



PERIODIC WATER USE REPORTING FORM



Mail to: Northwest Florida Water Management District
ATTN: Division of Resource Regulation
 152 Water Management Drive
 Havana, Florida 32333-9700
Telephone: (850) 539-5999

Month and Year of Reporting : _____

Permit Number and County: _____

Name of Permittee: _____

Withdrawal Station ID Number: _____

Crop Type: _____

Net Acres Irrigated: _____

Irrigation Method: _____

Notes on Equipment Failures: _____

METER READING - Start	METER READING - End	USAGE - Gallons	TOTAL WEEKLY
1	_____	0	0
2	_____	0	_____
3	_____	0	_____
4	_____	0	_____
5	_____	0	_____
6	_____	0	_____
7	_____	0	_____
8	_____	0	0
9	_____	0	_____
10	_____	0	_____
11	_____	0	_____
12	_____	0	_____
13	_____	0	_____
14	_____	0	_____
15	_____	0	0
16	_____	0	_____
17	_____	0	_____
18	_____	0	_____
19	_____	0	_____
20	_____	0	_____
21	_____	0	_____
22	_____	0	0
23	_____	0	_____
24	_____	0	_____
25	_____	0	_____
26	_____	0	_____
27	_____	0	_____
28	_____	0	_____
29	_____	0	0
30	_____	0	_____
31	_____	0	_____

REPORTING SUMMARY (Gallons)

Total Monthly Usage: _____ 0

Maximum Daily Usage of the Month: _____ 0

Signature: _____ **Date:** _____

Please Print Name and Title: _____

Telephone Number: _____