RECEIVED
JAN 19 2016
DEPT OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2015

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 650 Addison Ave. West Suite 500, Twin Falls ID, 83301, on or before **January 15, 2016.**

Data Cards collected 1/21/16

Reporter ID/Name:			
Water Source:		~~GEORGE E CAMERON~~	MARGHRETT, CAMERON
Legal Description:	T	06S 13E S27 SENWNW	
		UPPER WADDINGTON DITCH	1/4 1/4
Site Tag No:		A0011836 410243 9	
Diversion Name:			

Right # 37-12802

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 CAMERON, MARGARET J.
Last, First, MI

Address P.O. Box 177

City BELLEVUE

State & Zip ID 83313-0177

Phone 208-788-4817 or 4112

Fax 208-788-1293

Mobile none

e-mail none

Operator or Contact Person *(if different from owner)*

Name OSBORNE, LAYNE
Last, First, MI

Address

City HAILEY

State & Zip ID 83332

Phone 539-9960

Fax

Mobile

e-mail

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
Grass Hay	approx 6 acres	STOCK WATER FALL + WINTER
Total acres	8 ?	

Number of idled acres .50

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	1-31 Ø ↓ Low flow water for whole month	Stock water for cows	Stock water for cows	~~.24cfs~~	~~.24cfs~~	~~.24cfs~~
2						
3				~~.24cfs~~		
4						
5						~~.24cfs~~
6						
7						
8					~~.24cfs~~	
9						
10				~~.24cfs~~		
11						
12						~~.24cfs~~
13						
14						
15			~~.24cfs~~		~~.24cfs~~	
16			↓			
17				~~.24cfs~~		
18						
19						~~.24cfs~~
20			Ø ~~.24cfs~~			
21			ON 1.0 EST			
22			↓		~~.24cfs~~	
23						
24				~~.24cfs~~		
25						
26						~~.24cfs~~
27			~~.24cfs~~			
28						
29				1.09	~~.24cfs~~	
30		--------			↓	1.33
31	↓	--------		--------		--------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1	.24 cfs	.24 cfs	.24 cfs	.24 cfs	.24 cfs	
2				.24 cfs		Stock
3	.24 cfs					water
4			.24 cfs			for
5						cows
6					.24 cfs	
7		.24 cfs				all
8						month
9				.24 cfs		
10	.24 cfs					
11			.24 cfs			
12						
13					.24 cfs	
14		.24 cfs				
15					.24 cfs	
16				.24 cfs		
17	.24 cfs					
18			.24 cfs			
19						
20						
21		.24 cfs		1.0 EST OFF		
22				Ø		
23				.24 cfs	Stock	
24	.24 cfs				water	
25			.24 cfs		for	
26					Cows	
27	1.05					
28		.24 cfs				
29			1.18			
30				.24 cfs		
31	.24 cfs	1.23	-------	↓	-------	12-31-16

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s):

CIPPOLETTI WEIR MEASURING DAM DEVICE

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

None

SECTION VI 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.

Margaret J. Cameron — Owner — 1-12-16

Signature — Title — Date

For Department Use Only

Reviewed by N. ERICKSON — Date 2/23/16

Data entry by [illegible] — Date 3/21/16

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2014

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 650 Addison Ave. West Suite 500, Twin Falls ID, 83301, on or before **January 20, 2015.**

Reporter ID/Name:	_____	LAYNE OSBORNE			_____
Water Source:	_____	06S 13E S27 SENWNW			_____
Legal Description:	T_____	UPPER WADDINGTON DITCH A0011836 410243		9	¼ _____ 1/4
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_____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
_____	_____	_____
_____	_____	_____
_____	_____	_____
Total acres	_____	

Number of idled acres _____

INTERPOLATED

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	0 ↓					
2				0		
3			START	0.83 ON		
4						
5						
6						
7				0.83		
8						
9						
10						
11						
12						
13					0.872	
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30		-------				0.96
31		-------		-------		-------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21				OFF 0.96	STOP	
22				∅		
23				↓		
24						
25						
26						
27						
28						
29						
30						↓
31			——		——	∅

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s):_____

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

SECTION VI 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 Title Date

For Department Use Only

Reviewed by N. Erickson Date 4/15/15

Data entry by CHen Date 4/16/15

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

RECEIVED
JAN 18 2012
DEPT. OF WATER RESOURCES
SOUTHERN REGION

REPORTING YEAR 2011

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 1341 Fillmore St Ste 200, Twin Falls ID, 83301, on or before **January 15, 2012.**

Please include Margaret J. Cameron on these fwd, in case of spelling my husband.

Reporter ID/Name:	___	GEORGE EDWARD CAMERON			
Water Source:	___	06S 13E S27 SENWNW UPPER WADDINGTON DITCH			
Legal Description:	T__	A0011836 410243	9	1/4 ____ 1/4	
Site Tag No:	___	0.600 CFS			
Diversion Name:		.24 CFS included			

Water Right # 37-12802

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 CAMERON, GEORGE E. and MARGARET J. CAMERON
Last, First, MI

Address P.O. Box 177

City BELLEVUE

State & Zip ID 83313-0177

Phone 208-788-4817 or 788-4112

Fax 208-788-1293

Mobile none

e-mail none

Operator or Contact Person *(if different from owner)*

Name OSBORNE, LAYNE
Last, First, MI

Address ____

City HAGERMAN

State & Zip ID 83332

Phone 837-6332

Fax ____

Mobile 208-539-9960

e-mail ____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
Grass Hay	approx 50 acres plus	stock except stock water in fall + winter + spring
Total acres	64.49?	

Number of idled acres
approx 1.5

Please ask Layne about this, I'm sure he used the full measurement — Stan [illegible] said there was a 30% drop in the [illegible] well record. This water is used from March 15 to Oct 15 I think. Layne osborne uses it to irrigate the grass hay.

