

**St. Johns River Water Management District
Department of Resource Management**

Condition Compliance

Permit Issued to: _____

Permit Number: _____

Date: _____
Month Year

Operations Logs/Day of Month/Please show day of month and time pump(s) is turned on and day of month and time pump(s) is turned off.

Pump No.	Indicate am or pm	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
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															
	Time on																															
	Time off																															

**St. Johns River Water Management District
Department of Resource Management**

Condition Compliance

Permit Issued to: _____

Permit Number: _____

Date: _____
Month Year

Operations Logs/Day of Month/Please show day of month and time pump(s) is turned on and day of month and time pump(s) is turned off.

Pump No.	Indicate am or pm	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 Hours
	Time on																																
	Time off																																
	or hour meter reading																																
	Time on																																
	Time off																																
	or hour meter reading																																
	Time on																																
	Time off																																
	or hour meter reading																																
	Time on																																
	Time off																																
	or hour meter reading																																
	Time on																																
	Time off																																
	or hour meter reading																																

**St. Johns River Water Management District
Department of Resource Management**

Condition Compliance

Permit Issued to: _____

Permit Number: _____

Date: _____
Month Year

Operations Logs/Day of Month/Please show day of month and water level

Pond Number or Name	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

**St. Johns River Water Management District
Department of Resource Management**

Condition Compliance

Permit Issued to: _____

Permit Number: _____

Date: _____
Month Year

Operations Logs/Day of Month/Please show day of month and time gated culvert(s) are opened and day of month and time gated culvert(s) are closed.

Gated Culvert No.	Indicate am or pm	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
	Opened																															
	Closed																															
	Opened																															
	Closed																															
	Opened																															
	Closed																															
	Opened																															
	Closed																															
	Opened																															
	Closed																															
	Opened																															
	Closed																															
	Opened																															
	Closed																															
	Opened																															
	Closed																															

Parameter Monitoring Report
Land Use: Agricultural

Surface Water

Permit Number: _____

Sampler/Agency: _____

Station Location: _____

Sampling Date: _____

Sampling time (24 hr. time): _____

DHRS Env # for Lab: _____

To be filled out by District Personnel	
Site ID: _____	
QA/QC Code: _____	
Class of Receiving Waters: _____	

Parameter	STORET Code	Value	Remark Code	Units of Measurement
Depth	3			Feet
pH	400			SU
Water Temperature	10			Deg. C
Total Suspended Solids	530			mg/l
Turbidity	82709			NTU
Chemical Oxygen Demand	310			mg/l
Total Ammonia, as N	610			mg/l
Nitrate-Nitrite, as N	630			mg/l
Total Kjeldahl Nitrogen	625			mg/l
Orthophosphate, as P	70507			mg/l
Total Phosphorus, as P	665			mg/l
Dissolved Oxygen	300			mg/l
Total Copper	1042			ug/l
Total Zinc	1092			ug/l
<u>If Required:</u>				
Chloride	940			mg/l
Sulfate	945			mg/l
Color	80			CPU
Conductivity	95			UMHOS/CM