

IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95-10171

APPLICATION ID # 75436

ENT. 2/26/09 BCA 3/4/09 OK to Publish 3/4/09

APPLICANT: Sabo Well Water Assn.

INITIAL REVIEW

BY: KJ

DATE: 2/26/2009

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: 2/24/09

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Cooper County

Dates scheduled for publication 3/19+26/09

Affidavit of Publication received: 4/1/09

Dates actually published: 3/19+26/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 4/6/09

Protests Received: Yes ☐ No ☒

LETTERS SENT REQUESTING:

- () Dam Information () Fish Information
() Power Information () Other: _____

INFORMATION RECEIVED:

- () Dam Information () Fish Information
() Power Information () Other: _____

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

ADDITIONAL INFORMATION

(Yes)(No)

☒ Shape File Created Date 2/26 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:

Tag #

Type:

Fees

Receipt No.

Upgrade Needed?

95-93-N-98-000

Dom. ☒ Non-Dom. _____

Paid \$ 165.00

No 19983 Paid 4/24/09

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: Bathymetry Prairie GUMA.

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

Approval Recommended by: KJ

Date: 4/29/09

Sr. Agent initial KJ