

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

W.R. # 95 - 10411

APPLICATION ID # 75547

ENT SP

BCA

5/12/09 OK to Publish 5/12/09

INITIAL REVIEW

APPLICANT: STATELINE SPEDWAY

BY:

DATE: 4/21/2009

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 4.21.09 By: SP
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 4/21/2009

☒

(Include Moratorium Remark)

☒

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

ADVERTISE IN:

Kootenai County

Newspaper: IDA Press

Dates scheduled for publication 5/21+28/09

Affidavit of Publication received: 6/3/09

Dates actually published: 5/21+28/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 6/8/09

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:

750595

Tag #

Type:

Fees

Receipt No.

Upgrade Needed?

Dom. ☐	Non-Dom. ☐	Paid \$	_____
Dom. ☐	Non-Dom. ☐	Paid \$	_____
Dom. ☐	Non-Dom. ☐	Paid \$	_____

Y () N (☒)
Y () N ()
Y () N ()

- ☐ Groundwater management area
- ☐ Critical ground water area
- ☐ Well Drilling Permit required
- ☐ Well Drilling Application and Fees received
- ☐ Well Drilling Application approved?

Remarks: Well drilled in 1971 95-71-N-73-000

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: Anderson Prairie GWM
- ☒ Special conditions of approval supplement and/or cover letter attached:

Approval Recommended by:

Keith Marklin

Date: 6/16/2009

Sr. Agent initial

KSJ