

RECEIVED

OCT 28 2013

DEPARTMENT OF
WATER RESOURCES

NTD1:12/00

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER MEASUREMENT ANNUAL REPORTREPORTING YEAR 2014OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICEATTENTION: 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 B S R 41 E Sec. 24 SW 1/4 SW 1/4 SE 1/4</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 - PRESIDENTPhone 208-425-3832

Last, First, MI

Address 1825 RICH RD

Fax _____

City GRACEMobile 208-317-0355State & Zip ID, 83241e-mail eric.simonson@tmail.com

Operator or Contact Person (if different from owner)

Name OLORENSHAW, WADE - SEC. TREAS.Phone 208-425-3202

Last, First, MI

Address 1930 IVINS RD.

Fax _____

City BANCROFT, IDMobile 208-681-1163State & Zip ID, 83217e-mail wade2@ida.net

Original Owner (if sold within last year)

Name _____

Phone _____

Last, First, MI

Address _____

City, State & Zip _____

287-4800

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.Wade J. Blomster Asst. Treas.
Signature Title10/18/2013
Date**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)