

Creek

Gravel Pit

LEMHI RIVER

Salmon

Hosp

Pioneer Sch

High Sch

Helipoint

Cemetery

Trailer Park

Island

PO

BM 3927

BM 3953

BM 3952

BM 3951

BM 3950

BM 3949

BM 3948

BM 3947

BM 3946

BM 3945

BM 3944

BM 3943

BM 3942

BM 3941

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BM 3909

BM 3908

BM 3907

BM 3906

BM 3905

BM 3904

BM 3903

BM 3902

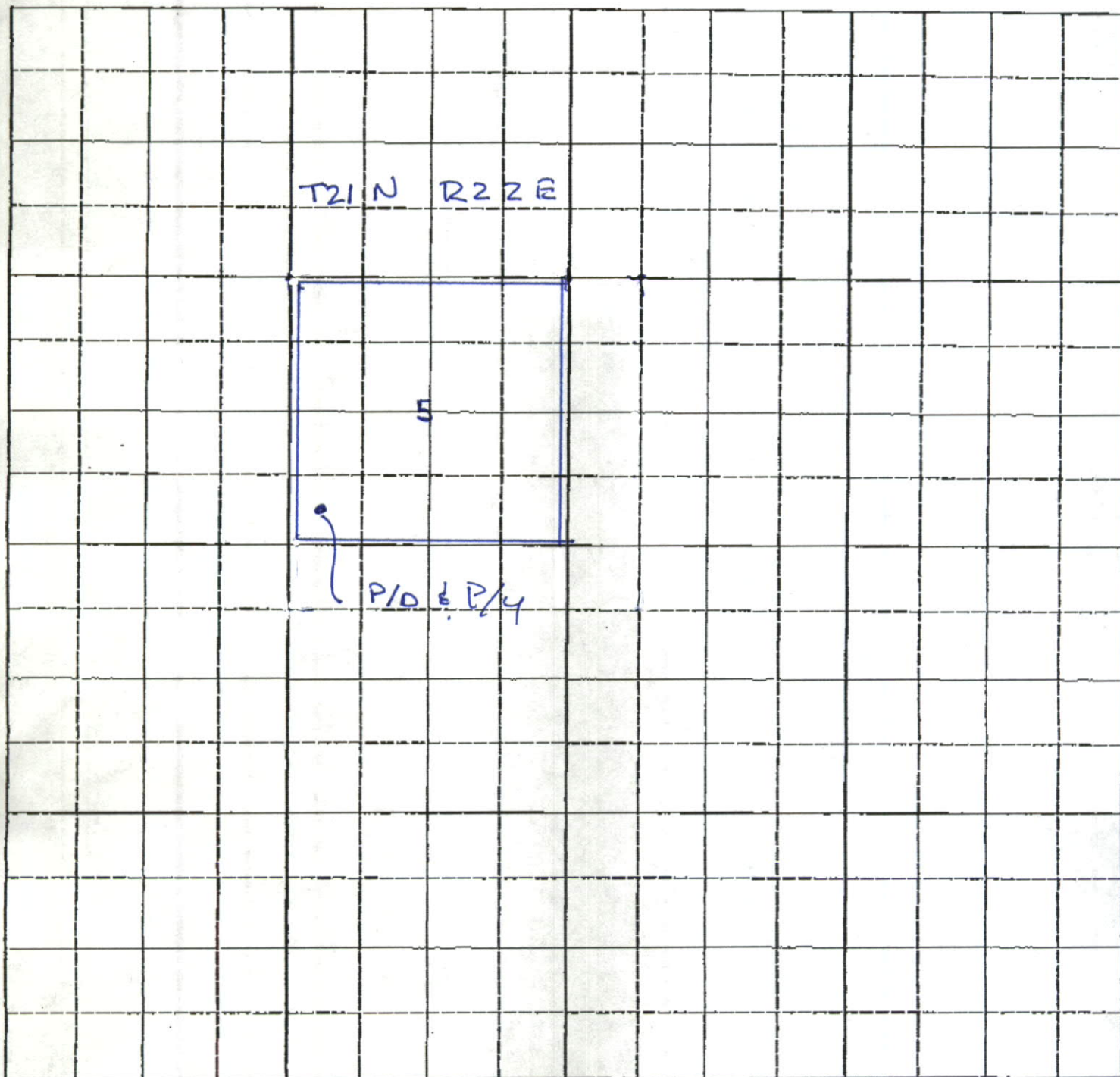
BM 3901

BM 3900

Scale: 2 inches

Kentl B Amar, Contractor for Steele Memorial
(Applicant)

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



Scale: 2 inches equal 1 mile.

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.

Keith Blum Contractor for Steele Memorial
(Applicant)

