



Northwest Florida Water Management District Flow Meter Accuracy Report Form



PERMIT INFORMATION

WATER USE PERMIT NUMBER: _____ PERMITTEE NAME: _____
PROJECT NAME: _____

WELL/PUMP/STATION INFORMATION

DISTRICT ID: _____ NAME: _____
METER MANUFACTURER: _____ SERIAL NUMBER: _____

ACCURACY TESTING

DATE OF TEST: _____

STATION METER

TESTING METER

Initial meter reading at start of test: _____	Initial meter reading at start of test: _____
Final meter reading at end of test: _____	Final meter reading at end of test: _____
Total gallons: _____	Total gallons: _____

DURATION OF TEST*: _____
*Should be at least 5 minutes.

PERCENT ACCURACY [(total gallons station meter/total gallons test meter)X100]: _____

PERCENT ERROR (percent accuracy-100): _____

TEST METER INFORMATION

METER MANUFACTURER: _____ SERIAL NUMBER: _____

DATE OF LAST CALIBRATION (test meter): _____

ATTACH DIAGRAM OR PHOTO OF TEST METER INSTALLATION POSITION (optional)

TESTER INFORMATION

NAME OF PERSON PERFORMING TEST: _____

PHONE NUMBER: _____ EMAIL ADDRESS: _____

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.

Please mail form to:

Division of Regulatory Services
Northwest Florida Water Management District
152 Water Management Drive
Havana, Florida 32333-4712