

29 February 2016

Mr. F. Thomas Lubozynski, P.E.
Environmental Administrator, Permitting and WCU
Waste, Air & Stormwater Permitting
Florida Department of Environmental Protection, Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Re: Piezometer Abandonment Report
J.E.D. Solid Waste Management Facility, Osceola County, Florida
Permit No. SO49-0199726-024
WACS Facility ID #89544

Dear Mr. Lubozynski:

On behalf of Omni Waste of Osceola County, LLC (Omni) for the J.E.D. Solid Waste Management Facility (JED facility), Geosyntec Consultants (Geosyntec) is pleased to provide the Florida Department of Environmental Protection (FDEP) this report documenting the piezometer abandonment activities at the above referenced site. The abandonment work was completed by a Florida licensed drilling contractor under the supervision of Geosyntec personnel.

PROJECT BACKGROUND

The JED facility is located in eastern Osceola County, Florida, west of highway U.S. 441, and approximately 6.5 miles south of Holopaw. The facility includes a Class I landfill with a permitted disposal footprint of approximately 360 acres on approximately 2,179 acres. The landfill consists of 23 landfill cells that will provide available waste capacity for a period of approximately 30 years. Prior to issuance of a landfill permit, a hydrogeological study was conducted to observe groundwater site conditions. Piezometers DP-16, DP-17, and DP-24 were installed in November 2001 for purposes of the hydrogeological study.

The DP-16, DP-17, and DP-24 piezometers were located within the footprint of Cell 13, therefore the abandonment of these piezometers was necessary to complete the construction of Cell 13. Piezometers DP-16, DP-17, and DP-24 have been used for the collection of groundwater elevations.

ABANDONMENT PROCEDURE

Geosyntec personnel met with Environmental Drilling Service, Inc., (EDS) a Florida licensed drilling subcontractor, at the site on 30 December 2015 for the abandonment of piezometers DP-16, DP-17, and DP-24. The wells were abandoned due to their interference with facility construction activities that were occurring to develop the Cell 13 disposal area. A map with the locations of the abandoned piezometers is provided as **Figure 1**. Photographs documenting the abandonment activities are included in **Attachment A**, and a copy of the regulatory permits is included as **Attachment B** (please note the figure in Attachment B incorrectly identifies DP-18 instead of DP-16 to be abandoned). Abandonment of the piezometers was completed by filling the well casing with bentonite grout (Portland Type I/II cement with approximately 3% to 5% bentonite clay by volume) from the bottom up to land surface using a tremie pipe. Prior to abandonment Geosyntec personnel verified the total depth at piezometers DP-16, DP-17, and DP-24 to be approximately 15 feet below land surface (ft bls), 50 ft bls, and 15 ft bls, respectively, using a weighted measuring tape.

Theoretical grout volumes were calculated based on the total internal volume of the polyvinyl chloride (PVC) well and screen. In addition, a theoretical fill-volume was estimated based on the filter pack/well screen interval. Cement volumes were estimated based on;

$$C_{vol} = (W_c * W_{Total}) + (n_{Filt} * L_{Filt} * B_c)$$

where;

C_{vol} = grout volume required to backplug the well including the well-screen filter pack;

W_c = well capacity gallons-per-ft (gal/ft) (0.16 gal/ft [2-inch diameter PVC casing]);

W_{Total} = well length total includes casing and screen (ft);

n_{Filt} = porosity of the filter pack (0.20);

L_{Filt} = length of the well filter pack (ft);

B_c = borehole capacity (annulus between casing and hole) [1.78 gal/ft (5 5/8" borehole)];

The theoretical grout volume required to backplug the 2-inch diameter wells was estimated at approximately 4.9 gallons for DP-16 and DP-17, and 10.5 gallons for DP-24. Approximately 6.5 gallons of bentonite grout was used to abandon DP-16 and DP-17 and approximately 12 gallons for DP-24.

Following placement of the grout, the protective aluminum casings were removed. The

well riser casings were removed to just below grade and then additional grout was added to make the borehole flush with grade. Plugging and abandonment activities were completed in general conformance with construction and abandonment guidelines provided in the Water Well Construction Standards detailed in Florida Administrative Code Chapter 62-532.500(4).

CLOSURE

Should you have any questions regarding the information presented in this report, please contact Mr. Michael Kaiser at (904) 673-0446 or Matthew Wissler at (727) 330-9954.

