

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** 

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Environmental

Date:

April 10, 2009

Contact:

Guy Kaminski

Phone:

813-915-4726

Email:

Guy.Kaminski@arcadisus.com

Our ref: B0038055

Florida License Numbers

Engineering EB00007917

Geology GB564

Landscape Architecture LC26000269

Surveying LB7062 ARCADIS

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April 10, 2009

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.

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

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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.
- 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

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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

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 M TWTFS

### **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.

Project: Interim Source Removal System Demolition Lockheed Martin Tallevast Facility Tallevast, Florida	Sheet No. 1 of <u>1</u> Sheets  Date: <u>2/17/09</u> Day of Week: S M <u>T</u> W T F S

Activities, Remarks, and Daily Summary:					
<ul> <li>Pipe supports were removed from the containment trays and placed in the waste roll-off.</li> </ul>					
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.					

Lock	im Source Removal System Demolition heed Martin Tallevast Facility vast, Florida	Sheet No. 1 of <u>1</u> Sheets  Date: <u>2/18/09</u> Day of Week: SMT <u>W</u> TFS

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.						

Project: Interim Source Removal System Demolition Lockheed Martin Tallevast Facility Tallevast, Florida	Sheet No. 1 of 1 Sheets			
,	Date: <u>2/23/09</u>			
	Day of Week: S M TWTFS			

Activi	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.								

•	Interim Source Removal System Demolition Lockheed Martin Tallevast Facility Tallevast, Florida	Sheet No. 1 of <u>1</u> Sheets  Date: <u>2/24/09</u>				
		Day of Week: SM T WTFS				

### **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 51<sup>ST</sup> 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

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

Southwest ☐ Northwest

☐ St. Johns River

☐ South Florida

#### 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.

Permit No. 781953.08
Permit No.
Florida Unique I.D 4009-3473
Permit Stipulations Required (See attached)
04 48 49
62-524 Quad # Delineation #
CUP/WUP Application No.

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	Well Location _ Address, Road Name or number, City Parcel # (Pin)				
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		-4:			•
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	AugerX Other (specify:) Project by Advanti M				
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Owner Number: ....

Receipt No.: Ma Check No.: Afa

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#### 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.

Permit No. 781951.07
Florida   Injury   D 2009 - 3471
Florida Unique I.D. 2009 - 3471
Permit Stipulations Required (See attached)
64.48.49
62-524 Quad # Delineation #
CUP/WUP Application No

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

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FORM 41.10 - 410 (1) REV.12/04 R625-EDC-000738-0

EXPIRATION DATE 5-14-09

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PINK:

ORIGINAL FILE DRILLING CONTRACTOR

OWNER

WELL COMP	LETION R	REPORT (F	Please complete	in black ink or type.)	OWNER'S NAME	LOC	KIHE	ED MI	ARTIN		
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Bentonite:	14 E	2/4/	11	0	[ ] Open Hole	Dej	oth	DRILL (	CUTTINGS	S LOG Examin	ne
		94.4.4.	<u> </u>		[ ¥] Screen	(F	t.)			or at formation ch	
WELL LOCATIO					Casing Diameter	From	То	I .		o producing zone  Type of Ma	
1/4 of	1/4 of Sec	tion_ <i>_3/</i> T	wp: <u>355</u>	Rge: 18 ≥	a Departire	<u> </u>	<b> </b>	00/01	Grain Size	Type or wa	11CHAI
Latitude	TAMO	Longitu	de		Diameter 201	<b></b>		<b></b>		<u></u>	<del></del>
DATES	IAMP	Skeich	of well location of	n property	From		<b> </b>	<u> </u>			
		-		•			-				
						11	0	701	Jair A	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	* 14
					Diameter	ļ	ļ			EMENT F.	
					From To		<b> </b>	1301	IUM M	O SURFA	<u>ee</u> _
						<b></b>	ļ	ļ			·
	Use Only						ļ	<del> </del>			
CHEMICAL ANALYS		!			Liner [ ] or	<u> </u>			<del></del>		
Iron: ppm	Sulfate:	_ppm			Casing [ ] Diameter		ļ				
Chlorides:p	pm				From	<b></b>		<del></del>			
[ ] Lab Test [	] Field Test	Kit Give dist	ances from septic t	ank and house	То		<del>                                     </del>				
Pump Type			reference points			<del> </del>					
[ ] Centrifugal	[ ] Jet [	] Submersi	ble [ ] Turl	bine		<del> </del>		<del>                                     </del>	<del> </del>		
Horsepower Pump Depth	Ca	pacity	G.P.N	И	Driller's Name:	<u> </u>	L	L	<del></del>		<del></del>
Pump Depth	Ft.	Intake De	epth	_Ft.	(print or type)	JOE	BEL	1			
			Form 41.	10-410(2) Rev 8/96.	. , , , , , , , , , , , , , , , , , , ,						

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

781951.07 GROUTING ABANDONMENT X	·
Permit No. 2009 · 3471 Drilling Contractor Fred MixoN	License No. 2250
1/4 SEC. 31 TWP. 35 RGE. 18 Latitude 22°29'08.60"Lon	
Data obtained from: GPS or Map or Survey : Datum NAD 27	NAD 82
Property Owner BECSP LZC	IVAD 63
Address of Well 1600 Tallewast Rd	
County	3 A.L.
_ ·-	No
WELL SPECIFICATIONS	
T.D. of Well (to be verified by inspector) // (7:~ total) Wa  Casing: Doubleor Single x_; Diameters 2"; Depth M/A : Measured, E	iter Level 7
Casing: Doubleor Single 🔀 ; Diameters 2 ;Depth M/A : Measured, E	stimated , 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 to	-9
Special Construction Stipulation? No Yes X , Stipulation No. OY Was Special Con	dition met? Yes 🗶 No
Old Permit? NoYes Permit No Well Depth Casing Depth (For public supply) Approved Public Supply Plea match location? Yes No	Diameter
(For 62-524) YesNoWell location same as surveyed location? YesNo	
1. O. OL OLT, 100 110	All
GROUT SPECIFICATIONS AND INSPECTION	
Date 2-23-09	T Wel
BENTONITE INTERVAL / / /	7
	ntonite Sluffx
Estimated Bags of Bentonite	
Actual Bags of Bentonite	
	— <del>X</del>
** Special additives	
% of water with slurry	
CEMENT INTERVAL	
Cernent Type (check): Type I	1
Actual No. of sacks 🗶 /yards	
% Bentonite added	
Gailons water per sack × /yard 5.5	
Grout Method (types) /*/teemic	- tl
Total Time on Site	V
COMMENTS	
* 7 wells total * Extenction Wells 9-15	
Driller or X Contractor Signature X Leafue Miles	Date 23 FE 609
Observer Signature Lie 4 Rice	Date 7-23-09
	es taken? Yes No 🔀
Compliance Tracking No.	
	to the second se
	2.0.20
Authorized Signature	Date 2-24-09
(Not official unless signed by SWFWMD Supervisor or designated representative)	41.10-410(06/01)

address	wodow
order that	anvelope v
line in	through e
at this	eldis

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

X 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.

Permit No. +81952.04  Florida Unique I.D. 2009-3472  Permit Stipulations Required (See attached)  04 48 49
62-524 Quad #Delineation #
CUP/WUP Application No.

Well Dilling Contractor		X FOR APPROPRIATE DISTRICT ADD	RESS ON BACK OF PERMIT FO	DRM	AB	OVE THIS LANE FOR OFFI	CIAL USE ONE!
Well Cotation			ANELLAST DI	TALLE	WAST 1	× 34243	
Well Drilling Contractor  From State    Address   Addres			Address	City		Zip	Telephone Number
Parcel # (Pin)   12   14   15   15   15   15   15   15   15	2. SAME						
Well Drilling Contractor    Control   Control	Well Location _ Address, Roa	d Name or number, City					
Well Dilling Contractor    Part   Par	• • • • • • • • • • • • • • • • • • • •						· · · · · · · · · · · · · · · · · · ·
Well Drilling Contractor    County	3. FREDERICK A. 1	MIXON .	7,250	813 84	16243		
County   Subte   Zip   State   Zip   Z	Well Drilling Contractor			No.		Telephone No.	NW NE
County   Subte   Zip   State   Zip   Z	P.O. Box 27	0541		4	_ 1/4 of	1/4 of Section 3/	iii
County Subdivision Name Lot Block Unit  County Subdivision Name Lot Subdivision Name  Irrigation (Type) Public Water Supply (type)  Clear Black Date Subdivision Name List Other Subdivision Name Estimated Start of Construction date 25 FBL Of Subdivision Fig. Subdivision Fig. Subdivision Name List Other Subdivision Fig. Subdivision Name List Other Subdivision Fig. Subdivision Fig. Subdivision Fig. Subdivision Name List Other Subdivision Fig. Subdivi	Address					(Indicate Well on Char	t)
County  Subdivision Name  Lot  Block  Unit  SW  SE  Number of proposed wells  Check the use of well: (see back of permit for additional choices)  Irrigation (Type)  Public Water Supply (type)  List Other  See Back  Distance from septic system  ft. Description of facility  Estimated start of construction date  23 FBF 27  List Other  See Back  Distance from septic system  ft. Description of facility  Estimated start of construction date  23 FBF 27  Date Stamp  Casing Depth  Casing Depth  Casing Depth  Casing Material:  Bik-Steel / Gal / PVC Casing Diameter  Grouting Interval  From  to Seal Material  See Back  Grouting Interval  From  to Seal Material  Cowe a map of well location and indicate well aire with an nXF blondly from anade and lumbmarks: provide distances between well and indimmarks.  Telescope Casing  or Liner  (check one) Diameter  See Back  Grouting Interval  From  to Seal Material  Cowe a map of well location and indicate well aire with an nXF blondly from anade and lumbmarks: provide distances between well and indimmarks.  The secope Casing  or Liner  (check one) Diameter  Casing Depth  From  to Seal Material  From  to Seal Material  Cowe a map of well location and indicate well and with an nXF blondly from anade and lumbmarks: provide distances between well and indimmarks.  The secope Casing or Liner  (check one) Diameter  The secope Casing or Liner  (check one) Diameter  Combination  Auger  Auger  A Other (specify) Interval  From  List this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive Name (CuPNVIP) por CUPNVIP Application?  In Interval the second of the second of the property line the information provided is accurate, and that I are water of the second of the	TAMPA F	L 31688		<b>5.</b> Towns	hip <u>25 &gt;</u>	Range <i> 8E</i> _	
County  Subdivision Name  Lot  Block  Unit  SW SE  Number of proposed wells  Check the use of well: (see back of permet for additional cocks)  Irrigation (Type) Public Water Supply (type)  (see Back)  Irrigation (Type) Public Water Supply (type)  (Research of Construction date 23 FER 07)  Date Stamp  Casing Depth Screen Interval from to Seal Material Supplied Water Supply (type)  Seal Material Supplied Water Supply (type)  Seal Material Supplied Water Supply (type) Supplied Water Supply (type)  Seal Material Supplied Water Supply (type) Supplied Water Supplied Wat		State	Zip				1 1 1
SW SE  Number of proposed wells  Check the use of well: (See Back of parmit for additional choices)  Irrigation (Type) Public Water Supply (type)  See Back  Distance from septic system  ft. Description of facility  See Back  Distance from septic system  ft. Description of facility  Abandonment  Settimated start of construction date 23 FER Off  Reason for Abandonment)  Reason for Abandonment  Reason for Abandonm	6. 10 MORIEE	L				<u> </u>	
Irrigation (Type)   Public Water Supply (type)   Isstance from septic system   It. Description of facility   Estimated start of construction date 23 FER 24	County	Subdivision Nam	ne	Lot	Block	Unit	SW SE
Irrigation (Type)   Public Water Supply (type)   Isstance from septic system   It. Description of facility   Estimated start of construction date 23 FER 24	-	4 0 11 1	,		D	in Manitor (tuno)	
Distance from septic systemft. Description of facility							
Distance from septic systemft. Description of facility	Irrigation (	(Type) Public Water Sup	oply (type)	List C	Other #10A	WD-JW	
Abandonment  Repair/Modify  Abandonment  Repair/Modify  Abandonment  Repair/Modify  Abandonment  Resconding Abandonment  Resconding Interval  Resconding Interval  Resconding Material: Bik-Steel / Gal / PVC  Casing Depth  Casing Material: Bik-Steel / Gal / PVC  Casing Diameter  Grouting Interval  From  to  Seal Material  From  To  To  To  To  To  To  To  To  To	(See Back)  Distance from sentic systems	em ft De	See Scription of facility	PANT F	stimated start	t of construction date	13 FED 09
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Approval Granted By:  Casing Depth Casing Depth Casing Material: Bik-Steel / Gal / PVC Casing Diameter Seal Material: Bik-Steel / Gal / PVC Casing Diameter Seal Material Seal Material Seal Material Seal Material Draw a map of well location and indicate well site with an "X identity kind radds and landmarks: provide distances betwen well and landmarks."  Telescope Casing or Liner (check one) Diameter Bik-Steel / Galvanized / PVC Other (specify:)  Method of Construction: Rotary Cable Tool Combination Auger A Other (specify:)  Indicate total No. of wells on site List number of unused wells on site  List his 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  (IF YES, COMPLETE THE FOLLOWING) CUP/WUP No.  District well I.D. No. Latitude Longitude  Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)  I hereby certify that I will comply with the applicable roles of Title 40, Florida Administrative Code and hat a view cherebyse permit in deed, has been or ville to childred prior to commencement of well construction. Inferior certify that all information provided is accurate, and that I was representative accurate and that I will other necessary approxise on the events of the bibliotic within 30 days after drilling or the permit exprision, whichever occurs first  Signature of Contractor License No.  Owner's or Agent's Signature  Date  DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY	8. Application for:	New Construction	Repair/Modify	/X Abando	nment (Reason	n for Abandonment)	Date Stamp
Seal Material  Grouting Interval From to Seal Material  From to Seal Material  Draw a map of well location and indicate well site with an "X" identify for roads and landmarks. provide distances between well and landmarks.  Telescope Casing or Liner (check one) Diameter  Bik-Steel / Galvanized / PVC Other (specify:)  Method of Construction: Rotary Cable Tool Combination  Auger X Other (specify:)  Indicate total No. of wells on site List number of unused wells on site  Is this well or any other well or water withdrawal on the owner's contiguous property, covered under a Consumptive/Nater Use Permit (CUP/NUP) or CUP/NUP Application? No Yes  (IF YES, COMPLETE THE FOLLOWING) CUP/NUP No.  District well I.D. No.  Latitude Longitude Solutioned from GPS or map or survey (map datum NAD 27 NAD 83)  South  Longitude Solution is accurate and that I will comply with the applicable rules of Title 40. Florida Administrative Code spokesion is accurate and that I will obtain recessary approval from other federal, sites, or local spokements, if applicable large to provide a woll constitute of the perspension is accurate and that I will obtain recessary approval from other federal sites, or local spokements, if applicable is accurate, and that I have informed the owner of the perspension is accurate and that I will obtain recessary approval from other federal, sites, or local spokements, if applicable I agree to provide a will constitute in the NAD or a representative access to the well spokements, if applicable is agreed to provide a will constitute in the name of the responsibilities as stated above. Owner consents to personnel of the VMD or a representative access to the well sponsibilities as stated above. Owner consents to personnel of the VMD or a representative access to the well sponsibilities as stated above. Owner consents to personnel of the VMD or a representative access to the well sponsibilities as stated above. Owner consents to personnel of the VMD or a representative access to the well sponsibilities are stated ab		101	V 18 C18 O				
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From to Seal Material Draw a map of well location and indicate well site with an "X" identify for roads and landmarks: provide distances betwen well and landmarks.  Telescope Casing or Liner (check one) Diameter North  Bik-Steel / Galvanized / PVC Other (specify:)  Method of Construction: Rotary Cable Tool Combination  Auger Other (specify:)  Indicate total No. of wells on site List number of unused wells on site  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  (IF YES, COMPLETE THE FOLLOWING) CUP/WUP No.  District well I.D. No.  Latitude Longitude South  Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)  Inhereby certify that I will comply with the applicable rules of Title 40, Fiorida Administrative Code and that a water use permit or artificial incharge permit, if needed, has been or will be obtained prior to commencement of well construction. Interfect cortify that all information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or property abandon this well, or Locally 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 property abandon this well or, I certify that I all information provided is accurate, and that I was informed the owner of his responsibilities under Chapter 373, Florida Statutes, to maintain or property abandon this well or, I certify that I all information provided is accurate, and that I was informed the owner of his responsibilities under Chapter 373, Florida Statutes, to maintain or property abandon this well or, I certify that I am the owner of his responsibilities under Chapter 373, Florida Statutes, to maintain or property abandon this well or, I certify that I am the owner of his responsibilities under Chapter 373, Florida Statutes, to maintain or property a	If applicable: Proposed	From to	Seal Materia	al			
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Blk-Steel / Galvanized / PVC Other (specify:) Cable Tool Combination		From to	Seal Materia	al	roads and lands	veji location and indicate we narks: provide distances bet	wen well and landmarks.
Method of Construction: Rotary Cable Tool Combination Auger X. Other (specify:)	1. Telescope Casing or	Liner (check one)	Diameter			North	
Auger	Blk-Steel / Galvanized / P\	VC Other (specify:)	)			4	
Auger	2. Method of Construction:	Rotary (	Cable Tool C	Combination			•
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Latitude	3. Indicate total No. of wells of	on site List number	of unused wells on	site	est		, r
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Data obtained from GPS or map or survey (map datum NAD 27 NAD 83)	Latitude	Lonaitude					
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  License No.  DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY  Approval Granted By:  Lecrify 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 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 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 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 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 owner of the property. In the I am the owner of the modern and the I may also 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 owner of the m		<b>4</b>		7 27 NAD 83	,	South	
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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  License No.  DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY  Approval Granted By:  Approval Granted By:  Sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well s sponsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well sponsible access to the well sponsible access to the well sponsible acces	and that a water use permit or artificial re	scharge permit, if needed, has been or	will be obtained	responsibilities under Chapte	er 373, Florida Statu	tes, to maintain or properly abar	ndon this well; or, I certify that I am
Signature of Contractor  Approval Granted By:  Approval Granted By	application is accurate and that I will obta	ain necessary approval from other fede	eral, state, or local	sponsibilities as stated above	e. Owner consents t	o personnel of the WMD or a re	presentative access to the well site.
Signature of Contractor  License No.  DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY  Approval Granted By:  Issue Date: 2-13-09  Hydrologist Approval			strict within 30 days	V 1111	i m	1	4
Approval Granted By:  DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY  Approval Granted By:  Use Date: 2-13-09 Hydrologist Approval	Fridenka M	you 2252	/	Fredrik (	1. 11/4		
Approval Granted By: A A Record State   A-13.09   Hydrologist Approval	Signature of Contractor						Date
Approval Granted By: Usus Date: 2-13-09 Hydrologist Approval Initial			THE BELOW IRIS!	INC - FUR UFFIC			
Initials Initials	Approval Granted By:	(No 91 Kg		leena Nota	. 2-13·	· 09 Hydrol	ogist Approval
	Approval Clarited by.	00	7	135ue Date	·	11.	Initials
Owner Number: Fee Received: \$ Receipt No.: Check No.:	Owner Number:		Fee Received: \$ _	Ma Rec	ceipt No.: 🔏	Chec	k Norja

