



# WATER USE PERMIT APPLICATION SUPPLEMENTAL FORM SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT

2379 BROAD STREET • BROOKSVILLE, FL 34609-6899 • (352) 796-7211 or FLORIDA WATS 1 (800) 423-1476

## INDUSTRIAL OR COMMERCIAL

ANSWER ALL QUESTIONS. IF A QUESTION IS NOT APPLICABLE, ENTER N/A. IF MORE SPACE IS NEEDED, ATTACH ADDITIONAL SHEETS AND REFER TO THE APPLICATION QUESTION NUMBER. PROVIDE DOCUMENTATION AND REFERENCES WHERE APPROPRIATE. IF THERE ARE OTHER USES, COMPLETE THE APPROPRIATE SUPPLEMENTAL FORM (S). THIS INFORMATION IS REQUESTED IN ACCORDANCE WITH RULES 40D-2.101 AND 40D-2.301, FLORIDA ADMINISTRATIVE CODE.

**NOTE:** IF PROCESSING OF MATERIALS IS ASSOCIATED WITH MINING OR DEWATERING, USE THE **MINING AND DEWATERING SUPPLEMENTAL FORM, WUP FORM NO 6**, AND INCLUDE THE INDUSTRIAL/COMMERCIAL USES ON THAT FORM.

NOTE--Adobe 4.0 Reader is needed to use this form.

\*AN ASTERISK IDENTIFIES ITEMS TO BE INDICATED ON SITE MAP; YOU MAY USE THE MAP REQUESTED IN ITEM IV, SECTION B OF THE APPLICATION FORM.

**PLEASE SUBMIT THREE COPIES OF THIS SUPPLEMENTAL FORM ALONG WITH YOUR APPLICATION, DRAWINGS, CALCULATIONS, ETC.**

Print copies for your records as the completed form cannot be saved.

### I. GENERAL INFORMATION

APPLICANT: Progress Energy Florida, Inc. WUP No. (If Existing): \_\_\_\_\_  
(35 character limit for Applicant.) (Same as shown on WUP application)

### II. SITE INFORMATION

#### SECTION A - Fire Flow (414 character limit for Fire Flow.)

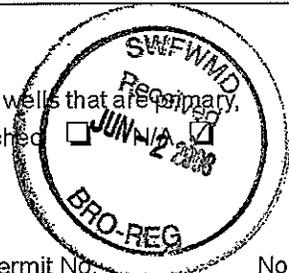
1. Describe fire flow and standby capacity (identify withdrawal points and when they would be used).

The Fire Protection System will provide water at points throughout LNP where wet fire suppression may be required. It is designed to supply fire suppression water at a flow rate and pressure that will satisfy the demand of any automatic sprinkler system plus 500 gpm for fire hoses, for at least 2 hours. FPS storage tank capacity is 300,000 gallons. The FPS water source will be Floridan aquifer supply wells.

#### SECTION B - Existing Wellfields

Describe the existing wellfield operation schedule, if applicable. Include in the description those wells that are primary, secondary, stand-by, and the well rotation schedule, if any.

Description Attached



#### SECTION C - Surface Water Management System

Is a surface water management system proposed? Yes  No  Existing? Yes  Permit No. \_\_\_\_\_ No

If so, an evaluation of the impact of the proposed withdrawal on the surface water management system, and conversely, the impact of the surface water management system on the withdrawal and water availability at the project site must be submitted. Since the wellfield location and stormwater management features are being developed, impacts between the stormwater system and groundwater withdrawals will be evaluated once the ponds are located.

#### SECTION D - Discharge/Recirculation

Identify the following items on a map or maps: 1. Discharge points; 2. Recirculation or settling ponds.

Number the ponds, and list the acreage of each pond:

Pond No.	Acreage
_____	_____
_____	_____
_____	_____

[Click here to reset General & Site Information.](#)

**III. WATER USE**

**SECTION A - Annual Average Quantities in gallons per day (gpd)**

Use TAB key for Section A.

	Present	Projected 6-Year	Projected 10-Year
1. Potable and sanitary needs	0	1,580,000	1,580,000
2. Lawn and landscape irrigation	0	0	0
3. Outside use (washing, maintenance)	0	0	0
4. Fire protection (testing, maintenance)	0	1	1

5. Provide a Water Balance diagram, indicating all water sources (ground water from wells, ground water from water table dewatering or drainage, surface water, rainfall, recycled water, etc.), the amount of water entering and leaving each step in the process, all water losses (e.g. evaporation, product moisture, steam losses, waste-material entrainment, off-site discharge, recycle, etc.), and the final disposition of water. These diagrams should be based on the annual average daily quantity and the peak monthly quantity. All flows must be in units of gallons per day, and the total of all sources must equal the total of all losses. (Attachment D)

	Present	6-Year	10-Year
6. <b>Total Water Demand</b> (Total Items 1-5)	0	1,580,000	1,580,000

7. Provide the percentage of unaccounted water (total system throughout minus all accounted and in-plant uses):

	0	0	0
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8. Population served (works/visitors):

	0	800	800
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**SECTION B - Lawn and Landscape Irrigation**

If any of the projected water use will be for irrigation of lawns, landscaping of recreational areas, respond to items 1 through 5 below; if not, please check N/A. N/A

If these quantities are greater than 100,000 gpd annual average, you must fill out the Recreational Supplemental Information Form, WUP 8. (6 lines at 42 characters per line.)

- Acres to be irrigated \_\_\_\_\_
- Type(s) of vegetation to be irrigated \_\_\_\_\_
- Irrigation method \_\_\_\_\_
- Approximate peak monthly water use \_\_\_\_\_
- Approximate annual average water use \_\_\_\_\_
- Show irrigated area(s) on map.\* \_\_\_\_\_

**SECTION C - Peak Month Quantity**

Provide the peak month quantity needed at present, in 6 years, and in 10 years. Provide calculations supporting these quantities. [Click here to reset Water Use.](#)

	Present	6 year	10 year
9. <b>Total peak month quantity (gpd)</b>	0	5,850,000	5,850,000

**IV. DISPOSAL**

**SECTION A - Methods of Disposal**

SPECIFY THE PERCENTAGE FOR EACH, TO TOTAL 100%:

- Individual septic tank \_\_\_\_\_ %
- Percolation pond \_\_\_\_\_ %
- Offsite discharge \_\_\_\_\_ %
- Spray irrigation \_\_\_\_\_ %
- Other \_\_\_\_\_ %
- Discharge to other location 100 %
- Discharge to other location \_\_\_\_\_ %

(33 character limit for Specify and Name lines)

Specify LNP pipeline to CREC  
 Name Crystal River Energy Complex  
 NPDES, DER Discharge Permit Nos. Permitting in Progress  
 Name \_\_\_\_\_  
 NPDES, DER Discharge Permit Nos. \_\_\_\_\_

**TOTAL** 100 %

**V. WATER CONSERVATION (Attachment E)**

1. Attach a description of water conservation practices currently employed or planned. If planned, include an estimated time frame for implementation.  Attached [Click here to reset Disposal & Water Conservation.](#)

Print copies for your records as the completed form cannot be saved.  Print

2. Include plans to recycle waste water, and provide present and future quantities.  Attached



# INDIVIDUAL WATER USE PERMIT APPLICATION

*SOUTHWEST FLORIDA WATER MANAGEMENT DISTRICT*

2379 BROAD STREET • BROOKSVILLE, FL 34604-6899 • (352) 796-7211 or FLORIDA WATS 1 (800) 423-1476

(SEE LAST PAGE OF THIS FORM FOR YOUR LOCAL PERMITTING OFFICE)

## USE FOR QUANTITIES OF 500,000 GALLONS PER DAY OR GREATER

THIS FORM MUST BE COMPLETED FOR ALL APPLICANTS REQUESTING ANNUAL AVERAGE QUANTITIES OF 500,000 GPD OR GREATER. OTHER APPLICANTS MUST COMPLETE THE APPLICATION FORM CORRESPONDING TO THE PROPOSED QUANTITY. THIS INFORMATION IS REQUESTED IN ACCORDANCE WITH RULES 40D-2.101 AND 40D-2.301, FLORIDA ADMINISTRATIVE CODE.

\* AN ASTERISK IDENTIFIES ITEMS TO BE INDICATED ON SITE MAP; YOU MAY USE THE MAP REQUESTED IN ITEM IV, SECTION B OF THE WUP APPLICATION.

**SUBMIT THREE COPIES OF THIS APPLICATION ALONG WITH THREE COPIES OF THE APPROPRIATE SUPPLEMENTAL FORM (IF REQUIRED), DRAWINGS, CALCULATIONS, ETC.**

### I. GENERAL INFORMATION

1. Type of Application (Check One):  New  Renewal  Modification

2. Water Use Permit Number (If application is for renewal or modification): \_\_\_\_\_

NOTE: "Applicant" is the name under which the permit will be issued (examples: Robert Jones; Baker Groves, Inc.; City of Sundale). All correspondence will be addressed to the applicant unless an alternate contact is requested in Item 4.

