



REQUEST FOR VARIANCE OR EXTENSION OF TIME REQUIREMENT TO MEASURE SURFACE WATER DIVERSION

A request for variance or extension of time may be considered on a case-by-case basis under limited circumstances. A variance may only be considered if the alternative measurement method proposed results in comparable accuracy to a standard or pre-approved measuring device. If this request **is not approved**, the owner or operator of the diversion must install a standard measuring device as required.

INSTRUCTIONS:

To request a variance (Section II) **OR** extension of time (Section III) associated with IDWR’s requirement to measure, this form must be completed and submitted to the water district watermaster or IDWR. Complete one form per diversion location. Only one owner or operator should complete and submit this form for a shared diversion.

SECTION I: DIVERSION INFORMATION

Applicant Name				IDWR Water District No.	
Local Diversion Name or Site Tag			Water Source (<i>local stream name</i>)		
Diversion Description <input type="checkbox"/> Ditch diversion <input type="checkbox"/> Piped/pump diversion			Description of Headgate or Controlling Structure		
Diversion Location	Township	Range	Section	QQ	Latitude: Longitude:
OWNER(S) AND OPERATOR(S) OF DIVERSION				WATER RIGHT(S) ASSOCIATED WITH DIVERSION	

SECTION II: VARIANCE REQUEST

Note: Complete either Section II OR Section III, not both. Select the variance option you wish to use and have approved. Choose *one*. Provide a detailed explanation and reason for request in the space below.

<input type="checkbox"/>	Hour meter/time clock (<i>for a pumped system with electrical power with a single operating condition</i>)
<input type="checkbox"/>	Non-standard open channel measuring device or rated section (<i>for open ditches</i>)
<input type="checkbox"/>	Existing, operating, non-approved flow meter (<i>installed on pipeline prior to the date of the measurement order</i>)
Reason(s) For Variance Request:	

SECTION III: EXTENSION OF TIME

Note: Complete either Section II OR Section III, not both. Select the option that best describes your situation. Choose *one*. Provide a detailed explanation and reason for request in the space below.

<input type="checkbox"/>	Non-use related to a federal or state program. Describe the program and contract end date in the space below.
<input type="checkbox"/>	Non-use, other (describe below)
<input type="checkbox"/>	Other (describe below)
Explanation/Description:	

SECTION IV: OWNER OR OPERATOR SIGNATURE AND CONTACT INFORMATION

Signature	Print Name	Title (if applicable)
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Mailing Address

Email Address	Phone #	Date
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Return this completed and signed form to:

IDWR Water Distribution Section
PO Box 83720
Boise, ID 83720-0098

OR

Water District Watermaster
*(Refer to IDWR internet site for current
watermaster contact information)*