

REQUEST FOR VARIANCE
OF IDWR APPROVED FLOW METER REQUIREMENT
FOR IRRIGATION WELLS

Please fill out a form for each affected well

A variance will only be considered or approved for simple systems, open discharge wells, or for non-approved flow meters installed prior to the date of an IDWR measurement order.

Please note: this request must be approved before you may use any alternate measurement method.

~~XXXX~~/Operator: BLAINE LARSEN FARMS, INC
Well Name: 2
IDWR site tag: A0008854
Legal description: 8N 38E20 NE
Water District: WD 110
Reporting District: JEFFERSON-CLARK GWD
(ground water district, irrigation district or other entity)

Please indicate the method of measurement you wish to use and have approved:

- XX Power Consumption Coefficient (PCC) (*only for irrigation diversions that consist of one well and one irrigation discharge point or one distinct flow and demand condition*)
____ Hour Meter / Time Clock (*one well, open discharge*)
____ Existing operating flow meter (*installed prior to the date of the effective order, and determined as acceptable by the Department*)
____ Standard Open Channel Device (*one or multiple wells, open discharge, device must be read daily or flows must be continuously recorded*)

If you are requesting a variance, you must answer the following questions:

1. Does the well open discharge into a pond or ditch? ____ Yes XX No (*if YES, skip to #3*)
2. Is the well interconnected to other wells? ____ Yes XX No
3. What is the pump discharge line size? 8"
4. Please describe the irrigation equipment used with this well (*example: center pivot with or without end gun, 1/4 mile wheel lines, solid set hand lines, etc. Please describe number and length of hand/wheel lines. Describe system as accurately or completely as possible, including different operating conditions if any*).

Does your pivot(s) system operate with corner machines? ____ Yes XX No

Does your pivot(s) operate with an end gun? ____ Yes XX No.

If a pivot has an end gun, estimate the percent time the end gun operates. ____ % time end gun is on

Approximate number of acres irrigated by this well: 135 acres

over

5. Is there a flow meter presently installed on your well? ____yes **XX**no
 Type: _____ (magnetic, propeller, insertable, etc)
 Manufacturer: _____
 Installation date: _____
 Is the meter operable?: ____ Yes ____ No
6. Are there multiple pumps or other electrical loads wired to the same electrical demand meter? **XX** Yes ____ No
 (example: surface water pumps, booster pumps, pivots)
 If yes, please describe other electrical loads: **PIVOT POWER**
 How many are in-line pressure boosters? ____
 Do in-line boosters always run with the well? ____ Yes **XX** No
7. Does the system operate with a variable frequency drive? ____ Yes **XX** No
 On Well motor: ____
 On Booster motor: ____
 On Both: ____
8. Does the well supply water for use other than irrigation? (Example: stock water, commercial)
 ____ Yes **XX** No If yes, please list uses: _____
9. Does the well production decrease over the irrigation season? ____ Yes **XX** No
 Does pumping water level decrease over the irrigation season? ____ Yes **XX** No
 If yes, approximately how much does the level decrease (in feet)? ____

If you answered YES to any of the questions #6 through #9, your system is not likely a candidate for the Power Consumption Coefficient (PCC) method of measurement. You will be required to install a flow meter.

If the system is an OPEN DISCHARGE system (answer to #1 is YES) and well production does not decrease during the irrigation season (answer to #9 is NO), then the system may be a candidate to use an hour meter for measurement.

Required for all systems: Please attach a diagram or photo of the wellhead and pumping plant. Include or show locations of all proposed or existing flow meters, and the locations of boosters, valves, elbows, chemigation ports, etc., and the spacing between each.

PLEASE PROVIDE YOUR SIGNATURE AND CONTACT INFORMATION, AND RETURN ALL FORMS TO:

IDWR
 PO BOX 83720

Name/Title _____ Date _____
NICK HILLMAN - REPRESENTATIVE FOR RALPH HILLMAN - OWNER

9/19/17

Name/Title _____ Date _____
SCOTT CLAWSON, WATER RIGHTS SPECIALIST, LARSEN FARMS
208-709-0151
 Phone Number _____ e-mail address **sclawson@larsenfarms.com**

