

IDAHO DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

W.R. # 95 - 9415

APPLICATION ID # 74123
INITIAL REVIEW

ENT. AS BCA 9/25 OK to Publish 9/21/07

APPLICANT: Kiefer Living Trust BY: [Signature] DATE: 9/20/2007

- 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)

PROCESSING
(Yes)(No) PRIORITY DATE: 9/20/2007

☒ (Include Moratorium Remark)

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

ADVERTISE IN: KOOTENAI County

LETTERS SENT REQUESTING: No
() Dam Information () Fish Information
() Power Information () Other: _____

INFORMATION RECEIVED: No
() Dam Information () Fish Information
() Power Information () Other: _____

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

ADDITIONAL INFORMATION

(Yes)(No)

☒ Shape File Created Date 7/20 By: [Signature]
____ Field check: by _____
____ Field report attached
____ Analysis Supp. attached(>5cfs/500af)
____ Water delivered by water master? Water District # _____

GROUNDWATER SECTION

WD Permit No.'s:	Tag #	Type:	Fees	Receipt No.	Upgrade Needed?
_____	<u>0005384</u>	Dom. ☒ Non-Dom. _____	Paid \$ <u>135.00</u>	<u>NO18752</u>	Y(☒) N() <u>Paid</u>
_____	_____	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
10/2 Affidavit of publication received
10/15 Application published correctly. If not, record action taken: _____
9/26 Publication dates and paper recorded on application
____ Protests received, Final protest date: 10/22/07
____ Measuring device required
____ Measuring port required
____ Special conditions: _____
____ Special conditions of approval supplement and/or cover letter attached: _____

Approval Recommended by: [Signature] Date: 11/2/07