Sincerely,

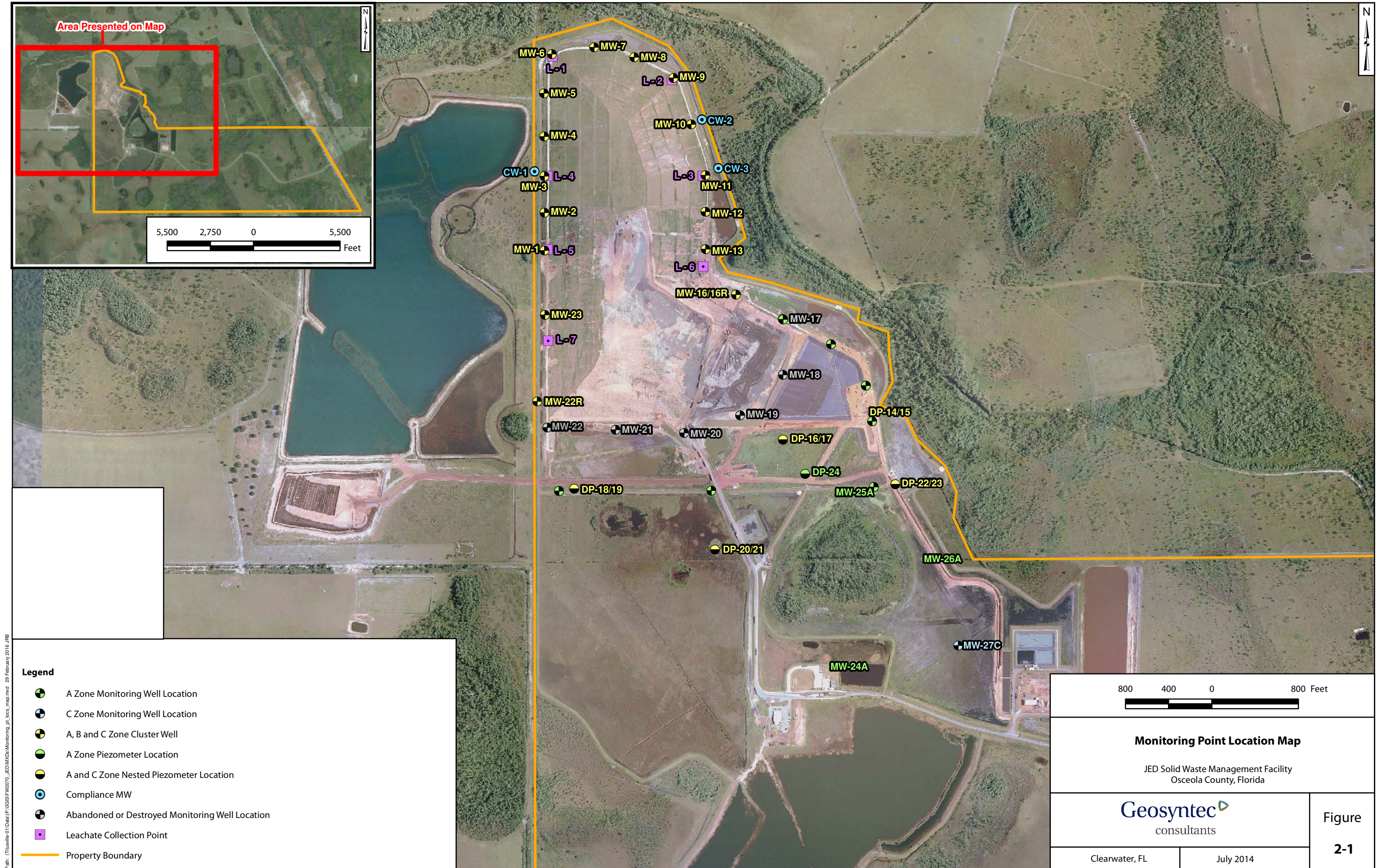


Matthew P. Wissler
Senior Hydrogeologist
State of Florida Professional Geologist #2521

Attachments

Copy: Michael Kaiser, PWS

FIGURE



ATTACHMENT A

Photographs

Client: Progressive Waste Solutions of Florida

Geosyntec Project Number: FR2220C

Site Name: J.E.D Solid Waste Management Facility

Location: 1501 Omni Way
St Cloud, FL 34773

Photograph 1

Date: 12/30/15

Direction: Southwest

Comments: A view of monitoring wells DP-16 and DP-17 with cement/bentonite slurry being added via tremie pipe.



Photograph 2

Date: 12/30/15

Direction: East

Comments: A view of DP-16's and DP-17's anodized aluminum casings being removed with excavator.



