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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 District  Attn: Water Use Regulation  PO Box 24680  West 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 |  |  |  |  |
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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 |  |  | | |