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JAN 11 2008

WATER RESOURCES
WESTERN REGION

Amended

Ident. No.

57-11694

STATE OF IDAHO

DEPARTMENT OF WATER RESOURCES

APPLICATION FOR PERMIT

To appropriate the public waters of the State of Idaho

1. Name of Applicant Lisa Hotchkiss Phone H# 896-9901 / C# 602-3052
Mailing address PO BOX 96 Marsing Id 83639 Email _____
2. Source of water supply ground water which is a tributary of _____
3. Location of point of diversion is Township 1N Range 3W Sec. 7 in the _____ 1/4,
NW 1/4, SE 1/4, Govt. Lot _____, B.M., Dwhyee County;
additional points of diversion if any: _____
4. Water will be used for the following purposes:
Amount .11 cfm for Irrigation purposes from 3/1 to 11/15 (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per year)
5. Total quantity to be appropriated is (a) .11 and/or (b) 24.8
cubic feet per second acre feet per year
6. Proposed diverting works:
a. Describe type and size of devices used to divert water from the source 5hp Submersible pump
b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet;
total reservoir capacity _____ acre-feet
c. Proposed well diameter is 8 inches; proposed depth of well is 275-400 feet
d. Is ground water with a temperature of greater than 85°F being sought? NO
e. If well is already drilled, when? _____; Drilling firm _____;
Well was drilled for (well owner) _____; Drilling Permit No. _____
7. Time required for completion of works and application of water to proposed beneficial use is 5 years (minimum 1 year)
8. Description of proposed uses (if irrigation only, go to item 9):
a. Hydropower; show total feet of head and proposed capacity in kW. _____
b. Stockwatering; list number and kind of livestock _____
c. Municipal; show name of municipality. _____
d. Domestic; show number of households. _____
e. Other; describe fully. _____

9. Description of place of use:

- a. If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- b. If water is used for other purposes, place a symbol of the use (example: D for Domestic) in the corresponding place of use below. See instructions for standard symbols.

TWP	RGE	SEC	NE				NW				SW				SE				TOTALS
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
1N	3W	7														5.5			5.5

Total number of acres to be irrigated: 5.5

10. Describe any other water rights used for the same purposes as described above. Include water delivered by a municipality, canal company, or irrigation district. If this application is for domestic purposes, do you intend to use this water, water from another source, or both, to irrigate your lawn, garden, and/or landscaping? NONE

11. a. Who owns the property at the point of diversion? Lisa Hotchkiss
- b. Who owns the land to be irrigated or place of use? Lisa Hotchkiss
- c. If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: _____

12. Describe your proposal in narrative form, and provide additional explanation for any of the items above. Attach additional pages if necessary. _____
- _____
- _____
- _____
- _____

13. **MAP OF PROPOSED PROJECT REQUIRED** - Attach an 8½"x11" map clearly identifying the proposed point of diversion, place of use, section #, township & range. (A photocopy of a USGS 7.5 minute topographic quadrangle map is preferred.)

BE IT KNOWN that the undersigned hereby makes this application for permit to appropriate the public waters of the State of Idaho as herein set forth.

Lisa Hotchkiss
Signature of Applicant

Lisa Hotchkiss
Print Name (and title, if applicable)

For Department Use:

Received by DB Date 1-11-08 Time _____ Preliminary check by VMM
Fee \$ _____ Receipted by _____ Receipt No. _____ Date _____

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