

IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95-10585

APPLICATION ID # 75618

ENT. EJO BCA 7/2/09 OK to Publish 7/2/09

APPLICANT: Bixby

INITIAL REVIEW

BY: EJO DATE: 5/27/09

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 5-27-09 By: EJO

Field check: by _____

Field report attached _____

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

Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 5/27/2009

☒

(Include Moratorium Remark)

☒

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

ADVERTISE IN:

Newspaper: Kootenai County

Dates scheduled for publication 7/16 - 23/09

Affidavit of Publication received: 7/24

Dates actually published: 7/16 + 23/09

Application published correctly. Yes _____ No _____

If not, action taken: _____

Final Date for Protest: 8/3/09

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: EJO

Date: 9/3/09

Sr. Agent initial ED