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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
 Ident. Number: 94-9436

Date Received: 9/9/2015
 Received By: NO31406 LW

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

MICHAEL R SCHLEPP Phone: (208)689-3593
 26175 S HWY 3
 CATALDO ID 83810
 BRENDA L SCHLEPP Phone: (208)689-3593
 26175 S HWY 3
 CATALDO ID 83810

2. Date of Priority: 3/15/1960

3. Source: ROBINSON CREEK Tributary to: MEDICINE LAKE

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
48N	02W	23	SE NW		KOOTENAI	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
DOMESTIC	03/15 10/31	0.02	

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
2			

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
48N	02W	23	SW NW		DOMESTIC	
						Section Acres
						Total Acres

10. Place of use in counties: KOOTENAI

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

DOMESTIC

LAWN IRRIGATION FOR 2 HOMES LESS THAN 1/2 ACRE TOTAL

14. Basis of Claim: Beneficial Use

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 notice in the Coeur d'Alene-Spokane River Basin Adjudication." (b.) I/We do ____ do not wish to receive and pay a small annual fee for monthly copies of the docket sheet.

For Individuals: I/We do solemnly swear or affirm under penalty or perjury that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): Michael J. Schupp Date: 9/9/15
Brenda Schupp Date: 9/9/2015

For Organizations: I do solemnly swear or affirm under penalty or perjury that I am

_____ of _____
Title Organization

That I have signed the foregoing document in the space below as

_____ of _____
Title Organization

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name