

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

Claim ID: 87-10268Date Received: 4-29-2019Receipt No: N034243Claim Fee: \$25.00 By: id

RECEIVED

APR 29 2019

IDWR / NORTH

NOTICE OF CLAIM TO A WATER RIGHT

ACQUIRED UNDER STATE LAW

For Domestic and/or Stockwater Purposes

Where Daily Use is less than 13,000 gallons per day

RECEIVED

JUN 03 2019

IDWR / NORTH

Please type or print clearly

1. Name of claimant(s) WALTER/JEAN SAPP Phone (208) 596-0054
 Mailing address 1050 Nicholson Rd. Pocatello Id Zip 83855
Street or Box City State
 Email address (optional) WALT & JEAN SAPP @ GMAIL

2. Date of priority: (Only one per claim) 06/01/1998 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (x) (a) Well
 which is tributary to (b) Palouse Rv.

4. Location of point of diversion is: Township 41, Range 4, Section 18,
NW 1/4 of SW 1/4, or Govt. Lot 3 BM, County of Latah;

Parcel no. RP41N04W185408A

Additional points of diversion, if any: _____

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, 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.

STANDARD RESIDUAL WELL 300' DEEP

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For HOME purposes from Month/Day to Month/Day amount cfs () or AFY ()

For 3 HORSES purposes from Month/Day to Month/Day amount cfs () or AFY ()

7. Total quantity claimed Month/Day cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

1 HOME, DOMESTIC HORSES (3)

9. Location of place of use is: Township _____, Range _____, Section _____,
_____ 1/4 of _____ 1/4, Govt. Lot _____ BM, Parcel no. SAME
for (check one) Domestic () Stock () Domestic and Stock (X) If different than shown in Item 4

Additional places of use, if any None

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

11. Do you own the property listed above as place of use? Yes (X) No ()
If the 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 (X)

13. Remarks (include an explanation of the priority date selected):
Well was installed and put into service.

14. Basis of claim (check one) Beneficial Use (X) Posted Notice () License () Permit (X) Decree ()
Court Fifth Decree Date 3-1-2007 Plaintiff v. Defendant PROP. OWNER LATAH CO.
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 Water System 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: 10

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) Walter D. Sepp Date: 4/26/2019
Jean J. Sepp Date: 4/26/2019

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

_____ of _____,
Agent's title (Please print) Name of organization (Please print)

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____

Printed Name of Authorized Agent _____

16. Notice of Appearance:

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on 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 _____

Name of claimant(s) _____ Claim ID _____