

**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: 95-9891
Date Received: 8-21-13
Receipt No.: NO30084

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
CHAN KARUPIAH	PO BOX 770	BAYVIEW	ID	USA	83803

2. Date of Priority:

Date	Explanation
7/19/1982	This is what my records show

3. Source:

Source	Tributary	Type
SALEE CREEK	LAKE PEND OREILLE	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	02W	33		SE	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
IRRIGATION	-	-	irrigation for gardens and live stock

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 1

7. Quantity:

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Water Use	CFS	AF	KW
IRRIGATION	0.080	3.50	0.0

Totals:

CFS	AF	KW
0.080	3.50	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	1

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	54N	02W	33	SE	NE	KOOTENAI	-	1

9. Basis of Claim:

Basis
Beneficial Use

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): _____ Date: _____
 _____ 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

Print Claim Stub

N030084

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.

If you experience printing problems or do not have a printer, copy this information and include it with your payment.
Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

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Claim Number:	95-9891
Claim Fee:	\$51.00
Claimant(s):	CHAN KARUPIAH
	PO BOX 770
	BAYVIEW , ID
	83803
Claimed Purpose(s) of Use:	IRRIGATION

RECEIVED
AUG 21 2013
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[Go to View History page](#)[Logout](#)**Office address and phone number:**

Idaho Department of Water Resources
7600 Mineral Dr. Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800