

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION
MAIL CODE 401-04Q
BUREAU OF WATER ALLOCATION & WELL PERMITTING
P.O. BOX 420
TRENTON, NJ 08625-0420
(609) 984-6831

WATER USE REGISTRATION METERING FORM

This form is to be completed within 60 days of receipt of your registration number or within 60 days of completion of your diversion source, whichever occurs last. All diversions must be metered, with a totalizing flow meter, at the source.

REGISTRATION NUMBER _____ W _____ COMPANY _____
CONTACT PERSON _____ ADDRESS _____
PHONE NUMBER _____
EMAIL ADDRESS _____

1. Complete the following information for all diversion sources. (wells, ponds, stream intakes)

Source Name	Well Permit No.	Meter Type	Manufacturer	Date Installed	Meter Calibration Date*

* Date of most recent flow meter calibration within the last 5 years.

2. Provide details of the proposed schedule for calibration of each meter. All meters must be calibrated at least once every five years.

Meter readings must be taken and recorded at the beginning of every month, so the monthly usage can be tracked and reported accurately.