

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

W.R. # 95 - 10458

APPLICATION ID # 75570

ENT. ER

BCA 6/11/09 OK to Publish 5/21/09

APPLICANT: Robles

INITIAL REVIEW

BY: ER

DATE: 5/1/2009

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 5/1/09 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: 5/1/2009

☒

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Ada Press Kootenai County

Dates scheduled for publication 6/4 & 11/09

Affidavit of Publication received: 6/18/09

Dates actually published: 6/4 & 11/09

Application published correctly. Yes ☒ No _____

If not, action taken: _____

Final Date for Protest: 6/20/09

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: [Signature]

Date: 6/15/2009 Sr. Agent initial KJ