

**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

RECEIVED

DEC 13 2023

IDWR / NORTH

AMENDED

Ident. Number: 97-7717

Date Received:

Receipt No: N037524

Claim Fee:

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)

ALEX SCARPELLI
224 THAMA DR
PRIEST RIVER ID 83856

Phone: (509) 385-7515

2. Date of Priority: 4/19/1981

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	04W	32	NW SE	6	BONNER	

5. Description of diverting works:

Spring well on property.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1 /1	12/31	0.01		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

Domestic home use only.

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼ of ¼	Lot	Acres
56N	04W	32	NW SE	6	

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:

Best known date from existing information

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 CLARK FORK-PEND OREILLE 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: _____

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):  Date: 12/6/23

Date: _____