



DIRECTIONS

Flow Meter Accuracy Report Form

#1

#2

PERMIT INFORMATION

WATER USE PERMIT NUMBER: _____ PERMITTEE NAME: _____

PROJECT NAME: _____

#3

WELL/PUMP/STATION INFORMATION

DISTRICT ID: _____ NAME: _____

#4

METER MANUFACTURER: _____ SERIAL NUMBER: _____

#5

ACCURACY TESTING

DATE OF TEST: _____

#6

STATION METER

TESTING METER

Initial meter reading at start of test: _____

Initial meter reading at start of test: _____

Final meter reading at end of test: _____

Final meter reading at end of test: _____

Total gallons: _____

Total gallons: _____

DURATION OF TEST*: _____

*Should be at least 5 minutes.

PERCENT ACCURACY [(total gallons station meter/total gallons test meter)X100]: _____

PERCENT ERROR (percent accuracy-100): _____

TEST METER INFORMATION

METER MANUFACTURER: _____ SERIAL NUMBER: _____

DATE OF LAST CALIBRATION (test meter): _____

ATTACH DIAGRAM OR PHOTO OF TEST METER INSTALLATION POSITION (optional)

TESTER INFORMATION

NAME OF PERSON PERFORMING TEST: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.

#7

Please mail form to:

Division of Resource Regulation
Northwest Florida Water Management District
152 Water Management Drive
Havana, Florida 32333-4712

DIRECTIONS

#1: Permit Number (Example: 20001234).

#2: Name as it appears on permit.

#3: Field name (Example: Cotton Field #1).

#4: Well ID number (Example: AAA1234).

#5: Well name (Example: MM#1).

#6: Date that test was taken.

#7: Name, phone number, and email of person submitting form.