



COMMONWEALTH OF VIRGINIA
DEPARTMENT OF ENVIRONMENTAL QUALITY
Eastern Shore Surficial Aquifer General Permit
Annual Groundwater Withdrawal Report

Owner: _____
Facility: _____
Address: _____

Operator Name: _____
Position/Title: _____
Phone: _____
Permit: _____

1) Meter Readings are in [**Circle correct meter multiplier**]: No Multiplier - 10's - 100's - 1000's of Gallons OR Cubic ft.

2) Enter the months and years the data represents:

[multiply cubic ft by . 7.48051948 to calculate gallons]

July Year _____

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

August Year _____

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

September Year _____

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

October Year _____

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

November Year _____

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

December Year _____

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

Facility Name:

GW Permit #:

January Year

Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

February Year

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

March Year

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

April Year

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

May Year

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

June Year

Owner Well Number	DEQ Well Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				

Comments: Use for meter issues (replacement, repairs, rollover notations) and dates associated, or other issues.

Certification Statement - In accordance with 9VAC25-610-150 of the Groundwater Withdrawal Regulations: I certify under penalty of the law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment for knowing violations.

Print Name: _____ **Signature:** _____ **Date** _____

Important Note: This reporting form is NOT valid unless it is **signed and dated** by a responsible official.

General Instructions & Mailing Options: 1. (Do not alter this form. If you need assistance or questions please contact the DEQ staff)

- 1. For Monthly or Annual permit limit exceedances a notification must be submitted by the 5th day of the following month of the exceedance by E-mail for quicker notice
- 2. Groundwater reports are due no later than July 10th **(by Mail or Email)**

Virginia Department of Environmental Quality Attention: OWS - Groundwater Withdrawal Compliance P.O. Box 1105, Richmond, Virginia 23218	OR	E-Mail Address: Withdrawal.permitting@deq.virginia.gov If using E-Mail option put the following in the subject line GW# [Permit Number] [Facility Name] & GW Report
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