#### 3. APPLICANT

NAME Progress Energy Florida, Inc. TELEPHONE ( 727 ) 820-5764

ADDRESS 299 First Avenue North COUNTY Pinellas

CITY, STATE, ZIP St. Petersburg, Florida, 33701

Applicant is  Owner  Lessee  Other

#### 4. CONTACT OR CONSULTANT – Address all correspondence to the person identified below? Yes No

NAME Jeffrey D. Lehnen, P.G. COMPANY: CH2M HILL

ADDRESS P.O. Box 147009 TELEPHONE ( 352 ) 335-7991

CITY, STATE, ZIP Gainesville, Florida

#### 5. OWNER (IF OTHER THAN APPLICANT) Applicant's Authorized Representative

NAME Mr. John Hunter/Progress Energy

ADDRESS P.O. Box 14042 TELEPHONE ( 727 ) 820-5764

CITY, STATE, ZIP St. Petersburg, Florida 33733

### II. PROPERTY CONTROL

1. Provide a legal description of the property served by this application.  Attached (Attachment A)

2. This property is:  Owned by the applicant  Leased by the applicant  Applicant has other legal control

3. Leased property: Provide a copy of either (check type of document that is attached):

Copy of lease  Letter signed by the property owner describing the lease arrangement and duration of the lease.

NOTE: Permits will not be issued for a duration longer than the lease, unless the lease is renewable. If renewable, the applicant may be required by Permit Condition to provide a copy of the renewed lease at the appropriate time. The property owner and the lessee must sign this application in Section VII.

4. Other Legal Control: If the applicant has legal control over the property other than a lease agreement, please provide a description on an attached sheet.  Attached  N/A

### III. CLASSIFICATION

#### SECTION A – Quantity

1. Annual average quantity, in gallons per day (gpd). This quantity should reflect the amount needed six years and ten years hence, or for the remainder of permit duration, if the application is for a modification:  
6 years: 1,580,000 gpd 10 years: 1,580,000 gpd Other \_\_\_\_\_ gpd
2. Indicate the requested peak monthly pumpage quantity. See Section 3 of the *Basis of Review* for an explanation of this quantity.  
6 years: 5,850,000 gpd 10 years: 5,850,000 gpd Other \_\_\_\_\_ gpd

#### SECTION B – Water Use

3. Indicate all that apply. Information Supplements must be filled out for all uses. See Section 3 of the *Basis of Review* for explanations of the use classifications:  
 Public Supply                       Recreation or Aesthetic                       Agriculture  
 Industrial or Commercial                       Mining or Dewatering
4. Indicate the date on which the use of water was initiated or is proposed for initiation (month/day/year): 01/01/2009
5. Indicate the quantity and source of any reuse water used by the applicant:  
Annual Average Quantity 0 gpd; Peak Month quantity 0 gpd; Source: None avail.

### IV. SITE/WITHDRAWAL INFORMATION

#### SECTION A – Acreage

1. Number of acres Owned: 3105 acres; Leased: \_\_\_\_\_ Serviced: \_\_\_\_\_
2. Describe the location of the property contained in this application by Section, Township, Range, ¼ Section:  
Section 17-20,29-32, Township 16S, Range 17E, ¼ Section \_\_\_\_\_

#### SECTION B – Location Maps (Exhibit No. 1)

3. Provide a recent aerial map showing: (a) a north arrow; (b) a scale designation – all maps should have a minimum scale of 1" = 2,000'; (c) landmarks such as roads and political boundaries; (d) property boundaries – include approximate lengths of boundaries in feet; (e) withdrawal point locations – label withdrawal points, indicate the distance from the withdrawal points to the nearest property boundaries in feet \*(If the withdrawal points are located on non-contiguous parcels, provide separate large-scale maps in addition to a large-scale map which includes all parcels.); (f) the area serviced or irrigated \*(If the area serviced or irrigated is a distance from the withdrawal locations, provide separate map(s).)  
\* May require separate or additional maps.
4. Use a Map (not necessarily an aerial) or a sketch of the applicant's property and surrounding area to indicate:
  - a. Approximate location of other wells not owned by the applicant including domestic wells, irrigation wells, public water supply wells, etc., within the distance set forth in Item 5, Table 1, below. Supplemental locations at a greater distance may be required. (Exhibits 2 and 3)
  - b. Location of monitoring wells, including reference numbers. (Exhibits 4 and 5)
  - c. Wetlands greater than 0.5 acre in size, covering the area within the distance set forth in Item 5, below. Substantial off-site drawdown impacts may require additional aerial coverage. Mining applicants requirement differ, and are provided on the Mining and Dewatering Supplemental Form, Form No. WUP-6. (Exhibit 6)

