

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

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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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 25-2122A
Date Received: 9/28/1989
Receipt No: E010879
Received By:

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

1. Name of Claimant(s)

MALISSA SCHWENDIMAN Phone: (208)538-0608
PO BOX 608
RIRIE ID USA 83443-0608

RUSSELL SCHWENDIMAN Phone: (208)538-7493
PO BOX 608
RIRIE ID USA 83443-0608

2. Date of Priority: 04/27/1956

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
03N	40E	5	SE NE SW	BONNEVILLE	

5. Description of diverting works:

WELL/PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
IRRIGATION	4/01	11/01	6.5	

7. Total Quantity Appropriated is:
6.5 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
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03N	40E	8	NW	NW	IRRIGATION	10
			NW	NE	IRRIGATION	40
			SW	NE	IRRIGATION	40
			NE	NW	IRRIGATION	40
			SW	NW	IRRIGATION	10
			SE	NW	IRRIGATION	40
			NE	SW	IRRIGATION	40
			NW	SW	IRRIGATION	10
			SW	SW	IRRIGATION	10
			SE	SW	IRRIGATION	40
			NW	SE	IRRIGATION	40
			SW	SE	IRRIGATION	40
03N	40E	17	NW	NW	IRRIGATION	9
			NW	NE	IRRIGATION	36
			NE	NW	IRRIGATION	27
					Section Acres	72
					Total Acres	432

11. Place of use in counties: BONNEVILLE

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

13. Other Water Rights Used:

14. Remarks:

THIS CLAIM IS FOR 54.2% OF LIC. 25-02122.

15. Basis of Claim: License

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

Signature of Claimant(s): _____ Date: _____

_____ Date: _____

State of Idaho)
County of _____) SS.

Subscribed and sworn (or affirmed) before me this

of _____ 20__

Notary Public

Residing at _____

My commission Expires _____