WELL ABANDONMENT FOR CENTRAL COUNTY LANDFILL PHASE II FOOTPRINT, 4000 KNIGHTS TRAIL ROAD, NOKOMIS, SARASOTA COUNTY, FLORIDA

Dept. of Environmental Protection
FEB 1 8 2009
Southwest District

Ardaman & Associates, Inc.

OFFICES

Orlando, 8008 S. Orange Avenue, Orlando, Florida 32809, Phone (407) 855-3860
Bartow, 1525 Centennial Drive, Bartow, Florida 33830, Phone (863) 533-0858
Cocoa, 1300 N. Cocoa Boulevard, Cocoa, Florida 32922, Phone (321) 632-2503
Fort Lauderdale, 3665 Park Central Boulevard North, Pompano Beach, Florida 33064, Phone (954) 969-8788
Fort Myers, 9970 Bavaria Road, Fort Myers, Florida 33913, Phone (239) 768-6600
Miami, 2608 W. 84th Street, Hialeah, Florida 33016, Phone (305) 825-2683
Port Charlotte, 740 Tamiami Trail, Unit 3, Port Charlotte, Florida 33954, Phone (941) 624-3393
Port St. Lucie, 460 NW Concourse Place Unit #1, Port St. Lucie, Florida 34986-2248, Phone (772) 878-0072
Sarasota, 78 Sarasota Center Blvd., Sarasota, Florida 34240, Phone (941) 922-3526
Tallahassee, 3175 West Tharpe Street, Tallahassee, Florida 32303, Phone (850) 576-6131
Tampa, 3925 Coconut Palm Drive, Suite 115, Tampa, Florida 33619, Phone (813) 620-3389
West Palm Beach, 2511 Westgate Avenue, Suite 10, West Palm Beach, Florida 33409, Phone (561) 687-8200

MEMBERS:
A.S.F.E.
American Concrete Institute
American Society for Testing and Materials
Florida Institute of Consulting Engineers

Ardaman & Associates, Inc.

Geotechnical, Environmental and
Materials Consultants

February 2, 2009
File No. 08-8754

TO: Sarasota County Environmental Services
Solid Waste Operations
4000 Knights Trail Road
Nokomis FL 34275

Attention: Lois Rose

SUBJECT: Well Abandonment for Central County Landfill Phase II Footprint, 4000 Knights Trail Road, Nokomis, Sarasota County, Florida

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Ladies and Gentlemen:

As requested by Lois Rose of Sarasota County, Ardaman & Associates, Inc. has completed the abandonment of twenty (20) monitor wells, compliance wells, piezometers, temporary groundwater wells and a gas probe at the above referenced site. This report will document our field services and documentation.

On January 27, 2009, representatives of Ardaman & Associates, Inc. were dispatched to the Central County Landfill for purposes of properly abandoning twenty (20) wells at the site. A list of the wells and Figure were supplied to Ardaman & Associates, Inc. by Sarasota County Government and are included in Appendix I. As indicated, Monitor Wells MW-11R and MW-12R, Compliance Well CW-11R, Piezometers P-S-1, PS-2, P-D-2 (shallow), P-D-2 (deep), P-D-1 (shallow), P-D-1 (deep), P-S-3 and P-S-4, Temporary Groundwater Monitoring Wells GW-1, GW-3, GW-4, GW-5, GW-6, GW-7, DGW-3 and DGW-4 and Gas Probe GP-1 (located between MW-11R and MW-12R) were abandoned by grouting. A copy of the abandonment permits and completion reports are included in Appendix II. Representatives of Sarasota County Public Health Unit were advised and notified of the proposed abandonments, but did not conduct inspections.

It has been a pleasure to be of assistance to you with this project. Please contact our office if we may be of further service to you or should you have any questions concerning our services.

Very truly yours,
Ardaman & Associates, Inc.
Certificate of Authorization No. 5950

Ashby Hoover, P.E.
Senior Project Engineer
Fl. Lic. No. 49942

Gary H. Schmidt, P.E.
Senior Vice President
Fl. Lic. No. 12305

AH/GHS:nh

APPENDIX I

Hoover, Chip

From: Lois E. Rose [lerose@scgov.net]
Sent: Thursday, January 22, 2009 1:43 PM
To: Hoover, Chip
Subject: RE: wells at landfill

Here's the final list:

Routine Monitoring Wells:
MW-11R
MW-12R

Compliance Well:
CW-11R

Piezometer Wells:
P-S-1
P-S-2
P-D-2 (shallow)
P-D-2 (deep)
P-D-1 (shallow)
P-D-1 (deep)
P-S-3
P-S-4

Temporary GW Monitoring Wells:
GW-1
GW-3
GW-4
GW-5
GW-6
GW-7
DGW-3**
DGW-4

Gas Probe
GP-1 (located between MW-11R & MW-12R)**

I would like to save the bladder pumps that are in CW-11R, MW-11R and MW-12R - these ar relatively new pumps, so if you can let the field guys know to remove them with care, I would appreciate it.

