



SUWANNEE RIVER WATER MANAGEMENT DISTRICT

9225 CR 49 • LIVE OAK, FLORIDA 32060 • TELEPHONE 386/362-1001 • 800/226-1066 • FAX 386/362-1056
mysuwanneeriver.com

September 23, 2015

Caylon M Warner
4467 County Road 249
Live Oak, FL 32060-8277

SUBJECT: Water Well Construction Permit 226047 located in Suwannee County

Dear Sirs/Madam:

Please find enclosed the permit for the above referenced project. Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

The permit enclosed is a legal document. Please read the permit carefully since you are responsible for compliance with any conditions which is a part of this permit. Compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

If you have any questions concerning your permit, please do not hesitate to contact this office at (386) 362-1001.

Thank you for your interest in our water resources.

Sincerely,

A handwritten signature in black ink that reads "Gloria J. Hancock".

Gloria Hancock
Data Management Specialist
Bureau of Regulatory Support

cc: District Permit File
Contractor

DON QUINCEY, Chairman
Crestland, Florida
VIRGINIA M. SANCHEZ
Old Town, Florida

ALPHONAS ALEXANDER, Vice Chairman
Madison, Florida
RICHARD SCHWAB
Perry, Florida

VIRGINIA H. JOHNS, Secretary/Treasurer
Abernethy, Florida
BRADLEY WILLIAMS
Monticello, Florida

KEVIN BROWN
Abernethy, Florida
QUYN WILLIAMS
Lake City, Florida

GARY F. JONES
Old Town, Florida
CARLOS D. HERR, P.E.
Interim Executive Director
Lake City, Florida



STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

- ☐ Southwest ☐ Northwest ☐ St. Johns River ☐ South Florida ☒ Suwannee River ☐ DEP ☐ Delegated Authority (If Applicable)
- PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)
The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No: 3-121-226047-1
Florida Unique ID _____
Permit Stipulations Required (See Attached) _____
62-524 Quad No. _____ Delineation No. _____
CUP/WUP Application No. _____
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. **SHIRAH JOSEPH C & KELLIE F** **12437 CTY RD 137** **WELLBORN** **FL** **32094** **386-208-3847**
*Owner, Legal Name if Corporation *Address *City *State *Zip *Telephone Number
2. **12437 CR 137,, WELLBORN; FL - null**
*Well Location - Address, Road Name or Number, City
3. **1603S15E00382002000**
*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit
4. **16** **3S** **15E** **Suwannee**
*Section or Land Grant *Township *Range *County Subdivision Check if 62-524: Yes ☐ No ☒
5. **MICHAEL WARNER** **2674** **3863625401** **roundmanspump@windstream.net**
*Water Well Contractor *License Number *Telephone Number E-mail Address
6. **14381 48th St** **Live Oak** **FL** **32060-8212**
*Water Well Contractor's Address City State ZIP

7. *Type of Work: ☒ Construction ☐ Repair ☐ Modification ☐ Abandonment
*Reason for Repair, Modification, or Abandonment
8. *Number of Proposed Wells **1**
9. *Specify Intended Use(s) of Well(s):
☒ Domestic ☐ Landscape Irrigation ☐ Agricultural Irrigation ☐ Site Investigation
☐ Bottled Water Supply ☐ Recreation Area Irrigation ☐ Livestock ☐ Monitoring
☐ Public Water Supply (Limited Use/DOH) ☐ Nursery Irrigation ☐ Test
☐ Public Water Supply (Community or Non-Community/DEP) ☐ Commercial/Industrial ☐ Earth-Coupled Geothermal
☐ Class I Injection ☐ Golf Course Irrigation ☐ HVAC Supply
☐ HVAC Return
Class V Injection: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ Drainage
Remediation: ☐ Recovery ☐ Air Sparge ☐ Other (Describe) _____
Other (Describe) _____ (Note: Not all types of wells are permitted by a given permitting authority)
Date Stamp
Official Use Only

