

APR 21 2003

Department of Water Resources

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Permit No: 23-7180

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 23-7180

Exam Date: 10/2002

1. Current Owner: RONALD J PETERSON
PO BOX 23
IRWIN ID 83428
(208)589-2318

2. Accompanied by: NONE CALLED MANY TIMES
Phone No:
Address:
Relationship to Permit Holder:

3. SOURCE TRIBUTARY
PALISADES CREEK SNAKE RIVER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: NONE
2. Other water rights with the same point of diversion: NONE

C. DIVERSION AND DELIVERY SYSTEM

1. LOCATION OF POINT(S) OF DIVERSION:

PALISADES CREEK SW1/4SE1/4 Sec. 26, Twp 01N, Rge 44E, B.M.
BONNEVILLE County

Method of Determination: FE

2.

PLACE OF USE: IRRIGATION

Twp Rge Sec	NE				NW				SW				SE				Totals
01N 44E 15	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	5.4

Total Acres: 5.4

PLACE OF USE: STOCKWATER

Twp Rge Sec	NE				NW				SW				SE				Totals
01N 44E 15	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	X

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Method of Determination:

3. ☐ Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
☐ Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
☒ Aerial Photo Attached (required for irrigation of 10+ acres).
☐ Photo of Diversion and System Attached

4.

<u>Well or Diversion ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge Size</u>

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

D. FLOW MEASUREMENTS

1.

<u>Measurement Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>

2. Measurements:

heading of Palisades Canal
+ 80 CFS

E. FLOW CALCULATIONS

Measured Method:

☐ Additional Computation Sheets Attached

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DISTRICT 1 HEADGATE INVENTORY

Station # 13033010

DATE: October 21, 1977
DIVERSION NAME: Palisades Canal
STREAM: Palisades Creek
LOCATION: T. 1N, R. 44E, Sec. 26, SW¼ SE¼
APPROX. MAX. DIV.: 80 cfs

Gates: two 8 x 6 ft. wooden screw gates.

Condition: good

Locking capability: easily added with chain and lock and new wheels.

Headwall: concrete, 16 ft. long, 5 ft. high, height above normal high water is 1 ft. Adequate.

Condition: repair needed to prevent leaks

River Control: permanent concrete ch ck dam using flashboards with two 12 ft. sections.

Working Conditions: good

Access: vehicle

Spillway: no

Approximate distance from headgate to measurement location: 1/4 mile.

Diversions: two individual headgates.

General statement: Adequate for WM regulation.

MEASURING SITE INVENTORY

Description: straight channel, curved x-section with cobbles and small boulders

Turnouts: yes, two diversions.

Backwater: no

Permanent channel control appropriate: no

Staff gage datum: no

Spillway: no

Comments: Measuring site is 100 ft. upstream from bridge over canal on Palisades creek road, Staff is located upstream 50 ft. from measuring site.

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Inspector
ERNEST M. CARLSEN

F. VOLUME CALCULATIONS**1. Volume Calculations for Irrigation:**

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 5.4 \times 3.5 = 18.9 \text{ AF/A}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 =$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 18.9 \text{ AF/A}$$

2. Volume Calculations for Other Uses:

8 cattle and horses = 0.1 AF/A

$$5.4 \text{ Acres} \times 0.03 \text{ CFS} = 0.16 \text{ CFS}$$

G. NARRATIVE/REMARKS/COMMENTS

headgate for the Palisades Canal to pou.
pump in canal for uphill lawn watering.
ditches for flood of lower pasture
stockwater 4 cattle, 4 horses

Have conditions of permit approval been met? ☒ Yes ☐ No

H. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	04/15 to 10/31	0.160 CFS	18.90 AF
STOCKWATER	01/01 to 12/31	0.020 CFS	0.10 AF
<u>Totals:</u>		0.160 CFS	19.00 AF

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

I. AUTHENTICATION

Field Examiner's Name DAVE CARLSON Date 4/15/2003

Reviewer _____ Date _____

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03-7180

