

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
RECEIVED

AUG - 4 2017

IDWR/NORTHERN

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

CIVIL CASE NUMBER: 49576

ID Number: 95-17352

Date Received: 8-4-17

Receipt No: N032842

Amount: \$2500 By: [Signature]

Please type or print clearly

1. Name of claimant(s) ROBERT AND JAN STUPPY FAMILY TRUST Phone 208-661-7335
Mailing address 2263 E GARWOOD RD HAYDEN ID 83835
Street or Box City State ZIP
2. Date of priority (only one (1) per claim) 12/31/2000
Month Day Year (yyyy)
3. Source of water supply (check one) Ground Water () or Other (x) (a) SPRING
which is tributary to (b) SINKS
4. a. Location of point of diversion is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, or Govt. Lot _____, B.M., County of _____
Parcel (PIN) no. _____
Additional points of diversion if any: _____
If available, GPS coordinates: _____
b. If instream flow, beginning point of claimed instream flow is: Township 52N, Range 03W,
Section 19, SE 1/4 of SW 1/4, or Govt. Lot _____, B.M., County of KOOTENAI
ending point is: Township 52N, Range 03W, Section 19, SW 1/4 of SW 1/4 or
Govt. Lot 4, B.M., County of KOOTENAI
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.
SPRING SURFACES AT EAST EDGE OF PROPERTY AND THEN SINKS BACK INTO THE GROUND AT
WEST EDGE OF PROPERTY. CATTLE DRINK DIRECTLY FROM SPRING CHANNELL.

6. Water is claimed for the following purposes:

(both dates are inclusive mm-dd) (cfs) (acre-feet)

For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.02 (cfs) and/or (b) _____ (acre-feet)

8. Non-irrigation uses; describe fully (e.g. Domestic: give number of households served; Stockwater: type and number of livestock, etc.): STOCKWATER USE FOR UP 48 HEAD OF CATTLE

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 (e.g. 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	
52N	03W	19											S	S					
													LT 4						

Parcel (PIN) no(s). 025100010070,025100010060

Total number of acres irrigated _____

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

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

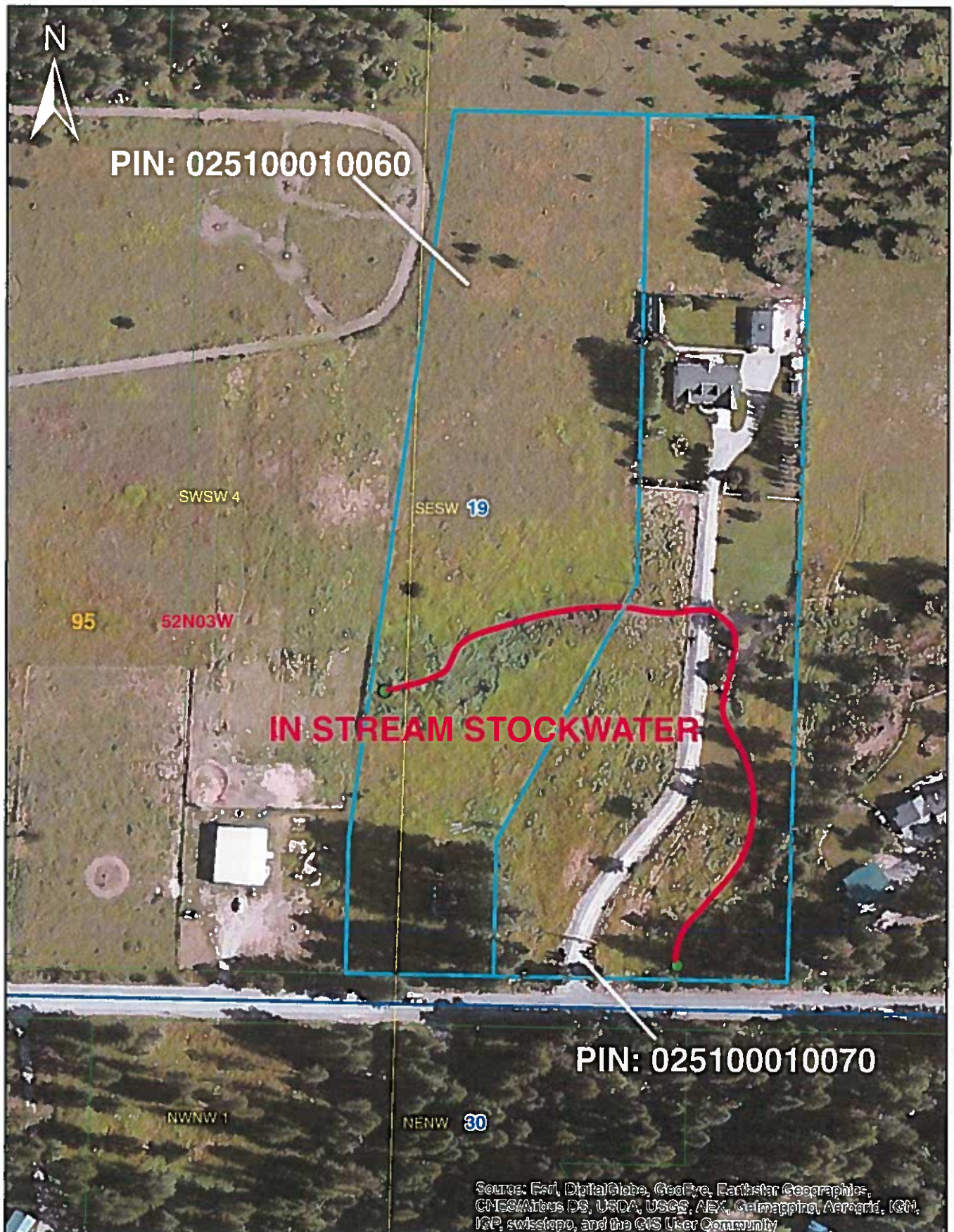
95-4264

or None ()

13. Remarks:

Last name _____ Identification no. _____

PLACE OF USE FOR CSRBA WATER RIGHT CLAIM



14. Basis of claim (check one) Beneficial Use (X) 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 (X) 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 Robert L. Shopp Date 4 August 2012

Title and organization TRUSTEE -

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 _____ Date _____

Address _____

Last name _____ Identification no. _____