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: 94-9225

Date Received: 8/7/2013

Receipt No: T097616

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

BONNIE CAPPARELLI-SUTHERLAND Phone:(208) 773-3232
309 E 11TH AVE
POST FALLS ID 83854

TERRIE CAPPARELLI Phone:(208) 753-0241
109 WOODLAND DR.
WALLACE ID 83873

2. Date of Priority: 5/21/1949

3. Source: GROUND WATER Tributary to:

TERROR CREEK SOUTH FORK COEUR D ALENE RIVER

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4		Lot	County	Type
48N	03E	1	SW	SE		SHOSHONE	
48N	03E	1	SW	SE		SHOSHONE	

5. Description of diverting works:

6: Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	1 /1 12/31	0.04	0

7. Total Quantity Appropriated is: 0.04 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

Water Use	Type Of Stock	Number Of Stock

9. Place of use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
48N	03E	1	SW	SE		DOMESTIC	
						Section Acres	
						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

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: _____

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