

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2015

RECEIVED
JAN 19 2016
DEPT OF WATER RESOURCES
SOUTHERN REGION

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.**

*Detention
Culvert
22x16*

Reporter ID/Name:	_____	GEORGE E CAMERON	MARGARET CAMERON
Water Source:	_____	06S 13E S27 SENWNW	_____
Legal Description:	T _____	LOWER DITCH - STODDARD SPRING PIPELINE	1/4
Site Tag No:	_____	A0011837	410244 9
Diversion Name:	_____	_____	_____

Regist # 371241

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.

Phone 208-788-4817

- 4112

Last, First, MI

Address P.O. Box 177

Fax 208-788-1293

City BELLEUE

Mobile none

State & Zip ID, 83313-0177

e-mail none

Operator or Contact Person (if different from owner)

Name Osborne, Layne

Phone _____

Last, First, MI

Address _____

Fax _____

City Heppner,

Mobile 539-9960

State & Zip ID, 83332

e-mail _____

SECTION II Water Use Information

Crop	Acres
<u>approx 6 acres</u>	<u>6</u>
<u>grass hay</u>	_____
_____	_____

Non-Irrigation Use(s)
<u>stock water</u>

Total acres

approx 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	1-01-16		Stock	.09 cfs	.09 cfs	.09 cfs
2		Stock	Water			
3	Stock	Water		.09 cfs		
4	Water					
5						.09 cfs
6						
7						
8					.09 cfs	
9						
10				.09 cfs		
11	Water					
12	on					.09 cfs
13	Cows					
14						
15			.09 cfs		.09 cfs	
16						
17				.09 cfs		
18						
19			.09 cfs			.09 cfs
20						
21						
22					.09 cfs	
23						
24				.09 cfs		
25						
26						.09 cfs
27			.09 cfs			
28						
29					.09 cfs	
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	09cfs	09cfs	09cfs	09cfs	09cfs	stock water in winter for cows
2				09cfs		
3	09cfs					
4			09cfs			
5						↓
6					09cfs	
7		09cfs				
8						
9				09cfs		
10	09cfs					
11			09cfs			
12						
13					09cfs	
14		09cfs				
15					09cfs	
16				09cfs	0	
17	09cfs				↓	
18			09cfs			
19						
20					stock	
21		09cfs			water	
22						
23				09cfs	for	
24	09cfs				cows	
25			09cfs			
26						
27			↓		↓	
28		09cfs	↓		↓	
29		↓	↓		↓	
30			↓	09cfs	↓	↓
31	09cfs		-----	↓	-----	12.31.16

SECTION IV Measuring Device Information

A. Type & Description of Measuring Device(s): SLIDE DAM WITH MEASURING
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
Signature

owner
Title

1-12-16
Date

Reviewed by N. Erickson
Data entry by Hehn

For Department Use Only

Date 2/23/16
Date 3/21/16

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

RECEIVED

JAN 15 2015

DEPT OF WATER RESOURCES
SOUTHERN REGION

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 _____	LOWER DITCH -STODDARD SPRING PIPELINE	1/4 _____ 1/4
Site Tag No:	_____	A0011837	410244 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 _____

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

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	ESTIMATED 0.17 CFS FROM 4/10 - 10/1					
2	BASED ON OLD MEASUREMENTS.					
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 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						
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

Reviewed by N. Erickson
Data entry by N. Erickson

For Department Use Only

Date 4/16/15
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.

Reporter ID/Name:	GEORGE EDWARD CAMERON AND MARGARET J. CAMERON		
Water Source:	06S 13E S27 SENWNW		
Legal Description:	East Split - STODDARD SPRING		
	PIPELINE	1/4	1/4
Site Tag No:	A0011837	410244	0.534 CFS
Diversion Name:	0.09 CFS included		

Water Right # 37-1241

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. Phone 208-288-4817 or 788-4112
Last, First, MI CAMERON
Address PO Box 177 Fax 208-288-1293
City BELLEVIEW Mobile none
State & Zip IDAHO 83313-0177 e-mail none

Operator or Contact Person (if different from owner)

Name OSBORNE, LAYNE Phone 208-837-6332
Last, First, MI
Address _____ Fax _____
City HAGERMAN Mobile 208-539-9960
State & Zip IDAHO 83332 e-mail _____

SECTION II Water Use Information

Crop	Acres
<u>Grass HAY</u>	<u>approx 5 plus.</u>
_____	_____
Total acres	<u>6.49</u>

Non-Irrigation Use(s)
stock water from fall to
winter to spring

Number of idled acres

1-5 acres?

Fayne Osborne used this water to water the grass hay in the summer and was his cow on baying is over. Stan & Indall said everyone of us there have about 30% less water than before. Fayne uses the water into the time and the others use it for a while. They trade off days or weeks or however they do it. You need to ask Fayne how he uses it & how much. I think he uses all that comes his way when it's his turn to use it. We installed a measuring ruler at this in the ditch behind Mrs. Proche's last spring or early summer and welded it into the headgate opening for measuring the ditch water.

Non-totalizing page 2 of 4

SECTION III Water Measurement Log (measurements must be recorded at least once per week until 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						
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						
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16						
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21						
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24						
25						
26						
27						
28						
29						
30						
31			-----		-----	

SECTION IV Measuring Device Information

- A. Type & Description of Measuring Device(s): A white rubber-like measuring stick
was welded & installed in the ditch behind Mrs. Portner's property
for the upper ditch and a measuring device is set by the
gate in the ditch from the spring across the road.
- 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 _____
Data entry by ay _____

Date _____
Date _____

but entry
cb
4/6/11

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

RECEIVED
JAN 24 2011
DEPT. OF WATER RESOURCES
SOUTHERN REGION

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:	East Split - STODDARD SPRING PIPELINE	
Site Tag No:	A0011837 410244	0.534 cfs 1/4 1/4 9
Diversion Name:	.09 cfs included	

SECTION I Water Right Holder/Operator Information

Right # 37-1241

(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 Phone 208-788-4817-024112
Last, First, MI

Address P.O. Box 177

Fax 208-788-1293

City BELLEVILLE

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
(WEST GIDE)

6.20 ^{APPROX}

STOCK WATER IN FALL + WINTER + SPRING

Total acres

6.47

Number of idled acres

.47?

estimate flows for irrigation
Season (y)

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				• 53 (e)		
16				↓		
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30		-----				
31		-----		-----		-----

estimate flows of irrigation
season (cy)

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				0.53 (e)		
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

Reviewed by _____
Data entry by Chen

For Department Use Only

Date _____
Date 4/6/11

Data not
checked

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 _____	STODDARD SPRING PIPELINE	_____
		A0011837 410244	9 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

Phone _____

Last, First, MI

Address 19208 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

Total acres

Number of idled acres

Interpolate all

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	.05					
2						
3		.05		.05		
4						.42
5			.05			
6				.05	.42	
7						
8		.05				
9						
10	.05					
11				.42		
12			.05			
13						.42
14					.42	
15						
16		.05				
17	.05					
18						
19			.05	.42		.40
20						
21						
22						
23	.05					
24		.05				
25					.42	.40
26			.05			
27				.42		
28	.05					
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	.40		.43		.43	
4		.40		.43		
5						.05
6						
7					.05	
8						
9						
10	.42	.43				
11				.43		
12			.43			
13						.05
14						
15					.05	
16	.40	.43				
17						
18						
19				.43		
20			.43			
21	.40					.05
22		.43			.05	
23						
24						
25				.43		
26						
27			.43			
28	.40	.43			.05	
29						.05
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.

Loren Oster
Signature _____

Title _____

1/1/09
Date _____

Reviewed by _____
Data entry by C. Blue

For Department Use Only

Date _____
Date 5/17/10

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR 2008

RECEIVED
JAN 16 2009
DEPT. OF WATER RESOURCES
SOUTHERN REGION

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:	_____	STODDARD SPRING PIEPLINE	_____
Legal Description:	T _____	A0011837 410244	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 _____
Last, First, MI
Address _____
City _____
State & Zip _____

Phone _____
Fax _____
Mobile _____
e-mail _____

Operator or Contact Person (if different from owner)

Name Osborne Layne
Last, First, MI
Address 18208 U.S. Hwy 30
City Hagerman
State & Zip ID 83332

Phone _____
Fax _____
Mobile _____
e-mail _____

SECTION II Water Use Information

Crop	Acres
<u>pasture</u>	_____
_____	_____
_____	_____
Total acres	_____

Non-Irrigation Use(s)
<u>stock water</u>

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	.1 est					
2	.1	.1	.1	.1	.4	
3						.45
4						
5						
6		.1		.4		
7			.1			
8					.4	
9	.1					
10						
11				.4		
12		.1				.45
13						
14	.1		.1			
15					.4	
16						
17				.4		
18	.1					.45
19		.1	.1			
20						
21						
22	.1			.4		
23						
24			.1		.4	
25		.1				
26	.1					.45
27						
28			.1	.4		
29	.1				.4	
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	.45					
3		.4	.45	.45	.4	.1
4					.1	
5						
6						
7	.45					
8		.4				
9			.45			.1
10				.45	.1	
11						
12						
13		.4				
14						.1
15	.45					
16				.45		
17			.45			
18					.1	
19		.4				.1
20						
21	.45					
22						
23						
24			.45		.1	.1
25		.4				
26	.45			.45		
27						
28						
29					.1	
30		.4				.1
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 Layne Osburn

Title _____

Date 1/15/09

Reviewed by _____

Data entry by CHL

For Department Use Only

Date _____

Date 4/21/09

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

debra
coker
4/1/08

RECEIVED
JAN 23 2008
DEPT. OF WATER RESOURCES
SOUTHERN REGION

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_____	STODDARD SPRING PIEPLINE	_____
		A0011837 410244	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

Phone 837-6332

Last, First, MI

Address 18208 US Hwy 30

Fax _____

City Hagerman

Mobile 539-9960

State & Zip Idaho 83332

e-mail _____

SECTION II Water Use Information

Crop

Acres

Non-Irrigation Use(s)

pasture

Total acres

Number of idled acres

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						
2		.1	.1	.4		
3	.1					
4					.4	
5						.4
6			.1			
7	.1	.1				
8				.4	.4	
9						
10		.1				
11						.4
12	.1					
13						
14		.1		.4		
15			.1		.4	
16	.1					.4
17						
18						
19	.1			.4		
20		.1				.4
21					.4	
22						
23			.1			
24	.1			.4		
25		.1				.4
26					.4	
27				.4		
28	.1	.1	.1			
29						.4
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	.4					
2						
3				.42		.1
4		.4			.45	
5			.4			
6						
7						
8	.4					.1
9						
10		.4		.45	.45	
11			.4			
12						.1
13	.4					
14						
15		.4		.45		
16					.45	.1
17			.4			
18	.4					
19						
20						
21		.4		.45		.1
22					.1	
23						
24	.35		.45			
25						
26						.1
27					.1	
28	.35			.45		
29		.4	.45			
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.

