



REASON FOR VERIFICATION (CHOOSE ONLY ONE) ☐ Verify TFM (3.1) ☐ Re-seal TFM (3.1) ☐ Verify PCC (3.2)

METER LOCATION AND ASSOCIATED WELL INFORMATION:

Well Description _____

WDID 1: WDID 2: WDID 3: WDID 4:

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): ☐ Standard ☐ Overhung

GPM Factor: _____ Stop Clamp Settings: _____
1 2 3 4 5 6 7 8 9 10
Front:

Back:

2-Point 2-Point 2-Point 10-Point
Avg. of F/B:

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Avg. Collins: _____ x GPM factor
Avg. QT (gpm): _____ (0,000.0)

INSTALLED FLOW METER (TFM ONLY)

	Totalizer Readings	Elapsed Time	Instantaneous (gpm) (Min. 10)	
		(min:sec)		
Stop:	_____	____ : ____	_____	_____
Start:	_____	____ : ____	_____	_____
Total:	_____	____ : ____ (Dec. Min.)	_____	_____
		Avg. QI (gpm) (0,000.0)		

TEST METER (VOLUMETRIC OR ULTRASONIC)

	Reading (gal)	Elapsed Time (min:sec)	Spacer Setting:
			Scale Factor: _____
Stop:	_____	____ : ____	Test Material: _____
Start:	_____	____ : ____	Avg. QT (gpm)
Total:	_____	____ : ____ (Dec. Min.)	(0,000.0)

CALIBRATION COEFFICIENT (TFM ONLY)

QT = _____ = _____ (to 0.000)
QI = _____

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)

Time (24:00)	Pumping Level or Discharge Rate (ft)	Pressure (psi)
1 _____	_____	_____
2 _____	_____	_____
3 _____	_____	_____
4 _____	_____	_____
5 _____	_____	_____

DETERMINATION OF PD AND PCC (PCC ONLY)

No. Revs.	Time (sec)	Rate (rev/sec)	Avg. Rate (0.0000)
1 _____	_____	_____	
2 _____	_____	_____	
3 _____	_____	_____	Pt: _____
4 _____	_____	_____	Ct: _____
5 _____	_____	_____	Kh: _____

PD = Avg. Rate x 3.6 x Pt x Ct x Kh = _____ kW (to 0.00)

PCC = (5433 x PD) ÷ (QT) = _____ kWh/af (to 0.0)

Sprinkler End Gun: ☐ On ☐ Off ☐ None

POWER METER INFORMATION (PCC ONLY):

Serial No. _____ Reading _____
Power Company _____ Multiplier: _____

USER 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.: _____

