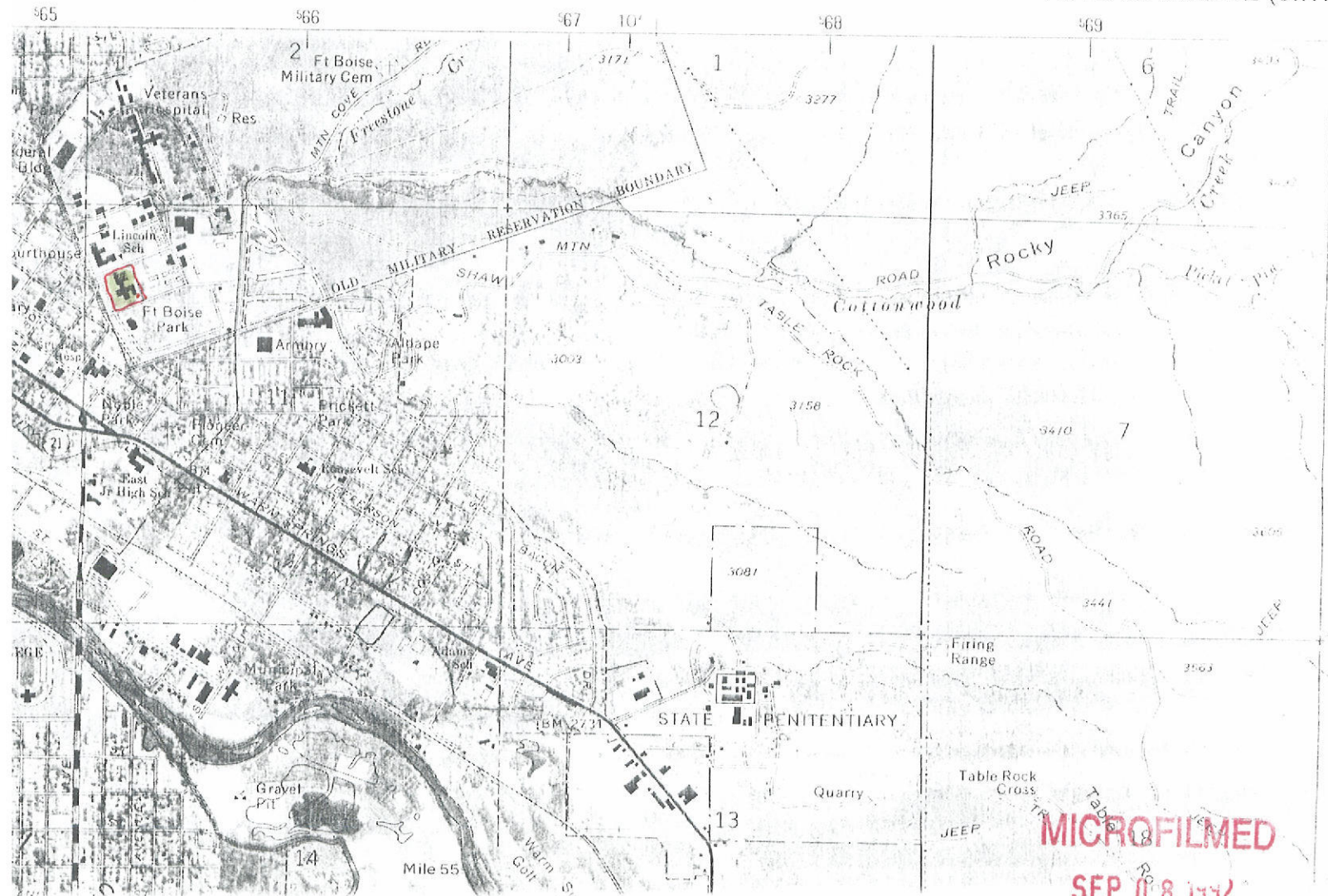


Idaho Elks Rehabilitation Hospital

R2E

R3E

BOISE SOUTH QUAD
IDAHO
7.5-MINUTE SERIES (ORTHO)