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.* 

FORM 41.10 - 410 (1) REV.12/04 R625-EDC-000738-0

EXPIRATION DATE 5-14-09

WHITE: YELLOW: ORIGINAL FILE DRILLING CONTRACTOR OWNER

PINK:

WELL COMP	LETION REP	ORT (F	Please complete	in black ink or typ	e.)	OWNER'S NAME	LOC	KITE	ED M.	ARTIN	,
	1957.04 CUP/					COMPLETION D					
	ultiple wells, indic					WELL USE: DEI	P/Public		Irrigatio	on	Domestic
						2 Monitor	HF	S Limite	d	62-524	Other <u></u>
MATER MELL	ng wells to be can	icellea _		MUAND	vrv	DRILL METHOD					
WATER WELL	CONTRACTOR'S	m 1.		non					-		ANDUW
SIGNATURE	MANCK (1 1	More	icense#	J50		Measured Static Wa	ter Level	<u> </u>	Measurer	Pumping W:	eter I evel
	formation provided i					After Hours at					
Grout	No. of Bags		From (Ft.)	To (Ft.)		Which is Ft. [					
Neat Cement:	V3 BAG		18	0		Casing: [ ] Black S					
Bentonite:	13 817		70			[ ] Open Hole		oth	DRILL C	UTTINGS LO	OG Examine
L L L COATIO		W - 2 1 1 1 1 1		L		Screen	(Ft	.)			formation changes.
	N: County			- (7:57		Casing Diameter	From	То			oducing zones.  Type of Material
Lotitudo	1/4 of Section_	ارق	wp: <u>35</u> 5	Rge: 1815		& Depth (Ft.)			COICI	Stallt Size	Type of Waterial
DATE	STAMP	Longitu	of well leastion a			Diameter 2" From 18					
DATES	O LAIME	Skelch	or well location o	ii property		To					
				-			.0	0	مدر سے در سب	it- 2 = 4.	
							18	U			KT FROM
						Diameter From			130 110	OMA FO SU	URFHCE
						To					
	Use Only										
	IS WHEN REQUIRED	1				Liner [ ] <i>or</i>   Casing [ ]					
	Sulfate: ppm					Diameter					
Chlorides:p	-					From					
[ ] Lab Test [	] Field Test Kit	Give dista	ances from septic to	ank and house		To				<del></del>	
Pump Type		or other r	eference points								
[ ] Centrifugal	[ ] Jet [ ] Su	ıbmersit	ole [ ] Turb	oine						<del></del>	
Horsepower	Capacii Ft. In	ty	G.P.N	Λ		Driller's Name:			L		
Pump Depth	Ft. In	take De	pth	_ Ft.		(print or type)	JOE	BEL	<u>L</u>		
			Form 41.1	10-410(2) Rev 8/96.							

Envir Mgt

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT. WELL GROUTING/ABANDONMENT FORM

44.4 - 414	GROUTING	ABANDON	MENT	
781952.04		d Miran	License	10. <u>2250</u>
rmit No. 2009 · 3472	Drilling Contractor Fee TWP. 35 RGE. /8	1 atitude 23°24'A	7.66 Longitude 82	32'37.75
1/4 SEC. 31	or Map or Survey	· Datum NA	27 NAD 8	3
to obtained from: GPS 🛛 🗸	or Map or Survey			
operty Owner <u>BECSD</u>	<u>,ce</u>			
dress of Well 1606 To	levast Pd OWIP No.		WUP No.	
ounty Manatee	QWIP No.		DID No	
	WELL SPECI			
	WELL SPECI	FICATIONS		7/
	stor) 18'		Water Level _	<u>*</u>
D. of Well (to be ventied by inspe	ctor) 18'  Diameters 2" :D	epth N/A: Measur	ed , Estimated _	, Loggea
Ising: Doubleor Single Z	Galv, PVC 🗶 , Other , Cable Tool, Combination			
ill Method (check) Rotary	, Cable Tool, Combinati	ion, Other	wal too	
well information vertied ituili	Jille 3 log. 100	A.4	. ·- i ^	Y VAE V NO
pecial Construction Stipulation?	driller's log? Yes No <u>X (Exp</u> No Yes <u>X, Stipulation No</u>	ell Denth Cas	sing DepthD	iameter
			• • ·	
or public supply) Approved Publi	Supply Plan match location? Ye ell location same as surveyed loc	ation? Yes No		
or 62-524) YesW	all location same as solve)			
	GROUT SPECIFICATIO	NS AND INSPECTIO	٧	9, 27, 69
	2-23.69	2-22-09	2-23.09	2.23.69
ate	/			<del>\</del>
ENTONITE INTERVAL	tablets : Size: 3/4	3/8_	Beptonite Slu	ırry
ype (check) : chips, pellets.	ablets: Size. 514			
stimated Bags of Bentonite	<del></del>	X		$\overline{}$
ctual Bags of Bentonite				$\rightarrow$
' Special additives		<del></del>	<u> </u>	
6 of water with slurry				2/ /
	18'-6'	18-0	18'-0'_	18.0
EMENT INTERVAL			<u> </u>	
Dement Type (check):	24	e II Type I / I	36	.36
Estimated No. of sacks X /yard	336	. 33	. 33	. 33
Actual No. of sacks X /yards	.37	<u>. 33</u>	8	0
% Bentonite added		5.5	5.5	5.5
Gallons water per sack 🔀 /yard _	<u> </u>		l"teemie	I"termit
Grout Method (types)	1 teemig	1'teemie	1.5 her	1.5 hes
Total Time on Site	1.5 her	1.5 485		
	COMI	MENTS		
MW A-18 -	>-18			
			,	
	nature Fredrick a. 1	Mile	Da	neo23 FEBU
Driller or X Contractor Sig	lature / Albania	· · · ·	Da Da	ate <u>2-23-09</u>
Observer Signature X Www	d in accordance with 40D-3, F.A.	C.? Yes X No _	Water samples take	n? Yes No 💃
Work was satisfactorily complete	3 III SCCOIDAINCE WILL FOR ST. 1. P.C.	<u></u>		
Compliance Tracking No.				
Compliance Tracking No.	V- 1		-	ate 2-24-09



