

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 15-7136

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:

Address:

Relationship to Permit Holder: Same

3. SOURCETRIBUTARY

GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: 15-7028
2. Other water rights with the same point of diversion: 15-7028 & 15-7144

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

GROUND WATER NE1/4NW1/4 Sec. 23, Twp 16S, Rge 36E, B.M.

ONEIDA County

Method of Determination: GPS (-112.220955, 42.029429)

2.

<u>PLACE OF USE:</u>			IRRIGATION																<u>Totals</u>
Twp	Rge	Sec	NE				NW				SW				SE				
			<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	14											6.0	14.0					20.0
16S	36E	23					8.0	40.0											48.0

Total Acres: 68

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>
A0010811	GEM Three Phase	100	761006		VHSWP1

*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: 5.06 cfs

E. FLOW CALCULATIONS☐ Additional Computation Sheets Attached

Measured Method:

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 68 \times 3.5 = 238 \text{ afa}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 1.36 \times 214 \times 1.9835 = 577.3 \text{ afa}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 238 \text{ afa}$$

2. Volume Calculations for Other Uses: N/A

G. NARRATIVE/REMARKS/COMMENTS

Add X35 condition, and the POU is based on 1992 aerial imagery.

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	04/01 to 10/31	1.360 CFS	238.00 AF
	<u>Totals:</u>	1.360 CFS	238.00 AF

