

**WELL ABANDONMENT AND CLOSURE REPORT
PHASE 4 INTERIM STORMWATER BERM, CELL 14
MONITOR WELL CLUSTERS MW-24, MW-25,
AND PIEZOMETERS 18, 19**

Prepared for:



**Waste Connections of Florida, Inc.
5135 Madison Ave
Tampa, FL 33619**

Prepared by:



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5858 South Semoran Blvd.
Orlando, FL 32822**

**August 2021
Revision 1**

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Table of Contents

Table of Contents.....	i
1.0 REGISTERED PROFESSIONAL GEOLOGIST CERTIFICATION	1
2.0 INTRODUCTION.....	3
2.1 Background	3
3.0 PLUG AND ABANDONMENT.....	5
3.1 Well Plugging Clusters MW-24, and MW-25	5
3.2 Well Plugging Piezometers DP-18, and DP-19	5
3.3 Wellhead/Casing Removal	6
4.0 REFERENCES	7

List of Tables

Table 1 – Type I/II Portland Cement Calculation Results

List of Appendices

Appendix A – Permits and Supporting Documentation

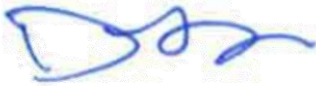
List of Acronyms and Abbreviations

ALS	Above land surface
F.A.C.	Florida Administrative Code
Facility	JED Solid Waste Management Facility
FDEP	Florida Department of Environmental Protection
NET	National Environmental Technologies
WCOC	Waste Connections of Osceola Country, LLC
WCI	Waste Connections, Inc.

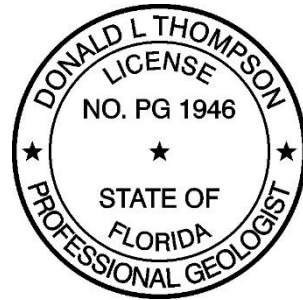
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1.0 REGISTERED PROFESSIONAL GEOLOGIST CERTIFICATION

I hereby certify that I have directed and supervised the field work and preparation of this document, in accordance with State Rules and Regulations. As a registered Professional Geologist, I certify that I am a qualified groundwater professional, as defined by the Florida State Board of Professional Geologists. All of the information and/or laboratory data in this document and in all of the attachments are true, accurate, complete, and in accordance with applicable state rules and regulations.



Donald Thompson, P.G.



Stamp

April 26, 2021

Date

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2.0 INTRODUCTION

On behalf of Waste Connections Incorporated (WCI), the MSE Group (MSE), a Montrose Group Company, has prepared this Well Abandonment and Closure Report on behalf of Waste Connections of Osceola County, LLC (WCOC), a subsidiary company of WCI. The document provides a summary of recent work to support construction of the Cell 14 disposal area at the JED Solid Waste Management Facility (facility). Plugging and abandonment of select monitor well (MW) cluster sites and piezometers was completed in accordance with applicable guidance and standards from the Florida Department of Environmental Protection (FDEP) Central District-Solid Waste Permitting Department and the St. Johns River Water Management District Chapter 40C-3.

Section 2.1 of this report presents background information relative to the facility and objectives of the well plugging and abandonment program. **Section 3.0** provides a description of the plugging and abandonment methodology and associated regulatory requirements. **Section 4.0** provides a listing of select references.

2.1 Background

WCOC is in the initial stages of construction of the Cell 14 disposal area, which is located within the vicinity of the MW-24 and MW-25 monitoring well clusters. As with previous construction and expansion efforts (i.e., Cell 12 disposal area) the well clusters were installed in temporary locations on the Phase 4 perimeter storm water berms. To facilitate construction of the Cell 14 disposal area, WCOC requested and received approval from the FDEP to abandon the temporary well clusters and replace MW-24 in a permanent permitted location on the back slope of the Cell 12 perimeter berm (i.e., MW-30 cluster). MW-25 is not scheduled for replacement due to planned construction of the Phase 5 disposal areas.

