

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

W.R. # 96 - 9426

APPLICATION ID # 75444

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

APPLICANT: Rude Trust

INITIAL REVIEW

BY: EFF DATE: 3/2/2009

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)

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

ADDITIONAL INFORMATION

- (Yes)(No)
- ☒ Shape File Created Date 3-2-09 By: EFF
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. Attached (>5cfs/500af)
- ☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) PRIORITY DATE: 3/2/2009

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

ADVERTISE IN: BONNER County

Newspaper: Bonner Co Daily Bee

Dates scheduled for publication 3/19+26/09

Affidavit of Publication received: 4/3/09

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: _____

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: 4/13/2009 Sr. Agent initial [Signature]