

IRVING DEPARTMENT OF WATER RESOURCES APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95-10643

APPLICATION ID # 75659

ENT. 7/9/09

BCA 7/9/09

OK to Publish 7/9/09

INITIAL REVIEW

APPLICANT: MCCAULEY EMERALD OWNERS ASSN

BY: ER

DATE: 6/8/2009

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: 6/3/2009

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

ADVERTISE IN:

Newspaper: Kootenai Count
Dates scheduled for publication: 7/16 & 23/09
Affidavit of Publication received: 7/24/09
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: _____

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

ADDITIONAL INFORMATION

(Yes)(No)

Shape File Created Date _____ By: _____

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?
<u>1959 Rod</u>	_____	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: Eric Parris

Date: 9/3/09 Sr. Agent initial ER