



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 \_\_\_\_\_ \*Reason for Repair, Modification, or Abandonment \_\_\_\_\_

8. \*Number of Proposed Wells \_\_\_\_\_

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  
\_\_\_\_ Public Water Supply (Community or Non-Community/DEP) \_\_\_\_ Commercial/Industrial \_\_\_\_ Earth-Coupled Geothermal  
\_\_\_\_ Class I Injection \_\_\_\_ Golf Course Irrigation \_\_\_\_ HVAC Supply  
\_\_\_\_ 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)

10. \*Distance from Septic System if  $\leq 200$  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 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 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 their 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 \_\_\_\_\_

BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Hydrologist Approval \_\_\_\_\_ Initials \_\_\_\_\_

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.