boise, ID 83720-0098

United States Department of Justice
Environment & Nat'l Resources Div
550 W Fort Street, MSC 033
Boise, ID 83724

Chief, Natural Resources Division
Office of Attorney General
State of Idaho
PO Box 83720
Boise, ID 83720-0010



Signature of Movant or attorney
mailing on Movant's behalf

DEC 21 2021

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DEPARTMENT OF
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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

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DEC 21 2021

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

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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. Marchand 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 47 County Kootenai
Cat. 116 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 NA
Method of installation _____

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:

Drawdown (feet)	Discharge or yield (gpm)	Test duration (minutes)	Pump	Bailer	Air	Flowing artesian
NA	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.

Idaho Department of Water Resources Receipt

Receipt ID: C112202

Payment Amount	\$25.00	Date Received	3/21/2022	Region	STATE
Payment Type	Check	Check Number	1561		
Payer	MARCHESCHI, DENNIS E				
Comments	ORDER GRANTING MOTION TO FILE LATE NOTICE OF CLAIM WR# 95-18239				

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION LATE FEE	75503	0337	1		1155



Signature Line (Department Representative)