I also will need to coordinate the removal of the pads and boxes and bollards with Solid Waste if you could let me know when you will begin so we can come behind you, that would be grea



U:\SO\OldG\HAZARD\Sarasota\Central Disposal Complex\Arsenic Evaluation\CENT_FIG_6-1_GROUNDWATER WELLLS.dwg Sep26,2008 - 3:34pm Plotted By: 9327

PBS&J

SARASOTA COUNTY
CENTRAL COUNTY SOLID WASTE
DISPOSAL COMPLEX



NORTH

0 100 200 400

GRAPHIC SCALE
SCALE: 1" = 200'

Dept. of Environmental Protection

FEB 1 8 2009

Southwest District

GROUNDWATER WELLS
JULY 2008

FIGURE

6-1

APPENDIX II

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

☑ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY.

The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

Permit No. **781339**
Florida Unique I.D. **S09-034**
Permit Stipulations Required (See attached)
04
62-524 Quad # **Q2620** Delineation # _____
CUP/WUP Application No. _____

ABOVE THIS LIINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. **SARASOTA COUNTY** | **OFFICE OF MNGMT AND BUDGET** | **SARASOTA FL** | **34230-0008**
Owner, Legal Name of Entity if Corportation | *Address* | *City* | *Zip* | *Telephone Number*

2. **4000 KNIGHTS TRAIL RD, N/A**
Well Location _ Address, Road Name or number, City
Parcel # (Pin) **0327-00-1000**

3. **JAMES A BENNETT** | **9113** | **(941) 922-3526**
Well Drilling Contractor | License No. | Telephone No.

78 SARASOTA CENTER BLVD
Address

SARASOTA | **FL** | **34240**
City | State | Zip

4. _____ smallest 1/4 of _____ biggest 1/4 of Section **3**

5. Township **38** Range **19**

(Indicate Well on Chart)

NW NE SW SE

6. **SARASOTA**
County | Subdivision Name | Lot | Block | Unit

7. Number of proposed wells **6** Check the use of well: (See back of permit for additional choices) _____ Domestic Monitor (type) _____
_____ (See Back) Irrigation (Type) Public Water Supply (type) _____ (See Back) List Other **PLUGGING**
Distance from septic system _____ ft. Description of facility **landfill** Estimated start of construction date **1/26/2009**

8. Application for: _____ New Construction _____ Repair/Modify ✓ Abandonment _____ (Reason for Abandonment)
Abandonment Reason = wells no longer needed as construction will soon begin

Date Stamp

Received: Friday, January 23, 2009

9. Estimated: Well Depth _____ Casing Depth _____ Screen Interval from ____ to ____
Casing Material: Blk-Steel / Gal / PVC Casing Diameter **2** smallest Seal Material **Cement**

10. If applicable: Proposed Grouting Interval
From _____ to _____ Seal Material _____
From _____ to _____ Seal Material _____
From _____ to _____ Seal Material _____

11. Telescope Casing ____ or Liner ____ (check one) Diameter _____
Blk-Steel / Galvanized / PVC Other (specify:) _____

12. Method of Construction: _____ Rotary _____ Cable Tool _____ Combination
_____ Auger ✓ Other (specify:) **Plugged by approved method**

13. Indicate total No. of wells on site **20**. List number of unused wells on site **0**.

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? ✓ No ___ Yes
(IF YES, COMPLETE THE FOLLOWING) CUP/WUP No. _____
District well I.D. No. _____
Latitude **27° 12' 07.39"** Longitude **82° 23' 32.66"**
Data obtained from GPS ___ or map ___ or survey ___ (*map datum NAD 27__ NAD 83__*)

Draw a map of well location and indicate well site with an "X" identify known roads and landmarks: provide distances betwen well and landmarks.

North

wells to be plugged are at the end of Knights trail road at the central county solid waste facility ,just west of the existing county landfill.

West East

South

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.

Digitally Signed | **9113**
Signature of Contractor | License No.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

Digitally Signed
Owner's or Agent's Signature | Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: **SAM HANNA** **STATUS: ISSUED** Issue Date: **1/26/2009** Hydrologist Approval _____ Initials

Owner Number: _____ Fee Received: $ **50.00** Receipt No.: **IN093775725** Check No.: _____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. *This permit is valid for 90 days from the date of issue.*

FORM 41.10 - 410 (1) REV. 12/04

WHITE: ORIGINAL FILE
YELLOW: DRILLING CONTRACTOR
PINK: OWNER

Recovery	Landscape Irrigation	Recreation Area Irrigation (ball fields, playgrounds)	Aquaculture (fish ponds)
Public Water Supply (DEP) Community Non-Community	Agricultural Irrigation (crops, sod, orchards, nursery stock)	Golf Course Irrigation	Class I Injection Well Class V Injection
Limited Use Public Supply (HRS)	Nursery Irrigation (retail outlets only)	Heat Pump (AC Supply)	Test (temporary) WUP
Livestock	Pesticide Mixing & Loading	Heat Pump (AC Return)	Industrial

WELL SETBACK DISTANCES:

25 ft.	From a treated building slab.
75 ft.	Domestic – From on site septic system.
100 ft.	Public Supply and Limited Public Supply less than 2000 GPD Sewage Flow.
200 ft.	Public Supply and Limited Public Supply greater than 2000 GPD Sewage Flow.

These are common setback distances. ***However they are not all-inclusive.*** Refer to other applicable rules for additional setbacks.

SARASOTA COUNTY HEALTH DEPARTMENT

STIPULATION #4 – PLUGGING

A. The well shall be examined from land surface to the original depth of construction for debris or obstructions. Any debris or obstruction shall be removed from the well prior to the commencement of abandonment.

B. The well shall be plugged from bottom to top by an approved method of grouting with either Portland neat cement grout or an approved bentonite product as specified in Chapter 62-532, Chapter 40D-3 Florida Administrative Code and Sarasota County Ordinance No. 2006-032, Chapter 381-392 and described as follows:

1. A bentonite grout shall consist of a high solid sodium montmorillonite. The grout shall yield solids ranging from 20 to 30 percent, with a minimum density equal to or greater than 9.4 pounds per gallon, and a permeability of approximately 1X10-7 centimeters per second or less.

2. Bentonite grout used for abandonment purposes is not restricted by well size but cannot be used to abandon a dry well and cannot be placed any higher in the well than the height of the static water level. Any unsealed remainder above the height of the static water level must be filled with neat cement. At a minimum, an upper ten feet of neat cement is required to prevent deterioration of or damage to the bentonite seal.

C. Any other method or material for abandonment shall be approved in advance by the Sarasota County Health Department.

D. Well plugging operations shall be observed by SCHD staff. Arrangement for an observer shall be made at least twenty-four (24) hours in advance of these operations. The SCHD staff will be available for assignment during normal working hour (8:00 AM – 5:00 PM), Monday through Friday. Inspection exceptions by SCHD for extenuating circumstances require prior approval.

E. Please contact the appropriate Water Well Permitting Section Office for additional information:
Sarasota (941) 861-6133 North of Blackburn Point Road
Venice (941) 861-3310 South of Blackburn Point Road.

SWFWMD Permit #: 781344

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781339.1 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	19.3
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 7.39", Longitude: -82° 23' 32.66"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____ mg/l
Conductivity _____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09034
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 10.20 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 19.3	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

wrll gw-3

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781339.2 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	18
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 7.39", Longitude: -82° 23' 32.66"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property
Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09034
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 9.10 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is ____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	Color | Grain Size | Type of Material
Diameter: 2 From: 0 To: 18	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

wrll ps-1

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781339.3 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	19.6
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 7.39", Longitude: -82° 23' 32.66"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09034
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged
DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 9.90 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is ____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 19.6	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

wrll gw-1

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781339.4 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	18
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 7.39", Longitude: -82° 23' 32.66"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____ mg/l
Conductivity _____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09034
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 7.00 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 18	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

wrll pd-1s

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781339.5 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	18.5
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 7.39", Longitude: -82° 23' 32.66"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____mg/l
Conductivity ____umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09034
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged
DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 6.50 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is ____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	Color | Grain Size | Type of Material
Diameter: 2 From: 0 To: 18.5			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well gw-4

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781339.6 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	19.3
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 7.39", Longitude: -82° 23' 32.66"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____ mg/l
Conductivity _____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09034
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged
DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 6.60 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 19.3			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

wrll pd-2s

Driller's Name (print or type): Dan Peace

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

☑ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY.

The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

Permit No. **781344**
Florida Unique I.D. **S09-033**
Permit Stipulations Required (See attached)
04
62-524 Quad # **Q2620** Delineation # _____
CUP/WUP Application No. _____

ABOVE THIS LIINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. **SARASOTA COUNTY** | **OFFICE OF MNGMT AND BUDGET** | **SARASOTA FL** | **34230-0008**
Owner, Legal Name of Entity if Corportation | *Address* | *City* | *Zip* | *Telephone Number*

2. **4000 KNIGHTS TRAIL RD, N/A**
Well Location _Address, Road Name or number, City
Parcel # (Pin) **0327-00-1000**

3. **JAMES A BENNETT** | **9113** | **(941) 922-3526**
Well Drilling Contractor | License No. | Telephone No.

