

**DELEGATION AGREEMENT  
BETWEEN  
SOUTH FLORIDA WATER MANAGEMENT DISTRICT  
AND  
OSCEOLA COUNTY HEALTH DEPARTMENT**

**SFWMD ORDER NO. 99-09 DAO-WU**

The South Florida Water Management District ("DISTRICT") and Osceola County Health Department ("HEALTH DEPARTMENT") enter into this Delegation Agreement on February 11, 1999, to accomplish the goals and purposes stated below.

Witnesseth:

**I. PARTIES**

The DISTRICT is a public corporation of the State of Florida existing by virtue of Chapter 25270, Laws of Florida, 1949, and operating pursuant to Chapter 373, Florida Statutes, and Title 40E, Florida Administrative Code (F.A.C.), as a multipurpose water management district with its principal office at P.O. Box 24680, 3301 Gun Club Road, West Palm Beach, FL 33416-4680.

The HEALTH DEPARTMENT is a unit of the State of Florida Department of Health located at 1875 Boggy Creek Road, Kissimmee, Florida, 34745. The Health Department is a person within the meaning of Section 373.019(12), Florida Statutes.

A portion of Osceola County is located within the boundaries of the DISTRICT as depicted in Exhibit 1, and this portion is subject to the rules, regulations, authority and orders of the DISTRICT, pursuant to Chapter 373, Florida Statutes.

**II. AUTHORITY AND PURPOSE OF AGREEMENT**

The DISTRICT, pursuant to Chapter 373, Florida Statutes and the Rules duly adopted thereunder, has authority within its jurisdiction for the administration and enforcement of rules governing water wells.

The DISTRICT desires implementation of the water well regulatory program contemplated in Part III of Chapter 373, Florida Statutes, and the Rules and Regulations duly adopted thereunder.

The DISTRICT recognizes that the HEALTH DEPARTMENT has the regulatory experience, and desire, necessary to implement such water well regulatory program.

The DISTRICT has authority pursuant to Sections 373.308 and 373.309, Florida Statutes to delegate, by interagency agreement adopted pursuant to Section 373.046,

Florida Statutes, to any political subdivision any of its authority under Part III of Chapter 373, Florida Statutes.

The purpose of this Agreement is to establish the permitting, compliance and enforcement responsibility of the HEALTH DEPARTMENT associated with the delegation of the water well construction program for all water wells in the portion of Osceola County located within the DISTRICT'S jurisdiction. Further, the Agreement establishes the responsibilities of the HEALTH DEPARTMENT regarding maintaining adequate levels of administrative, technical and financial capabilities to implement and enforce the program, and responsibilities for reporting to, and maintaining communication with the DISTRICT.

In consideration of the benefits to each of the parties, the DISTRICT and the HEALTH DEPARTMENT agree as follows:

### III. SCOPE OF DELEGATION

1. The DISTRICT hereby delegates to the HEALTH DEPARTMENT its authority to implement and administer the program for regulation of water well construction standards for all water wells in the geographical portion of Osceola County located within the DISTRICT'S jurisdiction, unless these wells are within a Chapter 62-524, F.A.C., delineated area.
2. The HEALTH DEPARTMENT shall review, evaluate and make final inspections and disposition of permit applications for the construction, repair and abandonment of all water wells in the portion of Osceola County located within the DISTRICT, pursuant to the rules incorporated in Chapter 40E-3, F.A.C.
3. The HEALTH DEPARTMENT shall use application and permit forms including completion report forms approved for use by the DISTRICT. An application form and a completion report form approved for use by the DISTRICT are attached as Exhibit 2.
4. The DISTRICT will continue to review, evaluate and make final disposition as to the rules, regulations, authority and orders of DISTRICT pertaining to the consumptive use of water pursuant to Part II of Chapter 373, Florida Statutes.
5. The HEALTH DEPARTMENT will withhold issuance of any Well Construction Permit, if the withdrawal from the proposed well will require a Consumptive Use Permit, until the Consumptive Use permit application has been approved by the DISTRICT, unless the project is exempt from permitting requirements pursuant to 40E-2.051, F.A.C., or the DISTRICT has otherwise concurred in the issuance of the Well Construction Permit.
6. The HEALTH DEPARTMENT will perform the appropriate monitoring and enforcement activities to ensure compliance with the provisions of its well construction permits. This provision does not preclude the DISTRICT from conducting enforcement

activities concerning well construction in the geographical portion of Osceola County located within the DISTRICT'S jurisdiction. However, to the extent practical, the DISTRICT, will not initiate enforcement action within Osceola County without prior communication or coordination with the local program.

