

STATE OF IDAHO
WATER DISTRICT 130
WATER MEASUREMENT ANNUAL REPORT

REPORTING YEAR ~~2018~~ 2017

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, 2018

Reporter ID/Name: LOWER WADDINGTON

Legal Description:

Diversion Name: 371000648

Site Tag 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 _____

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	○				0.98	
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				↑		0.98 / 1.22
30		-----		○	0.98	0.98 ↓
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				1.09		
27			↑	0		
28	1.27		1.32 / 1.12			
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 _____

1/28/19
Date _____

Reviewed by _____
Data entry by 

For Department Use Only

Date _____
Date 1/28/19