Docket No. 030445

Lee County

Test Year Ended December 31, 2002

TOOP TO MANUSCION OF ERM

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(1)
Detailed Map to be Submitted Separately

Test Year Ended December 31, 2002

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2002

UTILITIES, INC. OF EAGLE RIDGE 2002 CHEMICAL USE DATA

County	System Name	Chemical Used	Annual Cost	Quantity	Unit Price	Feed Rate
LEE	Eagle Ridge	Chlorine gas Histosal	\$4,758.00 \$26,213.51	73 cyl. 1760 gal.	\$64.00 \$15.21/gal	30 ppd 3.0 ppm
LEE	Cross Creek	Chlorine gas	\$2,452.00	40 cyl.	\$64.00	15 ppd

NOTE:

Chlorine feed rate at the wastewater treatment plant is a function of the waste flow rate and plant performance characteristics. Histosal provides odor suppression and improves sludge settleability.

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(3) Chemical Analyses N/A

Test Year Ended December 31, 2002

•

)

,

•

)

)

•

•

•

•

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(4) Operation Reports

Test Year Ended December 31, 2002

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

A CONTRACTOR OF THE PROPERTY OF THE PARTY OF

ERMITTEE NAME: EALLE RIDGE UTILITIES INC.
AALLING ADDRESS: 14648 AERIES WAY DR.

FT. MYEKS FL. 339/2-1703

ACILITY: EAGLE RIDGS

OCATION: 14668 AERIES WAY DR. FT. MYERS FL. 33919-1703 PERMIT NUMBER: FLA. 014498-001-DW3P

MONITORING PERIOD-From: (01/01/01) 70 (01/31/01)

CLASS SIZE: MINIOR

GROUP: DOMESTIC

FACILITY ID: FLAD 14498

GMS TESTSITE ID NO.:5434-70070

DISCHARGE POINT NUMBER: EFA-/ WAFR SYSTEM ID NO.:

.443 PLANT SIZE/TREATMENT TYPE: 3-C

••• NO DISCHARGE | 1 ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE GOLF COURSE IRRICATION.

Please read instructions before completing this form.

Pr	ırameter		Qu	antity or Loadin	8		Quality or Concer	ntration		No. Ex.	Fragissoy of Andreis	Sample Type
STORET CODE	MON. SETE No.	L. Sank &	Average	Maximum	Units	Minimum	Average	Maximum	Units	1		ĺ
FLOW	.25/	Sough Management	.251	.289	M.G.D.	•••••	was 2000mad 1/11 too	***************************************	*******	0	Cannelans	FLOW
050050 1 MONTHLY AV	ERAGE DAILY	Parrie Regionant	REPORT MONTHLY AVG.	PENAITTED CANCETY	MCO		•		•		922 FEMALE	HIPLLET
CBODS, INFLU		Angle Management	\$000000	************		**********	174	196	ME/L	0	BI- WEEKLY	FPC8
OBBOOKS G INFLUENT GRA	OSS VALUE						NBOKT MONTHLY AVG	aktrike.			SEE PENAT	23 PALE
TSS, INFLUENT	208	Banglo Management	*********	***************************************	***********	************	208	223	ME/L	0	BI- WEEDLY	
00330 G INFLUENT GRO				10m2/5 c		***************************************	ADORT MOVINEY AVG	USCAT DALTHAL			SI NOE	SEE PERMET
CBODS, EFFLU	ENT / I	Sough Monament	B00100044	****************	••••••••••	******	<	<1	mG/L	0	BI- WEEKE	FPCS
080082 EFFLUENT GR	OSS VALUE	1-1-1-1			***************************************		ASTORE	APPORT DAILY MAX				34 G.W.
TSS, EFFLUEN	0.9	Emple Measurement	•-•••	·	•••••	***********	0.9	2.0	MG/L	0	3/7	GRAS
000530 1 EFFLUENT GR		C Control					REPORT MONTHLY AVG	SEC.	A			
COLIFORM, FE	SCAL / /	Sand Married		•	**********	41	<1	<1	100 ML	0	3/ JUREK	GRAB
031616 EFFLUENT GR	OS VALUE					WIELYAYO	REPORT MEMBER AVG.	DAR.			-	, mu

sariely under punnity of less that I have personally examined and are familiar with the information submitted bereix, and based on my impairy of these individuals investible for obtaining the information, I believe the authorities including the possibility of face and investigation. I am prove that there are significant punchion for submitted including the possibility of face and investigation.

Mindred to the first of the control	transfer and services and described on him with the definitions of		
NAME/TITLE OF PRESCRAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Spile New	SIGNATURE OF PROPERTY EXECUTIVE OFFICER OR AUTHORIZED ASSOCI	TELEPHONE NO.	DATE (YYAMADD)
NORMAN L. SHUKAIT	Mann & Shuhut	372-1919	01/02/26
OLD THE AND FOR ANATONIO OF ANY MOUNTAINS OF A STATE OF	4a- A - 186 - 1 A - 4 W I		

DAGNENT AND EXPLANATION OF ANY VIOLATIONS (Reference all ethologous here): (Atlack additional shorts if permany.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

ENMITTEE NAME EAGLE RIDGE /UTILITIES INC. WAILING ADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL. 339/2-1703

ACILITY: EAGLE RIDGE OCATION: 14668 HERIES WAY DR.

FT. MYERS FL- 33912-1703

PERMIT NIMBER: FLA. OFHIYE-001-DW 2F

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA014498

DISCHARGE POINT NUMBER: EFA-1 PLANT SIZE/TREATMENT TYPE: 3-C

GROUP: DOMESTIC GMS TESTSITE ID NO.:5236-76070

WAFR SYSTEM ID NO.:

*** NO DISCHARGE () ***

TYPE OF EFFLUENT DISPOSAL: RECIENCE WATER RE-USE. GOLF COURSE IRRIGITION. Please read instructions before completing this form

Pe	remeter	:	Qu	antity or Loadin	8		Quality or Concess	tration		No. Ex.	Frequency of Analysis	Sample Type
PTORET COOR	MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH	6.4	Sample Measurement	•	***************************************	*********	6.4		6.8	(13)	0	7/JWRIK	G
000400 l MINIMUM	G					és Mendam		DARY MAX	עע		MX POWET	sex priver
CHLORINE, TO	I. 8	Suph Mannes		***********	P+++++++++++++++++++++++++++++++++++++	1.8	\$4,000 P.7 0000 mil 1 pp	00 00 00 00 00 000 000 000 000 000 000	MELL	0	CONTINUENS	CHIORNI MONTHER
030060 1 EFFLUENT OR	OSS VALUE			***		MDMAM					E PAG	
NITRATE (= N (IF REQUIRED	IN THE PERSON	Sayb Harriet	ini banna da a a a a a a a a a a a a a a a a	***************************************	**********	***************************************	***************************************	NA	NA.	MA	NA	MA
000630 1 EFFLUENT GIR	IV A OSS VALUE						(44)	114	-	110	SER PERSON	ga Pour
NITIROGEN, TO (IF REQUIRED	IN THE PERMIT)	Sample Measurement	*********	*****	**********	determentations	04 0245700000000000000000000000000000000000	NA	MA.	NA	NA	NA
000600 1 Effluent Gr	NA COSS VALUE							DAETMAX.	. 3 4.		, 632.7 20.11	(AL PART
TURBIDITY (IF REQUIRED	IN THE PERMIT)	Sargh Measurement	***************************************	*************	**********	************	*****	0.67	NTV.	0	Dunes	TURBUT VII ON FRE
	0.34							USC.				1
TSS EFFE	BY PERMIT					<u></u>		1.6	MG/L	0	BI- WEEKLY	FPC8
voi Kes	1.6 C					1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						

HAMPITTE OF PERCEPAL EXECUTIVE OFFICER OR APPROXICED AGENT (FIRST AND	SIGNATURE OF PROCESAL EXECUTIVE OFFICER OR AUTHORISED AGENT	TELEPHONE NO. DATE (YYARADD)
NORMAN L. SHUKAIT	Name of Shubut	272-1919 01/02/36

BALLE RIDGE STRUTTES INC. DALY SANGLE MENTS - PART B

TAN-2001	-										•	44	13	M	6.0							The	- Bas	4 A					3.7	/3¢ ‰) 13		105
p d'ès Mad		1	1	8	4	3	å	7	•	9"	10	11	12		H	R	×	tt	19	10	20	×	2				1		29		×		İ
040E)		کی	310	3	258	293	مور	.53	341	*	351	245	,p5	2	ماهر	,3b	356	,37	364	اعد	240	383	برام:	34	373	783	286	200	578	240	25,4	25	7.57 335
Modes Resident after Contest Marie M (N)		3,3	26	3.8	30	2.5	2.8	3.8	2.0	5,0	2.5	5,0	2.2	5.0	4.2	2.9	25	2.0	1.8	2.0	20	20	2,2	5.0	5,0	3.1	2.0	3.1	1.8	2.0	3,1	20	
200 1 4 4 4	C		,													196													Γ	151			34 17
SS Inflorest (mg/L)	c		-													223														193			4/ 30
BOD, Efficient (mg/L to O)	C														Γ	<1														<1			¥
SS Efficient (mg/L)	6		0.9	08	0.8				1.6	0.8	0.9						K/.0	0.7	2,0				cas	108	09					108	KOK	کری	73
O, Effloers (mg/L as N)																																	
nal N Efficent (mg/L as N)																													Γ]
cal Californ (#/100ML)	G		<1	</td <td>4</td> <td></td> <td></td> <td>Г</td> <td><1</td> <td>41</td> <td>k/</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>41</td> <td>KI</td> <td><1</td> <td></td> <td></td> <td></td> <td><1</td> <td>4</td> <td>4</td> <td></td> <td></td> <td>Τ.</td> <td>Γ</td> <td>4</td> <td>41</td> <td>41</td> <td>ŀ</td>	4			Г	<1	41	k/						41	KI	<1				<1	4	4			Τ.	Γ	4	41	41	ŀ
distant, minimus	G		_			_	6.4	6.5		_			66	6.6	6.6	+		_	1		6.6	6.6	6.7	6.8	6.1	6.7	64	6.6	67	6.8	168	6.8	
f efficient, mexicano			_																														
whichy (N.T.U.) CHAST RECORDER		.45	29	34	34	,41	47	33	.,,,	.43	,25	35	,67	28	28	.31	35	34	.62	40	.33	,33	.23	,22	,20	.19	,22	1,32	121	32	4,44	.34	0.
YPE OF SAMPLE (C=COMPOSIT =GRAID)	E,							T																						Π			
Die of Sample		o"	08#	84	0839				00	18°90	0639						083	089	A4	d			0874	0836	083	e				85°F	X 120	630	L
TSS COMPOSITE-POT REABY PERMIT	C															1.6	_													1.7	<u>/</u>		7.
															<u>'</u>																		
																																	Comments.
						T									:															$oxed{\mathbb{L}}$			
				Ī	Τ	T		Π										T		Γ	T					T		T					

ANT STAFFING:

2001

Clean: C Cardifosto No.: 3463 Clean: C Cardifosto No.: 6394

Nema: MORMAN L SHUKHIT

Nems: M. SCOTT STEWART

Curtificate No.: Cartificate No.:

Name: Name:

» of Ellout Dispusi or Bestriand Water Roun: 3/44/ 100/4710N- Golf Cou 458

aind Wat Weather Discharge Activated: Yes: No: Mat Applicable: If yes, complaine days of wet weather distharge: tach additional shoots & accounty to list all cordified operators.

