

SHERIDAN COUNTY CONSERVATION DISTRICT

For District Use Only	
Date Received: _____	Received By: _____
Completion Deadline Date: <u>January 31, 2013</u>	

Reserved Water Use Authorization Number: _____

Water User Name: _____

Address: _____

Home Phone: (____) _____ Work Phone: (____) _____

Have there been any modifications to your Reserved Water Use Authorization facilities this year?

Aquifer Name: _____

Type of Use: _____

<u>Period of Use</u>	<u>Volume Used Ac/Ft</u>	<u>Acres Serviced</u>
1) _____ to _____	1) _____	1) _____
2) _____ to _____	2) _____	2) _____
3) _____ to _____	3) _____	3) _____

Type of Crops Grown: _____

Measurement Method: _____

Kwh: _____ Diesel engine hours: _____ Flow meter reading: _____

Please attach yearly records maintained on the system and calculations used to determine "volume used."

OPTIONAL – If possible provide this information:

Static Water Level _____ ft. Static Water Level _____ ft.

(prior to irrigation startup) date measure _____ (when pump shut down for irrigation season) date measure _____

If the project has not been completed please complete the following:

What progress has been made toward completing the project? _____

Signature: _____ Date: _____

Return by January 31 to: Sheridan County Conservation District

119 North Jackson, Plentywood, MT 59254