

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

W.R. # 95-10082

APPLICATION ID # 75384

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

APPLICANT: Robert N and or Genise Lowry INITIAL REVIEW

BY: KS DATE: 2/2/2009

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)

PROCESSING

(Yes)(No) PRIORITY DATE: 1/29/2009

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

ADVERTISE IN: Bennett County

Newspaper: St. Mary's Gazette

Dates scheduled for publication 2/18 + 25/09

Affidavit of Publication received: 3/3/09

Dates actually published: 2/18 + 25/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 3/9/09

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 2/8/09 By: KS
____ 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. 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: Keith Kachalinski Date: 3/18/09 Sr. Agent initial KS