

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No. 25-7616

1. Owner: HELEN E DAVENPORT

Phone No: 208-523-2291

Current Address: 6135 E SUNNYSIDE RD

City, State, Zip: AMMON, ID 83406

2. Accompanied by: N/A, IN-OFFICE EXAM, 42-111

Exam Date: 8/26/2013

Address:

Phone No:

Relationship to Permit Holder:

3. Source: GROUND WATER

Tributary to: N/A

B. OVERLAP REVIEW

1. Other water rights with the same place of use: N/A

2. Other water rights with the same point of diversion: N/A

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion

[illegible]

2. Place(s) of Use

[illegible]

D. FLOW MEASUREMENTS

Measurement Equipment	Type	Make	Model No.	Serial No.	Size	Calibration Date
N/A						

Measurements N/A

E. NARRATIVE/REMARKS/COMMENTS

DOMESTIC USE: Assessor information per: ArcMap photo, tax lot research, Bonneville County Assessor web page confirmed dwelling on site for identified owner.

Parcel # RP02N39E308191

See attached well log. Wrong QQ on well log. Should be NWSE.

conditions limit afa to 13,000 gallons per day.

Removed Merlin K Davenport name see attached death certificate.

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

F. FLOW CALCULATIONS

Measured Method:

☐ Additional Computation Sheets Attached

ALLOW PERMIT RATE

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A

$VI.R. = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$

$VD.R. = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irragions Season}) \times 1.9835 =$

$V = \text{Smaller of VI.R. and VD.R.} =$

2. Volume Calculations for Other Uses: ALLOW
1.2 or 0.6
AFfor
domestic,
add stock
AF if
applicable

H. RECOMMENDATIONS

1. Recommended Amount

BENEFICIAL USE	PERIOD OF USE		RATE OF DIVERSION ANNUAL	
	From	To	Q(cfs)	V(afa)
DOMESTIC	01/01/	12/31	0.04	

TOTALS 0.04

2. Recommended Amendments

☐ Change P.D. as reflected above
☐ Change P.U. as reflected above

☐ Add P.D. as reflected above
☐ Add P.U. as reflected above

☒ None
☐ Other

I. AUTHENTICATION

Field Examiner's Name Jean Hersley
Reviewer

Date 8/26/2013
Date

State of Idaho CERTIFICATE OF DEATH

ONLY A COPY OF THIS DOCUMENT, CERTIFIED BY THE STATE REGISTRAR, WITH THE DEPT. OF HEALTH & WELFARE RAISED SEAL, SHALL BE USED AS PRIMA FACIE EVIDENCE OF THIS DEATH UNDER IDAHO CODE 39-2411 & 39-2412

