

Ident. No. 74-15449

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
APPLICATION FOR PERMIT
To appropriate the public waters of the State of Idaho

1. Name of Applicant JACK JAKOVAC Phone 208-756-3885
Mailing address 71 RED ROCK Stage Road SALMON ID 83467
2. Source of water supply SPRING which is a tributary of _____
3. Location of point of diversion is Township 20N Range 23E Sec. 10 in the SE 1/4,
NE 1/4, NW 1/4, Govt. Lot _____, B.M., _____ County;
additional points of diversion if any: _____
4. Water will be used for the following purposes:
Amount 4 1/2 miner inches for IRRIGATION purposes from 3-15 to 11-15 (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
Amount _____ for _____ purposes from _____ to _____ (both dates inclusive)
(cfs or acre-feet per annum)
5. Total quantity to be appropriated is (a) 4 1/2 miner inches and/or (b) _____
cubic feet per second acre feet per annum
6. Proposed diverting works: .09 cfs
 - a. Describe type and size of devices used to divert water from the source DITCH
 - b. Height of storage dam _____ feet; active reservoir capacity _____ acre-feet; total
reservoir capacity _____ acre-feet
 - c. Proposed well diameter is _____ inches; proposed depth of well is _____ feet
 - d. Is ground water with a temperature of greater than 85°F being sought? _____
 - 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 1 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 200 head cows
 - c. Municipal; show name of municipality. _____
 - d. Domestic; show number of households. _____
 - e. Other; describe fully. _____

This has been IN beneficial use since
march of 1976.

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JUN 09 2004

Department of Water Resources
Eastern Region

3. Description of place of use:

- If water is for irrigation, indicate acreage in each subdivision in the tabulation below.
- 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	
20	23E	3										X							3
		3										S							

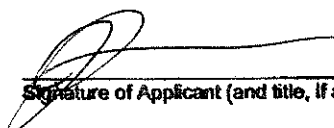
Total number of acres to be irrigated 3

10. Describe any other water rights used for the same purposes as described above. _____

- Who owns the property at the point of diversion? JACK JAKOVAC
 - Who owns the land to be irrigated or place of use? Double Barrel Management, L.P.
 - If the property is owned by a person other than the applicant, describe the arrangement enabling the applicant to make this filing: Sharon Jakovac (wife) is General Partner of Double Barrel Management and Jack Jakovac is a limited partner.
12. Remarks: _____
- _____
- _____
- _____

13. MAP OF PROPOSED PROJECT REQUIRED - Attach an 8 1/2"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.


Signature of Applicant (and title, if applicable)

Received by _____ Date _____ Time _____ Preliminary check by _____
 Fee \$ 100.00 Received by AMA # E029938 Date 6-10-2004
 Publication prepared by _____ Date _____ Published in _____
 Publication approved _____ Date _____

