



Main San Gabriel Basin
WATERMASTER

ANNUAL VALIDATION FORM

INACTIVE WATER METER

DATE _____

WELL NAME _____

METER SERIAL NO. _____

TOTALIZER UNITS _____

METER READ _____

Adobe is required to insert a photo in the image field above. Please save the file before attempting to fill out the form. If adobe is not available, please email the photo separately. Please email the completed form and any attachments to lauren@watermaster.org.