



# Water Resources Program

## FORM 1 – Measuring Device Information

*(Please fill out one form for each measuring device)*

<b>NAME(S) ON WATER RIGHT DOCUMENT:</b> <i>(PERMIT, CERTIFICATE OR CLAIM)</i>		<b>DOCUMENT NUMBER(S):</b> <i>(PERMIT, CERTIFICATE OR CLAIM)</i>	
<b>User's name for diversion/withdrawal point:</b> <i>(example: Well #1, Blue Well House)</i>		<b>Ecology Unique Well Id Tag Number:</b> <i>(example: ABC123)</i>	
<b>ABOUT THE MEASURING DEVICE:</b>			
<i>(Please include an up-close photo of the face of the meter)</i>			
Flow Type: <input type="checkbox"/> Open Channel Flow <input type="checkbox"/> Pressurized Pipe Flow			
Measures more than one source? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If yes, please provide a list of all the sources that share a common measuring device (ex. two wells or two pumped diversions):			
Is the meter within 100 feet of the point(s) of diversion or withdrawal? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Meter Type (ex. magnetic, propeller, flume, etc.):			
Brand:		Installed <input type="checkbox"/> Calibrated <input type="checkbox"/> Date:	
Serial No.:		Model No.:	
Units of Measure (gallons, cubic-feet, or acre-feet):		Device Multiplier (ex. X100, X0.01):	
Device Roll-Over No.:		Fish screen (surface water diversion)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>LOCATION OF THE MEASURING DEVICE:</b>			
Section:	Township:	Range:	(1/4):
Latitude (optional):		Longitude (optional):	
<i>(NAD 83 Datum in Decimal Degrees preferred)</i>		Parcel No.:	
<b>COMMENTS:</b>			
<b>I hereby certify that all information reported on this form is correct to the best of my knowledge.</b>			
Print Name:		Title:	
Mailing Address:			
City:	State:		Zip:
E-mail:		Phone No.:	
Signature:		Date:	

*ECY 070-170 (Rev 2/2023) To request ADA accommodation including materials in a format for the visually impaired, call Ecology Water Resources Program at 360-407-6872. People with impaired hearing may call Washington Relay Service at 711. People with speech disability may call TTY at 877-833-6341.*

## **Instructions for Form 1 – Meter Information**

- This form can be used for both OPEN CHANNEL and PRESSURIZED FLOW SYSTEMS.
- Please fill out one form for each measuring device.
- This form should only be filled out once, **unless** the measuring device is replaced or the water right serving this meter changes. In those instances, a new Form 1 is required.

### **Water Right Information:**

- **Name(s) on the water right document and document number(s):** List all the document number(s) and water right name(s) associated with this metered point(s) of diversion or withdrawal.
- **User's name for diversion/withdrawal point:** Fill in the name that you or your organization uses to describe the diversion or withdrawal measured by this measuring device.
- **Well Tag Number:** Provide well tag number if available.

### **Measuring Device:**

- **Flow Type:** Indicate whether the measuring device is for an open channel or pressurized pipe flow.
- **Measures more than one source:** Indicate whether or not more than one source is measured by the measuring device. If yes, please provide a list of all the sources that share a common measuring device (i.e. two wells or two pumped diversions).
- **Is the Meter within 100 feet of the point of diversion or withdrawal:** Check yes or no.
- **Meter Type:** Provide the type of measuring device for open channel (i.e. ramp flume, weir, staff gage, etc.) or for pressurized flow (i.e. magnetic, propeller, insertion, etc.).
- **Brand, Model No. and Serial No.:** Provide the appropriate information about the measuring device itself.
- **Units of Measure:** Provide the units of measure particular to the meter. Definitions of the terms on the form are: Gallons, cubic feet or acre feet.
- **Date Installed or Calibrated:** Provide the date the device was installed or calibrated. Check appropriate box.
- **Fish screen for surface water diversion:** By law, Ecology is required to ask if a fish screen has been installed on surface water diversions. Check yes or no.
- **Device Roll Over No:** Provide the number on which the measuring device will roll over and restart at "0."

