**Water Resources Program**

**FORM 1 – Measuring Device Information**

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

| **Name(s) on Water Right Document:*****(Permit, Certificate or Claim)*** | **Document Number(s):*****(Permit, Certificate or Claim)*** |
| --- | --- |
|       |       |
|       |       |
| **User’s name for diversion/withdrawal point:**(example: Well #1, Blue Well House) | **Ecology Unique Well Id Tag Number:**(example: ABC123) |
|       |       |
| **About the Measuring Device:** |
| ***(Please include an up-close photo of the face of the meter)*** |
| Flow Type: [ ]  Open Channel Flow [ ]  Pressurized Pipe Flow |
| Measures more than one source? [ ]  Yes [ ]  NoIf 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? [ ]  Yes [ ]  No |
| Meter Type (ex. magnetic, propeller, flume, etc.):       |
| Brand:       | Installed [ ]  Calibrated [ ]  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)? [ ]  Yes [ ]  No |
| **Location of the Measuring Device:** |
| Section:  | Township:  | Range:  | (¼):  | (¼¼):  |
| Latitude (optional):  | Longitude (optional):  |
| *(NAD 83 Datum in Decimal Degrees preferred)* | Parcel No.:  |
| **Comments:** |
|       |
| **I herby certify that all information reported on this form is correct to the best of my knowledge.** |
| Print Name:  | Title:       |
| Mailing Address:  |
| City:  | State:  | Zip:  |
| E-mail:  | Phone No.: () - |
| Signature: | Date:  |

**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:**

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