Lynn Osborne
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:	_____	STODDARD SPRING PIEPLINE	_____
Legal Description:	T _____	A0011837 410244 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 Osbourne Layne R

Phone 837-6332

Last, First, MI

Address 996 Justice Blvd

Fax _____

City Hagerman

Mobile _____

State & Zip ID 83332

e-mail _____

SECTION II Water Use Information

Crop _____ Acres _____

Non-Irrigation Use(s) _____

pasture
2000
4000

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	12/31/05 = .04					
2	.1	.1	.1			
3		.1		.4	.4	.48
4						
5						
6	.1	.1	.1			
7	.1	.1			.4	
8						.48
9				.4		
10	.1					
11	.1	.1			.4	
12			.05			
13						.48
14		.1		.4		
15		.1			.45	
16	.1					
17	.1			.4		
18		.1				
19		.1	.05			.4
20					.45	
21						
22	.1	.1	.05	.4		
23						.4
24					.45	
25						
26						
27	.1	.1		.4		
28						.4
29					.45	
30	.1	-----				
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		.4	.35		.4	
3				.4		
4						
5	.4				.45	.05
6			.35			
7		.39				
8				.4		
9						
10	.4		.35		.05	
11						
12		.39				.05
13				.4		
14						
15	.45					
16			.35			
17						
18		.39			.05	.05
19						
20				.4		
21	.45					
22						
23			.4		.05	
24		.4				
25				.4		.05
26	.4					
27						
28			.4			
29		.4			.05	
30						
31			—		—	

✓ DE MR 12/5/07
203 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.

Layne Osborn

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 CH _____

Receipt No. 5029190

Reviewed by _____

Date _____

Data entry by _____

Date _____

Data Entered
2/1/07
cde

WEST ESPA MEASUREMENT DISTRICT
2005 Calendar Year
WATER MEASUREMENT ANNUAL REPORT

RECEIVED
JAN 17 2006
Department of Water Resources
Southern Region

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:
Water Source:
Water Right(s) Owner or Contact:
Site Identification No:

WMD00070 DAN MCFADDAN
A37-01241
06S 13E 27 SENWNW
A0011837
STODDARD SPRING PIEPLINE

410244

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
Address 970 Pioneer RD
City Hagerman
State & Zip Idaho 83332

Phone _____
Fax _____
Mobile _____
e-mail _____

Operator or Contact Person (if different from owner)

Name Osborne Layne
Last, First, MI
Address 996 Justice Grade
City Hagerman
State & Zip Idaho 83332

Phone 837-6332
Fax _____
Mobile _____
e-mail _____

Original Owner (if sold within last year)

Name _____
Last, First, MI
Address _____
City, State & Zip _____

Phone _____

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	.04 (stock water)					
2				.38		
3						
4					.40	.40
5		.04	.04			
6						
7						
8	.04			.38		.40
9						
10					.40	
11						
12			.04	.40		
13		.04				
14	.04					.40
15						
16					.38	
17			.04			
18				.40		
19						.40
20	.04					
21		.04				
22					.38	
23						
24				.40		.40
25						
26	.04		.04			
27					.38	
28		.04				
29						
30	.04	---	.04	.40		.40
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			.38			
2						
3				.40		
4		.40			.40	
5	.40					
6			.38			
7						
8						
9						
10		.40		.40	.40	
11	.40					.04
12			.40			
13						
14						
15		.40		.40	.04 stock water	
16						
17	.40					
18			.40			
19						
20						
21		.40				.04
22						
23						
24	.40		.40	.40	.04	
25						
26		.38				
27						
28						
29			.40			.04
30	.40					
31			—	.40	—	

159

SECTION III Measuring Device Information

A. Type & Description of Measuring Device(s): Rectangular Weir 12"

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

Beginning diversion date Jan 1
month day

Ending diversion date Dec 31
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 Osborne
Signature

Title

1/10/06
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) _____

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 follow

WMD00070 MCFADDAN, DAN

A37-01241

Diversion Name or Facility:

06S 13E 27 SENWNW

Water Source:

410244

Water Right(s) Owner or Contact:

LOWER DITCH/STODDARD SPR

9

Site Identification No:

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 _____/_____/_____ Ending diversion date _____/_____/_____
month day 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) _____

