

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: 87-11546

Date Received: 8/20/2019

Receipt No: T107453

Received By:

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

1. Name of Claimant(s)

RACHEL KEANE Phone:(916) 337-4256

PO BOX 8543

MOSCOW ID 83843

NATHAN KEANE Phone:(916) 337-4256

PO BOX 8543

MOSCOW ID 83843

2. Date of Priority: 12/1/2015

3. Source: GROUND WATER Tributary to:

4. Point of Diversion:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4 of 1/4</u>	<u>Lot</u>	<u>County</u>	<u>Type</u>
40N	05W	5	SW SW		LATAH	

5. Description of diverting works:

6. Water is used for the following purposes:

<u>Purpose</u>	<u>From To</u>	<u>C.F.S.</u>	<u>(or) A.F.A</u>
DOMESTIC	1 /1 12/31	0.02	0
IRRIGATION	4 /1 10/31	0.02	0

7. Total Quantity Appropriated is: 0.02 C.F.S. and/or 0 A.F.A

8. Non-irrigation uses:

Number of Homes: 1	<u>Water Use</u>	<u>Type Of Stock</u>	<u>Number Of Stock</u>
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9. Place of use:

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
40N	05W	5	NW SW		DOMESTIC	
			SW SW		DOMESTIC	
Section Acres						

<u>Township</u>	<u>Range</u>	<u>Section</u>	<u>1/4 of 1/4</u>	<u>Lot</u>	<u>Use</u>	<u>Acres</u>
40N	05W	5	NW SW		IRRIGATION	0.1
			SW SW		IRRIGATION	7.6
Section Acres						7.7
Total Acres						7.7

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: New well and pump installed.

Description of use:	<u>Water Use</u>	<u>Description</u>
DOMESTIC		Home use and watering lawn.
IRRIGATION		Watering trees and garden.

14. Basis of Claim: Beneficial Use

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): _____ Date: _____
 _____ Date: _____

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