



Northwest Florida Water Management District Crop Protection Report Form



PERMIT INFORMATION

WATER USE PERMIT NUMBER: _____ PERMITTEE NAME: _____
 PROJECT NAME: _____

CROP PROTECTION INFORMATION (attach additional sheets if necessary)

REPORTING MONTH/YEAR: _____

Please enter the beginning and ending meter readings or the starting and ending time water was pumped for crop protection, as specified by condition in your permit. Use one form for each month that the withdrawal point(s) were used for crop protection.

Date	District Well/Pump/Station ID Number	Well/Pump/Station Capacity (gpm)	Start Time or Begin Meter Reading	End Time or End Meter Reading	Gallons Pumped
Total Gallons Used:					

SUBMITTER INFORMATION

NAME OF PERSON SUBMITTING DATA: _____ DATE: _____
 PHONE NUMBER: _____ EMAIL ADDRESS: _____

I certify that to the best of my knowledge and belief all of the information on this form is correct. I understand that making any material false statement on this form or in any attachments to it may result in revocation, in whole or in part, of the permit.

Please mail form to:
 Division of Resource Regulation
 Northwest Florida Water Management District
 152 Water Management Drive
 Havana, Florida 32333-4712