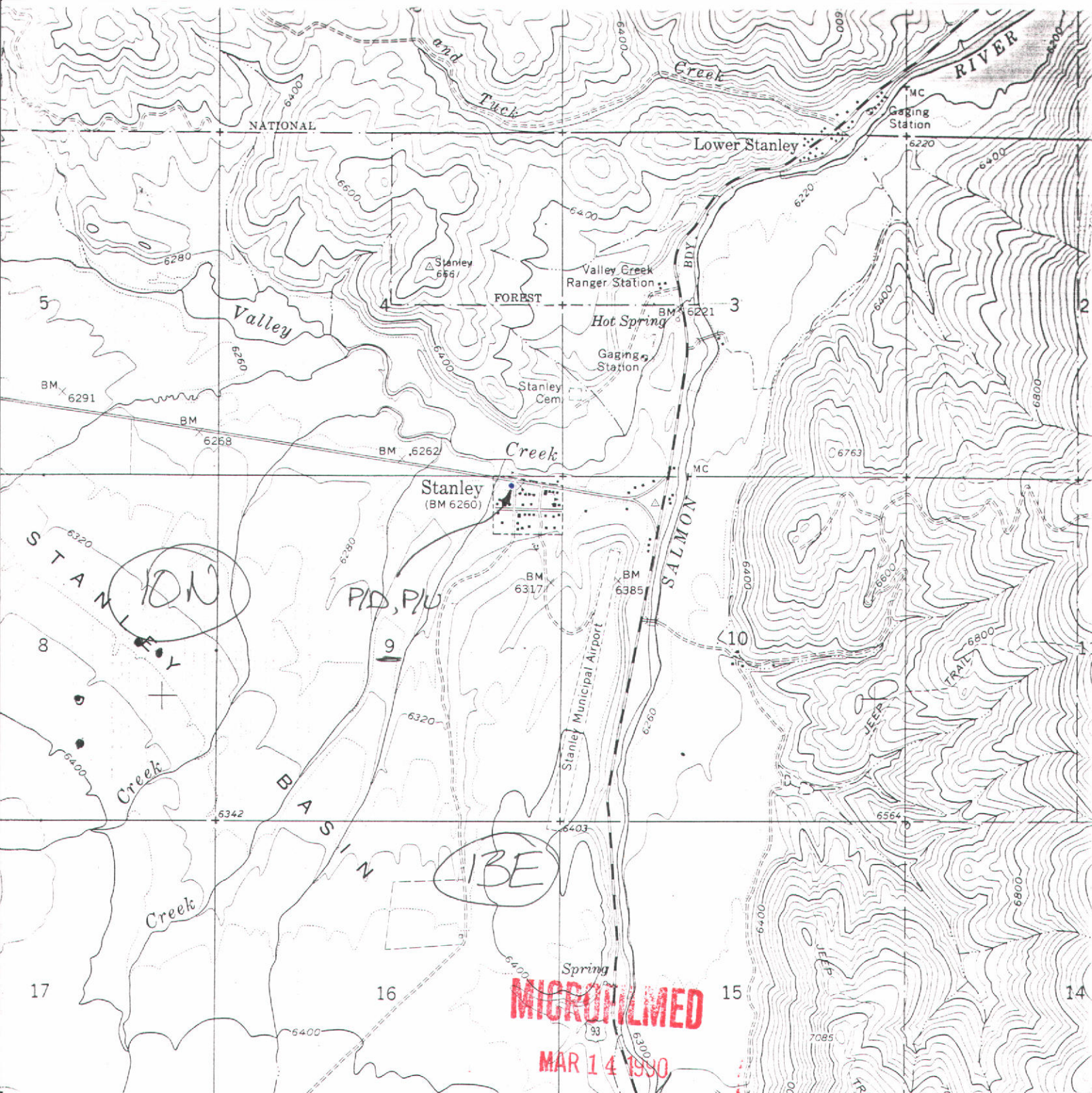


13. Map of proposed project: show clearly the proposed point of diversion, place of use, section number, township and range number.



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

[Signature]
(Applicant)
Director, Vice President

AFFIDAVIT OF PUBLICATION

State of Idaho, County of Custer, ss:

I, Margaret Parks, Publisher of the Challis Messenger, a weekly newspaper, published at Challis, Idaho, do solemnly swear that the notice hereto attached and made a part hereof, was published in the regular and entire issue of the Challis Messenger for 2 consecutive weeks, commencing with the issue dated Jan 18 1990 and ending with the issue dated Jan 25 1990

Margaret Parks RECEIVED

STATE OF IDAHO

JAN 26 1990

Department of Water Resources
Southern Region Office

COUNTY OF CUSTER

On this 25th day of Jan. in the year of 1990, before me a Notary Public, personally appeared Margaret Parks, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Ethel M. Peck
Notary Public for Idaho

Residing at Challis

My commission expires: 3-21-92

**NOTICE OF APPLICATION
FOR WATER RIGHT**

The following application(s) have been filed to appropriate the public waters of the State of Idaho:

71-07131

SALMON RIVER EMERGENCY CLINIC INC.

P.O. BOX 20

STANLEY, ID 83278

Source: GROUNDWATER

Diversion Pt: NWNENE Sec 9 T 10N R 13E

Use: DOMESTIC (.040 CFS)

COMMERCIAL (.030 CFS)

Total Diversion (.070 CFS)

Date Filed: 12/22/1989

In: T10N R13E S09 NENE

72-07446

SCHNABEL, ROBERT

SCHNABEL, SHAWNA

HC 63 BOX 1750

CHALLIS, ID 83226

Source: GROUNDWATER

Diversion Pt: SWSE Sec 2 T 13N R 19E

Use: IRRIGATION (.060 CFS)

DOMESTIC (.020 CFS)

Total Diversion: (.080 CFS)

Date Filed: 12/06/1989

In: T13N R19E S02 SWSE

2.0 ACRES TOTAL

72-07447

HARVIE, CHARLES R.

HARVIE, VERLA

P.O. BOX 371

CHALLIS, ID 83226

Source: GROUNDWATER

Diversion Pt: SWNESE Sec 28 T 14N R 19E

SENWSE Sec 28 T 14N R 19E

Use: COMMERCIAL (.040 CFS)

Total Diversion: (.040 CFS)

Date Filed: 12/06/1989

In: T14N R19E S28 NESE NWSE

The application(s) alleges completion of development and beneficial use of water described above prior to October 1, 1984. If approved, the permit(s) will be subject to all prior water rights except subordinated hydropower rights. Protest must be filed with the Director, Department of Water Resources, 2148 4th Avenue East, Twin Falls, ID 83301 on or before February 5, 1990.

