



STATE OF FLORIDA WELL COMPLETION REPORT

Southwest
Northwest
St. Johns River
South Florida
Suwannee River
DEP

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

Date Stamp

Delegated Authority (If Applicable) Okeechobee County

Official Use Only

1.*Permit Number 47-59-1981493 *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 J S Ranch 4.*Completion Date 8/13/19 5. Florida Unique ID Peavine
6. NW 313 St. Okeechobee FL
*Well Location - Address, Road Name or Number, City, ZIP
7.*County Okeechobee *Section 04 Land Grant *Township 34S *Range 33E
8. Latitude Longitude
9. Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84
10.*Type of Work: Construction Repair Modification Abandonment
11.*Specify Intended Use(s) of Well(s)
Domestic Landscape Irrigation Agricultural Irrigation Site Investigations
Bottled Water Supply Recreation Area Irrigation Livestock Monitoring
Public Water Supply (Limited Use/DOH) Nursery Irrigation Test
Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothermal
Class I Injection Golf Course Irrigation HVAC Supply
Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage
Remediation: Recovery Air Sparge Other
Other
12.*Drill Method 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 PVC Stainless Steel Not Cased Other
16.*Total Well Depth ft. Cased Depth ft. *Open Hole: From To ft. *Screen: From To ft. Slot Size
17.*Abandonment: Other (Explain)
From 0 ft. To 10 ft. No. of Bags 1 Seal Material (Check One): Neat Cement Bentonite Other
From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
18.*Surface Casing Diameter and Depth:
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
19.*Primary Casing Diameter and Depth:
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
20.*Liner Casing Diameter and Depth:
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
21.*Telescope Casing Diameter and Depth:
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
Dia in. From ft. To ft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
22. Pump Type (If Known): Centrifugal Jet Submersible Turbine
Horsepower Pump Capacity (GPM)
Pump Depth ft. Intake Depth ft.
23. Chemical Analysis (When Required):
Iron ppm Sulfate ppm Chloride ppm
Laboratory Test Field Test Kit
24. Water Well Contractor:
*Contractor Name CARL A. LEONHARDT *License Number 9521 E-mail Address lisa@edsenvironmental.com
*Contractor's Signature *Driller's Name (Print or Type) G. Pennington

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



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) Okeechobee Co

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. 47-54-1981493
Florida Unique ID
Permit Stipulations Required (See Attached)
62-524 Quad No. Delineation No.
CUP/WUP Application No.
ABOVE THIS LINE - FOR OFFICIAL USE ONLY

1. J 5 Ranch 17190 NW 176 Ave. Okeechobee FL 34972
*Owner, Legal Name if Corporation *Address *City *State *ZIP *Telephone Number
2. NW 313 St. Okeechobee, FL
*Well Location - Address, Road Name or Number, City
3. 1-04-34-33-0A00-00001-1111
*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit
4. 04 34 33 Okeechobee Subdivision Check if 62-524: Yes No
*Section or Land Grant *Township *Range *County
5. Carl Leonhardt 9521 407-295-3532 carl@edsenvironmental.com
*Water Well Contractor *License Number *Telephone Number E-mail Address
6. 4712 Old Winter Garden Rd. Orlando FL 32811
*Water Well Contractor's Address City State ZIP

7. *Type of Work: Construction Repair Modification Abandonment
8. *Number of Proposed Wells 1
9. *Specify Intended Use(s) of Well(s):
Domestic Landscape Irrigation Agricultural Irrigation Site Investigation
Bottled Water Supply Recreation Area Irrigation Livestock Monitoring
Public Water Supply (Limited Use/DOH) Nursery Irrigation Test
Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothermal
Class I Injection Golf Course Irrigation HVAC Supply
Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage
Remediation: Recovery Air Sparge Other (Describe)
Other (Describe) (Note: Not all types of wells are permitted by a given permitting authority)

Date Stamp
AUG - 9 2019
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10. *Distance from Septic System if <= 200 ft. NA 11. Facility Description 12. Estimated Start Date 8/13/19
13. *Estimated Well Depth 9 ft. *Estimated Casing Depth 4 ft. *Primary Casing Diameter 4 in. Open Hole: From To ft.
14. Estimated Screen Interval: From 4 To 9 ft.
15. *Primary Casing Material: Black Steel Galvanized PVC Stainless Steel
Not Cased Other:
16. Secondary Casing: Telescope Casing Liner Surface Casing Diameter in.
17. Secondary Casing Material: Black Steel Galvanized PVC Stainless Steel Other
18. *Method of Construction, Repair, or Abandonment: Auger Cable Tool Jetted Rotary Sonic
Combination (Two or More Methods) Hand Driven (Well Point, Sand Point) Hydraulic Point (Direct Push)
Horizontal Drilling Plugged by Approved Method Other (Describe)
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing:
From To 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)
Date: 8/12/19 Approved:
Florida Department of Health in Okeechobee County
By: J. Quintan

20. Indicate total number of existing wells on site 0 List number of existing unused wells on site 0
21. *Is this well or any existing well or water withdrawal on the owner's contiguous property covered under a Consumptive/Water Use Permit (CUP/WUP) or CUP/WUP Application? Yes No If yes, complete the following: CUP/WUP No. District Well ID No.
22. Latitude Longitude
23. Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code, and that a water use permit or artificial recharge permit, if needed, has been or will be obtained prior to commencement of well construction. I further certify that all information provided in this application is accurate and that I will obtain necessary approval from other federal, state, or local governments, if applicable. I agree to provide a well completion report to the District within 30 days after completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.
I certify that I am the owner of the property, that the information provided is accurate, and that I am aware of my responsibilities under Chapter 373, Florida Statutes, to maintain or properly abandon this well, or I certify that I am the agent for the owner, that the information provided is accurate, and that I have informed the owner of their responsibilities as stated above. Owner consents to allowing personnel of this WMD or Delegated Authority access to the well site during the construction, repair, modification, or abandonment authorized by this permit.
*Signature of Contractor 9521 *License No. *Signature of Owner or Agent 8/8/19 *Date

Approval Granted By Issue Date 8/12/19 Expiration Date 2/12/20 Hydrologist Approval
Fee Received \$ Receipt No. Check No.

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