DELAWARE RIVER BASIN COMMISSION
PO BOX 7360
WEST TRENTON, NEW JERSEY 08628-0360
609/883-9500; FAX: 609/883-9522

ANNUAL SURFACE WATER USE & INVENTORY FOR PRE-1961 GOLF COURSE IRRIGATION
CALENDAR YEAR _____

1. NAME & ADDRESS OF USER _____
_____
_____
_____

2. SOURCE OF WATER SUPPLY _____

3. LOCATION OF SOURCE Latitude _____ **Longitude** _____
(Please supply in decimal degrees.)

4. PUMPING CAPACITY _____
Please specify units: million gallons per day (mgd) ***or***
gallons per minute (g/min.)

5. TOTAL SURFACE WATER WITHDRAWALS IN MILLION GALLONS

JANUARY		**JULY**	
FEBRUARY		**AUGUST**	
MARCH		**SEPTEMBER**	
APRIL		**OCTOBER**	
MAY		**NOVEMBER**	
JUNE		**DECEMBER**	
		TOTAL FOR YEAR (MILLION GALLONS)	

6. MEASUREMENT BASED ON (type "X" before the method that applies)

_____Metering **_____Hours of Operation** **_____Estimation**

7. GROUND WATER SOURCES:

a. Number of wells _____

b. Million gallons of ground water pumped this year _____

_____ _____
Signature of Certifying Official **Title**

_____ _____
Print Name **Phone**

_____
E-mail Address