

**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: 91-4010
Date Received: 05/03/2011
Receipt No.: N027033 A

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FARRELL CUPP	1014 COTTONWOOD DR	SAINT MARIES	ID	USA	83861
ELAINE CUPP	1014 COTTONWOOD DR	SAINT MARIES	ID	USA	83861

Krupp

2. Date of Priority:

Date	Explanation
11/21/1958	

3. Source:

Source	Tributary	Type
SPRING	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
46N	03W	2	1	NE	NE	BENEWAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock		Description
DOMESTIC	1	-		
STOCKWATER	-	Type of Stock	Number of Stock	3 HORSES
		Horses	1 - 10	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1 / 1	12 / 31
DOMESTIC	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.020	0.00	0.0
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	46N	03W	2	NW	NE	BENEWAH	7	-
STOCKWATER	46N	03W	2	NW	NE	BENEWAH	7	-

9. Basis of Claim:

Basis	WaterRight
Statutory Claim	91-4010

10. 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): *Harold R. Knapp* Date: 5/3/11
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

_____ of _____
 Title Organization

that I have signed the foregoing document in the space below as

_____ of _____
 Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Title and Organization _____

Please print name