edwards aquifer
A U T H O R I T Y

Manage. Enhance. Protect.

CRITICAL PERIOD MONTHLY GROUNDWATER USE REPORT

Date _____

Owner Name: _____

Contact Name: _____ Contact Phone: _____

Failure to submit this completed Groundwater Use Report form to the Authority **10 business days after the end of the current month**, may result in enforcement action. You may report using the Online Portal, Email (CriticalPeriod@edwardsaquifer.org), Meter App or Mail forms to Critical Period Team at 900 E. Quincy, San Antonio, Texas 78215 or fax to (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 EAA when a Critical Period Management stage is in effect. These reports must be filed within ten (10) business days after the end of the month. If you do not intend to make any withdrawals, please indicate by checking the box below and return this form back to the EAA. 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.

☐ **I will not make any withdrawals during the course of Critical Period Management for the calendar year 2025. (*)**

   <u>* If you do not plan on withdrawing water for the calendar year 2025, no other Monthly Use Reports are required to be filed on your behalf for the year 2025.</u>

Permit Number

Wells authorized for this permit:

Well Number	Meter Serial Number	Beginning Monthly Meter Reading	Ending Monthly Meter Reading	Acre-feet Used (If in gallons please indicate "gal")

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:_____