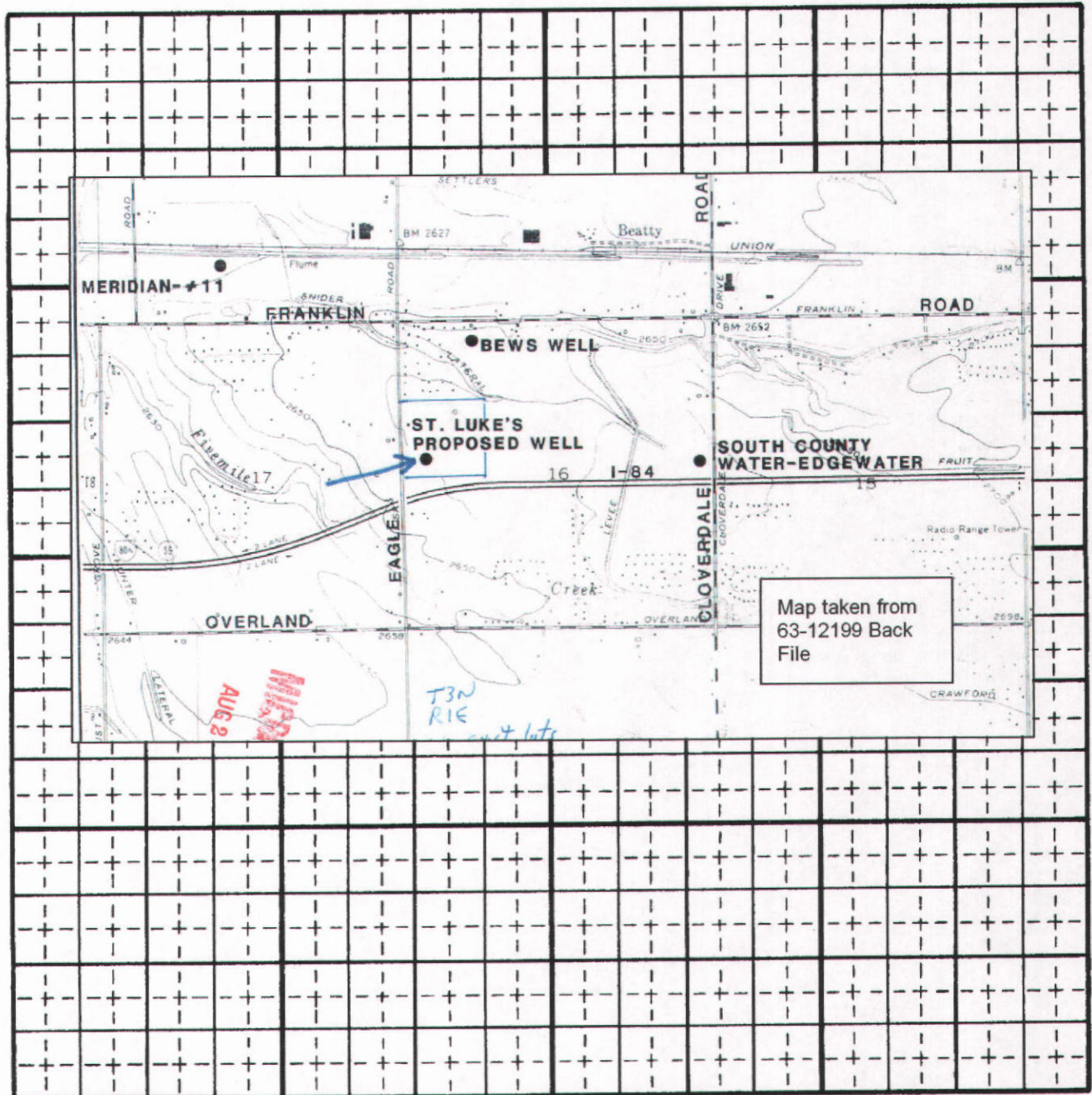


Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 Inches equals 1 mile



St. Lukes Regional
Medical Center

Last Name

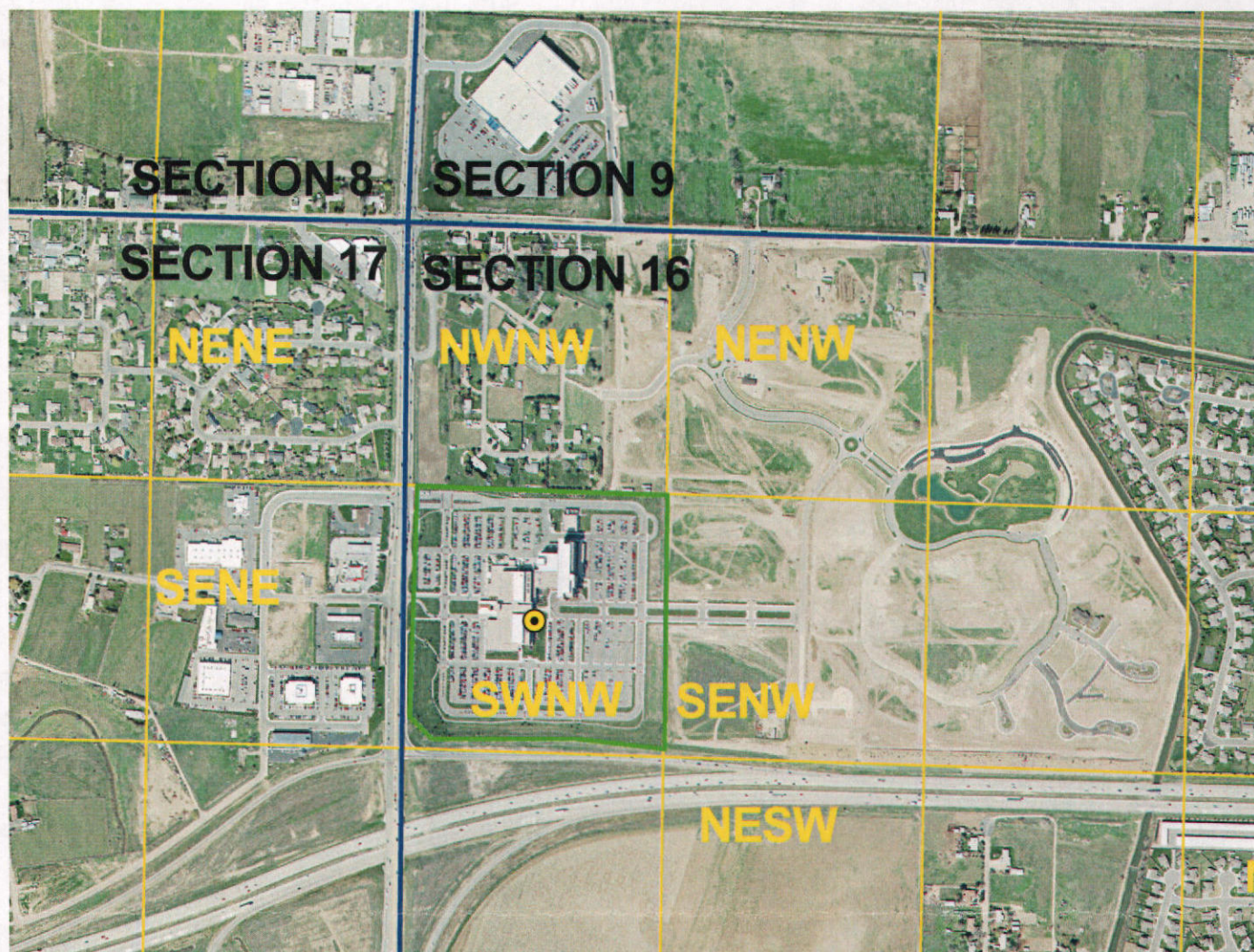
Ident No.

