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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: 87-10123

Date Received: 4-24-2019

Receipt No.:

N034223

\$25.00

DL

1. Name of Claimant(s):

Name	Address	City	State	Country	Postal Code
ROBERT KEEGAN	1205 CHANEY ROAD	VIOLA	ID	USA	83872

2. Date of Priority:

Date	Explanation
1/1/1979	Home was built on this property in 1979

3. Source:

Source	Tributary	Type
GROUND WATER	TRIBUTARY NOT NEEDED	

4. Point Of Diversion:

Township	Range	Section	Gov Lot	QQ	Q	County
41N	05W	29		SE	SW	LATAH

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

Water Use	Number Of Homes	Stock	Description
DOMESTIC	1	-	Home use and garden irrigation

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	0.010	0.00	0.0

Totals:

CFS	AF	KW
0.010	0.00	

8. Place of Use:

Water Use	Township	Range	Section	QQ	Q	County	Gov Lot	Acreage
DOMESTIC	41N	05W	29	NE	SW	LATAH	-	-
DOMESTIC	41N	05W	29	NW	SE	LATAH	-	-
DOMESTIC	41N	05W	29	NW	SW	LATAH	-	-
DOMESTIC	41N	05W	29	SE	SW	LATAH	-	-
DOMESTIC	41N	05W	29	SW	SE	LATAH	-	-
DOMESTIC	41N	05W	29	SW	SW	LATAH	-	-
DOMESTIC	41N	05W	30	NE	SE	LATAH	-	-
DOMESTIC	41N	05W	30	SE	SE	LATAH	-	-

9. Basis of Claim:

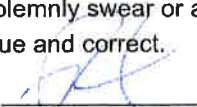
Basis
Beneficial Use

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 Palouse 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: 4/22/19
 _____ 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 _____