

**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: 87-10635

Date Received: 6/12/19

Receipt No.: N034939
 JA

RECEIVED

JUN 12 2019

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JOYCE RODMAN	8810 W 1ST AVE	KENNEWICK	WA	USA	99336

2. Date of Priority:

Date	Explanation
5/1/1957	DEVELOPED SPRING IN PLACE WHEN WILBUR THOMPSON, CLAIMANT'S FATHER, BOUGHT THE RANCH.

3. Source:

Source	Tributary	Type
SPRING	SINKS	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	05W	26		NW	NE	LATAH

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

Water Use	Number Of Homes	Stock	Description
STOCKWATER	-	Type of Stock	CATTLE
		Number of Stock	
		Cattle	
		26 - 50	

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	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	05W	26	NW	NE	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): Joyce Hedman Date: 6-12-19
 _____ 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

