

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 65-13910

Exam Date: 9/27/2012

1. Current Owner: CANDICE CROW
29 RIVER RD
GARDEN VALLEY ID 83622
(208)462-2211
2. Accompanied by: Candice Crow & Henry Vanderwick
Phone No: Same
Address: Same
Relationship to Permit Holder: Owner & Property Caretaker

3. SOURCE TRIBUTARY
MIDDLE FORK PAYETTE RIVER PAYETTE RIVER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 65-13027
2. Other water rights with the same point of diversion: None

C. DIVERSION AND DELIVERY SYSTEM**1. LOCATION OF POINT(S) OF DIVERSION:**

MIDDLE FORK PAYETTE RIVER NE1/4NE1/4 Sec. 34, Twp 10N, Rge 04E, B.M.
BOISE County

Method of Determination: Arc Map (Aerial Photo)

2.

PLACE OF USE: IRRIGATION

Twp	Rge	Sec	NE	NW	SW	SE	Totals
10N	04E	34	1.0				1.0

Total Acres: 1

Method of Determination: Arc Map (Aerial Photo); Tax Lots.

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>
N/A	Unknown	3	35H992Y105	Diamond	23481 4F/97 (1 1/2")

*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>
Pitot Tube						

2. Measurements: No field measurement. Pitot tube did not fit sprinkler heads. Gauge pressure reading of 55 psi.

E. FLOW CALCULATIONS

Additional Computation Sheets Attached

Measured Method: (Theoretical Horsepower Equation)

$$Q = 8.8 \times 0.7 \times 3/10 + (2.31 \times 55) = 18.48/137.05 = 0.13 \text{ cfs}$$

$$Q(\text{theoretical}) = 0.13 \text{ cfs} > 0.06 \text{ cfs } Q(\text{permit})$$

$$Hp = 3$$

$$Z = 10' \text{ (Estimated)}$$

$$P = 55 \text{ psi (Gauge)}$$

Appears that the current pumping system is capable of attaining the permit diversion rate of 0.06 cfs. However, since only 1 acre of lawn and landscaping is currently being irrigated, recommend a water appropriation of 0.03 cfs.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 1.0 \times 3.5 = 3.5 \text{ AFA}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.03 \times 246 \times 1.9835 = 14.6 \text{ AFA}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 3.5 \text{ AFA}$$

2. Volume Calculations for Other Uses: N/A

G. NARRATIVE/REMARKS/COMMENTS**WATER SUPPLY SYSTEM:**

A 3-hp pump diverts water from the Middle Fork of the Payette River for irrigation of lawn and landscaping for Lots 14 & 15, Pine Tree Ranch No.11. Water is conveyed through a 2" screened intake and small sections of 2" flexible hose and 2" PVC pipe. Water is discharged to the pressurized irrigation system in 1 1/2" PVC main lines.

IRRIGATION SYSTEM:

Water is pumped to the 1 1/2" PVC irrigation main lines to irrigate the lawn and landscaping within the right holder's property. Currently, approximately 1.0 acre of lawn and landscaping located within Lot 14 is being irrigated. Lot 15 is not currently being irrigated. The irrigation system is comprised of four (4) stations with a total of 39 rotary sprinkler heads.

OVERLAP ANALYSIS:**Place of Use:**

Water Right Permit No. 65-13027, which is a ground water right for Pine Tree Ranch, Inc., provides water for domestic and irrigation use for the Pine Tree Ranch Subdivision No.11. The right holder uses the water for domestic internal use, but does not irrigate with the Pine Tree Ranch, Inc. ground water right.

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

CONDITION NO.4 (01H) – Prior to diversion of water under this right, the right holder shall install a lockable device. The power/junction box, which contains the ON-OFF switch to the irrigation pump, was constructed with a latch in which a padlock may be used to lock the power/junction box, preventing operation of the irrigation pump. Right holder has complied with this condition of approval.

