

**CITY OF HALLANDALE BEACH
INVITATION TO BID (ITB)
SALT WATER MONITORING WELLS
PROJECT**

Attachment 1

**State of Florida Permit Application
to Construct, Repair, Modify, or
Abandon a Well**



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, Bottled Water Supply, Public Water Supply, Class I Injection, Landscape Irrigation, Recreation Area Irrigation, Agricultural Irrigation, Livestock, Nursery Irrigation, Commercial/Industrial, Golf Course Irrigation, Site Investigations, Monitoring, Test, Earth-Coupled Geothermal, HVAC Supply, HVAC Return
Class V Injection: Recharge, Commercial/Industrial Disposal, Aquifer Storage and Recovery, Drainage
Remediation: Recovery, Air Sparge, Other
10. Distance from Septic System if <= 200 ft.
11. Facility Description
12. Estimated Start Date
13. Estimated Well Depth, Estimated Casing Depth, Primary Casing Diameter, 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
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing: 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
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:

***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.