

**BID FORM
MECHANICAL INTEGRITY TESTS - CLASS I WELLS
BID NO. 20250304**

TO: Senior Division Manager - Purchasing
Board of County Commissioners
Charlotte County Administration Center
18500 Murdock Circle
Port Charlotte, Florida 33948-1094

The undersigned, as bidder, does hereby declare that he has read the Request for Bids, Instructions to Bidders, General Provisions, Technical Specifications & Conditions, Insurance, Safety & Health Requirements, Bid Form, Permit Fees and any other documentation for

MECHANICAL INTEGRITY TESTS - CLASS I WELLS

and further agrees to furnish all items listed on the attached Bid Form in accordance with the unit price(s) submitted. The above specified documents are herein incorporated into the Bid Form and shall be defined as the contract Documents.

ITEM #	ITEM DESCRIPTION	UOM	QTY	UNIT PRICE
1	Mechanical Integrity Test East Port IW-2	LS	1	\$83,500.00
2	Mechanical Integrity Test Burnt Store IW-1	LS	1	\$42,500.00
3	Mechanical Integrity Test West Port IW-1	LS	1	\$78,500.00
		TOTAL		\$204,500.00

Mobilization/Demobilization: The cost for mobilization/demobilization shall be five percent (5%) of the subtotal project cost.

SUBTOTAL \$ 204,500.00 X 5% = \$ 10,225.00

TOTAL BID PRICE: \$ 214,725.00

IF REQUESTED, CASING BRUSHING AND RERUN VIDEO

ITEM #	Casing Brushing and Rerun Video (If requested)	UOM	QTY	UNIT PRICE
1	Casing Brush and Rerun Video – East Port IW-2	LS	1	\$15,000.00
2	Casing Brush and Rerun Video – Burnt Store IW-1	LS	1	\$10,000.00
3	Casing Brush and Rerun Video – West Port IW-1	LS	1	\$12,500.00

Must be completed by the following:

- o Burnt Store IW-1: June 4, 2025
- o East Port IW-2: July 1, 2025
- o West Port IW-1: June 16, 2025

Completion Time: 15 calendar days.

Notice Needed Prior to Commencement: 20 calendar days.

Liquidated Damages \$1,170 per calendar day.

NOTE: In accordance with Florida Statutes, Section 119.071(1)(b)2: Sealed bids, proposals, or replies received by an agency pursuant to a competitive solicitation are exempt from s. 119.071(1)(b)2 and s. 24(a), Art. I of the State Constitution, except as provided by Florida Statutes 255.0518, until such time as the agency provides notice of an intended decision or until 30 days after opening the bids, proposals, or final replies, whichever is earlier. Upon release of the intended decision, if you wish to obtain the quote results, you may do so by visiting our Website at <http://purchasingbids.charlottecountyfl.gov/> under "Purchasing Bids Online", document number 253044. No information regarding the submittal will be divulged over the telephone.

OPTIONAL ELECTRONIC BID SUBMISSIONS: If your firm would like to submit your bid electronically, please visit <http://bit.ly/3TYAyKa> and follow given instructions.

Name of Bidder: Florida Design Drilling LLC
(This form to be returned)

If notified of the acceptance of this bid form, the undersigned agrees to execute a Contract for the stated compensation in the form as prescribed by the County, within the time constraints outlined in Instructions to Bidders.

The signature below is a guarantee that the Bidder will not withdraw his/her bid for a period of 60 days after the scheduled time for opening the bids.

The undersigned agrees, if awarded this bid, to furnish a Performance and Payment Bond in the amount of 100% of the total project price within 14 calendar days after notification of award to the Purchasing Division. The undersigned shall be responsible and bear all costs associated to record Performance and Payment Bond with the Charlotte County Clerk of Court Office. Receipt of said recording shall be furnished to the Purchasing Division.

In accordance with section 287.135, Florida Statutes, the undersigned certifies that the company is not on the Scrutinized Companies with Activities in Sudan List, the Scrutinized Companies with Activities in the Iran Petroleum Energy Sector List and does not have business operations in Cuba or Syria (if applicable) or the Scrutinized Companies that Boycott Israel List or is not participating in a boycott of Israel.

Enclosed is a cashier's check or bid bond in the amount of \$ NA, which is not less than 5% of the total bid price, as guarantee that the undersigned will enter into a Contract for the work/material as required in this Bid Document. **Note: Failure to submit a 5% bid bond will be cause for rejection of bid.**

All contract documents (i.e.; performance and payment bond, cashier's check, bid bond) shall be in the name of "Charlotte County".

The undersigned acknowledges receipt of the following addenda, and the cost, if any, of such revisions has been included in the price bid.

