

Submit To:
CHIEF ENGINEER
Division of Water Resources
Kansas Department of Agriculture
109 SW 9th Street, Second Floor
Topeka, Kansas 66612-1283

REPORT OF COMPLETED INSTALLATION OR REPLACEMENT OF FLOW METER

File No. _____

In accordance with the order or requirement of the Chief Engineer requiring installation of a flow meter, the following information is being submitted as notice that the required meter has been properly installed:

The flow meter is located in the _____ Quarter of the _____ Quarter of the _____ Quarter (or _____ feet North and _____ feet West of the Southeast corner of Section) of Section _____, Township _____, Range _____ (East/West), _____ County, Kansas.

Source of Supply: Groundwater Surface Water
(Check One)

1. Meter Serial Number: _____ Date Installed: _____
month day year
2. Manufacturer of Meter: _____
3. Model Number: _____ (Obtain from manufacturer)
4. Meter Size: 6" 8" 10" Other: _____
5. Meter Type: Propeller Turbine SLV Other: _____
6. Meter Units: Gallons Acre-Foot Acre-Inches Other: _____
7. Multiplier Factor: 000 00 0 .01 .001 Other: _____
8. Beginning Meter Reading: _____

Please complete if applicable:

- Yes No Are straightening vanes installed?
- Yes No Is flow meter installed on portable pump?
- Yes No Is chemigation planned? If yes, when _____ (month/year)
- Yes No Is check valve installed? (A check valve is required for chemigation.)
If installed, when? _____ (month/year)
- Yes No Is water level measurement tube installed?
- Yes No Does the meter serve more than one point of diversion?
(If yes, show diagram on back.)
- Yes No Is this a replacement meter? If yes, date meter was replaced _____
month day year

If flow meter is not at same location as diversion works, please complete above form, draw a diagram on back of this form and explain.

Diagram on back

Signature: _____

Name: _____
(Please Print)

Address: _____
 Owner Tenant Agent

Date: _____ Telephone: (____) _____

FO _____ GMD _____ Basin _____