

75783

Ident. No.

95-10917

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

RECEIVED

JUL 29 2009

IDWR/North

1. Name of applicant(s) Jim & Ona O'Connell Family LLC Phone 509-928-1314
Name connector (check one): ☐ and ☐ or ☐ and/or
Mailing address: 10126 E Ferret Dr City Spokane Valley
State WA Zip 99206 Email: drdryl@msn.com
2. Source of water supply Coeur d'Alene Lake which is a tributary of Spokane River
3. Location of point(s) of diversion:

Twp	Rge	Sec	Govt Lot	1/4	1/4	1/4	County	Source	Local name or tag #
49N	3W	4	3	~~NE~~	NW	NW	Kootenai	Cd'A Lake	

4. Water will be used for the following purposes:

Amount .04 cfs for Domestic purposes from 1-1 to 12-31 (both dates inclusive)
(cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)

Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)

5. Total quantity to be appropriated is (a) .04 cfs cubic feet per second (cfs) and/or (b) _____ acre-feet per year (af).

6. Proposed diverting works:

a. Describe type and size of devices used to divert water from the source. pump in lake

b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total reservoir capacity _____ acre-feet. If the reservoir will be filled more than once each year, describe the refill plan in item 12.

c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet.

d. Is ground water with a temperature of greater than 85°F being sought? NO

e. If well is already drilled, when? _____; drilling firm _____;
Well was drilled for (well owner) _____; Drilling Permit No. _____

7. Time required for completion of works and application of water to proposed beneficial use is 1 years (minimum 1 year).

8. Description of proposed uses (if irrigation only, go to item 9):

a. Hydropower; show total feet of head and proposed capacity in kW. _____

b. Stockwatering; list number and kind of livestock. _____

c. Municipal; show name of municipality or the applicant's qualifications as a municipal provider. _____

d. Domestic; show number of households. 1 Household

e. Other; describe fully. _____

9. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
49N	3W	4						D											

Total number of acres to be irrigated: 0

10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? _____

11. a. Who owns the property at the point of diversion? Jim & Ona O'Connell Family LLC *Applicant*
 b. Who owns the land to be irrigated or place of use? Jim & Ona O'Connell Family LLC *applicant*
 c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. Water inside the cabin - shower sinks

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.

The information contained in this application is true to the best of my knowledge. I understand that any willful misrepresentations made in this application may result in rejection of the application or cancellation of an approval.

[Signature] *manager*
 Signature of Applicant
Jim & Ona O'Connell Family LLC
 Print Name (and title, if applicable)
JULIA J O'CONNELL, manager

 Signature of Applicant

 Print Name (and title, if applicable)

For Department Use:

Received by CM Date 7-29-09 Time _____ Preliminary check by _____
 Fee \$ 100.00 Receipted by CM Receipt No. 4021558 Date 7-29-09

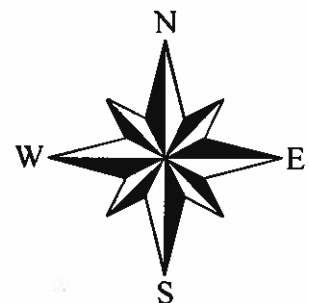
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0 70 140 280 420 560 Feet

Legend

-  workingpod
-  workingpou
-  QQ
-  Taxlots



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NW14 Sec. 4 Twp. 49 N. R. 3 W. B. M.

49N03W-04

EDDYVILLE

REVISION BY THE 17292 ADDRESS
AS A PART OF 00000-13-0000

#17292
at 17292
(2500)
47,000 AC

GOVT
LOT 2
40.00 AC

GOVT
LOT 3
30.00 AC

Finney Tracts
(O-2520)

BE SHOWN IN TO BE WITH THE SURVEYING INSTRUMENTS
AND TO BE USED IN THE SURVEYING INSTRUMENTS



1	2	3	4	5	6	7	8	9	10	11	12
13	14	15	16	17	18	19	20	21	22	23	24
25	26	27	28	29	30	31	32	33	34	35	36
37	38	39	40	41	42	43	44	45	46	47	48
49	50	51	52	53	54	55	56	57	58	59	60
61	62	63	64	65	66	67	68	69	70	71	72
73	74	75	76	77	78	79	80	81	82	83	84
85	86	87	88	89	90	91	92	93	94	95	96
97	98	99	100	101	102	103	104	105	106	107	108
109	110	111	112	113	114	115	116	117	118	119	120

NO. COUNTY

Notes:
This map was prepared by the
Bureau of Land Management
and is not to be used for
any other purpose.

#18257
(1400)
0.000 AC

#13404
(3000)
1.000 AC

#17294
(1000)
0.000 AC

#17293
(1000)
0.000 AC

#1318
(1000)
0.000 AC

#1318
(1000)
0.000 AC

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0.07 & 209

