

76846

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

Ident. No. 94-7754

1. Name of applicant(s) Todd R. Goodson Phone 208-784-8211
Name connector (check one): ☐ and ☐ or ☐ and/or

Mailing address: 102 E. MARKET AVE City Kellogg
State ID Zip 83837 Email: _____

2. Source of water supply MEDICINE LAKE which is a tributary of COEUR D'ALENE RIVER

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
48N	02W	34	(BIO TTI	ADD)			KOOTENAI	LAKE WATER	
			LOT 2,	BIX 1				MEDICINE LAKE	
			2						

4. Water will be used for the following purposes:

Amount .03 CFS for irrigation purposes from MARCH 15 to NOV. 15 (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) .03 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 & pipeline

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 _____

e. Other; describe fully. _____

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	
48N	2W	34						1											1
								Lot 2											

Total number of acres to be irrigated: 1

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? Todd Goodson
- b. Who owns the land to be irrigated or place of use? Todd Goodson
- 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. PIN 00454001002-0

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.

Todd R. Goodson
 Signature of Applicant
Todd R. Goodson
 Print Name (and title, if applicable)

 Signature of Applicant

 Print Name (and title, if applicable)

For Department Use:

Received by [Signature] Date 10/1/10 Time 2:30 Preliminary check by [Signature]
 Fee \$ 100 Received by [Signature] Receipt No. NO25829 Date 10/1/10

State of Idaho
Department of Water Resources
Water Right License
94-7754
Water Service Area Boundary for



Legend

-  Point of Diversion
-  Place Of Use Boundary
-  Townships
-  PLS Sections
-  Quarter Quarters
-  Taxlots

0 0.045 0.09 0.18 Miles



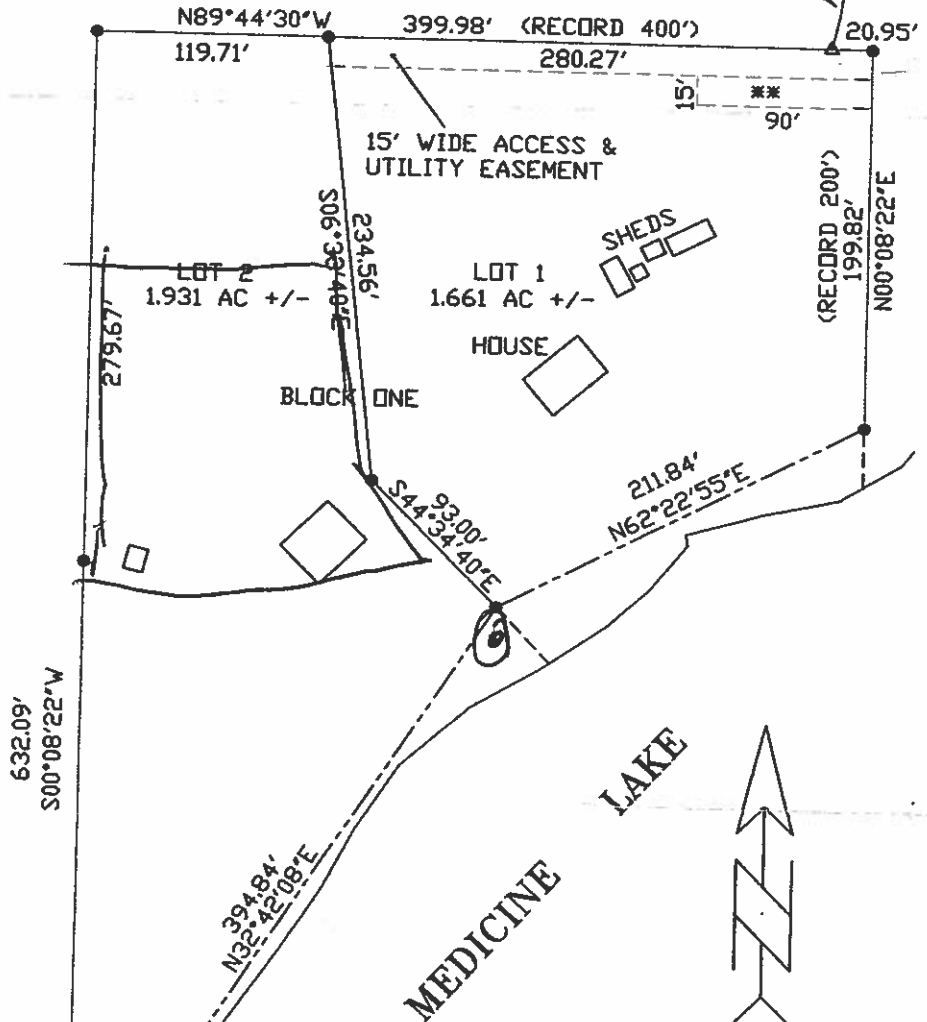
M.C. SECTIONS 27/34

650.13' (R1=650.22')
N89°14'26"E

**** ADDITIONAL EASEMENT (ROAD & UTILITIES)**
THE SOUTH 15.00 FEET OF THE NORTH 30.00 FEET
OF THE EAST 90.00 FEET OF LOT 1, BLOCK 1,
BIOTTIS ADDITION AS RECORDED IN PLAT BOOK J,
PAGE 140, RECORDS OF KOOTENAI COUNTY, IDAHO
AND BEING LOCATED IN THE NORTHWEST QUARTER
OF SECTION 34, T48N, R2W B.M., KOOTENAI COUNTY,
IDAHO.

$\Delta = 06^{\circ}23'20''$
 $R = 392.14'$
 $L = 43.73'$
 $CH = N08^{\circ}51'12''E$
 $CL = 43.70'$

MEDICINE LAKE



MEDICINE LAKE

