

Permittee: _____ Permit # _____
Month/Year: _____ District Withdrawal # _____

A. Total Gallons Pumped: _____

B. Frost Freeze Pumping Amounts on Following Dates:

(01) _____	(02) _____	(03) _____	(04) _____
(05) _____	(06) _____	(07) _____	(08) _____
(09) _____	(10) _____	(11) _____	(12) _____
(13) _____	(14) _____	(15) _____	(16) _____
(17) _____	(18) _____	(19) _____	(20) _____
(21) _____	(22) _____	(23) _____	(24) _____
(25) _____	(26) _____	(27) _____	(28) _____
(29) _____	(30) _____	(31) _____	

C. Total Frost Freeze Gallons Pumped:
(Total of daily amounts reported above) _____

D. Total Gallons Pumped Less Frost Freeze Pumpage:
 (Total amount of 'A' minus Total of 'C') = _____


Reporter's Name: _____

Address: _____

City, State, Zip: _____

Telephone No.: _____

(If you need assistance in preparing this form, contact Permit Data Section @ 1-800-423-1476)

Mail All Reports To:  **Permit Data Section
 Southwest Florida Water Management District
 2379 Broad Street
 Brooksville, FL 34604-6899**

(WUP Rpt 12 1/8/02) (Permittee may make copies from this form if necessary)