

**Owner/Applicant Signature Authorization**


**Project Name:** HARMONY CDD GARDEN WELL

**Application and/or Permit # (if available):** \_\_\_\_\_

I hereby designate and authorize the agent listed below to act on my behalf, or on behalf of my corporation, as the agent in the processing of this application for the permit and/or proprietary authorization indicated above; and to furnish on request supplemental information in support of this application. In addition, I authorize the below-listed agent to bind me, or my corporation, to perform any requirement which may be necessary to procure the permit or authorization.

I understand that knowingly making any false statement or representation in this application is a violation of Section 373.430, F.S. and 18 U.S.C Section 1001.

**Printed Name of Authorized Agent:** MAT MONTANA

**Signature of Authorized Agent:** 

**Date:** 12/4/19

**Typed/Printed Name of Owner/Applicant:** Gerhard van der Suel

**Corporate Title if Applicable:** Field Operation Manager

**Signature of Owner/Applicant:** 

**Date:** 12/04/2019

HARMONY CDD  
7360 Five Oaks Dr  
Harmony FL 34773



**STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL**

- Southwest
- Northwest
- St. Johns River
- South Florida
- Suwannee River
- DEP
- Delegated Authority (If Applicable) OSCHD

PLEASE FILL OUT ALL APPLICABLE FIELDS  
(\*Denotes Required Fields Where Applicable)

The water well contractor is responsible for completing this form and forwarding the permit application to the appropriate delegated authority where applicable.

Permit No. \_\_\_\_\_  
 Florida Unique ID \_\_\_\_\_  
 Permit Stipulations Required (See Attached) \_\_\_\_\_  
 62-524 Quad No. \_\_\_\_\_ Delineation No. \_\_\_\_\_  
 CUP/WUP Application No. \_\_\_\_\_  
**ABOVE THIS LINE - FOR OFFICIAL USE ONLY**

1. Harmony CDD 313 Campus St. Celebration, FL 34747 407-301-2235  
 \*Owner, Legal Name if Corporation \*Address \*City \*State \*ZIP Telephone Number

2. 7370 Five Oaks Dr. St. cloud, FL 34773  
 \*Well Location - Address, Road Name or Number, City

3. 30-26-32-3117-0001-0GMO  
 \*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit

4. 30 26S 32E Osceola \_\_\_\_\_  
 \*Section or Land Grant \*Township \*Range \*County Subdivision Check if 62-524  Yes  No

5. Montana Well Drilling 11214 407-908-5999 montanawdrilling@gmail.com  
 \*Water Well Contractor \*License Number \*Telephone Number E-mail Address

6. 4465 Packard Ave. St. Cloud FL 34772  
 \*Water Well Contractor's Address City State ZIP

7. \*Type of Work:  Construction  Repair  Modification  Abandonment

8. \*Number of Proposed Wells 1 \*Reason for Repair, Modification, or Abandonment \_\_\_\_\_

9. \*Specify Intended Use(s) of Well(s):  
 Domestic  Landscape Irrigation  Agricultural Irrigation  Site Investigations  
 Bottled Water Supply  Recreation Area Irrigation  Livestock  Monitoring  
 Public Water Supply (Limited Use/DOH)  Nursery Irrigation  Test  
 Public Water Supply (Community or Non-Community/DEP)  Commercial/Industrial  Earth-Coupled Geothermal  
 Class I Injection  Golf Course Irrigation  HVAC Supply  
 HVAC Return

Class V Injection:  Recharge  Commercial/Industrial Disposal  Aquifer Storage and Recovery  Drainage  
 Remediation:  Recovery  Air Sparge  Other (Describe) \_\_\_\_\_  
 Other (Describe) \_\_\_\_\_

10. \*Distance from Septic System if  $\leq 200$  ft. 50 11. Facility Description \_\_\_\_\_ 12. Estimated Start Date \_\_\_\_\_

13. \*Estimated Well Depth 380 ft. \*Estimated Casing Depth 250 ft. Primary Casing Diameter 4 in. Open Hole: From 250 To 380 ft.

14. Estimated Screen Interval: From \_\_\_\_\_ To \_\_\_\_\_ ft.

15. \*Primary Casing Material:  Black Steel Galvanized PVC Stainless Steel  
 Not Cased Other: \_\_\_\_\_

16. Secondary Casing: Telescope Casing Liner Surface Casing Diameter \_\_\_\_\_ in.

17. Secondary Casing Material Black Steel Galvanized PVC Stainless Steel Other \_\_\_\_\_

18. \*Method of Construction, Repair, or Abandonment: Auger Cable Tool Jetted Rotary Sonic  
 Combination (Two or More Methods) Hand Driven (Well Point, Sand Point) Hydraulic Point (Direct Push)  
 Horizontal Drilling Plugged by Approved Method Other (Describe) \_\_\_\_\_

19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:  
 From 0 To 250 Seal Material ( Bentonite Neat Cement Other \_\_\_\_\_)  
 From \_\_\_\_\_ To \_\_\_\_\_ Seal Material (  Bentonite Neat Cement Other \_\_\_\_\_)  
 From \_\_\_\_\_ To \_\_\_\_\_ Seal Material (  Bentonite Neat Cement Other \_\_\_\_\_)  
 From \_\_\_\_\_ To \_\_\_\_\_ Seal Material (  Bentonite Neat Cement Other \_\_\_\_\_)

20. Indicate total number of existing wells on site \_\_\_\_\_ List number of existing unused wells on site \_\_\_\_\_

21. \*Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application?  Yes No If yes, complete the following. CUP/WUP No. \_\_\_\_\_ District Well ID No. \_\_\_\_\_

22. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_

23. Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or official recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of their responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

[Signature] 11214 [Signature] 12/4/2019  
 \*Signature of Contractor \*License No. \*Signature of Owner or Agent \*Date

**BELOW THIS LINE - FOR OFFICIAL USE ONLY**

Approval Granted By \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Hydrologist Approval \_\_\_\_\_  
 Fee Received \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_  
 THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899  
PHONE: (352) 796-7211 or (800) 423-1476  
WWW.SWFWMD.STATE.FL.US

**SOUTH FLORIDA WATER MANAGEMENT DISTRICT**  
P.O. BOX 24680  
3301 GUN CLUB ROAD  
WEST PALM BEACH, FL 33416-4680  
PHONE: (561) 686-8800  
WWW.SFWMD.GOV

**ST. JOHNS RIVER WATER MANAGEMENT DISTRICT**  
4049 REID STREET, PALATKA, FL 32178-1429  
PHONE: (386) 329-4500  
WWW.SJRWMD.COM

**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

**NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT**  
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712  
(U.S. Highway 90, 10 miles west of Tallahassee)  
PHONE: (850) 539-5999  
WWW.NWFWMD.STATE.FL.US

Comments:

**\*Osceola County Well Permit Conditions\***

- 1.) Well Driller **MUST** call the office (407-742-8606) when drilling, abandoning or repairing a well for an inspection. For after hours leave voice mail.
- 2.) Inspections **MUST** be called in at least 2 hours in advance of grouting. ( Public wells require a 24 hour notice.)
- 3.) A Health Department inspector must be onsite during grouting, unless approval to grout has been granted.

**\* Failure to comply with these conditions may result in a citation, in accordance with guidelines.\***

**\*General Site Map of Proposed Well Location**

Parcel ID  
302632311700010GMO



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.