STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR ________________

POWER CONSUMPTION METHOD OF ESTIMATING DIVERSIONS

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 reporting year.

A separate reporting form must be submitted for each diversion.

Name: ____________________________________________
Water Source: ______________________________________
Water Right No: ____________________________________
Legal Description: T____ R____ Sec._______ ________ ______
Site Tag No: ______________________________________
Diversion Name: __________________________________

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_____________________________ Phone __________________________
Last, First, MI
Address_________________________________ Fax____________________________
City____________________________________ Mobile_________________________
State & Zip______________________________ e-mail__________________________

Operator or Contact Person (if different from owner)
Name_____________________________ Phone __________________________
Last, First, MI
Address_________________________________ Fax____________________________
City____________________________________ Mobile_________________________
State & Zip______________________________ e-mail__________________________

Original Owner (if sold within last year)
Name_____________________________ Phone __________________________
Last, First, MI
Address_________________________________ Fax____________________________
City____________________________________ State & Zip_____________________

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SECTION II  Pump Discharge Pressure Information

Pump discharge pressure readings: (enter date)

March (   )______ April (   )______ May (   )______ June (   )______
July (   )______ August (   )______ September (   )______ October (   )______

SECTION III  Utility Information (REQUIRED)

Electric Utility _____________________ Customer Account No. ________________________

Power Pole or Service No. _____________ IDWR Site ID Tag no. ________________________

Electric meter Serial No. __ __ __ __ __ __ (Beginning of season)

Electric meter Serial No. __ __ __ __ __ __ (End of season, if different)

Meter Manufacturer______________________________________________________________

SECTION IV  Crop information and method of irrigation for land being served by this pump. List each type of crop, the number of acres grown, and the number of acres irrigated with each type of irrigation system.

<table>
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<tr>
<th>Crop</th>
<th>Acres</th>
<th>Sprinkler (pressure)</th>
<th>Surface (gravity)</th>
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Total acres ______

Show the numbers of acres which is irrigated cropland but was NOT irrigated this year.

_______

Reason for idled acres__________________________________________
SECTION V Modifications made during reporting year and other comments

Please describe in the space below any major modifications made to the diversion works or piping system during the past reporting year which would affect system capacity or accuracy of the flow measurements. Attach drawings, sketches, photographs, notes or design information if needed.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

SECTION VI Certification

I hereby certify that the above reported information 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 __________________________

Note: 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). Report fee is not required if no water was diverted 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 __________________________

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