

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

W.R. # 95-10479

APPLICATION ID # 75574

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

APPLICANT: Schlabs Family Trust

INITIAL REVIEW

BY: KJ DATE: 5/5/2009

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 5/5/09 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: 5/5/2009

☐ ☒ (Include Moratorium Remark)
☐ ☒ Statewide Advertising: (Diversion rate greater than 10 cfs or 1,000 af).

ADVERTISE IN: Kootenai County

Newspaper: Chapman

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: 6/22/09

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?
<u>758670</u>		Dom. ☒ Non-Dom. ☐	Paid \$ <u>190</u>	<u>N020485</u>	<u>Y</u> ☒ <u>aid</u>
		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: Keith Franklin Date: 6/12/2009 Sr. Agent initial KJ