



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: 3-023-241266-1
Florida Unique ID
Permit Stipulations Required (See Attached)
62-524 Quad No. 4822NW Delineation No.
CUP/WUP Application No.
ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. James Cardin 2488 Hibiscus Ave Middleburg FL 32068 9045043774
Owner, Legal Name if Corporation Address City State Zip Telephone Number

2. 2113 SW Centerville Ave, Ft White, FL 32038
Well Location - Address, Road Name or Number, City

3. 21-68-16-03903-002
Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit

4. 21 6S 16E Columbia
Section or Land Grant Township Range County Subdivision
Check if 62-524: Yes X No

5. CRAIG HALL 2660 3867521854 linda@hallsupumpandwellservice.net
Water Well Contractor License Number Telephone Number E-mail Address

6. 318 NW Carrie Ct Lake City FLORIDA 32055
Water Well Contractor's Address City State ZIP

7. Type of Work: X Construction Repair Modification Abandonment
Reason for Repair, Modification, or Abandonment

8. Number of Proposed Wells 1

9. Specify Intended Use(s) of Well(s):
X 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
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)

10. Distance from Septic System if ≤ 200 ft. 75 11. Facility Description Vacant Residential 12. Estimated Start Date
13. Estimated Well Depth 100 ft. Estimated Casing Depth 80 ft. Primary Casing Diameter 4 in. Open Hole: From 80 To 100 ft.
14. Estimated Screen Interval: From To ft.
15. Primary Casing Material: X Black Steel Galvanized PVC Stainless Steel
Not Cased Other:
16. Secondary Casing: Telescope Casing Liner Surface Casing Diameter 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
X 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 0 To 80 Seal Material (X 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 Lot number of existing unused wells on site

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 X No If Yes, complete the following: CUP/WUP No. District Well ID No. 148407

22. Latitude 295726.3815 Longitude 824330.28

23. Data Obtained From: GPS X Map Survey Datum: NAD 27 X 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.

CRAIG HALL 2660 CRAIG HALL 11/01/2021
Signature of Contractor License No. Signature of Owner or Agent Date

BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By [Signature] Issue Date 11/01/2021 Expiration Date 01/30/2022 Hydrologist Approval initials

Fee Received \$ 40 Receipt No. 142483 Check No. OnLine-41239T-283395
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.

1HP PC244