10. *Distance from Septic System if ≤ 200 ft. **75** 11. Facility Description **MOBILE HOME** 12. Estimated Start Date **09/24/2015**
13. *Estimated Well Depth **200** ft. *Estimated Casing Depth **160** ft. *Primary Casing Diameter **4** in. Open Hole: From **160** To **2000** ft.
14. Estimated Screen Interval: From _____ To _____ ft.
15. *Primary Casing Material: ☒ Black Steel ☐ Galvanized ☐ PVC ☐ Stainless Steel
☐ Not Cased ☐ Other: _____
16. Secondary Casing: ☐ Telescope Casing ☐ Liner ☐ Surface Casing Diameter **0** in.
17. Secondary Casing Material: ☐ Black Steel ☐ Galvanized ☐ PVC ☐ Stainless Steel ☐ Other _____
18. *Method of Construction, Repair, or Abandonment: ☐ Auger ☐ Cable Tool ☐ Jetted ☐ Rotary ☐ Sonic
☒ Combination (Two or More Methods) ☐ Hand Driven (Well Point, Sand Point) ☐ Hydraulic Point (Direct Push)
☐ Horizontal Drilling ☐ Plugged by Approved Method ☐ Other (Describe) _____
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:
From _____ To _____ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other _____)
From _____ To _____ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other _____)
From _____ To _____ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other _____)
From _____ To _____ Seal Material (☐ Bentonite ☐ Neat Cement ☐ Other _____)

20. Indicate total number of existing wells on site **0** List number of existing unused wells on site **0**
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP)
or CUP/WUP Application? Yes ☐ No ☒ If Yes, complete the following: CUP/WUP No. _____ District Well ID No. **123710**
22. Latitude **301331.944** Longitude **824926.2128**
23. Data Obtained From: ☐ GPS ☐ Map ☐ Survey Datum: ☐ NAD 27 ☐ NAD 83 ☐ WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.

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 certify 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 allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

MICHAEL WARNER **2674** **SHIRAH JOSEPH C & KELLIE F** **09/23/2015**
*Signature of Contractor *License No. *Signature of Owner of Agent *Date

BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By Gloria J. Hancock Issue Date **09/23/2015** Expiration Date **12/22/2015** Hydrologist Approval _____
Fee Received \$ **40** Receipt No. **129064** Check No. **OnLine-261330571-12985** Initials _____

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, MODIFICATION, OR ABANDONMENT ACTIVITIES.

*Permit No. 3-121-226047-1

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

2379 BROAD STREET, BROOKSVILLE, FL 34604-6899

PHONE: (352) 796-7211 or (800) 423-1476

WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

4049 REID STREET, PALATKA, FL 32178-1429

PHONE: (386) 329-4500

WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT

152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712

(U.S. Highway 90, 10 miles west of Tallahassee)

PHONE: (850) 539-5999

WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

P.O. BOX 24680

3301 GUN CLUB ROAD

WEST PLAM BEACH, FL 33416-4680

PHONE: (561) 686-8800

WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT

9225 CR 49

LIVE OAK, FL 32060

PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)

WWW.MYSUWANNEERIVER.COM

Comments:

***General Site Map of Proposed Well Location**

N .

Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 3-121-226047-1
Caylon M Warner
DATED SEPTEMBER 23, 2015

1. The well contractor shall notify the District no less than 24 hours prior to initiating construction, repair, abandonment, or grouting operations. The District representative for this permit is Mike Fuller (386)208-2465.
2. The well contractor shall meet the domestic well set-back/spacing requirements of Chapter 62-532, F.A.C., Table 1 Part C. Variances from these setbacks are not authorized unless approved in advance by the District.
3. The well contractor shall post a copy of this permit on-site during all phases of well construction, repair, or abandonment.
4. The well contractor shall submit to the District a Well Completion Report in a District-approved format within 30 days of the completion of the construction, repair, or abandonment authorized by this permit.
5. The well owner shall provide District staff access to the well site during all phases of well construction, repair, or abandonment.
6. Issuance of this permit does not relieve the well owner of obtaining any necessary federal, state, local or special District permits or authorizations.
7. The well contractor shall follow the well construction, repair, or abandonment plan described in the application. Changes to the construction, repair, or abandonment plan are not authorized unless approved in advance by the District.