#### SECTION C – Adjacent Property Owners

5. Submit a listing of the names and mailing addresses of property owners near the property contained in this application, based on the quantity to be withdrawn and the table provided below. You may choose a distance from either your property boundary or your withdrawal point. The District may require additional potentially affected property owners to be submitted. (Exhibits 7 and 8)

**TABLE 1 – FOR WELL OR MINE PIT WITHDRAWALS OF:**

Average GPD on an Annual Basis	<b>OR</b>	Maximum GPD During Any Single Day	Provide Information on the Following:
500,000 gpd but less than 1,000,000 gpd		More than 5,000,000 but not more than 10,000,000 gpd	All property owners within 1320' of the well, or within 200' of the property boundary
1,000,000 gpd or greater		More than 10,000,000	All property owners within 2,640' of the well, or within 400' of your property boundary

**TABLE 2 – FOR SURFACE WATER WITHDRAWALS:**

If your withdrawal is from a lake with a surface area of 80 acres or less, list below all riparian owners on the lake or impoundment.

If your withdrawal is from a lake larger than 80 acres, list below all riparian owners in either direction 660' from point where applicant's property intersects the shoreline.

If your withdrawal is from a stream and if the maximum daily average pumpage is less than 5,000,000 gpd, list below all riparian owners 660' upstream and 1,320' downstream from your property boundaries at the shoreline.

If your withdrawal is from a stream and if the maximum daily average pumpage is greater than or equal to 5,000,000 gpd, list below all riparian owners 1,320' upstream and 2,640' downstream from your property boundaries at the shoreline.

Name	Mailing Address
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**SECTION D – Withdrawal Points**

6. **Groundwater Withdrawals.** Include all wells on property greater than 2 inches in diameter, whether active or inactive, and whether existing or proposed, in the table on the following page:

**TABLE LEGEND**

- SWFWMD I.D. No.** - the withdrawal number assigned by the District, if existing.
- Owner I.D. No.** - the owner's I.D. number.
- Construction Date** - the approximate date that the withdrawal point became operable.
- Average Withdrawal Rate** - the total quantity of water to be withdrawn in one year divided by 365, in gpd.
- Peak Monthly Withdrawal Rate** - the maximum quantity to be withdrawn in a single month, in gpd.
- Maximum Daily Withdrawal Rate** - the maximum quantity to be withdrawn in any single day.
- Standby** - refers to status of wells that would not be used unless another well becomes inoperable.
- Cap** - the well is capped.
- Meter** - refers to whether a flow meter is installed: if several withdrawals are connected to the same meter (ganged), indicate by placing a letter character (a, b, etc.) instead of a check mark, linking those interconnected withdrawals by like characters. If an indirect flow measuring device (e.g., an elapsed time meter, etc.) is used, place an I (indirect) in space provided.
- Monitor** - refers to water level or water quality monitors. Indicate the type of monitor by placing an L (level), Q (quality), or both in the space provided. The absence of checkmarks or letters indicates active status.
- Mainline Diameter** - refers to the outside diameter of the main discharge pipe.
- Proposed** - check if the withdrawal point is proposed rather than existing.

*Section D, continued on Page 4*

I.D. No. SWFW MD	I.D. No. Owner	Casing Diameter	Depth Cased	Total Depth	Constr. Date	Pump Capacity (gpm)	Withdrawal Rate		Status (check)					Mainline Diameter
							Average Annual	Peak Month	Mon.	Stdby	Cap.	Meter	Proposed	
N/A	RWS Well 1	16	150*	500	2011	1,000	395,000	1,462,500					X	16
N/A	RWS Well 2	16	150*	500	2011	1,000	395,000	1,462,500					X	16*
N/A	RWS Well 3	16	150*	500	2011	1,000	395,000	1,462,500					X	16*
N/A	RWS Well 4	16	150*	500	2011	1,000	395,000	1,462,500					X	16*

\* Minimum specification

7. Indicate the future use of any capped source:

No capped wells available onsite

8. Indicate the parameters sampled for any monitor wells listed above:

No monitor wells are proposed in this application

9. **Surface Water Withdrawals** – See the Groundwater withdrawal section above for explanation of most terms. Source name is the name of a lake, stream or other waterbody.

