

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

A. GENERAL INFORMATION

Permit No: 95-8973

Exam Date: 9/28/2007

1. Current Owner: STANLEY E BUNN
10620 W BUNN RD
COEUR D ALENE ID 83814-7177
(208)667-6966
2. Accompanied by: Bill Kincaid
Phone No208-:667-6968
Address :Same as above
Relationship to Permit Holder: Son-in law

3. SOURCE

SPRING

TRIBUTARY

SINKS

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:

SPRING

SE1/4SW1/4SW1/4

Sec. 23, Twp 50N, Rge 05W, B.M.

KOOTENAI County

Method of Determination:

GPS

2.

PLACE OF USE: DOMESTIC

Twp Rge Sec	NE				NW				SW				SE				Totals
50N 05W 23	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
												X					

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

4.

<u>Well or Diversion</u> <u>ID No.*</u>	<u>Motor Make</u>	<u>Hp</u>	<u>Motor Serial No.</u>	<u>Pump Make</u>	<u>Pump Serial No. or Discharge</u> <u>Size</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

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

D. FLOW MEASUREMENTS

1.

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

2. Measurements:

5gal Bucket Method from Spring to Cistern
 5gal in 17 sec = 17.65 gpm or 18 gpm = 0.04 cfs

E. FLOW CALCULATIONS

Measured Method:

See Above.

____ Additional Computation Sheets Attached

F. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

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

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

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

2. Volume Calculations for Other Uses:

Domestic Inhouse 0.6 AFA
 Irrigation 0.6 AFA
 Total 1.2 AFA

G. NARRATIVE/REMARKS/COMMENTS

A spring was found that flows to a large cistern that intern feeds water to a house owned by the permittee.

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 [Signature] Date 9/28/09

Reviewer [Signature] Date 2/15/12

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Holly Kincaid</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>Holly Kincaid</i> C. Date of Delivery <i>5-15</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: <i>Holly Kincaid</i> <i>W 10620 Burn Rd</i> <i>Coeur d'Alene ID</i> <i>83814</i>		RECEIVED MAY 16 2007 IDWR/North	
2. Article Number (Transfer from service label) <i>7004 2510 0000 4998 9695</i>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. - Print your name and address on the reverse so that we can return the card to you. - Attach this card to the back of the mailpiece, or on the front if space permits.		A. Signature <i>Leatrice N. Bunn</i> ☐ Agent ☒ Addressee B. Received by (Printed Name) <i>LEATRICE N. BUNN</i> C. Date of Delivery <i>5-17-07</i> D. Is delivery address different from item 1? ☐ Yes If YES, enter delivery address below: ☐ No	
1. Article Addressed to: <i>Stanley Bunn</i> <i>8508</i> <i>8505 N Hayden Pine Way</i> <i>Hayden ID 83835</i> <i>8695</i>		RECEIVED MAY 18 2007 IDWR/North	
2. Article Number (Transfer from service label) <i>7004 2510 0000 4998 9688</i>			
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

