

(Internet)

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JUN 14 2004

Transfer No. 71301

Page 1 of 5

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT

PART 1

Name of applicant Robert Fisher & Sharon A Fisher Phone 208-624-4756
Post Office address PO BOX 607 St Anthony, Id 83445

A. PURPOSE OF TRANSFER

1. ☒ Change point of diversion ☐ Add diversion point(s) ☐ Change place of use
☒ Change nature of use ☐ Change period of use ☐ Other _____

2. Describe the reason for the proposed changes change POD to McPhee Dam
use an existing g.pit for storage of irrigation/wildlife
storage.

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. Right Number	Priority	Amount (cfs/ac-ft)	Nature of Use	Period of Use
21-173	1939	6.0	IRR	4/1 to 10-31
		3 AF/A	IRR STOR	4/1 to 10/31
		3 AF/A	wildlife storage	4/1 to 10/31
		6.00	DIVERSION STORAGE	4/1 to 10/31

2. Total amount of water being transferred 6.00 cubic feet per second and/or _____ acre-feet per annum.

3. Source of water Falls River tributary to Henrys fork

4. Point(s) of Diversion:

[illegible]

5. Lands irrigated or place of use:

[illegible]

SCANNED

FEB 17 2010

Total acres 95

71301

A-301

JUN 14 2004

Page 1 of 5STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Eastern RegionTransfer No. 71301

APPLICATION FOR TRANSFER OF WATER RIGHT

PART 1

Name of applicant Robert Fisher & Sharon A Fisher Phone 208-624-4356
 Post Office address PO BOX 607 St Anthony, Id 83445

A. PURPOSE OF TRANSFER

1. ☒ Change point of diversion ☐ Add diversion point(s) ☐ Change place of use
☒ Change nature of use ☐ Change period of use ☐ Other

2. Describe the reason for the proposed changes change POD to McBEE Ditch
use an existing g.p. for storage of irrigation/wildlife
storage.

B. DESCRIPTION OF RIGHT(S) OR PORTION THEREOF, AFTER THE REQUESTED CHANGE

1. Right Number	Priority	Amount (cfs/ac-ft)	Nature of Use	Period of Use
<u>21-173</u>	<u>1939</u>	<u>6.0</u>	<u>IRR</u>	<u>4/1</u> to <u>10-31</u>
		<u>3 AFA</u>	<u>IRR stor</u>	<u>4/1</u> to <u>10/31</u>
		<u>3 AFA</u>	<u>wildlife storage</u>	<u>4/1</u> to <u>10/31</u>
		<u>6.00</u>	<u>DIVERSION STORAGE</u>	<u>4/1</u> to <u>10/31</u>

2. Total amount of water being transferred 6.00 cubic feet per second and/or _____ acre-feet per annum.

3. Source of water Falls River tributary to Henry's Fork

4. Point(s) of Diversion:

Lot	¼	¼	¼	Sec.	Twp.	Rge.	County	Local name for diversion
<u>2</u>		<u>SW</u>	<u>SE</u>	<u>20</u>	<u>8N</u>	<u>42E</u>	<u>Fremont</u>	<u>McBEE Ditch</u>

5. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	NE ¼	NW ¼	SW ¼	SE ¼	
<u>8N</u>	<u>42E</u>	<u>19</u>				<u>16</u>													<u>16</u>
		<u>20</u>							<u>10</u>		<u>37</u>	<u>32</u>							<u>79</u>
											<u>24</u>								
											<u>16</u>	<u>115</u>							

71301

71301

Total acres 95

PART 1

6. General Information:

a. Description of diversion system Two 24" Culvert type headgates backfilled
into pond/pit for irrigation storage/wildlife storage

b. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?
Yes ☒ No. If yes, provide a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes.

c. Describe the affect on the land now irrigated if the place of use is changed pursuant to this transfer:

NA

d. Remarks:

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Transfer of Water Rights No. _____

And the said application is hereby _____, subject to the following conditions:

Witness my hand this _____ day of _____, 20 _____.

