

Pumpage Report

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Number: _____ Issued to: _____ Address: _____

Location of withdrawal: _____

Total monthly withdrawal (gallons): Beginning ____/____/____ Through ____/____/____

In the space below, please provide the total monthly pumpage for each site in the million gallons per month.

*Indicates month water quality analysis should be performed.

Month	Site	Site	Site	Site	Site

Signature

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

Check this space, if you need more forms _____

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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22						
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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
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Palatka, FL 32178-1429

Rainfall Report Form

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Number: _____

Issued to: _____

Year: _____

Rainfall in Inches

	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
1													
2													
3													
4													
5													
6													
7													
8													
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27													
28													
29													
30													
31													
Monthly totals													

Comments _____

Signature

If you need forms, check this space _____

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Palatka, FL 32178-1429

Rainfall Report Form

St. Johns River Water Management District Department of Resource Management

Condition Compliance

Permit Number: _____

Issued to: _____

Location of rainfall gauges: _____

In the appropriate space below, please provide daily rainfall in inches for each station

1							
2							
3							
4							
5							
6							
7							
8							
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11							
12							
13							
14							
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25							
26							
27							
28							
29							
30							
31							
Monthly totals							

Signature

If you need forms, check this space _____

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Palatka, FL 32178-1429

Staff Gauge Reading Form
Monthly/Periodically

St. Johns River Water Management District
Department of Resource Management

Condition Compliance

Permit Number: _____ Issued to: _____

Address: _____

County: _____ Telephone Number: () _____ - _____

Location of gauge: _____

Gauges to be read: Beginning ____/____/____ Through ____/____/____

In the appropriate space below please provide the required staff gauge readings.

Date Read	Gauge	Gauge	Gauge	Gauge

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 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 _____