

FOR OFFICE USE ONLY

Open Channel and Partially Filled Pipe Installation and Commissioning Form

TO: Environment Canterbury
 C/o Water Metering Team
 200 Tuam Street
 PO Box 345
 Christchurch 8140

Ph: 03 353 9007
 Email: water.metering@ecan.govt.nz

Consent Holder: _____

Consent number: CRC _____ SWAP or ECan gauging number _____

Installation date: _____ Grid ref: _____

Please fill out all questions, tick the appropriate boxes below, sign at the end of the form and return to the address above.

Primary water measuring device: (or artificial control site)

Type: V notch 45° 90° 120° _____° (please tick or fill in appropriate boxes)

Rectangular Suppressed Contracted Cipoletti Flume

Other (please describe) _____

Construction material: _____

Crest length: _____ (m) Head height: _____ (m)

Secondary water measuring device: (water level or ultrasonic)

Sensor type: _____

Serial number: _____

Datalogger details: (If applicable)

Make: _____

Model: _____

Telemetry installed for compliance: Yes/No Data hosted by: _____

Use the box above to draw a diagram of the site showing primary and secondary device location including location of all benchmarks, staff gauges and details of flow profile.

Site Survey Information

	Benchmark 1	Benchmark 2	Benchmark 3	Crest Level Primary Device	External Staff Gauge RL	internal Staff Gauge RL
Level (m)						
ESG Range						

Please circle the appropriate option:

Does your company undertake the continuous monitoring for the consent holder? Yes No

Are at least three benchmarks installed for the site and shown on the location diagram? Yes No

Did you attach one or more photographs of the site? Yes No

Installed by: _____

Signed: _____

Company: _____

Date: _____