

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 82-12246

Exam Date: June 13, 2012

1. Current Owner: ROBERT W ROY
And/Or
CONNIE A ROY
PO BOX 343
ELK CITY ID 83525
(208) 842-2986
2. Accompanied by: no one—Mr. Roy gave me permission to enter premises unattended
Phone No: (208) 842-2878
Address: RobRoy@dishmail.net

3. SOURCE TRIBUTARY
SPRING SINKS

B. OVERLAP REVIEW

1. Other water rights with the same place of use: None (I conducted an overlap review and found no overlaps)
2. Other water rights with the same point of diversion: None (I conducted an overlap review and found no overlaps)

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

SPRING NW1/4SW1/4NE1/4 Sec. 21, Twp 29N, Rge 08E, B.M. IDAHO County (A0018528)

Method of Determination: GPS

2.

<u>PLACE OF USE:</u>			DOMESTIC																
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>	<u>Totals</u>
29N	08E	21			X														

Method of Determination: Field visit and aerial imagery

3. ☒ Delivery System Diagram-Page 3 (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</u>					<u>Pump Serial No. or Discharge</u>
<u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Size</u>
A0018528	Gravity flow—no pump/motor				

D. FLOW MEASUREMENTS

1.

Measurement

<u>Equipment</u>	<u>Type</u>	<u>Make</u>	<u>Model No.</u>	<u>Serial No.</u>	<u>Size</u>	<u>Calib. Date</u>
------------------	-------------	-------------	------------------	-------------------	-------------	--------------------

Bucket and stopwatch with a calibrated 5 gallon bucket						
--	--	--	--	--	--	--

2. Measurements: Three measurements were taken with an average of 4.8 gpm or 0.01 cfs. There is a collection box at the PD therefore the bucket and stopwatch measurement may not be 100% accurate. There was no way to measure the amount of water going into the collection box, the box is 4' deep and is intercepting the spring.

E. FLOW CALCULATIONS☒ Additional Computation Sheets Attached

Measured Method: I recommend the full permitted rate of 0.02 cfs. I have entered the system specifications into the attached Mannings flow calculator. The result is a total capacity of 0.07 cfs for the Roy's conveyance system. Even though I measured 0.01 cfs at the standpipe, I believe that the spring may produce 0.02 cfs at certain times of the year.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

$$V_{I.R.} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) = 0.4 \text{ acre} \times 3 \text{ af} = 1.2 \text{ af}$$

$$V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation season}) \times 1.9835 = 0.02 \times 200 \text{ days} \times 1.9835 = 7.9 \text{ af}$$

$$V = \text{Smaller of } V_{I.R.} \text{ and } V_{D.R.} = 1.2 \text{ af}$$

2. Volume Calculations for Other Uses: Domestic in-house use = 0.6 plus irrigation = 1.8 af total

G. NARRATIVE/REMARKS/COMMENTS

I spoke with Mr. Roy on the phone before my visit and he told me the following: The spring goes year round and they use the water for internal use in addition to the irrigation of lawn and a small greenhouse. The total irrigated area appears to be slightly less than 1/2 acre. The irrigation is accomplished by using a standard garden hose.

Have conditions of permit approval been met? ☒ Yes ☐ No**H. RECOMMENDATIONS****1. Recommended Amounts**

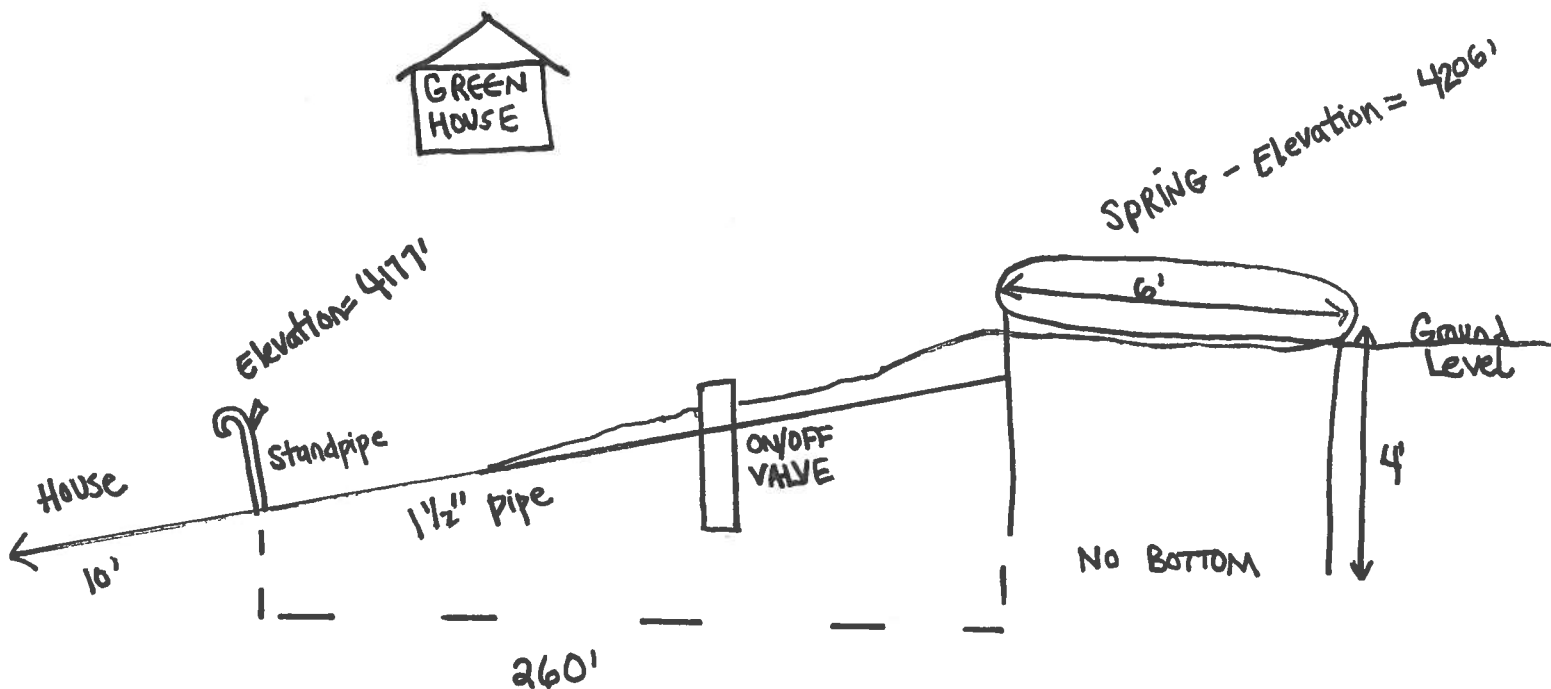
<u>BENEFICIAL USE</u>	<u>PERIOD OF USE</u>	<u>DIVERSION RATE</u>	<u>ANNUAL VOLUME</u>
DOMESTIC	01/01 to 12/31	0.020 CFS	1.8 AF
Totals:		0.020 CFS	1.8 AF

