

1. Location of Well:

County: \_\_\_\_\_ HPWD Permit Number: \_\_\_\_\_

Latitude: \_\_\_\_\_ Longitude: \_\_\_\_\_ OR

Legal Description: \_\_\_\_\_

2. Type of Meter:

Manufacturer: \_\_\_\_\_ Model: \_\_\_\_\_

3. Description of Proposed Installation. In order for a meter installation exception to be considered, the following information must be provided:

- A picture of the existing system configuration at the well being considered. The picture should show, as much as possible, the span of straight pipe where the meter will be installed. The term straight pipe refers to pipe that has no obstructions that would cause turbulent flow within a reasonable distance. Normal obstructions include single elbows. Abnormal obstructions include devices like out of plane elbows, squeeze valves, gate valves, and booster pumps.
- A written description of the alternative pipe configuration describing the distance, in inches, of straight pipe where meter will be installed including pipe size and obstructions (normal and abnormal).
- A detailed sketch of the meter and meter model installations you are requesting to install including, but not limited to, information related to straightening vanes, manufacturer's flow tube, upstream and downstream pipe diameters.
- A written description of all devices that the manufacturer requires to make the meter work properly (straightening vanes, flow chambers).
- Demonstrate that all devices (squeeze valves, gate valves, etc.) will be removed or moved to a downstream location of the installed meter.

4. Well Owner's Name: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone number: \_\_\_\_\_ Email Address\*: \_\_\_\_\_

\*Not required for registration purposes, but will be required to interact with web-based databases being developed.

**I HEREBY CERTIFY THAT THE INFORMATION GIVEN IN THIS FORM IS TRUE AND ACCURATE TO THE BEST OF MY KNOWLEDGE AND BELIEF, AND AS THE PERSON SIGNING THIS FORM, THAT I HAVE THE APPROPRIATE AUTHORIZATION TO FURNISH THIS INFORMATION.**

\_\_\_\_\_  
Signature of Applicant Printed Name

Phone number: \_\_\_\_\_ Email Address (optional): \_\_\_\_\_

*For District Use Only*

Approved

Not Approved Reason: \_\_\_\_\_

Date: \_\_\_\_\_