

ELEVATOR SHAFT DRILLING/GROUTING PERMIT APPLICATION

Well Contractors' Cell/Mobile Ph # _____ State Lisc.# _____ County Lisc. # _____	WELL PERMITTING / NAT RES 1500 MONROE STREET, 1 st fl FORT MYERS, FL 33902-0398 Email: WellPermitting@leegov.com PHONE: (239) 533-8810 or 533-8540 FAX: (239) 485-8408	Lee County Permit Number(s) <b style="font-size: 1.2em;">WEL - _____
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APPLICATION TO LEE COUNTY FOR: Elevator Shaft Drilling() Elevator Shaft Grouting() Elevator Shaft Repair() Repair()

<b style="text-align: center;">OWNER, BUSINESS, OR CORPORATION Name: _____ Address: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Authorized Agent or Broker: _____	<b style="text-align: center;">WELL CONTRACTOR Name: _____ Company: _____ City: _____ State: _____ Zip: _____ Phone: () _____ Fax: () _____
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Site Address: _____ **Subdivision:** _____
Accurate Directions to Job Site: *(Re-inspection fees may be applied for incorrect or incomplete directions.)*

Site Inspected: Yes () No () **If No, Why?** _____

A Site Plan must accompany all permit applications.

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

LAND USE: Single Family() Duplex() Multi-Family() units _____ Commercial() Farm() Other _____

You may apply for drilling and grouting on the same permit if the same contractor is completing the work.

CONSTRUCTION SPECIFICATIONS
1. Rotary with Mud(<input type="checkbox"/>) or Air(<input type="checkbox"/>), Casing Driven(<input type="checkbox"/>), Cable Tool(<input type="checkbox"/>), Jetting(<input type="checkbox"/>), Other _____ 2. Borehole _____" diameter X _____' deep. 3. Surface Casing will be steel _____" diameter X _____' deep. 4. PVC Liner will be _____" diameter X _____' deep. 5. Grout composition with % additives: _____ 6. Total depth of well _____'. 7. Casing Material: PVC(<input type="checkbox"/>) Schedule # _____ Fiberglass(<input type="checkbox"/>) Black Steel (<input type="checkbox"/>) Galv.(<input type="checkbox"/>) _____ lbs./ft, Other _____
Contractor's Comments: _____ _____ _____

I HEREBY CERTIFY THAT THE CONSTRUCTION, ABANDONMENT OR REPAIR OF THE WELL WILL COMPLY WITH THE RULES OF LEE COUNTY, WILL NOT ADVERSELY AFFECT THE WATER RESOURCES, AND THAT A WATER USE PERMIT, IF NEEDED, HAS OR WILL BE OBTAINED FROM SOUTH FLORIDA WATER MANAGEMENT DISTRICT FOR THIS PROJECT PRIOR TO COMMENCEMENT OF WELL CONSTRUCTION. I ALSO AGREE TO PROVIDE A WELL COMPLETION REPORT TO LEE COUNTY WITHIN 30 DAYS FROM COMPLETION OF THE WELL. ISSUANCE OF A PERMIT PURSUANT TO THIS APPLICATION DOES NOT RELIEVE THE APPLICANT OF THE RESPONSIBILITY TO ACQUIRE ANY NECESSARY APPROVALS FROM ANY OTHER FEDERAL, STATE OR LOCAL GOVERNMENT AGENCIES.

SIGNATURE OF OWNER OR AUTHORIZED AGENT _____	DATE _____	CONTRACTOR'S SIGNATURE _____	DATE _____
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PLEASE MAKE ALL CHECKS PAYABLE TO: LEE COUNTY BOCC (Board of County Commissioners)

DO NOT WRITE BELOW THIS LINE

Received and Approved By _____ Date _____