

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

W.R. # 94-7467

APPLICATION ID # 75385

ENT. E/P

BCA 2/4/09

OK to Publish 2/4/09

APPLICANT: Paxton

INITIAL REVIEW

BY: E/P

DATE: 1/29/2009

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 ()

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:

County: Kootenai

Newspaper: Coast 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: _____

ADDITIONAL INFORMATION

(Yes)(No)

☒ Shape File Created Date 1-30-09 By: E/P

☐ Field check: by _____

☐ Field report attached

☐ Analysis Supp. Attached (>5cfs/500af)

☐ Water delivered by water master? Water District # _____

GROUNDWATER SECTION

WD Permit No.'s:

94-86-N-14

Tag #

Type:

Fees

Receipt No.

Upgrade Needed?

Dom. Non-Dom.

Paid \$ 0

Dom. Non-Dom.

Paid \$ _____

Dom. Non-Dom.

Paid \$ _____

Y ☒ N ☒

Y () N ()

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 Franklin

Date: 3/18/09

Sr. Agent initial

KJ