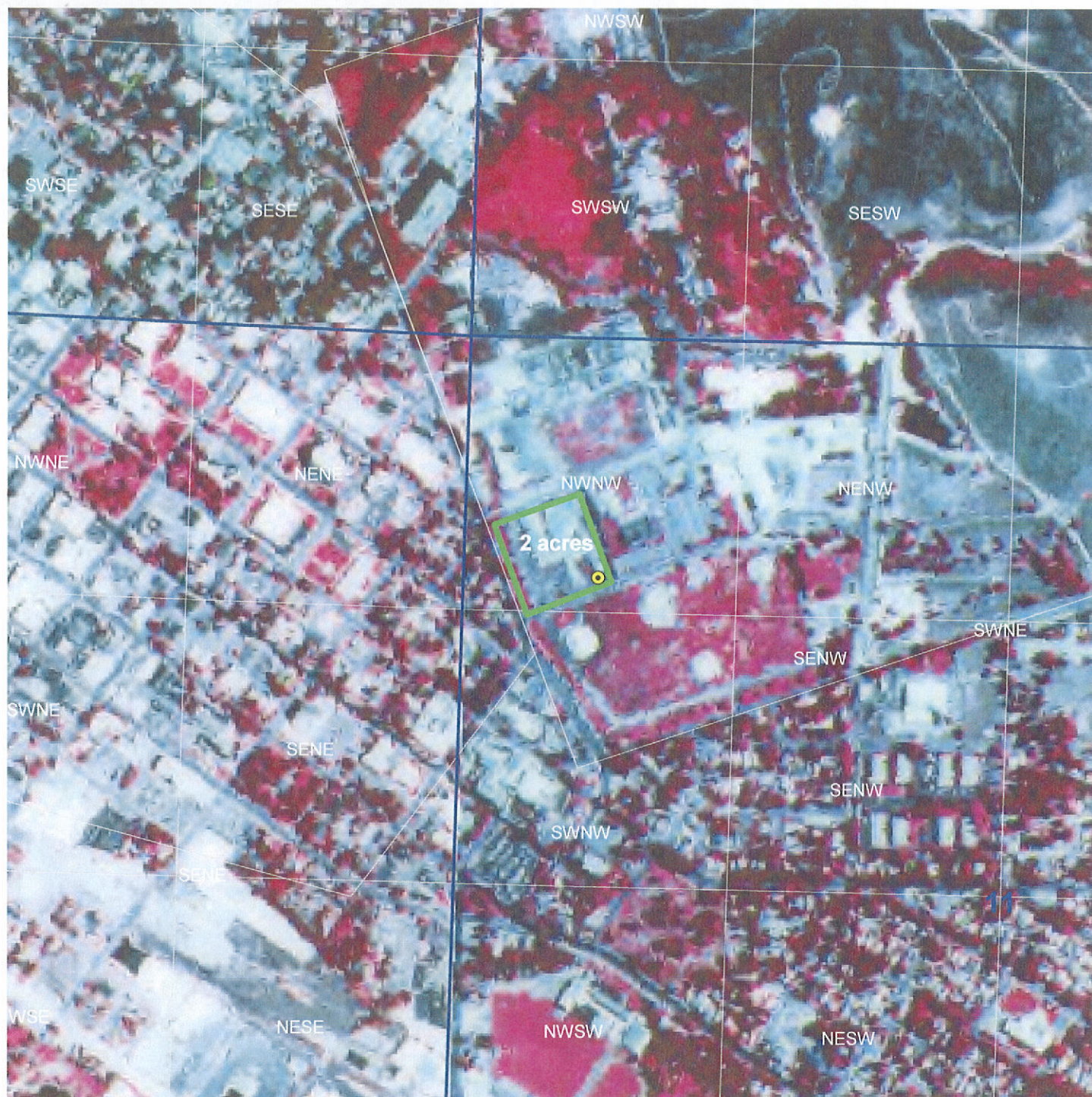


MICROFILMED
SEP 11 1992

Idaho Department of Water Resources

63-22910

T03N R02E S11



- Point of Diversion
- Place of Use
- Sections
- Quarter Quarter



IDWR

Prepared by: Sandy Egbert

Date: 5-12-05

1987 NAPP Photography

600 0 600 1200 1800 2400 Feet

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: A63-22910
Date Received: 9/05/1989
Receipt No: C010861
Received By: _____

NOTICE OF CLAIM TO A WATER RIGHT
ACQUIRED UNDER STATE LAW

1. Name: IDAHO ELKS REHABILITATION HOSPITAL 208-343-2583
Address: P.O. BOX 1100
BOISE, ID 83701

2. Date of Priority: NOV 01, 1957

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of	1/4 of	1/4	Lot	County
03N	02E	11	SE	NW	NW		ADA

5. Description of diverting works:
WELL 334' DEEP, 6" CASING, 15HP PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	03/15	11/15	0.060		

7. Total Quantity Appropriated is:
0.060 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 7.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of	1/4	Lot	Use	Acres
03N	02E	11	NW	NW		IRR	2.0

Section Acres 2.0

Total Acres 2.0

A63-22910

Page 1

Date: 06/28/90

MICROFILMED

SEP 08 1992

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:
NONE

14. Remarks:
WATER USED IN HOSPITAL COMES FROM BOISE WATER CORP.

15. Basis of Claim: BENEFICIAL USE

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 Organizations:

I do solemnly swear or affirm that I am _____ of

Title
_____, that I have signed the foregoing
Organization
document in the space below as _____ of

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

Signature of Authorized Agent

Title and Organization

Date

State of Idaho)
County of) SS.
)

Subscribed and sworn (or affirmed) before me this _____ day
of _____ 19 _____

Notary Public

Seal

Residing at _____

My Commission Expires _____

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

A63-22910

Date Received

9-5-89-Rat

Receipt Number

C010861

NOTICE OF CLAIM
TO A
WATER RIGHT
ACQUIRED UNDER STATE LAW

Please type or print clearly

1. Name of Claimant (s) Idaho ELKS Rehabilitation Hospital Phone (208) 343-2583Mailing Address P.O. Box 1100, Boise, Idaho Zip 837012. Date of Priority (Only one (1) per claim) November 1, 19573. Source of water supply (a) Groundwater
which is tributary to (b) _____4. a. Location of existing point of diversion is: Township 3N Range 2E Section 11,
SE 1/4 of NW 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. Well, 334' deep, 6" casing,15 HP pump.

MICROFILMED

SEP 08 1992

HOW YOU WILL RECEIVE NOTICES IN THE SNAKE RIVER BASIN ADJUDICATION

All documents filed in the Snake River Basin Adjudication other than notices of claims are filed with the court. Notices of claims to water rights filed in the Snake River Basin Adjudication are filed with the Idaho Department of Water Resources. Copies of all documents filed in the Snake River Basin Adjudication will not be mailed to all parties (claimants) in the adjudication.

By order of the court, any document filed with the court will be mailed only to those parties who may be directly affected by it. A monthly docket sheet will be prepared by the department which contains a summary of all documents filed with the court in the previous month and the dates and locations of hearings scheduled for the following three months. The docket sheet will be filed with the district court clerk in each county within the Snake River Basin in Idaho. Copies of the docket sheet may be obtained from any of the offices of the department either in person or by mail; a small fee will be charged to cover the cost of mailing and/or copying. If you wish to receive a copy of the docket sheet each month, you should mark the appropriate place on your notice of claim form. You will be charged a small annual subscription fee to cover the cost of copying and mailing. Copies of any document listed on the docket sheet may be obtained from any of the offices of the department either in person or by mail; a small fee will be charged to cover the cost of mailing and/or copying.

Copies of all notices of claims filed with the department will be available for inspection from all offices of the department. Copies of the notices of claims may be obtained in person or by mail, but you will be charged for the cost of copying and mailing. (A claimant will not be charged for a copy of his or her own notice of claim, and a person who acquires property with water rights for which a notice of claim was filed will not be charged for a copy of the notice of claim filed by the previous owner.)

