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STATE OF FLORIDA WELL COMPLETION REPORT

Official Use Only

Date Stamp

Southwest Northwest St. Johns River South Florida Suwannee River DEP Delegated Authority (If Ap		Fields Where Applicable)	
13-59-14310 *CUP/WUP Nu		*DID Number*Number wells r	62-524
itted wells constructed, repaired, or a	bandoned	rumber of permitted wells i	iot constitucted, rep

1.*Permit Number 13-59-14310 *CUP/WUP Number *DID Number 62-524 Delineation No.
2.*Number of permitted wells constructed, repaired, or abandoned *Number of permitted wells not constructed, repaired, or abandoned
3.*Owner's NameSouth Florida Water Management District 4.*Completion Date3/20/2018 5. Florida Unique ID
6SE Corner of Krome Ave and SW 184th St. Homestead Fl. *Well Location - Address, Road Name or Number, City, ZIP
7.*CountyMiami-Dade*Section6Land Grant*Township56*Range39
8. Latitude Longitude
9. Data Obtained From: GPS Map Survey Datum:NAD 27NAD 83WGS 84
10.*Type of Work:
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 4 ft. Measured Pumping Water Level 4 ft. After 1 Hours at 20 GPM
14. *Measuring Point (Describe) ALS Which is ft Above Below Land Surface *Flowing: Yes \(\struct \) No
15.*Casing Material: ☐ Black Steel ☐ Galvanized ☑ PVC ☐ Stainless Steel ☐ Not Cased ☐ Other
16. *Total Well Depth 33 ft. Cased Depth 10.5 ft. *Open Hole: From To ft. *Screen: From 10.5 To 30.5 ft. Slot Size .060
17.*Abandonment: Other (Explain) Fromft. Toft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other Fromft. Toft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other Fromft. Toft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other Fromft. Toft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other Fromft. Toft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other Fromft. Toft. No. of Bags Seal Material (Check One): Neat Cement Bentonite Other
18.*Surface Casing Diameter and Depth:
Dia 8 in. From +3.5 ft. To -2 ft. No. of Bags 1 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 11. **Primary Casing Diameter and Depth:
Dia 4 in. From +3.5 ft. To 10.5 ft. No. of Bags 4 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): Dia in. From ft. To ft. No. of B
22. Pump Type (If Known): 23. Chemical Analysis (When Required):
✓ Centrifugal Jet Submersible Turbine Iron ppm Sulfate ppm Chloride ppm Horsepower Pump Capacity (GPM) 25
Pump Depthft. Intake Depth32ft Laboratory Test Field Test Kit
24. Water Well Contractor:
*Contractor Name Fred Kaub/GFA Intl. *License Number 1236 E-mail Address bmccord@teamgfa.com
*Contractor's Signature *Driller's Name (Print or Type) Brian McCord
DED Form 62 522 000/0) Incorporated in 62 522 410 FA C. Effective Date: October 7 2040

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

2379 BROAD STREET, BROOKSVILLE, FL 34604-6899 PHONE: (352) 796-7211 or (800) 423-1476

WWW.SWFWMD.STATE.FL.US

ST. JOHNS RIVER WATER MANAGEMENT DISTRICT

4049 REID STREET, PALATKA, FL 32178-1429

PHONE: (386) 329-4500 WWW.SJRWMD.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) 539-5999

From

ft. To

Comments: site plan attached

ft.

Color

WWW.NWFWMD.STATE.FL.US

SOUTH FLORIDA WATER MANAGEMENT DISTRICT

P.O. BOX 24680

3301 GUN CLUB ROAD WEST PALM BEACH, FL 33416-4680

PHONE: (561) 686-8800 WWW.SFWMD.GOV

SUWANNEE RIVER WATER MANAGEMENT DISTRICT

9225 CR 49

LIVE OAK, FL 32060

PHONE: (386) 362-1001 or (800) 226-1066 (Florida only)

Material

WWW.MYSUWANNEERIVER.COM

*DRILL	CUTTIN	IGS LC	OG	(Exami	ine cı	ittings ev	ery 20 ft. or at form	ation changes. Note cavities a	nd depth to producing zone. Grain Size: F=Fine,
M=Med	lium, ar	nd C=	Coars	e)					
From_	0	ft.	To_	7	ft.	Color _	Br/tan	Grain Size (F, M, C)f	/m Material sand with Limestone
From	7	ft.	To_	12	ft.	Color _	It tan	Grain Size (F, M, C)	Material limestone rock
From	12	ft.	To	14	ft.	Color	It tan	Grain Size (F, M, C) f	/m Material sand and weathered LS
From	14	ft.	To	30	ft.	Color	It tan	Grain Size (F, M, C) f/	/m Material Limestone with some sand lenses
From	30	ft.	To	34	— ft.	Color	It gray	Grain Size (F, M, C)	
From		ft.	To		ft.	Color		Grain Size (F, M, C)	Material
From						Color	334 - 1674 - 1675		
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From_		ft.							
From						Color		Grain Size (F, M, C)	Material
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From									
From						Color			
From					ft.				
From		ft.	To		ft.	Color		Grain Size (F, M, C)	Material

*Detailed Site Map of Well Location

Grain Size (F, M, C)



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STATE OF FLORIDA PERMIT APPLICATION TO CONSTRUCT,

REPAIR, MODIFY, OF	R ABANDON A WELL
☐ Southwest	PLEASE FILL OUT ALL APPLICABLE FIELDS
☐ Northwest	(*Denotes Required Fields Where Applicable)

	(Demotor Modellate Motor Manage			
☐ St. Johns River	***			
☐ South Florida	The water well contractor is responsible for completing			
☐ Suwannee River	this form and forwarding the permit application to the appropriate delegated authority where applicable.			
-CI-DEP				
☑ Delegated Authority ((If Applicable) Miami-Dade County Health			

Permit No. 3	M-14010
Permit Stipulations Re	quired (See Altached)
62-524 Quad No.	Delineation No.
62-524 Quad No	

1. South Florida Water Manager 3301 Gun Club Road West Palm Beach, FL 33406 561-686-8800
*Owner, Legal Name if Corporation *Address *City *State *ZIP Telephone Number
2. SE Corner SR 997 (Krome Ave) and SW 184th St (Eureka Drive) Homestead, FL
*Well Localion - Address, Road Name or Number, City
3. <u>30-6906-000-0180</u> *Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit
4. 6 56 39 Miami-Dade Check if 62-524: Yes V No
*Section or Land Grant *Township *Range *County Subdivision
5 GFA International 11236 561-347-0070 bmccord@teamgfa.com *Water Well Contractor *License Number *Telephone Number E-mail Address
*Water Well Contractor *License Number *Telephone Number E-mail Address 6. 1215 Wallace Drive / Delray Beach FL 33444
*Water Well Contractor's Address City State ZIP
7. *Type of Work: Construction Repair Modification Abandonment Replacement well for well destroyed by road construction
8. *Number of Proposed Wells 1 Page 1 Proposed Wells 1 Page 2 Proposed Wells 1 Proposed Wells 2 Proposed
9. Specify intended Use(s) or Well(s):
Domestic Landscape Irrigation Agricultural Irrigation Site Investigations Bottled Water Supply Recreation Area Irrigation Livestock
Bottled Water Supply Recreation Area Irrigation Livestock Monitoring APPROVED Nursery Irrigation Test
Public Water Supply (Community or Non-Community/DEP) Commercial/Industrial Earth-Coupled Geothernal EALTH MIAMI-DADE COL
Class I Injection Golf Course Irrigation HVAC Supply 12 50 - 143
Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage
Remediation: Recovery Air Sparge Other (Describe) DATE: DETAILED OF ORDER
Other (Dascribe) Biscayne Aquifer Monitoring Well
10.*Distance from Septic System if ≤ 200 ft. N/A 11. Facility Description 12. Estimated Start Date Feb 2018
13.*Estimated Well Depth 34 ft. *Estimated Casing Depth 12 ft. Primary Casing Diameter 4 in. Open Hole: FromToft.
14. Estimated Screen Interval: From 12 To 34 ft.
15.*Primary Casing Material: Black Steel Galvanized PVC Stainless Steel
Not Cased Other:
16. Secondary Casing: Telescope Casing Liner V Surface Casing Diameter 12 in.
17. Secondary Casing Material: Black Steel Galvanized V 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)reverse air rotary
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing: From 8 To 10' BLS Seal Material (v Bentonite Neat Cement Other)
From 0 To 8'BLS Seal Material (Bentonite v 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 0 List number of existing upused wells on site 0
25. Modele fold framed of existing field of site
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 V No If yes, complete the following: CUP/WUP No District Well ID No
22. Lalitude 80 28 40.8709 Longitude 25 35 38.8167
23. Data Obtained From: GPS Map Survey Datum: NAD 27 X NAD 83 WGS 84
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resessary approval from other focural, state, or with approximate, if approximate it approximates a state of above. Once consists to allowing personnel of the WMD or Delegated Authority access to the mediate of the personnel of the WMD or Delegated Authority access to the mediate of the mediate of the work of the the personnel of the WMD or Delegated Authority access to the mediate of the work of the the personnel of the WMD or Delegated Authority access to the mediate of the work of the the work of the the personnel of the WMD or Delegated Authority access to the mediate of the work of the work of the the work of the work
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1/10/18
*Signature of Conjector
SHIGWITHSUME_FOR ORTHOUSE ONLY
Approval Granted By Service Approval Issue Date // BExpiration Dat
Fee Received S Receipt No. D DLV SW ON Check No. OCO ON THE NO.
THIS PERMIT IS NOT VALID UNTIL PROPERTY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WIND OR DELEGATED AUTHORITY. THE
PERMIT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL CONSTRUCTION, REPAIR, MODIFICATION, OR ABANDONMENT ACTIVITIES.

DEP Form: 62-532,900(1) Incorporated in 62-532,400(1), F.A.C. Effective Date: October 7, 2010

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