



# Florida Department of Environmental Protection

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

DEP Form No:	62-528.900(4)
Form Title:	Certification of Class V Well construction Completion
Effective Date:	_____.
DEP Application No.:	_____.
WACS#	_____ (Filled in by DEP)

WACS# \_\_\_\_\_ **CERTIFICATION OF CLASS V WELL CONSTRUCTION COMPLETION**

**INSTRUCTIONS:** Submit this certification to the Department along with a signed Copy of the Well Completion Report from the appropriate Water Management District (WMD) if required by the WMD.

DEP Construction Permit No. \_\_\_\_\_, issued on \_\_\_\_\_ . County \_\_\_\_\_  
(Date)

Owner's Name \_\_\_\_\_ Email Address \_\_\_\_\_

Owner's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Well Contractor's Name \_\_\_\_\_

Title \_\_\_\_\_ State License No. \_\_\_\_\_

Well Contractor's Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Well Location \_\_\_\_\_

Injection Well ID \_\_\_\_\_ Type of Casing \_\_\_\_\_

Cement Type \_\_\_\_\_ Cement Depth \_\_\_\_\_ Cement Thickness \_\_\_\_\_ Cement Additives \_\_\_\_\_

Deviations from the application and plans approved by the Department:

Actual Dimensions:

ID/OD Diameter \_\_\_\_\_ / \_\_\_\_\_ Inches

Well depth \_\_\_\_\_ feet

Casing depth \_\_\_\_\_ feet

This is to certify that, with the exception of the deviations noted above, the construction of this well has been completed in accordance with the plans authorized by:

Construction Permit No. \_\_\_\_\_, dated \_\_\_\_\_.

Date: \_\_\_\_\_

\_\_\_\_\_  
(Contractor's Signature)