Taylor & Taylor, P.A.
Attorneys at Law
401 Second Street North, Suite 201
P.O. Box 1901
Twin Falls, ID 83303-1901

G. Kent Taylor
Anne S. Taylor

Telephone: (208) 734-5681
Facsimile: (208) 734-7757

RECEIVED
JUL 29 2002
Department of Water Resources

July 25, 2002

State of Idaho
Department of Water Resources
1301 North Orchard Street
Boise, ID 83706

37-7484

To whom it may concern:

As legal counsel to Mr. David Smith and pursuant to a conversation with Cynthia in your Department, I am writing this letter on behalf of the late Mrs. Lois Smith.

At Mr. David Smith's direction, I hereby request that Mrs. Lois Smith's name be removed from all proceedings and records regarding water right number 37-7484.

Enclosed, please find a copy of Mrs. Lois Smith's death certificate as required according to Cynthia.

Thank you for your prompt attention to this matter.

Sincerely,

Anne S. Taylor

Enclosure

SCANNED
JUL 30 2002

Done 7-31-02

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: OCTOBER 13, 1994 STATE FILE NUMBER: 94-06066

DECEDENT: LOIS ALINE SMITH

DATE OF DEATH: SEPT. 28, 1994 PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: JUNE 25, 1913 PLACE OF BIRTH: KANSAS

AGE: 81 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: 518-60-7947 RESIDENCE: GOODING, IDAHO

FATHER: HORATIO ADAMS
FATHERS BIRTHPLACE: KANSAS
MOTHER (MAIDEN): SARA ESBAUGH
MOTHERS BIRTHPLACE: KANSAS

MORTUARY: DEMARAY FUNERAL SERVICE GOODING, IDAHO
MORTICIAN: DWAIN MARK DEMARAY DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: RANDALL J. SKEEM, MD AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL

ARDS 3 DAYS
PNEUMONIA 1 WEEK

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

PARKINSON'S DIS., RECENT CVA

MANNER OF DEATH: NATURAL DATE OF INJURY: SEPTEMBER 10, 1994
HOUR OF INJURY: 7:20 P.M. INJURY AT WORK: NO
HOW INJURY OCCURRED: GETTING OUT OF WHEELCHAIR, STUMBLED AND FELL
PLACE OF INJURY: HOME
LOCATION OF INJURY: 1828 BRDGVW EST BLVD #527 TWIN FALLS, IDAHO

REVIEWING CORONER: GENE TURLEY
CORONERS ACTION: REVIEWED AND/OR AMENDED, AND CERTIFIED

37-7484

I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: JUNE 16, 1995

JANE S. SMITH
State Registrar

BANKNOTE CORPORATION OF AMERICA

ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

06/22/2002

NOTICE OF ERROR
REPLY

Please type or print clearly, fill out this form completely and mail.

Return this reply form to IDWR by the deadline date printed below if you want IDWR to change your recommendation or you want to let IDWR know that you agree with its recommendation.

YOUR DEADLINE FOR RETURNING A NOTICE OF ERROR REPLY IS: July 23, 2002

Water right number: 37-7484

LOIS A SMITH
1484 E 1850 S
GOODING ID 83330
Telephone Number: (208)934-5374

DAVID RA SMITH
1484 E 1850 S
GOODING ID 83330
Telephone Number: (208)934-5286

RECEIVED
JUL 2 2 2002
Department of Water Resources

CF

1. Describe the portion of the proposed recommendation with which you disagree (e.g. priority date, period of use, source):

2. Describe the changes you wish to make in the proposed recommendation:

3. Give a brief explanation as to why you disagree with these portions:

____ **I AGREE with this proposed recommendation: no changes need to be made.**

DATE: _____ **SIGNATURE:** _____

Please print your name: _____

IDWR Regional Office,

Taylor & Taylor, P.A.
Attorneys at Law
401 Second Street North, Suite 201
P.O. Box 1901
Twin Falls, ID 83303-1901

G. Kent Taylor
Anne S. Taylor

Telephone: (208) 734-5681
Facsimile: (208) 734-7757

July 17, 2002

State of Idaho
Department of Water Resources
1301 North Orchard Street
Boise, ID 83706

To whom it may concern:

As legal counsel to Mr. David Smith and pursuant to a conversation with Cynthia in your Department, I am writing this letter on behalf of the late Mrs. Lois Smith.

At Mr. David Smith's direction, I hereby request that Mrs. Lois Smith's name be removed from all proceedings and records regarding water right number 37-7484.

Enclosed, please find a copy of Mrs. Lois Smith's death certificate as required according to Cynthia.

Thank you for your prompt attention to this matter.

