

**WATER DISTRICT 140**  
**MEASUREMENT PLAN SUBMITTAL FORM FOR NON-IRRIGATION WELLS**

*Please fill out a form for each well*

Well Name: \_\_\_\_\_  
IDWR site tag: \_\_\_\_\_  
Legal description: \_\_\_\_\_  
Owner/Operator: \_\_\_\_\_

Check one of the following measurement options for this well:

*Please note: this plan must be approved before you install a new flow meter or use any alternate measurement method.*

A. I plan to install a magnetic flow meter on my well pursuant to IDWR's Order and criteria: \_\_\_\_\_

Manufacturer and Model of flow meter you have selected \_\_\_\_\_

I have not selected a meter \_\_\_\_\_

B. I am requesting a variance of the magnetic meter requirement: \_\_\_\_\_

*Very few variances are available for non-irrigation wells. You must demonstrate a valid need or circumstance to request a variance. Your variance must be approved before you may install or use an alternate measurement method.*

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

\_\_\_\_\_ Existing operating flow meter (*existing meters must pass an accuracy test*)

\_\_\_\_\_ New Non-magnetic flow meter

You must answer the following questions for all wells:

1. Please describe the primary use(s) of water from the well. (*example: stockwater, dairy, municipal*) \_\_\_\_\_

2. Does the well discharge into a storage tank? \_\_\_\_\_ yes \_\_\_\_\_ no

3. Is there a flow meter presently installed on your well? \_\_\_\_\_ yes \_\_\_\_\_ no

Type: \_\_\_\_\_

Manufacture: \_\_\_\_\_

Installation date: \_\_\_\_\_

Is the meter operable? \_\_\_\_\_

Does the flow meter also measure water from another well or wells? \_\_\_\_\_ yes \_\_\_\_\_ no

4. Is this well also used for crop irrigation? \_\_\_\_\_ yes \_\_\_\_\_ no

Does the well supply water for domestic (household) use? \_\_\_\_\_ yes \_\_\_\_\_ no

Is this well considered a backup well? \_\_\_\_\_ yes \_\_\_\_\_ no

5. In the space below, please provide or attach a diagram or photo of the wellhead and pumping plant. Include or show locations of all proposed or existing flow meters. Also show locations of booster pumps, valves, elbows, backflow or CPO devices, etc, and the spacing between each (*attach a separate page if necessary*).

What is the discharge line size? \_\_\_\_\_

PLEASE PROVIDE YOUR SIGNATURE AND A CONTACT PHONE NUMBER, AND RETURN ALL FORMS TO:

WATER DISTRICT 140  
1341 FILLMORE ST STE 200  
TWIN FALLS ID 83301

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Name/Title

Phone #

Date