



State of Idaho

DEPARTMENT OF WATER RESOURCES

Northern Region • 7600 N. Mineral Drive, Suite 100 • Coeur d'Alene, Idaho 83815-7763
Phone: (208) 762-2800 • Fax: (208) 762-2819 • Website: www.idwr.idaho.gov

BRAD LITTLE
Governor

GARY SPACKMAN
Director

December 15, 2020

TORREY OR SARA LAWRENCE
1210 SADDLE RIDGE RD
VIOLA ID 83872

RE: Water Right Claim Numbers 87-10348, 87-10350 and 87-10351

Dear Mr. or Ms. Lawrence:

This letter is to give you some follow-up information relating to the water rights for your well, spring and pond. Claim 87-10348 covers the well usage, 87-10350 is for the spring and 87-10351 is for the pond usage.

A preliminary recommendation has been made on these claims. Claim 87-10348 has been recommended for domestic usage and a decreed water right will be issued in the near future. Claim 87-10350 and 87-10351 are not recommended and will be listed as "disallowed". We can't recommend the claims for the spring and pond usage because we weren't able to verify that the water usage began before May 20, 1971, the mandatory permitting date. After that date, those water uses require a licensed water right.

However, there may be a pre-existing water right license for the pond on your property. It's right number 87-7021 and was issued to Howard Schoepflin for a 6.0 acre-foot pond for recreation and fish propagation. It has a priority date of November 11, 1974. The source of water is an unnamed stream. A review of our water right file shows that this pond, which is listed as Schoepflin Dam in our file inventory, may be for the pond that's on your parcel. Was Mr. Schoepflin a previous owner of your property?

I'm enclosing a copy of this water right license and a map which will show where the water usage is located. Please review to determine if this is, in fact, the pond appurtenant to your property. Should you wish to file a claim I've enclosed a Notice of Claim to a Water Right. I've filled out the information on the form to match the information on the license, with two exceptions: item four - the location of the pond, and item nine - the place of use location. Because of this I'd like to discuss those locations and the way they're shown on the license.

Please note that a claim should reflect the way that the water is being used, which is why it's important to determine if this right is the one for the pond on your property. If there are any corrections, just cross out the old and add in the new. Initial and date any change you make. However, if the pond isn't being used than it wouldn't be necessary to file a claim. If it is used, and a claim isn't filed, it may be more difficult in the future to have this water right recognized by the court, should the need arise.

Please return to the address listed above by **December 31, 2020**. There will be a filing fee of \$54.00. This includes a flat rate of \$50.00 for the claim and a variable fee based on the volume of water for each usage, at \$2.00 each for the recreation and fish propagation. If you have any questions, I can be reached at (208) 559-7974 or at this email address.

Sincerely,

Linda A. Werner
Water Resource Agent, Sr.

Enclosures: Copy License 87-7021, Notice of Claim to a Water Right, Map

**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 PALOUSE RIVER BASIN WATER SYSTEM**

CIVIL CASE NUMBER: 59576

Claim ID: _____

Date Received: _____

Receipt No: _____

Claim Fee: _____ By: _____

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

Please type or print clearly

1. Name of claimant(s) TORREY OR SARA LAWRENCE Phone (____) _____
Mailing address 1210 SADDLE RIDGE RD VIOLA ID 83872
Street or Box City State Zip
Email address (optional) _____
2. Date of priority: (Only one per claim) 11/11/1974 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
3. Source of water supply (Check one) Ground Water () or Other (✓) (a) UNNAMED STREAM
which is tributary to (b) _____
4. a. Location of point of diversion is: Township 40N, Range 5W, Section 8,
NW 1/4 of NW 1/4, Govt. Lot _____, BM, County of LATAH
Parcel no. RP40N05W083108
Additional points of diversion, if any: _____
If available, GPS Coordinates _____
b. If instream flow, beginning point of claimed instream flow is:
Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
Ending point is: Township _____, Range _____, Section _____, _____ 1/4 of _____ 1/4,
Govt. Lot _____, BM, County of _____
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.

6. Water is claimed for the following purposes:

(dates are inclusive MM-DD)

(cfs)

(acre-feet)

For RECREATION purposes from 1/1 to 12/31 amount or 6.0

For FISH PROPAGATION purposes from 1/1 to 12/31 amount or 6.0

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) _____ (cfs) and/or (b) 6.0 (acre-feet)

8. Non-irrigation uses; describe fully (e.g., Domestic: Give number of households served; Stockwater: Type and number of livestock, etc.) _____

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.

