

**STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES**

Transfer No. 71233

APPLICATION FOR TRANSFER OF WATER RIGHT

PART 1

Name of applicant Anthony G Aloisi Phone 208-588-3332
Post Office address 4129 N 4100W MACKAY ID 83251

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 _____

☐ Change nature of use ☐ Change period of use ☐ Other

2. Describe the reason for the proposed changes CHANGE THE POD TO THE
SUTTED DITCH. DROP HARRIS/VAUGHT DITCH
RE-ARRANGE ACRES TO MATCH ARC VIEW.
ADD/CHANGE PUMP IN RIVER

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

1. Right Number	Priority	Amount (cfs/ac-ft)	Nature of Use	Period of Use
34-374B	1898	4.60	IRR	5/1 to 10/15
34-376B	1905	1.20	IRR	5/1 to 10/15
34-459	1884	1.16	IRR	5/1 to 10/15
34-490	1899	1.60	IRR	5/1 to 10/15
34-12365	1884	1.00	IRR	5/1 to 10/15

2. Total amount of water being transferred 5.56 cubic feet per second and/or _____ acre-feet per annum.

3. Source of water BLR tributary to _____

4. Point(s) of Diversion:

[illegible]

5. Lands irrigated or place of use:

[illegible]

Total acres 188

T71233

PART 1

6. General Information:

a. Description of diversion system ① SUTTER DITCH TO PUMP/SPRINKLERS
② PUMP IN RIVER

b. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts? X Yes _____ No. If yes, provide a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes. NO POLL CHANGE/POD CHANGE

c. Describe the affect on the land now irrigated if the place of use is changed pursuant to this transfer:
NONE POD CHANGE. POU CHANGE BASED ON
ARC VIEW

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

Witness my hand this _____ day of _____, 19 _____

T71233

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T71233 Eastern

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED

FEB 12 1999

Department of Water Resources
Eastern Region

TRANSFER OF WATER RIGHT

TRANSFER NO. 4529
WATER RIGHT NO(S). 34-00374B/34-00375B/34-00459
34-00490/34-12365

This is to certify that: ANTHONY O ALOSI
4129 N 4100 W
MACKAY ID 83251

has requested a change to the above captioned water right(s). This change in water right(s) is authorized pursuant to the provisions of Section 42-222, Idaho Code, provided the conditions listed below are met.

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>
Right No. 34-00374B :		
IRRIGATION	05/01 to 10/15	1.60 CFS
Priority: 04/28/1898		
Right No. 34-00375B :		
IRRIGATION	05/01 to 10/15	1.20 CFS
Priority: 05/01/1905		
Right No. 34-00459 :		
IRRIGATION	05/01 to 10/15	0.16 CFS
Priority: 10/12/1884		
Right No. 34-00490 :		
IRRIGATION	05/01 to 10/15	1.60 CFS
Priority: 05/06/1899		
Right No. 34-12365 :		
IRRIGATION	05/01 to 10/15	1.00 CFS
Priority: 05/31/1884		
TOTAL:		* 5.56 CFS

SOURCE
BIG LOST RIVER

TRIBUTARY OF
SINKS

LOCATION OF POINT(S) OF DIVERSION:

NESW , Sec. 6, Township 06N, Range 25E
NWNW , Sec. 34, Township 07N, Range 24E
CUSTER County

PLACE OF USE: IRRIGATION

<u>TWN</u>	<u>RGE</u>	<u>SEC</u>	<u>ACRES</u>	<u>ACRES</u>	<u>ACRES</u>	<u>TOTAL</u>
06N	25E	6	Lot 1 (NENE) 41	Lot 2 (NWNE) 40	SWNE 39	
			SENE 38	NESE 15	NWSE 15	188
Total number of acres irrigated:						** 188

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TRANSFER NO. 4529
WATER RIGHT NO(S). 34-00374B/34-00375B/34-00459
34-00490/34-12365

