

RECEIVED
AUG 12 2016
IDWR / NORTH

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 95-17038

Date Received 7/1/2015

Received By L.W.

AMENDED
NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED
UNDER STATE LAW

RECEIVED
JUL - 1 2015
IDWR/NORTHERN

1. Name of Claimant(s)

THE JON & CYNTHIA HIPPLER Phone (208) 640-4846
FAMILY TRUST
PO BOX 979
HAYDEN ID 83835

2. Date of Priority

~~5/20/1959~~

1955

8/12/16

AMX

3. Source

COEUR D ALENE LAKE

Tributary to

SPOKANE RIVER

4. Point of Diversion

Township	Range	Section	1/4 of 1/4 of 1/4	Lol	County	Type
49N	03W	2	SW NE	7	KOOTENAI	

5. Description of diverting works

6. Water is used for the following purposes

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	01/01 12/31	0.04	

7. Total Quantity Appropriated is 0.04 C.F.S. and/or A.F.A

8. Non-irrigation uses

Number of Homes	1	Water Use	Type Of Stock	Number Of Stock
-----------------	---	-----------	---------------	-----------------

9. Place of use

Township	Range	Section	1/4 of 1/4	Lol	Use	Acres
49N	03W	2	SW NE	7	DOMESTIC	
Section Acres						
Total Acres						

10. Place of use in counties KOOTENAI

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

12. Other Water Rights Used

13. Remarks

Priority date description

Description of use Water Use

Description

DOMESTIC

14 Basis of Claim Beneficial Use

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 notice in the Cosur 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.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s) _____ Date _____

_____ Date _____

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

The Jove Cynthia Hippler Family Trust of Cynthia A Hippler
Title organization Trust Organization Trustee

That I have signed the foregoing document in the space below as

The Jove Cynthia Hippler Family Trust of Cynthia A Hippler
Title organization Organization Trustee

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Cynthia A Hippler Date 7/1/15

Title and Organization The Jove Cynthia Hippler Family Trust
Please print name