R. KEITH HIGGINSON, Director

Pub: Jan. 18 & 25, 1990.

MAR 14 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED
FEB 13 1992

Department of Water Resources

A. GENERAL INFORMATION

1. Owner: Salmon River Emergency Clinic Inc.
Current Address: P.O. Box 20, Stanley, ID 83278

Permit No. 71-7131

Phone No. 774-3565

2. Accompanied by: Marie Osborne

EXAM. DATE: 8-1-90

Address: _____

Phone No. _____

Relationship to Permit Holder: Nurse

3. Source: Groundwater tributary to _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: _____

☐ Copies Attached

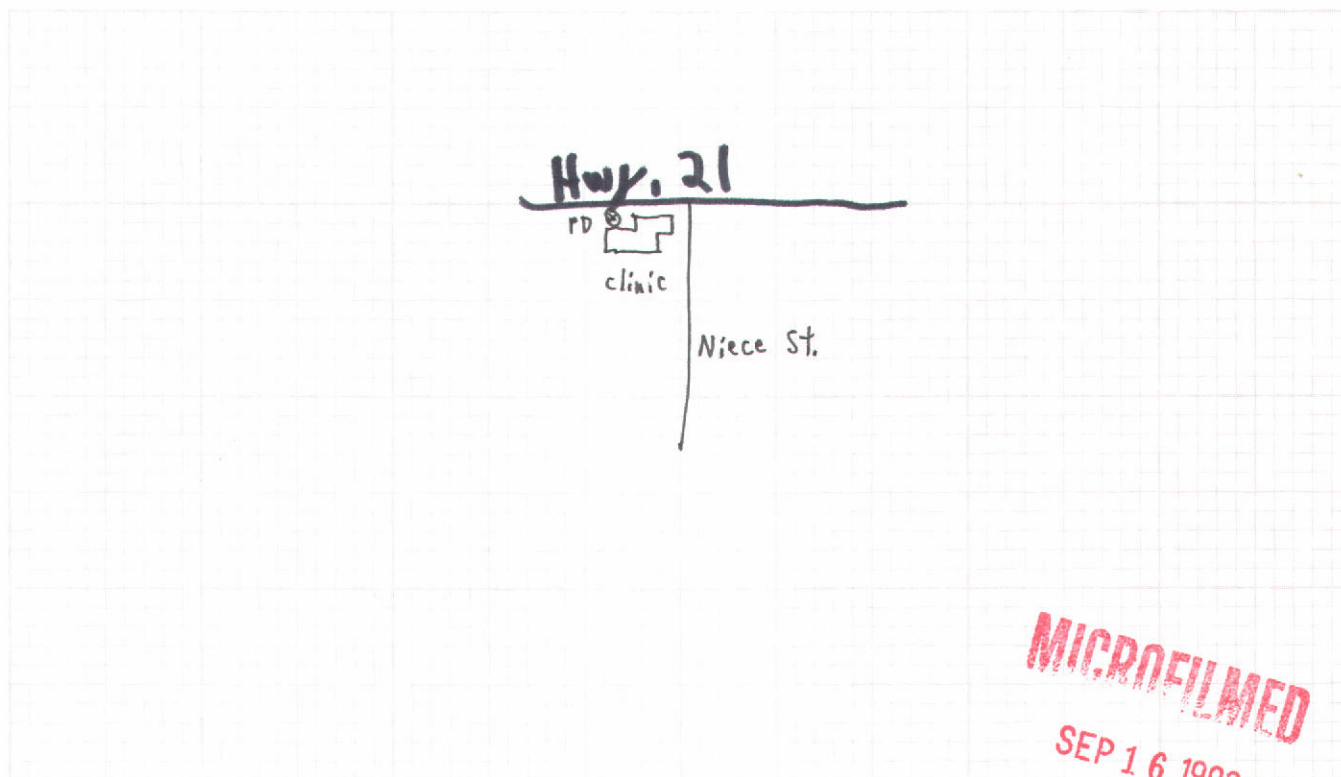
2. Other water rights with same point of diversion: _____

☐ Copies Attached

☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



MICROFILMED
SEP 16 1992

Scale: 1" = _____

2. ☒ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and
place(s) of use (required).

☒ Photo of Diversion and System Attached

(required for all but single household domestic groundwater, and stockwater.

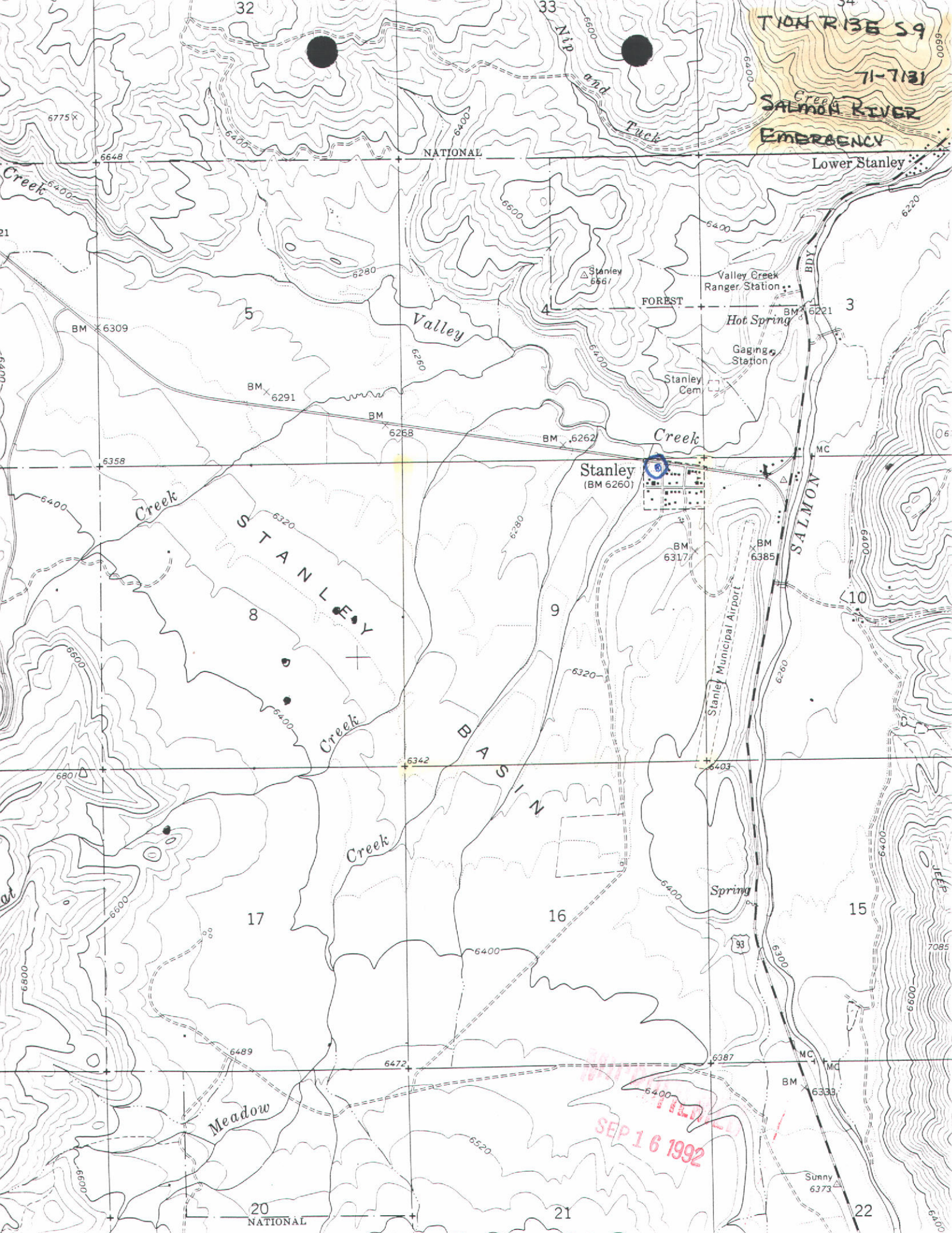
☐ Aerial Photo Attached
(required for irrigation of 10 acres or more).

