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MAY 13 2015
Department of Water Resources
Eastern Region

Form 2022A 07/13

ID No. TP-01-46

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR TEMPORARY APPROVAL OF WATER APPROPRIATION

(For a use not intended to become an established water right, not to exceed a total diverted volume of five (5) acre-feet, and not to exceed one (1) year duration in accordance with Section 42-202A, Idaho Code.)

Name of applicant: DAVE ERLANSON SR Phone: 208-483-7343

Mailing address: P.O. 46 City: SWAN VALLEY

State: Id ZIP 83449 Email: TAPAWINGS@INC.COM

1. Source of water: McCoy + Iowa + S.F. BEAR Cr. tributary to PALISADES RES

2. Location of point(s) of diversion:

TWP	RGE	SEC	GOVT LOT	¼	¼	¼	County	Source	Local name or tag #
3S	44E	14, 16, 20		A	1	2	Bonneville		Swede 3 + 7 Claims
				20/16					

3. Location of place of use:

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
		SAME AS					ABOVE												

4. Describe proposed use of water High Banking For Gold

5. Amount of water:

Maximum rate of diversion _____ cfs or 150 gpm.

Maximum daily volume _____ AF; total volume .7 AF.

6. Duration of diversion: from June 1, 15 (day-month) to Sept 30, 15. (day-month) when I'm able to mine

7. Describe proposed diverting works: Intermittant

8. a. Who owns the property at the requested point of diversion? _____

b. Who owns the land to be irrigated or place of use? USFS

c. If the property is owned by a person other than the applicant, describe the arrangement allowing access to the water:

9. Additional remarks: Plan of Operations (Contact person) Diana Wheeler Soda Springs or Idaho Falls Offices

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.

Dave Erlanson Jr — Signature of applicant

May 13th, 15 — Date

Received by _____ Date _____ Time _____

$50.00 fee receipted by _____ # E041016 Date 5-13-2015

Watermaster comments received? _____ Date _____

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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 0.1 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 does not create a continuing right to use water.
7. 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.
8. Other: _____
9. This approval expires on September 30, 2015

Signed this 28th day of May, 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

GARY SPACKMAN
Director

May 29, 2015

Dave Erlanson Sr
PO Box 46
Swan Valley ID 83449

Applicant:

Enclosed is your approved copy of Temporary Permit TP-01-46. Please take note of the effective dates on line 6 and the conditions on the back.

Sincerely,

Sharla Cox
Water Resource Administrative Assistant

Enclosure