



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

Southwest  
Northwest  
St. Johns River  
South Florida  
Suwannee River  
DEP

X Delegated Authority (If Applicable) COLLIER

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. COASTLAND HOMES LLC  
\*Owner, Legal Name if Corporation \*Address \*City \*State \*ZIP Telephone Number  
2. 2979 14TH AVE SE NAPLES FL 34117  
\*Well Location - Address, Road Name or Number, City  
3. 40987320009  
\*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit  
4. 18 49 28 COLLIER Check if 62-524: ☐ Yes ☐ No  
\*Section or Land Grant \*Township \*Range \*County Subdivision  
5. LEYVA ENTERPRISES OF FLORIDA INC 11322 561-271-5314 PUPOENTERPRISE@YAHOO.ES  
\*Water Well Contractor \*License Number \*Telephone Number E-mail Address  
6. 2365 EVANS RD LABELLE FL 33935  
\*Water Well Contractor's Address City State ZIP  
7. \*Type of Work: ☒ Construction ☐ Repair ☐ Modification ☐ Abandonment  
8. \*Number of Proposed Wells 1  
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. 102.11 11. Facility Description RESIDENTIAL 12. Estimated Start Date N/A  
13. \*Estimated Well Depth 90 ft. \*Estimated Casing Depth 75 ft. Primary Casing Diameter 4 in. Open Hole: From 75 To 90 ft.  
14. Estimated Screen Interval: From N/A To N/A 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 75 Seal Material (X Bentonite X Neat Cement X Other 10%BENTO....)  
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 N/A List number of existing unused wells on site N/A  
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. N/A District Well ID No. N/A  
22. Latitude \_\_\_\_\_ Longitude \_\_\_\_\_  
23. Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84  
I hereby 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 the WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.  
\*Signature of Contractor 11322 \*Signature of Owner or Agent 12/08/2021  
\*License No. \*Date  
BELOW THIS LINE - FOR OFFICIAL USE ONLY  
Approval Granted By \_\_\_\_\_ Issue Date \_\_\_\_\_ Expiration Date \_\_\_\_\_ Hydrologist Approval \_\_\_\_\_  
Fee Received \$ \_\_\_\_\_ Receipt No. \_\_\_\_\_ Check No. \_\_\_\_\_ Invoice \_\_\_\_\_  
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

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

**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

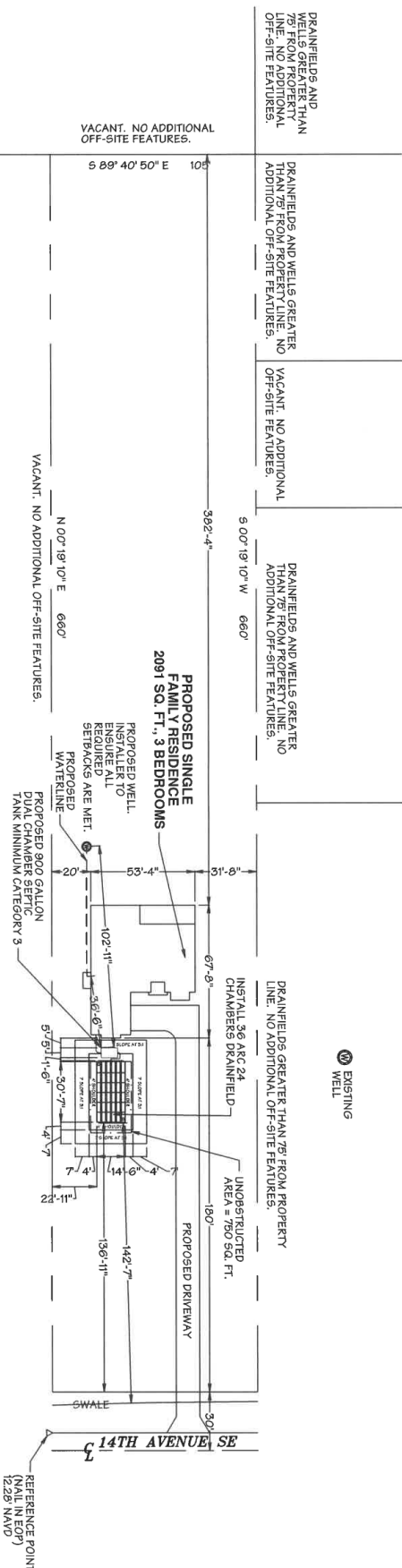
**SUWANNEE RIVER WATER MANAGEMENT DISTRICT**  
9225 CR 49  
LIVE OAK, FL 32060  
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)  
WWW.MYSUWANNEERIVER.COM

Comments: 40987320009

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



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



SEPTIC SYSTEM SITE LAYOUT PLAN

SCALE: 1" = 50'

<b>SEPTIC SYSTEM:</b>		<b>GENERAL NOTES:</b>		<b>LEGAL DESCRIPTION:</b>		<b>SEPTIC DRAINFIELD FOR:</b>		<b>DATE:</b> 08/23/2021		<b>DRAINFIELD DESIGN &amp; DENSITY, CORP.</b>	
DESIGN FLOW:	300 GALLONS PER DAY	1. THE DRAINAGE IS NOT A SURVEY. ALL STRUCTURES	2. THE DRAINAGE IS NOT A SURVEY. ALL STRUCTURES	E 1/4 OF TRACT 79	COLLIER COUNTY, FLORIDA	COASTLAND HOMES	14TH AVENUE SE	FILE #	2021-176		
SYSTEM DESIGN:	2091 SQ. FT., 3 BEDROOMS	3. A SEPTIC TANK MINIMUM CATEGORY 3	4. A SEPTIC TANK MINIMUM CATEGORY 3	FOOT 4. 4887120000		LLC		SCALE:	AS SHOWN		
LOADING FACTOR:	ROUND BED	5. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO	6. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO					REVISIONS:	BY: JLD		
TANK SIZE:	0.8	7. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO	8. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO					DATE	DATE		
SEPTIC TANK MINIMUM CATEGORY:	3	9. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO	10. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO								
DRAINFIELD SIZE REQUIRED:	300 (0.8 + 200 SQ. FT.)	11. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO	12. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO								
UNRESTRICTED AREA PROVIDED:	750 SQ. FT.	13. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO	14. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO								
UNRESTRICTED AREA PROVIDED:	750 SQ. FT.	15. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO	16. NO OFF-SITE ELEVATION REQUIREMENTS PRIOR TO								