

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

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JAN 17 2007
DEPT. OF WATER RESOURCES
SOUTHERN REGION

1. Name of Applicant St. Luke's Regional Medical Center Phone 208-386-2255
Mailing address 190 East Bannock Street, Boise, ID 83712
2. Source of water supply Ground water which is a tributary of n/a
3. Location of point of diversion is Township 10S Range 17E Sec. 5, in the NW $\frac{1}{4}$,
NW $\frac{1}{4}$, Govt. Lot 4, B.M., Ada County;
additional points of diversion if any: T10S R17E Section 5 NENW Government Lot 3
4. Water will be used for the following purposes:
Amount 0.89 cfs for commercial purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 0.89 cfs and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
 - a. Describe type and size of devices used to divert water from the source One well at either of the general locations described above and on the attached figures
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
 - c. Proposed well diameter is 12 inches; proposed depth of well is 150-350 feet
 - d. Is ground water with a temperature of greater than 85°F being sought? No
 - e. If well is already drilled, when? _____; Drilling firm _____;
Well was drilled for (well owner) _____; Drilling Permit No. _____
7. Time required for completion of works and application of water to proposed beneficial use is 5 years (*minimum 1 year*)
8. Description of proposed uses (*if irrigation only, go to item 9*):
 - a. Hydropower; show total feet of head and proposed capacity in kW. _____
 - b. Stockwatering; list number and kind of livestock. _____
 - c. Municipal; show name of municipality. _____
 - d. Domestic; show number of households. _____
 - e. Other; describe fully. The proposed diversion will serve as a backup water supply for the St. Luke's Magic Valley Medical Center.



31

09S17E

32

Proposed wells
(approximate locations)

NENW
Lot 3

NWNW
Lot 4

6

10S17E

5

St. Luke's Magic Valley
Medical Center property map

0 250 500
Feet



Water Engineering, LLC
water resource consultants
900 E. River Park Lane, Ste. 105, Boise, Idaho 83706
tel: 208.363.4140 fax: 208.363.4156

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (*example: D for Domestic*) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
10S	17E	5					C	C											

Total number of acres to be irrigated n/a

10. Describe any other water rights used for the same purposes as described above. The primary water supply for the Eagle Medical Center will be provided via the City of Twin Falls municipal water system

11.a. Who owns the property at the point of diversion? Applicant

b. Who owns the land to be irrigated or place of use? Applicant

c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Remarks: The proposed backup water supply is required for hospital accreditation. Use of the backup water supply is anticipated only under extreme emergency circumstances, i.e., if the Twin Falls municipal water supply were interrupted by a catastrophic event such as an earthquake, power outage, and/or system contamination, etc. Per accreditation requirements, the backup well/pump system will be operated once per month to help ensure operability.

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.


 Signature of Applicant (and title, if applicable) President

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