

**Monthly Certification For Conjunctive Use Storage**

Month: \_\_\_\_\_

Administering Agency Name: \_\_\_\_\_

Local Agency Name: \_\_\_\_\_

Groundwater Recharge		
		AF
Service Connection #	CB-11	_____
Service Connection #	CB-13T	_____
Service Connection #	CB-14	_____
Service Connection #	CB-14T	_____
Service Connection #	CB-15	_____
Service Connection #	CB-18	_____
Service Connection #	CB-20	_____
Service Connection #	OC-59*	_____

ASR Well Injection	
	AF
Well #	_____
Well #	_____
Well #	_____
Well #	_____

In-Lieu Monthly Certification	
	AF
Groundwater Production	_____
Metropolitan Water District Deliveries	_____

\* OC-59 has a \$2/AF surcharge from OCWD to be included in the DYY reimbursement credit per 06/07/17 conversation with MH, MWD

Local Agency Signature \_\_\_\_\_

Date \_\_\_\_\_