2000 measurements — *Waddington Spring*
Waddington diversion *Lower Ditch*
SECTION II. Water Measurement Log (measurements must be recorded at least once per week and in units of cubic feet per second)

pod
410244

DAY	JANUARY	FEBRUARY	MARCH	APRIL	MAY	JUNE
1						
2						
3						
4					1.395	1.395
5				1.395		
6						
7						
8						
9						
10						
11						
12				1.395	1.395	1.395
13						
14						
15						
16						
17						
18						1.395
19				1.395	1.395	
20						
21						
22						
23						
24						
25						1.395
26					1.395	
27				1.395		
28						
29		-----				
30		-----				
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						
2			1.395			
3	1.395			1.395		
4		1.395				
5						
6						
7	Water off 10 AM					
8						
9						
10				1.395		
11	Water on 10 AM	1.395				
12	1.395					
13						
14			1.395			
15						
16				1.395		
17						
18	1.395	1.395				
19						
20			1.395			
21						
22						
23				Water off 10 AM		
24			Water off 1 PM			
25		1.395	0.0			
26	1.395		0.0			
27			0.0			
28			0.0			
29			Water on 10 AM			
30						
31						

SECTION III. Measuring Device Information

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

Cipolletti Weir

CREST Length 1.5 ft.

Weir is Located Approximately 300 ft Below Diversion

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

Beginning diversion date 4 / 5
month day

Ending diversion date 10 / 3
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 ~~2000~~ 2000

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 ~~2000~~ 2000. 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.

LeRoy A. Quay
Signature

IRRIGATOR
Title

1-31-2001
Date

For Department Use Only

Received by _____

Date _____

Time _____

Fee amount submitted _____

Correct? yes _____ no _____

Received by _____

Receipt No. _____

Data entry by _____

Date _____

Reviewed 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:	A37-01241	
Point of Diversion:	06S 13E 27 SENWNW WADDINGTON SPRINGS <i>Stoddard Springs</i>	
Water Source:	LOWER DITCH	
Diversion Name:	9	
Operator or Contact Person:	410243 410244	
Address:	42F UPPER SALMON FALLS RD 41756	
City, State, Zip:	HAGERMAN ID 83332	
Phone: Home - Fax:	208-837-6505 HM	
Phone: Mobile - Other:		

RECEIVED
APR 05 2000
Department of Water Resources
Bozeman 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						
4						
5						
6						
7						
8						
9						
10						
11						
12				STARTED		
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29		-----				
30		-----				
31		-----		-----		-----

according
to L. Owshe
on
4/5/00
gpm

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

*Telephone
w/ L. Owske
4/5/00
Bm*

DAY	JULY	AUGUST	SEPTEMBER	OCTOBER	NOVEMBER	DECEMBER
1					OFF	
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						

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

Ending diversion date _____ / _____
month day

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

Stoddard pipe blowdown

Cameron 21772 1.4 ~~2.5~~ 2.5 36%

~~Kaplan~~ ~~22217~~ 1.1

Utter

21633 4.5 .3 > 4.5
22216 4.2

7

64%

Upper Waddington 21634 4

Cameron ~~21635~~ ~~4~~

Utter

21635 6
10

40%

60%



WATER DISTRICT 130
C/O IDAHO DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST, STE 200
TWIN FALLS, ID 83301-3380
TELEPHONE NUMBER (208) 736-3033
FACSIMILE NUMBER (208) 736-3037

IDWR INTERIM DIRECTOR
GARY SPACKMAN

WATERMASTER
CINDY YENTER
Cindy.Yenter@idwr.idaho.gov

March 22, 2011

TO: George Cameron, William VanHorn, Christopher Utter (see attached mailing list)

RE: Notice of Requirement to Replace Measurement Device

Dear Water Users:

The measuring device on your shared ditch diversion from Stoddard Springs has been removed and must be replaced. This diversion is under the jurisdiction of Water District 130 (WD130), and measurement of this diversion is required. This ditch receives water via Stoddard Pipeline and a distribution box west of River Rd, and serves lands owned by Cameron, VanHorn and Utter, all situated east of River Rd. I found this weir missing during a routine field check during 2010, and was told the weir washed out earlier in the year. No diversion data have been submitted for at least two years. This device is required to be replaced prior to the 2011 irrigation season. One water user will then be designated to take readings from the weir and report them annually to WD130.

The device placed in this diversion must be a standard open-channel measuring device which meets the criteria specified by the Idaho Department of Water Resources (IDWR). Enclosed with this letter are IDWR's Minimum Acceptable Standards which will guide you in the selection of your measuring device. Please review this document carefully. *Please have your device plans reviewed by WD130 prior to installation of a new device. Devices which are installed incorrectly will be required to be reinstalled at your expense.*

The measurement requirement for your diversion will be enforced by the Water District 130 Watermaster. Your failure to install an approved measuring device or to obtain a variance may result in you receiving a notice of curtailment of your diversion from the Watermaster, and/or a Notice of Violation and a civil penalty from IDWR.

Thank you in advance for your cooperation. Please contact me as soon as possible when you have a device plan. I may be reached at 208-736-3033.

