

CRITICAL PERIOD MONTHLY GROUNDWATER USE REPORT

Date				
Owner Name:				
Contact Name: Co			ntact Phone:	
may result in enforcement a	ction. You may repor		nail (CriticalPeriod@edv	fter the end of the current month vardsaquifer.org), Meter App or Mai
				questions regarding your reporting entative Team, at (210) 222-2204 or
Groundwater Withdrawal F ten (10) business days after and return this form back to	Reports with the EAA the end of the month. the EAA. All other re	when a Critical Period Mana If you do not intend to make eports submitted without me	agement stage is in effect e any withdrawals, pleas eter readings will be cons	ral permit holders must file Monthly t. These reports must be filed within e indicate by checking the box below sidered incomplete. For assistance in iod Calculator available on-line a
2023. (*)	n withdrawing water fo			gement for the calendar year
Wells authorized for this	s 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 acr	re-feet, divide amount	of gallons by 325,851		Total Acre-Feet Used
I do hereby state to the best accurate.	of my knowledge that	t the information provided to	o the Edwards Aquifer A	uthority is both complete and

Date:

Authorized Signature: