IRRIGATION WATER USE FORM

SUMMER/FALL SEASONAL

SOUTHERN WATER USE CAUTION AREA

Submittal date:

Rule 40D-2.091(2)(d), F.A.C.

Permittee Name:				WUP No.		
Withdrawal ID No.	Permi	ttee ID No.	Pun	np Capacity	gpm	
Permit Total Water Conserv	ving Credit Ba	alance		Gallons		
INSTRUCTIONS						
4. DI FACE DEINT IN DI ACK INK ON THIS ORIGINAL FORM ONLY, CODIEC CANNOT BE ACCEPTED RECALICE THEY						
1. PLEASE PRINT IN BLACK INK ON THIS ORIGINAL FORM ONLY. COPIES CANNOT BE ACCEPTED BECAUSE THEY WILL NOT SCAN. IF YOU NEED ADDITIONAL FORMS, SEE NO. 7 BELOW.						
2. ☐ If this withdrawal point has not been used during this crop season, check the box, sign the form and return it to the Permit Data Section of the Regulation Performance Management Department at the Brooksville office.						
3. Complete the table below for crops that are planted during or after December and harvested before June 21. Include strawberry crops on this form even if they are planted before December.						
4. If a crop is planted in blocks, separate the acreage for each block and enter individually.						
5. If this withdrawal also irrigates crops grown in another Crop Season, check the appropriate box(es):						
☐ Annual Crops ☐ Recreation/Aesthetic/Golf ☐ Winter/Spring Seasonal						
6. Bed Prep.: Show the number of days prior to the first day of planting when the field is prepared for planting or						
raised beds are created and prepared for planting.						
7. Complete at least <u>one separate form for each withdrawal point used.</u> If you need additional forms, call the Southwest Florida Water Management District at 800-423-1476 or 352-796-7211, or TDD only 800-231-6103.						
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Crop Type	Used Prep Y/N (days). Planting Da	ate Length	No. Acres	Dominant NRCS Soil Type	
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Check the appropriate box						
Yes No 1. □ Did you use this withdrawal point for cold protection?						
2. Did you use tailwater recovery water to supplement irrigating the crops listed?						
3. Did you use this withdrawal for any non-irrigation water use?						
For assistance or questions, contact the Regulation Department at						
Negalation Department at						
Name (please print)	S	ignature	 Date	Date		

Form No. LEG-R.019.01 (4/09)