



PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

This form must be completed by the certified well contractor for approval prior to well construction.

Well Permit #:
OSTDS Permit #:
Fee Amount:
Date Paid:
CUP/WUP #:

St. Lucie County Health Department
Environmental Health - Water Programs
5150 NW Milner Drive Port St. Lucie, FL 34983
Phone: (772) 873-4931 Fax: (772) 873-4893

1. Owner, or Legal Name of Property Owner
Owner Mailing Address
City / State
Zip
Owner Phone No.
2. Well Location (Street Address and Directions)
City / Zip
3. Legal Description (Subdivision Name, Block No., Lot No.)
Latitude / Longitude
Section / Township / Range
4. Well Drilling Contractor
Driller Mailing Address
City / State
Zip
Driller Phone No.
Driller Fax No.

5. PROPOSED WELL: [] New [] Replacement [] Abandonment [] Repair [] Other:
6. WELL TYPE: [] Single Family Drinking [] Single Family Irrigation
[] DOH Public Drinking (>Duplex/ < 15 Service Connections/Serves less than 25 people/ or Business does not consume water) - WUP Required
[] DEP Public Drinking (> 15 Service Connections or Serves 25 people or more) - WUP Required
[] Commercial Irrigation - WUP Required [] Monitor - Qty [] Other (Explain):

7. SITE IS ON: [] SEWER [] SEPTIC PROPOSED DISTANCE TO CLOSEST SEPTIC OR PUBLIC SEWER LINE:
8. CUP/WUP: Is a Water Use Permit (WUP) required? [] YES [] NO (If YES WUP must be attached)
9. CONSTRUCTION METHOD: [] Rotary [] Cable Tool [] Other (Explain):
10. GROUTING METHOD: [] Bentonite [] Cement [] Other (Explain):
11. WELL CONSTRUCTION: [] PVC [] Blk-Steel [] Galvanized [] Other (Explain):
12. CASING DIAMETER (SIZE): 13. ESTIMATED: TOTAL DEPTH SCREEN INTERVAL FROM TO

- 14. PERMIT CONDITIONS:
Contact St. Lucie County Health Department (SLCHD) the day before initiating drilling or abandonment operations and provide the driller name, permit number, and estimated time drilling or abandonment will begin (Please contact an inspector directly 24 hours prior to drilling all public drinking water wells).
Detailed Site plan must be attached and show the proposed well location and distances to onsite building structures, property lines, all onsite and neighboring septic systems and/or sewer lines or sewer systems, and all other applicable setbacks per Florida Statutes and Florida Administrative Code.
This permit must be available at the well site during drilling or abandonment operations.

15. WELL CONTRACTOR PERMIT AGREEMENT:
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, will be obtained prior to commencement of well construction. I also certify that all setbacks referenced in Rule 40E-3, Florida Administrative Code (FAC), 64E-8, FAC, and 62-532, FAC, will be maintained. If above setbacks cannot be maintained a variance application will be applied for and obtained prior to drilling. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments. Well completion reports must be submitted to the District and the delegated agency within 30 days after drilling or the permit expiration, whichever occurs first.

OWNER/AGENT PERMIT AGREEMENT:
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 clarify 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 personnel of the DOH or a representative access to the well site.

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE ST. LUCIE COUNTY HEALTH DEPARTMENT.
PERMIT IS VALID FOR 180 DAYS FROM DATE OF ISSUANCE

Permit Approved By: Issue Date:
PRINT NAME SIGNATURE
Distance to closest septic system or sewer line: Well Construction Method: Grout Material:
Inspectors Comments:
Approved By: Date:
SIGNATURE

SITE PLAN



ALL SETBACKS AND PROPERTY LINES DETAILED ABOVE