

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Quarterly Report of Monitoring Requirements

This report must be completed and submitted to the District at www.sfwmd.gov/ePermitting or by mail to the address shown as required by your permit

Permit Number _____
 Issued to _____
 Address _____
 City, State, ZIP _____
 Phone/Fax Number _____
 E-mail Address _____

Return To:
 South Florida Water Management District
 Attn: Water Use Regulation
 PO Box 24680
 West Palm Beach, FL 33416-4680

Well/Pump Name	District Identification Number	Date & Time of Data Collection	Water Level (Feet, NGVD)	Chloride (mg/l)	Conductivity (umhos/cm)	Turbidity (NTU)	Other (specify)	Measurement or Analysis Method

Name of Person Completing Form _____

Signature: _____ Date: _____

Incorporated by reference in subsection 40E-2.091(5), F.A.C.