

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

W.R. # 95 - 10577

APPLICATION ID # 75612

ENT. EDL

BCA 6/26/09

OK to Publish 6/25/09

APPLICANT: OLSON

INITIAL REVIEW

BY: EDL

DATE: 5/26/09

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 5-26-09 By: EDL
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 5/22/09

☐ C

(Include Moratorium Remark)

☒ V

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

ADVERTISE IN:

Newspaper: Kootenai County

Dates scheduled for publication 7/2+9/09

Affidavit of Publication received: 7/16/09

Dates actually published: 7/2+9/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 7/20/09

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?

Payon 6-4-08

60041120

Dom. ☐ Non-Dom. ☐

Paid \$ 125

ND20818

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: _____

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: Bathroom Privie GWMA

Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by:

Beth Ann

Date: 8/6/2009 Sr. Agent initial KJ