

Page _____ of _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCESTransfer No. 71849

RECEIVED APPLICATION FOR TRANSFER OF WATER RIGHT

MAR 15 2005

PART 1

Department of Water Resources

Name of Applicant

William B. Hurd

Phone

934-5221

Post Office address

1323 S 1700 E Gooding, ID 83330

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 _____

2. Describe the reason for the proposed changes
- Old Domestic well is pumping mud, when water table raises this summer, I will use old well to irrigate only lawn and garden, (less than 1/2 acre)

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 |
|-----------------|---------------|--------------------|-----------------|-----------------------------|
| <u>37-10989</u> | <u>1-1-29</u> | <u>.06 cfs</u> | <u>Domestic</u> | <u>1-01</u> to <u>12-31</u> |
| _____ | _____ | _____ | _____ | _____ to _____ |
| _____ | _____ | _____ | _____ | _____ to _____ |
| _____ | _____ | _____ | _____ | _____ to _____ |
2. Total amount of water being transferred .06 cubic feet per second and/or _____ acre-feet per annum.
3. Source of water groundwater tributary to _____
4. Point(s) of Diversion:

Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Local name for diversion
		NE	NE	11	5S	14E	Gooding	EXISTING WCL
		NE	NE	11	5S	14E	GOODING	WCL W 29 (already listed)

5. Lands irrigated or place of use:

Twp.	Rge.	Sec.	NE 1/4				NW 1/4				SW 1/4				SE 1/4				Totals
			NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	NE 1/4	NW 1/4	SW 1/4	SE 1/4	
5S	14E	11	X																

Total acres _____

PART 1

6. General Information:

a. Description of diversion system Old domestic well went dry - drilled new
domestic well, left 1 H.P. Pump in old well. If water table
rise will use old well to irrigate lawn + garden (less than 1/2 acre)

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:

No Affect

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 _____

Current Water Right No. 37-10987

Source: GROUND WATER

Tributary to:

Source and Point(s) of Diversion:

GROUND WATER	NENE	05S	14E	11	GOODING
--------------	------	-----	-----	----	---------

PLACE OF USE: DOMESTIC

[illegible]

Conditions/Remarks:

1. PARCEL NO. RP05S14E110381A
2. 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.
3. THE QUANTITY OF WATER DECREED FOR THIS WATER RIGHT IS NOT A DETERMINATION OF HISTORICAL BENEFICIAL USE.
4. THE QUANTITY OF WATER UNDER THIS RIGHT SHALL NOT EXCEED 13,000 GALLONS PER DAY.

IDAHO DEPARTMENT OF WATER RESOURCES
APPLICATION FOR TRANSFER OF WATER RIGHT
PART 2

Transfer No. _____

Receipt No. _____

Current Water Right No. 37-10987

Documentation of Ownership of the Current Place of Use

Water Right Deeded in my Name

Is this property subject to any liens, deeds of trust, mortgages, or contracts or other encumbrances?

~~YES~~ NO

Describe the affect on the current place of use for this water right if the place of use is changed pursuant to this transfer

