

Groundwater Well Monitoring Program Reporting Form

PJR-121



Project Review File _____

Report for Calendar Year _____

If your approved use and the associated well are both operating, please complete this form and return it with your payment and bottom of invoice to PRMD Project Review, Attn: Health Specialist at the above address by January 31st of the successive calendar year.

If well is not operating, complete the attached Affidavit and return to PRMD Project Review, Attn: Health Specialist at the above address by January 31st of the successive calendar year.

NOTE: If you use multiple wells for your project, please copy this form and provide reporting information for each well.

Supply well: County Well Permit No.: _____
 State Water Well Drillers Report No.: _____
 Meter is (circle one) Cubic Feet / Gallons
 Correction Factor: _____

Dedicated monitoring well: County Well Permit No.: _____
 State Water Well Drillers Report No. _____

IF A WINERY, PLEASE COMPLETE THE FOLLOWING:

Total Tons Crushed During the Year	Total Maximum Gallons of Juice Stored on Site during Calendar Year	Total Cases Bottled During Calendar Year

IF CHEESE MAKING, PLEASE COMPLETE THE FOLLOWING:

Total pounds of cheese produced during the Year	Total Maximum Pounds of Cheese Stored on Site during Calendar Year	Total Cases Bottled During Calendar Year

PLEASE COMPLETE EITHER SECTION I OR SECTION II

SECTION I: USE PERMITS PUMPING AT 0.5 TO 5.0 ACRE-FEET OF GROUNDWATER PER YEAR (Once per quarter, the well is turned off at the end of the day, and the depth to groundwater is measured the next morning before the well is turned back on)

Season	Date Measured	Time of Reading	Depth to Groundwater in Feet	Meter Reading	Quantity of Water Pumped
Winter (12/31-3/20)					
Spring (3/21-6/20)					
Summer (6/21–9/20)					
Fall (9/21–12/30)					

SECTION II: USE PERMITS PUMPING GREATER THAN 5.0 ACRE-FEET OF GROUNDWATER PER YEAR: (Depth to groundwater is measured in the dedicated monitoring well and the water meter for the supply well is recorded monthly)

Month	Date Measured	Time of Reading	Depth to Groundwater in Feet	Meter Reading	Quantity of Water Pumped
January					
February					
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					

FOR PRMD USE ONLY

DATE REVIEWED: _____ HEALTH SPECIALIST: _____

NOTES: