



Lee County Completion Report Elevator Shafts Only

CONSTRUCTION PERMIT # WEL 20

Owner _____ Site Address _____ City _____ State _____ Zip _____

Contractor's Signature _____ Lee County License # _____ Completion Date _____ Shaft Total Depth _____

Well Driller's Name _____ State License # _____

Strap # _____
(section) (township) (range) (unit) (block) (lot)

LOCATION: (Subdivision/Area) _____

TYPE OF WORK: Construct () Repair () Abandon ()

WELL USE: Elevator Shaft Drilling () Elevator Shaft Grouting ()

METHOD: Rotary with MUD () or Air () Cable Tool ()
Casing Driven () Other () _____

OUTER CASING: Black Steel () Galv. () PVC () Fiberglass ()

OUTER CASING DEPTH _____ft OUTER CASING DIA. _____"

INNER CASING: Black Steel () Galv. () PVC () Fiberglass ()

INNER CASING DEPTH _____ft INNER CASING DIA. _____"

TOTAL # GROUT BAGS _____ GROUT THICKNESS _____"

GROUT TYPE: Portland 47# () 94# () % Additives _____%

Email to: Wellpermitting@leegov.com