APPENDIX 10.12

POTABLE WATER SYSTEM AND WELLS

NEW WATER SYSTEM CAPACITY DEVELOPMENT FINANCIAL AND MANAGERIAL OPERATIONS PLAN

INSTRUCTIONS: This operations plan shall be completed and submitted for the following public water systems, which are defined as "new systems" for the purposes of capacity development and which are hereinafter referred to as "new systems": entirely new community or non-transient non-community water systems constructed, or commencing operations, on or after October 1, 1999; and water systems that previously did not meet the definition of a community water system (CWS) or the definition of a non-transient non-community water system (NTNCWS) but that grow to become a CWS or NTNCWS through an infrastructure expansion constructed, or placed into operation, on or after October 1, 1999. (Water systems that previously did not meet the definition of a CWS or the definition of an NTNCWS but that grow to become a CWS or NTNCWS by adding users without expanding their infrastructure are not considered "new systems" for the purposes of capacity development.) Complete and submit one copy of this operations plan, including all required attachments, to the appropriate Department of Environmental Protection District Office or Approved County Health Department at the following times:

- with the construction permit application for the "new system" or for the infrastructure expansion creating the "new system;" or, if the construction permit for the "new system" or infrastructure expansion creating the "new system" was issued by the Department prior to the effective date of Rule 62-555.525, F.A.C., (9-22-99), with the certification of construction completion for the "new system" or for the infrastructure expansion creating the "new system"; or, if a construction permit is not required for the "new system," within 90 days after commencing operations as a CWS or NTNCWS;
- within 90 days after the third anniversary of the "new system" commencing operations as a CWS or NTNCWS; and
- within 90 days after a change in ownership of the "new system" if the change in ownership occurs after the effective date of this form.

Complete all parts of this operations plan for "new systems" that will not be regulated by the Florida Public Service Commission (FPSC), and complete only Parts I, IV, V, VI, and VII of this operations plan for "new systems" that will be regulated by the FPSC. All information provided in this operations plan, including all attachments to this plan, shall be typed or printed in ink. Refer to the *New Water System Capacity Development Planning Manual* as adopted in Rule 62-555.335, F.A.C., for recommended formats to use when preparing attachments to this operations plan. The *New Water System Capacity Development Planning Manual* includes criteria the Department uses to evaluate information in operations plans and includes a description of how the Department uses information in operations plans.

I. General Information

Public Water System (PWS) Name: Gainesville Renewable Energy Center Please See Attachment		
PWS Identification Number:* 0		
PWS Type: ☐ Community Water System (CWS) ☒ Non-Transient Non-Community Water System (NTNCWS)		
Number of Service Connections:† -1	Total Population Served: † 50	
PWS Owner: Gainesvlle Renewable Energy Center, LLC		
Contact Person: Joshua H. Levine	Contact Person's Title: Director of Project Development	
Contact Person's Mailing Address: American Renewable, LLC, 75 Arlington Street, 5th Floor		
City: Boston	State: MA	Zip Code: 02116
Contact Person's Telephone Number: (617) 482-6150	Contact Person's Fax Number: (617) 482-6159	
Contact Person's E-Mail Address: jlevine@amrenewables.com		

* *This information is required only if the PWS has already commenced operations as a PWS (i.e., only if the PWS is an existing PWS).*

† *At the time the PWS commences operations as a CWS or NTNCWS or, for a PWS that has already commenced operations as a CWS or NTNCWS, at the time of submittal of this operations plan.*

II. Projected or Actual Expenses

Attach an expenses plan showing all projected or actual water system expenses for a five-year planning period. If this operations plan is being submitted with a construction permit application or with a certification of construction completion or within 90 days after the "new system" commences operations as a CWS or NTNCWS, the five-year expenses plan shall start at the date the "new system" is expected to, or did, commence operations as a CWS or NTNCWS. If this operations plan is being submitted as an updated plan after the third anniversary of the "new system" commencing operations as a CWS or NTNCWS, the five-year expenses plan shall start at the date of said third anniversary. If this operations plan is being submitted as an updated plan after a change in ownership of the "new system," the five-year expenses plan shall start at the date ownership of the "new system" changes. Include only the following two types of information: (1) the nature of the expense (e.g., salary of an operator); and (2) the dollar amount of the expense. Show only expenses pertaining to the water system. Include expenses for operators, persons maintaining the water system between operator visits, purchased utilities, water treatment chemicals, supplies for routine upkeep, and analytical testing. Other expenses under 10% of the total projected or actual amount must be listed but need not be described.

NEW WATER SYSTEM CAPACITY DEVELOPMENT FINANCIAL AND MANAGERIAL OPERATIONS PLAN

PWS Identification Number: 0

III. Projected or Actual Income

Attach an income plan showing projected or actual income and funds used to pay for all water system expenses for a five-year planning period. If this operations plan is being submitted with a construction permit application or with a certification of construction completion or within 90 days after the "new system" commences operations as a CWS or NTNCWS, the five-year expenses plan shall start at the date the "new system" is expected to, or did, commence operations as a CWS or NTNCWS. If this operations plan is being submitted as an updated plan after the third anniversary of the "new system" commencing operations as a CWS or NTNCWS, the five-year income plan shall start at the date of said third anniversary. If this operations plan is being submitted as an updated plan after a change in ownership of the "new system," the five-year income plan shall start at the date ownership of the "new system" changes. Show only income and funds used to pay for water system expenses. Include only the following two types of information: (1) the nature of each source of income or funds (e.g., revenue from the sale of water to customers, interest income, funding from a city, receipt of a loan or grant, or a personal bank account); and (2) the dollar amount to be provided by each source of income or funds. Report all projected or actual amounts; however, a description of each amount under 10% of the total projected or actual amount is not necessary.

