

**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 KOOTENAI RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 89576

Ident. Number 98-7275

Date Received: 9/23/2026

Receipt No: N046560

RECEIVED

SEP 23 2026

IDWR / NORTH

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
KEVIN R CEDERQUIST	676 HUFF RD	BONNERS FERRY	ID	UNITED STATES	83805
AMY L CEDERQUIST	676 HUFF RD	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
8/11/1978	

3. Source:

Source	Tributary
SPRINGS	HALL CREEK
SPRINGS	HALL CREEK

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
65N	01E	30	3	NW	SW	BOUNDARY		
65N	01E	30	4	SW	SW	BOUNDARY		

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
IRRIGATION				

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
IRRIGATION	4/01	11/01

7. Quantity:

Water Use	CFS	AF	KW
IRRIGATION	0.36	120.00	

Totals

CFS	AF	KW
0.36	120.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	40.00

IRRIGATION								
Township	Range	Section	QQ	Q	County	Govt Lot	Acres	
65N	01E	30	NW	SW	BOUNDARY	3	12.00	
65N	01E	30	SW	SW	BOUNDARY	4	28.00	

 Place Of Use Map

9. Remarks:

10. Other Water Rights:

11. **Basis:**

Basis
License

12. **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 Kootenai 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):  Date: 23 Sep 2026
_____ 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