STATE OF OHIO
WATER WITHDRAWAL FACILITY REGISTRATION ANNUAL REPORT FORM

SEND TO: OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF SOIL AND WATER RESOURCES
WATER PLANNING PROGRAM
2045 MORSE ROAD, BLD. B-2
COLUMBUS, OHIO 43229-6693
(614) 265-6938

AUTHORITY: Ohio Revised Code Section 1521.16 requires that any owner of a facility, or combination of facilities, with the capacity to withdraw more than 100,000 gallons of water daily, register such facilities and file an annual report with the ODNR, Division of Soil and Water Resources.

Water Withdrawal Report for the Year Ending December 31, 2011

Contact Information:

Contact Name: _____ Is this a new Contact Name? ☐ YES ☐ NO

Company Name: _____ Is this a new Company Name? ☐ YES ☐ NO

Address: _____ Is this a new Address? ☐ YES ☐ NO

Phone: _____ Is this a new Phone Number? ☐ YES ☐ NO

–Downloaded Internet eForm –

Facility Owner:

Owner Name: _____ Is this a new Owner Name? ☐ YES ☐ NO

Company Name: _____ Is this a new Company Name? ☐ YES ☐ NO

Address: _____ Is this a new Address? ☐ YES ☐ NO

Phone: _____ Is this a new Phone Number? ☐ YES ☐ NO

Facility Name and Withdrawal Mode:

County: _____

*Registration Number: _____ * Please double check the registration number, Thank you.

Facility Name: _____

Please note changes in facility status, or naming, in the gray spaces next to the well or intake number(s) below.

Facility's WELL (Ground Water) Identification	Facility's INTAKE (Surface Water) Identification

If you have questions about this form please call (614) 265-6938.

WITHDRAWALS

NOTE: This page may be photocopied if additional space is required. Please be sure to sign and date each copy.

GROUND WATER (in Units of Millions of Gallons)

Registration Number_____

SOURCE	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL PER YEAR
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
WELL NO.													
TOTAL													**GRAND TOTAL**
MAXIMUM													
MINIMUM													
DAYS IN OPERATION													TOTAL OPERATION DAYS

Are ground water withdrawal amounts based on metered readings? ☐ **yes** ☐ **no** (check one) If "no," how were the reported withdrawal amounts determined? (Attach separate sheet, if necessary)

SURFACE WATER (in Units of Millions of Gallons)

SOURCE	JAN.	FEB.	MARCH	APRIL	MAY	JUNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL PER YEAR
INTAKE													
INTAKE													
INTAKE													
INTAKE													
INTAKE													
TOTAL													**GRAND TOTAL**
MAXIMUM													
MINIMUM													
DAYS IN OPERATION													TOTAL OPERATION DAYS

Are surface water withdrawal amounts based on metered readings? ☐ **yes** ☐ **no** (check one) If "no," how were the reported withdrawal amounts determined? (Attach separate sheet, if necessary)

RETURN FLOW (in Units of Millions of Gallons)

SOURCE	JAN.	FEB.	MARCH	APRIL	MAY	J UNE	JULY	AUG.	SEPT.	OCT.	NOV.	DEC.	TOTAL PER YEAR
FLOW													
FLOW													
TOTAL													**GRAND TOTAL**

Are return flow amounts based on metered readings? ☐ **yes** ☐ **no** (check one) If "no," how were the reported return flow amounts determined? (Attach separate sheet, if necessary)

NOTE: Is the information originally supplied on your registration form still correct? ☐ **yes** ☐ **no** (check one)
If "no," please attach a separate sheet indicating the nature of the change. If needed, a new registration form will be forwarded to you so that you may provide this office with the necessary revisions.

Owner or authorized representative's signature	Date