2. Recommended Amendments
☐ Change P.D. as reflected above ☐ Add P.D. as reflected above ☒ None

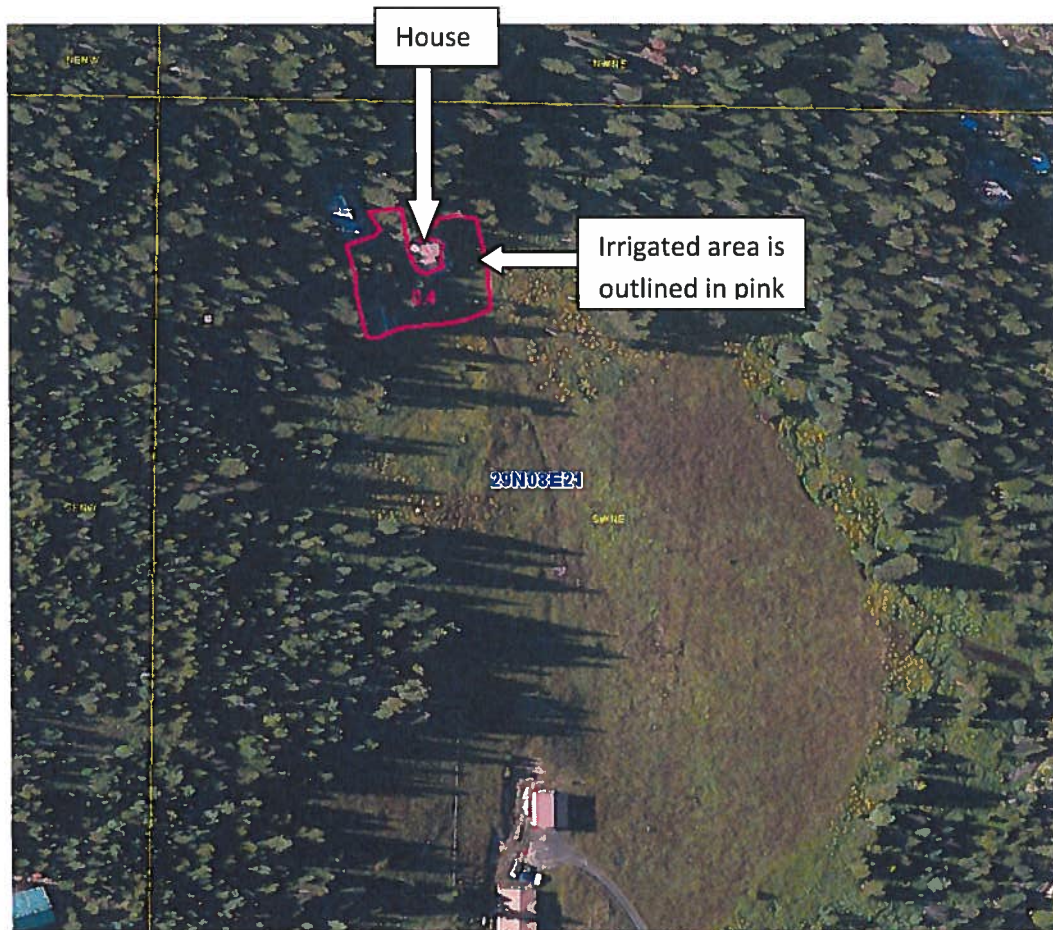
☐ Change P.U. as reflected above ☐ Add P.U. as reflected above ☐ Other
I. AUTHENTICATIONField Examiner's Name Cherie D. Miller Date 6/20/12

Reviewer _____ Date _____

Delivery System



Aerial Imagery



Photos









