

**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 49576
NUMBER:
Ident. Number: 95-11911
Date Received:
Receipt No.: *T090038*

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

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
JEFFREY WILKINS	PO BOX 2184	COEUR D'ALENE	ID	USA	83816

2. Date of Priority:

Date	Explanation
3/8/1979	

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
50N	03W	16		NW	NE	KOOTENAI

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	water is used for common household purpose. I have no idea how much we use.

6. Season(s) of Use:

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

7. Quantity:

Water Use	CFS	AF	KW
DOMESTIC	0.060	0.00	0.0

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Totals:

CFS	AF	KW
0.060	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	50N	03W	16	NE	NW	KOOTENAI	-	-
DOMESTIC	50N	03W	16	NW	NE	KOOTENAI	-	-
DOMESTIC	50N	03W	16	SE	NW	KOOTENAI	1	-
DOMESTIC	50N	03W	16	SW	NE	KOOTENAI	2	-

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: 2/11/2010
 _____ 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

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Water Resources

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Water Right 95-11911 (Claim ID 3001) for WILKINS, JEFFREY

Service: Adjudication NIA Claims

Description	Cost	Qty	Total
Water Right 95-11911 (Claim ID 3001) for WILKINS, JEFFREY	\$26.93	1	\$26.93
Total:			\$26.93

Name: Jeffrey M. Wilkins

Address: P.O. Box 2184
Coeur d'Alene, ID US 83816

Telephone Number: Not Provided

Email Address: Not Provided

Card Number: [REDACTED]

Card Type: [REDACTED]

Transaction ID: 2579039

Description: Water Right 95-11911 (Claim ID 3001) for
WILKINS, JEFFREY

Cost: \$26.93 (1 x \$26.93)

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2/11/2010