

# IOWA DEPARTMENT OF WATER RESOURCES APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 94-7449

APPLICATION ID # 75181  
INITIAL REVIEW

ENT. SP BCA 10/24/08 OK to Publish 10/24/08

APPLICANT: Toni McLean

BY: SP

DATE: 10 / 17 / 2008

## 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 10/16/08 By: SP
- ☐ Field check: by \_\_\_\_\_
- ☐ Field report attached
- ☐ Analysis Supp. attached (>5cfs/500af)
- ☐ Water delivered by water master? Water District # \_\_\_\_\_

## PROCESSING

(Yes)(No)

PRIORITY DATE: 10 / 16 / 2008

☒ (Include Moratorium Remark)

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

ADVERTISE IN: Shoshone County

## LETTERS SENT REQUESTING:

- ☐ Dam Information ☐ Fish Information
- ☐ Power Information ☐ Other: \_\_\_\_\_

## INFORMATION RECEIVED:

☐ 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
- ☒ Affidavit of publication received
- ☐ Application published correctly. If not, record action taken: \_\_\_\_\_

10/29 Publication dates and paper recorded on application

☒ Protests received, Final protest date: 11/24/08

☒ Measuring device required

☒ Measuring port required

☒ Special conditions: \_\_\_\_\_

☒ Special conditions of approval supplement and/or cover letter attached: \_\_\_\_\_

Sr. Agent initial SP

Approval Recommended by: Rebecca Irons

Date: 12/1/2008