RIO GRANDE WATER CONSERVATION DISTRICT 8805 INDEPENDENCE WAY ALAMOSA, CO 81101	FOTALIZING FLOW METER RETURN FORM TO RGWCD LLATION & REPLACEMENT FORM Parcel/PIN #: Field Name: Field Name:
REASON FOR VERIFICATION (CHOOSE ONLY ONE)	
WELL(S) MEASURED THROUGH SURFACE WATER METER: Meter Location (GPS):	
	WDID 4: WDID 4:
TAMPER RESISTANT SEAL INFORMATION Meter Seal No.: New Seal No.: Oth	ore Cool No. Now Cool No.
Meter Seal No.: New Seal No.: Oth Register Seal No.: Oth	
REPLACEMENT OF EXISTING TFM (TFM ONLY): Date New TFM Installed: Date Previous TFM Removed:	
Removed Meter Serial No: Removed Register Serial No.: Prev. TFM: □Reading □ Estimate	
NEW METER INFORMATION Manufacturer: Model: Multiplier:	No. Digits: Initial TEM Reading:
	No. Digits: Initial TFM Reading:
INSTALLED TFM (TFM ONLY) Units: Ac-Ft Gal Ac-In Cu-Ft Meter Serial No: Register Serial No.: K-Factor (if adjusted):	
TEST METER LOCATION AND DISCHARGE PIPE INFORMATION:	OD:" Wall Thickness:" ID:"
TEST METER (COLLINS TUBE): Standard Overhung	INSTALLED FLOW METER (TFM ONLY)
GPM Factor: Stop Clamp Settings:	Totalizer Readings Elapsed Time Instantaneous (gpm) (Min. 10)
1 2 3 4 5 6 7 8 9 10	(min:sec)
Front:	Stop: :
Back:	Start: : :
2-Point 2-Point 2-Point 10-Point	Total:
Avg. of F/B:	(Dec. Min.)
Avg. Collins: x GPM factor	Avg. Ql (gpm)
	(0,000.0)
TEST METER (VOLUMETRIC OR ULTRASONIC)	CALIBRATION COEFFICIENT (TFM ONLY)
Reading Elapsed Time Spacer Setting: (gal) (min:sec) Scale Factor:	
	QT== (to 0.000) QI=
	QI=
(gpm)	
Total: (0,000.0)	For CC greater than 1.050 or less than 0.950, Owner/Agent is REQUIRED to complete Owner/Agent Info and Variance Request.
Surface Water Supplied from:	
	Description of System (Sources of Water, How are things piped, etc.):
Irrigation Pond	
Irrigation Ditch	
Other	
lf, Other	
Description:	
OWNER/AGENT VARIANCE REQUEST (IF REQUIRED)	4
As Owner or Owner Agent, I hereby request a variance to Measurement Rules for use of a Correction Coefficient or Power Conversion Coefficient as represented	
on this test. I understand that this Coefficient (TFM or PCC) will be utilized to	
calculate diversions associated with this meter.	
	Dhana Na k
OWNER CONTACT: Name/Entity:	Phone No.:
TESTER STATEMENT: I hereby state that I am currently a person approved by the State Engineer to conduct well tests pursuant to the appropriate Rules Governing the Measurement of Ground Water Diversions. I have personally conducted measurement verification (TFM or PCC) of the above-described measurement device as required by the Rules/Program Standard. I understand that falsifying this test can subject me to a fine of up to \$500.	

Tester Name:



Rio Grande Water Conservation District

8805 INDEPENDENCE WAY ALAMOSA, CO 81101 PHONE: 719-589-6301 Description of Photos:

PLEASE RETURN COMPLETED FORM TO RIO GRANDE WATER CONSERVATION DISTRICT