

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

W.R. # 95-10368

APPLICATION ID # 75534

ENT. EDR

BCA 4/28/09

OK to Publish

4/24/09

APPLICANT: RICE

INITIAL REVIEW

BY: EDR

DATE: 4/14/09

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 4-14-09 By: EDR
 ___ Field check: by _____
 ___ Field report attached
 ___ Analysis Supp. Attached (>5cfs/500af)

___ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No)

PRIORITY DATE: 4/13/09

___ ☒

(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: 5/26/09

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. Final order response date: ____/____/____
 ___ Further information required from applicant _____

___ Measuring device required
 ___ Measuring port required
 ___ Special conditions: _____
 ___ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: Eric P. [Signature]

Date: 5/28/2009 Sr. Agent initial EDR

SCANNED

JUN 10 2009