



# WATER USE PERMIT APPLICATION

South Florida Water Management District

3301 Gun Club Road, West Palm Beach, FL33406

(561) 686-8800 [www.sfwmd.gov/ePermitting](http://www.sfwmd.gov/ePermitting)



## SECTION I – CONTACT INFORMATION

**WATER USE PERMIT #** (if application is for renewal or modification): \_\_\_\_\_

If necessary, attach additional sheets if there are multiple applicants, owners, agents, etc.

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: \_\_\_\_\_

*If applicant is a business, provide a contact person:* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

Applicant is:  Owner  Lessee\*  Other (explain) \_\_\_\_\_

\*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

3. **AGENT OR CONSULTANT**

NAME: \_\_\_\_\_ COMPANY NAME (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

4. **COMPLIANCE CONTACT** (Person responsible for sending compliance reports to the District)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

**SECTION II – APPLICATION INFORMATION**

Refer to the Applicant’s Handbook for permit application guidance, located online at [www.sfwmd.gov](http://www.sfwmd.gov). If any fields are not applicable for the proposed use, write N/A in the field.

1. **TYPE OF APPLICATION:**     New             Modification             Renewal  
 If this application is for a modification, please describe the modification request and the reason the modification is necessary. \_\_\_\_\_

2. **REQUESTED PERMIT DURATION:**  20 years     \_\_\_\_\_ years (up to 20 years)  
 I qualify for a duration greater than 20 years, per Florida Statute 373.236

3. **PROJECT NAME:** \_\_\_\_\_ **COUNTY:** \_\_\_\_\_

**PHYSICAL ADDRESS:** \_\_\_\_\_

4. **RELATED PERMITS** (for projects other than Public Supply)  
 ENVIRONMENTAL RESOURCE PERMIT (ERP) PERMIT/APPLICATION No(s): \_\_\_\_\_  
 RIGHT OF WAY (ROW) Permit/Application No(s): \_\_\_\_\_  
 DIVERSION AND IMPOUNDMENT (D&I) Permit/Application No(s): \_\_\_\_\_

**SECTION III – USE CATEGORY**

Please check all applicable water use categories associated with this permit application and complete the associated supplemental form(s) indicated. Refer to District rules 40E-21.651 for water use type definitions.

Water Use Category	Supplemental Form
<input type="checkbox"/> <b>Agricultural</b> (e.g., crops, livestock, nursery, aquaculture, pasture)	Form A
<input type="checkbox"/> <b>Commercial / Industrial</b> (e.g., service business, food and beverage production, cooling and heating, commercial attraction, manufacturing, chemical processing, power generation, aquifer remediation, mining)	Form B
<input type="checkbox"/> <b>Landscape / Recreation</b> (e.g., irrigation of parks, cemeteries, landscaped areas, golf courses, athletic fields, playgrounds)	Form C
<input type="checkbox"/> <b>Dewatering</b> (e.g., water use or removal associated with construction or excavation)	Form D
<input type="checkbox"/> <b>Public Supply</b> (e.g., public or privately owned water utility)	Form E
<input type="checkbox"/> <b>Diversion and Impoundment</b> (diversion or extraction of water). Independent Secondary users should use the applicable supplemental form based on type of water use.	Form F

**SECTION IV – SOURCES OF WATER**

**SUMMARY OF GROUNDWATER (WELL) FACILITIES**

<b>Well Name or Number</b>						
<b>Map Designation</b>						
<b>Existing or Proposed</b>						
<b>Date of Proposed Construction</b>						
<b>Date Installed if Existing</b>						
<b>Diameter (in)</b>						
<b>Total Depth (ft)</b>						
<b>Cased Depth (ft)</b>						
<b>Screened Interval (ft)</b>						
<b>Pumped or Flowing</b>						
<b>Pump Type (see Instructions)</b>						
<b>Pump Intake Depth (ft bls)</b>						
<b>Pump or Flow Capacity (GPM)</b>						
<b>Working Valve if Artesian (yes, no or not applicable)</b>						
<b>Status (see Instructions)</b>						
<b>Purpose (see Instructions)</b>						
<b>Elevation of the Wellhead (ft NGVD/NAVD - see Instructions)</b>						
<b>Water Use Accounting Method (see Instructions)</b>						
<b>Date Last Calibrated (ATTACH calibration report)</b>						
<b>Planar Coordinates (if known - see instructions)</b>						
<b>Section / Township / Range</b>						

## Instruction for Completing Groundwater (Wells) Section

**Well Name or Number:** The Applicant's designation of the well. How do you refer to it?

**Map Designation:** This is how the well is labeled on the map submitted with the application. This may be the same as Well Name or Number, but does not necessarily have to be.