7. The DISTRICT will forego implementation of the water well construction permitting program for wells within the geographical portion of Osceola County that is within the DISTRICT'S jurisdiction.

8. Upon the effective date of this Agreement, the HEALTH DEPARTMENT shall adopt or amend any ordinance, as necessary to implement the provisions of this Agreement. The DISTRICT may adopt a rule amendment implementing the provisions of this Agreement.

#### IV. REPORTING RESPONSIBILITIES

9. The HEALTH DEPARTMENT will provide to the DISTRICT, on a quarterly basis, a list (hard copy and computer disk) summarizing each well construction permit issued and all well completion reports received during the three previous months. The summary shall include, at a minimum, well construction permit number, date issued, permit type (construct/repair/abandon), permittee name and address, section/township/range, contractor name and license number, Water Use Permit number, type of use, total depth, and casing diameter and depth. The DISTRICT will work with the HEALTH DEPARTMENT to develop a mutually acceptable reporting format.

10. The Project Manager for the DISTRICT is Jeff Rosenfeld and all correspondence and communications from the HEALTH DEPARTMENT shall be directed to him. The Project Manager shall be responsible for overall coordination and oversight relating to the performance of this Agreement.

11. All reports and correspondence required under this agreement shall be sent to:

South Florida Water Management District  
Water Use Division  
Attn: Jeff Rosenfeld  
P.O. Box 24680  
West Palm Beach, Florida 33416-4680

#### V. PROGRAM MANAGEMENT

12. The HEALTH DEPARTMENT shall hire and maintain a staff capable of performing the duties specified in this Agreement. The HEALTH DEPARTMENT shall maintain adequate program funding, staffing and equipment to comply with all statutes, rules and policies pertaining to the delegated water well construction program.

13. The HEALTH DEPARTMENT shall assess and retain permit fees for the delegated water well program. Nothing in this Agreement shall preclude the HEALTH DEPARTMENT from assessing administrative fees if it deems it necessary to support its review and compliance functions under this Agreement.

#### VI. PROGRAM OVERSIGHT

14. In order to promote consistency, the DISTRICT may review, upon reasonable notice to the HEALTH DEPARTMENT, any pending water well application or issued permit which the HEALTH DEPARTMENT is reviewing or has processed pursuant to this Agreement. The DISTRICT may also randomly inspect project sites for which an application is being processed by the HEALTH DEPARTMENT or which the HEALTH DEPARTMENT has issued a permit, in cooperation with the HEALTH DEPARTMENT and the applicant.

15. The primary purpose of this program review is to determine if permit applications, monitoring programs, compliance efforts, and enforcement actions are being managed in accordance with applicable rules and statutes, and that appropriate files are being maintained for all delegated responsibilities assumed by the HEALTH DEPARTMENT.

#### VII. GENERAL PROVISIONS

16. The HEALTH DEPARTMENT is an independent contractor and is not an employee or agent of the DISTRICT. Nothing in this Agreement shall be interpreted to establish any relationship other than that of an independent contractor, between the DISTRICT and the HEALTH DEPARTMENT, its employees, agents, subcontractors, or assigns, during or after the performance of this Agreement.

17. The DISTRICT assumes any and all risks of personal injury, bodily injury and property damage attributable to the negligent acts or omissions of the DISTRICT and the officers, employees, servants and agents thereof. The DISTRICT warrants and represents that it is self-funded for liability insurance, with such protection being applicable to the DISTRICT officers, employees, servants, and agents while acting within the scope of their employment with the DISTRICT. The HEALTH DEPARTMENT and the DISTRICT further agree that nothing contained herein shall be construed or interpreted as (1) denying to either party any remedy or defense available to such party under the laws of the State of Florida; (2) the consent of the State of Florida or its agents or agencies to be sued; (3) a waiver of sovereign immunity of the State of Florida beyond the waiver provided in Section 768.28, Florida Statutes.

