

08/16/2006

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 24-4070
NAME AND ADDRESS: THERAS & LUCILLE JENKINS FAMILY REVOCABLE TRUST
PO BOX 215
FREEDOM WY 83120
SOURCE: SPRING TRIBUTARY: SINKS
QUANTITY: 0.020 CFS
The quantity of water under this right for stockwater use shall not exceed
13,000 gallons per day.
PRIORITY DATE: 06/01/1918
POINT OF DIVERSION:
T05S R46E S16 NENESW Within CARIBOU County
PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
STOCKWATER	01/01 12/31	0.020 CFS

PLACE OF USE: STOCKWATER Within CARIBOU County
T05S R46E S16 NESW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

The quantity of water decreed for this water right for stockwater use is
not a determination of historical beneficial use.

This partial decree is subject to such general provisions necessary for
the definition of the rights or for the efficient administration of the water
rights as may be ultimately determined by the Court at a point in time no
later than the entry of a final unified decree. Section 42-1412(6), Idaho
Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - Beneficial Use

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 24-4070
Date Received: 2/24/2006
Receipt No:
Received By:

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

THERAS & LUCILLE JENKINS FAMILY REVOCABLE TRUST Phone: (208) 873-2888
PO BOX 215
FREEDOM WY USA 83120

2. Date of Priority: 06/01/1918

3. Source: SPRING Trib. to: SINKS

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot	County	Type
05S	46E	16	NE NE SW	CARIBOU	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
STOCKWATER	01/01	12/31	0.02	

7. Total Quantity Appropriated is:
0.02 C.F.S.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot	Use	Acres
05S	46E	16	NE SW	STOCKWATER	

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11. Place of use in counties: CARIBOU

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

13. Other Water Rights Used:

14. Remarks:

15. Basis of Claim: Statutory Claim

16. 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 Snake 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: 8

For Organizations:

I do solemnly swear or affirm that I am Owner. of
Title

T & L Jenkins Family Rev. Trust that I have signed the foregoing
Organization

document in the space below as Owner of
Title

T & L Jenkins Family Rev. Trust and that the statements contained in the
Organization

foregoing document are true and correct. Lucille N Jenkins
Signature of Authorized Agent

T & L Jenkins Family Rev. Trust, Owner.
Title and Organization

2/24/06.
Date

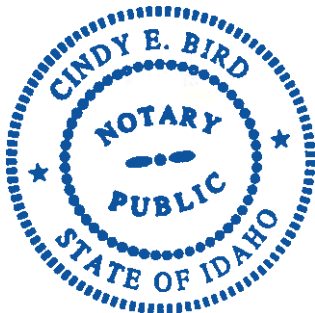
State of Idaho)
County of Bannock) SS.

Subscribed and sworn (or affirmed) before me this 24th of February 2006.

Cindy E Bird
Notary Public

Residing at Lava Hot Springs.

My commission Expires May 1, 2007



09/12/2006

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS:

Water right number: 24-4070

THERAS & LUCILLE JENKINS FAMILY REVOCABLE TRUST
PO BOX 215
FREEDOM WY 83120

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

 I AGREE with this proposed recommendation: no changes need to be made.

DATE: 28 Sep 06 SIGNATURE: Lucille H Jenkins
Please print your name: Lucille H. Jenkins