Regards,

Cindy Yenter
Watermaster, Water District 130

Mailing List, March 22, 2011

GEORGE EDWARD CAMERON
PO BOX 177
BELLEVUE ID 83313

CHRISTOPHER A UTTER
4225 S HARMON RD
FALLON NV 89406

WILLIAM VANHORN
PO BOX 456
ESTES PARK CO 80517



STATE OF IDAHO
WATER DISTRICT 130
C/O IDAHO DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST, STE 200
TWIN FALLS, ID 83301-3380
TELEPHONE NUMBER (208) 736-3033
FACSIMILE NUMBER (208) 736-3037

IDWR INTERIM DIRECTOR
GARY SPACKMAN

WATERMASTER
CINDY YENTER
Cindy.Yenter@idwr.idaho.gov

March 12, 2012

GEORGE EDWARD & MARGARET J CAMERON
PO BOX 177
BELLEVUE ID 83313

CHRIS & PAULA UTTER
4225 S HARMON RD
FALLON NV 89406

WILLIAM VANHORN
PO BOX 456
ESTES PARK CO 80517

RE: Water District 130 Assessments, Measurement Requirements for Upper Waddington and Lower Stoddard Spring Shared Ditches

Dear Water Users:

Enclosed are your individual Water District 130 assessments for 2012. For the past three years I have pro-rated the total amount due for each shared diversion, based on your land ownership. In the future I will not continue to do this. Prior to the 2012 irrigation season, an individual or individuals must be designated for each ditch (Upper Waddington and Lower Stoddard) who will be responsible for collecting water use measurements, filing annual use reports and receiving the assessment statements.

There has not been a permanent weir installed on the Lower Stoddard Spring Ditch (which runs just east of River Rd and is shared by all of you) as was ordered two years ago. This device is mandatory, and if it is not installed prior to this irrigation season, you may receive a Notice of Curtailment from Water District 130, and/or a Notice of Violation from IDWR, for failure to install a required device.

I am receiving annual reports from Mr. Cameron for both diversions, but they are not complete. I have been notified that a fourth party (Layne Osborne) has been irrigating for Mr. Cameron, but I do not know if he has been reading the weir. It is not my responsibility to get that data from Mr. Osborne. It is the water users' responsibility to collect the water use data directly, or to arrange for that data to be collected, and to have it provided for the annual report.

If you have any questions regarding the installation of the weir on Lower Stoddard Ditch, please contact me as soon as possible.

Regards,

Cindy Yenter
Watermaster, Water District 130



STATE OF IDAHO
WATER DISTRICT 130
C/O IDAHO DEPARTMENT OF WATER RESOURCES
1341 FILLMORE ST, STE 200
TWIN FALLS, ID 83301-3380
TELEPHONE NUMBER (208) 736-3033
FACSIMILE NUMBER (208) 736-3037

IDWR INTERIM DIRECTOR
GARY SPACKMAN

WATERMASTER
CINDY YENTER
Cindy.Yenter@idwr.idaho.gov

December 27, 2010

RECEIVED

JAN 24 2011

DEPT. OF WATER RESOURCES
SOUTHERN REGION

TO: Water District 130 Water Users With Non-Totalizing Devices

RE: 2010 Annual Water Measurement Report Forms – Due January 15, 2011

Dear Water User:

Enclosed are annual report forms for year 2010, for diversions using open-channel, non-totalizing or alternate measurement methods. Please return all forms to **Water District 130** at the above address, no later than **January 15, 2011**. If you no longer own the water right(s), or if someone else should have received these forms, please let us know right away.

If you did not divert during 2010, or if you have not yet installed measuring devices, or if your device was not operable for all or part of the year, you are still required to report. Please note any such conditions in the remarks section of your report form.

Please note that you are receiving report forms for open-channel, non-totalizing or alternate reporting methods only. Water District 130 will be collecting end-of-year information directly from totalizing devices (flow meters or time clocks) and will not be sending report forms for those diversions. This change in policy is intended to increase the efficiency of the district, and the accuracy of the data collected. I appreciate your continued cooperation in recording and reporting data at your diversion(s), as this helps us to maintain the most complete water use data possible.

Please contact me at 208-736-3033 if you have any questions.

Regards,

Cindy Yenter
Watermaster
Water District 130

CINDY - WE DON'T HAVE A MEASURING
DEVICE ON THIS WATER.

LAYNE OSBORNE HAS BEEN USING IT
TO WATER OUR PLACE AND I DON'T KNOW
HOW HE IS MEASURING IT.

LAYNE LIVES IN HAGERMAN, BUT I DON'T HAVE
HIS CELL PHONE #. BUT HIS HOME IS

837-6332, P.S. LAYNE OSBORNE'S CELL IS 539-9960

MARGE CAMERON & GEORGE (ED) CAMERON
P.O. BOX 177 - BELLEVUE, ID 83313 208-411-2121
4817

Upper Waddington
18" Cip - .40^{1/2} Hand

4-17-84

78.84

78.84

3/21/03

5025600

Mike Owsley

SToddard Creek spgs.

SToddard Spring pipeline.

MATT Macfadyen will

be the New owner

Come Sept 1 2002.

- Visited the diversion on 4-17-04
W/ DAM & we came to an agreement
McFadden
to put in some type of weir, Run the
water over the weir for a measurement
and then turn it back into the
ditch. Told him he needed to do
that atleast 1 time per week.

Col 4-17-04

→ (Talked about a 1.5' Rec. weir)

GARY -

I left the 99 water measurements for Mike and Kathleen Owsley, with a check for the assessment plus 8% interest.