**Existing or Proposed:** If the well is proposed, enter the date of expected operation. If it is an existing well, enter the date it was installed if you know it.

**Diameter:** Outside diameter of the well casing.

**Total Depth:** Total length in feet between the land surface and the bottom of the well.

**Cased Depth:** The length in feet from the land surface to the bottom of the well casing.

**Screened Interval:** The distance in feet below land surface to the top and bottom of the well screen, if the well is so equipped.

**Pumped or Flowing:** Does the well produce water as a result of natural artesian flow, or is it pumped?

**Pump Type:** This is the type of pump that has been installed for the well (typical choices are as follows):

Centrifugal	Diesel turbine	Axial flow	Windmill
Submersible	Jet	Suction	Other (specify)
Electric turbine	Hydraulic	Portable	

**Pump Intake Depth:** Location of the pump depth in feet below land surface. The pump may be on the surface or down inside the well.

**Pump or Flow Capacity:** The amount of water the pump can produce in gallons per minute (GPM).

**Working Valve:** If the well is artesian, does it have a working valve to control the flow?

**Status:**

- Primary
- Secondary (i.e. a production well that is rotated)
- Standby (i.e. used for freeze protection or emergency)
- Monitor
- Injection (i.e. A/C, pool heat exchange, etc.; sometimes used only periodically)
- Recharge (i.e. same as above)

**Purpose:** What will the water be used for (typical choices are as follows):

Dairy	Irrigation	Air Conditioning	Swimming Pool Heating
Monitor	Aquaculture	Freeze Protection	Irrigation/Lake Recharge
Livestock	Bottled Water	Mining/Dewatering	Aquifer Storage and Recovery
Industrial	Other (specify)	Public Water Supply	Aquifer Remediation and Recovery

**Elevation of the Wellhead:** This is the elevation of the top of the finished well at the ground surface.

**Planar coordinates:** The Florida State Plane System (Planar Coordinates) should be submitted if you have a land survey which identifies the location of the well in terms of those measurements. If you do not know what these are, it is not necessary to include them.

**Section / Township / Range:** The section, township and range in which the pump is located.

## SUMMARY OF SURFACE WATER (PUMP) FACILITIES

<b>Pump Name or Number</b>						
<b>Map Designation</b>						
<b>Surface Water Source</b>						
<b>Local Drainage District (if applicable)</b>						
<b>Existing or Proposed</b>						
<b>Date of Proposed Installation</b>						
<b>Date Installed if Existing</b>						
<b>Pump type (for list see Instructions)</b>						
<b>Pump Capacity (GPM)</b>						
<b>Pump Horsepower</b>						
<b>Pump Diameter (inches)</b>						
<b>Pump Intake Elevation (feet NGVD/NAVD)</b>						
<b>Status (see Instructions)</b>						
<b>Purpose (see Instructions)</b>						
<b>Two way pump? (yes / no)</b>						
<b>Water Use Accounting Method (see Instructions)</b>						
<b>Date Last Calibrated (ATTACH calibration report)</b>						
<b>Planar Coordinates (if known - see instructions)</b>						
<b>Section / Township / Range</b>						

## Instructions for Completing Surface Water (Pumps) Section

**Pump Name or Number:** The Applicant's designation of the pump. How do you would refer to it?

**Map Designation:** This is how the pump is labeled on the map submitted with the application. This may be the same as Pump Name or Number, but does not necessarily have to be.

**Surface Water Source:** This is the name of the water body from which the pump withdraws water (e.g. SFWMD C-51, Lake Worth Drainage District Canal E-3, Un-named canal, onsite lake).

**Local Drainage District:** If the project is located in a local drainage or "298" district, such as Lake Worth Drainage District, Indian Trails Water Control District, etc., please identify it.

**Existing or Proposed:** If the pump is proposed enter the date of expected operation. If it is an existing pump, enter the date it was installed if you know it.

**Pump Type:** Typical choices are:

Centrifugal	Diesel	Turbine	Axial	Flow	Submersible
Suction	Electric turbine	Hydraulic	Other (specify)		

**Pump Capacity:** The amount of water the pump can produce in gallons per minute (GPM).

**Pump Horsepower:** Horsepower rating of the pump.

**Pump Diameter:** Size of the intake opening of the pump, in inches.

**Pump Intake Elevation:** The elevation from which the pump can produce water without cavitating.

**Status:** Primary  
Secondary (i.e. a production pump that is rotated)  
Standby (i.e. used for freeze protection or emergency)

**Purpose:** What will the water be used for (typical choices are as follows):

Dairy	Irrigation	Air Conditioning	Swimming Pool Heating
Aquaculture	Freeze Protection	Irrigation/Lake Recharge	Mining/Dewatering
Livestock	Industrial	Aquifer Storage and Recovery	
Aquifer Remediation and Recovery	Other (specify)		

**Two way pump:** Can the pump be used for both intake of irrigation water and discharge of storm water?

**Flow Measurement Method:** Describe how the amount of water produced by the pump will be measured as per Section 4.1.1. of the Applicant's Handbook.

