

76162

Ident. No. 03-10266

STATE OF IDAHO  
DEPARTMENT OF WATER RESOURCES  
**APPLICATION FOR PERMIT**  
To appropriate the public waters of the State of Idaho

1. Name of applicant(s) Jeff or Kim SCOGGIN Phone 208 769 4809Name connector (check one): ☐ and ☐ or ☐ and/orMailing address: 3588 W Fairway Dr City CDAState ID Zip 83815 Email: SJD SCOGGIN AOL2. Source of water supply Snake river which is a tributary of Columbia

3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
3IN	5W	11	2		SW	NW	NEZ PERLE	SNAKE RIVER	

4. Water will be used for the following purposes:

Amount .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)Amount \_\_\_\_\_ for \_\_\_\_\_ purposes from \_\_\_\_\_ to \_\_\_\_\_ (both dates inclusive)  
(cfs or acre-feet per year)5. Total quantity to be appropriated is (a) .04 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. HOSE IN RIVER-PUMP  
TO HOME

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 \_\_\_\_\_ inches; proposed depth of well is \_\_\_\_\_ feet.

d. Is ground water with a temperature of greater than 85°F being sought? \_\_\_\_\_

e. If well is already drilled, when? \_\_\_\_\_; drilling firm \_\_\_\_\_

Well was drilled for (well owner) \_\_\_\_\_; Drilling Permit No. \_\_\_\_\_

7. Time required for completion of works and application of water to proposed beneficial use is 1 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. 1 HOME

e. Other; describe fully. \_\_\_\_\_

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	
31N	5W	11							L2 D										

Total number of acres to be irrigated: \_\_\_\_\_

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?

11. 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: \_\_\_\_\_

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. \_\_\_\_\_

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.

Jeff D. Scoblen  
Signature of Applicant  
Jeff D. Scoblen  
Print Name (and title, if applicable)

\_\_\_\_\_  
Signature of Applicant  
\_\_\_\_\_  
Print Name (and title, if applicable)

**For Department Use:**

Received by JS Date 12-2-09 Time 2:05 p Preliminary check by \_\_\_\_\_





Fee \$ 100.00 Received by JS Receipt No. N023028 Date 12-2-09

# 03-10266



0 50 100 200 300 400 Feet

## Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots

