



Alachua County Well Registration Form

Site Tax Parcel Number: _____

Section: _____ Township: _____ Range: _____

Proposed Starting Date: _____

Property Owner/Agent Name: _____

Mailing Address: _____

Phone number: _____

Well Location Address: _____

Well Contractor Name: _____

Proposed Casing Depth: _____ Proposed Casing Diameter: _____

Proposed Total Depth: _____ Aquifer: _____

Proposed Casing Type:	Category:	Construction Method:	Intended Well Use:
<input type="radio"/> Black Iron	<input type="radio"/> New Construction	<input type="radio"/> Cable Tool	<input type="radio"/> Private Well
<input type="radio"/> Galvanized	<input type="radio"/> Modification	<input type="radio"/> Rotary	<input type="radio"/> Public Supply
<input type="radio"/> PVC	<input type="radio"/> Abandonment	<input type="radio"/> Jetted	<input type="radio"/> Irrigation
<input type="radio"/> Other: (Please Specify) _____	<input type="radio"/> Existing	<input type="radio"/> Auger	<input type="radio"/> Industrial
		<input type="radio"/> Other: (Please Specify) _____	<input type="radio"/> Monitor
			<input type="radio"/> Other: (Please Specify) _____

Additional Comments/Information: _____

I do hereby agree to comply with the provisions of the Alachua County Well Registration Code (Alachua County Code Chapter 356) and Murphree Wellfield Code (Alachua County Code Chapter 355).

 Signature(s) Date
 Owner and/or Contractor

Please fill out and return to Attention: Heather Martin, at the above address, or fax to (352) 264-6852
 Questions can be directed to Heather Martin, at (352) 264-6813.
 A well completion report must be submitted to ACEPD upon completion of the well. The well completion report can be obtained from the well contractor. Existing well owners can submit the well completion report with this form.

ACEPD use. Do not write in shaded area

Completion Report Received _____ Date Rec'd _____

Data Entered _____ Date _____ Int _____