

Per	mit Holder's Name:
Per	mit Number: Entity Number:
We	ll Owner's Name:
Well Number:	
1.	Well Use Status:
	□Municipal □Industrial □Irrigation □Domestic □Livestock □Limited Production
2.	Is this well Dual Status? $\Box$ Yes $\Box$ No
3.	Proposed use of Meter on Well:
	□Municipal □Industrial □Irrigation □Domestic □Livestock □Limited Production
4.	Meter Information    a. Serial Number:
	f. Rollover: (1 plus # of digits on meter including stationary zero(s))
5.	Date Installed: Initial Reading:
6.	Discharge Pipe Size:
7.	Is the totalizer register re-settable? $\Box$ Yes $\Box$ No
8.	Normal operating range of the meter: GPM (Gallons per Minute)

\*\*NOTE: Please provide a copy of the Calibration Certificate with this form\*\*

I certify that the information supplied on this form is correct.

Signature of Permit Holder or Authorized Agent

Date

Please return completed form by mail, fax or email to: Edwards Aquifer Authority Attn: Meter Program 900 E. Quincy San Antonio, TX 78215 Fax: 210-222-9869 Email: fieldtechs@edwardsaquifer.org