



1990 ANNUAL IRRIGATION WATER USE REPORT

State Water Commission

SFN 3160 (Rev. 9/87-3500, 9/88, 89, 90-3200)

PERMIT NO. ==> 03453

RUHLAND, LEO E.
~~HCR BOX 67~~

IR
P

GARRISON

ND 58540

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

Source: Surface Water _____ Ground Water X

Pt. of Withdrawal (well or pump site)

★ NE ¼ NE ¼ Sec. 15 Twp. 148 Rng. 87

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

Location of irrigated acres:

NE ¼ Sec. 15 Twp. 148 Rng. 87

_____ ¼ Sec. _____ Twp. _____ Rng. _____

★ Pumping Rate 700 Pump H.P. 70

No. of hrs. pumped _____ (circle: hr. meter, estimated, calculated)

End of season meter reading 84968400

Beginning of season meter reading 62186900

★ Total water use 22821500 (circle: gallons, acre-feet, cubic feet)

Make name and/or address
corrections below:

HCR Box 204

PHONE: _____

70.0 a.f.

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)

_____ ¼ _____ ¼ Sec. _____ Twp. _____ Rng. _____

How many acres total irrigated from this pump site this year _____

Location of irrigated acres:

_____ ¼ Sec. _____ Twp. _____ Rng. _____

_____ ¼ Sec. _____ Twp. _____ Rng. _____

Pumping Rate _____ Pump H.P. _____

No. of hrs. pumped _____ (circle: hr. meter, estimated, calculated)

End of season meter reading _____

Beginning of season meter reading _____

Total water use _____ (circle: gallons, acre-feet, cubic feet)

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)

_____ ¼ _____ ¼ Sec. _____ Twp. _____ Rng. _____

How many acres total irrigated from this pump site this year _____

Location of irrigated acres:

_____ ¼ Sec. _____ Twp. _____ Rng. _____

_____ ¼ Sec. _____ Twp. _____ Rng. _____

Pumping Rate _____ Pump H.P. _____

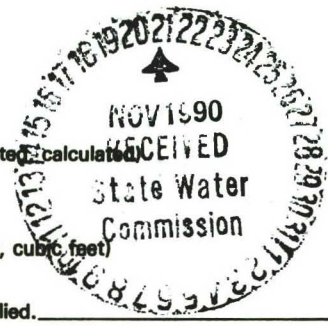
No. of hrs. pumped _____ (circle: hr. meter, estimated, calculated)

End of season meter reading _____

Beginning of season meter reading _____

Total water use _____ (circle: gallons, acre-feet, cubic feet)

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 11-16-90

ORIGINAL - Water Commission

YELLOW - your copy