For the Director

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 21-173

WATER RIGHT NUMBER: 21-173

<u>Owner Type</u>	<u>Name and Address</u>
Current Owner	SHARON FISHER PO BOX 607 ST ANTHONY, ID 83445 (208)624-7561
Original Owner	RALPH D MILLER PO BOX 60 CHESTER, ID 83421 (208)624-7724
Current Owner	ROBERT J FISHER PO BOX 607 ST ANTHONY, ID 83445 (208)624-7561

Priority Date: 04/01/1939

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
FALL RIVER	HENRYS FORK

<u>Beneficial Use</u>	<u>From</u> <u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	4/01 to 11/01	6.000 CFS	
<u>Total Diversion:</u>		6.000 CFS	

Location of Point(s) of Diversion

FALL RIVER	NW1/4SE1/4SW1/4	Sec. 20, Twp 08N, Rge 42E, B.M.
FREMONT 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	
08N	42E	19				16.0 L 6													16.0
08N	42E	20						10.0		37.0	32.0 L 4								79.0

Total Acres: 95

Conditions of Approval:

Remarks:

IDAHO DEPARTMENT OF WATER RESOURCES

Adjudication Claim Report 21-173

1. General CHANGE OF OWNERSHIP 7 MAY 1999.

Comments:

Dates and Other Information:

Claim Received Date: 3/15/1989
 Enlargement Use Priority Date:
 Enlargement Statute Priority Date:
 State or Federal: S
 Owner Name Connector: OR
 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>
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Verification Log:

<u>Element</u>	<u>Date Time Stamp</u>	<u>Reviewer</u>	<u>Log text</u>
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PART 3

B. CHANGES IN NATURE OF USE

1	New Nature of Use	Amount (cfs/ac-ft)	Hours/days/year	Period of Use
				to
				to

2. Quantity and quality of return flows and location of discharge:

3. Describe effects on other water uses resulting from the proposed change:

I hereby assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge.

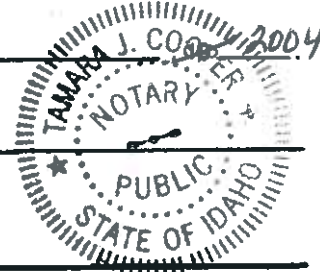
I understand that any willful misrepresentations made in this application may result in voiding its approval.

[Signature]
(Signature of Applicant)

Subscribed and sworn to before me this 10th day of June

Tamara J. Cooper
(Notary Public)

My commission expires 1/24/06



FOR DEPARTMENT USE ONLY

Transfer contains 5 pages and 4 attachments

Received by _____ Date _____ Protest filed by _____

Prelim. check by DC Fee 450 E029892

Received by DC Date 5/27/2004

Published in Herald Chronicle (WED) Copies of protest forwarded by _____

Pub. dates _____ Hearing held by _____ Date _____

Watermaster recommendation requested on 6/15/04 Recommended for ☐ approval ☐ denial

_____ rec'd. _____ by _____

Copy of transfer sent to lien holder _____

310
MAKE CHECK PAYABLE TO: 2003 TAX BILL/RECEIPT PARCEL NUMB
REMONT COUNTY TAX COLLECTOR RP000340000
51 W 1ST NORTH ROOM 11 BILL# 6808 CODE AREA 17-0000 L 2
ST ANTHONY, ID 83445-1496
08-624-3361
1ST HALF DUE 2ND HALF DUE FULL DUE TOT MV 2
AX 11.33 TAX 11.33 TAX 22.66
ATE LATE
NT INT
OST COST
OT TOT TOT ACS 8

FALL RIVER PROPERTIES TAXING DISTRICT RATE AM
772 S RIVER RD COUNTY .004196564
ST ANTHONY ID 83445 SCHOOL #215 .004999899 1
CEM #2 WILFORD .000190412
N F FIRE .000433535
N F HOSPITAL .000240779
FREMONT LIBRARY .000163603
AMBULANCE DIST .000176695
AMOUNT DUE .010401487 2

FALL RIVER PROPERTIES
LOT 16
SECS 19-20 TWP 8 RGE 42

MAKE CHECK PAYABLE TO: 2003 TAX BILL/RECEIPT PARCEL NUM
REMONT COUNTY TAX COLLECTOR RP000340000
51 W 1ST NORTH ROOM 11 BILL# 6807 CODE AREA 17-0000 L
ST ANTHONY, ID 83445-1496
08-624-3361
1ST HALF DUE 2ND HALF DUE FULL DUE TOT MV
AX 12.47 TAX 12.47 TAX 24.94
ATE LATE
NT INT
OST COST
OT TOT TOT ACS

