

Appendix 2

Wastewater (Sewage) or Effluent Water Intake Quantity Report Form

Reporting unit	(or name of the association/legal person)	ID number or organization or business establishment Business Tax ID										Address	Phone number
Reporter													
Permission legal basis	<input type="checkbox"/> Reclaimed Water Operator (approval obtained in accordance with Article 9 of the Act) <input type="checkbox"/> Self-user (approval obtained in accordance with Article 11 of the Act)												
Project name	<input type="checkbox"/> Reclaimed Water Development Project name: <input type="checkbox"/> Name of sewer system used:												
Water intake construction outline	<input type="checkbox"/> Diversion by natural flow <input type="checkbox"/> Diversion by mechanical power pumping <input type="checkbox"/> Others:												
	Detailed drawings or descriptions:												
Location of water intake/diversion	Coordinates: Description of the location:												
Automatic water quantity monitoring equipment and installation location	Automatic water quantity monitoring equipment: Coordinates and description of installation location:												
Number of water use days for current month (days)	Year_____Month_____												
	Number of water use days for current month: total_____days												
Daily water intake quantity record (cubic meters) (Year_____Month_____)	1	2	3	4	5	6	7	8	9	10			
	11	12	13	14	15	16	17	18	19	20			
	21	22	23	24	25	26	27	28	29	30	31		

Total water intake quantity for current month (cubic meters) Record (Year_____)	Month:_____											
	Total water intake quantity for current month: total_____cubic meters											
Other required information												

Reclaimed Water Supply Quantity Information Report Form

Reclaimed Water Operator	(or name of the association/legal person)	ID number or organization or business establishment Business Tax ID										Address	Phone number
Reporter													
Permission legal basis	<input type="checkbox"/> Reclaimed Water Operator (approval obtained in accordance with Article 9 of the Act) <input type="checkbox"/> Self-user (approval obtained in accordance with Article 11 of the Act)												
Automatic water quantity monitoring equipment and installation location	User: Automatic water quantity monitoring equipment: Coordinates and description of installation location:												
Number of water supply days for current month (days)	Year_____Month_____												
	Number of water supply days for current month: total_____days												
Daily water supply quantity (cubic meters)	1	2	3	4	5	6	7	8	9	10			
Daily water supply quantity (cubic meters)	11	12	13	14	15	16	17	18	19	20			
Daily water supply quantity (cubic meters)	21	22	23	24	25	26	27	28	29	30	31		
Total water supply quantity for current month (cubic meters) Record (Year_____)	Month:_____												
	Total water supply quantity for current month: total _____cubic meters												
Other required information													