SUWANNEE RIVER
WATER MANAGEMENT DISTRICT

Virginia Johns, Chair
Charles Keith, Secretary/Treasurer
Hugh Thomas, Executive Director

February 28, 2024

Roundmans Pump Repair
14381 48th St
Live Oak, FL 32060-8212

SUBJECT: Water Well Construction Permit 248147- located in Lafayette County

Dear Sir/Madam:

Please find enclosed the permit for the above referenced project. Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state, and/or local agencies asserting concurrent jurisdiction for this work.

The permit enclosed is a legal document. Please read the permit carefully since you are responsible for compliance with any conditions which is a part of this permit. Compliance is a legal requirement and your assistance in this matter will be greatly appreciated.

If you have any questions concerning your permit, please do not hesitate to contact this office at (386) 362-1001.

Thank you for your interest in our water resources.

Sincerely,

Warren Zwanka, P.G.
Resource Management Division Director

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

	Southwest
	Northwest
	St. Johns River
	South Florida
X	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:	3-067-248147-1		
Florida Unique ID			
Permit Stipulations Required (See Attached)			
62-524 Quad No.	4926SE	Delineation No.	
CUP/WUP Application No.			

ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. **RIO SALLVEMINI** (*Owner, Legal Name if Corporation) | **5321 FAIRMONT ST** (*Address) | **JACKSONVILLE** (*City) | **FL** (*State) | **32226** (*Zip) | **9044225913** (*Telephone Number)

2. **N Fletcher Ave, Mayo, FL 32066**
*Well Location – Address, Road Name or Number, City

3. **1205110000000003501**
*Parcel ID No. (PIN) or Alternate Key (Circle One) | Lot | Block | Unit

4. **12** (*Section or Land Grant) | **5S** (*Township) | **11E** (*Range) | **Lafayette** (*County) | Subdivision | Check if 62-524: Yes **X** No

5. **Michael Warner** (*Water Well Contractor) | **2674** (*License Number) | **3863627365** (*Telephone Number) | **roundmanspump@windstream.net** (E-mail Address)

6. **14381 48th St** (*Water Well Contractor's Address) | **Live Oak** (City) | **FL** (State) | **32060-8212** (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
____ Bottled Water Supply
____ Public Water Supply (Limited Use/DOH)
____ Public Water Supply (Community orNon-Community/DEP)
____ Class I Injection
____ Landscape Irrigation
____ Recreation Area Irrigation
____ Agricultural Irrigation
____ Livestock
____ Nursery Irrigation
____ Commercial/Industrial
____ Golf Course Irrigation
____ Site Investigation
____ Monitoring
____ Test
____ Earth-Coupled Geothermal
____ HVAC Supply
____ HVAC Return

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)

Date Stamp
Confirmation# **304887**
Date: **02/28/2024**
Official Use Only

10. *Distance from Septic System if ≤ 200 ft. **75** 11. Facility Description **Vacant Residential** 12. Estimated Start Date **02/28/2024**

13. *Estimated Well Depth **120** ft. *Estimated Casing Depth **90** ft. *Primary Casing Diameter **4** in. Open Hole: From **90** To **120** 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	90	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 ____ List 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. **153936**

22. Latitude **300331.5618** Longitude **831026.68**

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.

Michael Warner (*Signature of Contractor) | **2674** (*License No.)

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

Michael Warner (*Signature of Owner or Agent) | **02/28/2024** (*Date)

BELOW THIS LINE – FOR OFFICIAL USE ONLY

Approval Granted By  Issue Date **02/28/2024** Expiration Date **05/28/2024** Hydrologist Approval ____ initials

Fee Received $ **40** Receipt No. **148432** Check No. **OnLine-80433000-304887**

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.

*Permit No. **3-067-248147-1**

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

Comments:

***General Site Map of Proposed Well Location**

N .

Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.

"EXHIBIT A"
CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 3-067-248147-1
Roundmans Pump Repair
DATED FEBRUARY 28, 2024

1. The well contractor shall notify the District and request approval prior to initiating any grouting deviations from the permitted grouting plan. Please provide notification via email to resourcemanagement@srwmd.org or call 386.362-1001.

2. The well contractor shall meet the well/ sanitary hazard setback requirements of Chapter 62-532, F.A.C., Table 1. Variances from these setbacks are not authorized unless approved in advance by the District.

3. The well contractor shall post a copy of this permit on-site during all phases of well construction or repair.

4. The well contractor shall submit to the District a Well Completion Report in a District-approved format within 30 days of the completion of the construction, repair, or abandonment authorized by this permit.

5. The well owner shall provide District staff access to the well site during all phases of well construction or repair.

6. Issuance of this permit does not relieve the well owner of obtaining any necessary federal, state, local or special District permits or authorizations.

7. The well contractor shall follow the well construction or repair plan described in the application. Changes to the construction or repair plan are not authorized unless approved in advance by the District.

8. The well contractor shall finish the upper well terminus a minimum of 12 inches above the slab elevation or finished grade whichever is higher.