



# 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

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

#### TESTING METER

Initial meter reading at start of test: \_\_\_\_\_  
Final meter reading at end of test: \_\_\_\_\_  
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 Resource Regulation  
Northwest Florida Water Management District  
152 Water Management Drive  
Havana, Florida 32333-4712