

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

W.R. # 95-10280

APPLICATION ID # 75508

ENT. 4/1/09 BCA 4/6/09 OK to Publish 4/6/09
BY: KJ DATE: 5/1/09

APPLICANT: Ted & Charlotte Odell INITIAL REVIEW

ITEM REQUIRED INFORMATION

1. ☒ Name and Address
2. ☒ Source
3. ☒ Point of Diversion & County
4. ☒ Quantity
☒ Nature of Proposed Use
☒ Period of Use
5. ☒ Total Quantity
6. ☒ Description of diverting works
7. ☒ Time required for b/u
8. ☒ Proposed use
9. ☒ Place of use or acres irrigated
10. ☒ Other water Rights
11. ☒ Ownership
12. ☒ Map
☒ Signature
☒ Fee (Amt, receipt, acknowledgement)

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

ADDITIONAL INFORMATION

(Yes)(No)
☒ Shape File Created Date 4/1/09 By: KJ
Field check: by _____
Field report attached _____
Analysis Supp. attached(>5cfs/500af) _____
Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) PRIORITY DATE: 3/30/2009

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

ADVERTISE IN:

Newspaper: Kootenai County
Dates scheduled for publication 4/16-22/09
Affidavit of Publication received: 4/27
Dates actually published: 4/16-23/09
Application published correctly. Yes ☒ No _____
If not, action taken: _____

Final Date for Protest: 5/4/09

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: 834525

Tag # 00040396

Type: upgrade

Fees

Receipt No. 0020174

Upgrade Needed? Y() N() Y() N() Y() N()

Dom. _____ Non-Dom. 2 Paid \$ 185.00
Dom. _____ Non-Dom. _____ Paid \$ _____
Dom. _____ Non-Dom. _____ Paid \$ _____

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

Approval Recommended by: Emil [Signature] Date: 5/8/2009 Sr. Agent initial [Signature]