



**St. Johns River Water Management District  
Alternative Method Flow Verification Report Form**



**PERMIT INFORMATION**

CONSUMPTIVE USE PERMIT NUMBER: \_\_\_\_\_ PERMITTEE NAME: \_\_\_\_\_

PROJECT NAME: \_\_\_\_\_

**WELL/PUMP/STATION INFORMATION**

DISTRICT ID: \_\_\_\_\_ NAME: \_\_\_\_\_

**TIME CRITERIA – SELECT ONE**

ELECTRIC CONSUMPTION – show calculations for converting kWh to hours run.

\_\_\_\_\_  
\_\_\_\_\_

PUMP HOUR METHOD – no supporting information required.

LOG BOOK – no supporting information required.

**FLOW RATE CHECK – SELECT ONE**

PUMP CURVE – describe how you determined flow rate and provide a copy of the pump curve.

\_\_\_\_\_  
\_\_\_\_\_

CARPENTER SQUARE – describe how you determined flow rate and provide calculations.

\_\_\_\_\_  
\_\_\_\_\_

SPRINKLER APPLICATION RATE – describe how you determined flow rate and provide calculations.

\_\_\_\_\_  
\_\_\_\_\_

BUCKET METHOD – describe how you determined flow rate and provide calculations.

\_\_\_\_\_  
\_\_\_\_\_

STRAP-ON or INSERTION TURBINE METER – provide the following:

METER MANUFACTURER: \_\_\_\_\_ SERIAL # ON TEST METER: \_\_\_\_\_

DATE OF LAST CALIBRATION: \_\_\_\_\_

<b>CALCULATED FLOW RATE</b>
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FLOW RATE (gpm): \_\_\_\_\_

DATE OF TEST: \_\_\_\_\_

<b>TESTER INFORMATION</b>
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NAME OF PERSON PERFORMING TEST: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_ 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](http://www.sjrwmd.com).

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