

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
IN-OFFICE REVIEW of FIELD REPORT

A. GENERAL INFORMATIONPermit No: 13-7908

Exam Date: 03/20/2015

1. Does this qualify for an in-office field exam (IDAPA 035.02.r)? X Y N
- Irrigation of 5 acres or less
 - Storage of up to 14.6 AF for stockwater purposes only
 - Any use other than irrigation or storage, if the combined diversion rate is 0.24 cfs or less
 - Other: < >

2. Current Owner: Name: Cox

Owner of Record Correct? Y NAddress of Record Correct? Y N

If No: Address Unable to confirm. Taxlot data void.

3. Beneficial Use Fees have been paid: X Y N Receipt No: C1001184. SOURCETRIBUTARY

Spring

Sinks

Method of Determination: Spring visible on GIS Imagery.

Change in Source: Y X N**B. OVERLAP REVIEW**1. Other water rights with the same place of use: NO Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments:

2. Other water rights with the same point of diversion: NO Overlap

Water Right No.	Source	Purpose of Use	Basis

Comments:

C. DIVERSION AND DELIVERY SYSTEM1. LOCATION OF POINT(S) OF DIVERSION:

Source	Gov Lot	¼	¼	¼	Sec.	Twp.	Rge.		County
Spring		NW	SW	SE	29	13S	38E	B.M.	Franklin
								B.M.	

Method of Determination: GPS provided on application. Spring visible on GIS Imagery near NWSWSE with permit holder GPS.

Change in POD? X Y N Amendment Required? X Y N

2. **PLACE OF USE:** Use: Stockwater

TW P	RGE	Sec	NE				NW				SW				SE				Total s
			NE	N W	S W	SE	NE	N W	SW	SE	NE	N W	S W	SE	NE	N W	S W	SE	
13S	38E	29															X		
		Lot #																	
Total Acres =																			

Method of Determination: Per application, water from Spring into Trough 20ft from spring. Limited POU to spring location.

Change in POU? ____Y ____N Amendment Required? ____Y ____N

___ Delivery System Diagram Attached (required). Indicate all major components and distances between components.

Indicate weir size/pipe as applicable.

___ Aerial Photo Attached (required for irrigation of 10+ acres).

___ Photo of Diversion and System Attached

4. Well or Diversion Identification No.*	Motor Make	Hp	Motor Serial No.	Pump Make	Pump Serial No. or Discharge Size

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

D. FLOW MEASUREMENTS

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

2. Measurements:

E. FLOW CALCULATIONS

___ Additional Computation Sheets Attached

Measured Method:

0.02 cfs below IDWR Standards per Application Processing Memo #3 for 101-200 cattle.

Measurement = 0.02 cfs

Permit allowed = 0.02 cfs

License recommend for 0.02 cfs.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = \underline{\hspace{2cm}}$

$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = \underline{\hspace{2cm}}$

V = Smaller of $V_{I.R.}$ and $V_{D.R.}$ = _____

2. Volume Calculations for Other Uses:

IDWR Standards per Application Processing Memo #3 for 101-200 cattle is 2.7 afa.

$200 \times 0.0134 = 2.7$ afa

Measurement = 2.7 afa

Permit allowed = 13,000 gal/day condition

License recommend for N/A afa.

G. PURPOSE OF USE

Irrigation ☐ Y ☐ N # Stock 200 Domestic # of Homes _____

Other: _____

Change in Purpose of Use? ☐ Y ☒ X ☐ N

Method of Determination: Information provided by applicant

If Yes: From Use _____ To Use _____ Amount _____ CFS _____ AFA _____

H. NARRATIVE/REMARKS/COMMENTS

In Wild and Scenic Watershed: None

Ground Water Management Area: Bear River

In Water District 13R

Conditions:

The quantity of water under this right for stockwater use shall not exceed 13,000 gallons per day

This right does not grant any right-of-way or easement across the land of another.