This report summarizes field activities associated with all plugging and abandonment activities for MW-24, MW-25, and piezometers DP-18 and DP-19. **Figure 1** presents a site map showing the locations and designations of site monitor well clusters and piezometers within the Cell 12 construction area.

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3.0 PLUG AND ABANDONMENT

Monitoring well clusters MW-24 and MW-25 (Zones A and B) were plugged and abandoned on 01 April 2021 with the subcontracted assistance of National Environmental Technologies (NET). All plugging and abandonment procedures were completed in accordance with regulatory guidance as noted in Chapter 40C-3, Florida Administrative Code (F.A.C.). Permits and supporting documentation are presented in **Appendix A**.

3.1 Well Plugging Clusters MW-24 and MW-25

Initial well plugging activities at the facility included the removal of the above ground protective polyvinyl-chloride (PVC) covers and individual concrete well pads. Once the PVC casing was exposed, the well casing was cut-off to extend approximately 1.5-feet above land surface (ALS). NET was then directed to prepare for cementing operations to seal the well, screen, and filter pack using neat Type I/II Portland cement. No additives or cement modifiers were utilized during any of the plugging operations.

Theoretical cement volumes were calculated based on the total internal volume of the 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 the following equation:

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

Where:

C_{vol} = cement volume required to back plug the well including the well-screen filter pack;

W_c = well capacity gallons-per-ft (gal/ft) (0.1632 gal/ft [2" 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); and

B_c = borehole capacity gallons-per-ft (gal/ft) (1.02 gal/ft [5" borehole]).

A summary of theoretical cement volumes required to back plug the wells is shown on **Table 1**.

3.2 Well Plugging Piezometers DP-18 and DP-19

Well plugging activities for the site piezometers are identical to steps previously described. The piezometers were constructed in support of the original hydrogeologic and geotechnical characterization for the facility's original permit. As a result, site records were referenced in order to determine the depths of the piezometers to accommodate plugging and abandonment.

Initial well plugging activities at the facility included the removal of the above ground protective covers and individual concrete well pads. Once the polyvinyl-chloride (PVC) casing was exposed, the well casing was cut-off to extend approximately 1.5-feet ALS. NET was then

directed to prepare for cementing operations to seal the well, screen and filter pack using neat Type I/II Portland cement. No additives or cement modifiers were utilized during any of the plugging operations.

Theoretical cement volumes were calculated based on the total internal volume of the 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 the following equation:

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

Where:

C_{vol} = cement volume required to back plug the well including the well-screen filter pack;

W_c = well capacity gallons-per-ft (gal/ft) (0.1632 gal/ft [2" 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); and

B_c = borehole capacity gallons-per-ft (gal/ft) (1.02 gal/ft [5" borehole]).

A summary of theoretical cement volumes required to back plug the wells is shown on **Table 1**.

3.3 Wellhead/Casing Removal

Subsequent to the completion of all cementing and back-plugging operations, WCOC personnel directed the excavation contractor to remove approximately 6-ft of the cemented well casing. The final step of the abandonment program was implemented to ensure that any potential obstructions (i.e., the abandoned well casing) would not interfere with remaining grading and base liner installation operations for Cell 14.

4.0 REFERENCES

St. Johns River Water Management District Chapter 40C-3.

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Figures

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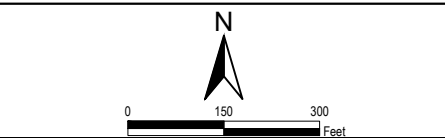


JED Solid Waste Disposal Facility
1501 Omni Way
St Cloud, Florida 34773
Osceola County

- Legend**
- Monitoring Well (A Zone)
 - Monitoring Well (B Zone)
 - Piezometer (Shallow)
 - Piezometer (Deep)

- NOTES:**
- LABINS (Land Boundary Information System)
 - Source of 2019 Aerial LABINS

**ABANDONED WELL LOCATIONS
2021**



DRN: DT/MW	APR: KB
DATE: 05.03.2021	PN: 1544.001

Figure No. 1

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Tables

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Table 1. Type I/II Portland Cement Calculation Results.

Location	Well Length ^{/a}	Filter Pack Length ^{/b} (feet)	Theoretical Volume ^{/c} (gallons)	Type I/II Portland Cement ^{/d} (94 pounds-per-sack)
MW-24 A	20	10	5.30	1.06
MW-24 B	40	10	8.57	1.71
MW-25A	20	10	5.30	1.06
MW-25B	40	10	8.57	1.71
DP-18	55	10	11.02	2.20
DP-19	18	10	4.98	1.00
<p>notes:</p> <p>a. Total casing and screen length.</p> <p>b. Approximate assume a nominal Length of the screen interval.</p> <p>c. Portland cement volume required to backplug/abandon the well casing, screen interval, and filter pack.</p> <p>d. Total number sacks required Type I/II Portland Cement. Assume an ideal mix ratio of 6:1 to yield 10 gallons cement slurry.</p> <p>Cement Volume = (0.1632 gallons/ft * Well Length) + (0.3 * Filter Pack Length * 1.47 gallons/ft)</p> <p>assumptions:</p> <p>0.1632 capacity of 2" pipe</p> <p>1.02 capacity of 5-in borehole</p> <p>0.2 porosity of filter pack</p>				

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*Appendix A – Permits and Supporting
Documentation*

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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)

Delegated Authority (If Applicable) DP-18

Date Stamp

Official Use Only

1. *Permit Number 49 WP 2254790 *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 OMNI WASTE OF OSCEOLA COUNTY 4. *Completion Date 4-1-2021 5. Florida Unique ID _____

6. JED SOLID WASTE DISPOSAL FACILITY, 1501 OMNI WAY, ST. CLOUD, FL
*Well Location - Address, Road Name or Number, City, ZIP

7. *County OSCEOLA *Section 11 Land Grant _____ *Township 28S *Range 32E

8. Latitude _____ Longitude _____

9. Data 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)

<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: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ Drainage

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

☐ Other (Describe) _____

12. *Drill Method: ☐ Auger ☐ Cable Tool ☐ Rotary ☐ Combination (Two or More Methods) ☐ Jetted ☐ Sonic
☐ Horizontal Drilling ☐ Hydraulic Point (Direct Push) ☒ Other ABANDONMENT

13. *Measured Static Water Level 12 ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14. *Measuring Point (Describe) GROUND SURFACE Which is 0 ft. Above X Below Land Surface *Flowing: ☐ Yes ☒ No

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

16. *Total Well Depth 55 ft. Cased Depth 55 ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____

17. *Abandonment: ☒ Other (Explain) _____

From <u>0</u> ft. To <u>55</u> ft. No. of Bags <u>2.5</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): ☐ Centrifugal ☐ Jet ☐ Submersible ☐ Turbine
Horsepower _____ Pump Capacity (GPM) NONE
Pump Depth _____ ft. Intake Depth _____ ft.

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

24. Water Well Contractor:

*Contractor's Signature

[Signature]