Sincerely,

Anne S. Taylor

Enclosure

a/clients/smith, lois/letter on water rights

CERTIFICATION OF VITAL RECORD

STATE OF IDAHO

IDAHO DEPARTMENT OF HEALTH AND WELFARE
COOPERATIVE CENTER FOR HEALTH STATISTICS

CERTIFICATE OF DEATH

DATE FILED: OCTOBER 13, 1994 STATE FILE NUMBER: 94-06066

DECEDENT: LOIS ALINE SMITH

DATE OF DEATH: SEPT. 28, 1994 PLACE OF DEATH: TWIN FALLS, IDAHO

DATE OF BIRTH: JUNE 25, 1913 PLACE OF BIRTH: KANSAS

AGE: 81 YEARS SEX: FEMALE VETERAN? NO

MARITAL STATUS: WIDOWED

SOCIAL SECURITY NUMBER: 518-60-7947 RESIDENCE: GOODING, IDAHO

FATHER: HORATIO ADAMS
FATHERS BIRTHPLACE: KANSAS
MOTHER (MAIDEN): SARA ESBAUGH
MOTHERS BIRTHPLACE: KANSAS

MORTUARY: DEMARAY FUNERAL SERVICE GOODING, IDAHO
MORTICIAN: DWAIN MARK DEMARAY DISPOSITION: BURIAL

CERTIFYING PHYSICIAN: RANDALL J. SKEEM, MD AUTOPSY: NO

1. CAUSE OF DEATH, UNDERLYING CAUSE LAST: INTERVAL

ARDS 3 DAYS
PNEUMONIA 1 WEEK

2. OTHER CONDITIONS CONTRIBUTING TO DEATH BUT UNRELATED TO ABOVE CAUSES:

PARKINSON'S DIS., RECENT CVA

MANNER OF DEATH: NATURAL DATE OF INJURY: SEPTEMBER 10, 1994
HOUR OF INJURY: 7:20 P.M. INJURY AT WORK: NO
HOW INJURY OCCURRED: GETTING OUT OF WHEELCHAIR, STUMBLED AND FELL
PLACE OF INJURY: HOME
LOCATION OF INJURY: 1828 BRDGVW EST BLVD #527 TWIN FALLS, IDAHO

REVIEWING CORONER: GENE TURLEY
CORONERS ACTION: REVIEWED AND/OR AMENDED, AND CERTIFIED

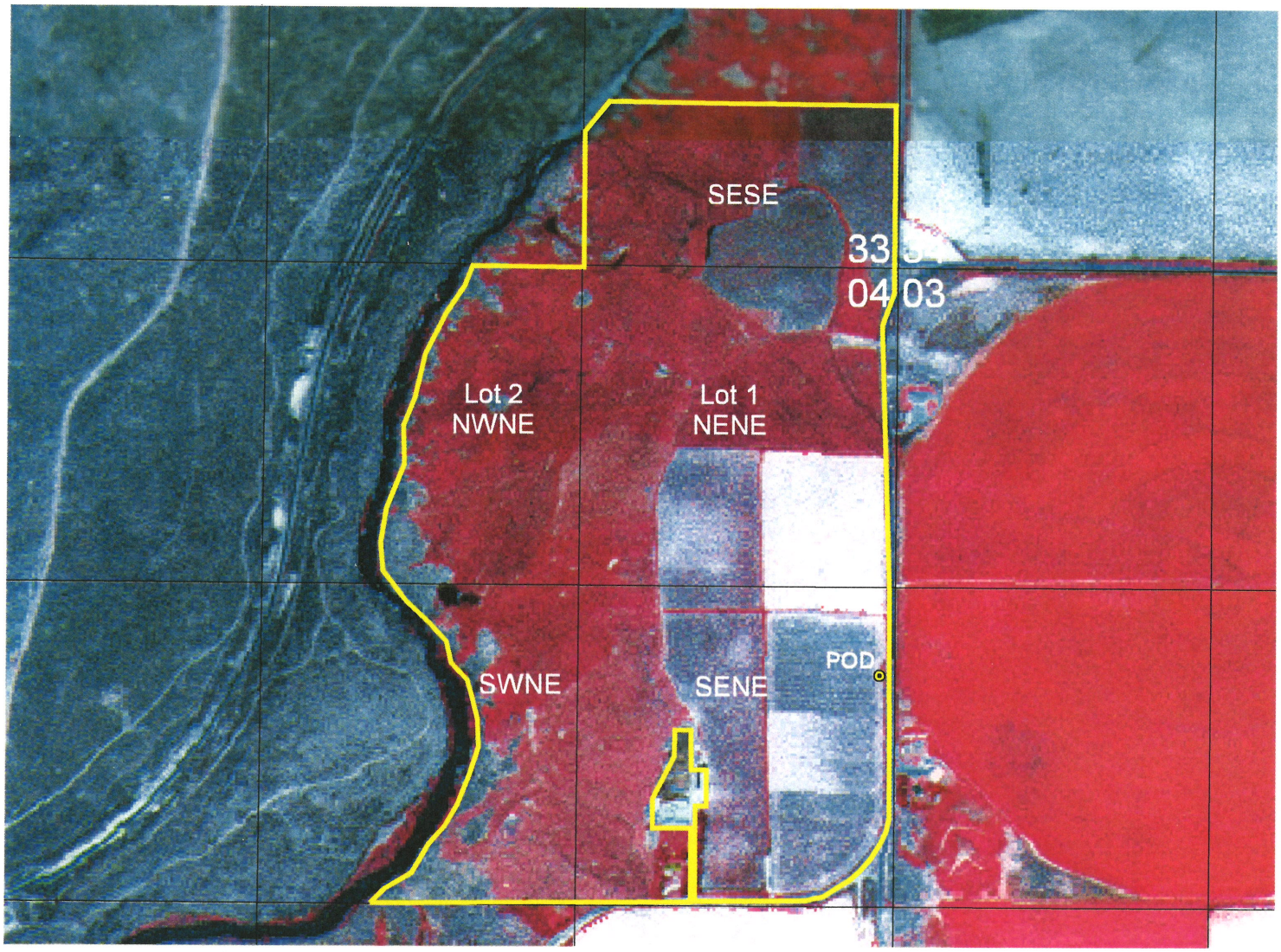
I certify that this is a true and correct reproduction or abstract of an official record filed with the IDAHO COOPERATIVE CENTER FOR HEALTH STATISTICS.

