

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 15-7143

Exam Date: 10/3/2012

1. Current Owner: DAVID R HARRIS
1010 S WOODRUFF RD
MALAD CITY ID 83252
(208)766-2694
2. Accompanied by: David R Harris
Phone No: (208) 766-3027
Address:
Relationship to Permit Holder: Same

3. SOURCE TRIBUTARY
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None
2. Other water rights with the same point of diversion: 15-7137, 15-7020, 15-7143 & 15-7304

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

GROUND WATER NE1/4NW1/4 Sec. 22, Twp 16S, Rge 36E, B.M. ONEIDA County (Well 2)
GROUND WATER SE1/4NE1/4 Sec. 21, Twp 16S, Rge 36E, B.M. ONEIDA County (Well 3)

Method of Determination: GPS (Well #2 -112.243157, 42.026455 Well #3 -112.247996, 42.025207)

2.

<u>PLACE OF USE:</u>			<u>IRRIGATION</u>																<u>Totals</u>
<u>Twp</u>	<u>Rge</u>	<u>Sec</u>	<u>NE</u>				<u>NW</u>				<u>SW</u>				<u>SE</u>				
			<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	<u>NE</u>	<u>NW</u>	<u>SW</u>	<u>SE</u>	
16S	36E	15			12.0										4.0	26.0	36.0	21.0	99.0
16S	36E	16																34.0	34.0
16S	36E	22		24.0			37.0												61.0

Total Acres: 194

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>
Well #2	GEM	250	5K6278XH625A		
Well #3	GE	150	BYJ0220105		

*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>
Ultra Sonic Flow Meter	Porta Flow	Fuji	00FY099T	91012		

2. Measurements: Highest instantaneous reading = 6.28 cfs limited by demand (194 acres X .02cfs/acre = 3.88 cfs)
Interconnected capacity = 12.48 cfs – 3.88 (15-15-7143) = 8.6 cfs (15-7304 and 15-7137)

E. FLOW CALCULATIONS

_____ Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 194 \times 3.5 = 679 \text{ af}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 3.88 \times 214 \times 1.9835 = 1646.9$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 679 \text{ af}$$

2. Volume Calculations for Other Uses: None

G. NARRATIVE/REMARKS/COMMENTS

Field Exam completed Oct 3, 2012. There are two wells inter-connected with a main distribution system that run three pivots, 12 Wheel lines and 4 hand lines. Should complete a transfer to combine the POU and POD. Each well is equipped with a flow-meter.

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	4/01 to 10/31	3.880 CFS	679.0 AF
<u>Totals:</u>		3.880 CFS	679 AF