Clear:

^{*} Page 6-68-51000, Milada Haradar 33, 1974

ENGITE NUCLESCIE RIDGE JUTILITIES INC. MILING ADDRESS: 14668 AFRIES WAY DR FT. MYENS FL 339/2-1703

ACILITY: EAGLE RIDGE OCATION: 14668 AERIES WAY DR. FT. MYERS FL. 33910-1703

LIMIT: FINAL

CLASS SIZE: MINIOR

FACILITY ID: FLADJ4498

GMS TESTSITE ID NO.:5236-700978

DISCHARGE POINT NUMBER: EFA-1 •443 PLANT SIZE/TREATMENT TYPE:3-C WAFR SYSTEM ID NO.: *** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE

Please read instructions before completing this form.

GOLF COURSE IRRIGATION.

Pa	riameter		Qu	antity or Loadin	g		Quality or Concer	atration		No. Ex.	Frequency of Analysis	Sample Type
STORET CODE	MON, SETE Ma.		Average	Maximum	Units	Minimum	Ачегаде	Maximum	Units		,-	İ
FLOW	.238	Sangle Measurement	.238	.279	M.G.D.	***********	**************	************	***********	0	Cannons	FLOW
MONTHLY AVE	ERAGE DAILY	-	AEPOAT. MONTHLY AVG	PENATTE SANCTO	5			3			DI PERMI	EI FILM
CBOOS, DIFLUI		Satisfic Management	*********	*****		***************************************	187	193	ME/L	0	BJ- WEEKLY	FPC8
eesce2 G Enfluent GRO	187 C						APORT STATEMENT	DATE OF THE PERSON NAMED IN	-		ME PROCES	20 F2347
TSS, INFLUENT		Balgh Hanssoni	********	************	**********	*****************	210	241	M6/L	0	B1- WERKY	FPCA
00530 G INFLUENT GRO	2/0 OSS VALUE C	P-12				***************************************	ALPORT MONTHLY AVQ	REPORT DART MAX	ingt.		SI PANE	SEE PERMIT
CBODS, EFFLUI		Sample Management		***********	**********	**************	0.1	1.0	mG/L	0	BI- WEEKN	FPCA
080082 1 EFFLUENT GRO	O+/ OSS VALUE C			Mark Control		** 10	ACHTHLY AVC.	HIOR				34.8 67.4
TSS, EFFLUENT	7	Sample (Assessment	*******	**************		**********	0.6	0.8	mE/L	0	3/2	GRAB
000530 1 EFFLUENT GRA	OSS VALUE G					34.15 0	NEW CANCES	EDOKT.				
COLIFORM, FE	CAL	Sumple Management	******	***************	01000000000	<1	<1	<1	LOW WY	0	3/	CRAIS
031616 1 EFFLUENT GRO	DES VALUE G				*	With TAR	ACPORT ACOMPREY AND	STORY SALE				

vertify under panelty of law that I have personally extensived and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted formation is true, accounts and complete. I am source that there are significant punction for submitting false information including the possibility of face and imprisonment.

MANGEMENT OF PROCESSAL EXECUTIVE OFFICER OR AUTHORIZED ACCOMPANIES SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ACCOUNT TELEPHONE NO. DATE (YYMMADD) NORMAN L. SHUKAIT

ONDIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all plackments here): (Attach addition

03/13/2001

ACILITY: EALLE RIDGE

OCATION 14668 HERIES WAY DR.

FT. MYERS FL. 33912-1703

PENAT HINDER: PLA-OMYTE-ON-DWAP

MONITORING PERSOD-Prose (02/01/01) 70 (02/01)

LAGT: FRUL

CLASS SIZE: MINOR

GROUP: DOMESTIC GMS TESTSITE ED NO.:5236-10070

FACILITY ID: FLAO14498 DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: ROCLAMARO WATER- RO-USA, GOLF LOWESS IRRIGITION.

				read instruction		mpicust can to	A 111 A			Ne		Sample
Pa	rameler		Qu	antity or Loading	3		Quality or Concent	tration		No. Ex.	Pargamety of Analysis	1)the
TORET COOR	MON, SETE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
H		Sample Monatement	***************************************		***************************************	6.6	p	7.2	(12)	0	7/war	G
10460 1 Principal	6.6 G					Managar A	,	BARYMAX	N.		age result	-sat privat
	TAL RESIDUAL	Sand Married	*************			1.8		************	MELL	0	TWOON	MAYMA
9000 I	1.8					Hibridal	*E		-1	•	MI MINT	-
TRATELEN	n					***************	Banas 000000000	NA	N.A.	MA	NA	MA
00620 3	IN THE PERMIT)							114			SE PERMIT	en Paul
TTROGEN T	OTAL (# N)					-		NA	MA.	NA	NA	NA
00600 1	N THE PERMIT)											
URRIDITY	ROSS VALUE	Bangia Managan			***************************************	***********		.40	N.T.V.	0	Carmeng	TURES POL
IT REQUIRE	.40							777				
TKS FEG	IUENT COMP							0.8	mG/L	0	BA- WEEKLY	FPCE
VOT RE	LUENT COMP QBY PERMIT 0.8											

cartify under penalty of low that I have personally examined and sen families with the information submitted hereix, and based on my inquiry of these individuals immediately suspensible for obtaining the i formation is true, accorde and complete. I am owere that there are significant penalties for submitting false information including the possibility of fine and imprisonment. DATE (YYAONDD)

SECHATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAMED TITLE OF PREPCEPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DISH MAD

NORMAN L. SHUKAIT SHOWS HE INSTRUMENTS SHORT ALONG YHA TO MOSTAMA POSE DRIA TREMDROS

BALLE RIDGE WILLIAM INC.

DEC	=.93/
344	I. 33)
FRE	2.238
75557	

03-01												45	/3	M	W															<u> </u>		15	- 57
ip dis limit		\$	3	3	4	1	•	7	8		*	11	12	13	M	R	8	11	8	10	*	*	#		24	*	×	Ħ	*	•	200		
har (410h)		5	35	30	14	A.P.	Sa	子	Y	73	4	39	*	*	K	32	4	4	4		213	3	35	P	*	3	XS	2	20	\$	•	- 5	13 (c.
Markov Bandeland other Countries age(L. se (CL)		2.0	23	2.0	20	1.9	25	50	3	و ري	20	2º	کړ	35	3.0	35	4.9	3,0	5.5	33	25	25	1.8	18	28	25	مر	2.5	36	-	1	-	
IOD, influent (mg/L os O ₂)	C		,										193														180	1		_	- '	⁻ 17	73 77
iS Influent (mg/L)	C												241														178			_		- 1	777
BOD, Efficient (mg/L or O ₂)	C												<1.														1,0			_		- 10	3.0
SS Effect (mg/L)	G					col	200	ر0,					,0,	00]	كأور					٠٥,	S. C.	2					20/8	10.6	8,0	_		- L	7.6
O, Efficient (mg/L as N)																																	
olal N Effluent (mg/L as N)																																	
scal Coliform (#/100ML)	G					1	41	<1					41	41	4					41	4	<1					<1	41	</td <td>-</td> <td>-</td> <td>3</td> <td></td>	-	-	3	
H officed, minimum	G	6.7	67	66	64	66.8	7.2	7,0	6.8	68	6.8	7.0	7.0	20	69	6.9	69	69	6.8	6.9	6.7	6.8	68	6.9	6.9	7.0	6.9	7.0	27.0				
H officest, mexicum			-																														
whiting (N.T.U.) CAMBO RECORDER		الور	.31	,32	.30	31	,20	.20	,22	37	33	40	32	28	33	,22	24	24	مر	20	23	25	22	29	36	30	30	.36	36	-	_		7.85
YPE OF SAMPLE (C=COMPOS :=GRAID	ΠĒ,																												$oldsymbol{\perp}$			Î	
DIE OF SAMPLE																																	
TSS COMPOSITE-HOT REABY PERMIT	C			T									0.8	}													رهر	5		<u> </u>	_	士	1.4 0.7
7							T																							<u> </u>			
					Τ																												
					T						T		Π																				
		T	T	T	T	1	T	T				Τ											T										
		\vdash	+	十	+	+-	+-	+	+	+	+	+	+	\top	+	1	+	\top	1	1-	+	1	1	+-	1	1		1	1	1	1		

ANT STAFFENG:

Class C Cordions No.: 3463

HOM: NORMAN L. SHUKAIT

Class: C Cordificate No.: 6394

Name: M. SCOTT STEWART

Class: Cordificate No.: Class; Cortificate No.:

Name: Name:

pe of Effect Disposal or Recisional Water Resea: SPANF INCHANGES GOLF COURSE rained Wat Weather Displayee Activated: Yes: No: Not Applicable: If you, commissive days of wet weather displayee: their additional disease if eccentry to Set all corridor operators.

P Prop. Co. Co. State of Barrier 20, 1894

2001

YOUR LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: EAGLE RIDGE OTILITIES INC.
ALLING ADDRESS: 14668 AERIES WAY DR.

FT. MYEKS FL. 339/2-1703

ACILITY: EAGLE RIDGE

OCATION: 14668 AFRIES WAY DR.

FT. MYERS FL. 33919-1703

PERMIT NUMBER FLA. 014498-001-DW3A

MONITORING PERIOD-From: (63/01/01) TO (03/31/01)

LIMIT: FINAL

CLASS SIZE: MIMOR

GROUP: DOMESTIC FACILITY ID: FLADJ4498

GMS TESTSITE ID NO :5234-76070 WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: EFA-1 .443 PLANT SIZE/TREATMENT TYPE: 3 - C

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL RECLAIMED WATER-RE-USE COLFCOURSE IRRIGATION.

Please read instructions before completing this form.

P	arameter		Qu	antity or Loading	g		Quality or Concern	tration		No. Ex.	Fraguency of Analysis	Sample Type
STORET CODE	MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	02/	Emple Mouseament	.231	.3/4	M.G.D	******		•	********	0	Carmins	FLOW
SOOSO 1	·23/ VERAGE DAILY	Presid Requestrated	REPORT MONTHLY AVG.	FEALITTED CAPACITY	MGD	*********					SEE PERMIT	SEE PERMIT
CBODS, INFL	JENT	Sample Monacement	•••••			***************************************	204	242	ME/L	0	BI- WEEKLY	FPC8
080087 G	204 ROSS VALUE	Paris Reprint	93				BLICAT MONTHLY AVC	BEFORT DAILY MAX	-^-		SEPERAT	HE PERMIT
TSS, INFLUEN	u	Burgh Mennetheri				*************	225	253	MG/L	0	B1- WEEKLY	FPCE
00530 G	225 ROSS VALUE	Paril Repirement :	••••••			***************************************	REPORT	REPORT DAILY HAX	-,	* (*)	SEE PERMIT	SEL PERMIT
CBODS, EFFL	UENT	Saugh Measurement	************	*****************			1.5	2.0	MG/L	0	BI- WEEKLY	FPCE
0 30002	1,5 ROSS VALUE	Fire Represent			9-481-0-08		ALPORT MONTHLY AVG	ZYNOYT.	-	107.1	BE KEWI	SEE PEXAM
TSS, FFFLUE		Satural Measurement		**************	4.0000041011	***************************************	1.0	4.1	m6/2	0	3/7wee/	CRAI
000530 1 SERLIENT G	1.0	Fring Legisteriani		· · · · · · · · · · · · · · · · · · ·			REPORT MONTHLY AVG	DAILY MAX	-		SEE PELMIT	see pervi
COLIFORM,	NODE (1882)	Stanger Measurement	********	••••••	************	41	4/	41	LOC ME	0	3/ 7WEEK	CRAP
031616 I	GROSS VALUE6		* 			REIORT WEEKLY AVG	REPORT MONTHLY AVG	BEPORT DAJLY MAX			SEE PRODUCT	A CRAS

perify neder penalty of how that I have personally examined and are familiar with the information submitted herein; and based on my inquiry of formation is true, accurate and complete. I am aware that there are significant penalties for submission false information including the possibility of fine and imprisonment.

DATE (YY/MN/DD) TELEPHONE NO. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Now or Principal) NORMAN L. SHUKATT

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if occessary.)

2001

ENSITEE NAME EAGLE RIDGE JUTILITIES INC. LAILING ADDRESS: 14668 MERIES WAY DR.

FT. MYERS FL. 339/2-1703

ACILITY: EAGLE RIDGE

OCATION: 14668 HERIES WAY DR.

FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014478-001-DW2P

MONITORING PERIOD-From: (63/01/01) TO (63/31/01)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLAD14498

DISCHARGE POINT NUMBER: EFA-1

GMS TESTSITE ID NO.:5236-16090

WAFR SYSTEM ID NO .:

*** NO DISCHARGE [] ***

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3-C TYPE OF EFFLUENT DISPOSAL: RECLAMMED WATER- RE-USE, GULF COURSE IRRIGATION.

		PRESS	read instruction	as beinte co					```		Same!
Parameter		Qu	antity or Loading	g		Quality or Concen	ration		No. Ex	Frequency of Analysis	Type
TORET CODE MON. SITE No.	14.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
oll	Sample Measurement			>+>	6.9	*****	7.2	(12)	0	7/ JWAK	G
200400 L 6.9 G	Perrol Requirement		\$00 000 000 000 000 000 000 000 000 000		O.S MJHJMJM	PART TO THE PROPERTY OF THE PARTY OF THE PAR	DAILY MAX	SU	w Week	SE PEUIT	see permit
CHLORINE, TOTAL RESIDUAL	Sample Measurement	5-4-H-1-1-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4	******	*********	1.2	}-d+4400m466-44		MG/L	0	CONTINUOUS	MON MOR
150060 1 1,2 EFFLIENT GROSS VALUE	Fund Requirement		50 pp=540=500		Minusia	2.1140004311-A	\$00 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40 \$40	mg/L	, seq	SEE PENNET	SEE MAUNT
NITRATE (45 N) (IF REQUIRED IN THE PERAITT)	Sumply Measurement		•••••••	**********	•••••		NA	NA.	MA	NA	MA
000674 1 NA EFFLIENT GROSS VALUE	Persi Reprinted				201		114			EZ PERLUT	SEE PERSON
NITROGEN, TOTAL (N)	Sample Measurement		***************************************		*****		NA	NA.	NA	NA	NA
(IF REQUERED IN THE PERMIT) 000600 1 NA	Punit Requirement	900=14040144	ayaqaanayoo ahadag			• • • • • • • • • • • • • • • • • • •	BEFORT DAILY MAX	= •/1		SEEMENET	IEE PERUM
EFFLUENT GROSS VALUE TURBIDITY (IF REQUIRED IN THE PERMIT)	Sample A Seasurement	•		•••••••	TOTAL SERVICE AND LESS	•••••••	0.85	N.T.J.		CATTARBOS	MONTE
<u>0.85</u>	Panal Requirement	· · · · · · · · · · · · · · · · · · ·					DVBARY	,NTU		SER PERMIT	SEE HEISE
TSS EFFLUENT COME	?	10° 21'2					0.9	mg/	0	BI- WEEKLY	FPCE
NOT REGIBY PERMIT		***				i i	***				

castify under penalty of law that I have personally externined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information formation is true, accurate and complete. I am aware that there are significant penalties for submitting false information installing the punishity of fine and imprisonment. DATE (YYADUDD) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. NAME/TITLE OF PROPCIPAL EXECUTIVE OFFICER OR AUTHORIZED ACENT (No. of Principal EXECUTIVE OR AUTHORIZED ACENT (NO. of PRINCIPAL EXECUTIVE OR AUTHORIZED ACENT (NO. of PRINCIPAL EXECUTIVE OR AUTHORIZED ACENT (NO. of PRINCIPAL EXECUTIVE OR AUTHORIZED ACENT (NO. of PRINCIPAL EXECUTIVE OR AUTHORIZED ACENT (NO. of MORMAN L SHUKAIT

ONMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional shorts if accessary.)

-2-

C

6

C

G

197

2

34, 34, 39, 42, 40, 31, 49, 40, 33

13 14 15 16 17

10809 10

DAE OF SAMPLE						1	1	1	-	_			_	\dashv	_	_	_		_		-	-		-;			-	十	_
TSS COMPOSITE-NOT C			1	7	\neg	1					0.9				\downarrow	_	\dashv	_	-	_				0.6				\dashv	
REG. BY PERUIT													_		_	_	\dashv	_	\dashv						-			\dashv	
												·						_				-		-	_	_			
																						ļ	_		\vdash	 	-	\vdash	
	├	-				-					1											1	1	1	<u> </u>	L			

ANT STAFFRIC:

BAGD)

TE as CL)

155 Influent (mg/L)

TGS Effhent (mg/L)

EAGLERIDGE

9415611263

04/24/2001

derine Residuel after Contact

(BOD, Influent (mg/L as O.)

COOD, Effect (mg/L as O.)

3, Enhant (mg/L as N)

Hal N Effluent (mg/L as N)

cal Coliform (8/100ML)

i billuent, maximum

CHART RECORDER YPE OF SAMPLE (C-COMPOSITE.

whitity (N.T.U.)

-GRAID

Name: AIGRMAN L. SHUKAIT Nume 14, SCOTT STEWART

طور طور

7.1 7.1 6.9 6.9 6.9 7.07.0 7.0 7.0 7.0 7.1 7.0 7.2 7.07.1

Ross: SPEED INCHARRAS- GOLF COURSE

If yes, cumulative days of wet weather discharge: her Disthere Activated: Yes: No: No. Nat Applicable:

al desta if accessary to list all certified operators.

P Penn Co-CEL STANDS, Mileston Househow 28, 197

Mecelved: 5.21.27 3.

DEPARTMENT OF ENVIRONMENTAL	PROTECTION DISCHARGE	MONITORING REPORT - PART A
	STREET TO STREET	

ERMITTEE NAME: EBGLE RIDGE JUTILITIES INC.

FT. MYENS FL 339/2-1703

ACILITY: EAGLE RIDGE OCATION: 14668 AERIES WAY DR. FT. MYERS FL. 33910-1703 PERMIT NUMBER: FLA. 014498-001-DW3P

MONITORING PERIOD-From: (4 /01/01) 70 (4 /30/01)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLADJ4498

GMS TESTSITE ID NO. 5336-76090 WAFR SYSTEM ID NO.:

DISCHARGE POINT NUMBER: EFA-1

443 PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE |] ***

GROUP: DOMESTIC

TYPE OF EFFLUENT DISPOSAL: RELIGIMED WATER-RE-USE
Please read instructions before completing this form.

GOLF COURSE INCICATION.

Parameter			Qu	intity or Loading	g		Quality or Conce		No. Ex.	Frequency of Analysis	Sample Type	
STORET COOK	MON. SITE No.		Average	Maximum	Units	Minimum	Average	Махітита	Units			
FLOW	251	Sumple Measurement	.251	·3/5	M.G.D	••••••	************		**********	0	Continues	FLOW
SOOSO 1 CONTHLY AV	.25/ ERAGE DAILY	Paris Repirement	REPORT MONTHLY AVG	PERMITED CAVACITY	MCD						DI PILVEI	BT LOTAL
BODS, INFLU		Sample Management		**************	********	*************	267	269	ME/L	0	WEEKLY	FPCE
80002 () NFLUENT GR	267 C				,4.4.4.b		MOUNT / VS	BALL K			pri Penari	44 537
33, INFLUEN	- 111	Barris Manager	********			***************************************	3/4	3/8	MELL	0	81- WERE	FPC
00530 G NFLUENT GR	NOSS VALUE C	P-1					AUTOET AND	DAR YMAX			l	#E 1900
BODS, EFFL	UENT C	Sample Management	********	••••••	••••••	***************	3	4	MG/L	0	BI- WEEKY	FPC
80082 I	NOSS VALUE C	7-2-2-	- 1				REPORT MONTHLY AVO.	postava ances			720	8 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6
'SS, ETFLUEN	ग	Sample Hanneston	•••••	# 04.4.1.2.1.2.2.2.2.2.2.2.2.2.2.2.2.2.2.2.	**********	***************************************	40.6	<0.6	mG/L	0	3/1000	GIEA
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	<0.6 NOSS VALUE G						ASPORT MONDELT AVE	DART MAR				
COLEPORM, FI		Shaph Linescon				</td <td>~/</td> <td><!--</td--><td>100 ML</td><td>0</td><td>3/ WEEK</td><td>GRAI</td></td>	~ /	</td <td>100 ML</td> <td>0</td> <td>3/ WEEK</td> <td>GRAI</td>	100 ML	0	3/ WEEK	GRAI
031616 1 EFFLUENT GE						10000 10000 10000	Material Value	- 0.00		3		

Service parally of low that I have personally commissed and are familiar with the information submitted hereig and based on my impriry of these individuals instantially responsible for obtaining the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the personal contract of the information in the information in the personal contract of the information in the perso

CHOLDIT AND EXPLANATION OF ANY VIOLATIONS (Reference all exchanges here); (Astech additional shorts if pressary,

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

A A STORAGE TERRETORS (BESTER STEEL STEEL ERMITTEE NAME: EACLE RIDLE UTILITIES INC. MALING ADDRESS: 14668 RERIES WAY DR. FT. MYERS FL. 339/2-1703

FACILITY: EAGLE RIDGE OCATION: 14668 MERIES WAY DRI FT. MYERS FL. 33912-1703 PERMIT NUMBER: FLA. OPHITA-001-BW2P

MONTORING PERIOD-From: (4/6/10/) 70

LDGT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLAO14498

DISCHARGE POINT NUMBER: EFA-1 PLANT SIZE/TREATMENT TYPE: 3-C GROUP: DOMESTIC

GMS TESTSITE ID NO.:5236-76-70

WAFR SYSTEM ID NO .:

*** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL: ROCLAMED WATER-RE-USE. GOLF COURSE IRRIGITION. Please read instructions before completing this form.

