

Line Number	1	2	3	4	5	6	7	8	9		10
	Required	Required	Required	Required	Required	Required	Required	Optional	Required	Required	Required
	Water Year	County/Where Reclaimed Water Is Supplied	Permittee - (Wastewater Treatment Plant)	Permittee WUP Number	Bulk Customer Name	CUSTOMER CATEGORY OR GENERAL USE FOR RECLAIMED WATER	Customer WUP Number If Any	Customer's WUP First Issue Date	Latitude	Longitude	
1											
2											
3											
4											
5											
6											
7											
8											
9						RIB					
10											
11											
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19											
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21											

Required = Required for SWFWMD Annual Reclaimed Water Supplier Report  
Optional = Not required for SWFWMD Annual Reclaimed Water Supplier Report  
CF Required = Required for Cooperatively Funded Projects but not for SWFWMD Regulatory Report  
FDEP = Required for DEP report but not for SWFWMD Regulatory Report or per Cooperative Funding contract

11	12	13	14	15	16	17	18	19	20	21	22	23
Required	Optional	Optional**		Optional	CF Required	CF Required	FDEP and CF Required	CF Required	Required	Required	CF Required	CF Required
Section Township Range	Metered? Y/N	** If metered, provide size and type		Optional	CF Required	CF Required	FDEP and CF Required	CF Required	Required	Required	CF Required	CF Required
		Meter Size (in.)	Meter Type									
								Proposed or Reclaimed H2O Flow to the Customer or Use (gpd)	Actual Reclaimed H2O Disposal Quantity* (gpd)	Actual Reclaimed H2O Flow (gpd)	Project Proposed Offset (gpd)	Actual Public Supply/Offset (gpd)

\* Complete only for Disposal Uses Listed in Column 6

\* Complete only for Reclaimed Water Customer Categories Listed in Column 6



