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IDWR/North

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: 95-9916
Date Received: 5-1-09
Receipt No.: W020451

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
SCHAEFFER ADDITIONS WATER ASSN INC	PO BOX 267	BAYVIEW	ID	USA	83803

2. Date of Priority:

Date	Explanation
12/1/1983	date of original water right

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	02W	34		NW	SW	KOOTENAI

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	
IRRIGATION	-	-	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	3 / 15	11 / 15
DOMESTIC	1 / 1	12 / 31

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7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.300	24.00	0.0
IRRIGATION	0.040	6.00	0.0

Totals:

CFS	AF	KW
0.300	24.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	2

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	54N	02W	34	NW	SW	KOOTENAI	-	-
IRRIGATION	54N	02W	34	NW	SW	KOOTENAI	-	2

9. Basis of Claim:

Basis	WaterRight
License	95-9916

10. 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 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: - 0 -

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): _____ Date: _____
_____ Date: _____

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

PRESIDENT of SCHAEFER ADDITIONS
Title Organization WATER AST, INC.
P.O. BOX 867

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.

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Signature of Authorized Agent

David W. Wicks

Date

4-27-09

Title and Organization

PRESIDENT

Please print name

SCHAEFFER ADDITIONS WATER ASSO INC.

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