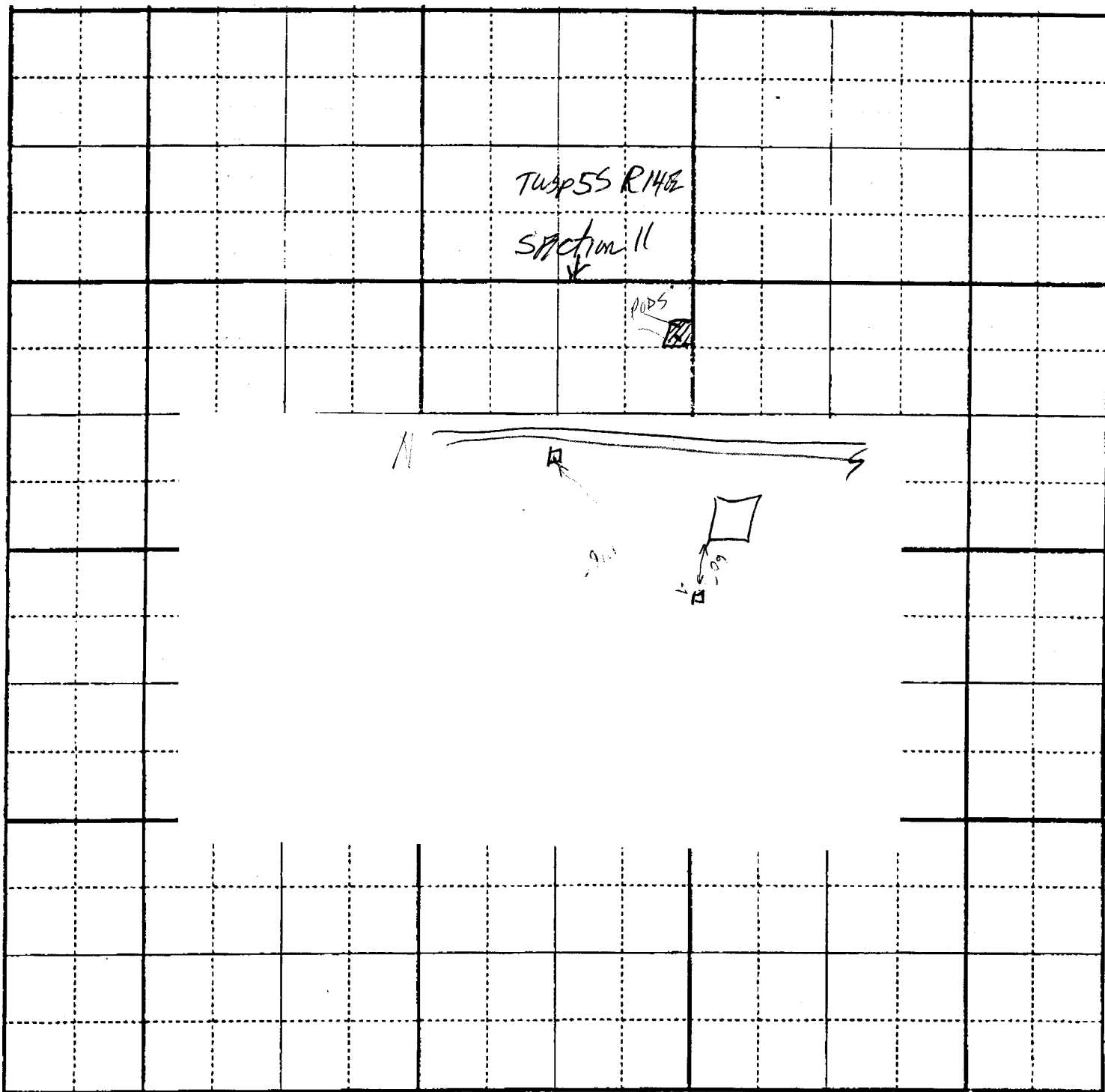
N/A

To your knowledge, has any portion of the water right undergone a period of five(5) or more consecutive years of non-use?

NO

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 rights described in part 1. Clearly depict the land by section, township and range number.



* new well is 9.146 east of old well
per Mr. Hurd.

PART 3**B. CHANGES IN NATURE OF USE** *N/A*

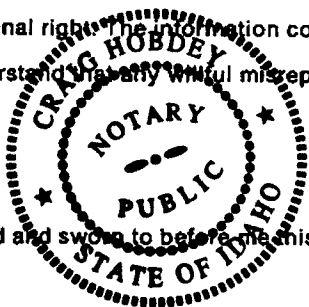
1	New Nature of Use	Amount (cfs/ac-ft)	Hours/days/year	Period of Use
				_____ to _____
				_____ to _____

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.



William B. [Signature]

(Signature of Applicant)

Subscribed and sworn to before me this _____

OH

day of _____

MARCH, 19 *2005*

Craig Hobday

(Notary Public)

My commission expires *10-24-06***FOR DEPARTMENT USE ONLY**

Transfer contains _____ pages and _____ attachments

Received by *P. SKINNER*Date *3/15/2005*

Protest filed by _____

Prelim. check by *P. SKINNER*Fee *\$100.00 5027458*Receipted by *P. SKINNER*Date *3/15/2005*

Published in _____

Copies of protest forwarded by _____

Pub. dates _____

Hearing held by _____ Date _____

Watermaster recommendation requested on _____

Recommended for ☐ approval ☐ denial

_____ rec'd. _____

by _____

Copy of transfer sent to lien holder _____

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO
IDAHO DEPARTMENT OF HEALTH AND WELFARE
CENTER FOR VITAL STATISTICS AND HEALTH POLICY

CERTIFICATE OF DEATH

DATE FILED: MAY 21, 1999

STATE FILE NUMBER: 99-03481

DECEDENT: FRANCES ELIZABETH HURD

DATE OF DEATH: MAY 11, 1999

PLACE OF DEATH: GOODING, IDAHO

TIME OF DEATH: 5:53 A.M.

DATE OF BIRTH: APR. 18, 1933

PLACE OF BIRTH: SOUTH DAKOTA

AGE: 66 YEARS

SEX: FEMALE

VETERAN? NO

MARITAL STATUS: MARRIED

SURVIVING SPOUSE: WILLIAM B. HURD

SOCIAL SECURITY NUMBER: 518-36-5512 RESIDENCE: GOODING, IDAHO

FATHER: DONALD KILEY

FATHERS BIRTHPLACE: SOUTH DAKOTA

MOTHER (MAIDEN): VIOLA BALDWIN

MOTHERS BIRTHPLACE: UNKNOWN

MORTUARY: DEMARAY FUNERAL SERVICE
MORTICIAN: DOWELL DEMARAYGOODING, IDAHO
DISPOSITION: BURIAL

CERTIFYING CORONER: GARY LODER

AUTOPSY: YES

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST:

INTERVAL

PANCREATITIS

DAYS

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

NONE LISTED

MANNER OF DEATH: NATURAL

This is a true and correct reproduction of the document officially registered and placed
on file with the IDAHO CENTER FOR VITAL STATISTICS AND HEALTH POLICY.

DATE ISSUED: MAY 24, 1999

This copy is not valid unless prepared on engraved border
displaying state seal and signature of the Registrar.JANE S. SMITH
STATE REGISTRAR