

76124

Ident. No. 95-11537
RECEIVEDSTATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

NOV 16 2009

IDWR/North

1. Name of applicant(s) Sunny Hills Water Association, Inc. Phone 208 772-6737
Name connector (check one): ☐ and ☐ or ☐ and/orMailing address: 14205 N. Taylors Terrace Road City Hayden LakeState Idaho Zip 83835 Email: _____2. Source of water supply groundwater, and Lake CCL which is a tributary of _____

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	3			SW	NW	Kootenai	Lake, CCL	
51N	3W	4			SE	NE		Groundwater	

4. Water will be used for the following purposes:

Amount .13 for Domestic purposes from 01-01 to 12-31 (both dates inclusive)
(cfs or acre-feet per year)Amount .12 for Irrigation purposes from 7-15 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) 0.25 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 - Pump in lake; #2 - POD GW pump in well

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 4 inches; proposed depth of well is 310 feet.d. Is ground water with a temperature of greater than 85°F being sought? NOe. If well is already drilled, when? 06-13-97; drilling firm United Drilling Inc.Well was drilled for (well owner) Chris Powers; Drilling Permit No. D00030107. Time required for completion of works and application of water to proposed beneficial use is 5 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. 8 homes and irrigation

e. Other; describe fully. _____

9. 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	
51N	3W	3							D 44										0.5
51N	3W	4				D			0.5										
51N	3W	4	D			2.5													2.5
			47.1																
			1.5																1.5

Total number of acres to be irrigated: 41.5

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? #95-7937 95-11404

11. a. Who owns the property at the point of diversion? Well, Matthew McGoy, Lake Gary Leva
 b. Who owns the land to be irrigated or place of use? Shareholders
 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. Both water systems are interconnected at the cistern

Recorded easements for Well and Lake
diversions

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]
 Signature of Applicant
ALLAN G. BOONAVEIN PRESIDENT
 Print Name (and title, if applicable)

[Signature]
 Signature of Applicant
JOHN PETERSON TREASURER
 Print Name (and title, if applicable)

For Department Use:

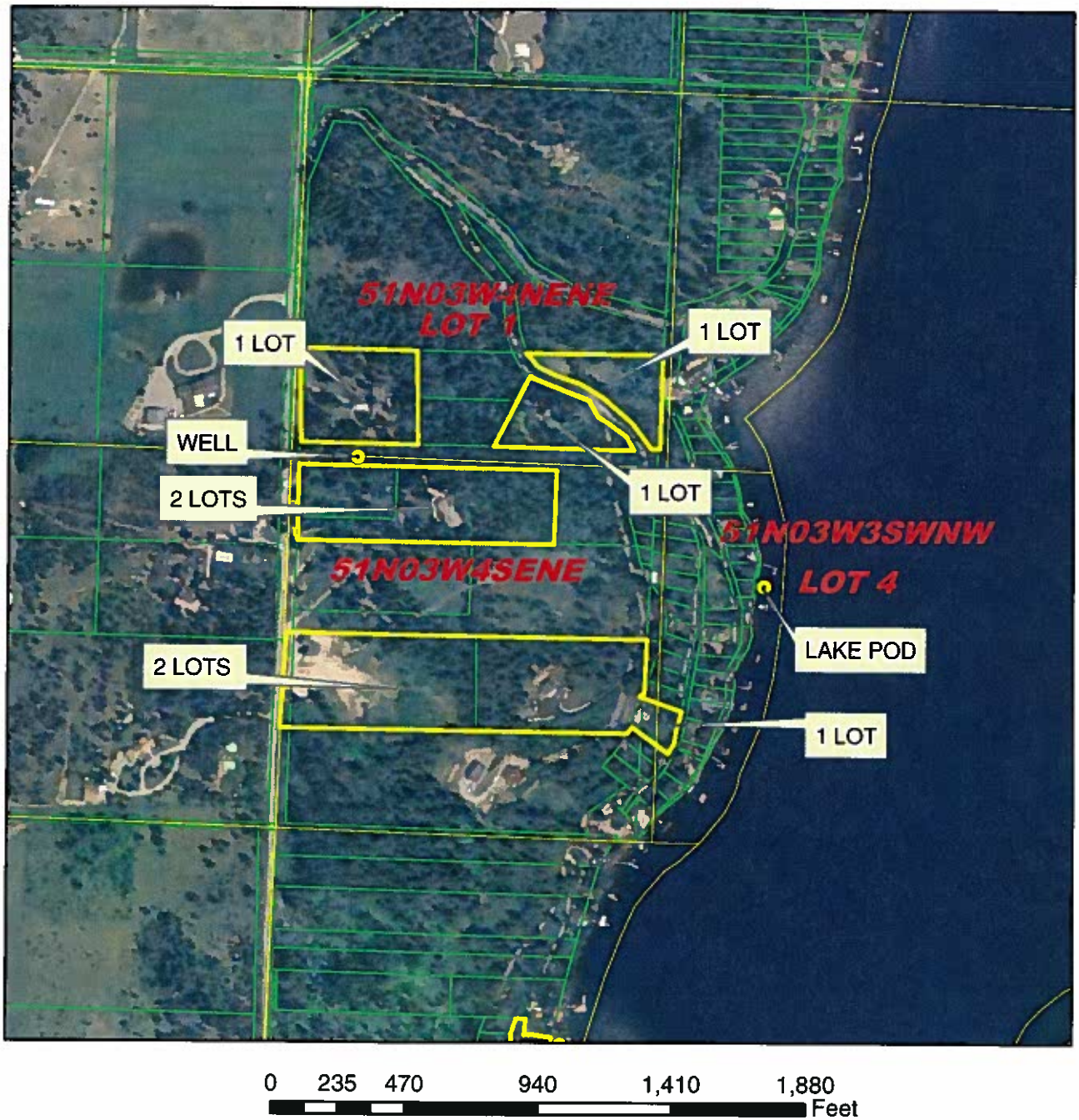
Received by [Signature] Date 11/16/09 Time 4:07 Preliminary check by _____

Fee \$ 100 Received by [Signature] Receipt No. N032865 Date 11/16/09

165⁰⁰ well upgrade

N032866 11/16/09

95-11537



Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots