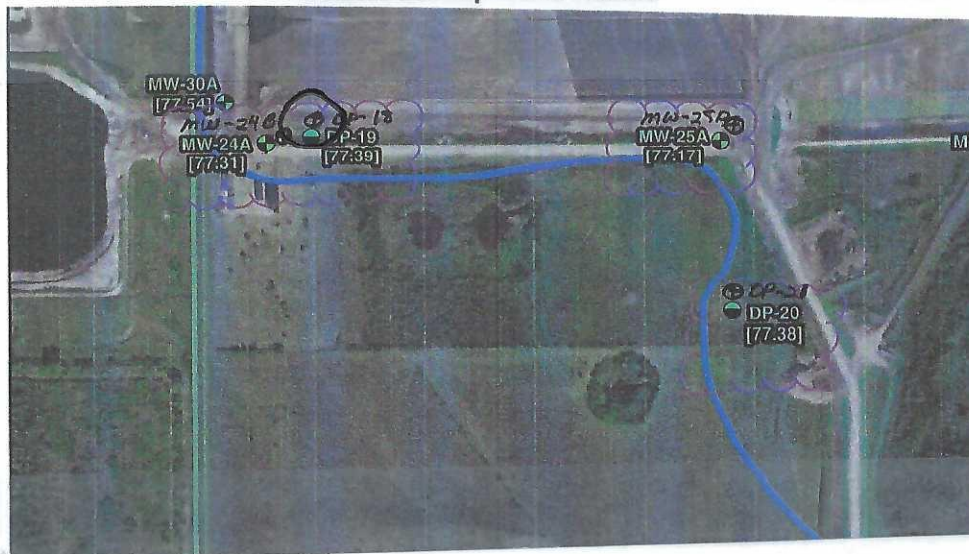
*Driller's Name (Print or Type) WILLIAM D. TENNANT

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: ABANDONMENT OF ONE 2" DIA. MONITORING WELL TO 55' IN DEPTH (DP-18).

***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)

Delegated Authority (If Applicable) MW-24B

Date Stamp

Official Use Only

1. *Permit Number 49 WP 2254790 *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 OMNI WASTE OF OSCEOLA COUNTY 4. *Completion Date 4-1-2021 5. Florida Unique ID _____

6. JED SOLID WASTE DISPOSAL FACILITY, 1501 OMNI WAY, ST. CLOUD, FL
*Well Location - Address, Road Name or Number, City, ZIP

7. *County OSCEOLA *Section 11 Land Grant _____ *Township 28S *Range 32E

8. Latitude _____ Longitude _____

9. Data 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)

<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: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ Drainage

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

☐ Other (Describe) _____

12. *Drill Method ☐ Auger ☐ Cable Tool ☐ Rotary ☐ Combination (Two or More Methods) ☐ Jetted ☐ Sonic
☐ Horizontal Drilling ☐ Hydraulic Point (Direct Push) ☒ Other ABANDONMENT

13. *Measured Static Water Level 12 ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14. *Measuring Point (Describe) GROUND SURFACE Which is 0 ft. Above X Below Land Surface *Flowing: ☐ Yes ☒ No

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

16. *Total Well Depth 40 ft. Cased Depth 40 ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____

17. *Abandonment: ☒ Other (Explain) _____

From <u>0</u> ft. To <u>40</u> ft. No. of Bags <u>1.5</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): ☐ Centrifugal ☐ Jet ☐ Submersible ☐ Turbine
Horsepower _____ Pump Capacity (GPM) NONE

Pump Depth _____ ft. Intake Depth _____ ft.

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

24. Water Well Contractor:

*Contractor Name ROSS CHINANDER *License Number 11093 E-mail Address netross@tampabay.rr.com

*Contractor's Signature _____ *Driller's Name (Print or Type) WILLIAM D. TENNANT

(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



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)

Delegated Authority (If Applicable) MW-25B

Date Stamp

Official Use Only

1. *Permit Number 49 WP 2254790 *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 OMNI WASTE OF OSCEOLA COUNTY 4. *Completion Date 4-1-2021 5. Florida Unique ID _____

6. JED SOLID WASTE DISPOSAL FACILITY, 1501 OMNI WAY, ST. CLOUD, FL
*Well Location - Address, Road Name or Number, City, ZIP

7. *County OSCEOLA *Section 11 Land Grant _____ *Township 28S *Range 32E

8. Latitude _____ Longitude _____

9. Data 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)

<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: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ Drainage

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

☐ Other (Describe) _____

12. *Drill Method: ☐ Auger ☐ Cable Tool ☐ Rotary ☐ Combination (Two or More Methods) ☐ Jetted ☐ Sonic
☐ Horizontal Drilling ☐ Hydraulic Point (Direct Push) ☒ Other ABANDONMENT

13. *Measured Static Water Level 12 ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14. *Measuring Point (Describe) GROUND SURFACE Which is 0 ft. Above X Below Land Surface *Flowing: ☐ Yes ☒ No

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

16. *Total Well Depth 40 ft. Cased Depth 40 ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____

17. *Abandonment: ☒ Other (Explain) _____

From <u>0</u> ft. To <u>40</u> ft. No. of Bags <u>1.5</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): ☐ Centrifugal ☐ Jet ☐ Submersible ☐ Turbine
Horsepower _____ Pump Capacity (GPM) NONE
Pump Depth _____ ft. Intake Depth _____ ft.

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

24. Water Well Contractor:

*Contractor Name ROSS CHINANDER

*License Number 11093

E-mail Address netross@tampabay.rr.com

*Contractor's Signature _____

*Driller's Name (Print or Type) WILLIAM D. TENNANT

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



STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP
Delegated Authority (If Applicable) DP-19

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

Date Stamp

Official Use Only

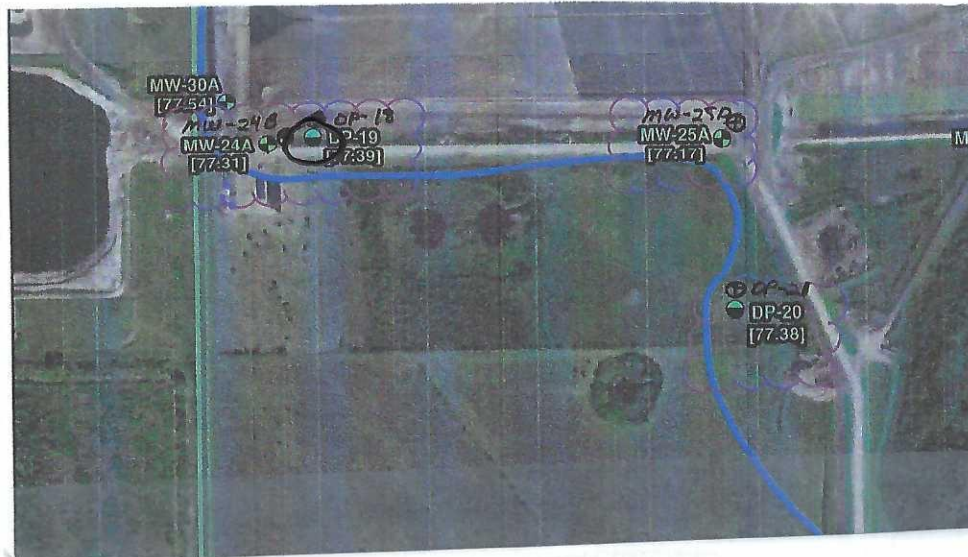
1. *Permit Number <u>49 WP 2254778</u> *CUP/WUP Number _____ *DID Number _____ 62-524 Delineation No. _____																									
2. *Number of permitted wells constructed, repaired, or abandoned <u>1</u> *Number of permitted wells not constructed, repaired, or abandoned <u>0</u>																									
3. *Owner's Name <u>OMNI WASTE OF OSCEOLA COUNTY</u> 4. *Completion Date <u>4-1-2021</u> 5. Florida Unique ID _____																									
6. <u>JED SOLID WASTE DISPOSAL FACILITY, 1501 OMNI WAY, ST. CLOUD, FL</u> *Well Location - Address, Road Name or Number, City, ZIP																									
7. *County <u>OSCEOLA</u> *Section <u>11</u> Land Grant _____ *Township <u>28S</u> *Range <u>32E</u>																									
8. Latitude _____ Longitude _____																									
9. Data Obtained From: <input type="checkbox"/> GPS <input checked="" type="checkbox"/> Map <input type="checkbox"/> Survey Datum: _____ NAD 27 _____ NAD 83 _____ WGS 84																									
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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<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 <u>ABANDONMENT</u>																									
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14. *Measuring Point (Describe) <u>GROUND SURFACE</u> Which is <u>0</u> ft. Above <u>X</u> 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>18</u> ft. Cased Depth <u>18</u> ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____																									
17. *Abandonment: <input checked="" type="checkbox"/> Other (Explain) <table border="0"><tr><td>From <u>0</u> ft. To <u>18</u> ft. No. of Bags <u>0.7</u></td><td>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 _____</td><td>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 _____</td><td>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 _____</td><td>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 _____</td><td>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>18</u> ft. No. of Bags <u>0.7</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 _____														
From <u>0</u> ft. To <u>18</u> ft. No. of Bags <u>0.7</u>	Seal Material (Check One): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____																								
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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 _____																									
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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) <u>NONE</u> Pump Depth _____ ft. Intake Depth _____ ft.																									
23. Chemical Analysis (When Required): Iron <u>N/A</u> ppm Sulfate _____ ppm Chloride _____ ppm <input type="checkbox"/> Laboratory Test <input type="checkbox"/> Field Test Kit																									
24. Water Well Contractor: *Contractor Name <u>ROSS CHINANDER</u> *License Number <u>11093</u> E-mail Address <u>netross@tampabay.rr.com</u> *Contractor's Signature _____ *Driller's Name (Print or Type) <u>WILLIAM D. TENNANT</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: ABANDONMENT OF ONE 2" DIA. MONITORING WELL TO 18' IN DEPTH (DP-19).