FALL RIVER PROPERTIES TAXING DISTRICT RATE AI
772 S RIVER RD COUNTY .004196564
ST ANTHONY ID 83445 SCHOOL #215 .004999899
CEM #2 WILFORD .000190412
N F FIRE .000433535
N F HOSPITAL .000240779
FREMONT LIBRARY .000163603
AMBULANCE DIST .000176695
AMOUNT DUE .010401487 2

FALL RIVER PROPERTIES
LOT 15
SECS 19-20 TWP 8 RGE 42

3131 FOX VIEW CIR 83421

*** IMPORTANT ***
PLEASE READ BOTH FRONT AND BACK
*** MONTHLY PAYMENTS ARE ACCEPTED ***
PAYMENTS RECEIVED WITH A DELINQUENCY WILL BE
APPLIED TO THE OLDEST DELINQUENT YEAR.
TO AVOID LATE CHARGES, PAYMENTS MUST BE
RECEIVED OR POSTMARKED BY THE DUE DATE.
T 71301
ATTACHMENT 1 OF 4

MAKE CHECK PAYABLE TO:
FREMONT COUNTY TAX COLLECTOR
151 W 1ST NORTH ROOM 11
ST ANTHONY, ID 83445-1496
208-624-3361

2003 TAX BILL/RECEIPT
BILL# 6806 CODE AREA 17-0000 L

PARCEL NUM
RP0003400C

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV
TAX	12.15	TAX	12.15	TAX	24.30	
LATE		LATE		LATE		
INT		INT		INT		
COST		COST		COST		
TOT		TOT		TOT		TOT ACS

FALL RIVER PROPERTIES
772 S RIVER RD
ST ANTHONY ID 83445

TAXING DISTRICT	RATE
COUNTY	.004196564
SCHOOL #215	.004999899
CEM #2 WILFORD	.000190412
N F FIRE	.000433535
N F HOSPITAL	.000240779
FREMONT LIBRARY	.000163603
AMBULANCE DIST	.000176695
AMOUNT DUE	.010401487

FALL RIVER PROPERTIES
LOT 14
SECS 19-20 TWP 8 RGE 42

MAKE CHECK PAYABLE TO:
FREMONT COUNTY TAX COLLECTOR
151 W 1ST NORTH ROOM 11
ST ANTHONY, ID 83445-1496
208-624-3361

2003 TAX BILL/RECEIPT
BILL# 6805 CODE AREA 17-0000 L

PARCEL NUM
RP0003400C

1ST HALF DUE		2ND HALF DUE		FULL DUE		TOT MV
TAX	206.97	TAX	206.97	TAX	413.94	
LATE		LATE		LATE		
INT		INT		INT		
COST		COST		COST		
TOT		TOT		TOT		TOT ACS

FALL RIVER PROPERTIES
772 S RIVER RD
ST ANTHONY ID 83445

TAXING DISTRICT	RATE
COUNTY	.004196564
SCHOOL #215	.004999899
CEM #2 WILFORD	.000190412
N F FIRE	.000433535
N F HOSPITAL	.000240779
FREMONT LIBRARY	.000163603
AMBULANCE DIST	.000176695
AMOUNT DUE	.010401487

FALL RIVER PROPERTIES
LOT 13
SECS 19-20 TWP 8 RGE 42

3148 WHITETAIL DR 83421

*** IMPORTANT ***
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T 71361
ATTACHMENT 2 OF 4

E CHECK PAYABLE TO:
MONT COUNTY TAX COLLECTOR
W 1ST NORTH ROOM 11
ANTHONY, ID 83445-1496
-624-3361

2003 TAX BILL/RECEIPT
BILL# 6804 CODE AREA 17-0000 L

PARCEL NUMBER
RP0003400001
42,

1ST HALF DUE	222.30	TAX	222.30	TAX	444.60	TOT MV	42,
		LATE		LATE			
		INT		INT			
		COST		COST			
		TOT		TOT		TOT ACS	4.

