

ENVIRONMENTAL DRILLING SERVICE, INC.

WELL COMPLETION LOG

Site Address: CAMP MACK ROAD

Work Order #: 7126

LAKE WALES, FL

Client: SFWMD

Completion Date: 7/1/2011

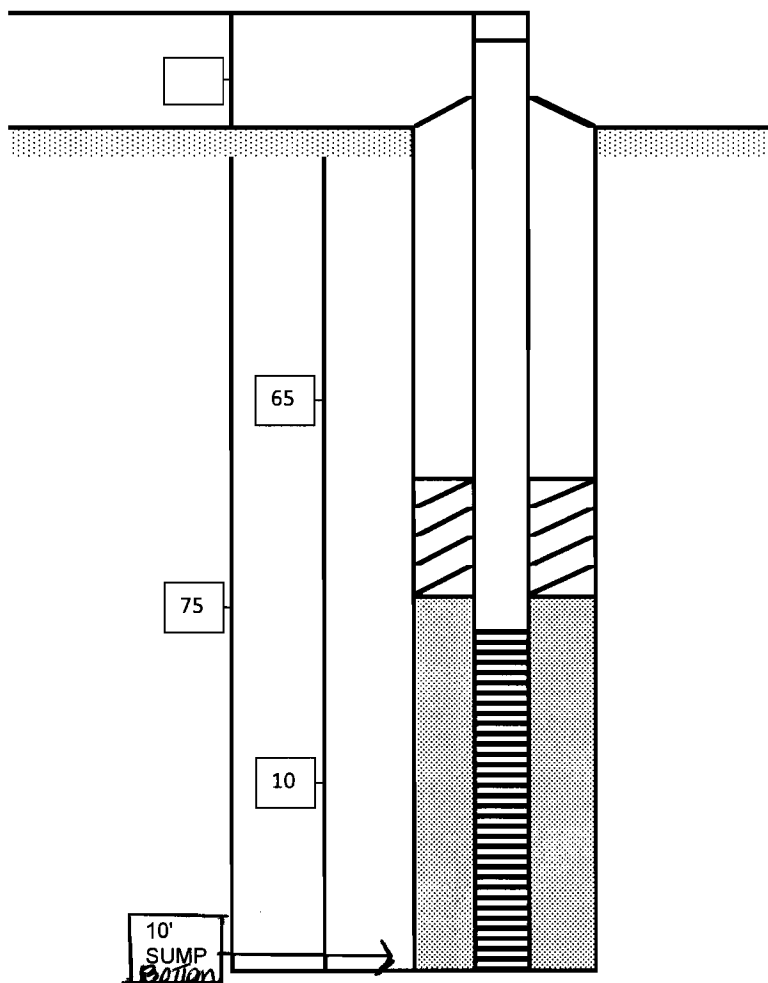
Well No.: POS 14

Contact: BRIAN COLLINS

Installed By: CORY CONE

Measured Static Water Level 15'
(MUST BE FILLED IN**)**

Other Services Performed: _____



12" Flush Manhole

____ Above Grade Protector

____ None

Concrete: 3 Bags

Cement Grout: 8 Bags

RISER Type: ASTM PVC

Diameter: 4"

Seal: BENT. CHIPS

0.25 Bags

SCREEN Type: ASTM PVC

Diameter: 4"

Slot Size: 0.010

Filter: 20/30

12 Bags

Development: Bailed _____ Pumped XX Air Lift _____ Surge _____ Swab _____ None _____

