

NTD1:12:00

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2014

RECEIVED

OCT 28 2013

DEPARTMENT OF
WATER RESOURCES

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

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. Refer to page 5 for instructions.

Name:	<u>FARMERS LAND & IRRIGATION CO.</u>
Water Source:	<u>SODA CREEK</u>
Water Right No:	<u>224</u>
Legal Description:	<u>T 8S R 41E Sec. 24 SW1/4 SW1/4 SE1/4</u>
Site Tag No:	
Diversion Name:	<u>FARMERS LAND & IRRIGATION CO.</u>

RECEIVED
JAN 30 2014
Department of Water Resources
Eastern Region

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 FARMERS LAND & IRRIGATION CO.
SIMONSON, ERIC - PRESIDENT

Phone 208-425-3832

Last, First, MI
Address 1825 RICH RD

Fax _____

City GRACE

Mobile 208-317-0355

State & Zip ID, 83241

e-mail eric@simonson.net

Operator or Contact Person (if different from owner)

Name LOREN SHAW, WADE - SEC. TREAS.
Last, First, MI

Phone 208-425-3202

Address 1930 IVINS RD.

Fax _____

City BANCROFT, ID

Mobile 208-681-1163

State & Zip ID, 83217

e-mail wade1@ida.net

Original Owner (if sold within last year)

Name _____
Last, First, MI

Phone _____

Address _____

City, State & Zip _____

877-4800



SECTION II Water Measurement Log (measurements must be recorded at least once per week and in units of cubic feet per second.)

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1						
2						
3						
4						
5						63.7
6						
7					79.4	
8						
9						
10						59.9
11						
12						
13					73.7	
14						
15						
16						
17				108		
18						58.5
19						
20					71.4	
21				89.5		
22						
23						
24						
25						
26						56.3
27					67.5	
28						
29				85.2		
30		-----				
31		-----		-----		-----

SECTION II Water Measurement Log (Continued). (measurements must be recorded at least once per week and in units of cubic feet per second.)

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1	5					
2	52.7		49.2			
3						
4						
5						
6						
7				54.8		
8		48.6				
9			49.2			
10	49.2					
11						
12						
13						
14		46.8		54.8		
15	49.2					
16			49.2			
17						
18						
19						
20						
21						
22	49.2					
23		47.2	49.2			
24	~~49.2~~					
25						
26						
27						
28		47.2				
29						
30	48.6		49.9			
31			—		—	

SECTION III Measuring Device InformationA. Type & Description of Measuring Device(s): PARSHALL FLUME10 FOOT WIDE THROAT

B. Period of Use: For seasonal or partial year diversion/use, show turn-on (start) and turn-off (end) dates:

Beginning diversion date ____/____/____
month dayEnding diversion date ____/____/____
month day

C. Attach copies of all measuring device rating tables to this report (omit if previously supplied to the Department).

SECTION IV Modifications made to water system

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

NONE**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 Wade J. Blomster Asst. Dir.

Title

Date 10/18/2013**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) _____

Idaho Department of Water Resources Receipt

Receipt ID: C097909

Payment Amount \$25.00 Date Received 10/28/2013 12:08 PM Region STATE
Payment Type Check Check Number 605
Payer FARMERS LAND & IRRIGATION CANAL CO
Comments WATER MEASUREMENT 2013

Fee Details

Amount	Description	PCA	Fund	Fund Detail	Subsidiary	Object
\$25.00	GROUND WATER MEASURING	58105	0229	21		1155

HP

Signature Line (Department Representative)