

South Florida Water Management District Water Use Pumpage Report Form



Online reporting is available at www.sfwmd.gov/ePermitting

| PERMIT INFORMATION | | | | | | | | | | |
|---|----------------------|--------|----------------------------------|--------|-------------------------------|--|--|--|--|--|
| Water Use Permit No | | | Permittee/Compliance Contact | | | | | | | |
| WATER USE INFORMATION | | | | | | | | | | |
| Monthly withdrawals should be entered in million gallons (MG). Example: 1,500,000 gallons = 1.5MG; 10,000 gallons = .01MG | | | | | | | | | | |
| WELL/PUMP/STATION NAME | WELL/PUMP/STATION ID | Month: | Month: | Month: | COMMENTS (Note water used for | | | | | |
| | | Year: | Year: | Year: | freeze protection here in MG) | | | | | |
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| SUBMITTER INFORMATION | | | | | | | | | | |
| Name: | | Tele | Telephone Number: Email Address: | | ess: | | | | | |

I certify to the best of my knowledge and belief that all of the information on this form is correct. I understand that any permit issued shall be subject to review and modification, enforcement action, or revocation, in whole or in part, for any material false statement in an application to continue, initiate, or modify a use, or for any material false statement in any report or statement of fact required of the permittee [Section 373.243(1), Florida Statutes].



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| PERMIT INFORMATION | | | | | | | | | | |
|---|------------------------|-----------------|-----------------|-----------------|---|--|--|--|--|--|
| Water Use Permit No | Project Name Permittee | | | | | | | | | |
| WATER USE INFORMATION | | | | | | | | | | |
| Monthly withdrawals should be entered in million gallons (MG). Example: 1,500,000 gallons = 1.5MG; 10,000 gallons = .01MG | | | | | | | | | | |
| WELL/PUMP/STATION NAME | WELL/PUMP/STATION ID | Month: Year: | Month: Year: | Month: Year: | COMMENTS (Note water used for freeze protection here in MG) | | | | | |
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| SUBMITTER INFORMATION | | | | | | | | | | |
| | | | | | | | | | | |
| Name: Telephone Number: Email Address: | | | | | | | | | | |

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