



Environmental Protection and Growth Management Department
POLLUTION PREVENTION, REMEDIATION AND AIR QUALITY DIVISION
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**EXHIBIT II
 AQUIFER TEST NOTIFICATION FORM
 (For Dewatering Estimations Only)**

The following information must be provided regarding the scope of the proposed aquifer test:

Contact Name, Company Name, Address, and Phone Number

Location (Address or Intersection) of the test:

Date of aquifer test:

Pumping technique:

Anticipated test flow rate:

Total test duration:

Method of effluent discharge and any necessary treatment:

Attach a map, drawn to scale, detailing the locations of the observation points and pumping well.

	Well designation	Distance from pumping well (feet)	Well diameter (inches)	Screened interval (feet)	Construction method	Installed for this test?
Pumping well		0.0				
Observation well #1						
Observation well #2						
Observation well #3						
Observation well #4						
Observation well #5						
Observation well #6						