INSTRUCTIONS for completing the Water Withdrawal Annual Report

WATER WITHDRAWAL FACILITY
The owner, contact, withdrawal mode and other information for your registered water withdrawal facility is listed on the front page of the annual report form. Please review this information for accuracy and make any changes or corrections in the space provided. New wells and/or intakes need to be registered with the ODNR Division of Water Resources.

WITHDRAWALS
Water withdrawals are reported on the back page of the annual report form. Report the amounts withdrawn in units of millions of gallons. **Round the number to two decimal places**. For example, 7,635,730 gallons per day would roundto 7.64 million gallons per day (MGD). **NOTE**: The second page of the form may be photocopied if additional space is needed. If you use additional sheets, sign and date each one, and include your registration number at the top of the form- **please total each sheet and provide a grand total on the final page.**

GROUND WATER
Report the well identification number. This is the number that you assign to a well. Your registered well identification numbers are listed on the front page of the annual report form.

Report the monthly withdrawals for each well. Sum all values for each well and enter that amount under "Total Per Year." Sum all "Total Per Year" amounts and enter that amount under "Grand Total." Sum each month's withdrawal and enter that amount under "Total." Enter the daily maximum and the daily minimum amounts withdrawn for each month under "Maximum" and "Minimum." For the "Minimum" enter zero (0) if no water was withdrawn during any day of the month. Report the number of days per month the facility wells were in operation and enter that figure under "Days in Operation." Sum each month's number of days in operation and enter the amount under "Total Operation Days." If you do not have meters on your wells, estimate to the best of your ability!

SURFACE WATER
Report the intake identification number. This is the number that you assign to an intake. Your registered intake identification numbers are listed on the front page of the annual report form.

Report the monthly withdrawals for each intake. Sum all months for each intake and enter that amount under "Total Per Year." Sum all "Total Per Year" amounts and enter that amount under "Grand Total." Sum each month's withdrawal and enter that figure under "Total." Enter the daily maximum and the daily minimum amounts withdrawn for each month under "Maximum" and "Minimum." For the "Minimum" enter zero (0) if no water was withdrawn during any day of the month. Report the number of days per month the facility intakes were in operation and enter that amount under "Days in Operation." Sum each month's number of days in operation and enter the amount under "Total Operation Days." If you do not have meters on your intakes, estimate to the best of your ability!

Indicate whether surface water or ground water withdrawal amounts are based on metered readings. If not, explain how withdrawal amounts were determined.

RETURN FLOW
Return flow is that portion of withdrawn water which is not consumed or lost to evapotranspiration during use and is returned to some source. Water used for crop and golf course irrigation is presumed to be 100% consumed. It is not considered to involve a discharge or return of water to some source.

Report the amounts of return flow in units of millions of gallons. Report the monthly flow returns for each source. Sum all return flow values and enter that amount under "Total Per Year." Sum all "Total Per Year" amounts and enter that amount under "Grand Total." Sum each month's return flow and enter that amount under "Total." If you do not have meters on your return flows, estimate to the best of your ability! Indicate whether return flow amounts are based on metered readings. If not, explain how return flow amounts were determined.

Please ensure that return flow does not exceed total facility withdrawals (wells and intakes combined).

NOTE: Indicate whether the information originally supplied on the registration form is still correct. If not, attach a separate sheet indicating the nature of any changes. If needed, a new registration form may be forwarded to you so that you may provide this office with the necessary revisions.

Please be sure to sign and date the annual report form. If you use additional sheets, sign and date each one, and include your registration number at the top of the form. All the information should be accurate to the best of your knowledge. If the form is not complete, staff from the Division of Water Resources will contact you for more information. The requirement to submit the annual report will not be met until the completed form is received by the Division of Water Resources. **The annual report MUST be submitted even if no water was withdrawn**. Reports MUST be received by March 1 of the next calendar year. If you have any questions, contact the Division at 614/265-6745.

STATE OF OHIO WATER WITHDRAWAL FACILITY REGISTRATION ANNUAL REPORT FORM

SEND TO: OHIO DEPARTMENT OF NATURAL RESOURCES
DIVISION OF WATER RESOURCES
WATER INVENTORY AND PLANNING PROGRAM
2045 MORSE ROAD, BLG. B-3
COLUMBUS, OHIO 43229-6693
614-265-6727

Print

Save & E-Mail

*To begin, download form and open in Adobe DC

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 Water Resources.

Water Withdrawal Report for the Year Ending December 31,2021

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

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			

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.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
WELL NO.													0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	GRAND TOTAL 0.00
MAXIMUM													
MINIMUM													
DAYS IN OPERATION													TOTAL OPERATION DAYS 0

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													0.00
INTAKE													0.00
INTAKE													0.00
INTAKE													0.00
INTAKE													0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	GRAND TOTAL 0.00
MAXIMUM													
MINIMUM													
DAYS IN OPERATION													TOTAL OPERATION DAYS 0

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													0.00
FLOW													0.00
TOTAL	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	GRAND TOTAL 0.00

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