**WESTERN KANSAS GROUNDWATER MANAGEMENT DISTRICT NO. 1**
**P.O. Box 604, 906 W. 5th**
**Scott City, Kansas 67871**
**Fax: 620-872-7315**
**www.gmd1.org**

---

## K.A.R. 5-1-10. WATER METER REPAIR/REPLACEMENT REPORT

THIS REPORT IS TO BE FILLED OUT AND SUBMITTED TO THE DISTRICT OFFICE **WITHIN 30 DAYS** AFTER A METER HAS BEEN REPAIRED OR REPLACED. IF METER WAS REPAIRED & REINSTALLED, FILL OUT **SECTION A**. IF METER WAS REPLACED, FILL OUT BOTH SECTIONS:

### SECTION A

Water Right No.: _____ Location: (_____, _____, _____) or _____ ft N & _____ ft W of
¼ ¼ ¼

SE Corner of Section _____ Township _____s Range _____W, _____ County

Water Meter Serial Number: _____ Date Meter was removed: _____

Meter Reading when removed: _____

Hours pumped while no measurement: _____ Rate Pumped: _____

Date Meter was reinstalled: _____ Reading when installed: _____

Comments on Repairs: _____

### SECTION B

Water Meter Serial Number: _____

Manufacturer: _____ Model: _____

Size: _____ 6" _____ 8" _____ 10" _____ Other

Totalizer units: _____ .001 _____.01 _____ 000 _____ 00 _____ Other (_____)

Meter Reading when meter was installed: _____

Is the meter installed at the well? _____ Yes _____ No

If no, where is it installed?: _____

Are straightening vanes installed?: _____ Yes _____ No

Name (printed): _____

Signature: _____Date _____

Address: _____

City: _____, State _____ ZIP _____ Phone: _____

**RETURN REPORT TO:**

**Western KS GMD1**
**P.O. Box 604, 906 W 5th**
**Scott City, KS 67871**
**Phone: (620) 872-5563**
**Fax: (620) 872-7315**