

Dist for Staffing _____
Submitted for advertising _____

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT ANALYSIS PERMIT

INITIAL REVIEW BY Se DATE 10/3/04 APPLICATION NO. 25-14187

REQUIRED INFORMATION:

☒ Name (if applicant is a corporation or partnership, names must be provided for the director, officers, & other partners.)
☒ Address
☒ Source (See USGS Quad for names of water sources)
☒ Point of Diversion (10 acres for spring, lot & block descriptions for subdivision, local name, flow and/or volume)
☒ County
☒ Quantity (flow and/or volume)
☒ Period of Use
☒ Nature of proposed use (Include description of use.)
☒ Description of diverting works
☒ Time required for beneficial use of water
☒ Place of use or acres irrigated
☒ Map
☒ Signature (If applicant is corp., partnership, or municipality, title of signatory is required)
☒ Fee
☒ Yes _____ No* In form to receipt

ADDITIONAL INFORMATION:

☒ Overlapping place of use (Describe source & relationship to present application on the back)
☒ Overlapping point of diversion
☒ Yes _____ No _____ Critical groundwater area
☒ Yes _____ No _____ Groundwater management area
☒ Yes _____ No _____ Send dam safety information
☒ Yes _____ No _____ Send fish farm requirement letter
☒ Yes _____ No _____ Power residency affidavit
☒ Yes _____ No _____ Within trustwater boundary (If yes, attach trust water supplementary analysis sheet)
☒ Yes _____ No _____ **Public Water System**
☒ Yes _____ No _____ **Planning section review**
☒ Yes _____ No _____ **Moratorium Hold file**
☒ See reverse side for additional information

*REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT

Date Requested _____

PROCESSING:

☒ Yes _____ No _____ In form for advertising
☒ Yes _____ No _____ Statewide advertising
☒ Yes _____ No _____ Fee amount, receipt date & No. recorded on application

SEND COPIES TO:

☒ Id Dept of Environmental Quality
☒ Id Dept of Fish & Game
☒ Id Dept of Lands
☒ Adjudication Bureau Unit
☐ U.S. BLM
☐ U.S. Forest Service
☐ Water District
☐ Other _____

_____	Yes	_____	No	Affidavit of publication received
_____	Yes	_____	No	Application published correctly. If not, record action taken
_____	Yes	_____	No	Publication dates & paper, recorded on application
_____	Yes	_____	No	Protests received
				Final date for protest _____
_____	Yes	_____	No	Protests, dates, resolution of protest, recorded on application
_____	Yes	_____	No	Recommendations attached
_____	Yes	_____	No	Measuring device required
_____	Yes	_____	No	Access port required
_____	Yes	_____	No	Will water be delivered by watermaster? If yes, what District _____
_____	Yes	_____	No	Special conditions of approval or cover letter below.

By: _____ Date: _____

By: _____ Date: _____

Comments received from:

_____ City	_____ Id Fish & Game	_____ Irrigation District
_____ County	_____ Id Health & Welfare	_____ Canal Company
_____ Reservations	_____ Div. Of Environment	_____ Other _____

Project impacts/implications report

COMMENTS

[illegible]