



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP
Delegated Authority (If Applicable) _____

PLEASE FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No.
Florida Unique ID _____
Permit Stipulations Required (See Attached)
62-524 Quad No. _____ Delineation No. _____
CUP/WUP Application No. _____
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. *Owner, Legal Name if Corporation _____ *Address _____ *City _____ *State _____ *ZIP _____ Telephone Number _____

2. *Well Location - Address, Road Name or Number, City _____

3. *Parcel ID No. (PIN) or _____ Alternate Key _____ Lot _____ Block _____ Unit _____

4. *Section or Land Grant _____ *Township _____ *Range _____ *County _____ Subdivision _____ Check if 62-524: Yes No

5. *Water Well Contractor _____ *License Number _____ *Telephone Number _____ E-mail Address _____

6. *Water Well Contractor's Address _____ City _____ State _____ ZIP _____

7. *Type of Work: Construction Repair Modification Abandonment _____

8. *Number of Proposed Wells _____ *Reason for Repair, Modification, or Abandonment _____

9. *Specify Intended Use(s) of Well(s):
 Domestic Landscape Irrigation Agricultural Irrigation Site Investigations
 Bottled Water Supply Recreation Area Irrigation Livestock Monitoring
 Public Water Supply (Limited Use/DOH) Nursery Irrigation Test
 Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothermal
 Class I Injection Golf Course Irrigation HVAC Supply
 HVAC Return
 Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage
 Remediation: Recovery Air Sparge Other (Describe) _____
 Other (Describe) _____

Date Stamp

 Official Use Only

10. *Distance from Septic System if ≤ 200 ft. _____ 11. Facility Description _____ 12. Estimated Start Date _____

13. *Estimated Well Depth _____ ft. *Estimated Casing Depth _____ ft. Primary Casing Diameter _____ in. Open Hole: From _____ To _____ ft.

14. Estimated Screen Interval: From _____ To _____ ft.

15. *Primary Casing Material: Black Steel Galvanized PVC Stainless Steel
 Not Cased Other: _____

16. Secondary Casing: Telescope Casing Liner Surface Casing Diameter _____ in.

17. Secondary Casing Material: Black Steel Galvanized PVC Stainless Steel Other _____

18. *Method of Construction, Repair, or Abandonment: Auger Cable Tool Jetted Rotary Sonic
 Combination (Two or More Methods) Hand Driven (Well Point, Sand Point) Hydraulic Point (Direct Push)
 Horizontal Drilling Plugged by Approved Method Other (Describe) _____

19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:
 From _____ To _____ Seal Material (Bentonite Neat Cement Other _____)
 From _____ To _____ Seal Material (Bentonite Neat Cement Other _____)
 From _____ To _____ Seal Material (Bentonite Neat Cement Other _____)
 From _____ To _____ Seal Material (Bentonite Neat Cement Other _____)

20. Indicate total number of existing wells on site _____ List number of existing unused wells on site _____

21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes No If yes, complete the following: CUP/WUP No. _____ District Well ID No. _____

22. Latitude _____ Longitude _____

23. Data Obtained From: GPS Map Survey Datum: _____ NAD 27 _____ NAD 83 _____ WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of their responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

*Signature of Contractor _____ *License No. _____ *Signature of Owner or Agent _____ *Date _____

BELOW THIS LINE FOR OFFICIAL USE ONLY

Approval Granted By _____ Issue Date _____ Expiration Date _____ Hydrologist Approval _____

Fee Received \$ _____ Receipt No. _____ Check No. _____ Initials _____

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1429
PHONE: (386) 329-4500
WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 539-5999
WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PALM BEACH, FL 33416-4680
PHONE: (561) 686-8800
WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

Comments:

***General Site Map of Proposed Well Location**



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.