



DEMOLITION WELL PROTECTION FORM

Demo Contractor / Owner	NATURAL RESOURCES DIVISION 1500 MONROE STREET 1 st Floor Well Permitting FORT MYERS, FL 33902-0398 PHONE: (239) 533-8114 FAX: (239) 485-8535	Lee County Case Number
Tel #: _____ <small>CONTACT NUMBER</small>		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: _____