## STATE OF FLORIDA WELL COMPLETION REPORT

✓ Delegated Authority (If Applicable) Okeechobee County

Southwest Northwest St. Johns River South Florida

DEP

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

Official Use Only

Date Stamp

Suwannee River

OR FOAD DELLE - U All-
1.*Permit Number 47-59-1981493 *CUP/WUP Number *DID Number 62-524 Delineation No
2. Number of permitted world contracted, repaired, and a second contracted permitted world contracted permitted permitted world contracted permitted perm
3.*Owner's Name J 5 Ranch 4.*Completion Date8/13/19 5. Florida Unique IDPeavine
6. NW 313 St. Okeechobee FL.
Yveii Location - Address, Road Name of Number, Only, 211
7.*County Okeechobee *Section 04 Land Grant *Township 34S *Range 33E
8. Latitude Longitude NAD 27 NAD 83 WGS 84
9. Data Obtained From: GPS 🗸 Map Survey Batum. NAC 27
10.*Type of Work: Construction Repair Modification Abandonment  11.*Specify Intended Use(s) of Well(s)
Other (Describe)
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
15.*Casing Material: Black Steel Galvanized For Stallies Steel To ft *Screen: From To ft. Slot Size
16. *Total Well Depthft. Cased Depthft. *Open Hole: From Toft. *Screen: From Toft. Slot Size
17.*Abandonment: ☐ Other (Explain)  From 0 ft. To 10 ft. No. of Bags 1 Seal Material (Check One): ☐ Neat Cement 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  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 Dentonite Other  From ft. To ft. No. of Bags Seal Material (Check One): ☐ Neat Cement Dentonite Other
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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 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 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 Seal Material In. From ft. To ft. No. of Bags Seal Material In. From ft. To ft. No. of Bags Seal Material ft. To ft. No. of Bags Seal Material ft. To ft. No. of Bags ft. To
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22. Pump Type (If Known):  Centrifugal Jet Submersible Turbine Horsepower Pump Capacity (GPM) Pump Depth ft. Intake Depth ft.
24. Water Well Contractor:  **License Number 9521 E-mail Address lisa@edsenvironmental.com
Contractor Name CARLA: CLOWNARD!
*Contractor's Signature *Driller's Name (Print or Type) 6. *Tenning**

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

■ Delegated Authority (If Applicable) Okeechobee Co



☐ Southwest ☐ Northwest

☐ St. Johns River ☐ South Florida ☐ Suwannee River DEP

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-	39-1981493
Florida Unique ID	
Permit Stipulations Re	quired (See Attached)
62-524 Quad No	Delineation No.

ABOVE THIS LINE - FOR OFFICIAL USE ONLY

1. J 5 Ranch	17190 NW 176 Ave.	Okeechobee		4972	
*Owner, Legal Name if Corporation	*Address	*City	*State *Z	IP .	*Telephone Number
NW 313 St. Okeechobee, FL.					
*Well Location - Address, Road Nan	ne or Number, City				
3. 1-04-34-33-0A00-00001-1111					
*Parcel ID No. (PIN) or Alternate Ke			Lot	Block	Unit
1. 04 34 **Section of Lond Count **Townsh	ip *Range *County			- Check if	62-524: Yes 🗸 N
*Section or Land Grant *Townsh Carl Leonhardt	200 CO	Subdivision			
*Water Well Contractor	*License Number	407-295-3532 *Telephone Number		ronmental.com	
5 4712 Old Winter Garden Rd.	Licerise Number		E-mail Add		220+4
*Water Well Contractor's Address		Orlando City		FL State	32811 ZIP
. *Type of Work: Construction _	Popole Madification			State	211
Number of Proposed Wells 1	NepailIviodification	*Reason for	Repair, Modification,	or Abandonment	
. *Specify Intended Use(s) of Well(s)	PROCESS AND ADDRESS OF THE PROCESS O				Date Stamp
The contract of the same of th		Agricultural Irrigation	Site Investigation		
MAP CONTRACTOR OF THE PARTY OF			Monitoring		
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Public Water Supply (Limited Use Public Water Supply (Community	or Non-Community/DEP)	Commercial/Industrial	Earth-Coupled G	eothermal	AUG - 9 201
Class I Injection	,		HVAC Supply HVAC Return		Nov
	Commence of the desired Discourse				
Class V Injection:Recharge			coveryDrail	nage	
Remediation:RecoveryAir	SpargeOther (Describe)				Official Use Only
Other (Describe)		(Note: Not all types of wells are perm	itled by a given permit	ling authority)	
0.*Distance from Septic System if ≤20	00 ft, NA 11. Facility Des	scription	12.	Estimated S	art Date 8/13/19
3.*Estimated Well Depth 9' ft. *I	Cationated Casins Death A	A 10: 0 D	ar An in	and the second s	Automotive
4. Estimated Screen Interval: From   5.*Primary Casing Material:  1. The street of th	To <sup>9</sup> ft. _Black SteelGalvani	ized <u>√</u> PVC		Open Hole:	FromTo
4. Estimated Screen Interval: From 4 5.*Primary Casing Material: 6. Secondary Casing:Telescop	To 9 ft.  Black Steel Galvani Not Cased Other: De Casing Liner	ized _✓_PVCSurface Casing Diameter	_Stainless Steel		FromTof
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