



Water Resources Program

FORM 1 – Measuring Device Information

Please fill out one form for each measuring device.

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APR 28 2011
WA State Department
of Ecology (SWRC)

<u>WATER RIGHT HOLDER(S):</u>	<u>WATER RIGHT DOCUMENT NO(S):</u>
Name(s)	Certificate, Permit, Claim, or Court Claim
City of Lacey	G2-27371P

User's name for diversion/withdrawal point: _____ Hawks Prairie Well #1 (S19) _____

(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.): _____

Brand: Foxboro Model No.: 9104A-SIBA-NSJ-G

Serial No.: 08228040 171401T417 Units of Measure (gal, cfs, or ac-ft): gallons

Device Roll-Over No.: 100,000,000 Device Multiplier (ex. X100, X0.01): X1

Date Installed/Calibrated: cal. 10/2009 Fish screen for surface water diversion? Yes No

LOCATION OF THE MEASURING DEVICE:

Section: 35 Township: 19N Range: 01W (¼): NW (¼): SW

Latitude (optional): _____ 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: Julie Rector Phone No.: (360) 493-2410

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Signature: *Julie Rector* Date: 4/25/11