71-7131



P/u

MICROFILMED
SEP 16 1992



State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 71-07131

Priority: December 22, 1989

Maximum Diversion Rate:

0.03 CFS

Maximum Diversion Volume:

0.7 AF

This is to certify, that SALMON RIVER EMERGENCY CLINIC INC
PO BOX 20

STANLEY ID 83278

has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated December 22, 1989; and has submitted Proof of Beneficial Use on April 23, 1990. An examination indicates that the works have a diversion capacity of .030 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>
COMMERCIAL	01/01 to 12/31	0.03 CFS	0.5 AF
DOMESTIC	07/01 to 09/01	0.03 CFS	0.2 AF
	Totals	0.03 CFS	0.7 AF

LOCATION OF POINT(S) OF DIVERSION:

NENE , Sec. 9, Township 10N, Range 13E
CUSTER County

PLACE OF USE: COMMERCIAL
TWN RGE SEC

10N 13E 9 NENE

PLACE OF USE: DOMESTIC, same as COMMERCIAL use

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount which can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. Commercial use is for an emergency clinic.
6. Domestic use is for 1 home.

MICROFILMED

SEP 16 1992

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 71-07131

This license is issued pursuant to the provisions of Section 42-219, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this 22nd
day of AUGUST, 1992.

Acting for R. Keith Higginson, Director

MICROFILMED
SEP 16 1992

State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 71-07131

Proposed Priority: December 22, 1989 Maximum Diversion Rate: 0.07 CFS

This is to certify, that **SALMON RIVER EMERGENCY CLINIC INC.**

P.O. BOX 20

STANLEY, ID 83278

has applied for a permit to appropriate water from: **GROUNDWATER**
and a permit is **APPROVED** for development of water as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>RATE OF DIVERSION</u>
COMMERCIAL	01/01 to 12/31	0.03 CFS
DOMESTIC	01/01 to 12/31	0.04 CFS
	Totals	0.07 CFS

LOCATION OF POINT(S) OF DIVERSION: NWNENE Sec. 9, Township 10N, Range 13E
CUSTER County

PLACE OF USE: COMMERCIAL

TWN RGE SEC

10N 13E 9 NENE

PLACE OF USE: DOMESTIC, same as COMMERCIAL use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before April 1, 1991.
2. Subject to all prior water rights.
3. Permit holder shall comply with the drilling permit requirements of Section 42-235, Idaho Code.
4. Commercial use is for an emergency clinic.
5. Domestic use is for one home.

This permit is issued pursuant to the provisions of Section 42-204, Idaho Code.
Witness the seal and signature of the Director, affixed at Boise, this

6th day of March, 1990.

R. Keith Higginson
for R. Keith Higginson, Director

RECORDED

MAR 14 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT

Ident. No. 71-07131

To appropriate the public waters of the State of Idaho

1. Name of applicant Salmon River Emergency Clinic, Inc. Phone 274-3565
Post office address P.O. Box 20 Stanley, ID 83278

2. Source of water supply Groundwater which is a tributary of _____

3. Location of point of diversion is NW $\frac{1}{4}$ of NE $\frac{1}{4}$ of NE $\frac{1}{4}$, Govt. Lot _____
Sec 9 Township 10N Range 13E B.M. Custer County; additional
points of diversion if any: _____

4. Water will be used for the following purposes:

Amount 0.04 for Domestic purposes from 1/1 to 12/31 (both dates inclusive)
(cfs or acre-feet per annum)

Amount 0.03 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)

5 Total quantity to be appropriated is (a) 0.07 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works

a. Description of ditches, flumes, pumps, headgates, etc. 120' deep, 6" well with
1/2 hp submersible pump

b Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet; period of year when water will be diverted to storage:
_____ to _____ inclusive.

c. ~~Proposed~~ ^{existing} well diameter is 6" inches; ~~proposed~~ ^{existing} depth of well is 120 feet

d. Is ground water with a temperature of greater than 90°F being sought? _____

7. Time required for the completion of the works and application of the water to the proposed beneficial use is
1 years (minimum 1 year).

MICROFILMED

MAR 14 1990

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.

Domestic, show number of households
1 two between apartment
No bed emergency treatment clinic
Other, describe fully.
with testrooms, 2 treatment room sinks, pathology lab.

9 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 the use (example: *D for Domestic*) in the corresponding column.

ponding place of use below. See instructions for standard symbols

[illegible]

Total number of acres to be irrigated

10 Describe any other water rights used for the same purposes as described above.

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

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

applicant to make this filing

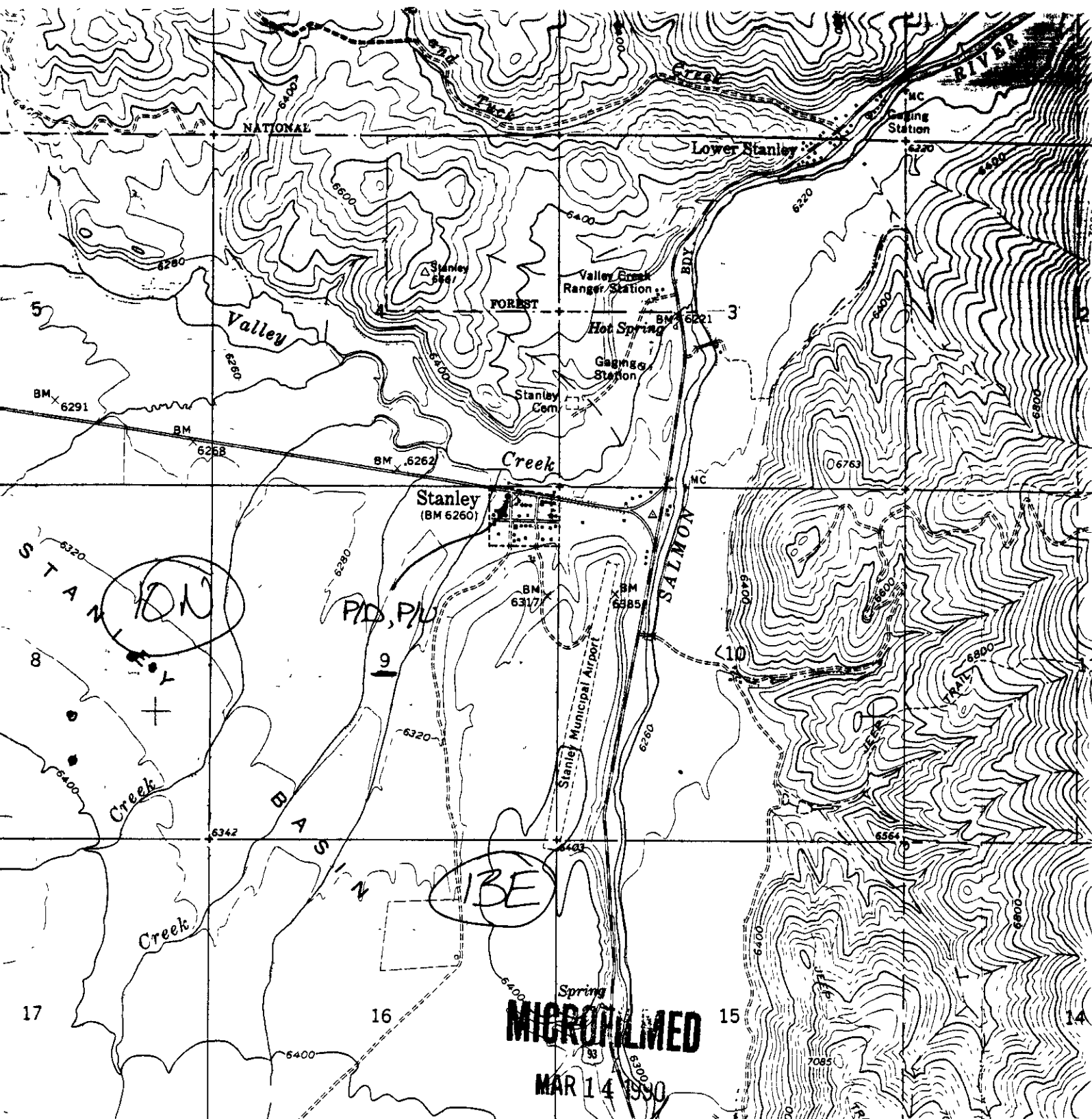
12. Remarks.

well developed in 1974

MAK. I. 4. 1300

PRINTED

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



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

(Applicant)
Director, Vice President

Received by DBJ Date 12/22/89 Time 2:10 Preliminary check by [Signature]
Fee \$ 30 Receipted by DBJ # 5010749 Date 12/22/89
Publication prepared by M. Baldwin Date 12-27-89 Published in Challis Messenger
Publication approved M. Baldwin Date 2/5/90

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that I have examined Application for Permit to appropriate the public waters of the State of Idaho No _____, and said application is hereby _____

1. Approval of said application is subject to the following limitations and conditions:

a. SUBJECT TO ALL PRIOR WATER RIGHTS.

b. Proof of construction of works and application of water to beneficial use shall be submitted on or before _____, 19 ____.

c. The rate of diversion, if water is to be used for irrigation under this permit, when combined with all other water rights for the same land shall not exceed 0.02 cubic feet per second for each acre of land.

d. The water right acquired under this permit if for hydropower purposes shall be junior and subordinate to all rights to the use of water, other than hydropower, within the State of Idaho that are initiated later in time than the priority of this permit and shall not give rise to any right or claim against any future rights to the use of water, other than hydropower, within the State of Idaho initiated later in time than the priority of this permit

e. Other:

MICROFILMED

MAR 14 1990

Salmon River Emergency Clinic

Box 20
Stanley, Idaho 83278

RECEIVED

January 16, 1990

JAN 17 1990

Department of Water Resources
Southern Region Office

State of Idaho
Department of Water Resources
Southern Region
2148 4th Ave. East
Twin Falls, ID 83301

Re: Permit No. 71-07131

Dear Sir:

As per your request, the following is a list of the Board of Directors of the Salmon River Clinic Hospital District:

Jack See, President
P.O. Box 9
Stanley, ID 83278

David R. Kimpton, Vice President
P.O. Box 32
Stanley, ID 83278

Steve Lipus
HC 64, Box 9900
Stanley, ID 83278

Sandy Lumpkin
P.O. Box 10
Stanley, ID 83278

Launna Gunderson
P.O. Box 133
Stanley, ID 83278

Gary Gadwa
P.O. Box 50
Stanley, ID 83278

Phil Coonts
HC 64, Box 9908
Stanley, ID 83278

Sincerely,

Joanna Peak Kimpton
Joanna Peak Kimpton
Sec/Treas.

