

# 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 \_\_\_\_\_

Date Received: 08/25/2011

Receipt No: N027979

Received By: um

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

Please type or print clearly

1. Name of Claimant (s) DIPPEL BROTHERS Phone ( 509 ) 284.3612

Mailing Address 2261 CHASE RD TEKOA WA ZIP 99033

2. Date of Priority (Only one (1) per claim) 03-17-1899  
City State Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water ( ) or Other ( X ) (a) Unnamed Stream  
which is tributary to (b) SINKS

4. a. Location of Point of Diversion is: Township \_\_\_\_\_, Range \_\_\_\_\_, Section \_\_\_\_\_,  
\_\_\_\_\_, 1/4 of \_\_\_\_\_, 1/4 Govt. Lot \_\_\_\_\_, BM., County of Benewah

Parcel (PIN) no. RP 44N02W318000A

Additional points of diversion if any: \_\_\_\_\_

If available, GPS Coordinates \_\_\_\_\_

b. If instream flow, beginning point of claimed instream flow is:

Township 44N, Range 2W, Section 31, NW, 1/4 of SE, 1/4

Govt. Lot \_\_\_\_\_, BM., County of \_\_\_\_\_

ending point is: Township 44N, Range 2W, Section 31, NW, 1/4 of SE, 1/4

Govt. Lot \_\_\_\_\_, BM., County of \_\_\_\_\_

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates ,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. \_\_\_\_\_

LIVESTOCK DRINK DIRECTLY FROM STREAM  
FLOWING THROUGH PROPERTY

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

\* For Instream Stock purposes from 01-01 to 12-31 amount .05 or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

For \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ amount \_\_\_\_\_ or \_\_\_\_\_

\* 7. Total quantity claimed (a) .05 (cfs) and/or (b) \_\_\_\_\_ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) \* 200 HEAD MIXED STOCK

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

| Twn | Rng | Sec | NE |    |    |    | NW |    |    |    | SW |    |    |    | SE |    |    |    | Totals |
|-----|-----|-----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|----|--------|
|     |     |     | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE | NE | NW | SW | SE |        |
| 44N | 2W  | 31  |    |    |    |    |    |    |    |    |    |    |    |    |    | S  |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

Parcel (PIN) no(s). RP 44N02W318000A Total number of acres irrigated \_\_\_\_\_

10. In which county (ies) are lands listed above as place of use located? Benewah

\* 11. Do you own the property listed above as place of use? Yes ☒ No ( )  
If your 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: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_

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 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: 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) \_\_\_\_\_ Date: \_\_\_\_\_

\_\_\_\_\_ Date: \_\_\_\_\_

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

Limited Partner of Dippel Bros,  
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 Paula A. Dippel Date 8-25-11

Title and Organization Paula A. Dippel-Nebo

16. Notice of Appearance:

Notice is hereby given that I, \_\_\_\_\_, will be acting as attorney at law of behalf of 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 \_\_\_\_\_

Address \_\_\_\_\_

Date \_\_\_\_\_

Last Name \_\_\_\_\_ Identification No. \_\_\_\_\_