Client: Progressive Waste Solutions of Florida

Geosyntec Project Number: FR2220C

Site Name: J.E.D Solid Waste Management Facility

Location: 1501 Omni Way
St Cloud, FL 34773

Photograph 3

Date: 12/30/15

Direction: East

Comments: A view of monitoring wells DP-24 with cement/bentonite slurry being added via tremie pipe.



Photograph 4

Date: 12/30/15

Direction: South

Comments: A view of DP-24's anodized aluminum casing being removed with excavator.



ATTACHMENT B

Regulatory Permits



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

- ☐ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River
☐ DEP

PLEASE FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

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

☒ Delegated Authority (If Applicable) OSCEOLA CO EH

49WP 1650605

Permit No.	
Florida Unique ID	
Permit Stipulations Required (See Attached)	
62-524 Quid No.	Delineation No.
CUP/MUP Application No.	

ABOVE THIS LINE - FOR OFFICIAL USE ONLY

1 OMNI WASTE OF		OSCEOLA CO LLC, 3903 BELLAIRE BLVD, HOUSTON, TX 77025		(407) 295-3532	
*Owner, Legal Name if Corporation		*Address		*City	
2 1501 OMNI WAY, SAINT CLOUD, FL 34771		*State		*ZIP	
*Well Location - Address, Road Name or Number, City				Telephone Number	
3 11-28-32-0000-0010-0000					
*Parcel ID No. (PIN) or Alternate Key (Circle One)		Lot		Block	
4 11 28 32 OSCEOLA				Unit	
*Section or Land Grant		*Township		*Range	
5 DOUGLAS A. LEONHARDT		2406		(407) 295-3532	
*Water Well Contractor		*License Number		*Telephone Number	
6 4712 OLD WINTER GARDEN ROAD		ORLANDO		FL	
*Water Well Contractor's Address		City		State	
				ZIP	
7 *Type of Work		<input type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Abandonment		NO LONGER NEEDED	
8 *Number of Proposed Wells		3		*Reason for Repair, Modification or Abandonment	
9 *Specify Intended Use(s) of Well(s)				Date Stamp	
<input type="checkbox"/> Domestic <input type="checkbox"/> Landscape Irrigation <input type="checkbox"/> Agricultural Irrigation <input type="checkbox"/> Site Investigations				Monitoring	
<input type="checkbox"/> Bottled Water Supply <input type="checkbox"/> Recreation Area Irrigation <input type="checkbox"/> Livestock <input checked="" type="checkbox"/> Test				Earth-Coupled Geothermal	
<input type="checkbox"/> Public Water Supply (Limited Use/DOH) <input type="checkbox"/> Nursery Irrigation <input type="checkbox"/> Commercial/Industrial <input type="checkbox"/> HVAC Supply				HVAC Return	
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP) <input type="checkbox"/> Golf Course Irrigation <input type="checkbox"/> Class I Injection				Drainage	
Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe)				Official Use Only	
10 *Distance from Septic System if ≤ 200 ft.		11 Facility Description WASTELAND/DUMP		12 Estimated Start Date 12/30/15	
13 *Estimated Well Depth 15 ft. *Estimated Casing Depth ft. Primary Casing Diameter in. Open Hole: From To ft.					
14 Estimated Screen Interval: From To ft.					
15 *Primary Casing Material Black Steel Galvanized PVC Stainless Steel					
16 Secondary Casing Telescope Casing Liner Surface Casing Diameter in.					
17 Secondary Casing Material Black Steel Galvanized PVC Stainless Steel Other					
18 *Method of Construction, Repair or Abandonment Auger Cable Tool Jetted Rotary Sonic					
Combination (Two or More Methods) Hand Driven (Well Point, Sand Point) Hydraulic Point (Direct Push)					
Horizontal Drilling <input checked="" type="checkbox"/> Plugged by Approved Method Other (Describe)					
19 Proposed Grouting Interval for the Primary, Secondary, and Additional Casing					
From 0 To 15 Seal Material (Bentonite Neat Cement Other)					
From To Seal Material (Bentonite Neat Cement Other)					
From To Seal Material (Bentonite Neat Cement Other)					
From To Seal Material (Bentonite Neat Cement Other)					
20 Indicate total number of existing wells on site 3 List number of existing unused wells on site 3					
21 *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUP/MUP) or CUP/MUP Application? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete the following CUP/MUP No District Well ID No.					
22 Latitude Longitude					
23 Data Obtained From GPS Map Survey Datum NAD 27 NAD 83 WGS 84					
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 in this application is accurate and that I will have 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 completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.					
*Signature of Contractor 2406		Auth attachd		12/22/15	
*License No.		*Signature of Owner or Agent		*Date	

BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By <u>Jeffrey Smith</u>	Issue Date <u>12-29-15</u>	Expiration Date <u>6-29-16</u>	Hydrologist Approval <u>CC</u>
Fee Received \$ <u>150</u>	Receipt No.	Check No.	Initials
THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.			

