



**Coastal Bend Groundwater Conservation District**

109 East Milam  
Wharton, Texas 77488  
979-531-1412  
979-531-1002 (fax)  
thedistrict@cbgcd.com

**Flow-Meter Cost-Share Agreement/Reimbursement Request Form**

**Applicant Information**

Name \_\_\_\_\_

Mailing Address \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

**Permit Information**

Operating Permit # \_\_\_\_\_ Well # \_\_\_\_\_

Personal Well ID \_\_\_\_\_

**Reimbursement Request**

Purchase Amount \_\_\_\_\_

50% Reimbursement Amount \_\_\_\_\_

(not to exceed \$600 for agriculture wells & \$400 for commercial and industrial wells)

Please attach a copy of your paid meter invoice.

Sign \_\_\_\_\_

Date \_\_\_\_\_