DATE ISSUED: JUNE 16, 1995

JANE S. SMITH
State Registrar

BANKNOTE CORPORATION OF AMERICA ANY ALTERATION OR ERASURE VOIDS THIS CERTIFICATE

37-7484



T05S R14E S33
T06S R14E S04

N
W E
S

Map prepared by: Carter Fritschle
Date prepared: 11/30/01
1987-1988 NAPP photography
Idaho Department of Water Resources

IDAHO DEPARTMENT OF WATER RESOURCES

PRELIMINARY RECOMMENDATION OF WATER RIGHTS ACQUIRED UNDER STATE LAW

RIGHT NUMBER: 37-7484

NAME AND ADDRESS: LOIS A SMITH
1484 E 1850 S
GOODING ID 83330

DAVID RA SMITH
1484 E 1850 S
GOODING ID 83330

SOURCE: GROUND WATER TRIBUTARY:

QUANTITY: 2.88 CFS
576.0 AFY

PRIORITY DATE: 03/22/1976

POINT OF DIVERSION:

T06S R14E S4 NESENE Within GOODING County

PURPOSE AND PERIOD OF USE:

PURPOSE OF USE	PERIOD OF USE	QUANTITY
IRRIGATION	04/01 10/30	2.880 CFS 576.00 AFY

THE USE OF WATER FOR IRRIGATION UNDER THIS RIGHT MAY BEGIN AS EARLY AS MARCH 15 AND MAY CONTINUE TO AS LATE AS NOVEMBER 15, PROVIDED OTHER ELEMENTS OF THE RIGHT ARE NOT EXCEEDED. THE USE OF WATER BEFORE APRIL 1 AND AFTER NOVEMBER 1 UNDER THIS REMARK IS SUBORDINATE TO ALL WATER RIGHTS HAVING NO SUBORDINATED EARLY OR LATE IRRIGATION USE AND A PRIORITY DATE EARLIER THAN THE DATE A PARTIAL DECREE IS ENTERED FOR THIS RIGHT.

PLACE OF USE: IRRIGATION Within GOODING County

T05S R14E S33	SESE	20.0		T06S R14E S04 Lot	1	NENE	39.0
T06S R14E S04 Lot	2 NWNE	25.0		T06S R14E S04		SWNE	23.0
T06S R14E S04	SENE	37.0					

144 ACRES TOTAL

OTHER PROVISIONS NECESSARY FOR DEFINITION OR ADMINISTRATION OF THIS WATER RIGHT:

THIS PARTIAL DECREE IS SUBJECT TO SUCH GENERAL PROVISIONS NECESSARY FOR THE DEFINITION OF THE RIGHTS OR FOR THE EFFICIENT ADMINISTRATION OF THE WATER RIGHTS AS MAY BE ULTIMATELY DETERMINED BY THE COURT AT A POINT IN TIME NO LATER THAN THE ENTRY OF A FINAL UNIFIED DECREE. SECTION 42-1412(6), IDAHO CODE.

EXPLANATORY MATERIAL: License

USE OF THIS RIGHT IS COMBINED WITH WATER FROM AMERICAN FALLS RESERVOIR DIST. NO. 2.
USE OF THIS RIGHT IS COMBINED WITH WATER FROM BIG WOOD CANAL CO.

1 Meter Resolution

37-48N 5-16-1992

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: **A37-07484**
Date Received: 8/24/1988
Receipt No: S001709
Received By: _____

COPY FOR YOUR FILES

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

COPY FOR YOUR FILES

1. Name: DAVID RA SMITH
   Address: 1484 E 1850 S
   GOODING ID 83330
   208-934-5286
   OR
   Name: LOIS A SMITH
   Address: 1484 E 1850 S
   GOODING ID 83330

2. Date of Priority: MAR 22, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4 of 1/4 of 1/4	Lot	County
06S	14E	4	NE SE NE		GOODING

5. Description of diverting works:
   DITCHES, PIPELINES & SPRINKLERS 20"X 350' WELL WITH 100 HP PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	10/30	3.560		

7. Total Quantity Appropriated is:
   3.560 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 432.0 Acre Feet Per Annum.

9. Non-irrigation uses:

10. Place of Use:

Township	Range	Section	1/4 of 1/4	Lot	Use	Acres
05S	14E	33	SE SE		IRR	20.0

10. Place of Use: Continued

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
						Section Acres	20.0
06S	14E	4	NE	NE		IRR	39.0
			NW	NE		IRR	25.0
			SW	NE		IRR	23.0
			SE	NE		IRR	37.0
						Section Acres	124.0
						Total Acres	144.0

11. Place of use in counties: GOODING

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
141 SHARES BWCC, 15 SHARES A.F. DIST. # 2.

