## **Pumpage Report**

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

# **Condition Compliance**

Permit Number:	Issued to:			Address:	
Location of withdrawal:			<u> </u>		
Total monthly withdrawal (gallons):	Beginning _	/ /	Through//		
In the space below, please provide the tot *Indicates month water quality analysis s		ach sitein the million	gallons per month.		
Month	Site	Site	Site	Site	Site
Signature			Divis P O I	ohns River Water Manager tion of Regulatory Informa Box 1429	
Check this space, if you need more forms	<b>:</b>		Palat	ka, FL 32178-1429	

Form EN-2 Revised 3/15/93

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							
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6 7							
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9							
10							
11							
12							
13							
14 15							
16				+			
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22							
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

#### **Rainfall Report Form**

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

### **Condition Compliance**

D '. M	Democi NI websers												
Permit Number: Issued to:								<u> </u>					
Year:													
					Raiı	nfall in	Inches						
	Jan	Feb	March	April	May	June	July	Aug	Sept	Oct	Nov	Dec	
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3												<u> </u>	
<u>4</u> 5													
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totals													
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Comments													
						-			<b>.</b>		_	<b>.</b>	
		ignature				Re	turn to: S	St. Johns	Kiver Wa	iter Mana	gement I	District Managem	ont
	5	ngnature					1	ハいいいしん	n Kegula	ιωι γ ΙΠΙΟ	mation N	vianagem	CIII

P O Box 1429

Palatka, FL 32178-1429

If you need forms, check this space \_\_\_\_\_

#### **Rainfall Report Form**

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

## **Condition Compliance**

Permit Nun	nber:		Issued to:				
Location of	frainfall gauges:						
In the appro	opriate space below, p	lease provide daily rain	fall in inches for eac	h station			
1							
2							
3							
5							
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30							
31							
Monthly totals							
101415	<u> </u>	L		<u> </u>	<u> </u>	<u> </u>	
	Signature		Return to: S	t. Johns River W Division of Regul	ater Managemen	nt District	
	Signature		p	O Box 1429	atory mnormatio	ii iviaiiageiiieiil	
If you need forms, check this space		ce	Palatka, FL 32178-1429				

Form EN-4M Revised 3/15/93

# Staff Gauge Reading Form Monthly/Periodically

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

## **Condition Compliance**

Permit Number:		Issued to	Issued to:				
Address:							
County:		Telephor	Telephone Number: ( )				
Location of gauge:							
Gauges to be read:	Beginning		Through	//			
In the appropriate space	e below please provide	de the reuired staff gau	uge readings.				
Date Read	Gauge	Gauge	Gauge	Gauge			
Comments:							
Signature	<del></del>	Return to:		er Management District ory Information Management			
If you need forms, che	ck this snace						

# Water Quality Form Herbicide, Pesticide & Fertilizer

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

## **Special Condition Compliance**

Permit Number:		Permitte	Permittee Name:				
Address:		City		State			
Zip	County:	Telephor	ne Number: ( )				
Analysis prepared by	y:						
Address:							
Site sample taken: _							
Pesticide applied:							
Fertilizer applied:							
	·			<del>_</del>			
Date							
Comments:							
		Return to:		ater Management District			
Signature			Division of Regulatory Information Managemen P O Box 1429				
			Palatka, FL 3217	8-1429			
If you need forms, cl	heck this space						