588469

Permit No. _____

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1429
PHONE: (386) 329-4500
WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 539-5999
WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PALM BEACH, FL 33416-4680
PHONE: (561) 686-8800
WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

Comments:

WELL DRILLER MUST CALL THE OFFICE WHEN DRILLING, ABANDONING OR REPAIRING A WELL.

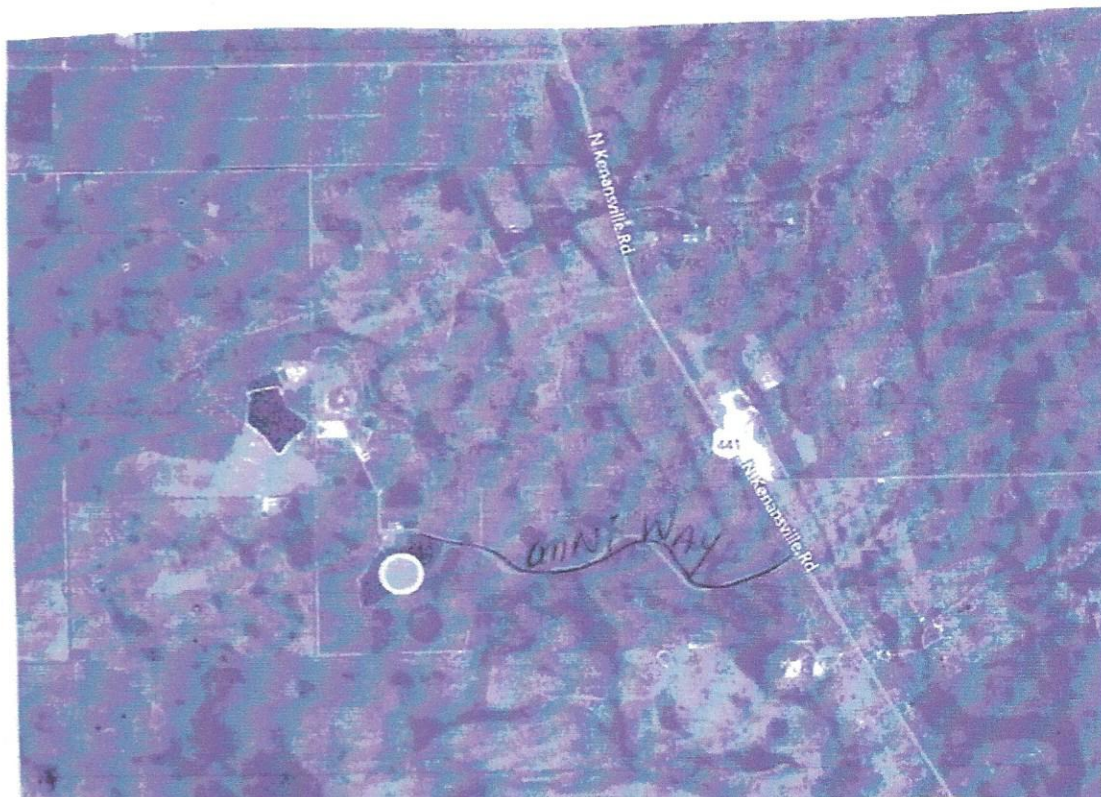
PLEASE CALL 407-343-2283 FOR INSPECTIONS. WEEKENDS AND TRUE EMERGENCIES PLEASE

CALL 407-343-2283 AND LEAVE A DETAILED MESSAGE.

