

DISTRICT COURT - CSRBA
Fifth Judicial District
County of Twin Falls - State of Idaho

DEC 11 2023

By _____
CIVIL CASE NUMBER: 49576 Clerk
Deputy Clerk

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

RECEIVED

MAR 25 2024

DEPARTMENT OF
WATER RESOURCES

Ident. Number: 95-18525
Date Received: 3.25.24
Receipt No: C118029
Claim Fee: \$25.00
Received By: KM

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)

DANNY PIESCH
3 PEACOCK LN
SPIRIT LAKE ID 83869

Phone: (208) 597-3873

AND/OR

ALISSA PIESCH
3 PEACOCK LN
SPIRIT LAKE ID 83869

Phone:

2. Date of Priority: 05/25/2021

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
54N	04W	21	SE SW		BONNER	

5. Description of diverting works:

WELL WITH PUMP 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	04W	21	SE		SW		

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:
YEAR BUILT PER BONNER COUNTY RECORDS

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 ☒ 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.

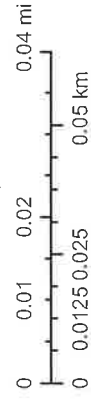
Signature of Claimant(s):  Date: 12/8/23

Date: _____



11/7/2023

1:1,471



Esri, HERE, Garmin, (c) OpenStreetMap

Identify

Identify from: Tax Parcels

[-] Tax Parcels

PIESCH, ALISSA & DANNY

Location: 2,287,917.442 1,871,405.594 Meters

Field	Value
ACRES	5.1
ADDRESS1	3 PEACOCK LN
ADDRESS2	
CITY	SPIRIT LAKE
COUNTY	Bonner
ID	15701471
LEGAL1	21-54N-4W QUAIL RIDGE 3RD ADD BLK 1 LOT 4
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	PIESCH, ALISSA & DANNY
P_ADDRESS	3 PEACOCK LN
P_ZIPCODE	83869
ParcelCount	1
PIN	RP012030010040A
SHAPE	Polygon
SOURCE	<null>
STATE	ID
SUB_NAME	
UPDATED	6/17/2023
YEAR_BUILT	2022
ZIPCODE	83869

Identified 1 feature

FINAL/As-BUILT--Subsurface Sewage Disposal



Public Health
Prevent. Promote. Protect.
Idaho Public Health Districts

Panhandle Health District
2101 W PINE ST
SANDPOINT, ID 83864
(208) 265-6384

Permit #:21-09-149395
Date Rcvd: 9/21/2021
Parcel #:RP012030010040A
Date Ready: 9/23/2021 8:00:00 AM

Applicant's Name: JONATHON WERRE
Owners Name: JONATHON WERRE
Property Address: 3 PEACOCK LN
Legal Description:
Subdivision: Quail Ridge 3rd Addition

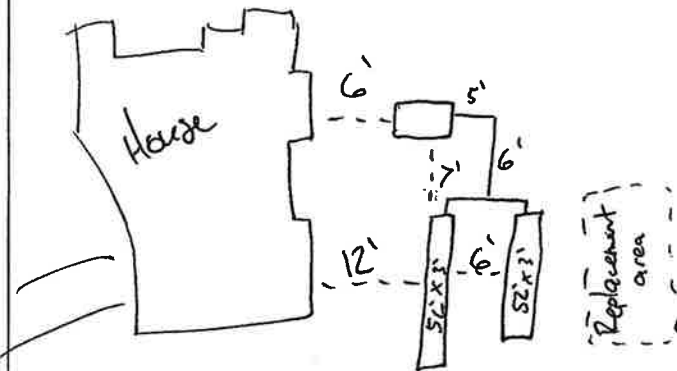
ehs: Ryan Johnsen

Township: 54N
Lot:4

Range: 04W
Block: 1

Section: 21
Size (acres) 5.11

As-built (not to scale)



System Type:	Gravel (Yards):
Gravelless	NA
System Mfg:	Sand (Yards):
Dome Chambers	NA
Septic/Trash Tank (Gal):	Drainfield Depth (Inches):
1060	36"
Septic/Trash Tank Mfr:	Rock Under Pipe (Inches):
Infiltrator	NA
Depth to Tank Lid (Inches):	Date System Installed:
36"	9-23-2021
Standpipe/Riser (Inches)	Riser Longitude:
30"	NA
Pump Tank (gallons)	Riser Latitude:
NA	NA
Pump Tank Mfg:	Well Installed
NA	☒ Yes ☐ No
Drainfield Width (Ft):	Distance to Tank (Ft):
3	100'
Drainfield Length (Ft):	Distance to Drainfield (Ft)
108'	100'
Drainfield Area Installed (Sq Ft):	Valve: ☐ Yes ☒ No
324	Dist-Box: ☐ Yes ☒ No
Effective Area (Sq Ft):	Drop-Box: ☐ Yes ☒ No
432	

All plans, specifications, and conditions contained in the approved permit application are hereby incorporated into and may be enforceable as part of the permit.

Technical Allowance Granted Yes ☐ No ☒

Comments: _____

Notes/Conditions of Approval: _____

Installer Name: Axis Excavating
Installer Phone: (208) 755-9637
Installer Number: 15-144735

Signature:
Date:

By signing above, I certify that all answers and statements on this Final/As-built are true and complete to the best of my knowledge.

Official Use Only

- ☒ As-Built provided by EHS
☐ As-Built provided by Installer

EHS Code

EHS Final Inspection Signature

12-21-2021

Date