

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: 87-11670

Date Received: 4-24-2019

Receipt No: N034221

Claim Fee: \$25.00 By: [Signature]

RECEIVED

APR 24 2019

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

AUG 26 2019

IDWR / NORTH

Please type or print clearly

IDWR / NORTH

1. Name of claimant(s) Larry Leppelman Phone (208) 875-8757Mailing address 1040 Browns Lane Potlatch Idaho Zip 83855
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 1989 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)3. Source of water supply (Check one) Ground Water () or Other () (a) domestic well
which is tributary to (b) _____4. Location of point of diversion is: Township 42N, Range 04W, Section 5,
SW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of _____Parcel no. 42N04W053065A

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.

well piped to home

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 0.02
Month/Day Month/Day cfs (X) or AFY ()For stock water purposes from _____ to _____ amount _____7. Total quantity claimed 0.02 cfs (X) or AFY ()

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

Domestic well for 1038 E 1040 Browns Ln

9. Location of place of use is: Township 42 N, Range 04 W, Section 5,
SW 1/4 of NW 1/4, Govt. Lot _____ BM, Parcel no. RP 42N04W053915
for (check one) Domestic ☒ Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any _____

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

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):
Date well was first put to use

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) Larry Lippert Date: 4-22-2019

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 _____

4/19/19

PMO100 - PARCEL MASTER INQUIRY

17:06:57

PARCEL: RP 42N04W053915 A

F17=DD F19=SP F12=RC F14=HO
F23=AG
LEGAL DESCRIPTION
2.01 AC TAX #5839 SWNW
5 42 4

LEPPELMEN, LAWRENCE T
& LEPPELMEN, CLARA H.W

YOPT

1040 BROWNS LANE

CODE AREA 53-0000 OWNER CD _____
PARC TYPE _____ LOC CODE 2850
EFFDATE 3142000 EXPDATE _____
PREV PARCEL _____

POTLATCH ID 838551040 BROWNS LN 83855

CAT/ST#	RY	QUANTITY	UN	VALUE	HO MRKT	HO EXMP	CB MRKT	OTHER
6 1	2018	1010	AC	503				
10 1	2018	1000	AC	37800	37800	13830		
31 1	2018			235528	235528	86170		
32 1	2018			500				
TOTALS		2010		274331	273328	100000		

ENTER NEXT PARCEL NUMBER RP _____ A

FKeys: F2=TX F3=Exit F5=SS F6=NM F7=LG
F8=CT F13=TM F18=HS F20=Srch F22=EU