



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

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

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

Permit No.
Florida Unique I.D.
Permit Stipulations Required (See attached)
62-524 Quad #
Delineation #
CUP/WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number
2. Well Location Address, Road Name or number, City Parcel # (Pin)
3. Well Drilling Contractor License No. Telephone No. Address City State Zip
4. 1/4 of Section (Indicate Well on Chart)
5. Township Range
6. County Subdivision Name Lot Block Unit
7. Number of proposed wells Check the use of well: Domestic Monitor (type) Irrigation (Type) Public Water Supply (type) List Other
8. Application for: New Construction Repair/Modify Abandonment (Reason for Abandonment) Date Stamp
9. Estimated: Well Depth Casing Depth Screen Interval from to Casing Material: Blk-Steel / Gal / PVC Casing Diameter Seal Material
10. If applicable: Proposed Grouting Interval Seal Material
11. Telescope Casing or Liner (check one) Diameter Blk-Steel / Galvanized / PVC Other (specify:)
12. Method of Construction: Rotary Cable Tool Combination Auger Other (specify:)
13. Indicate total No. of wells on site List number of unused wells on site
14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes (IF YES, COMPLETE THE FOLLOWING) CUP/WUP No. District well I.D. No. Latitude Longitude Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)
15. 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 on 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 drilling 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 his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.
Signature of Contractor License No. Owner's or Agent's Signature Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: Issue Date: Hydrologist Approval
Owner Number: Fee Received: \$ Receipt No.: Check No.:

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from the date of issue.