

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 65-23140

Exam Date: 12/20/2011

1. Current Owner: BONNIE LAURA WATER CORP
PO BOX 1106
EMMETT ID 83617
(208)365-3897
2. Accompanied by: N/A, In office exam, 42-111 well
Phone No:
Address:
Relationship to Permit Holder:

3. SOURCE TRIBUTARY
GROUND WATER

B. OVERLAP REVIEW

1. Other water rights with the same place of use: N/A
2. Other water rights with the same point of diversion: 65-7143

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

GROUND WATER SW1/4NE1/4SE1/4 Sec. 1, Twp 06N, Rge 02W, B.M., GEM County – Well #1
GROUND WATER SW1/4NE1/4SE1/4 Sec. 1, Twp 06N, Rge 02W, B.M., GEM County – Well #3

Method of Determination: Certified Surveys

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>	
06N	02W	1														X			

Method of Determination: Tax Lots in Arcview, See Narrative/Remarks/Comments

4.

Well or DiversionID No.*Motor MakeHpMotor Serial No.Pump MakePump Serial No. or Discharge Size

N/A

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

D. FLOW MEASUREMENTS

N/A

E. FLOW CALCULATIONS

_____Additional Computation Sheets Attached

Measured Method:

Allow Permitted Rate

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation: N/A
2. Volume Calculations for Other Uses: Allow 1.2 AF for 1 home (as permitted)

G. NARRATIVE/REMARKS/COMMENTS

In office exam, 42-111 well,
Confirmed place of use per county assessor ArcMap taxlot data.
ArcMap photo (2004) confirmed dwelling.
Lot 26 – Bonnie Laura Subdivision.
See Attached well logs.

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 Kay Walker Date 12/20/2011
Reviewer _____ Date _____