**Date Last Calibrated:** When was the flow measurement method last calibrated? ATTACH the calibration report.

**Planar coordinates:** The Florida State Plane System (Planar Coordinates) should be submitted if you have a land survey which identifies the location of the pump in terms of those measurements. If you do not know what these are, it is not necessary to include them.

**Section / Township / Range:** The section, township and range in which the pump is located.

## SUMMARY OF SURFACE WATER (CULVERT) FACILITIES

<b>Culvert Name or Number</b>						
<b>Map Designation</b>						
<b>Surface Water Source</b>						
<b>Local Drainage District (if applicable)</b>						
<b>Existing or Proposed</b>						
<b>Date of Proposed Construction</b>						
<b>Date installed if Existing</b>						
<b>Culvert type (for list see Instructions)</b>						
<b>Culvert length (Feet)</b>						
<b>Culvert Cross-section</b>						
<b>Culvert Diameter (inches)</b>						
<b>Culvert Height (inches)</b>						
<b>Culvert Width (inches)</b>						
<b>Invert Elevation (Feet NGVD/NAVD)</b>						
<b>Type of Control Device (for list see Instructions)</b>						
<b>Status (see Instructions)</b>						
<b>Purpose (see Instructions)</b>						
<b>Two way culvert? (yes / no)</b>						
<b>Water Use Accounting Method (see Instructions)</b>						
<b>Date Last Calibrated (if known)</b>						
<b>Planar Coordinates (if known - see instructions)</b>						
<b>Section / Township / Range</b>						

## Instructions for Completing Surface Water (Culverts) Section

**Culvert Name or Number:** The Applicant's designation of the culvert. How do you refer to it?

**Map Designation:** This is how the culvert is labeled on the map submitted with the application. This may be the same as Culvert Name or Number, but does not necessarily have to be.

**Surface Water Source:** This is the name of the water body from which the culvert withdraws water (e.g. SFWMD C-51, Lake Worth Drainage District Canal E-3, Un-named canal, onsite lake).

**Local Drainage District:** If the project is located in a local drainage or "298" district, such as Lake Worth Drainage District, Indian Trails Water Control District, etc., please identify it.

**Existing or Proposed:** If the culvert is proposed enter the date of expected operation. If existing, enter the date it was installed (if known).

**Culvert Type:** Corrugated; Metal pipe; Reinforced concrete pipe; Steel pipe

**Culvert Length:** Distance between the ends of the culvert in feet.

**Culvert Cross-section:** Is the culvert round, elliptical, rectangular, or other?

**Culvert Diameter:** If the culvert is round, the inside diameter of the culvert, in inches.

**Culvert Height:** If the culvert is not round, the inside height of the culvert, in inches.

**Culvert Width:** If the culvert is not round, the inside width of the culvert, in inches.

**Invert Elevation:** The lowest elevation, referenced to NGVD/NAVD, at which water will flow through the culvert.

**Type of Control Device:** What controls the flow of water through the culvert (typical choices are):  
Control gate; Flap gate; Flashboard riser; Gated riser; Screw gate; Slide gate; Valve; Other (specify)

**Status:** Primary; Secondary (i.e. a production pump that is rotated); Standby (i.e. used for freeze protection/emergency)

**Purpose:** What will the water be used for (typical choices are as follows):

Dairy	Irrigation	Aquaculture	Freeze Protection	Mining/Dewatering
Livestock	Industrial	Irrigation/Lake Recharge	Other (specify)	

**Two way culvert:** Can the culvert be used for both intake of irrigation water and discharge of storm water?

**Flow Measurement Method:** Describe how the amount of water produced by the pump will be measured as per Section 4.1.1. of the Applicant's Handbook.

**Date Last Calibrated:** When was the flow measurement method last calibrated? *ATTACH the calibration report.*

**Planar coordinates:** The Florida State Plane System (Planar Coordinates) should be submitted if you have a land survey which identifies the location of the culvert in terms of those measurements. If you do not know what these are, it is not necessary to include them.

