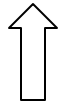


DRAW A MAP OF WELL LOCATION AND INDICATE WELL SITE WITH AN "X". IDENTIFY ACCESS ROADS AND LANDMARKS SUCH AS BUILDING FOUNDATION(S), SEPTIC TANK SYSTEM(S), DRIVEWAY(S), ETC. PROVIDE DISTANCES BETWEEN WELL AND LANDMARKS.

SITE PLAN



North

FOR BROWARD COUNTY HEALTH DEPARTMENT USE ONLY

Fee Received: _____ Receipt No.: _____ Check No.: _____

Permit Issued By: _____ Date: _____ Permit Expires On: _____

Special Permit Conditions: See attachment if any.

Distance To House Pads _____ Ft, Distance from Septic Tank Systems _____ Ft, Properly Grouted Yes No,
Casing Top at Least 12 Inches Above Grade Yes No, Well Depth _____ Ft, Casing Depth _____ Ft,
Casing Tee Yes No, Proper Concrete Pad: Yes No, Well Completion Report Yes No

Inspector's Comments:

Inspected By: _____

Date: _____

Approved By: _____

Date: _____

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE BCHD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. *This permit is valid for 180 days from date of issue.*

Please notify BCHD at (954) 467-4804 one day in advance before a well is drilled so that we may do a field inspection during its construction as permitted by our schedule.