

**Lee County
Natural Resources Division
REPLACEMENT WELL DATA - FORM**

The following information **must be provided** before a Replacement Well Construction Permit, can be issued.

Owner: _____ (Please Print)

Address: _____ (Please Print)

<p><u>To be completed by owner:</u></p> <ul style="list-style-type: none"> <input type="checkbox"/> Pump loses prime <input type="checkbox"/> Decreased volume <input type="checkbox"/> Pump fused to Casing <input type="checkbox"/> Poor Water Quality <input type="checkbox"/> Sand <input type="checkbox"/> Other <p>Land Use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Single Family <input type="checkbox"/> Duplex <input type="checkbox"/> Commercial <input type="checkbox"/> Other 	<p>Existing well use:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Domestic <input type="checkbox"/> Irrigation <input type="checkbox"/> Public Supply <input type="checkbox"/> Farm <input type="checkbox"/> Livestock <input type="checkbox"/> Other <p>Public Utilities:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Water yes or no (circle) <input type="checkbox"/> Septic <input type="checkbox"/> Sewer
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Owner's Signature: _____ **Date:** _____

❖ Current wellhead must be located & exposed for Plugging by the Licensed Well contractor. Well **MUST** be plugged within 14 days of construction of new well.

<p>Contractor's Data description:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Well Depth _____ <input type="checkbox"/> Casing Diam _____ <input type="checkbox"/> Casing is made of: _____ 	<p>Water Conditions:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Static water level depth _____ <input type="checkbox"/> Other _____
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◆ **If this well is not abandoned within 14 days from new well being constructed, the Contractor agrees that no new permits will be issued until rectified with Lee County.**

Well Contractor's Signature: _____ **Date:** _____

OFFICIAL USE ONLY BELOW THIS LINE

Approved by: _____ **Date:** _____

Received _____ **Received by:** _____