IV. Management Capacity

Attach a list of positions and employees, including position titles and responsibilities, licensure requirements for the positions, and employee names and qualifications. If a position is vacant, indicate the projected hiring date. Include the license class and number for operators. Indicate the positions/employees who are responsible for acting on behalf of the water system in case of emergency, to spend money, or to make other decisions. Provide telephone numbers and addresses for these responsible positions/employees. Show only position/employee information pertaining to the water system.

V. Plans, Manuals, and Programs

Depending upon type and size, water systems may be required to have written plans, manuals, and programs as described in Department rules or in the *New Water System Capacity Development Planning Manual*. Contact the State Emergency Response Commission (SERC) regarding Risk Management Plans, and contact the appropriate Department of Environmental Protection (DEP) District Office or Approved County Health Department (ACHD) regarding all other plans, manuals, and programs listed below. Indicate below which plans, manuals, and programs the SERC or the appropriate DEP District Office or ACHD says will be required for your water system and the due dates for the required plans, manuals, and programs.

Plan, Manual, or Program	Required? (Y/N)	Initial Due Date (MM/YY)
Bacteriological Monitoring Plan	YES	
Cross-Connection Control Program	NO	
Disinfectants/Disinfection Byproducts Monitoring Plan	YES	
Emergency Preparedness/Response Plan	NO	
Operation & Maintenance Manual	YES	
Risk Management Plan	NO	
Sampling Plan for Lead and Copper Tap Samples and Water Quality Parameters	YES	

VI. Alternate Means of Providing Water Service

Attach an explanation of why you are proposing to provide water service instead of connecting to another public water system. Include a list of the alternatives considered and the financial, managerial, and technical reasons for deciding to provide water service.

VII. Certification

I am duly authorized to sign this operations plan on behalf of the PWS identified in Part I of this operations plan. I certify that the information provided in this operations plan and on the attachments to this operations plan is true and accurate to the best of my knowledge and belief. I also certify that, for the five-year planning period covered by this operations plan, the PWS expects to collect, or already has, sufficient funds to equal or exceed its forecasted expenses, enabling the PWS to deliver drinking water meeting regulatory standards.

Signature and Date	Printed or Typed Name	Title
Joshua H. Levine 11/19/09	Joshua H. Levine	Director of Project Development

ATTACHMENT
NEW WATER SYSTEM CAPACITY DEVELOPMENT FINANCIAL AND MANAGERIAL OPERATIONS PLAN

I. General Information (DEP Form 62-555.900(20))

II. Projected or Actual Expenses

The Gainesville Renewable Energy Center (GREC) will not begin operations as a non-transient non-community water system (NTNCWS) for approximately 4 years in late 2013. GREC will provide potable water to approximately 50 employees and visitors on a daily basis. GREC will be a renewable, biomass-fueled electrical generating facility that will supply Gainesville Regional Utilities (GRU) with up to 100 megawatts of electrical energy. The NTNCWS is a support function required by the facility for continued operation. A 5-year projection of operating expenses will be provided within 90 days of the startup of the NTNCWS.

III. Projected or Actual Income

The NTNCWS at GREC will not generate any income. The operation of the NTNCWS is a support function serving the potable water needs of the facility. GREC income will be generated from the sale of electrical power to GRU. Funds to pay for all water system expenses will be a line item on the annual maintenance/operating budget. A 5-year expenses plan will be submitted within 90 days after the new system commences operation as a NTNCWS.

IV. Management Capacity

A list of positions and employees including position titles and responsibilities, licensure requirements for the positions and employee names and qualifications will be provided within 90 days after the new system commences operation as a NTNCWS. The management capacity document will indicate the positions/employees responsible for allocating funds or to make other decisions to respond to emergency situations. The contact phone number and addresses of these designated employees will also be provided.

V. Plans, Manuals, and Programs

Based on the size and type of this NTNCWS the following plans and programs will have to be developed:

- Bacteriological monitoring plan.
- Disinfectants/disinfection byproducts monitoring plan.
- Operation and maintenance manual.
- Sampling plan for lead and copper tap samples and water quality parameters.

These plans/programs will be developed and recorded within 90 days of system startup.

VI. Alternate Means of Providing Water Service

GRU currently provides potable water service to DGS facilities to the east of the GREC site and to the Alachua County Department of Public Works Maintenance Complex to the west of the site via a 12-inch water main along the east side of U.S. 441. GRU evaluated the feasibility of supplying potable water to GREC and determined that it is not technically feasible to supply GREC's potable water needs for the following factors (see attached GRU letter):

- Minimal volume (i.e., 2 gpm average) of GREC's potable needs.
- Cost associated with installing a dedicated water main in excess of 5,700 feet.
- Inability to maintain effective chlorine residual within this long pipeline.
- Inability to provide reliable, adequate pressure due to the proposed facility's location at the outskirts of the GRU system.