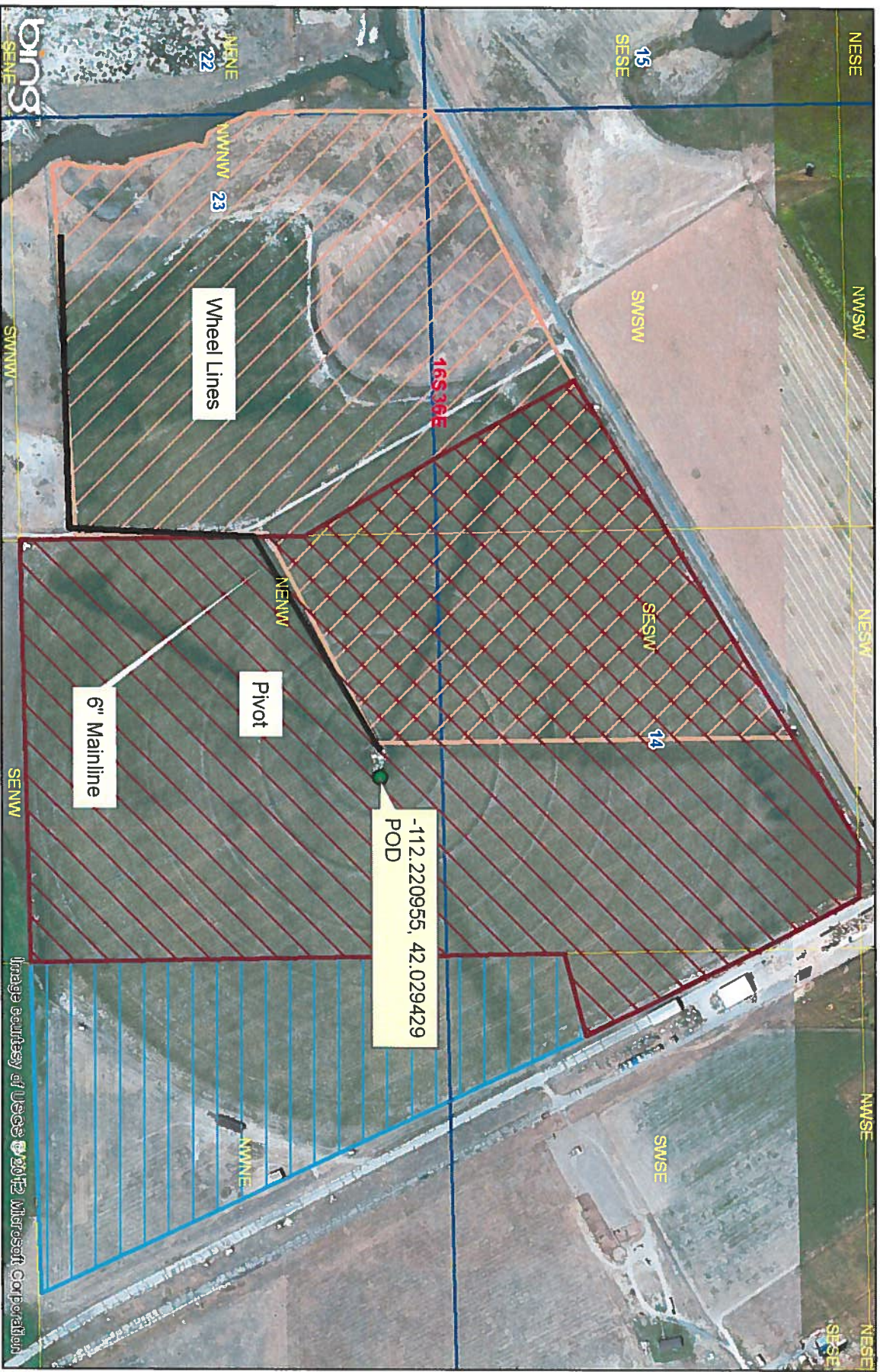
2. Recommended Amendments

☐ 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 Kenneth Matthews Date 10-3-2012
Reviewer James Cefalo Date 12/11/2012



15-7136 & 15-7144 Field Exam Oct. 3, 2012

- Distribution System
- POU_15-7028
- 15-7136 POU
- 15-7144 POU
- Township/Range
- Sections
- QQ