Total Time: 2 HOURS

Total Gallons: _____

Water Appearance Start: Cloudy

Finish: Clear

Location: CAMP MACK ROAD

LAKE WALES, FL

Client: SFWMD

Work Order #: 7126

Sample Method: SPOON W/ LINER

Static water Level: _____

Driller: CORY CONE

Drill Crew: MIKE MILLER, CARL LEONHARDT

Boring Start Date: 6/30/2011

Boring Number: 14

Boring Method: ROTARY

Rig: BK-81

Sample Number	Sample Depth	N. Value	Sample Type	Water Presence	Description/remarks
	6 - 8	2-2-2-2	SP		DK BRN ORG SAND
	8 - 10	3-2-2-2			
	10 - 12	2-2-1-1			
	12 - 14	1-1-1-1			
	14 - 16	1-1-1-1			
	16 - 18	8-8-6-8			
	18 - 20	6-6-7-6			
	20 - 22	6-2-2-3			
	22 - 24	22-26-14-11			
	24 - 26	10-11-14-11			↓ ↓
	26 - 28	15-19-17-19			BRN COARSE SAND
	28 - 30	8-12-12-12			↓ ↓
	30 - 32	10-10-10-10			TAN FINE SAND
	32 - 34	13-13-13-18			
	34 - 36	19-24-22-20			
	36 - 38	6-10-19-16			
	38 - 40	14-25-28-27			
	40 - 42	14-21-33-30			
	42 - 44	15-23-28-31			
	44 - 46	15-15-18-22			
	46 - 48	16-18-20-19			
	48 - 50	12-14-20-22			
	50 - 52	9-11-11-12			
	52 - 54	4-5-5-5	↓		↓ ↓

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LAKE WALES, FL
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 Static water Level: _____

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 Boring Start Date: 6/30/2011
 Boring Number: 14
 Boring Method: ROTARY
 Rig: BK-81

Sample Number	Sample Depth	N. Value	Sample Type	Water Presence	Description/remarks
	56 - 58	7-6-6-7	SP		Tan Fine Sand.
	58 - 60	16-21-27-26			↓ ↓
	60 - 62	11-23-32-31			
	62 - 64	10-13-12-13			
	64 - 66	8-7-6-5			↓ ↓
	66 - 68	3-1-1-1			GREEN SILTY SAND W/ TR CLAY
	68 - 70	4-4-4-4			↓ ↓
	70 - 72	4-6-6-17			
	72 - 74	1-1-1-4			SAME - MORE CLAY
	74 - 76	4-2-2-2			↓ ↓
	76 - 78	W.O.R.			
	78 - 80	W.O.R.			



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

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

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

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

Permit No. 1356990
 Florida Unique ID _____
 Permit Stipulations Required (See Attached) _____
 H2-574 Fund No. _____ Only Use on No. _____
 CUPAWUP Application No. _____
 Above this line for OFFICIAL USE ONLY

1. PAR ED INC, 14000 CAMP MACK ROAD, LAKE WALES FL 33895 407-295-3532
 *Owner, Legal Name if Corporation *Address *City *State *ZIP *Telephone Number

2. CAMP MACK ROAD, LAKE WALES, FL 33895
 *Well Location - Address, Road Name or Number, City

3. 29-29-12-000000-032170
 *Parcel ID No. (PIN) or AERIAL PHOTO CROSS REFERENCE

4. 29 29 12 OSCEOLA _____
 *Section or Land Grant *Township *Range *County Subdivision Check if H2-524: Yes No

5. DOUGLAS A. LEONHARDT 2406 (407) 295-3532 LISA@EDSENVIRONMENTAL.COM
 *Water Well Contractor *License Number *Telephone Number E-mail Address

6. 4712 OLD WINTER GARDEN ROAD ORLANDO FL 32811
 *Water Well Contractor's Address *City *State *ZIP

7. *Type of Work: Construction Repair Modification Abandonment
 *Reason for Repair, Modification, or Abandonment _____

8. *Number of Proposed Wells 1

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

10. *Distance from Septic System if ≤ 200 ft. N/A 11. Facility Description _____ 12. Estimated Start Date 6/30/11

13. *Estimated Well Depth 80 ft. *Estimated Casing Depth 70 ft. *Primary Casing Diameter 4 in. Open Hole: From 0 to 70 ft.

