

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

**ANNUAL SURFACE WATER USE & CHARGES DUE FOR SNOWMAKING
_____ SKI SEASON**

1. **NAME & ADDRESS OF USER** _____

2. **SOURCE OF WATER SUPPLY** _____
3. **LOCATION OF SOURCE** **Latitude** _____ **Longitude** _____
 (Please supply in decimal degrees.)
4. **PUMPING CAPACITY** _____
 Specify units: million gallons per day (mgd) *or* gallons per minute (g/min.)

5. **TOTAL SURFACE WATER WITHDRAWALS IN MILLION GALLONS**

NOVEMBER	
DECEMBER	
JANUARY	
FEBRUARY	
MARCH	
TOTAL FOR SEASON (MILLION GALLONS)	

6. **MEASUREMENT BASED ON** (mark "X" before the method that applies)
 ___ **Metering** ___ **Hours of Operation** ___ **Estimation**
7. **TOTAL SURFACE WATER USE OF** _____ **MILLION GALLONS TIMES \$13.66 PER MILLION GALLONS EQUALS \$** _____ **DUE AND PAYABLE TO THE DRBC BY JUNE 1.**
8. **GROUND SOURCES**
- a. **Number of wells** _____
- b. **Million gallons pumped during the season** _____

Signature of Certifying Official

Title

Print Name

Phone

E-mail Address