Parameter		Quantity or Loading Quality or Concentration							No. Ex.	Françaisery of Analysis	Sample Type
STORET CODE MOR SITE He.		Average	Maximum	Units	Minimum	Average	Maximum	Units	•		
pH 6.7	Sarah Manamat	*************	640466644646464	**********	6.7	***************************************	7.3	0.2)	0	7/ NEK	B
			<i></i>		HERAN		E) DAILYMAX	, BU		SEZ PÉRLUT	er pour
THEORINE, TOTAL RESIDUAL	Banyle Magazanagi	***********	***********	*********	2.0	endusseed h 4 800000		MEL	0	CONTINUENTS	Zifforni Movinir
PSONGO I GROSS VALUE					Meer			7.		POLIT	
NITRATE (= M) (IF REQUIRED IN THE PERMIT	Sample Management	***********	*************	*********	**************************************		NA	KA.	MA	NA	MA
000620 1 NA EFFLUENT GROSS VALUE							124			-	p. real
NTTROGEN, TOTAL (se N) (IF REQUERED IN THE PERMIT) lange language	***************************************		**********	poq-1	~	NA	MA.	NA	NA	NA
060660 1 NA EFFLUENT GROSS VALUE							DATTLAX			-	gal mag
TURBIDITY NOT REC	Sangle Management	***********	************	**********		Le - 07 - 24 - 24 - 24 - 24 - 24 - 24 - 24 - 2	0.95	MTV.	0	CONTINUES	PROPERTY
0.95		(LELI-LA)									
TSS EFFLUENT COM	e T		and the state of t	. (1.5	MG/L	0	81-	FPCB
1.5											

diagnosis is true, commits and complete. I can array that there are significant possible interests of minimum action of the committee of the c

MORMAN L. SHUKAIT CO2463

27-01												.4	43	M	6.1).						The Dall	e gan	- A	range (Tan		42		10 54	7.) 7 <u>.</u>	7	Bes
p of the March	1	12	13	T	•	5	6	7	•	19	10	11	12	13	M	R	K	17	18	19	2	21	22	23	24	25	×	27	2	79	3801	
# (A40D)	25	3	3	对	14	3	B	43	q	3	23	214	35	15	3	30	şê.	339	47	251	370	5	363	,3 ²	2	231	33	193	201	283	196	O U
orine Residual after Contact of Las Cid	50	51	15.	Ø	3.5	5.0	43	4,5	20	5.0	8.0	5.0	50	3.7	2.0	5.0	5.0	2.2	3.9	2.8	5,0	4.0	5,0	5,0	3,0	5.0	4.5	4.5	3.5	43	44	
OD, Influent (mg/L os O.)		Ţ,	T								26	4															26					53
I Influent (mg/L)											319																318	<u>\</u>				3
OD, Efficient (mg/L or C)			T								4							L									2	L				3 700
S Effect (mg/L)	•		40	26	عم	0,60					0	لمميره	201		:			eck	2016	w					206	لور	لنعاط		_	$oldsymbol{ol}}}}}}}}}}}}}}}}}}$		<0.
), Effinent (rog/L se M)	T																											_			ļ	
Lef N Effluent (mg/L ns N)																			L		L			L		L	_			1		_
ca) Coliform (8/100041.) G			4	1	41	4						<1	</td <td></td> <td></td> <td></td> <td></td> <td><1</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>KI</td> <td>4/</td> <td>_</td> <td></td> <td></td> <td><u> </u></td> <td> </td> <td>4</td>					<1							KI	4/	_			<u> </u>	 	4
delles, minimum G	7.	3 7,	0	7,0	67	7%	7.1	7.1	7.	17.	17.	7.	17.	701	17.1	6.9	7.1	7.1	7.0	68	74	7.0	6.9	7.1	7.	7.	1/2	7.	1/2/	16.5	70	4
efficent, mexicons		-														<u> </u>	L	L								\perp	\perp	1	丄		ļ	1,
ntilly (H.T.U.) CAGAT RECORDER	.4	2 .2	3	25	20	24	/32	37	1.2	4.6	3 B	2 ,81	8	15	2 1	1.90	.95	54	1 .42	1 4	34	4:	4.3	390	7	2 4	0 4.	5/2	6 .5.	199	5 .80	76 •3
YPE OF SAMPLE (C=COMPOSITE, =GRAIN														上		$oldsymbol{ol}}}}}}}}}}}}}}}}}}$					L	L		$oldsymbol{ol}}}}}}}}}}}}}}$	$oldsymbol{\perp}$	_	_	_	_			
ME OF SAMPLE																			_		1			$oldsymbol{\perp}$	\perp	\perp	1	\downarrow	1	\downarrow	1	۱,
TSS COMPOSITE-NOT REABY PERMIT											1.	5	_	1	\perp	\perp		_		\perp	_	1	_	1	1	\bot	0.	9	\downarrow	\downarrow		17
		\perp	\perp					\perp	1		1	\downarrow		_	1	1	\downarrow	$oldsymbol{\perp}$	\bot	1	1	_	1	1	+	+	+	4	+	+		4
	\perp	$oldsymbol{\perp}$	\perp				\perp		1	_	\perp	1	_	_	1	1	1	\downarrow	$oldsymbol{\perp}$	1	1	1	1	1	1	4	\bot	+	+	+		4
						L	$oldsymbol{\perp}$	$oldsymbol{\perp}$	1	$oldsymbol{\perp}$	\perp	\perp	_	\bot	1	\bot	\downarrow	1	4	\downarrow	\downarrow	\bot	+	+	+	4	4	+	+	\dashv	+-	4
							1		1		\perp	\perp	1	\perp	1	1	_	1	\downarrow	1	1	\downarrow	\downarrow		1	+	4	4	4	4	-	_
													$oldsymbol{\perp}$															$oldsymbol{\perp}$		Ŀ		

ANT STATFFIC:

Zey mild **Operator** Socially Steen **Operator** Clinic SMo **Occupie** Sant C Continue No.: 2463 Sant C Continue No.: 6394 Ham: NORMAN L. SHUKHIT

go of Milmet Disposed or Robbinsh Water Boson: SARRA AND CONTRACT COURSE

Wa Wurter Haltery Arthrett: Yer: Her Ha Antholis. If yes, combain days of wel weather distance.

Received: 5/21/01 05/21/2001 15:35

9415611263

3:36PM;

69

PAGE

סויד הפדידידים

9415011203

EAGLERIDGE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

CONTINUE FALLE RIDGE JUTILITIES INC.

FT. MYERS FL. 339/9-1703

MODITY: EALLE RIBLE OCATION: 14668 NERIES WAY DRI

FT. MYERS FL. 339/3-1703

MENET HAMER: FLA. 0/4/76-001-0-27 MONTORNO PERIOD-FRA: (5///0/) 70 (5/pi/a)

LIMIT: FRIAL

CLASS SIZE: MINNER

FACELITY ED: FLAGI4498 DISCHARGE POINT NUMBER: EFA-I GROUP: DOMESTIC
GAS TESTSITE ID NO.:5256-A-Ro

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: 3-C *** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL RACIANDED WATER RE-USE,

Parameter	tr		read instruction naity or Loading		I	Quality or Concent	tration		No. Ex.	Fragmenty of Analysis	Type
PORET CUIDE. MON-SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Н	Sample Management	Mentanne	*************		6.59	929(00200000000000000000000000000000000	7.09	(12)	0	7/war	C ₅ *
1 459 G	Person Requirement	•	************	********	é.S MBIDUM	540000 CANDO DOCO	DARTHAX	W J		SI MINIT	SEE HERSET
HLORINE, TOTAL RESIDUAL	Sample Hannastori		610 TH P42 HARDON COOKS	*********	1.0	9400007004041077	4	MEL	0	Tendors	Mari made
SECOLO 1 1.0	Pursua Regionalista	25			Mark			•		# P###	63 / Tand
OTRATE (m N) IF REQUESED IN THE PERSON	Sangle Management	***********	*****************	4400000000	*************	**********	NA	KA.	MA	MA	MA
HACH I NA					311					-	
ATTROOPEL TOTAL (m M)	Sangle Harmon				*****		NA	MA.	NA	NA	NA
W RECRIBED IN THE PERSONT)	Fund Regionals		Quadratus terbas das Della	4000000000			BERMI			55.FEM.	EU (120
EFFLUENT UROSS VALLE TURBIDITY ATU	Sample Means office	***************************************	***************************************	*******	***************************************	***************************************	1.15	MTV.	0	CONTAINS	TURSA MANIFE
(IF REQUIRED IN THE PENAT)			2 4 4 5 5 6 6		*		Sea PAN	aCV.		su pourt	14,100
TO EXECUTED COMP.							0.6	me/		BI-	FPC.
TSS EFFLUENT COME NOT REGIBLE PERSON				100							

		The second secon
mally under parally of lare that I have promountly conseived and an familiar with the information	the relative between and back to see to prove you	
with make of last (a) in the last provide of the contract of t	A CONTRACTOR OF THE PARTY OF TH	
the same of the same and the sa		
maily under pumbly of law date. I have presently desirate an an inglificual provision for the based on it two, severals and employs. I say over that there are simplificual provision for the second or females. Operation contents on story pumble steps of provision.	COLUMN COLUMN TO SERVICE CO. AL	
		272-170/6/26
	M. It theret	
STOTT STEWART POPELATOR		
The said of the sa	To a wow	
TOWN TOWN		

St. from the district for the party of the

		- THE THE PARTY AND THE PARTY	MANTHONING	PEPORT - PART A
REPARTMENT OF ENV	TRONDÆNTAL PRU	IECHON DESCRIVAGE		THE RESERVE OF THE PERSON OF T

ARING ADDRESS: 14448 AFRIES WAY DR.

FT: MYERS FL 339/2-1703

ACBLITY: EAGLE RIDGE

OCATION: 14668 AERIES WAY DR.

FT. MYERS FL. 33912-1703

PERMET MAGER FLA. 014478-001-DW 18

LINGT: FINAL

CLASS SIZE: MINIOR

FACELITY D: FLADJ4498 DISCHARGE POINT NUMBER: EFA-1

GMS TESTSITE ID NO : \$156 - Peril WAFR SYSTEM DNO.:

.443 PLANT SIZE/TREATMENT TYPE:3-C

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL RECLAIMED WATER-RE-USE GOLF COURSE IRRIGATION.

					expleting this for	Quality or Concent	relion		No.	1	Sample Type
Parametes		Qu	antity or Loading	В		Quality of Concent	T WENT		Ex.	of Authoria	· pp-
DRET CODE MOM. SITE Ma.	10 M	Average	Maximum	Units	Minimum	Average	Maximum	Units			51016
OW .	Sorapis Management	.2/2		M.G.D	************	*************	4 1 72777771		0	Cantillans	FLOW MITTER
DOM 1 107/62	Press Sequences	NEPORT MONTHLY	PERMITTED CANADEY	\$4GE	-	**************************************	Bartos \$1,000	,		SEE PROJECT	BET PERMET
BODS, WHELVENT	Sample Management	AVC				185	205	ME/L	0	MEERLY	FPC8
HORZ G 1/85 C		N. Was in	200000	(3) Sept (4) (5)	22-4-4-11 ********************************	PROPERTY AND	PARTIES.				20 PENET
H, MFLUDIT	Ample Manager	28 Y 2 44 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		••••••	Pro-18000-1001-100-1	196	234	ME/L	0	BI- WEIED)	FPCE
MIN G 186 C	Punit Replaces	(fax.4)				Pepage A vac	SALT WAS				
BOO1, EFFLUENT		*********				سی,	1.0	mE/L	0	BI- WEEKT	FP
MONEZ 1 .5	Family Report					AEFORT DVA LISTADIA	BALYMAX			-	ALROW!
SS, EFFLUENT	Scoots Harranson	•••••	Umo 14000000000000000000000000000000000000			0.8	3.6	MG/L	0	3/745	GRA
10530 1 O.S. G		2,000,000	*************		and and a great deal of the	MEPORT NORTHLY AVG	DAE THAT			, we relieve	eap says
OLIFORM, FECAL	Barrell Harranson	********			. 31	(1	31	I NO ME	0	7 WEE	CRAI.
SHORE LANGE GROSS VALUE G		* * sa seli-in	*** 20°		MERTY AC	ASSETT AVG.	BART SOZ				

The state of the s	The second of the second second second and second s	
wife under purely of here that I have personally command and orn familiar with the informa-	the same of the same of the same to be a same to be a same of the	
A A A A A A A A A A A A A A A A A	The state of the s	THE PARTY OF THE P
artify under pundry of her that I have personally command and ten tentilal was the interna- fragation is tree, common and complete. I are seens that there are significant parallels for sub-	MARINE OF PROCESSAL STREET, STREET, STREET, STREET, AND STREET, AN	TELEFOCHE MO. DATE (TYGOLOGY
		10 372-171701/6/026
Miles of the Land of the Control of		
	my hat thunt	
STRUBLT OPERATOR	The feath	

DAGE E

EAGLERIDGE

9415611263

06/26/2001 11:

BEZANTOPINT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING MONITORING MONITORING MONITORING

MANAGEMENT FOR RIGHT WAY DR.
FT. MYRKS FL 339/9-1763

ACRITY: EAGLE RIDGE DCATION: 14668 AERIES WAY DR. FT. MYERS 1-1.33917-1703 PERMIT NAMES FLA. 0/4478-001-DW 3/

1500 5000 PRINCE-Prince (6/1/6/) 70/4 (50/6)

CLASS SIZE MY MAN

COLOUP. DOMESTE

FACELITY ID: FLAB HAY 98

CLES TESTATE D NO. 336-Aut

DISCHARGE PORT NUMBER: & FA-/
-443 PLANT SIZE/TREATMENT TYPE: 3 - C

WAFR SYSTEM ID NO.:

TYPE OF EFFLUENT DISPOSAL: RECLEMENT WATHR-RE-USE

	7			To belot co		74 III.					
Parameter		Ġ,	rantity or Loadin	8		Quality or Concer	ntration.		No. Ex.	Fraguery of Andreis	Sype Sype
TORET CODE HOM. SITE MA.	harr as A	Average	Maximum	Units	Minimum	Average	Maximum	Units	1		į
FLOW	Sangle Havenstone	.25	.28/	M.G.D	*************	8048640000160007	*************	**********	0	Carsering	FLOW MITTER
SOOSO 1 . 2/5 SOOKTHLY AVERAGE DARLY	Nomic Requestors	REPORT MONTHLY AVG	PERMITTED	NeGC	Acceptance	99 4994 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				SET MOUNT	REMIN
BODS, IMPLUIDIT	Sample Measurement	******	***************************************	***********	***********	193	185	ME/L	0	BI- WEEKLY	FFCB
HELIENT GROSS VALUE	انجار					MOTOR TAVE	DETINA	-4		SEE PROOF	JES PERSON
SS, IMPLUDIT	Sample Management	*******	***************************************	***********	540 to 2000 erg and and	245	258	MC/L	0	BI- WEEKEY	FPC
MISSE G 0745 NELUENT GROSS VALUE C		H-odinia.			***************************************	MOUTHLY ANG	DALLY MAX			MER PRODET	S. PERMIT
BODS, EFFLUENT	Sajagir Manamana	*****	************	4	**********	1.5	a7.0	mG/L	0	BI- WEEKN	FPCI
FFLUENT GROSS VALUE C						REPORT MONTELLY AVG	Bull 746X	-4	3.35	(SE) 300	18 M.V.
TSS, EFFLUENT	Sapple Management		************	******	**********	0.8	2,0	ME/L	0	3/100	GRA
1 O.A. GEFFLUENT GROSS VALUE. G				· Yan Jaw	And the second	MENTALY AVG	DALLY MAY	7		. saletel	est have
OLIFORM, PECAL	Proph Statement	********	***************************************	******	<1	<1	<1	KO SO	0	3/ June 64	CRAI
199614 I VALUE G					MEERIT AVG	BEFORT MONTHLY AVG.	AND PART				gere

ertify under penalty of how that I have personally enterined and non-familiar with the information submitted borein; and based on my impriry of these individuals internalisately suspensible for obtaining the information, I believe the submitted formation in two, according to a supplier. I am array that there are rignificant possible of fact information including the penalisity of fact and complete. I am array that there are rignificant possible of fact information including the penalisity of fact and complete.

PARKETING OF THE COVAL TORICOTORS OF A PARKETING A AGENT (No. of You	MENTATIONE OF PROJECTIAL EXPLOSITIVE OFFICER OR ASSISTEMENT ACCOUNT	TELEPHONE NO.	DATE (YYARA'DE
Some Stayer Carrier	2/ ft thement	272-1919	01/7/20
CHARGET AND EXPLANATION OF ANY FISHALISMS (Reference of extension bene).	(Atterpretational globs of accusery:)		

THAT EALLE RIDLE JUBURES INC. WEDE MICHEL 14668 ABRIES WAY DR FT. MYERS FL. 339/9-1703

ACELTY: EALLE RIBLE

OCATION: 14668 MERIES WAY DRI FT. MYERS FL. 339/5-1703

CLASS SIZE: MIMAGE

FACILITY ID: FLAO14498

DISCHARGE POINT NUMBER: EFA-1 PLANT SIZE/TREATMENT TYPE: 3-C GROUP: DOMESTIC

GMS TESTSUTE ED NO.:5754-Porto

WAFR SYSTEM ED NO.: *** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: ROCLAMOR O WATER- RE-USE, bolf Course IRRUSTING.

		Please	read instruction	ns before co	exploting this le	re.					
Parameter	X	Quantity or Londing		Quality or Concentration				No. Ex.	Stagementy of Applysia	Sample Type	
STORET CODE. MON. RETE ML	State of the state of	Average	Maximum	Units	Minimum	Average	Maximum	Units			
Н	Sartyle Measurement	**********	J-04000000440b	*********	632	3027700410000040	7.15	((1)	0	7/ JWAK	G
1100 1 6.3.2 G	Paral Reparation			ontological	65 348/04(84		DALTHAX	. .	2.7	SE PERSET	SEE PERSON
HLORINE, TOTAL RESIDUAL	Sangh Homerowet	***************************************	***********	**********	0.6	***************************************		MG/L	0	CONTRACTO	LHJARM Mannok
STUDENT COLOGE VALUE	Provide Section 1) ministri		* \$ 300 kg		4	E POLET	es poud
TTRATE (w M) IF REQUIRED IN THE PERMIT)	Sargh Management		***********	pa 44 **********************************	Day 6-9 55 54 54 511 1-1-0	**************************************	NA	MA.	MA	NA	MA
HACID I NA		******					13.4 20.4 20.4 20.4 20.4 20.4 20.4 20.4 20		*10.6	AL HOLE	
NTROGEN, TOTAL (as N) W REQUIRED BY THE PERMIT)	Sample Hamman	***********	******************		******************	***********	NA	NA.	MA	NA	NA
1 NA		37 . - 4.38		2 30			HELL HALL		***		SSI PELLET
TURBIDITY WTC/, IF REQUIRED IN THE PERMIT)	Sangle Measurement	*************	******************	*********		*************	1.00	MTV.	0	TANK S	TURES
102	12.3					,	Section .	244	1.2		AL PLAN
SS EFFLUENT COMP OF REABY PERMIT			Sent Control		AVALANCE IN THE AVAILABLE OF		1.0	mG/I	0	BI- weekly	FPCE
VOT REABY PERMI											1 A 144

adly under punchy of here that I have pursually extended and on Amiliae with the informati	ins submitted herent, and bond on my impiry of these individuals immediately seq	passible for obtaining the information, 1 beauty is seemen
fearables is true, accurate and complete. I am aware that there are significant penalties for order	traffice Color pulsers and rating the products of the sale and annual services.	TELEPHONE NO. DATE (YYAMADO)
APPROVED BY LONGONY EXECUTAL BALLCRY OF VINE LANGE VOTE SERVICES	SICKATURE OF PROCUPAL EXECUTIVE OFFICER OR AUTHORISED AGENT	
Some Francis / OASHOTOL	me let threat	272-19190/17/02
The second of the second		

EAGLERIDGE

41561126

60

2001

22/

MERARTMENT OF ENVIRONMENTAL PROTECTION DISCRANGE MONITORING REPORT - PART A

MATTER HAME EALLE RIDGE WILLITIES INC.
HENG ADDRESS: 19648 ARBUS WAY DR.
FT. MYERS FL. 33919-1703

ACELITY: EAGLE RIDGE DEATION: 1468 ARRIES WAY DR. FT. MYERS FL. 33919-1703 PERMIT NAMES FLA. 014478-001-DW3

MONTORING HENCO-Print (7/1/6/) 70(7/5//6/)

LIPET: PITCHE

CLASS SIZE:AN/ANAR

GNOUP: DOMESTIC

FACILITY ID: FLAD;4498

GMS TESTETE ID NO. SSAK-FAMA

DISCHARGE POINT NUMBER: #FA-1
443 PLANT SIZE/TREATMENT TYPE: 3-C

WAFR SYSTEM ID NO.:

*** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER - RE-USE GOLF COURSE /RRICATION.

Please read instructions before completing this form.

ħ	urumeter		Quantity or Loading		Quality or Concentration					Programy of Andrea	250	
TORET CODE	MON. SITE Sin.		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		i
LOW		Saugh Management	.20g	.270	M.G.D	************	**********	***************************************	***********	0	Canadians	FLOW
30030 1 SONTHLY AV	ERAGE DAILY	Parish Regionment	REPORT MONTHLY AVG	PROVIETED	MGD	***************************************		***************************************		2 / 22 2	351 78806 7	SER PRESIDE
BODS, DWILL		Surph Measurement	*********		****************	**********	181	423/	ME/L	0	BJ- WEEKLY	FFC8
HOROUS G	ORI VALUE				**************************************		MOTEST MANAGE TANG	ent jeux	-	5734	See Paleoff	203 FEBRUARY
ISS, BAPLLEN		Anaple Horosanan	24 40 44 4 444	**************		**********	203	248	ME/L	0	BI- WERRY	
00)30 G INFLUENT CIR	CES VALUE C						MANUAL Y AND	The Year	. 🕶	,)/4"		
CBODS, EFFLL	UENT	Sangle Management	********	**********	***********	***************************************	1.7	30	MEL	0	BI- WEER !	FPCE
000003 EFFLUENT GI	ROSS VALUE C		74				ALPORT PACHTRALY AVG	OAEYAAX	1		= Coor	Ma et la
TSS, EFFLUEN	रेर	Sangle Harmand	*********	***********	********	********	0,6	0,8	MG/L	0	3/100	GRAS
000536 1 EFFLUENT GI	NOSSI VALUE G		V and an array	22 X 3 X 3 X 3 X	Application and		MONDELY AVG	DAME T MALE		1		an Page
COLIFORM, F		Series Management		**************	*********	31	<1	<1	TOOM	0	3 MEER	GRAB
ediana i Eppluent gi	NOS VALLE G				C 2.22	MARTY AND	MERCHANICAL MANGE					

willy rader peoply of how that I have personally examined and are families with the informati	on reductional horoist, and beset on any impairs of these individuals immediate	lely seryonalide the obtaining the inflamentary, I believe the extendit
to the property and complete. I are served that there are significed property that the price	······································	
manifest the fresh to the control of	AND A STATE OF THE PROPERTY OF THE PARTY OF	THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NAM
SOUT STEWAST OPERATOR	21/11/11-1	71-1719 01/8 /26
MOT TEWAL OPERATOR	Museum	1717 770 000
たが、	(((Carrier) (Carrier)	

REPARTMENT OF ENVIRONMENTAL PROTECTION RESCHARGE MONITORING REPORT - PART A

WATTER NAME: EACLE RIDLE JUTILITIES INC.
UNE MISSING MERITE 14668 AGRIES WAY DR.
FT. MYER'S FL. 33919-1703

ACLITY: EALLE RINE

OCATION: 14668 MERIES WAY DR.

FT. MYERS FL. 339/3-1703

PREMIT HEMBER: PLA-0/4/76-001-3W2/ MONETCHING PERSOD-PRINC (7/1/6/) TO (7/4/6/

LIMET: POIAL

CLASS SEE: MIMAGE

FACILITY D: FLAGI4498

DISCHARGE PORT NAMEER: SFA-1
PLANT SIZE/TREATMENT TYPE: 3-C

GROUP DOMESTIC

CAAS TESTETE D NO.:5754-78570 WAFR SYSTEM D NO.:

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: RECLAMME & WATER RE-USE,
Beast read instructions before completing this form.

