

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

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JAN 21 2020

Department of Water Resources
Eastern Region

APPLICATION FOR TRANSFER OF WATER RIGHT PART 1

Name of Applicant(s) James A. RindfleischPhone 208-589-7019Mailing address 3258 N 3350 W, Moore, ID 83255Email jamesrindf@yahoo.com

- ☐ If applicant is not an individual and not registered to do business in the State of Idaho, attach documentation identifying officers authorized to sign or act on behalf of the applicant. Label it **Attachment #1**.
- ☐ Attach water right ownership documentation if Department records do not show the transfer applicant as the current water right owner. Label it **Attachment #2a**.
- ☐ If the ownership of the water right will change as a result of the proposed transfer to a new place of use, attach documentation showing land and water right ownership at the new place of use. Include documentation for all affected land and owner(s). Label it **Attachment #2b**.
- ☐ Attach documentation of authority to make the proposed change if the applicant is not the water right owner. Label it **Attachment #3**.

Provide contact information below if a consultant, attorney, or any other person is representing the applicant in this transfer process.

☒ No Representative

Name of Representative _____

Phone _____

Mailing address _____

Email _____

☐ Send all correspondence for this application to the representative and not to the applicant.

OR

☐ Send original correspondence to the applicant and copies to the representative.

☐ The representative may submit information for the applicant but is not authorized to sign for the applicant.

OR

☐ The representative is authorized to sign for the applicant. Attach a Power of Attorney or other documentation providing authority to sign for the applicant and label it **Attachment #4**.

I hereby assert that no one will be injured by the proposed changes and that the proposed changes do not constitute an enlargement in use of the original right(s). 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 rejection of the application or cancellation of an approval.

James A. Rindfleisch
Signature of Applicant or Authorized Representative

James A. Rindfleisch
Print Name and Title if applicable

1/17/2020
Date

Signature of Applicant or Authorized Representative _____

Print Name and Title if applicable _____

Date _____

A. PURPOSE OF TRANSFER

- ☐ Change point of diversion
☒ Change nature of use
 ☐ Add diversion point(s)
☐ Change period of use
 ☒ Change place of use
☐ Other _____
- Is this a transfer for changes pursuant to Idaho Code § 42-221.0.8?
If yes, ☐ attach an explanation and any supporting documentation labeled as **Part 1A.2**.
- Describe your proposal in narrative form, including a detailed description of non-irrigation uses to justify amounts transferred (i.e. number of stock, etc.), and provide additional explanation of any other items on the application. Attach additional pages if necessary and label it **Part 1A.3**.
This transfer mitigates for permit application 34-7511. The 3 Big Lost River rights on our 92.4-acre place of use will be changed from irrigation use to ground water recharge, thus providing the mitigation needed for the irrigation of the same 92.4 acres from ground water.

AMENDED

STATE OF IDAHO
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APPLICATION FOR TRANSFER OF WATER RIGHT

PART 1 Continued

B. DESCRIPTION OF RIGHTS AFTER THE REQUESTED CHANGES. IF THE RIGHTS ARE BEING SPLIT, DESCRIBE PORTIONS TO BE CHANGED AS THEY WOULD APPEAR AFTER THE REQUESTED CHANGES.

1.	Right Number	Amount (cfs/ac-ft)	Nature of Use	Period of Use	Source & Tributary
All or Part <input checked="" type="checkbox"/> <input type="checkbox"/>	34-13665	0.39 cfs	Ground water recharge	5/1 to 10/15	Big Lost River/Sinks
<input checked="" type="checkbox"/> <input type="checkbox"/>	34-14299	0.15 cfs	Ground water recharge	5/1 to 10/15	Big Lost River/Sinks
<input checked="" type="checkbox"/> <input type="checkbox"/>	34-14301	1.16 cfs	Ground water recharge	5/1 to 10/15	Big Lost River/Sinks
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	
<input type="checkbox"/> <input type="checkbox"/>				to	

Total authorized under rights 1.70 cfs and/or _____ acre-feet.

2. Total amount of water proposed to be transferred or changed 1.70 cubic feet per second and/or _____ acre-feet per year.

