

IDAHO DEPARTMENT OF WATER RESOURCES APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 81-11998

APPLICATION ID # 75393

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

APPLICANT: David & Mary Rogers

INITIAL REVIEW

BY: [Signature] DATE: 3/3/2009

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: 12/15/2008

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Idaho Free Press - Laped County

Dates scheduled for publication 3/18 + 25/09

Affidavit of Publication received: 3/26/09

Dates actually published: 3/18 + 25/09

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 3/3/09 By: [Signature]

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?
_____	_____	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: [Signature]

Date: 4/29/2009 Sr. Agent initial [Signature]