



Illinois State Water Survey
PRAIRIE RESEARCH INSTITUTE

Illinois Water Inventory Program

Annual Irrigation Reporting Form

IWIP Facility Number: _____
(leave blank if unknown)

IWIP Facility Name: _____
(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. If reported withdrawal amounts are not in gallons, please specify units of measurement.

Be certain to include **ACRES** and **CALCULATION METHOD**; this information is required to process your form.

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 # <small>(leave blank if unknown)</small>	Status* <small>(see below)</small>	Tier/ Twp	Range	Sec	ACRES	CALCULATION METHOD** <small>(see below)</small>	ANNUAL GALLONS
TOTAL =								

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

COMMENTS: _____