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15			Start			
16			1.0			
17			↓			
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30		--------				
31		--------		--------		--------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12				↓		
13				↓		
14				1.0		
15				END		
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31			—		—	

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s): There already a device to measure the water like a weir with a white measuring ruler tiny welded onto the side of the opening or head gate behind the pot been property

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

SECTION VI 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.

Margaret J Cameron — Signature | Title | 1-16-12 — Date

For Department Use Only

Reviewed by _____ Date _____

Data entry by aj Date _____

Rula Ends Called 4/6/11

RECEIVED
JAN 24 2011
DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2010

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 1341 Fillmore St Ste 200, Twin Falls ID, 83301, on or before **January 15, 2011.**

Reporter ID/Name:	-	GEORGE EDWARD CAMERON	
Water Source:	-	06S 13E S27 SENWNW	
Legal Description:	-	CAMERON & UTTER - UPPER WADDINGTON SPRING 0.600 CFS	___1/4 ___1/4
Site Tag No:	-	A0011836 410243 9 .24 CFS included	
Diversion Name:			

SECTION I Water Right Holder/Operator Information Right # 37-12802

(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 CAMERON, GEORGE E + MARGARET J. CAMERON (Last, First, MI) Phone 208-788-4817 or 4112

Address P.O Box 177 Fax 208-788-1293

City BELLEVUE Mobile none

State & Zip ID 83313 e-mail none

Operator or Contact Person (if different from owner)

Name _____ (Last, First, MI) Phone _____

Address _____ Fax _____

City _____ Mobile _____

State & Zip _____ e-mail _____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
GRASS HAY (EAST SIDE)	6.00 APPROX acres	STOCK WATER IN FALL AND WINTER + SPRING
Total acres	6.47 acres	

Number of idled acres .47?

○ estimate flows for irr ○ season (cy)

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	⊗					
2	↓					
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14				(ON)		
15				1.0 [redacted] (e)		
16				↓		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30		--------				
31		--------		--------		--------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12				↓		
13						
14				1.0 (est)		
15				(OFF)		
16				⊗↓		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31			———		———	

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s): _____

_____

_____

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

_____

_____

_____

SECTION VI 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 Title Date

For Department Use Only

Reviewed by _____ Date _____

Data entry by _____ Date 4/6/11

RECEIVED
JAN 05 2010
DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2009

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 1341 Fillmore St Ste 200, Twin Falls ID, 83301, on or before **January 15, 2010.**

Reporter ID/Name:		LAYNE OSBORNE		
Water Source:		06S 13E S27 SEN		
Legal Description:	T____ R	UPPER WADDINGTON SPRING		____ 1/4
Site Tag No:		A0011836 410243	9	
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 Osborne Layne Phone_____
Last, First, MI

Address 18208 U.S. Hwy. 30 Fax_____

City Hagerman Mobile_____

State & Zip Id. 83332 e-mail_____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
pasture		stock water
lawns		
Total acres		

Number of idled acres _____

Interpolate Summer

WINTER DIV = 8

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	8			ON 1.0		
2	↓					
3					1.0	
4						.9
5						
6						
7						
8				1.0		
9						.9
10					1.0	
11						
12						
13						
14						.9
15						
16				1.0		
17						
18						
19						
20					1.0	
21						.9
22						
23				1.0		
24						
25						.9
26						
27					.9	
28						
29						
30		--------				
31		--------		--------		--------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2						
3	.9				1.2	
4				1.2		
5		.9	1.1			
6						
7						
8	.9					
9						
10					1.2 OFF	
11					Ø ↓	
12						
13	.9			1.2		
14		1.1	1.2			
15						
16						
17						
18						
19	.9					
20				1.2		
21		1.1				
22			1.2			
23						
24						
25						
26	.9					
27		1.1		1.2		
28						
29			1.2			
30						
31			--------		--------	Ø

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s):_____

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

SECTION VI 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 _____ Title _____ Date 1/1/09

For Department Use Only

Reviewed by _____ Date _____

Data entry by CLA Date 5/17/10

PE

RECEIVED
JAN 16 2009
DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2008

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 1341 Fillmore St Ste 200, Twin Falls ID, 83301, on or before **January 31, 2009.**

Reporter ID/Name:	___	LAYNE OSBORNE			
Water Source:	___	06S 13E 27 NWNW UPPER WADDINGTON SPRING			
Legal Description:	T___	A0011836 410243	9	1/4 ___ 1/4	
Site Tag No:	___				
Diversion Name:					

MCFadden

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 Osborne Layne Phone_____
Last, First, MI

Address 18208 U.S. Hwy 30 Fax_____

City Hagerman Mobile_____

State & Zip Id 83332 e-mail_____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
pasture		stock water
lawns		
Total acres		

Number of idled acres _____

Int. btwn on/off

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1	0					
2						
3					1.0	1.1
4						
5						
6				ON 0		
7				.9		
8						
9						
10						
11					1.0	
12						1.1
13						
14				1.0		
15						
16						
17					1.1	
18						
19						1.1
20				1.0		
21						
22						
23						
24						
25						
26					1.1	1.1
27				1.0		
28						
29						
30		--------				
31		--------		--------		--------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2					1.4	
3	1.1	1.2	1.2	1.3		
4						
5						
6						
7						
8					1.4	
9	1.1					
10		1.2	1.3			
11				1.3	1.4	
12					off	
13						
14						
15	1.1					
16		1.2		1.4		
17			1.3			
18						
19						
20						
21	1.1					
22		1.2				
23				1.4		
24			1.3			
25						
26						
27						
28	1.1	1.2				
29			1.3	1.4		
30						
31			-------		-------	Q

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s):_____

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

SECTION VI 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.

Tom Osborne — Signature / Title — Date 1/15/09

For Department Use Only

Reviewed by_____ Date_____

Data entry by CH Date 4/30/09

RECEIVED
JAN 23 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

data under 4/4/08

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2007

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Water District 130, 1341 Fillmore St Ste 200, Twin Falls ID, 83301, on or before **January 15, 2008.**

Reporter ID/Name:	___	DAN MCFADDAN		_____
Water Source:	___	06S 13E 27 SENWNW		_____
Legal Description:	T___	UPPER WADDINGTON SPRING		_1/4 _____1/4
Site Tag No:	___	A0011836 410243	9	_____
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 Osborne Layne Phone_____
Last, First, MI

Address 18208 US. HWY 30 Fax_____

City Hagerman Mobile_____

State & Zip ID 83332 e-mail_____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
pasture	_____	_____
_____	_____	_____
lawns	_____	_____
Total acres	_____	

Number of idled acres _____

Or only
Interpolate

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1				ON 1.2		
2						
3					1.2	1.2
4						
5						
6						
7						
8				1.1	1.2	
9						1.2
10						
11						
12						
13				1.2		
14					1.2	
15						
16						1.2
17						
18						
19				1.2	1.2	
20						
21						
22						1.2
23						
24					1.2	
25				1.2		
26						
27						
28					1.2	1.2
29						
30		-------		1.2		
31		-------		-------		-------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2	1.2		1.4	1.4		
3					1.4	
4		1.3				
5						
6						
7						
8	1.2					
9		1.3	1.4		1.5	
10						
11						
12						
13				1.4	1.5	
14	1.2		1.4			
15						
16						
17		1.3				
18	1.2				1.5 OFF	
19						
20			1.4	1.4		
21						
22	1.2					
23		1.3				
24						
25						
26			1.4			
27				1.4		
28		1.3				
29	1.2					
30						
31			—		—	

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s):_____

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

SECTION VI 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.

Layne Osborn — Signature / Title — 1/18/08 — Date

For Department Use Only

Reviewed by_____ Date_____

Data entry by_____ Date_____

A fee is required with this form. Please see page 4.

RECEIVED
JAN 09 2007
DEPT. OF WATER RESOURCES
SOUTHERN REGION

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2006

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Idaho Department of Water Resources, 1341 Fillmore St Ste 200, Twin Falls ID, 83301, on or before **January 15** of the following year.

Name:	___	DAN MCFADDAN	_____
Water Source:	___	06S 13E 27 SENWNW	_____
Water Right No:	___	UPPER WADDINGTON SPRING	_____
Legal Description:	T___	A0011836 410243 9	_1/4 _____1/4
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 Osborne Layne R Phone_____
Last, First, ~~MI~~

Address 996 Justice Grade Fax_____

City Hagerman Mobile_____

State & Zip Id 83332 e-mail_____

SECTION II Water Use Information

Crop	Acres	Non-Irrigation Use(s)
Pasture		
lawns		
gardens		
Total acres		

Number of idled acres _____

SECTION III Water Measurement Log ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES.**

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1						
2						
3						
4				1.0		1.0
5					1.0	
6						
7						
8						
9						1.0
10						
11				1.0		
12					.98	
13						
14						1.0
15						
16				1.0	1.0	
17						
18						
19				1.0	.98	1.0
20						
21						
22						
23						1.0
24						
25				1.0		
26						
27						
28					1.1	
29						1.1
30		------				
31		------		------		------

SECTION III Water Measurement Log (Continued). ***(measurements must be recorded at least once per week and in units of cubic feet per second.)*** **PLEASE SHOW TURN ON/TURN OFF DATES.**

DAY	JULY	AUGUST	SEPT	OCTOBER	NOVEMBER	DECEMBER
1						
2	1.1		1.4			
3		1.3			1.45	
4				1.4		
5						
6						
7						
8	1.2		1.4		1.45	
9		1.3		1.4		
10						
11						
12						
13					off	
14	1.2	1.3	1.4			
15				1.4		
16						
17						
18						
19		1.3	1.4			
20	1.2					
21				1.4		
22						
23						
24		1.35				
25			1.4			
26	1.2			1.45		
27						
28		1.4				
29	1.2					
30						
31			—		—	

✓ DE 12151.7 MR
536 AC-FT

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s): _____

_____

_____

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

SECTION V Modifications made to water system

Please describe in the space below any major modification made to the diversion works or measuring device during the reporting year.

_____

_____

_____

SECTION VI 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.

Lynn Osborne — Signature

Reiter — Title

1/15/07 — 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 _____

Receipted by C Wilson Receipt No. 5029190

Reviewed by _____ Date _____

Data entry by _____ Date _____

WEST ESPA MEASUREMENT DISTRICT

RECEIVED
JAN 17 2006
Department of Water Resources
Southern Region

Entered 2/1/07 Cstr

2005 Calendar Year
WATER MEASUREMENT ANNUAL REPORT

For the Water Measurement Program -
OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE FOR SURFACE WATER DIVERSIONS

ATTENTION: Year end data must be submitted to the West ESPA Measurement District % Idaho Department of Water Resources, 1341 Fillmore St. Suite 200, Twin Falls ID 83301, on or before January 15th of the ensuing year.

A separate reporting form must be submitted for each diversion. Refer to page 5 for instructions.