18. If either party initiates legal action including appeals, to enforce this Agreement, the prevailing party shall be entitled to recover reasonable attorney's fees, based upon the fair market value of the services provided.

19. The HEALTH DEPARTMENT shall allow public access to all project documents and materials in accordance with the provisions of Chapter 119, Florida Statutes.
20. Either party may terminate this Agreement at any time upon one hundred twenty (120) days prior written notice to the other party. Within thirty (30) days of a notice of intent to terminate this Agreement, both parties shall make good faith efforts to resolve any basis for the termination. If after 60 days, one or both of the parties to this Agreement still wish to terminate the Agreement, the HEALTH DEPARTMENT shall not accept any further applications under this Agreement. Except as otherwise agreed by the parties, the HEALTH DEPARTMENT shall complete processing any pending application submitted to the HEALTH DEPARTMENT in accordance with this Agreement.
21. The terms of this Agreement may be extended, renewed, amended or modified only by mutual consent of both parties and until reduced to writing.
22. If any part of this Agreement is judicially, administratively or otherwise determined to be invalid or unenforceable, the other provisions of this Agreement shall remain in full force and effect, provided that both parties agree that the material purposes of this Agreement can be determined and effectuated.
23. Failures or waivers to enforce any condition or provision of this Agreement by the parties, their successors and assigns shall not operate as a discharge of, or invalidate, such condition or provision, or impair the enforcement rights of the parties, their successors and assigns.
24. This agreement states the entire understanding between the parties and supercedes any written or oral representations, statements, negotiations, agreements, rules, memorandums, letter or ordinances to the contrary. The HEALTH DEPARTMENT recognizes that any representations, statements or negotiations made by the DISTRICT do not suffice to legally bind the DISTRICT in a contractual relationship unless they have been reduced to writing, authorized and signed by an authorized DISTRICT representative. This Agreement shall bind the parties, their assigns and successors in interest.
25. On March 1, 1999, the HEALTH DEPARTMENT shall begin implementation of this Delegation Agreement.
26. This Agreement shall become effective when it is fully executed by both parties.

The parties or their duly authorized representatives hereby execute this Agreement.



ATTESTED BY:

[Signature]

SOUTH FLORIDA WATER  
MANAGEMENT DISTRICT  
GOVERNING BOARD

BY: [Signature] FOR  
Chairman

DATE: 2/12/99

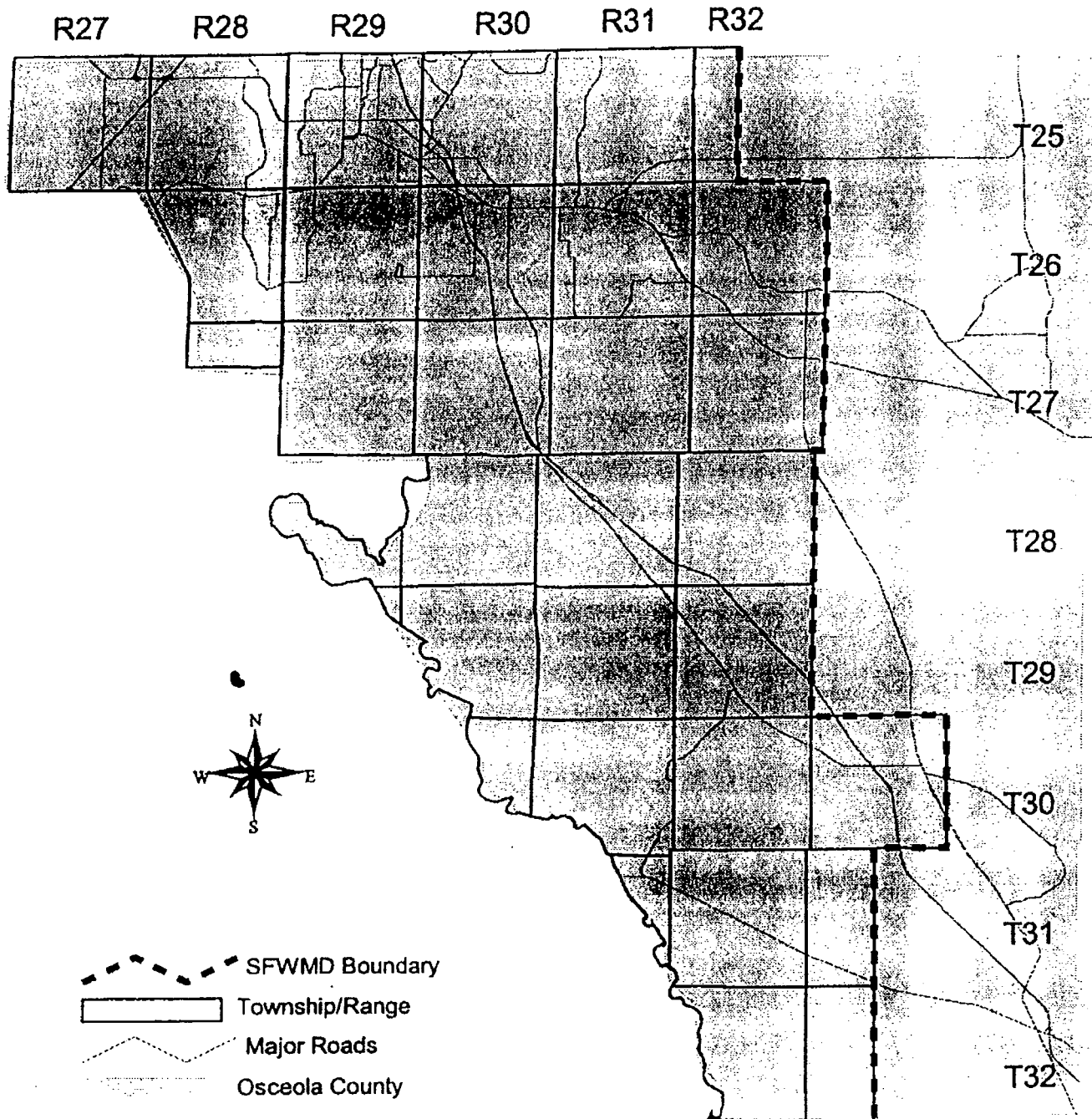
LEGAL FORM APPROVED  
SEWARD OFFICE OF COUNSEL  
BY [Signature] DATE            *RE.*



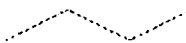
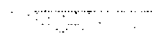
OSCEOLA COUNTY HEALTH  
DEPARTMENT

BY: [Signature]  
Administrator

DATE: 2/4/99

# OSCEOLA COUNTY



-  SFWMD Boundary
-  Township/Range
-  Major Roads
-  Osceola County

5 0 5 10 Miles

EXHIBIT 1



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

- Southwest
Northwest
St. Johns River
South Florida
Suwannee River

THIS FORM MUST BE FILLED OUT COMPLETELY. The water well contractor is responsible for completing this form and forwarding the permit to the appropriate delegated county where applicable.

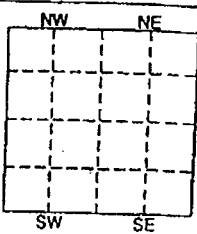
CHECK BOX FOR APPROPRIATE DISTRICT. ADDRESS ON BACK OF PERMIT FORM.

Permit No.
Florida Unique I.D.
Permit Stipulations Required (See attached)
62-524 well
CUP/WUP Application No.

