



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

- Southwest
- Northwest
- St. Johns River
- South Florida
- Suwannee River
- 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.*

Permit No. \_\_\_\_\_  
 Florida Unique ID \_\_\_\_\_  
 Permit Stipulations Required (See Attached) \_\_\_\_\_  
 62-524 Quad No. \_\_\_\_\_ Delineation No. \_\_\_\_\_  
 CUP/WUP Application No. \_\_\_\_\_

**ABOVE THIS LINE FOR OFFICIAL USE ONLY**

1. \_\_\_\_\_  
 \*Owner, Legal Name if Corporation      \*Address      \*City      \*State      \*ZIP      \*Telephone Number

2. \_\_\_\_\_  
 \* Well Location - Address, Road Name or Number, City

3. \_\_\_\_\_  
 \*Parcel ID No. (PIN) or Alternate Key (Circle One)      Lot      Block      Unit

4. \_\_\_\_\_  
 \*Section or Land Grant      \*Township      \*Range      \*County      Subdivision      Check if 62-524: \_\_\_ Yes \_\_\_ No

5. \_\_\_\_\_  
 \*Water Well Contractor      \*License Number      \*Telephone Number      E-mail Address

6. \_\_\_\_\_  
 \*Water Well Contractor's Address      City      State      ZIP

7. \*Type of Work: \_\_\_ Construction \_\_\_ Repair \_\_\_ Modification \_\_\_ Abandonment \_\_\_\_\_

8. \*Number of Proposed Wells \_\_\_\_\_ \*Reason for Repair, Modification, or Abandonment \_\_\_\_\_

9. \*Specify Intended Use(s) of Well(s):

___ Domestic	___ Landscape Irrigation	___ Agricultural Irrigation	___ Site Investigation
___ Bottled Water Supply	___ Recreation Area Irrigation	___ Livestock	___ Monitoring
___ Public Water Supply (Limited Use/DOH)	___ Nursery Irrigation	___ Test	___ Earth-Coupled Geothermal
___ Public Water Supply (Community or Non-Community/DEP)	___ Commercial/Industrial	___ Golf Course Irrigation	___ HVAC Supply
___ Class I Injection			___ HVAC Return

Class V Injection: \_\_\_ Recharge \_\_\_ Commercial/Industrial Disposal \_\_\_ Aquifer Storage and Recovery \_\_\_ Drainage

Remediation: \_\_\_ Recovery \_\_\_ Air Sparge \_\_\_ Other (Describe) \_\_\_\_\_

\_\_\_ Other (Describe) \_\_\_\_\_ (Note: Not all types of wells are permitted by a given permitting authority)

Date Stamp

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10. \*Distance from Septic System if ≤ 200 ft. \_\_\_\_\_ 11. Facility Description \_\_\_\_\_ 12. Estimated Start Date \_\_\_\_\_

13. \*Estimated Well Depth \_\_\_\_\_ ft. \*Estimated Casing Depth \_\_\_\_\_ ft. \*Primary Casing Diameter \_\_\_\_\_ in. Open Hole: From \_\_\_\_\_ To \_\_\_\_\_ ft.

14. Estimated Screen Interval: From \_\_\_\_\_ To \_\_\_\_\_ ft.

15. \*Primary Casing Material: \_\_\_ Black Steel \_\_\_ Galvanized \_\_\_ PVC \_\_\_ Stainless Steel  
 \_\_\_ Not Cased \_\_\_ Other: \_\_\_\_\_

16. Secondary Casing: \_\_\_ Telescope Casing \_\_\_ Liner \_\_\_ Surface Casing Diameter \_\_\_\_\_ in.

17. Secondary Casing Material: \_\_\_ Black Steel \_\_\_ Galvanized \_\_\_ PVC \_\_\_ Stainless Steel \_\_\_ Other \_\_\_\_\_

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, Secondary, and Additional Casing:

From _____ To _____	Seal Material ( ___ Bentonite ___ Neat Cement ___ Other _____ )
From _____ To _____	Seal Material ( ___ Bentonite ___ Neat Cement ___ Other _____ )
From _____ To _____	Seal Material ( ___ Bentonite ___ Neat Cement ___ Other _____ )
From _____ To _____	Seal Material ( ___ Bentonite ___ Neat Cement ___ Other _____ )

20. Indicate total number of existing wells on site \_\_\_\_\_ List number of existing unused wells on site \_\_\_\_\_

21. \*Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? \_\_\_ Yes \_\_\_ No If yes, complete the following: CUP/WUP No. \_\_\_\_\_ District Well ID No. \_\_\_\_\_

22. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

23. Data Obtained From: \_\_\_ GPS \_\_\_ Map \_\_\_ Survey Datum: \_\_\_ NAD 27 \_\_\_ NAD 83 \_\_\_ WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration 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 in 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 completion of the construction, repair, modification, or abandonment authorized by this permit, 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 allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

\*Signature of Contractor \_\_\_\_\_ \*License No. \_\_\_\_\_ \*Signature of Owner or Agent \_\_\_\_\_ \*Date \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY**

Approval Granted By \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Hydrologist Approval \_\_\_\_\_  
 Fee Received \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

**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:

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**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.