

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 _____

Phone Number: _____ **Email:** _____

CONTACT INFORMATION

(If contact info is different from owner's info)

Owner's Contact: _____ **Primary Phone:** _____
(If applicable)

Mailing Address: _____
(ONLY if correspondence should be sent to Contact)

Street Address _____ Suite/Unit # _____

City _____ State _____ ZIP Code _____

Contact Email: _____

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

WELL CONTRACTOR INFORMATION

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

Mailing Address:

Street Address _____ Suite/Unit # _____

City _____ State _____ ZIP Code _____

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

Well Driller Name: _____ **Primary Phone:** _____
(If not previously listed)

Well Driller Email: _____
(If not previously listed)

WELL-SITE INFORMATION

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

Street Address _____ City _____ ZIP Code _____

County: _____ **Section:** _____ **Township:** _____ **Range:** _____

Well Coordinates: *(If available)* **Latitude:** _____ **Site Accessibility:**

Degrees _____ Minutes _____ Seconds _____ Is well accessible to logging equipment Yes

Longitude: _____ (i.e. large van/truck & trailer)? No

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 #: _____ (If applicable)
Water Use Permit #: _____ (If applicable)
DID #: _____

Well Description:

Casing Diameter: _____ in.
Casing Type: Black Steel Galvanized PVC
 Stainless Not cased Other

Approx. Casing Depth: _____ ft.
Well Use: Domestic Agriculture HVAC
 Irrigation Monitor Comm./Indust.
 Water Supply Injection Other

Approx. Total Depth: _____ ft.

Is the well flowing? Yes No

Abandonment Reason: Abandoned Development Other
 Water Quality Deteriorated Casing

Has flow been stopped? Yes No N/A
If answer to previous question is "No", mark "N/A"

Well Head Status: Capped Temporary Plug Open
 Well Seal Covered Other

Additional Work:

1. Is the well obstructed? Yes No Unknown *(If yes, answer 1a - 1d. 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.

2. Did contractor remove pump? Yes No Other: If other, please explain:

3. Schedule well for caliper log? Yes No

Additional Info:

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

APPLICATION SUBMISSION INFORMATION

Please submit this form and any accompanying documents to QWIP Claims by clicking on 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:

Office Phone: 941-377-3722, ext. 6546

Cell Phone: 813-355-9408

Email: Reed.Putnall@WaterMatters.org