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

I. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
Stockwater	01/01 to 12/31	0.02 CFS	13000 gal/day condition
<u>Totals:</u>		0.02 CFS	N/A

2. Recommended Amendments

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

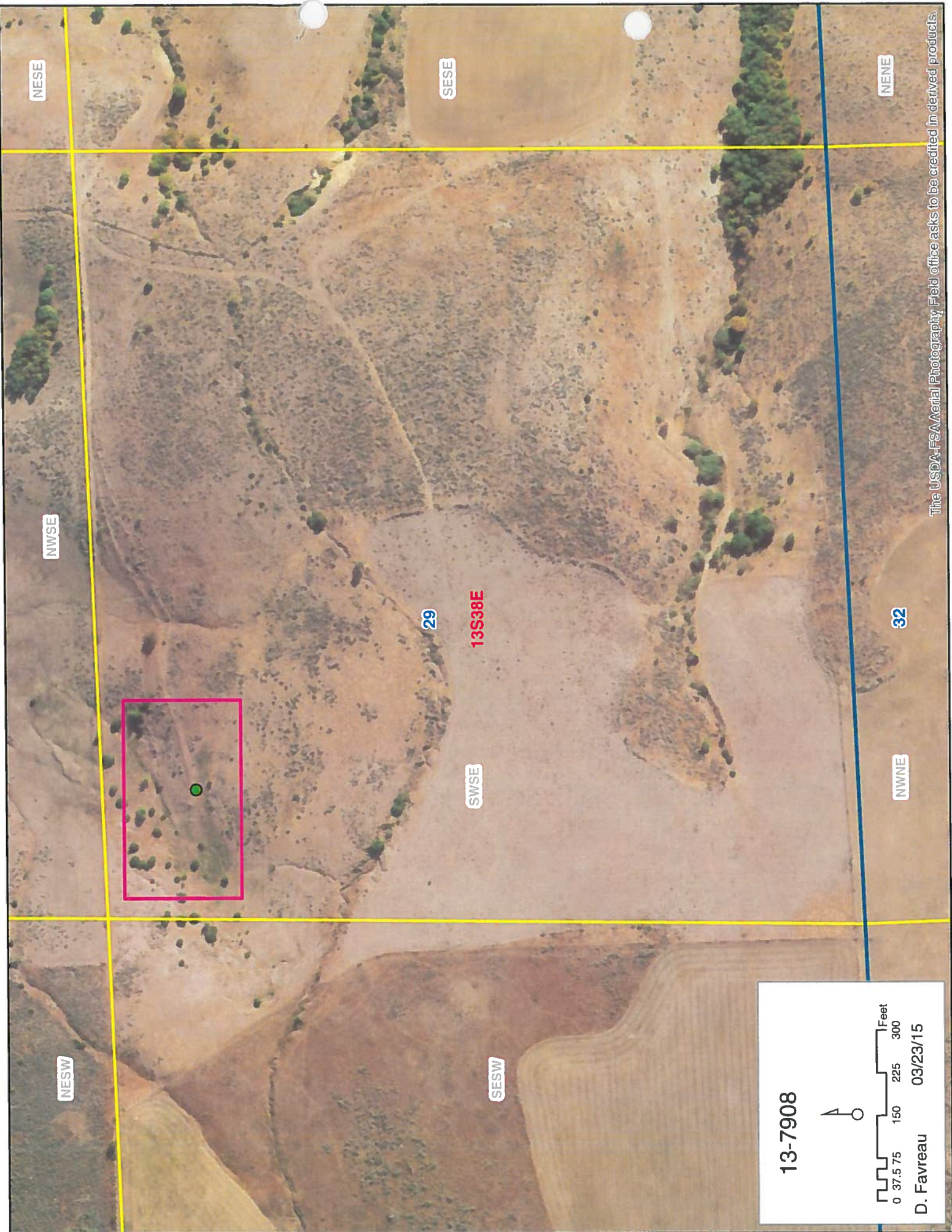
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☒ X None

Other: < >

J. AUTHENTICATION

Field Examiner's Name David Thomas Date 04/23/15

Reviewer _____ Date _____



NESW

NESE

NWSE

29

13S38E

SWSE

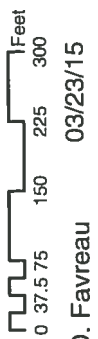
SESE

NENE

32

NWNE

13-7908



D. Favreau

03/23/15