Mike gave me the papers over a year ago. I mislaid them and forgot them. I irrigate his acreage and take care of both heads of water. I have the measurements for the Waddington Springs. Arnold Weinstein used his flow meter & measured the flow in the pipe in the Stoddard Spring and said he would file that for us last spring.

I will try to call you later today. I have some questions to ask.

Thank you.

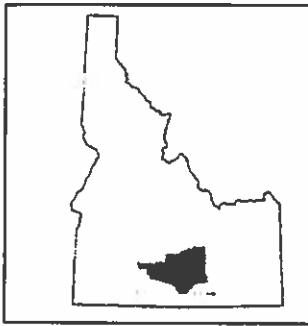
LeRoy Owsley

208-837-4561

537-4561.

constant flow was measured in pipe according to Arnie W. Contacted LeRoy on 4/5/00 indicates that the flow started on 4/12/99 and turned off on 11/1/99 @ Stoddard Springs diversion. Per phone call.

John



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

August 10, 1999

June and James W. Mecham
C/O Hagerman School
Hagerman, ID 83332

CORRECTED MARCH 17, 1999 COPY

Dear Member of West ESPA Measurement District;

As a member of the West ESPA Measurement District you are required to measure the water you are diverting from the Stoddard Creek Springs. I visited the diversion to locate a water measuring point on 16 March 1999. It is my understanding that you and several others share this point of diversion. While visiting with Mike Owsley at this point of diversion, he suggested one common measuring point instead of individual measurements. This department does not object to this. All four parties involved, Sinkerson, Harrison, Mecham, and Owsley would need to agree to this. If all four parties can not agree, then each party will need to measure and report their individual flows.

The methodology I would use would be to summate the flows listed on each water right and proportion the flow taken at the common point with these flows. The flows listed in our department include:

NAME	WATER RIGHT #	DIVERSION RATE	DIVERSION VOLUME (acre-feet per year)
Sinkinson	A37-12974	2.50	104.0
Harrison	A37-10086	0.64	21.0
Mecham	37-07862	2.00	1448.0
Owsley	A37-01241	0.53	33.0
Owsley	A37-12803	0.02	
TOTALS		5.69	1606.0

If the total measured flow was 4.50 cfs, the Owsley portion would be $4.50 * ((0.53+0.02)/5.69)$ or 0.44 cfs. The total yearly volume associated each water right would also be calculated using the same method. These values would be used for recording your annual flows as required by the measurement district.

While visiting with Bud Owsley, he stated he adjusts the control structure at the outlet of the pipeline so that each party receives their proportional amount of water. The common measuring point would use this same equivalence and no measurements downstream of the outlet control structure would be required.

The total flow is regulated at the springs by placing different size boards into a control structure at the inlet of the pipeline with the excess flow from the spring going over the boards. As long as there is water going over the boards, the flow in the pipe should not change unless the bottom end would become mossed or silted in and cause backpressure on the system.

I am proposing to take a flow reading in the pipe using an ultrasonic flow meter twice this year to determine the flow that is currently being diverted. If the flow would change during the year, I would be available to remeasure the flow. One person would need to be responsible for notifying me if the flow changes and also the total number of days the total flow occurs. It is my understanding this is a yearly flow.

My department would like to see a permanent flow meter attached to this system but using the above procedure would be sufficient for this year and possibly next year also. This will give you ample time to look for and install a permanent meter and determine who would be responsible for maintaining and reading the meter and making the reports to this department.

If you have different ideas on how this measuring program could be developed, please respond. All four parties need to agree on one method if a common measuring point is used. The choice is yours. Your immediate feedback is needed.

If I can be of further service please contact me at the above address or phone number.

Respectfully,

Arnold Wetzstein
Assistant District Hydrographer

Cc:
Michael and Kathleen Owsley
Zane and Ruth Harrison
Marilee J. Kuracina and Craig Allan Sinkerson



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

March 17, 1999

Michael and Kathleen Owsley
42F Upper Salmon Falls Road
Hagerman, Idaho 83332

Dear Mike,

Listed below is the letter that is also being send to Wilkins.

Dear Member of West ESPA Measurement District,

As a member of the West ESPA Measurement District you are required to measure the water you are diverting from the Upper Waddington Spring. I visited the diversion to locate a water measuring point on 16 March 1999. It is my understanding that you and Mike Owsley share this point of diversion. While visiting with Mike at this point of diversion, he suggested using one common measuring point instead of individual measurements. This department does not object to this. Both parties involved, Wilkins and Owsley would need to agree to this. If both parties can not agree, then each party will need to measure and report their individual flows.

The methodology I would use would be to summate the flows listed on each water right and proportion the flow taken at the common point with these flows. The flows listed in our department include:

NAME	WATER RIGHT #	DIVERSION RATE (cfs)	PERIOD OF DIVERSION	DIVERSION VOLUME (acre-feet per year)
Wilkins	A37-12979	0.75	04-01 to 11-01	
Owsley	A37-12802	0.80	03-12 to 11-15	30.0
Owsley	A37-12802	0.02	01-01 to 12-31	
TOTALS		1.55		30.0

If the total measured flow was 1.50 cfs, the Owsley portion would be $1.50 * (.80/1.55)$ or 0.77 cfs. The total yearly volume associated each water right would also be calculated using the same method. These values would be used for recording your annual flows as required by the measurement district.

