

Operation Log: (Daily Flow Rate)
St. Johns River Water Management District
Department of Resource Management
Condition Compliance

Permit Issued to: _____

Permit Number: _____

Date: _____
Month Year

Please show time and day of month pump(s) were turned on and time and day of month pump(s) were 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																															
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	Time off																															

Name (please print)

Signature

Return to: St. Johns River Water Management District
Division of Regulatory Information Management
P O Box 1429
Palatka, FL 32179-1429

Month of:

Daily Pumpage Report

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Number: _____

Issued to: _____

Location of withdrawal: _____

In the appropriate space below, please provide total daily pumpage for each well in million gallons per day.

	(1)	(2)	(3)	(4)	(5)	(6)
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
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14						
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17						
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19						
20						
21						
22						
23						
24						
25						
26						
27						
28						
29						
30						
31						
Monthly totals						

Comments _____

Signature

If you need forms, check this space _____

Return to: St. Johns River Water Management District
Division of Regulatory Information Management
P O Box 1429
Palatka, FL 32178-1429

**Water Quality Form
Herbicide, Pesticide & Fertilizer**

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

Special Condition Compliance

Permit Number: _____ Permittee Name: _____

Address: _____ City _____ State _____

Zip _____ County: _____ Telephone Number: () _____ - _____

Analysis prepared by: _____

Address: _____

Site sample taken: _____

Herbicide applied: _____

Pesticide applied: _____

Fertilizer applied: _____

Date				

Comments: _____

Signature

Return to: St. Johns River Water Management District
Division of Regulatory Information Management
P O Box 1429
Palatka, FL 32178-1429

If you need forms, check this space _____

Water Level Report Form (CUP)

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Number: _____ Issued to: _____

Address: _____

Site	Date of Last Pumping	Time of Last Pumping	Date Measured	Time Measured	Feet From Top of Well
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	
		am/pm		am/pm	

In the appropriate space above, please provide the requested information.

Comments: _____

Individual responsible for measurement:

Name (please print)

Signature

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Palatka, FL 32178-1429