

**NORTH FORT BEND WATER AUTHORITY
STATUS CHANGE FORM - FOR WELLS OR SURFACE WATER METERS**

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 _____ Beginning reading _____

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

Additional information _____

CHANGE IN EXISTING WELL OR SURFACE WATER METER STATUS

Well Owner _____

Well or Meter No. # _____ Well _____ Surface water meter _____ Meter reading _____
(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: _____

Avanta Services Name (printed): _____

Signature & date: _____