

Figure M—1. Location of Monitoring Wells, Piezometers, and Surface Water Sampling Points Southeast County Facility, Hillsborough County, Florida

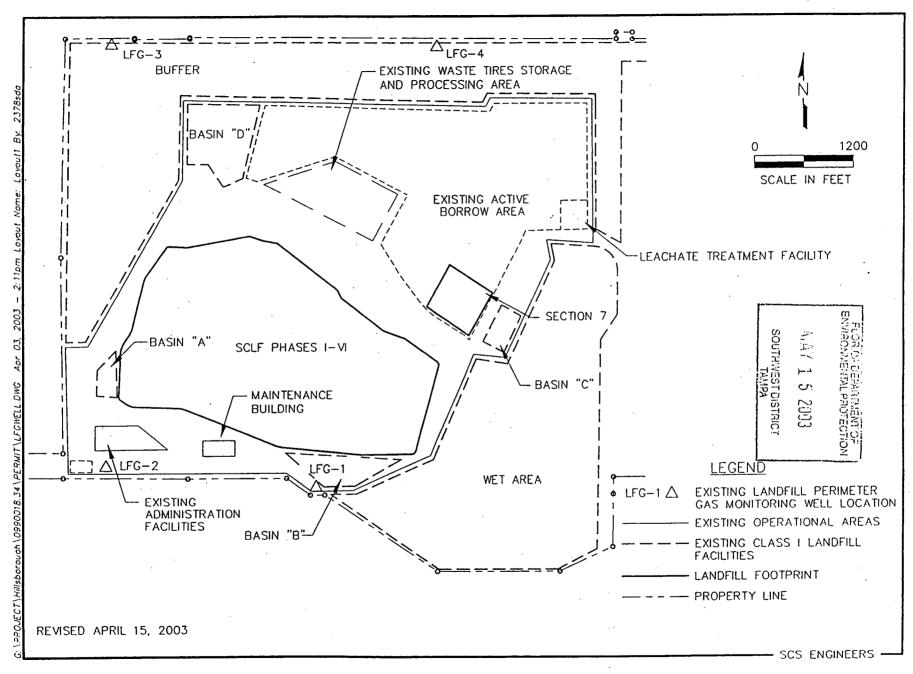


Figure F-1. Landfill Gas Perimeter Monitoring Wells

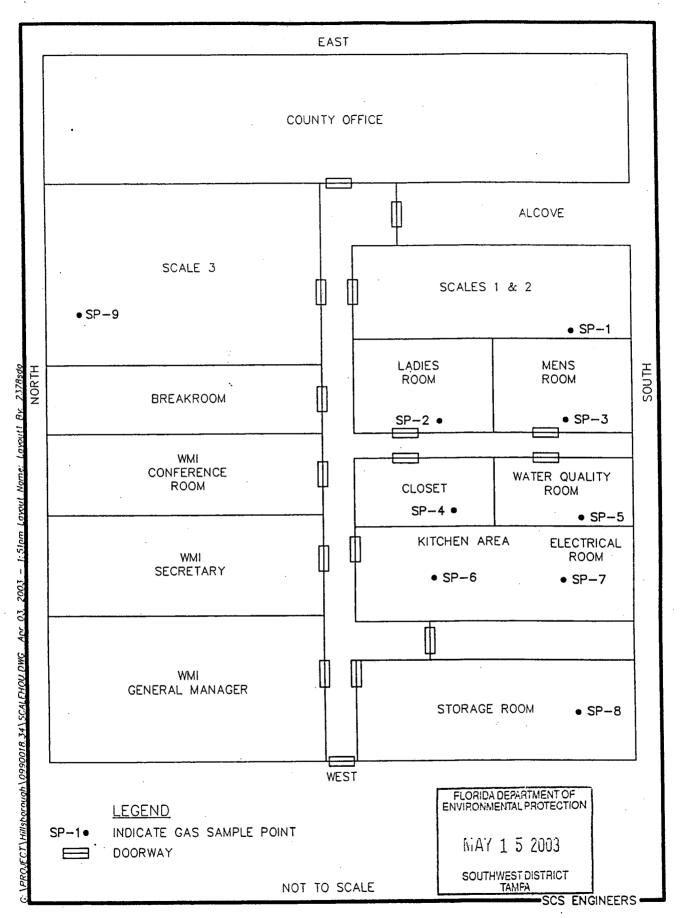


Figure F-2. Scalehouse/Administration Building LFG Monitoring Points.

