STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL □ Southwest □ Northwest ☐ St. Johns River ☐ South Florida ☐ Suwannee River \square 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.

ABOVE THIS LINE - FOR OFFICIAL USE ONLY			
CUP/WUP Application No			
62-524 Quad NoDelineation No			
Permit Stipulations Required (See Attached)			
Florida Unique ID			
Permit No			

1								
*Owner, Legal Name if Corporation	*Address	*City	0	*State	*ZIP	*Telephone I	Number	-
2. *Well Location - Address, Road Name or Num	her City							
3.	iber, City							
*Parcel ID No. (PIN) or Alternate Key (Circle 0	One)			Lot	Bloc		Unit	
*Section or Land Grant *Township *Rang	ge *County		Subdivision	1	Check it	f 62-524:`	res	_ No
5. *Water Well Contractor	*License Number	r *Tele	phone Numbe	r E-mail	Address			
6. *Water Well Contractor's Address		City			State	ZIF)	
7. *Type of Work: ConstructionRepa	irModification	-	donment					
8. *Number of Proposed Wells				son for Repair, Modifica	ation, or Abandonme		· taunn	
9. *Specify Intended Use(s) of Well(s):						Date S	матр	
DomesticLandscapeBottled Water SupplyRecreation.	Irrigation Area Irrigation	Livestock		Site Investig Monitoring	ation			
Public Water Supply (Limited Use/DOH)		Nursery Irr Commerci	igation al/Industrial	Test Earth-Couple	ed Geothermal			
Public Water Supply (Community or Non-C	ommunity/DEP) —	Golf Cours	se Irrigation	HVAC Supp	У			
Class I Injection				HVAC Retur				
Class V Injection:RechargeCommerc			_		Drainage			
Remediation:RecoveryAir Sparge	Other (Describe)					Official L	se Only	
Other (Describe)	44 5 77 5			e permitted by a given p		21 1 D 1		
10.*Distance from Septic System if ≤200 ft								
13.*Estimated Well Depthft. *Estimated		π. "Prim	ary Casing Di	ameterir	i. Open Hole:	FromI	0	_ft.
14. Estimated Screen Interval: FromTo								
15.*Primary Casing Material:Black Ste				Stainless S	teel			
Not Case 16. Secondary Casing:Telescope Casing				tor in				
					Other			
17. Secondary Casing Material:Black Ste								
18.*Method of Construction, Repair, or AbandoniCombination (Two or More Methods)	Hand Drive	en (Well Poin	t, Sand Point)	Hydraulio		Sonic Push)		
Horizontal Drilling Plugged by								
19. Proposed Grouting Interval for the Primary, S From To Seal Material (`			
FromToSeal Material (leat Cement_			<i>)</i>)			
FromToSeal Material (BentoniteN	leat Cement	Other_)			
From To Seal Material (leat Cement_	Other)			
20. Indicate total number of existing wells on site			_	unused wells on si		D: (OLII	7/4/1 ID)	
21.*Is this well or any existing well or water withdr or CUP/WUP Application?Yes								
				NO	DISTRICT V	veli ib No		
22. Latitude Lor 23. Data Obtained From: GPS Mag	Survey		Dotum:	_NAD 27	NVD 63	MC6 84		
I hereby certify that I will comply with the applicable rules of Title 40, Florida A	Administrative Code, and that a	water	I certify that I am the	owner of the property, that th	e information provided is	accurate, and that I ar	n aware of r	my
use permit or artificial recharge permit, if needed, has been or will be obtaine construction. I further certify that all information provided in this application is necessary approval from other federal, state, or local governments, if applica completion report to the District within 30 days after completion of the construction and the construction of the constru	s accurate and that I will obtain ble. I agree to provide a well action, repair, modification, or		the agent for the owneresponsibilities as sta	Chapter 373, Florida Statute er, that the information provided ted above. Owner consents the construction, repair, mod	ded is accurate, and that to allowing personnel of	I have informed the ov this WMD or Delegate	mer of their d Authority a	
*0: 10 10	*1.		*Classical of C	Owner or Agent		*Date		
*Signature of Contractor	*License No.	S I INF LEOR O	FFICIAL USE ONL			Date		
10 (15						1.1.4		
Approval Granted By						ologist Approval		Initials
Fee Received \$	_ Receipt No			Check No				
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGN PERMIT SHALL BE AVAILABLE AT THE WELL SITE D	NED BY AN AUTHORI OURING ALL CONSTR	ZED OFFICER RUCTION, REF	R OR REPRESE PAIR, MODIFICA	ENTATIVE OF THE VATION, OR ABANDO	VMD OR DELEGA NMENT ACTIVIT	ATED AUTHORI' IES.	TY. THE	

Permit No.		
Permit No.		

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:		
	*General Site Map of Proposed Well Location	
	TO THE PROPERTY OF THE PROPERT	Z
		<u></u>