63-12199



● State of Idaho ●
Idaho Department of Water Resources
Western Region

T3N R1E SECTION 16
Water Right(s) : 63-12199



1320 0 1320 Feet



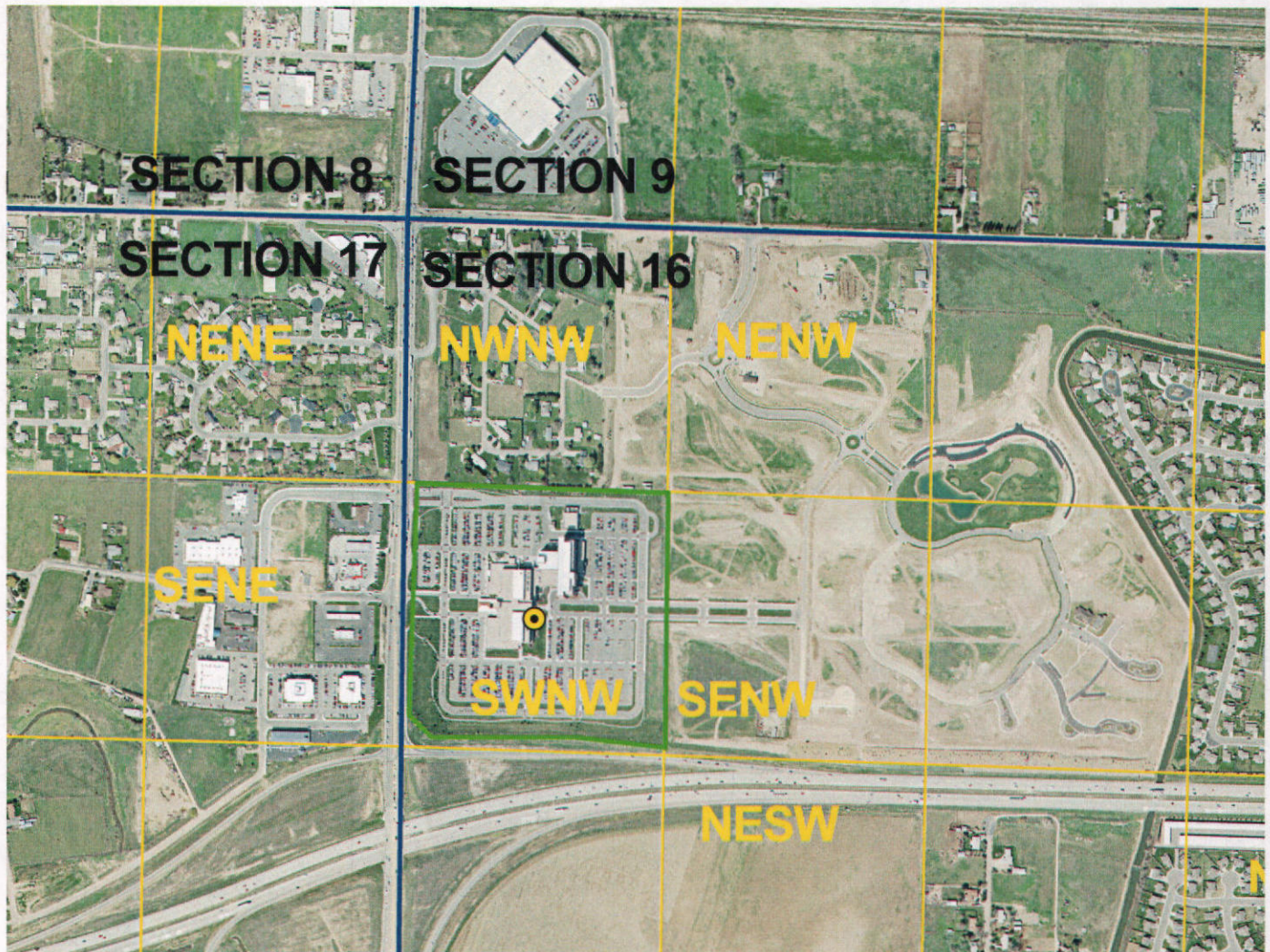
- Point of Diversion
- Place Of Use
- Quarter Quarter Lines
- Section Lines

GIS Place of Use Illustration
2003 Aerial Photography
Prepared By: Vicky Music
Date: March 2005



