

WATER USE REPORT
FOR INDIVIDUAL FACILITY

Water Supply Section
DNREC
89 Kings Hwy.
Dover, DE 19901

20____

Please type or print clearly

1. OWNER OF SYSTEM _____
2. PHONE NO# _____
3. RESPONDENT _____
4. LOCATION OF FACILITY _____
5. TYPE OF USE PUBLIC IND. comm. RECOV. OTHER - (SPECIFY) _____
STATUS: MAIN BACK-UP EMERG. NOT USED
 ABANDONED
6. WELL PERMIT NO. _____
7. STREAM _____
8. INTAKE PERMIT NO. _____
9. LOCAL I.D. _____
10. WAS ALL FLOW LISTED BELOW METERED? Yes No - If no, indicate the period and reason flow was not metered, and describe computational method for determining estimated flow.

(-- -- -- -- WELLS ONLY -- -- -- --)

10. DATE OF LAST READING FOR THE MONTH OF:	11. PERIOD (DAYS)	12. TOTAL PUMPAGE (GALS.)	13. RATE (GPM)	14. WATER LEVEL (ft. below surface)	14a. Pump Status at time of Water Level Measurement	
					ON (hrs.)	SHUT-OFF (hrs.)
JAN						
FEB						
MAR						
APR						
MAY						
JUNE						
JUL						
AUG						
SEP						
OCT						
NOV						
DEC						

15. TOTAL ANNUAL PUMPAGE _____

16. SIGNATURE _____ DATE _____

If filling by computer, TAB or CLICK to here when done