



Groundwater Production Report

Well Owner _____ Date _____

Well Address/Name _____

Registration No. _____ Account No. _____

Date Read	Meter Reading	Meter Read By

I hereby certify that the information given herewith is true and accurate to the best of my knowledge.

Signature _____

Please submit this form to the District by either fax at (903) 786-8211, email at ntgcd@northtexasgcd.org or mail at:
 PO Box 508
 Gainesville, TX 76241