Addendum No. 1, Dated 3/5/25 Addendum No. 3, Dated 3/17/25 Addendum No. _____, Dated _____

Addendum No. 2, Dated 3/13/25 Addendum No. _____, Dated _____; Addendum No. _____, Dated _____

HOLD HARMLESS AGREEMENT: Florida Design Drilling LLC (name of firm), its officers and members shall, through the signing of this document by an authorized party or agent, indemnify and hold harmless Charlotte County, a political subdivision of the state of Florida, its officers, agents, employees, and volunteers, from liabilities, damages, losses and costs, including, but not limited to, reasonable attorneys' fees, to the extent caused by the negligence, recklessness, or intentional wrongful misconduct of Florida Design Drilling LLC and persons employed or utilized by Florida Design Drilling LLC in the performance of this contract. Florida Design Drilling LLC (name) agrees that the first ten dollars (\$10.00) of compensation received under this contract represents specific consideration for this indemnification obligation.

Type of Organization (Please Check One): Individual Ownership _____ Joint Venture _____
Partnership _____ Corporation X

Name of Bidding Firm Florida Design Drilling LLC

Mailing Address 7733 Hooper Road

Location Address 7733 Hooper Road

City & State West Palm Beac, FL ZIP 33411

Telephone: (561) 844-2966 E-mail: mike@fldrilling.com

Signature of person authorized to bind the Company: 

Print Name/Title of person authorized to bind the Company: Michael Black - Vice President

Date: 3/24/2025

(This form to be returned)

SOURCE OF SUPPLY AND SUBCONTRACTORS

The following sources of supply and subcontractors shall be used for **MECHANICAL INTEGRITY TESTS - CLASS I WELLS**. (If quoter does not have a source of supply or subcontractor, insert "to be determined". When source or subcontractor is determined, selection will be subject to County approval. If not applicable, please state N/A).

<u>Source of Supply</u>	<u>Subcontractor(s)</u>
1. <u>Morton Salt - Well Kill Material</u>	1. _____
2. _____	2. _____
3. _____	3. _____
4. _____	4. _____
5. _____	5. _____
6. _____	6. _____

DRUG FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that Florida Design Drilling LLC (name of business) does:

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, by any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

Signature 

Dated 3/24/2025

(This form to be returned)

REFERENCES: MECHANICAL INTEGRITY TESTS - CLASS I WELLS

Contractor shall submit a minimum of three (3) recent (within the past five (5) years) references of projects of similar size and scope. Each reference shall include a project description, project location, name and phone number of a contact person, total project amount, and completion date. The County reserves the right to contact references.

1. Project Owner / Company: Please see attached MIT Project References

Name of Contact Person: _____ Telephone # _____

Address: _____

City & State: _____ Zip Code: _____

Project Description: _____

Total Project Amount: \$ _____ Completion Date: _____

2. Project Owner / Company: Please see attached MIT Project References

Name of Contact Person: _____ Telephone # _____

Address: _____

City & State: _____ Zip Code: _____

Project Description: _____

Total Project Amount: \$ _____ Completion Date: _____

3. Project Owner / Company: Please see attached MIT Project References

Name of Contact Person: _____ Telephone # _____

Address: _____

City & State: _____ Zip Code: _____

Project Description: _____

Total Project Amount: \$ _____ Completion Date: _____

4. Project Owner / Company: Please see attached MIT Project References

Name of Contact Person: _____ Telephone # _____

Address: _____

City & State: _____ Zip Code: _____

Project Description: _____

Total Project Amount: \$ _____ Completion Date: _____

Name of Bidder: Florida Design Drilling LLC

(This form to be returned)

EQUIPMENT LISTING

The following is a listing of your total equipment, inclusive of manufacturer, year and condition. Condition shall be listed in accordance with scale below. (Attach additional sheets, if required).

<u>Equipment/Attachment Manufacturer</u>	<u>Year</u>	<u>Condition</u>
F550 Logging Unit w/full suite logging tools, packers, flowmeters, packoffs, etc.	2022	1
Crane Truck - Peterbuilt	2016	2

SCALE: 1- Excellent X 3 - Fair
 2 - Good X 4 - Poor

Equipment is located at: 7733 Hooper Road, West Palm Beach, FL 33411

Number of full-time employees: 100

Number of part-time employees: 0

Name of Bidder: Florida Design Drilling LLC
 (This page to be returned)

**HUMAN TRAFFICKING AFFIDAVIT
for Nongovernmental Entities Pursuant To FS. §787.06**

Charlotte County Contract # 20250304

The undersigned on behalf of the entity listed below, (the "Nongovernmental Entity"), hereby attests under penalty of perjury as follows:

1. I am over the age of 18 and I have personal knowledge of the matters set forth except as otherwise set forth herein.
2. I am an officer or representative of the Nongovernmental Entity and authorized to provide this affidavit on the Company's behalf.
3. Nongovernmental Entity does not use coercion for labor or services as defined in Section 787.06, Florida Statutes.
4. This declaration is made pursuant to Section 92.525, Florida Statutes. I understand that making a false statement in this declaration may subject me to criminal penalties.

Under penalties of perjury, I declare that I have read the foregoing Human Trafficking Affidavit and that the facts stated in it are true.

Further Affiant sayeth naught.



Signature

Michael Black

Printed Name

Vice President

Title

Florida Design Drilling LLC

Nongovernmental Entity

3/24/2025

Date

Name of Bidder: Florida Design Drilling LLC
(This page to be returned)



CERTIFICATE OF LIABILITY INSURANCE

1/1/2026

DATE (MM/DD/YYYY)

3/19/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Lockton Companies, LLC 500 W. Monroe, Ste. 3400 Chicago IL 60661 (312) 669-6900 midwestcertificates@lockton.com	CONTACT NAME: PHONE (A/C, No, Ext): FAX (A/C, No): E-MAIL ADDRESS:
INSURED	Florida Design Drilling LLC 1538891 7733 Hooper Road West Palm Beach, FL 33411	INSURER(S) AFFORDING COVERAGE INSURER A: Greenwich Insurance Company INSURER B: Imperium Insurance Company INSURER C: Navigators Specialty Insurance Company INSURER D: INSURER E: INSURER F:

COVERAGES

CERTIFICATE NUMBER: 21515472

REVISION NUMBER: XXXXXXXX

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER:	Y	Y	RGC3001970-01	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 300,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 4,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000 \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	RAC9438273-01	1/1/2025	1/1/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX \$ XXXXXXXX
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION S	N	N	ARU-IIC-CX-0000077-02	1/1/2025	1/1/2026	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	RWC3001969-01	1/1/2025	1/1/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Pollution Liability	N	N	CH24ECP307581 IC	1/1/2024	1/1/2026	\$2,000,000 Each Incident/Aggregate

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.

Personal Injury Protection is Included: \$10,000 Per Person. Charlotte County a political subdivision of the state of Florida and its officers, employees, agents and volunteers are included as additional insureds on a Primary and Non-contributory basis if required by written contract with respect to General Liability and Automobile Liability per the terms and conditions of the policy. A waiver of subrogation applies in favor of the Additional Insureds if required by written contract with respect to General Liability, Automobile Liability, and Workers' Compensation per the terms and conditions of the policy where permitted by state law.

CERTIFICATE HOLDER**CANCELLATION**

21515472
Charlotte County
18500 Murdock Circle
Port Charlotte FL 33948

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

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FLORIDA DESIGN DRILLING, LLC

MIT EXPERIENCE

UIC #	Customer	Well	Date	Next	Firm	Well Information		
95587	FPUA MainlandWRF	IW #1	9/16/21	09/15/26	SW McNabb	FDD	3200' 24"@2880'/18"FRP@2875'	Shawn Tyler 772-465-1600
101172	FPL - Turkey Point	IW#1	3/15/22	03/14/27	SE McNabb	FDD Annular PT	18"FRP@2975'/24"@2965'	Rod Miller, P.G. (561)719-2422
44808	Manatee Cortez Rd.	IW #1	4/13/22	04/12/27	SW Jacobs	FDD Southwest Regional WWTP	1534'/1659' 24"@1067'	Tom Farkas, P.G. (813)335-3247
95587	FPUA MainlandWRF	IW #2	4/27/22	04/26/27	SE McNabb	FDD	3209' 24"@2887'	Shawn Tyler 772-465-1600
70722	FPUA - IslandWRF	IW#1	5/10/22	05/09/27	SE McNabb	FDD	3303'/3315' 24"@2780'(2770')	Rod Miller, P.G. (561)719-2422
105974	TECO Big Bend	IW-1	5/19/22	05/18/27	SW ASRUS	FDD	3296' 8.625" FRP@2405'/20"@2400'	Pete Larkin, P.G. (813)382-8516
91852	FPUA - ROWTP	IW #1	5/25/22	05/24/27	SE McNabb	FDD Henry A. Gahn Site	3045'/3050' 18"@2678'/10.75"FRP@2670'	David
105429	NSID (North Springs)	IW-1	6/14/22	06/13/27	SE McNabb	FDD	3502' 10.75" FRP@3065'/16"@3067'	David McNabb,P.G (561)891-0763
94250	FPL - WCEC	IW#1	12/6/22	12/05/27	SE McNabb	FDD Annular PT	3407' 16"FRP@2774'/20"@2783'	David McNabb,P.G (561)891-0763
94250	FPL - WCEC	IW#1	12/6/22	12/05/27	SE McNabb	FDD Annular PT	3407' 16"FRP@2774'/20"@2783'	David McNabb,P.G (561)891-0763
53381	Margate WWTP	IW #1	3/29/23	03/27/28	SE HAZEN	FDD	3200' 18" @ 2468'	Wendell Wheeler 954-972-0828
53381	Margate WWTP	IW #2	4/5/23	04/03/28	SE HAZEN	FDD	3063' 24"@2552'	Wendell Wheeler 954-972-0828
105974	TECO Big Bend	IW-2	6/14/23	06/12/28	SW ASRUS	FDD	3125' 8.625" FRP@2405'/20"@2406'	Pete Larkin, P.G. (813)382-8516
98447	Okeechobee Util. Auth.	IW #1	7/12/23	07/10/28	SE McNabb	FDD	3200' 24"@2765'	Dale 252-6886
53478	Coral Springs Imp. Dist.	IW #1	10/12/23	10/10/28	SE McNabb	FDD	6" 3043'/3500' 12.75"@3006'	
53478	Coral Springs Imp. Dist.	IW #2	10/24/23	10/22/28	SE McNabb	FDD	6" 3045'/3510' 24"@2900'	
93493	Pine Island	IW #1	1/17/24	01/15/29	SW Dan Acquavia	FDD	3138' 12"IDFRP@1950'/18"@1955'	
98629	Everest - Cape Coral	IW#1	1/31/24	01/29/29	SW McNabb	FDD New Well	3700'(32.5") 24"@2630'	
93574	KeyWest WRF	IW-1	3/7/24	03/06/29	SE McNabb	FDD	10" 2996' 24"@2775'	
93574	KeyWest WRF	IW-2	3/11/24	03/10/29	SE McNabb	FDD	10" 3000' 24"@2758'	
106814	FP&L Turkey Point	DIW-2	4/1/24	03/31/29	SE McNabb	FDD	3050' 18" FRP@2843'/24"@2852'	
47043	St. Pete NorthWest	IW#3	4/16/24	04/15/29	SW ASRUS	FDD RTS Internal & Ext	6" 1103'/1110' 30"@760'	
19241	IndianRiver ECO District	IW1	5/14/24	05/13/29	CEN McNabb	FDD Diesel Annulus	2890'/3005' 6"FRP@2360'/8"SS@2370'	
47043	St. Pete NorthWest	IW#2	5/21/24	05/20/29	SW ASRUS	FDD RTS Internal & Ext	6" 1103'/1110' 30"@760'	
94253	Pinewoods	IW #1	8/6/24	08/05/29	SW B&V	FDD	6" 3005' 9.625"FRP@2578'/14"@2581'	
71855	East Port	IW-1	8/21/24	08/20/29	SW RMA	FDD	3117'/3242' 8"@2977'	
94247	N. Miami Beach - NOWT	IW#1	9/25/24	09/24/29	SE Stantec	FDD Cemented Annulus	3420' 14.5"FRP@2853'/20"@2858'	
94259	Palm Bay SRROWTP	IW #1	12/12/24	12/11/29	CEN ASRUS	FDD	3000' 16"FRP@2064'/24"@2086'	
106814	FP&L Turkey Point	DIW-3	12/23/24	12/22/29	SE McNabb	FDD	3145' 18" FRP@2860'/24"@2868'	
53391	Hollywood	IW #2	1/3/25	01/02/30	SE HAZEN	FDD Repaired Surface Pipe 2024	3475' 24"@2880'	
91610	Pompano	IW-1R	1/15/25	01/14/30	SE Stantec	FDD	2934' 24"@2266'/16"@2261'	Phil Hyer 954-545-7030



2024 Radiation Protection Program Review

On February 7, 2025 I conducted a formal review of the Radiation Protection Program implemented at the Florida Design Drilling office at 7733 Hooper Road in West Palm Beach Florida. The following areas were evaluated as listed below:

Equipment: All logging tools used in tracer ejection and monitoring, survey meters, calibration equipment, and containment bins are in good physical and working condition.

Dosimeter Records: Personal monitoring is being done by means of TLD badges worn by employees handling source materials and are replaced and reported quarterly through Landauer. Each report has been observed by reporting employees, only myself at this time, and knowledge of exposure was confirmed. Radiation handling was minimal during the year and recorded exposure was minimal on all reports.

Procedures: A 2024 MOP study was completed and was well within allowable limits. Radiation training consisted of a review of the Radiation Operations and Emergency Procedures Manuals that are kept on the logging truck and in the office. Safe handling procedures were followed as well as transportation and usage documentation maintained properly. There were no updates to the "Control of Radiation Hazard Regulations" Chapter 65E-5 to be made aware of. Quarterly surveys have been conducted as required. The 2025 Radiation Safety Requirements Calendar has been updated.

Inspection Results: Upon review of the program implemented in 2024 at Florida Design Drilling, I am satisfied that radioactive material is being handled in a safe manner, proper procedures are being followed in regards to waste and unused materials, and only employees trained in radiation safety listed on the license are involved in handling and in the presence of radioactive materials.

John Cathey

Radiation Safety Officer

7733 Hooper Road, West Palm Beach, FL 33411

www.FLDrilling.com

Phone: 561-844-2966 Fax: 561-844-2967

State of Florida Water Well Contractor #11148

State of Florida Certified General Contractor CGC1522104

FLORIDA DESIGN DRILLING
ATTN: JOHN CATHEY
7733 HOOPER RD
WEST PALM BEACH, FL 33411

Received Date / Reported Date	2025-01-14 / 2025-01-22
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LANDAUER®
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Telephone: (708) 755-7000
Facsimile: (708) 755-7016
Customer Service: (800) 323-8830
Technical: (800) 438-3241

Radiation Dosimetry Report

Account : 733864

**No NVLAP accreditation is available from NVLAP for thermal neutron or X type dosimeters. When exposure results are reported for thermal neutrons or X type dosimeters, this report contains data that are not covered by the NVLAP accreditation.

Participant Number	Name		Dosimeter	Use	Rad. Type	Rad. Quality	Dose Equivalent (mrem) for Periods Shown Below												Inception Date	Serial Number
							DDE-Deep Dose Equivalent LDE-Lens Dose Equivalent SDE-Shallow Dose Equivalent													
	Period Shown Below						Quarter to Date			Year to Date			Lifetime to Date							
	DDE	LDE					SDE	DDE	LDE	SDE	DDE	LDE	SDE	DDE	LDE	SDE				
	For Monitoring Period:						2024-10-01 to 2024-12-31			QUARTER 4			2024			LIFETIME				
00000	CONTROL Control Dose Used		Pa Pa	CNTRL			32	32	32											9718942B
00001	CATHEY, JOHN A 371	1966-01-22	Pa	CHEST			M	M	M	M	M	M	63	66	78		2022/07		9718943B	

This report must not be used to claim product certification, approval, or endorsement by NVLAP, NIST, or any agency of the federal government.

Radiation Dosimetry Report

Annual Radiation Exposure Limits (mrem) :

Whole body, blood forming organs, gonads	5,000
Lens of Eye	15,000
Extremities and Skin	50,000
Fetal (Gestation period)	500
General Public	100

Based on the US NRC Regulations, Title 10, Part 20, Code of Federal Regulations and adopted by many states. Certain state and other regulatory agencies may adhere to different limits.

Control Dosimeter: A control dosimeter is included with each shipment of dosimeters for monitoring radiation exposure received during transit. At the customer's facility, store the control in a radiation free area during the wear period.

Minimal Dose Equivalent Reported: Dose equivalents below the minimum measurable quantity for the current monitoring period are recorded as "M." The minimal reporting levels vary by the dosimeter type and radiation quality. "SL" is an elective option for the minimal dose equivalent reported where exposures less than 10 mrem report as "SL" (excludes fetal dosimeters), and/or exposures at or more than 10 mrem begin reporting at 10 mrem and report in increments of 10 mrem.

Dosimeter Type	M (DDE,LDE,SDE)	M (SDE Only)	SL
Luxel®	1	-	10
InLight®	5	-	10
Whole Body Beta	-	10	10
U Ring	-	30	-
Neutrak® Neutron Fast	20	-	-
Neutrak® Neutron Thermal/Fast	10	-	-
Saturn Ring	-	10	10

Special Calculations: Special dose calculations can be applied to radiation workers who wear lead aprons.

EDE 1 - two dosimeters: one worn at the waist level under lead apron and one worn at the collar level outside lead apron. 1.5 (Waist DDE) + 0.04 (Collar DDE) = Assigned Deep Dose Equivalent.

EDE 2 - one dosimeter: one worn at the collar level outside lead apron. 0.3 (Collar DDE) = Assigned Deep Dose Equivalent.

EDE 122 - one dosimeter: one worn at the collar level outside lead apron. Collar DDE / 5.6 = Assigned Deep Dose Equivalent.

Calc3 - Lens of Eye dosimeter. 0.5 (Lens of Eye LDE) = Assigned Lens of Eye Dose Equivalent.

Lens 175 - Lens of Eye dosimeter. 0.175 (Lens of Eye LDE) = Assigned Lens of Eye Dose Equivalent.

EDE1-NTG EDE1 without Thyroid Collar assigned deep dose equivalent = 0.06 × (collar dose + waist dose) + waist dose

EDE1-TG EDE1 with Thyroid Collar assigned deep dose equivalent = 0.02 × (collar dose + waist dose) + waist dose

The "ASSIGNED" line follows all of the original whole body dosimeter doses with the EDE 1 or EDE 2 calculation results or LANDAUER's standard Dose Assignment Protocol (deep and shallow whole body dose from the highest reading whole body dosimeter, lens dose from dosimeter closest to the eye).

Ring Dosimeter Reading: Ring dosimeter readings report as a shallow dose.

Fetal Dosimeter: A declared pregnant worker will possess a fetal exposure on an extra page of the report based upon the whole body dosimeter worn closest to the fetus. The fetal dose is reported for the current wear period, plus the estimated dose from conception to declaration (if provided by customer), and the total dose from declaration to present.

Use	Description	Use	Description
AREA	Area Monitor	OEXTRM	Other Extremity
CHEST	Chest	OWHBOY	Other Whole Body
CNTRL	Control	RANKLE	Right Ankle
COLLAR	Collar	RFINGR	Right Hand Ring
EYE	Eye	RUARM	Right Upper Arm
FETAL	Fetal	RULEG	Right Upper Leg
LANKLE	Left Ankle	RWRIST	Right Wrist
LFINGR	Left Hand Ring	SPCPUR	Special Purpose
LUARM	Left Upper Arm	UPBACK	Upper Back
LULEG	Left Upper Leg	WAIST	Waist
LWBACK	Lower Back	WHBODY	Whole Body
LWRIST	Left Wrist		

Code	Radiation Quality Description (Type and/or Energy)
B	beta
BH	beta high energy, e.g. Strontium, Phosphorus
BL	beta low energy e.g. Thallium, Krypton
BS	Strontium beta
BT	Thallium beta
BU	Uranium beta
BN	beta, neutron mixture
NF	neutron fast
NT	neutron thermal
P	photon (x or gamma ray)
PB	photon, beta mixture
PBN	photon, beta, neutron mixture
PH	photon high energy greater than 200 keV
PL	photon low energy less than 40 keV
PM	photon medium energy 40 keV to 200 keV
PN	photon, neutron mixture

First Line Explanation

Participant Number: Unique number assigned by LANDAUER.
Name: Participant to whom the dosimeter is assigned.
Dosimeter: Badge type according to radiation monitoring needs.

Dosimeter	Code	Type of Radiation Monitored					
		Photons			Neutrons		
		X	Gamma	Beta	Fast	Thermal	
InLight Model 2	L02NN	Yes	Yes	Yes			
InLight Model 2J	L02JN	Yes	Yes	Yes	Yes		
InLight Model 2T	L02TN	Yes	Yes	Yes	Yes	Yes	
Luxel®	Pa	Yes	Yes	Yes			
Luxel®	Ja	Yes	Yes	Yes	Yes		
Luxel®	Ta	Yes	Yes	Yes	Yes	Yes	
Luxel® Escort	Pa	Yes	Yes				
Neutrak	N				Yes		
Neutrak	E				Yes	Yes	
Ring, Single TLD	U or S	Yes	Yes	Yes			

Deep, Eye and Shallow Dose Equivalents: Deep dose equivalent (DDE) applies to external whole body exposure at a tissue depth of 1 cm (1000 mg/cm²). Eye dose equivalent (LDE) applies to external exposure of the lens at a tissue depth of 0.3 cm (300 mg/cm²). Shallow dose equivalent (SDE) applies to the external exposure of the skin or extremity at a tissue depth of 0.007 cm (7 mg/cm²) averaged over an area 1 cm².

Deep, eye and shallow dose equivalents report for the time frame indicated by "For Monitoring Period." These doses represent the dose received only for the account/subaccount specified. Individual radiation component results and combined totals report in separate lines.

Quarterly accumulated results reflect total dose received within a calendar 3-months time frame and the customer defined start day. (Note: Quarterly accumulated columns are eliminated for bimonthly service or display "Not applicable.") Year to date accumulation totals dose received from the beginning of the current year to report date. Lifetime accumulation totals all doses received from inception date of dosimeter service to report date, and could include earlier dose history if supplied by customer. Reported quarterly, annual and lifetime dose accumulations represent the doses totaling from all account/subaccount dosimeters to be reported at the customer level.

Inception Date: The date LANDAUER began keeping dosimeter records for a given dosimeter for a badging participant on the current customer.

Serial Number: Dosimeter serial number.

Second Line Explanation
Participant's personal information consisting of ID number and birth date. This information can be suppressed on "Duplicate and Original Reports" for privacy and/or posting needs.

Notes: Text messages explaining any abnormalities or comments. The notes with message appears on a separate line below all dosimeter exposure information.

U.S. Patents
6,316,702; 6,127,685; 5,892,234

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STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

RADIOACTIVE MATERIALS LICENSE

Pursuant to Chapter 404, Florida Statutes, and Chapter 64E-5, Florida Administrative Code (F.A.C.), and in reliance on statements and representations heretofore made by the licensee designated below, a license is hereby issued authorizing such licensee to receive, acquire, possess and transfer the radioactive material(s) designated below and to use such radioactive material(s) for the purpose(s) and at the place(s) designated below. This license is subject to all applicable rules, regulations and orders of the state of Florida, Department of Health now or hereafter in effect and to any conditions specified below.

<p style="text-align: center;">Licensee</p> <p>1. Name: FLORIDA DESIGN DRILLING CORPORATION</p>	<p>3. License Number: 4786-1</p> <p>is hereby amended in its entirety with reference to correspondence dated February 16, 2023.</p>
<p>2. Address: 7733 Hooper Road West Palm Beach, FL 33411</p>	<p>4. Expiration Date: 9/30/2027</p> <p>5. Category: 3I(1)</p>

6. Radioactive Material (element and mass no.)	7. Chemical and/or Physical Form	8. Maximum Quantity Licensee May Possess at Any One Time
A. Iodine 131	A. Solution	A. 100 millicuries total activity, single vials not to exceed 40 millicuries each

9. Authorized Use

A. To be used in motorized ejector tools for the performance of subsurface tracer studies.

CONDITIONS

10. A. The authorized place of use shall be temporary job sites of the licensee throughout the state of Florida. This condition does not prohibit use in other agreement states and states under the jurisdiction of the U.S. Nuclear Regulatory Commission (NRC) under reciprocity which has been approved by the NRC or an agreement state.
- B. The authorized place of storage is the licensee's facility located at the address in Item 2, and at temporary job sites.
11. Failure to comply with the provisions of this license is a felony of the third degree pursuant to section 404.161, Florida Statutes. Also, violations may warrant an administrative fine of up to \$1,000.00 per violation per day, pursuant to section 404.162, Florida Statutes.

License Number: 4786-1
Amendment No.: 1
Control Number: 20230221-0324

LICENSEE COPY
Page 1 of 3 Page(s)

Category: [3I(1)]
Expiration Date: 9/30/2027

STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

12. A. Licensed material shall be used by, or under the supervision and in the physical presence of John Cathey.
- B. The radiation safety officer is John Cathey.
13. The licensee shall comply with the provisions of Chapter 64E-5, F.A.C., Part IX, "Notices, Instructions and Reports to Workers; Inspections" and Part III, "Standards for Protection Against Radiation."
14. The licensee shall not transfer possession or control of radioactive material, or products containing radioactive material as a contaminant except:
- A. By transfer to a specifically licensed recipient or
- B. As provided otherwise by specific provision of this license pursuant to the requirements of Chapter 64E-5, F.A.C.
15. Radioactive material transported on public thoroughfares shall be packaged, prepared for shipment, and transported in accordance with Title 49, Code of Federal Regulations and Chapter 64E-5, F.A.C.
16. Each source holder or logging tool containing radioactive material shall bear a durable, legible, and clearly visible marking or label bearing the conventional radiation symbol and the following warning: DANGER (or CAUTION) - RADIOACTIVE.
17. Individuals involved in operations which utilize, at any one time or over a 3-month period, radioiodine in an unsealed form that exceeds activities specified in table 1 shall have bioassays performed at the frequency specified in 64E-5.1320(1), F.A.C. Records of the bioassays shall be maintained for inspection by the department for 3 years.
18. A. Except as specifically provided otherwise by this license, the licensee shall possess and use licensed material described in items 6, 7, 8 and 9 of this license in accordance with statements, representations and procedures contained in the licensee's application dated February 24, 2022, (John Cathey empowered by Daniel Ringdahl, CEO), signed by John Cathey, Geophysical Logging Manager and correspondence dated:
- June 1, 2022 (facility vehicle storage diagram, ejector tool, bill of lading, ERI, and Jubilant DraxImage Radiopharmacies packages commitments) signed by John Cathey, Geophysical Logging Manager.

License Number: 4786-1
Amendment No.: 1
Control Number: 20230221-0324

LICENSEE COPY
Page 2 of 3 Page(s)

Category: [3I(1)]
Expiration Date: 9/30/2027


STATE OF FLORIDA
DEPARTMENT OF HEALTH
BUREAU OF RADIATION CONTROL

18. B. The licensee shall comply with all applicable requirements of Chapter 64E-5, Florida Administrative Code, and these regulations shall supersede the licensee's statements in applications or correspondence, unless the statements are more restrictive than the regulations.



For the Bureau of Radiation Control:

Issuance Date: FEB 27 2023


Charles W. Hamilton
Environmental Specialist III
4052 Bald Cypress Way – Bin C21
Tallahassee, FL 32399-1741
850-245-4545

A party whose substantial interest is affected by this order may petition for an administrative hearing pursuant to sections 120.569 and 120.57, Florida Statutes. Such proceedings are governed by Rule 28-106, Florida Administrative Code. A petition for administrative hearing must be in writing and must be received by the Agency Clerk for the Department, within twenty-one (21) days from the receipt of this order. The address of the Agency Clerk is: Agency Clerk, 4052 Bald Cypress Way, BIN # A02, Tallahassee, Florida 32399-1703. The Agency Clerk's facsimile number is 850-410-1448. A copy of the petition should also be sent to: Bureau Chief, Bureau of Radiation Control, 4052 Bald Cypress Way, BIN # C21, Tallahassee, FL 32399-1741. The Bureau Chief's facsimile number is 850-487-0435. Mediation is not available as an alternative remedy. Your failure to submit a petition for hearing within 21 days from receipt of this order will constitute a waiver of your right to an administrative hearing, and this order shall become a "final order." Should this order become a final order, a party who is adversely affected by it is entitled to judicial review pursuant to Section 120.68, Florida Statutes. Review proceedings are governed by the Florida Rules of Appellate Procedure. Such proceedings may be commenced by filing one copy of a Notice of Appeal with the Agency Clerk of the Department of Health and a second copy, accompanied by the filing fees required by law, with the Court of Appeal in the appropriate District Court. The notice must be filed within 30 days of rendition of the final order.

License Number: 4786-1
Amendment No.: 1
Control Number: 20230221-0324

LICENSEE COPY

Page 3 of 3 Page(s)

Category: [3(1)]

Expiration Date: 9/30/2027

Mission:

To protect, promote & improve the health of all people in Florida through integrated state, county & community efforts.



Vision: To be the Healthiest State in the Nation

Ron DeSantis
Governor

Joseph A. Ladapo, MD, PhD
State Surgeon General

February 27, 2023

John Cathey, RSO, Geophysical Logging Manager
FLORIDA DESIGN DRILLING CORPORATION
7733 Hooper Road
West Palm Beach, FL 33411

Dear Mr. Cathey:

Re: State of Florida Radioactive Materials License Number 4786-1

Enclosed is amendment number 1 to the above referenced license. This amendment closes control number 20230221-0324.

Review the enclosed document carefully to be sure that you understand its terms and conditions. You must conduct your radiation safety program in accordance with the conditions of your license, representations made in your license application, and Florida regulations. Failure to conduct your program in accordance with Florida regulations, license conditions and representations in your application will result in enforcement action. Note that a license is valid only for the legal entity to which it is issued and is not subject to assignment, sale, or other transfer. Notify the department immediately if the identity of the legal entity, as listed in item 1 of the license, changes or if there is a change in the majority ownership or controlling interest of the legal entity. *Florida Statutes* require a new license application if any of these events occur.

You are responsible for verifying the accuracy of the enclosed amendment. Notify us immediately if you find anything in the enclosed amendment you consider to be in error. Please call us at 850 245-4545 if you have any questions or require further clarification. Additional bureau resources including regulatory guides, forms, regulations and information notices may be accessed on our website at www.FloridaHealth.gov/radiation/.

Sincerely,

Charles W. Hamilton
Environmental Specialist III

Enclosure

Florida Department of Health
Division of Emergency Preparedness & Community
Support • Bureau of Radiation Control
4052 Bald Cypress Way, Bldg C-21 • Tallahassee, FL 32399-1741
PHONE: 850-245-4545 • FAX: 850-921-6364
FloridaHealth.gov/Radiation



Accredited Health Department
Public Health Accreditation Board



5440 NW 33rd Avenue Suite 106
Ft. Lauderdale, Florida 33309
(954) 677-1200 Phone
(954) 677-1201 Fax

February 2, 2017

To Whom it May Concern:

Total Compliance Network implemented a State of Florida Drug Free Workplace Program for the company listed below. TCN also provided the below-indicated services. If you have any questions, please feel free to contact me at my office, (800) 881-4826.

Company Name: **Florida Design Drilling Corp**
Address: **7733 Hooper Rd.**
West Palm Beach, Fl. 33411
Telephone #: **561-324-3885**
Contact Person: **Dan Ringdahl**

TCN provided the above-named company with a Compliance Manual which includes:

1. An Employee handbook containing company policy and all necessary information (i.e., Information on where to seek help, medications that affect the outcome of a drug test, etc.).
2. Initial 60-day Drug Free Workplace notification.
3. Employee agreement forms, including company disciplinary action.
4. A Supervisor's handbook.
5. Information to post in conspicuous locations (signs, posters).
6. Additional forms and agreements (rehabilitation, notification of positive test results, etc.).

TCN has also set up a drug screen collection site, AHCA or NIDA certified testing laboratory, on-staff Medical Review Officer, results reporting (telephone and hard copy) and billing.

TCN has instructed the above-named contact person on the following procedures:

1. Distribution of 60-day Drug Free Workplace notification.
2. Conducting the Employee meeting including distribution of Employee handbook, educational material and collection of signed paperwork.
3. Drug testing requirements and procedures for testing:
 - a. Job Applicants
 - b. Post-accident
 - c. Reasonable suspicion
 - d. Return-to-work.
 - e. Random (if applicable).
 - f. Routine fitness-for-duty.

TCN will also continue to act as a consultant for any questions regarding this program, but will not be held responsible for any company's negligence or inability to perform the State of Florida Drug Free Workplace requirements using TCN or TCN materials.

Total Compliance Network Representative: Nick Mirowsky | 954-232-5650 | nickmirowsky@cs.com

A handwritten signature in black ink, appearing to read "Nick Mirowsky", is written over a horizontal line.

**STATE OF FLORIDA
WATER WELL CONTRACTOR LICENSE**
Issued to
Daniel Ringdahl

License No. 11148 Expires 7/31/2025


DISTRICT CERTIFICATION OFFICER