



Florida Department of Environmental Protection

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

DEP Form No: 62-528.900(10)
Form Title: Certification of Monitor Well Completion
Effective Date: _____
DEP Application No.: _____
WACS# _____ (Filled in by DEP)

WACS#

CERTIFICATION OF MONITOR WELL COMPLETION

Facility Name: _____

Owners Name: _____ Email: _____

Address: _____

City: _____ State: _____ Zip: _____

Well Contractor's Name: _____

Title: _____ State License No.: _____

Address: _____

City: _____ State: _____ Zip: _____

Well Location: _____

FDEP Permit Number: _____ Date Issued: _____

Monitor Well ID _____ Type of Casing _____ Cement Type _____

Cement Depth _____ Cement Thickness _____ Cement Additives _____

Monitor Well Purpose: (fill in all that are applicable)

_____ On-site monitor well associated with Injection Well No(s). _____

_____ Single Zone _____ Multizone

_____ Regional monitor well

_____ Other monitor well (specify) _____

Monitor Well Location:

Latitude/Longitude (to nearest .1 second):

Location Relative to Injection Well(s):

Please indicate distance (in feet) and direction from each injection well for which the monitor well is associated. For regional monitor wells please indicate approximate distance and direction from a specified point at the injection facility and the address where the well is located.

Actual Dimensions:

ID/OD Diameter _____ / _____ inches Monitoring Interval(s) _____
Well Depth _____ feet Casing depth _____ feet

Deviations from the application and plans approved by the Department:

Certification by Professional Engineer

I certify that the monitor well has been completed substantially in accordance with the approved plans and specifications, or that deviations will not prevent the monitor well from functioning in compliance with the requirements of Chapter 62-528, F.A.C., when properly operated and maintained. These determinations have been based upon on-site observation of well construction, scheduled or conducted by me or by a project representative under my direct supervision, for the purpose of determining if work proceeded in compliance with plans and specifications and application materials.

Name (please type)

Florida Registration Number

Company Name

Company Address

City State Zip

Telephone No.

Email:

(Affix Seal)