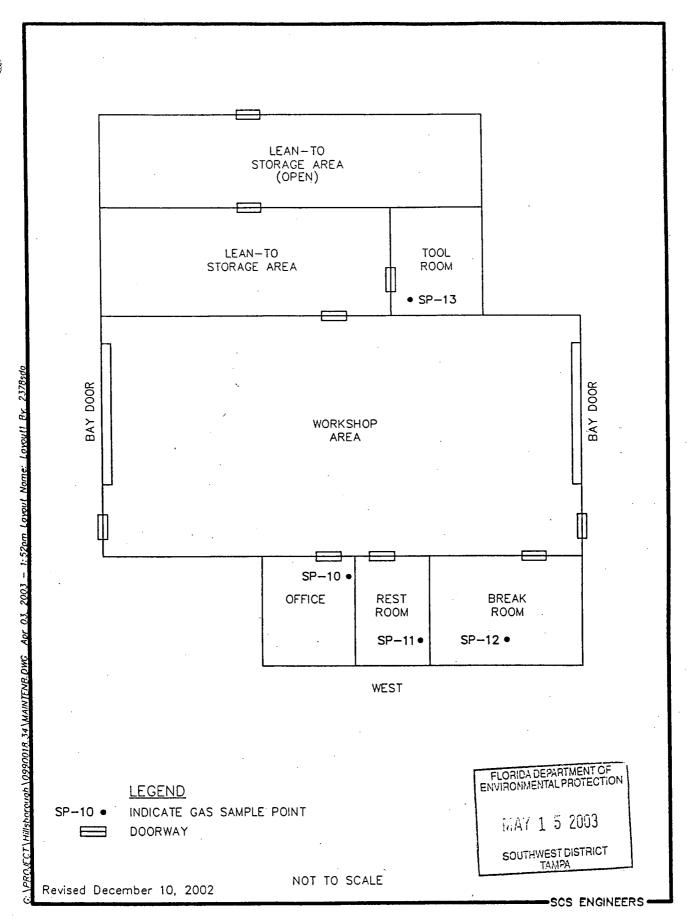


Figure F-3. Maintenance Building LFG Monitoring Points.

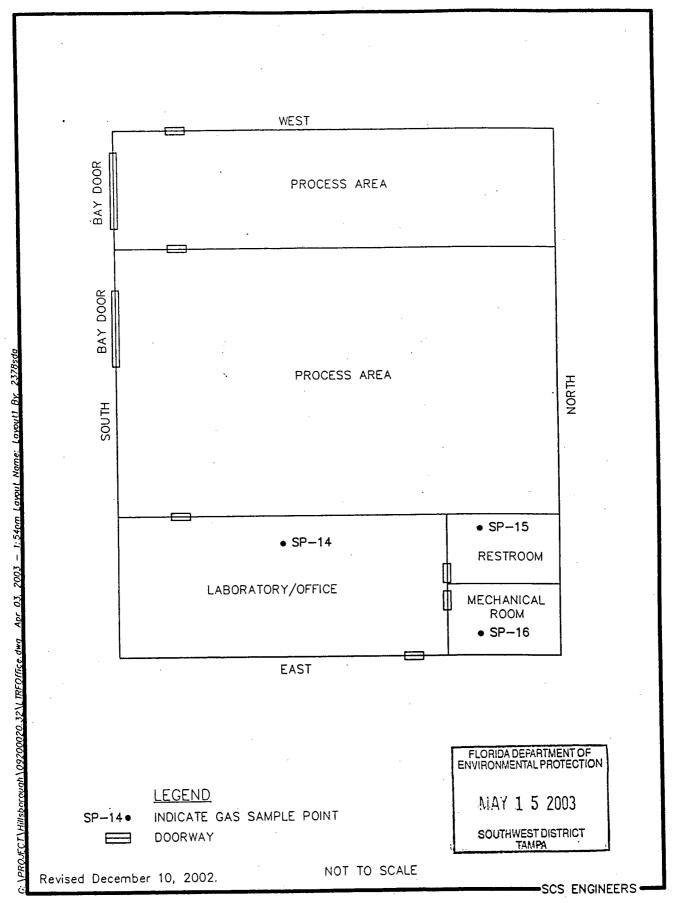


Figure F-4. LTRF Office LFG Monitoring Points.

