



FLORIDA DEPARTMENT OF HEALTH
 ORANGE COUNTY HEALTH DEPARTMENT
 DIVISION OF ENVIRONMENTAL HEALTH
 832 W. Central Blvd., Orlando, FL 32805
 Location 807 W. Church Street
 Phone 407-836-2550 Fax 407-836-2622

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 _____ 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 Sec _____ Twn _____ Rng _____

Directions to well _____

Complete Construction Specifics on back.

NOTE:

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 _____

 Contractors 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

_____ 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

CASING MATERIAL: _____ GALvanized _____ IROn, _____ PVC

ANNULAR 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

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.