FILED
JUL 20 1995

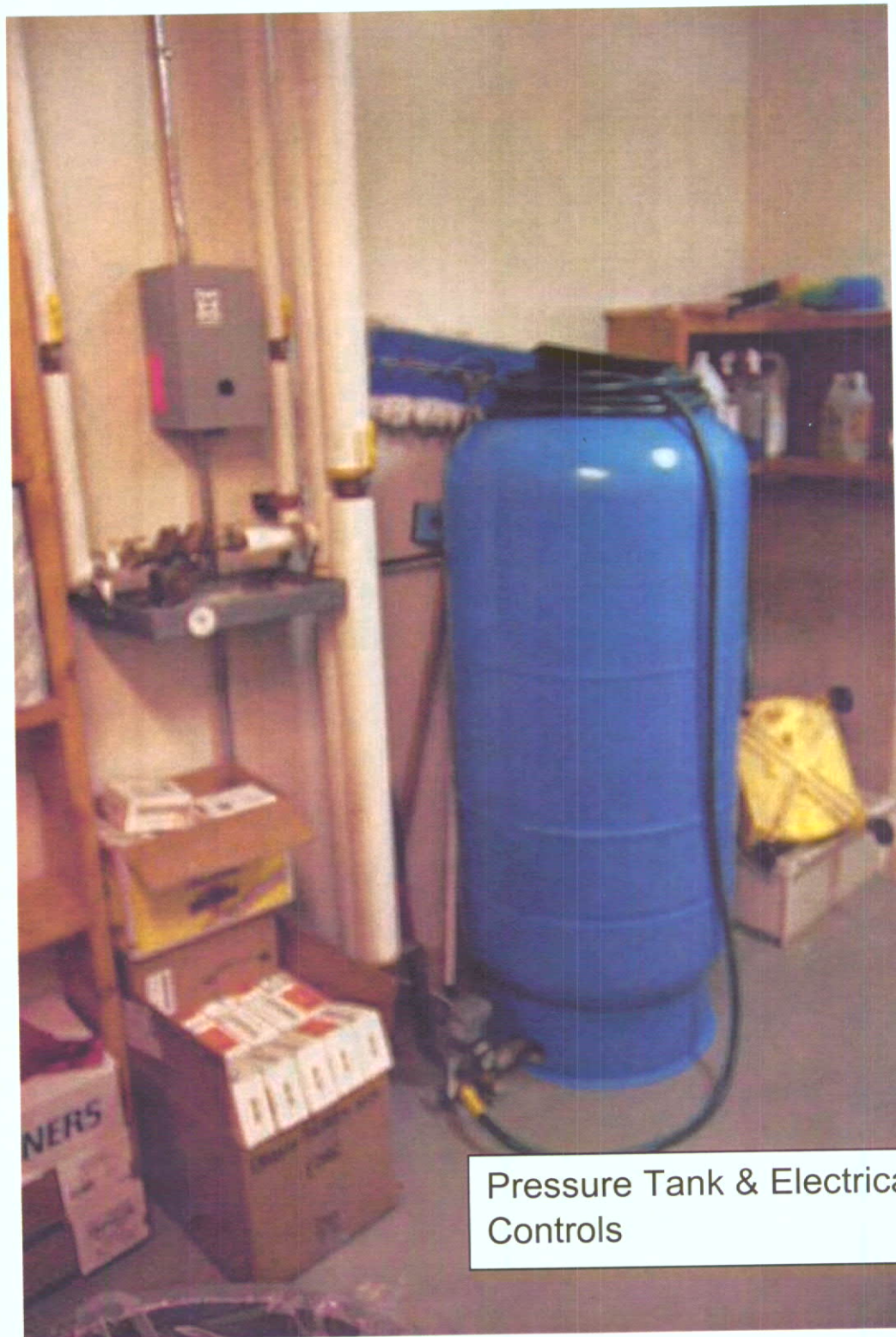


Point of Diversion

75-07624

MICROFILMED

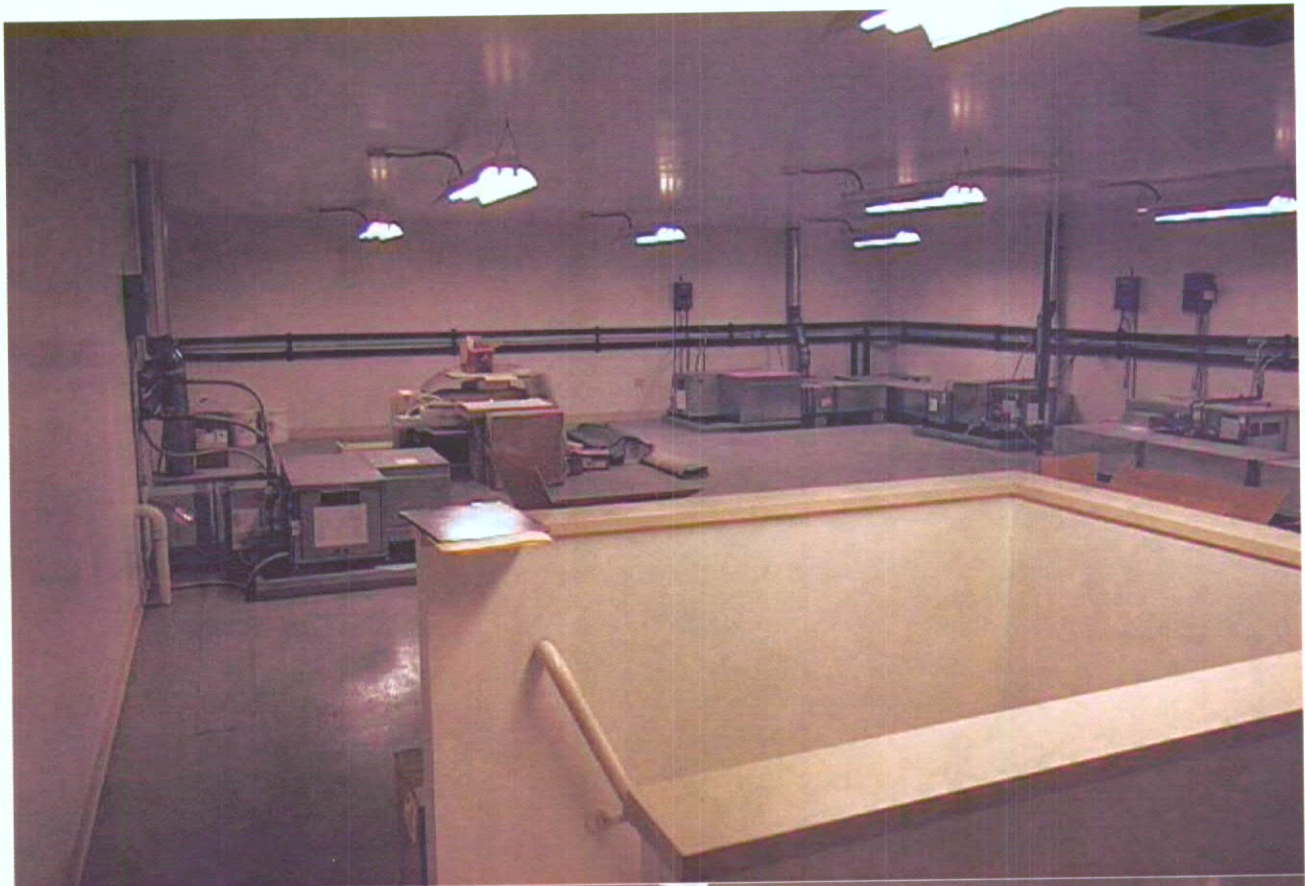
MAR 20 2003



Pressure Tank & Electrical
Controls

75-07624

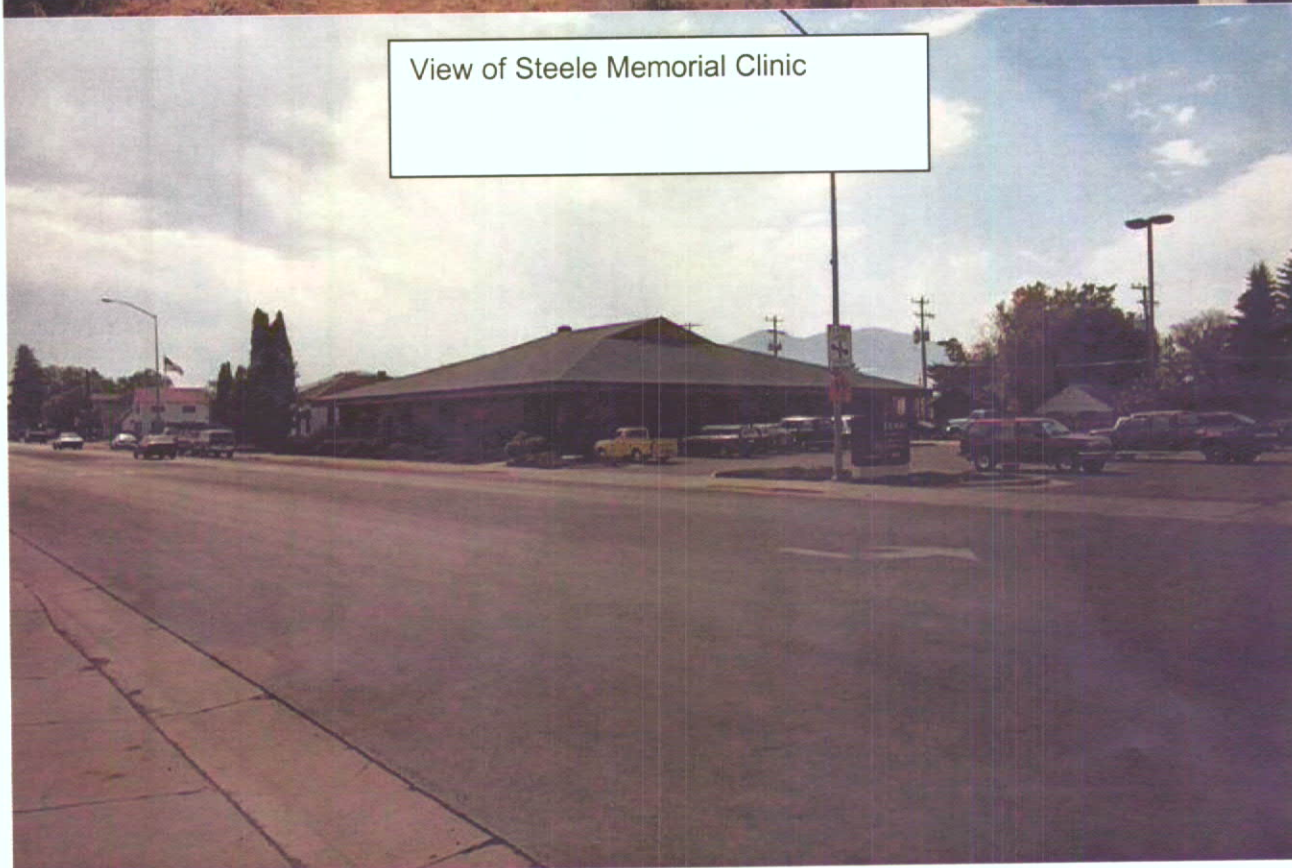
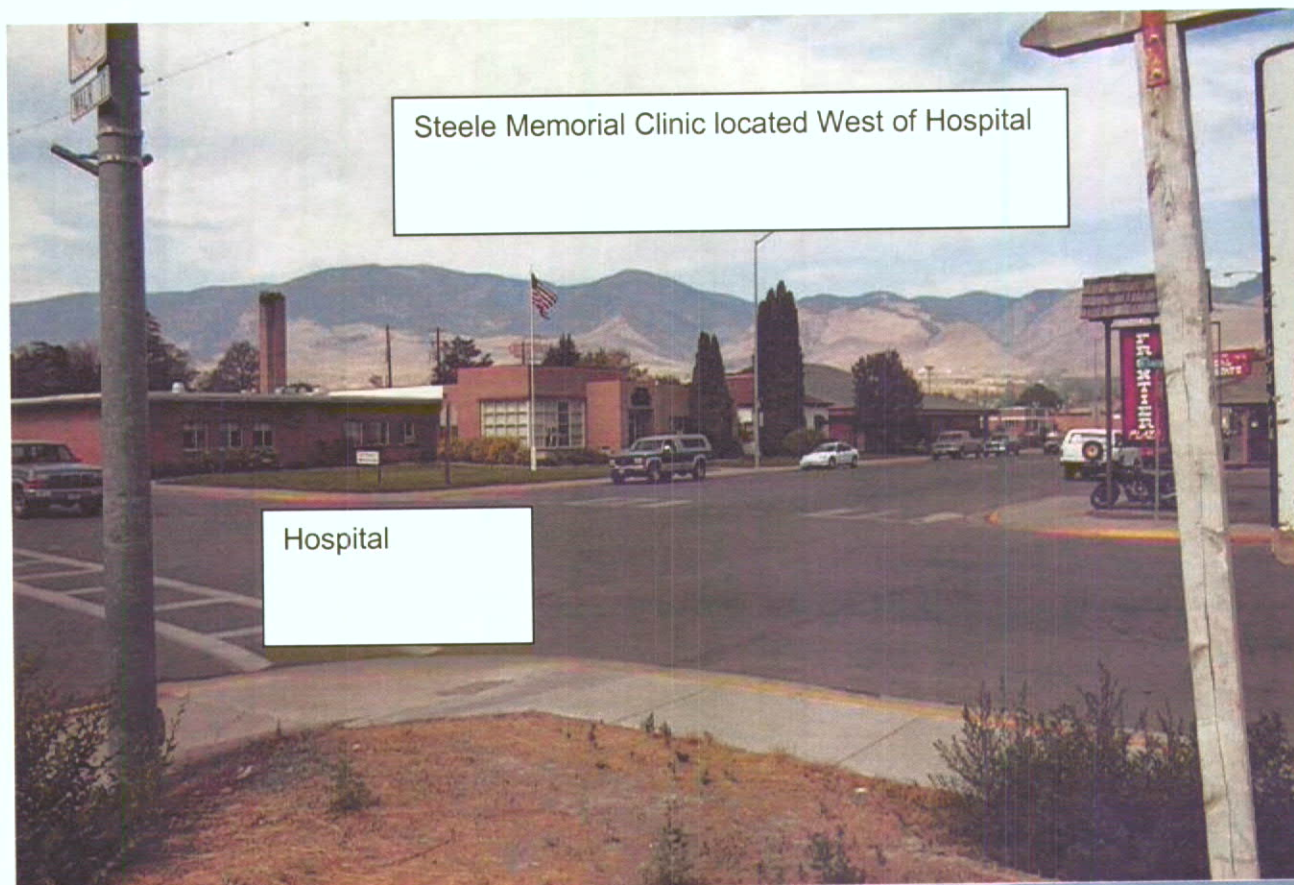
MICROFILMED
MAR 20 2003



Six Heat Pumps for Heating & Cooling **75-07624**

MICHAEL J. HARRIS

MAR 20 2003



Place of Use Steele Memorial Clinic **75-07624**

MAR 20 2003

State of Idaho
Department of Water Resources
Water Right License

WATER RIGHT NO. 75-07624

Priority: April 4, 1995

Maximum Diversion Rate: 0.09 CFS
Maximum Diversion Volume: 65.2 AF

It is hereby certified that STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON ID 83467-0700 has complied with the terms and
conditions of the permit, issued pursuant to Application for Permit dated April 4, 1995; and has
submitted Proof of Beneficial Use on June 23, 1995. An examination indicates that the works have a
diversion capacity of 0.13 cfs of water from:

SOURCE

GROUND WATER

and a water right has been established as follows:

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL DIVERSION VOLUME</u>
COOLING	01/01 to 12/31	0.09 CFS	65.2 AF
HEATING	01/01 to 12/31	0.09 CFS	65.2 AF

LOCATION OF POINT OF DIVERSION:

GROUND WATER SW $\frac{1}{4}$ SW $\frac{1}{4}$ Sec. 5, Twp 21N, Rge 22E, B.M., LEMHI County

PLACE OF USE: COOLING

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
21N 22E 5												X					

PLACE OF USE: HEATING

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
21N 22E 5												X					

CONDITIONS OF APPROVAL

1. Heating and cooling uses are for Steele Memorial Clinic.
2. Place of use is located within Lot 17, Blk. 12, Salmon Townsite.

