

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

W.R. # 96-9437 APPLICATION ID # 75766 ENT. 7/23/09 BCA 8/25/09 OK to Publish 8/17/09
 INITIAL REVIEW
 APPLICANT: James & Annette Fishback BY: KJ DATE: 7/23/2009

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 7/23 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: 7/21/2009
☐ (Include Moratorium Remark)
☐ Statewide Advertising: (Diversion rate greater than 10 cfs or 1,000 af).

ADVERTISE IN: Bonner County
 Newspaper: BCSB
 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: Keith L. ... Date: 10/1/09 Sr. Agent initial KJ