STATE OF FLORIDA WELL COMPLETION REPORT

1. **Permit Number** __________  __________  __________  __________  __________  __________
   2. **CUP/WUP Number** __________  __________  __________  __________  __________  __________
   3. **DID Number** __________  __________  __________  __________  __________  __________

4. **Well Location - Address, Road Name or Number, City, ZIP**

5. **County** __________  __________  __________  __________  __________  __________
   6. **Section** __________  __________  __________  __________  __________  __________
   7. **Land Grant** __________  __________  __________  __________  __________  __________
   8. **Township** __________  __________  __________  __________  __________  __________
   9. **Range** __________  __________  __________  __________  __________  __________

10. **Latitude** __________  __________  __________  __________  __________  __________
    11. **Longitude** __________  __________  __________  __________  __________  __________

12. **Data Obtained From:**
   - GPS
   - Map
   - Other

13. **Datum:**
   - NAD 27
   - NAD 83
   - WGS 84

14. **Type of Work:**
   - Construction
   - Repair
   - Modification
   - Abandonment

15. **Specify Intended Use(s) of Well:**
   - Domestic
   - Landscape Irrigation
   - Agricultural Irrigation
   - Site Investigation
   - Storm Drainage
   - Backflow
   - Commercial/Industrial
   - Earth-Coupled Geothermal
   - HVAC Supply
   - HVAC Return
   - Class I Injection
   - Recharge
   - Commercial/Industrial Disposal
   - Aquifer Storage and Recovery
   - Drainage
   - Other

16. **Recovery:**
   - Oil Spill
   - Air Sparge
   - Thermal Recovery
   - Other

17. **Other (Describe):**

18. **Other (Explain):**

19. **Abandonment:**
   - Other

20. **Well Depth:**
   - Total Well Depth: __________  __________  __________  __________  __________  __________

21. **Seal Material (Check One):**
   - Neat Cement
   - Bentonite
   - Other

22. **Diameter:**
   - Casing Diameter and Depth:
     - Dia in.
     - From __________  To __________  No. of Bags __________  Seal Material (Check One):

23. **Chemical Analysis (When Required):**
   - Iron __________  ppm
   - Sulfate __________  ppm
   - Chloride __________  ppm

24. **Water Well Contractor:**
   - Contractor Name __________  __________  __________  __________  __________  __________
   - License Number __________  __________  __________  __________  __________  __________
   - E-mail Address __________  __________  __________  __________  __________  __________

25. **Contractor’s Signature:**
   - [I certify that the information provided in this report is accurate and true.]

DEP Form 62-532.900(2) Incorporated in 62-532.410, F.A.C. Effective Date: October 7, 2010
**Permit No. ____________ **

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SFWMD.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 PALM 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

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**DRILL CUTTINGS LOG** (Examine cuttings every 20 ft. or at formation changes. Note cavities and depth to producing zone. Grain Size: F=Fine, M=Medium, and C=Coarse)

<table>
<thead>
<tr>
<th>From ft.</th>
<th>To ft.</th>
<th>Color</th>
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Comments:

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*Detailed Site Map of Well Location*