

**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 GOLF COURSE IRRIGATION
CALENDAR YEAR _____**

1. NAME & ADDRESS OF USER

,

2. SOURCE OF SURFACE WATER SUPPLY _____

a. LOCATION: Latitude _____ Longitude _____

b. PUMPING CAPACITY _____

Please specify units: million gallons per day (mgd) or gallons per minute (g/min.)

c. MEASUREMENT BASED ON: Metering Hrs of Operation Estimation

3. SOURCE OF GROUND WATER SUPPLY (if applicable) _____

a. LOCATION: Latitude _____ Longitude _____

b. PUMPING CAPACITY: _____

Please specify units: million gallons per day (mgd) or gallons per minute (g/min.)

c. MEASUREMENT BASED ON: Metering Hrs of Operation Estimation

Please use p. 2 to record additional metered ground water supply sources applied toward credit.

NOTE: Irrigation pond and well withdrawals must be metered to receive credit. Ground water withdrawal data below should represent total monthly metered withdrawals from a well(s) used to supplement an irrigation pond.

4. TOTAL WITHDRAWAL IN MILLION GALLONS (MG):

| | Surface Water | Ground Water | | Surface Water | Ground Water |
|--|---------------|--------------|-----------|---------------|--------------|
| JANUARY | | | JULY | | |
| FEBRUARY | | | AUGUST | | |
| MARCH | | | SEPTEMBER | | |
| APRIL | | | OCTOBER | | |
| MAY | | | NOVEMBER | | |
| JUNE | | | DECEMBER | | |
| ANNUAL TOTAL (MG): | | | | | |
| a. ¹CHARGEABLE ANNUAL USE (MG) | | | | | |
| (Annual Total SW minus Annual Total GW): | | | | | |

1. Ground water withdrawals are not subject to DRBC Water Supply Charges.

**5. CHARGEABLE ANNUAL WATER USE OF _____ MILLION GALLONS (4a.) TIMES \$54.06 PER
MILLION GALLONS EQUALS _____ DUE AND PAYABLE TO THE DRBC BY JANUARY 31.**

Signature of Certifying Official

Title

Print Name

Phone

Email Address

ANNUAL SURFACE WATER USE & INVENTORY FOR GOLF COURSE IRRIGATION CONTINUED

Additional Metered Ground Water Sources

Please use this sheet to record additional ground water source information if more than one metered well is used to supplement the surface water supply listed in *Section 2*. Please include the monthly and annual well water withdrawal amounts for all metered wells in *Section 4* of the report.

SOURCE #2 OF GROUND WATER SUPPLY (if applicable) _____

a. LOCATION: Latitude _____ Longitude _____

b. PUMPING CAPACITY: _____

Please specify units: million gallons per day (mgd) or gallons per minute (g/min.)

c. MEASUREMENT BASED ON: Metering Hrs of Operation Estimation

SOURCE #3 OF GROUND WATER SUPPLY (if applicable) _____

a. LOCATION: Latitude _____ Longitude _____

b. PUMPING CAPACITY: _____

Please specify units: million gallons per day (mgd) or gallons per minute (g/min.)

c. MEASUREMENT BASED ON: Metering Hrs of Operation Estimation

SOURCE #4 OF GROUND WATER SUPPLY (if applicable) _____

a. LOCATION: Latitude _____ Longitude _____

b. PUMPING CAPACITY: _____

Please specify units: million gallons per day (mgd) or gallons per minute (g/min.)

c. MEASUREMENT BASED ON: Metering Hrs of Operation Estimation

SOURCE #5 OF GROUND WATER SUPPLY (if applicable) _____

a. LOCATION: Latitude _____ Longitude _____

b. PUMPING CAPACITY: _____

Please specify units: million gallons per day (mgd) or gallons per minute (g/min.)

c. MEASUREMENT BASED ON: Metering Hrs of Operation Estimation