

**Kimble County Groundwater Conservation District
Permit Production Report - Irrigation Use
January 1st - December 31st (Due March 1st)**

Name: _____ **Date:** _____

Address: _____ **E-mail:** _____

Well ID #: _____ **Well Name:** _____

Well Location: _____

Latitude: _____ **Longitude:** _____

Average GPM: _____

Hours pumped/ year: _____

Number of Irrigated Acres: _____

Total Quantity/Year/Ac-Ft: _____

(estimated)

X	=	X	=	/325,851 gal.	=
GPM	MIN/HR	gal./ 1 hr	# of HRS	total gals.	ac-ft/year

Method of Determining Use:

Observation

Meter (units of calibration needed)

Other:

Describe the Type of Irrigation Schedule:

Daily

Monthly

Seasonly (List peak watering months)

Other:

I hereby certify that all wells on my property are properly disclosed
and the information provided herein is, to the best of my knowledge
and belief, true and correct

signature

Kimble County Groundwater Conservation District
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