

**NORTH HARRIS COUNTY REGIONAL
WATER AUTHORITY
2009
Pumpage and Billing Form**

Name of Well Owner: _____
 Identify well #: Well #1: _____ Well #2: _____ Well #3: _____ Well #4: _____

<i>Check the reporting period for which this report is being filed.</i>				
<i>Reporting Period</i>			<i>Quarterly Rate</i>	<i>Due Date</i>
<input type="checkbox"/>	1 st Quarter	January 1, 2009-March 31, 2009	\$1.50	April 30, 2009
<input type="checkbox"/>	2 nd Quarter	April 1, 2009-June 30, 2009	1.50	July 31, 2009
<input type="checkbox"/>	3 rd Quarter	July 1, 2009-September 30, 2009	1.50	October 31, 2009
<input type="checkbox"/>	4 th Quarter	October 1, 2009-December 31, 2009	TBD	January 31, 2010

Gallons of Water Pumped and/or Imported for Reporting Period:

	Start Meter Reading	End Meter Reading	Total
Well #1			
Well #2			
Well #3			
Well #4			
For additional wells, attach a second reporting form and put total from all wells below.			
IMPORTED from outside NHCRWA	Source: _____		
Meter Reading:			

1	Enter total gallons of water pumped and/or Imported	1	
2	Divide by 1,000	2	
3	Total fee due (multiply line 2 x 1.50 for 1 st , 2 nd & 3 rd Qtrs. TBD for 4th Qtr.)	3	
4	Add late payment penalty, if applicable (5% for less than 30 days, 10% thereafter)	4	
5	Add late payment interest, if applicable (1% per month)	5	
6	Deduct 2003 Capital Contribution Credit amount, if applicable	6	
7	Deduct 2005 Capital Contribution Credit amount, if applicable	7	
8	Deduct Other Credit amounts, if applicable	8	
9	Total due	9	

I declare that the above information is true and correct to the best of my knowledge and belief.

Dated: _____ By: _____
 Phone: _____ Name: _____
 Title: _____

**Make check payable to: North Harris County Regional Water Authority
 Dept. 35
 P. O. Box 4346
 Houston, Texas 77210-4346**

PLEASE MAIL THIS FORM WITH THE PAYMENT OR FAX TO 281-440-4104