

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 95-12957Date Received: 1-6-10Receipt No: N023249 BReceived By: me

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JAN 06 2010

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

Please type or print clearly

IDWR / NORTH

1. Name of Claimant (s) Joseph and Pauline Schindler Phone (208) 777-8985Mailing Address 6700 S. Stateline Rd, Post Falls ID ZIP 83854
Street or Box City State2. Date of Priority (Only one (1) per claim) 6/2/2000
Month Day Year (YYYY)3. Source of water supply (Check one) Ground Water (X) or Other () (a) _____

which is tributary to (b) _____

4. a. Location of Point of Diversion is: Township 50N, Range 5 West, Section 31,
Blk 1, 1/4 of _____, 1/4 Govt. Lot 1, BM., County of KootenaiParcel (PIN) no. OK1550010010Additional points of diversion if any: Shared well w/ Schindler Add, Lt 2 Blk 1 3150N 05W

If available, GPS Coordinates _____

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

Township 50N, Range 05W, Section 31, _____, 1/4 of _____, 1/4Govt. Lot 2 Blk 1, BM., County of Kootenaiending point is: Township 50N, Range 05W, Section 31, _____, 1/4 of _____, 1/4Govt. Lot 1 Blk 1, BM., County of Kootenai5. 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. Well-shared

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6. Water is claimed for the following purposes:

(both dates are inclusive MM-DD)

(cfs)

(acre feet)

For Domestic purposes from Jan 1 to Dec 31 amount .04 or _____

For Stockwater purposes from 1-1 to 12-31 amount .02 or _____

For Irrigation purposes from 06-15 to 10-15 amount .03 or MS

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .09 (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.) Domestic 1 house / stock 2 cows horse

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	
<u>50N</u>	<u>5W</u>	<u>31</u>									<u>4</u>	<u>4</u>							<u>.09</u>

Parcel (PIN) no(s) OK 155 001 0010

Total number of acres irrigated 4

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

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.

Stream - Cable Creek or None ()

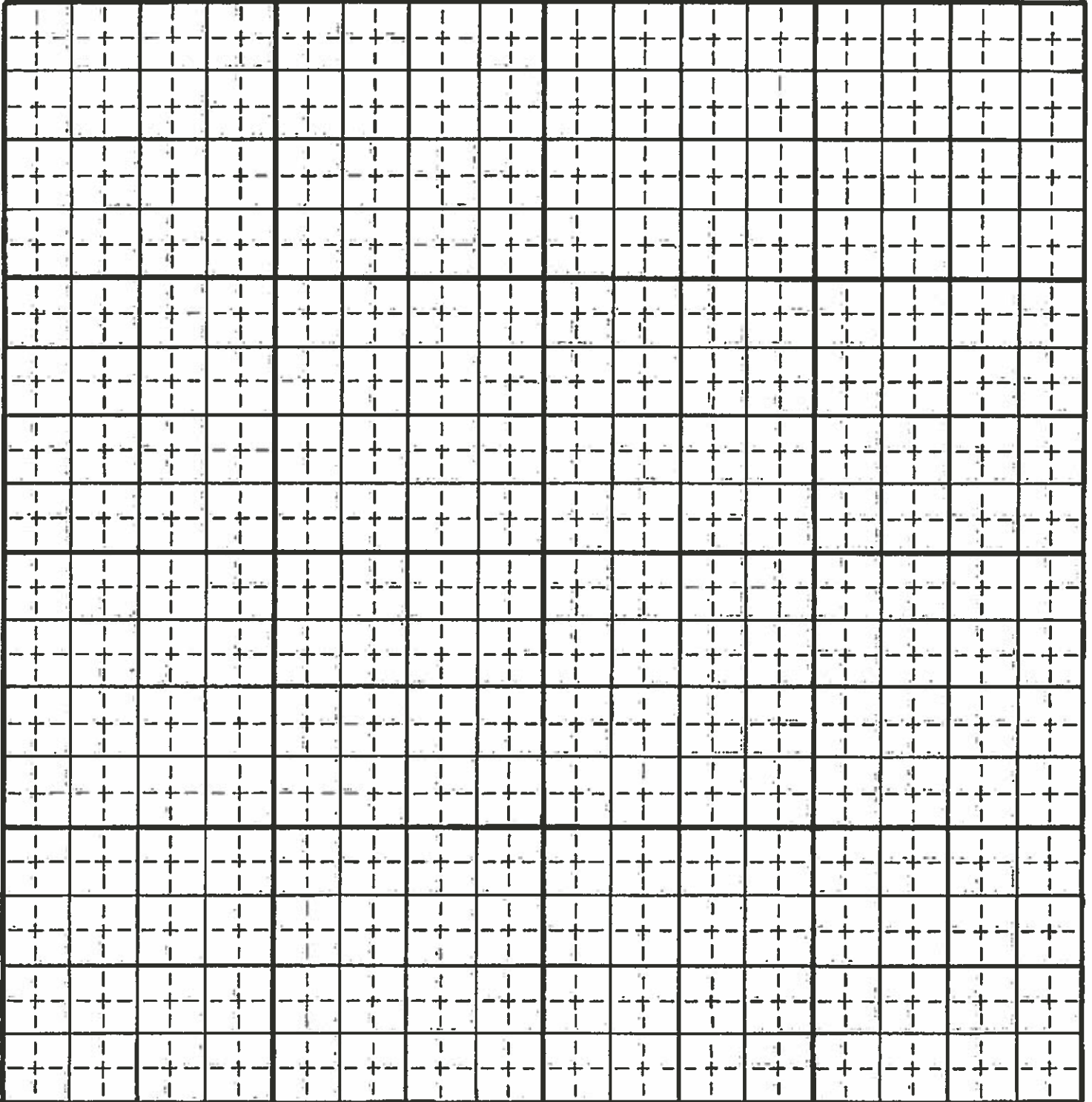
13. Remarks: Schindler Addition, Lt. 1 Blk 1 3150N 05W

Last Name Schindler Identification No. _____

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Map of Project: Attach aerial photograph or topographic map showing clearly the point of diversion, place of use, section number, township, and range number, unless unavailable. Otherwise sketch the elements above on the grid below.

Scale: 2 Inches equals 1 mile



Last Name _____ Identification No. _____

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

Court 5th Judicial District Decree Date 11-12-08 Plaintiff v. Defendant _____

If applicable provide IDWR Water Right Number 764 662

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: 1 (Plat 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)

Joseph M. Schindler Date: 12/29/09
Pauline SU Date: 12-29-09

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 _____ Date _____

Address _____

Last Name Schindler Identification No. _____

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