

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

W.R. # 83-11971

APPLICATION ID # 75771

ENT. 7/30 BCA 4/28

OK to Publish 8/24/09

APPLICANT: Robert W. Reineke BY: KD DATE: 7/30/2009

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 7/30 By: KD
☐ Field check: by _____
☐ Field report attached
☐ Analysis Supp. attached(>5cfs/500af)
☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) **PRIORITY DATE:** 6/16/2009
☐ ☒ (Include Moratorium Remark)
☐ ☒ Statewide Advertising: (Diversion rate greater than 10 cfs or 1,000 af).

ADVERTISE IN:

Clearwater County
 Newspaper: Clearwater Tribune
 Dates scheduled for publication 9/3 + 10/09
 Affidavit of Publication received: 9/10/09
 Dates actually published: 9/3 + 10/09
 Application published correctly. Yes ☒ No ☐
 If not, action taken: _____

Final Date for Protest: 9/21
 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: _____
☐ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: _____ Date: ____/____/____ Sr. Agent initial _____