State File No. _____
Local Reg. No. _____

DECEDENT

TYPE OR
PRINT IN
PERMANENT
BLACK INK
DO NOT USE
FELT TIP PEN

NAME OF DECEDENT:
For use by physician or institution

DECEDENT — NAME * FIRST MIDDLE LAST Merlin Kay Davenport		SEX Male	DATE OF DEATH (Month, Day, Year) March 11, 1999
SOCIAL SECURITY NUMBER [REDACTED]	AGE - Last Birthday (Yrs.) 67	UNDER 1 YEAR MONTHS DAYS [REDACTED]	UNDER 1 DAY HOURS MINS. [REDACTED]
DATE OF BIRTH (Month, Day, Year) [REDACTED]		BIRTHPLACE (City and State or Foreign Country) Heman, Idaho	
WAS DECEDENT EVER IN U.S. ARMED FORCES? ☒ Yes ☐ No		PLACE OF DEATH (Check only one) * (1) ☐ Inpatient (2) ☐ ER/Outpatient (3) ☐ OOA (4) ☐ Long-Term Care Facility (5) ☒ Own Residence (6) ☐ Other Private Residence (7) ☐ Other (Specify)	
FACILITY NAME AND ADDRESS (If not a hospital, enter name of place, street and number) 6135 East Sunnyside Road		CITY, TOWN OR LOCATION OF DEATH Idaho Falls	
COUNTY OF DEATH Bonneville		KIND OF BUSINESS / INDUSTRY Television 6	
MARITAL STATUS — Married, Never Married, Widowed, Divorced (Specify) Married	SURVIVING SPOUSE (If wife, give maiden name) Helen Elaine McCulloch	DECEDENT'S USUAL OCCUPATION (Give kind of work done during most of working life. Do not use retired.) Owner/Operator	12a Electronics Repair
RESIDENCE STATE Idaho	COUNTY Bonneville	CITY, TOWN OR LOCATION Idaho Falls	STREET AND NUMBER 6135 East Sunnyside Road
ZIP CODE 83406	INSIDE CITY LIMITS? ☐ Yes ☒ No		
WAS DECEDENT OF HISPANIC ORIGIN? (Specify No or Yes — If yes, specify Cuban, Mexican, Puerto Rican, etc.) ☐ Yes ☒ No		RACE — American Indian, Black, Japanese, White, etc. (Specify) White	
16. DECEDENT'S EDUCATION (Specify only highest grade completed) Elementary/Secondary (0-12) 12		College (1-4 or 5+)	

PARENTS

FATHER — NAME Ira S. Davenport	BIRTHPLACE Idaho	MOTHER — FULL MAIDEN NAME Harriet Housley	BIRTHPLACE Utah
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INFORMANT

INFORMANT'S NAME (Type/Print) Helen Davenport	MAILING ADDRESS (Street and Number or Rural Route Number, City or Town, State, Zip Code) 6135 East Sunnyside Road, Idaho Falls, ID 83406
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DISPOSITION

METHOD OF DISPOSITION ☒ Burial ☐ Cremation ☐ Removal from Idaho 20a ☐ Donation ☐ Other (Specify)	PLACE OF DISPOSITION (Name of cemetery, crematory, or other place) Ammon Cemetery	LOCATION — City or Town, State Ammon, Idaho
SIGNATURE OF FUNERAL SERVICE LICENSEE OR PERSON ACTING AS SUCH Chris Peterson		LICENSE NUMBER (of Licensee) M-778
NAME AND ADDRESS OF FACILITY Wood Funeral Home, 273 North Ridge, Idaho Falls, ID 83402		

CAUSE OF DEATH

TIME OF DEATH 6:30 a. M.	DATE PRONOUNCED DEAD (Month, Day, Year) March 11, 1999	WAS CASE REFERRED TO CORONER? ☐ Yes ☒ No	MANNER OF DEATH (Check One) ☒ Natural ☐ Homicide ☐ Suicide ☐ Accident ☐ Pending Investigation ☐ Could Not Be Determined
27. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line. IMMEDIATE CAUSE (Final disease or condition resulting in death) a. Sudden Myocardial Infarction DUE TO (or as a consequence of)			Approximate Interval Between Onset and Death minutes
Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (disease or injury that initiated events resulting in death) LAST b. DUE TO (or as a consequence of) c. DUE TO (or as a consequence of) d. DUE TO (or as a consequence of)			
27. PART II. Other Significant Conditions contributing to death but not resulting in the underlying cause given in Part I.			WAS AN AUTOPSY PERFORMED? ☐ Yes ☒ No
			WERE AUTOPSY FINDINGS AVAILABLE PRIOR TO COMPLETION OF CAUSE OF DEATH? ☐ Yes ☐ No

CERTIFIER

IF DEATH WAS DUE TO OTHER THAN NATURAL CAUSES, THE CORONER MUST COMPLETE AND SIGN THE CERTIFICATE

CERTIFIER (Check only one) ☒ PHYSICIAN — To the best of my knowledge, death occurred at the time, date, and place, and due to the cause(s) and manner as stated. ☐ CORONER — On the basis of examination and/or investigation, in my opinion, death occurred at the time, date, and place, and due to the cause(s) and manner as stated		
SIGNATURE AND TITLE OF CERTIFIER Dr. Boyd L. Hammond	LICENSE NUMBER M3742	DATE SIGNED (Month, Day, Year) 3/15/99
NAME AND ADDRESS OF CERTIFIER (Type/Print) Dr. Boyd L. Hammond, 2065 East 17th Street, Idaho Falls, ID 83404		

