

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

W.R. # 95-10673

APPLICATION ID # 75682

ENT: EPH

BCA 7/20/09

OK to Publish 7/20/09

INITIAL REVIEW

APPLICANT: James Frank

BY: EPH

DATE: 6/16/2009

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)

PROCESSING

(Yes)(No)

PRIORITY DATE: 6/16/2009

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

ADVERTISE IN: Kootenai Count

Newspaper: CDN Press

Dates scheduled for publication: 8/6+13/09

Affidavit of Publication received: 8/14/09

Dates actually published: 8/6+13/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 8/24/09

Protests Received: Yes ☐ No ☐

LETTERS SENT REQUESTING:

- () Dam Information () Fish Information
() Power Information () Other: _____

INFORMATION RECEIVED:

- () Dam Information () Fish Information
() Power Information () Other: _____

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

ADDITIONAL INFORMATION

(Yes)(No)

☒ Shape File Created Date 6-16-09 By: EPH

☐ Field check: by _____

☐ Field report attached

☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # _____

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: E.P. P...

Date: 9/3/09 Sr. Agent initial E.P.