MICROFILMED

MAR 14 1990

AFFIDAVIT OF PUBLICATION

State of Idaho, County of Custer, ss:

I, Margaret Parks, Publisher of the Challis Messenger, a weekly newspaper, published at Challis, Idaho, do solemnly swear that the notice hereto attached and made a part hereof, was published in the regular and entire issue of the Challis Messenger for 2 consecutive weeks, commencing with the issue dated Jan 18 1990 and ending with the issue dated Jan 25 1990

Margaret Parks RECEIVED

STATE OF IDAHO

JAN 26 1990

Department of Water Resources
Southern Region Office

COUNTY OF CUSTER

On this 25th day of Jan. in the year of 1990, before me a Notary Public,

personally appeared Margaret Parks, known or identified to me to be the person whose name subscribed to the within instrument, and being by me first duly sworn, declared that the statements therein are true, and acknowledged to me that he executed the same.

Ethel M. Beck

Notary Public for Idaho

Residing at Challis

My commission expires: 3-21-92

MICRO

MAR 1

[REDACTED]

August 31, 1992

SALMON RIVER EMERGENCY CLINIC INC
PO BOX 20
STANLEY ID 83278

RE: WATER RIGHT NO. 71-07131

Dear Water Right Holder(s):

Enclosed herewith is a copy of the Water Right License issued on the above referenced permit.

Sincerely,

PAMELA SKAGGS
Water Resource Agent

PS:cz

Enclosure

MAILED
SEP 16 1992

August 4, 1992

SALMON RIVER EMERGENCY CLINIC INC
PO BOX 20
STANLEY ID 83278

RE: WATER RIGHT NO. 71-07131

Dear Water Right Holder(s):

Enclosed is a draft copy of the license proposed to be issued on the above referenced water right.

This right is currently being reviewed by this office for licensing. The enclosed preliminary copy is subject to change upon further administrative review.

We ask that you review the proposed license and if you do not concur with the information, please let us know within 10 days.

Sincerely,

PAMELA SKAGGS
Water Resource Agent

PS:cz

Enclosure

RECEIVED
SEP 16 1992

LICENSE REVIEW CHECKLIST

Permit # 71-07131

Date 8-3-92
28

	Yes	No	
NAME	☐	☒	Address Change?
PRIORITY DATE	☐	☒	Advance? _____
	☐	☒	Memo to Advance _____
	☐	☒	Order to Reinstate Needed?
TOTAL CFS	☐	☒	Incorrect Fee for rate recommended?
	☒	☐	Disagree with Actual Measurement?
			<u>.03cfs (DOM + COMM)</u> <u>11gpm x .0023 = .025</u>
	☒	☐	Disagree with Theoretical? <u>5 x 8.8 x .7 = .024</u>
	☒	☐	Limited by Capacity? <u>.03cfs 35 + (2.51 x 40)</u>
TOTAL VOLUME			Rate/ac <u> </u> AFA Irr. Season <u> </u>
			<u> </u> Standard Irr. Season
			<u> </u> Season Recommended
	☒	☐	Disagree with Examiner's Calculations?
			<u>7/2 x 1.2 = .20cfs (DOM) .50cfs (COMM)</u>
	☒	☐	Limited by Flow? <u>.03 x 365 x 1.9835 = 21.77.5</u>
SOURCE	☐	☒	Changes? Clarification of <u>Originally</u>
	☐	☒	<u>Intended</u> source _____
	☐	☒	Notice of Intent to Void.
P/D			Verify with Map
	☐	☒	Amendment Needed? _____
	☐	☒	Is Overlap Analysis a Consideration?
P/U			Verify with Map
	☐	☒	Amendment Needed? _____
	☐	☒	Is Overlap Analysis a Consideration?
USES	☐	☒	Change(s) in Nature of Use? _____
	☐	☒	Amendment Needed? _____
REMARKS	☐	☒	Multiple P/Ds in 1/4 1/4? _____
	☒	☐	Non-Irr. Uses <u>DOM / Home</u> <u>COMM / med. Clinic</u>
	☐	☒	Special Overlap Condition _____
	☐	☒	Other _____
CONDITIONS	☐	☒	Measuring Device
	☐	☒	W/Master Control
	☐	☒	Overlap
	☐	☒	Water Quality
			DATES/MISC
		☒	Water Dist.
		☒	App Rec'd
		☒	Exam Made
COMMENTS/MEMOS NEEDED:	<u>Reduced Rate</u>		
	<u>Used 40psi as low end DOM estimate.</u>		
License	<u>10-Day</u>	☒	<u>15-Day</u>
			Special Correspondence _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

Department of Water Resources

RECEIVED
FEB 18 1992

A. GENERAL INFORMATION

1. Owner. Salmon River Emergency Clinic Inc.
Current Address: P.O. Box 20, Stanley, ID 83278
2. Accompanied by: Marie Osborne
Address: _____
Relationship to Permit Holder: Nurse
3. Source. Groundwater tributary to _____

Permit No. 71-7131

Phone No. 774-3565

EXAM DATE: 8-1-90

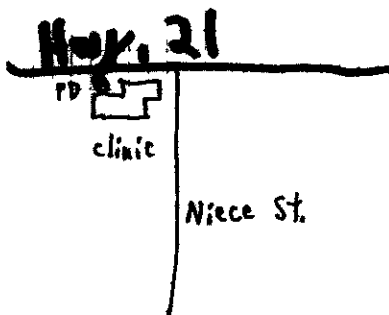
Phone No. _____

B. OVERLAP REVIEW

1. Other water rights with same place of use: _____
_____ ☐ Copies Attached
2. Other water rights with same point of diversion. _____
_____ ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



MICROFILMED
SEP 16 1992

Scale: 1" = _____.

2. ☒ Copy of U.S.G.S. Quadrangle Attached ☐ Aerial Photo Attached
Showing location(s) of point(s) of diversion and (required for irrigation of 10 acres or more).
place(s) of use (required).
☒ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater).

3. Narrative: Description (As operating at time of measurement indicate pressure, number of sprinklers, etc.)

~~Well, sustainable pump~~

☐ See Remarks on page 4 for continuation

Well or Division Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	Grundfos	1/2			

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

5. Point(s) of Diversion:

[illegible]

6 Place(s) of Use:

Indicate Method of Determination

[illegible]

Do not use this space

SEP 16 1992

Mineral

Do not use this space

D. FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

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

2. Measurements:

None. Rated at 11 gpm at 38' head.

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method.

2. Alternate Method for Checking Purposes:

F. PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: _____ psi x 2.31 = _____ ft (1); Dynamic pumping level: _____ ft (2)

Total Head: (1) + (2) = _____ (3) , Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ _____ T = _____ (6)

Meter Input HP: (6) x 1.34 = _____ (7)

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Ampsx .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation.

