

1985 ANNUAL IRRIGATION WATER USE REPORT

PERMIT NO. ==> 03453

RUHLAND, LEO E.

IR
A

EMMET

ND 58534

Make name and/or address
corrections below

LEO E RUHLAND
H.C.R. BOX 67
GARRISON N.DAK.
58540

PHONE NUMBER
743-4434

I. WATER USAGE (If no usage, explain why not)

Source: Surface Water _____ Ground Water X

Pt. of Withdrawal (well or pump site)

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

* How many acres total irrigated from this pump site this year 140

Location of irrigated acres:

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

_____ 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 _____

End of season meter reading 75495900

Beginning of season meter reading 55952000

* Total water use 19543900 (specify gallons, acre-feet, etc.)

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

If no water was used, is your irrigation system operable? _____

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 this year _____

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 this year _____

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 2-10-86

ORIGINAL - Water Commission

YELLOW - your copy