



LARGE QUANTITY WATER USER REGISTRATION FORM FOR 2010
WATER PROVIDER



FIELDS WITH ASTERIK ARE REQUIRED

	SECTION I - GENERAL INFORMATION	2010
1	Facility Name *	
2	Facility Mailing Address 1 *	
3	Facility Mailing Address 2	
4	Facility Mailing City *	
5	Facility State *	
6	Facility Mailing Zip Code *	
7	Facility E-Mail	
8	Facility Phone *	
9	Facility Fax	
10	SIC Code *	
11	NAICS Code	
12	No. Employees at Facility *	
13	Facility FEIN *	
14	Facility Physical Address 1 *	
15	Facility Physical Address 2	
16	Facility Physical City *	
17	Facility Physical State *	
18	Facility Physical Zip Code *	
19	Facility County *	
20	Owner Name *	
21	Owner FEIN	
22	Owner Address 1 *	
23	Owner Address 2	
24	Owner City *	
25	Owner State *	
26	Owner Zip Code *	
27	Owner Phone *	
28	Owner E-Mail	
29	Contact First Name *	
30	Contact Last Name *	
31	Contact Phone *	
32	Contact E-Mail	
33	Facility PWSID Code *	
34	Do you have water purchased from a provider? *	Yes <input type="checkbox"/> No <input type="checkbox"/>

35	What is your daily maximum potential (gal/day) to withdraw?	
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36	What is your present monthly maximum potential (gal) to withdraw?	
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37	Within next 5 years, what is your anticipated monthly maximum potential (gal) to withdraw?	
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38	List zip codes for areas you serve	<table border="1"><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr><tr><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td><td><input type="text"/></td></tr></table>	<input type="text"/>									
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39	Describe stream flow conditions that impact withdrawal rates.	
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40	Describe seasonal conditions that impact withdrawals.	
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41	Have you implemented water conservation practices in the past 5 years? Describe.	Yes <input type="checkbox"/> No <input type="checkbox"/>
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42	Estimate the water saved per month (in gal) by these practices.	
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43	If you have work planned within next 5 years to conserve water use, describe the project and give an estimated project cost.	
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44	Estimate the water saved per month (gal) by the planned project.	
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45	On average, what % of water is lost during conveyance?	
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46	Additional Comments:	
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47	Year of Closure	
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USE SEPARATE FORM FOR EACH SURFACE WATER WITHDRAWAL

SURFACE WATER WITHDRAWAL	2010
Your Name for Intake *	
County *	
State *	
Decimal Latitude *	
Decimal Longitude *	
How was location determined? *	
Water source name *	
Water source type *	Spring <input type="checkbox"/> Lake/Impoundment <input type="checkbox"/> Stream/River <input type="checkbox"/>
How did you determine withdrawal info? *	Metered <input type="checkbox"/> Calculated <input type="checkbox"/>
If calculated, describe how calculation was made *	

2010 Surface Water Withdrawal (Gallons/Month)	
January *	
February *	
March *	
April *	
May *	
June *	
July *	
August *	
September *	
October *	
November *	
December *	



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USE SEPARATE FORM FOR EACH GROUNDWATER WITHDRAWAL

GROUNDWATER WITHDRAWAL	2010
Your Name for Intake *	
County *	
State *	
Decimal Latitude *	
Decimal Longitude *	
How was location determined? *	
Well Depth (feet) *	
Aquifer Source *	Alluvial Aquifer <input type="checkbox"/> Mississippian <input type="checkbox"/> Upper Pennsylvanian & Permian <input type="checkbox"/> Middle Pennsylvanian <input type="checkbox"/> Lower Pennsylvanian <input type="checkbox"/> Devonian / Silurian <input type="checkbox"/> Ordovician/Cambrian <input type="checkbox"/> Unknown <input type="checkbox"/>
Type of Rock *	Sandstone <input type="checkbox"/> Sand & Gravel <input type="checkbox"/> Shale <input type="checkbox"/> Limestone/Dolomite <input type="checkbox"/> Underground Mine <input type="checkbox"/> Interbedded Sandstone & Shale <input type="checkbox"/> Interbedded Sandstone, Limestone & Shale <input type="checkbox"/> Unknown <input type="checkbox"/>
How did you determine withdrawal info? *	Metered <input type="checkbox"/> Calculated <input type="checkbox"/>
If calculated, describe how calculation was made *	

2010 Groundwater Withdrawal (Gallons/Month)	
January *	
February *	
March *	
April *	
May *	
June *	
July *	
August *	
September *	
October *	
November *	
December *	



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WATER PROVIDER (PURCHASED WATER)	2010
Provider Name *	

2010 Purchased Water - Gallons/Month	
January *	
February *	
March *	
April *	
May *	
June *	
July *	
August *	
September *	
October *	
November *	
December *	