I.D. No. SWFW MD	I.D. No. Owner	Source Name	Lake Acreage	Intake Diameter	Pump Capacity (gpm)	Withdrawal Rate		Status (check)				Mainline Diameter
						Avg Annual	Peak Month	Proposed	Active	Stdby	Meter	

10. **Other Sources.** Describe any other sources of water, such as from utilities, treated waste water effluent, etc. List annual average and peak month quantities for each additional source:

No other freshwater sources are available.

## V. IMPACTS

Are you aware of any adverse impacts that your withdrawals have or may have on other water users, offsite land uses, the water resources, or environmental features? If so, provide a detailed explanation of the impact and your plans to deal with it.

(Attachment B) None Anticipated

Explanation Attached

## VI. HYDROGEOLOGY

Provide any information available on regional and site-specific hydrogeology, including aquifer characteristics, for all aquifers existing in the area of your withdrawals. Provide documentation and references in support of this information. If you do not have such information, hydrogeologic testing may be required either as additional information in support of your application, as a condition of the permit, or both. The District may use appropriate regional data in lieu of or in addition to submitted information to assess the impacts of your withdrawals. New hydrogeologic testing should follow the guidelines of Part C, *Permit Information Manual*. (Attachment C)

## VII. APPLICANT CERTIFICATION

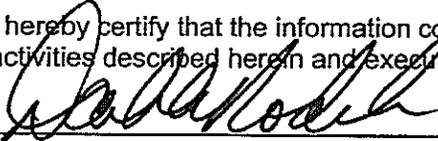
**VII. APPLICANT CERTIFICATION**

**BUSINESS ENTITY AS APPLICANTS** – If the permit applicant is a business entity, indicate the type of business entity below and provide the name and title of the person signing on behalf of the business entity. Attach documentation of the status of the business entity to legally operate in the State of Florida, such as a copy of the last corporate annual report submitted to the Florida Department of State or a Certificate of Status issued by Florida Department of State.

**BUSINESS ENTITY:**

- Florida Corporation
- Florida General Partnership
- Florida Limited Liability Company
- Florida Limited Partnership
- Foreign Corporation/Partnership
- Trust
- Other: \_\_\_\_\_

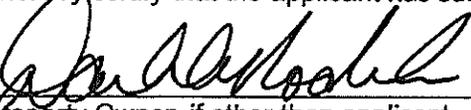
I hereby certify that the information contained herein is true and accurate and that I have legal authority to undertake the activities described herein and execute this application.

  
Applicant Signature

5/30/08  
Date

Daniel Roderick Vice President Nuclear Projects & Construction  
Name and title if signing as business entity applicant

I hereby certify that the applicant has sufficient legal control of the property described in this application.

