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Reviewed by Sharla Curtis on 2/12/00

AREA OF CONCERN: No/Yes Moratorium ☒ GWMA TRUST/ ~~NON-TRUST~~

DRILLING PERMIT

All wells	- 046(P23)
Basin 34	- 085
Irr. w/in WD	- P05
WMD	- North/East/West
≤ 0.24 cfs/5 acres	- No MD
> 0.24 cfs/5 acres	- 067
~~WMD~~	
Supp irr (irr = only use)	- 065-104
Supp irr (+ other uses)	- 100-105
≤ 0.24 cfs/5 acres	- No MD
> 0.24 cfs/5 acres	- 01M

Boise Front LoGeo	- 058 (<85 GW)	Payette R
Mitigation	- 121	Salmon R
42-248 Area	- P84 (20s-70s, 81-86)	Weiser R
Swan Falls Flag	- _____	
Trust	- 051(P74) (consumptive uses)	
Non-Trust	- 048-049 (consumptive uses or non-cons. > 1.0 cfs)	

STORAGE	- 18A-01H(P01),01P-18B(P09)-NA
IRR ≤ 5 ac	- R66/R67/R68/R69 (0.03 cfs/ac)
> 5 ac	- R62/R63/R64/R65 (0.02 cfs/ac)
STOCKWATER	- R37 (BLM/USFS)
MINING	- 054-081(P10)
FISH PROP	- 029(70'S only)-007-042-081(P10)
HEAT/COOL	- R07(injection well)
FIRE PROT.	- 077

MISC CONDITIONS/REMARKS:

- Protested	- 020-W19
- Development Period	
≤ 1 yr	- P16
> 1 yr	- 26A(P17)
- Ownership	- 004
- Non-consumptive	- 027
- Water Quality	- 081-R07

F&G contacted - Yes/No Response _____
In/Above MSF - WB9 _____
PLANNING SECTION REVIEW/RESPONSE _____
In-stream development - **P52** _____
WD - R04 (WD# _____)
≤ 0.20 cfs/others - 01H(P01), 01P or No MD
> 0.20 cfs - 01J(P08)

≤ 0.24 cfs/5 acres	- No MD
>0.24 cfs/5 acres	- 01M or No MD

Snake R (01) - W22(P04), N/A
(02,03) - 007 (w/ remark WB9 if above Weiser)
Payette R (65) - 047(P04) (Payette Lake)
Salmon R (70's) - 029 (fish screens)
Weiser R (67) - 086-087

POWER	- 17H-17K (+uses)-08A-025(P18)-01N-081(P10)
MUNICIPAL	
Restricted area	- 022,075
Irr., GW supp to SW	- 102
DOMESTIC	
Surface water	- WB5 (Big Wood or Boise above Star Bridge) 27A (Payette R)
>1 in restricted area	- 070-071-075(no parks/common areas, etc)
Irr use listed separate	- WB5
Moratorium approvable	- W03 (2400 gpd – meets domestic definition i.e. D/convenience store)

IRRIGATION SEASON _____ - _____ (Per updated map)

COMMENTS

Domestic for Commercial & Municipal
15 homes. 100 ^{residential} ~~residential~~ ^{places, cabins,}
places, cabins, ^{1st. kitchen & bathroom rooms.}

RECEIVED

ID. DEPARTMENT OF WATER RESOURCES
APPROPRIATION APPLICATION ANALYSIS SHEET

FEB - 3 2000

APPLICATION # 95-09035

Department of Water Resources

INITIAL REVIEW

JANSON

APPLICANT: SUN MEADOWS

BY: AB

DATE: 8/19/99

ITEM REQUIRED INFORMATION

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

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

ADDITIONAL INFORMATION

(Yes) (No)

- Field check: by _____
Field report attached _____
Analysis Supp. attached(>5cfs/500af) _____
Water delivered by water master? _____
Water District # _____

PROCESSING

(Yes) (No) PRIORITY DATE: 8/19/99

X (Include Moratorium Remark)

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

CA/Thurs/dk

ADVERTISE IN: KOOTENAI County

LETTERS SENT REQUESTING:

- () Dam Information () Fish Information
() Power Information () Other: N/A

INFORMATION RECEIVED:

- () Dam Information () Fish Information
() Power Information () Other: N/A

GROUNDWATER SECTION

WD Permit No.'s:	TAG #	Type:	Fees	Receipt No.	Upgrade Needed?
<u>97 93 2 67</u>		Dom. Non-Dom.	Paid \$ <u>35.00</u>	<u>N007205</u>	Y (✓) N ()
		Dom. Non-Dom.	Paid \$ <u>165 -</u>	<u>N013169</u>	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: Readv. to
include service area
Publication dates and paper recorded on application _____ Sr. Agent initial AB
Protests received, Final protest date: 12/20/99 1/24/99
Measuring device required ✓
Measuring port required ✓
Special conditions: ✓
Special conditions of approval supplement and/or cover letter attached: ✓

Approval Recommended by: AB

Date: _____/_____/_____