RATE &/OR STORAGE RECOMMENDED FOR LICENSING

Description	Rate of Flow (cfs)		Storage (af)
Permit Amount	0.06	&/or	N/A
Beneficial Use Limit	0.06	&/or	N/A
System Measurement	0.13 (theoretical)	&/or	N/A
Proof Fee Amount	0.20	&/or	N/A
Recommended Amount	0.03	&/or	N/A

H. RECOMMENDATIONS**1. Recommended Amounts**

<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
IRRIGATION	3/15 to 10/31	0.030 CFS	3.5 AFA
<u>Totals:</u>		0.030 CFS	3.5 AFA

2. Recommended Amendments

___ Change P.D. as reflected above ___ Add P.D. as reflected above X None

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

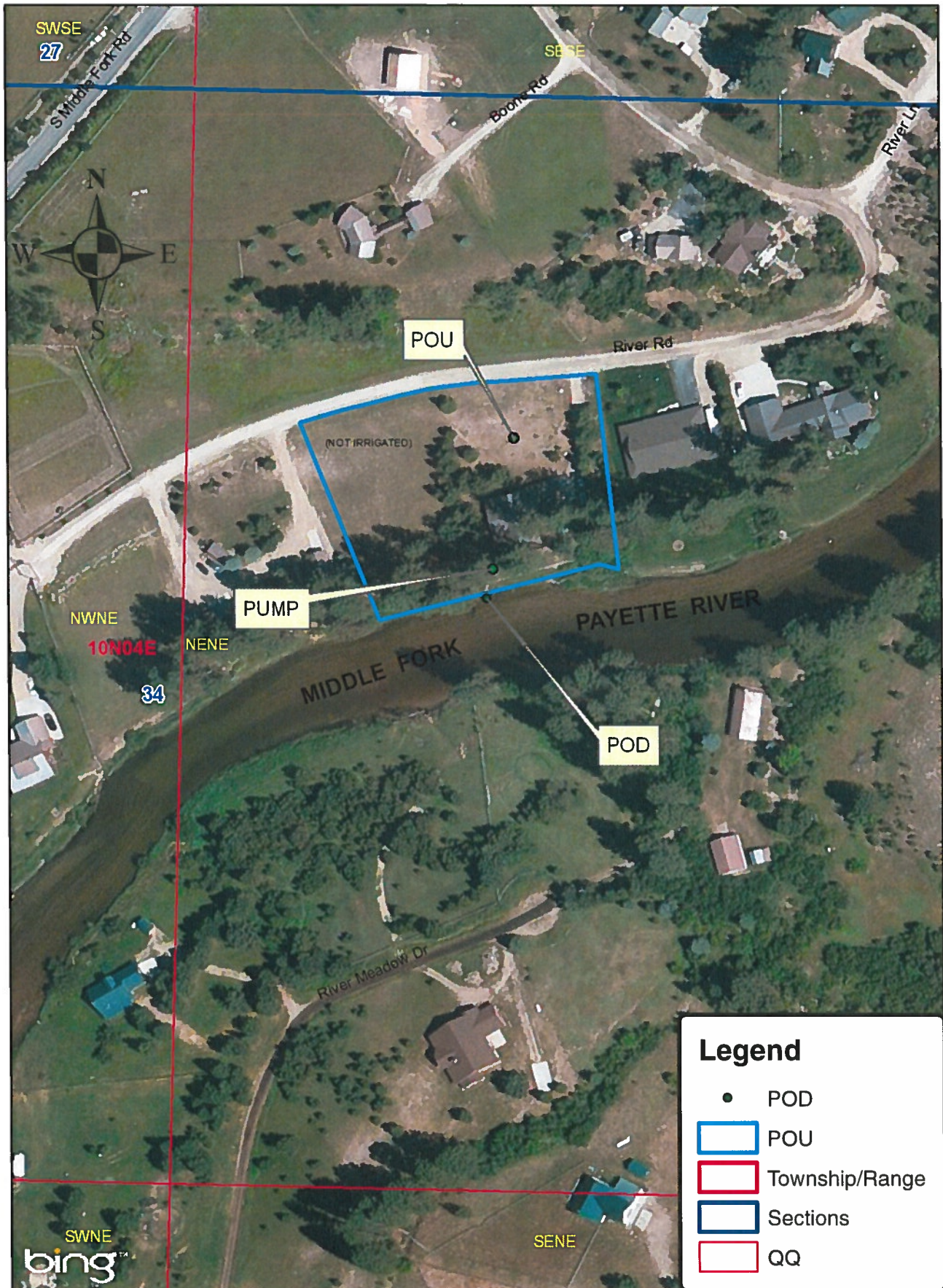
I. AUTHENTICATION

Field Examiner's Name Rick Collingwood Date 2/13/13

Reviewer _____ Date _____

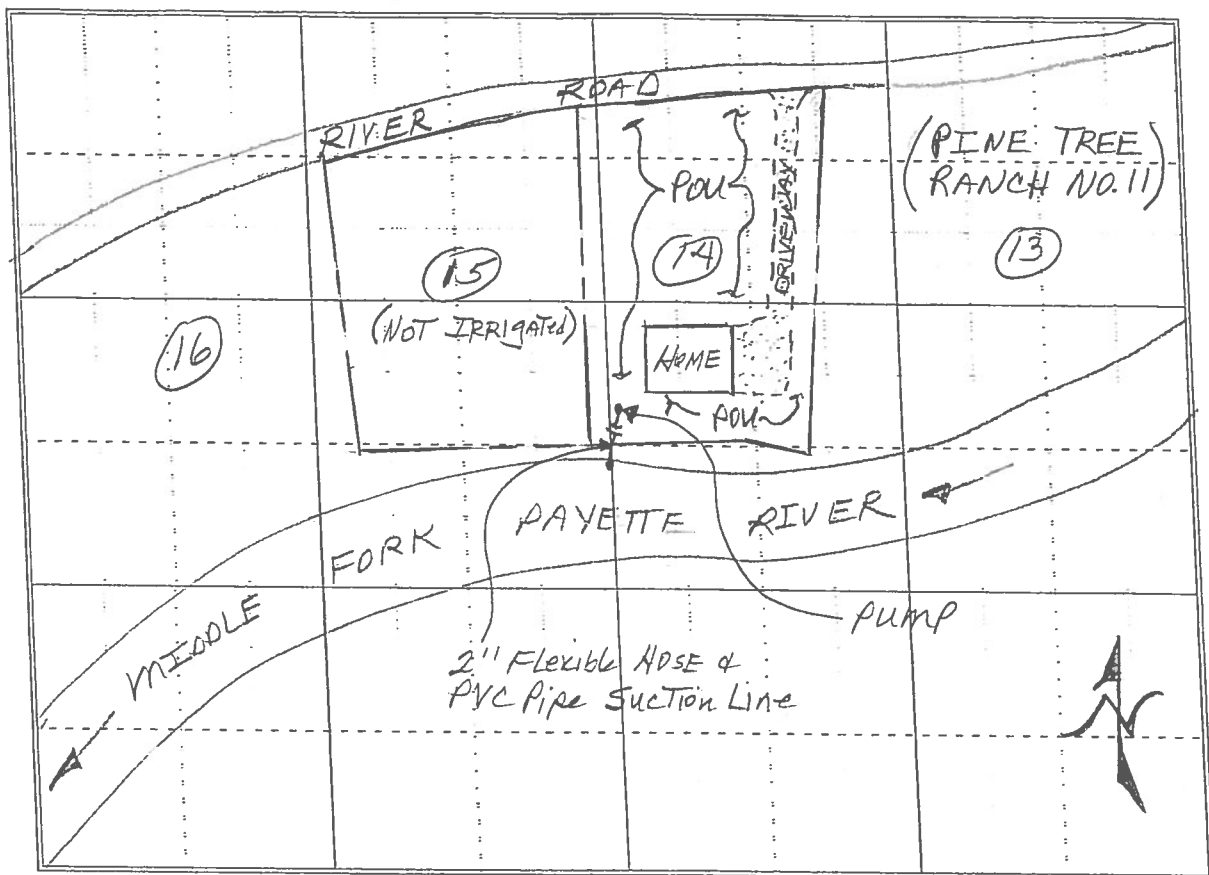
65-13910

BING AERIAL PHOTO - 2011



0 55 110 220 330 440
Feet

- 3 **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe diameter (inside), as applicable. Use the space provided or ☐ see attached.



Scale: 1" = NTS

- ☐ Copy of USGS Quadrangle attached showing location(s) of point(s) of diversion and place(s) of use (required)
- ☒ Aerial photo attached (required for irrigation of 10+ acres)
- ☒ Photo of diversion and system attached

FIELD EXAM PHOTOS

Water Right Permit: 65-13910
PLS: NE1/4, NE1/4 Section 34, T.10N, R.04E.
Field Examiner: RC

Field Exam Date: 9-27-12



Point of Diversion: View southwesterly of a screened intake and a short section of 2" flexible hose in the Middle Fork of the Payette River. Water is diverted from the river by a 3-hp pump for irrigation of lawn and landscaping.