78 SARASOTA CENTER BLVD
Address

SARASOTA | **FL** | **34240**
City | State | Zip

4. _____ (smallest) 1/4 of _____ (biggest) 1/4 of Section **3**
(Indicate Well on Chart)
5. Township **38** Range **19**

NW NE SW SE

6. **SARASOTA**
County | Subdivision Name | Lot | Block | Unit

7. Number of proposed wells **6** Check the use of well: (See back of permit for additional choices) _____ Domestic Monitor (type) _____
_____ (See Back) Irrigation (Type) Public Water Supply (type) _____ (See Back) List Other **PLUGGING**
Distance from septic system _____ ft. Description of facility _____ Estimated start of construction date **1/23/2009**

8. Application for: _____ New Construction _____ Repair/Modify ✓ Abandonment _____ (Reason for Abandonment)
Abandonment Reason = wells no longer needed as construction will soon begin

Date Stamp

Received: Friday, January 23, 2009

9. Estimated: Well Depth _____ Casing Depth _____ Screen Interval from ____ to ____
Casing Material: Blk-Steel / Gal / PVC Casing Diameter **2** (smallest) Seal Material **Cement**

10. If applicable: Proposed From _____ to _____ Seal Material _____
Grouting Interval From _____ to _____ Seal Material _____
From _____ to _____ Seal Material _____

11. Telescope Casing ____ or Liner ____ (check one) Diameter _____
Blk-Steel / Galvanized / PVC Other (specify:) _____

12. Method of Construction: _____ Rotary _____ Cable Tool _____ Combination
_____ Auger ✓ Other (specify:) **Plugged by approved method**

13. Indicate total No. of wells on site **20**. List number of unused wells on site **0**.

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? ✓ No ___ Yes
(IF YES, COMPLETE THE FOLLOWING) CUP/WUP No. _____
District well I.D. No. _____
Latitude **27° 12' 14.54"** Longitude **82° 23' 35.32"**
Data obtained from GPS ____ or map ____ or survey ____ (*map datum NAD 27___ NAD 83___*)

Draw a map of well location and indicate well site with an "X" identify known roads and landmarks: provide distances betwen well and landmarks.

North

PLEASE CALL OUR OFFICE 24 HRS BEFORE PLUGGING.

West East

South

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.

Digitally Signed | **9113**
Signature of Contractor | License No.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

Digitally Signed
Owner's or Agent's Signature | Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: **SAM HANNA STATUS: ISSUED** Issue Date: **1/26/2009** Hydrologist Approval _____ Initials

Owner Number: _____ Fee Received: $ **50.00** Receipt No.: **IN093775942** Check No.: _____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. *This permit is valid for 90 days from the date of issue.*

FORM 41.10 - 410 (1) REV. 12/04

WHITE: ORIGINAL FILE
YELLOW: DRILLING CONTRACTOR
PINK: OWNER

Recovery	Landscape Irrigation	Recreation Area Irrigation (ball fields, playgrounds)	Aquaculture (fish ponds)
Public Water Supply (DEP) Community Non-Community	Agricultural Irrigation (crops, sod, orchards, nursery stock)	Golf Course Irrigation	Class I Injection Well Class V Injection
Limited Use Public Supply (HRS	Nursery Irrigation (retail outlets only)	Heat Pump (AC Supply)	Test (temporary) WUP
Livestock	Pesticide Mixing & Loading	Heat Pump (AC Return)	Industrial

WELL SETBACK DISTANCES:

25 ft.	From a treated building slab.
75 ft.	Domestic – From on site septic system.
100 ft.	Public Supply and Limited Public Supply less than 2000 GPD Sewage Flow.
200 ft.	Public Supply and Limited Public Supply greater than 2000 GPD Sewage Flow.

These are common setback distances. ***However they are not all-inclusive.*** Refer to other applicable rules for additional setbacks.

SARASOTA COUNTY HEALTH DEPARTMENT

STIPULATION #4 – PLUGGING

A. The well shall be examined from land surface to the original depth of construction for debris or obstructions. Any debris or obstruction shall be removed from the well prior to the commencement of abandonment.

B. The well shall be plugged from bottom to top by an approved method of grouting with either Portland neat cement grout or an approved bentonite product as specified in Chapter 62-532, Chapter 40D-3 Florida Administrative Code and Sarasota County Ordinance No. 2006-032, Chapter 381-392 and described as follows:

1. A bentonite grout shall consist of a high solid sodium montmorillonite. The grout shall yield solids ranging from 20 to 30 percent, with a minimum density equal to or greater than 9.4 pounds per gallon, and a permeability of approximately 1X10-7 centimeters per second or less.

2. Bentonite grout used for abandonment purposes is not restricted by well size but cannot be used to abandon a dry well and cannot be placed any higher in the well than the height of the static water level. Any unsealed remainder above the height of the static water level must be filled with neat cement. At a minimum, an upper ten feet of neat cement is required to prevent deterioration of or damage to the bentonite seal.

C. Any other method or material for abandonment shall be approved in advance by the Sarasota County Health Department.

D. Well plugging operations shall be observed by SCHD staff. Arrangement for an observer shall be made at least twenty-four (24) hours in advance of these operations. The SCHD staff will be available for assignment during normal working hour (8:00 AM – 5:00 PM), Monday through Friday. Inspection exceptions by SCHD for extenuating circumstances require prior approval.

E. Please contact the appropriate Water Well Permitting Section Office for additional information:
Sarasota (941) 861-6133 North of Blackburn Point Road
Venice (941) 861-3310 South of Blackburn Point Road.

SWFWMD Permit #: 781339

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781344.1 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	15.4
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 14.54", Longitude: -82° 23' 35.32"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09033
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 6.60 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color | Grain Size | Type of Material
Casing Diameter and Depth (ft.)	From	To	
Diameter: 2 From: 0 To: 15.4	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well cw-11r

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781344.2 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	15.5
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 14.54", Longitude: -82° 23' 35.32"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09033
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged
DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 9.00 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color | Grain Size | Type of Material*
Diameter: 2 From: 0 To: 15.5	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well mw-11r

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781344.3 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	15.4
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 14.54", Longitude: -82° 23' 35.32"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____ mg/l
Conductivity _____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09033
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 10.10 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color | Grain Size | Type of Material*
Diameter: 2 From: 0 To: 15.4	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well mw-12r

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781344.4 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	15.5
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 14.54", Longitude: -82° 23' 35.32"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____mg/l
Conductivity _____umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09033
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 6.50 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	Color | Grain Size | Type of Material
Diameter: 2 From: 0 To: 15.5			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well ps-2

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781344.5 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	18
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 14.54", Longitude: -82° 23' 35.32"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____mg/l
Conductivity _____umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09033
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 7.50 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color | Grain Size | Type of Material*
Diameter: 2 From: 0 To: 18	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well ps-3

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781344.6 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	18
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 14.54", Longitude: -82° 23' 35.32"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09033
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 7.10 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 18			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well ps-4

Driller's Name (print or type): Dan Peace

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

☑ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY.

The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

Permit No. **781350**
Florida Unique I.D. **S09-032**
Permit Stipulations Required (See attached)
04
62-524 Quad # **Q2620** Delineation # _____
CUP/WUP Application No. _____

ABOVE THIS LINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. **SARASOTA COUNTY** | **OFFICE OF MNGMT AND BUDGET** | **SARASOTA FL** | **34230-0008** | **(941) 861-1532**
Owner, Legal Name of Entity if Corportation | *Address* | *City* | *Zip* | *Telephone Number*

2. **4000 KNIGHTS TRAIL RD, N/A**
Well Location _ Address, Road Name or number, City
Parcel # (Pin) **0327-00-1000**

3. **JAMES A BENNETT** | **9113** | **(941) 922-3526**
Well Drilling Contractor | License No. | Telephone No.

78 SARASOTA CENTER BLVD
Address

SARASOTA | **FL** | **34240**
City | State | Zip

4. _____ smallest 1/4 of _____ biggest 1/4 of Section **3**

5. Township **38** Range **19**
(Indicate Well on Chart)

NW NE SW SE

6. **SARASOTA**
County | Subdivision Name | Lot | Block | Unit

7. Number of proposed wells **5** Check the use of well: (See back of permit for additional choices) _____ Domestic Monitor (type) _____
_____ (See Back) Irrigation (Type) Public Water Supply (type) _____ (See Back) List Other **PLUGGING**
Distance from septic system _____ ft. Description of facility _____ Estimated start of construction date **1/23/2009**

8. Application for: _____ New Construction _____ Repair/Modify ✓ Abandonment **No longer Needed** (Reason for Abandonment)

Date Stamp

9. Estimated: Well Depth _____ Casing Depth _____ Screen Interval from _____ to _____
Casing Material: Blk-Steel / Gal / PVC Casing Diameter **2** smallest Seal Material **Cement**

10. If applicable: Proposed From _____ to _____ Seal Material _____
Grouting Interval From _____ to _____ Seal Material _____
From _____ to _____ Seal Material _____

Received: Friday, January 23, 2009

Draw a map of well location and indicate well site with an "X" identify known roads and landmarks: provide distances betwen well and landmarks.

North

Per attachment GP1, GW6, GW7, DGW3 and DGW4

West East

South

11. Telescope Casing ___ or Liner ___ (check one) Diameter _____
Blk-Steel / Galvanized / PVC Other (specify:) _____

12. Method of Construction: _____ Rotary _____ Cable Tool _____ Combination
_____ Auger ✓ Other (specify:) **Plugged by approved method**

13. Indicate total No. of wells on site **20**. List number of unused wells on site **0**.

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? ✓ No ___ Yes
(IF YES, COMPLETE THE FOLLOWING) CUP/WUP No. _____
District well I.D. No. _____
Latitude **27° 12' 08.95"** Longitude **82° 23' 33.88"**
Data obtained from GPS ___ or map ___ or survey ___ (*map datum NAD 27___ NAD 83___*)

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

Digitally Signed | **9113** | **Digitally Signed**
Signature of Contractor | License No. | Owner's or Agent's Signature | Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: **SAM HANNA STATUS: ISSUED** Issue Date: **1/26/2009** Hydrologist Approval _____ Initials

Owner Number: _____ Fee Received: $ **50.00** Receipt No.: **IN093776011** Check No.: _____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. *This permit is valid for 90 days from the date of issue.*