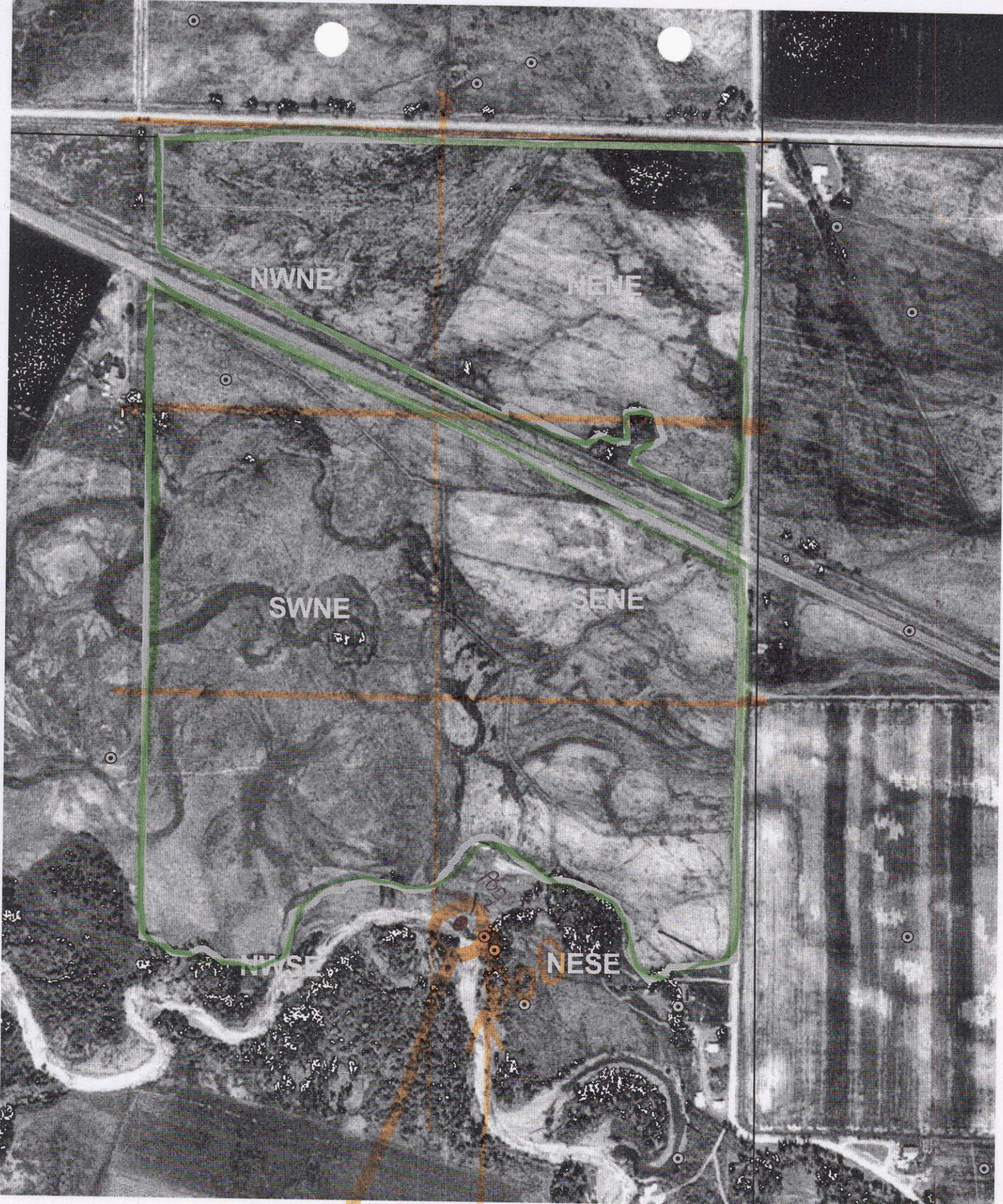
CONDITIONS OF APPROVAL AND REMARKS

1. Use of water under this water right will be regulated by the watermaster of State Water District No. 34.
2. This right when combined with all other rights shall provide no more than 0.02 cfs per acre nor more than 3.5 afa per acre at the field headgate for irrigation of the lands above.
3. The right holder shall accomplish the change authorized by this transfer within one (1) year of the date of this approval.
4. Failure of the right holder to comply with the conditions of this transfer is cause for the Director to rescind approval of the transfer.
5. Prior to diversion of water under this approval, the right holder shall provide a means of measurement and lockable controlling works from all authorized points of diversion that is acceptable to the watermaster and will provide suitable control of the diversions.
- ** 6. Right 34-00374B is limited to the irrigation of 80.0 acres in the place of use described above in a single irrigation season.
- ** 7. Right 34-00459 is limited to the irrigation of 8.0 acres in the place of use described above in a single irrigation season.
- ** 8. Right 34-12365 is limited to the irrigation of 50.0 acres in the place of use described above in a single irrigation season.
- * 9. Rights 34-00374B, 34-00375B, 34-00459, 34-00490 and 34-12365 when
** combined shall not exceed a total combined diversion rate of 5.56 cfs when delivered through the Harris Vaught Ditch and 3.76 cfs when delivered by the pump directly from the river, a total annual diversion volume of 658.0 af, and the irrigation of 188.0 acres.
- * 10. Rights 34-00374B, 34-00375B, 34-00459, 34-00490 and 34-12365 when
** combined with groundwater Right 34-10895 shall not exceed a total combined diversion rate of 6.27 cfs when delivered through the Harris Vaught Ditch and 4.60 cfs when delivered by the pump directly from the river, a total annual diversion volume of 805.0 af, and the irrigation of 230.0 acres.

Dated this 8th day of February, 1999.

J. M. Saylor
Chief, Water Allocation Bureau

[6.27]



NWNE

NENE

SWNE

SENE

NWSE

NESE

POD 2

POD 1

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PART 3

B. CHANGES IN NATURE OF USE

1	New Nature of Use	Amount (cfs/ac-ft)	Hours/days/year	Period of Use
				to
				to

2. Quantity and quality of return flows and location of discharge:

3. Describe effects on other water uses resulting from the proposed change:

