

**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: 98-4015
Date Received: 9/30/2026
Receipt No: N046560
Claim Fee:
Received By: _____

**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)

AMY L CEDERQUIST
676 HUFF RD
BONNERS FERRY ID 83805

Phone: (208) 290-7682

KEVIN R CEDERQUIST
676 HUFF RD
BONNERS FERRY ID 83805

Phone: (208) 290-1570

2. Date of Priority: 1/1/1937

3. Source: SPRING HALL CREEK

Trib. to:

4. Point of Diversion:

Township	Range	Section	$\frac{1}{4}$ of $\frac{1}{4}$ of $\frac{1}{4}$	Lot	County	Type
65N	01E	30	NE SW		BOUNDARY	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	1/01	12/31	0.04		
STOCKWATER	1/01	12/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

STOCKWATER USE FOR UP TO 60 HEAD OF CATTLE AND PIGS

9. Place of use:

DOMESTIC within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
65N	01E	30	SW		SW		
65N	01E	30	SE		SW		

STOCKWATER within BOUNDARY County

Township	Range	Section	¼	of	¼	Lot	Acres
65N	01E	30	SE		SW		

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:

12. Remarks:

Priority Date Explanation:

P/U NOT LISTED.

13. Basis of Claim: Statutory Claim

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 KOOTENAI 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): _____ Date: _____

_____ Date: _____