$V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____

$V_{DR} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ 11 gpm x 1490 min/day x 365 days/ann = 17.7 AFA

$V = \text{Smaller of } V_{IR} \text{ and } V_{DR} =$ _____

2. Volume Calculations for Other Uses

Domestic - 50 gpm/person/day x 3 people x 63 days/ann = 0.03 AFA, Allow 0.1 AFA
Commercial - 400 gpd x 365 days/ann = 0.45 AFA, Allow 0.5 AFA

H. REMARKS AND OVERLAP REVIEW ANALYSIS

System serves clinic with attached home. Waters landscaping, very small lawn.
Home (actually an apartment) serves 2-3 medical students during the summer.
Commercial use is washing clothes, instruments, restrooms, etc. It is impossible to
get an average daily use rate, recommend allowing 400 gpd (maximum for 1 bedroom
hospital). Use actually falls within the new domestic definition.

I. RECOMMENDATIONS

1 Recommended Amounts

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
Domestic	4-7-1	4-2-2 9-1	0.03	0.1
Commercial	1-1	12-31	0.03	0.5
Totals:			0.03	0.6

2 Recommended Amendments

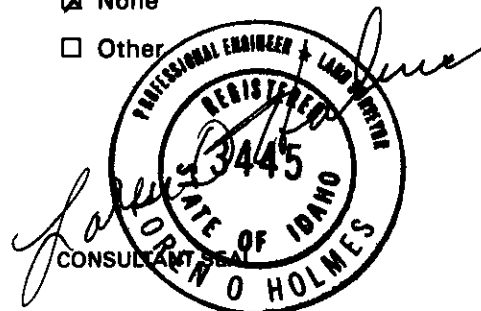
- ☐ Change P.D. as reflected above ☐ Add P.D. as reflected above
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above

☒ None

☐ Other

J. AUTHENTICATION

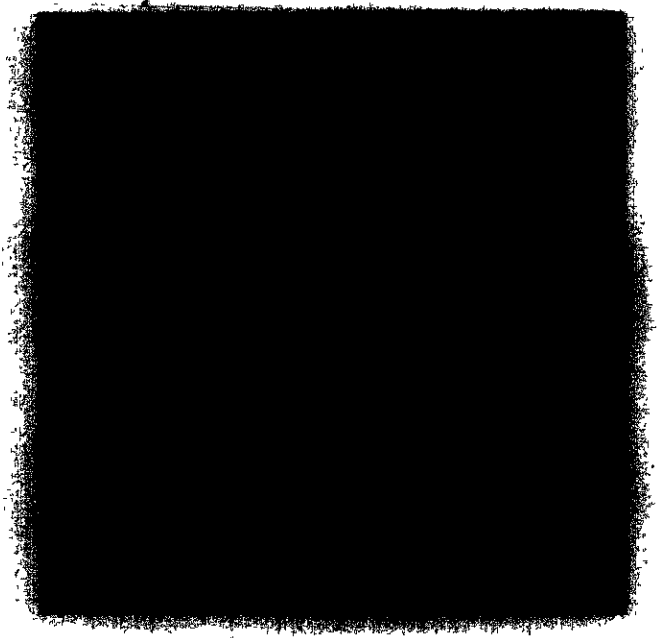
Field Examiner's Name J. E. Stanton
Signature J. E. Stanton
Certification Date 4/10/91
Field Report Preparation Date 8-28-90



K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

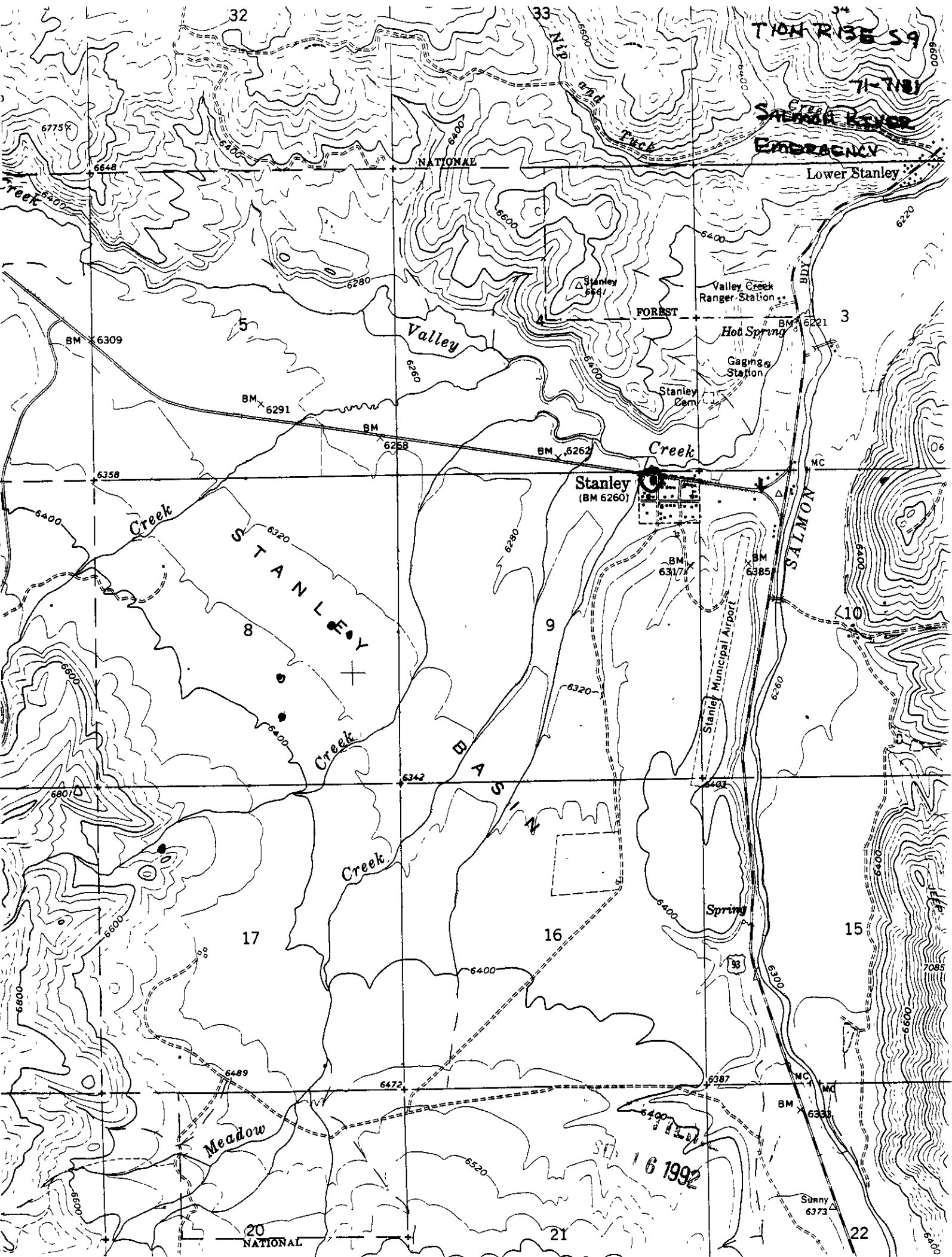
SEP 10 1990

71-7131



P/u

SEP 16 1992



July 17, 1990

SALMON RIVER EMERGENCY CLINIC INC.
P.O. BOX 20
STANLEY, ID 83278

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 71-07131

Dear Permit Holder:

