



# Office of Planning and Zoning

## Wellfield Protection Application

1. Project Name: \_\_\_\_\_
2. Description of Project: \_\_\_\_\_
3. Contact Person: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
4. Owner's Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
5. Name of well driller: \_\_\_\_\_ License No. \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
6. Consultant / Engineering Firm: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_
7. The Site of the proposed well installation is located in the vicinity of the following streets:  
\_\_\_\_\_  
Section \_\_\_\_ Township \_\_\_\_ Range \_\_\_\_ GPS Coordinates: \_\_\_\_\_
8. Additional Permits:  
FDEP - Application date: \_\_\_\_\_ Issue date: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
WMD CUP- Application date: \_\_\_\_\_ Issue date: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
DHHS - Application date: \_\_\_\_\_ Issue date: \_\_\_\_\_  
Permit Number: \_\_\_\_\_
9. Please list and identify on the site plan all structures, wells, and potential pollutant sources, such as petroleum storage tanks, septic tanks, spray fields, storm water facilities, etc. within a 500 foot radius of the wellhead.
10. Please attach copies of any and all applications and supporting data submitted to the above agencies, to include site plans, modeling studies, test well(s) or boring(s) logs, engineering designs and installation specifications. Include copies of any permits issued.

11. After approval, and within 30 days after the well(s) is completed, the following shall be submitted:

- a signed and sealed certification by a Professional Geologist or other qualified professional that the well was constructed to standards
- well construction details
- a geologic and/or drillers log, and
- an as-built site plan in ArcView GIS or geo-referenced AutoCAD file.

The supporting documentation must be submitted for review and approval prior to any installation activity.

Upon receipt of the complete application package, staff will review the project information for sufficiency to adequately ensure adherence to applicable County and State wellfield protection rules and regulations. An inspection of the installation site will be performed before final approval is given.

Note that protected well heads at a minimum must be grouted into the Avon Park geologic formation and this must be certified by a Professional Geologist or other qualified professional.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

To be completed by Staff

Application#: \_\_\_\_\_ Project#: \_\_\_\_\_ AR#: \_\_\_\_\_

Date Received: \_\_\_\_\_ Site Inspection Date: \_\_\_\_\_

Reviewed By: \_\_\_\_\_

Approved: \_\_\_\_ Yes \_\_\_\_ No

Comments: \_\_\_\_\_  
\_\_\_\_\_