



REASON FOR VERIFICATION (CHOOSE ONLY ONE) Verify TFM Re-seal TFM Replaced TFM

WELL(S) THROUGH SURFACE WATER METER: **Meter Location (GPS):** _____

WDID 1:

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 WDID 2:

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 WDID 3:

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 WDID 4:

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TAMPER RESISTANT SEAL INFORMATION
Meter Seal No.: _____ New Seal No.: _____ Other: _____ Seal No. _____ New Seal No. _____
Register Seal No.: _____ New Seal No.: _____ Other: _____ Seal No. _____ New Seal No. _____

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 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):						INSTALLED FLOW METER (TFM ONLY)																																																													
GPM Factor: _____ Stop Clamp Settings: _____ 1 2 3 4 5 6 7 8 9 10 Front: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Back: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Avg. of F/B: <table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table> Avg. Collins: _____ x GPM factor Avg. QT (gpm): _____ (0,000.0)																																				<table border="1"> <thead> <tr> <th>Totalizer Readings</th> <th>Elapsed Time (min:sec)</th> <th colspan="2">Instantaneous (gpm) (Min. 10)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>Stop:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Start:</td> <td></td> <td></td> <td></td> </tr> <tr> <td>Total:</td> <td></td> <td>(Dec. Min.)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>Avg. QI (gpm)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>(0,000.0)</td> <td></td> </tr> </tbody> </table>				Totalizer Readings	Elapsed Time (min:sec)	Instantaneous (gpm) (Min. 10)						Stop:				Start:				Total:		(Dec. Min.)				Avg. QI (gpm)				(0,000.0)	
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TEST METER (VOLUMETRIC OR ULTRASONIC)				CALIBRATION COEFFICIENT (TFM ONLY)	
Reading (gal)	Elapsed Time (min:sec)	Spacer Setting:	Scale Factor:	QT = _____ = _____ (to 0.000)	
Stop:		Test Material:		QI = _____	
Start:		Avg. QT (gpm) (0,000.0)			
Total:	(Dec. Min.)				

For CC greater than 1.050 or less than 0.950, Owner/Agent is REQUIRED to complete Owner/Agent Info and Variance Request.

STABILIZATION (PCC ONLY)				DETERMINATION OF PD AND PCC (PCC ONLY)			
Time (24:00)	Pumping Level or Discharge Rate (ft)	(gpm)	Pressure (psi)	No. Revs.	Time (sec)	Rate (rev/sec)	Avg. Rate (0.0000)
1 _____				1 _____			Pt: _____ Ct: _____ Kh: _____
2 _____				2 _____			
3 _____				3 _____			
4 _____				4 _____			
5 _____				5 _____			

OWNER/AGENT VARIANCE REQUEST (IF REQUIRED)
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.
Requester Name: _____

$PD = \text{Avg. Rate} \times 3.6 \times Pt \times Ct \times Kh =$ _____ kW (to 0.00)
 $PCC = (5433 \times PD) \div (QT) =$ _____ kWh/af (to 0.0)
 Sprinkler End Gun: On Off None

POWER METER INFORMATION (PCC ONLY):
Serial No. _____ Reading _____
Power Company _____ Multiplier: _____

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: _____ Date of Well Test: _____ Test Meter Serial No.: _____



Rio Grande Water Conservation District
8805 INDEPENDENCE WAY
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COMMENTS: