STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL			Permit No	
Southwest Northwest St. Johns River South Florida Suwannee River	PLEASE FILL OUT ALL APPLIC (*Denotes Required Field	s Where Applicable) P	Florida Unique ID Permit Stipulations Required (See Attached)	
	The water well contractor is resp this form and forwarding the per appropriate delegated authority	mit application to the 6	62-524 Quad NoDelineation No	
COD WE TRUS	(If Applicable)		CUP/WUP Application No	
Delegated Authority (If Applicable)			ABOVE THIS LINE - FOR OFFICIAL USE ONLY	
	*Address *Cit	у	*State *ZIP	*Telephone Number
2				
*Parcel ID No. (PIN) or Alternate Key (Circle	One)		Lot Blo	ck Unit
4. *Section or Land Grant *Township *Ran 5.		Subdivision	Check	if 62-524:YesNo
*Water Well Contractor	*License Number *Tele	ephone Number	E-mail Address	
6*Water Well Contractor's Address	City		State	ZIP
7. *Type of Work: ConstructionRepa		idonment		
8. *Number of Proposed Wells 9. *Specify Intended Use(s) of Well(s):		*Reason for Re	pair, Modification, or Abandonn	Date Stamp
DomesticLandscape Bottled Water SupplyRecreation	Area IrrigationLivestock	al IrrigationSite	onitoring	
Public Water Supply (Limited Use/DOH) Public Water Supply (Community or Non-Community/DEP) Variation Public Water Supply (Community or Non-Community/DEP) Variation Output Description Test Earth-Coupled Geothermal HVAC Supply				
Class I InjectionHVAC Return				
Class V Injection:RechargeCommercial/Industrial DisposalAquifer Storage and RecoveryDrainage				
Remediation: Air SpargeOther (Describe) Official Use Only				
Other (Describe)(Note: Not 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 Casing Depthft. *Primary Casing Diameterin. Open Hole: FromToft.				
14. Estimated Screen Interval: FromToft.				
15.*Primary Casing Material:Black SteelGalvanizedPVCStainless SteelNot CasedOther:				
16. Secondary Casing:Telescope CasingLinerSurface Casing Diameter in.				
17. Secondary Casing Material:Black SteelGalvanizedPVCStainless SteelOther				
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, 3 FromToSeal Material (FromToSeal Material (FromToSeal Material (Bentonite Neat Cemen Bentonite Neat Cemen	tOther tOther)	
20. Indicate total number of existing wells on site)	
21.*Is this well or any existing well or water withd				
or CUP/WUP Application?Yes				
22. Latitude Lo 23. Data Obtained From: GPS		-		
23. Data Obtained From:GPSMa I hereby certify that I will comply with the applicable rules of Title 40, Florida use permit or artificial recharge permit, if needed, has been or will be obtain construction. I further certify that all information provided in this application necessary approval from other federal, state, or local governments, if applic completion report to the District within 30 days after completion of the const abandonment authorized by this permit, or the permit expiration, whichever	Administrative Code, and that a water ed prior to commencement of well is accurate and that I will obtain able. I agree to provide a well ruction, repair, modification, or	I certify that I am the owner of the responsibilities under Chapter 373 the agent for the owner, that the in responsibilities as stated above.	property, that the information provided 8, Florida Statutes, to maintain or prop formation provided is accurate, and th	I is accurate, and that I am aware of my erly abandon this well; or, I certify that I am tat I have informed the owner of their of this WMD or Delegated Authority access
*Signature of Contractor	*License No.	*Signature of Owner or	Agent	*Date
		OFFICIAL USE ONLY		
Approval Granted By				
Fee Received \$	Receipt No	Cł	neck No.	
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIG PERMIT SHALL BE AVAILABLE AT THE WELL SITE				

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

Comments:

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

*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