## 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** 

7. Total quantity claimed \_\_\_\_\_ cfs (✓) or AFY ( )

DOMESTIC USE FOR ONE HOME

CIVIL CASE NUMBER: 49576
Claim ID: <u>9.5 - 17721</u>
Date Received: 10-29-15
Receipt No: No 33860
Claim Fee: By:

RECEIVED

OCT 2 9 2018

## 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

IDWR / NORTH

Please type or print clearly  CYNCE  CYNCE  704 000 0005		
1.	Name of claimant(s) KEVIN AND/OR CHIEFE SCHMIDT Phone (701) 260-6625	
	Mailing address 21564 S LAKEVIEW DR WORLEY ID Zip 83876  Street or Box City State  Email address (optional) KCSECONDBEGINNINGS@GMAIL.COM	
	Date of priority: (Only one per claim) (Explain priority date selected in Remarks) (Explain priority date selected in Remarks)	
3.	Source of water supply (Check one) <u>Ground Water</u> (✓) or Other ( ) (a)	
	which is tributary to (b)	
4.	Location of point of diversion is: Township 48N Range 55W Section 24	
	NW 1/4 of NE 1/4, or Govt. Lot BM, County of KOOTENAI	
	Parcel no. <u>48N05W240850</u>	
	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.  PIPED TO HOME	
6.	Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)	

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

Month/Day

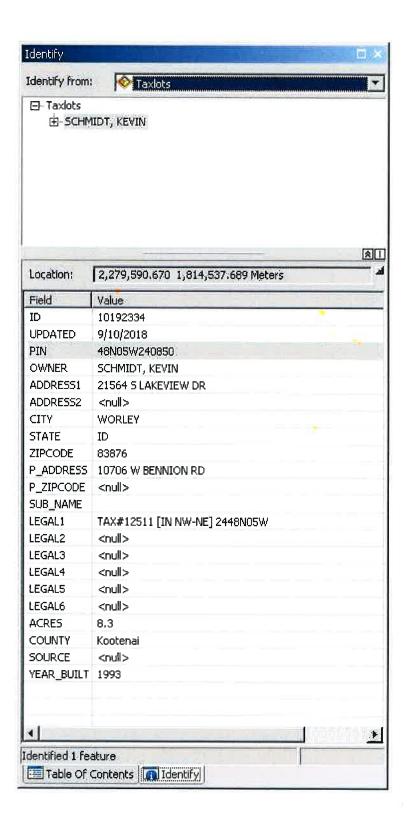
purposes from 01/01 to 12/31 amount 0.04

\_\_ purposes from \_\_\_\_\_ to \_\_\_\_ amount

Month/Day

cfs (<) or AFY ( )

9.	Location of place of use is: Township 48N Range 55W Section 24
	NW 1/4 of NE 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? 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.
	or None (✓)
13.	Remarks (include an explanation of the priority date selected): TAX PARCEL YEAR BUILT
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.	<ul> <li>Signature(s)</li> <li>(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."</li> <li>(b.) I/We do ( ) do not (✓) wish to receive and pay a small annual fee for monthly copies of the docket sheet.</li> </ul>
	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) Date: (3-29-18
	Cynde Schnidt Date: 10-29-18
	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
	Address Cyndee
Nan	ne of claimant(s) KEVIN AND/OR GADEE SCHMIDT Claim ID





## PARCEL LOCATION FOR CSRBA WATER RIGHT CLAIM

