

REQUEST FOR BELOW GRADE WELL CASING APPROVAL

Northwest Florida Water Management District
152 Water Management Drive, Havana, FL 32333-9700 (850) 539-5999 (Suncom) 771-2080

I do hereby request authorization from the District under the provisions of Chapter 40A-3.512(8), FAC, for the well(s) identified below to be completed with the well casing to be at or below finished grade at this job site. I understand that the construction of said well(s) must meet all other criteria established by Chapter 40A-3, FAC.

OWNER'S NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____ COUNTY: _____

DAY PHONE: _____ NIGHT PHONE: _____

WELL LOCATION - SECTION: _____ TOWNSHIP: _____ RANGE: _____

WELL CONTRACTOR: _____ LICENSE NUMBER: _____

WELL PERMIT NUMBER: _____

OWNER OR WELL CONTRACTOR'S SIGNATURE _____ DATE _____

Please provide a brief explanation of why the well casing must be installed less than 12-inches above grade. Also, identify what provisions will be taken to mark the well location and prevent contamination from entering the well head.

APPROVED BY: _____ DATE: _____