

[illegible]

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

D. FLOW MEASUREMENTS

1. Measurements: No measurement taken.

E. FLOW CALCULATIONS

Measured Method:

☐ Additional Computation Sheets Attached

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

Standard domestic volume (in-house use only) = 0.6 acre-feet per year

G. NARRATIVE/REMARKS/COMMENTS

Spring developed. Water is piped to a collection/storage tank then piped for use at a home located 200 feet east of the spring box. Home is fully constructed on the outside, but has not been fully completed on the inside. House has been in a partially completed condition for a number of years. No evidence of outside irrigation.

Spring is tributary to Michael Creek, which is part of the Oxford Creek water district, 13R. Permit condition requires installation of a measuring device and lockable structure prior to diversion of water. Because water has not been regularly and consistently diverted yet, the permit condition is not yet applicable. It will be included on the license.

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>
DOMESTIC	01/01 to 12/31	0.020 CFS	0.60 AF
<u>Totals:</u>		0.020 CFS	0.60 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

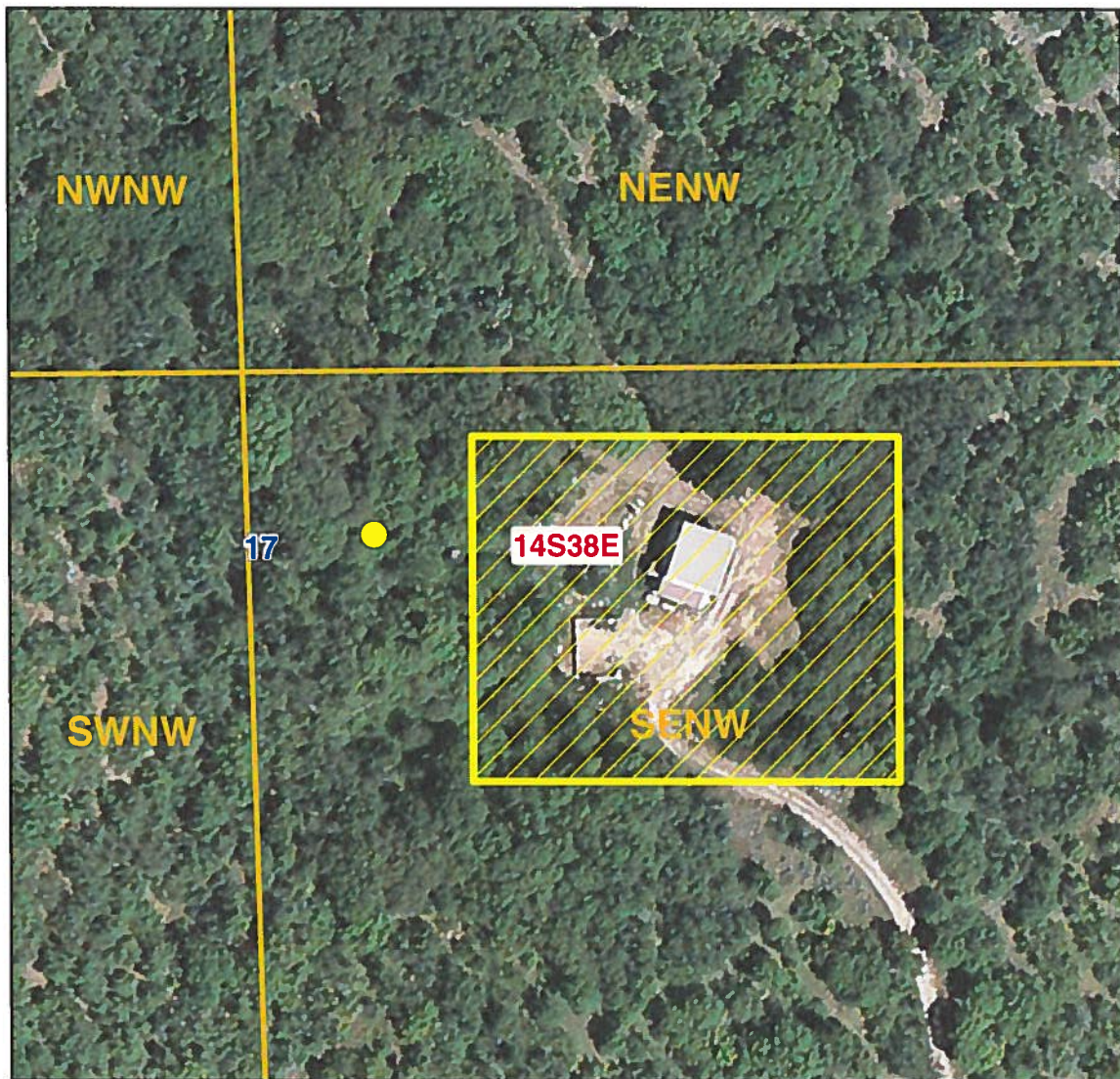
Field Examiner's Name James Cefalo Date 9/26/2012

Reviewer _____ Date _____





13-7547 (Westover Living Trust)



Legend

- Water Right POD
-  Water Right POU
-  Township/Range
-  Sections
-  QQ

0 150 300
Feet

