

Quality of Water Improvement Program (QWIP) Application Form



Southwest Florida
Water Management District
WATERMATTERS.ORG · 1-800-423-1476

PROPERTY OWNER INFORMATION

Property Owner: _____ **Date:** _____

Mailing Address:

Street Address _____ Suite/Unit # _____

City _____ State _____ ZIP Code _____

Primary Phone: _____ **Email:** _____

CONTACT INFORMATION

(Only complete for individual(s) authorized to act on the owner's behalf)

Contact Person: _____
(For completing paperwork)

Mailing Address: _____
(If not previously provided)

Street Address _____ Suite/Unit # _____

City _____ State _____ ZIP Code _____

Primary Phone: _____ **Email:** _____

Job Site Contact: _____ **Primary Phone:** _____
(If not previously provided)

WATER WELL CONTRACTOR INFORMATION

Business Name : _____ **Office Phone:** _____

Mailing Address:

Street Address _____ Suite/Unit # _____

City _____ State _____ ZIP Code _____

Office Contact: _____ **Email:** _____
(If applicable)

Contractor Name: _____ **Contractor License #:** _____
(If not previously provided)

Contractor Phone: _____ **Contractor Email:** _____
(If not previously provided)

WELL-SITE INFORMATION

Well-Site Address: _____
(If not previously provided)

Street Address _____ City _____ ZIP Code _____

County: _____ **Sec-Twn-Rng:** _____
Section Township Range

Well Coordinates: **Latitude:** _____ **Site Accessibility:**
(If available) Degrees Minutes Seconds Is well accessible to logging equipment ☐ Yes
(i.e. large van OR truck & trailer)? ☐ No

Longitude: _____
Degrees Minutes Seconds

Site-Specific Info:
(Directions to site, gate access codes, etc.)

WELL INFORMATION

(Leave blank or mark "NA" if info does not apply)

Identification Information:

Well Construction Permit #: _____

(For well abandonment ONLY)

Water Use Permit #: _____

(If applicable)

DID #: _____

Well Description:

Casing Diameter: _____ in.

Casing Type: ☐ Black Steel

☐ Galvanized

☐ PVC

☐ Stainless

☐ No casing

☐ Other

Approx. Casing Depth: _____ ft.

Well Use: ☐ Domestic

☐ Agriculture

☐ HVAC

Approx. Total Depth: _____ ft.

☐ Irrigation

☐ Monitor

☐ Mining

☐ Public Supply

☐ Injection

☐ Comm./Indust.

Does the well flow? ☐ Yes ☐ No

i.e. well is artesian

Has flow been stopped? ☐ Yes ☐ No ☐ N/A

If well does NOT flow, mark "N/A"

Abandonment ☐ Abandoned

☐ Development

☐ Collapsed

Reason: ☐ Water Quality

☐ Deteriorated Casing

☐ Other

Well Head

☐ Capped

☐ Temporary Plug

☐ Open

Status: ☐ Well Seal

☐ Covered

☐ Other

☐ Plugged

Additional Work:

1. Is the well obstructed? ☐ Yes ☐ No ☐ Unknown *If yes, answer 1a - 1d below. Otherwise, skip to question 2.*

a. Type of Obstruction: ☐ Pump ☐ Collapse ☐ Other ☐ Unknown

b. Attempted to clear obs.? ☐ Yes ☐ No

c. Obstruction removed? ☐ Yes ☐ No

d. Approximate Obs. Depth: _____ ft. Depth cleared to: _____ ft.

2. Did contractor remove pump? ☐ Yes ☐ No ☐ Other Describe other: _____

3. Schedule well for caliper log? ☐ Yes ☐ No

Additional Info:

(shelter over well, broken casing, under water, etc.)

APPLICATION SUBMISSION INFORMATION

Please email this form and any accompanying documents by clicking on the link to the email address listed below:

QWIPClaims@WaterMatters.org

For more information about the program, inquire on our website by clicking on the link below:

www.WaterMatters.org/projects/quality-water-improvement-program-qwip

For further inquiries about the program, contact Reed Putnall via the contact info listed below:

Address: 7601 US-301 North (Fort King Highway), Tampa, FL 33637-6759

Office Phone: 813-355-0443

Cell Phone: 813-355-9408

Email: Reed.Putnall@WaterMatters.org