

SCS ENGINEERS

December 2, 2010
File No. 09207049.09

Mr. John Morris, P.G.
Florida Department of Environmental Protection
Southwest District
13051 N. Telecom Parkway
Temple Terrace, Florida 33637-0926

Dept. Of Environmental Protection

DEC 03 2010

Southwest District

Subject: Piezometer Abandonment,
Citrus County Central Landfill, Permit No. 21375-018-SO/01


Dear Mr. Morris:

SCS Engineers (SCS) was retained by Citrus County Solid Waste Management Division (County) to abandon one existing piezometer (MW-4R) located at the Citrus County Central Landfill. The well was approximately 125 feet deep with 20 feet of screen. A site map showing the piezometer location (Figure 1) is provided in Attachment A. The Florida Department of Environmental Protection (FDEP) approved abandoning MW-4R in email correspondence dated October 15, 2010 from John R. Morris (FDEP to Dominique Bramlett (SCS)). This correspondence provides written documentation of the piezometer abandonment activity.

Huss Drilling, Inc. (Huss), a Florida-licensed well drilling firm, was retained to conduct the piezometer abandonment. Piezometer MW-4R was abandoned on October 22, 2010. The well abandonment was conducted by removing the PVC stick up and protective casing and grouting the well from bottom to top using neat cement which was pumped through a tremmie pipe. Well abandonment activities were observed and details documented by a SCS representative. Copies of the FDEP Monitoring Well Completion Report and Southwest Florida Water Management District Permits are included in Attachment B.

Please contact us if you have any questions or comments regarding this correspondence.

Very truly yours,

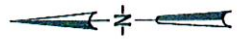
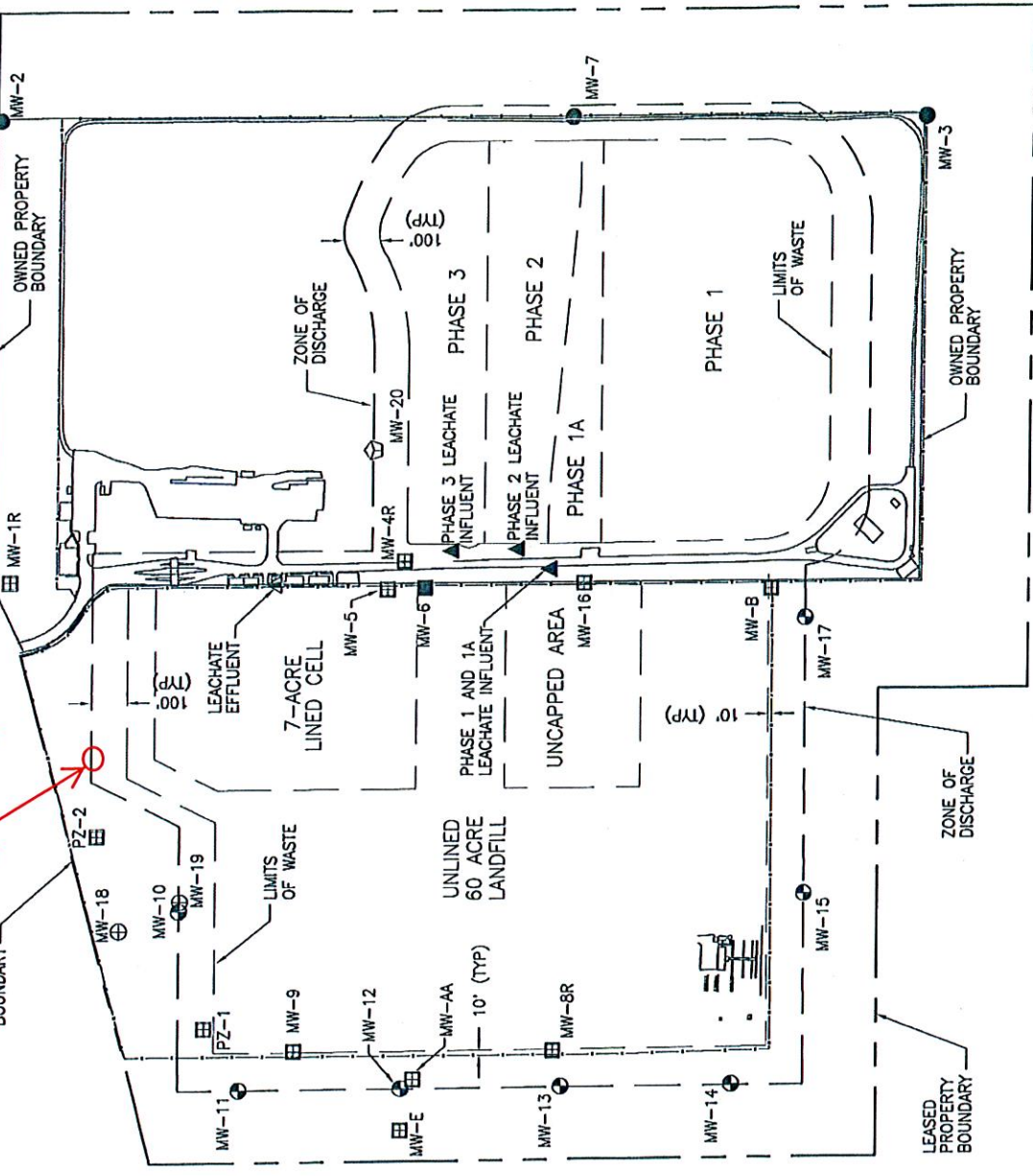