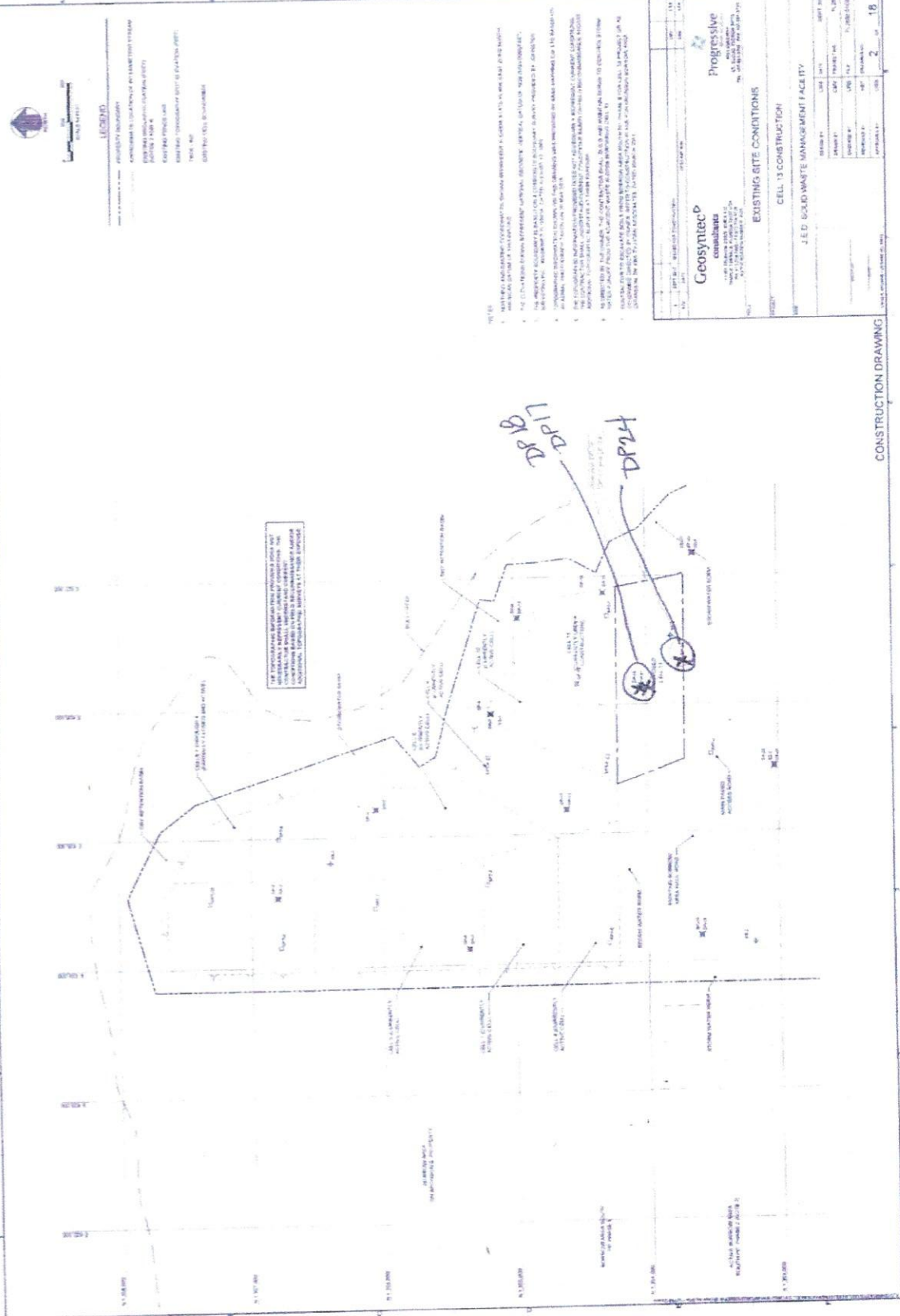
INSPECTIONS MUST BE CALLED IN AT LEAST 2 HOURS BEFORE GROUTING/DRILLING.

HEALTH DEPARTMENT EMPLOYEE MUST BE ONSITE TO INSPECT GROUTING/DRILLING.

*General Site Map of Proposed Well Location



Identify known roads and landmarks. Give distances from all reference points or structures, septic systems, sanitary hazards, and contamination sources, if applicable.



