

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: 94-7229

Date Received: 12/7/2011

Receipt No: N028735

Received By:

AMENDED

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

1. Name of Claimant(s)

EDMUND A ZUPAN Phone:(208) 682-4357
7009 OLD RIVER ROAD
KINGSTON ID 83839

2. Date of Priority: 9/24/1982

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
50N	02E	34	SE SW	8	SHOSHONE	

5. Description of diverting works:

6: Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	01/01 12/31	0.15	6
STOCKWATER	01/01 12/31	0.02	0.4

7. Total Quantity Appropriated is: 0.15 C.F.S. and/or 6.4 A.F.A

8. Non-irrigation uses:

Number of Homes: 5	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
	STOCKWATER	Mixed Stock	25

9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
50N	02E	34	NE SW	7	DOMESTIC	
			SE SW	8	DOMESTIC	
					Section Acres	

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
50N	02E	34	NE SW	7	STOCKWATER	
			SE SW	8	STOCKWATER	
					Section Acres	

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7/15/2013

Total Acres

10. Place of use in counties: SHOSHONE

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use

Description

DOMESTIC

STOCKWATER

EIGHT HORSES TEN CATTLE.

14. Basis of Claim: License

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 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s):

Date: _____

Date: 7-15-13

For Organizations: I do solemnly swear or affirm under penalty or 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