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

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

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.

Permit No. 761949.04
Florida Unique I.D. 2009-3470
Provide Climitations Progressed (See attended)
Permit Stipulations Required (See attached)
62-524 Quad #Delineation #
CUP/WUP Application No.
ABOVE THIS LIINE FOR OFFICIAL USE ONLY

	(BECSD LLC)	· · · · · · · · · · · · · · · · · · ·	WELLET EN	Till	£ T':	20202	
1.	.COCK(IECL) ////IKT/ Owner, Legal Name of Entity if Co		Address	Tilleway	A FL	Zip	Telephone Number
	SAME			****			
	Well Location _ Address, Road Na Parcel # (Pin) <u> </u>	ime or number, City					
	,		2250		0,2	8416243	
3.	FRED RICK A. Well Drilling Contractor	MIXON	ナナラン License No.		0/1	Telephone No.	NW NE
	P.O. BOX 270	541		4. 1	/4 of	_1/4 of Section	31
	Address					(Indicate Well on Ci	nart)
	TAMPA FL 3	<i>96</i> 0 ) State	Zip	<b>5.</b> Township	, .53 3	Range 18E	
6	MARATEE	nate .		1			
۷.	County	Subdivision Name		Lot	Block	Unit	SW SE
	· · · · · · · · · · · · · · · · · · ·						
7.	Number of proposed wells	Check the use of we	III: (See back of permit for additional			,	oe)
			ly (type)(See Back)		er <u>ABN</u>		
	(See Back) Distance from septic system	ft. Desc	cription of facility	AK, Estin	nated star	t of construction da	ate 43 FEB 09
8.			·	X Abandonn	nent <u>///</u>	IT REQUIRED	Date Stamp
Ψ,	· ippirodiori igir	A-10 B	Repair/Modify イク ご・/シ・カック Casing Depth		(Reaso	n for Abandonment)	
9.	Estimated: Well Depth	10'	Casing Depth	Scr	een Interv	al fromto	( )
	Casing Material:	Blk-Steel / Gal / PVC	Casing Diameters	Sea	al Material	ermen	
0.	If applicable: Proposed F	rom to	Seal Material			3.6	: • • • • • • • • • • • • • • • • • • •
		*****	Seal Material	D	raw a map of	well location and indicate	well site with an "X" identify known
			Seal Material		ads and land	marks: provide distances North	betwen well and landmarks.
11.	Telescope Casing or Line Blk-Steel / Galvanized / PVC	er (check one) Other (specify:)_	Diameter			4	
2	Method of Construction:		able Tool Com	nination			
۷.	Auger						
_		,	•				
	Indicate total No. of wells on s				is as a		E as
4.	ls this well or any other well or wa under a Consumptive/Water Use	ater withdrawal on the ov	vner's contiguous propert	covered	-		
	(IF YES, COMPLETE THE FOLLOWING						
	District well I.D. No.						
	Latitude					•	
	Data obtained from GPS or	J	(map datum NAD 27	NAD 83)		South	1
	hereby certify that I will comply with the appli		inintestina Codo Lordi	without I am the owner of th	ne property, that	the information provided is a	ccurate, and that I am aware of my
	and that a water use permit or artificial recharged prior to commencement of well construction.	ge permit, if needed, has been or w further certify that all information p	responsible of the age	nsibilities under Chapter 3	173, Florida Stat	utes, to maintain or properly a ovided is accurate, and that I	have informed the owner of his re-
	application is accurate and that I will obtain ne governments, if applicable. I agree to provide	a well completion report to the Dist		ibilities as stated above. C	Owner consents	to personnel of the WMD of	a representative access to the well site.
	after drilling or the permit expiration, whicheve	ir occurs first. ル ユダグ	) /*:	Fundank G	Mu	IN SFE	909
	Signature of Contractor	License	No.			it's Signature	Date
		DO NOT WR	ITE BELOW THIS LINE	- FOR OFFICIA	L USE ON	Y	

Approval Granted By: ..... Fee Received: \$ \_\_\_\_\_

A Receipt No.: M/A Check No.: M/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.