MICROFILMED
MAR 20 2003

State of Idaho
Department of Water Resources
Water Right License

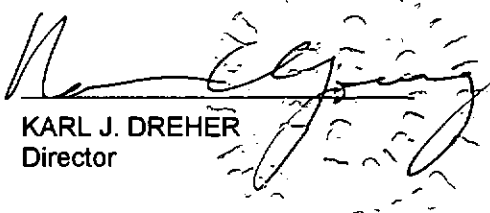
WATER RIGHT NO. 75-07624

3. Return flow discharged to a subsurface system must be authorized by a separate injection well permit.

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. The water right confirmed by this license is subject to all prior water rights and shall be used in accordance with Idaho law and applicable rules of the Department of Water Resources.

Signed and sealed this 31st day of DECEMBER, 2002.

Acting for


KARL J. DREHER
Director

MICROFILMED

MAR 20 2003

RECEIVED

JUN 23 1995

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Department of Water Resources

PROOF OF BENEFICIAL USE

The Idaho Department of Water Resources considers this form 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, when necessary, or be accompanied by a completed field examination report prepared by a certified water right examiner who has been appointed by the department.

1. Permit No. 75-07624 Telephone No. 208-756-4291
2. Name(s) of Permit Holder(s): Steele Memorial Hospital
3. Mailing Address: P.O.Box 700, Salmon, Idaho 83467
4. Source of Water: Well If **GROUNDWATER** (well), Date Drilled: mo. 3 / yr. 95
 - a. Well Driller: Harber Drilling Drilling Permit Number: 75 - 95 - E - 0007
 - b. **OPTIONAL:**
Pump Horsepower: _____ Pressure (psi): _____ Dynamic pumping level (ft): _____
5. Use(s) (as authorized by the water right permit):
Domestic (No. of households): _____ Stockwater (No. and type of stock): _____
Irrigation (No. of acres): _____ Other: Heating & Cooling
6. Total rate of diversion and/or volume for which proof is submitted: 0.09 cfs OR _____ acre feet
7. Measuring Device Requirement: (refer to the approval conditions on your permit and respond accordingly)
(This question is **not optional**. Please check either yes or no. Proofs returned not checked accordingly, will be considered incomplete)

Measuring Device:	Is a measuring device required?	Yes _____	or	No <u>X</u>
	Has the measuring device been installed?	Yes _____	or	No <u>X</u>
Flow Measurement Port:	Is a flow measurement port required?	Yes _____	or	No <u>X</u>
	Has the measurement port been installed?	Yes _____	or	No <u>X</u>
8. Fee Enclosed: \$ 50.00 (See Fee Schedule on back of the instructions for filing proof of beneficial use)
9. Person to contact to accompany the Department representative during field examination of the water system.
Name: Roger K. Rife Telephone Number: 208-756-4291
Address: P.O.Box 700, Salmon, Idaho 83467
10. The information given on this form 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.

Signature of permit holder: Roger K. Rife Controller
(include your title, if on behalf of company or organization)

JUL 20 1995
Date: 6/20/95

State of Idaho
Department of Water Resources
Permit To Appropriate Water

NO. 75-07624

Proposed Priority: April 4, 1995 Maximum Diversion Rate: 0.09 CFS

This is to certify, that **STEELE MEMORIAL HOSPITAL**
PO BOX 700
SALMON ID 83467-0700
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>
HEATING	01/01 to 12/31	0.09 CFS
COOLING	01/01 to 12/31	0.09 CFS
	Totals	0.09 CFS

LOCATION OF POINT(S) OF DIVERSION: SWSW , Sec. 5, Township 21N, Range 22E
LEMHI County

PLACE OF USE: HEATING
TWN RGE SEC
21N 22E 5 SWSW

PLACE OF USE: COOLING, same as HEATING use

CONDITIONS/REMARKS:

1. Proof of construction of works and application of water to beneficial use shall be submitted on or before June 1, 1996.
2. Subject to all prior water rights.
3. Place of use is located within Lot 17, Blk. 12, Salmon Townsite.
4. Heating and cooling use is for a hospital.

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

14th day of June, 1995

Karl J. Dreher
for Karl J. Dreher, Director

RECORDED

JUL 20 1995

RECEIVED

APR 03 1995

STATE OF IDAHO

Ident. No. 75-2625

DEPARTMENT OF WATER RESOURCES
Department of Water Resources **APPLICATION FOR PERMIT**

To appropriate the public waters of the State of Idaho

VOID

1. Name of applicant Steele Memorial Hospital Phone 756-4291
Post office address P.O.Box 700, Salmon, Idaho 83467
2. Source of water supply Groundwater which is a tributary of _____
3. Location of point of diversion is Lot 17, BLK 12 Salmon Townsite
SW $\frac{1}{4}$ of SW $\frac{1}{4}$ of _____ $\frac{1}{4}$ of Govt. Lot _____
Sec. 5 Township 21 N Range 22 E B.M. Lemhi County; additional
points of diversion if any: _____
4. Water will be used for the following purposes:
Commercial
Amount .09 for Hospital purposes from Jan. 1 to Dec. 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)
5. Total quantity to be appropriated is (a) .09 and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works:
 - a. Description of ditches, flumes, pumps, headgates, etc. 3 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 well diameter is 8 inches; proposed depth of well is 45 feet.
 - d. Is ground water with a temperature of greater than 85°F being sought? No
 - e. If well is already drilled, when? 1995; Drilling firm _____
Well was drilled for (well owner) Applicant
7. Time required for the completion of the works and application of the water to be proposed beneficial use is
1 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. Hospital

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 place of use below. See instructions for standard symbols.

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
21N	22E	5											C						

Total number of acres to be irrigated _____

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

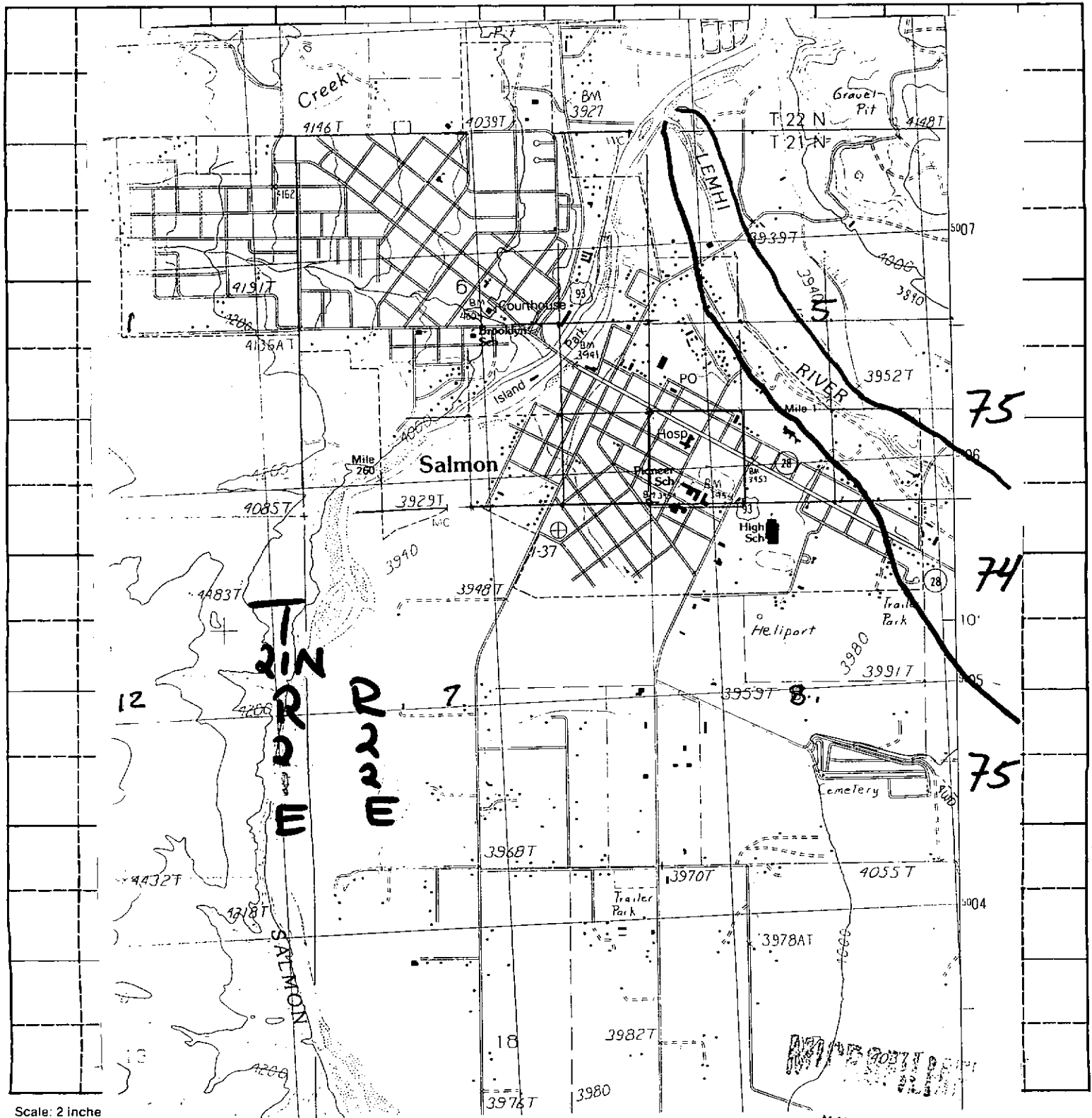
11. a. Who owns the property at the point of diversion? _____
- b. Who owns the land to be irrigated or place of use? _____
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: _____

RECEIVED

JUL 20 1995

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



Scale: 2 inches

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.

