

SEMINOLE TRIBE OF FLORIDA

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MANAGEMENT DEPARTMENT

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Chairman

MITCHELL CYPRESS
Vice Chairman

LAVONNE KIPPENBERGER
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PETER HAHN
Treasurer

WATER PERMIT APPLICATION

(Application to Construct Well or Use Tribal Water)

For Departmental Use:

Date Received:

SWCP Number:

Presented to SWC:

Date Approved:

Comments:

Section 1:

Application For: Surface Water Management *

Activity Is: New

Construct Well Abandon Well

Existing **

Water Use

Modification **

* For a construction project that will impact one (1) or more acres, a U.S. EPA Notice of Intent Form 2040-0188, a SWPP Plan, and upon completion, a Notice of Termination Form 2040-0086 must also be filled out and filed with the U.S. EPA

** If existing or modification does it have a Tribal Permit?

Section 2:

Drilling Company:

Address:

City:

State:

Zip Code:

County:

Telephone:

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Section 3:			
Name of Applicant:			
Reservation:			
Location of Activity (Address):	City:	State:	Zip Code:
Size of well:	Number of Acres:		
Note:	An accurate location map clearly showing project boundaries must accompany this application. The description of site location must be sufficient to locate the site on Department's aerial photographs.		
Section 4:			
Nature of Proposed Activity:			
Section(s):	Township(s):	S	Range(s): E
Section 5:			
a. If application is for water use, what is the water source?			
b. If application is for drainage, where will water discharge?			
c. If application is to modify existing permit, describe the changes:			
d. If application is to construct a new well, will well use any pipe with a casing diameter in excess of four (4) inches? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
e. Will activity use or involve more than 100 gallons of water per day? <input type="checkbox"/> Yes <input type="checkbox"/> No Estimated daily water use (gallons):			
Section 6:			
Note: This form must be completed and signed by the applicant. In addition, the applicant <u>must</u> include basic technical data about the activity, including minimum road and floor levels; discharge rate; retention/detention volume; design of any irrigation pipe, well or pump; and such other information as the Administrator may require.			
<p>Signature: _____</p> <p>Date: _____</p>			
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TABLE A
DESCRIPTION OF WELLS

Well No.				
Map Designation				
Existing/Proposed				
Diameter (Inches)				
Total Depth				
Cased Depth				
Screened Interval				
Pumped or Flowing				
Working Valve If Artesian (Yes/No)				
Pump Manufacturer And Model No.				
Pump (Centrifugal, Type Jet, Deep Jet, Turbine, etc.)				
Intake Depth (NGVD)				
Pump Capacity (GPM at ___ FT of head at ___ PSI)				
Active (Yes/No)				
Year Drilled				
Type of Meter				
Florida Plane Coordinates				