This report form may be used for the following diversion:

Diversion Name or Facility:	WMD00070 DAN MCFADDAN
Water Source:	A37-12802
Water Right(s) Owner or Contact:	06S 13E 27 SENWNW
Site Identification No:	A0011836 410243
	UPPER WADDINGTON SPRING
	9

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 McFadden Dan (Last, First, MI) Phone
Address 970 Pioneer RD Fax
City Hagerman Mobile
State & Zip Id 83332 e-mail

Operator or Contact Person *(if different from owner)*

Name Osborne Layne (Last, First, MI) Phone 837-6332
Address 996 Justice Grade Fax
City Hagerman Mobile
State & Zip Idaho 83332 e-mail

Original Owner *(if sold within last year)*

Name (Last, First, MI) Phone
Address
City, State & Zip

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	0				1.3	
2						
3						
4						
5						
6						
7					1.3	1.3
8						
9				1.3		
10						
11						
12						
13						
14						
15					1.3	1.3
16						
17				1.3		
18						
19						
20						
21						
22						
23					1.3	
24						1.35
25				1.3		
26						
27						
28						
29						
30		------			1.3	1.35
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						
2					1.45	
3						
4						
5		1.35				
6	1.35		1.35	1.4		
7					1.45	
8					off	
9						
10						
11						
12			1.40			
13		1.35		1.4		
14						
15	1.35					
16						
17						
18						
19						
20			1.40	1.4		
21		1.35				
22						
23	1.35					
24						
25						
26						
27						
28			1.40	1.4		
29		1.40				
30	1.35					
31			—		—	

1.45

SECTION III Measuring Device Information

A. Type & Description of Measuring Device(s): 18" Retangular Weir

B. Period of Use: For seasonal or partial year diversion/use, show turn-on (start) and turn-off (end) dates:
Beginning diversion date April 9 (month / day) Ending diversion date Nov 8 (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 during reporting year

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.

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.

Layne Osborn — Signature — Title — Date 1/10/06

For Department Use Only

Received by_____ Date_____ Time_____

Reviewed by_____ Date_____

Data entry by_____ Date_____

Max Div Rate (cfs)_____ Date_____ Total Vol (acre-feet)_____

WEST ESPA MEASUREMENT DISTRICT

2003 *Calendar Year*

WATER MEASUREMENT ANNUAL REPORT

For the Water Measurement Program -

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE FOR SURFACE WATER DIVERSIONS

ATTENTION: Year end data must be submitted to the West ESPA Measurement District % Idaho Department of Water Resources, 1341 Fillmore St. Suite 200, Twin Falls ID 83301, on or before January 15th of the ensuing year.

A separate reporting form must be submitted for each diversion. Refer to page 5 for instructions.

This report form may be used for the following c

Diversion Name or Facility:	WMD00070 MCFADDAN, DAN
Water Source:	A37-12802 A37-12803
Water Right(s) Owner or Contact:	06S 13E 27 SENWNW
Site Identification No:	410243
	UPPER DITCH/WADDINGTON SP 9

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_____

City, State & Zip_____

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						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
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						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31			———		-------	

SECTION III Measuring Device Information

A. Type & Description of Measuring Device(s):_____

_____

_____

_____

B. Period of Use: For seasonal or partial year diversion/use, show turn-on (start) and turn-off (end) dates:
Beginning diversion date_____/_____ (month / day) Ending 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 during reporting year

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.

_____

_____

_____

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 Title Date

For Department Use Only

Received by_____ Date_____ Time_____

Reviewed by_____ Date_____

Data entry by_____ Date_____

Max Div Rate (cfs)_____ Date_____Total Vol (acre-feet)_____

Data entered 2/1/07 CM

RECEIVED
JAN 31 2002
Department of Water Resources
Southern Region

WEST ESPA MEASUREMENT DISTRICT

2001 Calendar Year
WATER MEASUREMENT ANNUAL REPORT

For the Water Measurement Program -
OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE FOR SURFACE WATER DIVERSIONS

ATTENTION: Year end data must be submitted to the West ESPA Measurement District % Idaho Department of Water Resources, 1341 Fillmore St. Suite 200, Twin Falls ID 83301, on or before January 15th of the ensuing year.

A separate reporting form must be submitted for each diversion. Refer to page 5 for instructions.

This report form may be used for the following diversion:

Diversion Name or Facility: 41756 OWSLEY, MICHAEL & KATHLEEN
Water Source: A37-12802 A37-12803
Water Right(s) Owner or Contact: 06S 13E 27 SENWNW Waddington Spring
Site Identification No: 410243
UPPER DITCH 9

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_____
City, State & Zip_____

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	0.0	0.0	0.0	0.0		
2	0.0	0.0	0.0	0.0		1.06
3	0.0	0.0	0.0	0.0		
4	0.0	0.0	0.0	0.0		
5	0.0	0.0	0.0	0.0	1.06	
6	0.0	0.0	0.0	0.0		
7	0.0	0.0	0.0	0.0		
8	0.0	0.0	0.0	0.0		
9	0.0	0.0	0.0	0.0		1.06
10	0.0	0.0	0.0	0.0		
11	0.0	0.0	0.0	0.0		
12	0.0	0.0	0.0	0.0	1.06	
13	0.0	0.0	0.0	1.06		
14	0.0	0.0	0.0			
15	0.0	0.0	0.0			
16	0.0	0.0	0.0			
17	0.0	0.0	0.0			1.06
18	0.0	0.0	0.0		1.06	
19	0.0	0.0	0.0			
20	0.0	0.0	0.0	1.06		
21	0.0	0.0	0.0			
22	0.0	0.0	0.0			
23	0.0	0.0	0.0			
24	0.0	0.0	0.0			1.06
25	0.0	0.0	0.0			
26	0.0	0.0	0.0		1.06	
27	0.0	0.0	0.0			
28	0.0	0.0	0.0	1.06		
29	0.0		0.0			
30	0.0	----	0.0			
31	0.0	----	0.0	----		----

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	0.0	1.06			0.0	0.0
2	0.0		1.06	1.06		
3	0.0					
4	0.0					
5	0.0					
6	0.0					
7	0.0	1.06				
8	0.0					
9	1.06			1.06		
10			1.06			
11						
12						
13						
14						
15						
16		1.06		1.06		
17						
18	1.06		1.06			
19						
20						
21						
22						
23						
24				1.06		
25	1.06	1.06	1.06			
26						
27						
28						
29						
30						
31			—		—	

SECTION III Measuring Device Information

A. Type & Description of Measuring Device(s): A 1.5 ft Contracted Cippolletti Weir about 30 ft Below out Let of pipe

B. Period of Use: For seasonal or partial year diversion/use, show turn-on (start) and turn-off (end) dates:
Beginning diversion date 4 / 13 (month / day) Ending diversion date 11 / 1 (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 during reporting year

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.

