

# SOUTH FLORIDA WATER MANAGEMENT DISTRICT

Water Use Limiting Condition Compliance Report

## Quarterly Report of Withdrawals From Wells and Surface Water Pumps

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

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

Water Injections, Million Gallons

Well or Pump?	Well/Pump Name or Number	District Identification Number	Month_____ Year _____	Month_____ Year _____	Month_____ Year _____	Accounting Method	Date Last Calibrated

Name of Person Completing Form \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**sfwmd.gov**

*Incorporated by reference in subsection 40E-2.091(3), F.A.C.*