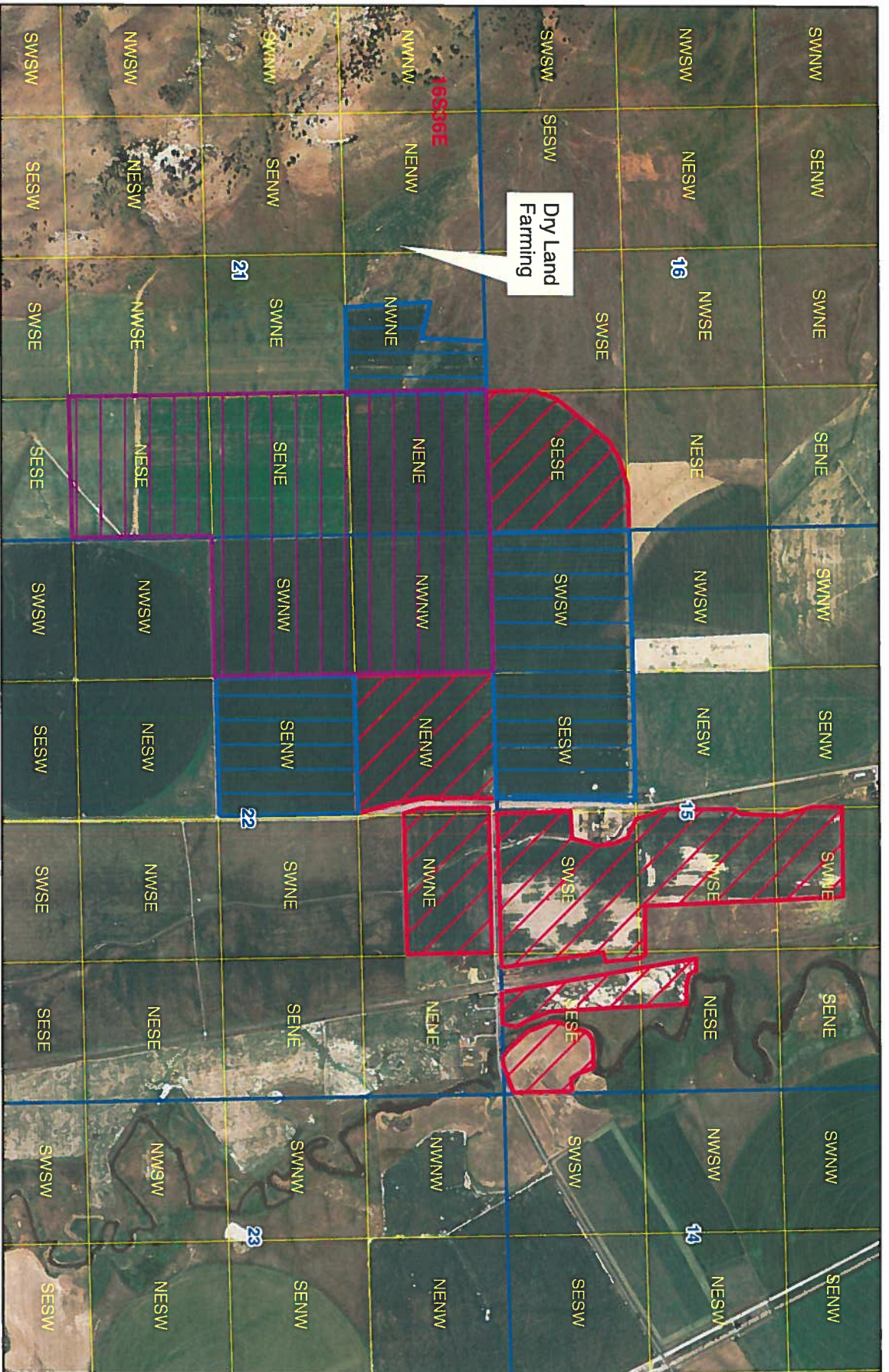
2. Recommended Amendments

☐ 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

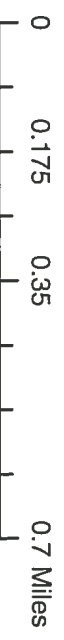
Field Examiner's Name Kerrie Mathew Date 10-3-2012
Reviewer _____ Date _____

