

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

68272
Transfer No. 4565

APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1

IVED

Name of applicant Low P. &/or Victorina M. &/or Richard J. &/or Rose Marie Murgoitio Phone 362-1740
Post Office address 7373 S. Maple Grove Rd. Boise ID 83709

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 Blue Glacier 12-3-09
2. Describe the reason for the proposed changes Add well to regain lost production in failed well.

REINSTATED 11/6/09 → ~~REJECTED~~

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

1. Right Number A63-17946 Priority 6-1-1955 Amount 40.38 Nature of Use Stockwater Period of Use 1/1 to 12/31
5-4-1930 12-3-09 .04 12-3-09 Domestic 1/1 to 12/31
2. Total amount of water being transferred 500.42 cubic feet per second and/or 12-3-09 acre-feet per annum.
3. Source of water groundwater tributary to _____
4. Point(s) of Diversion: _____

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Local name for diversion
		NW	NW	12	2N	1E	ADA	2 points of diversion: 1 existing 1 proposed

5. Lands irrigated or place of use: No change

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	

PART 1

6. General Information:

a. Description of diversion system 2 wells, plumbed together, 2^{*} homes, ~~150 head~~
~~diversion~~ V4 U&T

N/A

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:

d. Remarks:

* There are 2 homes on the system. The second was added approx 1978 and can be viewed as a unique exempted use, not covered by this claim.

THIS TSF ALSO SEEKS TO UPDATE OWNERSHIP ON THE DEGREE. V4 12-3-09

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

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

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

Witness my hand this _____ day of _____, 19 _____

PART 2

A. DESCRIPTION OF RIGHT AS RECORDED:

Claim No. A63-17946

STAGE: **BENEFICIAL USE**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>
STOCKWATER	01/01 to 12/31	0.46 CFS
DOMESTIC	01/01 to 12/31	0.04 CFS
	Totals	0.50 CFS

SOURCE

GROUNDWATER

Priority: 06/01/1930

LOCATION OF POINT(S) OF DIVERSION:

NWNW , Sec. 12, Township 02N, Range 01E
ADA County

PLACE OF USE: STOCKWATER

TWN RGE SEC

02N 01E 12 NWNW

PLACE OF USE: DOMESTIC

TWN RGE SEC

02N 01E 12 NWNW

CONDITIONS/REMARKS:

10. To your knowledge, has any portion of this water right undergone a period of five or more consecutive years of non-use?

NO

If yes, describe _____

B. DESCRIPTION OF PORTION OF RIGHT BEING TRANSFERRED

(If the entire right is to be changed by the applicant, omit part B and C.)

1. amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)

2. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Local name for diversion

3. Lands irrigated or place of use

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	

Total acres _____

C. DESCRIPTION OF UNCHANGED PORTION OF RIGHT (omit if there is no change)

1. amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)
 amount _____ for _____ purposes from _____ to _____
 (cfs/ac-ft)

2. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Local name for diversion

3. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	

Total acres _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 3



SCALE: 2 inches equal 1 mile. Draw plan in ink.

PART 3

B. CHANGES IN NATURE OF USE

1	<u>New Nature of Use</u>	<u>Amount (cfs/ac-ft)</u>	<u>Hours/days/year</u>	<u>Period of Use</u>
	<u>N/A</u>			_____ 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.

X Victoria M. Margate

(Signature of Applicant)

Subscribed and sworn to before me this 8th day of July, 19 95.

[Signature]

(Notary Public)

My commission expires 7-14-2000

FOR DEPARTMENT USE ONLY

Transfer contains 6 pages and 1 attachments

Received by CJH Date 3/8/95 Protest filed by _____

Prelim. check by 82 Fee 100- _____

Receipted by CJH 3/8/95 Date W018702 50.00
W018703 50.00

Published in _____ Copies of protest forwarded by _____

Pub. dates _____ Hearing held by _____ Date _____

Watermaster recommendation requested on _____ Recommended for ☒ approval ☐ denial

_____ rec'd. _____ by DW

Copy of transfer sent to lien holder _____

SD-4108
INQUIRY

Idaho Department of Water Resources
Adjudication Screen 3

Date: 03/28/95
Time: 12:18:05

Water Right Number: A63-17946

9. Non-Irrigated Uses:

D/1 HOUSEHOLD W/LAWN AND GARDEN IRRIG.; S/750 HEAD DAIRY/CALVES

10. Places of Use:

TWP RNG SEC 1/4 of 1/4 Lot Acres Use Descr

11. County

Code Name

12. Other Rights: NONE

13. Remarks:

14. Basis of Claim: Stage:

Decree Date: / /

Presumption Flag:

Plaintiff:

Defendant:

Old Right Number:

(Enter=Exit)

(GOLD8=Cancel)

Attachment A