

**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 lat/long in decimal degrees.

4. **PUMPING CAPACITY (million gallons per day):** _____

5. TOTAL SURFACE WATER WITHDRAWALS IN MILLION GALLONS

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

6. **MEASUREMENT BASED ON:**

Metering	Hours of Operation	Estimation
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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