

**IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET**

W.R. # 94-7522 APPLICATION ID # 75864 ENT. 8/18 BCA 10/19 OK to Publish 10/15/09
 APPLICANT: Thomas G. Collins INITIAL REVIEW BY: KSJ DATE: 8/18/2009

ITEM REQUIRED INFORMATION

1. ☒ Name and Address
2. ☒ Source
3. ☒ Point of Diversion & County
4. ☒ Quantity
☒ Nature of Proposed Use
☒ Period of Use
5. ☒ Total Quantity
6. ☒ Description of diverting works
7. ☒ Time required for b/u
8. ☒ Proposed use
9. ☒ Place of use or acres irrigated
10. ☒ Other water Rights
11. ☒ Ownership
12. ☒ Map
☒ Signature
☒ Fee (Amt, receipt, acknowledgement)

*** Send info sheet Y () N ()

ADDITIONAL INFORMATION

(Yes)(No)
☒ Shape File Created Date 8/18 By: KSJ
 ___ Field check: by _____
 ___ Field report attached
 ___ Analysis Supp. attached (>5cfs/500af)
 ___ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) PRIORITY DATE: 8/10/2009

___ (Include Moratorium Remark)
 ___ Statewide Advertising: (Diversion rate greater than 10 cfs or 1,000 af).

ADVERTISE IN: Kootenai County
 Newspaper: IDAHO FALLS
 Dates scheduled for publication 11/5 + 12/09
 Affidavit of Publication received: 11/16/09
 Dates actually published: 11/5 + 12/09
 Application published correctly. Yes ☒ No ___
 If not, action taken: _____

Final Date for Protest: 11/23/09
 Protests Received: Yes ___ No ☒

LETTERS SENT REQUESTING:

() Dam Information () Fish Information
 () Power Information () Other: _____

INFORMATION RECEIVED:

() Dam Information () Fish Information
 () Power Information () Other: _____

GROUNDWATER SECTION

WD Permit No.'s:	Tag #	Type:	Fees	Receipt No.	Upgrade Needed?
_____	_____	Dom. ___ Non-Dom. ___	Paid \$ _____	_____	Y () N ()
_____	_____	Dom. ___ Non-Dom. ___	Paid \$ _____	_____	Y () N ()
_____	_____	Dom. ___ Non-Dom. ___	Paid \$ _____	_____	Y () N ()

___ Groundwater management area
 ___ Critical ground water area
 ___ Well Drilling Permit required
 ___ Well Drilling Application and Fees received
 ___ Well Drilling Application approved?

Remarks: _____

FINAL REGIONAL PROCESSING/REVIEW

(Yes)(No)
 ___ Notice of pending void order issued. Final order response date: ____/____/____
 ___ Further information required from applicant

___ Measuring device required
 ___ Measuring port required
 ___ Special conditions: Min. Stream Flow 94-73411
 ___ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: Bertie J. Franklin Date: 12/17/2009 Sr. Agent initial KSJ