Ken E. Guilbeault, LEP
Senior Project Professional
SCS ENGINEERS

KEG/RLW: keg
Attachments


Robert L. Westly
Project Director
SCS ENGINEERS
FLORIDA
PROFESSIONAL GEOLOGIST

ATTACHMENT A
FIGURE

Approximate Location
of Proposed Compliance Monitoring Well MW-21



LEGEND

- BACKGROUND WELLS
- ⊕ COMPLIANCE MONITORING WELL
- ⊕ ASSESSMENT MONITORING WELL
- INTERMEDIATE WELL
- ▣ PIEZOMETERS
- ⬠ PROPOSED COMPLIANCE WELL
- ▲ LEACHATE INFILTRANT SAMPLING LOCATION
- △ LEACHATE EFFLUENT SAMPLING LOCATION
- ZONE OF DISCHARGE
- PROPERTY BOUNDARY (OWNED BY COUNTY)
- LIMITS OF WASTE
- PROPERTY BOUNDARY (LEASED BY COUNTY)

NOTE: THIS MAP REFLECTS CHANGES TO THE MONITORING NETWORK PROPOSED WITH THE PHASE 3 EXPANSION

Modified by SCS Engineers to add proposed compliance monitoring well location - April 19, 2010

**ATTACHMENT 1 SITE PLAN
CITRUS COUNTY CENTRAL LANDFILL**



ATTACHMENT B
WELL COMPLETION REPORT



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

- Southwest
- Northwest
- St. Johns River
- South Florida
- Suwannee River
- DEP
- Delegated Authority (If Applicable)

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.

Permit No. 808178
 Florida Unique ID _____
 Permit Stipulations Required (See Attached) 04
 62-524 Quad No. Q3920 Delineation No. _____
 CUP/WUP Application No. _____
 ABOVE THIS LINE FOR OFFICIAL USE ONLY

1. **CITRUS COUNTY** 3600 W SOVEREIGN PATH STE 2 leclanto FL 34461
 *Owner, Legal Name if Corporation *Address *City *State *ZIP *Telephone Number

2. 00230 W GULF TO LAKE HWY Leclanto
 *Well Location - Address, Road Name or Number, City

3. 181801 70000
 *Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit

4. 1 19 18 CITRUS
 *Section or Land Grant *Township *Range *County Subdivision Check if 62-524: Yes No

5. STEPHANIE S STALLSMITH 9342 (352) 424-4810 stephanie@husadrilling.com
 *Water Well Contractor *License Number *Telephone Number E-mail Address

6. 35920 STATE ROAD 52 DADE CITY FL 33625
 *Water Well Contractor's Address City State ZIP

7. *Type of Work: Construction Repair Modification Abandonment **not in use**
 Reason for Repair, Modification, or Abandonment _____

8. *Number of Proposed Wells 1

9. *Specify Intended Use(s) of Well(s):
 Domestic Landscape Irrigation Agricultural Irrigation Site Investigation
 Bottled Water Supply Recreation Area Irrigation Livestock Monitoring
 Public Water Supply (Limited Use/DOH) Nursery Irrigation Test
 Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothermal
 Class I Injection Golf Course Irrigation HVAC Supply
 Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage
 Remediation: Recovery Air Sparge Other (Describe) _____
 Other (Describe) **PLUGGED** (Note: Not all types of wells are permitted by a given permitting authority)

10. *Distance from Septic System if ≤ 200 ft. _____ 11. Facility Description _____ 12. Estimated Start Date 10/22/2010

13. *Estimated Well Depth 125 ft. *Estimated Casing Depth _____ ft. *Primary Casing Diameter 2 in. Open Hole: From _____ To _____ ft.

