

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 29-13733
Exam Date: 11/22/2011

1. Current Owner: DIAMOND T RANCH LLC
1705 N HWY 38
BRIGHAM CITY UT 84302
(435)723-5474
2. Accompanied by: in-office
Phone No: same as above
Address: same as above
Relationship to Permit Holder: NA

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: none

C. DIVERSION AND DELIVERY SYSTEM

1. LOCATION OF POINT(S) OF DIVERSION:

GROUND WATER NW1/4NW1/4 Sec. 22, Twp 09S, Rge 35E, B.M.
BANNOCK County

Method of Determination: Map

2.
PLACE OF USE: DOMESTIC

Twp	Rge	Sec	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
09S	35E	22						X											

Method of Determination: Map

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.

Well or Diversion
ID No.*

Motor Make

Hp

Motor Serial No.

Pump Make

Pump Serial No. or Discharge
Size

*Code to correspond with No. on map and aerial photo

D. FLOW MEASUREMENTS

1.

Measurement
Equipment

Type

Make

Model No.

Serial No.

Size

Calib. Date

2. Measurements: No measurements made. De minimus rate of diversion.

E. FLOW CALCULATIONS

☐ Additional Computation Sheets Attached

Measured Method: De minimus flow.

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: NA

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

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

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

2. Volume Calculations for Other Uses:

0.6 AF for in-house use, 0.6 AF for irrigation

Total volume= 1.2 AF

G. NARRATIVE/REMARKS/COMMENTS

Exam carried out in office. Could not locate drillers report. Aerial photography confirms that a home has been built. A second home is present, in addition to two ponds, one approximately one quarter acre in area, the other smaller.

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 James Bitzenburg

Date 11-17-2011

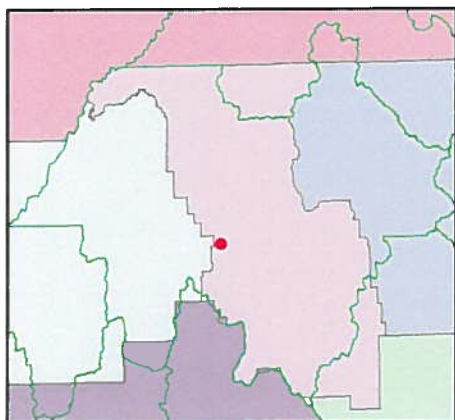
Reviewer _____ Date _____



Idaho Department of Water Resources

Water Right
29-13733
(DOMESTIC)

-  Point of Diversion
-  Place of Use
-  State Outline
-  Townships
-  PLS Sections
-  Quarter Quarters



Bannock County
IDWR Basin 29



Prepared by Bitzenburg, James
On March 22, 2012
2009 Aerial Photography

Owner: Diamond T Ranch Llc

NOTE: Only one owner is listed. There may or may not be more than this in the IDWR database.

Permit No. 29-13733

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Staff Analysis Field Report for Exempted Wells

1. X Copy of Permit
2. X Copy of proof of beneficial use
3. — Copies of amendments, orders with conditions
4. Y Permit is for one owner
5. Y Confirm one owner of the place of use
 - X Tax lot Research
 - Telephone call
 - Office visit
6. X Aerial photo of parcel for the water right file (copy of aerial required)
7. NO Well driller's report *could not find*
8. X Domestic use only
9. X 0.04 cfs or less on water permit
10. — Check if alternative source of water is available for domestic use
11. X Other information: *2 homes are present on property. Also one large (0.23 acre) and one small pond on property.*

AUTHENTICATION

Examiner Name *Jim R. [Signature]* Date 11-17-11

Reviewer _____ Date _____