

**TRI-COUNTY WATER AUTHORITY
GROUNDWATER WELL METER INFORMATION AND CONSENT FORM**

COUNTY & ASSESSOR PARCEL NUMBER: _____

OWNER/LESSEE: _____

PROPERTY ADDRESS: _____

STATE WELL NUMBER: _____

LATITUDE/LONGITUDE: _____

METER DESIGN CAPACITY/FLOWRATE: _____

METER BRAND: _____

METER MODEL NUMBER: _____

METER SIZE: _____

DESCRIPTION OF PARCEL(S) WITH APN(S) IRRIGATED WITH THIS WELL: _____

DOES THIS PARCEL HAVE ACCESS TO SURFACE WATER? _____ IF YES IDENTIFY THE SOURCE(S) _____

I hereby grant permission and consent for the Tri-County Water Authority ("Authority"), and its representatives, agents and consultants, to enter upon the above-described property for the purpose of reading and verifying reported meter data and collecting other relevant data at the identified well, from time to time and as is reasonably necessary for the Authority for purposes of data collection for its Groundwater Sustainability Plan under the Sustainable Groundwater Management Act (Wat. Code, § 5200 *et seq.*, and related statutes). I further grant permission and consent for the Authority to acquire, share, and submit the location, screened intervals, depth, and other relevant data of this well with the California Department of Water Resources.

Owner Name

Owner Signature

Owner Phone Number

Contact Name (if other than Owner)

Contact Phone Number

Mailing Address: _____

PLEASE PHOTO COPY THIS FORM OR REQUEST ADDITIONAL FORMS FROM TCWA TO REPORT
ADDITIONAL WELL AND METER INFORMATION