

Mr. William Kutash
Florida Department of Environmental Protection
Waste Management Division
13051 N. Telecom Parkway
Temple Terrace, FL 33637-0926

Subject:
Interim Source Removal Demolition Report
Lockheed Martin Tallevast Facility
Tallevast, Florida

Dear Mr. Kutash:

1. Introduction

ARCADIS was contracted by Lockheed Martin Corporation (Lockheed Martin) to conduct Interim Source Removal (ISR) activities for contaminated groundwater at the Lockheed Martin Tallevast Facility (also known as the Former American Beryllium Company [ABC] Site) in Tallevast, Manatee County, Florida (Site). This report covers demolition of aboveground piping and containment trays plus abandonment of 15 extraction wells and 8 monitoring wells that were installed as part of the ISR.

2. Background

The Site is located in the Tallevast area, which is situated between the cities of Sarasota and Bradenton, Florida in southern Manatee County. On August 3, 2008, approximately 5,000 gallons of recovered groundwater were accidentally released from the secondary containment unit of the surge tank that is part of the interim groundwater treatment system at the Site. This water was impacted by certain volatile organic compounds (VOCs) and 1,4-dioxane.

From August 8, 2008 to September 3, 2008, soil and groundwater samples were collected at 30 locations in the vicinity of the release in order to delineate the lateral and vertical extent of resultant impacts. A total of 104 soil and 140 groundwater samples were collected for analysis of VOCs and 1,4-dioxane.

Based on the soil analytical results, a soil remedy was not required. The groundwater results indicated that site related constituents of concern (COCs) were

ARCADIS
3350 Buschwood Park Drive
Suite 100
Tampa
Florida 33618
Tel 813.933.0697
Fax 813.932.9514
www.arcadis-us.com

Environmental

Date:
April 10, 2009

Contact:
Guy Kaminski

Phone:
813-915-4726

Email:
Guy.Kaminski@arcadis-us.com

Our ref:
B0038055

Florida License Numbers

Engineering
EB00007917

Geology
GB564

Landscape Architecture
LC26000269

Surveying
LB7062

present in the shallowest groundwater in the immediate vicinity of the release and within site property boundaries.

3. Interim Source Removal

An ISR was conducted in accordance with Chapter 62-780.500(3) of the Florida Administrative Code (F.A.C.) to extract groundwater from the 5- to 9-foot below ground surface (bgs) interval beneath an approximately 1,000 square foot area. Groundwater was pumped from 15 shallow extraction wells and collected in a double-walled steel storage tank for transportation off-site for proper disposal. Double containment was provided for all recovered groundwater piping. Four sets of nested pairs of monitoring wells were also installed near the extraction wells.

Operation of the ISR groundwater extraction system started on September 24, 2008 and continued for 30 days until October 23, 2008 as allowed by Rule 62-780.500(3) of the F.A.C. A total of 74,760 gallons of groundwater were extracted during system operation and transported off-site for disposal.

4. ISR Report Conclusions and Recommendation

On December 19, 2008, an ISR Report was submitted to FDEP. The ISR Report concluded the ISR system effectively reduced groundwater concentrations at all extraction and monitoring wells to non-detect at the method detection limit (MDL) within 30 days. The sample results at monitoring wells 32 days following shut down of the ISR system also showed that pre-existing COCs were not affected by operation of the ISR. The ISR Report concluded that the objectives of the ISR were achieved and recommended that no further action was necessary.

5. ISR Demolition Activities

ARCADIS demolished the aboveground portions of ISR system on February 16-18, 2009. The ISR groundwater extraction and monitoring wells were abandoned on February 23-24, 2009. Field notes documenting ISR demolition activities are summarized in Attachment A while photographs are presented in Attachment B. Outlined below is a summary of the ISR demolition activities.

1. Decontamination of the water pipelines was completed when the system was shutdown in October 2008. At the conclusion of pumping, the concentration of

extracted groundwater was non-detect at the MDLs. The pipelines were also flushed with potable water and blown empty with air.

2. Prior to demolition, a small volume of condensation and/or rain water in the containment tray was vacuumed out and placed in the Interim Remedial Action (IRA) Treatment Building sump for transfer to the new influent tank.
3. Prior to demolition, a polyethylene-lined steel waste roll-off container was staged near the ISR system. When that roll-off was full it was removed and a second container was staged at the Site.
4. PVC containment piping between the extraction wells and the containment trays was dismantled by hand and placed in the waste roll-off.
5. Collection tray covers were removed using screw guns and placed in the waste roll-off.
6. Steel air and water pipelines, including valves, were broken into sections at unions. A local steel recycler, Suncoast Metals, picked up and recycled this material. A letter from Suncoast Metals documenting that 700 pounds of steel removed during ISR demolition activities were recycled is presented in Attachment C.
7. The two flow meters were removed and placed in storage at the Site.
8. Piping supports were removed and placed in the waste roll-off.
9. The containment tray liner was removed and placed in the waste roll-off.
10. Containment trays were dismantled into 10-foot sections using screw guns and placed in the waste roll-off.
11. The 15 extraction wells and 8 monitoring wells were abandoned by The Mixon Group in accordance with FDEP standards. The FDEP Well Abandonment Permits are presented in Appendix D. The wells were tremie grouted with Portland Type 2 cement from the bottom to the surface. The cement was mixed in 5 gallon buckets and poured into the tremie pipe using a funnel on top of the well. Any water displaced by the cement was collected at the top of the well and placed in the IRA treatment building sump for transfer to the new influent tank. The concrete pads surrounding the extraction wells were broken apart and placed in the waste

roll-off. The riser pipes for the extraction wells were cut off just below grade and the monitoring wells flush mount covers were removed. All materials were placed in the waste roll-off. Soil was placed over the abandoned sealed wells.

12. The grass area under the containment trays and the soil placed over the abandoned wells were seeded and watered to complete restoration of the ISR demolition.
13. The waste roll-offs were transported off-site by Southern Waste Services, Inc. (SWS) on February 18 and 26, 2009 and disposed of as inert construction debris at the Pinellas County Utilities Solid Waste Division on February 26, 2009. Waste manifests and weigh tickets documenting ISR system disposal are presented in Attachment E. Approximately 4 tons of inert debris waste materials were removed from the site and disposed of.

Please contact me at 813.915.4726 should you have any questions.

Sincerely,

ARCADIS



Guy Kaminski, P.E.
Senior Engineer

ARCADIS

Attachment A

Field Notes

DAILY SUMMARY REPORT

Project: Interim Source Removal System Demolition Lockheed Martin Tallevast Facility Tallevast, Florida	Sheet No. 1 of <u>1</u> Sheets Date: <u>2/16/09</u> Day of Week: S <u>M</u> T W T F S
--	--

Activities, Remarks, and Daily Summary:

- A lined steel waste roll-off container was staged near the ISR system.
- All plexiglass containment tray covers were removed using screw guns and placed in the waste roll-off.
- All steel pipe, including valves, was broken into sections at unions and staged in one area of the containment trays pending pick-up for off-site recycling.
- All PVC containment piping between the extraction wells and the containment trays were dismantled and placed in the waste roll-off.
- The two flow meters were removed and placed in storage at the Site.

DAILY SUMMARY REPORT

**Project: Interim Source Removal System Demolition
Lockheed Martin Tallevast Facility
Tallevast, Florida**

Sheet No. 1 of 1 Sheets

Date: 2/17/09

Day of Week: S M T W T F S

Activities, Remarks, and Daily Summary:

- Pipe supports were removed from the containment trays and placed in the waste roll-off.
- The PVC containment tray liner was removed and place in the waste roll-off.
- A local steel recycler, Suncoast Metals, picked up the steel pipe.

DAILY SUMMARY REPORT

**Project: Interim Source Removal System Demolition
Lockheed Martin Tallevast Facility
Tallevast, Florida**

Sheet No. 1 of 1 Sheets

Date: 2/18/09

Day of Week: S M T W T F S

Activities, Remarks, and Daily Summary:

- The wooden containment trays were dismantled into 10 foot sections using screw guns and placed in the waste roll-off.
- The first waste roll-off was filled and removed from the Site for off-site disposal as construction debris.
- A second lined steel waste roll-off container was staged near the ISR system.

DAILY SUMMARY REPORT

**Project: Interim Source Removal System Demolition
Lockheed Martin Tallevast Facility
Tallevast, Florida**

Sheet No. 1 of 1 Sheets

Date: 2/23/09

Day of Week: S M T W T F S

Activities, Remarks, and Daily Summary:

- The 15 extraction wells and 8 monitoring wells were abandoned by The Mixon Group in accordance with FDEP standards. In summary, the wells were tremie grouted with Portland Type 2 cement from the bottom to the surface. The cement was mixed in 5 gallon buckets and poured into the tremie pipe using a funnel on top of the well. Any water displaced by the cement was collected at the top of the well and placed in the IRA treatment building sump for transfer to the influent tank.

DAILY SUMMARY REPORT

**Project: Interim Source Removal System Demolition
Lockheed Martin Tallevast Facility
Tallevast, Florida**

Sheet No. 1 of 1 Sheets

Date: 2/24/09

Day of Week: S M I W T F S

Activities, Remarks, and Daily Summary:

- The concrete pads surrounding the extraction wells were broken apart and placed in the waste roll-off. The PVC riser pipes for the extraction wells were cut off just below grade and placed in the waste roll-off. The monitoring wells flush mount covers were removed and placed in the waste roll-off.
- Soil was placed over the abandoned wells.
- The grass area under the containment trays and the soil placed over the abandoned wells was seeded to complete restoration of the ISR demolition.
- On Thursday, February 26, 2009, the second waste roll-off was removed from the Site for off-site disposal as construction debris.

ARCADIS

Attachment B

ISR Demolition Photographs



ISR System Pre-Demolition



Steel Pipe from ISR System Staged for Off-Site Recycling



ISR System Containment Tray Demolition



Preparation for ISR System Well Abandonment



Water Collection for ISR System Well Abandonment



ISR System Well Abandonment



ISR System Demolition Site Restoration

ARCADIS

Attachment C

Recycled Steel Letter

Suncoast Metals

2050 51ST St.,
Sarasota, FL 34234
Ph 941-351-0006
Fax 941-359-3725

February 20, 2009

Re: Arcadis

1600 Tellevast Road

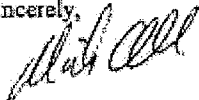
Sarasota, FL 34243

To Whom It May Concern:

On Tuesday, February 17, 2009, Suncoast Metals LLC picked up 700 pounds of steel from above mentioned company to be recycled at our facility in Sarasota, FL. The material was processed and sent to a shredding facility.

Please contact us with any further questions.

Sincerely,



Mike Allen

Vice President

MA/bjh

ARCADIS

Appendix D

FDEP Well Abandonment Permits



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

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

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

Permit No. 781953.08
Florida Unique I.D. 2009-3473
Permit Stipulations Required (See attached)
09, 48, 49
62-524 Quad #
Delineation #
CUP/WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

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

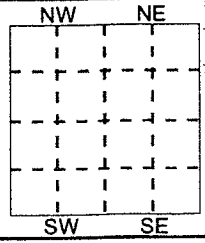
1. (BECSO LLC) LOCKHEED MARTIN 1600 TALLEDAST RD TALLEDAST FL 32243
Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number

2. SAME
Well Location Address, Road Name or number, City
Parcel # (Pin) 201400003

3. FREDRICK A. NIXON 9250 913 8416243
Well Drilling Contractor License No. Telephone No.
P.O. Box 270544

4. 1/4 of 1/4 of Section 31
Address TAMPA FL 33688
City State Zip
5. Township 35 Range 18E

6. MANATEE
County Subdivision Name Lot Block Unit



7. Number of proposed wells 8
Check the use of well: Domestic Monitor (type)
Irrigation (Type) Public Water Supply (type) List Other ABANDON
Distance from septic system ft. Description of facility PLANT Estimated start of construction date 23 FEB 09

8. Application for: New Construction Repair/Modify ABANDONMENT
Reason for Abandonment NOT REQUIRED

9. Estimated: Well Depth 11 Casing Depth
Casing Material: Bk-Steel / Gal / PVC Casing Diameter 21 smallest Seal Material CEMENT

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

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

12. Method of Construction: Rotary Cable Tool Combination
Auger Other (specify): PULSED BY APPROVED METHOD

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

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes

District well I.D. No.
Latitude Longitude
Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)

15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code... 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...

Signature of Contractor License No. Owner's or Agent's Signature Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: W. J. Rizzo Issue Date: 2-13-09 Hydrologist Approval
Owner Number: Fee Received: \$ N/A Receipt No.: N/A Check No.: N/A

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

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

OWNER'S NAME LOCKHEED MARTIN
 PERMIT # 781953.08 CUP# WUP# DID #
 COMPLETION DATE 23 FEB 09 Florida Unique I.D.

If permit is for multiple wells, indicate the number of wells ~~desired~~ 8
 Indicate remaining wells to be cancelled 0 ABANDON
 WELL USE: DEP/Public Irrigation Domestic
 Monitor HRS Limited 62-524 Other X

WATER WELL CONTRACTOR'S
 SIGNATURE J. Andrew G. Migher license # 2250
 I certify that the information provided in this report is accurate and true.

DRILL METHOD Rotary Cable Tool Combination
 Jet Auger Other ABANDON

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:	<u>4 BAG</u>	<u>10</u>	<u>0</u>
Bentonite:			

WELL LOCATION: County MANATEE
 1/4 of 1/4 of Section 31 Twp: 35S Rge: 18E
 Latitude Longitude

DATE STAMP	Sketch of well location on property [<u> </u>]
Official Use Only	

CHEMICAL ANALYSIS WHEN REQUIRED
 Iron: ppm Sulfate: ppm
 Chlorides: ppm
 Lab Test Field Test Kit
 Give distances from septic tank and house or other reference points

Pump Type
 Centrifugal Jet Submersible Turbine
 Horsepower Capacity G.P.M.
 Pump Depth Ft. Intake Depth Ft.

Measured Static Water Level <u> </u>		Measured Pumping Water Level <u> </u>	
After <u> </u> Hours at <u> </u> G.P.M. Measuring Pt. (Describe): <u> </u>			
Which is <u> </u> Ft. <input type="checkbox"/> Above <input type="checkbox"/> Below Land Surface			
Casing: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galv. <input checked="" type="checkbox"/> PVC Other <u> </u>			
Casing Diameter & Depth (Ft.)	Depth (Ft.)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color Grain Size Type of Material
	From	To	
Diameter <u>2"</u>			
From <u>11</u>			
To <u>0</u>			
	<u>11</u>	<u>0</u>	<u>TREMIE CEMENT FROM BOTTOM TO SURFACE</u>
Diameter <u> </u>			
From <u> </u>			
To <u> </u>			
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>			
Diameter <u> </u>			
From <u> </u>			
To <u> </u>			

Driller's Name: JOE BELL
 (print or type)

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WELL GROUTING/ABANDONMENT FORM

GROUTING _____ ABANDONMENT X

Permit No. 761953.08 2009-3473 Drilling Contractor Feed Mixon License No. 2250
1/4 _____ 1/4 _____ SEC. 31 TWP. 35 RGE. 18 Latitude 27°24'08.60" Longitude 82°32'37.75"
Data obtained from: GPS X or Map _____ or Survey _____ Datum NAD 27 _____ NAD 83 _____
Property Owner BECSD LLC
Address of Well 1600 Tallewaist Rd WUP No. _____
County Manatee QWIP No. _____ DID No. _____

WELL SPECIFICATIONS

T.D. of Well (to be verified by inspector) 11' (8 wells in total) Water Level 7'
Casing: Double _____ or Single X; Diameters 2"; Depth N/A; Measured _____, Estimated _____, Logged _____
Material: (check) Black Steel _____, Galv. _____, PVC X, Other _____
Drill Method (check) Rotary _____, Cable Tool _____, Combination _____, Other _____
Was well information verified from driller's log? Yes _____ No X (Explain in comments) Visual tag
Special Construction Stipulation? No _____ Yes X, Stipulation No. 04 Was Special Condition met? Yes X No _____
Old Permit? No _____ Yes _____ Permit No. _____ Well Depth _____ Casing Depth _____ Diameter _____
(For public supply) Approved Public Supply Plan match location? Yes _____ No _____
(For 62-524) Yes _____ No _____ Well location same as surveyed location? Yes _____ No _____

All 8 Wells

GROUT SPECIFICATIONS AND INSPECTION

Date 2-23-09
BENTONITE INTERVAL
Type (check): chips _____, pellets/tablets _____ Size: 3/4 _____, 1/2 _____, 3/8 _____ Bentonite Slurry _____
Estimated Bags of Bentonite _____
Actual Bags of Bentonite _____
** Special additives _____
% of water with slurry _____
CEMENT INTERVAL
Cement Type (check): Type I X Type II _____ Type I / II _____
* Estimated No. of sacks X /yards _____
Actual No. of sacks X /yards _____
% Bentonite added _____
Gallons water per sack X /yard _____
Grout Method (types) 1° termic
Total Time on Site 1.5 hrs

COMMENTS

* 8 wells in total * Extraction wells 1-8

Driller or X Contractor Signature Judith A. Mixon Date 23 FEB 09
Observer Signature W. M. ... Date 2-23-09
Work was satisfactorily completed in accordance with 40D-3, F.A.C.? Yes X No _____ Water samples taken? Yes _____ No X
Compliance Tracking No. _____

Authorized Signature _____ Date 2-24-09
(Not official unless signed by SWFWMD Supervisor or designated representative) 41.10-410(06/01)



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

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

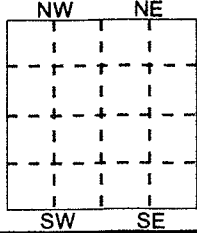
CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

Permit No. 781951.07
Florida Unique I.D. 2009-3471
Permit Stipulations Required (See attached) 04, 48, 49
62-524 Quad # Delineation #
CUP/WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

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

1. (BECSO LLC) Owner, Legal Name of Entity if Corporation: JAMES M. MARTIN, Address: 1616 TALLEMAST RD, City: Tallahassee FL, Zip: 32343, Telephone Number:
2. Well Location: SAME, Address, Road Name or number, City: SAME, Parcel # (Pin): 2021400003
3. Well Drilling Contractor: FREDRICK A. MIFTON, License No.: 2750, Telephone No.: 713 8416243, Address: PO Box 270541, City: TAMPA FL, State: FL, Zip: 33638
4. 1/4 of Section: 31
5. Township: 25S, Range: 18E
6. County: MANATEE, Subdivision Name, Lot, Block, Unit



7. Number of proposed wells: 7, Check the use of well: Domestic, Monitor (type):
Irrigation (Type), Public Water Supply (type), List Other: ABANDON
Distance from septic system, Description of facility: PLANT, Estimated start of construction date: 23 FEB 09

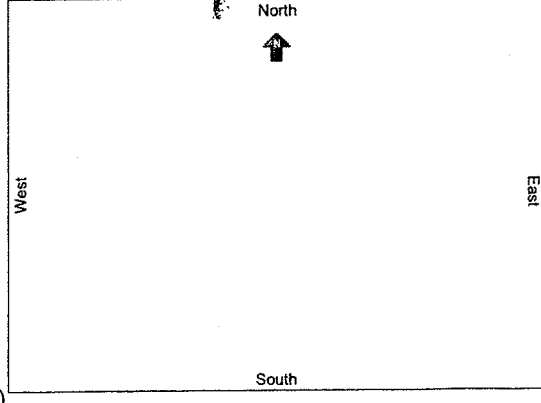
8. Application for: New Construction, Repair/Modify (checked), Abandonment (NOT REQUIRED)
9. Estimated: Well Depth: 11', Casing Depth, Screen Interval from to, Casing Material: Blk-Steel / Gal / PVC, Casing Diameter: 2", Seal Material: CEMENT

Date Stamp RECEIVED FEB 5

10. If applicable: Proposed Grouting Interval, Seal Material
11. Telescope Casing or Liner (check one) Diameter
12. Method of Construction: Rotary, Cable Tool, Combination, Auger (checked), Other (specify): ABANDON

WELL PERMITTING

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



13. Indicate total No. of wells on site, List number of unused wells on site
14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? No (checked) Yes
15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code... I certify that I am the owner of the property, that the information provided is accurate...

Signature of Contractor: Frederick A. Mifton, License No.: 2750, Owner's or Agent's Signature: Frederick A. Mifton, Date: 5 FEB 09

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: W. J. Rizzo, Issue Date: 2-13-09, Hydrologist Approval:
Owner Number, Fee Received: \$ n/a, Receipt No.: n/a, Check No.: n/a

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

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

PERMIT # 781951.07 CUP# WUP# DID #

If permit is for multiple wells, indicate the number of wells drilled 7

Indicate remaining wells to be cancelled 0 ABANDON

WATER WELL CONTRACTOR'S

SIGNATURE _____ License # _____

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

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:	<u>1/4 BAG</u>	<u>11</u>	<u>0</u>
Bentonite:			

WELL LOCATION: County MAADATEE
 1/4 of _____ 1/4 of Section 31 Twp: 35S Rge: 18E
 Latitude _____ Longitude _____

DATE STAMP	Sketch of well location on property [_____]
Official Use Only	

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: _____ ppm Sulfate: _____ ppm
 Chlorides: _____ ppm

[] Lab Test [] Field Test Kit

Pump Type
 [] Centrifugal [] Jet [] Submersible [] Turbine
 Horsepower _____ Capacity _____ G.P.M. _____
 Pump Depth _____ Ft. Intake Depth _____ Ft.

Give distances from septic tank and house or other reference points

OWNER'S NAME LOCKHEED MARTIN

COMPLETION DATE 23 FEB 09 Florida Unique I.D. _____

WELL USE: DEP/Public _____ Irrigation _____ Domestic _____

Monitor _____ HRS Limited _____ 62-524 _____ Other X

DRILL METHOD [] Rotary [] Cable Tool [] Combination
 [] Jet [] Auger Other ABANDON

Measured Static Water Level _____		Measured Pumping Water Level _____	
After _____ Hours at _____ G.P.M. Measuring Pt. (Describe): _____			
Which is _____ Ft. [] Above [] Below Land Surface			
Casing: [] Black Steel [] Galv. <input checked="" type="checkbox"/> PVC Other _____			
Casing Diameter & Depth (Ft.)	Depth (Ft.)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones. Color Grain Size Type of Material
	From	To	
Diameter <u>2"</u>			
From <u>11'</u>			
To <u>0</u>			
	<u>11</u>	<u>0</u>	<u>TRIMMIE CEMENT FROM BOTTOM TO SURFACE</u>
Diameter _____			
From _____			
To _____			
Liner [] or Casing []			
Diameter _____			
From _____			
To _____			

Driller's Name: (print or type) JOE BELL

**SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WELL GROUTING/ABANDONMENT FORM**

781951.07

GROUTING _____

ABANDONMENT

Permit No. 2009-3471 Drilling Contractor Fred Mixon License No. 2250

1/4 _____ 1/4 _____ SEC. 31 TWP. 35 RGE. 1B Latitude 27°29'08.60" Longitude 82°32'37.75"

Data obtained from: GPS or Map _____ or Survey _____ Datum NAD 27 _____ NAD 83 _____

Property Owner BECSD LLC

Address of Well 1600 Tallevast Rd

County MANATEE

QWIP No. _____

WUP No. _____

DID No. _____

WELL SPECIFICATIONS

T.D. of Well (to be verified by inspector) 11' (7 in total) Water Level 7'

Casing: Double _____ or Single ; Diameters 2"; Depth N/A; Measured _____, Estimated _____, Logged _____

Material: (check) Black Steel _____, Galv. _____, PVC , Other _____

Drill Method (check) Rotary _____, Cable Tool _____, Combination _____, Other _____

Was well information verified from driller's log? Yes _____ No (Explain in comments) Visual tag

Special Construction Stipulation? No _____ Yes , Stipulation No. 04 Was Special Condition met? Yes No _____

Old Permit? No _____ Yes Permit No. _____ Well Depth _____ Casing Depth _____ Diameter _____

(For public supply) Approved Public Supply Plan match location? Yes _____ No _____

(For 62-524) Yes _____ No _____ Well location same as surveyed location? Yes _____ No _____

GROUT SPECIFICATIONS AND INSPECTION

Date 2-23-09

BENTONITE INTERVAL

Type (check): chips _____, pellets/tablets _____; Size: 3/4 _____, 1/2 _____, 3/8 _____ Bentonite Slurry _____

Estimated Bags of Bentonite _____

Actual Bags of Bentonite _____

** Special additives _____

% of water with slurry _____

CEMENT INTERVAL

Cement Type (check): Type I Type II _____ Type I / II _____

* Estimated No. of sacks X /yards _____

Actual No. of sacks X /yards _____

% Bentonite added _____

Gallons water per sack X /yard _____

Grout Method (types) 1" teemie

Total Time on Site 1.5 hrs

All 7 wells

COMMENTS

* 7 wells total * Extraction Wells 9-15

Driller or Contractor Signature Fred Mixon

Date 23 FEB 09

Observer Signature Wendy Ryan

Date 2-23-09

Work was satisfactorily completed in accordance with 40D-3, F.A.C.? Yes No _____

Water samples taken? Yes _____ No

Compliance Tracking No. _____

Authorized Signature _____

Date 2-24-09

(Not official unless signed by SWFWMD Supervisor or designated representative)

41.10-410(06/01)



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

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

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

Permit No. 781952.04
Florida Unique I.D. 2009-3472
Permit Stipulations Required (See attached) 04, 48, 49
62-524 Quad # Delineation #
CUP/WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

(BECSO LLC)

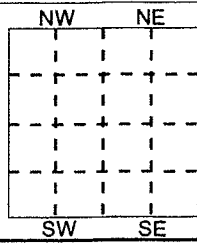
1. OWNER: WCKNEED MARTIN (BECSO LLC) ADDRESS: 1600 TALLEYHAST RD TALLEYHAST FL 34243 TELEPHONE NUMBER: 813 841 2443

2. SAME
Well Location Address, Road Name or number, City
Parcel # (Pin) 2021400003

3. FREDRICK A. MIXON License No. 2250 Telephone No. 813 841 2443

Address: P.O. Box 270541
City: TAMPA FL 33688
4. 1/4 of Section 31
5. Township 25S Range 18E

6. MANATEE County
Subdivision Name Lot Block Unit



7. Number of proposed wells 4
Check the use of well: Domestic Monitor (type)
Irrigation (Type) Public Water Supply (type) List Other ABANDON
Distance from septic system ft. Description of facility PUMP Estimated start of construction date 23 FEB 09

8. Application for: New Construction Repair/Modify X Abandonment NOT REQUIRED
(Reason for Abandonment)

9. Estimated: Well Depth 19' Casing Depth Casing Material: Blk-Steel / Gal / PVC Casing Diameter 2" smallest Seal Material CEMENT

10. If applicable: Proposed Grouting Interval Seal Material

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

12. Method of Construction: Rotary Cable Tool Combination Auger X Other (specify): AUGERED BY APPROVED METHOD

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

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? X No Yes

District well I.D. No. Latitude Longitude Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)

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

Signature of Contractor: Fredrick A. Mixon License No. 2250 Owner's or Agent's Signature: Fredrick A. Mixon Date: 5 FEB 09

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: [Signature] Issue Date: 2-13-09 Hydrologist Approval: [Signature] Initials
Owner Number: Fee Received: \$ n/a Receipt No.: n/a Check No.: n/a

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

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

PERMIT # 981952.04 CUPJ # _____ WUP # _____ DID # _____

If permit is for multiple wells, indicate the number of wells ~~completed~~ 4
 Indicate remaining wells to be cancelled 0 ABANDON

WATER WELL CONTRACTOR'S
 SIGNATURE Fredrick G. Miller license # 2250
 I certify that the information provided in this report is accurate and true.

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:	<u>1/3 BAG</u>	<u>18</u>	<u>0</u>
Bentonite:			

WELL LOCATION: County MANATEE
 1/4 of _____ 1/4 of Section 31 Twp: 35S Rge: 18E
 Latitude _____ Longitude _____

DATE STAMP Official Use Only	Sketch of well location on property [_____] Give distances from septic tank and house or other reference points
---	--

CHEMICAL ANALYSIS WHEN REQUIRED
 Iron: _____ ppm Sulfate: _____ ppm
 Chlorides: _____ ppm
 Lab Test Field Test Kit
 Pump Type
 Centrifugal Jet Submersible Turbine
 Horsepower _____ Capacity _____ G.P.M. _____
 Pump Depth _____ Ft. Intake Depth _____ Ft.

OWNER'S NAME LOCKHEED MARTIN

COMPLETION DATE 23 FEB 09 Florida Unique I.D. _____

WELL USE: DEP/Public _____ Irrigation _____ Domestic _____
 Monitor _____ HRS Limited _____ 62-524 _____ Other X

DRILL METHOD Rotary Cable Tool Combination
 Jet Auger Other ABANDON

Measured Static Water Level _____	Measured Pumping Water Level _____
After _____ Hours at _____ G.P.M. Measuring Pt. (Describe): _____	
Which is _____ Ft. <input type="checkbox"/> Above <input type="checkbox"/> Below Land Surface	
Casing: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galv. <input checked="" type="checkbox"/> PVC Other _____	
<input type="checkbox"/> Open Hole	Depth (Ft.)
<input checked="" type="checkbox"/> Screen	
Casing Diameter & Depth (Ft.)	From To
Diameter <u>2"</u>	
From <u>18</u>	
To <u>0</u>	
	<u>18 0</u>
	<u>TREMIE CEMENT FROM</u>
	<u>BOTTOM TO SURFACE</u>
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>	
Diameter _____	
From _____	
To _____	

Driller's Name: JOE BELL
 (print or type)

Form 41.10-410(2) Rev 8/96.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WELL GROUTING/ABANDONMENT FORM

781452.04

GROUTING _____

ABANDONMENT X

Permit No. 2009-3472 Drilling Contractor Feed Mixon License No. 2250
1/4 _____ 1/4 _____ SEC. 31 TWP. 35 RGE. 18 Latitude 27°24'08.66" Longitude 82°32'37.75"
Data obtained from: GPS X or Map _____ or Survey _____ Datum NAD 27 _____ NAD 83 _____
Property Owner BECSD LLC
Address of Well 1606 Tallevast Rd
County Manatee QWIP No. _____ WUP No. _____
DID No. _____

WELL SPECIFICATIONS

T.D. of Well (to be verified by inspector) 18' Water Level 7'
Casing: Double _____ or Single X; Diameters 2"; Depth N/A; Measured _____, Estimated _____, Logged _____
Material: (check) Black Steel _____, Galv. _____, PVC X, Other _____
Drill Method (check) Rotary _____, Cable Tool _____, Combination _____, Other _____
Was well information verified from driller's log? Yes _____ No X (Explain in comments) visual tag
Special Construction Stipulation? No _____ Yes X, Stipulation No. 04 Was Special Condition met? Yes X No _____
Old Permit? No _____ Yes _____ Permit No. _____ Well Depth _____ Casing Depth _____ Diameter _____
(For public supply) Approved Public Supply Plan match location? Yes _____ No _____
(For 62-524) Yes _____ No _____ Well location same as surveyed location? Yes _____ No _____

GROUT SPECIFICATIONS AND INSPECTION

	2-23-09	2-23-09	2-23-09	2-23-09
Date	2-23-09	2-23-09	2-23-09	2-23-09
BENTONITE INTERVAL				
Type (check): chips _____, pellets/tablets _____				
Size: 3/4 _____, 1/2 _____, 3/8 _____				
Bentonite Slurry _____				
Estimated Bags of Bentonite				
Actual Bags of Bentonite				
** Special additives				
% of water with slurry				
CEMENT INTERVAL				
Cement Type (check):	Type I <u>X</u>	Type II _____	Type I/II _____	
* Estimated No. of sacks <u>X</u> /yards _____	.36	.36	.36	.36
Actual No. of sacks <u>X</u> /yards _____	.33	.33	.33	.33
% Bentonite added	0	0	0	0
Gallons water per sack <u>X</u> /yard _____	5.5	5.5	5.5	5.5
Grout Method (types)	1" teemic	1" teemic	1" teemic	1" teemic
Total Time on Site	1.5 hrs	1.5 hrs	1.5 hrs	1.5 hrs

COMMENTS

MW A-18 -> D-18

Driller or X Contractor Signature Frederick A. Mixon Date 23 FEB 09
Observer Signature [Signature] Date 2-23-09
Work was satisfactorily completed in accordance with 40D-3, F.A.C.? Yes X No _____ Water samples taken? Yes _____ No X
Compliance Tracking No. _____

Authorized Signature [Signature] Date 2-24-09
(Not official unless signed by SWFWMD Supervisor or designated representative) 41.10-410(06/01)



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY.

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

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

Permit No. 781949.04
Florida Unique I.D. 2009-3470
Permit Stipulations Required (See attached)
62-524 Quad #
Delineation #
CUP/WUP Application No.

ABOVE THIS LINE FOR OFFICIAL USE ONLY

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

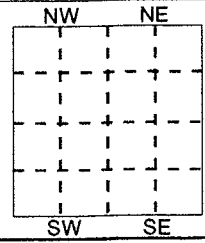
1. (BECSO LLC) LOCKHEED MARTIN 1600 TALLEVAULT RD Tallahassee FL 34313
Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number

2. SAME
Well Location Address, Road Name or number, City
Parcel # (Pin) 3021400003

3. FREDRICK A. MIXON 7250 813 871 6243
Well Drilling Contractor License No. Telephone No.

P.O. Box 270541
Address Address
TAMPA FL 33689
City State Zip
5. Township 35S Range 18E
1/4 of 1/4 of Section 31
(Indicate Well on Chart)

6. MARATHE
County Subdivision Name Lot Block Unit



7. Number of proposed wells 4 Check the use of well: Domestic Monitor (type)
Irrigation (Type) Public Water Supply (type) List Other ABANDONED
Distance from septic system ft. Description of facility PARI Estimated start of construction date 23 FEB 09

8. Application for: New Construction Repair/Modify X Abandonment NOT REQUIRED
Reason for Abandonment

9. Estimated: Well Depth 10' Casing Depth Screen Interval from to
Casing Material: Blk-Steel / Gal / PVC Casing Diameter 2" Seal Material GEMENT

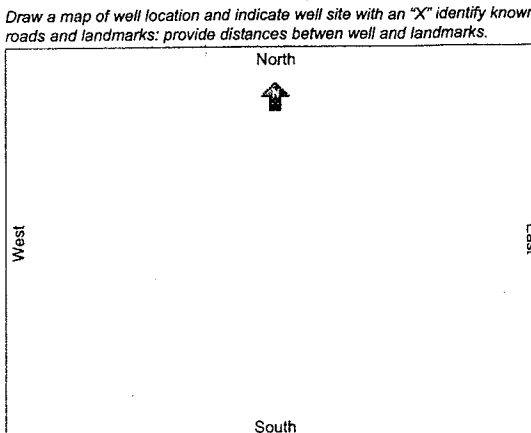
10. If applicable: Proposed From to Seal Material
Grouting Interval From to Seal Material

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

12. Method of Construction: Rotary Cable Tool Combination
Auger Other (specify): CRAGED BY APPROVED METHOD

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

14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? X No Yes
District well I.D. No.
Latitude Longitude



15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code...
Signature of Contractor License No. Owner's or Agent's Signature Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: [Signature] Issue Date: 2-17-09 Hydrologist Approval
Owner Number: Fee Received: \$ n/a Receipt No.: n/a Check No.: n/a

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

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

PERMIT # 981949.04 ^{CUP#} _{WUP#} _____ DID # _____

If permit is for multiple wells, indicate the number of wells ~~cancel~~ 4

Indicate remaining wells to be cancelled 0 ABANDON

WATER WELL CONTRACTOR'S

SIGNATURE Fredrick A. Medina License # 2250

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

Grout	No. of Bags	From (Ft.)	To (Ft.)
Neat Cement:	<u>1/4 BAG</u>	<u>10</u>	<u>0</u>
Bentonite:			

WELL LOCATION: County MANATEE
 1/4 of _____ 1/4 of Section 31 Twp: 35^S Rge: 18^E
 Latitude _____ Longitude _____

DATE STAMP

Official Use Only

Sketch of well location on property [_____]

Give distances from septic tank and house or other reference points

CHEMICAL ANALYSIS WHEN REQUIRED

Iron: _____ ppm Sulfate: _____ ppm
 Chlorides: _____ ppm
 Lab Test Field Test Kit
 Pump Type _____
 Centrifugal Jet Submersible Turbine
 Horsepower _____ Capacity _____ G.P.M. _____
 Pump Depth _____ Ft. Intake Depth _____ Ft.

OWNER'S NAME LOCKHEED MARTIN

COMPLETION DATE 23 FEB 09 Florida Unique I.D. _____

WELL USE: DEP/Public _____ Irrigation _____ Domestic _____

Monitor _____ HRS Limited _____ 62-524 _____ Other X

DRILL METHOD Rotary Cable Tool Combination

Jet Auger Other ABANDON

Measured Static Water Level _____ Measured Pumping Water Level _____		After _____ Hours at _____ G.P.M. Measuring Pt. (Describe): _____	
Which is _____ Ft. <input type="checkbox"/> Above <input type="checkbox"/> Below Land Surface		Casing: <input type="checkbox"/> Black Steel <input type="checkbox"/> Galv. <input checked="" type="checkbox"/> PVC Other _____	
<input type="checkbox"/> Open Hole	Depth (Ft.)	DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes. Note cavities, depth to producing zones.	
<input checked="" type="checkbox"/> Screen	From To	Color	Grain Size Type of Material
Casing Diameter & Depth (Ft.)			
Diameter <u>2"</u>			
From <u>10'</u>			
To <u>0</u>			
	<u>10</u>	<u>0</u>	<u>TREMIE CEMENT FROM BOTTOM TO SURFACE</u>
Diameter _____			
From _____			
To _____			
Liner <input type="checkbox"/> or Casing <input type="checkbox"/>			
Diameter _____			
From _____			
To _____			

Driller's Name: JOE BELL

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
WELL GROUTING/ABANDONMENT FORM

GROUTING _____ ABANDONMENT

Permit No. 781949.04 2009-3490 Drilling Contractor Fred Nixon License No. 2250
 1/4 _____ 1/4 _____ SEC. 31 TWP. 35 RGE. 18 Latitude 27°24'08.60" Longitude 82°32'37.75"
 Data obtained from: GPS or Map _____ or Survey _____ Datum NAD 27 _____ NAD 83 _____
 Property Owner BECSD LLC
 Address of Well 1600 Tallevast Rd
 County Manatee QWIP No. _____ WUP No. _____
 DID No. _____

WELL SPECIFICATIONS

T.D. of Well (to be verified by inspector) 10' Water Level 7'
 Casing: Double _____ or Single ; Diameters 2 ; Depth N/A ; Measured _____ , Estimated _____ , Logged _____
 Material: (check) Black Steel _____ , Galv. _____ , PVC , Other _____
 Drill Method (check) Rotary _____ , Cable Tool _____ , Combination _____ , Other _____
 Was well information verified from driller's log? Yes _____ No (Explain in comments) Visual tag
 Special Construction Stipulation? No _____ Yes , Stipulation No. 04 Was Special Condition met? Yes No _____
 Old Permit? No _____ Yes _____ Permit No. _____ Well Depth _____ Casing Depth _____ Diameter _____
 (For public supply) Approved Public Supply Plan match location? Yes _____ No _____
 (For 62-524) Yes _____ No _____ Well location same as surveyed location? Yes _____ No _____

GROUT SPECIFICATIONS AND INSPECTION

	<u>2-23-09</u>	<u>2-23-09</u>	<u>2-23-09</u>	<u>2-23-09</u>
Date	<u>2-23-09</u>	<u>2-23-09</u>	<u>2-23-09</u>	<u>2-23-09</u>
BENTONITE INTERVAL				
Type (check) : chips _____ , pellets/tablets _____	Size: <u>3/4</u>	<u>1/2</u>	<u>3/8</u>	Bentonite Slurry
Estimated Bags of Bentonite				
Actual Bags of Bentonite				
** Special additives				
% of water with slurry				
CEMENT INTERVAL	<u>10'-0'</u>	<u>10'-0'</u>	<u>10'-0'</u>	<u>10'-0'</u>
Cement Type (check):	Type I <input checked="" type="checkbox"/>	Type II _____	Type I / II _____	
* Estimated No. of sacks <input checked="" type="checkbox"/> /yards _____	<u>.2</u>	<u>.2</u>	<u>.2</u>	<u>.2</u>
Actual No. of sacks <input checked="" type="checkbox"/> /yards _____	<u>.25</u>	<u>.25</u>	<u>.25</u>	<u>.25</u>
% Bentonite added	<u>0</u>	<u>0</u>	<u>0</u>	<u>0</u>
Gallons water per sack <input checked="" type="checkbox"/> /yard _____	<u>5.5</u>	<u>5.5</u>	<u>5.5</u>	<u>5.5</u>
Grout Method (types)	<u>1" teemie</u>	<u>1" teemie</u>	<u>1" teemie</u>	<u>1" teemie</u>
Total Time on Site	<u>1 hr</u>	<u>1 hr</u>	<u>1 hr</u>	<u>1 hr</u>

COMMENTS

MW A-10 -> D-10

Driller or Contractor Signature Fred Nixon Date 23 FEB 09
 Observer Signature Wendy R... Date 2-23-09
 Work was satisfactorily completed in accordance with 40D-3, F.A.C.? Yes No _____ Water samples taken? Yes _____ No
 Compliance Tracking No. _____

Authorized Signature [Signature] Date 2-24-09
 (Not official unless signed by SWFWMD Supervisor or designated representative) 41.10-410(06/01)

ARCADIS

Appendix E

Waste Manifests and
Weigh Tickets

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 800 852 8878	4. Waste Tracking Number 57P0710442	
5. Generator's Name and Mailing Address ARCADIS 1700 TALLBUSH RD Sarasota, FL						
Generator's Phone: _____						
6. Transporter 1 Company Name SWIS/ST RESPONSE				U.S. EPA ID Number FIR000122796		
7. Transporter 2 Company Name				U.S. EPA ID Number		
8. Designated Facility Name and Site Address P. W. H. COMPANY INC. WASTE 3095 114th AVE N ST. PETERS FL				U.S. EPA ID Number		
Facility's Phone: _____						
9. Waste Shipment Name and Description		10. Containers		11. Total Quantity	12. Unit (Wt./Vol.)	
		No.	Type			
1.	Construction Debris		001	CM	10	Y
2.						
3.						
4.						
13. Special Handling Instructions and Additional Information:						
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to Federal regulations for reporting proper disposal of hazardous waste.						
Generator's Name's Printed/Typed Name				Signature		
_____				_____		
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of arrival: _____ Date leaving U.S.: _____						
16. Transporter Acknowledgment of Receipt of Materials						
Transporter 1 Printed/Typed Name				Signature		
Ed Goodfield				_____		
Transporter 2 Printed/Typed Name				Signature		
17. Discrepancy						
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection						
17b. Alternate Facility (or Generator)				Manifest Reference Number		
Facility's Phone: _____				U.S. EPA ID Number		
17c. Signature of Alternate Facility (or Generator)				Month Day Year		
18. Designated Facility Owner or Operator Certification of receipt of materials covered by the manifest except as noted in item 17a:						
Printed/Typed Name				Signature		
				Month Day Year		

NON-HAZARDOUS WASTE MANIFEST		1. Generator ID Number	2. Page 1 of 1	3. Emergency Response Phone 800 852 8677	4. Waste Tracking Number 57P0710412
5. Generator's Name and Mailing Address 1100 7th Street NW Washington DC Generator's Phone: 202 462 1100		Generator's Site Address (if different than mailing address)			
6. Transporter 1 Company Name Smallwood Waste Services		U.S. EPA ID Number FLP 09113776			
7. Transporter 2 Company Name		U.S. EPA ID Number			
8. Designated Facility Name and Site Address Waste Management 1100 7th Street NW Washington DC Facility's Phone: 202 462 1100		U.S. EPA ID Number			
9. Waste Shipping Name and Description 1. A + D / ... 2. ... 3. ... 4. ...		10. Containers		11. Total Quantity	12. UNR Y/N/SL
		No.	Type		
13. Special Handling Instructions and Additional Information					
14. GENERATOR'S CERTIFICATION: I certify the materials described above on this manifest are not subject to federal regulations for reporting proper disposal of Hazardous Waste.					
Generator's/Owner's Printed/Typed Name K. Deane Johnson / Paul Callahan				Signature Date leaving U.S. Month Day Year	
15. International Shipments <input type="checkbox"/> Import to U.S. <input type="checkbox"/> Export from U.S. Port of entry/left Date leaving U.S.					
15. Transporter Acknowledgment of Receipt of Materials					
Transporter 1 Printed/Typed Name Smallwood Waste Services				Signature Date leaving U.S. Month Day Year	
Transporter 2 Printed/Typed Name				Signature Date leaving U.S. Month Day Year	
17. Discrepancy					
17a. Discrepancy Indication Space <input type="checkbox"/> Quantity <input type="checkbox"/> Type <input type="checkbox"/> Residue <input type="checkbox"/> Partial Rejection <input type="checkbox"/> Full Rejection					
17b. Alternate Facility (for Generator) Facility's Phone: 17c. Signature of Alternate Facility (for Generator) Month Day Year					
18. Designated Facility Owner or Operator: Certification of receipt of materials covered by the manifest except as noted in item 17a. Printed/Typed Name Signature Month Day Year					

169-BLS-C-5 11979 (Rev. 8/06)

GENERATOR'S/SHIPPER'S INITIAL COPY

STP 0710442

Box 123
6008 - Palloff

599747

PINELLAS COUNTY UTILITIES
SOLID WASTE DIVISION
3095 114th AVE N
ST PETERSBURG FL, 33716
(727) 464-7500


www.pinellascounty.org/utilities
TICKET NO: 1079461 Inbound
SCALE: 1
OPER IN: 43 OUT: 57
Time In: 02/26/09 10:43
Time Out: 02/26/09 11:07

CUSTOMER: 999 \$\$CASH CUSTOMER\$\$
HAULER: 999 \$\$CASH CUSTOMER\$\$
VEHICLE: 423
CONTAINER:
ORIGIN: N NONE
DESTINATION: DPS / DIVERT/SOUTH LANDFILL

DRIVER:
GROSS: 17.54 TONS 35,080 LBS.
TARE: 15.19 TONS 30,380 LBS.
NET: 2.35 TONS 4,700 LBS.

MATERIAL	QUANTITY	RATE/ITEM	RATE/TON	NET CHARGE
310 - CLASS III/PROCESSIBLE	2.35	\$0.00	\$37.50	\$88.13
		MATERIAL CHARGE:		\$88.13
		SPECIAL HANDLING CHARGE:		\$0.00
		TOTAL DUE:		\$88.13

CHECK # 28117
Comments: ck#28117 southern waste services inc
truck 2 of 2
AMT. DEPOSIT: \$0.00
AMT TENDERED: \$88.13
AMT RETURNED: \$0.00

Comments:
DRIVER SIGNATURE: 

57P-0710442
6026-Box 214

599746

PINELLAS COUNTY UTILITIES
SOLID WASTE DIVISION
3095 114th AVE N
ST PETERSBURG FL, 33716
(727) 464-7500

www.pinellascounty.org/utilities
TICKET NO: 1079458 Inbound
SCALE: 1
OPER IN: 43 OUT: 57
Time In: 02/26/09 10:42
Time Out: 02/26/09 11:05

CUSTOMER: 999 \$\$CASH CUSTOMER\$\$
HAULER: 999 \$\$CASH CUSTOMER\$\$
VEHICLE: 424
CONTAINER:
ORIGIN: N NONE
DESTINATION: DPS / DIVERT/SOUTH LANDFILL

DRIVER:
GROSS: 17.15 TONS 34,300 LBS.
TARE: 15.41 TONS 30,820 LBS.
NET: 1.74 TONS 3,480 LBS.

MATERIAL	QUANTITY	RATE/ITEM	RATE/TON	NET CHARGE
310 - CLASS III/PROCESSIBLE	1.74	\$0.00	\$37.50	\$65.25
		MATERIAL CHARGE:		\$65.25
		SPECIAL HANDLING CHARGE:		\$0.00
		TOTAL DUE:		\$65.25

CHECK # 28117 AMT. DEPOSIT: \$0.00
Comments: ck#28117 southern waste services inc AMT TENDERED: \$65.25
truck 1 of 2 AMT RETURNED: \$0.00
Comments:
DRIVER SIGNATURE: *[Signature]*