

FLOW METER WATER CALIBRATION RECORD - EN51

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

**Post Office Box 1429
Palatka, Florida 32178-1429**

Consumptive Use Permit Number: _____

Permittee Name: _____

Date of Permit Issuance: _____

Station Name: _____

Pump Capacity: _____ **GPM**

Serial Number on Meter: _____

Meter Model: _____

Discharge Pipe Diameter: _____

Date of Last Meter Calibration: ____/____/____

Date of This Calibration: ____/____/____

Name of Person Performing Calibration: _____

Method or Equipment Used for Calibration: _____

Initial Meter Reading at Start of Calibration: _____

Final Meter Reading at End of Calibration: _____

Readings on Equipment Used for Calibration:

Start: _____ End: _____

(Attach Formulas Used to Make Calculations)

Percent of Error Between Meter Reading and Calibration Equipment: _____%

Name of Person Completing Form (Please Print): _____

Company Name: _____

Address: _____

City/State/Zip: _____

Daytime Telephone: (____) _____ - _____

Please Retain a Copy for Your Records