## Quality of Water Improvement Program (QWIP) Application Form





			PROP	ERTY OWNE	R INFOR	MATI	ON			
Property Owner:							Date:			
Mailing Address:										
	Street Address							Suite/Unit	#	
Dhana Nomban	City			F			State	ZIP Code		
Phone Number:				Email:						
				ONTACT INI tact info is differe			fo)			
Owner's Contact:			(1) CON	tuet injo is unjjere	int from own	Primary Phone:				
(If applicable) Mailing Address:										
(If not previously listed)	Street Address							Suite/Unit	#	
	City						State	ZIP Code		
Contact Email:										
Job Site Contact:							Primary Phone:			
(If not previously listed)			WATER W	ELL CONTRA	CTOR IN	FORM	MATION			
Business Name :							Office Phone:			
							Office Pholie.			
Mailing Address:	Street Address							Suite/Unit	#	
Office Contact:	City				Email:		State	ZIP Code		
(If applicable)  Contractor Name:	Contractor License #:									
(If not previously listed)				•						
Contractor Phone: (If not previously listed)				Contracto (If not previous						
			V	/ELL-SITE IN	FORMAT	ION				
Well-Site Address:										
(If not previously listed)  County:	Street Address					City	Sec-Twn-Rng:	ZIP Code		
•	Lastitus das						-	Section	Township	Range
Well Coordinates: (If available)	Latitude:	Degrees	Minutes Seconds				Site Accessibility:  Is well accessible	cessible to logging equipment		☐ Yes
	Longitude:						(i.e. large van OR			☐ No
		Degrees	Minutes	Seconds						
Site-Specific Info:										
(Directions to site, gate access codes, etc.)										

					ELL INFORMATI				
Identification Inform	ation:			(Leave blank o	or mark "NA" if info d	oes not apply)			
Well Construction Permit #:  (For well abandonment)					Water	DID #:			
Well Description:									
Casing Diameter	:		in.		Casing Type:	☐ Black Steel	Galvanized	☐ PVC	
						Stainless	☐ No casing	Other	
Approx. Casing [	epth:		ft.						
			<b>.</b>		Well Use:	Domestic	Agriculture	☐ HVAC	
Approx. Total De	epth:		ft.			Irrigation	☐ Monitor	Mining	
Does the well flo		Yes	☐ No			Public Supply	Injection	Comm./Indust.	
i.e. well is ar					Abandonment	Abandoned	Development	Collapsed	
Has flow been st		Yes	□ No	□ N/A	Reason:	Water Quality	Deteriorated Casing	Other	
If well does NOT flow, mark "N/A" above  Well Head ☐ Capped ☐ Temporary Plug ☐ Open									
					Status:	Capped Well Seal	☐ Temporary Plug☐ Covered	Open Other	
						Plugged			
Additional Work:		_		_					
<ol> <li>Is the well obsta. Type of Obsta. Attempted to the contraction d. Approximate</li> </ol>	ruction: o clear ob removed?	os.? ?	Yes Pump Yes Yes	☐ No		Unknown	ise, skip to question 2.		
2. Did contracto			Yes	□ No □	Other Descr	be other:			
3. Schedule well	ioi canpe	i log!	☐ 162						
Additional Info: (shelter over well, broken casing, under water, etc.)									

## **APPLICATION SUBMISSION INFORMATION**

To submit an application, please email this completed form along with any accompanying documents to QWIP staff by clicking on the link to the email address 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:** 813-985-7481, ext. 6546

**Cell Phone:** 813-355-9408

**Email:** Reed.Putnall@WaterMatters.org