Pacamoter		Quantity or Londing				Quality or Conces	tration		No. Ex	Proposity of destrois	Bengte Zppe
TORKET COOK. MON', MITS No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺ	<u> </u>	Transfer
H	Sample Measurement	**********	\$1 540	*********	665	***********	207	40	0	7/JWAK	G
1940 1 665 G	Parent Representation	•	######################################	011111111111111111	is Berider	#1********** *	RS BARTHAX	3 0		THE PERSON	tel fores
HEARINE TOTAL RESIDUAL	Sangle Herrerywood	*********	•	**********	1.1		**********	ME/L	0	Confessor	UUS. Mari a sa
SPELLEDIT CROSS VALUE		**************************************			Judicia Se	(-			
etrate(m H) Se required by the persect)	Sample Management	***********	**********	**********	**************	***********	NA	KA.	MA	NA	MA
HACH I NA	THE RES				****			7		AND PROPERTY.	G 37
NITHOGEN, TOTAL (== 11) (IF REQUIRED IN THE PERMET)	Saryle Houseman	***************************************			***************************************		NA	MA.	NA	NA	NA
MANUELLE CROSS VALUE				-X::		Walter Commence	March T That Y HAY	and.		DEPOSE S	AL PRODUCTION
IVABILITY ATTL	Sample Measurement	**********	***************************************	*********	***************************************	110110000000000000	0.49	MI	0	CANDLAND	TURBER POR
0.49		2 22						323			7800
TSS EFFLUENT COME							0,7	MG/L	0	BI-	FPCE
O.Z. C											77

mails unter greety of how that I have passently commised and are funding with the influence	ine ministra increa, and head on my inquiry of these indict	desk learning responsible for ethics and	information of believe the authorities
der ber ber ber ber ber ber ber ber ber b	المسمولات والتكوم والمواولان وبالنووش وشار ووالان		
			THE PARTY OF THE P
And the second s			
SOOK STRUMET / OPELATOR.	The hard war to	And the second s	19 18 126
Scotte Tente Constitution			
THE RESERVE OF THE PERSON OF T	(Abburnation of the state of th		

88/26/2001

DEPARTMENT OF ENVIRONMENTAL PROTECTION INSCHANGE MONITORS

METTE NUME EBLLE RIDLE JUTILITIES INC. ARING ADDRESS: 19668 AFRIES WAY DR. FT. MYRKS FL. 339/2-1703

ACLITY: EAGLE RIDGE DCATION: 14668 AERIES WAY DR. FT. MYERS FL. 33919-1703

MART NAMES FLA. 9/4492-001-DW2P MONTPORING PERSON-Print:

LACT: FRIAL

CLASS SIZE MILMOR FACILITY ID: FLAD;4498

GROUP: DOMESTIC GMS TESTETTE D NO. 58% - 700 PM

DISCHARGE POINT NUMBER E FA-1

WAFR SYSTEM ID NO.:

.443 PLANT SIZE/TREATMENT TYPE: 3 - C TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER - REVISE

*** NO DISCHARGE () ***

Please read instructions before completing this form. GOLF COURSE IRRIGATION.

P	acameter	Quantity or Loading		Quality or Concentration					Frequency of	Suspic Type		
TORET CODE	MOK BUT HE	Safet Russale	Average	Maximum	Units	Minimum	Average	Maximum	Units	1		
LOW		Sarapia Managanani	0,224	0,278	M.G.D	***************************************	*************	***************************************	*********	0	Canadans	FLOW
50050 1 NONTHLY AV	O, ZZY VEBAGE DABLY	Papai Represent	REPORT MONTHLY AVG.	O, 278 PERMETTED CAPACITY	MCD	******	***************************************			2.5	SEE PERSON	SEE MERIOT
BODS, INFL		Bangh Museumen	*******		*****	Bedy separate as as	148	1702	ME/L	0	BI- WEEKLY	FFCB
HOTORZ G NIFLUENT GO	148 C				(A) (A) (A) (A) (A) (A) (A) (A) (A) (A)		REPORT educate, y Avej	MACONT .		30.4	201 (1994)	NE PROMI
133, RAFLUED		Burgh Houseness	********	************	**********	1	25-50	309	ME/L	0	BI- WEKNY	FPCE
00330 G INFLUENT G	NOSE VALUE C			**************************************	2 4 k		1 140 mg / /mg	BALTHAR			SE MOUE	HER PELAST
CBODS, EFFL		See 15	*********	***********		****************	1.5	1.0	mE/L	0	BI- WEEKN	FPCE
0 9000 2 1 E ffluent G	ROSS VALUE C						REPORT SOCKETERLY AVG.	MESONE	Transpla	**************************************	- 10	AR HOUSE
TSS, EFFLUE	NT	Sangle Manaparest	********	*************	1. 1	641P499999999999999	0,7	1.1	mc/L	0	3/7,00	
000330 1 EFFLUENT G	O 7 G	1		- AX	*		MEMORY AVG.	DART NAX	4	2.00	SEE PLESSEE	SEE PROJECT
COLIFORM, I		Bangle Management		P-00-100-100-100-100-100-100-100-100-100	*************		<1	<1	INNE	0	3/ week	ERAIS
D) 616 EPFLUENT G	MON VALLE G			33.0		Wester Ave	MONTHLY AVG	Dell'rect				242

HANDING OF PARTIES AND THE PAR		نبين والمشتث	
Sour Situates / OPELATOR !	2/1		
MOTE TIENALT OFFICE		di wa	ias
Marie And State Control of Arty Miles States and States			my)

THE NAME EAGLE RIDLE JUTILITIES INC. WERIG ADDRESS: 14668 RERIES WAY DE.

FT. MYERS FL. 339/2-1703

ACILITY: EALLE RIBLE

OCATION: 14668 MERIES WAY DR.

FT. MYERS FL. 33913-1703

HENCT WAREN: FLA. OMY 78-001-DWAP

MONTORNO PERIOD-PRIC (8/1/07) TO (8 \$1/07)

LIMIT: FINAL

CLASS SIZE: MIMOR

FACILITY ID: FLACI 4498

DISCHARGE POINT NUMBER: EFA-1 .443 PLANT SIZE/TREATMENT TYPE: 3-C CROSS: DOMESTIC

CASTESTATE DNO:5256-78-70

WAFR SYSTEM ID NO.: *** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: ROCLAMED WATER RE-USE. BOUT COURSE IRRUSTION.

Please read instructions before completing this form.

Parameter				Quality or Concentration					Programy of Analysis	Type Type	
PROBET CODE MON. MITS HIS	200	Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺ		
PH	Sunyle Management	aryan-dagantr	04000000000000000000000000000000000000		648	************	7.04	0.0	0	7/JWAK	G
000400 1 6.48 G	Sumpl Asymmeted	: 6144	***************************************	**********	és Mikham	e-1	BARTKAX	8 J		BEE PERMIT	SE PENE
CHLORINE, TOTAL RESIDUAL	Sample Measurement		***************	**********	1.1	***************************************	***********	ME/L	0	The	CHILDREN SHAMPER
EMPLIENT OROSS VALUE				No.			-, £ 5, ¢, 4,378	tog/L	× 1	MI PERSON	201 PROOFE
NTRATE (= N) (of required on the permit)	Bergh Maryanagan	*************	B9-21-21-4-11-4-1	**********	****************	#116-700-700-1-1-1-1-1	NA	KA.	MA	MA	MA
EPPLIENT GROSS VALUE		70			200 8		104			11 111111	
NITROGEK, TOTAL (= N) (IF REQUIRED IN THE PERMET)	Sample Management	**************	***************************************	**********	***************************************	1	NA	MA.	NA	NA	NA
000000 1 NA EFFLUENT GROSS VALUE	Partie Reprinted	Y		**************************************			BEST MAX	-4		RE PROST	DEL POLICE
TURBIDITY WTELL	Sample Missonema	************	***************************************	*********	h14229344411	***************************************	0.48	NITU.	0	70.	TURE THE
0.48	Paris Replaced	70.500 (400)		3,27,3			BALTHAX SECTION	atru.	.23		STATE OF THE PARTY
TSS EFFLUENT COMP. NOT REABY PERMIT						1,2	1.8	MG/L	0	BI-	
MET READY PERSON				-3							

		بحافيت بمنينا المحلسفية بناث		 مصاحفيت السا	للسائدة مصاحبة فا
التفويين فيهول إيران بنبيا إن بالمسار والمسار	ly examined and an familiar with the information	AND THE PERSON NAMED IN COLUMN 1971	توانين وروي والمراز والمراز	المستقد علا يوينانك كال	
The second secon	ere bei ber gestellen ambie be på	فتندف والمسافية			
	كالأكال المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد المستحد	المراجع والمستقل بالمراجع والمست			
					The second secon
	A STATE OF THE PARTY OF THE PAR		SAN TAXABLE CALLED OF WELL		V1 6410 7V 1V
	Market Street, Square,		فتعلقه للهر فتهدف بالمنطوعين فأحماها	THE PARTY NA	

12-1119/19/19

EAGLERIDGE

2001

/60

MPARTMENT OF ENVIRONMENTAL PROTECTION DESCEASE MONETORING REPORT - PART A

MATTERIAME ESCLE RIDLE JUTILITIES INC.
MAINS MEMBER 19660 AFRICS WAY DR.
FT. MYERS FL 33919-1703

ACTION: JULE RIDGE
DEATION: JULES MERIES WAY DR.
FT. MYERS FL. 3/39/2-1703

CIDGE

ENGT HAMES FLA. 014478-001-DUZP ENGTONNO PRINCID-PRINC (9/1/6/) 70 (9/6/6/) ENGT: FINAL

LASS SIZE MY MAR FACELITY ID: FLAD JY 478

DISCHARGE POINT NUMBER: EFA-1 WAFE EYSTEM

ONS TESTETE ID NO. SEC. VINITO WAFE EVISTEM ID NO.:

DISCHARGE POINT NUMBER: 2/4-/ WAFR EYSTEM ID NO.:

443 PLANT SIZE/TREATMENT TYPE: 3 - C *** NO DISCHARGE | | ****

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE

		I ICAN	: Leaf lear weigh	es perore co	maked that h	STAD.	V	400772			
Parameter	*	Qı	untity or Loadin	18		Quality or Concer	uration		No. Ex.	Frequency of Acolpris	Sample Type
TORET CODE MONLATTE No.	8 1 3 2 5 1 1 2 5 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Average	Maximum	Units	Misimust	Average	Maximum	Units	1		
TLOW	Scraph Moreument	254	.454	M.G.D	######################################	~	*************************	***********	0	Canadians	FLOW METER
MONTHLY AVERAGE DAILY		REPORT MONTHLY AVEL	PERMITTED	MGD	****	**************************************	0-p+1-0-0		35. 6	SE MENAL	ME SERVET
CBODS, SWELLIENT	Sheeph Management	********		************	***************	278	3621	ME/L	0	BI-	FPC8
NTLUENT CROSS VALUE					24 No. 10	MOKERT AVG	PART FOX			SEE PERMIT	10, 732.41
THE INCLUDING	Sample Management	1400524444	************	**********	***************************************	431	664	ME/L	0	B1- WEEKY	FPC
NEWENT GROSS VALUE	Paral Represent			1 3 Const	***************************************	MONTH AND	DIET HAX			101 100 AT	
BODS, EFFLUENT	Saugh Masserment	**********	*************	************	404400000000000000000000000000000000000	1.0	2.0	mE/L	0	BI- WEEKE	FACE
EFFLUENT GROSS VALUE C						REPORT RECORDER Y ANG	P. ORT DALYMAX			-	Althor
IS, EFFLUENT	Sough Management	*********		######################################	**************	0.7	1.2	MG/L	0	3/	GRAD
100330 1 O , 7 GEFFLUENT GROSS VALUE G						REPORT MONTHLY AVG	DARLY MARK	1		2000 1000 1000	-
COLIFORM, FECAL	Supple Management	Personal		•••••	<i>(1</i>	<1	<1	(d.9)	10	2	ERAD
BIGH I STEEL G				(SV () (V)	MAN TANG	BROWN AVO	- Division				

offy wells purely of hor that I have personally commissed and are familiar with the influence or extensional harving and have influenced by the influence by the influ

