

78086

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

RECEIVED
JUL 20 2012
IDWR / NORTH

APPLICATION FOR TRANSFER OF WATER RIGHT – POINT(S) OF DIVERSION

This form may be used to apply to change and/or add points of diversion for existing water rights and to report an ownership change for an entire water right(s) in connection with the proposed point of diversion change(s). Do not use this form to apply for changes to other elements of a water right or to report an ownership change for a portion of a water right. See the [Application for Transfer Instructions](#) for help completing this form and for mailing addresses of Department offices where your application can be submitted.

Check all that apply:

- ☒ Change diversion point(s) ☒ Add diversion point(s) ☐ Ownership change

1. APPLICANT(S) JUDY M YUKL Phone 208-305-2948
2. MAILING ADDRESS 24500 ARROW HIGHLINE RD City JULIAETTA
State ID Zip 83535 Email

- ☐ If the applicant is not an individual and not registered to do business in the State of Idaho, attach documentation identifying officers authorized to sign for the applicant.
☐ If the applicant is not the current water right(s) owner, attach documentation of authority to file the application.
☐ If the application includes a change in ownership of water right(s), attach a copy of the conveyance document, such as a warranty deed, court decree, contract of sale, etc. The conveyance document must include a legal description of the property conveyed or description of the water right if no land is conveyed. Additional fee(s) required for water right ownership changes; see [fee schedule](#).
☐ If the application is not signed by the applicant, attach a Power of Attorney or other documentation providing authority to sign for the applicant.

3. LIST WATER RIGHT NUMBER(S) 86-12006

- ☒ Attach a copy of the water right(s) as recorded, available at www.idwr.idaho.gov Water Right Transfers, Step 1, or by contacting any Department office.

4. TOTAL AMOUNT OF WATER transferred is 0.07 cubic feet per second and/or N/A acre-feet per annum.
(diversion rate) (storage volume)

5. POINT OF DIVERSION – Describe all the point(s) of diversion to be included on the water right(s) after the proposed change.

- ☐ Attach Eastern Snake Plain Aquifer (ESPA) analysis if this transfer proposes to change a point of diversion affecting the ESPA. ESPA analysis information is available at www.idwr.idaho.gov Water Right Transfers, Online Resources.

Twp	Rge	Sec	Govt Lot	¼	¼	¼	County	Source	Local name or tag #
36N	03W	7	12		NE	SW	NEZ PERCE	CLEARWATER RIVER	

6. 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 BY MEANS OF A PORTABLE PUMP WITH A SUCTION LINE IN THE RIVER
CONNECTED TO PORTABE MAINLINE THAT WILL DISTRIBUTE THE WATER TO THE PROPERTY.

- b. Who owns the property at the point(s) of diversion? APPLICANT

If other than the applicant, describe the arrangement enabling the applicant to access the property for the diversion system:

- c. 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(s), or
☐ ☒ currently enrolled in a Federal set-aside program limiting the use of water under the right(s)?

If yes, describe _____

7. **MAP** - ☒ Attach a map of the diversion, measurement, control and distribution system. Clearly label the map with township, range, section and $\frac{1}{4}$ $\frac{1}{4}$ of section information. The *Map Tool*, available at <http://maps.idwr.idaho.gov/TransferApplicationLayouts/> provides a satisfactory template for creating the required map.

8. **SIGNATURE** - The information in this application is true to the best of my knowledge. I understand any willful misrepresentations in this application may result in rejection of the application or cancellation of an approval.

Judy M. Yukl
Signature of applicant or authorized agent

JUDY M YUKL

Print name and title if applicable

Date

Signature of applicant or authorized agent

Print name and title if applicable

Date

9. **FEE** - ☒ The application filing fee provided in Section 42-221, Idaho Code, must be submitted with the application for transfer. The Application fee is based on the total amount of water proposed for transfer in Item 4: the larger fee for either cubic feet per second (diversion rate) or acre-feet per annum (storage volume). The *Fee Schedule* is available at www.idwr.idaho.gov, *Water Right Transfers, Step 4* and in the *Application for Transfer Instructions*.

FOR DEPARTMENT USE ONLY

Transfer includes _____ pages of attachments.

