

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

Claim ID: 95-15703

Date Received:

Receipt No: N024635B

Claim Fee: By:

RECEIVED

DEC 24 2018

Amended
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

IDWR / NORTH

Please type or print clearly

- Name of claimant(s) SCHAEFFER LAND AND TIMBER LLC Phone (801) 867-5000
Mailing address 641 HUMBOLDT ST RENO NV Zip 89509
Street or Box City State
Email address (optional) CTAYLOR@SISTEEL.COM
- Date of priority: (Only one per claim) 10/01/2001 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water (✓) or Other () (a) _____
which is tributary to (b) _____
- Location of point of diversion is: Township 52N, Range 04W, Section 18,
NE 1/4 of SE 1/4, or Govt. Lot _____ BM, County of KOOTENAI;
Parcel no. 52N04W180300
Additional points of diversion, if any: _____
If available, GPS coordinates: _____
- 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 PIPED TO HOMES
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 01/01 to 12/31 amount 0.04 cfs (✓) or AFY ()
For _____ purposes from _____ to _____ amount _____
- Total quantity claimed 0.04 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR TWO HOMES

9. Location of place of use is: Township 52N, Range 04W, Section 18,
NE 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. SAME
for (check one) **Domestic** (✓) **Stock** () **Domestic and Stock** ()
Additional places of use, if any _____
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 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 (✓)
13. Remarks (include an explanation of the priority date selected):
KOOTENAI COUNTY ASSESSORS REPORT ON THE PROPERTY

14. Basis of claim (check one) **Beneficial Use** (✓) **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 Water System 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) _____ Date: _____

Date: _____
For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the
foregoing document in the space below as the
Manager of Schaeffer Land and Timber, LLC,
Agent's title (Please print) Name of organization (Please print)
and that the statements contained in the foregoing document are true and correct.
Signature of Authorized Agent George M. Schaeffer Date 12/7/18
Printed Name of Authorized Agent George M. Schaeffer
16. **Notice of Appearance:**
Notice is hereby given that I, (please print) _____, will be acting
as attorney at law of behalf on 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 _____
Name of claimant(s) SCHAEFFER LAND AND TIMBER LLC Claim ID _____