IDWR Regional Office, 900 N Skyline Dr Ste A, Idaho Falls, ID 83402, 2085257161

Notes

3-7-06 Resorbed in SS & FI BP

3-30-06 Added maps BP

4-5-06 Added County Info BP

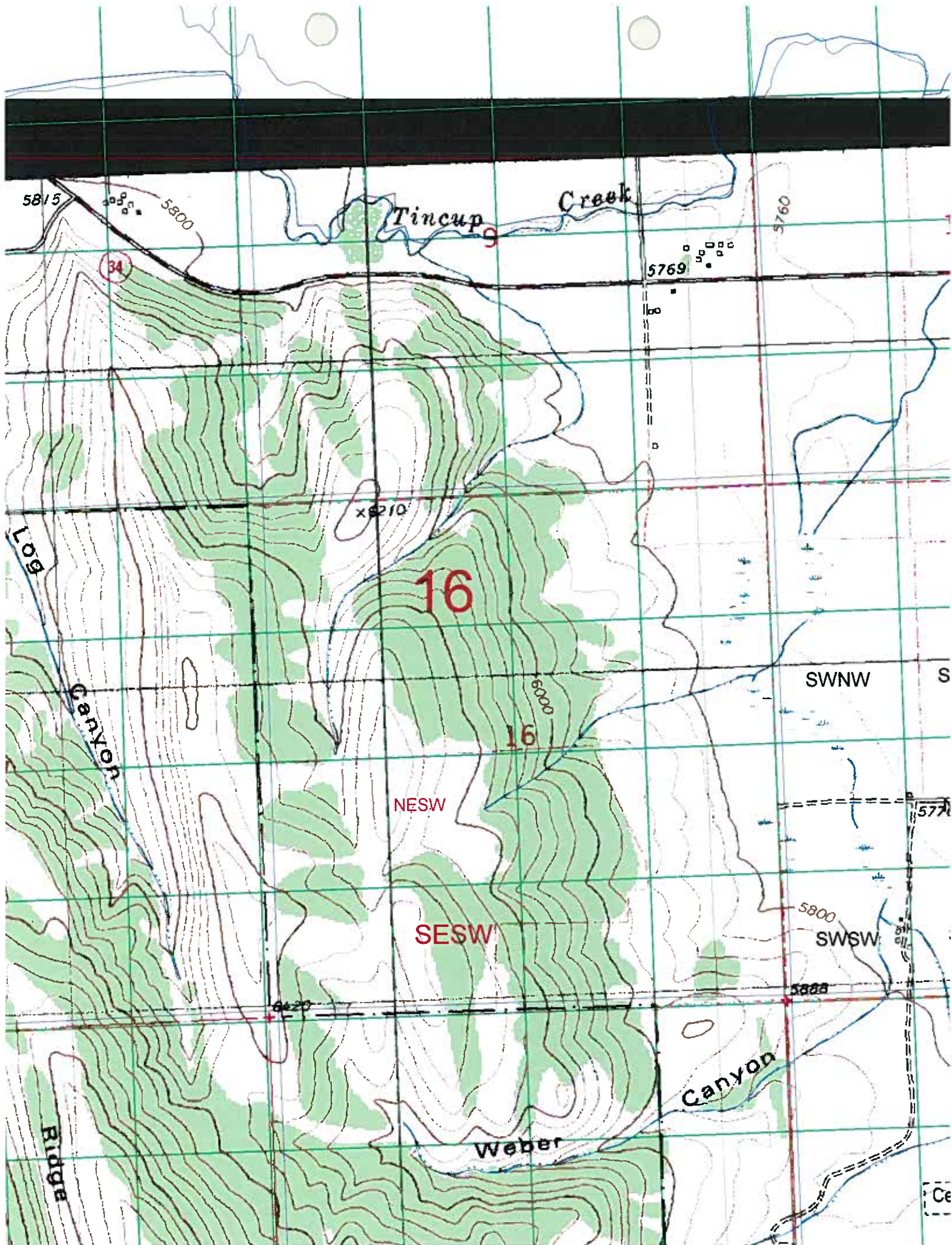
No decals

3:15pm 6/5/06 Spoke with Lucille Lyndon left yesterday.
Thinking should be back in a couple days,
Ed should be back in a day or so, she will
have one of them call to make arrangements
for field exam. CB

OWNERSHIP RECORD AND DESCRIPTION

TAX CODE		PARCEL NUMBER			

[illegible]