State of Idaho
Idaho Department of Water Resources
Western Region

T3N R1E SECTION 16
Water Right(s) : 63-12199



1320 0 1320 Feet



-  Point of Diversion
-  Place Of Use
-  Quarter Quarter Lines
-  Section Lines

GIS Place of Use Illustration
2003 Aerial Photography
Prepared By: Vicky Music
Date: March 2005

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 63-12199
Date Received: 12/7/2004
Receipt No: W032479
Received By:

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

1. Name of Claimant(s)

ST LUKES REGIONAL MEDICAL CENTER Phone: (208)386-2255
190 E BANNOCK
BOISE ID USA 83712

2. Date of Priority: 03/22/1995

3. Source: GROUND WATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4 Lot		County	Type
03N	01E	16	SW	NW	ADA	

5. Description of diverting works:

14 inch well extending to a depth of 902 feet.

6. Water is used for the following purposes:

Purpose	From	To	C.F.S.	(or) A.F.A
DOMESTIC	1/01	12/31	0.33	5.8

7. Total Quantity Appropriated is:
0.33 C.F.S. and/or 5.8 A.F.A.

8. Total consumptive use:

9. Non-irrigation uses:

10. Place of use:

Township	Range	Section	1/4 of 1/4 Lot		Use	Acres
03N	01E	16	SW	NW	DOMESTIC	

11. Place of use in counties: ADA

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

13. Other Water Rights Used:

14. Remarks:

Domestic use is for emergency use within St. Lukes Meridian Medical Center.

15. Basis of Claim: License

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 SNAKE RIVER BASIN WATER SYSTEM

CIVIL CASE NUMBER: 39576

Ident. Number 103-12199

Date Received 12-7-04

Receipt Number 12032479

RECEIVED

DEC 07 2004

WATER RESOURCES
WESTERN REGION

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) St. Lukes Regional Medical Center Phone () 208-386-2255

Mailing Address 190 East Bannock Street, Boise Zip 83712

2. Date of Priority (Only one (1) per claim) 3/22/95

3. Source of water supply (a) Ground water
which is tributary to (b) _____

4. a. Location of existing point of diversion is: Township 03N Range 01E Section 16,
_____ 1/4 of SW 1/4 of NW 1/4, Govt. Lot, _____ B.M., County of Ada

Additional points of diversion if any: _____

b. If instream flow, beginning point of claimed instream flow is:

Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____ 1/4,

Govt. Lot _____ B.M., County of _____

ending point is: Township _____ Range _____ Section _____, _____ 1/4 of _____ 1/4 of _____

_____ 1/4, Govt. Lot _____ B.M., County of _____

5. Description of existing diversion works (Dams, Reservoirs, Ditches, Wells, Pumps, Pipelines, Headgates, Etc),
including the dates of any changes or enlargements in use, the dimensions of the diversion works as
constructed and as enlarged and the depth of each well.

14-inch diameter well extending to a depth of 902 feet (permit #928996)

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Domestic purposes from 1/01 to 12/31 amount 0.33 or 5.8 afa

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) 0.33 cfs (cfs) and/or (b) 5.8 afa (acre feet)

8. Total consumptive use claimed is _____ acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) Emergency domestic use within St. Luke's Meridian Medical Center

10. Description of place of use:

a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.

b. If water is used for other purposes, place a symbol of use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RNG	SEC	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	NE1/4	NW1/4	SW1/4	SE1/4	
03N	01E	16							D										

Total number of acres irrigated _____

11. In which county (ies) are lands listed above as place of use located? Ada

12. Do you own the property listed above as place of use? Yes X No _____
If your answer is No, describe in Remarks below the authority you have to claim this water right.

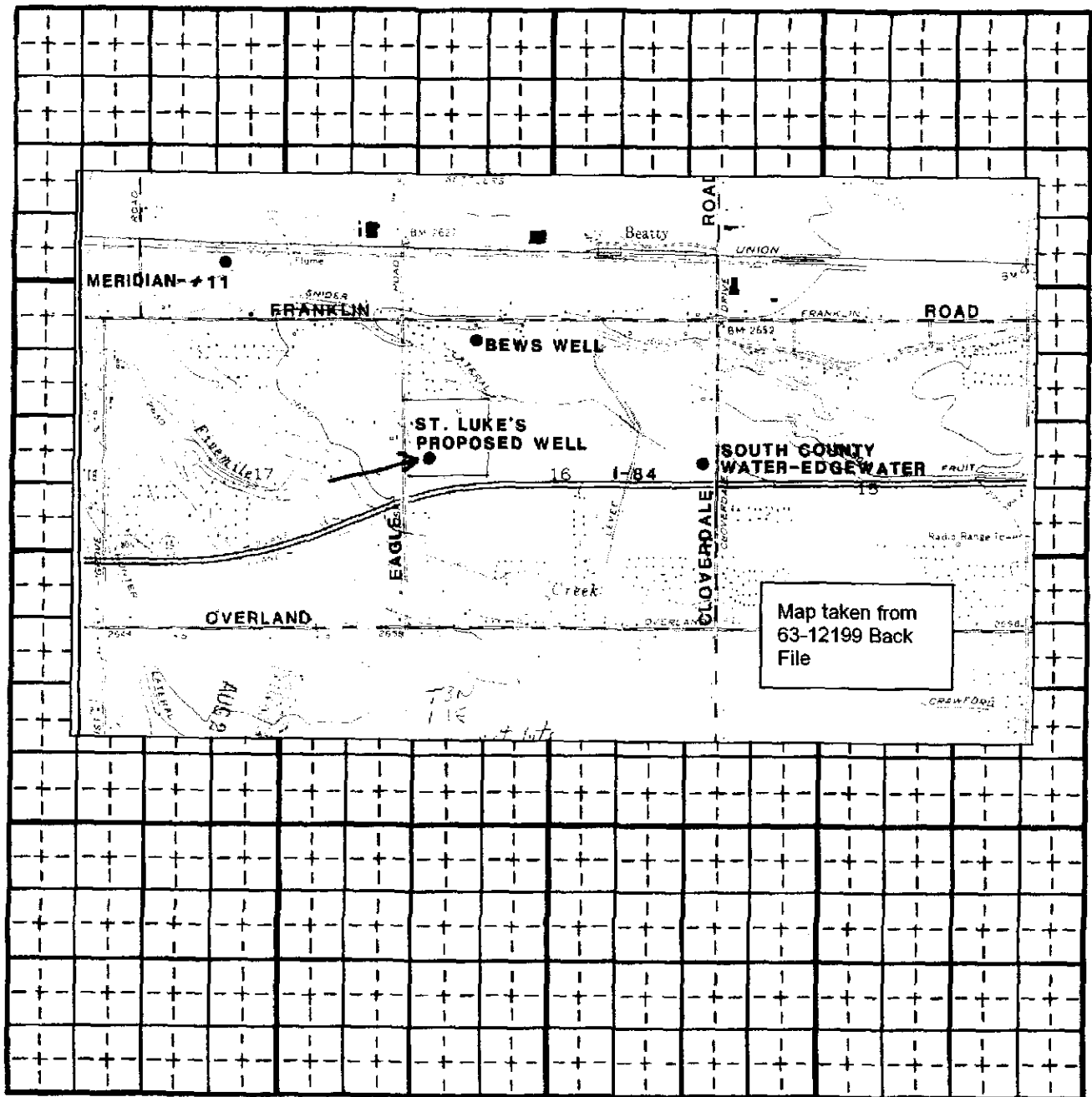
13. Describe any other water rights used at the same place and for the same purposes as described above.
Water Right 63-31384 for 0.38 cfs ground water for irrigation or None ()

14. Remarks:

St. Lukes Regional
Medical Center Last Name Ident No. 63-12199

Map of Project: show clearly the point of diversion, place of use, section number, township, and range number.

Scale: 2 Inches equals 1 mile



St. Lukes Regional

Last Name Medical Center

Ident No. 63-12199

15. Basis of Claim (check one) Beneficial Use _____ Posted Notice _____ License X Permit _____
Decree _____
If applicable provide IDWR Water Right Number 63-12199
Court _____ Case Number _____ Decree Date _____
Plaintiff vs Defendant _____

16. 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 Snake 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 do solemnly swear or affirm 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 that I am Exec. V.P. _____

of St. Luke's Regional Medical Center _____ that I have signed the foregoing
Organization

document in the space below as Exec. V.P. _____ of St. Luke's Regional Medical Center _____
Title Organization

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

Signature of Authorized Agent [Signature]

Title and Organization Exec. V.P. St. Luke's Regional Date 12/1/04
medical Center, Ltd.

State of Idaho/or _____ }
County of Ada } ss.

Subscribed and sworn (or affirmed) before me this 1st day of December 2004

Notary Public Carol A. Wilmes

Residing at Boise

My Commission Expires 9-28-07

Please Print Name

17. Notice of Appearance
Notice is hereby given that _____ will be acting as attorney at law on behalf
of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above
should be mailed to me at the address listed below.

Signature _____

Address _____

Date _____

St. Lukes Regional
Last Name Medical Center Ident. Number 63-12199



December 22, 2004

Laurie Harris
Idaho Department of Water Resources
Western Region
2735 Airport Way
Boise, ID 83705

Subject: Payment for St. Luke's adjudication claims

Dear Laurie,

Please find attached a check for \$152 to cover the costs of processing St. Luke's Claims 63-12199 (\$83) and 63-31384 (\$69) under the SRBA. In advance, thank you for your efforts.

Sincerely,

Christian R. Petrich, Ph.D., P.E.
Principal Engineer/Hydrologist



December 6, 2004

Steve Lester 
Idaho Department of Water Resources
Western Region
2735 Airport Way
Boise, ID 83705

RECEIVED

DEC 07 2004

WATER RESOURCES
WESTERN REGION

Subject: St. Luke's Water Rights

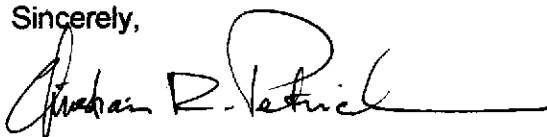
Dear Steve,

Please find enclosed the following forms submitted on behalf of St. Luke's Regional Medical Center:

1. Notice of Claim to a Water Right (63-12199)
2. Notice of Claim to a Water Right (63-31384)
3. Application for Transfer 37-12806 (the location of the place of use is currently incorrectly listed on water right).
4. Tax notices for properties pertaining to Application for Transfer 37-12806.

In advance, thank you very much for your efforts regarding these submittals. Please call me if you have any questions or would like additional information.

Sincerely,



Christian R. Petrich, Ph.D., P.E.
Principal Engineer/Hydrologist

Enclosures

05/31/2005

NOTICE OF ERROR
REPLY

RECEIVED

JUN 17 2005

WATER RESOURCES
WESTERN REGION

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation, or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: July 15, 2005

Water right number: 63-12199

ST LUKES REGIONAL MEDICAL CENTER
190 E BANNOCK
BOISE ID 83712
Telephone Number: (208)386-2255

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):
2. Describe the changes you wish to make in the proposed recommendation:
3. Give a brief explanation as to why you disagree with these portions:

☒ I AGREE with this proposed recommendation: no changes need to be made.

DATE: 6-15-2005 SIGNATURE: *Curtis R. Weedon*

Please print your name: CURTIS R. WEEDON

IDWR Regional Office, 2735 Airport Wy, Boise, ID 83705, 2083342190

05/31/2005

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 63-12199

NAME AND ADDRESS: ST LUKES REGIONAL MEDICAL CENTER
190 E BANNOCK
BOISE ID 83712

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.330 CFS
5.80 AFY

PRIORITY DATE: 03/22/1995

POINT OF DIVERSION:
T03N R01E S16 SWNW Within ADA County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.330 CFS 5.80 AFY
Domestic use is for an emergency use within an outpatient medical center.		

PLACE OF USE: DOMESTIC Within ADA County
T03N R01E S16 SWNW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: BASIS OF CLAIM - License

Place of use known as St. Lukes Meridian Medical Center.

After specific notification by the Department, the right holder shall install
a suitable measuring device or shall enter into an agreement with the Department to determine the amount of water diverted from power records and shall annually report the information to the Department.

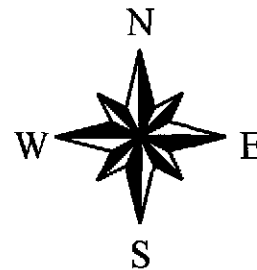


State of Idaho
Idaho Department of Water Resources
Western Region

T3N R1E SECTION 16
Water Right(s) : 63-12199



1320 0 1320 Feet



- ⊙ Point of Diversion
- ▭ Place Of Use
- ▭ Quarter Quarter Lines
- ▭ Section Lines

GIS Place of Use Illustration
2003 Aerial Photography
Prepared By: Vicky Music
Date: March 2005

03/02/2005

IDAHO DEPARTMENT OF WATER RESOURCES
PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 63-12199

NAME AND ADDRESS: ST LUKES REGIONAL MEDICAL CENTER
190 E BANNOCK
BOISE ID 83712

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.330 CFS
5.800 AFY

PRIORITY DATE: 03/22/1995

POINT OF DIVERSION:

T03N R01E S16 SWNW Within ADA County

PURPOSE AND
PERIOD OF USE:

<u>PURPOSE OF USE</u>	<u>PERIOD OF USE</u>	<u>QUANTITY</u>
DOMESTIC	01/01 12/31	0.330 CFS 5.80 AFY

Domestic use is for an emergency use within an outpatient medical center.

PLACE OF USE: DOMESTIC Within ADA County

T03N R01E S16 SWNW

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.

EXPLANATORY MATERIAL: License

After specific notification by the Department, the right holder shall install a suitable measuring device or shall enter into an agreement with the Department to determine the amount of water diverted from power records and shall annually report the information to the Department.

Place of use known as St. Lukes Meridian Medical Center.

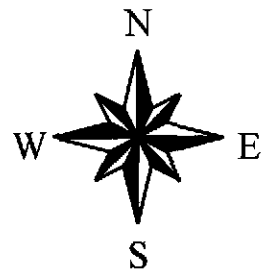


State of Idaho
Idaho Department of Water Resources
Western Region

T3N R1E SECTION 16
Water Right(s) : 63-12199



1320 0 1320 Feet



- ⊙ Point of Diversion
- Place Of Use
- Quarter Quarter Lines
- Section Lines

GIS Place of Use Illustration
2003 Aerial Photography
Prepared By: Vicky Music
Date: March 2005

State of Idaho
Department of Water Resources
Water Right License
WATER RIGHT NO. 63-12199

Priority: March 22, 1995

Maximum Diversion Rate:

0.33 CFS

Maximum Diversion Volume:

5.8 AF

This is to certify, that ST LUKES REGIONAL MEDICAL CENTER

190 E BANNOCK

BOISE ID 83712

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated March 22, 1995; and has submitted Proof of Beneficial Use on July 25, 1996. An examination indicates that the works have a diversion capacity of 0.330 cfs of water from a GROUNDWATER source, and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.33 CFS	5.8 AF

LOCATION OF POINT(S) OF DIVERSION:

SWNW , Sec. 16, Township 03N, Range 01E
ADA County

PLACE OF USE: DOMESTIC

TWN RGE SEC

03N 01E 16

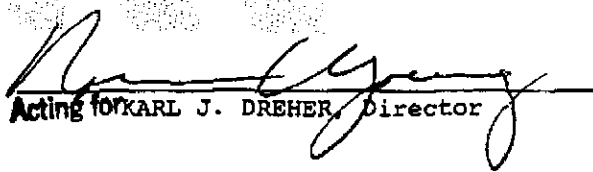
SWNW

CONDITIONS OF APPROVAL AND REMARKS

- ✓ 1. After specific notification by the department, the right holder shall install a suitable measuring device or shall enter into an agreement with the department to determine the amount of water diverted from power records and shall annually report the information to the department. APP
- ✓ 2. Place of use known as St. Lukes Meridian Medical Center. APP

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. The water right confirmed by this license is subject to all prior water rights and shall be administered in accordance with Idaho law and applicable rules of the Department of Water Resources. Signed and sealed this 8TH day of

DECEMBER, 1998.


