

**REQUEST FOR VARIANCE
OF IDWR APPROVED FLOW METER REQUIREMENT**

Please fill out one form for each affected well

A variance will only be considered or approved for simple systems, open discharge wells, or for non- approved flow meters installed prior to the date of an IDWR measurement order.

Please note: this request must be approved before you may use any alternate measurement method.

Owner/Operator: _____

Well Name: _____

IDWR Site Tag No.: _____

Legal Description: _____

Water District: _____

Reporting District: _____
(ground water district, irrigation district or other entity)

Select the method of measurement you wish to use and have approved:

Power Consumption Coefficient (PCC) *(only for irrigation diversions that consist of one well and one irrigation discharge point or one distinct flow and demand condition)*

Hour Meter / Time Clock *(one well, open discharge)*

Existing operating flow meter *(installed prior to the date of the effective order, and determined as acceptable by the Department)*

Standard Open Channel Device *(one or multiple wells, open discharge, device must be read daily or flows must be continuously recorded)*

If you are requesting a variance, you must answer the following questions:

1. Does the well open discharge into a pond or ditch? _____ Yes _____ No *(if YES, skip to #3)*
2. Is the well interconnected to other wells? _____ Yes _____ No
3. What is the pump discharge main line size? _____ inches
4. Please describe the irrigation equipment used with this well *(example: center pivot with or without end gun, 1/4 mile wheel lines, solid set hand lines, etc.)* Please describe number and length of hand/wheel lines. Describe system as accurately or completely as possible, including different operating conditions if any.

- a. Does your pivot(s) system operate with corner machines? _____ Yes _____ No
- b. Does your pivot(s) operate with an end gun? _____ Yes _____ No
If a pivot has an end gun, estimate the percent time the end gun operates. _____% time end gun is on
- c. Approximate number of acres irrigated by this well: _____ acres

5. Is there a flow meter presently installed on your well? _____ Yes _____ No (If NO, skip to #6)
If yes, provide flow meter information below.
Type: _____ (magnetic, propeller, insertable, etc.)
Manufacturer: _____
Installation date: _____
Is the meter operable?: _____ Yes _____ No
6. Are there multiple pumps or other electrical loads wired to the same electrical demand meter? _____ Yes _____ No
(example: surface water pumps, booster pumps, pivots)
a. If yes, please describe other electrical loads: _____
b. How many are in-line pressure boosters? _____
c. Do in-line boosters always run with the well? _____ Yes _____ No
7. Does the system operate with a variable frequency drive? _____ Yes _____ No (If NO, skip to #8)
If YES, note location: on well motor on booster motor on both
8. Does the well supply water for use other than irrigation? (Example: stock water, commercial)
_____ Yes _____ No If yes, please list uses: _____
9. Does the well production decrease over the irrigation season? _____ Yes _____ No
Does pumping water level decrease over the irrigation season? _____ Yes _____ No
If yes, approximately how many feet does the water level decrease? _____ feet

If you answered YES to any of the questions #6 through #9, your system is not likely a candidate for the Power Consumption Coefficient (PCC) method of measurement. You will be required to install a flow meter.

If the system is an OPEN DISCHARGE system (answer to #1 is YES) and well production does not decrease during the irrigation season (answer to #9 is NO), then the system may be a candidate to use an hour meter for measurement.

Required for all systems: Please attach a diagram or photo of the wellhead and pumping plant. Include or show locations of all proposed or existing flow meters, and the locations of boosters, valves, elbows, chemigation ports, etc., and the spacing between each.

PLEASE PROVIDE YOUR SIGNATURE AND CONTACT INFORMATION, AND RETURN ALL FORMS TO:

IDWR WATER DISTRIBUTION SECTION
PO BOX 83720
BOISE ID 83720-0098

Name/Title *Phone Number* *Date*

Mailing Address *E-mail Address*