



Water Resources Program

FORM 1 - Measuring Device Information

Please fill out one form for each measuring device.

Table with 2 columns: WATER RIGHT HOLDER(S) and WATER RIGHT DOCUMENT NO(S). Rows include Name(s) and Certificate, Permit, Claim, or Court Claim.

User's name for diversion/withdrawal point: LINKS WELL HOLE #3 (ex. Well #1, Blue well house)

ABOUT THE MEASURING DEVICE:

Please include an up-close photo of the face of the meter.

Flow Type: [] Open Channel Flow [X] Pressurized Pipe Flow

Measure more than one source? [] Yes [X] No If yes, please provide a list of all the sources that share a common measuring device (ex. two wells or two pumped diversions):

Meter Type (ex. magnetic, propeller, flume, etc.): PROPELLER

Brand: McCROMETER Model No.: MF 104

Serial No.: 10-06941 Units of Measure (gal, cfs, or ac-ft): GAL

Device Roll-Over No.: 999.999 Device Multiplier (ex. X100, X0.01): 100

Date Installed/Calibrated: 10/19/2010 Fish screen for surface water diversion? [] Yes [X] No

LOCATION OF THE MEASURING DEVICE:

Section: 36 Township: 19 Range: 1W (1/4): (1/4):

Latitude (optional): Longitude (optional): (NAD 83 Datum in Decimal Degrees preferred)

Is meter within 100 feet of the point of diversion or withdrawal? [X] Yes [] No

COMMENTS:

I hereby certify that all information reported on this form is correct to the best of my knowledge. Printed Name: RICK HANCOCK Phone No.: 800-459-0513 Address: 8383 VICWOOD LANE NE City: LACEY State: WA E-mail: RICKH@HAWKSPRAIRIEGOLF.COM Signature: Rick Hancock Date: 12/10/2010



Water Resources Program

FORM 1 – Measuring Device Information

Please fill out one form for each measuring device.

<u>WATER RIGHT HOLDER(S):</u>	<u>WATER RIGHT DOCUMENT NO(S):</u>
<u>Name(s)</u>	<u>Certificate, Permit, Claim, or Court Claim</u>

User's name for diversion/withdrawal point: WELL #1 WOODLANDS
(ex. Well #1, Blue well house)

ABOUT THE MEASURING DEVICE:

Please include an up-close photo of the face of the meter.

Flow Type: Open Channel Flow Pressurized Pipe Flow

Measure more than one source? Yes No If yes, please provide a list of all the sources that share a common measuring device (ex. two wells or two pumped diversions):

Meter Type (ex. magnetic, propeller, flume, etc.): PROPELLER

Brand: BADGER Model No.: _____

Serial No.: 94191747 Units of Measure (gal, cfs, or ac-ft): GAL

Device Roll-Over No.: 99,999,999 Device Multiplier (ex. X100, X0.01): 100

Date Installed/Calibrated: 1994 Fish screen for surface water diversion? Yes No

LOCATION OF THE MEASURING DEVICE:

Section: 36 Township: 19 Range: 1W (1/4): _____ (1/4)1/4): _____

Latitude (optional): 47° 05.31N Longitude (optional): _____
(NAD 83 Datum in Decimal Degrees preferred)

Is meter within 100 feet of the point of diversion or withdrawal? Yes No

COMMENTS:

I hereby certify that all information reported on this form is correct to the best of my knowledge.

Printed Name: RIEK HANCOCK Phone No.: (360) 459 0513

Address: 8383 VILWOOD LANE NE City: LACEY State: WA

E-mail: RIEKH@HAWKS PRAIRIE GOLF.COM

Signature: Riek Hancock Date: 12/10/2010



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FORM 1 – Measuring Device Information

Please fill out one form for each measuring device.

<u>WATER RIGHT HOLDER(S):</u>	<u>WATER RIGHT DOCUMENT NO(S):</u>
<u>Name(s)</u>	<u>Certificate, Permit, Claim, or Court Claim</u>

User's name for diversion/withdrawal point: WELL # 2 WOODLANDS
(ex. Well #1, Blue well house)

ABOUT THE MEASURING DEVICE:

Please include an up-close photo of the face of the meter.

Flow Type: Open Channel Flow Pressurized Pipe Flow

Measure more than one source? Yes No If yes, please provide a list of all the sources that share a common measuring device (ex. two wells or two pumped diversions):

Meter Type (ex. magnetic, propeller, flume, etc.): PROPELLER

Brand: BADGER Model No.: _____

Serial No.: 94191746 Units of Measure (gal, cfs, or ac-ft): GAL

Device Roll-Over No.: 99,999,999 Device Multiplier (ex. X100, X0.01): 100

Date Installed/Calibrated: 1994 Fish screen for surface water diversion? Yes No

LOCATION OF THE MEASURING DEVICE:

Section: 36 Township: 19 Range: 1W (1/4): _____ (1/4): _____

Latitude (optional): 47° 05' 24.2N Longitude (optional): _____
(NAD 83 Datum in Decimal Degrees preferred)

Is meter within 100 feet of the point of diversion or withdrawal? Yes No

COMMENTS:

I hereby certify that all information reported on this form is correct to the best of my knowledge.

Printed Name: RICK HANCOCK Phone No.: 360-159-0513

Address: 8383 VILWOOD LANE NE City: LACEY State: WA

E-mail: RICKH@HAWKSPRAIRIEGOLF.COM

Signature: Rick Hancock Date: 12/10/2010