



South Florida Water Management District Water Quality Report Form

Online reporting is available at www.sfwmd.gov/ePermitting



Water Use Permit #: _____

Permittee Name: _____

Project Name: _____

Compliance Contact Name: _____

Well/Pump/Station District ID	Well/Pump/Station Name	Sample Collection Date & Time	Water Level (feet NGVD)	Chloride (mg/l)	Conductivity (umhos/cm)	Turbidity (ntu)	Other (Specify)
			Result (value)	Result (value)	Result (value)	Result (value)	Result (value)

I certify to the best of my knowledge and belief that all of the information on this form is correct. I understand that any permit issued shall be subject to review and modification, enforcement action, or revocation, in whole or in part, for any material false statement in an application to continue, initiate, or modify a use, or for any material false statement in any report or statement of fact required of the permittee [Section 373.243(1), Florida Statutes].

Name of Person Submitting Data: _____

Date: _____

Phone Number: _____

Email Address: _____

Comments:

Mail form to: Regulatory Support/Regulation Division, South Florida Water Management District

P.O. Box 24680, West Palm Beach, Florida 33416-4680

For assistance, please contact: wucompliance@sfwmd.gov

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

Form 1377 (2014XXXX)