

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-11803

Exam Date: 6/7/2012

1. Current Owner: CHRISTOPHER CHEELEY
10439 W SHALE CT
POST FALLS ID 83854
(208)661-1000

2. Accompanied by: In office exam.

3. **SOURCE**

SPOKANE RIVER

TRIBUTARY

COLUMBIA RIVER

B. OVERLAP REVIEW

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

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

SPOKANE RIVER

NW1/4NE1/4

Sec. 11, Twp 50N, Rge 05W, B.M.

KOOTENAI County

Method of Determination: Aerial photography, Bing Maps and Arc Map Data.

2.

PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			<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>	
50N	05W	11		X			X												
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Method of Determination: Aerial photography, Bing Maps and Arc Map Data.

3. N/A Delivery System Diagram Attached (required). Indicate all major components and distances between components. Indicate weir size/pipe as applicable.
Yes Map Attached Showing Location(s) of point(s) of diversion and place(s) of use (required). Scale must be 1:24,000 or greater.
Yes Aerial Photo Attached (required for irrigation of 10+ acres).
N/A Photo of Diversion and System Attached

4.

Well or Diversion Information not needed.**D. FLOW MEASUREMENTS**

Flow measurement not required as per IDAPA RULE 37.03.02.035.01.r.iii.

E. FLOW CALCULATIONS

The diversion rate for this domestic right is limited to 0.04 cfs or 18 gpm.

F. VOLUME CALCULATIONS

The annual volume for this domestic right is limited to 1.2 AF.

G. NARRATIVE/REMARKS/COMMENTS

This office exam is conducted in accordance with IDAPA RULE 37.03.02.035.01. The verification for this right is based upon the following:

1. Statement of completion
2. Tax Lot information
3. Aerial photography, Bing Maps and Arc Map Data

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	0.040 CFS	1.20 AF
<u>Totals:</u>		0.040 CFS	1.20 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 *L. Taylor* Date *6/7/12*

Reviewer *E. Taylor* Date *6-13-2012*