14. Remarks:
Claimant DIVERTS AND BENEFICIALLY USES APPROX. 1600 GPM WHICH IS IN EXCESS OF THE STATUTORY AMT. OF .02 CFS/ ACRE.
****
3/10/97 TF; ADDRESS CHANGED FROM ROUTE AND BOX TO GRID SYSTEM, STATUS HAS ALSO CHANGED FROM PERMIT TO LICENSE.

15. Basis of Claim: LICENSE

State of Idaho
DEPARTMENT OF WATER RESOURCES
1341 Fillmore Street, Suite 200, Twin Falls, ID 83301-3380
Phone: (208) 736-3033 FAX: (208) 736-3037

PHILIP E. BATT
GOVERNOR

KARL J. DREHER
DIRECTOR

March 13, 1997

DAVID RA SMITH
LOIS A SMITH
1484 E 1850 S
GOODING ID 83330

RE: Snake River Basin Adjudication (SRBA)
Notice of Claim No. A37-07484
Change of Address Notification

Dear Claimant(s):

Thank you for notifying us of your change in Address on the water right claim(s) referenced above. Our records have been updated accordingly.

If you have any questions, please feel free to contact this office.

Sincerely,

Trish Fawcett
Technical Records Specialist

/tf

IDAHO DEPARTMENT OF WATER RESOURCES
SOUTHERN REGION
222 SHOSHONE ST E
TWIN FALLS ID 83301
(208) 736-3033

RECEIVED
FEB 05 1997
Department of Water Resources
Southern Region

PHILIP E BATT
GOVERNOR

KARL J DREHER
DIRECTOR

CHANGE IN ADDRESS OF THE NOTICE OF CLAIM IN THE SNAKE RIVER BASIN ADJUDICATION

☐ Water Right Number(s): 37-07484 (A37-07484)
Permit has changed to License (H)

☐ Old Mailing Address: ROUTE 2 BOX 251
GOODING ID 83330

☐ New Mailing Address: 1484 EAST 1850 SOUTH
GOODING, ID 83330

☐ New Telephone Number: (208) 934-5286

☐ Signature of Claimant(s): David R. Smith

Date: 2/5/97

FOR IDWR USE ONLY
Initial Review and Data Entry
Date: By:
Further Action Needed:

Further Action Taken
Date: By:
Final Review and Data Entry
Date: 3-10-97 By: CD

IN THE DISTRICT COURT OF THE FIFTH JUDICIAL DISTRICT OF THE STATE OF IDAHO,
IN AND FOR THE COUNTY OF TWIN FALLS

IN RE THE GENERAL ADJUDICATION
OF RIGHTS TO THE USE OF WATER FROM
THE SNAKE RIVER BASIN WATER SYSTEM.

CIVIL CASE NUMBER: 39576

Ident. Number: **A37-07484**
Date Received: 8/22/1988
Receipt No: 5001709
Received By: TB

NOTICE OF CLAIM TO A WATER RIGHT ACQUIRED UNDER STATE LAW

1. Name: DAVID RA SMITH 208-934-5286
   Address: RT. 2
   GOODING, ID 83330
   OR
   Name: LOIS A. SMITH
   Address:
   GOODING, ID 83330

2. Date of Priority: MAR 22, 1976

3. Source: GROUNDWATER Trib. to:

4. Point of Diversion:

Township	Range	Section	1/4	of 1/4	of 1/4	Lot	County
06S	14E	4	NE	SE	NE		GOODING

5. Description of diverting works:
   DITCHES, PIPELINES & SPRINKLERS 20"X 350' WELL WITH 100 HP PUMP

6. Water is used for the following purposes:

Purpose	From	To	C.F.S	(or)	A.F.A.
IRRIGATION	04/01	10/30	3.560		

7. Total Quantity Appropriated is:
   3.560 C.F.S. (and/or) A.F.A.

8. Total consumptive use is 432.0 Acre Feet Per Annum.

9. Non-irrigation uses:

MICROFILMED
FEB 2 4 1993

10. Place of Use:

Township	Range	Section	1/4 of 1/4		Lot	Use	Acres
05S	14E	33	SE	SE		IRR	20.0
					Section Acres		20.0
06S	14E	4	NE	NE		IRR	39.0
			NW	NE		IRR	25.0
			SW	NE		IRR	23.0
			SE	NE		IRR	37.0
					Section Acres		124.0
					Total Acres		144.0

11. Place of use in counties: GOODING

12. Do you own the property listed above as place of use? YES

13. Other Water Rights Used:
141 SHARES BWCC, 15 SHARES A.F. DIST. # 2.

14. Remarks:
Claimant DIVERTS AND BENEFICIALLY USES APPROX. 1600 GPM WHICH IS IN EXCESS OF THE STATUTORY AMT. OF .02 CFS/ ACRE.

15. Basis of Claim: PERMIT

MICROFILMED
FEB 24 1993

16. Signature(s)

(a.) By signing below, I/We acknowledge that I/We have received, read and understand the form entitled "How you will receive notice in the Snake River Basin Adjudication." (b.) I/We do ____ do not ____ wish to receive and pay a small annual fee for monthly copies of the docket sheet.

Number of attachments: 1

For Individuals:

I/We do solemnly swear or affirm that the statements contained in the foregoing document are true and correct.

Signature of Claimant(s): X David R. Smith Date: 8/23/88

X Lois Alene Smith Date: 8/23/88

State of Idaho)
) SS.
County of Twin Falls)

Subscribed and sworn (or affirmed) before me this 23rd day of August 19 88

A. Kent Taylor
Notary Public

Seal

Residing at Twin Falls

My Commission Expires Tfrtime

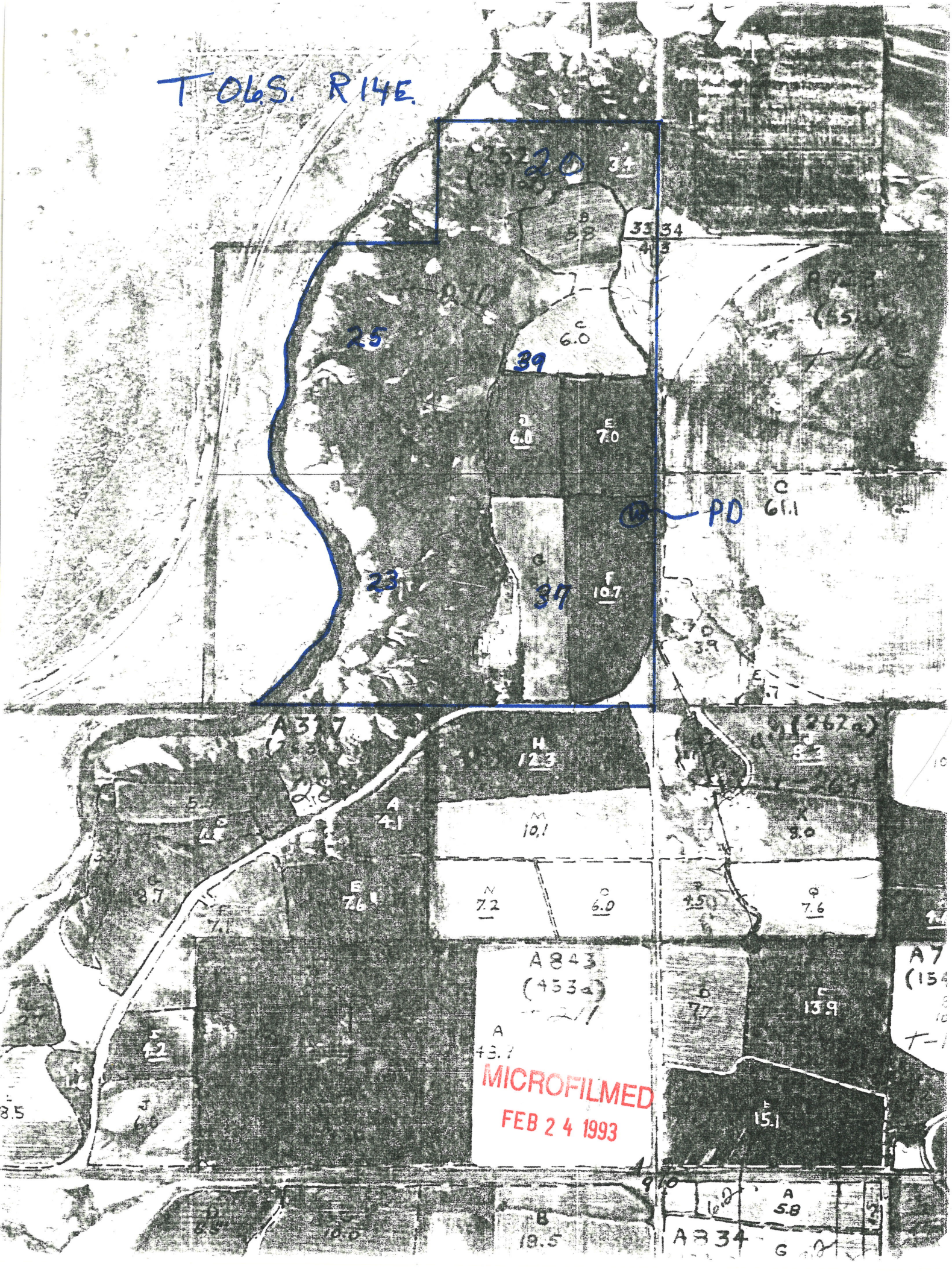
17. Notice of Appearance:
Notice is hereby given that I, G. Kent Taylor (Print Name) will be acting as attorney at law on behalf of the claimant signing above, and that all notices required by law to be mailed by the director to the claimant signing above should be mailed to me at the address listed below.

Signature A. Kent Taylor

Address P.O. Box 1901 T.F. Id

Date 8/23/88

MICROFILMED
FEB 24 1993


T 06S. R 14E.
20
34
33
34
25
39
6.0
6.0
7.0
PD
61.1
23
37
10.7
3.9
A3
12.3
4.1
10.1
8.0
7.6
7.2
6.0
7.6
A843
(453
43.1
MICROFILMED
FEB 24 1993
7.7
13.9
15.1
5.8
18.5
A834

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 37-07484

Priority: March 22, 1976

Maximum Diversion Rate: 2.88 CFS
Maximum Diversion Volume: 432.0 AF

This is to certify, that DAVID RA SMITH
RT 2 BOX 251
GOODING ID 83330 has complied with the terms and conditions of the permit, issued pursuant to Application for Permit dated March 22, 1976; and has submitted Proof of Beneficial Use on March 13, 1986. An examination indicates that the works have a diversion capacity of 4.450 cfs of water from a **GROUNDWATER** source, and a water right has been established as follows:

BENEFICIAL USE	PERIOD OF USE	RATE OF DIVERSION	ANNUAL VOLUME
IRRIGATION	04/01 to 11/01	2.88 CFS	432.0 AF

LOCATION OF POINT(S) OF DIVERSION: SENE , Sec. 4, Township 06S, Range 14E
GOODING County

PLACE OF USE: IRRIGATION

TWN	RGE	SEC		ACRES		ACRES		ACRES	TOTAL
05S	14E	33	SESE	20					20
06S	14E	4	NENE	39	NWNE	25	SWNE	23	
			SENE	37					124

Total number of acres irrigated: 144

CONDITIONS/REMARKS:

1. The maximum diversion volume is defined as the maximum allowable volume of water that may be diverted annually from the source under this right. The use of water confirmed by this right is limited to the amount that can actually be beneficially used. The maximum diversion volume may be adjusted to more accurately describe the beneficial use or to implement accepted standards of diversion and use efficiency.
2. This water right is appurtenant to the described place of use.
3. This right is subject to all prior water rights and may be forfeited by five years of non-use.
4. Modifications to or variance from this license must be made within the limits of Section 42-222, Idaho Code, or the applicable Idaho law.
5. This right when combined with all other rights shall provide no more than .02 cfs per acre nor more than 3.0 afa per acre for the lands above.

MICROFILMED
JUN 24 1992

State of Idaho
Department of Water Resources

WATER RIGHT LICENSE

WATER RIGHT NO. 37-07484

This license is issued pursuant to the provisions of Section 42-219, Idaho Code. Witness the seal and signature of the Director, affixed at Boise, this 10TH day of JUNE, 1992.

R. Keith Higginson, Director

MICROFILMED
JUN 24 1992

Form 219
6/86

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES

BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 37-7484

1. Owner: DAVID RA SMITH — Phone No. 934-5286

Current Address: Rt #2 Box 251, Gooding, ID. 83330

2. Accompanied by: Owner — EXAM. DATE: 8/21/86

Address: Above — Phone No.

Relationship to Permit Holder:

3. Source: Groundwater tributary to

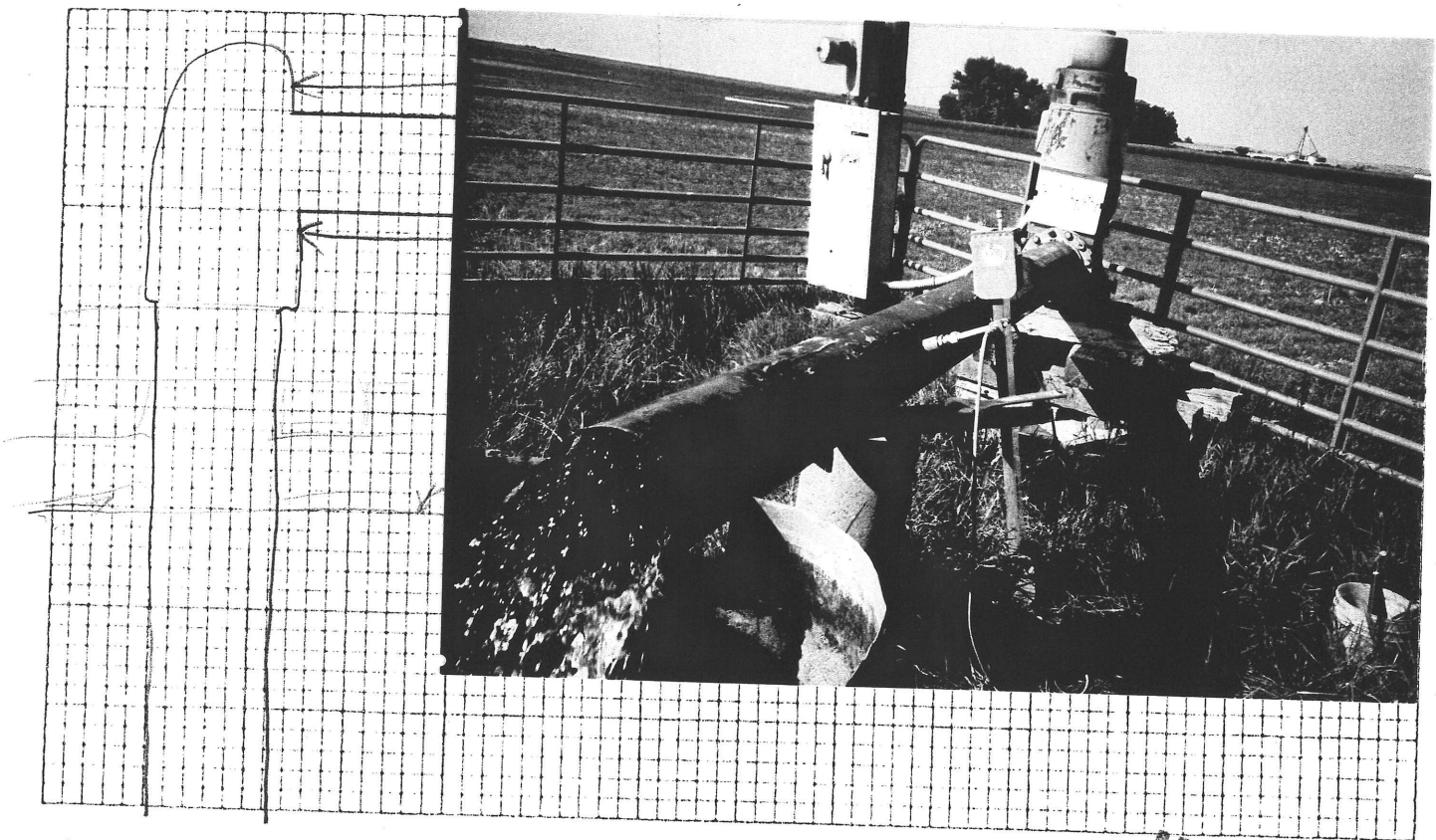
B. OVERLAP REVIEW

1. Other water rights with same place of use: 141 Shares Big Wood Canal Co 15 Shares AF Dist #2 Plans to transfer at Sell. ☐ Copies Attached

2. Other water rights with same point of diversion: None ☐ Copies Attached ☐ Copies of Field Exam's Attached

C. SYSTEM DESCRIPTION

1. **Diversion System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable. ☐ Alternative diagram attached



Scale: 1" = _____

2. ☑ Copy of U.S.G.S. Quadrangle Attached
Showing location(s) of point(s) of diversion and place(s) of use (required).

☑ Photo of Diversion and System Attached
(required for all but single household domestic groundwater, and stockwater

☑ Aerial Photo Attached
(required for irrigation of 10 acres or more)

MICROFILMED
JUN 24 1992

* System Description (continued)

3. Narrative: Description (as operating at time of measurement. Indicate pressure, number of sprinklers, etc.)

20" x 350' well with a 100 h.p. GE turbine pump.
PWL = 155.1' Open discharge to gated pipe.

☐ See Remarks on page 4 for continuation

4.

Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size
	G. E.	100	JMJ 908 139	Aurora Vertiline	3777033

*Code to correspond with No. on map and aerial photo

5. Point(s) of Diversion:

Ident. No.	Gov't. Lot	¼	¼	¼	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
		NE	SE	NE	4	6S	14E	Gooding	Aerial Photo (ground verification)

6. Place(s) of Use: Indicate Method of Determination

Twp.	Rge.	Sec.	NE¼				NW¼				SW¼				SE¼				Totals
			NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	NE¼	NW¼	SW¼	SE¼	
05S	14E	33	✓	✓	✓	✓												20	20
6S	14E	4	39	25	23	37													124

MICROFILMED
JUN 24 1992

144

Do not use this space

Do not use this space

FLOW MEASUREMENTS

☐ Additional Data Sheets Attached

1.

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calib. Date

2. Measurements:

10" Annubar 4.6' - 1.2' /10" ID

$\frac{8.8 \times 100}{158} \times .80 = 4.46$ cfs

Pump shows 1600 gpm @ 1770 RPM with 160 ft. of hd = 3.56 cfs

California Pipe Method See P.192 Water Mgmt manual $Q = 8.69\left(1 - \frac{.08}{.8333}\right)^{1.88} .8333^{2.48} = 4.54$ cfs

FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

1. Measured Method:

$100 \times 3.85 \times \sqrt{3.4} = 709$

2. Alternate Method for Checking Purposes:

See Above

PUMP EFFICIENCY DATA (Optional)

Discharge Pressure: 0 psi x 2.31 = 3 ft (1); Dynamic pumping level: 155.1 ft (2)

Total Head: (1) + (2) = 158.1 (3) ; Flow rate: _____ cfs (4)

Water HP: (3) x (4) ÷ 8.8 = _____ (5)

Meter Input KW: 3.6 x _____ KH x _____ CTR or _____ MULT x _____ PTR x _____ N/ 10 T = 21.16 sec (6) (20, 42.23)

Meter Input HP: (6) x 1.34 = _____ (7)

Panel Input KW: _____ Ave PF x _____ Ave Volts x _____ Ave Amps x .001732 = _____ (6)

Panel Input HP: (6) x 1.34 = _____ (7) Efficiency: (5)/(7) x 100 = _____ %

VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

V_{IR} = (Acres Irrigated) x (Irrigation Requirement) = 144 Acres x 3 AF/Ann/Ac = 432 AF/Ann

V_{DR} = [Diversion Rate (cfs)] x (Days in Irrigation Season) x 1.9835 = 2.88 cfs x 215 days x 1.9 = 1,225.17

V = Smaller of V_{IR} and V_{DR} = 432 AF/Ann

2. Volume Calculations for Other Uses:

RECEIVED

JUN 24 1992

H. REMARKS AND OVERLAP REVIEW ANALYSIS

Manometer reading obtained only when a board was held over the end of the discharge pipe

