

**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: 97-7128
Date Received: 11/14/24
Receipt No: N038162
Claim Fee:
Received By: 

RECEIVED
NOV 14 2024
IDWR/NORTH

AMENDED

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

1. Name of Claimant(s)

THE O AUSTIN RAINE AND GAYLE RAINE FAMILY LIVING TRUST
C/O O AUSTIN & M GAYLE RAINE
28558 HWY 57
PRIEST RIVER ID 83856

Phone: (208) 443-2423

2. Date of Priority: 1/29/1979

3. Source:

LAMB CREEK
LAMB CREEK
LAMB CREEK
LAMB CREEK

Trib. to:

PRIEST RIVER
PRIEST RIVER
PRIEST RIVER
PRIEST RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
60N	05W	26	SE NE		BONNER	
60N	05W	25	NW SW		BONNER	
60N	05W	25	SW SW		BONNER	
60N	05W	26	NE 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
IRRIGATION	3/15	11/15	0.2		97.2

7. Total Quantity Appropriated is:

0.2 C.F.S. and/or 97.2 A.F.A.

8. Non-irrigation uses:

9. Place of use:

IRRIGATION within BONNER County

Township	Range	Section	¼	of	¼	Lot	Acres
60N	05W	25	NW		SW		4.8
60N	05W	25	SW		SW		11
60N	05W	25	SE		SW		0.1
60N	05W	26	SE		NE		3.8
60N	05W	26	NE		SE		16
60N	05W	26	SE		SE		8.9

Total Acres = 44.6

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:

IRRIGATED FIELDS HAVE BEEN MOVED PRIOR TO 2006 THROUGH ACCOMPLISHED
TRANSFER.

13. Basis of Claim: License

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: _____

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 Owen Austin Raine of O. Austin Raine
Agents Title (please print) Name of Organization (please print)
M. Gayle Raine Family Living Trust

and that the statements contained in the foregoing document are true and correct.

Signature of Authorized Agent Owen Austin Raine Date 11-14-24

Printed Name of Authorized Agent OWEN AUSTIN RAINE