

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

Name of Applicant HK contractors Phone (208) 523-6600

Post Office address P.O. Box 51450 IDAHO Falls, IDAHO 83405

1. Source of water north Fork snake River Tributary to _____

2. Location of point of diversion SE 1/4 NW 1/4, Sec. 13 Township 9N, Range 42E

B.M., County Fremont

3. Location of place of use _____ 1/4 _____ 1/4, Sec. _____ Township _____, Range _____

B.M., County _____

4. Proposed use of water Road construction, dust control

From mile Post 365.90 To mile Post 369.00, on u.s. 20 up Ashton hill

From dump ground Rd To sheep Falls Road.

5. Amount of water:

Maximum rate of diversion _____ cfs or _____ gpm.

Volume:

Max. daily vol. _____ AF, Total vol. 5.0 AF.

6. Duration of diversion: From 5/27/2014 to 10/24/2014
Day-month Day-month

7. Proposed diverting works 4" submersible Pump into over head tank

8. Who owns the property at the requested point of diversion? Alex Eggbert (208) 705-4942
we have Permission from him To be on his Property

9. Describe the arrangement allowing access to the water will cross Alex's Property, Put Pump
IN River + Put water in over head Tank To Load water into water Truck

10. Remarks _____

HK is under contract with The state of Idaho, Transportation
Department, To Rebuild 3.1 mile's of Road on u.s. 20.

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.

5/5/2014
Date

Reed Walker
Applicant

\$50.00 fee received by # 6839193 Date 5/5/14

TP-01-44

Watermaster Comments received? Date

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 water under this approval may injure other water rights.
3. This approval authorizes a maximum diversion of 5.0 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 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 Oct 24. 2014.
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, 2014.

Lyle Swank
For the Director



Google earth

feet
km



W 44° 06' 54"
W 111° 27'



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 6, 2014

Water District 01
Lyle Swank
900 N Skyline Dr Ste A
Idaho Falls ID 83402

RE: Application for Temporary Approval of Water Appropriation TP-01-44

Dear Watermaster:

A copy of the above referenced application is enclosed. Please review the application, then complete the enclosed recommendation form and as soon as possible.

Please contact this office if you have any questions regarding this application.

Sincerely,

A handwritten signature in blue ink, appearing to read 'Sharla Cox', is written over a large, light blue circular stamp or seal.

Sharla Cox
Administrative Assistant

Enclosure(s)

Department of Water Resources

RECOMMENDATION OF WATERMASTER

Application for Temporary Approval of Water Appropriation

TP-01-44

Bryan Stephens

Watermaster's Recommendation:

a) ☒ I do not oppose approval of this application.
b) ☐ I do not oppose approval of this application if it is conditioned as follows:

c) ☐ I oppose approval of this application for the following reasons:

d) ☐ Additional Comment:

Dated this 12th day of May, 20 14.

Water District No: 01

Lyle Swank
Watermaster's Signature



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 12, 2014

**HK Contractors
PO Box 51450
Idaho Falls ID 83405-1450**

Applicant:

Enclosed is your approved copy of Temporary Permit TP-01-44. Please take note of the effective dates on line 6 and the conditions on the back.

Sincerely,

A handwritten signature in black ink, appearing to read 'Sharla Cox', written over a large, light-colored circular mark.

**Sharla Cox
Water Resource Administrative Assistant**

Enclosure