Acting for KARL J. DREHER, Director

MICROFILMED

JAN 04 1999

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED

NOV 25 1998

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 63-12199

1. Owner: St. Lukes Regional Medical Center Phone No. 386-2255

Current Address: 190 E Bonnock Boise ID 83712

2. Accompanied by: Bob Holcomb EXAM DATE: 9/17/98

Address: same Phone No. 893-5071

Relationship to Permit Holder: Water Works Manager

3. Source: Ground Water tributary to

B. OVERLAP REVIEW

1. Other water rights with the same place of use: Municipal

2. Other water rights with the same point of diversion:

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion:

Ident No.	Govt. Lot	¼	¼	¼	Sec	Twp	Rge	County	Method of Determination/Remarks
			SW	NW	16	3N	1E	Ada	USGS Quad Map

2. Place(s) of Use:

Indicate Method of Determination USGS Quad Map

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
3N	1E	16							D										

MICROFILMED
14N 04 1999

3. Delivery System Diagram: Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. *see photos*

SEE ATTACHED SHEET.

Y Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

N Aerial Photo Attached (required for irrigation of 10+ acres).

Y Photo of Diversion and System Attached

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
		10	Submersible		

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements: Pump curve from Hiddleston Pump Co. who installed the pump.

E. NARRATIVE/REMARKS/COMMENTS

A well equipped with a 10 hp submersible pump supplies water to a hospital. The main source of water for the hospital is Meridian municipal water. The well can be used in case of emergency as a back-up well. The hospital is an out-patient care facility and is not open 24 hours/day. Their hours are 8 am to 10 pm. No other rights are used. The patient and employee numbers were supplied by Tim Hines, Manager of St. Lukes Administration (893-5000). 5 gallons per day per patient was used in the volume equation since the patients are treated on an out-patient basis.

Have conditions of permit approval been met? X yes ___ no

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JAN 04 1999

F. FLOW CALCULATIONS

 Additional Computation Sheets Attached

Measured Method:

Pump curve: 150 gpm = .33 cfs pumping capacity

G. VOLUME CALCULATIONS**1. Volume Calculations for Irrigation:**

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{\hspace{2cm}}$

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 = \underline{\hspace{2cm}}$

$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = \underline{\hspace{2cm}}$

2. Volume Calculations for Other Uses:

625 patients/dy X 5 gpd X 365 dys/yr/325850 = 3.5

135 employees X 15 gpd X 365 dys/yr/325850 = 2.3

2.3 + 3.5 = 5.8 afa

H. RECOMMENDATIONS**1. Recommended Amounts**

Beneficial Use	Period of Use		Rate of Diversion	Annual Volume
	From	To	Q (cfs)	V (afa)
<u>Domestic</u>	<u>1/1</u>	<u>12/31</u>	<u>.33</u>	<u>5.8</u>
Totals:			<u>.33</u>	<u>5.8</u>

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

I. AUTHENTICATION

Field Examiner's Name W. Graver Date 11/23/48

Reviewer _____ Date _____

SEAL

MICROFILMED
JAN 04 1999

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM POU REVIEW REPORT
ADJUDICATION CLAIM NUMBER: 63-12199

03/02/2005

1

Water Right #	Type	Twp	Rge	Sec	QQ	Q	Lot	Purpose of Use	Acres/Total	Name
63-31384	Claim	03N	01E	16	SW	NW		IRRIGATION	13/19	ST LUKES REGIONAL MEDICAL CENTER
63-31384	Water Right	03N	01E	16	SW	NW		IRRIGATION	13/19	ST LUKES REGIONAL MEDICAL CENTER
63-12199	Claim	03N	01E	16	SW	NW		DOMESTIC		ST LUKES REGIONAL MEDICAL CENTER
63-12199	Water Right	03N	01E	16	SW	NW		DOMESTIC		ST LUKES REGIONAL MEDICAL CENTER