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. **DON'T FORGET TO SIGN THE REPORT AT THE BOTTOM OF THIS FORM.**

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 Right No: _____ Location: (_____, _____, _____) or _____ ft N & _____ ft W of
¼ ¼ ¼
SE Corner of Section _____ Township _____s Range _____W, _____ County

New Water Meter Serial Number _____Manufacturer: _____ Model: _____

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

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

Date new meter was installed: _____ Meter Reading when new 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