

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 CLARK FORK-PEND OREILLE RIVER
BASIN WATER SYSTEM

CIVIL CASE NUMBER: 69576

Ident. Number: 97-8575
Date Received: 4/27/2022
Receipt No: N038 884
Claim Fee: 25.00
Received By: Ja

RECEIVED

JUN 03 2022

IDWR/NORTH

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)

JAMES R HINZ
47 E LONGFELLOW AVE
SPOKANE WA 99207

Phone: (509) 483-6882

AND

BRAYTON TRUST
47 E LONGFELLOW AVE
SPOKANE WA 99207

Phone: (509) 483-6882

2. Date of Priority: 5/20/1965

3. Source:
PRIEST LAKE

Trib. to:
PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
59N	04W	9	SE SE		BONNER	

5. Description of diverting works:

Sears pump w/pipeline and sprinklers for lawn irrigation.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	04/01	10/31	0.02		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
59N	04W	9	SE		SE		

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:

NONE

12. Remarks:

Priority Date Explanation:

When home was completed and lawn irrigation began.

13. Basis of Claim: Beneficial Use

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 CLARK FORK-PEND OREILLE 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):

James R. King
JoAnne Brayton
Brayton Trust

Date: 4-27-22

Date: 5-30-22

For Organizations:

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

_____ of _____
Agents Title (please print) 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 _____

↑ N

97-8575



Identify from: Parcels☐ Parcels

HINZ, JAMES R BRAYTON TRUST

Location: 2,289,019.244 1,923,239.330 Meters

Field	Value
ACRES	0.1
ADDRESS1	47 E LONGFELLOW AVE
ADDRESS2	
CITY	SPOKANE
COUNTY	Bonner
ID	13592297
LEGAL1	9-59N-4W TAX 36
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
OWNER	HINZ, JAMES R BRAYTON TRUST
P_ADDRESS	430 WARREN BEACH RD
P_ZIPCODE	83821
PIN	RP59N04W099230A
SOURCE	<null>
STATE	WA
SUB_NAME	
UPDATED	6/8/2021
YEAR_BUILT	1964
ZIPCODE	99207-1621