FORM 41.10 - 410 (1) REV. 12/04

WHITE: ORIGINAL FILE
YELLOW: DRILLING CONTRACTOR
PINK: OWNER

Recovery	Landscape Irrigation	Recreation Area Irrigation (ball fields, playgrounds)	Aquaculture (fish ponds)
Public Water Supply (DEP) Community Non-Community	Agricultural Irrigation (crops, sod, orchards, nursery stock)	Golf Course Irrigation	Class I Injection Well Class V Injection
Limited Use Public Supply (HRS	Nursery Irrigation (retail outlets only)	Heat Pump (AC Supply)	Test (temporary) WUP
Livestock	Pesticide Mixing & Loading	Heat Pump (AC Return)	Industrial

WELL SETBACK DISTANCES:

25 ft.	From a treated building slab.
75 ft.	Domestic – From on site septic system.
100 ft.	Public Supply and Limited Public Supply less than 2000 GPD Sewage Flow.
200 ft.	Public Supply and Limited Public Supply greater than 2000 GPD Sewage Flow.

These are common setback distances. ***However they are not all-inclusive.*** Refer to other applicable rules for additional setbacks.

SARASOTA COUNTY HEALTH DEPARTMENT

STIPULATION #4 – PLUGGING

A. The well shall be examined from land surface to the original depth of construction for debris or obstructions. Any debris or obstruction shall be removed from the well prior to the commencement of abandonment.

B. The well shall be plugged from bottom to top by an approved method of grouting with either Portland neat cement grout or an approved bentonite product as specified in Chapter 62-532, Chapter 40D-3 Florida Administrative Code and Sarasota County Ordinance No. 2006-032, Chapter 381-392 and described as follows:

1. A bentonite grout shall consist of a high solid sodium montmorillonite. The grout shall yield solids ranging from 20 to 30 percent, with a minimum density equal to or greater than 9.4 pounds per gallon, and a permeability of approximately 1X10-7 centimeters per second or less.

2. Bentonite grout used for abandonment purposes is not restricted by well size but cannot be used to abandon a dry well and cannot be placed any higher in the well than the height of the static water level. Any unsealed remainder above the height of the static water level must be filled with neat cement. At a minimum, an upper ten feet of neat cement is required to prevent deterioration of or damage to the bentonite seal.

C. Any other method or material for abandonment shall be approved in advance by the Sarasota County Health Department.

D. Well plugging operations shall be observed by SCHD staff. Arrangement for an observer shall be made at least twenty-four (24) hours in advance of these operations. The SCHD staff will be available for assignment during normal working hour (8:00 AM – 5:00 PM), Monday through Friday. Inspection exceptions by SCHD for extenuating circumstances require prior approval.

E. Please contact the appropriate Water Well Permitting Section Office for additional information:
Sarasota (941) 861-6133 North of Blackburn Point Road
Venice (941) 861-3310 South of Blackburn Point Road.

SWFWMD Permit #: 781350

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781350.1 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	0.5	0	10.8
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.95", Longitude: -82° 23' 33.88"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09032
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 7.20 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[X] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color | Grain Size | Type of Material
Casing Diameter and Depth (ft.)	From	To	
Diameter: 1 From: 0 To: 10.8			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well gp-1

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781350.2 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	19.8
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.95", Longitude: -82° 23' 33.88"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09032
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 9.90 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 19.8	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well gw-6

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781350.3 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	19.8
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.95", Longitude: -82° 23' 33.88"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____ mg/l
Conductivity _____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09032
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 6.30 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 19.8	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well gw-7

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781350.4 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	25
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.95", Longitude: -82° 23' 33.88"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09032
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged
DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 6.70 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is ____ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color | Grain Size | Type of Material
Casing Diameter and Depth (ft.)	From	To	
Diameter: 2 From: 0 To: 25	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well dgw-3

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781350.5 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1.5	0	25
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.95", Longitude: -82° 23' 33.88"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09032
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 8.90 Measured Pumping Water Level: _____
After ___ Hours at ___ GPM. Measuring Pt. (Describe): groundleve
Which is ___ ft. [X] above [ ] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones
Casing Diameter and Depth (ft.)	From	To	Color | Grain Size | Type of Material
Diameter: 2 From: 0 To: 25			Plugged by approved method
Diameter: ____ From: ____ To: ____			
Liner [ ] or Casing [ ] Diameter: ____ From: ____ To: ____			

[redacted] dgw-4

Driller's Name (print or type) Dan Peace

STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT, REPAIR, MODIFY, OR ABANDON A WELL

☑ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

THIS FORM MUST BE FILLED OUT COMPLETELY.

