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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Transfer No. 75174

APPLICATION FOR TRANSFER OF WATER RIGHT

PART 1

Name of Applicant Paul David and Deborah W. Eakin Phone 713-460-0027
18402 Flint Hill Dr., Katy, TX 77449-5419 (old address)
Mailing address 2714 Morningview Drive, Houston, TX, 77080 Email pauleak@swbell.net

Phone 713-460-0027

Email pauleak@swbell.net

A. PURPOSE OF TRANSFER

Changed as per ownership
change filed concurrently
w/ transfer. jc

RECEIVED

AUG 25 2008

DEPT. OF WATER RESOURCES
~~SOUTHERN REGION~~

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 Transfer to correct the place of use.

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

<u>1. Right Number</u>	<u>Priority</u>	<u>Amount (cfs/40-ft)</u>	<u>Nature of Use</u>	<u>Period of Use</u>	
36-13811	2-6-1947	0.040 cfs	Stockwater	1-1	to 12-31
		0.040 cfs	Domestic	1-1	to 12-31
					to
					to

2. Total amount of water being transferred 0.080 cubic feet per second and/or _____ acre-feet per annum.

3. Source of water Groundwater tributary to _____

4. Point(s) of Diversion:

[illegible]

5. Lands irrigated or place of use:

[illegible]

Total Acres

PART 1**6. General Information:**

a. Description of diversion system Pump diverts from well directly to holding tank at residence.

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:

N/A

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 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)

A. DESCRIPTION OF RIGHT AS RECORDED

1. Right as evidenced by:

- a. Decree No. 36-13811 Decreed to Paul David and Deborah W. Eakin
in case of _____ vs. _____
dated 12-13-1996 in 5th Judicial District county of Twin Falls
- 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 Groundwater tributary to _____4. Date or priority 2-6-1947

5. Water is used for the following purposes:

amount 0.040 cfs for stockwater purposes from 1-1 to 12-31
(cfs/ac-ft)

amount 0.040 cfs for domestic purposes from 1-1 to 12-31
(cfs/ac-ft)

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

6. Total amount of water under right 0.080 cubic feet per second and/or _____ acre-feet per annum.

7. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec	Twp	Rge	County	Local name for diversion
		NE	NE	6	8S	17E	Jerome	