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.

LeRoy A. Owsley (Signature) Irrigator (Title) 1-30-02 (Date)

For Department Use Only

Received by_____ Date_____ Time_____

Reviewed by_____ Date_____

Data entry by_____ Date_____

Max Div Rate (cfs)_____ Date_____ Total Vol (acre-feet)_____

THIS IS YOUR 1999 WATER MEASUREMENT ANNUAL REPORT

For the WEST ESPA MEASUREMENT DISTRICT

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year-end data must be submitted to West ESPA Measurement District c/o Idaho Department of Water Resources, 1341 Fillmore Street Suite 200, Twin Falls, ID 83301, on or before January 15, 2000.

NOTE: A separate reporting form must be submitted for each diversion.

Current Owner:	-	OWSLEY, MICHAEL AND KATHLEEN
Water Right No:	-	A37-12802
Point of Diversion:	1	06S 13E 27 SENWNW WADDINGTON SPRING
Water Source:	-	UPPER DITCH 9
Diversion Name:		

Operator or Contact Person:		410243 41756
Address:		42F UPPER SALMON FALLS RD
City, State, Zip:		HAGERMAN ID 83332
Phone: Home – Fax:		208-837-6505 HM
Phone: Mobile – Other:		

RECEIVED
APR 05 2000
Department of Water Resources
Southern Region

Please Check for any Corrections and Note Changes Below ☒

SECTION I. Water Right Owner/Operator Corrected Information

Current Owner

Name Owsley Michael & Kathleen (Last, First, MI) Phone _____

Address Box 539 Fax _____

City Hagerman, Idaho. 83332 State & Zip _____

Original Owner (if sold within last year)

Name _____ (Last, First, MI) Phone _____

Address _____ Fax _____

City _____ State & Zip _____

Operator (if leased or operated by someone else)

Name _____ (Last, First, MI) Phone _____

Address _____ Fax _____

City _____ State & Zip _____

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					1.45	
4						
5						
6						1.53
7						
8						
9						
10					1.45	
11						
12				1.395		
13						1.53
14						
15						
16					1.53	
17						
18						Water off- Ditch cleaning
19				1.395		
20						
21						
22						
23					1.53	Water on
24						1.45
25						
26						
27				1.45		
28						
29		------			1.53	
30		------				1.53
31		------		------		------

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

DAY	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1				1.53	water off	
2						
3						
4						
5						
6		1.53	1.53			
7	1.53			1.53		
8						
9						
10						
11						
12						
13	1.53	1.53	1.53	1.53		
14						
15						
16						
17						
18						
19						
20				1.53		
21	1.53	1.53				
22						
23						
24			1.53			
25						
26						
27				1.53		
28	1.53	1.53				
29						
30						
31			------		------	

SECTION III. Measuring Device Information

A. Type & Description of Measuring Device(s):_____

_____

_____

_____

B. Period of Use: For seasonal or partial year diversion/use, show turn-on (start) and turn-off (end) dates:
Beginning diversion date_____/_____ (month / day) Ending 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 in 1999

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 1999. Attach drawings, sketches, notes or design information if needed.

_____

_____

_____

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 Title Date

_____

For Department Use Only

Received by_____ Date_____ Time_____

Fee amount submitted_____ Correct? yes_____ no_____

Receipted by_____ Receipt No._____

Data entry by_____ Date_____

Reviewed by_____ Date_____

Max Div Rate (cfs)_____ Date_____ Total Vol (acre-feet)_____

STATE OF IDAHO
WEST ESPA WATER MEASUREMENT DISTRICT
C/O IDAHO DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST STE 200
TWIN FALLS ID 83301-3380
TELEPHONE NUMBER (208) 736-3033

IDWR DIRECTOR
KARL J. DREHER

July 12th, 2002

Valley Vintners
PO BOX 2600
Sun Valley ID. 83353

RE: Measuring Device Requirement

Dear water user,

On March 20th 2002 Cindy Yenter and Myself visited the Stoddard Springs common use system. In our visit we looked at the system and analyzed the best way of collecting measurement data. These are our recommendations and official notification of measuring device requirements. Idaho Code Section 42-701.

A letter dated March 17th 1999 was sent out of this office giving the users of Stoddard springs the option of a common measuring point or a permanent flow meter. From that, the decision was made to individually measure "your own water". Presently the weir on the Harrison diversion is satisfactory to the Department and adequately measuring that portion of the flow from Stoddard springs. The area of concern is that of flows related to the old Owsley place, Sinkinson and Mechams portions. A weir that splits Sinkinson and Mechams water has measured water below Harrison's collection in the past. After review this weir is unacceptable due to uneven contraction on both sides of the approach pool ahead of the weir.

In March 2002 we gave some advice to Mr. Mecham that a 37.5" suppressed rectangular weir would be adequate just below his Point Of Diversion on Stoddard Springs. The Secondary use or wastewater use from Sinkinson to Mechams fishpond would also be required to be measured. Again a suppressed rectangular weir on the discharge side of the fishpond would be adequate for this use.

Sinkinsons use of aesthetic and irrigation (including Kenney) can be measured by installation of a flow meter or a weir box (suppressed rectangular weir and location was discussed on 7-1-02 and approved by Corbin Knowles) above the splitter box of Sinkinson and Mecham.

Valley Vintners (Matt McFadden) use will be required to install a small Parshall Flume which requires less head to maintain accurate readings. With the installation of a weir above the splitter box of Sinkinson and Mecham (Sinkinsons measuring point), total flow can be measured and

percentages based on rights can be subtracted and delivered. With individual measuring devices each user will be required to maintain and report annual water use to the Department.

These changes will be required to be completed by Aug. 15th 2002. Upon completion I will plan to revisit the system and collect weir information and provide weir tables according to the application. Changes to the flow at anytime requires a measurement to be taken and recorded. With the weir table (the Department will provide), these numbers can be converted into real time data.

Included you will find a map of the Stoddard Springs area and uses. This is not to scale, but used to represent the locations of recommendations on installation of measuring devices. I am available to answer any questions or concerns about the installation of measuring devices or uses.

Sincerely,

Corbin R. Knowles
West Measurement District

Cc Jim Mecham
Zane Harrison
Valley Vintners

STATE OF IDAHO
WEST ESPA WATER MEASUREMENT DISTRICT
C/O IDAHO DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST STE 200
TWIN FALLS ID 83301-3380
TELEPHONE NUMBER (208) 736-3033

IDWR DIRECTOR
KARL J. DREHER

May 1, 2002

Valley Vintners Inc.
C/O Robert Kaplan
PO Box 2600
Sun Valley ID. 83353

RE: **Notice of 2002 Water Measurement and Reporting Requirement**

Dear Water User:

Our records show that you are the owner or operator of a surface water diversion in the Eastern Snake Plain Aquifer (ESPA). These Diversion(s) have been measuring and reporting up until the time of sale. This notice is to inform you of the continued requirement to measure and report water use. The reporting of these diversions will continue to be done by the West Measurement District until the SRBA court has decreed those water rights in basin 37 that lie within the ESPA. At that time these rights will be included in the new Water District 130 formed in Feb. 2002.

Based on IDWR water right records, the following diversions will be required to be measured:

Point of Division	Water Right	Source	Diversion Name
06S 13E 27 SENWNW	A37-12802	Waddington Spring	Upper Ditch
06S 13E 27 SENWNW	A37-01241	Waddington Spring	Lower Ditch

Included in the packet of information is the annual assessment for the 2002-year to the West Measurement District. This will be due by **June 1, 2002.**

If you have questions about the requirements, please contact me at the above phone number and I will assist you.

Sincerely,

Corbin R. Knowles
Assistant District Hydrographer

To Whom it may concern:

Dm writing to let you know that we no longer own this property that you are billing us for. You will need to contact Cliff Jensen to find out who the new owners are -

I wanted to let you know so you would understand why we will not be paying this bill.

Thank you,

Katie Owsley

VALLEY - Robert Kaplan -
Vintners Inc.
PO 2600 Sun Valley
83353

RECEIVED
APR 0 3 2002
Department of Water Resources
Southern Region

Clf 837-6116
339-6117

PCC2 6-25-97

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Water Measurement Program

POWER CONSUMPTION COEFFICIENT WORKSHEET

District _____ Inventory Date _____ Inventory Examiner _____ PCC ok? Yes / no

Date of test 5/18/99 Person performing test AB W Exam complete? Yes / no

ET. MI.

Name: Owsley - Upper Paddington Spring

Water Right No: _____

Legal Description: T_____ R_____ Sec._____ _____¼ _____¼ _____¼

Site Tag No: _____

Diversion Name:

on 5/18/99 @ 10:3
HI = 0.41

Current Owner

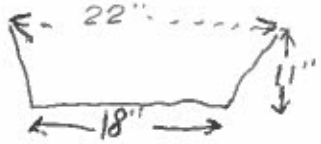
Name_____ Phone _____
Last, First, MI

Address_____ City _____ State _____ Zip_____

Operator (if leased or operated by someone else)

Name_____ Phone_____
Last, First, MI

Measuring Device A: Ciepolleti Weir on



SECTION I WELL SITE IDENTIFICATION

Global Positioning System Data:

Data Collection Filename _____ Offset _____

IDWR Site Tag Identification No. _____

Site Tag location description: _____

PLS/USGS Locator _____

Diversion Name _____

For Department/District Use Only

Received by _____ ***Date*** _____

Reviewed by _____ ***Date*** _____

Data Entry by _____ ***Date*** _____

Well Pump and Motor Information

PUMP DATA	
Manufacturer	
Serial Number	
Model Number	
Type	
Impeller Diameter	
Rated Speed	
Rated Discharge	
Rated Head	

MOTOR DATA	
Manufacturer	
Serial Number	
Rated Horsepower	
Rated Amps	
Rated Volts	
Rated Speed	
Phase	
Service Factor	

Booster Pump and Motor Information

PUMP DATA	
Manufacturer	
Serial Number	
Model Number	
Type	
Impeller Diameter	
Rated Speed	
Rated Discharge	
Rated Head	

MOTOR DATA	
Manufacturer	
Serial Number	
Rated Horsepower	
Rated Amps	
Rated Volts	
Rated Speed	
Phase	
Service Factor	

Power and Water Metering Information

KILOWATT-HOUR METER	
Utility	
Pole No.	
Meter Manufacturer	
Meter Serial No.	
Disc Constant(Kh)	
Rated Voltage	
Demand	
Multiplier (Mult)	
CTR (Current) PTR (Voltage)	

WATER MEASUREMENT EQUIPMENT and PIPE INFORMATION	
Std Meter Manufacturer	
Std Meter Model No.	
Std Meter Type	Sonic Pvg Collins Hall Anub Dye/chem Other
Std. Meter Confidence	Excl Good Fair Poor 2% 5% 10% >10%
PSI gauge ID location = disch head?	District / Owner ____ Yes / No
Pipe material	
Pipe Outside Diameter	
Pipe Inside Diameter	
Distance of straight pipe upstream and down	Upstream /Down

Determination of Power Consumption Coefficient

Kilowatts of Energy Consumed

KW = 3.6 × Kh × Multiplier × No. of revolutions(N) ÷ Time(T) in seconds per N

Cond.#1 N =_____ (No. of Disc Rev) **Time** (sec) = (_____)+(_____)+(_____)/3 = _____ Ave

3.6 × _____(Kh) × _____(Mult) × _____(N) ÷ _____(T) = _____ KW

Cond.#2 N =_____ (No. of Disc Rev) **Time** (sec) = (_____)+(_____)+(_____)/3 = _____ Ave

3.6 × _____(Kh) × _____(Mult) × _____(N) ÷ _____(T) = _____ KW

Cond.#3 N =_____ (No. of Disc Rev) **Time** (sec) = (_____)+(_____)+(_____)/3=_____ Ave

3.6 × _____(Kh) × _____(Mult) × _____(N) ÷ _____(T) = _____ KW

Measured Flow Rate and Discharge Pressure - Enter flow rate as determined by the "standard" water measurement meter in GPM, and discharge pressure measured in PSI. Attach documentation to support data such as notes, printout tapes etc.

GPM Cond. #1_____ **#2**_____ **#3**_____

PSI Cond. #1_____ **#2**_____ **#3**_____

Power Consumption Coefficient (PCC) = KW × 5431 ÷ GPM

PCC Cond. #1 = _____(KW) × 5431 ÷ _____(gpm) = _____(kWh/ac.ft)

Percent of seasonal use _____ Description _____

PCC Cond. #2 = _____(KW) × 5431 ÷ _____(gpm) = _____(kWh/ac.ft)

Percent of seasonal use _____Description _____

PCC Cond. #3 = _____(KW) × 5431 ÷ _____(gpm) = _____(kWh/ac.ft)

Percent of seasonal use _____Description _____

Is the system operator required to track and report **changes in system operation?** Yes / No
(see form PCC3)

System Type (all that apply): Pivot, linear / Wheel ln / Hand ln / Gated pipe, flood / Drip/ Open dsch

Water Level Data

Does the well have **access** to measure water levels? Yes / No

Is this well part of USGS, IDWR, or another **network** of water level monitoring wells? Yes / No / Uncertain

Static Water Level _____ft **Pumping Water Level** _____ft (at condition #_____)

Date _____ **Date** _____

Further describe system operating conditions (if necessary) and how percentage of seasonal use was obtained:

Sketch of pumping plant layout or attach photograph of pumping plant and piping:

Comments:

I certify that the above information is true and correct to the best of my knowledge and ability and the measurements taken and recorded are in accordance with the standards and specifications of the equipment used.

Signature _____ Date _____
(person performing measurements)

WMP2 5-7-1997

STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
Water Measurement Program

WATER MEASURING DEVICE CERTIFICATION

Date of Testing 5/18/22

Person performing test ABW

No Device. Use This Measurement as the flow in pipeline. & owner will report days water is flowing in pipeline

Name: Owsley ET. All - Stoddard Creek Springs

Water Right No: _____

Legal Description: T_____ R_____ Sec_____ _____¼ _____¼ _____¼

Site Tag No: _____

Diversion Name:

Current Owner

Name_____ Phone _____
Last, First, MI

Address_____ City _____ State _____ Zip_____

Operator (if leased or operated by someone else)

Name_____ Phone_____
Last, First, MI

There is also a 2½ O.D. polypipe running beside the big pipe → This is Norm's (lives in log house) domestic water supply

SECTION I WELL SITE IDENTIFICATION

Global Positioning System Data:

Data Collection Filename _____ Offset _____

IDWR Site Tag Identification No. _____

Site Tag location description: _____

PLS/USGS Locator _____

For Department/District Use Only

Received by _____ Date _____

Reviewed by _____ Date _____

Data Entry by _____ Date _____

SECTION II INSTALLED METER INFORMATION

METER AND MOUNTING PIPE INFORMATION			
Date of meter Installation		Multiplier - Flow rate	
Manufacturer		Multiplier - Totalizer	
Meter Type	Mag Meter	Location (good. fair. poor)	
Model		**Pipe information**	
Serial Number		Pipe material	Steel
Size (nominal)		Outside Diameter	10"
Measure Flow Rate?	*(circle one)* Yes No	Wall Thickness	~~0.132~~ 0.132
Measurement Units	*(circle one)* CFS GPM Other*(specify)*	Inside Diameter	
Measure Cumulative Volume?	*(circle one)* Yes No	Dist. of straight pipe upstream from meter	
Volume Units	Acre-Feet Yes No Other*(specify)*	Dist. of Straight pipe downstream from meter	

SECTION III CERTIFICATION FOR CALIBRATION OF A WATER MEASUREMENT METER

See back page for instructions.

Measurement No. 1 (M_1) is the measured rate of flow from the permanently installed flow meter.

Measurement No. 2 (M_2) is the measured rate of flow from the measuring device being used to check the flow for the calibration. This method or device must be accurate to within ± 5% error. Describe below the method and equipment used to perform this measurement.

_____

_____

Percent Difference = $(M_1 - M_2) \div M_2 \times 100 = \pm$ % (Acceptable is within ± 10%) (equation 1)

Calibration Multiplier = $M_2 \div M_1$ (equation 2)

Is flowmeter installed according to manufacturer's specifications? Yes / No / Unsure

Describe any apparent problems with installation or operation _____

_____

_____

Flowmeter accuracy prior to any adjustments: _____. Totalizer reading _____

Flowmeter accuracy after final adjustment: _____. Totalizer reading _____

Flowmeter calibration multiplier: _____

FLGIS - Bar
7.25" spacing

99-05-19 09:47

SITE SETUP

PIPE PARAMETER

SITE NAME	STODDARD CREEK SPRIN
OUTER DIAMETER	10.0000in
PIPE MATERIAL	CARBON STEEL
WALL THICKNESS	0.1320in
LINING MATERIAL	NO LINING
LINING THICKNESS	0.0000in
KIND OF FLUID	WATER
SENSOR MOUNTING	V
SENSOR TYPE	FLG1S
TRANS. VOLTAGE	1TIME

99-05-19 09:49:49
+5.524E+0 ft/s
+1.282E+3 gal/m
+TOTAL 0000787 gal
ABNORMAL

99-05-19 09:51:48
+5.513E+0 ft/s
+1.279E+3 gal/m
+TOTAL 0003322 gal
ABNORMAL

99-05-19 09:53:48
+5.474E+0 ft/s
+1.270E+3 gal/m
+TOTAL 0005876 gal
ABNORMAL

99-05-19 09:55:48
+5.493E+0 ft/s
+1.274E+3 gal/m
+TOTAL 0008429 gal
ABNORMAL

99-05-19 09:57:48
+5.533E+0 ft/s
+1.284E+3 gal/m
+TOTAL 0010978 gal
ABNORMAL

99-05-19 09:59:48
+5.517E+0 ft/s
+1.280E+3 gal/m
+TOTAL 0013534 gal
ABNORMAL

99-05-19 10:01:48
+5.531E+0 ft/s
+1.283E+3 gal/m
+TOTAL 0016099 gal
ABNORMAL

99-05-19 10:03:48
+5.569E+0 ft/s
+1.292E+3 gal/m

Fuigi Meter

1276.4 gpm

~~2553 feet/min~~

= ~~5.11~~ cfs

≈ 2.55 cfs

SITE SETUP

PIPE PARAMETER

SITE NAME	STODDARD CREEK SPRIN
OUTER DIAMETER	10.0000in
PIPE MATERIAL	CARBON STEEL
WALL THICKNESS	0.1320in
LINING MATERIAL	NO LINING
KIND OF FLUID	WATER
SENSOR MOUNTING	V
SENSOR TYPE	FLG1S
TRANS. VOLTAGE	1TIME

99-05-19 09:49:49
+5.524E+0 ft/s
+1.282E+3 gal/m
+TOTAL 0000787 gal
ABNORMAL

99-05-19 09:51:48
+5.513E+0 ft/s
+1.279E+3 gal/m
+TOTAL 0003322 gal
ABNORMAL

99-05-19 09:53:48
+5.474E+0 ft/s
+1.270E+3 gal/m
+TOTAL 0005876 gal
ABNORMAL

99-05-19 09:55:48
+5.493E+0 ft/s
+1.274E+3 gal/m
+TOTAL 0008429 gal
ABNORMAL

99-05-19 09:57:48
+5.533E+0 ft/s
+1.284E+3 gal/m
+TOTAL 0010978 gal
ABNORMAL

99-05-19 09:59:48
+5.517E+0 ft/s
+1.280E+3 gal/m
+TOTAL 0013534 gal
ABNORMAL

99-05-19 10:01:48
+5.531E+0 ft/s
+1.283E+3 gal/m
+TOTAL 0016099 gal
ABNORMAL

99-05-19 10:03:48
+5.569E+0 ft/s
+1.292E+3 gal/m

Fuigi Meter

1276.4 gpm

~~2553 feet/min~~

= ~~5.11~~ cfs

≈ 2.55 cfs

Stoddard Spring ARW

0364.9 MMSEC
100.31 % T0

05-20 08:0300 *H
+002.70 % AI2

08:06+ 1.296E 3GPM 00R
+00000 *G 00R
-00000 *G 00R

08:07+ 1.276E 3GPM 00R
+01281 *G 00R
-00000 *G 00R

08:08+ 1.291E 3GPM 00R
+02567 *G 00R
-00000 *G 00R

08:09+ 1.288E 3GPM 00R
+03849 *G 00R
-00000 *G 00R

08:10+ 1.285E 3GPM 00R
+05134 *G 00R
-00000 *G 00R

08:11+ 1.296E 3GPM 00R
+06419 *G 00R
-00000 *G 00R

08:12+ 1.285E 3GPM 00H
+07706 *G 00R
-00000 *G 00R

08:13+ 1.286E 3GPM 00R
+08992 *G 00R
-00000 *G 00R

08:14+ 1.293E 3GPM 00H
+00280 *G 00R
-00000 *G 00R

08:15+ 1.287E 3GPM 00R
+01566 *G 00R
-00000 *G 00R

08:16+ 1.275E 3GPM 00H
+02850 *G 00R
-00000 *G 00R

05 *R
+00

Poly sonics

Stoddard Spring ARW

0364.9 MMSEC
% T0

05-20 [illegible] *H
+002.70 % AI2

08:06+ 1.29[illegible] 3GPM 00R
00R
00R

08:07+ 1.275E 3GPM 00R
00R
00R

08:08+ [illegible] 00R
00R
00R

08:09+ [illegible] 00R
00R
00R

08:10+ 1.285E 3GPM 00R
00R
00R

08:11+ [illegible] 00R
00R
00R

08:12+ [illegible] 00H
00R
00R

08:13+ [illegible] 00R
00R
00R

08:14+ [illegible] 00H
00R
00R

08:15+ [illegible] 00R
00R
00R

08:16+ [illegible] 00H
00R
00R

Poly sonics