I hereby assert that no one will be injured by such change and that the change does not constitute an enlargement in use of the original right. The information contained in this application is true to the best of my knowledge.

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

Subscribed and sworn to before me this 17 day of May, 192004

(Signature of Applicant)

(Notary Public)

My commission expires 2/26/2008

FOR DEPARTMENT USE ONLY

Transfer contains 6 pages and 5 attachments

Received by DC Date 5/17/04

Prelim. check by DC Fee \$450

Receipted by Challis Messenger Date 5/17/04

Published in Challis Messenger

Pub. dates 5/17/04

Watermaster recommendation requested on 5/17/04

5/17/04 rec'd.

Copy of transfer sent to lien holder 5/17/04

Protest filed by EO29832

EO29832

Copies of protest forwarded by 5/17/04

Hearing held by 5/17/04 Date 5/17/04

Recommended for ☒ approval ☐ denial

by BO

is made, id on or extensions given on the warrant of distra

ALF DUE 4,123.11
INT
COST
TOT

2ND HALF DUE 4,123.11
TAX
LATE
INT
COST
TOT

ALOSI ANTHONY O
E LUMLEY PAMELA S
1998 FAMILY TRUST
4129 NORTH 4100 WEST
MACKAY
LD 83251

TRACT 98-40, 923
SW4NE4, N2SE4, NE4SW4
SEC 6 TSN R25E

2003 TAX BILL/RECEIPT

BILL# 4322 CODE AREA 9-0000

PARCEL NUMBER
RP06N25E060004A

TAX FULL DUE 8,246.22
LATE
INT
COST
TOT

TCT MV 794,940
HM- 50,000
NET MV 744,940
TCT ACS 228.960

TAXING DISTRICT	RATE	AMOUNT
STATE	.000000000	
COUNTY	.002323030	1,730.52
SCHOOL #182	.004521648	3,368.35
LDST RIVER HWY	.000617153	459.74
R.L.R. CEMETERY	.000184652	137.54
SO. CUSTER FIRE	.000899681	670.20
MACKAY LIBRARY	.000346945	258.44
L R HOSPITAL	.001415673	1,054.58
S. C. AMBULANCE	.000294264	219.20
MACKAY MOS ABAT	.000265326	197.64
DISTRICT TOTAL	.010868372	8,096.22
SOLID WASTE		150.00
AMOUNT DUE		8,246.22

*** 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.

RECEIPT NOT VALID UNTIL CHECK CLEARS
THANK YOU

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

2003
4322

Full on demand. If no demand is made, the tax becomes delinquent and a 2% charge is added on the remaining tax. If the tax is not paid on or before 1 of the following year, the tax becomes delinquent and a 2% charge is added on the remaining tax. If the tax is not paid on or before 1 of the following year, the tax becomes delinquent and a 2% charge is added on the remaining tax. If the tax is not paid on or before 1 of the following year, the tax becomes delinquent and a 2% charge is added on the remaining tax.

2003 TAX BILL/RECEIPT
 BILL# 2813 CODE AREA 9-0000 L
 PARCEL NUMBER
 RP000310000010A
 3,380

ALF DUE	2ND HALF DUE	FULL DUE	TOT MV	3,380
18.34	18.34	36.68		
TAX	TAX	TAX	TOT ACS	6.920
LATE	LATE	LATE		
INT	INT	INT		
COST	COST	COST		
TOT	TOT	TOT		

ALCOST ANTHONY D
 5 LUMLEY PAMELA S
 1998 FAMILY TRUST
 4129 NORTH 4100 WEST
 MACKAY ID 93251

LOT 1, 2, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14
 COTTONWOOD VISTA
 SUBDIVISION
 15,16

TAXING DISTRICT	RATE	AMOUNT
STATE	.000000000	
COUNTY	.002323030	7.84
SCHOOL #182	.004521648	15.28
LOST RIVER HWY	.000617153	2.08
B.L.R. CEMETERY	.000184652	.62
S.O. CUSTER FIRE	.000899681	3.04
MACKAY LIBRARY	.000346945	1.16
L R HOSPITAL	.001415673	4.73
S. C. AMBULANCE	.000294264	.98
MACKAY MOS ABAT	.000265326	.90
AMOUNT DUE	.010868372	36.58

TRACT 1312

*** IMPORTANT ***
 *** PLEASE READ BOTH FRONT AND BACK ***
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 PAYMENTS RECEIVED WITH A DELINQUENCY WILL BE
 APPLIED TO THE OLDEST DELINQUENCY YEAR.
 TO AVOID LATE CHARGES, PAYMENTS MUST BE
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 KEEP TOP PORTION FOR YOUR RECORDS.
 PERSONAL CHECKS ARE YOUR RECEIPT
 SUBJECT TO BANK CLEARANCE.

RECEIPT NOT VALID UNTIL CHECK CLEARS
 THANK YOU

FOR PROPER CREDIT THIS STUB MUST BE RETURNED WITH PAYMENT

ATTACHMENT T 71233
 2 OF 3

ECTOR

2003 TAX BILL/RECEIPT

PARCEL NUMBER
RP000310000001A

BILL# 2812 CODE AREA 9-0000 L

MALE DJE
19.80

2ND HALF DUE
TAX 19.80

FULL DUE 39.60
TAX

TOT MV

3,650

DATE
INT
LOST
TOT

TAX
LATE
INT
COST
TOT

TAX
LATE
INT
COST
TOT

TCT ACS

7.360

ALLOSI ANTHONY D
 & LUMLEY PAMELA S
 1993 FAMILY TRUST
 4129 NORTH 4100 WEST
 MACKAY ID 83251

ROADS WITHIN
COTTONWOOD VISTA
SUBDIVISION UNDER AS

TAXING DISTRICT	RATE	AMOUNT
STATE	•.000000000	
COUNTY	•.002323030	8.48
SCHOOL #182	•.004521648	16.50
LOST RIVER HWY	•.000617153	2.24
3.L.R. CFMETERY	•.000184652	.66
SD. CUSTER FIRE	•.000899681	3.28
MACKAY LIBRARY	•.000346945	1.26
L R HOSPITAL	•.001415673	5.16
S. . . AMBULANCE	•.000294264	1.06
MACKAY VOS ABAT	•.000265325	.96
AMOUNT DUE	•.010868372	39.60

★ ★ ★ IMPORTANT ★ ★ ★
PLEASE READ BOTH FRONT AND BACK
★ ★ ★ MONTHLY PAYMENTS ARE ACCEPTED ★ ★ ★

PAYMENTS RECEIVED WITH A DELINQUENCY WILL BE APPLIED TO THE OLDEST DELINQUENCY YEAR.
 * ALL LATE CHARGES PAYMENTS MUST BE MADE TO BE STORED BY THE DUPLICATE
 * MAKE SURE TO ENTER RECORDS
 * MAKE SURE TO ENTER RECORDS
 * MAKE SURE TO ENTER RECORDS

RECEIPT NOT VALID CHECK JUNE 25
THANK YOU

2602
2812

ATTACHMENT T 71233
3 OF 3