

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-10459

Date Received: 5-14-2019

Receipt No: 1034878

Claim Fee: \$25.00 By: _____

RECEIVED

MAY 14 2019

DEPT. OF WATER RESOURCES

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

Please type or print clearly

1. Name of claimant(s) CHRIS - KAREN KAPPLER Phone (809) 330-1929Mailing address 1017 PRAIRE LN MOSCOW ID Zip 83843
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) MAY 14 2019 0000 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water ☒ or Other () (a) _____
which is tributary to (b) _____4. Location of point of diversion is: Township 39 N, Range 5 W, Section 27
NW 1/4 of NE 1/4, or Govt. Lot _____ BM, County of LATAHParcel no. RP39N05W270913A

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.

1- WELL - 1- pump 400 FEET
2- GAL- PER MIN

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

For DOMESTIC purposes from 1-1 to 12-31 amount 101 cfs (☒) or AFY ()
Month/Day Month/Day

For _____ purposes from _____ to _____ amount _____

7. Total quantity claimed 101 cfs (☒) or AFY ()

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

NOVE-IRRIGATION 1- HOME

9. Location of place of use is: Township 39N, Range 05W, Section 27
NW 1/4 of NE 1/4, Govt. Lot _____ BM, Parcel no. Same -
If different than shown in Item 4
for (check one) Domestic ☒ Stock () Domestic and Stock ()

Additional places of use, if any _____

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

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

13. Remarks (include an explanation of the priority date selected):
2000 NEW HOME BUILT

14. Basis of claim (check one) Beneficial Use ☒ 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 Palouse River Basin Water System 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) Chris Zipe Date: May 14-2019

Date: _____

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

Agent's title (Please print) _____ of _____
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 _____