

RECEIVED

MAY 06 2015

Form 202a 10/07

Department of Water Resources
Eastern RegionSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Indent. No.

Corrected
TP-23-15

APPLICATION FOR TEMPORARY APPROVAL OF WATER APPROPRIATION

(5 AF or less)

- Name of Applicant Tony CRNKOVICH Phone 208-873-3777
- Address PO Box 1267 Afton, WY 82110 Email TCRNKOVICH@simplot.co
1. Source of water IOWA Creek Tributary to McCoy Creek
2. Location of point of diversion 1/4 1/4 Sec. 1/4 Township 1/4, Range 1/4 B.M.,
County 1/4
3. Location of place of use 1/4 NW 1/4 Sec. 25 Township 350, Range 44E B.M.,
County BONNEVILLE
4. Proposed use of water Pump water from Iowa Creek
for a gold mining high-banking operation
(2-10 days a season)
5. Amount of water:
Maximum rate of diversion 10 cfs or Approx 10 gpm.
Maximum daily volume 1200 gals AF; Total volume 12,000 AF. (0.037 AF)
6. Duration of diversion: From date of approval to Oct 30, 2015
Day-month Day-month
7. Proposed diverting works 3 HP pump
8. Who owns the property at the requested point of diversion? National Forest
9. Describe the arrangement allowing access to the water Access to water by National Forest Plan of operations
10. Remarks Idaho Mining CLAIM # 134889

I hereby acknowledge that I assume all risk if the diversion and use of the water under this approval injures other water rights. I certify this is a temporary use and that I am not seeking a continuing right to use water.

5/3/15
Date

Tony Crnkovich
Applicant

Received by 18 Date 5-6-2015
\$50.00 fee receipted by 18 # E040984
Watermaster Comments received? 18 Date 5-6-2015

TP-23.15

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

This is to certify that the department has examined this application for temporary approval to use water under the provisions of Section 42-202a, Idaho Code, and has determined that:

- ☐ a) The application for temporary approval should be denied.
- ☒ b) The application for temporary approval should be approved, since
1. The temporary approval can be properly administered.
 2. Other water sources are not readily available.
 3. The approval is in the public interest.
 4. The approval will not injure known public values associated with the water source or any known water rights.

This application is therefore hereby:

- ☐ a) DENIED
- ☒ b) APPROVED, subject to the following conditions:
1. Diversion and use of water under this approval is subject to all valid existing water rights.
 2. The applicant assumes all risk the use of the water under this approval may injure other water rights.
 3. This approval authorizes a maximum diversion of 0.037 AF and a maximum rate of diversion of 0.0 cfs. *LA*
 4. This approval does not grant a right-of-way across the land of another, does not create a continuing right to use the water and may not be used in connection with a use which requires a continuing water supply.
 5. The department may cancel this approval at any time if the department identifies injury to other water rights.
 6. This approval expires on October 30, 2015. *LA*
 7. This approval does not create a continuing right to use water.
 8. The holder of this temporary permit shall not divert at a rate or in a manner that will significantly reduce the flow in the water source or otherwise adversely affect fish, wildlife or other public values.
 9. Other: _____

DATED this 12th day of May, 20 15.

Lyle Swank
For the Director



State of Idaho
DEPARTMENT OF WATER RESOURCES

900 N Skyline Dr., Ste A, Idaho Falls, Idaho 83402-1718
Phone: (208) 525-7161 FAX: (208) 525-7177 www.idwr.idaho.gov

C.L. "BUTCH" OTTER
Governor

May 12, 2015

GARY SPACKMAN
Director

Tony Crnkovich
PO Box 1267
Afton WY 83110

Applicant:

Enclosed is your approved copy of Temporary Permit TP-23-15. Please take note of the effective dates on line 6 and the conditions on the back.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Sharla Cox', is written over a circular blue ink stamp. The stamp is partially visible and contains some illegible text.

Sharla Cox
Water Resource Administrative Assistant

Enclosure

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Department of Water Resources
Eastern Region

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Indent. No.

TP-23-15

APPLICATION FOR TEMPORARY APPROVAL OF WATER APPROPRIATION

(5 AF or less)

Name of Applicant TONY CRNKOVICH Phone 208-873-3777
 Address PO Box 1267 Afton, WY 83110 Email tcnkovich@sig.net

1. Source of water IOWA CREEK Tributary to McCoy Creek

2. Location of point of diversion 1/4 1/4 Sec. 1/4 Township 1/4, Range 1/4 B.M.,
 County .

3. Location of place of use 1/4 NW 1/4 Sec. 25 Township 350., Range 44E B.M.,
 County BONNEVILLE.

4. Proposed use of water Pump water from Iowa Creek
for a gold mining high-banking operation
(2-10 days a season)

5. Amount of water:

Maximum rate of diversion cfs or Approx 10 gpm.

Maximum daily volume 4,200 gals AF; Total volume 12,000 AF. (0.037 AF)

6. Duration of diversion: From date of approval to Oct 30, 2015
 Day-month Day-month

7. Proposed diverting works 3 HP pump

8. Who owns the property at the requested point of diversion? National Forest

9. Describe the arrangement allowing access to the water

Access to water by National Forest Plan of operations

10. Remarks Idaho Mining CLAIM # 134889

I hereby acknowledge that I assume all risk if the diversion and use of the water under this approval injures other water rights. I certify this is a temporary use and that I am not seeking a continuing right to use water.

5/3/15
 Date

Tony Crnkovich
 Applicant

Received by Date Time
 \$50.00 fee receipted by # ED40984 Date 5-6-2015
 Watermaster Comments received? Date

ACTION OF THE DIRECTOR, DEPARTMENT OF WATER RESOURCES

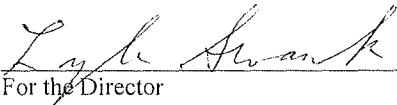
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1. Diversion and use of water under this approval is subject to all valid existing water rights.
 2. The applicant assumes all risk the use of the water under this approval may injure other water rights.
 3. This approval authorizes a maximum diversion of _____ AF and a maximum rate of diversion of _____ cfs.
 4. This approval does not grant a right-of-way across the land of another, does not create a continuing right to use the water and may not be used in connection with a use which requires a continuing water supply.
 5. The department may cancel this approval at any time if the department identifies injury to other water rights.
 6. This approval expires on _____.
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 9. Other: _____

DATED this 12th day of May, 20 15.


For the Director



State of Idaho

DEPARTMENT OF WATER RESOURCES

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GARY SPACKMAN
Director

Tony Crnkovich
PO Box 1267
Afton WY 83110

Applicant:

Enclosed is your approved copy of Temporary Permit TP-23-15. Please take note of the effective dates on line 6 and the conditions on the back.

Sincerely,

A handwritten signature in blue ink that reads 'Sharla Cox'. The signature is fluid and cursive, with the first name 'Sharla' being more prominent than the last name 'Cox'.

Sharla Cox
Water Resource Administrative Assistant

Enclosure