I. RECOMMENDATIONS

1. Recommended Amounts

Beneficial Use	Period of Use From	Period of Use To	Rate of Diversion Q (cfs)	Annual Volume V (afa)
Irrigation	April	Nov 1	2.88 cfs	432
		Totals:	2.88 cfs	432 AF/ANN

2. Recommended Amendments

☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other

J. AUTHENTICATION

Field Examiner's Name: TERRY Blan

Signature: Terry Blan

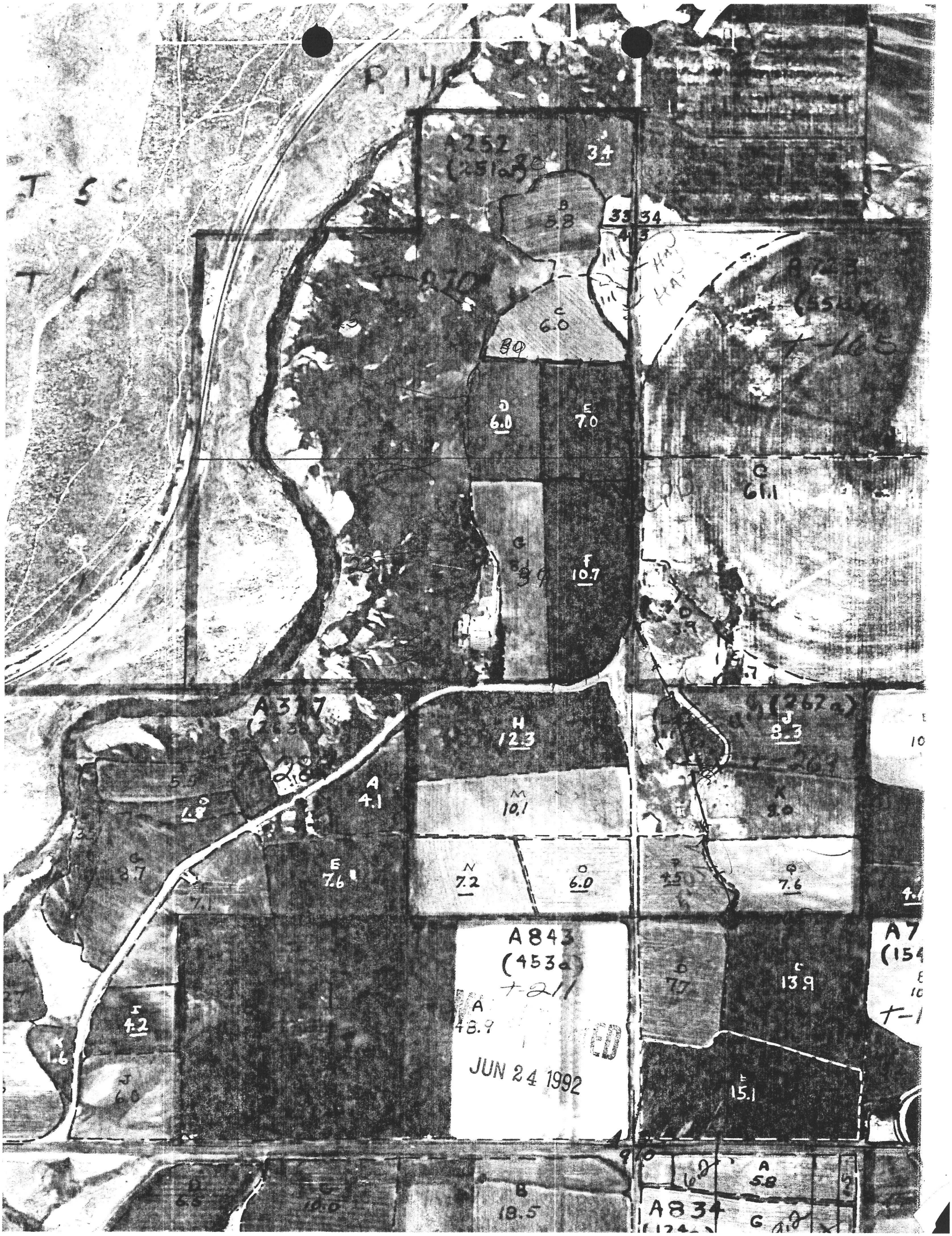
Certification Date: 4/10/21

Field Report Preparation Date: 2/24/89

PROFESSIONAL ENGINEER * LAND SURVEYOR REGISTERED 3445 STATE OF IDAHO LOREN O. HOLMES

K. Licensing recommendation shall be prepared by an Idaho Department of Water Resources employee on a computer printout attached hereto.

RECOMMENDED JUN 24 1992


R 14
T 5 S
T 6 S
A 252
(251 ac)
3.4
B
5.8
33
34
C
6.0
BQ
D
6.0
E
7.0
C
61.1
G
F
10.7
A 317
H
12.3
J
8.3
A
4.1
M
10.1
K
3.0
E
7.6
N
7.2
O
6.0
P
7.6
A 843
(453 ac)
+-21
A
48.9
JUN 24 1992
C
13.9
E
15.1
A
5.8
A834
B
18.5