

Southwest Florida Water Management District Water Quality Report Form



This re	port must be	This report must be completed and submitted with laboratory reports to the District at the address shown as required by your permit.	ibmitted with	laboratory	reports to th	ne District	at the addres	ss shown	as required t	y your per	mit.	
Water Use Permit												
Number:							-	Please mail form to:	form to:			
Permittee Name:							(n <	Water Use Southwest	Water Use Permit Bureau Southwest Florida Water Management District	Manageme	ent District	
Project Name:							-1 -1	7601 Highway 301 No Tampa, Florida 33637	7601 Highway 301 North Tampa, Florida 33637			
FDOH Laboratory ID:			*				Г			2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		200 A
(if applicable)			Parameter		Parameter		Parameter		Parameter		Parameter	
			Name:		Name:		Name:		Name:		Name:	
District ID Well/	Well/Pump/Station	Sample Collection	Units:		Units:		Units:		Units:		Units:	
	Name	Date & Time	Method:		Method:		Method:		Method:		Method:	
			Result (value)	Lab Remarks	Result (value)	Lab Remarks	alue)	Lab Remarks	Lab Remarks Result (value)	Lab Remarks	Result (value)	Lab Remarks
					24							
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l certify that to the best of my knowledge and belief all of the information on this form is correct.	knowledge and b	elief all of the informa	tion on this form	is correct.								
I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.	material false star or in part, of the p	tement on this form or ermit.	r in any attachm	ents to it ma	Y	Comments:						
Name of Person Submitting Data:	ata:											
Date:		Phone Number:										
Email Address:												
LEG-R.106.00 (5/14)												
(incorporated by reference in Rule 40D-2.091(2)(p), F.A.C.)	Rule 40D-2.091(2	!)(p), F.A.C.)										