This report must be completed and submitted to the District at [*www.sfwmd.gov/ePermitting*](http://www.sfwmd.gov/ePermitting) or by mail to the address shown as required by your permit

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| Permit Number |  |  |  |
| Issued to |  |  | Return To:  South Florida Water Management District  Attn: Water Use Regulation  PO Box 24680  West Palm Beach, FL 33416-4680 |
| Address |  |  |
| City, State, ZIP |  |  |
| Phone/Fax Number |  |  |
| E-mail Address |  |  |

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| 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 |
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| Name of Person Completing Form | |  | | |  |
| Signature: |  | | Date: |  |  |