1991 ANNUAL IRRIGATION WATER USE REPORT

State Water Commission

SFN 3160 (Rev. 9/87–3500, 9/88,89, 90–3200, 91–3500)

PERMIT NO. ==> 03453

RUHLAND, LEO E.
HC2   IR
BOX 204   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__

Make name and/or address corrections below:

RUHLAND, LEO E. ESTATE
809 3RD ST SW
MANDAN   ND 58554-4007
PHONE: __701-663-8878__

★ 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 __900__ Pump H.P. __70__

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

End of season meter reading __1096/1400__

Beginning of season meter reading __849968900__

★ Total water use __24642500__ (circle: gallons, acre-feet, cubic feet)

(handwritten: 75.6 acft)

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)

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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 *Mark W. Ruhland, PR*

Date __1/24/91__

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