

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 98-7541

Date Received: 9/22/2026

Receipt No:

NO46425

RECEIVED

SEP 22 2026

DEPT. OF WATER RESOURCES

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
WD REV TRUST	1207 FITZPATRICK RD	BONNERS FERRY	ID	UNITED STATES	83805

2. Date of Priority:

Date	Explanation
4/22/1983	License based

3. Source:

Source	Tributary
GROUND WATER	

4. Point of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County	Type	Description
62N	02E	32		NE	NW	BOUNDARY		Well connected to home, not connected to barns

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

Water Use	Number Of Homes	Stock	Number of Stock	Description
STOCKWATER		Cattle	15	
DOMESTIC	1			Barns are not hooked up to water.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
STOCKWATER	1/01	12/31
DOMESTIC	1/01	12/31

7. Quantity:

Water Use	CFS	AF	KW
STOCKWATER	0.02	0.40	
DOMESTIC	0.02	0.60	

Totals

CFS	AF	KW
0.04	1.00	

8. Place of Use:

Water Use	Total Claimed Acreage
-----------	-----------------------

STOCKWATER							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
62N	02E	32	NE	NW	BOUNDARY		
DOMESTIC							
Township	Range	Section	QQ	Q	County	Govt Lot	Acres
62N	02E	32	NE	NW	BOUNDARY		



9. Remarks:

10. Other Water Rights:

This claim is for WR #98-07541

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: _____

_____ Date: _____

For Organizations: I do solemnly swear or affirm under penalty of perjury that I am

Trust
ce James H. Hanson of ce D. R. Rec Trust
Title Organization

that I have signed the foregoing document in the space below as

Trust
ce James H. Hanson of ce D. R. Rec Trust
Title Organization

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

Signature of Authorized Agent ce James H. Hanson Date 9-22-2026

Title and Organization ce D. R. Rec Trust

Please print name