

JAN 18 2022

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 PALOUSE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 59576

Claim ID: 87-4175

Date Received: 1/12/2022

Receipt No:

Claim Fee: \$35.00 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

- Name of claimant(s) Wayne Schwenne Trust Phone (208) 285-1345  
Mailing address 1420 Gray Eagle Rd Genesee ID 83832  
Street or Box City State  
Email address (optional) mschwenne41551@gmail.com
- Date of priority: (Only one per claim) 1959 (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 37N, Range 05W, Section 19,  
SW 1/4 of SW 1/4, or Govt. Lot \_\_\_\_\_ BM, County of Nez Perce;  
Parcel no. RP37N05W195400  
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 supplies home, lawn irrigation and stockwater use outside of barn.
- 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 | Domestic   | purposes from | 1/1 to 12/31 | amount .04         |
| For | Stockwater | purposes from | 1/1 to 12/31 | amount .07         |
- Total quantity claimed .11 cfs (✓) or AFY ( )
- Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)  
1 home, approximately 300 head of mixed stock/cattle

9. Location of place of use is: Township 37N, Range 05W, Section 19,  
SW 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? Nez Perce

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.  
87-4176, and see beneficial use claim for the springs, pond claim and instream stock spring or None ( )

13. Remarks (include an explanation of the priority date selected):  
This is the approximate date when the well was completed and began use.

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 87-4175

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

Trustee \_\_\_\_\_ of Wayne Schwenne Trust,  
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 Robert David Schwenne Date 1/12/2022

Printed Name of Authorized Agent Robert David Schwenne

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 \_\_\_\_\_