



St. Johns River Water Management District Annual Crop Summary Report Form



PERMIT INFORMATION

CONSUMPTIVE USE PERMIT NUMBER: _____ PERMITTEE NAME: _____

PROJECT NAME: _____

CROP INFORMATION (attach additional sheets if necessary)

Year: _____			Months in Production (check all that apply)											
Crop Name	Irrigation System ¹	Acres Irrigated	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec

¹ Drip, overhead, flood/seepage, etc.

SUBMITTER INFORMATION

NAME OF PERSON SUBMITTING DATA: _____ DATE: _____

PHONE NUMBER: _____ 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 St. Johns River Water Management District, P.O. Box 1429, Palatka, FL 32178-1429 or submit online at www.sjrwmd.com.
For assistance, please email compliancesupport@sjrwmd.com or call (386) 329-4570.