

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

W.R. # 95-10608

APPLICATION ID # 75630

ENT. 6/11/09

BCA 6/11/09

OK to Publish 6/9/09

APPLICANT: Gary & Judith Donner

INITIAL REVIEW

BY: KD

DATE: 6/11/2009

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 6/11/09 By: KD
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. attached (>5cfs/500af)
- ☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 6/11/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Bonner County W
 Dates scheduled for publication 6/17+28/09
 Affidavit of Publication received: 7/8/09
 Dates actually published: 6/17/28/09
 Application published correctly. Yes ☒ No ☐
 If not, action taken: _____

Final Date for Protest: 7/6/09

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:

757211

Tag #

Type:

Fees

Receipt No.

Upgrade Needed?

Dom. ☒ Non-Dom. _____

Paid \$ _____

Dom. _____ Non-Dom. _____

Paid \$ _____

Dom. _____ Non-Dom. _____

Paid \$ _____

Y () N (21934)
 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.
- ☐ 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: [Signature]

Date: 7/16/2009 Sr. Agent initial EDP