3. Point(s) of Diversion:

- ☒ No changes to point(s) of diversion are proposed - the following chart is therefore not completed. (Proceed to #4.)
☐ Attach Eastern Snake Plain Aquifer analysis if this transfer proposes to change a point of diversion affecting the ESPA.
 Label it **Attachment #5**.

New ?	Lot	¼	¼	¼	Sec	Twp	Rge	County	Source	Local name or tag #

4. Place of use: (If irrigation, identify with number of acres irrigated per ¼ ¼ tract.)

- ☐ No changes to place of use are proposed - the following chart is therefore not completed. (Proceed to #5.)

Twp	Rge	Sec	NE ¼				NW ¼				SW ¼				SE ¼				Acre Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
4N	26E	26	GR	GR															
Total Acres (for irrigation use)																			

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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TRANSFER OF WATER RIGHT PART 1 Continued

5. General Information:

- a. Describe the complete diversion system, including how you will accommodate a measuring device and lockable controlling works should they be required now or in the future:

Water will be diverted from Big Lost River into Arco Canal, and will then be rediverted into Spring Creek at the area of recharge. A measuring device will be installed at the point of rediversion into Spring Creek.

- b. Who owns the property at the point(s) of diversion? Marilyn Mowrey-Lambert

If other than the applicant, describe the arrangement enabling the applicant to access the property for the diversion system:
Point of diversion is historic diversion delivering many rights. The point of diversion will not change.

- c. Are the lands from which you propose to transfer the water right subject to any liens, deeds of trust, mortgages, or contracts?

If yes, ☐ attach a notarized statement from the holder of the lien, deed of trust, mortgage or contract agreeing to the proposed changes on official letterhead signed by an authorized representative. Label it **Attachment #6**. List the name of the entity and type of lien: _____

It is the applicant's responsibility to provide notice to lien holder, trustee, mortgagor, or contract holder of the proposed changes that may impact or change the value of the water rights or affected real property. Any misrepresentation of legal encumbrance on this application may result in rejection of the application or cancellation of an approval.

- d. Are any of the water rights proposed for transfer currently leased to the Water Supply Bank?

If yes, ☐ complete Attachment WSB.

- e. Describe the effect on the land now irrigated if the place or purpose of use is changed pursuant to this transfer:

Land now irrigated will continue to be irrigated by permit 34-7511 and will no longer be irrigated directly from the Big Lost River rights.

- f. Describe the use of any other water right(s) for the same purpose or land, or the same diversion system as right(s) proposed to be transferred at both the existing and proposed point(s) of diversion and place(s) use:

Right 34-14297 from Ferris Slough and application for permit 34-7511 is also associated with the current place of use. Numerous rights in the Arco Canal.

- g. To your knowledge, has/is any portion of the water right(s) proposed to be changed:

Yes No

- ☐ ☒ undergone a period of five or more consecutive years of non-use,
☐ ☒ currently leased to the Water Supply Bank,
☐ ☒ currently used in a mitigation plan limiting the use of water under the right, or
☐ ☒ currently enrolled in a Federal set-aside program limiting the use of water under the rights?





If yes, describe:

AMENDED

Amended Transfer 83703



Legend

-  Recharge POU
-  Township/Range
-  Sections
-  QQ

0 0.125 0.25 0.5 Miles



MH



0003695566

**STATE OF IDAHO***Office of the secretary of state, Lawrence Denney***ANNUAL REPORT**

Idaho Secretary of State

PO Box 83720

Boise, ID 83720-0080

(208) 334-2301

Filing Fee: \$0.00

For Office Use Only

-FILED-

File #: 0003695566

Date Filed: 12/2/2019 5:37:18 PM

Entity Name and Mailing Address:

SPRAKER LAND AND LIVESTOCK, LLC

The file number of this entity on the records of the Idaho Secretary of State is: 0000339151

Address

2652 N 3300 W
ARCO, ID 83213-8751

Entity Details:

Entity Status

Active-Existing

This entity is organized under the laws of:

IDAHO

If applicable, the old file number of this entity on the records of the Idaho Secretary of State was: W110080

The registered agent on record is:

Registered Agent

DEAN MONCUR
Registered Agent

Physical Address

2652 N 3300 W
ARCO, ID 83213

Mailing Address

Limited Liability Company Managers and Members

Name	Title	Business Address
WILLIAM J MONCUR	Member	3088 W 2500 N ARCO, ID 83213
L DEAN MONCUR	Manager	2652 N 3300 W ARCO, ID 83213

The annual report must be signed by an authorized signer of the entity.