***Detailed Site Map of Well Location**





STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP
Delegated Authority (If Applicable) MW-24A

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

Date Stamp

Official Use Only

1. *Permit Number <u>49 WP 2254778</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 COUNTY</u> 4. *Completion Date <u>4-1-2021</u> 5. Florida Unique ID _____																									
6. <u>JED SOLID WASTE DISPOSAL FACILITY, 1501 OMNI WAY, ST. CLOUD, FL</u> *Well Location - Address, Road Name or Number, City, ZIP																									
7. *County <u>OSCEOLA</u> *Section <u>11</u> Land Grant _____ *Township <u>28S</u> *Range <u>32E</u>																									
8. Latitude _____ Longitude _____																									
9. Data Obtained From: <input type="checkbox"/> GPS <input checked="" 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> 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) _____		<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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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 <u>ABANDONMENT</u>																									
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16. *Total Well Depth <u>20</u> ft. Cased Depth <u>20</u> ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____																									
17. *Abandonment: <input checked="" type="checkbox"/> Other (Explain) _____ <table border="0"><tr><td>From <u>0</u> ft. To <u>20</u> ft. No. of Bags <u>0.8</u></td><td>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 _____</td><td>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 _____</td><td>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 _____</td><td>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 _____</td><td>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>20</u> ft. No. of Bags <u>0.8</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 _____														
From <u>0</u> ft. To <u>20</u> ft. No. of Bags <u>0.8</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 _____																								
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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) <u>NONE</u> Pump Depth _____ ft. Intake Depth _____ ft.																									
23. Chemical Analysis (When Required): Iron <u>N/A</u> ppm Sulfate _____ ppm Chloride _____ ppm <input type="checkbox"/> Laboratory Test <input type="checkbox"/> Field Test Kit																									
24. Water Well Contractor: *Contractor Name <u>ROSS CHINANDER</u> *License Number <u>11093</u> E-mail Address <u>netross@tampabay.rr.com</u> *Contractor's Signature _____ *Driller's Name (Print or Type) <u>WILLIAM D. TENNANT</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



STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP
Delegated Authority (If Applicable) MW-25A

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

Date Stamp

Official Use Only

1. *Permit Number 49 WP 2254778 *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 OMNI WASTE OF OSCEOLA COUNTY 4. *Completion Date 4-1-2021 5. Florida Unique ID _____

6. JED SOLID WASTE DISPOSAL FACILITY, 1501 OMNI WAY, ST. CLOUD, FL
*Well Location - Address, Road Name or Number, City, ZIP

7. *County OSCEOLA *Section 11 Land Grant _____ *Township 28S *Range 32E

8. Latitude _____ Longitude _____

9. Data 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)

<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: ☐ Recharge ☐ Commercial/Industrial Disposal ☐ Aquifer Storage and Recovery ☐ Drainage

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

☐ Other (Describe) _____

12. *Drill Method ☐ Auger ☐ Cable Tool ☐ Rotary ☐ Combination (Two or More Methods) ☐ Jetted ☐ Sonic
☐ Horizontal Drilling ☐ Hydraulic Point (Direct Push) ☒ Other ABANDONMENT

13. *Measured Static Water Level 12 ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14. *Measuring Point (Describe) GROUND SURFACE Which is 0 ft. Above X Below Land Surface *Flowing: ☐ Yes ☒ No

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

16. *Total Well Depth 20 ft. Cased Depth 20 ft. *Open Hole: From _____ To _____ ft. *Screen: From _____ To _____ ft. Slot Size _____

17. *Abandonment: ☒ Other (Explain) _____

From <u>0</u> ft. To <u>20</u> ft. No. of Bags <u>0.8</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): ☐ Centrifugal ☐ Jet ☐ Submersible ☐ Turbine
Horsepower _____ Pump Capacity (GPM) NONE
Pump Depth _____ ft. Intake Depth _____ ft.

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

24. Water Well Contractor:

*Contractor Name ROSS CHINANDER *License Number 11093 E-mail Address netross@tampabay.rr.com

*Contractor's Signature _____ *Driller's Name (Print or Type) WILLIAM D. TENNANT

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

Comments: ABANDONMENT OF ONE 2" DIA. MONITORING WELL TO 20' IN DEPTH (MW-25A).



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.

MW24B, MW25B, DP18, DP2

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

1. OMNI WASTE OF OSCEOLA 1235 NORTH LOOP W. STE 205, HOUSTON TX 77008 (813) 468-7553
*Owner, Legal Name of Corporation *Address *City *State *ZIP Telephone Number
2. JED SOLID WASTE DISPOSAL FACILITY 1501 OMNI WAY, ST. CLOUD, FL
*Well Location - Address, Road Name or Number, City
3. 11-28-32-0000-0010-000
*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit
4. 11 28S 32E OSCEOLA Check if 62-524: ☐ Yes ☐ No
*Section or Land Grant *Township *Range *County Subdivision
5. ROSS CHINANDER 11093 (813) 655-3612 netross@tampabay.rr.com
*Water Well Contractor *License Number *Telephone Number E-mail Address
6. 12435 JESS WALDEN ROAD DOVER FL 33527
*Water Well Contractor's Address City State ZIP
7. *Type of Work ☐ Construction ☐ Repair ☐ Modification ☒ Abandonment NO LONGER NEEDED
8. *Number of Proposed Wells 4 *Reason for Repair, Modification or Abandonment
9. *Specify Intended Use(s) of Well(s):
☐ Domestic ☐ Landscape Irrigation ☐ Agricultural Irrigation ☐ Site Investigations
☐ 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) _____
10. *Distance from Septic System if ≤ 200 ft N/A 11. Facility Description LANDFILL 12. Estimated Start Date 4-1-2021
13. *Estimated Well Depth 55 ft *Estimated Casing Depth 55 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 Jetted 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 55 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 33 List number of existing unused wells on site 0
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 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 6D, 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 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 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 obtained the master of this responsibility as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.
Signature of Contractor 11093 Signature of Owner or Agent For well 3-25-2021
*License No. *Date
BELOW THIS LINE - FOR OFFICIAL USE ONLY
Approval Granted By Jeffery Smith Issue Date 3/20/21 Expiration Date 9/25/21 Hydrologist Approval
Fee Received \$ 200.00 Receipt No. Check No. CC
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 PERMIT APPLICATION TO CONSTRUCT,
REPAIR, MODIFY, OR ABANDON A WELL

