

**EXHIBIT B
NEW WELL OR ACTIVITY STATUS CHANGE REQUEST FORM**

Date of request: _____

Date change made on Online Reporting System: _____

ADD A WELL OR SURFACE WATER METER

Well Owner _____

Well or Meter No. # _____ Well _____ Surface water meter _____
(check one)

Date pumpage or delivery to begin _____

Well _____ inside NFBWA, _____ outside NFBWA (check one)

Additional information Meter Manufacturer: _____ Serial #: _____

Initial reading: _____ Multiplier: _____

Address: _____

Lat: _____ Long: _____

CHANGE IN EXISTING WELL OR SURFACE WATER METER STATUS

Well Owner _____

Well or Meter No. # _____ Well _____ Surface water meter _____
(check one)

Change status to: _____ Active _____ In-Active
(check one)

_____ Exempt _____ Non-Exempt

Effective date of change _____

Additional information _____

BGE, Inc. Name (printed): _____
Signature & date: _____

Municipal Accounts & Consulting, L.P. Name (printed): _____
Signature & date: _____