

**Report of Weekly or Monthly
Water Levels
Pumping (P) and (S)**

North Carolina Department Of Environmental Quality

Mail to: Division of Water Resources- NC DEQ
1611 Mail Service Center
Raleigh, NC 27699-1611
Attention: Capacity Use Administration

Name: _____
Signature: _____
Date: _____

Month _____ Year _____ Facility Name: _____ Permit #: _____ Sheet # ____ of ____

Well ID _____ Land Surface Elev. (ft) _____				Well ID _____ Land Surface Elev. (ft) _____				Well ID _____ Land Surface Elev. (ft) _____			
Date	Time	Feet Below Land Surface	P or S	Date	Time	Feet Below Land Surface	P or S	Date	Time	Feet Below Land Surface	P or S

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