

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Water Use Limiting Condition Compliance Report

Quarterly Report of Withdrawals

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 _____

This report is for

- ☐ Entire Permit
- ☐ Wellfield (name) _____
- ☐ Treatment Plant (name) _____
- ☐ Other (specify) _____

MILLION GALLONS

Month/Year	Ground Water	Surface Water	Reclaimed Water	Other (specify)

Accounting Method

- ☐ Flow Meter ☐ Time Clock
- ☐ Other _____

Name of Person Completing Form _____

Signature _____ Date _____

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

WUC-DB ID _____

sfwmd.gov