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

Permit Issued to:					_	Per	mit N	umbe	er:					Date:								_										
						Month					nth					Ye	ar															
Please s	how time a	nd da	y of n	nonth	pum	p(s) w	ere tu	ırned	on an	d tim	e and	day o	f mor	nth pu	ımp(s)) were	turne	ed 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
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	Name (ple	ease p	rint)]	Retur	n to:	Div	ision	of Re	egulat	ter Ma	anage nform	ment ation	Distr Mana	ict igeme	nt	
	rvame (pie	asc p	11111)																			PC) Box	1429		-		ation	iviani	igeme		111

Form EN-13 Revised 3/15/93

Signature

Month of:		

Daily Pumpage Report

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Nun	nber:			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										
13										
14 15										
16				+						
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23 24										
25				+						
26										
27										
28										
29										
30										
31										
Monthly totals										
Comments										
	G:		Re	turn to: St. Johns I	River Water Mana	gement District				
	Signature			Division o P O Box 1	t Kegulatory Info	rmation Management				
If you need	forms, check this s	pace			L 32178-1429					

Form EN-3 Revised 3/15/93

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:	Telephor	ne Number: ()_					
Analysis prepared by:								
Address:								
				,				
Date								
Comments:								
		Return to:	St. Johns River Wate	er Management District				
Signatur	re		Division of Regulatory Information Management P O Box 1429 Palatka, FL 32178-1429					
If you need forms, che	eck this space							

Water Level Report Form (CUP)

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Number:		Issue	ed to:					
A 11								
Address:								
		T						
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 appropria	te space above, p	lease provide the	requested inforr	nation.				
Comments:								
Individual respo	nsible for measur	rement:						
		Re	eturn to: St. Johns l	River Water Managen	nent District			
Name (p	please print)		Division of Regulatory Information Managemen P. O. Box 1429 Palatka, FL 32178-1429					
Signatur	e		1 uiuinu, 1 D 321/0-172/					