FIELD NOTES

95-8973

Date: 5/1/2007

Time: 10:00

CISTERN

Accompanied by: _____

GPS Points: WP 110

Diversion Description: _____

N47.39.544

W116.56.1016

Source _____

Tributary _____

Place of Use Description: _____

Spring N47.39.557

WP 111

W116.56.096

Exceptions: _____

Measurement: _____

Type: _____

Type2: _____

Data: _____

Data: _____

Total Q : _____

Priority Date: _____

Recommended as: _____

Period of Use: _____

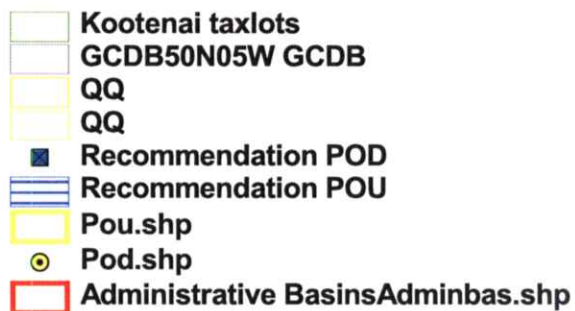
Recommended as: _____

With Remark(s): _____

Other Remarks or
observations: _____

Signed: _____

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CYSTERN



CYSTERN 2



DIRECTION FROM
CYSTERN TO HOUSE



DIRECTION FROM SPRING
TO CYSTERN



INLET TO HOUSE



MEASUREMENT 1



MEASUREMENT 2



OUTLET FROM CYSTERN



PIPE RUNNING UP TO
SPRING



SPRING

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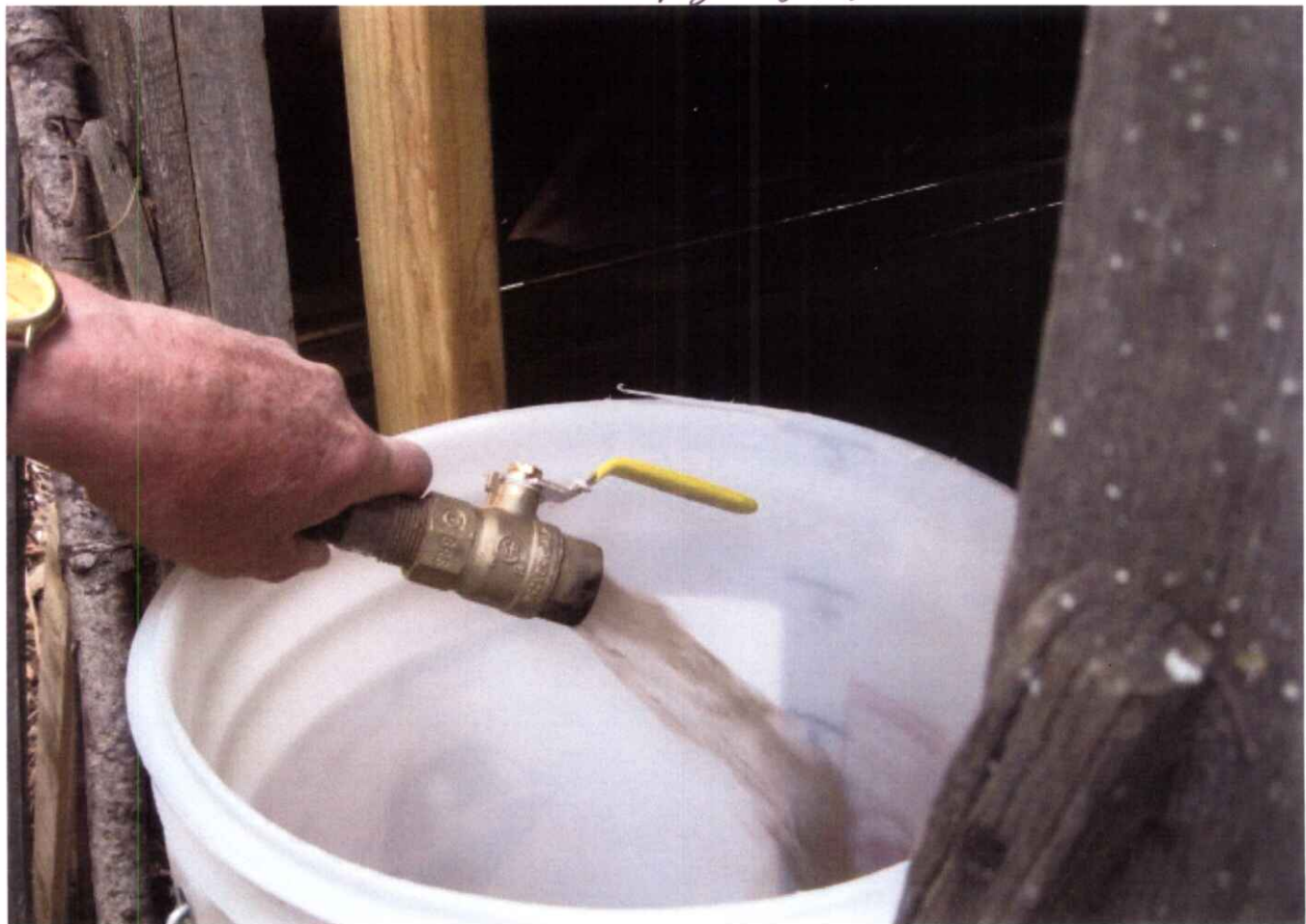


