

Quarterly Report of Injections and Withdrawals For Aquifer Storage and Recovery (ASR) Wells

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 _____

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 Name	District Identification Number	Month _____ Year _____	Month _____ Year _____	Month _____ Year _____	Accounting Method	Date Last Calibrated
		Month _____ Year _____	Month _____ Year _____	Month _____ Year _____		
		Month _____ Year _____	Month _____ Year _____	Month _____ Year _____		
		Month _____ Year _____	Month _____ Year _____	Month _____ Year _____		

Water Withdrawals, Million Gallons

Well Name	District Identification Number	Month _____ Year _____	Month _____ Year _____	Month _____ Year _____	Accounting Method	Date Last Calibrated
		Month _____ Year _____	Month _____ Year _____	Month _____ Year _____		
		Month _____ Year _____	Month _____ Year _____	Month _____ Year _____		
		Month _____ Year _____	Month _____ Year _____	Month _____ Year _____		

Name of Person Completing Form _____

Signature _____ Date _____

Incorporated by reference in subsection 40E-2.091(2), F.A.C.