

**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 CLARK FORK-PEND OREILLE RIVER BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 69576

Ident. Number 97-7717

Date Received: 9/19/2021

Receipt No:

N037524

JD

**RECEIVED
SEP 27 2021
IDWR / NORTH**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ALEX SCARPELLI	224 THAMA DR	PRIEST RIVER	ID	USA	83856

2. Date of Priority:

Date	Explanation
4/19/1981	Best known date from existing information

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
56N	04W	32	6	NW	SE	BONNER	

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Number of Stock	Description
DOMESTIC	1			Domestic home use only.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	01/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.01		

Totals

CFS	AF	KW
0.01		

8. Place of Use:

Water Use	Total Claimed Acreage
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DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
56N	04W	32	SE	NE	BONNER		
56N	04W	32	SW	NE	BONNER	7	
56N	04W	32	NW	NE	BONNER	8	
56N	04W	32	NW	SE	BONNER	6	



9. Basis:

Basis
Beneficial Use

10. 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 Clark Fork-Pend Oreille 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): *Ann M...* Date: 9/23/21
_____ 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 _____ Date _____

Title and Organization _____

Please print name