



**Southwest Florida Water Management District
Water Quality Report Form**



This report must be completed and submitted with laboratory reports to the District at the address shown as required by your permit.

Please mail form to:
 Water Use Permit Bureau
 Southwest Florida Water Management District
 7601 Highway 301 North
 Tampa, Florida 33637

Water Use Permit Number: _____
 Permittee Name: _____
 Project Name: _____

FDOH Laboratory ID: _____
 (if applicable)

District ID	Well/Pump/Station Name	Sample Collection Date & Time	Parameter		Parameter		Parameter		Parameter	
			Name:	Units:	Name:	Units:	Name:	Units:	Name:	Units:
			Method:	Result (Value)	Method:	Result (Value)	Method:	Result (Value)	Method:	Result (Value)
Lab Remarks		Lab Remarks		Lab Remarks		Lab Remarks		Lab Remarks		

I certify that to the best of my knowledge and belief all of the information 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.

Name of Person Submitting Data: _____
 Date: _____

Phone Number: _____

Email Address: _____

LEGR. 106.00 (5/14)
(incorporated by reference in Rule 40D-2.091(2)(p), F.A.C.)

Comments: _____