South Florida Water Management District
Crop (Freeze) Protection Form

Online reporting is available at www.sfwmd.gov/ePermitting

PERMIT INFORMATION

WATER USE PERMIT NUMBER: _____ PERMITTEE NAME: _____

PROJECT NAME: _____COMPLIANCE CONTACT:_____

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 that all of the information on this form is correct. I understand that any permit issued shall be subject to review and modification, enforcement action, or revocation, in whole or in part, for any material false statement in an application to continue, initiate, or modify a use, or for any material false statement in any report or statement of fact required of the permittee [Section 373.243(1), Florida Statutes].

Freeze protection data may be submitted using the Pumpage Report form.

Please mail form to:
Regulatory Support/Regulation Division
South Water Management District
P.O. Box 24680
West Palm Beach, Florida 33416-4680

For assistance, please contact: wucompliance@sfwmd.gov

Incorporated by reference in rule 40E-2.091 (F.A.C.)
Form 1389 (2014XXXX)