The department acknowledges receipt of the proof of beneficial use form submitted for the above referenced permit. The next step in the process of developing a water right is for the department to conduct a field examination to determine and confirm the use being made of the water.

If you have questions concerning this matter, please feel free to contact the SOUTHERN Regional Office in Twin Falls at (208)734-3578.

Sincerely,

Rita Fleck
Secretary/Records Manager

c: IDWR - Region

UNRECORDED

JUL 27 1990

1/88

PROOF OF BENEFICIAL USE

ANALYSIS SHEET

Permit No. 71-7131

Date: 7-16-90

General Considerations:

- ☒ Name same as permit
☒ Signature the same as permit holder
☒ Address change no If yes, prepare a data entry
☒ Proof received timely
☐ Reinstated

Source of Water:

- ☐ Surface water
☒ Groundwater
 1. well log in file June 1974
 2. drilling permit NA
 NA A. amount of drilling fee paid for proposed uses

Extent of Use and Rate of Diversion:

- ☒ Rate of diversion appropriate for uses
 ✓ Is rate or volume and fee appropriate?
☒ Has permit holder indicated when water was first put to a beneficial use?

Measuring Device:

- no Is a measuring device or access port required?
✓ Has one been installed?
✓ Waiver or modification of measuring device requested

Remarks:

Proof acceptable

Priority Calculation:

Date proof received	<u>NA</u>	
Date proof due		-
No. of days late		=
Priority date		+
NEW PRIORITY DATE		=

CB
SEND FILES TO DATA ENTRY AND THEN TO MICROFILM

RECEIVED
APR 29 1990For Office Use Only
Amt of Fee \$ 50.00
Date 4-23-90
Receipt No CD 60116
Received by [Signature]
7-16-90

STATE OF IDAHO

Department of Water Resources

DEPARTMENT OF WATER RESOURCES

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources will consider this form as a statement that the permit holder(s) has/have completed all development that will occur under this permit and that water has been applied according to the provisions of the permit for the beneficial use(s) described below. This form must be accompanied by a license examination fee or a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

Permit No 71-07131Telephone No. 774-3565Name(s) of Permit Holder(s): Salmon River Emergency ClinicPost Office Address: P.O. Box 20, Stanley, Id. 83278Source of Water: Ground waterIf ground water, well driller's name: Boyd LambertDate drilled: June, 1974

Extent of Use:

Domestic 1 (No. of households)

Irrigation _____ (No. of acres)

Stockwater _____ (No. and type of stock)

Other Commercial 1Total rate and/or volume for which proof is submitted .07 cfs 7.0 acre/feetShow date water was first diverted and beneficially used under this permit: June, 1974

One of the following may be a condition of approval of your permit:

Measuring device: Required? Yes X No X Installed? Yes X No X

OR

Flow Measurement Port: Required? Yes X No X Installed? Yes X NoFee Enclosed: \$ \$50.00 (See License Examination Fee Schedule)

Person to contact to accompany the Department representative during the field examination

Marie Osborn CRNP
Name774-3565
Telephone No.P.O. Box 20, Stanley, Id 83278

Address

MICROFILMED

JUL 27 1990

The above information is my true statement of the extent to which the above numbered permit has been developed and I relinquish any undeveloped portion of the permit to the state of Idaho.

3/24/90

Date

[Signature]
Signature (and title if on behalf of a company or organization)
Vice President

for: Jack See

President/Board of Directors

S T A T E O F I D A H O
D E P A R T M E N T O F W A T E R R E S O U R C E S

Statehouse
Boise, Idaho 83720
(208) 327-7900
March 6, 1990

SALMON RIVER EMERGENCY CLINIC INC.
P.O. BOX 20
STANLEY, ID 83278

P E R M I T A P P R O V A L N O T I C E

RE: PERMIT NO. P71-07131

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. We direct your attention to the conditions of approval on the final page.

Section 42-235, Idaho Code, requires that a "drilling permit" must be obtained from the department for all wells constructed after July 1, 1987. A drilling permit is a separate permit that must be issued in addition to your permit to appropriate water. Commencement of well construction or diversion of water under your permit to appropriate water is prohibited unless a drilling permit is obtained.

We have enclosed a form entitled "Instructions for Proof of Beneficial Use". Please read the instructions carefully since you must take further action to develop this permit. Also enclosed for your convenience is a form entitled "Proof of Beneficial Use" that must be submitted to the Department when your project is completed. If development is complete, you may submit proof of beneficial use immediately.

Sincerely,

GARY SPACKMAN, Supervisor
Water Right Permits Section

GS: SC
Enclosures

FILED

MAR 14 1990

Form No. 202a
4/87

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY J. J. J. J. DATE 12-26-89 APPLICATION NUMBER 71-07131
REQUIRED INFORMATION

- ☒ Name (If applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)
- ☒ Address
- ☒ Source (See USGS Quad for names of water sources)
- ☒ Point of Diversion (10 acres for spring, lot & block descriptions for subdivisions, local name, flow and/or volume)
- ☒ County
- ☒ Quantity (flow and/or volume)
- ☒ Period of Use
- ☒ Nature of proposed use (Include description of use.)
- ☒ Description of diverting works
- ☒ Time required for beneficial use of water (Existing)
- ☒ Place of use or acres irrigated
- ☒ Map
- ☒ Signature (If applicant is corp. partnership, or municipality, title of signator is required)
- ☒ Fee
- ☒ Yes ☐ No* In form to receipt

