

IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95 - 10638

APPLICATION ID # 75655

ENT. ER

BCA 7/17/09

OK to Publish 7/17/09

APPLICANT: Bonnie Maugh

INITIAL REVIEW

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)

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

ADDITIONAL INFORMATION

(Yes)(No)

- ☒ Shape File Created Date 6-8-09 By: ER
- Field check: by _____
- Field report attached _____
- Analysis Supp. Attached (>5cfs/500af) _____

Water delivered by water master? Water District # _____

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: CDA Press County Kootenai

Dates scheduled for publication 8/6 + 13/09

Affidavit of Publication received: 8/19

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: _____

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: _____ Date: ____/____/____ Sr. Agent initial _____