FORM 41.10 - 410 (1) REV.12/04





PINK:

WELL COMP	LETION REPO	ORT (F	Please complete	in black ink or type.	OWNER'S NAM	LOCI	YHEE	D MARTIN	
						ATE 2	FEB	09 Florida U	nique I.D
If permit is for m	1949.04 cupi ultiple wells, indica	ate the	number of we	alle delle delle	WELL USE: DE	P/Public		Irrigation	Domestic
Indicate remaini	ng wells to be can	celled	Andriber of we	in and and	Monitor	HR	S Limite	ed 62-524 _	Other <u></u>
WATER WELL	TONTENCTORIS	celled _		MININA	DIVIER MENIOD	[ ]Ro	tary [	] Cable Tool [ ]	Combination
SICNATURE.	CONTRACTOR'S	1 /		1700		[ ] Jet	[	] Auger Other_/	1BANDON
I certify that the in	formation provided in	Liffic re	nort is accurate	and true	Measured Static Wa	ter Level	<del></del>	Measured Pumping	Water Level
Grout		<i></i>			1			uring Pt. (Describe):	
			From (Ft.)	10 (Ft.)				low Land Surface	
Neat Cement:	V4 BAG	,	10	0	Casing: [ ] Black S	teel [	] Galv.	PVC Other	
Bentonite:	- I PIA				[ ] Open Hole	Dep	oth	DRILL CUTTINGS	
WELLLOCATIO	N: County /21	AAIR	TE E		Screen	(Ft	:.)	cuttings every 20 ft. o Note cavities, depth to	r at formation changes.
	1/4 of Section_			Pag: 18 F	Casing Diameter & Depth (Ft.)	From	То		Type of Material
Latitude		Lonaitu	de	11ge. <u>70.2</u>	Diameter 2"				
DATE S	STAMP	Sketch	of well location o	n property	From 10'				
	·			l l	To				
						10	0	TREMIS CEN	TELT FROM
		ļ			Diameter			BOTTON TO	
				From					
				į	То				
Official I	Use Only	-							
CHEMICAL ANALYS	IS WHEN REQUIRED				Liner [ ] or				
Iron: ppm	Sulfate: ppm				Casing [ ]				
Chlorides:p	pm				Diameter From		ļ		
[ ] Lab Test [	] Field Test Kit	Give diet	ances from septic t	ank and house	To		ļ		
Pump Type	•		reference points	ank and nouse			ļ		
	[ ] Jet [ ] Su	bmersil	ble [ ]Turl	oine					
Horsepower	Capacit Ft. In	у	G.P.N	И	Driller's Name:	L	l	<u> </u>	
Pump Depth	Ft. In	take De	pth	_ Ft.	(print or type)	JOE	BEW	Ĺ	
			Form 41.	10-410(2) Rev 8/96.	V				

# SOUTHWEST FLORIDA WATER MINISTER 10:11:46 a.m. WELL GROUTING/ABANDONMENT FORM

781949.04	GROUTING			ABANDONN		
		Food	Miran		L	icense No. 2250
Permit No. <u>3004 - 3470</u> 1/41/4 SEC. <u>31</u>	Drilling Contractor	J KEU	l atituda	22024'08	60"Longitu	ide 82 32/37.75
1/41/4 SEC. 31	TWP. <u>&gt;&gt;</u> H	GE. 19	Lamuue .	Datum NAD	27	NAD 83
Data obtained from: GPS X	or Map or	Survey	<u></u> '	Datum mis		
Property Owner <u>BECSO</u>	1 31	<del></del>				
Address of Well	euast Ku	OMID No			WUPN	0
Address of Well		QWIP No.			DID NO	)
	satt .	eu oneoi	FICATIONS	2	OIO IV	,
						11
T.D. of Well (to be verified by insp Casing: Doubleor Single &	ector)/(	<u>o'</u>			Water	Level
Casing: Doubleor Single &	Diameters _	_ <b>a_</b> ;r	Depth MA	: Measured	! , Esti	mated, Logged
Casing: Doubleor Single X Material: (check) Black Steel Drill Method (check) Rotary	, Galv , PVC 🗶	, Other	. 0	<u> </u>		
Drill Method (check) Rotary	Cable Tool	, Combinat	tion , Ot	mente) I Li	l +04	
Was well information verified from Special Construction Stipulation?						ion met? Yes X_ No
Special Construction Stipulation? Old Permit? NoYesPer	NO TES A, SI mit No	W	ell Depth	Casin	g Depth	Diameter
or a market announced Pub	lic Simple Plan maich id	ocauon: Te	35 140			
(For 62-524) YesNoV	Well location same as s	urveyed loc	ation? Yes	No	-	
(FUI 02-324) 163		•				
	GROUT SPE					
Date	2-23-0	9	2.23.0	<u> </u>	2.23-69	3-23-09
BENTONITE INTERVAL						<i>t</i> + - <i>t</i>
Type (check): chips, pellets	tablets Siz	ze/ 3/4	1/2	3/8	) Benja	onite Slurry
	y lableto	7		/	$\setminus$ $\setminus$	_ \/_
Estimated Bags of Bentonite						
Actual Bags of Bentonite	$-\chi$					
** Special additives		1				
% of water with slurry	<u></u>			<u></u>		
CEMENT INTERVAL	10'-0	/	10'-0	<u> </u>	10'-0'	10'-0'
Cement Type (check):	Type I 🔀	Type	e II	Type I / II		•
* Estimated No. of sacks X /yard			.2		<u>. a</u>	_ <u>. ವಿ _</u>
•	.25		.25		. ఎక	as
Actual No. of sacks X /yards	Ø		Ø		Ø	
% Bentonite added		<del></del>	5.5		55	<u> </u>
Gallons water per sack 🗶 /yard	l' teem	-:6	1"teen		1"teem	ie 1"teemie
Grout Method (types)	14e		140		1hr	1ha_
Total Time on Site		***				
		COM	MENTS			
Mrs. A 10	N-10	COMR	nen i s			
MW A-10 ->	15-10					
		<u></u>		***************************************		
		1 01				
Driller or Contractor Sign	nature Freduck	/1.//	use .			Date 21 FEB 09 Date 2-23-09
Unserver Signature Career						
Work was satisfactorily complete	ed in accordance with 40	0D-3, F.A.C	.? Yes 🗶 N	10 W	ater sample	es taken? Yes No X
Compliance Tracking No.						
						the same of the sa
<b>\</b>	$\mathcal{A}$					Date 2-24-09
Authorized Signature	CAMP Commission	hotennisof	renresentati	ive)		41.10-410(06/01)
(Not official unless signed by SW	LANING Subervisor or o	residiraren i	: chiesei irau	,		• • • • • • • • • • • • • • • • • • • •