CONSTRUCTION DRAWING

2

18

- NOTES:
1. ALL CONSTRUCTION SHALL BE IN ACCORDANCE WITH THE LATEST EDITIONS OF THE INTERNATIONAL BUILDING CODE (IBC) AND THE INTERNATIONAL RESIDENTIAL CODE (IRC).
 2. THE PROPERTY IS LOCATED WITHIN A ZONED AREA. THE ZONING REQUIREMENTS FOR THE PROPERTY ARE AS FOLLOWS: ZONING: RESIDENTIAL SINGLE-FAMILY (RS-1).
 3. THE PROPERTY IS LOCATED WITHIN A FLOOD HAZARD ZONE. THE FLOOD HAZARD ZONE IS AS FOLLOWS: FLOOD HAZARD ZONE: 100-YEAR FLOOD ZONE.
 4. THE PROPERTY IS LOCATED WITHIN A SEISMIC HAZARD ZONE. THE SEISMIC HAZARD ZONE IS AS FOLLOWS: SEISMIC HAZARD ZONE: 0.15g.
 5. THE PROPERTY IS LOCATED WITHIN A WIND HAZARD ZONE. THE WIND HAZARD ZONE IS AS FOLLOWS: WIND HAZARD ZONE: 120 MPH.
 6. THE PROPERTY IS LOCATED WITHIN A SOIL HAZARD ZONE. THE SOIL HAZARD ZONE IS AS FOLLOWS: SOIL HAZARD ZONE: 1.5g.
 7. THE PROPERTY IS LOCATED WITHIN A LANDSLIDE HAZARD ZONE. THE LANDSLIDE HAZARD ZONE IS AS FOLLOWS: LANDSLIDE HAZARD ZONE: 1.5g.
 8. THE PROPERTY IS LOCATED WITHIN A DEBRIS FLOW HAZARD ZONE. THE DEBRIS FLOW HAZARD ZONE IS AS FOLLOWS: DEBRIS FLOW HAZARD ZONE: 1.5g.
 9. THE PROPERTY IS LOCATED WITHIN A COASTAL FLOOD HAZARD ZONE. THE COASTAL FLOOD HAZARD ZONE IS AS FOLLOWS: COASTAL FLOOD HAZARD ZONE: 1.5g.
 10. THE PROPERTY IS LOCATED WITHIN A TROPICAL CYCLONE HAZARD ZONE. THE TROPICAL CYCLONE HAZARD ZONE IS AS FOLLOWS: TROPICAL CYCLONE HAZARD ZONE: 1.5g.

Geosyntec
consultants

Progressive

EXISTING SITE CONDITIONS

CELL 13 CONSTRUCTION

J.E.D. SOLID WASTE MANAGEMENT FACILITY

NO.	DATE	DESCRIPTION	BY	CHKD
1	10/1/2011	EXISTING SITE CONDITIONS	J.E.D.	J.E.D.
2	10/1/2011	CELL 13 CONSTRUCTION	J.E.D.	J.E.D.
3	10/1/2011	J.E.D. SOLID WASTE MANAGEMENT FACILITY	J.E.D.	J.E.D.



STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP

PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

Date Stamp

✓ Delegated Authority (If Applicable) OSCEOLA COUNTY EH

Official Use Only

1. *Permit Number <u>49WP-1650605</u> *CUP/WUP Number _____ *DID Number _____ 62-524 Delineation No. _____																									
2. *Number of permitted wells constructed, repaired, or abandoned <u>2</u> *Number of permitted wells not constructed, repaired, or abandoned <u>0</u>																									
3. *Owner's Name <u>OMNI WASTE OF OSCEOLA CO LLC</u> 4. *Completion Date <u>12/30/15</u> 5. Florida Unique ID <u>DP-16 + DP-24</u>																									
6. <u>1501 OMNI WAY, SAINT CLOUD, FL 34771</u> *Well Location - Address, Road Name or Number, City, ZIP																									
7. *County <u>OSCEOLA</u> *Section <u>11</u> Land Grant _____ *Township <u>28</u> *Range <u>32</u>																									
8. Latitude _____ Longitude _____																									
9. Data Obtained From: <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <u>NAD 27</u> <u>NAD 83</u> <u>WGS 84</u>																									
10. *Type of Work: <input type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Abandonment																									
11. *Specify Intended Use(s) of Well(s) <table border="0"><tr><td><input type="checkbox"/> Domestic</td><td><input type="checkbox"/> Landscape Irrigation</td><td><input type="checkbox"/> Agricultural Irrigation</td><td><input type="checkbox"/> Site Investigations</td></tr><tr><td><input type="checkbox"/> Bottled Water Supply</td><td><input type="checkbox"/> Recreation Area Irrigation</td><td><input type="checkbox"/> Livestock</td><td><input checked="" type="checkbox"/> Monitoring</td></tr><tr><td><input type="checkbox"/> Public Water Supply (Limited Use/DOH)</td><td></td><td><input type="checkbox"/> Nursery Irrigation</td><td><input type="checkbox"/> Test</td></tr><tr><td><input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)</td><td></td><td><input type="checkbox"/> Commercial/Industrial</td><td><input type="checkbox"/> Earth-Coupled Geothermal</td></tr><tr><td><input type="checkbox"/> Class I Injection</td><td></td><td><input type="checkbox"/> Golf Course Irrigation</td><td><input type="checkbox"/> HVAC Supply</td></tr><tr><td></td><td></td><td></td><td><input type="checkbox"/> HVAC Return</td></tr></table>		<input type="checkbox"/> Domestic	<input type="checkbox"/> Landscape Irrigation	<input type="checkbox"/> Agricultural Irrigation	<input type="checkbox"/> Site Investigations	<input type="checkbox"/> Bottled Water Supply	<input type="checkbox"/> Recreation Area Irrigation	<input type="checkbox"/> Livestock	<input checked="" type="checkbox"/> Monitoring	<input type="checkbox"/> Public Water Supply (Limited Use/DOH)		<input type="checkbox"/> Nursery Irrigation	<input type="checkbox"/> Test	<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)		<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Earth-Coupled Geothermal	<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Golf Course Irrigation	<input type="checkbox"/> HVAC Supply				<input type="checkbox"/> HVAC Return
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Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____																									
<input type="checkbox"/> Other (Describe) _____																									
12. *Drill Method <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Jetted <input type="checkbox"/> Sonic <input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Hydraulic Point (Direct Push) <input checked="" type="checkbox"/> Other PLUGGED BY APPROVED METHOD / TREMMIE GROUT																									
13. *Measured Static Water Level _____ ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM																									
14. *Measuring Point (Describe) _____ Which is _____ ft. Above _____ Below Land Surface *Flowing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																									
15. *Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Not Cased <input type="checkbox"/> Other _____																									
16. *Total Well Depth <u>15</u> ft. Cased Depth _____ ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____																									
17. *Abandonment: <input checked="" type="checkbox"/> Other (Explain) <u>NO LONGER NEEDED</u> <table border="0"><tr><td>From <u>0</u> ft. To <u>15</u> ft. No. of Bags <u>1 EACH</u> Seal Material (Check One): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr></table>		From <u>0</u> ft. To <u>15</u> ft. No. of Bags <u>1 EACH</u> Seal Material (Check One): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																			
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18. *Surface Casing Diameter and Depth: <table border="0"><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr></table>		Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																						
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Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																									
19. *Primary Casing Diameter and Depth: <table border="0"><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr></table>		Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																			
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20. *Liner Casing Diameter and Depth: <table border="0"><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr></table>		Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																					
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Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																									
21. *Telescope Casing Diameter and Depth: <table border="0"><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr><tr><td>Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____</td></tr></table>		Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____	Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																					
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Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																									
22. Pump Type (If Known): <input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine Horsepower _____ Pump Capacity (GPM) _____ Pump Depth _____ ft. Intake Depth _____ ft.																									
23. Chemical Analysis (When Required): Iron _____ ppm Sulfate _____ ppm Chloride _____ ppm <input type="checkbox"/> Laboratory Test <input type="checkbox"/> Field Test Kit																									
24. Water Well Contractor: *Contractor Name <u>DOUGLAS A. LEONHARDT</u> *License Number <u>2406</u> E-mail Address <u>lisa@edsenvironmental.com</u> *Contractor's Signature <u>[Signature]</u> *Driller's Name (Print or Type) <u>KEVIN ROGERS</u> (I certify that the information provided in this report is accurate and true.)																									

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1429
PHONE: (386) 329-4500
WWW.SJRWMD.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 539-5999
WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PALM BEACH, FL 33416-4680
PHONE: (561) 686-8800
WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

***DRILL CUTTINGS LOG** (Examine cuttings every 20 ft. or at formation changes. Note cavities and depth to producing zone. Grain Size: F=Fine, M=Medium, and C=Coarse)

From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____ ft.	To _____ ft.	Color _____	Grain Size (F, M, C) _____	Material _____

Comments: DETAILED SITE PLAN REQUIRED OF AS DRILLED/ABANDONED

**** ABANDON 2 - 2"X15' MONITOR WELLS #DP-16 & DP-24 ****

***Detailed Site Map of Well Location**





STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP

PLEASE, FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Fields Where Applicable)

