

**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 59576
NUMBER:
Ident. Number: 87-10318
Date Received:
Receipt No.:**

**RECEIVED
MAY 15 2019
DEPT. OF WATER RESOURCES
RECEIVED
MAY 15 2019
DEPT. OF WATER RESOURCES**

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
DELBERT COCHRENE	1070 E HATTER CREEK RD	PRINCETON	ID	USA	83857

Cochrane D.C.

2. Date of Priority:

Date	Explanation
12/31/1965	Year house was built.

3. Source:

Source	Tributary	Type
SPRING	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	04W	35		NE	NW	LATAH

5. Water is used for the following purpose(s):

Water Use	Number Of Homes	Stock		Description
IRRIGATION	-	-		
STOCKWATER	-	Type of Stock	Number of Stock	Irrigation of 1 acre. Stock water
		Horses	1 - 10	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4 / 1	10 / 31
STOCKWATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
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IRRIGATION	0.010	0.00	0.0
STOCKWATER	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	0.8

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
IRRIGATION	41N	04W	35	NE	NW	LATAH	-	0.8
STOCKWATER	41N	04W	35	NE	NW	LATAH	-	-

9. Basis of Claim:

Basis
Beneficial Use

10. 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 Palouse 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.

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): Delbert Cochrane Date: 5-15-19
 _____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of 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