

77335

Ident. No. 92-10523

JUN 09 2011

STATE OF IDAHO
 DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

IDWR / NORTH

1. Name of applicant(s) Jerry Cathryn Nelson Phone 208 245-5480
 Name connector (check one): ☐ and ☐ or ☒ and/or

Mailing address: 486 Shepherd Rd City St Maries
 State Ida Zip 83861 Email: gotonelsons@yahoo.com

2. Source of water supply St Joe River which is a tributary of Coeur d'Alene Lake

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
<u>46N</u>	<u>03W</u>	<u>20</u>	<u>1</u>		<u>NW</u>	<u>NE</u>	<u>Berewah</u>	<u>St Joe River</u>	<u>shadowy</u> <u>St Joe River</u>

4. Water will be used for the following purposes:

Amount 0.04 for domestic purposes from 1-1 to 12-31 (both dates inclusive)
 (cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
 (cfs or acre-feet per year)

5. Total quantity to be appropriated is (a) 0.04 cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source. pump on riverbank

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 11.

For dams 10 feet or more in height OR reservoirs with a total storage capacity of 50 acre-feet or more, submit a separate Application for Construction or Enlargement of a New or Existing Dam. Application required? ☐ Yes ☐ No

c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.

d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☐ No

e. If well is already drilled, when? _____; drilling firm _____
 Well was drilled for (well owner) _____; Drilling Permit No. _____

7. Description of proposed uses (if irrigation only, go to item 8):

a. Hydropower; show total feet of head and proposed capacity in kW. _____

b. Stockwatering; list number and kind of livestock. _____

c. Municipal; show name of municipality or the applicant's qualifications as a municipal provider. _____

d. Domestic; show number of households 1 Home

e. Other; describe fully. irrigate lawn

8. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
46N	02W	30		D				✓											

Total number of acres to be irrigated: _____

9. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? Ø

10. a. Who owns the property at the point of diversion? Jerry and or Cathy Nelson
b. Who owns the land to be irrigated or place of use? applicant
c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. domestic use - water lawn
pump installed

12. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year).

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½" x 11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

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 an approval.

Signature of Applicant _____

Signature of Applicant _____

Print Name (and title, if applicable) _____

Print Name (and title, if applicable) _____

For Department Use:

Received by db Date 6/9/11 Time _____ Preliminary check by _____
Fee \$ 75.00 Received by db Receipt No. N02-94 Date 6/9/11

Receipt Details for ID N027223

Status	Adjustment Type	Version
		2

General Information:

Date Received 5/20/2011 1:27:04 PM	Date Deposited 5/20/2011 3:04:00 PM	Region NORTHERN	Total Amount \$25.00	Payment Type Check
Payee: NELSON, CATHY				

Account Information

Check Number 5884

Comment PARTIAL PAYMENT ON WR APP FEE - BALANCE PAID ON RECEIPT # N027594

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	PERMITS	65103	0229	21		1155