Kent Bluman Contractor for Steele Memorial
(Applicant)

Received by _____ Date 4-4-95 Time _____ Preliminary check by _____
Fee \$ 50.00 Receipted by JW # C032408 Date 4-4-95
Publication prepared by RB Date 4-20-95 Published in Lacader Herald
Publication approved _____ Date _____

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:

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JUL 20 1995

RECEIVED

Form 202
10/92

APR 10 1995

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMITDepartment of Water Resources
Eastern District Office75-7624
15-7624
RECEIVED
JUN 08 1995
Department of Water Resources

To appropriate the public waters of the State of Idaho

1. Name of applicant Steele Memorial Hospital Phone 756-4291
Post office address P.O. Box 700, Salmon, Idaho 834672. Source of water supply Groundwater which is a tributary of _____3. Location of point of diversion is Lot 17, BLK 12 SW Salmon Townsite $\frac{1}{4}$ of SW $\frac{1}{4}$ of _____ $\frac{1}{4}$ Govt. Lot _____Sec. 5 Township 21 N Range 22 E B.M. Lemhi County; additionalpoints of diversion if any: 4 change as per tele-con with Applicant's engineer
4-11-95
JLD

4. Water will be used for the following purposes:

Amount .09 for Domestic Heating/Cooling* purposes from Jan. 1 to Dec. 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)5. Total quantity to be appropriated is (a) .09 and/or (b) _____
cubic feet per second acre feet per annum

6. Proposed diverting works:

a. Description of ditches, flumes, pumps, headgates, etc. 3 HP Submersible Pumpb. 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 well diameter is 8 inches; proposed depth of well is 45 feet.d. Is ground water with a temperature of greater than 85°F being sought? Noe. If well is already drilled, when? 3-27-95; Drilling firm Harbor Drilling
Well was drilled for (well owner) Applicant - Drilling permit # 75-95-E-0077. Time required for the completion of the works and application of the water to be proposed beneficial use is
1 years (minimum 1 year).RECORDED
JUL 20 1995

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. Hospital

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 place of use below. See instructions for standard symbols.

TWP	RANGE	SEC.	NE¼				NW¼				SW¼				SE¼				TOTALS
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
21	22	5											C						

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? _____

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

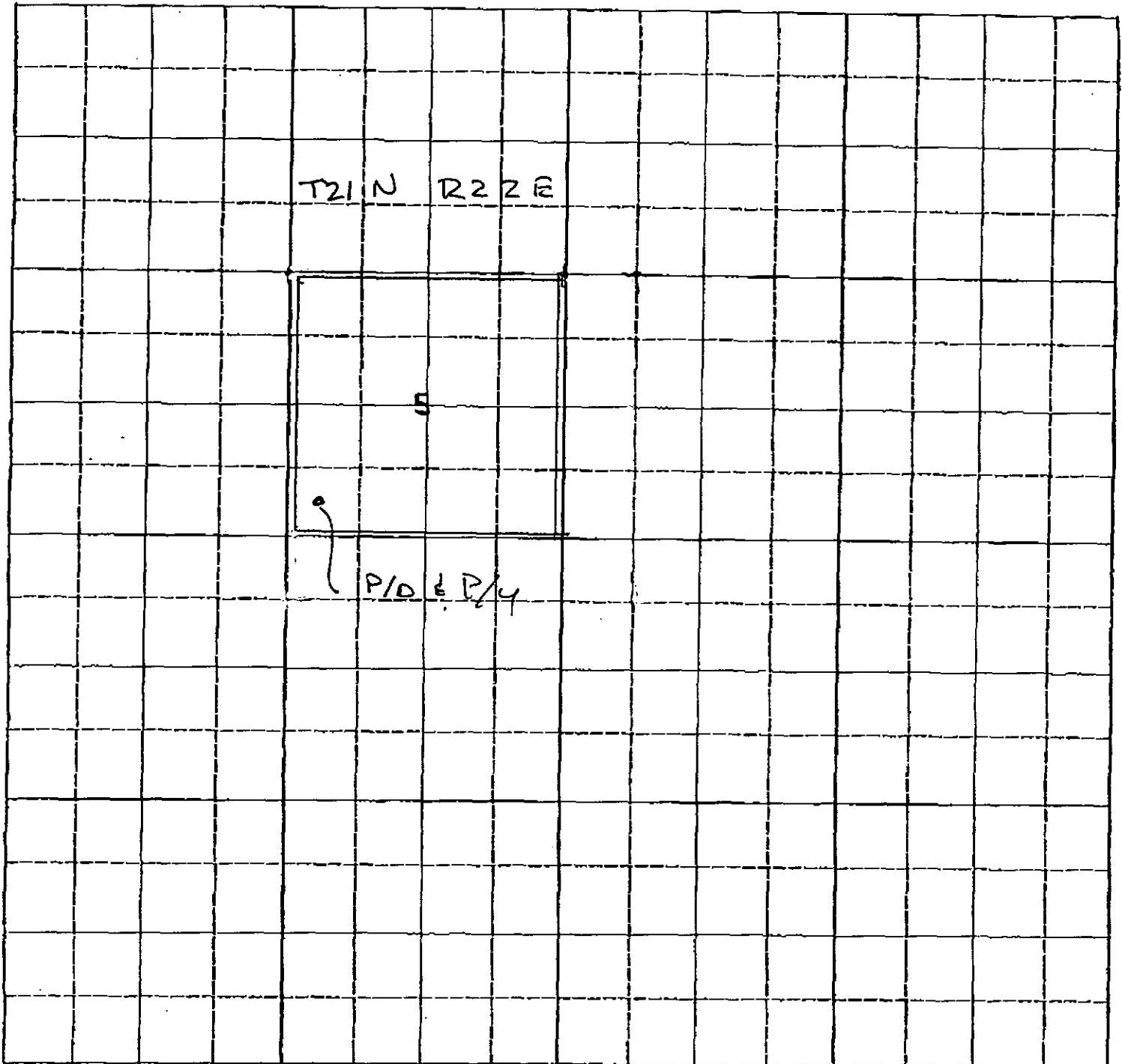
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing. _____

12. Remarks: _____

MICROFILMED

JUL 20 1995

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



Scale: 2 inches equal 1 mile.

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.

Keith B. Bama Contractor for Steel Memorial
(Applicant)

APPROVED

JUL 20 1995

Received by J.J. Date 3/15/95 Time 12:00 PM Preliminary check by _____
Fee \$ 50.00 Received by J.J. # 2032408 Date 4/4/95
Publication prepared by RB Date 4-20-95 Published in Bozeman Herald
Publication approved RB Date 5-31-95

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:

RECEIVED

JUL 20 1995



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Boise, ID 83706 - P.O. Box 83720, Boise, ID 83720-0098
Phone: (208) 327-7900 Fax: (208) 327-7866 Web Site: www.idwr.state.id.us

DIRK KEMPTHORNE
Governor

KARL J. DREHER
Director

January 2, 2003

STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON ID 83467-0700

RE: License No. 75-7624 - Issuance of License

Dear Water Right Holder(s):

The Department of Water Resources has issued the enclosed Water Right License confirming that a water right has been established in accordance with your permit. Please be sure to thoroughly review the conditions of approval and remarks listed on your license.

The license is a PRELIMINARY ORDER issued by the Department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action by the Department unless a party petitions for reconsideration or files an exception and/or brief within fourteen (14) days of the service date as described in the enclosed information sheet.

Please note that water right owners are required to report any change of water right ownership and/or mailing address to the Department within 120 days of the change. Failure to report these changes could result in a \$100 late filing fee. Contact any office of the Department or visit the Department's homepage on the Internet to obtain the proper forms and instructions.

If you have any questions, please contact me at 208-327-7946.

Sincerely,

A handwritten signature in black ink that reads "Shelley W. Keen". The signature is written in a cursive, flowing style.

Shelley W. Keen

Water Rights Supervisor

SWK:klt

Enclosure(s)

MICROFILMED

MAR 20 2003

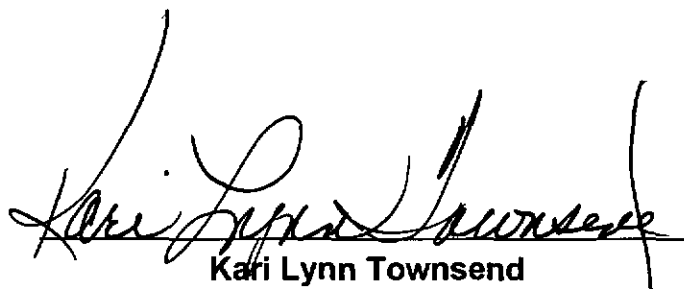
CERTIFICATE OF SERVICE

I hereby certify that on January 2, 2003 I mailed a true and correct copy, postage prepaid, of the foregoing PRELIMINARY ORDER(Approved License) to the person(s) listed below:

RE: WATER RIGHT NO.

75-7624

**STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON ID 83467-0700**



**Kari Lynn Townsend
Secretary**

MICRON 5400
MAR 20 2003

**EXPLANATORY INFORMATION
TO ACCOMPANY A
PRELIMINARY ORDER**

The accompanying order or approved document is a "**Preliminary Order**" issued by the department pursuant to section 67-5243, Idaho Code. It can and will become a final order without further action of the Department of Water Resources (department) unless a party petitions for reconsideration, files an exception and brief, or requests a hearing as further described below:

PETITION FOR RECONSIDERATION

Any party may file a petition for reconsideration of a preliminary order with the department within fourteen (14) days of the service date of this order. The department will act on a petition for reconsideration within twenty-one (21) days of its receipt, or the petition will be considered denied by operation of law. See Section 67-5243(3) Idaho Code.

EXCEPTIONS AND BRIEFS

Within fourteen (14) days after (a) the service date of a preliminary order, (b) the service date of a denial of a petition for reconsideration from this preliminary order, or (c) the failure within twenty-one (21) days to grant or deny a petition for reconsideration from this preliminary order, any party may in writing support or take exceptions to any part of a preliminary order and may file briefs in support of the party's position on any issue in the proceeding with the Director. Otherwise, this preliminary order will become a final order of the agency.

REQUEST FOR HEARING

Unless a right to a hearing before the department or the Idaho Water Resource Board (Board) is otherwise provided by statute, any person aggrieved by any final decision, determination, order or action of the Director of the department and who has not previously been afforded an opportunity for a hearing on the matter may request a hearing pursuant to section 42-1701A(3), Idaho Code. A written petition contesting the action of the Director and requesting a hearing shall be filed within fifteen (15) days after receipt of the denial or conditional approval.

