WMP2:12/00

STATE OF IDAHO DEPARTMENT OF WATER RESOURCES WATER MEASUREMENT ANNUAL REPORT

| REPORTING YEAR | |
|----------------|--|
| | |

MEASURING DEVICE METHOD FOR TOTALIZING FLOW METERS

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** immediately following the reporting year.

A separate reporting form must be submitted for each diversion.

| Name: | |
|--|--|
| Water Source: | |
| Water Right No: | |
| Legal Description: TRSec | |
| Site Tag No: | |
| Diversion Name: | |
| SECTION I Water Right Holder/Operato | or information mmon ditch or conveyance system, please designate the contact |
| (if there are multiple water right holders on a conperson below) | mmon auch or conveyance system, please designate the contact |
| Current Water Right Owner Plea | se check for address correction! |
| Name | Phone |
| Last, First, MI | F |
| Address_ | Fax |
| City | Mobile |
| State & Zip | e-mail |
| Operator or Contact Person (if different from ov | wner) |
| 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 | Ear |
| Address | Fax |
| City | State & Zip |

SECTION II Water Level Information (Optional data if available) **Depth to water.** Record the date, if the pump was on or off, or if other nearby pumps were on. Static Water Level (pump off, water level stable):_____ft Date_____ Dynamic Water Level (pump on): ft Date **SECTION III** Rate of flow and volume diverted (**REQUIRED DATA**) Meter information: Make_____ Model No.____ Serial No.____ Does the meter totalizer measure in acre-feet or gallons? What is the multiplier?_____ (circle one) Does the meter <u>rate of flow</u> indicator show <u>gpm</u> or <u>cfs</u>? What is the multiplier?_____ (circle one) For meters without rate of flow indicators, check here **G** and see page 4 for meter information and rate measurement methods. Reading of the meter totalizer, flow rate and discharge pressure should be taken and recorded once each month on or near the same date. Please provide the actual totalizer reading and not the total volume since last reading. Date Totalizer Flow Rate Discharge (date of reading) Reading circle: cfs or gpm **Pressure** January (___ _) February (March (April (_ May (_ June (July (_ August (_) September (October (November (December (Does totalizer and flow readings above include meter multipliers? ______Yes _____No Total Acre-feet _____OR Total Gallons _____

Calculations or Comments: (If a flowmeter was installed, calibrated, or replaced during this reporting year, please note the date.)

(there are 325,850 gallons per acre feet)

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SECTION IV

| a. For Irrigation | Uses: | Crop inform | nation aı | nd meth | od of irri | igation fo | or land be | eing serve | ed by th | is div | ersion. |
|--------------------|-------|-------------|-----------|---------|------------|------------|------------|------------|----------|--------|---------|
| List each type of | crop, | the number | of acres | grown, | and the | number | of acres | irrigated | under e | each t | type of |
| irrigation system. | | | | | | | | | | | |

| | | Method of irrigation | | | | |
|--|-----------------------------|----------------------|---------------------|--|--|--|
| Crop | Acres | <u>Sprinkler</u> | Surface | | | |
| | | (pressure) | (gravity) | | | |
| | | | | | | |
| | | | | | | |
| | | | <u> </u> | | | |
| | | | | | | |
| | | | | | | |
| Total acres | | | | | | |
| Number of acres irrigated croplan | d <u>NOT</u> irrigated this | s year: | _ | | | |
| Reason for idled acres | | | | | | |
| Reason for idled acres | | | | | | |
| use | | | | | | |
| Describe in the space below any r would affect system capacity or drawings, sketches, photographs, | accuracy of the flo | w measurement | s during this repor | | | |
| SECTION VI Certification I hereby certify that the above recognize that willful submittal oprovisions of Sections 42-311, 42 | of false or inaccura | te data is a viol | | | | |
| Signature | Title | ; | Date | | | |
| Each reporting form shall be according (\$25) per diversion made payable Code). Report fee is not required | e to the Idaho Depar | tment of Water | Resources (Section | | | |
| | For Departme | ent Use Only | | | | |
| Received by | Date | | Time | | | |
| Fee amount submitted | Correct | ? yes no | | | | |
| Receipted by | Receipt | No | | | | |
| Reviewed by | Date | | | | | |
| Data entry by | | | | | | |