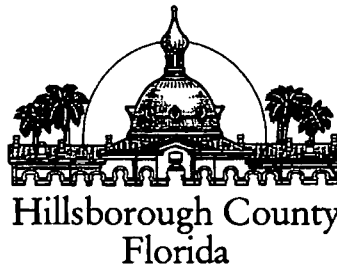


BOARD OF COUNTY COMMISSIONERS

Kathy Castor  
Pat Frank  
Ken Hagan  
Jim Norman  
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Ronda Storms



Office of the County Administrator  
Daniel A. Kleman

D.E.P.

APR 16 2003

Southwest District Tampa

LEACH  
SW  
GW  
100494  
JTM  
8/3/05  
PRIVATE WELLS  
FUELED SEPARATELY

Deputy County Administrator  
Patricia Bean

Assistant County Administrators  
Kathy C. Harris  
Edwin J. Hunzeker

April 16, 2003

Mr. John Morris, P.G.  
Department of Environmental Protection  
Southwest District  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**Re: Southeast County Landfill  
Operations Permit No. 35435-006-SO  
Semi-Annual Analytical Data Report, Owners Form, February 2003**

Dear Mr. Morris:

The required Owners Form, DEP Form 62-522.600(11), for the Southeast County Landfill (SELF) was inadvertently not delivered with the Analytical Data Report (ADR) for February, 2003. The signed form is enclosed, please attach it to the previously submitted SELF ADR for February, 2003.

Should you have any questions or require any additional information, please feel free to contact me directly at (813) 276-2944.

Sincerely,

David S. Adams, P.G.  
Environmental Manager  
Solid Waste Management

DSA/jc

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

DEP Form # 62-522.900(2)
Form Title Ground Water Monitoring Report
Effective Date
DEP Application No.
<b>D.E.P.</b>
<b>APR 16 2003</b>
Southwest District Tampa

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name SOUTHEAST LANDFILL WACS ID No.: SWD/29/41193  
 Address 15960 C. R. 672  
 City PICNIC FL Zip 33503  
 Telephone Number (813) 671-7707
- (2) The GMS Identification Number 4029C30075
- (3) DEP Permit Number 35435-006-S0
- (4) Authorized Representative Name DARYL H. SMITH, DIRECTOR, SOLID WASTE MANAGEMENT DEPT.  
 Address P O BOX 1110  
 City TAMPA, FLORIDA Zip 33601  
 Telephone Number (813) 276-2900
- (5) Type of Discharge GROUNDWATER-POTENTIAL ONLY
- (6) Method of Discharge LANDFILL

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe that the information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment.

Date: 4/15/03 [Signature]  
Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

- Sample Organization                      Comp QAP # N/A
- Analytical Lab                      Comp QAP # /HRS Certification # 83160  
 \*Comp QAP # /HRS Certification #
- Lab Name ELAB, INC.
- Address 8 E TOWER CIRCLE, ORMOND BEACH FL 32174
- Phone Number ( 386 ) 672-5668