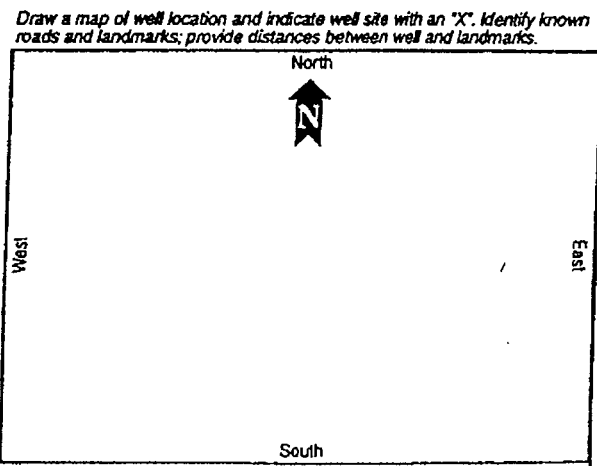
ABOVE THIS LINE FOR OFFICIAL USE ONLY

Fold at this line in order that address is visible through envelope window

1. Owner, Legal Name of Entity if Corporation Address City Zip Telephone Number
2. Well Location - Address, Road Name or Number, City
3. Well Drilling Contractor License No. Telephone No.
4. 1/4 of 1/4 of Section (smallest) (biggest)
5. Township Range
6. County Subdivision Name Lot Block Unit
7. Number of proposed wells Check the use of well: Domestic Monitor (type) Irrigation (type) Public Water Supply (type)
8. Application for: New Construction Repair/Modify Abandonment
9. Estimated: Well Depth Casing Depth Screen Interval from to Casing Material: Blk-Steel / Gal / PVC Casing Diameter Seal Material
10. If applicable: Proposed Grouting Interval Seal Material
11. Telescope Casing or Liner (check one) Diameter Blk-Steel / Galvanized / PVC Other (specify:
12. Method of Construction: Rotary Cable Tool Combination Auger Other (specify:
13. Indicate total No. of wells on site List number of unused wells on site
14. Is this well or any other well or water withdrawal on the owner's contiguous property covered under a Consumptive Water Use Permit (CUP/WUP) or CUP/WUP Application? No Yes
15. I hereby certify that I will comply with the applicable rules of Title 40, Florida Administrative Code... 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...



Date Stamp



Signature of Contractor License No. Owner's or Agent's Signature Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By: Issue Date: Hydrologist Approval
Owner Number: Fee Received: \$ Receipt No.: Check No.:

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS. This permit is valid for 90 days from date of issue.



**WELL COMPLETION REPORT**  
FORM 0124  
Rev. 11/90

WELL PERMIT NO. \_\_\_\_\_  
SFWMD WATER USE PERMIT NO. \_\_\_\_\_

Owner \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Contractor's Signature \_\_\_\_\_ License No. \_\_\_\_\_ Completion Date \_\_\_\_\_ Casing Depth \_\_\_\_\_ Total Depth \_\_\_\_\_ Well # \_\_\_\_\_

TYPE OF WORK: Construct ( ) Repair ( ) Abandon ( )  
WELL USE: Domestic Well ( ) Public ( ) Monitor ( ) Test ( )  
Irrigation ( ) Fire Well ( ) Other \_\_\_\_\_  
METHOD: Rotary with MUD ( ) or Air ( ), Cable Tool ( ), Jet ( )  
Casing Driven ( ), Other \_\_\_\_\_  
STATIC WATER LEVEL \_\_\_\_\_ Ft. below top of casing  
PUMPING WATER LEVEL \_\_\_\_\_ Ft. after \_\_\_\_\_ Hrs. at \_\_\_\_\_ GPM  
PUMP SIZE \_\_\_\_\_ H.P. CAPACITY \_\_\_\_\_ GPM  
PUMP TYPE \_\_\_\_\_ INTAKE DEPTH \_\_\_\_\_  
From top of ground

**LOCATION**

Located Near \_\_\_\_\_

County \_\_\_\_\_

1/4 1/4 Section Township Range

Latitude-Longitude \_\_\_\_\_

Cuttings sent to District? ( ) Yes  
( ) No


LOCATE IN SECTION

**Note: PWS Wells attach a site map if well location is different from site location on permit application.**

Grout	Casing & Screen	Depth (ft)		DRILL CUTTINGS LOG Examine cuttings every 20 ft. or at formation changes Give color, grain size, and type of material Note cavities, depth to producing zones.
		From	To	
Thickness & Depth	Diameter & Depth			
Number of bags				

Casing: Black Steel ( ) Galv. ( ) PVC ( ) Fiberglass ( )  
Screen: Type \_\_\_\_\_ Slot size \_\_\_\_\_  
Screened from \_\_\_\_\_ (ft.) to \_\_\_\_\_ (ft.)  
Type of grout with % additives \_\_\_\_\_  
Water: Clear ( ) Colored ( ) Sulphur ( ) Salty ( ) Iron ( )  
Conductivity \_\_\_\_\_ Chlorides \_\_\_\_\_ mg/l

