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APR 23 2015

Department of Water Resources
Eastern Region

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

RECEIVED

MAY 05 2015

Indent No.

TP-75-106

APPLICATION FOR TEMPORARY APPROVAL OF WATER APPROPRIATION (5 AF or less)

Name of Applicant Cliff Simonsen Phone 406-642-3293Address 164 Victor crossing west Email _____1. Source of water Hoghes creek Tributary to North fork Salmon2. Location of point of diversion _____ 1/4 _____ 1/4 Sec. 5-6-7-8 Township 25N, Range 21E B.M.,
County LEMMING3. Location of place of use _____ 1/4 _____ 1/4 Sec. _____ Township _____, Range _____ B.M.,
County _____4. Proposed use of water Small scale placer mining

5. Amount of water:

Maximum rate of diversion _____ cfs or 75 gpm.Maximum daily volume _____ AF; Total volume .74 AF.6. Duration of diversion: From 5-1-15 to 9-1-15
Day-month Day-month7. Proposed diverting works NONE8. Who owns the property at the requested point of diversion? National forest land
Claim owners Cliff Simonsen, John Dixon9. Describe the arrangement allowing access to the water Hand carry Pump to stream.
No Alteration to stream.10. Remarks I will pump water to fill small trench
and Recirculate water for for wash pit

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.

Date 4-19-2015Applicant Cliff Simonsen

Received by 4/23/15 Date _____ Time _____
\$50.00 fee receipted by SC # 2040936 Date _____
Watermaster Comments received? _____ Date _____

TP-75-106

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 74 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 Sept 1, 2015.
 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 vaules.
 9. Other: _____

DATED this 28th day of April, 2015.

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

April 29, 2015

GARY SPACKMAN
Director

**Cliff Simonson
164 Victor Crossing West
Victor MT 59875**

Applicant:

Enclosed is your approved copy of Temporary Permit TP-75-106. 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 written in a cursive style with a large, looping 'S' and 'C'.

**Sharla Cox
Water Resource Administrative Assistant**

Enclosure