

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 95-16355

Date Received: 11-23-11

Receipt No: 11028628

Received By: [Signature]

NOV 23 2011

IDWR/NORTHERN

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

1. Name of Claimant(s)

Dave and/or Robin Schlottbauer Phone 208 437-0348

Mailing Address

2695 Blanchard Rd Blanchard ID 83804

Street or Box

City

State

Zip

2. Date of Priority: (Only one per claim)

Oct 23 2000

Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ☒ or Other () (a)

which is tributary to (b)

4. Location of Point of Diversion is: Township

29 N

Range

46 E

Section

18

NE 1/4 of SW

1/4, or Govt. Lot

BLM. County of

Spokane

Parcel (PIN) no.

Additional points of diversion if any:

If available, GPS coordinates:

5. 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 & Pump

6. Water is claimed for the following: (limited to Domestic and/or Stockwater uses. See page 1 of the instructions.)

For Domestic purposes from Jan to Dec 31 amount .04 cfs () or AFY ()

For Stock water purposes from Jan to Dec 31 amount .02

7. Total Quantity claimed .04 cfs () or AFY ()

8. Non-irrigation uses. Describe fully. (eg. Domestic: give number of households served if single ownership;

Stockwater and Number of livestock) 2 Homes 15 head

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9. Location of Place of Use is: Township 54N, Range 6W, Section 24 and 25
NW 1/4 of SW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. -4801A and 2300A
NW 1/4 of NW 1/4, Govt. Lot 3 BM. Parcel (PIN) no. -4801A and 2300A
for (Check One) Domestic () Stock () Domestic and Stock ()
If different than shown in Item 4

Additional places of use, if any _____

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

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

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 (X)

13. Remarks:

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 () 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 under penalty of perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant (s) Dave Schlottbauer

Date: Nov 14, 2011

Belen Schlottbauer

Date: 11/14/11

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 _____ Identification No. _____

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