

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT
REPORTING YEAR 2009

RECEIVED
MAR 08 2010
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 15, 2010.**

Reporter ID/Name:	_____	JENNETTE BRIZENDINE	_____
Water Source:	_____	WOOD ESTATE	_____
Legal Description:	T _____ S _____	06S 13E S21 NWN	1/4
Site Tag No:	_____	Upper Decker Pipeline	_____
Diversion Name:	_____	A0007874 410248	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 _____

SECTION II Water Use Information

Crop

Acres

Non-Irrigation Use(s)

Total acres

Number of idled acres _____

enter as shown

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	.20					
2	↓					
3						
4						
5	domestic dw.					
6	only					
7						
8						
9						
10						
11						
12						
13						
14				↓		
15				.20		
16				1.6		
17				(Start m)		
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			1.6 (1 RELOFF)			
6			.20			
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			-----		-----	

1.6 (1 RELOFF)

.20

domestic
diversions

.20

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.

Janette Bergstrom PR.
Signature Title

Mar. 8, 2010
Date

Reviewed by _____
Data entry by CLH

For Department Use Only

Date _____
Date 5/19/10