



EDWARDS AQUIFER  
AUTHORITY

2009 CRITICAL PERIOD MONTHLY GROUNDWATER USE REPORT

December 2009

Owner Name: \_\_\_\_\_

Contact Person: \_\_\_\_\_ Contact Phone No.: \_\_\_\_\_

Failure to submit this completed Groundwater Use Report form to the Authority by January 14, 2010, may result in enforcement action. Mail forms to Critical Period Team at 1615 N. St. Mary's St. San Antonio, Texas 78215 or fax to (210) 299-5262 or (210) 222-9869.

Please contact the Critical Period Team at (210) 477-1883 or (866) 931-3239, if you have any questions regarding your reporting requirements. If you have questions regarding your meter readings please contact the Field Representative Team, at (210) 222-2204 or (800) 292-1047.

**Pursuant to § 715.210 of the Edwards Aquifer Authority Rules:** All affected groundwater withdrawal permit holders must file monthly groundwater withdrawal reports with the Authority when a Critical Period Management stage is in effect. These reports must be filed within ten (10) business days after the end of each month. If you do not own a well and did not make any withdrawals or do not intend to make any withdrawals, please indicate by checking the box below and return this form back to the Authority. All other reports submitted without meter readings will be considered incomplete. For assistance in calculating your mandatory groundwater withdrawal reductions, please access the Critical Period Calculator available on-line at [www.edwardsaquifer.org](http://www.edwardsaquifer.org).

I do not own a well and will not make any withdrawals during the course of critical period management.

<b>Permit Number</b>

Wells authorized under this permit:				
Well Number	Meter Serial Number	Beginning Monthly Meter Reading	Ending Monthly Meter Reading	Acre-feet Used (If in gallons please indicate "gal")

\* To convert gallons to acre-feet, divide amount of gallons by 325,851.

**Total Acre-Feet Used**

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I do hereby state to the best of my knowledge that the information provided to the Edwards Aquifer Authority is both complete and accurate.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_