

IDAHO DEPARTMENT OF WATER RESOURCES APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95-10402

APPLICATION ID # 75543

ENT. 4/20 BCA 4/28/09 OK to Publish 4/24/09

APPLICANT: Ronald K Waller

INITIAL REVIEW

BY: KJ

DATE: 4/20/09

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 4/20 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: 4/17/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: IDAHO FALLS JOURNAL County Kootenai

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: 5/26/09

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: _____

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

Approval Recommended by: Eric [Signature]

Date: 5/28/2009 Sr. Agent initial [Signature]