FALL RIVER PROPERTIES
772 S RIVER RD
ST ANTHONY ID 83445

TAXING DISTRICT	RATE	AMOUNT
COUNTY	.004196564	179
SCHOOL #215	.004999899	213
CEM #2 WILFORD	.000190412	8
N F FIRE	.000433535	18
N F HOSPITAL	.000240779	10
FREMONT LIBRARY	.000163603	6
AMBULANCE DIST	.000176695	7
AMOUNT DUE	.010401487	444

FALL RIVER PROPERTIES
LOT 12
SECS 19-20 TWP 8 RGE 42

E CHECK PAYABLE TO:
MONT COUNTY TAX COLLECTOR
W 1ST NORTH ROOM 11
ANTHONY, ID 83445-1496
-624-3361

2003 TAX BILL/RECEIPT
BILL# 6803 CODE AREA 17-0000 L

PARCEL NUMBER
RP0003400001
46,

1ST HALF DUE	243.60	TAX	243.60	TAX	487.20	TOT MV	46,
		LATE		LATE			
		INT		INT			
		COST		COST			
		TOT		TOT		TOT ACS	4.

FALL RIVER PROPERTIES
772 S RIVER RD
ST ANTHONY ID 83445

TAXING DISTRICT	RATE	AMOUNT
COUNTY	.004196564	196
SCHOOL #215	.004999899	234
CEM #2 WILFORD	.000190412	8
N F FIRE	.000433535	20
N F HOSPITAL	.000240779	11.
FREMONT LIBRARY	.000163603	7.
AMBULANCE DIST	.000176695	8.
AMOUNT DUE	.010401487	487.

FALL RIVER PROPERTIES
LOT 11
SECS 19-20 TWP 8 RGE 42

3142 FOX VIEW CIR 83421

*** IMPORTANT ***
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ATTACHMENT T 71301
3 OF 4

15
MAKE CHECK PAYABLE TO: 2003 TAX BILL/RECEIPT PARCEL NUMB
FREMONT COUNTY TAX COLLECTOR. RP000340000
51 W 1ST NORTH ROOM 11 BILL# 6802 CODE AREA 17-0000 L 3
ST ANTHONY, ID 83445-1496
08-624-3361
1ST HALF DUE 2ND HALF DUE FULL DUE TOT MV 3
AX 196.62 TAX 196.62 TAX 393.24
ATE LATE
NT INT
OST COST
OT TOT TOT ACS

FALL RIVER PROPERTIES
772 S RIVER RD
ST ANTHONY ID 83445
TAXING DISTRICT RATE AM
COUNTY .004196564 15
SCHOOL #215 .004999899 18
CEM #2 WILFORD .000190412
N F FIRE .000433535
N F HOSPITAL .000240779
FREMONT LIBRARY .000163603
AMBULANCE DIST .000176695
AMOUNT DUE .010401487 39

FALL RIVER PROPERTIES
LOT 10
SECS 19-20 TWP 8 RGE 42

MAKE CHECK PAYABLE TO: 2003 TAX BILL/RECEIPT PARCEL NUMB
FREMONT COUNTY TAX COLLECTOR. RP000340000
51 W 1ST NORTH ROOM 11 BILL# 6801 CODE AREA 17-0000 L 30
ST ANTHONY, ID 83445-1496
08-624-3361
1ST HALF DUE 2ND HALF DUE FULL DUE TOT MV 30
X 156.11 TAX 156.11 TAX 312.22
TE LATE
T INT
ST COST
T TOT TOT ACS 3

FALL RIVER PROPERTIES
772 S RIVER RD
ST ANTHONY ID 83445
TAXING DISTRICT RATE AM
COUNTY .004196564 12
SCHOOL #215 .004999899 15
CEM #2 WILFORD .000190412
N F FIRE .000433535 1
N F HOSPITAL .000240779
FREMONT LIBRARY .000163603
AMBULANCE DIST .000176695
AMOUNT DUE .010401487 31

FALL RIVER PROPERTIES
LOT 9
SECS 19-20 TWP 8 RGE 42

3132 FOX VIEW CIR 83421

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ATTACHMENT T 71301 4 OF 4