Received by [Signature]

Date 7/20/12

Fee paid \$200⁰⁰

Date 7/20/12

Received by [Signature]

Receipt #

N029391

Preliminary review completed by _____

Date _____

36N03W7NWSW
LOT 13

36N03W7NESW
LOT 12

2.5 ACRES

1 ACRE

NEW POD

EXISTING POD



IDAHO DEPARTMENT OF WATER RESOURCES

Water Right Report 86-12006

WATER RIGHT NUMBER: 86-12006

<u>Owner Type</u>	<u>Name and Address</u>
Original Owner	RICHARD E GIBBS 3323 12 TH LEWISTON, ID 83501 (208)843-2157
Original Owner	THERESA D WRIGHT 24552 ARROW HIGHLINE RD JULIAETTA, ID 83535-6077 (208)843-2157
Original Owner	JEANNINE R GIBBS 3323 12 TH LEWISTON, ID 83501 (208)843-2157
Current Owner	JUDY M YUKL 24500 ARROW HIGHLINE RD JULIAETTA, ID 83535 (208) 305-2948
Current Owner	TEX YUKL 24552 ARROW HIGHLINE RD JULIAETTA, ID 83535 (509)758-0460

Priority Date: 06/01/1953

Basis: Decreed

Status: Active

<u>Source</u>	<u>Tributary</u>
CLEARWATER RIVER	SNAKE RIVER

<u>Beneficial Use</u>	<u>From</u>	<u>To</u>	<u>Diversion Rate</u>	<u>Annual Volume</u>
IRRIGATION	03/01	to 11/30	0.070 CFS	
	<u>Total Diversion:</u>		0.070 CFS	

Location of Point(s) of Diversion

CLEARWATER RIVER	L12 (NE1/4SW1/4)	Sec. 7,	Twp 36N,	Rge 03W, B M.
NEZ PERCE County				

Place of Use

IRRIGATION

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
36N	03W	7									2.5	1.0							3.5
											L 12	L 13							

Total Acres: 3.5

IDAHO DEPARTMENT OF WATER RESOURCES
Water Right Report 86-12006

Conditions of Approval:

1. C18 This partial decree is subject to such general provisions necessary for the definition of the rights or for the efficient administration of the water rights as may be ultimately determined by the Court at a point in time no later than the entry of a final unified decree. Section 42-1412(6), Idaho Code.
2. C03 RIGHT INCLUDES ACCOMPLISHED CHANGE IN POINT OF DIVERSION PURSUANT TO SECTION 42-1425, IDAHO CODE.

Remarks:

Comments:

Water Supply Bank:

CERTIFICATION OF VITAL RECORD

STATE OF 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 PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IBC 21104 AND IBC 21105, IDAHO CODE

Local Reg. No.

