

**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: 87-10639

Date Received: 6-12-2019

Receipt No.: NO 34945

RECEIVED
JUN 12 2019
DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
PATTI LANGE	23872 STATE ROUTE 27	GARFIELD	WA	USA	99130
FRANK LANGE	23872 STATE ROUTE 27	GARFIELD	WA	USA	99130

2. Date of Priority:

Date	Explanation
12/31/2002	The year the Langes bought the property.

3. Source:

Source	Tributary	Type
EAST FORK ROCK CREEK	ROCK CREEK	
EAST FORK ROCK CREEK	ROCK CREEK	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	04W	20		SW	NW	LATAH
41N	04W	20		NW	NW	LATAH

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

Water Use	Number Of Homes	Stock		Description
STOCK WATER	-	Type of Stock	Number of Stock	
		Cattle	26 - 50	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCK WATER	1 / 1	12 / 31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
STOCKWATER	41N	04W	20	NW	NW	LATAH	-	-
STOCKWATER	41N	04W	20	SW	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):

[Handwritten Signature]

Date: 6/12/2019

Date: 6-12-19

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

Print Claim Stub

Thank you for submitting your claim to IDWR.
If paying in person, please print this page and bring it with you.
If paying by mail, make sure to enclose a copy of this page with your payment.

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Please type or write clearly. Please include the claim number shown below on any supporting documents you submit to IDWR.

Print This Page

Claim Number:	87-10639
Claim Fee:	\$25.00
Claimant(s):	PATTI LANGE
	23872 STATE ROUTE 27
	GARFIELD , WA
	99130
	FRANK LANGE
	23872 STATE ROUTE 27
	GARFIELD , WA
	99130
Claimed Purpose(s) of Use:	STOCKWATER

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Office address and phone number:
Idaho Department of Water Resources
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Coeur d'Alene, ID 83815
(208) 762-2800