

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

W.R. # 95-10209

APPLICATION ID # 75465

ENT. 3/17 BCA 3/18/09 OK to Publish 3/18/09

APPLICANT: Tim Kastning

INITIAL REVIEW

BY: KJ

DATE: 3/17/2009

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)

PROCESSING

(Yes)(No)

PRIORITY DATE: 3/17/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Coaldale Kootenai County

Dates scheduled for publication 7/2 + 9/09

Affidavit of Publication received: 4/14/09

Dates actually published: 4/2 + 7/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 4/30/09

Protests Received: Yes ☐ No ☒

LETTERS SENT REQUESTING:

☐ Dam Information ☐ Fish Information

☐ Power Information ☐ Other: _____

INFORMATION RECEIVED:

☐ Dam Information ☐ Fish Information

☐ Power Information ☐ Other: _____

*** Send info sheet Y () N ()

ADDITIONAL INFORMATION

(Yes)(No)

☒ Shape File Created Date 3/17/09 By: KJ

☐ Field check: by _____

☐ Field report attached

☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # _____

GROUNDWATER SECTION

WD Permit No.'s:

77907B

Tag #

00022457

Type:

Dom. ☐ Non-Dom. ☒

Fees

Paid \$ _____

Receipt No. _____

Upgrade Needed?

Y () N (☒)

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: Rathdown Prairie GWMA

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

Approval Recommended by:

Keith Anderson

Date: 4/29/09

Sr. Agent initial

KJ