

RECEIVED

DEC 10 2021

DEPARTMENT OF
WATER RESOURCES

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

Ident. Number: 95-18194
Date Received: 11/21/2021
Receipt No: T111340
Claim Fee: \$25.00
Received By: _____

**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

1. Name of Claimant(s)

DAVID STOPSEN
5303 W STOPSEN DR
COUER D ALENE ID 83814

Phone: (253) 709-8121

2. Date of Priority: 8/26/2019

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
48N	04W	4	NE SE		KOOTENAI	

5. Description of diverting works:

Drilled well

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	1 /1	12/31	0.1		

7. Total Quantity Appropriated is:

0.1 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

Drill 3 Well to support 3 homes.

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
48N	04W	3	NW		SW		
48N	04W	3	SW		SW		
48N	04W	4	NE		SE		
48N	04W	4	NW		SE		
48N	04W	4	SE		SE		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

Well driller report shows completion date of 8/26/2019.

13. Basis of Claim: Beneficial Use

14. 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 COEUR D'ALENE-SPOKANE River Basin 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: 4

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):

Daniel R. Stephens
Karen Stephens

Date: 12-6-2021

Date: 12/6/2021

IN RE THE GENERAL ADJUDICATION OF RIGHTS TO THE USE OF WATER
FROM THE

CIVIL CASE NUMBER:

Ident. Number 95-18194

Date Received: 11/21/2021

Receipt No: T111340

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DAVID STOPSEN	5303 W STOPSSEN DR	COEUR D'ALENE	ID	USA	83814

2. Date of Priority:

Date	Explanation
11/21/2021	Not sure what all these means. I already have 1 well active.

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type
48N	04W	4		NE	SE	KOOTENAI	

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1		Drill 3 Well to support 3 homes.

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	0.10		

Totals

CFS	AF	KW
0.10		

8. Place of Use:

Water Use	Total Claimed Acreage

DOMESTIC	Township	Range	Section	QQ	Q	County	Govt Lot	Acres
	48N	04W	4	NE	SE	KOOTENAI		
	48N	04W	4	SE	SE	KOOTENAI		
	48N	04W	4	NW	SE	KOOTENAI		
	48N	04W	3	NIW	SW	KOOTENAI		
	48N	04W	3	SW	SW	KOOTENAI		



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 NO PLANNED OR ACTIVE 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: 4 with 9 pages

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): Daniel R. Stinson Date: 12-6-2021
Howard L. Stinson Date: 12/6/2021

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

Idaho Department of Water Resources Receipt

Receipt ID: T111340

Payment Amount \$25.00 Date Received 11/21/2021 5:23 PM Region Electronically Transmitted

Payment Type Charge Card

Payer DAVID STOPSEN

Comments Water right 95-18194(260)ORDERID: 49305956
LOCAL REFID: X+/eUjdtV0iHbQfj5S5fnA==
TOTAL PAID:\$25.00(FEEs: \$1.75)
AUTH_CODE: 021138
REC DATE: 11/21/2021 05:23:39 PM MST

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	NORTHERN ID ADJUDICATION FILING FEE	75503	0337	1		1155

Water Rights

Basin	Sequence	Split Suffix
95	18194	

Signature Line (Department Representative)