Well



Tag on Well



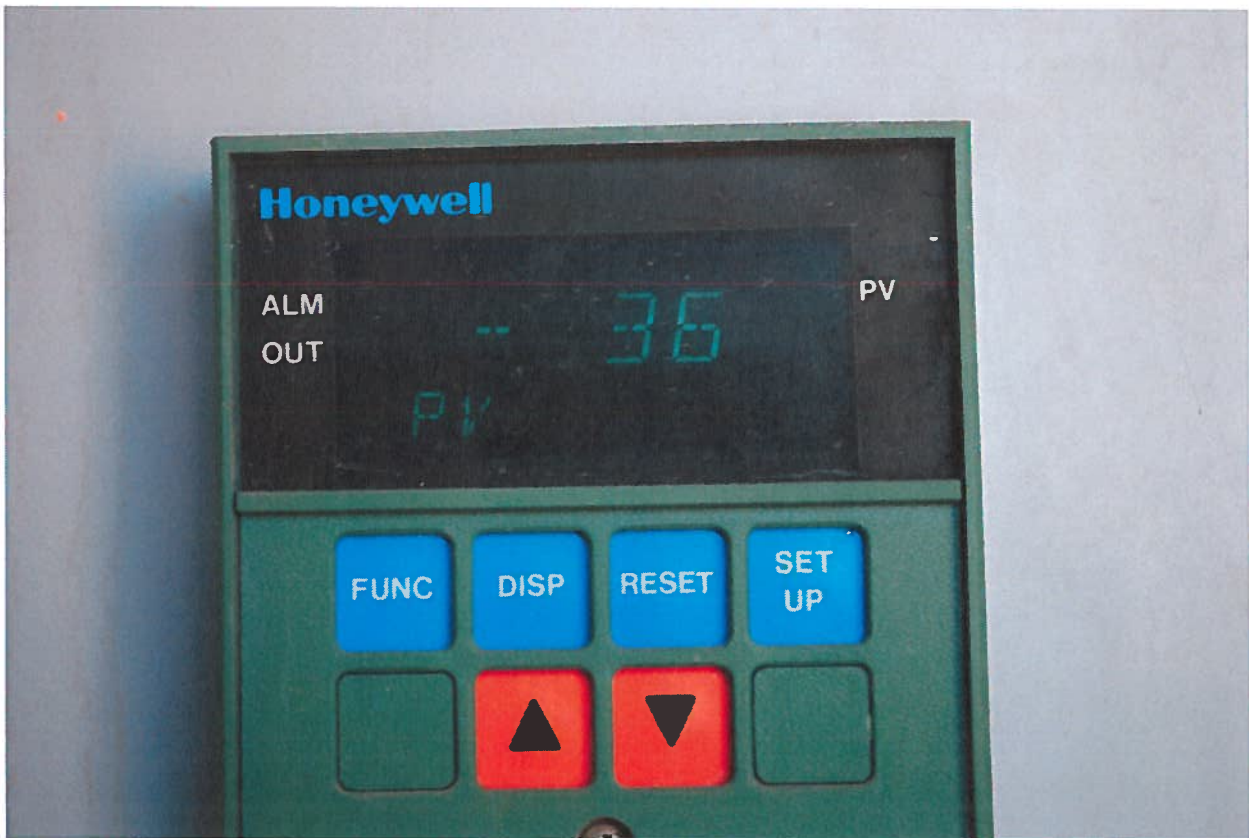
Back Side of well and Pump house



Pivot tower



Inside pump house



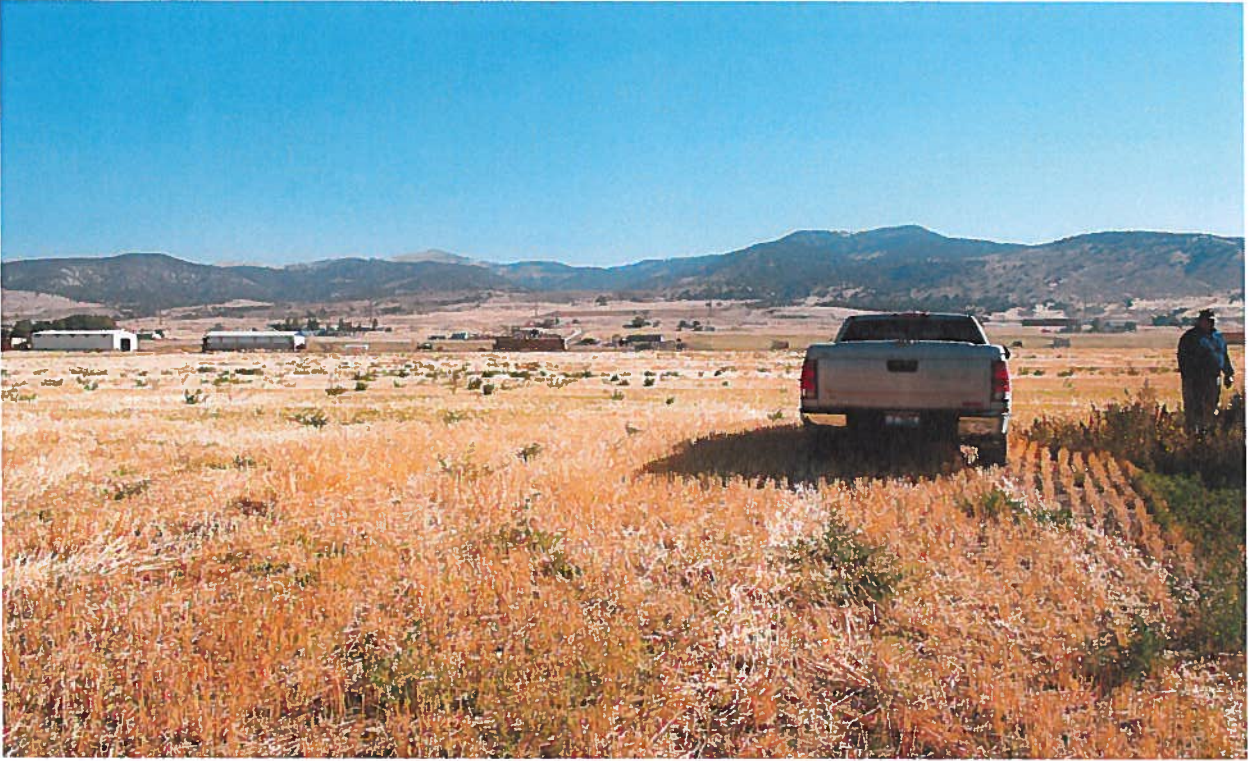
Close up



View to the North



View to NE



View to the E



View to SW



View to W

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. DOUBLE H FARMS, A LIMITED LIABILITY COMPANY DAVID R. HARRIS 10101 S OLD HWY 191 MALAD ID 83252 USA		DAVID R HARRIS 10101 S OLD HWY 191 MALAD ID 83252	
			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.		