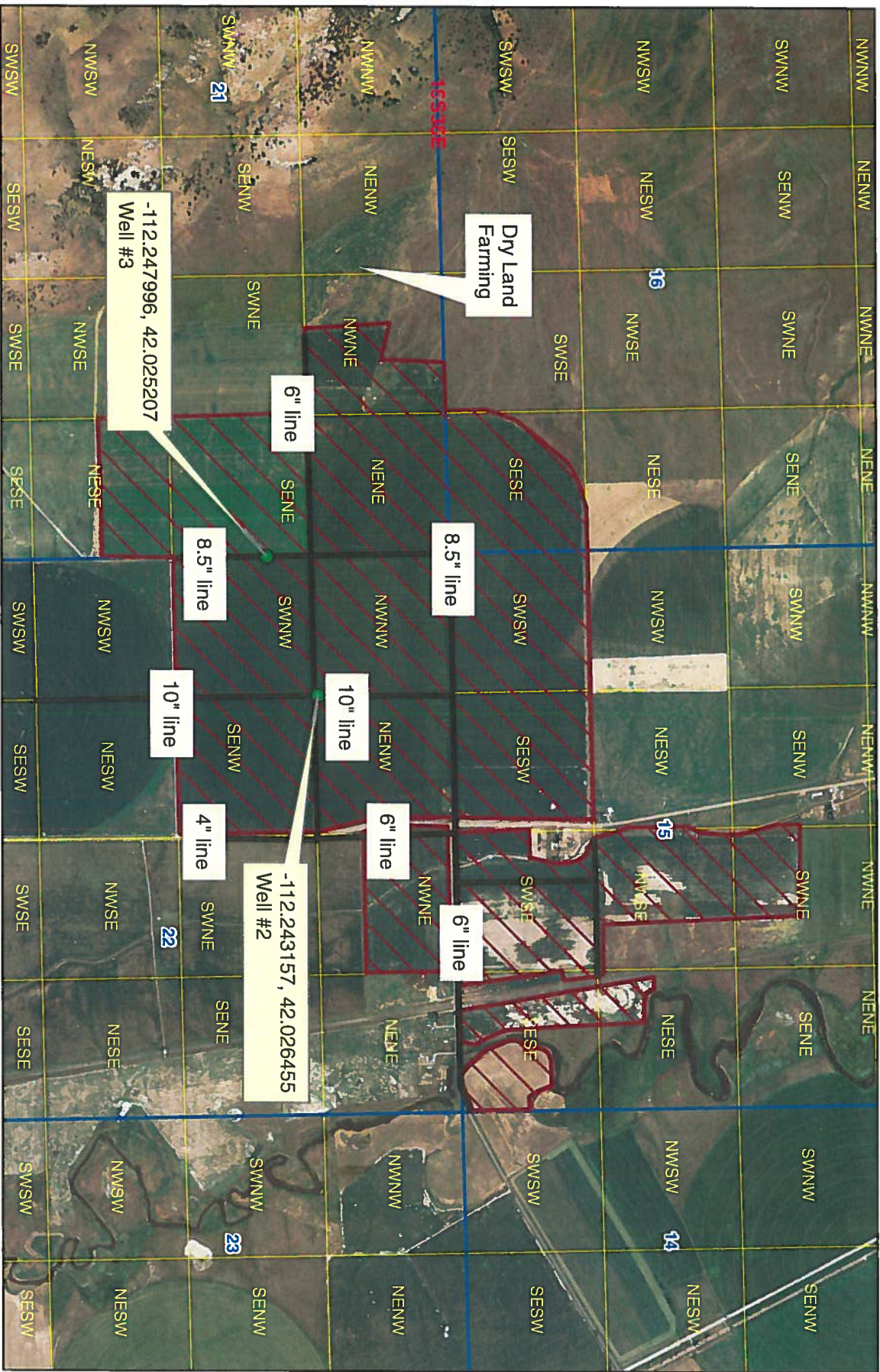


15-7137 & 15-7143 Field Exam Oct. 3, 2012



- 15-7020
- 15-7137
- 15-7143
- Township/Range
- Sections
- QQ





15-7137 & 15-7143 Field Exam Oct. 3, 2012



- Distribution System
- ▨ Combined Place of Use
- ▭ Township/Range
- ▭ Sections
- ▭ QQ



No. W 10746	Due no later than Jan 31, 2012 Annual Report Form		2. Registered Agent and Address (NO PO BOX)			
Return to: SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080 NO FILING FEE IF RECEIVED BY DUE DATE	1. Mailing Address: Correct in this box if needed.		DAVID R HARRIS 10101 S OLD HWY 191 MALAD ID 83252			
	DOUBLE H FARMS, A LIMITED LIABILITY COMPANY DAVID R. HARRIS 10101 S OLD HWY 191 MALAD ID 83252 USA		3. <u>New</u> Registered Agent Signature:*			
4. Limited Liability Companies: Enter Names and Addresses of at least one Member or Manager.						
Office Held	Name	Street or PO Address	City	State	Country	Postal Code
MANAGER	DAVID R HARRIS	10101 S OLD HWY 191	MALAD	ID	USA	83252
MEMBER	MORGAN D HARRIS	2515 EAST CASEY	LAS VEGAS	NV	USA	89120
5. Organized Under the Laws of: ID W 10746		6. Annual Report must be signed.* Signature: David R. Harris Name (type or print): David R. Harris Date: 01/23/2012 Title: Manager				
Processed 01/23/2012		* Electronically provided signatures are accepted as original signatures.				

Field Exam – October 3, 2012 - David R Harris



Well at -112.247996 42.025207 T16S R36W Sec 21 SENE



Pump house at Well above



Close up



Well at -112.243157 42.026455 T16S R36E Sec 22 NENW



Pivot tower



View to N from Well 1



View to NE from Well 1, Well 2 and pivot in background



View to E



View to the S



View to SE



View to the W



View to NW