IDAHO DEPARTMENT OF WATER RESOURCES
Ultrasonic Flow meter testing and certification

ULTRASONIC FLOW METER CERTIFICATION

Test Date _____ office use

Manufacturer:

Name _____ Phone _____

Address _____ Cell _____

City_____St_____Zip _____ E-mail _____

Manufacturer Representative: Please contact UWRL 2 business days prior to testing if you plan to be present during your meter testing. Phone: 435-797-3155

Name _____ Phone _____

Address _____ Cell _____

City_____St_____Zip _____ E-mail _____

SECTION I — Ultrasonic Flow Meter Identification

Make/Model/Meter Serial number:

Make: _____

Model No. _____

Meter Serial Number: _____

Meter Diameter: _____

SECTION II — Attachments and Signatures

Factory Calibration Curve attachment □ Yes □ No

Each meter submitted for testing shall not be calibrated beyond normal factory default calibrations completed as part of service to end user delivery. Each meter must have a factory calibration curve submitted for each meter

I,_____certify that meter identified above submitted for IDWR testing at Utah Water Research Laboratory is a representative sample of the model manufactured and sold to end users and has not been calibrated beyond normal factory default calibrations completed as part of standardized practices for_____.

_____

(Signature line and Title) (date)

SECTION III — Vendor release of Pass/Fail Statement by USU, UWRL

USU, UWRL upon completion of laboratory testing of magnetic flow meters will issue to IDWR a Pass or Fail statement based on testing results. Vendors must sign this release in order for their meters to be considered an approved meter for IDWR water measurement.

I, _____
give USU, UWRL the ability to issue a written Pass or Fail statement to the Idaho Department of Water Resources associated with IDWR's testing criteria for magnetic flow meter calibration and the meter identified above. This Pass/Fail statement will be in accordance with IDWR's Minimum Acceptable Standards for Open Channel and Closed Conduit Measuring Devices.

_____
(Signature line and Title) (date)

PLEASE PRINT THIS FORM, THEN FAX, MAIL OR EMAIL THE SIGNED FORM TO:

Water Distribution
Idaho Department of Water Resources
650 Addison Avenue West Ste 500
Twin Falls, ID 83301-5858
cindy.yenter@idwr.idaho.gov or
nathan.erickson@idwr.idaho.gov
Fax: 208-736-3037
Phone: 208-736-3033