The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

Permit No. **781354**
Florida Unique I.D. **S09-031**
Permit Stipulations Required (See attached)
04
62-524 Quad # **Q2620** Delineation # ____
CUP/WUP Application No. ____

ABOVE THIS LIINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. **SARASOTA COUNTY** | **OFFICE OF MNGMT AND BUDGET** | **SARASOTA FL** | **34230-0008** | **(941) 861-1532**
Owner, Legal Name of Entity if Corportation | *Address* | *City* | *Zip* | *Telephone Number*

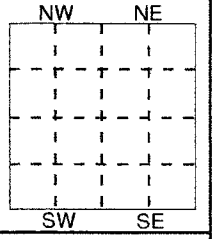
2. **4000 KNIGHTS TRAIL RD, N/A**
Well Location _ Address, Road Name or number, City
Parcel # (Pin) **0327-00-1000**

3. **JAMES A BENNETT** | **9113** | **(941) 922-3526**
Well Drilling Contractor | License No. | Telephone No.

78 SARASOTA CENTER BLVD
Address

SARASOTA | **FL** | **34240**
City | State | Zip

4. ____ smallest 1/4 of ____ biggest 1/4 of Section **3**
(Indicate Well on Chart)
5. Township **38** Range **19**



6. **SARASOTA**
County | Subdivision Name | Lot | Block | Unit

7. Number of proposed wells **3** Check the use of well: (See back of permit for additional choices) ____ Domestic Monitor (type) ____
____ (See Back) Irrigation (Type) Public Water Supply (type) ____ (See Back) List Other **PLUGGING**
Distance from septic system ____ ft. Description of facility ____ Estimated start of construction date **1/23/2009**

8. Application for: ____ New Construction ____ Repair/Modify ✓ Abandonment **No longer needed** (Reason for Abandonment)

Date Stamp

9. Estimated: Well Depth ____ Casing Depth ____ Screen Interval from ____ to ____
Casing Material: Blk-Steel / Gal / PVC Casing Diameter **2** smallest Seal Material **Cement**

10. If applicable: Proposed From ____ to ____ Seal Material ____
Grouting Interval From ____ to ____ Seal Material ____
From ____ to ____ Seal Material ____

Received: Friday, January 23, 2009

11. Telescope Casing ____ or Liner ____ (check one) Diameter ____
Blk-Steel / Galvanized / PVC Other (specify:) ____

12. Method of Construction: ____ Rotary ____ Cable Tool ____ Combination
____ Auger ✓ Other (specify:) **Plugged by approved method**

13. Indicate total No. of wells on site **20**. List number of unused wells on site **0**.

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? ✓ No ____ Yes
(IF YES, COMPLETE THE FOLLOWING) CUP/WUP No. ____
District well I.D. No. ____
Latitude **27° 12' 08.41"** Longitude **82° 23' 36.37"**
Data obtained from GPS ____ or map ____ or survey ____ (*map datum NAD 27__ NAD 83__*)

Draw a map of well location and indicate well site with an "X" identify known roads and landmarks: provide distances betwen well and landmarks.

North

Per attachment, PD2, PD1 and GW5

West East

South

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided on this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after drilling or the permit expiration, whichever occurs first.

I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well; or, I certify that I am the agent for the owner, that the information provided is accurate. and that I have informed the owner of his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

Digitally Signed | **9113** | **Digitally Signed** | ____
Signature of Contractor | License No. | Owner's or Agent's Signature | Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: **SAM HANNA STATUS: ISSUED** Issue Date: **1/26/2009** Hydrologist Approval ____ Initials

Owner Number: ____ Fee Received: $ **50.00** Receipt No.: **IN093776043** Check No.: ____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. *This permit is valid for 90 days from the date of issue.*

FORM 41.10 - 410 (1) REV. 12/04

WHITE: ORIGINAL FILE
YELLOW: DRILLING CONTRACTOR
PINK: OWNER

Recovery	Landscape Irrigation	Recreation Area Irrigation (ball fields, playgrounds)	Aquaculture (fish ponds)
Public Water Supply (DEP) Community Non-Community	Agricultural Irrigation (crops, sod, orchards, nursery stock)	Golf Course Irrigation	Class I Injection Well Class V Injection
Limited Use Public Supply (HRS	Nursery Irrigation (retail outlets only)	Heat Pump (AC Supply)	Test (temporary) WUP
Livestock	Pesticide Mixing & Loading	Heat Pump (AC Return)	Industrial

WELL SETBACK DISTANCES:

25 ft.	From a treated building slab.
75 ft.	Domestic – From on site septic system.
100 ft.	Public Supply and Limited Public Supply less than 2000 GPD Sewage Flow.
200 ft.	Public Supply and Limited Public Supply greater than 2000 GPD Sewage Flow.

These are common setback distances. ***However they are not all-inclusive.*** Refer to other applicable rules for additional setbacks.

SARASOTA COUNTY HEALTH DEPARTMENT

STIPULATION #4 – PLUGGING

A. The well shall be examined from land surface to the original depth of construction for debris or obstructions. Any debris or obstruction shall be removed from the well prior to the commencement of abandonment.

