



SECTION I – GENERAL INFORMATION

1. Facility Name:

2. Facility Mailing Address 1:

3. Facility Mailing Address 2:

4. Facility Mailing City:

5. Mailing State:

6. Mailing Zip Code:

7. Facility E-Mail (if available):

8. Facility Phone:

9. Facility Fax:

10. Facility SIC Code:

11. Facility NAICS Code:

12. Number of Full Time Employees:

13. Facility FEIN

14. Facility Physical Address 1:

15. Facility Physical Address 2:

16. Facility County:



Water Provider

17. Physical City: 18. Physical State: 19. Physical Zip Code:

20. Owner/Operator Name:

21. Owner FEIN:

22. Owner/Operator Address 1:

23. Owner/Operator Address 2:

24. Owner/Operator City 25. Owner/Operator State: 26. Zip Code:

27. Owner/Operator Phone:

28. Owner/Operator E-Mail:

28. Contact First Name:

30. Contact Last Name:

31. Contact Phone:

32. Contact E-Mail:

33. Facility PWSID Code:

34. (§22-26-3(j)(3)) Do you have any water purchased from a provider?

Yes No Name:



35. (§22-26-3(g)) What is your daily maximum potential (gallons/day) to withdraw?

36. (§22-26-3(g)) What is your present monthly maximum potential (gallons/month) to withdraw?

37. (§22-26-3(g)) Within the next five years, what is your anticipated monthly maximum potential (gallons/month) to withdraw?

38. (§22-26-3(j)(3)) List the zip codes for the areas you serve.

39. (§22-26-3(f)) Describe stream flow conditions that impact withdrawal rates.

40. (§22-26-3(f)) Describe seasonal conditions that impact withdrawals.



41. (§22-26-3(j)(9)) Have you implemented water conservation practices in the past five years? If so describe.

Yes No

42. Estimate the water saved per month (in gallons) by these practices.

43. (§22-26-3(j)(9)) and 3(i) If you have work planned within the next five years to conserve water use, describe the project and give an estimated project cost.

Project Cost:

Description

44. Estimate the water saved per month (in gallons) by the planned project.

45. On average, what percentage of water is lost during conveyance? %

46. Additional Comments:



SECTION II – WATER WITHDRAWALS

SURFACE WATER WITHDRAWAL FORM

County:

State:

Decimal Latitude:

Decimal Longitude:

How was location determined?

Water Source Name:

Water Source Type:

2008 Monthly Withdrawal (Gallons / Month)

January

April

July

October

February

May

August

November

March

June

September

December

How did you determine withdrawal information? Metered Calculated

If calculated, describe in detail how the calculation/estimation was made.



GROUNDWATER WITHDRAWAL FORM

Your name for this Intake:

County:

State:

Decimal Latitude:

Decimal Longitude:

How was location determined?

Well Depth (feet):

Aquifer Source:

Type of Rock:

2008 Monthly Withdrawal (Gallons / Month)

January

April

July

October

February

May

August

November

March

June

September

December

How did you determine withdrawal information? Metered Calculated

If calculated, describe in detail how the calculation/estimation was made.



PURCHASED WATER FORM

Name of provider from whom water was purchased:

2008 Monthly Withdrawal (Gallons / Month)

January

April

July

October

February

May

August

November

March

June

September

December