

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 *ms*Ident. Number 95-11093 4082Date Received: 11/27/9

Receipt No: _____

Received By: N 022991
lee

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

- Name of Claimant(s) Mary and Frank Schumacher Phone (509) 386-5246
Mailing Address 308 SE 11th Street College Pk WA Zip 99324-1666
Street or Box City State
- Date of Priority: (Only one per claim) Nov 18 1986 Sept. 30, 1970 *ms*
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (☒) or Other () (a) _____
which is tributary to (b) _____
- Location of Point of Diversion is: Township 50 N, Range 6 W, Section 13,
NW 1/4 of SE 1/4, or Govt. Lot _____ BM. County of Kootenai;
Parcel (PIN) no. -8000
Additional points of diversion if any: _____
If available, GPS coordinates: _____
- Description of diverting works (Wells, Pumps, Spring boxes, Pipelines, Etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.
Well and Pump (original well hand-dug in T50N, R6, S.13 NE, SW: used water-line to trailer located in T50N, R6W, S.13, SW, SE replaced by new well 1986.)
- Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)
For Domestic purposes from Jan 1 ^{Month/Day} year to Dec 31 ^{Month/Day} amount .04 cfs () or AFY ()
For Stock Water purposes from Jan 1 to Dec 31 amount .0201 *ms*
- Total Quantity claimed .0605 cfs (☒) or AFY ()
- Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership; Stockwater and Number of livestock) One home and 25 head of
livestock (mixed stock)

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9. Location of Place of Use is: Township 50N, Range 6W, Section 13,
SW 1/4 of SE 1/4, Govt. Lot _____ BM. Parcel (PIN) no. _____

for (Check One) Domestic () Stock () Domestic and Stock (✓) If different than shown in Item 4

Additional places of use, if any NA

10. In which county (ies) are lands listed above as place of use located? Kootenai

11. Do you own the property listed above as place of use? Yes (✓) No ()

If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.

_____ or None (✓)

13. Remarks:

14. Basis of Claim (Check One) Beneficial Use (✓) statutory claim Posted Notice () License (✓) Permit () Decree ()

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 95-4082

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 notices 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: 3

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)

M. Schumacher
Frank N. Schumacher

Date: Nov 27, 200

Date: Nov 27, 200

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 _____

16. Notice of Appearance:

Notice is hereby given that I, _____, will be acting as attorney at law of behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

Last Name _____ Identification No. _____

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