

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

Vision: To be the **Healthiest State** in the Nation

WELL FORM

DOH# _____

Chapter 62-6.004(3)(a), F.A.C.:

A plan or plat of the lot or total site ownership drawn to scale, showing boundaries with dimensions, locations of any existing or proposed residences or buildings, swimming pools, recorded easements, the on-site sewage treatment and disposal system components and their location on the property, the slope of the property and any existing or proposed wells, potable and non-potable water lines, including valves, drainage features, filled areas, unobstructed areas, and surface water bodies. The site plan shall indicate the location of wells, on-site sewage treatment and disposal systems, surface waters and other pertinent facilities or features on contiguous or adjacent property. If the features are within 75 feet of the applicant lot, the estimated to the feature must also be shown but need not be drawn to scale. The location of any public drinking water well, as defined in Chapter 64.-6.002(44)(b), within 200 feet of the applicant's lot shall also be shown, with the distance indicated from the system to the well, and the location of limited use public water system or other public wells, as defined in Chapter 64-6.002(44)(b), within 100 feet of the applicant lot must also be shown, or as defined in Chapter 64-6.002(44)(a), F.A.C., within 75 feet from a private potable water well (well used only by one or two residences).

Chapter 24-12(18), Miami-Dade County Code:

The minimum separation between a well or wells and possible sources of contamination shall be a function of the drawdown radius of influence of the well or wells. In no case shall the well be located less than one hundred (100) horizontal feet from any source of contamination.

I have read the above and to the best of my knowledge I have provided the Department with full information regarding pertinent facilities and features on all adjacent properties. Furthermore, I understand that any on-site sewage treatment and disposal system permit issued on the basis of said facilities and feature as provided by me and found to be incorrect will be subject to revocation in accordance with the provisions of Chapter 120, Florida Statutes.

Property Address: 8965 SW 63rd Ct, Pinecrest, FL 33156

Date: 4/29/2025

Signature: _____



Digitally signed
by Fausto E
Guerrero

Date: 2025.05.01
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Florida Department of Health

Division of Environmental Health and Engineering
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FloridaHealth.gov



Accredited Health Department
Public Health Accreditation Board