



# Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida  
32399-2400

DEP Form No:	62-528.900(8)
Form Title:	Notification to FDEP of Class V Well Ownership
Effective Date:	_____.
DEP Application No.:	_____.
WACS#	_____ (Filled in by DEP)

## NOTIFICATION TO FDEP OF CLASS V WELL OWNERSHIP

**PART I General:**

Owner's Name	Email	Owner's Signature	
Owner's Address	City	County	Zip
Legal Contact (may be same as owner)	Email	Telephone Number	
Legal Contact's Address	City	County	Zip
Name of Facility			
Address of Facility	City	County	Zip
°   '   "   °   '   "	_____ Qtr   _____ Qtr   _____ Qtr	_____ Section, Township, Range	
Latitude/Longitude			

**PART II Type of Injection Well:**

(Indicate number of each type of well; for wells with multiple uses, describe each use.)

<p>_____ A/C Return Flow Wells</p> <p>_____ Cooling Water Return Flow Wells, Open-looped System</p> <p>_____ Cooling Water Return Flow Wells, Closed-looped System</p> <p>_____ Recharge Wells</p> <p>_____ Connector Wells</p> <p>_____ Subsidence Control Wells Lake Level Drainage Wells</p> <p>_____ Experimental Technology Wells</p> <p>_____ Salt-water Intrusion Barrier Wells</p> <p>_____ Aquifer Remediation Wells</p> <p>_____ Other (explain; use additional sheets as necessary)</p>	<p>_____ Swimming Pool Drainage Wells</p> <p>_____ Wells Receiving Domestic Waste</p> <p>_____ Dry Wells</p> <p>_____ Laundry Waste Wells</p> <p>_____ Sand Backfill Wells</p> <p>_____ Geothermal Wells</p> <p>_____ Radioactive Waste Disposal Wells</p> <p>_____ Stormwater Drainage Wells</p> <p>_____ Borehole Slurry Mining Wells</p> <p>_____ Aquifer Storage and Recovery Wells</p> <p>_____ Desalination Process Concentrate Wells</p>
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**PART III Well Design and Construction Details**

(Complete for each well. Attach separate sheet, if necessary, for multiple wells.):

Depth of open hole \_\_\_\_\_ Diameter of well \_\_\_\_\_ inches

Depth of casing(s) \_\_\_\_\_ feet

Type of casing: \_\_\_\_\_ PVC \_\_\_\_\_ Steel \_\_\_\_\_ Other \_\_\_\_\_ None

Cement: Type \_\_\_\_\_

Depth \_\_\_\_\_

Thickness \_\_\_\_\_

Name of Water Well Contractor/Driller: \_\_\_\_\_

Address: \_\_\_\_\_

**PART IV Operating Status of Well(s)**

(Attach separate sheet, if necessary, for multiple wells):

Active Years in Operation \_\_\_\_\_

Currently Not in Use Years in Operation \_\_\_\_\_

Date of Last Use \_\_\_\_\_

Plugged Years in Operation \_\_\_\_\_

Date of Last Use \_\_\_\_\_

Date of Plugging \_\_\_\_\_ Method of Plugging \_\_\_\_\_

Plugging Contractor \_\_\_\_\_

Address \_\_\_\_\_

**PART V Description of Injection Fluid:**

Nature of Fluid \_\_\_\_\_

Volume of Fluid \_\_\_\_\_ gpd (average)

\_\_\_\_\_ gpd (design or max.)

**PART VI Injection System:**

Describe the injection system, including the number, depth and location of any monitoring wells.

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**PART VII**

Distance and direction to nearest water supply well within a one (1) mile radius of the injection well: (e.g., 500 yards N.E. of injection well)

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**PART VIII Existing Permits:**

None

DEP Permit Number(s) \_\_\_\_\_

Permit is for well only.

Permit is for facility associated with well.

Water Management District Permit Number(s): \_\_\_\_\_

Permit is for well only.

Permit is for facility associated with well.