

St. Johns River Water Management District Water Use/Pumpage Report Form (EN-50)



		PERMIT INFORMATION	☐ PROPERTY SOLD		
CONSUMPTIVE USE PE	ERMIT #: COUNTY:	PERMITTEE NAME:	PROJECT NAME:		
WATER USE INFORMATION					
YEAR W	VELL/PUMP/STATION ID: V/P/S NAME: V/P/S STATUS*:		W/P/S NAME:		
JAN					
FEB					
MAR					
APR					
MAY					
JUN					
Reported as (check one):	☐ Gallons ☐ Meter readings	☐ Gallons ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐	☐ Gallons ☐ Meter readings		
COMMENTS:					
*Well/Pump/Station Status: P - Proposed A - Abandoned C - Capped NU - Not Used					
SUBMITTER INFORMATION					
NAME: I certify that to the bes any attachments to it	PHONE st of my knowledge and belief all of the info may result in revocation, in whole or in part	NUMBER: EMAIL ADDREST Transition on this form is correct. I understand that making at t, of the permit.	SS:any material false statement on this form or in		

Please mail form to: St. Johns River Water Management District, P.O. Box 1429, Palatka, FL 32178-1429 or submit online at *floridaswater.com*.



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CONSUMPTIVE USE PERMIT #: COUNTY:	PERMITTEE NAME:	PROJECT NAME:		
WATER USE INFORMATION				
YEAR Recording Date JUL WELL/PUMP/STATION ID: W/P/S NAME: W/P/S STATUS*: UNDESTITE OF THE PROPERTY OF THE PR	WELL/PUMP/STATION ID: W/P/S NAME: W/P/S STATUS*:	WELL/PUMP/STATION ID: W/P/S NAME: W/P/S STATUS*:		
AUG				
OCT OCT				
NOV				
DEC				
eported as (check one):	☐ Gallons ☐ Meter readings	☐ Gallons ☐ Meter readings		
COMMENTS:				
*Well/Pump/Station Status: P – Proposed A – Abandoned C – Capped NU – Not Used SUBMITTER INFORMATION				
NAME: I certify that to the best of my knowledge and belief all of the informatic any attachments to it may result in revocation, in whole or in part, of the	MBER: EMAIL ADDRES: EMAIL ADDRES: on on this form is correct. I understand that making an	S:y material false statement on this form or in		

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