

MAR 11 2008

SOUTHWEST DISTRICT
TAMPA

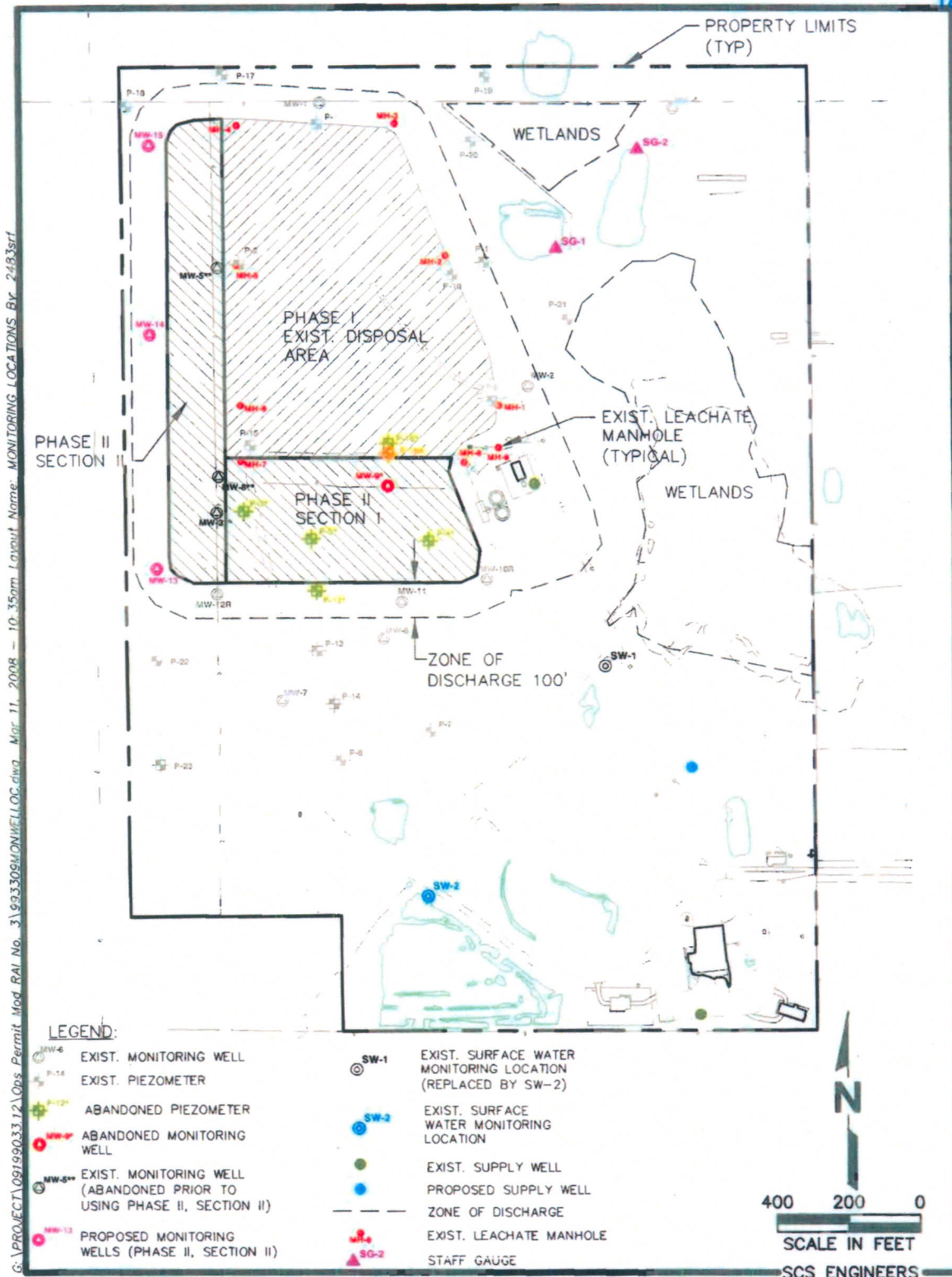


Figure M-1. Hardee County Solid Waste, Groundwater, Surface Water, and Leachate Monitoring Location Points, Hardee County, Florida.

