

APPENDIX C

2013 POTABLE WELL SURVEY

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Potable Well Survey

Florida Department of Health Bureau of Water Programs

Facility ID: **8628726** County: **DADE**
 Request: **56448**
 Name: **DADE SCHOOL DIST**
 Address: **7011 SW 4 ST**
MIAMI, FL 33144

GPS Date / Method: **6/26/2012 DGPS OFFS**
 Decimal Degrees: **25.768068 -80.30921**
 Deg Min Sec: **25 46 5.0448 80 18 33.1560**

Large (>150,000 gpd) Public Supply Wells within 1/2 mile: **0**
 Small potable wells within 1/4 mile: **0**

Sent to CHD: **4/11/2012**
 Received: **7/6/2012**

FAVA*: (MV: More Vulnerable; V: Vulnerable; LV: Less Vulnerable)
 Surficial: **MV** Intermediate: **No Data** Floridan: **No Data**

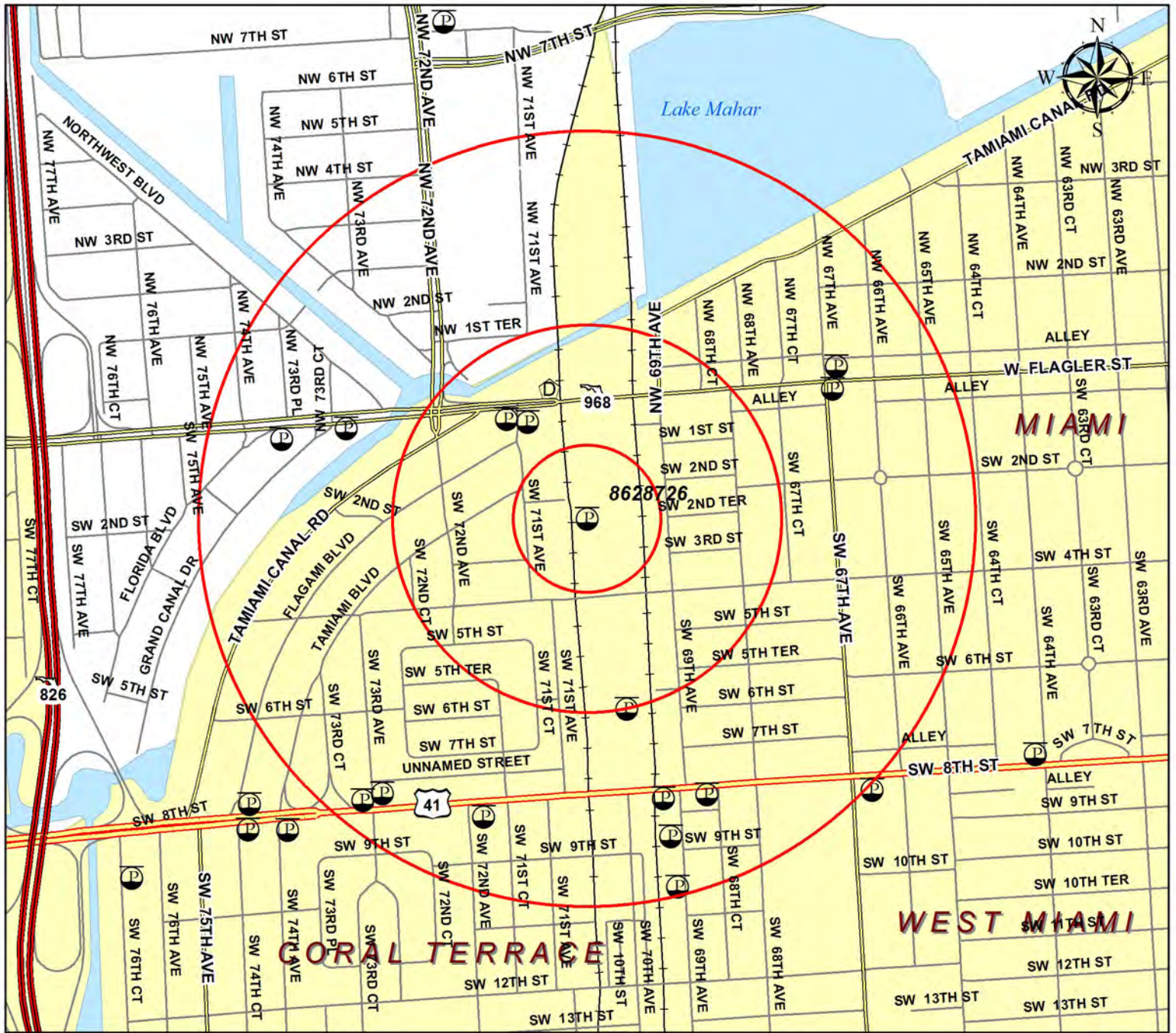
Comment:

APPROVED WaszinkLM

* Florida Aquifer Vulnerability Assessment (FAVA) data obtained from the Florida Department of Environmental Protection. The Florida Department of Health does not guarantee this data to be free from errors or inaccuracies and disclaims any responsibility or liability for interpretations or decisions based thereon.

8628726
 DADE SCHOOL DIST
 7011 SW 4 ST
 MIAMI, FL 33144

Latitude/Longitude: 25.768068 -80.30921
 DDMSS: 25 46 5.0448 80 18 33.156
 Number of large public wells (>150,000 gpd) within the 1/2 mile: 0
 Number of small public and private wells within the 1/4 mile: 0



Sample Results--Petroleum*

- ★ >1/2 MCL/HAL
- <1/2 MCL/HAL
- <1/4 MCL/HAL
- ▲ Sampled, no detect
- ▶ Not sampled within last year (3 years if large Community PWS)
- ⊙ No sample found for this analysis

SDWA PWS Wells

- Design Capacity
- PS <150,000 gpd
 - P150 ≥150,000 gpd

Facility Type

- Ⓟ Petroleum
- Ⓟ Proximity Threat
- Ⓟ Drycleaner
- Ⓟ Toxics
- Ⓟ Other
- Ⓟ Cattle Dip Vat



**Florida Department of Health
 Bureau of Water Programs
 Potable Well Survey**

Disclaimer
 This product is for reference purposes only and is not to be construed as a legal document. Any reliance on the information contained herein is at the user's own risk. The Florida Department of Health and its agents assume no responsibility for any use of the information contained herein or any loss resulting therefrom.

* The following chemicals were used for the Petroleum Indicator analysis: Benzene, Ethylbenzene, Toluene, Xylenes (Total), Naphthalene, and Methyl-Tert-Butyl-Ether (MTBE)

RECEPTOR SURVEY & EXPOSURE PATHWAY IDENTIFICATION FORM

I. Water Well Inventory					
Summary of Water Wells Within 0.5 Mile Radius Of The Site. (DG = Down gradient)					
	Total No.:	Active No.:	No. Screened in Affected Zone:	Total No. DG:	Active No. DG:
Public/Municipal:					
Industrial:					
Domestic:					
Agricultural:					
Potential Receptor Points					
	Closest DG Water Well:		Closest DG Water Well Screened in Affected Zone:		
Well No./Designation:					
Distance From Site (ft.):					
Total Well Depth (ft.):					
Current use of Water:					
Screened Interval Below Ground:					
Year Constructed:					
Discuss any ordinances or special circumstances which prevent or influence the future installation of water wells at the site or surrounding area:					
Have contaminants of concern (COC's) been detected in a water supply well: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk					
If yes indicate highest concentration: <input type="checkbox"/> >2x MCL/HAL <input type="checkbox"/> >1 to 2x <input type="checkbox"/> 0.5 to 1x <input type="checkbox"/> 0.25 to 0.5x <input type="checkbox"/> <0.25x					

RECEPTOR SURVEY & EXPOSURE PATHWAY IDENTIFICATION FORM

II. Underground Utility Survey (within 500 foot radius)	
Nearest Underground Utility: Include Name, Type, Depth of Utility, Distance and Direction from Affected Zone:	
Nearest Down gradient Underground Utility: Include Name, Type, Depth of Utility, Distance and Direction from Affected Zone:	
Are any of the underground utilities within the footprint of the contaminant plume: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
Discuss other receptors and indicate on Attachment 3 (if affected, discuss abatement measures):	
III. Building/Confined Space Survey (within 500 foot radius)	
Nearest Building/Confined Space: Include Name, Type, Distance and Direction from Affected Zone:	Kilowatts Electric Supply, commercial, across street/adjacent to DCSB, Southwest from AOI
Nearest Down gradient Building/Confined Space: Include Name, Type, Distance and Direction from Affected Zone:	
Has indoor vapor intrusion (IVI) screening procedure been performed: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
If yes: (<input type="checkbox"/> tier one-no vapor testing <input type="checkbox"/> tier 2-sub slab or near foundation vapor testing)	
Do the screening results indicate that an IVI pathway is complete: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
Is GW depth shallow (if Yes, check below): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk (<input type="checkbox"/> 0' - 2' <input type="checkbox"/> >2' - 5' <input checked="" type="checkbox"/> >5' - 10' <input type="checkbox"/> >10' - 15' <input type="checkbox"/> >15' - 20')	empirical observations from Southern DCSB property indicates, yes @ [5'-6']
Have any petroleum vapors/odors been detected and/or reported (if Yes, check below): <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unk (<input type="checkbox"/> outdoors <input type="checkbox"/> building <input type="checkbox"/> conf space <input type="checkbox"/> storm sewer <input type="checkbox"/> sanitary sewer <input type="checkbox"/> other _____)	
Discuss the nearest and other receptors and indicate on Attachment 3. (buildings should include residences, schools, day care facilities, nursing homes, etc.): Karl's Bakery III, Intermotors: Paint & Body Shop, inc, Florida Eagle Collision, inc, transmission, Falcon Judo Club, CMglass, Gables window & glass Co.	

RECEPTOR SURVEY & EXPOSURE PATHWAY IDENTIFICATION FORM

Lake Mahar: ~ NE of AOI
d > 500 ft

IV. Surface Water Survey (within 500 foot radius)	
Nearest Surface Water: Include Name, Type, Distance and Direction from Affected Zone:	Flood waters @ Corner + of 4 th St SW & SW 71 st Stave ~ 100 ft, SW of AOI
Nearest Down gradient Surface Water:	
Is there any evidence that surface water has been impacted by the contaminant plume: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
Impacted Surface Water: Include Name, Type, Distance and Direction from source area:	unknown
Has GW adjacent to the SW been tested (date last test _____): <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
If Yes, did any GW or SW samples exceed applicable surface water CTLs: <input type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Unk	
Describe potential for affected storm water or groundwater discharge to surface water feature: Depending on GW flow direction: Lake Mahar is N/NE of property, but flows SW towards 8 th Street / SR 41	
V. Sensitive or Protected Habitat Survey (within 500 foot radius)	
Nearest Sensitive or Protected Habitat: Include Name, Type, Distance and Direction from Affected Zone:	Lake Mahar / Robert King High • up gradient • North of AOI @ ~ 1000 ⁺ Park North
Nearest Down gradient Sensitive or Protected Habitat:	N/A
Is there evidence that a sensitive/protected habitat is impacted by the contaminant plume: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unk	
Provide the habitat type condition, regulatory authority, and other information relative to habitat characterization: N/A	
VI. Off-Source Site Property Impacts:	
Is there confirmed or suspected contamination beyond the source property boundaries: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unk	
If yes: <input type="checkbox"/> FDOT ROW <input type="checkbox"/> non-FDOT Road ROW <input type="checkbox"/> residential <input type="checkbox"/> non-residential <input type="checkbox"/> other _____	
If yes, indicated impacted media: (<input type="checkbox"/> FP <input type="checkbox"/> GW <input type="checkbox"/> soil)	
No. of impacted properties beyond the source property boundaries: _____	

RECEPTOR SURVEY & EXPOSURE PATHWAY IDENTIFICATION FORM

VII. Other Potential Receptor Risk Factors:

Is there free product present: Yes No Unk *not in Mws (1-13), mw-A, mws (15-19)*

Is the depth to product less than 5 feet below land surface: Yes No Unk

Is there contaminated soil in the top 2 feet below land surface: Yes No Unk

Is there contaminated soil between 2 feet and 5 feet below land surface: Yes No Unk

Is there any other potential for exposure to contaminants not previously addressed: Yes No Unk

VIII. Current Area Land Use and Zoning: *↓ current AST*

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Source property current land use and zoning information:

Surrounding property current land use and zoning within 500' of site (indicate direction): *Commercial/Residential*

Is there evidence of planned future change in area land use and/or zoning: Yes No Unk

Source of land use and zoning information:

IX. Summary and Recommended Action:

Any observed or potential impacts anticipated: Yes No *If Yes, additional Corrective Action may be required.*

Any potential for significant impacts: Yes No *If Yes, additional Corrective Action is required.*

Any significant impacts observed: Yes No *If Yes, additional Corrective Action is required.*

Describe observed or potential impacts to receptors and any recommended emergency abatement and/or continued corrective action:

X. Required Attachments

Attachment 1: Site plan illustrating location of entire former/current UST/AST system(s), subsurface utilities, limits of past excavation(s), and surface cover.

Attachment 2: Site map(s) showing all sampling points and contaminant plume contours

RECEPTOR SURVEY & EXPOSURE PATHWAY IDENTIFICATION FORM

Attachment 3: Vicinity map or aerial photograph illustrating surrounding land use and receptors identified within a 500-foot radius
Attachment 4: USGS topographic map with plotted water well locations
Attachment 5: Copies of completion details and water well drillers reports for located wells within 0.5 mile radius, (if available).
Attachment 6: Photographic documentation of site and surrounding area.