After the notices of claims have been reviewed, the director will prepare and file a report with the court. Part 1 of the report will contain the director's recommendations as to each water right claimed under state law. Part 2 of the report will list each federal reserved water right claimed. A number of reports will be prepared, one or more for each sub-basin in the Snake River Basin. When the report for your sub-basin is filed with the court, you will be mailed a notice informing you that the report for your sub-basin has been filed. The notice will be sent to the most recent address shown by the department's files. Attached to the notice will be a copy of those portions of the report describing the water rights you have claimed. If you do not agree with the way your water right is described, you may file an objection to the report with the court. You can also file an objection if you disagree with the way other claimant's water rights are described, and the notice will tell you where a copy of the full report is available for inspection. The notice will tell you when and where to file your objection. The notice of filing for each sub-basin report will also be published state-wide in local newspapers.

RECEIVED

SEP 2 1988

6. Water is claimed for the following purposes:

(both dates are inclusive)

(cfs)

(acre feet)

For Irrigation purposes from 3/15 to 11/15 amount .06 or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

For _____ purposes from _____ to _____ amount _____ or _____

7. Total quantity claimed (a) .06 (cfs) and/or (b) _____ (acre feet)

8. Total consumptive use claimed is 7 acre feet per annum.

9. Non-irrigation uses; describe fully (eg. Domestic: Give number of households served; Stockwater: Type and number of livestock Etc.) _____

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	
3N	2E	11					2												2

Total number of acres irrigated 2

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.
_____ or None (X)

14. Remarks: Water used in hospital comes from Boise Water Corp.

Last Name _____ Ident No. _____

Copies: **MICROFILMED**
White State Yellow Cover

SEP 08 1992

It is very important that you inform the department in writing of any change in your address. This is to make sure that you receive the notices affecting your water rights that are to be mailed by the department.

If you are acquiring property with water rights in the Snake River Basin water system in Idaho (either by purchase, gift, inheritance, or other means), it is very important that you inquire of the department whether a notice of claim has been filed. If not, you must file a notice of claim or the water right may be declared by the court to no longer exist. If a notice of claim has been filed, it is very important that you file a written notice of change in ownership with the department. The notice of change in ownership must be accompanied by some evidence of the change in ownership, such as a copy of the deed or a property tax statement showing the name of the new owner. Again, this is to make sure that you receive the notices affecting your water rights that are to be mailed by the department.

The cost of the subscription to the docket sheet is \$7.50 for calendar year 1988. The cost of the subscription may increase a small amount for calendar year 1989 if the cost of copying and/or mailing should increase.

If you are planning to file a motion or other pleading (not a notice of claim) with the court (not IDWR), the court has issued an order setting a special procedure that is different from the usual civil rules. A copy of the order may be obtained from any office of IDWR; you may be charged for the cost of mailing and/or copying.

15. Basis of Claim (check one) Beneficial Use ☒ Posted Notice _____ License _____ Permit _____
Decree _____

If applicable provide IDWR Water Right Number _____

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 1 (map)

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 Administrator
Title _____

of Idaho ELKS Rehab. Hosp.
Organization _____, that I have signed the foregoing

document in the space below as Administrator of Idaho ELKS Rehab. Hosp.
Title _____ Organization _____

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

Signature of Authorized Agent Joseph P. Carroll

Title and Organization Admin of Idaho ELKS Rehab Date 9-5-89

State of Idaho/or Idaho)
County of ADA) SS.

Subscribed and sworn (or affirmed) before me this 5 day of September 19 89

SEAL

Notary Public Barbara V. Child

Residing at Boise

My Commission Expires 4-3-93

Please Print Name

17. Notice of Appearance:

Notice is hereby given that I, _____ 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 _____

Last Name _____ Ident. Number _____

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Copies White-State, Yellow-Claimant

SEP 08 1992

65 66 67 68 69

2 1 6

Ft Boise Military Cem

Veterans Hospital

Res

MTN COVE

Prestone

OLD MILITARY RESERVATION BOUNDARY

SHAW

MTN

3171

3277

3365

Rocky

TRAIL Canyon

JEOP

ROAD

Cottonwood

Pick Pin

3410

7

3406

JEOP

3441

3563

Firing Range

Table Rock Cross

Quarry

STATE PENITENTIARY

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3158

3081

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Grayel Pit

Mile 55

Golf S

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4/5/1989

SRBA CLAIMS RECEIVING CHECKLIST #2

CLAIMANT'S NAME

Idaho Elys Rehab

CLAIM IDENT. NO.

A63-22910

DATE RECEIVED

9-5-89

CK #

010861

AMOUNT \$

52.00

YES

NO

Required
Info?

1. Is the name and address complete with zip code? ☒ YES ☐ NO *
2. Is a priority date entered? ☒ YES ☐ NO *
- Is the priority date acceptable in view of mandatory filing dates? ☒ YES ☐ NO *
- See Adjudication Memos #1 and #4 to determine if a Permit is required. ☒ YES ☐ NO *
3. (a) Is a source entered? ☒ YES ☐ NO *
- (b) Is a tributary to entered? (if required) ☒ YES ☐ NO N/A *
4. Is the legal description of the p.d. sufficient? ☒ YES ☐ NO *
5. Is there a description of the diverting works? ☒ YES ☐ NO *
6. Are the water uses appropriate for the form? The short form is limited to domestic and stockwater uses with direct diversion. All claims that include storage or instream stockwater must use long form. ☒ YES ☐ NO *
- Is the period of use included? ☒ YES ☐ NO *
- Is a quantity claimed for each use? ☒ YES ☐ NO *
7. Is a total quantity claimed entered? ☒ YES ☐ NO *
8. If required is a consumptive use entered? ☒ YES ☐ NO N/A *
- Is the consumptive use correct? ☒ YES ☐ NO N/A *
9. Are the non-irrigation uses listed properly? If this claim is on the short form, and more than one domestic use is listed, single ownership must be stated. If not under single ownership, see Adjudication Memo # 4. ☒ YES ☐ NO N/A *
10. Is (are) the place(s) of use and purpose(s) indicated? ☒ YES ☐ NO *
11. Is (are) the county(ies) entered? ☒ YES ☐ NO *
12. Is the ownership of p.u. checked? ☒ YES ☐ NO *
13. Are other water rights listed or "none" indicated? ☒ YES ☐ NO *
14. If required, are remarks correct? (If the claimant does not own the place of use, authority for filing the claim must be explained in the remarks.) ☒ YES ☐ NO N/A *
15. Is the basis of the claim indicated? ☒ YES ☐ NO *
16. If the claimant requested a monthly docket sheet, is payment enclosed? (If yes, describe payment status in "Comments" below.) ☒ YES ☐ NO N/A *
17. Is the claim signed by the claimant, and is the signature appropriate? Organizations must complete the organization block. ☒ YES ☐ NO *
18. Has the claim been signed, sealed, and dated by a notary? ☒ YES ☐ NO *
19. Was this claim filed on time, or was an extension granted? ☒ YES ☐ NO *
20. Is the fee enclosed correct? ☒ YES ☐ NO Exempt *
21. If this claim is based on an existing water right, has the identification number been entered? ☒ YES ☐ NO N/A *
22. Should this claim be data entered? ☒ YES ☐ NO *

Claim checked by: BDate: 6/13/96

Claim must be returned to claimant:

(Yes) ☒ (No) ☐

Claimant must be notified of modifications:

(Yes) ☒ (No) ☐

Receipt Prepared by:

Claim data entered by: BSent to claimant by: B

Date:

Date: 6/28/90

Date:

Checked by: _____

Date: _____

Comments: _____

MICROFILMED

SEP 08 1992

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: 63-22910

IDAHO ELKS REHABILITATION HOSPITAL
PO BOX 1100
BOISE ID 83701
Telephone Number: (208)343-2583

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: 6/15/05

SIGNATURE:

Joseph P. Caroselli

Please print your name:

Joseph P. Caroselli

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

05/12/2005

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

RIGHT NUMBER: 63-22910

NAME AND ADDRESS: IDAHO ELKS REHABILITATION HOSPITAL
PO BOX 1100
BOISE ID 83701

SOURCE: GROUND WATER

TRIBUTARY:

QUANTITY: 0.060 CFS
9.000 AFY

PRIORITY DATE: 11/01/1957

POINT OF DIVERSION:

T03N R02E S11 SENWNW Within ADA County

PURPOSE AND
PERIOD OF USE:

PURPOSE OF USE

PERIOD OF USE

QUANTITY

IRRIGATION

03/01 11/15

0.060 CFS

9.00 AFY

PLACE OF USE: IRRIGATION Within ADA County

T03N R02E S11 NWNW 2.0

2 ACRES TOTAL

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.

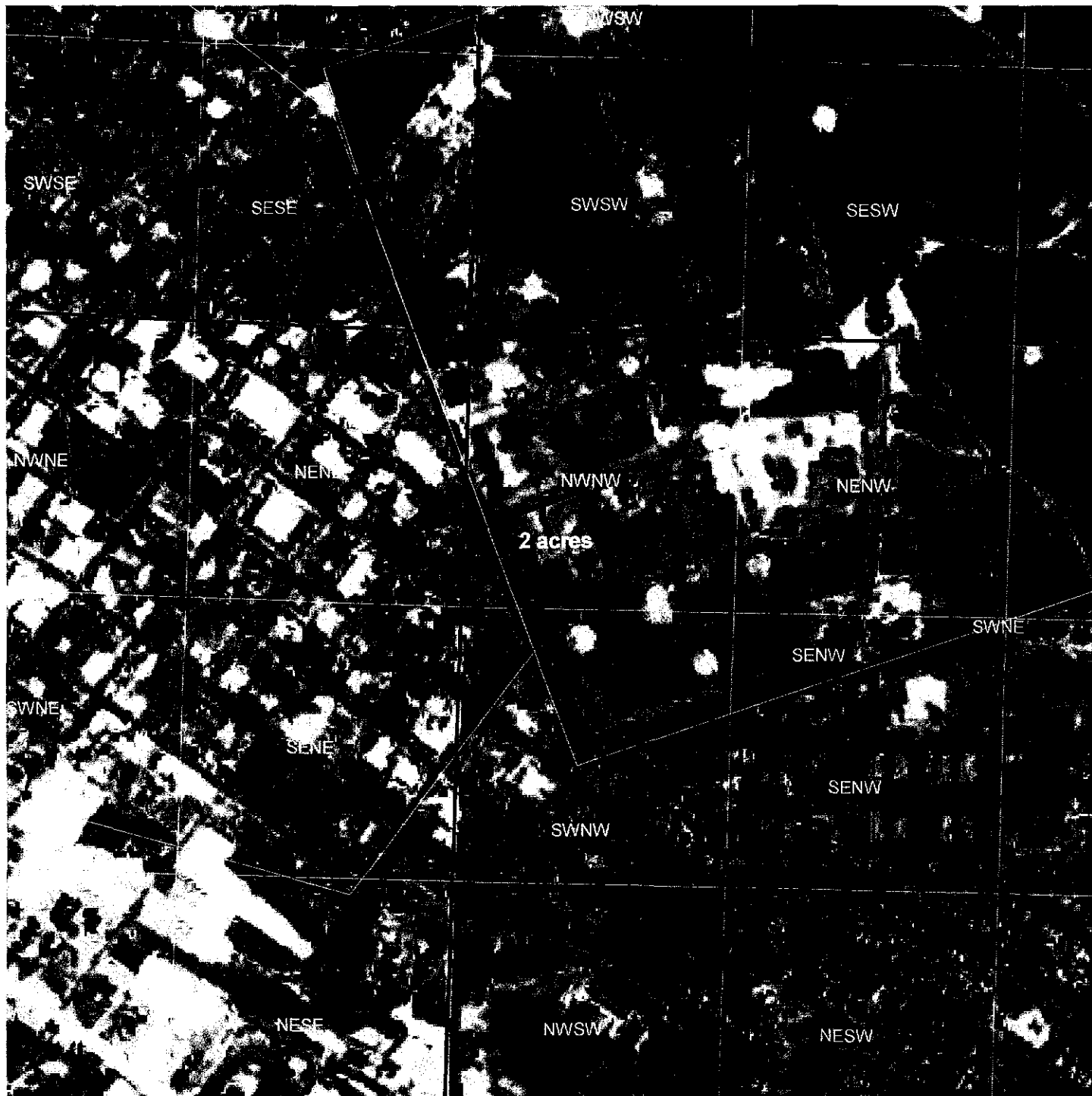
EXPLANATORY MATERIAL: Beneficial Use

Water used in hospital is from Boise Water Corp.

