

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

V.R. # 97-7487

APPLICATION ID # 75747

ENT. 8/11/09

BCA 7/17/09 OK to Publish 7/17/09

APPLICANT: BALLOCK

INITIAL REVIEW

BY: SP

DATE: 7/15/2009

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 7.15.09 By: SP
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 7/13/2009

☒ X

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: PRT BONNER County

Dates scheduled for publication 8/5+12/09

Affidavit of Publication received: _____

Dates actually published: 8/5+12/09 9/2+9/09

Application published correctly. Yes ☒ No ☒

If not, action taken: Printed wrong program

do not use correct as per above

Final Date for Protest: 8/24/09 9/2/09

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: _____ Date: ____/____/____ Sr. Agent initial _____