

South Florida Water Management District Report of Planting and Harvest of Seasonal Crops



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

PERMIT INFORMATION													
WATER USE PERMIT NUMBER:PERMITTEE/COMPLIANCE CONTACT NAME:													
PHONE NUMBEF			:R:	R:E-MAIL:									
CROP INFORMATION (attach additional sheets if necessary)													
Please enter the total acres of each crop type being irrigated by month.													
Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec		
SUBMITTER INFORMATION													
NAME OF PERSON SUBMITTING DATA:					DATE:								
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	d belief that or revocation report or see @sfwmd.go	CROP INFORMA Pla Jan Feb Sat: d belief that all of the or revocation, in when report or statement @sfwmd.gov ulation Division	PHONE NUMBE CROP INFORMATION (a Please enter Jan Feb Mar SUBMITT SUBMITT A: d belief that all of the informator revocation, in whole or in power report or statement of fact recognished and the company report of statement of fact recognished and the company report or statement of fact recognished and the company report of the company rep	PERMITTE PHONE NUMBER: CROP INFORMATION (attach add Please enter the to Jan Feb Mar Apr SUBMITTER INFO EMAIL d belief that all of the information on the or revocation, in whole or in part, for any report or statement of fact required of the entered of th	PERMITTEE/COMPI PHONE NUMBER: CROP INFORMATION (attach additional shape of the total acres) Please enter the total acres Jan Feb Mar Apr May SUBMITTER INFORMATION SUBMITTER INFORMATION EMAIL ADDRESS of belief that all of the information on this form is not revocation, in whole or in part, for any material of report or statement of fact required of the permitted (@sfwmd.gov) Please enter the total acres Please enter the total acres Please enter the total acres Bull May EMAIL ADDRESS OF THE PROPERS OF	PERMITTEE/COMPLIANCE PHONE NUMBER: Please enter the total acres of each Jan Feb Mar Apr May Jun SUBMITTER INFORMATION EMAIL ADDRESS: d belief that all of the information on this form is correct. or revocation, in whole or in part, for any material false star or report or statement of fact required of the permittee [Sectic @sfwmd.gov ulation Division Comments:	PERMITTEE/COMPLIANCE CONTA PHONE NUMBER:	PHONE NUMBER:	PERMITTEE/COMPLIANCE CONTACT NAME: PHONE NUMBER:	PERMITTEE/COMPLIANCE CONTACT NAME:	PERMITTEE/COMPLIANCE CONTACT NAME: PHONE NUMBER:		