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IDWR/NORTHERN

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCESIdent. No. 92-10158

## APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant(s) Robert R. Krebs Phone 208-245-4857  
 Name connector (check one): ☐ and ☐ or ☐ and/or  
 Mailing address: 1104 Shepherd Rd. City St. Maries, ID  
 State ID Zip 87861 Email: Krebsce@SMGreether.com
2. Source of water supply St. Joe River which is a tributary of CDA 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>96N</u> | <u>02W</u> | <u>16</u> | <u>8</u> |     | <u>SW</u> | <u>SW</u> | <u>Bancroft</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 River bank
- 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. irrigation of corn up to 1/2 acre

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 | 16  |    |    |    |    |    |    |    |    |    |    | 09 |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |
|     |     |     |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |    |        |

Total number of acres to be irrigated: 1/2

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? \_\_\_\_\_

10. a. Who owns the property at the point of diversion? Robert R. Krebs
- 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.

12. Time required for completion of works and application of water to proposed beneficial use is \_\_\_\_\_ 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.

Robert R. Krebs  
 Signature of Applicant  
Robert R. Krebs  
 Print Name (and title, if applicable)

\_\_\_\_\_  
 Signature of Applicant  
 \_\_\_\_\_  
 Print Name (and title, if applicable)

**For Department Use:**

Received by E.D Date \_\_\_\_\_ Time \_\_\_\_\_ Preliminary check by \_\_\_\_\_  
 Fee \$ \_\_\_\_\_ Received by \_\_\_\_\_ Receipt No. N026907 Date 4-11-2011

# KREBS PIN RP004500200510A

