



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

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

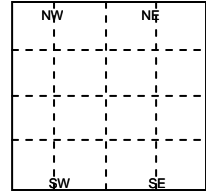
CHECK BOX FOR APPROPRIATE DISTRICT. ADDRESS ON BACK OF PERMIT FORM.

Permit No.
Florida Unique I.D.
Permit Stipulations Required (See attached)
62-524 well
CUP/ Application No.
WUP
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number

2. Well-Location - Address, Road Name or Number, City OSTDS No.

3. Well Drilling Contractor License No. Telephone No.
Address 4. 1/4 of 1/4 of Section (smallest) (biggest) (Indicate Well on Chart)
City State Zip 5. Township Range



6. County Subdivision Name Lot Block Unit

7. Number of proposed wells Check the use of well: (See back of permit for additional choices) Domestic Monitor (type) Irrigation (type) Public Water Supply (type) List Other
Distance from septic system ft. Description of facility Estimated start of construction date

8. Application for: New Construction Repair/Modify Abandonment (Reason for Abandonment)

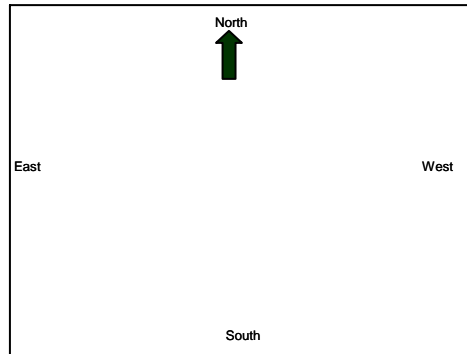
Date Stamp

9. Estimated: Well Depth Casing Depth Screen Interval from to Casing Material: Blk-Steel / Gal / PVC Casing Diameter Seal Material

10. If applicable: Proposed Grouting Interval Seal Material

Draw a map of well location and indicate well site with an "X". Identify known roads and landmarks; provide distances between well and landmarks.

11. Telescope Casing or Liner (check one) Diameter Blk-Steel / Galvanized / PVC Other (specify)



12. Method of Construction: Rotary Cable Tool Combination Auger Other (specify)

13. Indicate total No. of wells on site List number of unused wells on site

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes
District well I.D. No. Latitude Longitude Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)

15. 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 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 stated above.

Signature of Contractor License No. Owner's or Agent's Signature Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: Issue Date Hydrologist Approval Initials

Owner Number: Fee Received \$ Receipt No.: Check No.:
Enter numerical month, day and full, four-digit year

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.

Comments:



PBCHD

## INSTRUCTIONS

The following items must be provided with the completed application: a plat or dimensional drawing showing the location of the proposed well relative to existing building, pipes or other structures, as well as the location of all known sources of contamination in the vicinity and a dimensional drawing of the well construction details. Submission of any false statement or representation in this application is a violation of the law. Completed application shall be submitted to the Palm Beach County Health Department. Permit offices are located as follows:

Wells 4" and less- Palm Beach County Building Department, 1st floor, 100 Australian Avenue, West Palm Beach, FL 33406, Telephone 561-233-5139.  
 Wells over 4" and public wells- Environmental Health & Engineering, Plan Review & Permits, 901 Evernia Street, West Palm Beach, FL 33402, Telephone 561-355-3070.

<b>USE OF WELL - ADDITIONAL CHOICES</b>			
Recovery (R)	Landscape Irrigation (LI)	Recreation Area Irrigation (RAI) (ball fields, playgrounds)	<b>Agriculture (A)</b> (fish ponds)
<b>Public Water Supply (DEP)</b> Community (PWS-C) Non-Community (PWS-NC)	Agricultural Irrigation (AI) (crops, sod, orchards, nursery stock)	Golf Course Irrigation (GCI)	Class I Injection Well (C-1-I) Class V Injection (C-5-I)
Limited Use Public Supply (DOH) (LUPS)	Nursery Irrigation (NI) (retail outlets only)	Heat Pump (AC Supply) (HP-Sply)	Test (Temporary) WUP (T-WUP)
Livestock (L)	Pesticide (PM&L) Mixing & Loading	Heat Pump (AC Return) (HP-Ret)	Industrial (I)
Monitor Choices	Fuel(F)	Class 1 Monitor (C-1-M)	Class 5 Monitor (C-5-M)
Other Choices	Fuel Monitor (FM) Augmentation (A)	Geo Thermal (GT) Piezometer (P)	Sealing Water (SW)

## PERMIT CONDITIONS

1. Upon completion of the well and prior to use, the following must be submitted to the Palm Beach County Health Department before the well can be put into service:

a. Private Drinking Water Well

- (1) A well completion report.
- (2) One satisfactory bacteriological sample result no older than 60 days.  
Sample to be taken by the well contractor.

b. Non-Potable Wells (Irrigation, Fire Protection, etc.)

- (1) Well completion report.

c. Limited Use Well

- (1) A well completion report.
- (2) Five (5) satisfactory bacteriological sample results taken for five(5) consecutive days. Sample shall be taken by a certified lab. The last sample shall be no older than 60 days.
- (3) A chemical analysis for lead and nitrate.

2. This well shall be drilled in accordance with the construction details and site plan submitted with the application.

3. Well shall not be located in a low area subject to flooding.

4. If this a replacement well, the existing well shall be abandoned by filling it from the bottom to the top with neat cement grout. This shall be accomplished before the new well is released for service.

5. This permit does not indicate a waiver of or approval of any permits required by other federal/state/county agencies or of any permit required by this agency for other aspects of the total project.