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# SOUTH FLORIDA WATER MANAGEMENT DISTRICT

TABLE B

Description of Surface Water Pumps

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Pump Name or Number** |       |       |       |       |       |       |
| **Map Designation** |       |       |       |       |       |       |
| **Surface Water Source** |       |       |       |       |       |       |
| **Local Drainage District** **(if applicable)**  |       |       |       |       |       |       |
| **Existing or Proposed** |       |       |       |       |       |       |
|  **Date of Proposed** **Installation** |       |       |       |       |       |       |
|  **Date Installed if** **Existing** |       |       |       |       |       |       |
| **Pump type**  **(for list see Instructions)** |       |       |       |       |       |       |
| **Pump Capacity (GPM)** |       |       |       |       |       |       |
| **Pump Horsepower** |       |       |       |       |       |       |
| **Pump Diameter (inches)** |       |       |       |       |       |       |
| **Pump Intake Elevation** **(feet NGVD)** |       |       |       |       |       |       |
| **Status (see Instructions)** |       |       |       |       |       |       |
| **Purpose (see Instructions)** |       |       |       |       |       |       |
| **Two way pump?**sfwmdgov_blk **(yes / no)** |       |       |       |       |       |       |
| **Water Use Accounting Method** **(see Instructions)** |       |       |       |       |       |       |
| **Date Last Calibrated** **(ATTACH calibration report)** |       |       |       |       |       |       |
| **Planar Coordinates**  **(if known - see instructions** |       |       |       |       |       |       |
| **Section / Township / Range** |       |       |       |       |       |       |

**Instructions for Completing TABLE B,**

 **Description of Pumps**

Please provide the following information about the well, if known or if applicable:

**Pump Name or Number:** *This is your designation of the pump; if we contact you about the pump,*

*this is how you would refer to it.*

**Map Designation:** *This is how you have labeled the pump on the map you submitted. This may*

*be the same as Pump Name or Number, but does not necessarily have to be.*

**Surface Water Source:** *This is the name of the water body from which the pump withdraws water, for example, SFWMD C-51, Lake Worth Drainage District Canal E-3, Unnamed canal, on-site lake.*

**Local Drainage District:** *If the project is located in a local drainage or “298” district, such as Lake Worth Drainage District, Indian Trails Water Control District, etc., please identify it.*

**Existing or Proposed:** *If the pump is proposed enter the date of expected operation. If it is an*

*existing pump, enter the date it was installed if you know it.*

**Pump Type:** *Typical choices are:*

centrifugal diesel turbine axial flow submersible

 suction electric turbine hydraulic other (specify)

**Pump Capacity:** *The amount of water the pump can produce in gallons per minute (GPM).*

**Pump Horsepower:** *Horsepower rating of the pump.*

**Pump Diameter:** *Size of the intake opening of the pump, in inches.*

**Pump Intake Elevation:** *The elevation from which the pump can produce water without cavitating.*

**Status:** *Typical choices are:*

Primary

Secondary (Ex: a production pump that is rotated)

 Standby (Ex: used for freeze protection or emergency)

**Purpose:** *This is what the water will be used for. Typical choices are:*

 Dairy Irrigation Air Conditioning Swimming Pool Heating

 Aquaculture Freeze Protection Irrigation/Lake Recharge Mining/Dewatering

 Livestock Industrial Aquifer Storage and Recovery

Aquifer Remediation and Recovery Other (specify)

**Two way pump?:** *Can the pump be used for both intake of irrigation water and discharge of storm water?*

**Flow Measurement Method:** *Section 4.1, Basis of Review for Water Use Permit Applications, requires all permittees with a* ***maximum monthly use of greater than 3 million gallons*** *to equip each existing water withdrawal facility with an authorized operating water use accounting system and a report of its calibration to be sent to the District. Describe how you measure the amount of water produced by the pump.*

**Date Last Calibrated:** *When was the flow measurement method last calibrated? ATTACH the calibration report.*

**Planar coordinates:** *The Florida State Plane System (Planar Coordinates), should be submitted if you have a land survey which identifies the location of the pump in terms of those measurements. If you do not know what these are, it is not necessary to include them.*

**Section / Township / Range:** *The section, township and range in which the pump is located.*