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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 PALOUSE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER : 59576

Ident. Number: 87-7149

Date Received: 8/27/2019

Receipt No: T107601

Received By:

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name of Claimant(s)

TODD JENKINS
5030 VIEWRIDGE DR SE
OLYMPIA WA 98501

2. Date of Priority: 8/15/1983

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County	Type
37N	05W	1	NE NE	1	LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

Purpose	From To	C.F.S.	(or) A.F.A
IRRIGATION	4 /1 11/1	0.08	12
STOCKWATER	1 /1 12/31	0.02	0.2

7. Total Quantity Appropriated is: 0.1 C.F.S. and/or 12.2 A.F.A

8. Non-irrigation uses:

Number of Homes:	Water Use	Type Of Stock	Number Of Stock
	STOCKWATER	Mixed Stock	50

9. Place of use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
37N	05W	1	NE NE	1	IRRIGATION	4
					Section Acres	4
					NWNSE2	
Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
37N	05W	1	NE NE	1	STOCKWATER	
					Section Acres	
					NWNSE2	

Total Acres 4

10. Place of use in counties: LATAH

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

12. Other Water Rights Used:

13. Remarks:

Priority date description:

Description of use: Water Use Description

IRRIGATION

STOCKWATER

14. Basis of Claim: License

15. Signature(s)

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):

Eod Jenkins Date: 9/7/2020

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 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

37N05W010021

T JENKINS, CLAIM NO(S) 87-11544, 87-7149

