

RECEIVED**SEP 17 2010****IDWR/NORTHERN**

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

1. Name of applicant(s) JOHN C. ALDRIDGE Phone 847-922-8250
Name connector (check one): ☐ and ☐ or ☐ and/or

Mailing address: 4104 E 25th Ave City SPOKANE

State WA Zip 99223 Email: _____

2. Source of water supply HAYDEN LAKE which is a tributary of SINKS

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
51N	3W	10	5		SE	NE	KOOTENAI		
51N	3W	10	5		SE	NE	KOOTENAI		

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 0.03 for IRRIGATION purposes from 3-15 to 11-15 (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)

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. 2 PUMPS AND PIPE LINES

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 12.

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? _____

e. If well is already drilled, when? _____; drilling firm _____;

Well was drilled for (well owner) _____; Drilling Permit No. _____

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

8. Description of proposed uses (if irrigation only, go to item 9):

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. ONE HOME

e. Other; describe fully. 0.03 CFS IN NEEDED TO SUPPLY WATER FOR IRRIGATION.

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	
51N	3W	10				D													
51N	3W	10				0.5													0.5
						L5													

Total number of acres to be irrigated: 0.5

10. 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? CLAIM 95-343 DOMESTIC

11. a. Who owns the property at the point of diversion? APPLICANT
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: _____

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. THIS APPLICATION WILL OVER LAP CLAIM 95-343 TO ALLOW WATER USE ALL YEAR.

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" 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
JOHN ALDRIDGE
Print Name (and title, if applicable)

Signature of Applicant

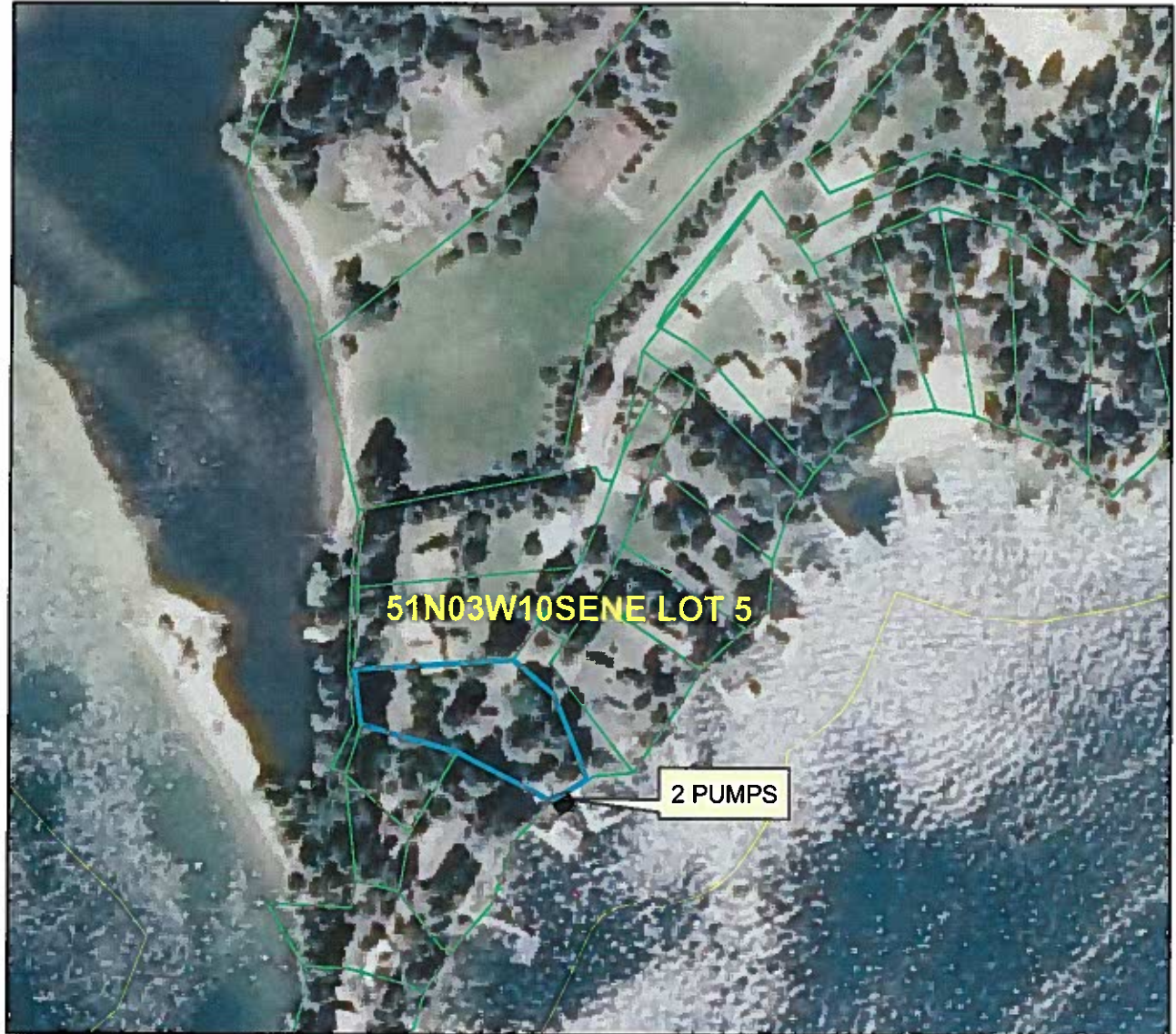
Print Name (and title, if applicable)

For Department Use:

Received by _____ Date _____ Time _____ Preliminary check by _____

Fee \$ 100⁰⁰ Received by ED Receipt No. 1025679 Date 9-17-2010

APPLICATION



0 80 160 320 480 640 Feet



Legend

 Taxlots