

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

W.R. # 95-10093

APPLICATION ID # 75388

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

APPLICANT: James Boyes

INITIAL REVIEW

BY: KJ 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: 1/30/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

County: Kootenai

Newspaper: Ada Press

Dates scheduled for publication: 2/19+26/09

Affidavit of Publication received: 3/2/09

Dates actually published: 2/19+26/09

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 2/2/09 By: KJ

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: Bertie Anderson Date: 3/18/09 Sr. Agent initial KJ

SCANNED
1002009