

## **Southwest Florida Water Management District Crop Protection Report Form**



| PERMIT INFORMATION  |                    |                                     |   |                                     |                   |  |
|---|--------------------|-------------------------------------|---|-------------------------------------|-------------------|--|
| Water USE PERMIT NUMBER: PERMITTEE NAME: PROJECT NAME:  |                    |                                     |   |                                     |                   |  |
| CROP PROTECTION INFORMATION (attach addition 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 ID Number | Well/Pump/Station<br>Capacity (gpm) | Start Time or<br>Begin Meter<br>Reading | End Time or<br>End Meter<br>Reading | Gallons<br>Pumped |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   |                    |                                     |   |                                     |                   |  |
|   | I                  |                                     |   | Total Gallons<br>Used:              |                   |  |
| SUBMITTER INFORMATION   |                    |                                     |   |                                     |                   |  |
| NAME OF PERSON SUBMITTING DATA: DATE:   |                    |                                     |   |                                     |                   |  |
|   | UMBER:             |                                     |   | 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: For assistance, please contact: (813) 985-7481 Water Use Permit Bureau Southwest Florida Water Management District 7607 Highway 301 North Tampa, Florida 33637