

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: 95-18313
Date Received: 5/26/2022
Receipt No:
Claim Fee: \$2500
Received By: _____

RECEIVED

JUN 06 2022
DEPARTMENT OF
WATER RESOURCES

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW
For Domestic and/or Stockwater Purposes
Where Daily Use is less than 13,000 gallons per day

1. Name of Claimant(s)

HARBOR ISLAND PERSONAL RESIDENCE TRUST
C/O MARK W JENKS
6515 W DIXON CT
COEUR D ALENE ID 83814

Phone: (509) 951-5945

2. Date of Priority: 6/12/1968

3. Source:

SPOKANE RIVER

Trib. to:

COLUMBIA RIVER

4. Point of Diversion:

Township	Range	Section	¼ of ¼ of ¼	Lot	County	Type
50N	04W	7	SE NE	6	KOOTENAI	

5. Description of diverting works:

PUMP IN RIVER WITH PIPELINE TO HOME AND YARD IRRIGATION

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or)	A.F.A
DOMESTIC	01/01	12/31	0.04		

7. Total Quantity Appropriated is:

0.04 C.F.S. and/or A.F.A.

8. Non-irrigation uses:

DOMESTIC USE FOR ONE HOME

9. Place of use:

DOMESTIC within KOOTENAI County

Township	Range	Section	¼	of	¼	Lot	Acres
50N	04W	7	SE		NE	6	

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

If your answer is no, describe in remarks below the authority you have to claim this water right.

11. Other Water Rights Used:

12. Remarks:

Priority Date Explanation:

APPROXIMATE DATE OF FIRST WATER USAGE ON THE PROPERTY, YEAR BUILT PER
KOOTENAI COUNTY RECORDS

13. Basis of Claim: Beneficial Use

14. 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 X wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Organizations:

I do solemnly swear or affirm under penalty of perjury that I am, and I have signed the foregoing document in the space below as the

TRUSTEE of HARBOR ISLAND PERSONAL RESIDENCE TRUST
Agents Title (please print) Name of Organization (please print)

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

Signature of Authorized Agent Mark W. Jenks Date 5-26-2022

Printed Name of Authorized Agent MARK W. JENKS

Identify

Identify from:

Tax Parcels

Tax Parcels

HARBOR ISLAND PERSONAL RESIDENCE TRUST C/O MARK W JENKS

Location: 2,284,317.880 1,836,720.419 Meters

Field	Value
ID	14087321
UPDATED	3/15/2022
PIN	033400000020
OWNER	HARBOR ISLAND PERSONAL RESIDENCE TRUST C/O MARK W JENKS
ADDRESS1	6515 W DIXON CT
ADDRESS2	
CITY	COEUR D ALENE
STATE	ID
ZIPCODE	83814
P_ADDRESS	6515 W DIXON CT
P_ZIPCODE	
SUB_NAME	HARBOR ISLAND 1ST ADD
LEGAL1	HARBOR ISLAND 1ST ADD, LT 2 0750N04W
LEGAL2	<null>
LEGAL3	<null>
LEGAL4	<null>
LEGAL5	<null>
LEGAL6	<null>
ACRES	0.3
COUNTY	Kootenai
SOURCE	<null>
YEAR_BUILT	1968

Identified 1 feature