ORAL ARGUMENT

If the Director grants a petition to review the preliminary order, the Director shall allow all parties an opportunity to file briefs in support of or taking exceptions to the preliminary order and may schedule oral argument in the matter before issuing a final order. If oral arguments are to be heard, the Director will within a reasonable time period notify each party of the place, date and hour for the argument of the case. Unless the Director orders otherwise, all oral arguments will be heard in Boise, Idaho.

CERTIFICATE OF SERVICE

All exceptions, briefs, requests for oral argument and any other matters filed with the Director in connection with the preliminary order shall be served on all other parties to the proceedings in accordance with IDAPA Rules 37.01.01302 and 37.01.01303 (Rules of Procedure 302 and 303).

MICROFILM

MAR 20 2003

FINAL ORDER

The Director will issue a final order within fifty-six (56) days of receipt of the written briefs, oral argument or response to briefs, whichever is later, unless waived by the parties or for good cause shown. The Director may remand the matter for further evidentiary hearings if further factual development of the record is necessary before issuing a final order. The department will serve a copy of the final order on all parties of record.

Section 67-5246(5), Idaho Code, provides as follows:

Unless a different date is stated in a final order, the order is effective fourteen (14) days after its issuance if a party has not filed a petition for reconsideration. If a party has filed a petition for reconsideration with the agency head, the final order becomes effective when:

- (a) the petition for reconsideration is disposed of; or
- (b) the petition is deemed denied because the agency head did not dispose of the petition within twenty-one (21) days.

APPEAL OF FINAL ORDER TO DISTRICT COURT

Pursuant to sections 67-5270 and 67-5272, Idaho Code, if this preliminary order becomes final, any party aggrieved by the final order or orders previously issued in this case may appeal the final order and all previously issued orders in this case to district court by filing a petition in the district court of the county in which:

- i. A hearing was held,
- ii. The final agency action was taken,
- iii. The party seeking review of the order resides, or
- iv. The real property or personal property that was the subject of the agency action is located.

The appeal must be filed within twenty-eight (28) days of this preliminary order becoming final. See section 67-5273, Idaho Code. The filing of an appeal to district court does not itself stay the effectiveness or enforcement of the order under appeal.

MICROFILMED
MAR 20 2003

Comment Report

75-7624

1. kwilson 12/26/2002 Field Report Narrative

Comment: Well, pump, mainline with pressure tank to six (6) Trane Heat Pumps for Heating & Cooling for Steele Memorial Clinic. Water is returned to leach field under the parking lot.

2. kwalker 12/30/2002 Point of Diversion

Comment: Examiner recommended a 10 acre tract for the point of diversion description but when I went into ArcView and viewed the location, I found it to be in the center of the 40. No 10 acre tract description was used on this proposed license.

3. CZIMMERM 4/6/1995 DIVERSION DESCRIPTION

Comment: Existing 8 x 45' well with 3 HP submersible pump, drilled under 75-95-E-0007-000 on 3/27/95 by Harbor Drilling.

4. VAULT 6/28/1995 Proof of Beneficial Use Rcvd

Comment: Proof of Beneficial Use Rcvd

MICROFILMED

MAR 20 2003

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

RECEIVED

DEC 30 2002

Department of Water Resources

A. GENERAL INFORMATION

Permit No. 75-67624

1. Owner: Steele Memorial Hospital Phone No. 756-4291

Current Address: 811 Main St, P.O. Box 700, Salmon ID 83467-0700

2. Accompanied by: Mark Heald EXAM DATE: 8-10-2000

Address: 811 Main St, P.O. Box 700 Salmon ID Phone No. 756-4291

Relationship to Permit Holder: Maintenance Supervisor

3. Source: GROUNDWATER tributary to _____

B. OVERLAP REVIEW

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

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

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion:

Ident No.	Gov't Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
		NW	SW	SW	5	21N	22E	Lemhi	On Site WIGS Quads

2. Place(s) of Use:

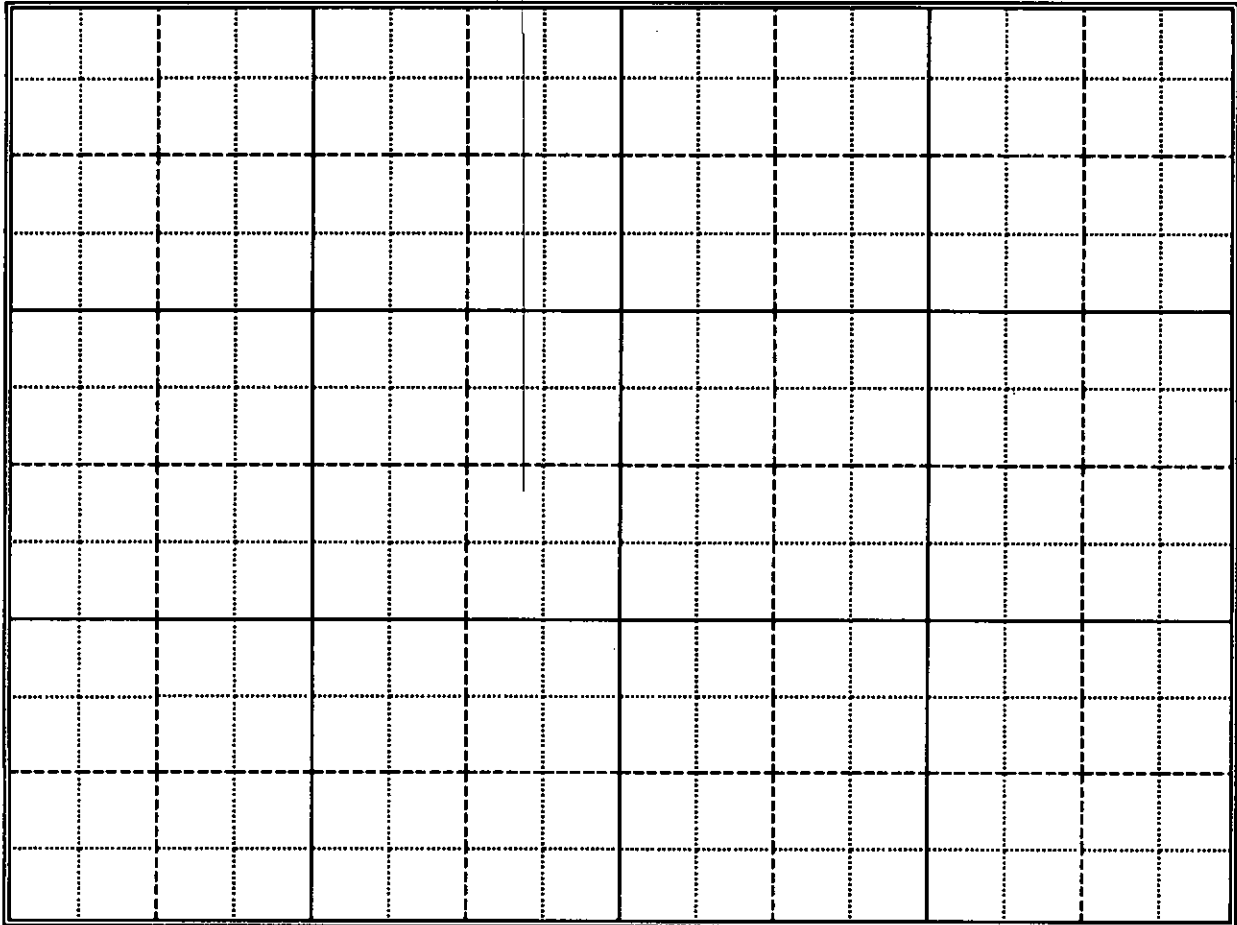
Indicate Method of Determination

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
21N	22E	5											X						

MICROFILMED

MAR 20 2003

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe I.d. as applicable.



Scale: 1" = _____

_____ Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

_____ Aerial Photo Attached (required for irrigation of 10+ acres)

_____ Photo of Diversion and System Attached

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	Washing Machine	3hp			

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

D. FLOW MEASUREMENTS

1.

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

2. Measurements: Operating pressure 20-40 psi
STATIC H₂O Level 12 ft
Theoretical

MAR 20 2003

E. NARRATIVE/REMARKS/COMMENTS

Well pump mainline w/ Pressure tank to 6 Trane heat pump
water is returned to a leach field under the parking lot

