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## Florida Department of Environmental Protection

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

DEP Form No:	62-528.900(6)
Form Title:	Application for Class V
Well Plugging ar	nd Abandonment Permit
Effective Date	: .
DEP Application	n No,:
WACS#	(Filled in by DEP)

## APPLICATION FOR CLASS V WELL PLUGGING AND ABANDONMENT PERMIT

Owner's Name	Telephone	Number	Email A	Address		
Owner's Address		City		County	Zip	
Authorized Representative* (may be same as owner) *Attach letter of authorization	Telephone	Number		Email Addres	S	
Authorized Representative's Address	ss	City		County	Zip	
Name of Facility						
Address of Facility		City		County	Zip	
o ' " o '	"	Qtr	Qtr	Qtr		
Latitude/Longitude of well WATER WELL CONTRACTOR:				Section,	Township,	Range
Water Well Contractor's Name, Tit.	le and Sta	te License	e Number	(Printed or t	yped)	
Street		City		State	Zip	
Existing Permits: (yes  no )	Permit	Number(s)				
☐ Permit is for well only						
Permit is for facility associate	ted with w	ell				
Description of Proposed Plugging P. of plugs, type and quantity of ceme					nt	

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Reason for Abandonment:

Well Design and Constructi	on Details (complet	ce for each wel	1):	
Depth of open hole		Diameter of	inches	
Depth of casing(s)				
Type of casing:	PVC	Steel	Other	None
Cement: Type	Dep	th	Thickness	
Operating Status of Wells:				
Active	] Years in Opera	tion		
Currently Not in Use	] Years in Opera	tion		
	Date of Last U	se		
Description of Injected Fl	uid:			
Nature of Fluid				
Volume of Fluid	gpd (	(average)	gpd (desi	gn or max.)
The Department may require, Included.	where necessary,	that a recent g	eophysical log be	
	_	Owner or Author	rized Representative's	Signature
	<del>-</del>	Date	<del>_</del>	