



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 (Circle One) 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 Reason for Repair, Modification, or Abandonment
8. Number of Proposed Wells
9. Specify Intended Use(s) of Well(s): Domestic Landscape Irrigation Agricultural Irrigation Site Investigation 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) (Note: Not all types of wells are permitted by a given permitting authority)

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 )
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.

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

Approval Granted By Issue Date Expiration Date Hydrologist Approval Initials
Fee Received \$ Receipt No. Check No.

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:

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**\*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.