



## Northwest Florida Water Management District Water Use Summary Reporting Form



**Mail To:** Northwest Florida Water Management District  
 Division of Resource Regulation  
 152 Water Management Drive  
 Havana, Florida 32333-9700  
 (850) 539-5999

|               |         |
|---------------|---------|
| Permit #:     | County: |
| Month & Year: |         |

**Permittee Name and Phone Number:** \_\_\_\_\_

**Water Use Reporting Method:**

|             |                |        |
|-------------|----------------|--------|
| Flow Meter: | Pump Run Time: | Other: |
|-------------|----------------|--------|

|                          |  |                          |                      |  |  |  |  |
|--------------------------|--|--------------------------|----------------------|--|--|--|--|
| Comments:                | <b>FOR IRRIGATION WATER USERS ONLY</b><br><table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 5px;">Crop/Vegetation Type(s):</td> <td style="width: 30%; padding: 5px;">Net Acres Irrigated:</td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> <tr> <td style="height: 20px;"></td> <td></td> </tr> </table> | Crop/Vegetation Type(s): | Net Acres Irrigated: |  |  |  |  |
| Crop/Vegetation Type(s): | Net Acres Irrigated:   |                          |                      |  |  |  |  |
|                          |  |                          |                      |  |  |  |  |
|                          |  |                          |                      |  |  |  |  |

| DAYS OF THE MONTH                         | FACILITY/WELL* FLORIDA UNIQUE ID # _____ (1000 GALS) | FACILITY/WELL* FLORIDA UNIQUE ID # _____ (1000 GALS) | FACILITY/WELL* FLORIDA UNIQUE ID # _____ (1000 GALS) | FACILITY/WELL* FLORIDA UNIQUE ID # _____ (1000 GALS) | SYSTEM DAILY (1000 GALS) | TOTAL |
|---|--|--|--|--|--------------------------|-------|
| 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  |  |  |  |  |                          |       |
| MONTHLY TOTAL                             |  |  |  |  |                          |       |
|   |  |  |  | SYSTEM MONTHLY TOTAL                                 |                          |       |
| Signature of Person Completing Form _____ |  |  |  | Date _____   | SYSTEM MAXIMUM DAILY USE |       |

\*Use the Florida Unique Identification Number if available (i.e., AAA1234)