Sant No DOLANGO ANT NO ASSESSMENT OF THE PROPERTY OF THE PROPE

72-1919 01 /10 AS

Pine O Chinese, distribution 14, 1891

. 0

.443

ENGINE HAME FALLE RIDLE JUBLITIES INC. WEND ADDRESS 14668 RERIES WAY DR FT. MYERS FL. 339/9-1703

ACILITY: EALLE RINGE OCATION: 14668 HERIES WAY DR. FT. MYERS FL. 33912-1703

TARS SITE: MINOR FACELITY ID: FLAO14498

DISCHARGE POINT HUMBER: EFA-I PLANT SIZE/TREATMENT TYPE: 3-C

WAFR SYSTEM ID NO .: *** NO DISCHARGE []***

GAS TESTSITE ID NO.: 5236-76-90

GROUP: DOMESTIC

TYPE OF EFFLUENT DISPOSAL: RACIAMOR & WATER RE-USE,

		Pers	read instruction	as before co	empleting this fo	DYM).	9007	avida.		4, 4 3	
Parameter		Quantity or Loading Quality or			Quality or Concen	acentration			Tesquency of Analysis	Specific Type	
STOREY CODE MON. SITE MA.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH = C = ZO	Sample Management	4 P P P P P P P P P P P P P P P P P P	PPC P0C44404000 04 c.p.	**********	639	bequipred (64 equip	6,90	014	0	7/waik	G
MARINE 6	Frank Repairment	***********	vier (Mindle de secono eq.	***********	é 0 Dejkidanaa	5,000 0000000000	DARLY MAX	2	(%, c.s.) (%, c.s.)	ME PERMIT	SEE PENSET
CHLORINE, TOTAL RESIDUAL	Sample Hannesman	••••••	d	**********	1.1	\$1600/MANUSCHER	***************************************	ME/L	0	CONTINUENTS	ZHIJANA MAN MAR
EFFLUENT ORDES VALUE	Penal Reported	78.		\$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$	Managa	. V	***		33.4	MI PERMIT	
STRATE (W N) IF REQUIRED IN THE PERSON	Sarah Haraman	***********	\$40\$0000000000000000000000000000000000	**********	*************	**********	NA	KA.	MA	NA	MA
MICH I NA					****		D.O.	-4	***	-	
TROOPH, TOTAL (m.)4) F REQUIRED IN THE PERMIT)	Brough Minerarcon	***********	*****************	*********	***********		NA	NA.	NA	NA	NA
FILLENT GROSS VALUE	*** *********************************			\$ \$400 A			BOCKT				
URBIDITY ATTAC	Sample Measurement	*************	********	*********	**************	***************************************	1,29	MTV.	0	Can These	TURE
1.29		()			* 90		MENORT	104			***
SS EFFLUENT COMP.						A CONTRACTOR OF THE CONTRACTOR	0.6	ms/	0	BI-	FPC
<u>06</u> €											

mally under proudly of how that I have personally assessined and on theilier with the influence	no primited having and tigad on my inquiry of these individuals immedia	dy proposable for obtaining the inflammation, I believe the attention
And the state of the second se		THE PERSON NOT THE PERSON NAMED IN
Treated or placed become orices of American Africage or the		
Soor Steurnos / operation	my det threat	272-1717 01 fio fies

D. PERSONAL	6	,								AL	1.65 1 3 h	49	13		44.	- 14		•				Myse	-		 1							35°	8
PART SEDT.	701		1	1	1	3	6	7	1	•	-	11	11			برضي	w	n [н	19	न्र		Π	51		No. of Contract of				5			
@4GE9		B	198	25	3	22	35	Ţ	₹ Ø	20	45	علاور	2000	3	3	3	30	A	2	对	P	35	2	त्र	3	,7	35	M	بخو	M	363	E	
nion Resident other Contact A. on Chi			18	_		3	, ,		3	5	30				۵				27					,2	,5	7	Q.	(0)	2	10	3		
fragi By helmer (nyster (s)	C		,									-	_							3							φ\	1					
laftront (mg/L)	6										9	4								N.							gy.						
C, Efficial (my/L as C)	C								М			/															ှင့်						
i iliffeent (mg/L)	•				٠ <u>٠</u>	श	70.0					روا	\$	J.					8	36	0,5							OP	2				
Efficient (mg/L so M)							-															H								Γ		T	
of N Editorial (mg/L as N)										-			-	\vdash	H				 	H								1	T				
d Celiform (9710004L)	G				T.	心			-	-				1		-	 -			1	し			П			5		1	Г			
officers, existences		R	ø	4	10		\$	8	99	Q)	00	00			8	4	A	8	8	8	os os	7	1	17	20	100	\$	3	3	V	22		
officert, meetings							10	*		100	Y _	-	(b)	M.							100		-		-			Ť	T				
May (K.T.U.) CAMAT RECORDER		35	40	Q	3	78	B	♦	4	15	10	1	12	100	*	نړ	12	14	20	32	35	13	3	3	8	30	5	ta	to	3	VIE .		
TE OF MANUE (C-COMPO	ML,			<u>.</u>	0.	<u> </u>		0'		6	(C)	0.	lo,	12	10.	۲	۲	۲		1		۲	۲				۲	T	怍	1	Ť		
GAN E OF SAMPLE					Siz	1	0			-	\vdash	3/2	1,00	3	-	┢╾	╀	\vdash	1.0	SO	1	1	H	十		!	6	3	P AF		1		
SS composite Ho					6,	<u>e</u> "	0,	 -	-	 	\vdash	0	6,	197	-	\vdash	╁	-	b.	P	100	\vdash	1	 	-	十	o'		Ť	十	+		- Age in the same
EABY PERMIT				-	\vdash	 	-	_	-	-	-	10	 	-	╀─	╁╌	\vdash	\vdash	+	╁	╁╴	\dagger	\vdash	十	十	†-	۲		†	十	1)
	\neg					 	-	_	_	-	-	├	├	-	+	-	+	├-	╁	╁	╁	╂━	District.	十	┢	\dagger	+	+	\dagger	†	+		
		-		H		-		-	-	-	┢	-	-	╀	-	┝	+	-	╀╌	╁	╁	-	╁╴	十	\vdash		\dagger	+	\dagger	十	-		
		\dashv				-			-	-	\vdash	┢	-	┝	-	╀	┢	╀	╀	╀	-	+	╁╴	十	†	1-	十	+	十	+	+		
				\vdash	H		-	-			}	-	+	╀	1	╀	╁	╀-	╁	+	\vdash	 	╁╌	十	-	+	十	十	十		1		
	1			4 7	å [a !				1	1	í	ł	1	1	1		L	<u>i</u>	L	L	<u> </u>		1_			خا			سلم	سك	and the same of the same	E

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FRMITTEE NAME EAGLE RIDGE UTILITIES INC. AILING ADDRESS: 14668 AERIES WAY DR.

FT. MYIERS FL 33912-1703

ACILITY: EAGLE RIDGE OCATION: 14668 AFRIES WAY DR. FT. MYERS FL. 33919-1703 PERMIT NUMBER FLA. 014498-001-DW3P

MONITORING PERIOD .- From: (10/1 /01) TO (10/51/01)

CLASS SIZE: MIMOR

FACILITY ID: FLAD14498

GMS TESTSITE ID NO :5234-70090

DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO.:

GROUP: DOMESTIC

3 PLANT SIZE/TREATMENT TYPE: 3 - C *** NO DISCHARGE |] *** TYPE OF EFFLUENT DISPOSAL: RECLAIMS D WATER-RE-USE

Please read instructions before completing this form

CALFCOURSE INDIGATION.

D	32.02.030000000000000000000000000000000		e read instruction		ompleting tois i	orm.	(~OLI	COURSE	IRKI	× 14 / 1 U 1 V ·		
Parameter STORET CODE MON. SITE No.		Q	uantity or Loadir	ıg 		Quality or Concer	tration		No. Ex.	Frequency: of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum	Units	1			
FLOW	Sample Measurement	.232	, 258	M.G.D.	***************************************		************	***************************************	0	CONTINUERS	FLOW	
NONTHLY AVERAGE DAILY	Permit Requirement	KEPORT MONTHLY AVG	PERMITTED	MGD	**************************************	,				SEE PERSOT	SEE PERMIT	
CBODS, INFLUENT	Sample Measurement	********	*************		*************	170	239	MG/L	0	BI- WEEKLY	FPC8	
080082 G / CINFLUENT GROSS VALUE	Penni(Requirement					REPORT MONTHLY A VG	AEPORT DAILY MAX	անչե		SEE PERMIT	SEE PERMIT	
TSS, INFLUENT	Sample Measurement	•••••		**********	*************	354	698	MG/L	0	BI- WEIEKLY	FPCE	
00530 G 354 INFLUENT GROSS VALUE C	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	trg//L		SEE PERMIT	SEE PERMIT	
CBODS, EFFLUENT	Sample Measurement	*******	**************	4144444444	*******	10	1.0	mG/L	0	BI- WEEKLY	I=PC8	
080082 CEFFLUENT GROSS VALUE C	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	roge		SEE PERMIT	SEÈ PERMIT	
	Sample Measurement	*******	****************		***********	0,7	0.9	mG/L	0	3/7wee	GRAF	
000530 1 0, 7 EFFLUENT GROSS VALUE G	Persit-Requirement		J			REPORT MONTHLY AYO	HEPORT DAILY MAX:	ragi L		SEÈ PERMIT	SEE PERMIT	
COLIFORM, FECAL	Sumple Messurement	******	************	4	</td <td><1</td> <td><!--</td--><td>COL UN</td><td>0</td><td>3/ TWEEK</td><td>GRAIS</td></td>	<1	</td <td>COL UN</td> <td>0</td> <td>3/ TWEEK</td> <td>GRAIS</td>	COL UN	0	3/ TWEEK	GRAIS	
OFFLUENT CROSS VALUE G	Pennit Roquiement				REFORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100ml_		SEE PERMIT	GRAB	

certify under penalty of law that I have personally examined and am femiliar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted

historia established. I am awate that there are significant penalties for sub-	milling laise into ination including the possibility of fine and imprisonment.		
NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOPIZED AGENT (TOP - MO)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y
SCOTT STEWART OFFICE	24 Att turns	1809 272-1919	0//11
OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):	(Attacon additional shoese it necessary.)		

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: EAGLE RIDGE JUTILITIES INC. FT. MYERS FL. 33912-1703

ACILITY: EAGLE RIDGE OCATION: 14668 MERIES WAY DR. FT. MYERS FL. 33912-1703 PERMIT NUMBER: FLA. 0/4498-001-Dw2P

MONITORING PERIOD-From: (0/1/07) TO (0/31/07)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLAO14498
DISCHARGE POINT NUMBER: E/FA-1

GMS TESTSITE ID NO.: 5236-76090 WAFR SYSTEM ID NO.:

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER- RE-USE,
Please read instructions before completing this form.

GOLF COURSE IRRIGATION.

