



# WATER USE PERMIT APPLICATION



Suwannee River Water Management District  
9225 CR 49, Live Oak, FL 32060 (386) 362-1001 Fax (386) 362-1056  
www.mysuwanneeriver.com

## SECTION I – CONTACT INFORMATION

If necessary, attach additional sheets if there are multiple applicants, owners, agents, etc.

1. **APPLICANT** (Complete legal name in which permit should be issued)

NAME: \_\_\_\_\_

*If applicant is a business, provide a contact person:* \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_ Do you want all correspondence to be transmitted electronically to this address? Yes: \_\_\_\_\_ No: \_\_\_\_\_

Applicant is:  Owner  Lessee\*  Other (explain) \_\_\_\_\_

\*Attach copy of current lease, or written authorization from property owner

2. **OWNER** (If different than applicant)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

3. **AGENT OR CONSULTANT** Address all correspondence to the person below?  Yes  No

NAME: \_\_\_\_\_

COMPANY NAME (if applicable): \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

4. **COMPLIANCE CONTACT** (Person responsible for ensuring that the permit conditions are met)

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_

PHONE: (\_\_\_\_\_) \_\_\_\_\_ CELL PHONE: (\_\_\_\_\_) \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

## SECTION II – APPLICATION INFORMATION

Refer to the Applicant's Handbook for permit application guidance, located online at <http://www.srwmd.state.fl.us/index.aspx?nid=84>

1. **TYPE OF APPLICATION:**     New             Modification             Renewal  
 If this application is for a modification, please describe the modification request and the reason the modification is necessary. \_\_\_\_\_
  
2. **WATER USE PERMIT NO.** (if application is for renewal or modification): \_\_\_\_\_
  
3. **REQUESTED PERMIT DURATION:**  20 years     \_\_\_\_ years (up to 20 years)  
 I qualify for duration greater than 20 years, per Florida Statute \_\_\_\_\_(list statute)
  
4. **PROJECT NAME:** \_\_\_\_\_            **COUNTY:** \_\_\_\_\_  
**PHYSICAL ADDRESS:** \_\_\_\_\_
  
5. **RELATED PERMITS** (for projects other than Public Supply)
  - ENVIRONMENTAL RESOURCE PERMIT:            MSSW/ERP No(s): \_\_\_\_\_
  - INDUSTRIAL WASTEWATER (IWW) PERMIT:    IWW Permit No(s): \_\_\_\_\_
  - NATIONAL POLLUTION DISCHARGE ELIMINATION SYSTEM (NPDES) PERMIT (U.S. Environmental Protection Agency):  
 NPDES Permit No(s): \_\_\_\_\_

## SECTION III – USE CATEGORY

Please check all applicable water use categories associated with this permit application and complete the associated supplemental form(s) indicated. Refer to District rules for complete use category definitions.

Water Use Category	Supplemental Form
<input type="checkbox"/> <b>Agricultural</b> (e.g., crops, livestock, nursery, aquaculture, pasture)	Form A
<input type="checkbox"/> <b>Commercial / Industrial</b> (e.g., service business, food and beverage production, cooling and heating, commercial attraction, manufacturing, chemical processing, power generation)	Form B
<input type="checkbox"/> <b>Landscape / Recreation</b> (e.g., irrigation of parks, cemeteries, landscaped areas, golf courses, athletic fields, playgrounds)	Form C
<input type="checkbox"/> <b>Mining / Dewatering</b> (e.g., water use or removal associated with construction or excavation)	Form D
<input type="checkbox"/> <b>Public Supply</b> (e.g., public or privately owned water utility)	Form E
<input type="checkbox"/> <b>Environmental / Other</b> (e.g., aquifer remediation, environmental augmentation, cleaning and maintenance, or the use of water for other purposes not described in Rule 40B-2.501, F.A.C.)	Form F
<input type="checkbox"/> <b>Institutional</b> (e.g., hospital, university, military base, correctional facility)	Form G
<input type="checkbox"/> <b>Diversions and Impoundments</b> (diversion or extraction of water)	Form H



### SUMMARY OF SURFACE WATER (PUMP) FACILITIES

Site Name <sup>1</sup>	District ID (if available)	Owner's Pump Name	Pump Capacity (gpm)	Pump Intake Diameter (inches)	Pump Type <sup>2</sup>	Name of Surface Water Body	Type of Surface Water Body <sup>3</sup>	Status <sup>4</sup> (include date if proposed)	Type of Water Use Accounting Method <sup>5</sup>	Last Meter Calibration <sup>6</sup>	Type of Water Use (refer to Section III)

- 1 If project consists of separate or non-contiguous pieces of property or wellfields
- 2 Centrifugal (impeller located above water level), submersible (pump set below water level), turbine (motor at ground surface that drives an impeller below water level), hydraulic dredge pump (typically used for mining), hydraulic dewatering pump (typically used for construction or mining), other (any pump that does not fall into one of the categories previously listed)
- 3 Ditch/canal, lake/pond (natural), lake/pond (artificial), river/creek, spring, mining/borrow pit
- 4 Active (currently in use), Inactive (does not have power, or the connection to the water supply system has been severed), Proposed
- 5 Flow Meter, Totalizer, Time Clock, Hour Meter
- 6 Enter the date of the last flow meter calibration or "no meter" if a totalizing flow meter is not installed

### SUMMARY OF CONNECTION POINT FACILITIES

Connection points include locations where potable or non-potable water (including reclaimed water) purchased from a water supplier enters a project site.

Site Name <sup>1</sup>	District ID (if available)	Owner's Connection Point Name	Water Supplier Name <sup>2</sup>	Type of Surface Water Body <sup>3</sup>	Status <sup>4</sup> (include date if proposed)	Type of Water Use Accounting Method <sup>5</sup>	Last Meter Calibration <sup>6</sup>	Type of Water Use (refer to Section III)

- 1 If project consists of separate or non-contiguous pieces of property or wellfields
- 2 Name of water supplier that provides water to the project through the connection point
- 3 Reclaimed water, potable water, surface water
- 4 Active (currently in use), Inactive (the connection to the water supply system has been severed), Proposed
- 5 Flow Meter, Totalizer, Time Clock, Hour Meter
- 6 Enter the date of the last flow meter calibration or "no meter" if a totalizing flow meter is not installed

**SECTION V – USE OF LOWEST QUALITY WATER AND EVALUATION OF RECLAIMED WATER FEASIBILITY**

The applicant may be required to evaluate the feasibility of utilizing reclaimed water. The feasibility analysis must be completed as outlined in the Applicant’s Handbook.

**SECTION VI – SUMMARY OF REQUESTED WATER USE**

Summarize the requested water use from each supplemental form (Agricultural, Public Supply, Commercial / Industrial, etc.) in the table below.

Year	Requested Amounts and Source(s) of Water				
	Source 1 Name <sup>1</sup> (mgd)	Source 2 Name (mgd)	Source 3 Name (mgd)	Source 4 Name (mgd)	Total Requested Water Use (mgd)
Year 20_____					
Year 20_____					
Year 20_____					
Year 20_____					

<sup>1</sup> Provide the name of the water source. Examples include the Upper Floridan aquifer and the Biscayne aquifer.

**SECTION VII – AQUIFER STORAGE AND RECOVERY *(complete if applicable)***

ASR Facility Name	Source of Stored Water <sup>1</sup>	Storage Aquifer Name	Recovery Water Destination	Projected Demand Average (units)	Projected Demand Maximum (units)

<sup>1</sup> Aquifer Name, surface water body, water treatment plant name.

Please describe any projected increases or decreases (from historical average) in the amounts stored or recovered.

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**SECTION VIII – IMPACT EVALUATION**

The requested water use must not cause interference with existing legal uses, harm to natural resources or harm to existing off-site land uses. In order to demonstrate harm will not occur as a result of the requested water use, studies and/or impact evaluations may be required. Please refer to Applicant’s Handbook for guidance regarding the impact evaluations and attach your analysis, if applicable.

**SECTION IX – APPLICANT CERTIFICATION**

I hereby certify that the information contained herein and within the supplemental forms is true and accurate and that I have legal authority to undertake the activities described herein and execute this application. With advance notice, I agree to provide District staff with proper identification entry to the project site for the purpose of determining whether the conditions for issuance will be met. If a permit is granted, I agree that, with advance notice to the permittee, District staff with proper identification shall have permission to enter, inspect, observe, collect samples, and take measurements of permitted facilities to determine compliance with the permit conditions and permitted plans and specifications. The permittee shall either accompany District staff onto the property or make provision for access onto the property.

(If applicable) I authorize \_\_\_\_\_ to act as my agent for permit application coordination.

\_\_\_\_\_  
APPLICANT’S NAME                      APPLICANT’S SIGNATURE                      DATE  
*(print or type)*

\_\_\_\_\_  
AUTHORIZED AGENT’S NAME                      AUTHORIZED AGENT’S SIGNATURE                      DATE  
*(print or type)*

**SECTION X – APPLICANT CHECKLIST**

**The following items must be included with the permit application submittal:**

- Proof of Property Control (Deed, Lease, Property Appraiser Property Card)
- Application Fee (Refer to online fee schedule or Applicant’s Handbook)
- Location/Site Map
- Supplemental Form(s) and associated supporting information (i.e. maps, calculations)
- Water Conservation Plan (if applicable)