☐ South Florida

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

 $\square$  Southwest PLEASE FILL OUT ALL APPLICABLE FIELDS (\*Denotes Required Fields Where Applicable) □ Northwest ☐ St. Johns River

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 NoDelineation No				
CUP/WUP Application No				

☐ Suwannee River  $\square$  DEP ☐ Delegated Authority (If Applicable) ABOVE THIS LINE - FOR OFFICIAL USE ONLY

1.					
*Owner, Legal Name if Corporation	*Address *C	ity	*State *ZIP	*Telephone Number	
2*Well Location - Address, Road Name or Number, City					
3. *Parcel ID No. (PIN) or Alternate Key (Circle One	\	· · · · · · · · · · · · · · · · · · ·	Lot Blog	ok Unit	
Parcel ID No. (PIN) or Alternate Key (Circle One	)		LOT BIOG	ck Unit	
*Section or Land Grant *Township *Range 5.	*County	Subdivision	Check	if 62-524:YesNo	
*Water Well Contractor	License Number *Te	lephone Number	E-mail Address		
6*Water Well Contractor's Address	City		State	ZIP	
7. *Type of Work: ConstructionRepair _	ModificationAba			<del></del>	
8. *Number of Proposed Wells 9. *Specify Intended Use(s) of Well(s):		*Reason for Rep	air, Modification, or Abandonm	Date Stamp	
DomesticLandscape Irric Bottled Water SupplyRecreation Area		ral IrrigationSite kMo	Investigation nitoring		
Public Water Supply (Limited Use/DOH)  ——Nursery Irrigation ——Test ——Commercial/Industrial ——Earth-Coupled Geothermal					
Class I Injection	·Goir Col		AC Supply AC Return		
Class V Injection: Recharge Commercial/	Industrial Disposal Ac	quifer Storage and Recov	ery Drainage		
Remediation:RecoveryAir Sparge	Other (Describe)			- Official Use Only	
Other (Describe)	(Note: N	ot all types of wells are permitted	by a given permitting authority)	,	
10.*Distance from Septic System if ≤200 ft	11. Facility Description		12. Estimated	Start Date	
13.*Estimated Well Depthft. *Estimated Ca	sing Depthft. *Pr	imary Casing Diameter _	in. Open Hole	e: Fromft.	
14. Estimated Screen Interval: FromTo	_ft.				
15.*Primary Casing Material:Black Steel	Galvanized	PVCSt	ainless Steel		
Not Cased	Other:				
16. Secondary Casing:Telescope Casing	Liner Surface	Casing Diameter	in.		
17. Secondary Casing Material:Black SteelGalvanizedPVCStainless SteelOther					
18.*Method of Construction, Repair, or Abandonment:AugerCable ToolJettedRotarySonic					
Combination (Two or More Methods)Hand Driven (Well Point, Sand Point)Hydraulic Point (Direct Push)Horizontal DrillingPlugged by Approved MethodOther (Describe)					
19. Proposed Grouting Interval for the Primary, Second					
FromToSeal Material (B From To Seal Material ( B	entoniteNeat Cemer entonite Neat Cemer		)		
FromToSeal Material (B	entoniteNeat Ceme	ntOther			
FromToSeal Material (B			)		
20. Indicate total number of existing wells on site		mber of existing unused w		-	
21.*Is this well or any existing well or water withdrawa	-			, ,	
or CUP/WUP Application?YesNo			District	Well ID No	
	ıde Survev		7NAD 83	WGS 84	
23. Data Obtained From:GPSMap I hereby certify that I will comply with the applicable rules of Title 40, Florida Admin		I certify that I am the owner of the p	roperty, that the information provided	is accurate, and that I am aware of my	
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.					
	4	*0:		*D	
*Signature of Contractor	*License No.  BELOW THIS LINE - FOR	*Signature of Owner or A	Agent	*Date	
Approval Granted By				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.					

	Permit No
SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT	SOUTH 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

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 Wel	II Location
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Identify known roads and landmarks. Give distances fro	m all reference points or structures, septic systems	s, sanitary hazards, and contamination sources, if applicable