

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 COEUR D'ALENE /
SPOKANE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 49576

Ident. Number: 95-10126

Date Received: 5/7/2009

Receipt No: T088641

Received By:

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

1. Name of Claimant(s)

FLOYD JENKS Phone:(208) 265-0531
268 JENKS RD
SPIRIT LAKE ID 83869

CAROL JENKS Phone:(208) 265-0531
268 JENKS RD
SPIRIT LAKE ID 83869

2. Date of Priority: 8/23/1993

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
54N	04W	8	SW NW		BONNER	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	1 /1 12/31	0.01	0
IRRIGATION	6 /1 9 /1	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
54N	04W	8	SW NW		DOMESTIC	
			NW SW		DOMESTIC	

Section Acres

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
54N	04W	8	SW NW		IRRIGATION	9.4
			NW SW		IRRIGATION	11

Section Acres 20.4

10. Place of use in counties: BONNER

11. Do you own the property listed above as place of use? Yes

12. Other Water Rights Used:

13. Remarks:

Priority date description: This is the date of the Well Driller's Certification, when the well was completed.

Description of use:	Water Use	Description
DOMESTIC		This is Domestic use, I have no way to consider how much we use.
IRRIGATION		Water some acreage for livestock grazing.

14. Basis of Claim: Beneficial Use

15. 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 Coeur d'Alene-Spokane 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.

For Individuals: I/We do solemnly swear or affirm under penalty or 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 or perjury that I am

_____ of _____,
 Title Organization

That I have signed the foregoing document in the space bellow as

_____ of _____,
 Title Organization

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

Signature of Authorized Agent _____ Date: _____

Title and Organization _____

Please print name