Idaho Department of Water Resources

63-22910

T03N R02E S11



- ⊙ Point of Diversion
- ▭ Place of Use
- ▭ Sections
- ▭ Quarter Quarter



IDWR

Prepared by: Sandy Egbert

Date: 5-12-05

1987 NAPP Photography

600 0 600 1200 1800 2400 Feet

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-22910 V1

WATER RIGHT NUMBER: 63-22910 V1

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	IDAHO ELKS REHABILITATION HOSPITAL PO BOX 1100 BOISE, ID 83701 (208)343-2583

Priority Date: 11/01/1957

Basis: Beneficial Use

Status: Active

<u>Source</u>	<u>Tributary</u>
GROUND WATER	

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	03/01 to 11/15	0.060 CFS	9.00 AF
	<u>Total Diversion:</u>	0.060 CFS	9.00 AF

Location of Point(s) of Diversion

GROUND WATER	SE1/4NW1/4NW1/4	Sec. 11, Twp 03N, Rge 02E, B.M.
ADA County		

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03N	02E	11						2.0											2.0

Total Acres: 2

Conditions of Approval:

1. Water used in hospital is from Boise Water Corp.
2. C18 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.

Remarks:Comments:Dates and Other Information:

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-22910 V1

Decreed Date:
 Enlargement Use Priority Date:
 Enlargement Statute Priority Date:
 Defendant:
 Plaintiff:
 Civil Case Number:
 Judicial District:
 Notice of Error Flag:
 State or Federal: S
 Owner Name Connector:
 Water District Number:
 Generic Max Rate Per Acre:
 Generic Max Volume Per Acre:
 Swan Falls Trust or Nontrust:
 Swan Falls Dismissed:
 DLE Act Number:
 Carey Act Number:
 Mitigation Plan: False

Combined Use Limits:Element Reviewed/Verified Dates:

<u>Element</u>	<u>Last Reviewed Date</u>	<u>Reviewer</u>	<u>Last Verified Date</u>	<u>Verifier</u>	<u>Status</u>
Summary			03/02/2005	lharris	Active
Priority Date	5/12/2005 2:17:22 PM	segbert			Active
POD	5/12/2005 2:17:49 PM	segbert			Active
Source	5/12/2005 2:19:29 PM	segbert			Active
POU	5/12/2005 2:19:59 PM	segbert			Active
Use	5/12/2005 2:23:28 PM	segbert			Active
Season	5/12/2005 2:23:56 PM	segbert			Active
Quantity	5/12/2005 2:25:08 PM	segbert			Active
Summary			05/12/2005	segbert	Active

Verification Log:

<u>Element</u>	<u>Date Time Stamp</u>	<u>Reviewer</u>	<u>Log text</u>
Summary	3/2/2005 12:02:57 PM	lharris	(No) 1. Is the basis of this claim a Decree, License, Permit, Application or Posted Notice? (Yes) 3. Is the water being used for all of the purposes claimed and to the extent claimed?

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-22910 V1

General	5/12/2005 2:17:22 PM	segbert	(No) 1. Should this water use have been included in a later court decree of the water rights from this source? (No) 4. Is the basis of claim decree or license? (No) 7. Is the basis of claim a Application or Permit? (No) 8. Is the basis of claim a posted notice? (No) 9. Is the Priority Date claimed after the date a permit is required for the source and the water use? (Yes) 12. Does the claim file contain sufficient evidence of Priority Date? (Yes) 15. Is the basis of claim coded correctly? (No) 16. Is a Priority Date remark and/or condition required? Description for Question 12/13 - Historical information on hospitals web site
POD	5/12/2005 2:17:50 PM	segbert	(No) 1. Is the basis of this claim a Decree or License? (No) 2. Is the basis of this claim a Application or Permit? (No) 6. Is there evidence that there has been a change in the POD? (Yes) 9. Does the file contain all the necessary information to verify the POD? (No) 10. Is a POD remark and/or condition required?
Source	5/12/2005 2:19:30 PM	segbert	(No) 1. Is the basis of claim Decree or License? (No) 2. Is the basis of claim an Application or Permit? (No) 6. Is the basis of claim a Posted Notice? (No) 7. Is there evidence that there has been a change in the source? (Yes) 10. Does the file contain all the necessary information to verify the source? (No) 11. Is a Source remark and/or condition required? Description for Question 10 - aerial photography
POU	5/12/2005 2:19:59 PM	segbert	(No) 1. Is the basis of this claim a Decree or License? (Yes) 2b. Is the POU required? (No) 3. Is the basis of claim a Application or Permit? (No) 7. Is there evidence that there has been a change in the POU? (Yes) 13. Does the file contain all the necessary information to verify the POU? (No) 14. Is a POU remark and/or condition required? Description for Question 13 - aerial photography
POD	5/12/2005 2:22:49 PM	segbert	Updated shape

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Recommendation Report 63-22910 V1