14. Estimated Screen Interval: From _____ To _____ ft.

15. *Primary Casing Material: Black Steel Galvanized PVC Stainless Steel
 Not Cased Other: _____

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 Jolted Rotary Sonic
 Combination (Two or More Methods) Hand Driven (Well Point, Sand Point) Hydraulic Point (Direct Push)
 Horizontal Drilling Plugged by Approved Method Other (Describe) _____

19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:
 From 0 To 125 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 1 List number of existing unused wells on site 1

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/WUP) or CUP/WUP Application? Yes No If yes, complete the following: CUP/WUP No. _____ District Well ID No. _____

22. Latitude 28 51 20.82 Longitude 82 28 16.89

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 required, 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 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 completion of the construction, repair, modification, or abandonment authorized by this permit, 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 379, 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 allowing personnel of the WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.

Digitally Signed _____ 9342 Digitally Signed _____ 10/19/2010
 *Signature of Contractor *License No. *Signature of Owner or Agent *Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By Automatically Issued Issue Date 10/19/2010 Expiration Date 01/17/2011 Hydrologist Approval _____

Fee Received \$ 00 Receipt No. _____ Check No. _____

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.



STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
 Northwest
 St. Johns River
 South Florida
 Suwannee River
 DEP
 Delegated Authority (If Applicable) _____

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

Date Stamp
 Received:
 Nov 1, 2010 9:37 am
 Official Use Only

1. *Permit Number 803178 *CUP/WUP Number _____ *DID Number _____ 62-524 Delineation No. _____

2. *Number of permitted wells constructed, repaired, or abandoned 1 *Number of permitted wells not constructed, repaired, or abandoned 0

3. *Owner's Name CITRUS COUNTY 4. *Completion Date 10/22/2010 5. Florida Unique ID _____

6. 00230 W GULF TO LAKE HWY Lecanto
 *Well Location - Address, Road Name or Number, City, ZIP

7. *County CITRUS *Section 1 Land Grant _____ *Township 19 *Range 18

8. Latitude 28 51 20.82 Longitude 82 26 16.89

9. Date Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84

10. *Type of Work: _____ Construction _____ Repair _____ Modification Abandonment

11. *Specify Intended Use(s) of Well(s):
 Domestic _____ Landscape Irrigation _____ Agricultural Irrigation _____ Site Investigation _____
 Bottled Water Supply _____ Recreation Area Irrigation _____ Livestock _____ Monitoring _____
 Public Water Supply (Limited Use/DOH) _____ Nursery Irrigation _____ Test _____
 Public Water Supply (Community or Non-Community/DEP) _____ Commercial/Industrial _____ Earth-Coupled Geothermal _____
 Class I Injection _____ Golf Course Irrigation _____ HVAC Supply _____
 _____ HVAC Return _____

Class V Injection: _____ Recharge _____ Commercial/Industrial Disposal _____ Aquifer Storage and Recovery _____ Drainage

Remediation: _____ Recovery _____ Air Sparge _____ Other (Describe) _____
 Other (Describe) PLUGGED

12. *Drill Method: _____ Auger _____ Cable Tool _____ Rotary _____ Combination (Two or More Methods) _____ Jetted _____ Sonic
 _____ Horizontal Drilling _____ Hydraulic Point (Direct Push) Other PLUGGED BY APPROVED METHOD

13. *Measured Static Water Level 0 ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14. *Measuring Point (Describe) _____ Which is _____ ft. Above _____ Below Land Surface *Flowing: _____ Yes _____ No

15. *Casing Material: _____ Black Steel _____ Galvanized PVC _____ Stainless Steel _____ Not Cased _____ Other _____

16. *Total Well Depth 125 ft. Cased Depth 125 ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____

17. *Abandonment: _____ Other (Explain) _____
 From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

18. *Surface Casing Diameter and Depth:
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

19. *Primary Casing Diameter and Depth:
 Dia 2 in. From 0 ft. To 125 ft. No. of Bags 3 Seal Material (Check One): Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

20. *Liner Casing Diameter and Depth:
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

21. *Telescope Casing Diameter and Depth:
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____
 Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____ Seal Material (Check One): _____ Neat Cement _____ Bentonite _____ Other _____

22. Pump Type (If Known):
 _____ Centrifugal _____ Jet _____ Submersible _____ Turbine
 Horsepower _____ Pump Capacity (GPM) _____
 Pump Depth _____ ft. Intake Depth _____ ft.

23. Chemical Analysis (When Required):
 Iron _____ ppm Sulfate _____ ppm Chloride _____ ppm
 _____ Laboratory Test _____ Field Test Kit

24. Water Well Contractor:
 *Contractor Name STEPHANIE S STALLSMITH *License Number 9342 E-mail Address stephanie@hussdrilling.com
 *Contractor's Signature Digitally Signed *Driller's Name (Print or Type) Kevin Refuse
 (I certify that the information provided in this report is accurate and true.)