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| 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 DistrictAttn: Water Use RegulationPO Box 24680West Palm Beach, FL 33416-4680 |
| Address  |       |  |  |
| City, State, ZIP  |       |  |  |
| Phone/Fax Number  |       |  |  |
| E-mail Address  |       |  |  |

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| **Water Injections, Million Gallons** |
| Well Name | District Identification Number | Month |  |  | Month |  |  | Month |  |  | Accounting Method | Date Last Calibrated |
|  |  | Year |  |  | Year |  |  | Year |  |  |  |  |
|       |       | Month |    |  | Month |    |  | Month |    |  |       |       |
|  |  | Year |      |  | Year |      |  | Year |      |  |  |  |
|       |       | Month |    |  | Month |    |  | Month |    |  |       |       |
|  |  | Year |      |  | Year |      |  | Year |      |  |  |  |
|       |       | Month |    |  | Month |    |  | Month |    |  |       |       |
|  |  | Year |      |  | Year |      |  | Year |      |  |  |  |

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| **Water Withdrawals, Million Gallons** |
| Well Name | District Identification Number | Month |  |  | Month |  |  | Month |  |  | Accounting Method | Date Last Calibrated |
|  |  | Year |  |  | Year |  |  | Year |  |  |  |  |
|       |       | Month |    |  | Month |    |  | Month |    |  |       |       |
|  |  | Year |      |  | Year |      |  | Year |      |  |  |  |
|       |       | Month |    |  | Month |    |  | Month |    |  |       |       |
|  |  | Year |      |  | Year |      |  | Year |      |  |  |  |
|       |       | Month |    |  | Month |    |  | Month |    |  |       |       |
|  |  | Year |      |  | Year |      |  | Year |      |  |  |  |

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