View northeasterly of the 3-hp Diamond lawn sprinkler pump located near the southwest corner of the right holder's property. Irrigation water is conveyed throughout the property by 1 1/2" PVC main line piping.



Place of Use: View northerly of the lawn and landscaping located westerly from the cabin.

STATE OF CALIFORNIA

CERTIFICATION OF VITAL RECORD

COUNTY OF MONTEREY

Salinas, California

CERTIFIED COPY OF VITAL RECORDS

CERTIFICATE OF DEATH

3201027000545

STATE FILE NUMBER		LOCAL REGISTRATION NUMBER	
1. NAME OF DECEDENT - FIRST (Given) ROBERT		2. MIDDLE KEVIN	
3. LAST (Family) SEEHUSEN		4. DATE OF BIRTH mm/dd/yyyy 04/12/1942	
5. AGE Yrs. 67		6. SEX M	
8. BIRTH STATE/FOREIGN COUNTRY NEW YORK		10. SOCIAL SECURITY NUMBER [REDACTED]	
11. EVER IN U.S. ARMED FORCES? ☐ YES ☒ NO ☐ UNK		12. MARITAL STATUS/SDP* (at Time of Death) MARRIED	
13. EDUCATION - Highest Level/Degree (see worksheet on back) MASTER'S		14/15. WAS DECEDENT HISPANIC/LATINO/SPANISH? (if yes, see worksheet on back) ☐ YES ☒ NO	
16. DECEDENT'S RACE - Up to 3 races may be listed (see worksheet on back) CAUCASIAN		17. USUAL OCCUPATION - Type of work for most of life. DO NOT USE RETIRED CHIEF EXECUTIVE OFFICER	
18. KIND OF BUSINESS OR INDUSTRY (e.g., grocery store, road construction, employment agency, etc.) STATE MEDICAL ASSOCIATION		19. YEARS IN OCCUPATION 24	
20. DECEDENT'S RESIDENCE (Street and number, or location) 1361 EAST IRWIN STREET			
21. CITY EAGLE		22. COUNTY/PROVINCE ADA	
23. ZIP CODE 83616		24. YEARS IN COUNTY 26	
25. STATE/FOREIGN COUNTRY IDAHO		26. INFORMANT'S NAME, RELATIONSHIP CANDICE K. CROW, WIFE	
27. INFORMANT'S MAILING ADDRESS (Street and number, or rural route number, city or town, state and zip) 1361 EAST IRWIN STREET, EAGLE, ID 83616		28. NAME OF SURVIVING SPOUSE/SDP - FIRST CANDICE	
29. MIDDLE KAY		30. LAST (BIRTH NAME) CROW	
31. NAME OF FATHER/PARENT - FIRST GEORGE		32. MIDDLE AUGUST	
33. LAST SEEHUSEN		34. BIRTH STATE NEW YORK	
35. NAME OF MOTHER/PARENT - FIRST HELEN		36. MIDDLE -	
37. LAST (BIRTH NAME) HACKETT		38. BIRTH STATE NEW YORK	
39. DISPOSITION DATE mm/dd/yyyy 03/31/2010		40. PLACE OF FINAL DISPOSITION RESIDENCE OF CANDICE K. CROW 1361 EAST IRWIN STREET, EAGLE, ID 83616	
41. TYPE OF DISPOSITION(S) CREMATION/TRANSIT/RESIDENCE		42. SIGNATURE OF EMBALMER NOT EMBALMED	
43. LICENSE NUMBER -		44. NAME OF FUNERAL ESTABLISHMENT THE PAUL MORTUARY	
45. LICENSE NUMBER FD-280		46. SIGNATURE OF LOCAL REGISTRAR HUGH STALLWORTH, MD, MPH	
47. DATE mm/dd/yyyy 03/31/2010		48. IF OTHER THAN HOSPITAL, SPECIFY ONE ☐ P ☒ ER/OP ☐ OOA ☐ Hospice ☐ Nursing Home/LTC ☐ Decedent's Home ☐ Other	
101. PLACE OF DEATH COMMUNITY HOSPITAL OF THE MONTEREY PENINSULA		102. CITY MONTEREY	
103. COUNTY MONTEREY		104. FACILITY ADDRESS OR LOCATION WHERE FOUND (Street and number, or location) 23625 W. R. HOLMAN HIGHWAY	
105. CAUSE OF DEATH Enter the chain of events --- diseases, injuries, or complications --- that directly caused death. DO NOT enter terminal events such as cardiac arrest, respiratory arrest, or ventricular fibrillation without showing the etiology. DO NOT ABBREVIATE. IMMEDIATE CAUSE (Final disease or condition resulting in death) (A) AORTIC STENOSIS (B) (C) (D) 106. DEATH REPORTED TO CORONER? (A) YES ☒ NO ☐ (B) YES ☐ NO ☒ (C) YES ☐ NO ☒ (D) YES ☐ NO ☐ 107. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RESULTING IN THE UNDERLYING CAUSE GIVEN IN 107 ATHEROSCLEROSIS, DIABETES MELLITUS 108. WAS OPERATION PERFORMED FOR ANY CONDITION IN ITEM 107 OR 112? (if yes, list type of operation and date.) NO 109. IF FEMALE, PREGNANT IN LAST YEAR? YES ☐ NO ☐ UNK ☐			
110. CERTIFY THAT TO THE BEST OF MY KNOWLEDGE DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. Decedent Attended Since Decedent Last Seen Alive (A) mm/dd/yyyy (B) mm/dd/yyyy (A) mm/dd/yyyy (B) mm/dd/yyyy 111. TYPE ATTENDING PHYSICIAN'S NAME, MAILING ADDRESS, ZIP CODE 112. I CERTIFY THAT IN MY OPINION DEATH OCCURRED AT THE HOUR, DATE, AND PLACE STATED FROM THE CAUSES STATED. MANNER OF DEATH ☒ Natural ☐ Accident ☐ Homicide ☐ Suicide ☐ Pending Investigation ☐ Could not be determined 113. PLACE OF INJURY (e.g., home, construction site, wooded area, etc.) 114. DESCRIBE HOW INJURY OCCURRED (Events which resulted in injury) 115. LOCATION OF INJURY (Street and number, or location, and city, and zip) 116. SIGNATURE OF CORONER / DEPUTY CORONER RANDAL WAYNE DYCK 117. DATE mm/dd/yyyy 03/29/2010 118. TYPE NAME, TITLE OF CORONER / DEPUTY CORONER RANDAL WAYNE DYCK, DETECTIVE CORONER			
119. STATE REGISTRAR A B C D E 120. INJURED AT WORK? YES ☐ NO ☐ UNK ☐ 121. INJURY DATE mm/dd/yyyy 122. HOUR (24 Hours) FAX AUTH.# CENSUS TRACT			