There is a Cipolletti weir in place approximately 100 feet downstream of the end of the culvert. This weir would work for a common measuring point. Your combined flows would be divided proportionately as described above and any ditch loss would be shared by this same proportion.

When I was at the site, I did not check the levelness of the weir or if the sides of the weir were adequately contracted. I am proceeding with the assumption that the weir is level and constructed correctly. Someone will need to maintain the weir so that the down stream side of the weir does not become mossed or silted in and cause the nappe to disappear. This person will also need to report flows and the total number of days the flow occurs. A report form has been sent to both parties.

The total flow is regulated at the springs by placing 15.5 inches of boards into a control structure at the inlet of the pipeline with the excess flow from the spring going over the boards. As long as there is water going over the boards, the flow in the ditch should not change

If you have different ideas on how this measuring program could be developed, please respond. Both parties need to agree on one method and who would be responsible for reporting the flows if a common measuring point is used. The choice is yours. Your immediate feedback is needed.

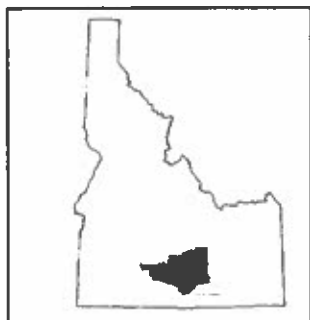
If I can be of further service please contact me at the above address or phone number.

Respectfully,



Arnold Wetzstein
Assistant District Hydrographer

Cc:
John Wilkins



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

March 17, 1999

Michael and Kathleen Owsley
42F Upper Salmon Falls Road
Hagerman, Idaho 83332

Dear Mike,

Listed below is the letter that is being send to the other diverters of Stoddard Creek Springs.

Dear Member of West ESPA Measurement District;

As a member of the West ESPA Measurement District you are required to measure the water you are diverting from the Stoddard Creek Springs. I visited the diversion to locate a water measuring point on 16 March 1999. It is my understanding that you and several others share this point of diversion. While visiting with Mike Owsley at this point of diversion, he suggested one common measuring point instead of individual measurements. This department does not object to this. All four parties involved, Sinkerson, Harrison, Mecham, and Owsley would need to agree to this. If all four parties can not agree, then each party will need to measure and report their individual flows.

The methodology I would use would be to summate the flows listed on each water right and proportion the flow taken at the common point with these flows. The flows listed in our department include:

NAME	WATER RIGHT #	DIVERSION RATE	DIVERSION VOLUME (acre-feet per year)
Sinkinson	A37-12974	2.50	104.0
Harrison	A37-10086	0.64	21.0
Mecham	A37-04389	0.72	21.6
Owsley	A37-01241	0.53	33.0
Owsley	A37-12803	0.02	
TOTALS		4.41	176.6

If the total measured flow was 4.50 cfs, the Owsley portion would be $4.50 * ((0.53+0.02)/4.41)$ or 0.56 cfs. The total yearly volume associated each water right would also be calculated using the same method. These values would be used for recording your annual flows as required by the measurement district.

While visiting with Bud Owsley, he stated he adjusts the control structure at the outlet of the pipeline so that each party receives their proportional amount of water. The common measuring point would use this same equivalence and no measurements downstream of the outlet control structure would be required.

The total flow is regulated at the springs by placing different size boards into a control structure at the inlet of the pipeline with the excess flow from the spring going over the boards. As long as there is water going over the boards, the flow in the pipe should not change unless the bottom end would become mossed or silted in and cause backpressure on the system.

I am proposing to take a flow reading in the pipe using an ultrasonic flow meter twice this year to determine the flow that is currently being diverted. If the flow would change during the year, I would be available to remeasure the flow. One person would need to be responsible for notifying me if the flow changes and also the total number of days the total flow occurs. It is my understanding this is a yearly flow.

My department would like to see a permanent flow meter attached to this system but using the above procedure would be sufficient for this year and possibly next year also. This will give you ample time to look for and install a permanent meter and determine who would be responsible for maintaining and reading the meter and making the reports to this department.

If you have different ideas on how this measuring program could be developed, please respond. All four parties need to agree on one method if a common measuring point is used. The choice is yours. Your immediate feedback is needed.

If I can be of further service please contact me at the above address or phone number.

Respectfully,



Arnold Wetzstein
Assistant District Hydrographer

Cc:

Zane and Ruth Harrison

June and James Mecham

Marilee J. Kuracina and Craig Allan Sinkerson



State of Idaho

DEPARTMENT OF WATER RESOURCES

1301 North Orchard Street, P.O. Box 83720, Boise, Idaho 83720-0098

Phone: (208) 327-7900 FAX: (208) 327-7866

December 1, 1998

PHILIP E. BATT
GOVERNOR

MICHAEL OWSLEY
KATHLEEN OWSLEY
42F UPPER SALMON FALLS RD
HAGERMAN ID 83332

KARL J. DREHER
DIRECTOR

RE: ***Notice of 1999 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). Your diversion(s) will be subject to measurement and annual reporting requirements beginning next year. As you may know, the department created the West Water Measurement District (WMD) in your area in October 1996 for the purpose of coordinating and assisting with the measurement requirement. Copies of the order were sent to all water right holders of record at that date. If you did not receive a copy, please contact this office. The measurement district (map attached) includes both ground water and surface water diversions. However, if you have other diversions regulated by an active state watermaster, they will not be included in the water measurement district.