- ☐ Southwest
☐ Northwest
☐ St. Johns River
☐ South Florida
☐ Suwannee River
☐ DEP
☐ Delegated Authority (If Applicable) MW-24A, 25A, DP19, DP29

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

49WP2254778

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

1. OMNI WASTE OF OSCEOLA 1235 NORTH LOOP W. STE 205, HOUSTON TX 77008		(813) 468-7553
*Owner, Legal Name if Corporation		*Address
2. JED SOLID WASTE DISPOSAL FACILITY 1501 OMNI WAY, ST. CLOUD, FL		*City
*Well Location - Address, Road Name or Number, City		*State
3. 11-28-32-0000-0010-000		*ZIP
*Parcel ID No. (PIN) or Alternate Key (Circle One)		Telephone Number
4. 11	28S	32E
*Section or Land Grant	*Township	*Range
5. ROSS CHINANDER	OSCEOLA	
*Water Well Contractor	*County	Subdivision
6. 12435 JESS WALDEN ROAD	11093	(813) 655-3612
*Water Well Contractor's Address	*License Number	*Telephone Number
7. DOVER	FL	33527
*City	*State	*ZIP
8. *Type of Work: <input type="checkbox"/> Construction <input type="checkbox"/> Repair <input type="checkbox"/> Modification <input checked="" type="checkbox"/> Abandonment NO LONGER NEEDED		
9. *Number of Proposed Wells 4		
*Reason for Repair, Modification, or Abandonment		
10. *Specify Intended Use(s) of Well(s):		
<input type="checkbox"/> Domestic	<input type="checkbox"/> Landscape Irrigation	<input type="checkbox"/> Agricultural Irrigation
<input type="checkbox"/> Bottled Water Supply	<input type="checkbox"/> Recreation Area Irrigation	<input type="checkbox"/> Livestock
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)	<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Nursery Irrigation
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)	<input type="checkbox"/> Golf Course Irrigation	<input type="checkbox"/> Commercial/Industrial
<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Site Investigations
		<input checked="" type="checkbox"/> Monitoring
		<input type="checkbox"/> Test
		<input type="checkbox"/> Earth-Coupled Geothermal
		<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)		
11. Facility Description LANDFILL		
12. Estimated Start Date 4-1-2021		
13. *Estimated Well Depth 20 ft. *Estimated Casing Depth 20 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 <input checked="" type="checkbox"/> 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 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 20	Seal Material (Bentonite <input checked="" type="checkbox"/> 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 33 List number of existing unused wells on site 0		
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 <input checked="" type="checkbox"/> No <input type="checkbox"/> If yes, complete the following: CUP/WUP No District Well ID No		
22. Latitude Longitude		
23. Data Obtained From: GPS <input checked="" type="checkbox"/> 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 obtain necessary approval from either 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 373, Florida Statutes, to maintain or properly abandon this well or, if I am not the owner, that I have informed the owner of the 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.		
*Signature of Contractor 11093 *License No. Signature of Owner or Agent 3-25-2021 *Date		
Approval Granted By Issue Date 3/25/21 Expiration Date 9/25/21 Hydrologist Approval		
Fee Received \$ 300 Receipt No. Check No. CC		
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		
DEP Form 62-532.900(1) Incorporated in 62-532.400(1), F.A.C. Effective Date: October 7, 2010		