

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

Ident. Number: 87-10415

Date Received: 5/24/2019

Receipt No: N034616

Claim Fee: 25.00

Received By: LW

RECEIVED
MAY 24 2019
IDWR/NORTHERN

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

1. Name of Claimant(s)

RANDY COCHRANE LIVING TRUST
3686 HIGHWAY 6
PRINCETON ID 83857

Phone: (208) 596-0839

2. Date of Priority: 5/20/1966

3. Source:

GROUND WATER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
41N	04W	2	NE SE		LATAH	

5. Description of diverting works:

Well, pump and pipeline

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.01		

7. Total Quantity Appropriated is:

0.01 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

1 home, some lawn

9. Place of use:

DOMESTIC within LATAH County

Township	Range	Section	¼	of	¼	Lot	Acres
41N	04W	2	NE		SE		

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

None

12. Remarks:

Priority Date Explanation:

13. Basis of Claim: Beneficial Use

14. 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 Organizations:

I do solemnly swear or affirm under penalty of perjury that I am

X Randy Cochran of X Living Trust
Title Organization

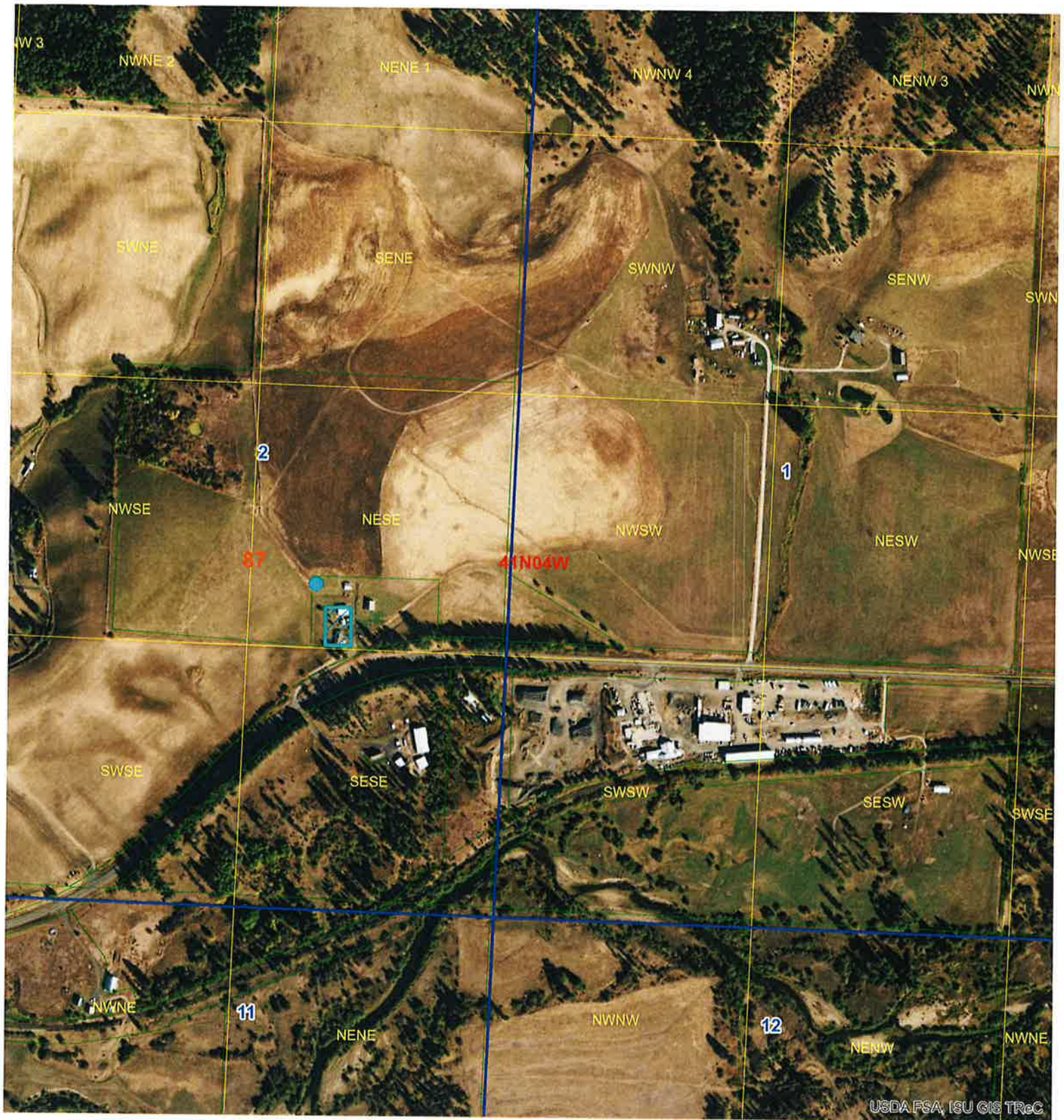
that I have signed the foregoing document in the space below as

Randy Cochran of Living Trust
Title Organization

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

Signature of Authorized Agent Randy Cochran Date 3-24-19

Title and Organization Trustee Randy Cochran Living Trust



87-10415