

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

□ Southwest ☐ Northwest

THIS FORM MUST BE FILLED OUT COMPLETELY.

Florida Unique I.D. Permit Stipulations Required (See Attached)

☐ St.James River ☐ South Florida

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

Permit No.

☐ Suwannee River CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK ON PERMIT FORM

62-524 well cup/ wup Application No.

1.			AD	DVE THIS LINE FOR OPPICIAL USE O'VLY
	Owner, Legal Name of Entity if Corporation	Address	City	Zip Telephone Number
2.	Well Location - Address, Road Name or Number, City	<u> </u>		
3.	Well Drilling Contractor	License No.		Telephone No. NW NE
			4 1/4 of 1/4 of §	
	Address			e Well on Chart) + + + -
	City State Zip		5. Township Ra	inge
6.		1		
	County Subdivision Name	Lot	Block Unit	SW SE
7.	Number of proposed wells Check the use of well:  (See Back) Public Water Supply (type)  (See Back) ft. Description of facility contains the proposed wells ft. Description of facility contains the proposed well	(See Back)	List Other	
8.	Application for:New Construction Repair/N	lodify Aban	donment	Date Stamp
9.	Estimated: Well Depth Casing De	epth	(Reason for Abandonn	to
10	Casting Material: Blk-Steel / Gal /PVC Casting D		Seal Material	
10.	From to Sea   Se			
11.	Telescope Casting or Liner(check one) Dia	meter		
	Blk-Steel / Galvanized / PVC Other (specify)		Draw a map of well location and	indicate well site with and "X". Identify known stances between well and landmarks.
12.	Method of Construction:RotaryCable To	oolCombination		North
	AugerOther (specify:)			
13.	Indicate total No. of wells on site List number of un	used wells on site		
14.	is this well or any other well or water withdrawal on the owner's	-	76	r as
	under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? NoYES   Š			
	(if yes, complete the following) CUP/WUP No			
	District well I.D. No.			
	Latitude Longitude			
	Data obtained from GPSor mapor survey(map datum	NAD 27 NAD 83	_)	South
** .   ** .   •	I herby certify that I will comply with the applicable rule of title 40. Florida Administrating and that a water use permit or artificial recharge permit if needed has been or will be uprior to commencement of well construction. I further certify that all information provide application is accurate and that I will obtain necessary approval from other federal, stagovernments if applicable I agree to provide a well completion report to the District wit days after drilling or the permit expiration, whichever occurs first.	reponsibilities und ed on this the agent for the or tes or local responsibilities as	the owner of the property, that the information pr ler Chapter 373 Florida Statutes, to maintain or owner. That the information provided is accurate, stated above. Owner consents to personnel of the stated above.	properly abandon this well or, I certify that I am
Sig	nature of Contractor License No		Owner's or Agent's Signature	Date
	DO NOT WRITE BE	LOW THIS LINE - FO	R OFFICIAL USE ONLY	
	Approval Granted By:	issue Date:	Нус	drologist ApprovalInitials
	Owner Number: Fee Rece	ived \$ Receip	t No: Check i	

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 date of issue.