Use	5/12/2005 2:23:29 PM	segbert	(No) 1. Is the basis of this claim a Decree or License? (No) 2. Is the basis of this claim a Application or Permit? (No) 6. Is there evidence that there has been a change in the Purpose of Use? (Yes) 11. Does the file contain all the necessary information to verify the Water Use? (No) 13. Is a Purpose of Use remark and/or condition required?
Summary	5/12/2005 2:31:18 PM	segbert	(No) 1. Is the basis of this claim a Decree, License, Permit, Application or Posted Notice? (Yes) 3. Is the water being used for all of the purposes claimed and to the extent claimed? (No) 5. Does this right have any combined use limits with other rights? (Yes) 6. Is an additional remark and/or condition required? (Yes) 7. Would you like to view the recommended right? (No) 8. Is this a split or combined right? (No) 9. Do you have documents you would like to attach or link to the file? (Yes) 10. Would you like to set the verification date?
POU	5/12/2005 2:20:56 PM	segbert	Updated shape for Active POU
Season	5/12/2005 2:23:56 PM	segbert	(No) 1. Is the basis of claim Decree or License? (No) 2. Is the basis of claim a Application or Permit? (No) 6. Is there evidence that there has been a change in the Period of Use? (Yes) 12. Does the file contain all the necessary information to verify the Period of Use? (No) 13. Is the basis of claim a decree, license, or a transferred beneficial use right that has had the Period of Use administratively determined? (Yes) 15. Is irrigation claimed as a Purpose of Use? (No) 18. Is a Period of Use remark and/or condition required?
Quantity	5/12/2005 2:25:09 PM	segbert	(No) 1. Is the basis of this claim a Decree or License? (No) 2. Is the basis of this claim a Application or Permit? (No) 6. Is the basis of claim a posted notice? (No) 7. Is a flow measurement required? (Yes) 9. Is the source Groundwater and does the purpose of use require a diversion volume limit? (Yes) 10. Is a irrigation a purpose of use? (No) 12. Is a Quantity remark or condition required? Description for Question 7 - under .2 cfs Description for Question 10 - 4.5 x 2 acres

Water Supply Bank:

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 63-22910

WATER RIGHT NUMBER: 63-22910

Owner Type Name and Address

Current Owner IDAHO ELKS REHABILITATION HOSPITAL ✓
 PO BOX 1100
 BOISE, ID 83701
 (208)343-2583

Priority Date: 11/01/1957 ✓

Basis: Beneficial Use ✓

Status: Active ✓

Source Tributary

GROUND WATER ✓

Beneficial Use From To Diversion Rate Annual Volume

IRRIGATION ~~3/15~~ to 11/15 0.060 CFS ✓ 9.0
 3-1 Total Diversion: 0.060 CFS

Location of Point(s) of Diversion

GROUND WATER SE1/4NW1/4NW1/4 ✓ Sec. 11, Twp 03N, Rge 02E, B.M. ✓
 ADA County

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
03N	02E	11						2.0											2.0

Total Acres: 2

Conditions of Approval:Remarks:

- General WATER USED IN HOSPITAL COMES FROM BOISE WATER CORP.

Comments:Dates and Other Information:

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
ADJUDICATION FIELD REPORT**

Prior to Field Exam

- ☒ Copy of Claim, claim has been signed, sealed, and dated by notary?
- ☒ Check fees paid 52.00
- ☐ Well logs (if needed)
- ☒ Copy of topo or NAPP
- ☒ Check of Govt. Lots, if needed, Govt. Plat/Tax lot information
- ☒ Check POD & POU overlap, see below – include overlapping right for exam
- ☒ Evidence of Priority – if none, talk with claimant

CLAIMANT INFORMATION – verify contact information is completeClaim No(s) 63-22910

Owner: _____ Phone No. _____

Current Address: _____

- ☒ No change NAME IS THE SAME
- ☐ NEW OWNER _____
- ☐ No change Address
- ☐ NEW ADDRESS _____
- ☐ How long owned property? _____

Accompanied by: _____

PRIORITY DATE

- ☒ No change – Complete evidence submitted or not necessary *Hospital's web site*
- ☐ Incomplete – Claimant should be asked when water was first used and submit proof of date.
- ☐ Priority date is acceptable/within mandatory filing dates?

Priority date, per claimant, is: _____

(If priority date, based on your exam, seems questionable, explain below.)

Source: _____ Tributary to _____

- ☒ No Change – SAME SOURCE
- ☐ Source found is different than claimed: _____

POINT OF DIVERSION

- ☒ No change
- ☐ POD found is different than claimed: _____
- ☐ If different, when did POD change? _____

DIVERSION AND DELIVERY SYSTEM

Points of Diversion:

ID #	Govt Lot #	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks GPS ID

Description of diverting works

OVERLAP REVIEW

Other water rights with the same point of diversion: _____

Does overlap add acres or uses to existing system, increase rate of flow or volume, or other? Explain: _____

WATER USES☒ No change☐ Different Uses

Use _____ From _____ To _____ Amount _____ CFS _____ AFA

Use _____ From _____ To _____ Amount _____ CFS _____ AFA

Use _____ From _____ To _____ Amount _____ CFS _____ AFA

TOTAL VOLUME – Groundwater only☒ Incomplete on claim, the total is, Amount _____ CFS 9 AFA☐ Changes found, the new total is, Amount _____ CFS _____ AFA☐ More than 1" per Acre? Yes _____ (claimant must complete excess flow sheet)

$$4.5 \times 2 = 9$$

$$.06 \times 1.9835 \times 260 = 31.0$$

NON-IRRIGATION USES:☒ No change☐ Changes Exam found: Domestic # of homes _____ Stock # _____

Types _____ Additional comments: _____

PLACE OF USE:☒ No Change☐ Changes shown below:

Place of Use			NE				NW				SW				SE				Totals
TWP	RGE	SEC	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Overlap with other water rights: _____

Does overlap increase rate of flow, volume, additional acres, different source for same acres? Explain:

Delivery System Narrative: _____

Well or Diversion Identification No GPS ID	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge size

FLOW MEASUREMENTS:

