

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

W.R. # 95-10369

APPLICATION ID # 75530

ENT. 4/13

BCA 4/28/09

OK to Publish

4/23/09

APPLICANT: Brian Melka

INITIAL REVIEW

BY: KJ

DATE: 4/13/2009

ITEM REQUIRED INFORMATION

1. ☒ Name and Address
2. ☒ Source
3. ☒ Point of Diversion & County
4. ☒ Quantity
- ☒ Nature of Proposed Use
- ☒ Period of Use
5. ☒ Total Quantity
6. ☒ Description of diverting works
7. ☒ Time required for b/u
8. ☒ Proposed use
9. ☒ Place of use or acres irrigated
10. ☒ Other water Rights
11. ☒ Ownership
12. ☒ Map
- ☒ Signature
- ☒ Fee (Amt, receipt, acknowledgement)

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

ADDITIONAL INFORMATION

(Yes)(No)

- ☒ Shape File Created Date 4/13 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: 4/13/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Kootenai County

Dates scheduled for publication 5/7+14/09

Affidavit of Publication received: 5/20/09

Dates actually published: 5/7+14/09

Application published correctly. Yes ☒ No _____

If not, action taken: _____

Final Date for Protest: 5/20/09

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: NO MSF Location is ABOVE DAM ON RIVER
- ___ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: [Signature] Date: 5/20/2009 Sr. Agent initial [Signature]