

JUL 29 2026

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

By _____
CIVIL CASE NUMBER: 49576
Clerk
Deputy Clerk

Ident. Number: 95-18789
Date Received:
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)

SCOTT D FENCL
155 E MILES AVE
HAYDEN ID 83835

Phone: (208) 660-2776

AND/OR

KARI J FENCL
155 E MILES AVE
HAYDEN ID 83835

Phone: (208) 964-1885

2. Date of Priority: 7/31/2023

3. Source:
GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	02W	17	SW SE		KOOTENAI	

5. Description of diverting works:

WELL WITH PUMP TO STRUCTURE

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 FOR 1 HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	02W	20	NE		NW		

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:

MONTH WELL WAS PLACED INTO SERVICE

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): Naei Fencil Date: 7-23-26

Date: _____

Pop-up



▲ Tax Parcels (1)

FENCL, SCOTT

Tax Parcels - FENCL, SCOTT

ID	19207027
UPDATED	4/6/2026
PIN	0J324001001B
OWNER	FENCL, SCOTT
ADDRESS1	155 E MILES AVE
ADDRESS2	<Null>
CITY	HAYDEN
STATE	ID
ZIPCODE	83835
P_ADDRESS	205 S BANDSAW TRL
P_ZIPCODE	<Null>
SUB_NAME	FOLSOM RIDGE ESTATES
LEGAL1	FOLSOM RIDGE ESTATES, PT TAX#26274 IN TCA 020-000 [IN LT 1 BLK 1] 2050N02W
LEGAL2	<Null>
LEGAL3	<Null>
LEGAL4	<Null>
LEGAL5	<Null>
LEGAL6	<Null>
ACRES	12
COUNTY	Kootenai
SOURCE	<Null>
YEAR_BUILT	2024
ParcelCount	1



IDAHO DEPARTMENT OF WATER RESOURCES
WELL DRILLER'S REPORT

Office Use Only			
Well ID No. _____			
Inspected by _____			
Twp _____	Rge _____	Sec _____	
1/4 _____		1/4 _____	
Lat: _____	Long: _____	_____	

1. WELL TAG NO. D 0035593
DRILLING PERMIT NO. 825867
Water Right or Injection Well No. _____

2. OWNER:

Name Marvin Gardens LLC
Address 4095 E. Erickson Dr.
City Coeur d'Alene State Id. Zip 83815

3. LOCATION OF WELL by legal description:

You must provide address or Lot, Blk, Sub. or Directions to well.

Twp. 50 North ☒ or South ☐
Rge. 02 East ☐ or West ☒
Sec. 20 1/4 NW 1/4 NE 1/4
Gov't Lot _____ County KootenaiLat: _____ Long: _____
Address of Well Site Meyers Hill Road off of
Wolf Lodge CK Rd. City Coeur d'Alene
(Give at least name of road + Distance to Road or Landmark)Lt. _____ Blk. _____ Sub. Name Folsom Ridge
Estates

4. USE:

☒ Domestic ☒ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other _____5. TYPE OF WORK check all that apply (Replacement etc.)
☒ New Well ☐ Modify ☐ Abandonment ☐ Other _____

6. DRILL METHOD:

☒ Air Rotary ☐ Cable ☐ Mud Rotary ☐ Other _____

7. SEALING PROCEDURES

Seal Material	From	To	Weight / Volume	Seal Placement Method
Bentonite	0	19	200lbs	Overbore

Was drive shoe used? ☒ Y ☐ N Shoe Depth(s) 19'
Was drive shoe seal tested? ☒ Y ☐ N How? AIR PRESSURE

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6"	+1	-19	250	Steel	☒	☒	☒	☐
4"	-5 1/2	376 3/4	160 PSI	PVC	☐	☒	☐	☐

Length of Headpipe _____ Length of Tailpipe _____
Packer ☐ Y ☒ N Type _____

9. PERFORATIONS/SCREENS PACKER TYPE

Perforation Method Sawcut

Screen Type & Method of Installation _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
256	276	1/8 x 5	60	4"	PVC	☐	☒
336	376	1/8 x 5	120	4"	PVC	☐	☒

10. FILTER PACK NONE

Filter Material	From	To	Weight / Volume	Placement Method

11. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

-10 ft. below ground Artesian pressure _____ lb.
Depth flow encountered _____ ft. Describe access port or control devices:
Bolted Well Cap
50N 2W 20

12. WELL TESTS:

☐ Pump ☐ Bailor ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
25+			

Water Temp. Cool Bottom hole temp. CoolWater Quality test or comments: GoodDepth first Water Encounter 25'

13. LITHOLOGIC LOG: (Describe repairs or abandonment)

Bore Dia.	From	To	Remarks: Lithology, Water Quality & Temperature	Water	Y	N
8"	0	19				
6"	19	376				
	0	9	Broken Brown Shale			
	9	17	Broken Blue Shale			
	17	376	Fractured Hard Blue Shale		X	

**AQUA DRILLING**
& EXPLORATION INC.
PO BOX 2850
HAYDEN, ID 83835-2850Completed Depth 376' (Measurable)
Date: Started 11-2-04 Completed 11-4-04

14. DRILLER'S CERTIFICATION

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

Company Name AQUA DRILLING & EXPLORATION INC. Firm No. 163Principal Driller Scott M. Brownlee Date _____
and _____
Driller or Operator II Wayne Miller Date 11-10-04

Operator I _____ Date _____

Principal Driller and Rig Operator Required.
Operator I must have signature of Driller/Operator II.

FORWARD WHITE COPY TO WATER RESOURCES