### **Location of the Measuring Device:**

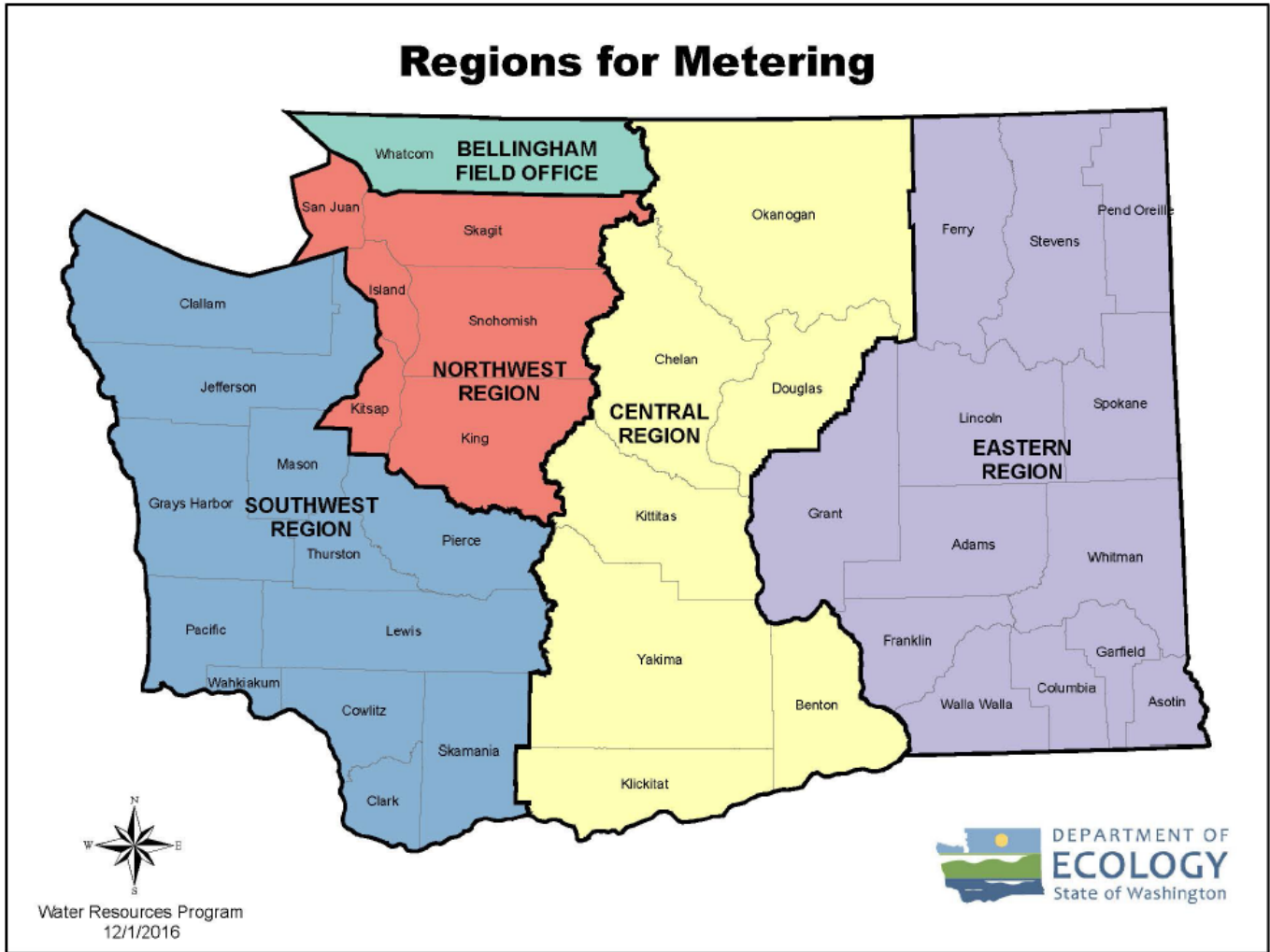
- **Section, Township, Range, ¼, ¼¼:** Please indicate the Township, Range, Section, quarter, and quarter quarter information for identifying the location of the measuring device.
- **Latitude/Longitude (optional):** If possible, provide the latitude and longitude coordinates in North American Datum 83 (NAD 83) in decimal degrees for the location of the measuring device.
- **Parcel No.:** Reference the County Assessor's parcel number identifying the land on which the device is located.

### **Comments:**

- Provide any additional information or comments you feel are helpful.
- Sign and date form for submittal.

## Regional Contacts:

<p><b>Northwest Regional Office</b>          PO Box 330316          Shoreline, WA 98133-9716          (206) 594-0000</p>	<p><b>Central Regional Office</b>          1250 W Alder Street          Union Gap WA 98903-0009          (509) 575-2490</p>
<p><b>Southwest Regional Office</b>          PO Box 47775          Olympia WA 98504-7775          (360) 407-6300</p>	<p><b>Office of Columbia River</b>          1250 W Alder Street          Union Gap WA 98903-0009          (509) 662-0500</p>
<p><b>Bellingham Field Office</b>          913 Squalicum Way #101          Bellingham WA 98225          (360) 255-4400</p>	<p><b>Eastern Regional Office</b>          4601 N Monroe Street          Spokane WA 99205-1295          (509) 329-3400</p>



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