

# WATER USE REPORTING FORM

Permit # \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature of Preparer: \_\_\_\_\_

This report should be submitted within 15 days following the end of each calendar quarter

**to: Kentucky River Authority  
403 Wapping Street, Suite 105  
Frankfort, KY 40601**

	Month/ Year	Month/ Year	Month/ Year
<b>Day</b>			
1			
2			
3			
4			
5			
6			
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22			
23			
24			
25			
26			
27			
28			
29			
30			
31			
*Monthly Total	-	-	-
*Daily Average			
No. of Days Water Withdrawn/Pumped			