Trane heat Pump Model # WPHD02611H10 AA010000000010
Serial # W95C07373

Model # WPHD03511H10AC010000000010

S/N W95C09141

Model # WPHD02611H10AA010000000010

Keith Armor S/N W95C07372

Model # WPHD02811MAA2100A0K000100

S/N W98A03296

Model # WPHD04111H10AA010000000010

S/N W95C07376

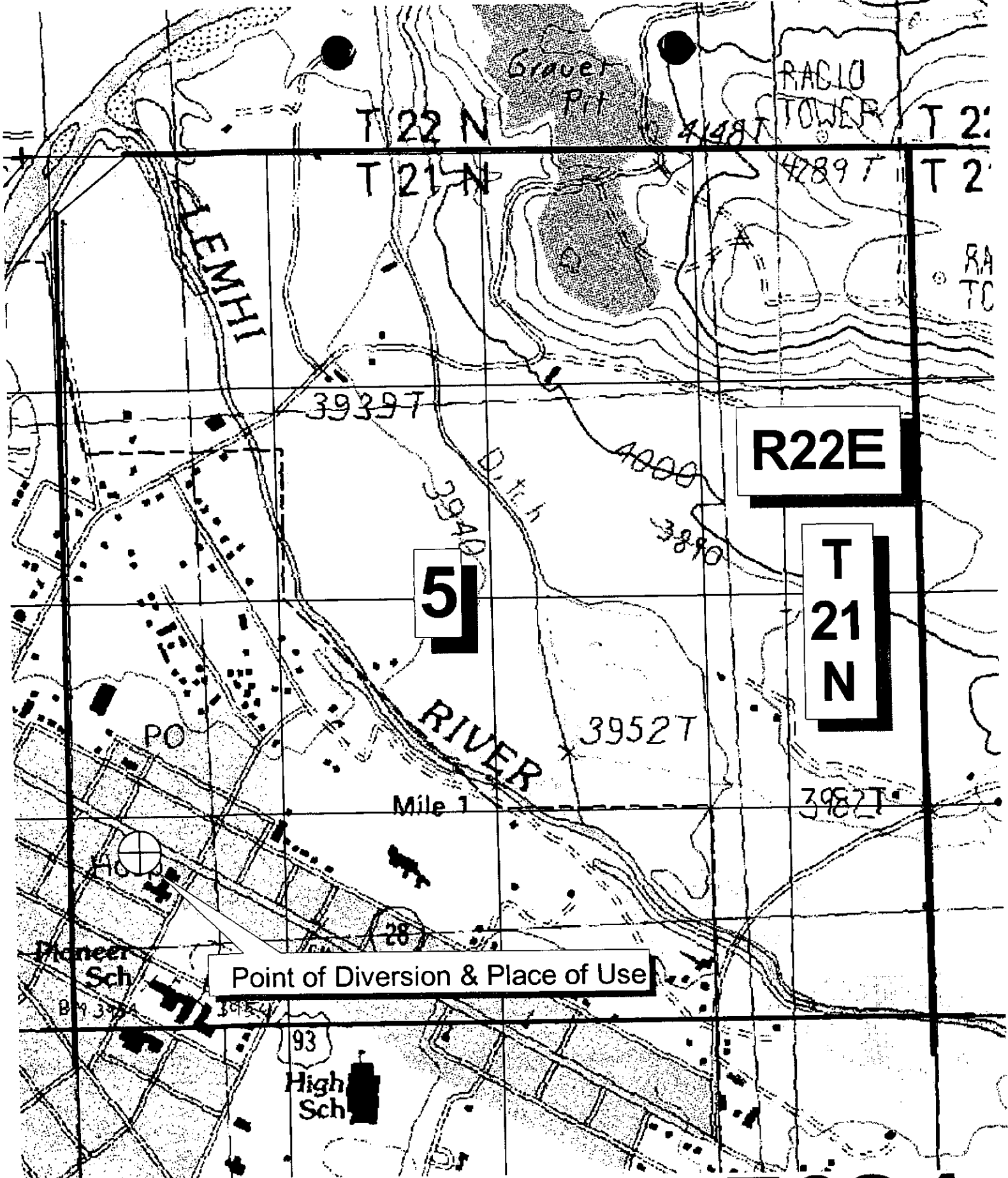
Model # WPHD03511H10AA010000000010

S/N W95C07374

Heating / Cooling for Steele Memorial Clinic which is adjacent to
Steele Memorial Hospital

Have conditions of permit approval been met? ☒ yes ☐ no

MICROFILMED
MAR 20 2003



T21n22e.shp
Sections.shp

MICROTECH
MAR 20 2003

75-7624

THEORETICAL PUMP FLOW CALCULATIONS

$$Q_{cfs} = [(Hp) (8.814) (Eff.)] \div [Lift + (psi \times 2.308)]$$

Hp = Horsepower = 3

Eff. = Efficiency = 70% (Usually 70.0%)

Lift = Static Water Level + Draw down

Static Water Level = 12 ft. well Log

Assumed Draw down = 35 ft.

Lift = 47 ft.

OR

Measured Dynamic Water Level = _____ ft.

Psi = Operating Pressure = 20-40 psi
③ 40 Psi

$$Q_{cfs} = [\frac{3}{HP} \times 8.814 \times \frac{0.70}{EFF}] \div [\frac{47}{LIFT} + (\frac{40}{PSI} \times 2.308)]$$

$$= [18.509] \div [139.32]$$

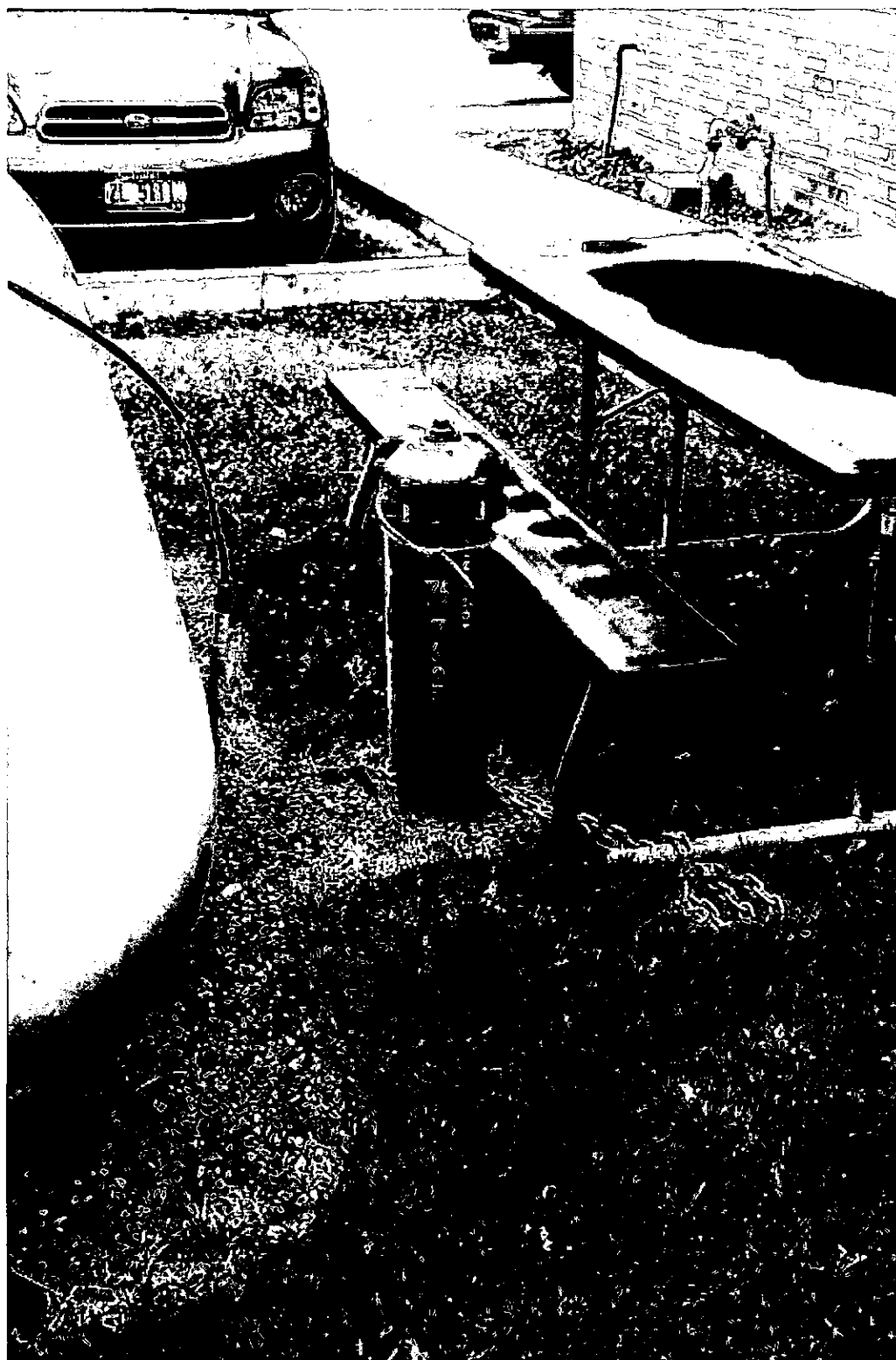
$$Q_{cfs} = \underline{0.13} \text{ cfs}$$

75 - 7624

Permit Number

MICRO...

MAR 20 2003



Point of Diversion

75-07624

MICROFILMED

MAR 20 2003



Pressure Tank & Electrical
Controls

MICROFILMED
MAR 20 2003

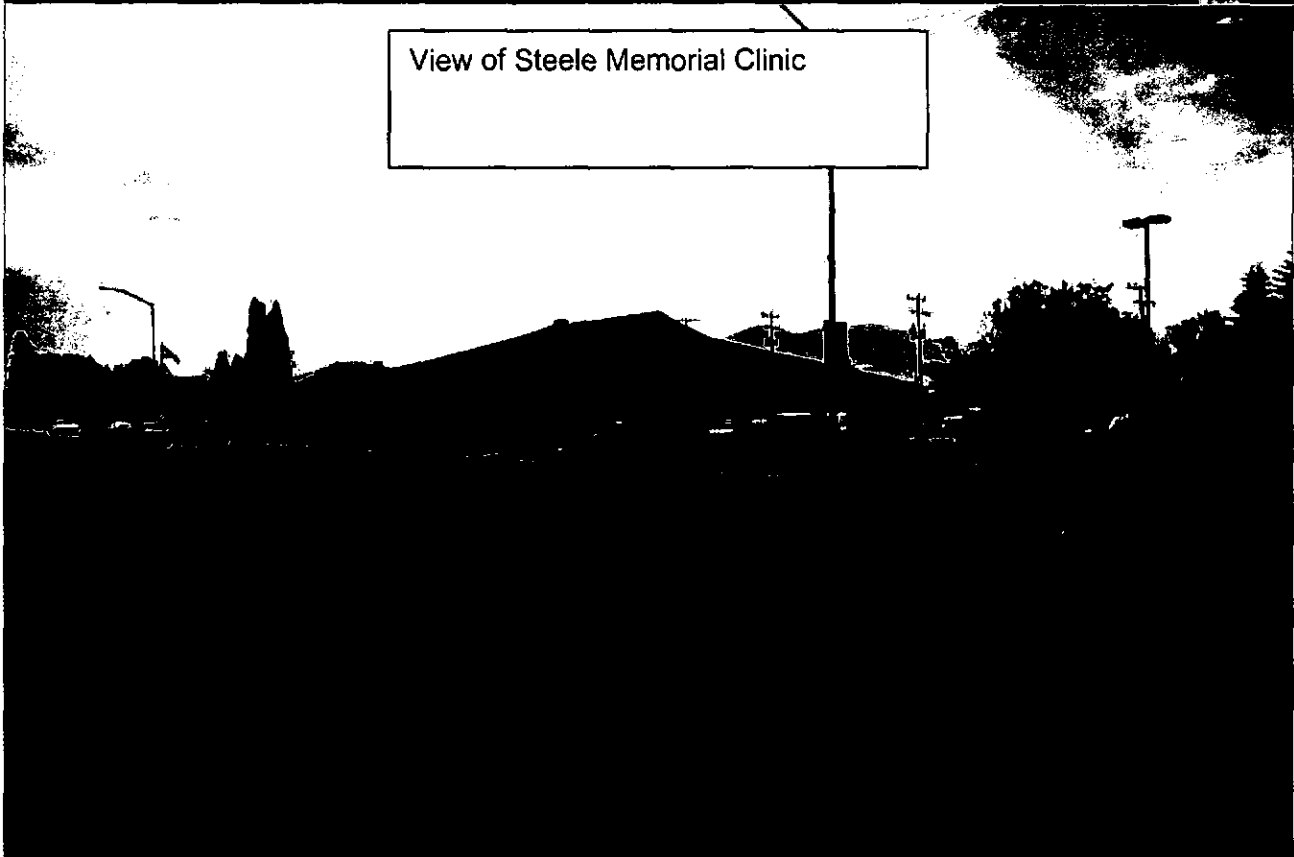
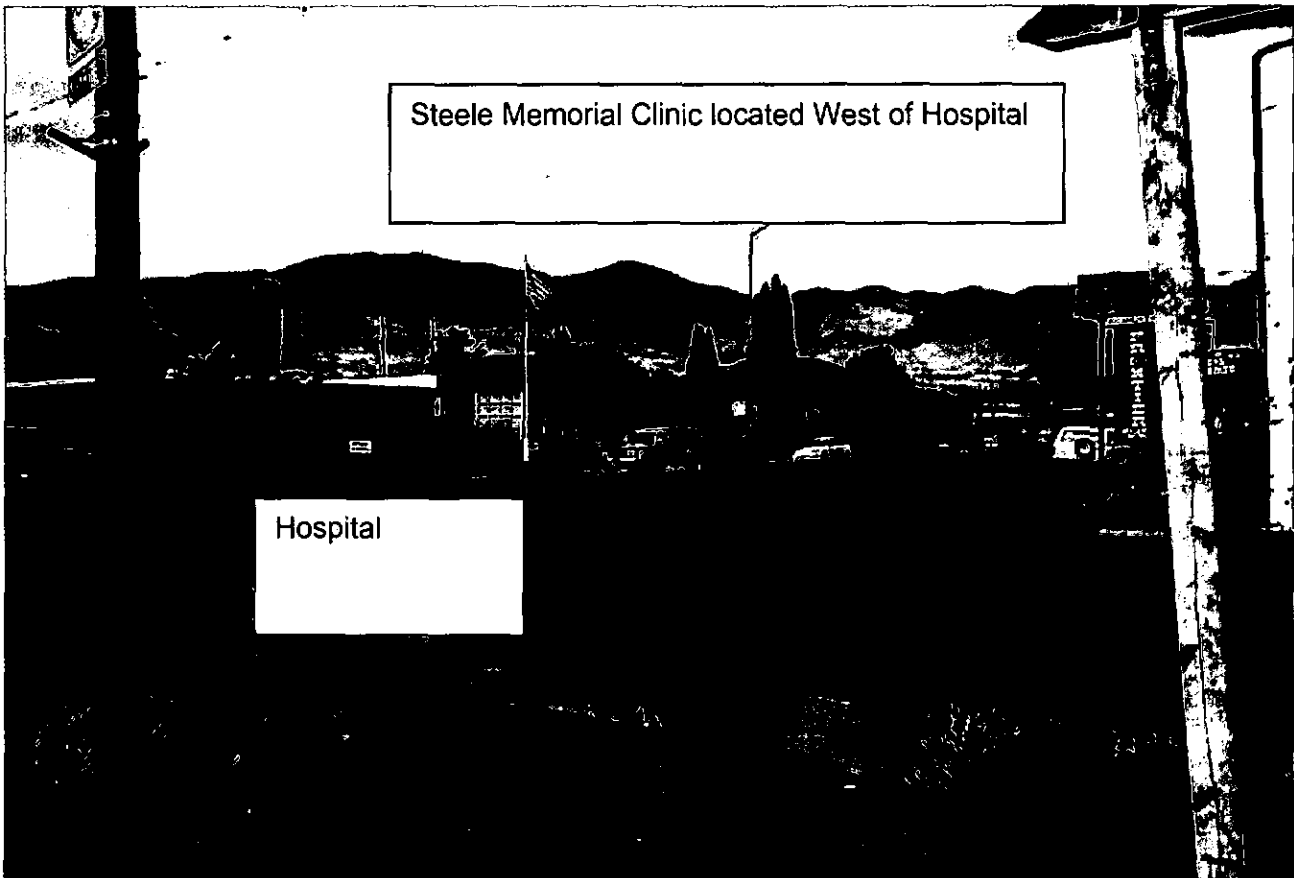
75-07624



Six Heat Pumps for Heating & Cooling **75-07624**

MICROFILMED

MAR 20 2003



Place of Use Steele Memorial Clinic 75-07624

WAP 2 0 2003

1. DRILLING PERMIT NO. 75-95-E-0007-000
Other IDWR No. 75-7624

2. OWNER: Steele Memorial Hospital
Name PO Box 700
Address Salmon
City Id State 83467 Zip

3. LOCATION OF WELL by legal description:

Sketch map location must agree with written location.



Twp. 21 North ☒ or South ☐
 Rge. 22 East ☒ or West ☐
 Sec. 5 1/4 SW 1/4 SW 1/4 SW
 Gov't Lot _____ County _____

Address of Well Site Main St
City Salmon

Lt. 17 Blk. 12 Sub. Name Salmon
Townsite

4. PROPOSED USE:

☒ Domestic ☐ Municipal ☐ Monitor ☐ Irrigation
☐ Thermal ☐ Injection ☐ Other

5. TYPE OF WORK

☒ New Well ☐ Modify or Repair ☐ Replacement ☐ Abandonment

6. DRILL METHOD

☐ Mud Rotary ☒ Air Rotary ☐ Cable ☐ Other_____

7. SEALING PROCEDURES

SEA/FILTER PACK			AMOUNT	METHOD
Material	From	To	Sack per Pounds	
BEAUFORTITE	0	20	200	OVERBORE

Was drive shoe used? Y ☒ N ☐
Was drive shoe seal tested? Y ☐ N ☒ How?

8. CASING/LINER:

Diameter	From	To	Gauge	Material	Casing	Liner	Welded	Threaded
6	1	40	25	STEEL	☒	☐	☒	☐
					☐	☐	☐	☐
					☐	☐	☐	☐

Length of Headpipe _____ Length of Tailpipe _____

9. PERFORATIONS/SCREENS

☒ Perforations Method Roller
☐ Screens Screen Type _____

From	To	Slot Size	Number	Diameter	Material	Casing	Liner
22	28	3/16	140		STEEL	☒	☐
						☐	☐
						☐	☐

10. STATIC WATER LEVEL OR ARTESIAN PRESSURE:

12 ft. below ground Artesian pressure _____ lb. MORRIS
Depth flow encountered _____ ft. Describe access port or _____ and _____
control devices: Sanitary well seal 402 2 0 2800

11. WELL TESTS:

☐ Pump ☐ Bailer ☒ Air ☐ Flowing Artesian

Yield gal./min.	Drawdown	Pumping Level	Time
22		40	3/45

Water Temp. 52.0 Bottom hole temp. _____
Water Quality test or comments: CLEAR

12. LITHOLOGIC LOG: (Describe repairs or abandonment)

[illegible]

Completed Depth 44 (Measurable)
Date: Started 3/27/95 Completed 3/27/95

13. DRILLER'S CERTIFICATION

I/We certify that all minimum well construction standards were complied with at the time the rig was removed.

Firm Name Harber Drilling Firm No. 430

Firm Official Alvin K. R. [Signature] Date 3/28/94

and
Supervisor or Operator _____ Date _____

(Sign once if Firm Official & Operator)

July 10, 1995

STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON ID 834670700

PROOF ACKNOWLEDGMENT LETTER

RE: PERMIT NO. 75-07624

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 EASTERN Regional Office in Idaho Falls at (208) 525-7161.

Sincerely,

JULIE L. YARBROUGH
Senior Secretary

c: IDWR - Region

RECEIVED
JUL 20 1995

**ANALYSIS SHEET
FOR
PROOF OF BENEFICIAL USE**

Permit No. 75-07624 Reviewed by [Signature] Date 7-7-95

GENERAL CONSIDERATIONS

yes Name same as permit?
yes Address same as permit?
yes Proof timely received?
If not, complete calculation below.

TYPES OF USE

Heating & Cooling

Correct Uses? yes

SOURCE OF WATER

 Surface water source

✓ Ground water source

yes Drilling permit required?

no Copy in the file?

Drilling Permit No. 75-95-E-0007-000

200.00 Amount paid for permit

yes Correct?

no Well log in the file?

LICENSE EXAMINATION FEE

yes Required?

50.00 Amount Submitted

yes Correct?

MEASURING DEVICE

no Required?

/ Installed?

 Waiver requested?

PRIORITY CALCULATION

Date proof received	<u> </u>	<u> </u>
Date proof due	<u> </u>	<u> </u>
No. of days late	<u> </u>	<u> </u>
Priority Date	<u> </u>	<u> </u>
New Priority Date	<u> </u>	<u> </u>

DEFICIENCIES OR ACTION ITEMS

Proof acceptable

DATA ENTRY

New Address X Proof Made 6-23-95



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, Statehouse Mail, Boise, Idaho 83720-9000

Phone: (208) 327-7900 FAX: (208) 327-7866

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

June 14, 1995

STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON ID 83467-0700

PERMIT APPROVAL NOTICE

RE: PERMIT NO. 75-07624

Dear Permit Holder:

Enclosed is a copy of your approved application for permit. Please be sure to thoroughly review the "CONDITIONS/REMARKS:" listing on the permit.

Enclosed is 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 is a form entitled "Proof of Beneficial Use". If your project is already completed you should complete and submit this form immediately.

