

## **South Florida Water Management District**

## Temporary Request and Authorization of Withdrawal Facility Operation



Submit request to wucompliance@sfwmd.gov

WATER USE PERMIT NUMBER:			_ OWNER (PERMITTEE) NAME:	
PR	ROJECT NAME:		PHONE/CELL NUMBER:	
ΕN	MAIL ADDRESS:			
SU	URFACE WATER: YES	NO (If yes, pleas	se provide name below)	
NA	AME OF RESERVATION OR CONT	RIBUTING WATERBODY:		
INI	DIRECT WITHDRAWAL OR GROU	INDWATER: YES	NO O (If yes, please provide name below)	
NA	AME OF RESERVATION OR CONT	RIBUTING WATERBODY:		
RE	EQUESTED AUTHORIZATION (Inc	lude total rated capacity in Cubi	c Feet per Second for all withdrawal facilities):	
DA	ATE OF REQUEST:		NAME OF REQUESTOR:	
РΗ	PHONE/CELL NUMBER:		EMAIL ADDRESS:	
OV	WNER SIGNATURE:			
		DISTRICT AU	THORIZATION INFORMATION	
Th	ne Permittee's temporary withdrawal	s shall comply with the conditions	listed below.	
1.	Start date for Withdrawal:		2. End date for Withdrawal:	
3.	Each morning by 10 a.m., the Permittee shall monitor (insert monitoring station name) and the Permittee can only make withdrawals if the water level is above the water level schedule in the attached table			
4.	If the Lake Okeechobee stage falls below the low sub-band of the Lake Okeechobee Regulation Schedule (LORS2008) or regulatory releases are no longer being made from Lake Okeechobee, the permittee shall cease all withdrawals.			
5.	Withdrawals made under this authorization shall be monitored and reported on Form Number 1392.			
6.	Other SFWMD Conditions:			
Sig	gned:	Print Name:	Date:	
Not	ote: The SFWMD is a state agency and inform	nation submitted on this form is a public rec	ord under Chapter 119, Florida Statutes.	

Form 1393 (03/2021)

Incorporated by reference in Rule 40E-2.091, F.A.C., and Sections 3.11.5 and 5.2.2 of the Applicant's Handbook for Water Use Permit Applications within the South Florida Water Management District.