DEMOLITION WELL PROTECTION FORM

Demolition Contractor / Owner Contact Info Number:_____	NATURAL RESOURCES DIVISION 1500 MONROE STREET 1st Floor Well Permitting FORT MYERS, FL 33902-0398 PHONE: (239 533-8114 FAX: (239) 485-8535	Lee County Case Number(s) **WEL -**

In order to protect Lee County's ground-water resources and to comply with Chapter 40E-3 Florida Administrative Code and Lee County Ordinance 06-09, all wells subject to damage or destruction during demolition activities must be reported to the Lee County Natural Resources Division (LCNRD) by submittal of this completed form. If a well is to be abandoned, the demolition contractor shall have a Lee County licensed water well *contractor perform the abandonment in compliance with the aforementioned rules and regulations. Please call or visit LCNRD if additional information is needed.*

DEMOLITION CONTRACTOR AND/OR OWNER Info required

Contractor / Owner Name: _____

Demo Site Address: _____

City: _____ **State:**_____ **Zip:**_____

Contact Phone: ( ) _____ **E-MAIL:** _____ **Fax: ( )** _____

STRAP # of Demolition site: ___ ___-___ ___-___ ___-___ ___-___ ___ ___ ___ ___. ___ ___ ___ ___

Land Use: Single Family ( ) Duplex ( ) Multi-Family ( ) Commercial ( ) Farm ( ) Other ( )

Accurate Directions to Job Site and the location of the well in relation to the street and building being demolished:

_____

_____

1. **Type of Structure**: (circle one) House, Mobile Home, Garage , Shed, Commercial Bldg., Other_____
2. **Potable Water: None ___Utility ___ Well ___Other _____**
3. **Irrigation Water: None ___Utility ___Well ___Other _____**
4. **Well located**: _____YES _____NO
4. **Utility Provided Sewer** _____ **or Septic Tank**_____
5. **Planned Date of Demolition:** _____
6. Existing Well(s) Will Be Protected During Demolition: Yes ____ or Properly ***Abandoned prior to Demolition____

***Water Well Contractor: (name of Well Contractor to be used for well Abandonment / Protection)**

If Known: _____

- *Signature of Demolition Contractor or Owner:__*_____ Date: _____
  - **Your Signature acknowledges that you have read and understand the reviewed conditions & requirements.**

Comments:_____

_____

Form Rec'vd By: _____ Date:_____