



FLORIDA DEPARTMENT OF HEALTH
 ORANGE COUNTY HEALTH DEPARTMENT
 DIVISION OF ENVIRONMENTAL HEALTH
 800 N. Mercy Dr., Ste #1, Orlando, FL 32808
 Phone 407-521-2630 Fax 407-445-7493 / 7494

WELL CONSTRUCTION PERMIT APPLICATION
 Please Complete all applicable portions of this application and
 Print with ink or Type.

Application Date _____ Expected Completion Date _____

Application for: ___New (construction) ___Abandonment ___Modification of well

Contractor Information

 Last Name First Name Middle I Phone

 Business Name

 Mailing Address City St Zip

Well Owner Information

 Name Phone

 Mail Address City St Zip

Well Location

 Street# Street Name City Zip

Sec ___ Twn ___ Rng ___

Directions to well _____

Complete Construction Specifics on back.

NOTE:

Abandonment well request for inspection must be called in within 96 hours for inspection.

In addition to the OCHD permit, wells supplying public water, as outlined in Chapter 403 F.S. require a "Well Construction" permit from the appropriate Water Management District. To ensure that the electrical requirements of the well are met, a permit must also be obtained from the Building Department of jurisdiction.

I agree to furnish a log within 30 days after drilling operations cease on this site and to comply with all provisions of the Rules and Regulations of the appropriate Water Management District, and with Local Health Regulations relative to well construction. I further understand that, if construction on this well commences before a permit is issued, I am subject to paying a penalty of twice the normal permit fee.

For Health Dept use only

Approved by _____

Permit # _____

Permit Fee _____

Paid _____

Check # _____

Penalty fee _____

Penalty Pd _____

Delineated area _____

Variance req. _____

Date sent _____

Date Apprvd _____

LUCommercial _____

LUCommunity _____

PRivate use _____

SFR(single fam res) _____

Septic System _____

W Mgt Dist _____

 Contractor Signature

 License Number

Is Well within city limits? (Circle one) Yes No Is this location on Septic Tank? YES NO
If YES for Septic Tank, check one Existing____, New____ Bldg Permit# _____

Primary use of well: Domestic____, Irrigation____, Monitoring____
Other____, Explain other_____

Will Supply Serve: (check one?)

- ____ LUCommercial (One or More Non Residential establishments)
- ____ LUResidential (Five (5) or More Private residences or 2 or more rental residences)
- ____ Private (No more than four (4) Non Rental residences)
- ____ SFR (single family residence)

Is there an Existing well on Property YES NO If YES, will it be permanently discontinued YES NO

CONSTRUCTION SPECIFICS

Numbers of proposed wells _____ well depth _____

____ Deep Well (DP) in consolidated formation _____ Shallow (SH) in unconsolidated formation

Open Hole Diameter _____ inches. Cased Depth _____ ft.

DRILLING METHOD: _____ Cable Tool, _____ Jetted, _____ Rotary, _____ Combination _____ Other

CASING MATERIAL: _____ Galvanized _____ Iron, _____ PVC

ANNULAR MATERIAL: (seal material)

____ GROut, ____ GRAvel, ____ SAND, ____ BENtonite, ____ SURface casing

CASING JOINED BY: _____ COUpling, _____ WELd, _____ CAW Coupling & Weld

GROUT: _____ Bottom5' & Top20', _____ Upper 20 ft, _____ Bottom to Top, _____ Bottom 5 ft

PUMP TYPE: _____ JET, _____ SUBmersible, _____ OTHER Explain_____

Can pump Exceed 75psi? YES NO TANK TYPE: _____ Bladder, _____ Flow through

Electric: YES NO GPS Data: Latitude _____ Longitude _____

Attach Site Plan or Draw a sketch showing Location of Wells in relation to Existing Buildings and physical features, Septic Tanks or other sources of Pollution, Property Boundaries, and overhead obstructions such as Power Lines. Well must meet all setbacks.