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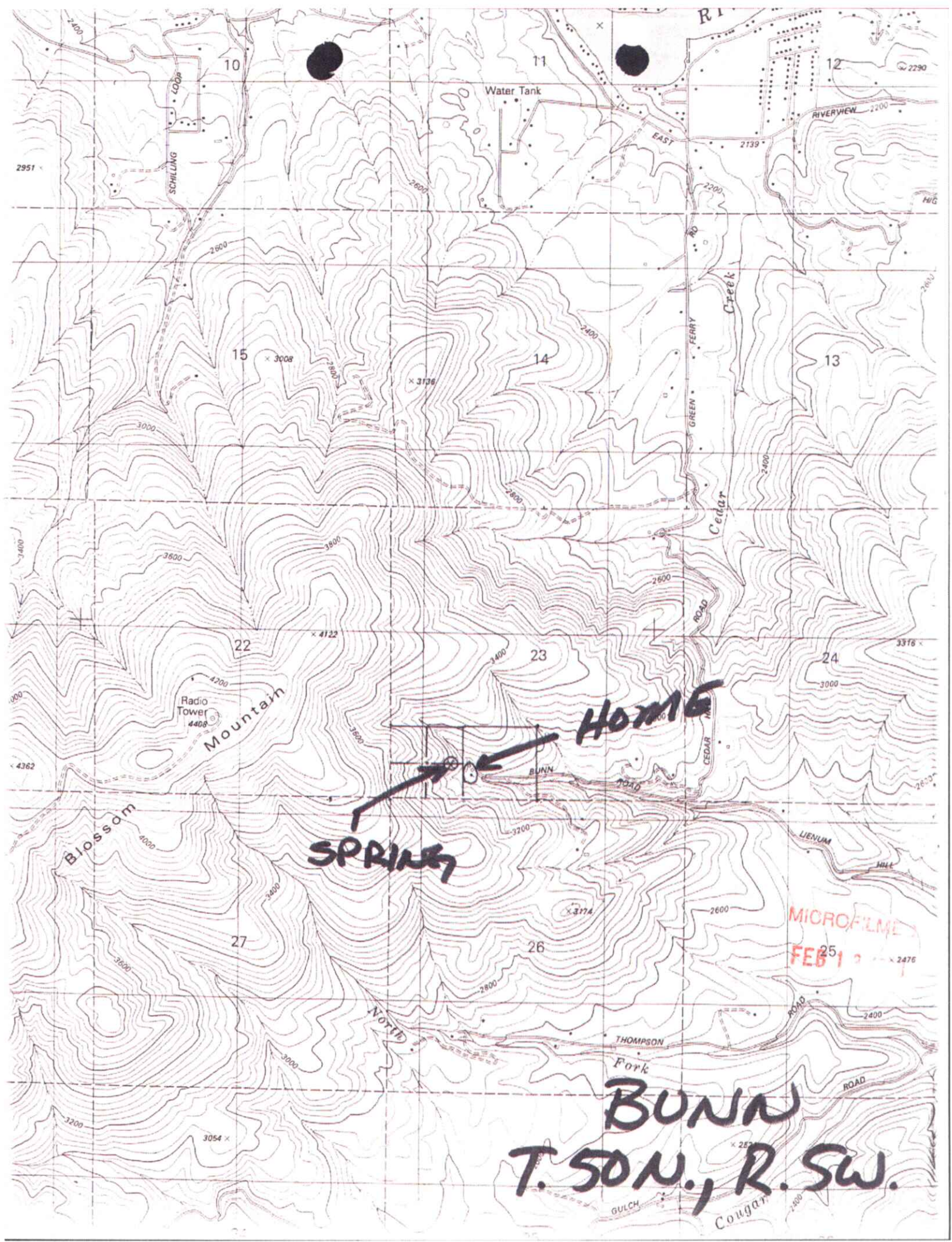
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2951 x

10

11

12

2290

Water Tank

RIVERVIEW 2200

SCHILING

EAST

2139

2200

ROAD

GREEN

FERRY

ROAD

Cedar

Creek

15

x 3008

14

x 3136

13

22

x 4122

23

24

3316 x

Radio Tower
4408

Blossom Mountain

HOME

SPRING

BUNN

LIENUM

MILL

MICROFILMED

FEB 25 1975

x 2476

27

26

x 3174

2600

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

ROAD

THOMPSON

Fork

GULCH

Cougar

ROAD

ROAD

ROAD

ROAD

ROAD

BUNN
T. 50N., R. 5W.