

Notice: Pursuant to chs. NR 820 & 856 Wis. Adm. Code, this form is required to report monthly volumes of the withdrawal on an annual basis. Reports must be submitted by March 1 for the previous year's withdrawals. Personally identifiable information provided on this form is not intended to be used for any other purposes but may be made available to requesters under Wisconsin's Open Records law (s. 19.31-19.39, Wis. Stats.)

1. Property Information All sources on the same property have the same property #.

Property Name (Assigned by Owner):		Property #
OWNER #	OPERATOR #	
Phone:	Phone:	
E-Mail:	E-Mail:	

2. Source Information Each source has a unique #.

a. Source Name (Assigned by Owner):		Source #
b. PLSS: _____ ¼ of _____ ¼ of Section _____, Township _____ N, Range _____ E W		
c. Hicap Well #:	d. Constructed Year:	e. Unique Well #:
f. Pump Capacity (GPM):	g. Well Depth (ft):	h. Casing Diam (in):

3. Water Withdrawal Reporting for 2012 Report each source separately.

a. Measurement Code: b. Water Use Code: c. Comments: d. <input type="checkbox"/> This source is approved exclusively for single family residential uses <u>and</u> the withdrawal capacity is less than or equal to 20 gallons per minute (GPM). e. <input type="checkbox"/> I did <u>not</u> withdraw from this source in 2012. If you checked , select from the reasons below: 1) <input type="checkbox"/> Filled & Sealed Well 2) <input type="checkbox"/> Temporarily Capped Well 3) <input type="checkbox"/> Well Not Drilled 4) <input type="checkbox"/> Do Not Know of this Well or Source 5) <input type="checkbox"/> No Need for Water This Year 6) <input type="checkbox"/> Surface Water Source Temporarily Offline 7) <input type="checkbox"/> Surface Water Source Permanently Terminated	Month Gallons Pumped or Withdrawn Indicate zero gallons with a single "0"	
	Example	_____ <u>1</u> <u>2</u> <u>0</u> <u>9</u> <u>5</u> <u>5</u> <u>0</u> Gallons
		January _____, _____, _____ Gallons
		February _____, _____, _____ Gallons
		March _____, _____, _____ Gallons
		April _____, _____, _____ Gallons
		May _____, _____, _____ Gallons
		June _____, _____, _____ Gallons
		July _____, _____, _____ Gallons
		August _____, _____, _____ Gallons
		September _____, _____, _____ Gallons
		October _____, _____, _____ Gallons
		November _____, _____, _____ Gallons
	December _____, _____, _____ Gallons	

4. Certification and Signature

I hereby certify that I am the owner or authorized representative of the owner of the property which is the subject of this water use report. I certify that the information contained in this form and attachments is accurate and complete.

Name (Print)	<input type="checkbox"/> Owner	<input type="checkbox"/> Agent of Owner (if not, operator)	<input type="checkbox"/> Operator
Signature	Company	Date Signed	

Mail signed form to address in upper left-hand corner of this form. NO NOT mail in this form if you reported your water use online.