

FORM NO.202A
REVISED 4/8/03

Hyde, Orem

APPLICATION NO. 47-17524
76131

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT ANALYSIS SHEET

INITIAL REVIEW BY B. Walker

DATE 12/3/09

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 subdivisions, local name, flow &/or volume.)
- ☒ County
- ☒ Quantity (flow &/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 signator is required)
- ☒ Fee
- ☒ Yes ☐ No* In form to receipt 5031188

++++PROPOSED PRIORITY DATE 11/30 19 2009

ADDITIONAL INFORMATION

 Overlapping place of use(Describe source & relationship to present application on the back.

NONE

☒ Overlapping point of diversion.

47-4231B, 47-4231C

 Yes ☒ No Field check required Field check by Date

 Yes ☒ No Field report attached

 Yes ☐ No Critical Ground water area

☒ Yes ☐ No Groundwater management area - Barbury Hot Springs,

 Yes ☒ No Send Dam safety information

 Yes ☒ No Send power requirement letter

 Yes ☒ No Send fish farm requirement letter

 Yes ☒ No Power residency affidavit.

 Yes ☒ No Power efficiency form

☒ Yes ☐ No Within trustwater boundary

 Yes ☒ No Diversion greater than 5 cfs or 500 acre ft. (If yes, attach large diversion supplementary analysis sheet.)

Comment Letters:

	Date Requested	Date Received
Watermaster: District <u>N/A</u>		
<u>Fish & Game</u>	<u>12/15/09</u>	
Canal Company <u>TWIN FALLS</u>	<u>By Applicant</u>	<u>11/30/09</u>
<u>Stream Channel</u>		
City _____		
DEQ <u>N/A</u>		
County <u>N/A</u>		
Department of Ag <u>N/A</u>		
Other <u>N/A</u>		

* REQUEST THE FOLLOWING ADDITIONAL INFORMATION FROM THE APPLICANT:

Date Requested _____, 20____

FINAL REGIONAL PROCESSING REVIEW

Date of priority recommended 11/70, 192009

By [Signature] Title Manager Date 1/13, 2010

ADDITIONAL INFORMATION:

STATE OFFICE REVIEW

Date _____, 20____