

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
RECEIVED

AUG 20 2019

IDWR / NORTH

CIVIL CASE NUMBER: 59576

Claim ID: 87-11672

Date Received: 8-20-2019

Receipt No: N035422

Claim Fee: 25.00 By: DL

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

Please type or print clearly

1. Name of claimant(s) Din Cochran Phone (208) 8751007

Mailing address 2570 Hwy 9 Pocatello Id Zip 83857
Street or Box City State

Email address (optional) _____

2. Date of priority: (Only one per claim) 5-20-1982 (Explain priority date selected in Remarks)
Month/Day/Year (YYYY)

3. Source of water supply (Check one) Ground Water or Other () (a) _____
which is tributary to (b) _____

4. Location of point of diversion is: Township 41N, Range 03W, Section 7
NW 1/4 of SE 1/4, or Govt. Lot _____ BM, County of Blaine

Parcel no. RP41N03W070707

Additional points of diversion, if any: no

If available, GPS coordinates: _____

5. Description of diverting works (wells, pumps, spring boxes, pipelines, etc.) including the dates of any changes or enlargements in use, the dimensions of the diversion works as constructed and as enlarged and the depth of each well.

well pump farm pipeline to home +
stock tanks

6. Water is claimed for the following: (limited to domestic and/or stockwater uses - see page 1 of the instructions)

For Domestic purposes from 1-1 Month/Day to 12-31 Month/Day cfs (4) or AFY () amount 0.04

For Stock purposes from 1-1 Month/Day to 12-31 Month/Day cfs (4) or AFY () amount 0.02

7. Total quantity claimed 0.06 cfs (4) or AFY ()

8. Non-irrigation uses. Describe fully. (Domestic: give number of homes; Stockwater: list number and kind)

1 home with lawn + 19 head mixed stock

9. Location of place of use is: Township 5/19, Range 034, Section 7,
nw 1/4 of SE 1/4, Govt. Lot _____ BM, Parcel no. PR4170340077817
If different than shown in Item 4
for (check one) ☒ Domestic () ☐ Stock () ☐ Domestic and Stock ()

Additional places of use, if any _____

10. In which county(ies) are lands listed above as place of use located? Fatah

11. Do you own the property listed above as place of use? Yes ☒ No ()
If the answer is No, describe in Remarks below the authority you have to claim this water right.

12. Describe any other water rights used at the same place and for the same purposes as described above.
_____ or None ☒

13. Remarks (include an explanation of the priority date selected):
When Home was built and Hooked up
to well

14. Basis of claim (check one) ☒ Beneficial Use () ☐ Posted Notice () ☐ License () ☐ Permit () ☐ Decree ()
Court _____ Decree Date _____ Plaintiff v. Defendant _____
If applicable provide IDWR Water Right Number _____

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 notices in the Palouse River Basin Water System 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) Rim Cockrane Date: 6-14-19

Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am, and that I have signed the foregoing document in the space below as the

Agent's title (Please print) _____ of _____
Name of organization (Please print)
and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent _____ Date _____
Printed Name of Authorized Agent _____

16. **Notice of Appearance:**

Notice is hereby given that I, (please print) _____, will be acting as attorney at law of behalf on the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature _____ Date _____

Address _____

Name of claimant(s) _____ Claim ID _____

Identify

Identify from:

Parcels

Parcels

COCHRANE, KIM

Location: 2,289,467.462 1,749,385.089 Meters

Field	Value
ACRES	36
ADDRESS1	2570 HIGHWAY 9
ADDRESS2	
CITY	PRINCETON
COUNTY	Latah
ID	11139960
LEGAL1	39.16 AC TAX #560 NWSE
LEGAL2	LESS TAX #6232
LEGAL3	7 41 3
LEGAL4	
LEGAL5	
LEGAL6	
OWNER	COCHRANE, KIM
P_ADDRESS	1066 O'REILLY RD
P_ZIPCODE	83857
PIN	RP41N03W077817
SOURCE	<null>
STATE	ID
SUB_NAME	
UPDATED	2/20/2019
YEAR_BUILT	1932
ZIPCODE	83857



T 41N R03W Section 7 NW¹/₄ SE¹/₄
Parcel No RP41N03W077817