B. The well shall be plugged from bottom to top by an approved method of grouting with either Portland neat cement grout or an approved bentonite product as specified in Chapter 62-532, Chapter 40D-3 Florida Administrative Code and Sarasota County Ordinance No. 2006-032, Chapter 381-392 and described as follows:

1. A bentonite grout shall consist of a high solid sodium montmorillonite. The grout shall yield solids ranging from 20 to 30 percent, with a minimum density equal to or greater than 9.4 pounds per gallon, and a permeability of approximately 1X10-7 centimeters per second or less.

2. Bentonite grout used for abandonment purposes is not restricted by well size but cannot be used to abandon a dry well and cannot be placed any higher in the well than the height of the static water level. Any unsealed remainder above the height of the static water level must be filled with neat cement. At a minimum, an upper ten feet of neat cement is required to prevent deterioration of or damage to the bentonite seal.

C. Any other method or material for abandonment shall be approved in advance by the Sarasota County Health Department.

D. Well plugging operations shall be observed by SCHD staff. Arrangement for an observer shall be made at least twenty-four (24) hours in advance of these operations. The SCHD staff will be available for assignment during normal working hour (8:00 AM – 5:00 PM), Monday through Friday. Inspection exceptions by SCHD for extenuating circumstances require prior approval.

E. Please contact the appropriate Water Well Permitting Section Office for additional information:
Sarasota (941) 861-6133 North of Blackburn Point Road
Venice (941) 861-3310 South of Blackburn Point Road.

SWFWMD Permit #: 781354

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781354.1 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	1	0	15
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.41", Longitude: -82° 23' 36.37"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ ft. Intake Depth: _____ ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09031
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 10.90 Measured Pumping Water Level: _____
After ____ Hours at ____ GPM. Measuring Pt. (Describe): _____
Which is ____ ft. [ ] above [X] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones
Casing Diameter and Depth (ft.)	From	To	Color | Grain Size | Type of Material
Diameter: 2 From: 0 To: 15			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

GW-5

Driller's Name (print or type) Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781354.2 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	6	0	72
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.41", Longitude: -82° 23' 36.37"

DATE STAMP
Jan 30 2009
Official Use Only

Sketch of well location on property

Give distances from septic tank and house, or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS _____ mg/l
Conductivity _____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09031
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged

DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 13.10 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): _____
Which is _____ft. [ ] above [X] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	*Color* | *Grain Size* | *Type of Material*
Diameter: 2 From: 0 To: 72			Plugged by approved method
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

mw pd-1d

Driller's Name (print or type): Dan Peace

WELL COMPLETION REPORT (Please complete in black ink or type.)

PERMIT #: 781354.3 CUP/WUP#: _____ DID#: _____
Indicate the number of wells drilled/abandoned for this report: 1
Indicate the number of wells permitted but not drilled/abandoned that are being cancelled: _____

WATER WELL CONTRACTOR'S
SIGNATURE Digitally Signed License # 9113
I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (ft.)	To (ft.)
Neat Cement:	6	0	73
Bentonite:			
(Other)			

WELL LOCATION: County Sarasota
_____ 1/4 of _____ 1/4 of Section 3, Township 38, Range 19
Latitude: 27° 12' 8.41", Longitude: -82° 23' 36.37"

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Sketch of well location on property

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CHEMICAL ANALYSIS WHEN REQUIRED
Iron: ____ppm Sulfate: ____ppm
Chlorides: ____ ppm TDS ____ mg/l
Conductivity ____ umhos/cm
[ ] Lab Test [ ] Field Test Kit

Pump Type
[ ] Centrifugal [ ] Jet [ ] Submersible [ ] Turbine
Horsepower: _____ Capacity: _____ GPM: _____
Pump Depth: _____ft. Intake Depth: _____ft.

Form LEG-R.005.00(10/05)

OWNER'S NAME: SARASOTA COUNTY
COMPLETION DATE: 01/27/2009 Florida Unique I.D.: 09031
Parcel # (Pin): 0327-00-1000
WELL USE:
[ ] Public Supply [ ] Irrigation [ ] Domestic [ ] Monitor
[ ] Injection [X] Other Plugged
DRILL METHOD:
[ ] Rotary [ ] Cable Tool [ ] Combination
[ ] Jet [ ] Auger [X] Other Plugged

Measured Static Water Level: 13.40 Measured Pumping Water Level: _____
After ____Hours at _____GPM. Measuring Pt. (Describe): groundleve
Which is _____ft. [ ] above [X] below land surface
Casing: [ ] Black Steel [ ] Galvanized [X] PVC [ ] Other: _____

[ ] Open Hole [ ] Screen	Depth (feet)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.
Casing Diameter and Depth (ft.)	From	To	Color | Grain Size | Type of Material
Diameter: 2 From: 0 To: 73	Plugged by approved method		
Diameter: _____ From: _____ To: _____			
Liner [ ] or Casing [ ] Diameter: _____ From: _____ To: _____			

well pd-2d

Driller's Name (print or type): Dan Peace