

RECEIVED

Form 219
6/92
JUN 30 2005
DEPARTMENT OF
WATER RESOURCES

*note license in 2005 if can but
not for SRBA reasons*

*And Attorney contact
Angela Schaefer Konemann*

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
BENEFICIAL USE FIELD REPORT

*alternate phone per proof
of B.U.
208-549-3645 (MANAGER)
724-238-6671*

A. GENERAL INFORMATION

* 1. Owner: Seward Prosser Mellon (et al) Permit No. 67-14279
Phone No. 412-238-7085
Current Address: Po Box Rkm Ligonier PA 15658-0780
2. Accompanied by: N/A EXAM DATE: 5/11/2004
Address: _____ Phone No. _____
Relationship to Permit Holder: _____
3. Source: groundwater tributary to N/A

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: _____

C. DIVERSION AND DELIVERY SYSTEM

1. Point(s) of Diversion:

Ident No.	Gov't Lot	1/4	1/4	1/4	Sec.	Twp.	Rge.	County	Method of Determination/Remarks
	—		SE	NW	32	13N	4W	Washington	County assessor

2. Place(s) of Use:

Indicate Method of Determination as above

TWP	RGE	SEC	NE				NW				SW				SE				Totals
			NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	NE	NW	SW	SE	
13N	4W	32																	

* ☐ "ownership change packet" mailed to present owner if other than permit holder

3. **Delivery System Diagram:** Indicate all major components and distances between components. Indicate weir size/ditch size/pipe i.d. as applicable.

N/A

Scale: 1" = _____

____ Copy of USGS Quadrangle Attached Showing location(s) of point(s) of diversion and place(s) of use (required).

____ Aerial Photo Attached (required for irrigation of 10+ acres)

____ Photo of Diversion and System Attached

4.

Well or Diversion Identification 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: _____

E. NARRATIVE/REMARKS/COMMENTS

* CONFIRMED PER COUNTY ASSESSOR:

☐ telephone call

☒ office visit

NAME/ADDRESS PRESENT OWNER:

Same as in permit

PARCEL # RP 13N04N320000A

Lot	-	} N/A
Block	-	
Subdivision	-	

PER IDWR RECORDS if known:

Well log - ☒ drilled 9/2000

drilling permit - TAG D0015724
(OR TAG #)

* ASSESSOR confirmed a dwelling is on site in
T-R-S- 1/4-1/4 for identified owner.

House built 2001

Have conditions of permit approval been met? ☒ yes ☐ no

SEE ATTACHED letters & licensing.

F. FLOW CALCULATIONS

____ Additional Computation Sheets Attached

Measured Method:

Allow.04 cfs

-or-

lesser amount on permit

G. VOLUME CALCULATIONS

1. Volume Calculations for Irrigation:

 $V_{IR} = (\text{Acres Irrigated}) \times (\text{Irrigation Requirement}) =$ _____ $V_{D.R.} = [\text{Diversion Rate (cfs)}] \times (\text{Days in Irrigation Season}) \times 1.9835 =$ _____ $V = \text{Smaller of } V_{IR} \text{ and } V_{D.R.} =$ _____

2. Volume Calculations for Other Uses:

Allow1.2 AFA

-or-

.6 AFA if permit specifies just
in-house or just external use**H. RECOMMENDATIONS**

* 1. Recommended Amounts

from permit

Beneficial Use	Period of Use		Rate of Diversion Q (cfs)	Annual Volume V (afa)
	From	To		
<u>Domestic</u>	<u>1/1</u>	<u>12/31</u>	<u>.04</u>	<u>1.2</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
Totals:			<u>.04</u>	<u>1.2</u>

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

5/28/2005

Reviewer _____

Date _____

SEAL

- * Recommend - Add parcel # to license.
- " attorney to correspondence list.
- License in 2005 if possible, implied request e Atty. letters.

FORWARD WHITE COPY TO WATER RESOURCES