

Attachment A

**Tri-County Water Authority
Well and Meter Information**

(Confidential Raw Data – Government Code §6254(e)) and §6254.16

***Complete for each Non-Domestic well.**

Irrigation or municipal well located at:

Assessor's Parcel Number: _____

State Well Number: _____

Latitude/Longitude: _____

Total Depth of Well (ft): _____ Well Screen Interval: _____

Meter Information

Brand: _____ Model Number: _____

Size: _____ Serial Number: _____

Meter Recording and Reporting

April Totalizer Reading: _____

October Totalizer Reading: _____

Last Meter Calibration Date: _____

Attach meter calibration report after each calibration event.

I declare under penalty of perjury that the information provided herein, including the groundwater extraction information, has been examined by me, and to the best of my knowledge and belief is true, correct and complete.

Print Name: _____ Date: _____

Signature: _____