Date Stamp

✓ Delegated Authority (If Applicable) OSCEOLA COUNTY EH

Official Use Only

1.*Permit Number <u>49WP-1650605</u>		*CUP/WUP Number _____		*DID Number _____		62-524 Delineation No. _____	
2.*Number of permitted wells constructed, repaired, or abandoned <u>1</u>		*Number of permitted wells not constructed, repaired, or abandoned <u>0</u>					
3.*Owner's Name <u>OMNI WASTE OF OSCEOLA CO LLC</u>		4.*Completion Date <u>12/30/15</u>		5. Florida Unique ID <u>DP-17</u>			
6. <u>1501 OMNI WAY, SAINT CLOUD, FL 34771</u> *Well Location - Address, Road Name or Number, City, ZIP							
7.*County <u>OSCEOLA</u>		*Section <u>11</u>		Land Grant _____		*Township <u>28</u> *Range <u>32</u>	
8. Latitude _____		Longitude _____					
9. Data Obtained From: <input type="checkbox"/> GPS <input type="checkbox"/> Map <input type="checkbox"/> Survey Datum: <u>NAD 27</u> <u>NAD 83</u> <u>WGS 84</u>							
10.*Type of Work: <input type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Abandonment							
11.*Specify Intended Use(s) of Well(s)							
<input type="checkbox"/> Domestic		<input type="checkbox"/> Landscape Irrigation		<input type="checkbox"/> Agricultural Irrigation		<input type="checkbox"/> Site Investigations	
<input type="checkbox"/> Bottled Water Supply		<input type="checkbox"/> Recreation Area Irrigation		<input type="checkbox"/> Livestock		<input checked="" type="checkbox"/> Monitoring	
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)				<input type="checkbox"/> Nursery Irrigation		<input type="checkbox"/> Test	
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)				<input type="checkbox"/> Commercial/Industrial		<input type="checkbox"/> Earth-Coupled Geothermal	
<input type="checkbox"/> Class I Injection				<input type="checkbox"/> Golf Course Irrigation		<input type="checkbox"/> HVAC Supply	
						<input type="checkbox"/> HVAC Return	
Class V Injection: <input type="checkbox"/> Recharge <input type="checkbox"/> Commercial/Industrial Disposal <input type="checkbox"/> Aquifer Storage and Recovery <input type="checkbox"/> Drainage							
Remediation: <input type="checkbox"/> Recovery <input type="checkbox"/> Air Sparge <input type="checkbox"/> Other (Describe) _____							
<input type="checkbox"/> Other (Describe) _____							
12.*Drill Method <input type="checkbox"/> Auger <input type="checkbox"/> Cable Tool <input type="checkbox"/> Rotary <input type="checkbox"/> Combination (Two or More Methods) <input type="checkbox"/> Jetted <input type="checkbox"/> Sonic							
<input type="checkbox"/> Horizontal Drilling <input type="checkbox"/> Hydraulic Point (Direct Push) <input checked="" type="checkbox"/> Other PLUGGED BY APPROVED METHOD / TREMMIE GROUT							
13.*Measured Static Water Level _____ ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM							
14.*Measuring Point (Describe) _____ Which is _____ ft. Above _____ Below Land Surface *Flowing: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No							
15.*Casing Material: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galvanized <input checked="" type="checkbox"/> PVC <input type="checkbox"/> Stainless Steel <input type="checkbox"/> Not Cased <input type="checkbox"/> Other _____							
16.*Total Well Depth <u>50</u> ft. Cased Depth _____ ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____							
17.*Abandonment: <input checked="" type="checkbox"/> Other (Explain) NO LONGER NEEDED							
From <u>0</u> ft. To <u>50</u> ft.		No. of Bags <u>3</u>		Seal Material (Check One): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
18.*Surface Casing Diameter and Depth:							
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
19.*Primary Casing Diameter and Depth:							
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
20.*Liner Casing Diameter and Depth:							
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
21.*Telescope Casing Diameter and Depth:							
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
Dia _____ in. From _____ ft. To _____ ft.		No. of Bags _____		Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____			
22. Pump Type (If Known):							
<input type="checkbox"/> Centrifugal <input type="checkbox"/> Jet <input type="checkbox"/> Submersible <input type="checkbox"/> Turbine							
Horsepower _____ Pump Capacity (GPM) _____							
Pump Depth _____ ft. Intake Depth _____ ft.							
23. Chemical Analysis (When Required):							
Iron _____ ppm Sulfate _____ ppm Chloride _____ ppm							
<input type="checkbox"/> Laboratory Test <input type="checkbox"/> Field Test Kit							
24. Water Well Contractor:							
*Contractor Name <u>DOUGLAS A. LEONHARDT</u>		*License Number <u>2406</u>		E-mail Address <u>lisa@edsenvironmental.com</u>			
*Contractor's Signature <u>[Signature]</u>		*Driller's Name (Print or Type) <u>KEVIN ROGERS</u>					

(I certify that the information provided in this report is accurate and true.)

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

[illegible]

Comments: DETAILED SITE PLAN REQUIRED OF AS DRILLED/ABANDONED

***** ABANDON 1 - 2"X50' MONITOR WELL #DP-17 *****

***Detailed Site Map of Well Location**