  
Property Owner, if other than applicant

5/30/08  
Date

**APPLICANT CHECK LIST:**

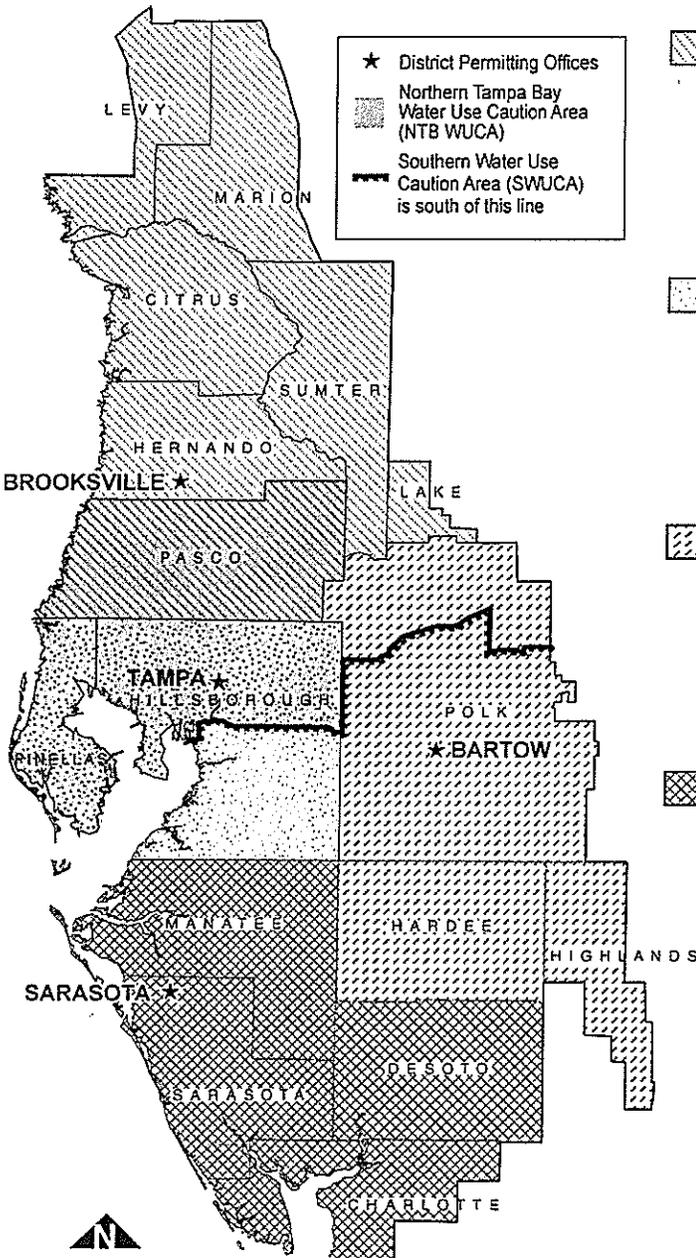
Attachments requested in support of this application:

	Attached	N/A
1. (Section II-1) Copy of Legal Description	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2. (Section II-2) Copy of Current Lease	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3. (Section II-3) Description of Other Legal Property control	<input checked="" type="checkbox"/>	<input type="checkbox"/>
4. (Section IV-3) Aerial Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5. (Section IV-4) Site Map	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6. (Section IV-5) Adjacent Property Owners	<input checked="" type="checkbox"/>	<input type="checkbox"/>
7. (Section VI) Hydrologic Information	<input checked="" type="checkbox"/>	<input type="checkbox"/>
8. Appropriate Supplemental Form(s)	<input checked="" type="checkbox"/>	<input type="checkbox"/>
9. (Section VII) Documentation of legal business entity	<input checked="" type="checkbox"/>	<input type="checkbox"/>

# Southwest Florida Water Management District

Applicants for water use and environmental resource permits may submit their applications to any District Permitting Office; however, it is recommended to submit them to the Permitting Office within the Service Region where their property is located. All activities concerning these permits will be conducted at these Permitting Offices. Applications for well construction permits may also be submitted to any Permitting Office; however, applications for well construction permits in Marion, Sarasota and Manatee Counties are evaluated and issued locally by county agencies.

## Resource Regulation Service Regions



## Resource Regulation Permitting Offices

**Brooksville Regulation Department**  
*Citrus, Hernando, Lake, Levy, Marion, Pasco, Sumter counties.*  
 2379 Broad Street  
 Brooksville, FL 34604-6899  
 (352) 796-7211 or 1-800-423-1476 (FL only)  
 Fax: (352) 540-6027; Suncom: 628-4150

**Tampa Regulation Department**  
*Hillsborough, Pinellas counties.*  
 7601 U.S. Hwy. 301  
 Tampa, FL 33637-6759  
 (813) 985-7481 or 1-800-836-0797 (FL only)  
 Fax: (813) 987-6747; Suncom: 587-2070

**Bartow Regulation Department**  
*Hardee, Highland, Polk counties.*  
 170 Century Boulevard  
 Bartow, FL 33830-7700  
 (863) 534-1448 or 1-800-492-7862 (FL only)  
 Fax: (863) 534-7058; Suncom: 572-6200

**Sarasota Regulation Department**  
*Charlotte, DeSoto, Manatee, Sarasota counties.*  
 6750 Fruitville Road  
 Sarasota, FL 34240-9711  
 (941) 377-3722 or 1-800-320-3503 (FL only)  
 Fax: (941) 373-7660; Suncom: 531-6900

**TDD: 1-800-231-6103 (FL only) for hearing assistance for all locations.**

The District does not discriminate based on disability. Anyone requiring reasonable accommodation as provided for in the Americans with Disabilities Act should contact the Permitting Office for their location or the Regulation Performance Management Department at (352) 796-7211 or 1-800-423-1476 (FL only).

August 2007