

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

W.R. # 95-10939

APPLICATION ID # 75814

ENT. 8/27

BCA

8/25/09 OK to Publish 8/16/09

APPLICANT: Timothy & Beverly Jean Tape

BY: KJ

DATE: 8/14/2009

ITEM REQUIRED INFORMATION

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

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

ADDITIONAL INFORMATION

(Yes)(No)

- ☒ Shape File Created Date 8/4 By: KJ
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. attached(>5cfs/500af)
- ☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 8/3/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Bonner County

Newspaper: BCLB

Dates scheduled for publication: 8/20 - 27/09

Affidavit of Publication received: 9/2/09

Dates actually published: 8/20 - 27/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 9/8/09

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:

☒ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: Beth E. [Signature]

Date: 9/30/2009 Sr. Agent initial KJ