

**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: 05/07/2009
Receipt No.: T088641**

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

Payment:

Date Submitted	IDWR Receipt No.	Amount
05/07/2009	T088641	\$71.00

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
FLOYD JENKS	268 JENKS RD	SPIRIT LAKE	ID	USA	83869
CAROL JENKS	268 JENKS RD	SPIRIT LAKE	ID	USA	83869

2. Date of Priority:

Date	Explanation
8/23/1993	This is the date of the Well Driller's Certification, when the well was completed.

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
54N	04W	8		SW	NW	BONNER

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	This is Domestic use, I have no way to consider how much we use.
IRRIGATION	-	-	Water some acreage for livestock grazing.

6. Season(s) of Use:

Water Use	From Month/Day	To Month/Day
DOMESTIC	1 / 1	12 / 31
IRRIGATION	6 / 1	9 / 1

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.010	0.00	0.0
IRRIGATION	0.020	0.00	0.0

Totals:

CFS	AF	KW
0.020	0.00	

8. Place of Use:

Water Use	Total Claimed Acreage
IRRIGATION	20.4

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	54N	04W	8	NW	SW	BONNER	-	-
DOMESTIC	54N	04W	8	SW	NW	BONNER	-	-
IRRIGATION	54N	04W	8	NW	SW	BONNER	-	11
IRRIGATION	54N	04W	8	SW	NW	BONNER	-	9.4

9. Basis of Claim:

Basis
Beneficial Use

10. 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.

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

_____ of _____,
Title Organization

that I have signed the foregoing document in the space below 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