TO BE USED FOR EXTERNAL CAUSES ONLY

DATE OF INJURY (Mo., Day, Yr.) 30a	HOUR OF INJURY 30b	DESCRIBE HOW INJURY OCCURRED 30c
INJURY AT WORK? ☐ Yes ☐ No	IF TRANSPORTATION ACCIDENT, Specify ☐ Driver ☐ Passenger ☐ Pedestrian ☐ Other	PLACE OF INJURY — At home, farm, street, factory, office building, etc. (Specify) 30d
LOCATION (Street or Route Number, City/Town, or County, and State) 30e		

CORONER'S REVIEW AREA

CORONER'S ACTION (Check One) (1) ☐ Reviewed Only (2) ☐ Reviewed and/or Amended, and Certified	CORONER'S SIGNATURE 31a	DATE SIGNED (Month, Day, Year) 31c
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REGISTRAR

REGISTRAR'S SIGNATURE 32a	DATE FILED (Month, Day, Year) 32b
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VITAL STATISTIC'S COPY

WELL DRILLER'S REPORT

State law requires that this report be filed with the Director, Department of Water Administration within 30 days after the completion or abandonment of the well.

1. WELL OWNER

Name Merlin Davenport

Address 3808 E. 17th St. Idaho Falls, Idaho

Owner's Permit No. _____

2. NATURE OF WORK

☒ New well ☐ Deepened ☐ Replacement

☐ Abandoned (describe method of abandoning)

3. PROPOSED USE

☒ Domestic ☐ Irrigation ☐ Test

☐ Municipal ☐ Industrial ☐ Stock

4. METHOD DRILLED

☐ Cable ☒ Rotary ☐ Dug ☐ Other

5. WELL CONSTRUCTION

Diameter of hole 8 inches Total depth 225 feet

Casing schedule: ☒ Steel ☐ Concrete

Thickness	Diameter	From	To
<u>.250</u> inches	<u>6</u> inches	<u>1</u> feet	<u>189'6"</u> feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet
_____ inches	_____ inches	_____ feet	_____ feet

Was a packer or seal used? ☐ Yes ☒ No

Perforated? ☐ Yes ☒ No

How perforated? ☐ Factory ☐ Knife ☒ Torch

Size of perforation _____ inches by _____ inches

Number	From	To
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet
_____ perforations	_____ feet	_____ feet

Well screen installed? ☐ Yes ☒ No

Manufacturer's name _____

Type _____ Model No. _____

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Diameter _____ Slot size _____ Set from _____ feet to _____ feet

Gravel packed? ☐ Yes ☒ No Size of gravel _____

Placed from _____ feet to _____ feet

Surface seal? ☒ Yes ☐ No To what depth 19 feet

Material used in seal ☒ Cement grout ☒ Pudding clay

6. LOCATION OF WELL

Sketch map location must agree with written location.

County Bonneville

NE 1/4 Sec 30 T. 2 N. & R. 39 E. & N.

7. WATER LEVEL

Static water level 150 feet below land surface

Flowing? ☐ Yes ☒ No G.P.M. flow _____

Temperature _____ ° F. Quality good

Artesian closed-in pressure _____ p.s.i.

Controlled by ☐ Valve ☐ Cap ☐ Plug

8. WELL TEST DATA

☐ Pump ☐ Bailor ☐ Other

Discharge G.P.M.	Draw Down	Hours Pumped

9. LITHOLOGIC LOG

Hole Diam.	Depth		Material	Water	
	From	To		Yes	No
8	0	6	Topsoil		
	6	15	Brown Chert Rock		
	15	65	Brown Clay		
	65	153	White Pumice	x	
	153	160	Brown Chert & Hard Rock		
	160	165	Brown Chert Broken & Rock	x	
	165	197	Firm Brown Chert & Hard Rock		
	197	205	Broken Brown Chert & Rock	x	
	205	212	Firm Brown Chert & Hard Rock		
8	212	225	Broken Brown Chert & Rock	x	

10.