Attach appropriate documents

NARRATIVE/REMARKS/COMMENTS

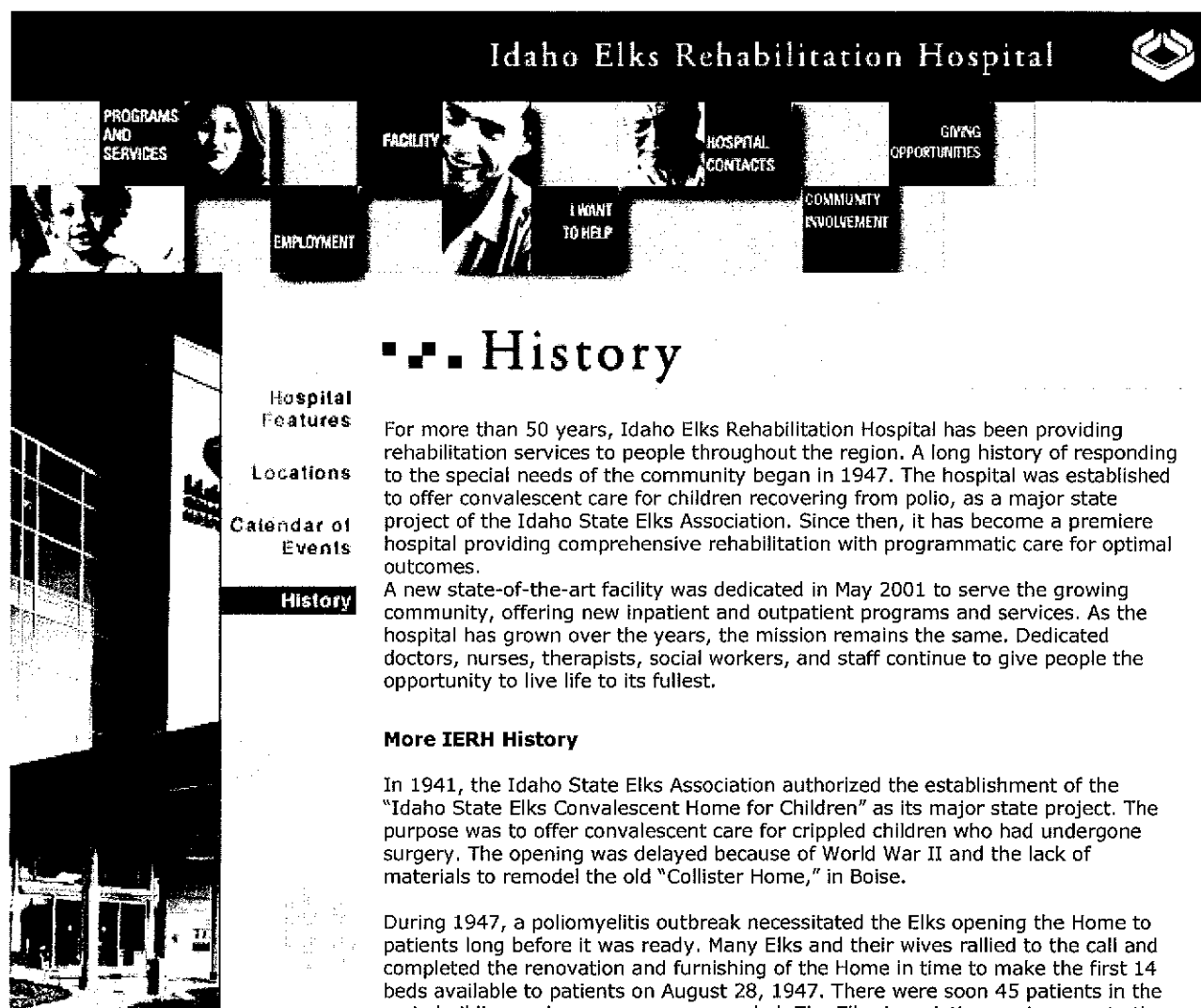
[illegible]

AFTER EXAM THE FILE SHOULD CONTAIN:

- ☐ Completed claim checklist
- ☐ Photographs of POD's and POU
- ☐ GPS readings
- ☐ Completed map and or GIS layout showing POD's and POU

DATE ^{Review} ~~EXAM~~ CONDUCTED: 5-12-05

FIELD EXAMINER: Sandy Egbert



The banner features a dark background with the hospital's name in white. Below the name is a navigation menu with links: PROGRAMS AND SERVICES, FACILITY, HOSPITAL CONTACTS, GIVING OPPORTUNITIES, EMPLOYMENT, I WANT TO HELP, and COMMUNITY INVOLVEMENT. Each link is accompanied by a small, high-contrast image of a person. On the left side of the banner is a vertical image of the hospital's exterior building.

Idaho Elks Rehabilitation Hospital



PROGRAMS
AND
SERVICES

FACILITY

HOSPITAL
CONTACTS

GIVING
OPPORTUNITIES

EMPLOYMENT

I WANT
TO HELP

COMMUNITY
INVOLVEMENT

History

Hospital
Features

Locations

Calendar of
Events

History

For more than 50 years, Idaho Elks Rehabilitation Hospital has been providing rehabilitation services to people throughout the region. A long history of responding to the special needs of the community began in 1947. The hospital was established to offer convalescent care for children recovering from polio, as a major state project of the Idaho State Elks Association. Since then, it has become a premiere hospital providing comprehensive rehabilitation with programmatic care for optimal outcomes.

A new state-of-the-art facility was dedicated in May 2001 to serve the growing community, offering new inpatient and outpatient programs and services. As the hospital has grown over the years, the mission remains the same. Dedicated doctors, nurses, therapists, social workers, and staff continue to give people the opportunity to live life to its fullest.

More IERH History

In 1941, the Idaho State Elks Association authorized the establishment of the "Idaho State Elks Convalescent Home for Children" as its major state project. The purpose was to offer convalescent care for crippled children who had undergone surgery. The opening was delayed because of World War II and the lack of materials to remodel the old "Collister Home," in Boise.

During 1947, a poliomyelitis outbreak necessitated the Elks opening the Home to patients long before it was ready. Many Elks and their wives rallied to the call and completed the renovation and furnishing of the Home in time to make the first 14 beds available to patients on August 28, 1947. There were soon 45 patients in the main building and more room was needed. The Elks Association again came to the front and had three wooden barrack buildings placed on the grounds to take care of the additional patients.

