FORM 202 03/10 Print form as a 2 page, single-sided document

167 141

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

Ident. No. 94-7701

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of applicant(s) David & or Kathy McDaniel Phone 682-3097
   Name connector (check one): ☐ and ☐ or ☒ and/or
   Mailing address: 12915 S. Rose Creek City Cataldo
   State ID Zip 83810 Email:
2. Source of water supply Rose Creek which is a tributary of C.D.A. River
3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	¼	¼	¼	County	Source	Local name or tag #
49	1W	32			NW	NW	Kootenai		

4. Water will be used for the following purposes:
   Amount .06 (cfs or acre-feet per year) for irrigation purposes from ~~April~~ 3/15 to ~~Nov~~ 10/31 (both dates inclusive)
   Amount .02 (cfs or acre-feet per year) for livestock purposes from ~~JAN~~ 1 to Dec 31 (both dates inclusive)
   Amount _____ (cfs or acre-feet per year) for _____ purposes from _____ to _____ (both dates inclusive)
   Amount _____ (cfs or acre-feet per year) for _____ purposes from _____ to _____ (both dates inclusive)
5. Total quantity to be appropriated is (a) .08 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. 1 HP Submersable pump - 1" waterline
   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. 5 head at this time
   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. _____

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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	
49N	1W	32						2											2
								S											

Total number of acres to be irrigated: 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? Buford McDaniel

    b. Who owns the land to be irrigated or place of use? David & Kathy McDaniel

    c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: Dad owns an is OK with it.

11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. Buford McDaniel's address is ~~12526~~ 12526, Cataldo

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.

Kathy R. McDaniel
Signature of Applicant

Kathy R. McDaniel
Print Name (and title, if applicable)

David S. McDaniel
Signature of Applicant

DAVID S. McDANIEL
Print Name (and title, if applicable)

For Department Use:

Received by Ken Date 8/31/10 Time _____ Preliminary check by _____

Fee $ 100.00 Receipted by Ken Receipt No. N025537 Date 8/31/10

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0 90 180 360 540 720 Feet

N
W E
S

Legend

- workingpod
- workingpou