

**Report of Water Withdrawals
from Each Source**

North Carolina Department of Environment Quality

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

Check Box If No Use This Month

For month of: _____ Year: _____ Facility: _____ Permit #: _____ Sheet _____ of _____

Well/Sump ID →	Well #1	gallons per day	Well #2	gallons per day	Well #3	gallons per day	Total Withdrawn
	meter readings ↓		meter readings ↓		meter readings ↓		
Beginning reading →							
Day 1							
Day 2							
Day 3							
Day 4							
Day 5							
Day 6							
Day 7							
Day 8							
Day 9							
Day 10							
Day 11							
Day 12							
Day 13							
Day 14							
Day 15							
Day 16							
Day 17							
Day 18							
Day 19							
Day 20							
Day 21							
Day 22							
Day 23							
Day 24							
Day 25							
Day 26							
Day 27							
Day 28							
Day 29							
Day 30							
Day 31							

Name: _____ Signature: _____ Date: _____