

North Georgia Declared Level 4 Drought Area 10% Summer Water Use Reduction Reporting Form

WSID:	
Public Water System Name:	
County:	

Summer Use Baseline

A	B	C	D	E	F
Month-Year	Average daily amount of treated surface water pumped into distribution system in million gallons per day (MGD)	Average daily amount of ground water pumped into distribution system in million gallons per day (MGD)	Average daily amount of water purchased from other public water system(s) in million gallons per day (MGD)	Average daily amount of water sold to other public water system(s) in million gallons per day (MGD)	Adjusted average daily water use for the month (B+C+D-E=F) in million gallons per day (MGD)
April-07					0.00
May-07					0.00
June-07					0.00
July-07					0.00
August-07					0.00
September-07					0.00
v Total	0.00	0.00	0.00	0.00	0.00
w	Summer Use Baseline in MGD (Average of adjusted daily water)				0.00
x	10% reduction amount (FW x 0.10)				0.00
y	Water use target used for compliance (FW-FX)				0.00

Monthly Reporting

A	B	C	D	E	F
Month-Year	Average daily amount of treated surface water pumped into distribution system in million gallons per day (MGD)	Average daily amount of ground water pumped into distribution system in million gallons per day (MGD)	Average daily amount of water purchased from other public water system(s) in million gallons per day (MGD)	Average daily amount of water sold to other public water system(s) in million gallons per day (MGD)	Adjusted average daily water use for the month (B+C+D-E=F) in million gallons per day (MGD)
z					0.00

Met 10% reduction (Is FZ<=FY)	Yes
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If you are using the electronic surface water MOR reporting system for monthly reporting to EPD or your system winter 06-07 water use base line is 1 MGD or more, fax this form to 404-651-9590 or e-mail it to lynne.grubb@dnr.state.ga.us by the reporting deadline. If your system's winter 06-07 water use base line is less than 1 MGD and you are using the Ground Water Operation Report form EPD 1.6 and/or Water Distribution System Monthly Operation/Monitoring Report form for monthly reporting, include this form with the standard MOR submittal.

I certify that all information contained on this form is correct and true to the best of my knowledge.

Signature: _____ Title: _____

Print Name: _____ Certification Class: _____ Phone # (____) _____ - _____