14. Estimated Screen Interval: From 70 to 80 ft.

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

16. Secondary Casing: Telescope Casing Liner Surface Casing Diameter _____ in.

17. Secondary Casing Material: Black Steel Galvanized PVC Stainless Steel Other _____

18. *Method of Construction, Repair, or Abandonment: Auger Cable Tool Jetted Rotary Sonic
 Combination (Two or More Methods) Hand Driven (Well Point, Sani Point) Hydraulic Point (Direct Push)
 Horizontal Drilling Plugged by Approved Method Other (describe) _____

19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:
 From 0 to 75 Seal Material (Bentonite Neat Cement Other _____)
 From _____ to _____ Seal Material (Bentonite Neat Cement Other _____)
 From _____ to _____ Seal Material (Bentonite Neat Cement Other _____)
 From _____ to _____ Seal Material (Bentonite Neat Cement Other _____)

20. Indicate total number of existing wells on site 1 List number of existing unused wells on site 0

21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUPAWUP) or CUPAWUP Application? Yes No If yes, complete the following: CUPAWUP No. _____ District Well ID No. _____

22. Latitude _____ Longitude _____

23. Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84

I hereby certify that I will comply with the applicable rules of the Florida Department of Environmental Protection, and that I am aware of the responsibilities under Chapter 401, Florida Statutes, to maintain or properly abandon this well or I certify that I am the owner of the property and that the information provided is accurate and that I will obtain necessary approval from the federal, state, or local governments, if applicable. I agree to provide a well abandonment report in the District within 30 days of completion of the construction, modification, or abandonment authorized by this permit, and to report completion of the well to the District.

[Signature] 2406 See attached avail.
 *Signature of Contractor *License No. *Signature of Owner or Agent *Date

Approval Granted By: [Signature] Issue Date: 6-27-11 Expiration Date: _____ Hydrologist Approval: _____
 Fee Received \$: 200 Receipt No. 0671692 Check No. CC

THIS PERMIT IS NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. THE PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

Permit No. 1356990

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2378 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
WWW.SWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT
P.O. BOX 24680
3301 GUN CLUB ROAD
WEST PALM BEACH, FL 33416-4880
PHONE: (561) 686-8800
WWW.SFWMD.GOV

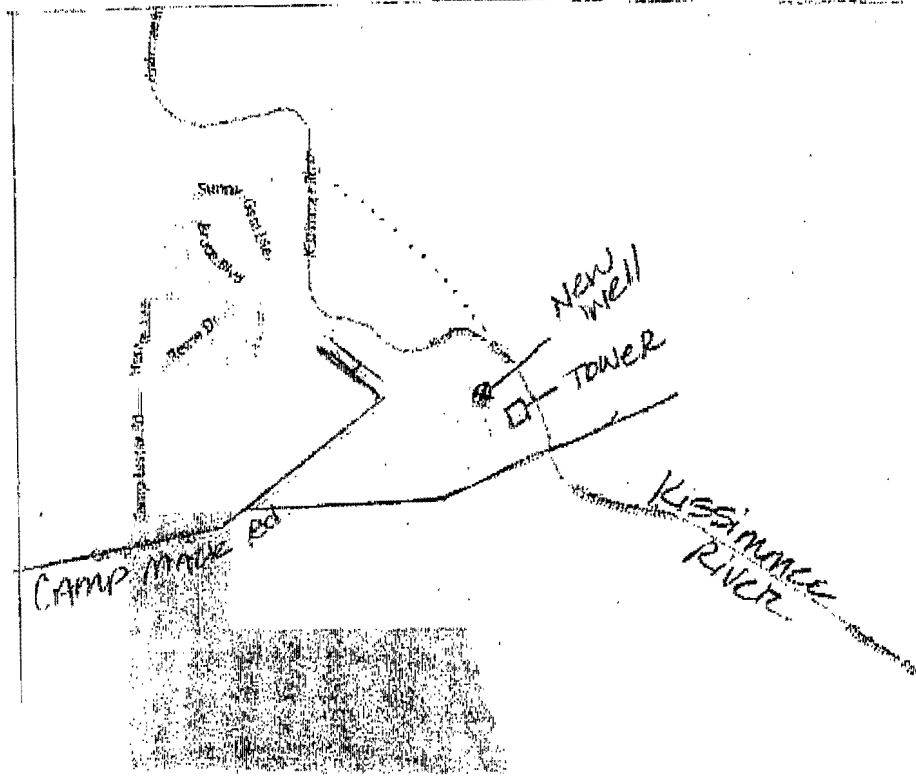
ST. JOHNS RIVER WATER MANAGEMENT DISTRICT
4049 REID STREET, PALATKA, FL 32178-1428
PHONE: (386) 328-4500
WWW.SJRWMD.COM

