

**IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS - ET**

W.R. # 95 - 10984

APPLICATION ID # 75843

ENT. 8/25 BCA 10/19 OK to Publish 10/15/09

APPLICANT: Franz and Diane Visou INITIAL REVIEW

BY: KJ DATE: 8/25/2009

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 8/25 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: 8/20/2009

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

ADVERTISE IN: Kootenai County

Newspaper: Cda

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: 4/23

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 L. ... Date: 8/25/2009 Sr. Agent initial KJ