

ANNUAL IRRIGATION WATER USE REPORT

PERMIT NO. ==> 03453

RUHLAND, LEO E.

Make name and/or address corrections below

IR
A

EMMET

ND 58534

I. WATER USAGE

Source: Surface Water _____ Ground Water X

Pt. of Withdrawal (well or pump site)

* NE 1/4 NE 1/4 Sec. 15 Twp. 148N Rng. 87W

* How many acres total irrigated from this pump site 140

Location of irrigated acres:

NE 1/4 NE 1/4 Sec. 15 Twp. 148N Rng. 87W

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

* Pumping Rate 700 Pump H.P. 70

No. of hrs. pumped 712

End of season meter reading 39,874,000

Beginning of season meter reading 10,000,000

* Total water use 29,874,000 gal. (specify gallons, acre-feet, etc.)

91.8 a.f.

If you do not have an operating water meter please estimate the number of inches of water you applied _____

THE AREAS ABOVE WITH AN (*) ARE VERY IMPORTANT TO FILL OUT.

FOR ADDITIONAL PTS. OF WITHDRAWAL

Source: Surface Water _____ Ground Water _____

Pt. of Withdrawal (well or pump site)

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

How many acres total irrigated from this pump site _____

Location of irrigated acres:

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

Pumping Rate _____ Pump H.P. _____

No. of hrs. pumped _____

End of season meter reading _____

Beginning of season meter reading _____

Total water use _____ (specify gallons, acre-feet, etc.)

If you do not have an operating water meter please estimate the number of inches of water you applied _____

Source: Surface Water _____ Ground Water _____

Pt. of Withdrawal (well or pump site)

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

How many acres total irrigated from this pump site _____

Location of irrigated acres:

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

____ 1/4 ____ 1/4 Sec. ____ Twp. ____ Rng. ____

Pumping Rate _____ Pump H.P. _____

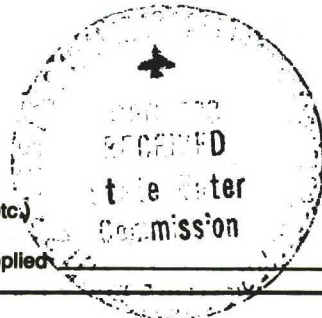
No. of hrs. pumped _____

End of season meter reading _____

Beginning of season meter reading _____

Total water use _____ (specify gallons, acre-feet, etc.)

If you do not have an operating water meter please estimate the number of inches of water you applied _____



II. TYPE OF SYSTEM: Sprinkler X Waterspreading _____ Gravity _____

III. INCLUDE ANY ADDITIONAL INFORMATION OR COMMENTS BELOW:

Please return to:

North Dakota State Water Commission
State Office Building
900 East Boulevard
Bismarck, North Dakota 58505

Signature Leo E. Ruhland

Date _____

ORIGINAL - Water Commission

YELLOW - your copy