

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

W.R. # 95-10382

APPLICATION ID # 75537

ENT. 4/15

BCA 4/28/09

OK to Publish

4/24/09

APPLICANT: Ronald & Pamela Spencer

INITIAL REVIEW

BY: KJ

DATE: 4/15/2009

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 4/15 By: KJ
- Field check: by _____
- Field report attached _____
- Analysis Supp. attached(>5cfs/500af) _____
- Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) PRIORITY DATE: 4/15/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Kootenai County

Dates scheduled for publication 5/24/09

Affidavit of Publication received: 5/20/09

Dates actually published: 5/14/09

Application published correctly. Yes ☒ No _____

If not, action taken: _____

Final Date for Protest: 5/26/09

Protests Received: Yes ☒ No ☒ Withdrawn 6/17/09

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: Beate Schuler Date: 6/26/2009 Sr. Agent initial KJ