

COMAL TRINITY GROUNDWATER CONSERVATION DISTRICT

PO Box 664, Spring Branch, Texas 78070 Email: Admin@ComalTrinityGCD.com www.ComalTrinityGCD.com

Please use 1 form per well; Due Date is the 10th of the month following the end of the calendar quarter.

THIS FORM IS YOUR INVOICE

Quarterly Pumpage Ro	<u>eport</u>				
Well Owner Name:					
Contact Name (print) &	Phone:				
Well Identification:		Contact Email:			
For the Quarter/Year: _					
Date of Beginning Meter Reading:			End Date:		
Prior Quarter Ending M	eter Reading*:				
Current Quarter Ending	Meter Reading:				
Total Gallons Pumped:					
	ount Submitted: \$ nding_reading from բ			- o's, including fixed zero's v	vhen
recording your readings of	on this form.				
	Fees: Agricultural: \$0.000 Other Non-Exempt			r gallon	

Late fee

A late fee of 10% of the amount due will be assessed if payments due the District are not received on or before the 25th of the month following the quarter end. The late fee and pump fee must be made within 30 days following the date of the assessment of the late payment fee.

Please refer to District Rule Chapter 11, Fee Schedule for additional information.