

Quality of Water Improvement Program (QWIP) Application Form



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

PROPERTY OWNER INFORMATION

Owner/Company: _____ **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:

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: **Latitude:** _____ **Site Accessibility:**

(If available) 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

Is the well flowing? ☐ Yes ☐ No

Abandonment

☐ Abandoned

☐ Development

☐ Other

Reason:

☐ Water Quality

☐ Deteriorated Casing

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

Well Head

☐ Capped

☐ Temporary Plug

☐ Open

Status:

☐ 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.com

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