During the early years, the National Foundation for Infantile Paralysis played a tremendous role in the successful operation of the Home, with their contribution for patient care in money and equipment.

The name changed to the "Elks Rehabilitation Center" as all types of therapy were being provided to patients with other crippling conditions, as well as therapy to adults when beds were available.

Ten years later, in 1957, the Elks built a new Center on Fort Street, dedicated on October 19, 1957.

In addition to the Elks contributions for patient care, many other agencies and companies contributed to the cost associated with the operation of the hospital. Every Elks Lodge in Idaho has contributed to the building through its \$10.00 per member contributions. Building costs were matched from the Federal Hill-Burton Hospital Fund. As the need for more programs and space became apparent, additions were made to the original one-story hospital that cost almost as much as the original building, \$600,000.00.

On May 5, 2001, a new facility was dedicated with the same purpose: to provide care for those in need of rehabilitation. With the new hospital, dedicated doctors, nurses, therapists, social workers, and staff are performing superior service for more patients each year. The Elks of Idaho take great pride in their major project, as they continue their contribution to the cause, in "thought, work and deed."

**Land Records**
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Property Details for Parcel S1011223137

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General Information

Property Acres: 4.573
Zone Code: H-SD
Primary Code Area: 01-6 Tax Districts
Group Type: SECT
Subdivision: 3N 2E 11
Section: 3N2E11

Property Description

PAR #3137 @ CTR W POR NW4NW4
 SEC 11 3N 2E
 #223135-C #223145-C

Property Address

600 N ROBBINS RD
 BOISE, ID 83702


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Assessor Links

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- [Information](#)
- [Appraisal](#)
- [Exemptions and Reductions](#)
- [Motor Vehicles](#)
- [Levy Rates](#)

Parcel Valuation Details

Assessment Roll	State Category Code	Acreage	Assessed Value	Valuation Method
Primary	420-COM IMPROVEMENT	0.000	\$4,682,900	COST
Primary	210-COM LOT OR TRACT	4.573	\$398,400	MARKET

Total Assessed Value: \$5,081,300

Parcel Valuation History

Assessed value for year 2004 \$5,081,300
Assessed value for year 2003 \$4,989,500

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Property Characteristics

Commercial
 Land

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Commercial**Land****Commercial Characteristics 1 for Parcel "S1011223137"**

Commercial Group Type:

Year Built:

Remodel Year:

Occupancy Date:

Business Name:

Number of Floors:

Number of Units:

Leasable Sq Ft:

Ground Floor Sq Ft:

Excess Land Sq Ft:

Used Land Acres:

Used Land Sq Ft:

Excess Land Acres:

Total Land Sq Ft:

Total Land Acres:

Method:

HOSPITALS

1999

0

No Date Available

ELK'S HOSPITAL

1

0

156000

41760

0

4.537

197632

0.0

156000

4.537

COST

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*We know this
isn't right. Maybe
a new building.*

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Receipt Details for ID C010861

Status	Adjustment Type	Version
	Adjusted Receipt	1

General Information:

Date Received	Date Deposited	Region	Total Amount	Payment Type
9/5/1989 2:14:35 PM	9/5/1989	State	\$202.00	Check
Payer		TERRA GRANDE WATER CO.		

Account Information:

Check #	Account #	Credit Card Name	Authorization #
1544			
Card Expiration Date	Credit Card Transaction #		

Comment ADJUDICATION FEE:ELKS REH.;CHILD;TERRA G

Fee Detail:

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$202.00	ADJUDICATION FEE:ELKS REH.;CHILD;TERRA G	410162	9337	00		6490

Refund(s):

Amount	Payee	Date	Document Number
--------	-------	------	-----------------

Water Right Information:

Basin Number	Sequence Number	Split Suffix	Amount	Type
63	18443		\$125.00	Claim
63	18438		\$25.00	Claim
63	22910		\$52.00	Claim

Print Report

IDAHO DEPARTMENT OF WATER RESOURCES
ADJUDICATION CLAIM POU REVIEW REPORT
ADJUDICATION CLAIM NUMBER: 63-22910

03/02/2005

1

Right #	Type	Twp	Rge	Sec	QQ	Q	Lot	Purpose of Use	Acres/Total	Name
2910	Claim	03N	02E	11	NW	NW		IRRIGATION	2/2	IDAHO ELKS REHABILITATION HOSPIT.
29714	Claim	03N	02E	11	NW	NW		IRRIGATION		UNITED STATES OF AMERICA ACTING THROUGH
29766	Claim	03N	02E	11	NW	NW		IRRIGATION		UNITED STATES OF AMERICA ACTING THROUGH
2566	Water Right	03N	02E	11	NW	NW		IRRIGATION	15/15	BOISE CITY INDEPENDENT SCHOOL DISTRICT
2972	Water Right	03N	02E	11	NW	NW		IRRIGATION	18/43	CITY OF BOISE
5220	Water Right	03N	02E	11	NW	NW		IRRIGATION	1/33	VETERANS ADMINISTRATION CENTER
5221	Water Right	03N	02E	11	NW	NW		IRRIGATION	1/33	VETERANS ADMINISTRATION MEDICAL CENTER
10153	Water Right	03N	02E	11	NW	NW		IRRIGATION	0.2/30.8	VETERANS ADMINISTRATION MEDICAL CENTER
10153	Water Right	03N	02E	11	NW	NW		IRRIGATION FROM STORAGE	0.2/30.8	VETERANS ADMINISTRATION MEDICAL CENTER
29716	Claim	03N	02E	11	NW	NW		HEATING		UNITED STATES OF AMERICA ACTING THROUGH
2576	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
2605	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
2874	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
2954	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
2956	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
2989	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
3164	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
7067	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
7577	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
7998	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC
19456	Claim	03N	02E	11	NW	NW		MUNICIPAL		UNITED WATER IDAHO INC