Sincerely,

Shelley W. Keen
Water Rights Supervisor

SK:rl

Enclosures

MICROFILMED
JUL 20 1995

APPLICATION FOR PERMIT
STATE OFFICE REVIEW
by Cindy Zimmerman

No.: 75-7624 Name: Steele Mem. Hosp. Date: 6/12/95 Ad OK? ✓
Correct Fee? ✓ Receipt #: 032408 Priority: 4/4/95 ✓ Gvmt Lts: ✓

AREA OF CONCERN? GW exempt - No/Yes S/C Mor GWMA Trust/Non-trust
PROTESTED: - 020(Protest Agr) or W19(See Final/Prelim Order)

SYSTEM COMPLETED:

Yes/proof filed - NA
1 year/no proof - P16
+1 year - 26A-P17

GROUNDWATER: <✓ FLO-CH>

+ 0.2 cfs - 01M
- 0.2 cfs - No MD
+ 5 a. (POU cmp) - 01M, 803(if GW use SW 1st)

Drilling Permit:

Existing well - NA (pre 7/1/87)
Included w/permit - Permit No. 75-95-E-0007-000, P99 ^{3/27/95}
No WD permit? - 046-46B-P23 (post 7/1/87)
irr. in WD - P05 (new well)

SURFACE WATER <✓ FLO-CH> (Surface water that doesn't sink):

Water District(~~dem~~) - 005 (req) WD # _____ <SEE MAP & LISTING>
+ 0.2 cfs - 01J-P08 or 01M
- 0.2 cfs - 01H-P01 or No MD
+ 5 a. irr. - 01M (POU cmp)
~~In-WD~~ + 0.2 cfs - 01M or No MD (in-stream)
- 0.2 cfs - No MD
+ 5 a. irr. - 01M (POU cmp)

RIVER BASINS (*Surface water):

Snake R (01) - 11A-P04, NA
(02/03) - 007-P07 (w/remark WB9), NA
Boise R (63) - 05A (if WD), 11E (not 42-111 use), NA
Payette R (65) - 064(consump. use), 047-P04(Payette Lake), NA

USE:

Domestic (surface) - 021(Boise R ↑ L Peak); 27A(Payette R); NA
Fish Propagation - 07A-042(rq)-010/06A/09E(WQ)-P10; 044(N 1000 Spr)
Irr - 5 acres - 057 (0.03 cfs/A)
+ 5 acres - 03A (0.02 cfs/A)
Mining - 054 (req) & 06A/010/09E-P10
Power - 08A-17K-025-027-01M-01F(P19)-09E(P10);
+25 cfs-P18; 17G(FERC) or 17M(FERE); 18B-P09
Storage(✓ 3 compo.) - 18A(multi MD in WD), 18B-P09 (+10' dam), NA

LOCATION:

Boise Front LoGeo - 058 (-85° GW temp only)
In-stream dev. - P52 (stream channel alteration)
Irr Dist/Canal Co. - 023 (Twin Falls area)
Swan Falls Flag - B <SEE CONDITION CODE CHART>
Trust - 051-052-053-P74 (Consumptive Uses), NA
Non-Trust <1> - 048-049 (Consumptive Uses), NA

OWNERSHIP:Non-land owner

OTHER CONDITIONS:

STANDARD REMARKS:

0-P10 = L117, Bk 12, Salmon Township

BENEFICIAL USE DUE:

COMMENTS:

6-1-1996

Dist. for staffing 4-6-95
Submitted for advertising 4-7-95

Form No. 202a
4/87

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATIONS FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY HWT
Steele Memorial Hospital
REQUIRED INFORMATION

DATE 4-7-95

APPLICATION NO. 75-7625 ⁷⁶²⁴

- ☒ 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
☒ Place of use or acres irrigated
☒ Map OK
☒ Signature (If applicant is corp. partnership, or municipality, title of signator is required)
☒ Fee
☒ Yes ☐ No* In form to receipt

RECEIVED
JUN 08 1995
Department of Water Resources

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
*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT _____

Date Requested

LOCAL PUBLIC INTEREST

Comments received from

_____ City	_____ Idaho Fish & Game	_____ Irrigation District
_____ County	_____ Idaho Health & Welfare	_____ Canal Company
_____ Reservations	_____ Division of Environment	_____ Other

Project impacts/implications report

COMMENTS

[illegible]

Date filed: 3/15/1995

In: LEMHI County

T17N R23E S21 NWNE
74-07352
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING Tributary: RYE
GRASS CREEK
Diversion Pt: NENESE Sec 21 T
17N R 23E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T17N R23E S15 SWSE
S22 NWNE
74-07353
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING Tributary:
MEADOW CREEK
Diversion Pt: NWSWNW Sec 25
T 17N R 23E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T17N R23E S23 NWSE
S25 SWNW
74-07354
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING
Tributary: BASIN CREEK
Diversion Pt: SENESW Sec 22 T
18N R 23E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T18N R23E S22 NESW
S23 NWSW NESE
S24 NESW
S36 SWNW
74-07355
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING
Tributary: HAYDEN CREEK
Diversion Pt: NESWNE Sec 26 T
18N R 23E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T18N R23E S26 SENE
R24E S30 Lot 2(SWNW)
74-07356
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT

PO BOX 430
SALMON, ID 834670430
Source: SPRING Tributary:
YEARIAN CREEK
Diversion Pt: NWSESE Sec 7 T
18N R 25E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T18N R25E S07 SESE
74-07357
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING
Tributary: YEARIAN CREEK
Diversion Pt: SWNWSE Sec 24 T
18N R 24E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T18N R24E S24 NWSE
74-07358
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING Tributary:
HAYNES CREEK
Diversion Pt: SWNESE Sec 10 T
19N R 23E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T19N R23E S11 NWSE
74-07359
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING
Tributary: PRICE CREEK
Diversion Pt: NESWSW Sec 34 T
20N R 23E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T20N R23E S34 SESE
74-07360
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: WIMPEY CREEK, WEST
FORK
Tributary: WIMPEY CREEK
Diversion Pt: NESESW Sec 7 T
21N R 24E in LEMHI County.
Use: STOCKWATER (0.040 CFS)
STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995

In: LEMHI County
T21N R24E S07 Lot 4 (SWSW)
74-07362
WHITSON, WALTER
WHITSON, JANET
PO BOX 22
LEMHI, ID 83465
Source: GROUNDWATER
Diversion Pt: SENW Sec 28 T 18N
R 24E in LEMHI County.
Use: DOMESTIC (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 4/5/1995
In: LEMHI County
T18N R24E S28 SENW
75-07621
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: SPRING
Tributary: PERREAU CREEK
Diversion Pt: SWNWSW Sec 35
T 21N R 21E in LEMHI County
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T21N R21E S35 NWSW
75-07622
US DEPT OF INTERIOR
BUREAU OF LAND
MANAGEMENT
PO BOX 430
SALMON, ID 834670430
Source: UNNAMED STREAM
Tributary: CARMEN CREEK
Diversion Pt: SESESE Sec 27 T
23N in LEMHI County.
Use: STOCKWATER (0.040 CFS)
Total Diversion: (0.040 CFS)
Date Filed: 3/15/1995
In: LEMHI County
T23N R22E S27 SWSE SESE
S33 SENE
75-07624
STEELE MEMORIAL
HOSPITAL
PO BOX 700
SALMON, ID 834670700
Source: GROUNDWATER
Diversion Pt:
SWSW Sec 5 T 21N R 22E in
LEMHI County.
Use: DOMESTIC (0.090 CFS)
Total Diversion: (0.090 CFS)
Date Filed: 4/4/1995
In: LEMHI County
T21N R22E S05 SWSW
The permit(s) will be subject to all
prior water rights. Protests must be
filed with the applicant and the Direc-
tor, Dept. of Water Resources, along
with a \$25.00 filing fee, Eastern Re-
gion, 900 N Skyline, Idaho Falls,
Idaho 83402 on or before MAY 8,
1995.
R. KEITH HIGGINSON, Director
Published: 4/20/1995 & 4/27/1995

WIMPEY CREEK

JUL 20 1995

May 22, 1995

RECORDER HERALD
PO BOX 310
SALMON ID 83467

RE: Application for Permit No. : 75-07624 in the name
of STEELE MEMORIAL HOSPITAL

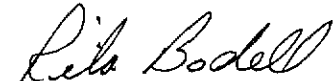
Dear Publisher:

Could you please submit an affidavit of publication and
certified bill in connection with the above referenced
application. The legal notice was to have been
published in your paper on April 20 & 27, 1995.

If the application was never published, I need to know
as soon as possible.

Your cooperation in this matter is greatly appreciated.

Very truly yours,



Rita Bodell
Secretary

Memorandum

JUL 20 1995



State of Idaho

DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - FAX: (208) 525-7177

EASTERN REGION

CECIL D. ANDRUS
GOVERNOR
R. KEITH HIGGINSON
DIRECTOR

April 13, 1995

STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON ID 83467

RE: Application for Permit No. 75-07624

Dear Applicant:

The Department of Water Resources acknowledges receipt of your water right permit. This office is currently in the process of advertising the application in the Recorder Herald on April 20 & 27, 1995. The advertisement will be published for two consecutive weeks, and 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.

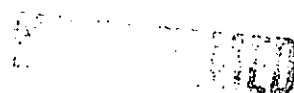
If the application is not protested, it will be forwarded to our State Office in about five weeks. State Office Personnel will conduct a complete review prior to final processing of the applications and will notify you of the outcome of this review. When a permit is issued, you will be sent a copy. A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

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

Sincerely,

Harold W. Jones rb
Harold W. Jones
Water Right Supervisor

HWJ/rb



JUL 20 1995



State of Idaho
DEPARTMENT OF WATER RESOURCES

900 N. Skyline Dr., Idaho Falls, Idaho 83402-1718 - (208) 525-7161 - FAX: (208) 525-7177

EASTERN REGION

CECIL D. ANDRUS
GOVERNOR

R. KEITH HIGGINSON
DIRECTOR

APRIL 10, 1995

RECORDER-HERALD
P.O. BOX 310
SALMON, ID 83467

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 MAY 8, 1995.

Yours truly,

Rita Bodell
Secretary

Encl.

RECEIVED

JUL 20 1995

NOTICE OF APPLICATION FOR WATER RIGHT

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

MICROFILMED
JUL 20 1985

75-07624

STEELE MEMORIAL HOSPITAL
PO BOX 700
SALMON, ID 834670700

Source: GROUNDWATER

Diversion Pt: SWSW Sec 5 T 21N R 22E in LEMHI County.

Use: DOMESTIC (0.090 CFS)
Total Diversion: (0.090 CFS)

Date Filed: 4/ 4/1995

In: LEMHI County
T21N R22E S05 SWSW

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The permit(s) will be subject to all prior water rights. Protests must be filed with the applicant and the Director, Dept. of Water Resources, along with a \$25.00 filing fee, Eastern Region, 900 N Skyline, Idaho Falls, Idaho 83402 on or before MAY 8, 1995.

R. KEITH HIGGINSON, Director

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