Since connection to the existing water main was not deemed technically feasible GREC has opted to develop a NTNCWS for the potable water needs of the facility. Groundwater quality from other wells in the area meets both the primary and secondary drinking water standards of Chapter 62-550, F.A.C. Therefore, GREC proposes to use the upper Floridan aquifer (UFA) as the source of supply.

GRU
More than Energy™

GAINESVILLE REGIONAL UTILITIES

Water & Wastewater Engineering

November 12, 2009

Sergio Reyes, P.E.
Project Civil Engineer
Eng, Denman & Associates, Inc.
2404 NW 43rd St.
Gainesville, FL 32606

Re: Gainesville Renewable Energy Center at Deerhaven

Dear Sergio,

In response to your letter dated November 9, 2009, inquiring as to the feasibility of GRU providing potable water service to the above mentioned project:

GRU has determined that providing potable water service to the Gainesville Renewable Energy Center at Deerhaven is NOT feasible based on the fact that the service line would be 5,700 feet long. Because of the length, GRU could not guarantee sufficient chlorine residual in the potable water, based on the potable water demand of 2.63 gpm which you provided us. Since the project is proposing to use a private well and storage tank to provide fire protection and process water, GRU recommends that potable water be provided by private well, also.

Please do not hesitate to contact me should you have any questions or concerns.

Sincerely,

Russell D. Ingram, P.E.
Water/Wastewater Engineer

Cc: Jennifer McElroy, Ellen Underwood

P.O. Box 147117, Station A122, Gainesville, Florida 32614-7117, Phone: (352) 393-1600 Fax: (352) 334-2752

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

See page 4 for instructions.

I. General Project Information

A. Name of Project: Gainesville Renewable Energy Center (GREC)

B. Description of Project and Its Purpose: GREC is a proposed biomass-fueled energy electrical generating facility that will generate approximately 100 megawatts (MW) of electrical power. The NTNCWS is a support function to provide potable water to site personnel and visitors. Attached Figure 1 provides the preliminary design report for the NTNCWS to water treatment system.

C. Does project create a "new system" as described under subsection 62-555.525(1), F.A.C.? ☒ Yes, and a completed copy of Form 62-555.900(20), New Water System Capacity Development Financial and Managerial Operations Plan, is attached. ☐ No.

D. Location of Project

1. County Where Project Located: Alachua County
2. Description of Project Location: The project is located in the City of Gainesville, Florida (Section 27, Township 8 south, Range 19 east). The Site is an industrial facility located within the Gainesville Regional Utility (GRU) existing Deerhaven Generationg Station property.
3. Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

Name of New Treatment Plant or Raw Water Source	Latitude			Longitude		
GREC	29º	46'	7"N	82º	23'	49"W
	º	'	"N	º	'	"W
	º	'	"N	º	'	"W
	º	'	"N	º	'	"W
	º	'	"N	º	'	"W

E. Estimate of Cost to Construct Project: < $50,000

F. Estimate of Dates for Starting and Completing Construction of Project: 2012 - 2013

G. Applicant

PWS/Company Name: Gainesville Renewable Energy Center, LLC		PWS Identification No.:*
PWS Type:* ☐ Community ☒ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
Contact Person: Joshua H. Levine	Contact Person's Title: Director of Project Dev.	
Contact Person's Mailing Address: American Renewables, LLC, 75 Arlington Street, 5th Floor		
City: Boston	State: MA	Zip Code: 02116
Contact Person's Telephone Number: (617) 482-6150	Contact Person's Fax Number: (617) 482-6159	
Contact Person's E-Mail Address: jlevine@amrenewables.com		

** This information is required only if the applicant is a public water system (PWS).*

H. Public Water System (PWS) Supplying Water to Project

PWS Name:		PWS Identification No.:
PWS Type: ☐ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
PWS Owner:		
Contact Person:	Contact Person's Title:	
Contact Person's Mailing Address:		
City:	State:	Zip Code:
Contact Person's Telephone Number:	Contact Person's Fax Number:	
Contact Person's E-Mail Address:		

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Gainesville Renewable Energy Center (GREC)	Applicant: Gainesville Renewable Energy Center, LLC

I. Public Water System (PWS) that Will Own Project After It Is Placed into Permanent Operation

PWS Name: Gainesville Renewable Energy Center	PWS Identification No.:*	
PWS Type:* ☐ Community ☒ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive		
PWS Owner: Gainesville Renewable Energy Center		
Contact Person: Joshua H. Levine	Contact Person's Title: Director of Project Dev.	
Contact Person's Mailing Address: 75 Arlington Street, 5th Floor		
City: Boston	State: MA	Zip Code: 02116
Contact Person's Telephone Number: (617) 482-6150	Contact Person's Fax Number: (617) 482-6159	
Contact Person's E-Mail Address: jlevine@amrenewables.com		

* *This information is required only if the owner/operator is an existing PWS.*

J. Professional Engineer(s) or Other Person(s) in Responsible Charge of Designing Project*

Company Name: Environmental Consulting & Technology, Inc.		
Designer(s): Richard J. Powell, P.E.	Title(s) of Designer(s): Principal Engineer	
Qualifications of Designer(s): ☒ Professional Engineer(s) Licensed in Florida – License Number(s): 33224 ☐ Public Officer(s) Employed by State, County, Municipal, or Other Governmental Unit of State† ☐ Plumbing Contractor(s) Licensed in Florida – License Number(s):^		
Mailing Address of Designer(s): 1408 North Westshore Blvd., Suite 115		
City: Tampa	State: Florida	Zip Code: 33607
Telephone Number of Designer(s): (813) 289-9338	Fax Number of Designer(s): (813) 289-9388	
E-Mail Address(es) of Designer(s): rpowell@ectinc.com		

* *Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers licensed in Florida.*

† *Attach a detailed construction cost estimate showing that the cost to construct this project is $10,000 or less.*

^ *Attach documentation showing that this project will be installed by the plumbing contractor(s) designing this project, documentation showing that this project involves a public water system serving a single property and fewer than 250 fixture units, and a detailed construction cost estimate showing that the cost to construct this project is $50,000 or less.*

II. Certifications

A. Certification by Applicant

I am duly authorized to sign this application on behalf of the applicant identified in Part I.G of this application. I certify that, to the best of my knowledge and belief, this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C. I also certify that construction of this project has not begun yet.

Joshua H. Levine 11/19/09	Joshua H. Levine	Director of Project Development
Signature and Date	Printed or Typed Name	Title

B. Certification by PWS Supplying Water to Project

I am duly authorized to sign this application on behalf of the PWS identified in Part I.H of this application. I certify that said PWS will supply the water necessary to meet the design water demands for this project. I certify that, to the best of my knowledge and belief, said PWS's connection to this project will not cause said PWS to be, or contribute to said PWS being, in noncompliance with Chapter 62-550 or 62-555, F.A.C. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers the connection(s) between this project and said PWS acceptable as designed.

- Name(s) of Water Treatment Plant(s) to Which this Project Will Be Connected: _____
- Total Permitted Maximum Day Operating Capacity of Plant(s), gpd: _____
- Total Maximum Day Flow at Plant(s) as Recorded on Monthly Operating Reports During Past 12 Months, gpd: _____

Signature and Date	Printed or Typed Name	Title

C. Certification by PWS that Will Own Project After It Is Placed into Permanent Operation

I am duly authorized to sign this application on behalf of the PWS identified in Part I.I of this application. I certify that said PWS will own this project after it is placed into permanent operation. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers this project acceptable as designed.

Joshua H. Levine 11/19/09	Joshua H. Levine	Director Project Development
Signature and Date	Printed or Typed Name	Title

D. Certification by Professional Engineer(s) in Responsible Charge of Designing Project*

I, the undersigned professional engineer licensed in Florida, am in responsible charge of preparing the preliminary design report or drawings, specifications, and design data for this project. I certify that, to the best of my knowledge and belief, the design of this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C.

Signature, Seal, and Date:	Signature, Seal, and Date:
Printed/Typed Name: Richard Powell	Printed/Typed Name:
License Number: 33224	License Number:
Portion of Engineering Document(s) for Which Responsible: Water Treatment	Portion of Engineering Document(s) for Which Responsible:

Signature, Seal, and Date:	Signature, Seal, and Date:
Printed/Typed Name:	Printed/Typed Name:
License Number:	License Number:
Portion of Engineering Document(s) for Which Responsible:	Portion of Engineering Document(s) for Which Responsible:

* *Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers (PEs) licensed in Florida. If this project is being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D of this application shall be completed by the PE(s) in responsible charge. If this project is <u>not</u> being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D does <u>not</u> have to be completed.*

APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

INSTRUCTIONS: This application shall be completed and submitted by persons proposing to construct or alter public water system components unless such proposed construction or alteration is permitted under the Department of Environmental Protection's (DEP's) "General Permit for Construction of Water Main Extensions for Public Water Systems," in which case Form 62-555.900(7) is to be completed and submitted, or under the DEP's "General Permit for Construction of Lead or Copper Corrosion Control, or Iron or Manganese Sequestration, Treatment Facilities for Small or Medium Public Water Systems," in which case Form 62-555.900(18) is to be completed and submitted. Complete and submit one copy of this application to the appropriate DEP District Office or Approved County Health Department (ACHD) along with payment of the proper application processing fee and one copy of the following information:

- either a preliminary design report or drawings, specifications, and design data (the preliminary design report or drawings, specifications, and design data shall contain all pertinent information required under subsection 62-555.520(4), F.A.C.); and
- the Florida Public Service Commission (FPSC) certificate of authorization to provide water service if the project involves construction of a new public water system subject to the jurisdiction of the FPSC.