***PROPOSED PRIORITY DATE 12-22-89 2:10 PM

ADDITIONAL INFORMATION

- ☐ Overlapping place of use (Describe source & relationship to present application on the back.)
- ☐ Overlapping point of diversion
- ☐ Yes ☒ No Field check required
- ☐ Field check by _____
- ☐ Yes ☒ No Field report attached
- ☐ Yes ☒ No Critical groundwater area
- ☐ Yes ☒ No Groundwater management area
- ☐ Yes ☒ No Send dam safety information
- ☐ Yes ☒ No Send power requirement letter
- ☐ Yes ☒ No Send fish farm requirement letter
- ☐ Yes ☒ No Power residency affidavit
- ☐ Yes ☒ No Power efficiency form
- ☒ Yes ☒ No Within trustwater boundary (If yes, attach trust water supplementary analysis sheet.)
- ☐ Yes ☒ No Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.)
- ☒ See reverse side for additional information

SWAN FALLS HOLD? _____

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT

MB Need officers

Date Requested _____

FEB 14 1990

PROCESSING ☒ Yes ☐ No In form for advertising
☐ Yes ☒ No Statewide advertising
☒ Yes ☐ No Fee amount, receipt date & No. recorded on application

SEND COPIES TO ☒ Idaho Dept. of Health & Welfare ☐ U.S. BLM
☐ Idaho Dept. of Fish & Game ☐ U.S. Forest Service
☐ Idaho Dept. of Lands ☐ Water District
☐ Adjudication Bureau Unit ☐ Other _____

FINAL REGIONAL PROCESSING REVIEW

☒ Yes ☐ No Affidavit of publication received
☒ Yes ☐ No Application published correctly. If not, record action taken.

☒ Yes ☐ No ~~Publication dates & paper, recorded on application~~
☐ Yes ☒ No Protests received
Final date for protest 2/5/90
☐ Yes ☒ No Protests, dates, resolution of protest, recorded on application
☐ Yes ☒ No Recommendations attached
☐ Yes ☒ No Measuring device required
☐ Yes ☒ No Access port required
☐ Yes ☒ No Will water be delivered by watermaster? If yes, what Dist. _____
☐ Yes ☒ No Special conditions of approval or cover letter below. _____

See below for additional information

Date of priority recommended 12/22/89
By Daren O. Halum Date 2/12/90

STATE OFFICE REVIEW P23 P16 46

See below for additional information

By kw Date 2-23-90

ADDITIONAL INFORMATION

App. outside SF area.

28-Dec-1989

Salmon River Emergency Clinic, Inc.
P.O. Box 20
STANLEY ID 83278

Re: Application for Permit No. 71-07131

Dear Applicant (s):

The Department of Water Resources acknowledges receipt of your water right application for permit. The application has been assigned the above referenced identification number. Please refer to this number in all further correspondence.

This office will be advertising the application in the Challis Messenger on 1/18 & 1/25/90. A period of ten days following the second publication will be allowed for the submittal of protests.

If the application is protested you will be sent a copy of the protest. The protest must be resolved before the application is approved or denied. If the protest is not resolved voluntarily, this Department will conduct a conference and/or hearing on the matter.

If the application is not protested, it will be forwarded to our State Office in about five weeks. State office personnel will conduct a complete review prior to final processing of the application and will notify you of the outcome of this review. When a permit is issued, you will be sent a copy. A typical processing time for an unprotested application is about eight weeks. Please see attached list for additional information requirement.

Please feel free to contact this office if you have any questions regarding this procedure.

Very truly yours,

Gary Funderburg
Sr. Water Resource Agent

GF:MB

RECORDED
FILMED

MAR 14 1990

S. Region
5/89

Application No. 71-07131

ADDITIONAL INFORMATION REQUIREMENTS
FOR APPLICATIONS IN THE NAME OF A CORPORATION,
COMPANY, OR PARTNERSHIP

In reviewing the application for compliance with the requirements of the Department's Rules and Regulations for Water Appropriations, we have determined that the following information is required to make the Application complete for processing.

- 1) If the Application is filed in the name of a corporation, the names and addresses of its directors and officers shall be provided. If the application is filed by or in behalf of a partnership or joint venture, the application shall provide the names and addresses of all partners and shall designate the managing partner, if any. (Rule 3,3,2,1)

Because the required information does not appear in the legal notice, we are proceeding with advertising of your Application. If the required information is received within ten days of the second publication date, no additional delay should be incurred in processing.

RECEIVED

MAR 14 1990

27-Dec-1989

Idaho Dept. of Health & Welfare
150 N. 3rd Ave.
POCATELLO ID 83201

Re: Application(s) for Permit

Gentlemen:

Please find enclosed copy(ies) of an Application(s) for
Permit for your information and files.

If you have any questions or if this office can be of further
assistance, please feel free to contact us.

Very truly yours,

Gary Funderburg
Sr. Water Resource Agent

GF:MB

Enclosure(s)

MICROFILMED

MAR-14 1990

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Southern Region
2148 4th Avenue East
Twin Falls, ID 83301
(208)734-3578

DECEMBER 27, 1989

CUSTER PUBLISHING COMPANY
P.O. BOX 405
CHALLIS, ID 83226

Gentlemen:

Enclosed you will find a legal notice which we wish to have published on the dates indicated (once a week for two consecutive weekly issues) in your newspaper. -If you cannot publish the notice on the proposed dates, please contact us immediately.

An affidavit of publication must be submitted to the Department along with the publication bill. Your cooperation is appreciated.

Please send the affidavit of publication and publication billing to this office before FEBRUARY 5, 1990.

Yours truly,

Mary Baldwin
Secretary/Office Coordinator

Enclosure

INDEXED
MAR 14 1990

71-07131

SALMON RIVER EMERGENCY CLINIC INC.
P.O. BOX 20
STANLEY, ID 83278

Source: GROUNDWATER

Diversion Pt: NWNENE Sec 9 T 10N R 13E

Use: DOMESTIC (.040 CFS)
COMMERCIAL (.030 CFS)
Total Diversion: (.070 CFS)

Date Filed: 12/22/1989

In: T10N R13E S09 NENE

RECORDED & INDEXED
FILMED

MAR 14 1990

The application (s) alleges completion of development and beneficial use of water described above prior to October 1, 1984. If approved, the permit (s) will be subject to all prior water rights except subordinated hydropower rights. Protest must be filed with the Director, Department of Water Resources, 2148 4th Avenue East, Twin Falls, ID 83301 on or before February 5, 1990.

R. Keith Higginson, Director

Published 1/18 & 1/25/90.

RECEIVED

MAR 14 1990