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STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

Ident. No. 95-12609**APPLICATION FOR PERMIT****IDWR/NORTHERN**

To appropriate the public waters of the State of Idaho

1. Name of applicant(s) Kevin D. Hoyle & The Hoyle Family Trust Phone 858-354-2436
Name connector (check one): ☐ and ☐ or ☐ and/orMailing address: 8136 W. Alexander Road City Worley
State ID Zip 83876 Email: Kevin.Hoyle@HoyleCohen.com2. Source of water supply CDA Lake which is a tributary of Spokane 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	4W	19	1		NE	SE	Kootenai Co	CDA	

4. Water will be used for the following purposes:

Amount 0.05 for Irrigation purposes from 3/15 to 11/15 (both dates inclusive)
(cfs or acre-feet per year)Amount 0.04 for Domestic purposes from 1/1 to 12/31 (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) 0.09 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 + pipe in lake

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 1 Home

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	4W	19													D				
															1.2				1.2
48N	4W	20									0.3								0.3

Total number of acres to be irrigated: 1.5 ~~2.2~~ acres

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? this water
10. 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: _____
11. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. _____
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.

Kevin D. Hayle Trustee
Signature of Applicant

Kevin D Hayle Trustee
Print Name (and title, if applicable)

Signature of Applicant

Print Name (and title, if applicable)

For Department Use:

Received by [Signature] Date 5/25/10 Time 11:49 Preliminary check by _____

Fee \$ 100.00 Received by [Signature] Receipt No. N024491 Date 5-25-2010

95-12609



0 87.5 175 350 525 700 Feet

Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots

