



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 _____

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				



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