

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Claim ID: 97-8202Date Received: 12-29-21Receipt No: N038089Claim Fee: \$250 By: JA**RECEIVED****DEC 29 2021****IDWR / NORTH****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

- Name of claimant(s) MELANIE AND/OR KEITH SCHULTZ Phone (208) 627-8346
Mailing address 452 FREEMAN LAKE RD OLDTOWN ID 83822
Street or Box City State Zip
Email address (optional) _____
- Date of priority: (Only one per claim) 12/31/1922 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)
- Source of water supply (Check one) Ground Water () or Other (✓) (a) SPRING
which is tributary to (b) ALBENI FALLS CREEK
- Location of point of diversion is: Township 56N, Range 05W, Section 20,
NW 1/4 of SW 1/4, or Govt. Lot _____ BM, County of BONNER;
Parcel no. RP56N05W205400A
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.
DEVELOPED SPRING, PUMPED TO CISTERN, AND THEN TO HOME.
- Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)
For DOMESTIC purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
For STOCKWATER purposes from 1/1 to 12/31 amount 0.02 cfs (✓) or AFY ()
- Total quantity claimed 0.02 cfs (✓) or AFY ()
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)
DOMESTIC USE FOR 1 HOME, STOCKWATER USE FOR UP TO 5 HEAD OF MIXED STOCK

9. Location of place of use is: Township 56N, Range 05W, Section 20,
NE 1/4 of SW 1/4, Govt. Lot _____ BM, Parcel no. SAME
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? BONNER

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):

~~YEAR BUILT PER BONNER COUNTY RECORDS, APPROXIMATE DATE SPRING DEVELOPED AND
PIPED TO HOME.~~

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 Clark Fork-Pend Oreille 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: 2

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) Kath Schults Date: 12-29-21
Melanie Schults Date: 12-29-2021

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 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) _____ Claim ID _____

Identify

Identify from:

Tax Parcels

Tax Parcels

SCHULTZ, KEITH & MELANIE

Location:

2,277,306.005 1,891,596.598 Meters

Field	Value
ID	13585573
UPDATED	6/8/2021
PIN	RP56N05W205400A
OWNER	SCHULTZ, KEITH & MELANIE
ADDRESS1	452 FREEMAN LK RD
ADDRESS2	
CITY	OLDTOWN
STATE	ID
ZIPCODE	83822
P_ADDRESS	452 FREEMAN LK RD
P_ZIPCODE	83822
SUB_NAME	
LEGAL1	20-56N-5W NWSW, W2NESW
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	59
COUNTY	Bonner
SOURCE	<null>
YEAR_BUILT	1922

Identified 1 feature

PARCEL LOCATION FOR CFPRBA CLAIM

2020 AERIAL PHOTO

