St. Johns River 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.

Consumptive Use Permit Number: _____

Permittee Name: _____

Project Name: _____

FDOH Laboratory ID: _____
(if applicable)

Please mail form to:
St. Johns River Water Management District
P.O. Box 1429
Palatka, FL 32178-1429

or submit electronically at *www.sjrwmd.com.*

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

Comments:

Form 40C-2.900(11), effective August 14, 2014
Incorporated by reference in rule 40C-2.900(11), F.A.C.

For assistance, please email *compliancesupport@sjrwmd.com* or call (386) 329-4570.