



STATE OF TENNESSEE
DEPARTMENT OF ENVIRONMENT AND CONSERVATION
DIVISION OF WATER POLLUTION CONTROL
6TH FLOOR, L & C ANNEX, 401 CHURCH STREET, NASHVILLE, TN 37243

Inter-basin Water Transfer Report

Withdrawing System: _____

Receiving System: _____

Basin of Origin: _____

Receiving River Basin: _____

County: _____

Month/Year	Days	Usage	Gallons	Rolling 90-Day Average Gallons per Day		
June 20	30					
May 20	31					
April 20	30					
March 20	31					
February 20	28					
January 20	31					
December 20	31					
November 20	30					
October 20	31					
September 20	30					
August 20	31					
July 20	31					

Maximum Ninety Day Period: _____ Connections: Residential: _____

Commercial: _____

Industrial: _____

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated information presented. I certify that there has been no increase in the amount of inter-basin transfer or a timely permit application has been submitted. I am aware there are significant penalties for submitting false information, including the possibility of fines.

Name: _____ Title: _____

Signature: _____

Date: _____