



# PERIODIC WATER USE REPORTING FORM



**Mail to:** Northwest Florida Water Management District  
**ATTN:** Division of Regulatory Services  
 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:** \_\_\_\_\_