### **ARCADIS**

### Appendix E

Waste Manifests and Weigh Tickets

4 24 4 6 44 244	4 2	2. Fage 1.of	3. Emergency Response	e Phoese	4. Wasto Tra	07	sbce 10442		
5. Generator's Name and Ma	1700 73/808	S F V	Germulor's Sile Addies	s (il dell'exercità	n making addres	*1			
Generalor's Phone:	Sombole FA					<del>enskinaansaa</del>	<del></del>	101 <b>0-</b> 2000 (1010)(1010 (1010)(1010 (1010 (1010 (1010 (1010)(1010)(1010)(1010)(1010)(1010)(100)(	score contenting
6. Transporter 1 Company N	"Scale / 5/ 12/1	Sporse			US EPARDS	inger Soci	12279	6	
7. Transporter 2 Company N				*****	US EPARD!	aniser			
8. Designated Facility Name	and Sixi Address	# (3-4) D	1.4 00037	<del>/ (                                   </del>	US, EPAIDA	liurber	***************************************		o-orsereretă
*	3015	りかみりぎ ル	f						
Focativ's Phoses	<b>37.</b> In	15 F/					Territe majorate and an		مادان مادان المادان ا
9. Waste Stipping Ma	ine and Description		10. Cosi No.	laktera Type	11. Total Cusmity	12, Unit VII.No.			
Coxest.	Cution Dubre				10	<u> </u>			
					·				
<b>a</b>	•								
4	00 TO COLO 100 TO								
13. Scenial Handing Institu	cions and Additional Information			1 1		<u> </u>		D 1986	5,338
14. GENERATOR'S CERTI	FICATION: ( carlly the materials described ab	ove on this manifest are not safe	ci to federal regulsilions fo	s repolikag psop	ergioposal of lik	cankus W	i de		
Generalor's Ollaror's Printe			ci to Bederali vegalsilionis fo Agrizium	k uctorgiel best	y sispesal el lis	eznkus W	fazio Mania	Cay	
Generalor's Ollenc's Prints	dd Tyrod Mares		graint.		er sisposal té lik	cznkus W			
Generalor's Otteror's Prints  1 15, International Shipments Transporter Signature (for a	IntTyried Harrie  Limpon solu.s.		gnalum iU.S. Patel	enadyeqt;	er siepocal of la	eznicus W			
Generalor's Otheror's Prints  1 15, international Shipments Transporter Signature (for a	IntTyried Harrie  Introper soluts,  securis antiti graph of Receipt of Maleriais	Y. 1 (   1   1   1   1   1   1   1   1   1	gnalum iU.S. Patel	enryskoi):	Ej Septes I LE la	Cankus N		/A Gg	Yes
Generalor's Otteror's Prints  1 15, International Shipments Transporter Signature (for a	IntTyried Name  Import to U.S.  scouts note:  grand of Receipt of Maleriads  of Name	Second local	grizium IU.S. Printof Drintie Synatum	enryskoi):	er septest of the	SERVER NO PROPERTY OF THE PROP	Morth Morth		Yea Yea
Generalor's Otteror's Prints  1 15, International Shipments Transporter Signature (for a	IntTyried Name  Import to U.S.  scouts note:  grand of Receipt of Maleriads  of Name	Second local	ignished (U.S. Point of Daily le	enryskoi):	er seposal to he	COUNTY OF THE PROPERTY OF T	Match   C C	/A Gg	Yea 'O
Generalor's Otteror's Prints  1 15, International Shipments Transporter Signature (for a	Interpret to U.S.  Seconts and D.  Seconts of Receipt of Malerials  Of Marrie	Second local	grizium IU.S. Printof Drintie Synatum	enryskoi):	Er stepnes I of Its		Moch   South		() Yea Yea
Tonoporter 2 Printers  Tonoporter 2 Printers  Transporter 2 Printers Type  17. Discripancy	Interpretables  Import sold, s.  scourts unity: general of Receipt of Malerians  of Name  of Name  Constant	Second term	ignaluro Sursia Gonaluro Geneluro	entykot:		70000 A PARIS DE LA PARIS DE L	Moch   South		() Yea Yea
Toursporter 2 Printed Transporter 2 Printed Transporter 2 Printed Type Transporter 3 Printed Type Type Transporter 3 Printed Type Type Type Type Type Type Type Type	Interpretables  Import sold, s.  scourts unity: general of Receipt of Malerians  of Name  of Name  Constant	Second term	AUS. Port of Bobb le formation   Completion   Completion	entykot:	☐ renia fo	70000 A PARIS DE LA PARIS DE L	Moch   South		() Yea Yea
Toursporter 2 Printed Transporter 2 Printed Transporter 2 Printed Type Transporter 3 Printed Type Type Transporter 3 Printed Type Type Type Type Type Type Type Type	Interpretable  Interp	Second term	AUS. Port of Bobb le formation   Completion   Completion	entykot:	☐ renia fo	70000 A PARIS DE LA PARIS DE L	Moch   South		Yea Yea
Touriston's Character Schemens  15. International Schemens  16. Transporter Signature (for a 16. Transporter I Preside) Transporter I President I Transporter I President I Transporter I President I Transporter I President I Transporter I T	Interpretable  Interp	Second from	AUS. Port of Bobb le formation   Completion   Completion	entykot:	☐ renia fo	70000 A PARIS DE LA PARIS DE L	Morth Morth	Day Z/Ad Fray J ust Hayerda	Year Year
Schelator's Clares's Printer  15. International Scipments  Tearescoles: Signature (for of  16. Transporter I Printer)  Transporter I Printer Type  17. Discrippancy  17. Discr	In Typed Name	Seport from	Spielum  (U.S. Fritter  Body le  Spielum  Transidue  Vanificit Robinen	entykot:	Crawn	70000 A PARIS DE LA PARIS DE L	Morth Morth	Day Z/Ad Fray J ust Hayerda	Year Year Year Year Year Year Year Year

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

GENERATOR'S/SHIPPER'S INITIAL COPY

1	NON-HAZARDONS I. Gorente D Kunter WASTE MANIFEST	2 Page 10	( a. Emergescy Response)	Phone 882	4. Weste Tr	acking Number	0119	12	
	5. Generals to Home and Making Address	2 Fage 10 2, fry 1 - 11/2 - 2021 12 6	Generalor's São Address	of different th	ntin priuma	<b>ss</b> )			VIII THE COLUMN
	Generator's Phones:  8. Transporter 1 Congramy Haine	F1.18	]	<del></del>	U.S. EPA 90	urte.			
	7. Tosseporter 2 Company thans	US. EPA D	VALENO NAMES						
	G. Designated Facility Name and Sain Address		The plant	pAT .	US EPAIDI	luke			
	Facility's Phones:	11 //	to Centra		11, Total	12.Una		· •	
	9. Waste Shipping Name and Description	<del> </del>	No.	Type	Quality	WLASS.			
RATCH	M+N/ make a	D. Gresser Doubling	0/5/	<i>9</i> 77					
- CENE	100 2 100 2 100 2		,						
		one or make the transfer of the			<del>activitatii H</del> attaristaa				
	State of the state				<del></del>				
	13. Special Handing Indications and Additional Information				inimaa aannaa kansaa				
	14. GENERATOR'S CENTIFICATION: I certify the metanist described ab	ore for this marries) are not suc		reșortinș proș	yer disposal of Is	arandays Wasi		- igmont	
1	Generaler Accilerer a Princed Type & Name  18. Aremetiscal Shipmente	Celling (und	Shreatim /		<u> </u>	*** <u>*</u>	Newith	Dey	Year
1	Transporter Senstre (for seports only):		uniU.S. Pontal o Para lear	ranyawat vang U.B.:	<del></del>	igasata(assussussuss		*********	
	16. Transporter Acknowledgment of Receipt of Materials Transporter of Priside Typed Neuro	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Signatura				Manth   2	Day 72/1	¥ <u>a</u> √3
30018-05-1	Transcriber 2 Printed Typed Harne		Signature		<u> </u>		Month	Dey	YE
	17. Discrepancy 11th Discrepancy Inflication Space	Птура	☐ Assidus		Dřema A	ejosáso		Full Rejoct	oa e
	17%. Albumata Facility for Generator;		Warlised Fielscenza	Number	us epaii	) Number			
	FacThy's Photosi	entros en la secución del proposa de constitución de la secución de la secución de la secución de la secución					Worth	Bé.	Yese
the state of the s	The Signature of Atlantiato Facility (or Generator)						1	Day	1 446
					a.				
	is Designated Facility Owner or Operator. Certification of receipt of make Fairland Typed Manue	tide covered by the intribut s	copi as robed là item 17a Signature		***************************************	i	Month 	Day	Year
	1		<del> </del>	***************************************				**************	The state

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

GENERATOR'S/SHIPPER'S INITIAL COPY

28117

truck 2 of 2

Comments: ck#28117 southern waste services inc

CHECK #

Comments:

DRIVER SIGNATURE

599747

\$88.13

\$0.00

AMT TENDERED:

AMT RETURNED:

```
www.pinellascounty.org/utilities
  PINELLAS COUNTY UTILITIES
                                                               Inbound
                                                 1079461
                                      TICKET NO:
    SOLID WASTE DIVISION
                                          SCALE:
       3095 114th AVE N
                                                                OUT:57
                                                  43
                                        OPER IN:
    ST PETERSBURG FL, 33716
                                                  02/26/09 10:43
                         ORIGINAL-SITE Time In:
        (727) 464-7500
                                        Time Out: 02/26/09 11:07
                    **CASH CUSTOMER**
CUSTOMER: 999
                    $$CASH CUSTOMER$$
          999
HAULER:
                                       DRIVER:
                                                                  35,080 LBS.
VEHICLE: 423
                                                    17.54 TONS
                                            GROSS:
                                                                  30,380 LBS.
                                                     15.19 TONS
CONTAINER:
                                            TARE:
                                                                   4,700 LBS.
                     NONE
                                                      2.35 TONS
ORIGIN:
          N
DESTINATION: DPS / DIVERT/SOUTH LANDFILL
                                            NET:
                                                                    NET CHARGE
                                                          RATE/TON
                                              RATE/ITEM
                                    QUANTITY
                                                                      $88.13
    MATERIAL
                                                          $37.50
                                                 $0.00
310 - CLASS III/PROCESSIBLE
                                      2,35
                                                                      $88.13
                                          MATERIAL CHARGE:
                                          SPECIAL HANDLING CHARGEN
                                                                       $0.00
                                                                      $88,13
                                           TOTAL DUE:
                                                                       $0.00
                                                     AMT. DEPOSIT:
```

BOX 123 6008- Pallote

DRIVER SIGNATURE:

57P-0710442 6026-BOX 214

599746

```
www.pinellascounty.org/utilities
  PINELLAS COUNTY UTILITIES
                                     TICKET NO: 1079458
                                                               Imbound
     SOLID WASTE DIVISION
                                         SCALE:
       3095 114th AVE N
                                                                OUT:57
    ST PETERSBURG FL, 33716
                                       OPER IN: 43
                       ORIGINAL-SITE Time In: 02/26/09 10:42
        (727) 464-7500
                                       Time Out: 02/26/09 11:05
CUSTOMER: 999
                    $$CASH CUSTOMER$$
HAULER:
          999
                    $$CASH CUSTOMER$$
                                      DRIVER:
VEHICLE: 424
                                                                 34,300 LBS.
                                           GROSS: 17.15 TONS
CONTAINER:
                                                                 30,820 LBS.
                                                   15,41 TONS
                                           TARE:
                    NONE
ORIGIN:
                                                                 3.480 LBS.
DESTINATION: DPS / DIVERT/SOUTH LANDFILL
                                                    1.74 TONS
                                           NET:
                                   QUANTITY RATE/ITEM RATE/TON NET CHARGE
    MATERIAL
                                                                     $65.25
                                                         $37.50
310 - CLASS III/PROCESSIBLE
                                                $0.00
                                    1.74
                                                                     $65.25
                                         MATERIAL CHARGE:
                                         SPECIAL HANDLING CHARGE:
                                                                      $0.00
                                                                    765.25
                                         TOTAL DUE:
                                                                      $0.00
                                                    AMT, DEPOSIT:
          28117
CHECK #
Comments: ck#28117 southern waste Services inc
                                                   AMT TENDERED:
                                                                     $65.25
                                                   AMT RETURNED:
                                                                     $0.00
          truck 1 or
Comments:
```