**EQUUS BEDS GROUNDWATER MANAGEMENT DISTRICT NO. 2**

**NOTIFICATION OF**

**COMPLETION OF FLOW METER INSTALLATION**

Water Permit File No.

In accordance with the Equus Beds Groundwater Management District No. 2 Metering Regulation K.A.R. 5-22-4a, requiring installation of a flow meter, the following information is being submitted as notification of compliance with the policy.

A copy of this form is an acceptable substitute and complies with the Division of Water Resources notification of completion of flow meter installation.

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

1. Source of Supply: (check one) [ ]  Groundwater [ ]  Surface Water

2. Serial Number:       Date installed:      /     /

 month / day / year

3. Manufacturer of Meter

4. Model Number:      (obtain from Manufacturer)

5. Meter Size:       inches

6. Meter Drive Type: (check one) [ ]  Propeller [ ]  Turbine [ ]  Other (specify)

7. Unit of Volume Measurement: [ ]  Gallons [ ]  Acre-Feet [ ]  Acre-Inches [ ]  Other

8. Multiplier Factor on Face of Meter: (check one) [ ]  000 [ ]  00 [ ]  0 [ ]  .001 [ ]  Other

9. Beginning Meter Reading:

10. Please complete the following:

a. [ ]  yes [ ]  no Is a straightening vane installed?

b. [ ]  yes [ ]  no Is Flow Meter installed on portable pump?

c. [ ]  yes [ ]  no Is Chemigation planned? If yes, when? (month / year)

d. [ ]  yes [ ]  no If yes, a check valve is required. Check valve installed?

 If yes, when? (month / year)

e. [ ]  yes [ ]  no Is water level measurement tube installed?

f. [ ]  yes [ ]  no Does the meter serve more than one point of diversion?

 (show diagram on back)

If flow meter is not installed at the well, please complete the above form and draw diagram on back of form. Diagram on back? [ ]  yes [ ]  no

Date:      /     /      Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (signature)

Owner Tenant Agent Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (please print)

 (circle one) Telephone (\_\_\_\_) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_