All information provided on this application shall be typed or printed in ink. Application processing fees are listed in paragraph 62-4.050(4)(n), F.A.C. Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACHD. Preliminary design reports, drawings, specifications, and design data prepared under the responsible charge of one or more professional engineers licensed in Florida shall be signed, sealed, and dated by the professional engineer(s) in responsible charge. NOTE THAT A SEPARATE APPLICATION AND A SEPARATE APPLICATION PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.*

** Non-contiguous projects are projects that are neither interconnected nor located nearby one another (i.e., on the same site, on adjacent streets, or in the same neighborhood).*

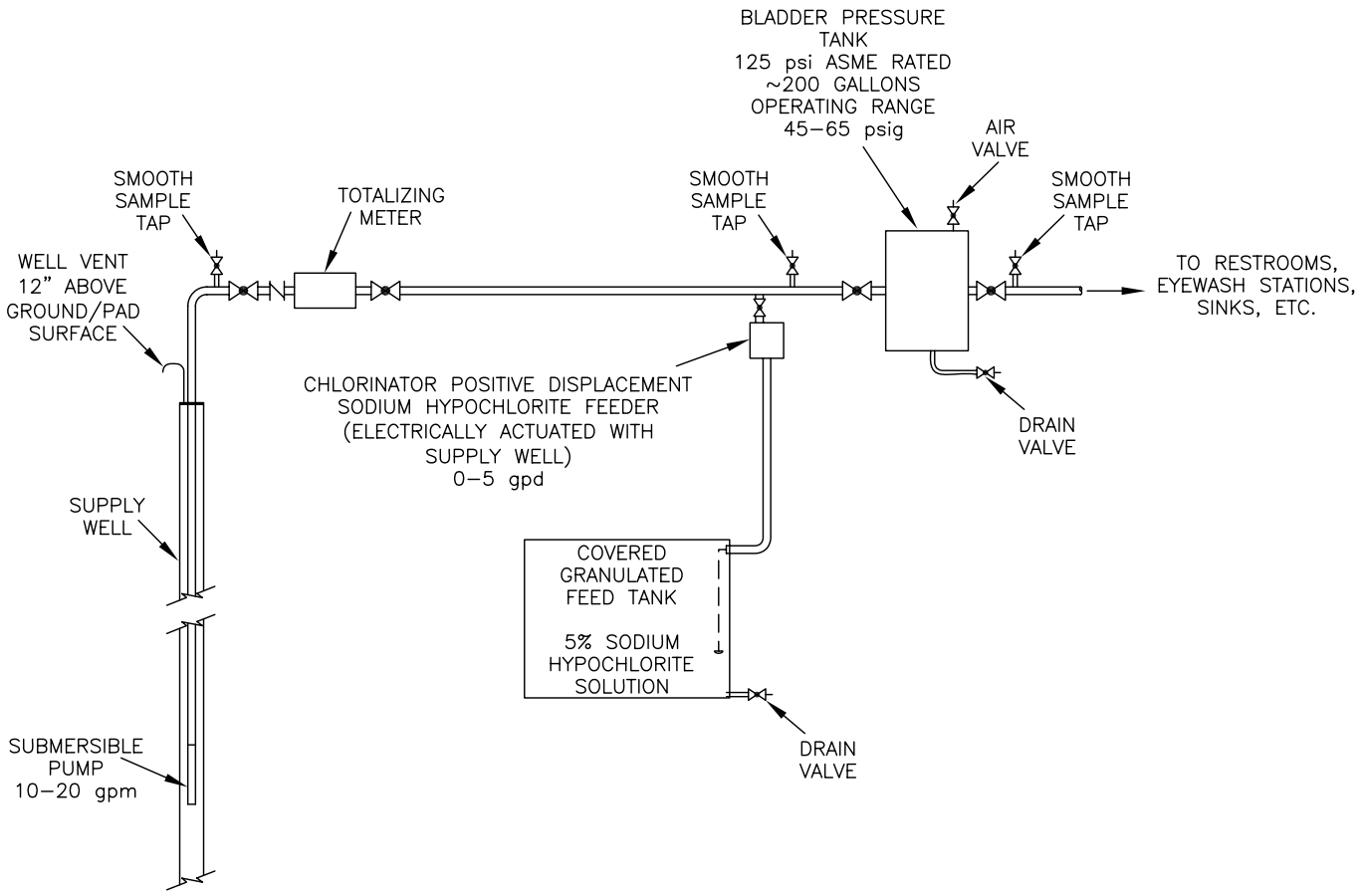

FIGURE 1.

PRELIMINARY DESIGN REPORT (POTABLE WATER TREATMENT)

NONTRANSIENT NONCOMMUNITY WATER SYSTEM FOR GREC

Source: ECT, 2009.

Gainesville Renewable Energy Center
An American Renewables Company

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):_____

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

PLEASE FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Field 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. **Gainesville Renewable Energy Center, LLC, 75 Arlington St., 5th Floor, Boston** **MA** **02116** **(617) 482-6150**
*Owner, Legal Name if Corporation *Address *City *State *ZIP *Telephone Number

2. **10,000 (Block) Northwest 13th Street, Gainesville, Florida**
*Well Location - Address, Road Name or Number, City

3. _____ Lot _____ Block _____ Unit
*Parcel ID No. (PIN) or Alternate Key (Circle One)

4. **27** _____ **8 South** **19 East** **Alachua** _____ Check if 62-524 (Circle One) Y / **N**
*Section Land Grant *Township *Range *County Subdivision

5. **N/A** **--** **--** **--**
*Water Well Contractor *License Number *Telephone Number E-mail Address

6. _____ _____ _____ _____
*Water Well Contractor's Address City State ZIP

7. *Application for (Check One): **X** New Construction ____Repair ____Modify ____Abandonment _____
*Reason for Repair, Modification, or Abandonment

8. *Number of Proposed Wells **1**

9. *Specify Intended Use(s) of Well:

____Domestic ____Landscape Irrigation ____Agricultural Irrigation ____Monitor
____Bottled Water Supply ____Recreation Area Irrigation ____Livestock ____Test
X Public Water Supply (Limited Use/DOH) ____Nursery Irrigation ____Earth-Coupled Heat Pump
____Public Water Supply (Community or Non-Community/DEP) ____Commercial/Industrial ____HVAC Supply
____Golf Course Irrigation ____HVAC Return
____Class I Injection
____Class V Injection: ____Recharge ____Commercial/Industrial Disposal ____Aquifer Storage and Recovery ____Drainage
____Remediation: ____Recovery ____Air Sparge ____Other (Describe) _____
____Other_____ (Note: Not all types of wells are permitted by a given permitting authority)

Date Stamp

Official Use Only

10. Distance from Septic System **N/A** ft. 11. Description of Facility **Electrical Generating** 12. Estimated Start Date **2013**

13. *Estimated Well Depth: **400** ft. *Estimated Casing Depth **210** ft. *Casing Diameter: **5** in. Open Hole: from **200** to **400** ft.

14. Estimated Screen Interval: from **--** to **--** ft.

15. *Primary Casing Material: _____Black Steel _____Galvanized _____PVC _____Stainless Steel
_____Not Cased _____Other:_____

16. Secondary Casing: _____Telescope Casing _____ Liner **X** Surface Casing Diameter **10** in.

17. Secondary Casing Material: **X** Black Steel _____Galvanized _____PVC _____Stainless Steel _____Other_____

18. *Method of Construction, Repair, or Abandonment: _____Auger _____Cable Tool _____Jetted **X** 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:
From **0** to **210** Seal Material (_____Bentonite **X** 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 **0**

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? _____No **X** Yes If yes, complete the following: CUP/WUP No. **In Progress** District Well ID No. _____

22. Latitude **29 degrees 46' 07" N** Longitude **82 degrees 23' 49" W**

23. Data Obtained From: _____GPS **X** Map _____Survey Datum: _____NAD 27 _____NAD 83 _____NAD 88 **X** WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration 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 this WMD or a representative access to the well site.

*Signature of Contractor *License No. *Signature of Owner or Agent *Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By:_____ Issue Date:_____ Expiration Date:_____ Hydrologist Approval:_____ Initials

Fee Received: $_____ Receipt No. _____ Check No. _____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS.

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
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)
WWW.MYSUWANNEERIVER.COM

COMMENTS

General Site Map of Proposed Well Location

N

See attached Figure 2 for location of limited use well, PW-2.

Must Identify known roads and landmarks. Provide distances between well and landmarks.

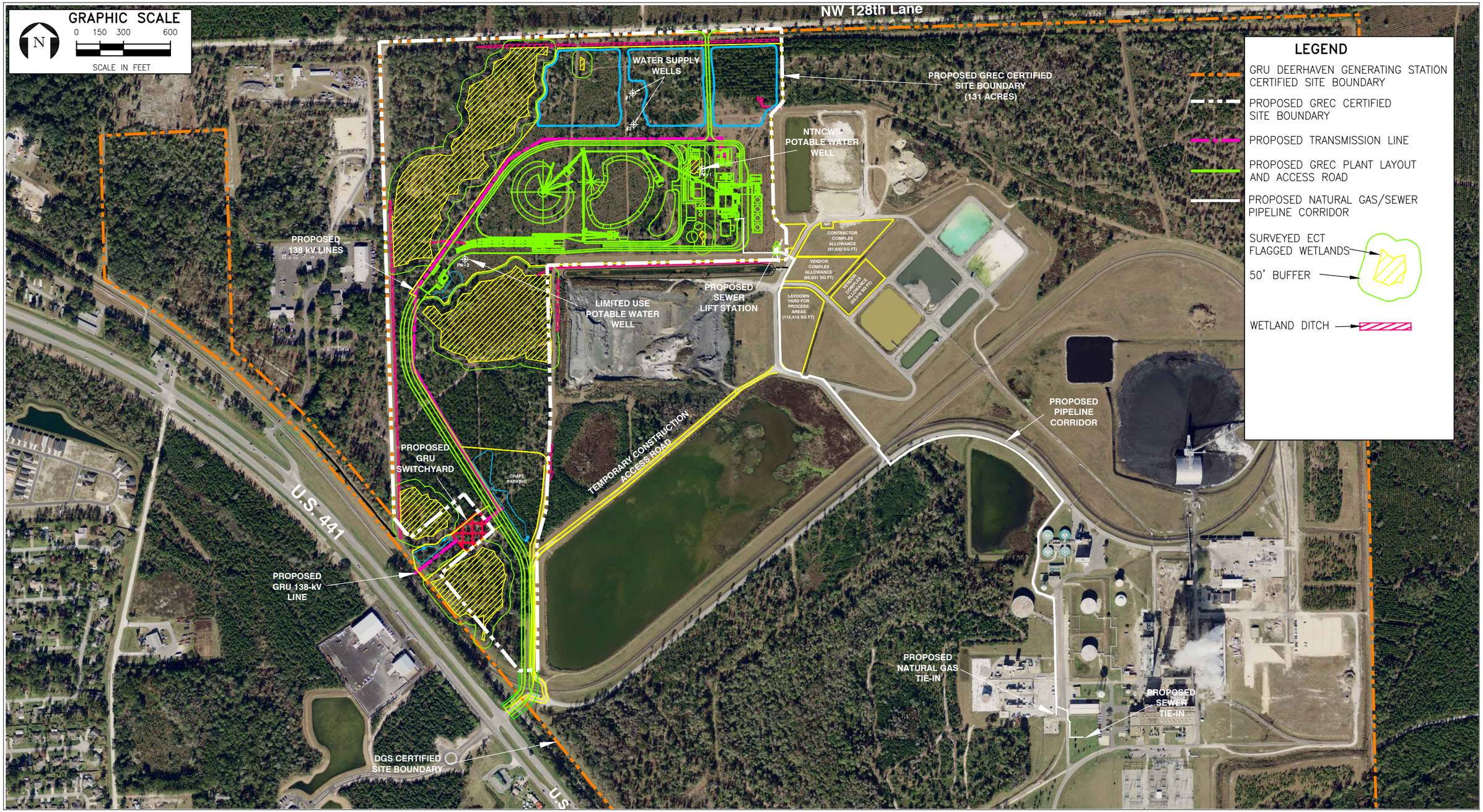

FIGURE 2.

OVERALL LAYOUT OF PROPOSED GREC FACILITIES AND LOCATION OF POTABLE WATER WELLS WITHIN DGS SITE

Source: FDOT, 2008; Zachary, 2009; EDA, 2009, Genesis, 2009; ECT, 2009.

Gainesville Renewable Energy Center
An American Renewables Company

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):_____

CHECK BOX FOR APPROPRIATE DISTRICT ADDRESS ON BACK OF PERMIT FORM

PLEASE FILL OUT ALL APPLICABLE FIELDS
(*Denotes Required Field 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. **Gainesville Renewable Energy Center, LLC, 75 Arlington St., 5th Floor, Boston** | **MA** | **02116** | **(617) 482-6150**
*Owner, Legal Name if Corporation | *Address | *City | *State | *ZIP | *Telephone Number

2. **10,000 (Block) Northwest 13th Street, Gainesville, Florida**
*Well Location - Address, Road Name or Number, City

3. _____ | Lot | Block | Unit
*Parcel ID No. (PIN) or Alternate Key (Circle One)

4. **27** | _____ | **8 South** | **19 East** | **Alachua** | _____ | Check if 62-524 (Circle One) Y / N
*Section | Land Grant | *Township | *Range | *County | Subdivision

5. **N/A** | _____ | _____ | _____ | **--** | **--**
*Water Well Contractor | *License Number | *Telephone Number | E-mail Address

6. _____ | _____ | _____ | _____
*Water Well Contractor's Address | City | State | ZIP

7. *Application for (Check One): **X** New Construction ____Repair ____Modify ____Abandonment _____
*Reason for Repair, Modification, or Abandonment

8. *Number of Proposed Wells **1**

9. *Specify Intended Use(s) of Well:

____Domestic ____Landscape Irrigation ____Agricultural Irrigation ____Monitor
____Bottled Water Supply ____Recreation Area Irrigation ____Livestock ____Test
____Public Water Supply (Limited Use/DOH) ____Nursery Irrigation ____Earth-Coupled Heat Pump
X Public Water Supply (Community or Non-Community/DEP) ____Commercial/Industrial ____HVAC Supply
____Golf Course Irrigation ____HVAC Return
____Class I Injection
____Class V Injection: ____Recharge ____Commercial/Industrial Disposal ____Aquifer Storage and Recovery ____Drainage
____Remediation: ____Recovery ____Air Sparge ____Other (Describe) _____
____Other_____ (Note: Not all types of wells are permitted by a given permitting authority)

Date Stamp

Official Use Only

10. Distance from Septic System **N/A** ft. 11. Description of Facility **Electrical Generating** 12. Estimated Start Date **2013**

13. *Estimated Well Depth: **400** ft. *Estimated Casing Depth **210** ft. *Casing Diameter: **5** in. Open Hole: from **210** to **400** ft.

14. Estimated Screen Interval: from **--** to **--** ft.

15. *Primary Casing Material: **X** Black Steel _____Galvanized _____PVC _____Stainless Steel
_____Not Cased _____Other:_____

16. Secondary Casing: _____Telescope Casing _____ Liner **X** Surface Casing Diameter **10** in.

17. Secondary Casing Material: **X** Black Steel _____Galvanized _____PVC _____Stainless Steel _____Other_____

18. *Method of Construction, Repair, or Abandonment: _____Auger _____Cable Tool _____Jetted **X** 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:
From **0** to **210** Seal Material (_____Bentonite **X** 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 **0**

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? _____No **X** Yes If yes, complete the following: CUP/WUP No. **In Progress** District Well ID No. **--**

22. Latitude **29 degrees 46' 00" N** Longitude **82 degrees 24' 05" W**

23. Data Obtained From: _____GPS **X** Map _____Survey Datum: _____NAD 27 _____NAD 83 _____NAD 88 **X** WGS 84

I hereby certify that I will comply with the applicable rules of Title 40, Florida Administration 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 this WMD or a representative access to the well site.

_____ | _____ | _____ | _____
*Signature of Contractor | *License No. | *Signature of Owner or Agent | *Date

DO NOT WRITE BELOW THIS LINE - FOR OFFICIAL USE ONLY

Approval Granted By:_____ Issue Date:_____ Expiration Date:_____ Hydrologist Approval:_____ Initials

Fee Received: $_____ Receipt No. _____ Check No. _____

THIS PERMIT NOT VALID UNTIL PROPERLY SIGNED BY AN AUTHORIZED OFFICER OR REPRESENTATIVE OF THE WMD OR DELEGATED AUTHORITY. IT SHALL BE AVAILABLE AT THE WELL SITE DURING ALL DRILLING OPERATIONS.

SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT
2379 BROAD STREET, BROOKSVILLE, FL 34604-6899
PHONE: (352) 796-7211 or (800) 423-1476
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COMMENTS

General Site Map of Proposed Well Location

N

See attached Figure 3 for location of nontransient, noncommunity water supply (NTNCWS) well, PW-1.

Must Identify known roads and landmarks. Provide distances between well and landmarks.

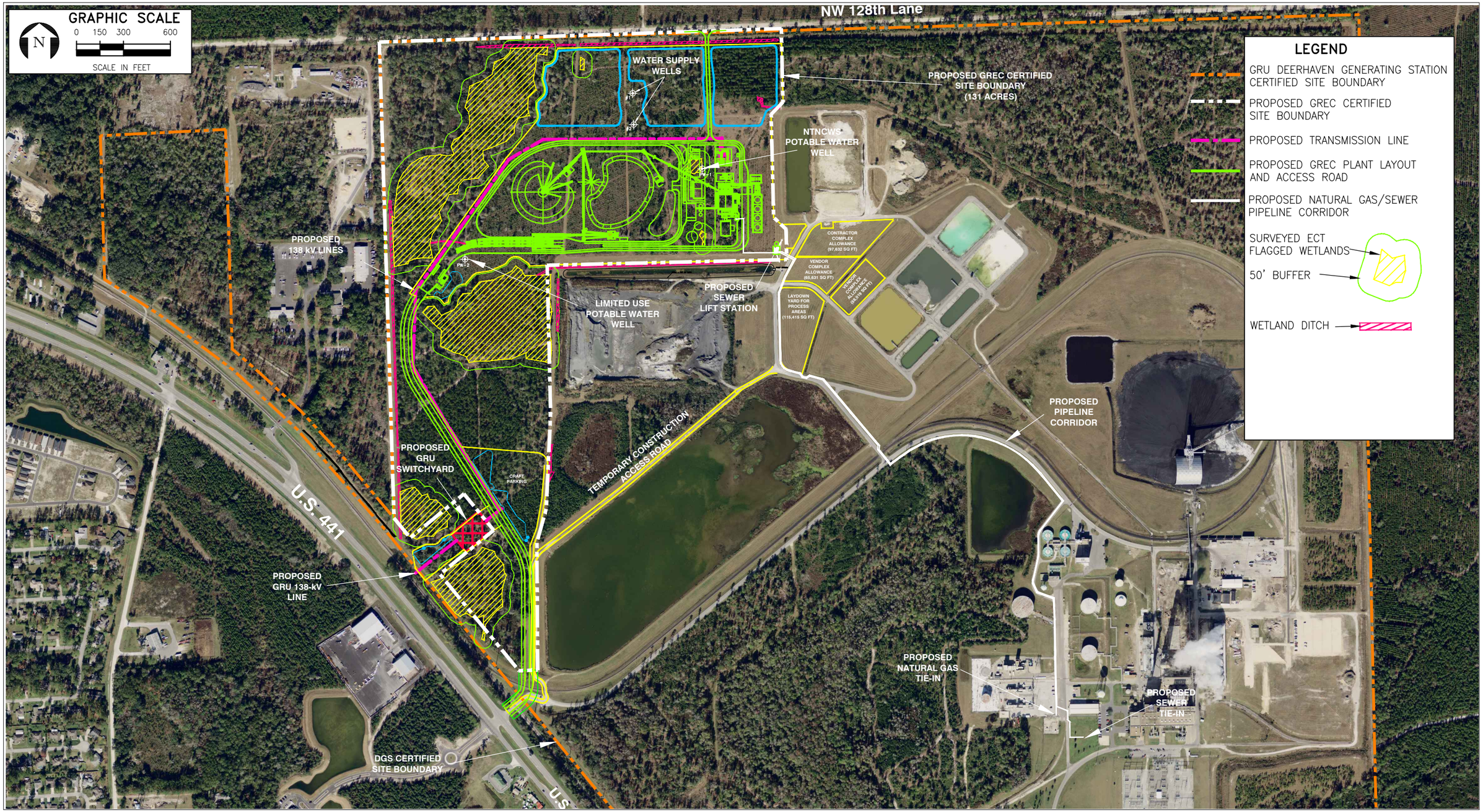

FIGURE 3.

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Source: FDOT, 2008; Zachary, 2009; EDA, 2009, Genesis, 2009; ECT, 2009.

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