DEP Form # 62-522,900(3)
Form Title MONITOR WELL COMPLETION REPORT
Effective Date
DEP Application No
(Filled in by DEP)

Florida Department of Environmental Protection Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

MONITOR WELL COMPLETION REPORT

DATE:			
INSTALLATION NAME:			
DEP PERMIT NUMBER:	GMS NUMBER:	·	
WELL NUMBER:	WELL NAME:		
DESIGNATION: Background	Immediate	Compliance	
LATITUDE/LONGITUDE:			
AQUIFER MONITORED:			
INSTALLATION METHOD:			
INSTALLED BY:			
TOTAL DEPTH:(bls)	DEPTH OF SCREEN:		(bls)
SCREEN LENGTH:	SCREEN SLOT SIZE:	SCREEN TYPE:	
CASING DIAMETER:	CASING TYPE:		
LENGTH OF CASING:	FILTER PACK MATERIA	NL:	
TOP OF CASING ELEVATION (MSL):			
GROUND SURFACE ELEVATION (MSL):			
COMPLETION DATE:			
DESCRIBE WELL DEVELOPMENT:			
POST DEVELOPMENT WATER LEVER ELEVATION (MS	L) <u>:</u>		
DATE AND TIME MEASURED:			
REMARKS: (soils information, stratigraphy, etc.):			
REPORT PREPARED BY:	(name, company, phone number	()	

NOTE: PLEASE ATTACH BORING LOG.

(bls)= Below Land Surface

DEP Form #_62-522.900(2)	
Form Title <u>Ground Water Monitoring</u> Report	
Effective Date	
DEP Application No	

Florida Department of Environmental Protection

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

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PAF	RT I GENERAL INFOF	RMATION
(1)	Facility Name	
	Address	
	City	Zip
	Telephone Number	()
(2)		on Number
(3)		
(4)	Authorized Represe	ntative Name
٠	Address	
		. Zip
	Telephone Number	()
(5)	Type of Discharge_	
(6)		
(0)		
		Certification
all a	attachments and that, the information is true	aw that I have personally examined and am familiar with the information submitted in this document and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe a courate, and complete. I am aware that there are significant penalties for submitting false information, fine and imprisonment.
Dat	e:	
		Signature of Owner or Authorized Representative
PAF	RT II QUALITY ASSUF	RANCE REQUIREMENTS
San	nple Organization	Comp QAP # ·
Ana	llytical Lab	Comp QAP # /HRS Certification #
		*Comp QAP # /HRS Certification #
Lab	Name	
Add	lress	
Pho	one Number ()	

PART III ANALYTICAL RESULTS

·			Report I		(year/quarter) N):	
			······		N):	
Water:_						
Classification of Ground Water:) Background) Intermediate	
Ground Water Elevation (NGVD):				() Compliance	
r (MSL):) Other	
<u> </u>	Sampling	· Field	Analysis	Analysis	* Analysis	Detection
ed	Method	Filtered Y/N	Method	Date/Time	Results/Units	Limits/Units
t	•	or (MSL):ter Sampling	eter Sampling Field Filtered	ter Sampling Field Analysis ed Method Filtered Method	ter Sampling Field Analysis Analysis ed Method Filtered Method Date/Time	ter Sampling Field Analysis Analysis * Analysis ed Method Filtered Method Date/Time Results/Units

Storet Code	Parameter Monitored	Sampling Method	Field Filtered Y/N	Analysis Method	Analysis Date/Time	* Analysis Results/Units	Detection Limits/Units
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^{*} Attach Laboratory Reports