DECEASED TYPE OR PRINT IN PERMANENT BLACK INK DO NOT USE FELT TIP PEN FOR INSTRUCTIONS SEE HANDBOOKS PARTIALS INFORMANT DISPOSITION PLACE OF DEATH DATE OF DEATH CAUSE OF DEATH CERTIFIER IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSE, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE REGISTRAR	1. DECEDENT'S LEGAL NAME (Include AKA's if any) (First, Middle, Last, Suffix)		2. SEX		3. SOCIAL SECURITY NUMBER	
	TEX YUKL		MALE		[REDACTED]	
	4a. AGE-Last Birthday		4b. UNDER 1 YEAR Months Days		4c. UNDER 1 DAY Hours Minutes	
	72 (Years)					
5. DATE OF BIRTH (Mo/Day/Yr)				6. BIRTHPLACE (City and State, Territory, or Foreign Country)		
05/22/1938				FALLS CHURCH, VIRGINIA		
7a. RESIDENCE - STATE OR FOREIGN COUNTRY			7b. COUNTY		7c. CITY OR TOWN	
IDAHO			LATAH		JULIAETTA	
7d. STREET AND NUMBER				7e. APT. NO.	7f. ZIP CODE	7g. INSIDE CITY LIMITS? ☐ Yes ☒ No
24500 ARROW HIGHLINE RD.					83535	
8. MARITAL STATUS AT TIME OF DEATH				9. SURVIVING SPOUSE'S NAME (If wife, give maiden name)		
☒ Married ☐ Married, but separated ☐ Widowed ☐ Divorced ☐ Never married ☐ Unknown				JUDY M. LARUE		
10. EVER IN U.S. ARMED FORCES?		11a. FATHER'S NAME (First, Middle, Last, Suffix)		11b. BIRTHPLACE (State, Territory, or Foreign Country)		
☒ Yes ☐ No		CHARLES W. YUKL		NEW YORK		
		12a. MOTHER'S MAIDEN NAME (First, Middle, Last, Suffix)		12b. BIRTHPLACE (State, Territory, or Foreign Country)		
		DOROTHEA FREITAG		MARYLAND		
13a. INFORMANT'S NAME (Type or print)			13b. RELATIONSHIP TO DECEDENT		13c. MAILING ADDRESS (Street and Number, City, State, Zip Code)	
JUDY M. YUKL			WIFE		24500 ARROW HIGHLINE RD. JULIAETTA, ID 83535	
14. METHOD OF DISPOSITION		15. PLACE OF DISPOSITION (Name and address of cemetery, crematory, other place)		16. NAME AND COMPLETE ADDRESS OF FUNERAL FACILITY		
☐ Burial ☒ Cremation ☐ Donation ☐ Entombment ☐ Removal from Idaho ☐ Other (Specify)		MOUNTAIN VIEW CREMATORY 3521 SEVENTH STREET LEWISTON, IDAHO 83501		MOUNTAIN VIEW FUNERAL HOME 3521 SEVENTH STREET LEWISTON, IDAHO 83501		
17a. SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH				17b. LICENSE NUMBER (Of licensee)		18. WAS CORONER CONTACTED DUE TO CAUSE OF DEATH? ☐ Yes ☒ No
ELECTRONICALLY FILED: ANDREW KENT				M1204		
PLACE OF DEATH (19-22)						
19a. IF DEATH OCCURRED IN A HOSPITAL: ☐ Inpatient ☐ ER/Outpatient ☐ DOA ☐ Hospice facility ☐ Nursing home/Long term care facility ☐ Decedent's home ☐ Other (Specify) 20. FACILITY NAME (If not facility, give street and number) 21. CITY, TOWN, OR LOCATION OF DEATH, AND ZIP CODE 22. COUNTY OF DEATH ST JOSEPH REGIONAL MEDICAL CTR LEWISTON, ID 83501 NEZ PERCE						
23. DATE OF DEATH (Mo/Day/Yr) (Spell month)		24. TIME OF DEATH (24hr)		25. DATE PRONOUNCED DEAD (Mo/Day/Yr) (Spell month)		26. TIME PRONOUNCED DEAD (24hr)
December 2, 2010		11:20		December 2, 2010		11:20
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. <u>PROGRESSIVE LIVER FAILURE</u> DUE TO (or as a consequence of): b. <u>CARCINOMA UNKNOWN PRIMARY</u> DUE TO (or as a consequence of): c. _____ DUE TO (or as a consequence of): d. _____						Approximate Interval: Onset to Death 4 DAYS
PART II. Enter other significant conditions contributing to death but not resulting in the underlying cause given in Part I RENAL FAILURE						
29. DID TOBACCO USE CONTRIBUTE TO DEATH?		30. IF FEMALE (Aged 10-54):		28a. WAS AN AUTOPSY PERFORMED?		28b. WERE AUTOPSY FINDINGS AVAILABLE TO COMPLETE THE CAUSE OF DEATH?
☐ Yes ☐ Probably ☒ No ☐ Unknown		☐ Not pregnant within past year ☐ Not pregnant, but pregnant 43 days to 1 year before death ☐ Pregnant at time of death ☐ Not pregnant, but pregnant within 42 days of death ☐ Unknown if pregnant within the past year		☐ Yes ☒ No		☐ Yes ☐ No
31. MANNER OF DEATH		32. DATE OF INJURY (Mo/Day/Yr) (Spell month)				
☒ Natural ☐ Homicide ☐ Accident ☐ Pending Investigation ☐ Suicide ☐ Could not be determined						
33. TIME OF INJURY (24hr)		34. PLACE OF INJURY (Decedent's home, farm, street, construction site, nursing home, restaurant, forest, etc.)		35. INJURY AT WORK?		
				☐ Yes ☐ No		
36. LOCATION OF INJURY: State _____ City/Town or County _____ Zip Code _____ Street and Number or Location _____ Apartment Number _____						
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		38a. WAS DECEDENT: ☐ Driver/Operator ☐ Passenger ☐ Pedestrian ☐ Other (Specify)		38b. WHAT SAFETY DEVICES(S) DID DECEDENT USE/EMPLOY?		
				☐ Seat belt ☐ Child safety seat ☐ Helmet ☐ Air bag ☐ None ☐ Unknown		
39a. CERTIFIER (Check only one, based on official capacity for this certificate)						39b. LICENSE NUMBER
☒ PHYSICIAN - To the best of my knowledge, death occurred at the time, date, and place, and due to the natural cause(s)/manner stated. ☐ PHYSICIAN ASSISTANT ☐ CORONER - 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.						M-09046
Signature and Title of Certifier → WILLIAM C. DIR, M.D.						39c. DATE SIGNED
39d. NAME, ADDRESS, AND ZIP CODE OF CERTIFIER (Type or print)						12 / 6 / 2010 MM DD YYYY
WILLIAM C. DIR, 415 SIXTH STREET LEWISTON, ID 83501						
40a. REGISTRAR'S SIGNATURE						40b. DATE SIGNED
						12 / 7 / 2010 MM DD YYYY

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: **DEC 8 2010**

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

JANE S. SMITH
STATE REGISTRAR

