

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 94-8180
Date Received: 10/07/2010
Receipt No: N026062B
Received By: Jim

NOTICE OF CLAIM
TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Paul Schlepp or SANDY Schlepp S.S. Phone 208 682-4455

Mailing Address E22239 Doyle Rd Cataldo Id ZIP 83810
Street or Box City State

2. Date of Priority (Only one (1) per claim) 01/01/1959
Month Day Year (YYYY)

3. Source of water supply (Check one) Ground Water () or Other (☒ (a) unnamed stream
which is tributary to (b) Rose Lake

4. a. Location of Point of Diversion is: Township 49N, Range 1W, Section 28,
NW, 1/4 of SW, 1/4 Govt. Lot _____, BM., County of Kootenai

Parcel (PIN) no. 49N01W-28-5700

Additional points of diversion if any: N/A

If available, GPS Coordinates _____

b. If instream flow, beginning point of claimed instream flow is:

Township 49N, Range 1W, Section 28, NW, 1/4 of SW, 1/4

Govt. Lot _____, BM., County of Kootenai

ending point is: Township 49N, Range 1W, Section 28, NW, 1/4 of SW, 1/4

Govt. Lot _____, BM., County of Kootenai

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, 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.

unnamed stream flows to ROSE LAKE
mixed stock have direct access to stream
Running through our property

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OCT - 8 2010

6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Stockwater purposes from 01-01 to 12-31 amount .02 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .02 (cfs) and/or (b) _____ (acre feet)

8. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock, Etc.) 12 head mixed stock

9. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

Twn	Rng	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	1W	28									IS								

Parcel (PIN) no(s). 49N 01W-28-5700

Total number of acres irrigated _____

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 your 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: CLIFF Bonser RAN STOCK OPERANGE
including this property and used stream as
Stock water.

Last Name

Schlepp

Identification No. _____

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

Court _____ Decree Date _____ Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number _____

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 (X) wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1 map

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) Sandy Schleppe Date: 10/7/2010

Date: _____

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

Title of _____ Organization _____

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

Title of _____ 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

Schleppe

Identification No. _____

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