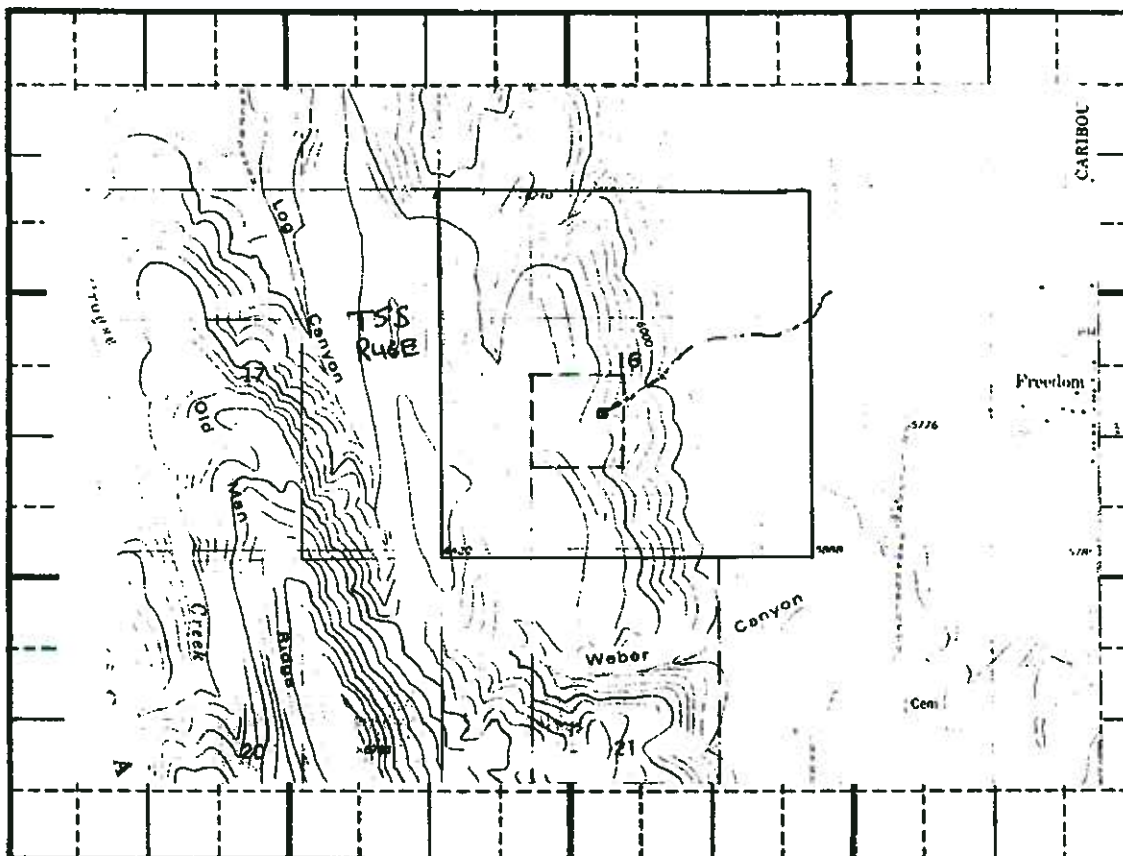


16

NES

(7) If you are claiming water as a member of an organization, list name of organization: _____

(8) Remarks _____



Scale: 2 inches equal 1 mile.

Map should show the location of the point of diversion and the place of use of the water by 40-acre subdivisions, section, township and range of the public land survey system.

State of Idaho)
County of Caribou) ss.

Be it known that the undersigned, being duly sworn, deposes and says that he, she, they subscribed the foregoing claim to a water right, together with all attached information, and that the matters and facts therein are true to the best of the affiant's knowledge.

Sworn to before me this 16th day of May 1983.
Theresa Jenkins (Claimant)
Charles Wray
Notary Public
Residing at Idaho Falls

My commission expires 6-15-85

FOR DEPARTMENT USE ONLY

Received by NWG Date 5-18-83 Exception filed by: _____ Forwarded to _____ Date _____
Prelim. check by Kew Date 5-25-83
\$30.00 fee received by SW Date 5-18-83
Published in Caribou County Sun #26244
Dates 6-12-619/83

Idaho Department of Water Resources Receipt

Receipt ID B000003

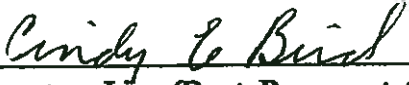
Payment Amount \$517.00 Date Received 2/24/2006 5:42:18 PM Region Soda Springs Status 
 Payment Type Check Check Number 3640

Payer LUCILLE JENKINS

Comment 24-10711 \$51.00 24-10709 \$25- 24-10714 \$135
24-10712 \$154.00 24-10708 \$60-
24-10713 \$67.00 24-4870 \$25-

Fee Detail

Amount	Description	Fund	FD	PCA	SO
\$517.00	ADJUDICATION FILING FEE	0337	41503	1155	


 Signature Line (Dept. Representative)