

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

W.R. # 95 - 10059

APPLICATION ID # 75370

ENT. 1/21/09 BCA 1/26/09

OK to Publish 1/26/09

APPLICANT: Red Fir Water Association, Inc.

BY: KJ

DATE: 1/21/2009

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: 1/21/2009

(Include Moratorium Remark)

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

ADVERTISE IN:

Newspaper: Coeur d'Alene County 1/28/09

Dates scheduled for publication 2/5+12/09

Affidavit of Publication received: 2/13/09

Dates actually published: 2/5+12/09

Application published correctly. Yes ☒ No ☐

If not, action taken: _____

Final Date for Protest: 2/23/09

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 1/21/09 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:

753478

Tag #

Type:

Fees

Receipt No.

Upgrade Needed?

Dom. ☒ Non-Dom. ☐

Paid \$ 165

NO1986

Y (☒) N () Paid

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. _____

Further information required from applicant _____

Final order response date: _____/_____/_____

Measuring device required _____

Measuring port required _____

Special conditions: _____

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

Approval Recommended by: _____

Date: _____/_____/_____

Sr. Agent initial _____