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JUL 30 2018
DEPT OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public water of the State of Idaho

1. Name: RICHARD AND/OR TAMRA GIAMPEDRAGLIA
PO BOX 872
CHALLIS ID 83226-0872
208-838-6955
2. Source: SALMON RIVER Tributary to: SNAKE RIVER
3. Location of Point of Diversion:
#1 SALMON RIVER L5 (NW1/4SE1/4) Sec. 11, Twp 11N, Rge 18E, B.M. CUSTER County

4. Water will be used for the following purposes:

<u>Purpose</u>	<u>From</u>	<u>To</u>	<u>RATE OF DIVERSION</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	04/01	to 11/01	0.10 CFS	

5. Total quantity to be appropriated is: 0.10 CFS

6. Proposed diverting works:

POINT OF DIVERSION #1

- a. Type and size of devices used to divert water from the source: ELECTRIC 5HP CENTRIFUGAL PUMP
- b. Height of storage dam _____ feet;
Active reservoir capacity _____ acre-feet;
Total reservoir capacity _____ acre-feet;
- c. Proposed well diameter is _____ inches;
Proposed depth of well is _____ feet.
- d. Is ground water with a temperature of greater than 85F being sought?
- e. If well is already drilled, when? _____;
Drilling Firm _____;
Drilling Permit No. _____.

7. Time required for the completion of the works and application of the water to the proposed beneficial use is 1 year(s).

AMENDED APPLICATION

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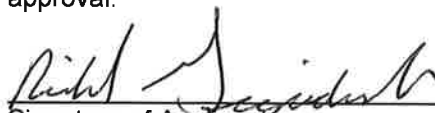
8. PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
11N 18E 11															3.0	2.0	5.0
															L 5	L 8	

Total Acres: 5

- 9a. Who owns the property at the point of diversion? If other than applicant, describe the arrangement enabling the applicant to make this filing.
APPLICANT
- 9b. Who owns the land to be irrigated or place of use? If other than applicant, describe the arrangement enabling the applicant to make this filing.
APPLICANT
10. Remarks:
Install a Electric 5hp irrigation pump to irrigate 5 acres of land with a sprinkler system. By pumping water from the Salmon River from approximately 04/01 thru 11/01 of each year.
11. Map of proposed point of diversion and place of use attached? [X]

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 rejection of the application or cancellation of any approval.


Signature of Applicant

Richard Giampedraglia
Print Name (and title, if applicable)


Signature of Applicant

Tamra Giampedraglia
Print Name (and title, if applicable)

For Department Use

Received by CH Date 7/30/18 Time 2pm Preliminary check by AI
Receipt No. S036640 Date: 3/19/18 Received by: DM

AMENDED APPLICATION