

DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ)  
ANNUAL WATER WITHDRAWAL REPORTING FORM OWS-3N  
For the Period: January 1 to December 31 \_\_\_\_\_

**DEADLINE DATE FOR COMPLETED AND SIGNED REPORT:  
JANUARY 31 OF THE YEAR FOLLOWING WATER WITHDRAWALS**

OWNER NAME:

FACILITY:

SYSTEM:

**System Information Verification**

**PRIMARY CONTACT**

CONTACT NAME:

Address:

PO Box:

City:

State and Zip:

Phone:

Contact Title:

Email Address:

**SECONDARY CONTACT (Waterworks Operator, Lessee, etc.)**

CONTACT NAME:

Address/PO Box:

PO Box:

City:

State and Zip:

Phone:

Contact Title:

Email Address:

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**DEADLINE DATE FOR COMPLETED AND SIGNED REPORT:  
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OWNER NAME:

FACILITY:

WATER SOURCE/WELL NAME:

TYPE: (Surface Water or Groundwater)  SUB TYPE:

SOURCE PERMANENTLY ABANDONED: (TRUE/FALSE)

CATEGORY:

CATEGORY (SIC reference):

ACTION Type: (WITHDRAWAL/DELIVERY/RELEASE)

MP ID: (DEQ PROVIDES)

DEQ WELL ID NO.:

GW PERMIT NO.:

VDH PWSID:

VPDES PERMIT NO.:

INTAKE LOCATION (COUNTY/CITY/TOWN)

LATITUDE:

LONGITUDE:

(Please enter in decimal degrees)

MEASURING METHOD:  Metered  Estimated

If estimated, please describe:

Source/Customer Metering  Source  Customer

Maximum Day:  MG

Month Max Day occurred:

## Water Withdrawal Amount in Million Gallons (MG)

(To convert units from “gallons per month” to “million gallons” divide your monthly total by 1,000,000. For example, 350,000 gallons per month is recorded as 0.35 million gallons)

<i>Month</i>	<i>Current Withdrawals for Year:</i>
Jan (MG)	
Feb (MG)	
Mar (MG)	
Apr (MG)	
May (MG)	
Jun (MG)	
Jul (MG)	
Aug (MG)	
Sep (MG)	
Oct (MG)	
Nov (MG)	
Dec (MG)	
Total (MG)	

COMMENTS:

**Additional Water Withdrawals\*\*\*Complete this form for any additional measuring points (sources)**

**See instructions for assistance in completing this form.**

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FACILITY:

WATER SOURCE/WELL NAME:

SOURCE TYPE: (Surface Water or Groundwater)

SUB-TYPE

CATEGORY:

CATEGORY (SIC reference):

ACTION TYPE:

MP ID: (DEQ PROVIDES)

DEQ WELL ID NO.:

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(Please enter in decimal degrees)

MEASURING METHOD:  Metered  Estimated

If estimated, please describe:

Source/Customer Metering  Source  Customer

If estimated, please describe:

Maximum Day:   MG

Month Max Day occurred:

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Dec (MG)	
Total (MG)	

COMMENTS: