

**DELEGATION AGREEMENT
BETWEEN
SOUTH FLORIDA WATER MANAGEMENT DISTRICT
AND
ST. LUCIE COUNTY HEALTH DEPARTMENT**

SFWMD ORDER NO. 2000-20 DAO-WC

The South Florida Water Management District ("DISTRICT") and the St. Lucie County Health Department ("HEALTH DEPARTMENT") enter into this Delegation Agreement on April 13, 2000 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 P.O. Box 580, 714 Avenue C, Ft. Pierce, Florida 34954. The Health Department is a person within the meaning of Section 373.019(12), Florida Statutes.

St. Lucie County is located within the boundaries of the DISTRICT, and 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 St. Lucie County. 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 St. Lucie County, 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 St. Lucie County, 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 1.
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 St. Lucie County. However, to the extent

practical, the DISTRICT, will not initiate enforcement action within St. Lucie 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 St. Lucie County.

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.

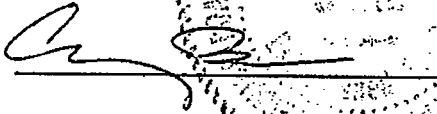
25. On July 3, 2000, the HEALTH DEPARTMENT shall begin implementation of this Delegation Agreement.

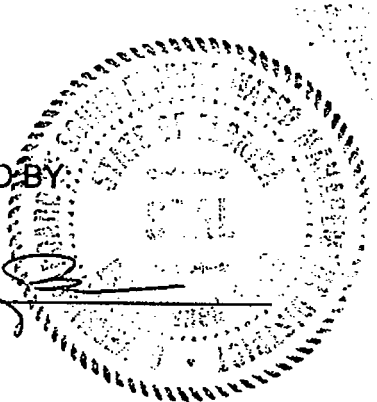
26. This Agreement shall become effective when it is fully executed by both parties.

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

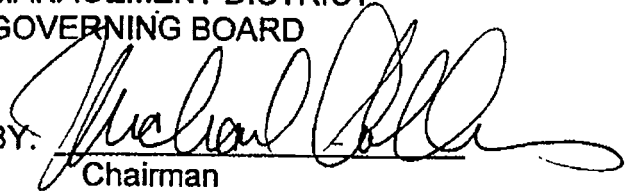
SOUTH FLORIDA WATER
MANAGEMENT DISTRICT
GOVERNING BOARD

ATTESTED BY:





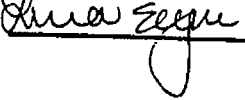
BY:


Chairman

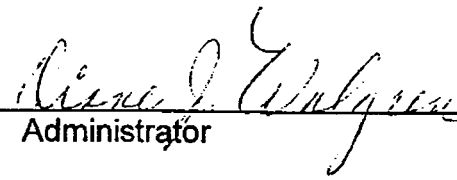
DATE:

4/13/00

ST. LUCIE COUNTY HEALTH
DEPARTMENT

LEGAL FORM APPROVED
SFWMD OFFICE OF COUNSEL
BY  DATE 3/20/00

BY:


Administrator

DATE:

03/07/2000

FILED WITH THE CLERK OF THE SOUTH
FLORIDA WATER MANAGEMENT DISTRICT

ON April 24, 2000

BY 
DEPUTY CLERK



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 _____

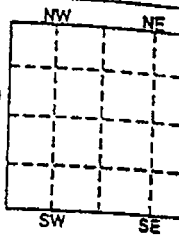
2. Well Location -- Address, Road Name or Number, City _____

3. Well Drilling Contractor _____ License No. _____ Telephone No. _____
 Address _____ City _____ State _____ Zip _____

4. _____ 1/4 of _____ 1/4 of Section _____
(smallest) (biggest) (Indicate Well on Chart)

5. Township _____ Range _____

6. County _____ Subdivision Name _____ Lot _____ Block _____ Unit _____



7. Number of proposed wells _____ Check the use of well: (See back of permit for additional choices) _____ Domestic _____ Monitor (type) _____
 _____ Irrigation (type) _____ Public Water Supply (type) _____ List Other _____
(See Back) (See Back)
 Distance from septic system _____ ft. Description of facility _____ Estimated start of construction date _____

8. Application for: _____ New Construction _____ Repair/Modify _____ Abandonment _____ (Reason for Abandonment) _____
 Date Stamp _____

9. Estimated: Well Depth _____ Casing Depth _____ Screen Interval from _____ to _____
 Casing Material: Blk-Steel / Gal / PVC _____ Casing Diameter _____ Seal Material _____

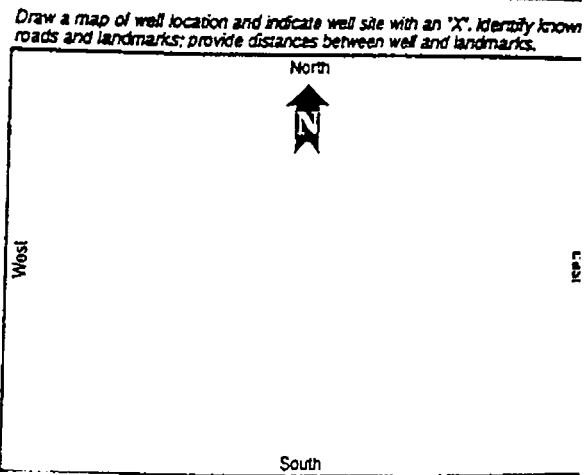
10. If applicable: Proposed From _____ to _____ Seal Material _____
 Grouting Interval From _____ to _____ Seal Material _____
 From _____ to _____ Seal Material _____

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
 (If yes, complete the following) • CUP/WUP No. _____
 District well I.D. No. _____
 Latitude _____ Longitude _____
 Data obtained from GPS _____ or map _____ or survey _____ (map datum NAD 27 _____ NAD 83 _____)



15. 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 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 drilling 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 his responsibilities as stated above. Owner consents to personnel of the WMD or a representative access to the well site.

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 _____

$\frac{1}{4}$ 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	
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 () Iro
 Conductivity _____ Chlorides _____ mg/l