[illegible]

Parcel no(s) RP40N05W083108 Total number of acres irrigated _____

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

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 (✓)

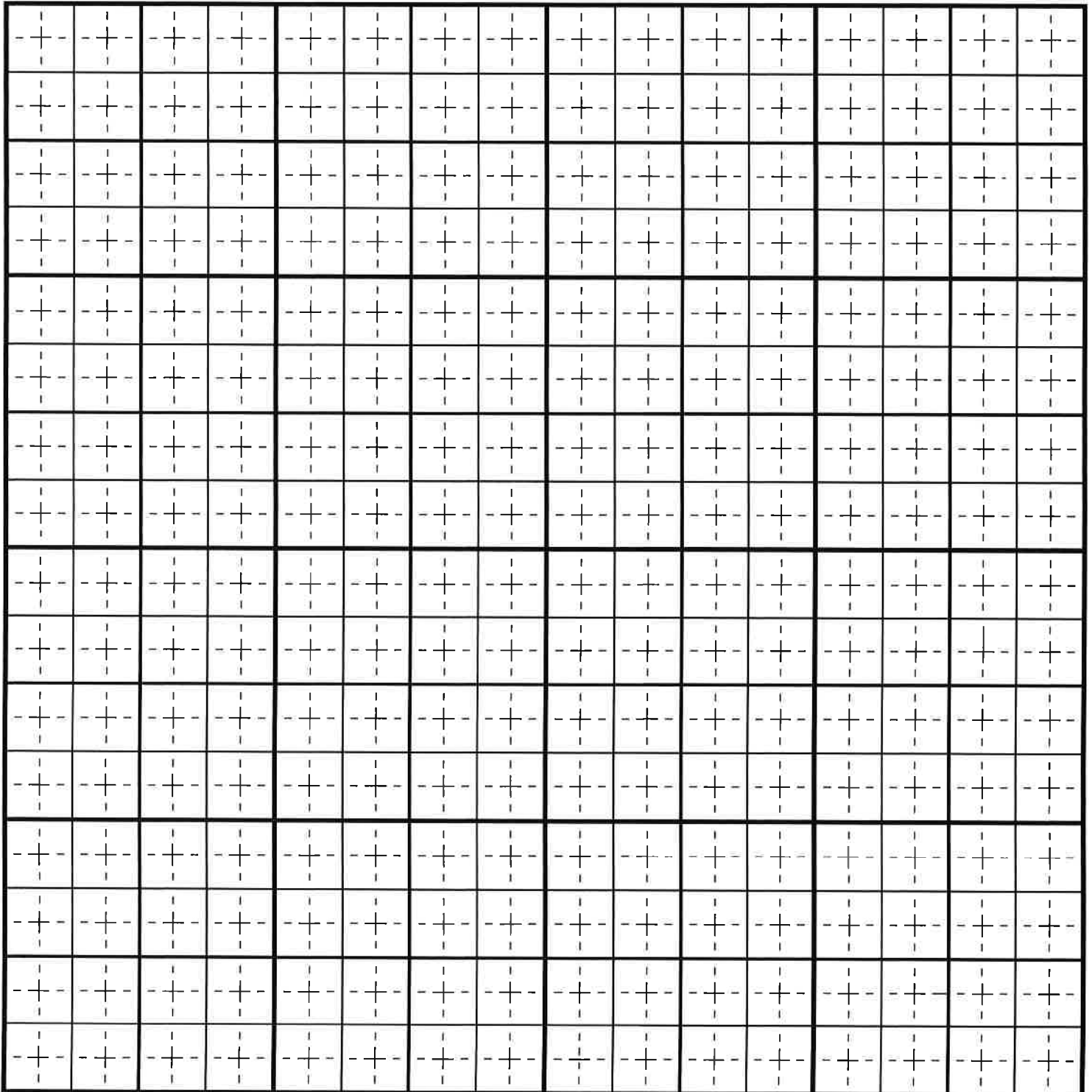
13. Remarks (Include an explanation of the priority date selected):

[illegible]

Name of claimant(s) TORREY OR SARA LAWRENCE Claim ID _____

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



Name of claimant(s) TORREY OR SARA LAWRENCE Claim ID _____

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 87-7021

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 Palouse 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

_____ of _____
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 _____ Date _____

Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law on 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 _____

Name of claimant(s) TORREY OR SARA LAWRENCE Claim ID _____

