

JUN 28 2021

DEPARTMENT OF  
WATER RESOURCES

Form No. 42-1409-2 (Internet 5/17)

**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: 95-8364

Date Received: \_\_\_\_\_

Receipt No: \_\_\_\_\_

Claim Fee: \$54.00 By: \_\_\_\_\_

**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**

**Please type or print clearly**

1. Name of claimant(s) Gregory and/or Julie Schlepp Phone ( 509 ) 385-4487

Mailing address 5915 W Chippewa Ct Spokane WA Zip 99208  
Street or Box City State

Email address (optional) the1dog@aol.com

2. Date of priority: (Only one per claim) June 27, 1983 (Explain priority date selected in Remarks)  
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water ( ) or Other (✓) (a) Spring  
which is tributary to (b) Coeur d'Alene Lake

4. Location of point of diversion is: Township 47N, Range 04W, Section 3,  
SE 1/4 of NW 1/4, or Govt. Lot 4 BM, County of Kootenai;

Parcel no. 007800020180

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.

Shared spring supplying domestic use for license 95-8364.

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

|                                                                                |  | Month/Day | Month/Day | cfs (✓) or AFY (✓) |
|--------------------------------------------------------------------------------|--|-----------|-----------|--------------------|
| For <u>Domestic</u> purposes from <u>1/1</u> to <u>12/31</u> amount <u>.04</u> |  |           |           |                    |
| For _____ purposes from _____ to _____ amount <u>.6</u>                        |  |           |           |                    |

7. Total quantity claimed .04cfs, .6AF cfs (✓) or AFY (✓)

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
1 home

9. Location of place of use is: Township 47N, Range 04W, Section 3,  
SE 1/4 of NW 1/4, Govt. Lot 4 BM, Parcel no. 007800020230  
If different than shown in Item 4

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.  
Water from lake used for domestic purposes, see late claim 95-18118 or None (✓)

13. Remarks (include an explanation of the priority date selected):  
Claim based on license 95-8364.

14. Basis of claim (check one) **Beneficial Use** ( ) **Posted Notice** ( ) **License** (✓) **Permit** ( ) **Decree** ( )  
Court \_\_\_\_\_ Decree Date \_\_\_\_\_ Plaintiff v. Defendant \_\_\_\_\_

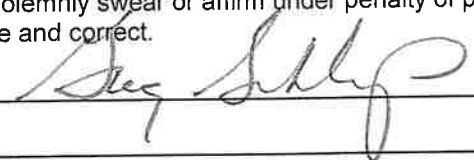
If applicable provide IDWR Water Right Number 95-8364

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: 1

**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: 6/22/21  
\_\_\_\_\_  
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

\_\_\_\_\_  
Agent's title (Please print) \_\_\_\_\_ of \_\_\_\_\_  
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 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) Gregory and/or Julie Schlepp Claim ID \_\_\_\_\_

# CSRBA LATE CLAIM 95-8364

## SPRING LOCATION

