



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)

Delegated Authority (If Applicable) Osceola County

Date Stamp
Official Use Only

1.*Permit Number 49WP2010380 *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 Osceola County 4.*Completion Date 10/28/19 5. Florida Unique ID 2

6. Canoe Creek Rd. st. Cloud FL.
*Well Location - Address, Road Name or Number, City, ZIP

7.*County Osceola *Section 01 Land Grant *Township 28 S *Range 31 E

8. Latitude Longitude

9. Data Obtained From: [] GPS [x] 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 [x] 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
[] HVAC Return
Class V Injection: [] Recharge [] Commercial/Industrial Disposal [] Aquifer Storage and Recovery [] Drainage
Remediation: [] Recovery [] Air Sparge [] Other (Describe)
[] Other (Describe)

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

13.*Measured Static Water Level 6 ft. Measured Pumping Water Level ft. After Hours at GPM

14.*Measuring Point (Describe) ground surface 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 31 ft. Cased Depth ft. *Open Hole: From To ft. *Screen: From 26 To 31 ft. Slot Size .010

17.*Abandonment: [] Other (Explain)
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

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 4 in. From 0 ft. To 26 ft. No. of Bags 3 Seal Material (Check One): [x] 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) Glen Pennington

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



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)

✓ Delegated Authority (If Applicable) Osceola County

Date Stamp
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1.*Permit Number 49WP2010375 *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 Osceola County 4.*Completion Date 10/28/19 5. Florida Unique ID 1

6. Canoe Creek Rd. st. Cloud FL.
*Well Location - Address, Road Name or Number, City, ZIP

7.*County Osceola *Section 06 Land Grant _____ *Township 28 S *Range 32 E

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)

<input type="checkbox"/> Domestic	<input type="checkbox"/> Landscape Irrigation	<input type="checkbox"/> Agricultural Irrigation	<input type="checkbox"/> Site Investigations
<input type="checkbox"/> Bottled Water Supply	<input type="checkbox"/> Recreation Area Irrigation	<input type="checkbox"/> Livestock	<input checked="" type="checkbox"/> Monitoring
<input type="checkbox"/> Public Water Supply (Limited Use/DOH)		<input type="checkbox"/> Nursery Irrigation	<input type="checkbox"/> Test
<input type="checkbox"/> Public Water Supply (Community or Non-Community/DEP)		<input type="checkbox"/> Commercial/Industrial	<input type="checkbox"/> Earth-Coupled Geothermal
<input type="checkbox"/> Class I Injection		<input type="checkbox"/> Golf Course Irrigation	<input type="checkbox"/> HVAC Supply
			<input type="checkbox"/> HVAC Return

Class V Injection: Recharge Commercial/Industrial Disposal Aquifer Storage and Recovery Drainage

Remediation: Recovery Air Sparge Other (Describe) _____

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 6 ft. Measured Pumping Water Level _____ ft. After _____ Hours at _____ GPM

14.*Measuring Point (Describe) ground surface 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 31 ft. Cased Depth _____ ft. *Open Hole: From _____ To _____ ft. *Screen: From 26 To 31 ft. Slot Size .010

17.*Abandonment: Other (Explain) _____

From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____

18.*Surface Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____

19.*Primary Casing Diameter and Depth:

Dia <u>4</u> in. From <u>0</u> ft. To <u>26</u> ft. No. of Bags <u>3</u>	Seal Material (Check One): <input checked="" type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____

20.*Liner Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____

21.*Telescope Casing Diameter and Depth:

Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> Other _____
Dia _____ in. From _____ ft. To _____ ft. No. of Bags _____	Seal Material (Check One): <input type="checkbox"/> Neat Cement <input type="checkbox"/> Bentonite <input type="checkbox"/> 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 CARLA A. LEONHARDT *License Number 9521 E-mail Address lisa@edsenvironmental.com

*Contractor's Signature [Signature] *Driller's Name (Print or Type) Glen Pennington

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

496 P 2010380



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 County

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
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. Osceola County 1 Courthouse Sq STE 2100 Kissimmee FL 34741
*Owner, Legal Name if Corporation *Address *City *State *ZIP *Telephone Number
2. Cance Creek Rd. Saint Cloud FL 34471
*Well Location - Address, Road Name or Number, City
3. 012831000002200000
*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit
4. 01 28 31 Osceola
*Section or Land Grant *Township *Range *County Subdivision Check if 62-524: Yes No
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)
10. *Distance from Septic System if < 200 ft NA 11 Facility Description 12 Estimated Start Date 10/19/19
13. *Estimated Well Depth 31 ft *Estimated Casing Depth ft *Primary Casing Diameter 4 in. Open Hole: From To ft.
14. Estimated Screen Interval: From 26 To 31 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)
20. Indicate total number of existing wells on site 0 List number of existing unused wells on site 028.07829201
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 28.08318797 Longitude -81.16202298
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 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 completion of the construction, repair, modification, or abandonment authorized by this permit, or the permit expiration, whichever occurs first.

Date Stamp
Official Use Only

Signature of Contractor: License No: Signature of Owner or Agent: Date:
Approval Granted By: Issue Date: Expiration Date: Hydrologist Approval:
Fee Received \$: Receipt No: Check No:

496P 2010375



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

- 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.

Delegated Authority (If Applicable) Osceola County

Permit No.
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 Osceola County 1 Courthouse Sq STE 2100 Kissimmee FL 34741
*Owner Legal Name if Corporation *Address *City *State *ZIP *Telephone Number
2 Cancee Creek Rd. Saint Cloud FL 34471
*Well Location - Address, Road Name or Number, City
3 062832000000200000
*Parcel ID No. (PIN) or Alternate Key (Circle One) Lot Block Unit
4 06 28 32
*Section or Land Grant *Township *Range *County Subdivision Check if 62-524: Yes No
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)
10 *Distance from Septic System if s 200 ft NA 11. Facility Description 12 Estimated Start Date 10/19/19
13 *Estimated Well Depth 31 ft *Estimated Casing Depth ft *Primary Casing Diameter 4 in. Open Hole: From To ft
14 Estimated Screen Interval: From 26 To 31 ft
15 *Primary Casing Material: Black Steel Galvanized PVC Stainless Steel
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
19. Proposed Grouting Interval for the Primary, Secondary, and Additional Casing
20 Indicate total number of existing wells on site 0 List number of existing unused wells on site 028.07829201
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
22 Latitude 26.07829201 Longitude -81.17073798
23 Data Obtained From: GPS Map Survey Datum: NAD 27 NAD 83 WGS 84
Approval Granted By Issue Date 10/24/19 Expiration Date 4/24/20 Hydrologist Approval
Fee Received \$ 75 Receipt No 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
DEP Form: 62-532 900(1) Incorporated in 62-532 400(1), F.A.C. Effective Date: October 7, 2010 Page 1 of 2