MONTEREY CO. DEPT. OF HEALTH
STATE OF CALIFORNIA
COUNTY OF MONTEREY

DATE ISSUED

APR 2 - 2010

By

Local Registrar.

000248463

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PENCO (Rev) 11/06



State of Idaho

DEPARTMENT OF WATER RESOURCES

Western Region, 2735 Airport Way • Boise, Idaho 83705-5082

Phone: (208) 334-2190 • Fax: (208) 334-2348 • Web Site: www.idwr.idaho.gov

C. L. "BUTCH" OTTER
Governor

GARY SPACKMAN
Interim Director

September 13, 2012

Robert K. Seehusen & Candice Crow
29 River Road
Garden Valley, ID 83622

RE: Scheduling Field Exam for Water Right Permit No. 65-13910

We are planning to **conduct water right field examinations** in the vicinity of the above-referenced permit **during the week of September 24, 2012**. An examination is needed to verify your water use in order to issue a water right license.

Please be advised that you will need to operate your system under normal operating conditions during the examination. The permit authorizes the diversion of 0.06 cfs from the Middle Fork of the Payette River for irrigation of 2.0 acres.

In order to conduct your exam as efficiently as possible, we ask that you call this office to schedule a day and time convenient for you. **Please call me at 208-334-2190 by September 21, 2012, to conduct the exam during the week of September 24, 2012.** If there is a problem with scheduling or conducting the examination at this time, please let me know so we can reschedule or make other arrangements.

I appreciate your attention to this matter and I look forward to hearing from you.

Sincerely,

A handwritten signature in black ink that reads "Rick Collingwood". The signature is written in a cursive, flowing style.

Rick Collingwood, P.E.
Water Resource Agent, Sr.