

**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

RECEIVED

JUN 21 2022

IDWR/NORTH

Ident. Number: 97-4205
Date Received: 6/21/2022
Receipt No: NO 40156
Claim Fee: \$6800
Received By: Ja

**NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW**

1. Name of Claimant(s)

ROBIN D CAYTON REVOCABLE TRUST
C/O ROBIN D CAYTON
1111 ELM ST
SANDPOINT ID 83864

Phone: (208) 610-7595

2. Date of Priority: 7/31/1912

3. Source:

SPRING PEND OREILLE RIVER

Trib. to:

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
56N	06W	13	NW SE		BONNER	

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	0.02		
IRRIGATION	4/01	10/31	0.35		

7. Total Quantity Appropriated is:

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

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	13	NE		SW	3	

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
56N	06W	13	NE		SW	3	10
56N	06W	13	SE		SW	4	7.3

Total Acres = 17.3

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:

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 CLARK FORK-PEND OREILLE River Basin Adjudication." (b.) I/We do _____ do not X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

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

TRUSTEE of ROBIN D. CAYTON REVOCABLE TRUST,
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 6/21/2022
Printed Name of Authorized Agent ROBIN D. CAYTON

6-2-22

TO WHOM IT MAY CONCERN

TO THE BEST OF MY MEMORY THE
FLUME TO THE HAMACHER HOUSE.

WAS PUT IN SOME TIME IN THE
LATE 1940S. OR EARLY 1950S

Edward E. Hamacher