



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
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)

Date Stamp
Official Use Only

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

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

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.



# STATE OF FLORIDA WELL COMPLETION REPORT

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)

Date Stamp \_\_\_\_\_

Official Use Only

1. \*Permit Number \_\_\_\_\_ \*CUP/WUP Number \_\_\_\_\_ \*DID Number \_\_\_\_\_ 62-524 Delineation No. \_\_\_\_\_

2. \*Number of permitted wells constructed, repaired, or abandoned \_\_\_\_\_ \*Number of permitted wells not constructed, repaired, or abandoned \_\_\_\_\_

3. \*Owner's Name \_\_\_\_\_ 4. \*Completion Date \_\_\_\_\_ 5. Florida Unique ID \_\_\_\_\_

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

7. \*County \_\_\_\_\_ \*Section \_\_\_\_\_ Land Grant \_\_\_\_\_ \*Township \_\_\_\_\_ \*Range \_\_\_\_\_

8. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

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

10. \*Type of Work:  Construction  Repair  Modification  Abandonment

11. \*Specify Intended Use(s) of Well(s)

<input type="checkbox"/> Domestic	<input type="checkbox"/> Landscape Irrigation	<input type="checkbox"/> Agricultural Irrigation	<input type="checkbox"/> Site Investigations
<input type="checkbox"/> Bottled Water Supply	<input type="checkbox"/> Recreation Area Irrigation	<input type="checkbox"/> Livestock	<input type="checkbox"/> Monitoring
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)		<input type="checkbox"/> Nursery Irrigation	<input type="checkbox"/> Test
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)		<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Earth-Coupled Geothermal
<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Golf Course Irrigation	<input type="checkbox"/> HVAC Supply

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

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

Other (Describe) \_\_\_\_\_

12. \*Drill Method  Auger  Cable Tool  Rotary  Combination (Two or More Methods)  Jetted  Sonic  
 Horizontal Drilling  Hydraulic Point (Direct Push)  Other \_\_\_\_\_

13. \*Measured Static Water Level \_\_\_\_\_ ft. Measured Pumping Water Level \_\_\_\_\_ ft. After \_\_\_\_\_ Hours at \_\_\_\_\_ GPM

14. \*Measuring Point (Describe) \_\_\_\_\_ Which is \_\_\_\_\_ ft. Above \_\_\_\_\_ Below Land Surface \*Flowing:  Yes  No

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

16. \*Total Well Depth \_\_\_\_\_ ft. Cased Depth \_\_\_\_\_ ft. \*Open Hole: From \_\_\_\_\_ To \_\_\_\_\_ ft. \*Screen: From \_\_\_\_\_ To \_\_\_\_\_ ft. Slot Size \_\_\_\_\_

17. \*Abandonment:  Other (Explain) \_\_\_\_\_

From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	Other _____
From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	Other _____
From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	Other _____
From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	Other _____

18. \*Surface Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____

19. \*Primary Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____

20. \*Liner Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____

21. \*Telescope Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One):	<input type="checkbox"/> Neat Cement	<input type="checkbox"/> Bentonite	<input type="checkbox"/> Other _____

22. Pump Type (If Known):  Centrifugal  Jet  Submersible  Turbine  
 Horsepower \_\_\_\_\_ Pump Capacity (GPM) \_\_\_\_\_  
 Pump Depth \_\_\_\_\_ ft. Intake Depth \_\_\_\_\_ ft.

23. Chemical Analysis (When Required):  
 Iron \_\_\_\_\_ ppm Sulfate \_\_\_\_\_ ppm Chloride \_\_\_\_\_ ppm  
 Laboratory Test  Field Test Kit

24. Water Well Contractor:  
 \*Contractor Name \_\_\_\_\_ \*License Number \_\_\_\_\_ E-mail Address \_\_\_\_\_  
 \*Contractor's Signature \_\_\_\_\_ \*Driller's Name (Print or Type) \_\_\_\_\_

(I certify that the information provided in this report is accurate and true.)

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
 2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
 PHONE: (352) 796-7211 or (800) 423-1476  
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 152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
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**\*DRILL CUTTINGS LOG** (Examine cuttings every 20 ft. or at formation changes. Note cavities and depth to producing zone. Grain Size: F=Fine, M=Medium, and C=Coarse)

From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____

Comments: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**\*Detailed Site Map of Well Location**



Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



Ron DeSantis  
Governor

Joseph A. Ladapo, MD, PhD  
State Surgeon General and Secretary

Vision: To be the Healthiest State in the Nation

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May, 2014

Hello,

The Engineering Program in the Florida Department of Health in Broward County (FLDOH-Broward) will now **require conformance with one of the conditions** stated below when applying for well permits.

