

**WATER DISTRICT**  
**CONTACT SHEET Year: 2025**

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DEPT. OF WATER RESOURCES  
EASTERN REGION

**32C/Medicine Lodge Creek**

Water District No. / Name

**Greg Shenton**

Watermaster Name

**P.O. Box 33 Dubois, ID. 83423**

Address, City, State, Zip

**Office - 208-374-5696**

Phone Number, Home / Cell

*gmail.com*  
**gshentonwd31@mudlake.us**

E-mail Address

**Lana Schwartz**

Treasurer Name

**P.O. Box 205 Dubois, ID. 83423**

Address, City, State, Zip

**Office 208-374-5455**

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**lschwartz@co.clark.id.us**

E-mail Address

**Brett Murdock-Assistant Watermaster**

Assistant Watermaster/Secretary *(please circle)*

**P.O. Box 301 Dubois, ID. 83423**

Address, City, State, Zip

**Cell 208-313-5384**

Phone Number, Home / Cell

**bmurdock44@yahoo.com**

E-mail Address

**This information is required for elected water district officer(s). The information provided will be posted on the IDWR website. Please fill in the information above and return it to the appropriate IDWR regional office along with the other forms listed in the meeting checklist above, after your annual meeting.**