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

Point of Diversion	Water Right	Source	Diversion Name
06S 13E 27 SENWNW	A37-12802	SPRING	UPPER DITCH
06S 13E 27 SENWNW	A37-01241	SPRINGS	LOWER DITCH

You will be assessed annually by the West Water Measurement District beginning in 1999. The District assessment will include a flat charge of \$25.00 per diversion, plus a pro-rata charge of \$31.52 per cfs, based on the claimed diversion rate for each water right. The District Hydrographer will assist you with selecting, siting, maintaining and reading measuring devices if necessary, and will calibrate or certify all devices. District members file annual reports directly to the Hydrographer.

The West Water Measurement District's annual meeting will be held Monday, December 14. A copy of a meeting notice is attached. I would encourage you to attend this meeting if possible.

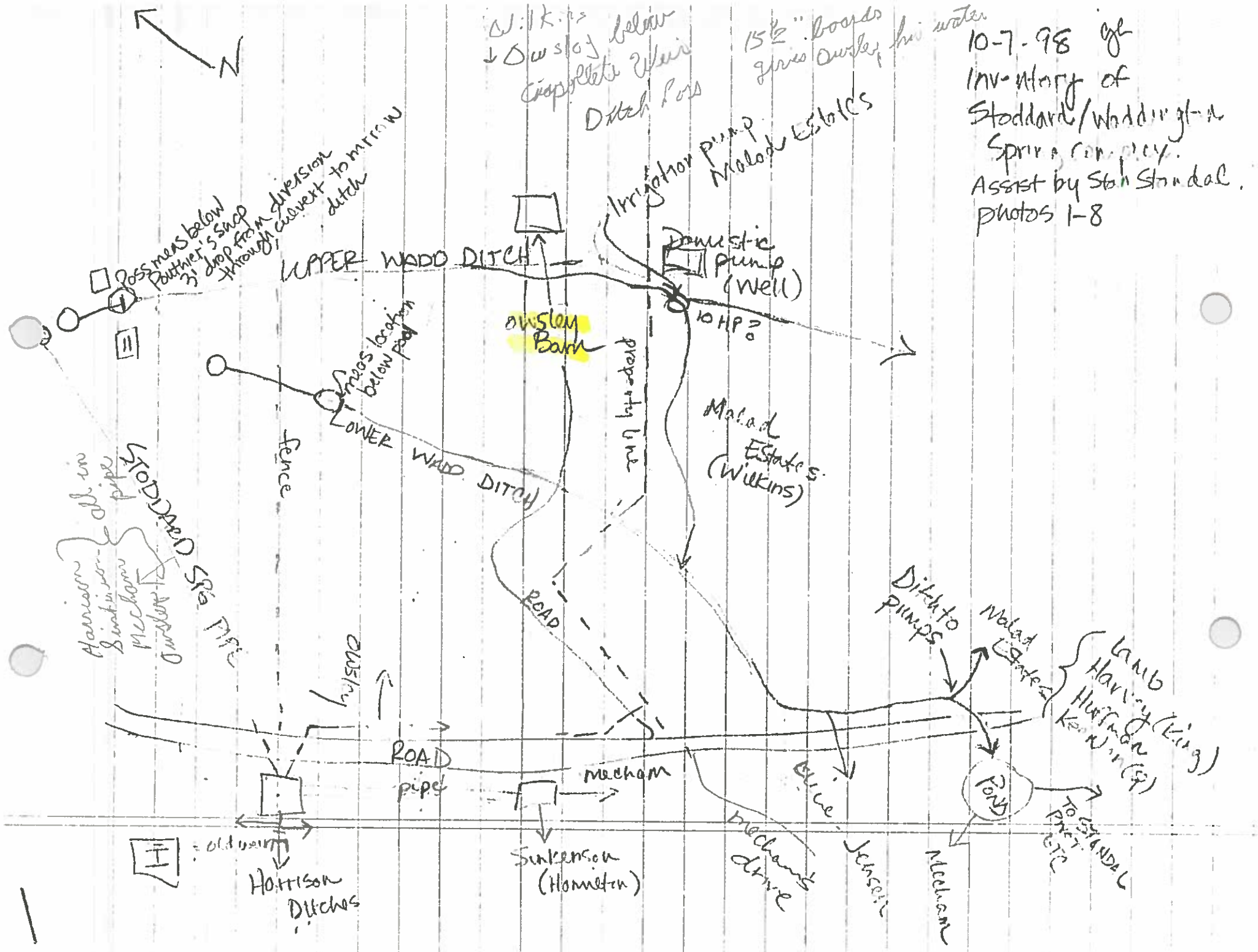
If you have questions, please contact me at 208-327-5406, or the West Water Measurement District at our Southern Region Office in Twin Falls at 208-736-3033.

Sincerely,

Cindy Hodges
Sr. Water Resource Agent
Water Distribution Section

Enclosures

cc: IDWR Southern Region Office





UPPER WADDINGTON SPRINGS



Stoddard Creek Springs