

TEST BORING PERMIT APPLICATION

WELL CONTRACTORS' Cell/Mobile Ph # _____ State Lisc. # _____ County Lisc. # _____	LEE COUNTY NATURAL RESOURCES DIVISION 1500 MONROE STREET FORT MYERS, FL 33902-0398 PHONE: (239) 533-8810 or 533-8540 FAX: (239) 485-8408 Wellpermitting@leegov.com	Lee County Permit Number(s) <div style="font-size: 2em; font-weight: bold; text-decoration: underline;">WEL-</div>
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TEST BORING APPLICATION: Six (6) test borings per permit @ \$ 180.00 + \$30.00 per each additional boring – same site

OWNER, BUSINESS OR CORPORATION	WELL CONTRACTOR
Name: _____	Name: _____
Address: _____	Address: _____
City: _____ State: _____ Zip: _____	City: _____ State: _____ Zip: _____
Phone: () _____ Fax: () _____	Phone: () _____ Fax: () _____
Authorized Agent or Broker: _____	

Site Address: _____ **Subdivision/City:** _____
Accurate Directions to Job Site: *(Re-inspection fees may be applied for incorrect or incomplete directions).*

Site Inspected: Yes No _____ If no, why?

Site Plan showing location(s) must accompany all applications

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

LAND USE: Single Family Duplex Multi-Family Units _____ Commercial Farm Other: _____

**** A PIEZOMETER WELL WILL BE CHARGED AS A TEST BORING IF ABANDONED IN LESS THAN A WEEK AND AS A MONITOR WELL IF IN PLACE FOR A WEEK OR MORE****

CONSTRUCTION SPECIFICATION

*Test Boring locations must be staked or painted, for inspection purposes.

1. Rotary with Mud or Air Auger Split Spoon Other _____
2. Please indicate below the number of borings for each specification:
 - A. Number of Borings _____ @ Borehole _____" diameter X _____' deep.
 - B. Number of Borings _____ @ Borehole _____" diameter X _____' deep.
 - C. Number of Borings _____ @ Borehole _____" diameter X _____' deep.
 - D. Number of Borings _____ @ Borehole _____" diameter X _____' deep.
 - E. Number of Borings _____ @ Borehole _____" diameter X _____' deep.
3. Grout composition : Neat Cement _____ Portland Cement with % additives: _____

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 APPLICANMT OF THE RESPONSIBILTY 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

PLEASE MAKE ALL CHECKS PAYABLE TO: LEE COUNTY BOCC (Board of County Commissioners) DO NOT WRITE BELOW THIS LINE

SIGNATURE OF AUTHORIZED COUNTY REPRESENTATIVE: _____ **DATE:** _____