

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

W.R. # 93 - 7075

APPLICATION ID # 75411

ENT. 45

BCA 2/25/09

OK to Publish 2/25/09

INITIAL REVIEW

APPLICANT: HMEG

BY: 45

DATE: 2/13/09

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 9/13 By: 45
- ☐ Field check: by _____
- ☐ Field report attached
- ☐ Analysis Supp. attached(>5cfs/500af)
- ☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) PRIORITY DATE: 2/13/2009

☐ (Include Moratorium Remark)

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

ADVERTISE IN: Beyersbach County

Newspaper: St. Maries Gazette

Dates scheduled for publication 3/4+11/09

Affidavit of Publication received: 3/16/09

Dates actually published: 3/4+11/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 3/23/09

Protests Received: Yes _____ No _____

LETTERS SENT REQUESTING: N/A

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

INFORMATION RECEIVED: N/A

- () 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. Final order response date: _____/_____/_____
- ☐ Further information required from applicant _____

- ☒ Measuring device required
- ☒ Measuring port required
- ☒ Special conditions: _____
- ☒ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: [Signature] Date: 3/27/2009 Sr. Agent initial 45