

Page 1 of 6STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESTransfer No. 71737**RECEIVED**
JAN 21 2005
Department of Water Resources
Southern Region**APPLICATION FOR TRANSFER OF WATER RIGHT
PART 1**Name of Applicant St. Lukes Regional Medical Center Phone 208-726-2874Post Office address P.O. Box 4917, Ketchum, ID 83333**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 The location of the place of use is currently incorrectly listed on water right. Furthermore, the nature of use will be changed from domestic to commercial use (the water will be used as backup for domestic/potable water currently supplied by the City of Hailey)

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

1. Right Number 37-12806 Priority 9/30/1958 Amount (cfs/ac-ft) 0.04 cfs Nature of Use Commercial Period of Use Jan 1 to Dec 1
 _____ to _____
 _____ to _____

2. Total amount of water being transferred 0.04 cubic feet per second and/or 1.2 acre-feet per annum.

3. Source of water Ground Water tributary to N A

4. Point(s) of Diversion:

Lot	¼	¼	¼	Sec	Twp	Rge	County	Local name for diversion
		SE	NE	30	4N	18E	Blaine	1 well

5. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
4N	18E	30													C			C	

Total Acres _____

PART 1

6. General Information:

- a. Description of diversion system One well with electric submersible pump, piped to hospital buildings for backup domestic supply
- b. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts? _____ Yes X 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

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

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

**APPLICATION FOR TRANSFER OF WATER RIGHT
PART 2**

(Attach one copy for each right)

RECEIVED
JAN 21 2005
Department of Water Resources
Southern Region

A. DESCRIPTION OF RIGHT AS RECORDED

1. Right as evidenced by:

- a. Decree No. 37-12806 Decreed to Dorothy Jones Miller
in case of SRBA vs. _____
dated _____ in _____ county of _____
- b. License No. _____ issued by the Idaho Department of Water Resources.
- c. Claim No. _____ on file with the Idaho Department of Water Resources.
- d. Transfer No. _____ which produced this right.

2. Attach copy of last year's tax notice for the property to which the water right is appurtenant or other documents which show ownership. Label document as attachment A. Check appropriate box below:

☐ Tax Notice ☐ Warranty Deed ☐ Other _____

3. Source of water Ground Water tributary to NA

4. Date or priority 9/30/1958

5. Water is used for the following purposes:

amount 0.04 cfs for domestic purposes from Jan 1 to Dec 31
(cfs/ac-ft)

6. Total amount of water under right 0.04 cubic feet per second and/or _____ acre-feet per annum.

7. Point(s) of Diversion:

Lot	¼	¼	¼	Sec	Twp	Rge	County	Local name for diversion
		SE	NE	30	4N	18E	Blaine	

8. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
4N	18E	30				D													

Total Acres _____

9. Describe any other water rights used for the same purpose as described above No other rights are used for the same purpose; the facility's primary supply is municipal water from the City of Hailey

PART 2

Transfer No. _____

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)

2. Point(s) of Diversion:

Lot	¼	¼	¼	Sec	Twp	Rge	County	Local name for diversion

3. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

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

Total Acres _____

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

3. Point(s) of Diversion:

Lot	¼	¼	¼	Sec	Twp	Rge	County	Local name for diversion

4. Lands irrigated or place of use:

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	

Total Acres _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESAPPLICATION FOR TRANSFER OF WATER RIGHT
PART 3

- A. Draw a map or attach a USGS map indicating the new point(s) of diversion and/or the new place of use for the rights described in part 1. Clearly depict the land by section, township and range number.



PART 3**B. CHANGES IN NATURE OF USE**

- | <u>New Nature of Use</u> | <u>Amount(cfs/af-ft)</u> | <u>Hours/days/year</u> | <u>Period of Use</u> |
|---|--------------------------|------------------------|----------------------------|
| <u>Commercial (domestic backup water)</u> | <u>0.04 cfs /1.2 afa</u> | <u>n/a</u> | <u>1/1</u> to <u>12/31</u> |
| _____ | _____ | _____ | _____ to _____ |
- Quantity and quality of return flows and location of discharge: Return flows would occur at the Hailey Wastewater Treatment Plant
- Describe effects on other water uses resulting from the proposed change:
None – the use will continue to be for domestic purposes (emergency backup of municipal supply)

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.

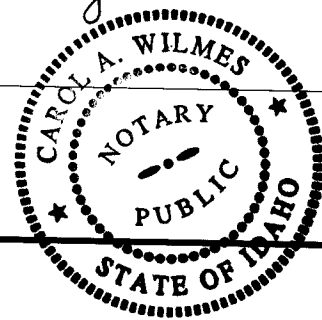
I understand that any willful misrepresentations made in this application may result in voiding its approval.

[Signature]
(Signature of Applicant)

Subscribed and sworn to before me this 14th day of January, 20 05

[Signature]
(Notary Public)

My commission expires 9-28-07

**FOR DEPARTMENT USE ONLY**

Transfer contains _____ pages and _____ attachments

Received by C. SKINNER Date 1/21/2005 Protest filed by _____

Prelim. Check by C. SKINNER Fee \$100.00 S027260

Received by C. SKINNER Date 1/4/2005

Published in _____ Copies of protest forwarded by _____

Pub. Dates _____ Hearing held by _____ Date _____

Watermaster recommendations requested on _____ Recommended for ☐ approval ☐ denial

_____ received _____ by _____

Copy of transfer sent to lien holder _____

CHECK NO. 10:30AM SLRMC ACCOUNTING 2004 TAX BILL/RECEIPT NO. 774 P. 2/2
 L. DICK PARCEL NUMBER
 COUNTY TAX COLLECTOR PP1P00000S6250A
 ST AVE SO., SUITE 102
 IDAHO 83333
 ST HALF DUE 50,184
 130.92 2ND HALF DUE 50,184
 TAX 130.92 FULL DUE 261.84
 LATE TOT TOT MV
 INT
 COST
 TOT

ST LUKES W R MED OFFICE BLDG
 ATTN: MARY GASTON
 190 E BANNOCK
 BOISE ID 83712

TAXING DISTRICT	RATE	AMOUNT
STATE	.0000000000	
COUNTY	.000731671	36.72
AMBULANCE	.000115106	5.71
RECREATION	.000101230	5.01
SCHOOL DIST #61	.003537067	177.50
SCHOOL BOND	.000223327	11.20
SUN VALLEY W&S	.000312696	15.61
S.V. W & S BOND	.000188195	9.44
KETCHUM CEM	.000008720	.44
KETCHUM FIRE	.000133243	
(APPLICABLE MV	0)	
KET. FIRE BOND	.000054240	
(APPLICABLE MV	0)	
FLOOD #9	.000019736	
(APPLICABLE MV	0)	
AMOUNT DUE	.005425231	261.84

MEDICAL OFFICE BUILDING
 20.08% EXP FOR 2004 PER CC

*** 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.
 KEEP TOP PORTION FOR YOUR RECORDS.
 PERSONAL CHECKS ARE YOUR RECEIPT
 SUBJECT TO BANK CLEARANCE.

(ATTACH front stub to check)
 Pay full amount = 261.84
 my 11/19/04.
 979999, 214001.

NOTE ADDRESS CHANGE AT TOP OF BILL!!!
 TAX RELATED QUESTIONS CALL 788-5530.

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT
 PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

ST LUKES W R MED OFFICE BLDG

2004 ST LUKES W R MED OFFICE BLDG
 1657

2004
 1657

AMOUNT DUE 130.92
 2ND HALF

AMOUNT DUE 130.92 261.84
 1ST HALF FULL

BLAINE COUNTY
 0000S6250A
 0000

BLAINE COUNTY
 PP1P00000S6250A
 48-0000

LATE
 INT
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LATE
 INT
 COST
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IF NOT PAID ON OR BEFORE

JUNE 20, 2005
 CHECK #
 CASH

PAID
 BY

DELINQUENT IF NOT PAID ON OR BEFORE

DECEMBER 20, 2004
 CHECK #
 CASH

DATE PAID
 PAID BY

CHECK DEC. 1, 2004, 10:30AM SLRMC ACCOUNTING NO. 774 P. 1/2
2004 TAX BILL/RECEIPT
I L. DICK
BL# 19731 CODE AREA 48-0000
NE COUNTY TAX COLLECTOR
1ST AVE SO., SUITE 102
BOISE, IDAHO 83333
1ST HALF DUE 8,701.40
2ND HALF DUE 8,701.40
TAX LATE INT COST TOT
FULL DUE 17,402.80
TAX LATE INT COST TOT
TOT MV 3,207,761
TOT ACS 2.440

ST LUKES MEDICAL CENTER/
WOOD RIVER LTD
ATT ACCOUNTING DEPT
190 EAST BANNOCK
BOISE ID 83712

TAXING DISTRICT	RATE	AMOUNT
STATE	.000000000	
COUNTY	.000731671	2,347.00
AMBULANCE	.000115106	369.25
RECREATION	.000101230	324.71
SCHOOL DIST #61	.003537067	11,346.08
SCHOOL BOND	.000223327	716.38
SUN VALLEY W&S	.000312696	1,003.00
S.V. W & S BOND	.000188195	603.68
KETCHUM CEM	.000008720	27.90
KETCHUM FIRE	.000133243	427.40
KET. FIRE BOND	.000054240	173.91
FLOOD #9	.000019736	63.30
AMOUNT DUE	.005425231	17,402.80

FR NESE TL 7538; SEC 30
4N 18E PHYSICIAN ANNEX
20.08%EX FOR 2004 PER CC

100 HOSPITAL DR 80000

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PERSONAL CHECKS ARE SUBJECT TO BANK CLEARANCE.

KES MEDICAL CENTER/

2004
19731

ST LUKES MEDICAL CENTER/

2004
19731

AMOUNT DUE 8,701.40
2ND HALF

AMOUNT DUE 8,701.40 17,402.80
1ST HALF FULL

E COUNTY
18030728CA
0000

LATE
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COST
TOT

IF NOT PAID ON OR BEFORE

JUNE 20, 2005
CHECK #
CASH

PAID
BY

BLAINE COUNTY
RP04N18030728CA
48-0000

LATE
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DELINQUENT IF NOT PAID ON OR BEFORE

DATE PAID
PAID BY

LATE
INT
COST
TOT

DECEMBER 20, 2004
CHECK #
CASH