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STATE OF IDAHO
DEPARTMENT OF WATER RESOURCES
WATER MEASUREMENT ANNUAL REPORT

DEPARTMENT OF
WATER RESOURCES

REPORTING YEAR 2012

OPEN CHANNEL MEASUREMENT OR NON-TOTALIZING DEVICE

ATTENTION: Year end data must be submitted to Idaho Department of Water Resources, 322 East Front Street, Boise, ID 83720, on or before **January 15** of the ensuing year.

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

| | |
|--------------------|--------------------------------------|
| Name: | <u>FARMERSLAND + IRRIGATION CO.</u> |
| Water Source: | <u>SODA CREEK</u> |
| Water Right No: | <u>224</u> |
| Legal Description: | <u>T 85 R 41 E Sec. 24 SW SW SE</u> |
| Site Tag No: | _____ |
| Diversion Name: | <u>FARMERS LAND + IRRIGATION CO.</u> |

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 FARMERS LAND + IRRIGATION Please check for address correction ☐

Name 90 RUDOLPH BAKER, TERRY
Last, First, MI

Phone 208-425-3255

Address 1770 JORGENSEN R.D.

Fax _____

City BANCROFT

Mobile 208-221-3255

State & Zip ID 83217

e-mail chipseed@qol.com

Operator or Contact Person (if different from owner)

Name OLORNSHAW, WANE SEC./TREAS.
Last, First, MI

Phone 208-425-3202

Address 1930 IVINS RD

Fax _____

City BANCROFT

Mobile 208-681-1163

State & Zip ID 83217

e-mail wade1@ida.net

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 | | | | | | |
| 2 | | | | | | |
| 3 | | | | | | |
| 4 | | | | | | 79 ⁴ |
| 5 | | | | | | |
| 6 | | | | | | |
| 7 | | | | | 86 ⁹ | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | | | | | | |
| 11 | | | | | | 72 ³ |
| 12 | | | | | | |
| 13 | | | | | | |
| 14 | | | | | 79 ⁴ | |
| 15 | | | | | | |
| 16 | | | | | | |
| 17 | | | | 89 ⁵ | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | | | | | 69 ⁸ |
| 22 | | | | | 79 ⁴ | |
| 23 | | | | 88 ⁶ | | |
| 24 | | | | | | |
| 25 | | | | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | | | | 87 ⁸ | |
| 29 | | | | | | 69 ⁸ |
| 30 | | ----- | | 87 ⁸ | | |
| 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 | | | | 59 ⁹ | | |
| 2 | 69 ⁸ | | | | | |
| 3 | | | | | | |
| 4 | | | 61 ⁴ | | | |
| 5 | | | | | | |
| 6 | | 63 ² | | | | |
| 7 | | | | | | |
| 8 | | | | | | |
| 9 | | | | | | |
| 10 | 69 ⁸ | | 61 ⁴ | 62 ¹ | | |
| 11 | | | | | | |
| 12 | | | | | | |
| 13 | | 62 ¹ | | | | |
| 14 | | | | | | |
| 15 | | | | | | |
| 16 | | | | 62 ⁹ | | |
| 17 | 63 ² | | 61 ⁴ | | | |
| 18 | | | | | | |
| 19 | | | | | | |
| 20 | | | | | | |
| 21 | | 62 ¹ | | | | |
| 22 | | | | | | |
| 23 | 65 ² | | | | | |
| 24 | | | | | | |
| 25 | | | 61 ⁴ | | | |
| 26 | | | | | | |
| 27 | | | | | | |
| 28 | | 61 ⁴ | | | | |
| 29 | | | | | | |
| 30 | 64 ⁴ | | | | | |
| 31 | | | ----- | | ----- | |

SECTION III Measuring Device Information

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

PARSHALL FLUME - 10 FOOT WIDE THROAT

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

Beginning diversion date 4 / 17
month dayEnding diversion date 10 / 16
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 to water system

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.

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.Wade Thornshaw Sac/Trans.
Signature Title10/31/2012
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 OnlyReceived by HPDate 11-5-12Time 12:15pFee amount submitted 25.00Correct? yes no

Receipted by _____

Receipt No. C096186

Reviewed by _____

Date _____

Data entry by _____

Date _____

Max Div Rate (cfs) _____

Date _____ Total Vol (acre-feet) _____

Idaho Department of Water Resources Receipt

Receipt ID: C096186

Payment Amount \$25.00 Date Received 11/5/2012 12:11 PM Region STATE
Payment Type Check Check Number 569
Payer FARMERS LAND & IRRIGATION CANAL CO.
Comments WATER MEASUREMENT ANNUAL REPORT YEAR 2012

Fee Details

| Amount | Description | PCA | Fund | Fund Detail | Subsidiary | Object |
|---------|------------------------|-------|------|-------------|------------|--------|
| \$25.00 | GROUND WATER MEASURING | 58105 | 0229 | 21 | | 1155 |



Signature Line (Department Representative)