Dean Moncur

Sign Here

12/02/2019

Date

Signer's Title: Manager

B0420-6976 12/02/2019 5:37 PM Received by ID Secretary of State Lawrence Denney

STATE OF IDAHO

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE BUREAU OF VITAL RECORDS AND HEALTH STATISTICS State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT CERTIFIED BY THE STATE REGISTRAR WITH THE DEPARTMENT OF HEALTH AND WELFARE
RAISED SEAL SHALL BE USED AS PROOF OF THE DEATH UNLESS THE DEATH OCCURRED ON 12/31/14 AND 12/31/15 IDAHO CODE

Local Reg. No. _____

DECEDENT TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELTY TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix) CHRISTY J RINDFLEISCH		2. SEX FEMALE	3. SOCIAL SECURITY NUMBER [REDACTED]
	4a. AGE-Last Birthday 60 (Years)		5. DATE OF BIRTH (Mo/Day/Yr) 11/13/1955	
	7a. RESIDENCE - STATE OR FOREIGN COUNTRY IDAHO		7b. COUNTY BUTTE	
	7c. CITY OR TOWN MOORE		7d. ZIP CODE 83255	
MORTICIAN: Complete/Verify and File Within 5 Days of Death	7e. STREET AND NUMBER 3258 N 3350 W		7f. APT. NO. 83255	
	8. MARITAL STATUS AT TIME OF DEATH <input checked="" type="checkbox"/> Married <input type="checkbox"/> Married, but separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> Never married <input type="checkbox"/> Unknown		9. SURVIVING SPOUSE'S NAME (If wife, give maiden name) JAMES RINDFLEISCH	
	10. EVER IN U.S. ARMED FORCES? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		11b. BIRTHPLACE (State, Territory, or Foreign Country) ILLINOIS	
	11a. FATHER'S NAME (First, Middle, Last, Suffix) NEAL BETZER		12b. BIRTHPLACE (State, Territory, or Foreign Country) IDAHO	
INFORMANT: Complete/Verify and File Within 72 Hours of Death	12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix) LOIS BROWN		13b. RELATIONSHIP TO DECEDENT SPOUSE	
	13a. INFORMANT'S NAME (Type or print) JAMES RINDFLEISCH		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code) 3258 N 3350 W MOORE, ID 83255	
	14. METHOD OF DISPOSITION <input type="checkbox"/> Burial <input checked="" type="checkbox"/> Cremation <input type="checkbox"/> Donation <input type="checkbox"/> Removal from Idaho <input type="checkbox"/> Other (Specify) _____		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place) BLACKFOOT CREMATORY 132 S. SHILLING AVE. BLACKFOOT, IDAHO 83221	
	16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY HAWKER FUNERAL HOME 132 SOUTH SHILLING AVENUE BLACKFOOT, IDAHO 83221		17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH ELECTRONICALLY FILED: BLAKE LANE HAWKER	
PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH	17b. LICENSE NUMBER (Of licensee) M1309		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	19a. IF DEATH OCCURRED IN A HOSPITAL: <input checked="" type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient <input type="checkbox"/> DDOA <input type="checkbox"/> Hospice facility <input type="checkbox"/> Nursing home/long term care facility <input type="checkbox"/> Decedent's home <input type="checkbox"/> Other (Specify) _____			
	20. FACILITY NAME (If not facility, give street and number) PORTNEUF MEDICAL CENTER			
	21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE POCATELLO, ID 83201			
CERTIFIER: Complete Within 72 Hours of Death	22. COUNTY OF DEATH BANNOCK		23. DATE OF DEATH (Mo/Day/Yr) (Spell month) August 2, 2016	
	24. TIME OF DEATH (24hr) 10:47		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month) August 2, 2016	