**Section / Township / Range:** The section, township and range in which the culvert is located.



**SECTION V – EVALUATION OF RECLAIMED WATER FEASIBILITY**

The applicant is required to evaluate the feasibility of utilizing reclaimed water. The feasibility analysis must be completed as outlined in the Applicant’s Handbook, subsection 2.2.4.

- Feasibility analysis attached
- Not applicable (i.e. no lines in area, crop type restriction, already using reclaimed)

Explanation: \_\_\_\_\_

**SECTION VI – SUMMARY OF REQUESTED WATER USE**

Total the requested water use from each supplemental form (Agricultural, Irrigation, Commercial / Industrial, Public Water Supply, etc.) in the table below. If the multiple sources add up to more than 100%, please attach an operating plan with a detailed explanation.

Requested Amounts and Source(s) of Water				
Source 1 Name <sup>1</sup> (MGY <sup>2</sup> /MGM <sup>3</sup> )	Source 2 Name (MGY <sup>2</sup> /MGM <sup>3</sup> )	Source 3 Name (MGY <sup>2</sup> /MGM <sup>3</sup> )	Source 4 Name (MGY <sup>2</sup> /MGM <sup>3</sup> )	Total Requested Water Use (MGY <sup>2</sup> /MGM <sup>3</sup> )
/	/	/	/	/

<sup>1</sup> Provide the name of the water source. Examples include the Upper Floridan aquifer and the Biscayne aquifer.  
<sup>2</sup> MGY = Million gallons per year of water to be withdrawn over a 12-month time period under a 1-in-10 year drought condition (i.e. 1,500,000 gallons each day/1,000,000 = 1.5 x 365 = 547.5).  
<sup>3</sup> MGM = Maximum million gallons per month of water to be withdrawn in any single month under the 1-in-10 year drought condition.

**SECTION VII – AQUIFER STORAGE AND RECOVERY (complete if applicable)**

ASR Facility Name	Source of Stored Water <sup>1</sup>	Storage Aquifer Name	Recovery Water Destination	Estimated Demand Average/Maximum (MGD)	Estimated Injected Average/Maximum (MGD)
				/	/
				/	/
				/	/
				/	/

<sup>1</sup> Aquifer Name, surface water body, water treatment plant name.

Please describe any projected increases or decreases (from historical average) in the amounts stored or recovered.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**SECTION VIII – IMPACT EVALUATION**

When determining whether the permit applicant has provided reasonable assurances that the conditions for issuance are met, the District will consider the projected impact of the proposed withdrawal, along with impacts from any existing legal uses and other pending applications for a water use permit. To provide these assurances, studies and/or impact evaluations may be required. Please refer to the Applicant’s Handbook (subsection 3.3) for criteria regarding impact evaluations and attach your analysis, if applicable.

- Impact evaluation attached                       Not applicable

**SECTION IX – APPLICANT CERTIFICATION**

I certify that to the best of my knowledge and belief that all of the information provided on this form and in any attachment to it is correct. I understand that any permit issued shall be subject to review and modification, enforcement action, or revocation, in whole or in part, for any material false statement in an application to continue, initiate, or modify a use, or for any material false statement in any report or statement of fact required of the permittee [Section 373.243(1), Florida Statutes]. With advance notice, I agree to provide District staff with proper identification entry to the project site for the purpose of performing analyses of the site for determining whether the conditions for issuance will be met. Further, if a permit is granted, I agree that, with advance notice, District staff with proper identification shall have permission to enter, inspect, observe, collect samples, and take measurements of permitted facilities to determine compliance with the permit conditions and permitted plans and specifications.

If applicable) I authorize \_\_\_\_\_ to act as my agent for permit application coordination.

\_\_\_\_\_  
APPLICANT’S NAME                      APPLICANT’S SIGNATURE                      DATE  
*(print or type)*

\_\_\_\_\_  
AUTHORIZED AGENT’S NAME      AUTHORIZED AGENT’S SIGNATURE                      DATE  
*(print or type)*

**SECTION X – APPLICANT CHECKLIST**

**Please make sure to include the following with the permit application submittal:**

- Proof of Property Control (i.e. Deed, Lease) as per the Applicant’s Handbook, subsection 2.1.1 (may be obtained via the applicable county Property Appraiser’s website)
- Application Fee ([www.sfwmd.gov](http://www.sfwmd.gov))
- Location/Site Map (refer to supplemental application forms for specific requirements)
- Supplemental Form(s) and associated supporting information (i.e. maps, calculations)
- Water Conservation Plan (if applicable)
- Diversion and Impoundment (D&I) Independent Secondary User – Letter from the D&I that demonstrates legal access, and that the use will not cause the D&I to exceed its permit allocation.