Work started Feb. 27, 1973 finished Feb. 28, 1973

11. DRILLER'S CERTIFICATION

This well was drilled under my supervision and this report is true to the best of my knowledge.

Andrew Well Drilling Contractors

Driller's or Firm's Name

5

Number

1268 East 17th St. Idaho Falls, Idaho 83401

Address

Paul J. Andrew

Signed By

Dec 20, 73

Date

USE ADDITIONAL SHEETS IF NECESSARY

FORWARD THE WHITE, BLUE, AND PINK COPIES TO THE DEPARTMENT

25-7616

Untitled - ArcMap

File Edit View Bookmarks Insert Selection Geoprocessing Customize Windows Help

Process POU POU Wells SC WMIS Dam Safety UIC WRA WSB Hydrologic

Editor

2,668,941.639 1,365,587.157 Meters

Identify

Identify from: Taxlots

Taxlots

DAVENPORT MERLIN K

Location: 2,668,941.639 1,365,587.157 Meters

Field	Value
ID	1915579
UPDATED	9/6/2012
PIN	RP02N39E308191
OWNER	DAVENPORT MERLIN K
ADDRESS1	6135 E SUNNYSIDE RD
ADDRESS2	
CITY	AMMON
STATE	ID
ZIPCODE	83406
P_ADDRESS	6135 E SUNNYSIDE RD
P_ZIPCODE	83406
SUB_NAME	2 AC 51/2 NW1/4 SE1/4.
LEGAL1	
LEGAL2	
LEGAL3	
LEGAL4	
LEGAL5	
LEGAL6	
ACRES	2
COUNTY	Bonneville
SOURCE	
YEAR_BUILT	1973

Identified 1 feature

25-7616



RP02N39E308191

owner1: DAVENPORT HELEN
own_street: 6135 E SUNNYSIDE RD
own_city: IDAHO FALLS
own_state: ID
own_zip: 83406
prop_street: 6135 E SUNNYSIDE RD
prop_city: IDAHO FALLS
prop_state: ID
prop_zip: 83406
Legal_Desc: 2 AC S1/2 NW1/4 SE1/4
Acreage: 2

Zoom to

Mon Aug 26 2013 10:56:05 AM.

25-7616

Parcel Viewer for Flex · Windows Internet Explorer

http://webmap.co.bonneville.id.us/fileservers/webmap%20Parcel%20Viewer/

Google

File Edit View Favorites Tools Help

★ Favorites

🔍 IDWR

🔍 WEnet

🔍 Workflow

🔍 Info Search

🔍 SRBA

🔍 Google

🔍 Well Construction Search

Parcel Viewer for Flex

Parcel Viewer for Flex

Bonneville County, Idaho

6135 E Sunnyside Rd, Ammon, ID

About

More

Land Search

Features selected: 20

RP01N37E021506

owner1: DAVENPORT JOLENE K
own_street: 1550 VELVET LN
own_city: BOSQUE FARMS
own_state: NH
own_zip: 37058-6709
prop_street:
prop_city:
prop_state:
prop_zip:
Legal_Desc: S 475 AC N CENTER PART
Acreage: 5.475

RP02N39E307813

owner1: DAVENPORT HELEN
own_street: 6135 E SUNNYSIDE RD
own_city: IDAHO FALLS
own_state: ID
own_zip: 83406
prop_street:
prop_city:
prop_state:
prop_zip:
Legal_Desc: 2 AC S1/2 NW1/4 SE1/4
Acreage: 2

Zoom to

6135 E Sunnyside Rd, Ammon, ID

About

6135 E Sunnyside Rd, Ammon, ID

About