

IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95-9361

APPLICATION ID # 73152
INITIAL REVIEW

ENT. 12/27 BCA 12/29 OK to Publish 12/29/06

APPLICANT: Mike or Barbara Vincent BY: KJ DATE: 5/8/06

ITEM REQUIRED INFORMATION

1. ☒ Name and Address
2. ☒ Source
3. ☒ Point of Diversion & County
4. ☒ Quantity
☒ Nature of Proposed Use
☒ Period of Use
5. ☒ Total Quantity
6. ☒ Description of diverting works
7. ☒ Time required for b/u
8. ☒ Proposed use
9. ☒ Place of use or acres irrigated
10. ☒ Other water Rights
11. ☒ Ownership
12. ☒ Map
☒ Signature
☒ Fee (Amt, receipt, acknowledgement)

*** Send info sheet Y() N()

ADDITIONAL INFORMATION

(Yes)(No)
☒ Shape File Created Date 12/27/06 By: KJ
☐ Field check: by _____
☐ Field report attached
☐ Analysis Supp. attached(>5cfs/500af)
☐ Water delivered by water master? Water District # _____

PROCESSING

(Yes)(No) PRIORITY DATE: 10/03-2006
8/5/2006
☒ (Include Moratorium Remark)
☒ Statewide Advertising: (Diversion greater than 10 cfs or 1,0)

ADVERTISE IN: Kootenai

LETTERS SENT REQUESTING:

() Dam Information () Fish Information
() Power Information ☒ Other: Well upgrade

INFORMATION RECEIVED:

() Dam Information () Fish Information
() Power Information ☒ Other: Well upgrade

GROUNDWATER SECTION

WD Permit No.'s:	Tag #	Type:	Fees	Receipt No.	Upgrade Needed?
	<u>00040419</u>	Dom. ☐ Non-Dom. ☒	Paid \$ <u>125.00</u>	<u>ND18041</u>	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: _____

12/27/06 Publication dates and paper recorded on application
☐ Protests received, Final protest date: 2/19/07 Sr. Agent initial _____
☐ Measuring device required
☐ Measuring port required
☐ Special conditions: _____
☐ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: _____ Date: ____/____/____