

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

W.R. # 95-10484

APPLICATION ID # 75583

ENT. 5/6

BCA

6/11/09 OK to Publish 4/9/09

INITIAL REVIEW

APPLICANT: Theodore and/or Cathy Armstrong

BY: K8

DATE: 5/6/09

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 5/6/09 By: K8
☐ Field check: by _____
☐ Field report attached
☐ Analysis Supp. attached(>5cfs/500af)
☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 5/16/2009

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

ADVERTISE IN: Kootenai County

Newspaper: Cda Press

Dates scheduled for publication 6/18 + 25/09

Affidavit of Publication received: 4/30/09

Dates actually published: 6/18 + 25/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 7/6/09

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.
☒ Further information required from applicant

Final order response date: ____/____/____

- ☒ Measuring device required
☒ Measuring port required
☒ Special conditions: _____
☒ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: Beth L. Smith

Date: 7/15/09

Sr. Agent initial

K8