

June 11, 1999

**NOTICE OF ERROR
REPLY**

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: July 9, 1999

Water right number: 41-10144

STANLEY P SCHMIDT
JANICE V SCHMIDT
PO BOX 329
ROCKLAND ID 83271-0329

Daytime Telephone Number:

Evening Telephone Number:

- 41-10144
1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
 2. Describe the changes you wish to make in the proposed recommendation:
 3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation; no changes need to be made.

DATE: 30 June 1999 SIGNATURE: Stanley P. Schmidt
Please print your name: Stanley P. Schmidt

DATE: 06/10/99
PAGE: 1

DIVERSION
VOLUME

0.04 CFS

Stage: BENEFICIAL USE

POWER County

SE

U

Other Rights: NONE

Objection Filed Date:

Presumption Flag:

10-10-19

10-25-99
SCC

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: A41-10144
Date Received: 8/27/1990
Receipt No: W008958
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: STANLEY P. SCHMIDT 208-548-2245
Address: P.O. BOX 329
ROCKLAND, ID 83271

AND/OR

Name: JANICE V. SCHMIDT 208-548-2245
Address: P.O. BOX 329
ROCKLAND, ID 83271

2. Date of Priority: AUG 22, 1988

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4 of	Lot	County
10S	30E	11	NW	SW			POWER

5. Description of diverting works:
WELL, PUMP & PIPELINE

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A.
DOMESTIC	01/01	12/31	0.040		

7. Total Quantity Appropriated is:
0.040 C.F.S. (and/or) A.F.A.

8. Total consumptive use is Acre Feet Per Annum.

9. Non-irrigation uses:
DOMESTIC/1 HOME

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
10S	30E	11	NW SE		DOMEST	

11. Place of use in counties: POWER

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

13. Other Water Rights Used:
NONE

14. Remarks:

15. Basis of Claim: BENEFICIAL USE

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 _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

RECEIVED

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE
STATE OF IDAHO, AND FOR THE COUNTY OF TWIN FALLSDepartment of Water Resources
Southern Region Office

CIVIL CASE NUMBER: 39576

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEMIdentification No. 941-10144

Date Received

Receipt Number W008958

RECEIVED

FEB 15 1990

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

RECEIVED

JUN 15 1990

Department of Water Resources
Western Regional OfficeDepartment of Water Resources
Eastern District Office

Filing Fee \$25

Please type or print clearly

1. Name of Claimant (s) Stanley P. or Janice V. Schmidt Phone (208) 548-2245
Mailing Address Po Box 329 Rockland, Idaho Zip 832712. Date of Priority (Only one per claim) 8-22-1988 Month/Day/Year3. Source of water supply (Check one) (X) Groundwater or Other () (a) _____
which is tributary to (b) _____
Name or kind of source4. Location of point of diversion is: Township T10S Range R30E
Section 11, NW 1/4 of SW 1/4 of _____ 1/4, Govt. Lot _____, BM.,
County of Power

Additional points of diversion if any: _____

5. Description of existing diversion works (Ditches, Wells, Pumps, Pipelines, Headgate 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, 10" casing, 220' deep, 2 h.p. submersible pump, pipe to lawn.

6. Water is claimed for the following: (limited to Domestic and/or Stockwater only. See Instructions.)

For Domestic purposes from 1-1 to 12-31 amount 0.04 (cfs)
(Both dates are inclusive)
For _____ purposes from _____ to _____ amount _____7. Total quantity claimed 0.04 (cfs)8. Total consumptive use claimed is de minimus9. Non-irrigation uses. Describe fully. (Domestic: give number of households served if single ownership; Stockwater: Type and Number of livestock) 1 household water lawnMICROFILMED
MAR 02 1993

10. Place of use is: Township: T10S Range R30E
Section 11, NW 1/4 of SE 1/4, Govt. Lot _____, B.M.,
for (Circle One) Domestic Stock Domestic and Stock
Additional places of use, if any _____

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

12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.
13. Describe any other water rights used at the same place and for the same purposes as described above.
() None or 3125 Schmidt Lane Rockland, Id

14. Remarks: _____

15. Basis of Claim (Circle One) Beneficial Use Posted Notice License Permit Decree
Court _____ Decree Date _____ Plaintiff vs Defendant _____
If applicable provide IDWR Water Right Number _____

16. Signature (s)
(a.) By signing below, I/We acknowledge that I/We have received, read and understood the form entitled "How you will receive notice in the Snake River Basin Adjudication". (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of Attachments _____

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

Signature of Claimant (s) Stanley P. Schmidt Date 2-13-1990
Janice V. Schmidt Date Feb. 13, 1990

For Organizations: I do solemnly swear or affirm that I am _____ Title _____
of _____, that I have signed the foregoing
Organization
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 _____

State of Idaho/or _____)
County of _____) SS.

NOTARIZATION REQUIRED FOR EACH CLAIM

Subscribed and sworn (or affirmed) before me this 13th day of February 19 90

SEAL

Notary Public Kenneth D. Dean
Residing at Rockland
My Commission Expires 1996

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MAR 02 1993

Last Name Dean Ident No. _____

Copies: White-State, Yellow-Claimant



State of Idaho

DEPARTMENT OF WATER RESOURCES

Southern Region, 222 Shoshone St. E, Twin Falls, Idaho 83301

(208) 734-3578

CECIL D. ANDRUS
Governor

R. KEITH HIGGINSON
Director

August 27, 1990

Re: A41-10144, 10145, 10146
Receipt No. W008958

•Stanley P. &/or Janice V. Schmidt
•P.O. Box 329
•Rockland, ID 83271

Dear Claimant(s):

Please find enclosed your receipt and a copy of a computer generated claim based on the information from your original claim(s) which has been entered in our computer records.

Please review the computer generated claim for accuracy. In a few instances clarifications may have been added by the Department at the time of data entry. If you have any questions or objections regarding the computer record of you claim(s), please contact this office.

Yours truly,

Judy Givens
Adjudication Secretary

/jg

Enclosures:

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MAR 02 1993

