KENEDY COUNTY GROUNDWATER CONSERVATION DISTRICT

P.O. Box 212 SARITA, TX 78385 PHONE: 361-294-5336 FAX: 361-294-5244 EMAIL: GENERAL_MANAGER@KENEDYGCD.COM

RECEIVED:

ANNUAL WATER USE REPORT

INSTRUCTIONS: Please refer to Kenedy County Groundwater Conservation District Rule 5.2 and the Operating Permit Provisions for the subject well(s). Complete a separate form for each Operating Permit. If more than one well is covered by the Operating Permit, the production from each well should be totaled and entered as a single monthly production. Refer to the Operating Permit to determine the annual authorized production amount. If the production amount is stated in gallons per year, the data provided in this form must be in gallons. If the production amount is stated in acre-feet per year, the data provided in this form must be in acre-feet. Sign and date the form and return by mail, facsimile or email (shown above).

PERMIT HOLDER INFORMATION

Name Permit Holder	t				Conta Perso differ	n, if				Mailing Address	
City				State	ite		Zip Code			Phone Number	
Alternate Phone Number			Fax				Ema		il		
Operating Permit Number:				District Well Number(s):							
Effective Date of Permit:				Coordinates in WGS 84 Decimal Degrees:							
Method of Determining Monthly Water Production (For example, totalizing flow meter):											

Data is provided in (check one)

_____ acre-feet

____ gallons

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November 16, 2012

Reporting Year: 2012

JANUARY:	JULY:
FEBRUARY:	AUGUST:
MARCH:	SEPTEMBER:
APRIL:	OCTOBER:
MAY:	NOVEMBER:
JUNE:	DECEMBER:

ANNUAL TOTAL:

PERMITTED ANNUAL PRODUCTION AMOUNT:

For further information, see District Rule 5.2 available at www.kenedygcd.com.

SIGNATURE

By signing this form, I declare that the information provided in this Annual Water Use Report is true and correct, to the best of my knowledge and belief.

Signature of Well Owner or Authorized Agent:

Printed Name: ______
Date: _____

FOR DISTRICT USE ONLY

REPORT SUBMITTED TIMELY:

REPORT INFORMATION COMPLETE:

PRODUCTION WITHIN PERMITTED LIMIT:

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