SUWANNEE RIVER WATER MANAGEMENT DISTRICT
9225 CR 49
LIVE OAK, FL 32060
PHONE: (386) 362-1001 or (800) 228-1066 (Florida only)
WWW.MYSUWANNEERIVER.COM

NORTHWEST FLORIDA WATER MANAGEMENT DISTRICT
152 WATER MANAGEMENT DR., HAVANA, FL 32333-4712
(U.S. Highway 90, 10 miles west of Tallahassee)
PHONE: (850) 533-5999
WWW.NWFWMD.STATE.FL.US

Comments:

General Site Map of Proposed Well Location



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



STATE OF FLORIDA WELL COMPLETION REPORT

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

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

Osceda

Date Stamp

Official Use Only

1.*Permit Number 1356990 *CUP/WUP Number *DID Number 62-524 Delineation No.

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

3.*Owner's Name FAR ED INC 4.*Completion Date 7/1/11 5. Florida Unique ID POS 14

6. CAMP MACK ROAD, LAKE WALES, FL 33898

*Well Location - Address, Road Name or Number, City, ZIP

7.*County OSCEOLA / POLK *Section 29 Land Grant *Township 29 *Range 12

8. Latitude Longitude

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

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

11.*Specify Intended Use(s) of Well(s):

- Domestic Landscape Irrigation Agricultural Irrigation Site Investigation
Bottled Water Supply Recreation Area Irrigation Livestock X Monitoring
Public Water Supply (Limited Use/DOH) Nursery Irrigation Test
Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothermal
Class I Injection Golf Course Irrigation HVAC Supply
Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage
Remediation: Recovery Air Sparge Other (Describe)
Other (Describe)

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

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

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

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

16.*Total Well Depth 75 ft. Cased Depth 65 ft. *Open Hole: From 0 To 65 ft. *Screen: From 65 To 75 ft. Slot Size .010

17.*Abandonment: Other (Explain)

Table with 4 rows and 4 columns: From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other

18.*Surface Casing Diameter and Depth:

Table with 2 rows and 4 columns: Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other

19.*Primary Casing Diameter and Depth:

Table with 4 rows and 4 columns: Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other

20.*Liner Casing Diameter and Depth:

Table with 3 rows and 4 columns: Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other

21.*Telescope Casing Diameter and Depth:

Table with 3 rows and 4 columns: Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other

22. Pump Type (If Known):

Centrifugal Jet Submersible Turbine
Horsepower Pump Capacity (GPM)
Pump Depth ft. Intake Depth ft.

23. Chemical Analysis (When Required):

Iron ppm Sulfate ppm Chloride ppm
Laboratory Test Field Test Kit

24. Water Well Contractor:

*Contractor Name DOUGLAS A. LEONHARDT *License Number 2406 E-mail Address LISA@EDSENVIRONMENTAL.COM

*Contractor's Signature *Driller's Name (Print or Type) CORY CONE

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

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*DRILL CUTTINGS LOG (Examine cuttings every 20 ft. or at formation changes. Note cavities and depth to producing zone. Grain Size: F=Fine, M=Medium, and C=Coarse)						
From 0	ft.	To 20	ft.	Color <u>DK BRN</u>	Grain Size (F, M, C) <u>F</u>	Material <u>Org Sand</u>
From 20	ft.	To 40	ft.	Color <u>BRN</u>	Grain Size (F, M, C) <u>C</u>	Material <u>sand</u>
From 40	ft.	To 60	ft.	Color <u>Tan med</u>	Grain Size (F, M, C) <u>F</u>	Material <u>sand</u>
From 60	ft.	To 75	ft.	Color <u>green</u>	Grain Size (F, M, C) <u>F</u>	Material <u>sand w/ clay</u>
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____
From _____	ft.	To _____	ft.	Color _____	Grain Size (F, M, C) _____	Material _____

Comments: _____

*** SITE MAP ATTACHED ***

*Detailed Site Map of Well Location