8. Lands irrigated or place of use:

Twp	Rge	Sec	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
8S	17E	6	X																

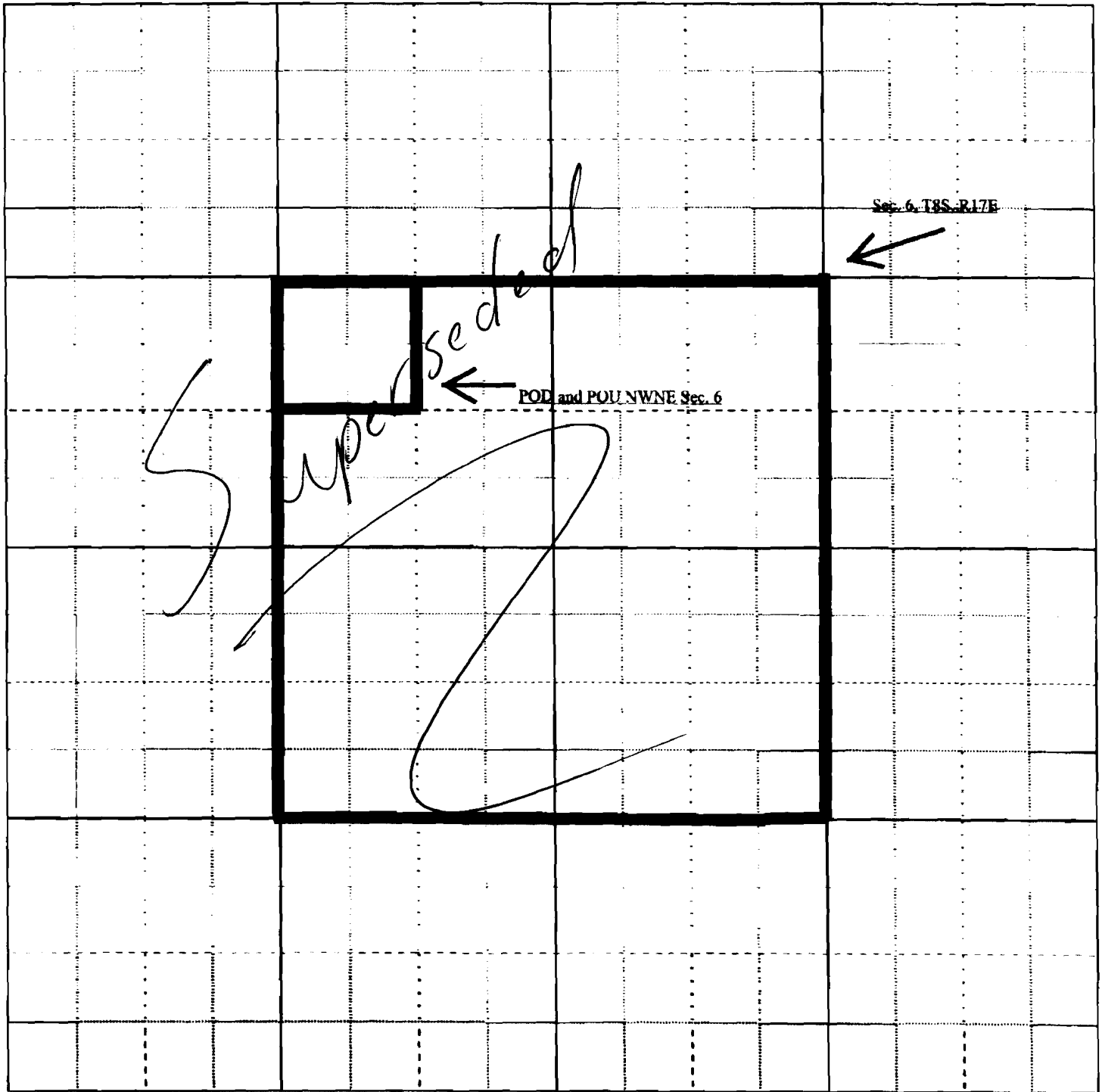
Total Acres _____

9. Describe any other water rights used for the same purpose as described above NONE

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION 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.



Scale: 2 inches equal 1 mile. Draw plan in ink.

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

1.	<u>New Nature of Use</u>	<u>Amount(cfs/af-ft)</u>	<u>Hours/days/year</u>	<u>Period of Use</u>
	_____	_____	_____	_____ 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.

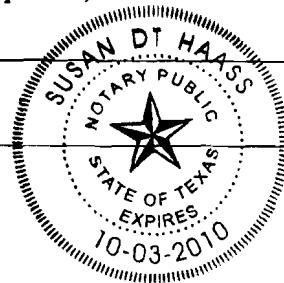
I understand that any willful misrepresentations made in this application may result in voiding its approval.

Paul David Eakin
Deborah W Eakin
 (Signature of Applicant)

Paul David Eakin
Deborah W Eakin
 Print Name (and title, if applicable)

Subscribed and sworn to before me this 14th day of August, 2008

Susan D Haass
 (Notary Public)



My commission expires 10/3/10

FOR DEPARTMENT USE ONLY

Transfer contains _____ pages and _____ attachments

Received by JC Date 8/25/08 Protest filed by _____

Prelim. Check by JC Fee 100.00

Received by JC Date 8/25/08 # 5030379

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 _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

CHANGE IN ADDRESS

This form can be used to notify the Department of a change in
address of the owners of record for the listed water rights.

(Please print or type)

[] Water Right Number(s): 36-13811

[] Name(s): Paul David and Deborah W. Eakin

[] Old Mailing Address: 18402 Flint Hill Dr., Katy, TX, 77449-8419

[] New Mailing Address: 2714 Morningsview Drive, Houston, TX, 77080

Telephone Number: (713) 460 - 0027

Email: pauleak@swbell.net

[] Signature(s) of Owner(s) Paul David Eakin
Deborah W. Eakin
(Include your title if on behalf of company or organization)

Date: 14 August 08

Send a signed original to your closest regional office:

IDWR Northern Region
7600 Mineral Dr., Suite 100
Coeur d'Alene, ID 83815
(208) 762-2800

IDWR Western Region
2735 Airport Way
Boise, ID 83705-5082
(208) 334-2190

IDWR Eastern Region
900 N. Skyline Dr., Suite A
Idaho Falls, ID 83402-1718
(208) 525-7161

IDWR Southern Region
1341 Fillmore St., Suite 200
Twin Falls, ID 83301-3380
(208) 736-3033