

St. Johns River Water Management District Crop Protection Report Form



PERMIT INFORMATION					
CONSUMPTIVE USE PERMIT NUMBER: PERMITTEE NAME: PROJECT NAME:					
CROP PROTECTION INFORMATION (attach addition sheets if necessary)					
REPORTING MONTH/YEAR:					
Please enter the beginning and ending meter readings or the starting and ending time water was pumped for crop protection, as specified by condition in your permit. Use one form for each month that the withdrawal point(s) were used for crop protection.					
Date	District Well/Pump/Station ID Number	Well/Pump/Station Capacity (gpm)	Start Time or Begin Meter Reading	End Time or End Meter Reading	Gallons Pumped
				Total Gallons Used:	
SUBMITTER INFORMATION					
NAME OF PERSON SUBMITTING DATA: DATE:					
PHONE NUMBER:			DATE: EMAIL ADDRESS:		
I certify that to the best of my knowledge and belief all of the information on this form is correct. I					

understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.

Please mail form to St. Johns River Water Management District, P.O. Box 1429, Palatka, FL 32178-1429 or submit online at www.sjrwmd.com.

For assistance, please email compliancesupport @sjrwmd.com or call (386) 329-4570.