



COMMONWEALTH OF VIRGINIA  
DEPARTMENT OF ENVIRONMENTAL QUALITY

Quarter 1 2 3 4

Quarterly Ground Water Withdrawal Report

Owner: \_\_\_\_\_ Name of Operator \_\_\_\_\_  
 Facility: \_\_\_\_\_ Position/Title \_\_\_\_\_  
 Address \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_  
address line 2 \_\_\_\_\_ Phone \_\_\_\_\_  
address line 3 \_\_\_\_\_ Permit # GW00XXX00 (Expires xxxxxxxx)  
 Note: New Application Due – xxxxxxxxxxxx

Meter Readings are in \_\_\_\_\_ (gallons, 100's or 1000's of gallons, cubic feet, etc.)

Month of \_\_\_\_\_ Year of \_\_\_\_\_ Total Year to Date from Previous Quarter

Owner Well Number	DEQ Well Number and VWUDS MPID Number	Present Reading	Previous Reading	Total Gallons
Total Gallons This Month				
Total Gallons Year to Date				

Month of \_\_\_\_\_ Year of \_\_\_\_\_

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Total Gallons This Month				
Total Gallons Year to Date				



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