1. The owner of the property must sign the application (which will be confirmed in the Broward County Property Appraiser).  
or
2. If an agent of the owner signs, then a copy of a letter from the owner authorizing the agent to sign for purposes of attaining necessary permits needs to be submitted. (Letter of Authorization)  
or
3. If the well driller signs on behalf of the owner, then either a letter of authorization as indicated above or a copy of the signed contract between the well contractor and the property owner need to be submitted.

If you have any questions or concerns regarding this matter, please do not hesitate to contact our office at (954) 467-4700 ext. 4231.

Cordially,

Craig English  
Environmental Manager

Mission:  
To protect, promote & improve the health  
of all people in Florida through integrated  
state, county & community efforts.



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State Surgeon General

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# **Broward County Well Permitting Fee Schedule**

(Effective April 1, 2018)

<b><u>Program Codes</u></b>	<b><u>Charge Items</u></b>	<b><u>Fees</u></b>
359 WP	Domestic Potable Wells	\$125.00 (Present fee in Br. County Ordinance) \$15.00 (lab fee for bacteriological sample) <u>\$10.00</u> (Clearance Fee) \$150.00
359 WS	Repeat Bacti Sample	\$50.00 (Site Visit) <u>\$15.00</u> (lab fee for bacteriological sample) \$65.00
359 LF	Lab Fee for Bacteriological Sample	\$15.00
359 WN	Non-potable Wells (Irrigation, Monitoring, Fire Protection, Test, A/C Cooling Supply)	\$75.00
359 AW	Each additional non-potable well on the same site	\$50.00
359 DW	Delineated Wells	\$150.00
359 P1	Public Wells (less than 6-inch diameter)	\$300.00
359 P2	Public Wells (6-inch – 12-inch diameter)	\$350.00
359 WI	Re-inspection/Site Visit Fee	\$50.00 per visit
359 SE	Well Site Evaluation (For Public Supply Wells)	\$200.00
359 WA	Well Abandonment	\$50.00
359WC	Each additional well abandonment on the same site	\$25.00
359 DR	Well Repair (Domestic)	\$50.00
359 CR	Well Repair (Commercial)	\$100.00
359 WV	Variance	\$50.00
359 BC	Returned Check Charge	\$30.00

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State Surgeon General

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## CREDIT CARD AUTHORIZATION FORM

Facility: (Name) \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

### TO: FLORIDA DEPARTMENT OF HEALTH IN BROWARD COUNTY

We have taken an extra step to protect our clients from credit card fraud. An authorization form, filled out and faxed to us along with a copy of your current ID will ensure us that the person using your card is you. This is to confirm that you are using our services with your credit card. It is very important for us to have you complete this form and fax it back to us as soon as possible, so we can process your payment. Thank you for your cooperation.

Cardholder: \_\_\_\_\_ Card #: \_\_\_\_\_

Circle Type: **VISA**      **MASTERCARD**      **AMERICAN EXPRESS**      **DISCOVER**

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

**I AUTHORIZE BROWARD COUNTY HEALTH DEPARTMENT TO CHARGE MY ACCOUNT FOR THE FOLLOWING:**

Amount: \$ \_\_\_\_\_ and Service \_\_\_\_\_

If this is a renewal of BCHD License or Permit, Please print your Permit # \_\_\_\_ 06 \_\_\_\_\_

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### FAX THIS FORM TO: (954) 467-4898

Please make any updates to the renewal of your Broward County Health Department License or Permit.

**Facility Name:** \_\_\_\_\_ **License/Permit#** \_\_\_\_\_

**Location Address:** \_\_\_\_\_ **Location City, State, Zip** \_\_\_\_\_

**Location Phone:** \_\_\_\_\_ **Location Fax:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_ **Address:** \_\_\_\_\_

**City, State, Zip:** \_\_\_\_\_ **Owner/Manager/Contact** \_\_\_\_\_

**Phone:** \_\_\_\_\_ **Email:** \_\_\_\_\_ **Fax #:** \_\_\_\_\_

**PLEASE PRINT CLEARLY OR TYPE ALL INFORMATION**