



Northwest Florida Water Management District Water Quality Report Form



DIRECTIONS

This report must be completed and submitted with laboratory reports, as required by your permit, to the address shown below.

Water Use Permit Number: _____ #1

Permittee Name: _____ #2

Project Name: _____ #3

FDOH Laboratory ID: _____ #4
(if applicable)

Please mail form to:
 Division of Resource Regulation
 152 Water Management Drive
 Havana, FL 32333-9700

#5

#6

#7

Well/Pump/Station District ID	Well/Pump/Station Name	Sample Collection Date & Time	Parameter		Parameter		Parameter		Parameter		Parameter	
			Name:		Name:		Name:		Name:		Name:	
			Units:		Units:		Units:		Units:		Units:	
			Method:		Method:		Method:		Method:		Method:	
			Result (value)	Lab Remarks	Result (value)	Lab Remarks	Result (value)	Lab Remarks	Result (value)	Lab Remarks	Result (value)	Lab Remarks

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.

Name of Person Submitting Data: _____

Date: _____ Phone Number: _____

Email Address: _____

#8

Comments:

DIRECTIONS

#1: Permit number (Example: 20001234).

#2: Name as it appears on permit.

#3: Project name (Example: Cotton Field #1 or Public Supply System).

#4: Department of Health lab ID number.

#5: Well ID number (Example: AAA1234).

#6: Well/pump/station name (Example: MM#1)

#7: Date and time sample was collected.

#8: Sign, date, phone number, and email of person completing form.