

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR _____

TIME CLOCK METHOD

ATTENTION: Year end data must be submitted to Idaho Department of Water Resources, 322 East Front Street, Boise, ID 83720; on or before **January 15** of the ensuing year.

A separate reporting form must be submitted for each diversion.

<i>Name:</i>	_____
<i>Water Source:</i>	_____
<i>Water Right No:</i>	_____
<i>Legal Description:</i>	T _____ R _____ Sec. _____
<i>Site Tag No:</i>	_____
<i>Diversion Name:</i>	_____

SECTION I Water Right Holder/Operator Information

(If there are multiple water right holders on a common ditch or conveyance system, please designate the contact person below)

Current Water Right Owner

Please check for address correction

Name _____
Last, First, MI

Phone _____

Address _____

Fax _____

City _____

Mobile _____

State & Zip _____

e-mail _____

Operator or Contact Person *(if different from owner)*

Name _____
Last, First, MI

Phone _____

Address _____

Fax _____

City _____

Mobile _____

State & Zip _____

e-mail _____

Original Owner *(if sold within last year)*

Name _____
Last, First, MI

Phone _____

Address _____

City, State & Zip _____

SECTION III Well Information

Note: Idaho code measurement statute 42-701 requires water users to measure water levels in their wells. However, the department recognizes that measuring water levels in some wells is very difficult, especially wells with submersible-type pumps installed. If the water level cannot be measured, please give a brief explanation in the comments section.

Static Water Level: _____ ft. Date _____

Depth to water level with the pump off and water level stabilized, measured from approximate ground level to water surface in well.

Dynamic Water Level: _____ ft. Date _____

Depth to water in the well with the pump operating at or near full capacity and the water level stabilized.

Pump discharge pressure at normal operating conditions: _____ PSI (pounds per square inch)

Does this pump open discharge? Yes / No (circle one) Is the pump ever throttled? Yes / No

SECTION III Rate of flow and volume pumped from well(s).

Measured flow rate _____ Units of Measurement: gpm, cfs, or other _____

Flow rate measured by _____ Date of flow rate measurement _____

Date (enter date of reading)	Time Clock reading	Discharge Pressure
January ()		
February ()		
March ()		
April ()		
May ()		
June ()		
July ()		
August ()		
September ()		
October ()		
November ()		
December ()		

Total Clock Hours _____ Total Acre-feet _____

* Equations: Acre Feet = **GPM** x Hours / 5431 or
 Acre Feet = **CFS** x Hours / 12.1

SECTION IV Modifications made to water system

Please describe in the space below any major modification made to the pumping plant or piping system which would affect the accuracy of the flow measurement during the reporting year. Attach drawings, sketches, notes or design information if needed.

SECTION V Certification

I hereby certify that the information reported is correct to the best of my knowledge and that I recognize that willful submittal of false or inaccurate data is a violation of law subject to the penalty provisions of Sections 42-311, 42-350 and 42-351, Idaho Code.

Signature Title Date

IMPORTANT: Each reporting form shall be accompanied by a report processing fee in the amount of **twenty-five dollars (\$25) per diversion** made payable to the Idaho Department of Water Resources. (Section 42-701(6), Idaho Code). Fee may be waived if no diversions are made during the reporting year.

For Department Use Only

Received by _____ Date _____ Time _____
Fee amount submitted _____ Correct? yes _____ no _____
Receipted by _____ Receipt No. _____
Reviewed by _____ Date _____
Data entry by _____ Date _____
Max Div Rate (cfs) _____ Date _____ Total Vol (acre-feet) _____