

WATER MEASUREMENT DEVICE REVIEW

Mail form and payment to:

Flathead Reservation Office of the Water Engineer

PO Box 37

Ronan, MT 59864

For questions contact: contact@frwmb.gov or (406) 201-2532

Use this form for approval of a cumulative water volume measuring device(s) to install as part of a water right issuance requirement.

OFFICE USE ONLY

Type: Device Review

Date Rec'd _____

Payor _____

Filing Fee: \$50 per device – attach multiple forms as needed

Amount Rec'd _____

Check # _____

Receipt # _____

1. WATER RIGHT OWNER INFORMATION

Name(s) _____

Mailing Address _____

City _____ State _____ Zip _____

Cell/Home Phone _____ Email Address _____

Application number associated with this request _____

2. DEVICE INFORMATION

Cumulative water measurement devices, also known as totalizers, must measure volume

Make: _____ Model: _____ Distributor: _____

Capacity of the Device: _____ Units of Measure: _____

3. INSTALLATION DETAILS

Will this device be used in combination with other devices to serve your project?

Yes No If yes, how many: _____

4. MAP/DIAGRAM OF INSTALLATION

Include a map of the installation of your proposed measurement device(s) including manifold schematics, locations of each well and devices to be installed, and the location of other devices that serve your project.

5. SIGNATURE

Printed Name _____

Authorized Signature _____ Date _____