	26. TIME PRONOUNCED DEAD (24hr) 10:47		27. CAUSE OF DEATH PART I. Enter the chain of events - diseases, injuries, or complications - that directly caused the death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. Enter only one cause on a line. IMMEDIATE CAUSE (Final disease or condition resulting in death) → a. SEVERE SEPSIS SECONDARY TO SPONTANEOUS BACTERIAL PERITONITIS DUE TO (or as a consequence of) b. SPONTANEOUS BACTERIAL PERITONITIS DUE TO (or as a consequence of) c. ACUTE KIDNEY INJURY DUE TO (or as a consequence of) d. CIRRHOSIS SECONDARY TO HEPATITIS C PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I. ALCOHOL ABUSE SEVERE PROTEIN CALORIE MALNUTRITION PORTAL HYPERTENSION ANEMIA	
	28a. WAS AN AUTOPSY PERFORMED? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
ITEMS 32-38 TO BE USED FOR EXTERNAL CAUSES ONLY (CORONER)	29. DID TOBACCO USE CONTRIBUTE TO DEATH? <input type="checkbox"/> Yes <input type="checkbox"/> Probably <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		30. IF FEMALE (Aged 10-54): <input type="checkbox"/> Not pregnant within past year <input type="checkbox"/> Pregnant at time of death <input type="checkbox"/> Not pregnant, but pregnant within 43 days to 1 year before death <input type="checkbox"/> Not pregnant, but pregnant within 42 days of death <input type="checkbox"/> Unknown if pregnant within the past year	
	31. MANNER OF DEATH <input checked="" type="checkbox"/> Natural <input type="checkbox"/> Accident <input type="checkbox"/> Suicide <input type="checkbox"/> Homicide <input type="checkbox"/> Pending investigation <input type="checkbox"/> Could not be determined		32. DATE OF INJURY (Mo/Day/Yr) (Spell month) August 2, 2016	
	33. TIME OF INJURY (24hr) 10:47		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.) [REDACTED]	
	35. INJURY AT WORK? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____	
REGISTRAR	37. DESCRIBE HOW INJURY OCCURRED. IF TRANSPORTATION INJURY, STATE THE TYPE(S) OF VEHICLE(S) INVOLVED (Automobile, pickup, motorcycle, ATV, bicycle, etc.) SPECIFY WHICH VEHICLE DECEDENT OCCUPIED, if applicable TRANSPORTATION INJURY ONLY <input type="checkbox"/> Pedestrian <input type="checkbox"/> Other (Specify) _____			
	38a. WAS DECEDENT: <input type="checkbox"/> Driver/Operator <input type="checkbox"/> Passenger <input type="checkbox"/> What safety devices(s) did decedent use/employ? <input type="checkbox"/> Seat belt <input type="checkbox"/> Child safety seat <input type="checkbox"/> Helmet <input type="checkbox"/> Air bag <input type="checkbox"/> None <input type="checkbox"/> Unknown			
	39a. CERTIFIER (Check only one, based on official capacity for this certificate) <input checked="" type="checkbox"/> PHYSICIAN <input type="checkbox"/> PHYSICIAN ASSISTANT <input type="checkbox"/> ADVANCED PRACTICE REGISTERED NURSE <input type="checkbox"/> CORONER - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated - On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner stated. Signature and Title of Certifier: ELECTRONICALLY SIGNED: KRISTA J. ANDERSEN-HARRIS, D.O. 39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print) KRISTA J. ANDERSEN-HARRIS, 651 MEMORIAL DRIVE POCATELLO, ID 83201			
	40a. REGISTRAR'S SIGNATURE James B. Galtte			

This is a true and correct reproduction of the document officially registered and placed on file with the IDAHO BUREAU OF VITAL RECORDS AND HEALTH STATISTICS.

DATE ISSUED: August 8, 2016

This copy not valid unless prepared on engraved border displaying state seal and signature of the Registrar.

JAMES B. AYDELOTTE
STATE REGISTRAR

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE