

Permit No. 11-7417
USFS

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
In-Office Beneficial Use Examination

1. ☒ Copy of Permit
2. ☒ Copy of proof of beneficial use
3. NA Copies of amendments/orders
4. ☒ Qualifies under Rule 35.01.r (IDAPA 37.03.02)
5. ☒ Point of Diversion

Township 11S, Range 46E, Section 29, QQ NENE

Method used to determine POD: exact location of spring unknown

6. ☒ Place of Use

Township 11S, Range 46E, Section 29, QQ NENE

Method used to determine POU: aerial photo - trough visible

7. ☒ POD and POU match Permit Approval
8. ☒ Aerial photo of place of use
9. NA Well driller's report
10. ☒ Within a water district? (WD# 11F)
11. ☒ Volume Calculation

$$700 \text{ cows} \times \frac{12 \text{ gpd}}{\text{cow}} \times 102 \text{ days} = 856,800 \text{ gal} = 2.7 \text{ af} + 1 \text{ af (wildlife)} = 3.7 \text{ af}$$

12. — Other information

AUTHENTICATION

Examiner Name Dave Carlson Date 7/3/2013

Reviewer _____ Date _____

SWSE

SESE

20

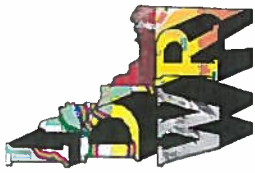
POU/POD

11S 46E

NENE

29

NWNE



Idaho Department of Water Resources

Water Right

11-7417

(STOCKWATER)

Point of Diversion



Place of Use



State Outline



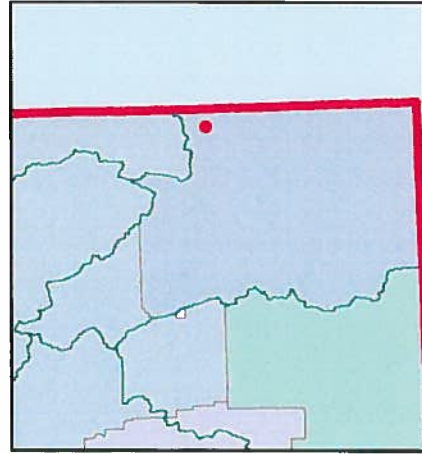
Townships



PLS Sections



Quarter Quarters

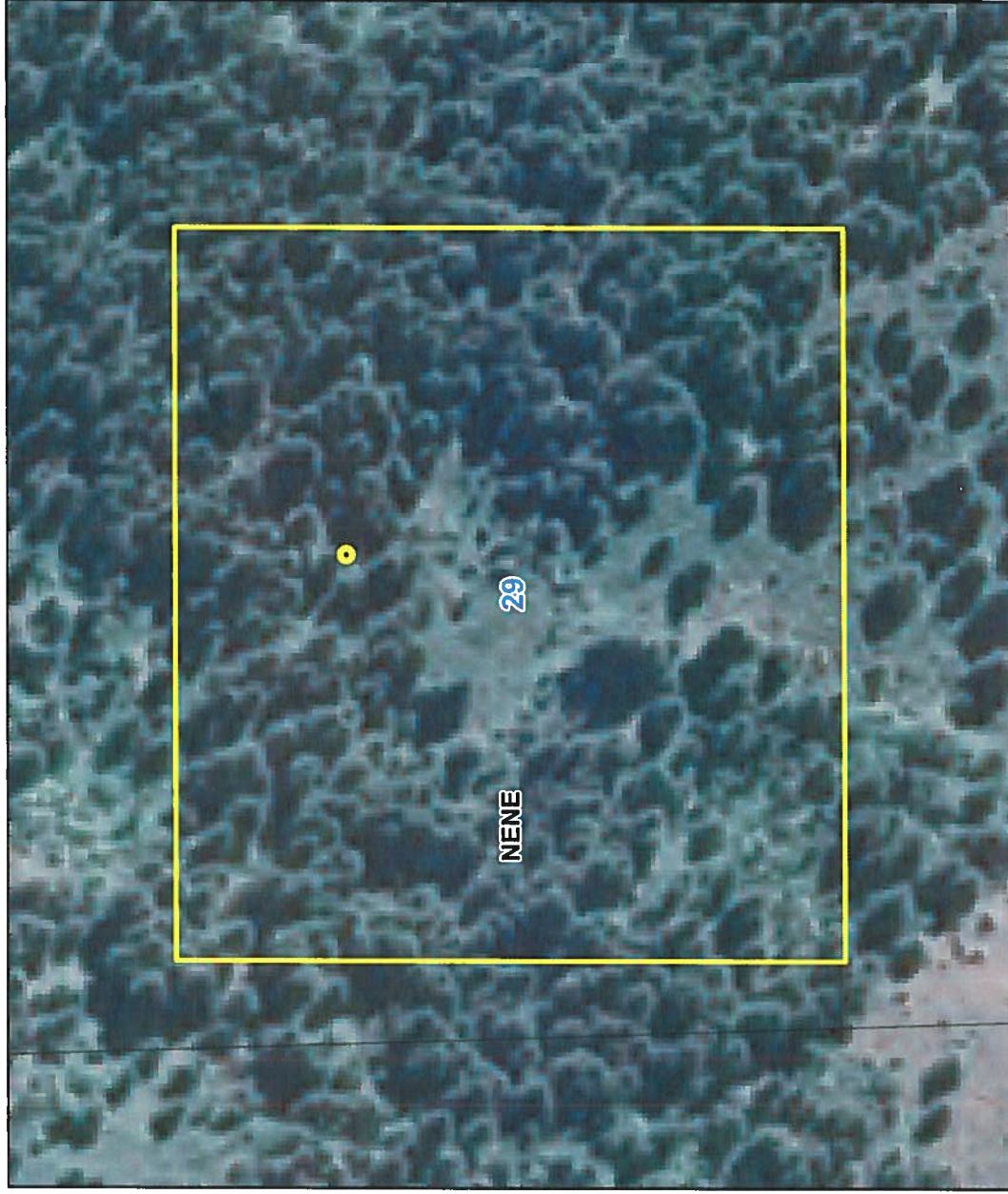


Bear Lake County
IDWR Basin 11

Prepared by Carlson, Dave

2009 Aerial Photography

46E



11S



11-7917

State ID: _____
Forest Service ID: _____
RAMIS #: _____

Date Inspected: 10-10-05

Use Priority Date: _____

Date Installed: _____

Use Name: Wheaton Trough

Tributary to: _____

Purpose: Stockwater; Domestic; Irrigation; Other (specify) Stockwater

Diversion Type: Pond; Spring; Instream; Pipeline; Other (specify) Spring

Diversion Quantity: _____

Livestock # and type: Cattle Allotment Name & # Montpelier - Elk Valley

Quad ID: _____ Aerial Photo # _____ Line _____ Date _____

Point of Diversion:

Sec 1/4 1/4; Township _____; Range _____

GPS: Latitude _____; Longitude _____

UTM - 4698887

12T - 0492044

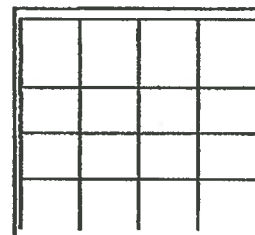
Point of Use: Elev 7165

Sec 1/4 1/4; Township _____; Range _____

GPS: Latitude _____; Longitude _____

Description of

Improvements: Put Brail Ladder in 10-10-05



Remarks: Looks good, working well, and need no repair

Flow _____ GPM; CFS: _____

Measurement Method _____

Name of Inspector:

Erin H. Wells

Responsible Official: _____

