BUTTER CREEK CRITICAL GROUND WATER AREA

Form for Recording Flow Meter and Power Meter Readings*
YEAR: **2026**

Well ID: MORR_____

Owner:_____Well Location or No.:_____ Well ID: UMAT_____

Flow Meter Serial No.:_____Power Meter Number:_____

Flow Meter Units: **Acre-Feet, Gallons** (circle) Multiply By: **0.001, 0.01, 100, 1000, other**:

DATE	TIME	FLOW METER	POWER METER	COMMENTS

*Record **weekly** when water is used. Copies of monthly power company statements may be substituted for weekly power meter readings. However, if a flow meter is broken, the power meter must be recorded daily as well as the time of the reading and hours of pump operation. **Please note the flow meter units and multipliers, such as gallons X 1000 or acre-feet X 0.01.**

By December 1st, mail, email, or fax this form to:

Oregon Water Resources Department
Attn: Steve Ahlquist
725 Summer Street NE, Suite A
Salem, OR 97301

FAX: (503) 986-0902
Email: Stephen.t.ahlquist@water.oregon.gov