

RECEIVED RECEIVED
JUN 09 2011

MAY 20 2011

77283

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Ident. No. 91-7381

IDWR / NORTH

IDWR / NORTH

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant(s) Tim or Jean Ducommun Phone 208-245-4648
Name connector (check one): ☐ and ☐ or ☒ and/orMailing address: 2380 Railroad grade City St. MariesState Id. Zip 83861 Email: _____2. Source of water supply St. Joe River which is a tributary of Coeur d'Alene

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	%	%	%	County	Source	Local name or tag #
46N	01W	17	3		NW	NW	Benewah	St. Joe River	

4. Water will be used for the following purposes:

Amount .03 for irrigation purposes from 3-15 to 10-31 both dates inclusive
(cfs or acre-feet per year)Amount .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)5. Total quantity to be appropriated is (a) 0.07 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 w/ pressure tank
@ 30 gallon capacityb. Height of storage dam 0 feet; active reservoir capacity 0 acre-feet; total reservoir capacity
0 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 ☒ Noc. Proposed well diameter is 0 inches; proposed depth of well is 0 feet.d. Is ground water with a temperature of greater than 85°F being sought? ☐ Yes ☒ Noe. If well is already drilled, when? 0; drilling firm 0Well was drilled for (well owner) 0; Drilling Permit No. 0

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. _____

91-7381

8. Description of place of use: RP46ND1W173400A

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	1W	17						X											1 acre

Total number of acres to be irrigated: 1 acre

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?

City of St. James Supplies domestic water @ this time.10. a. Who owns the property at the point of diversion? applicantb. Who owns the land to be irrigated or place of use? applicantc. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: 011. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. existing line in river w/pump and 50 gallonpressure tank @ 30 gallon capacity.12. Time required for completion of works and application of water to proposed beneficial use is 5 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.**Jim Ducommun
Signature of ApplicantTIM DUCOMMUN
Print Name (and title, if applicable)Jean Ducommun
Signature of ApplicantJean Ducommun
Print Name (and title, if applicable)**For Department Use:**Received by db Date 5/20/11 Time _____ Preliminary check by _____
Fee \$ 100.00 Received by db Receipt No. N027221 Date _____

91-7381



Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots