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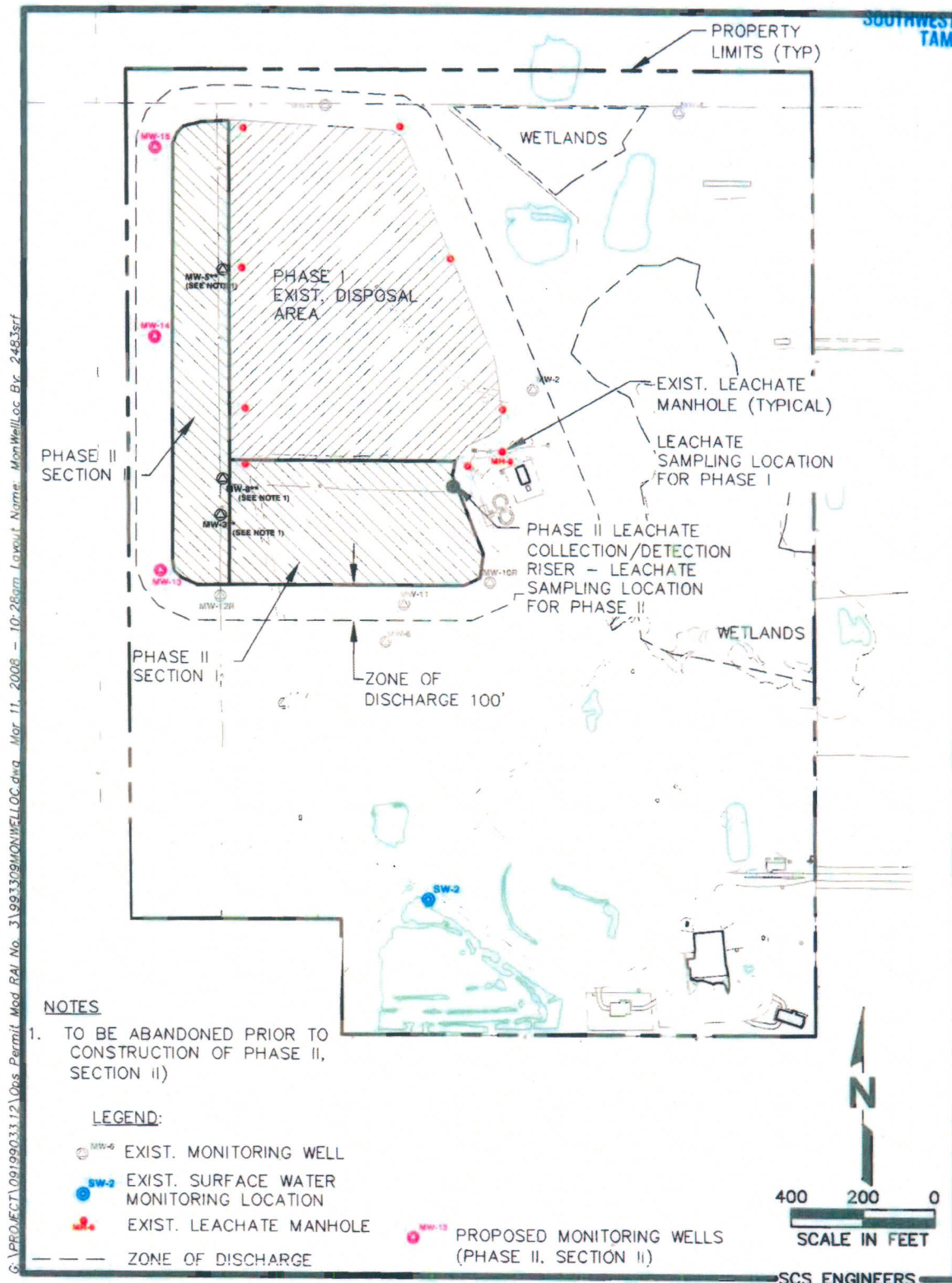


Figure M-2. Hardee County Solid Waste, Groundwater Monitoring Plan Sampling Locations Map, Hardee County, Florida.

REVISED MARCH 10, 2008

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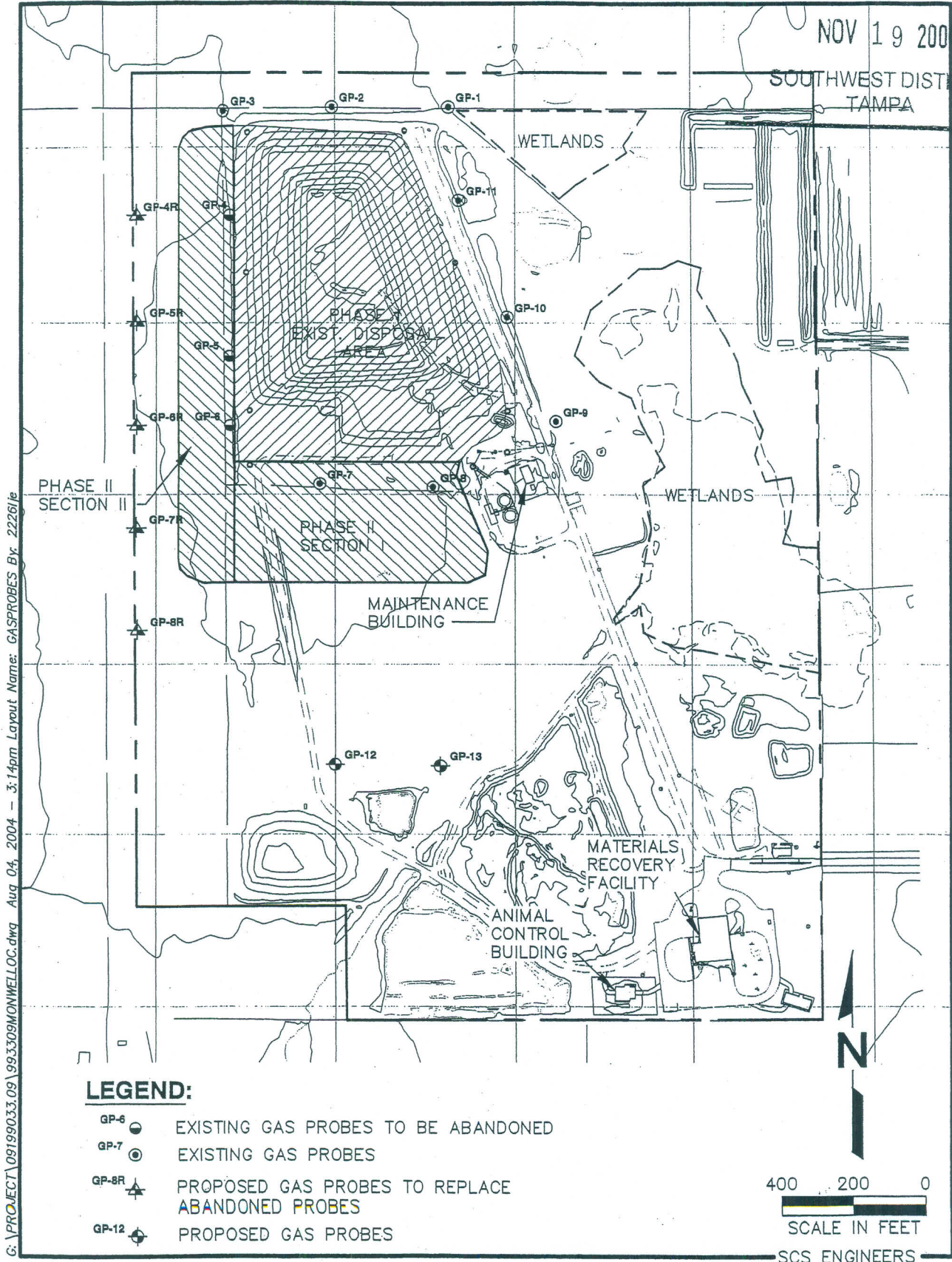


Figure O-1. Gas Probe Locations, Hardee County Landfill Expansion, Hardee County, Florida

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

DEP Form # 62-522.900(3)
Form Title <u>MONITOR WELL COMPLETION REPORT</u>
Effective Date _____
DEP Application No. _____ (Filled in by DEP)

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: _____ DEPTH OF SCREEN: _____ (bls)
(bls)

SCREEN LENGTH: _____ SCREEN SLOT SIZE: _____ SCREEN TYPE: _____

CASING DIAMETER: _____ CASING TYPE: _____

LENGTH OF CASING: _____ FILTER PACK MATERIAL: _____

TOP OF CASING ELEVATION (MSL): _____

GROUND SURFACE ELEVATION (MSL): _____

COMPLETION DATE: _____

DESCRIBE WELL DEVELOPMENT: _____

POST DEVELOPMENT WATER LEVER ELEVATION (MSL): _____

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

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. _____

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name _____
Address _____
City _____ Zip _____
Telephone Number () _____
- (2) The GMS Identification Number _____
- (3) DEP Permit Number _____
- (4) Authorized Representative Name _____
Address _____
City _____ Zip _____
Telephone Number () _____
- (5) Type of Discharge _____
- (6) Method of Discharge _____

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: _____

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # _____

Analytical Lab Comp QAP # /HRS Certification # _____

 *Comp QAP # /HRS Certification # _____

Lab Name _____

Address _____

Phone Number () _____

