

Illinois Water Inventory Program Annual Irrigation Reporting Form

IWIP Facility Number: _____ IWIP Facility Name: _____
(leave blank if unknown) (leave blank if unknown)

Operator/Irrigator Name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone No.: _____ Email: _____

Instructions - Please complete the form below, listing details for all of the wells/intakes that you operate. Be certain to include **ACRES** and **CALCULATION METHOD**; this information is required to process your form. For complete instructions and water use worksheets, go to <https://go.illinois.edu/IrrigationWaterReporting>

Questions? Contact IWIP Staff at 217-333-0239, ISWS-IWIP@isws.illinois.edu

SUBMISSION DEADLINE: JANUARY 1st

Confidentiality Statement - If the water use data you are providing to the Illinois Water Inventory Program is considered proprietary, privileged, or confidential commercial information, please indicate your agreement by marking an "X" next to the following statement:

____ ***"The water use data disclosed on this form is considered proprietary, privileged, or confidential commercial information by the entity providing the information."***

Name

Date

AGRICULTURAL IRRIGATION WATER WITHDRAWALS FOR YEAR: _____

LOCAL NAME	ISWS WELL ID # (leave blank if unknown)	Status* (see below)	Tier/ Twp	Range	Sec	ACRES	CALCULATION METHOD** (see below)	ANNUAL GALLONS
TOTAL =								

STATUS: in-use, unused, sealed, abandoned, emergency ** **CALCULATION METHOD:** flowmeter, acre-inches, or rated GPM-hrs

COMMENTS: _____