Parameter	4-54-102		antity or Loadin		Sarpretaing that to	Quality or Concen	tration		No. Ex.	Frequency of Analysis	Sample Type
STORET CODE MON, SITE Nd.		Average	Maximum	Units	Average	Maximum	Units			1	
Hq	Sample Measurement	#16	**********	*********	6.46	**********	6,94	(12)	0	7/ JWEEK	G
000400 1 6,46 G	Permit Requirement	************	• • • • • • • • • • • • • • • • • • • •		6.9 MUMINUM	**************************************	E.S DAILY MAX	50		SEF PERAUT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	E44464656144	***************	*********	1.3	***********	************	MG/L	0	CONTINUONS	MONITOR
050060 1 13 EFFLUENT GROSS VALUE	Permit Requirement		4		MUMIMIM	4.141.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4	4	sig/L		SEE PERMIT	SEE PERMIT
NITRATE (25 N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	**********	*************	*********	***************************************	************	NA	(19) N.A.	NA	NA	MA
000620 1 NA EFFLUENT GROSS VALUE	Portui Regionement	***********			•		12.0	me/1		see permit	SEE PERSIT
NITROGEN, TOTAL (45 N) (IF REQUIRED IN THE PERMIT)	Sample Eleasurement	**********	£74449744444444444		944644444444444	£11004444444444444444444444444444444444	NA	(19) N.A.	NA	NA	NA
000600 1 NA EFFLUENT GROSS VALUE	Pernyi P. rquisement	***********		4-101111111			REPORT DAILY HAX	rug/I		SEE PERMIT	SEC PERMIT
TURBIDITY WELL OF REQUIPED IN THE PERMIT)	Sample Measurement	4	************	**********	***********	***************************************	0.33	N.T.J.	0	CONTINUOUS	TURISIDIT)
0.33	Permit Roquirement			*********	•		REPORT DAILT MAX	NTU		SEE PERAIT	SEE PERMIT
TSS EFFLUENT COMP. NOT REQBY PERMIT							0.6	MGIL	0	BI- WEEKLY	FPC8
<u>0.6</u> C											

certify under penalty of Jaw that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted domain is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

contraction is true, not used and complete. I am aware that there are significant penalties for supp	unduly raise information increasing the pozitionly of this and imprisonment	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (1790 of 1980)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. DATE (YYMM/DI
SCOTT STEWAST / CORRESTOR	my fell thereast	1(800) 272-191901/11/14
ONCLIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)	(Attack Additional thanks if successive)	

EAGLE RIDGE LATHETIES INC.

· ·									D	ATT.S	SA	MPI	EP	ésii	LTS	- PA	RT 1	8									\mathcal{C}^{\prime}	=		· OC	784		
OCT 101												44									-		r Flow	h Av	erage Perm	Delly ined	Flow Capac	iy:	33,	50	+3±	<u> </u>	Z
Month		1	2	3	4	5	6	7	3	9	10	31	12	13		15	. 1	1	ļ	19	20	2i	22	ı	ì	1			1	- 1	30/31		
)		35	,35°\	3/5	3	180	, sio	3/6	351	25	علاد	6 05	23	ž	5	J.X	39	` · · · · · · · · · · · · · · · · · · ·	339	333	P	ZŠ\	347	DX.				38	346	3331	37,50	上	
idual after Contact			4,3	77	かつ	40	عأبد	O,	0	2,2						25	<i>(</i> 2)			3	₹ <u>5</u>	2.6	٤	.90	50	50	<u> 50</u>	50	<u> 50</u>	76	× 190	_	
con (mg/L as O ₃) C-BOD INS			,							35														8								上	
(mg/L) 7.S.S IZN/3	6		1							Q\$														o								上	
ven (mg/L se O.) C-BOD EFF., i (mg/L) TSS EFF.	C									し														Ö								1	
(mg/L) TSS EFF.	G		0.6	عابي	10,6					ار رق	80	10					5.	70,6	19 6					9.6	10.	ام		_			D'O		
((mg/L == N)																												!					
nent (mg/L as N)																																	
rm (#/100ML)	G		N	1	1					1	1	1					1	1	い					レ	1	1					3		
minimum	G	31	12.57	30	bisc	واجا	6,6	99.	3	90	3	لانها عا	16/2	P. G.	10	3	at ot	6.95	80	R	98	19	692	10/0	6,50	3	15	علاظ	150	610	6.5		٠
maximum						1															L.	_			_	_			_	_			
I.T.U.) T <i>rhiorpar</i>		3.35	0,30	3	15.0	0/2	0.15	36.0	2,35	طة.	Ogy	200	03	6.32	10.30	0.32	05	0,1%	0/2	0.3	(*) (*)	کرن ا	0.33	علاق	6	10%	Ost	(2) (2)	23	or	0.30		
AMPLE (C=COMPOST	TE,																					<u> </u>				L.							
AMPLE			013	54	Ş Ş Ş					5/2	572	3/10					5/10	350	30					80	1	8	<u>'</u>				3/6/20	5	
OMPOSITE-NOT Y PERMIT	C									0,6														9			_	_	_	_	<u> </u>	上	
														$oldsymbol{ol}}}}}}}}}}}}}}}}}}$	<u> </u>				_			_			L	_	1_	_	1			_	
													_	_	_	_	_	-	_		<u> </u>	1		_	\downarrow	_	_	_	-	↓	 		
						1.							_	$oldsymbol{\perp}$		_	_	_		_	_	1_		_	1_	_	_	1_	-	-	 	_	
												1													_	1	_	1	_	_	<u> </u>	_	

VFFING:

Operator Operator Class: Certificate No.: 6394 Class: Certificate No.:

Cectificate No.:

Name: M. SCOTT STEWART Name:

Operator

Certificate No.:

Name: Name:

... Operator luent Disposal or Reclaimed Water Reuse: SPRAY IMPLATION - GOLF COURSE

Class:

I Weather Discharge Activated; Yes: No: Not Applicable; If yes, cumulative days of wet weather discharge:

sional sheets if necessary to list all certified operators.

FDEP LIMITS (REPLACES MOR FORM)

SENAME EAGLE RIDGE OTILITIES INC.
ADDRESS 14668 AERIES WAY DR.
FT. MYERS FL. 33913-1703

NEAGLE RIDGE
NIGGERALES WAY DR.
FT. MYERS FL. 33919-1703

PERMIT NUMBER FLA. 014498-001-DW1P

MONITORING PERIOD -- From: (1/1/01) TO (1/20/01)

CLASS SIZE: MINOR

LASS SIZE: MINER

FACILITY ID: FLAO, 4498

DISCHARGE POINT NUMBER: EFA-1

.443 PLANT SIZE/TREATMENT TYPE:3 - C

GMS TESTSITE ID NO.:5336~90090 WAFR SYSTEM ID NO.:

GROUP: DOMESTIC

*** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER - RE-USE
Please read instructions before completing this form.

GOLF COURSE IRRIGATION.

Parameter		Qu	antity or Loadin	00		Quality or Concer	tration		No. Ex.	Ficquetay of Ambysis	Sample Type
DE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units		}	
	Sample Measurement	,234	,265	M.G.D.		***********	***************************************	**********	0	COMMUNES	FLOW METER
AVERAGE DAILY	Permit Registement	REPORT MONTHLY AVG	PERMITTED CAPACITY	MGD			•			see permit	see permit
FLUENT	Sample Messumment	******	f,0120>>a)&&@@@@@	********	^·····	044	300	ME/L	0	BI- WEEKLY	FPCB
GROSS VALUE C	Pagnit Requirement		03013-03.xx450000X			REPORT MONTXLY AVG	REPORT DAILY HAX	mg/L		SEE PERMIT	see permit
JENT	Sample Measurement	D000770000	#*************************************	**********	***************************************	404	600	MG/L	0	BI- WEEKLY	FPCB
GROSS VALUE C	Pesmit Requirement				**************************************	REPORT MONTHLY AVG	REPORT DAILY NAX:	mg/L		SEE PERMIT	SEE PERMIT
FLUENT	Sample Measurement	******	4000249487477777	*********	# 22 T T T T T T T T T T T T T T T T T T	15	2,0	MG/L	0	BI- WEEKLY	FPC8
GROSS VALUE C	Permit Requirement			•		REPORT MONTHLY AVG	REPORT DAILY MAX	ng/L		SEE PERMIT	SEE PERMIT
UENT	Sample Ministrement		************	**********	24140-0077-04-04	0,8	1.5	MG/L	0	3/JWEEK	GRAB
GROSS VALUE G	Permit Requirement				4.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REPORT MONTHLY AVG	HEPORT DAJLY MAX	prg/L		SEE PERMIT	SEE PERMIT
M, FECAL	Sample Measurement		••••••		< 1	<1	<1	COL IN	0	3/ TWEEK	GRAIS
T GROSS VALUE G	Parmit Requirement	••••	***************************************		REFORT WEEKLY AVG	REPORT : NIOHTHEY AVC:	REPORT DAILY HAX	#/100ml.		:::PEWIT	GRAB

The penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

AMENTILE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (No. 1994)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (NO. 1994)

AME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (DY- a PM)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR
STOTT STEWALT OPERATOR	Tel fall funct
AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):	(Attach additional alreads if necessary)

FDEP LIMITS (REPLACES MOR FORM)

TEE NAME: EAGLE RIDGE JUTILITIES INC. GADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL. 33912-1703

Y: EAGUE RIDGE ON: 14668 AERIES WAY DR. FT. MYERS FL. 33912-1703 PERMIT NUMBER: FLA. 014498-001-DW2P MONITORING PERIOD-From: (11/16) TO (1/26)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLAO14498

DISCHARGE POINT NUMBER: EI=A=1 PLANT SIZE/TREATMENT TYPE: 3-C GROUP: DOMESTIC

GMS TESTSITE ID NO. 5236-18-090

WAFR SYSTEM ID NO:

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER- RE-USE, GULF COURSE IRRIGATION. Please read instructions before completing this form.

Parameter		Qu	antity or Loading	3		Quality or Concent	tration		No. Ex.	Frequency of Analysis	Sample Type
ODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
and the second s	Sample Measurement		244441778447	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6.43	10,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	6.29	(12)	0	7/WEEK	G
6.53 G	Permit Requirement			2	KINIMIM MIMIMIM		DAILY MAX	zu		SEF PERNIT	see permit
NE. TOTAL RESIDUAL	Sample Measurement	3.13.00.000	***********	******	1.7	\$\$88.000 \$38.000	•	MG/L	0	CONTINUOUS	MONTOR
T GROSS VALUE	Pennit Reguissions	#35365463F		Lagabara N	MUMINIM		***************************************	mg/L		SEE PERMIT	SEE PERMIT
E (15 N) ARED IN THE PERMIT)	Sample Measurement	**********	650600144006884400	s	0.00.55891.0000000000	2,00000000000000	NA	(19) N.A.	NA	NA	NA
NA NT GROSS VALUE	Permit Requirement	***************************************		g	Spiness 0.70711006	•••••••	12.0	mg/l		see permit	SEE PERMIT
EN, TOTAL (as N) JIRFU IN THE PERMIT)	Semple Measurement	************	300000000000000000000000000000000000000	04554665044	29174024142424240	>=====================================	NA	(19) N.A.	NA	NA	NA
NT GROSS VALUE	Perroji Requirement			-933,,,249,,1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	12/11/2023/40044	REPORT DAILY MAY.	Rnj/l		SEE PERMIT	SEE PERMIT
ITY JE	Sample Measurement	**************************************	91038040101010001	12407****	************	110100000000000000	0.64	N.T.V.	0	CONTINUERS	דערבאטדן. משדו מנט איני
0.64	Persuit Requirement	#		*************		•••••••	PEPORT DAILY HAX	N.TU:		SKE PERMIT	SEE PERMIT
PFLUENT COMP. REQBY PERMIT						c - 2. 1 (1 m x 2 m m m m m m m m m m m m m m m m m	07	MG/L	0	BI- WEEKLY	FPC B
REGIBY PERMIT											

	-W/ H-+	1 (800) 272-19/9/01/12/27
NAME OTTO E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (TOP = THE)	SIGNATURE OF PRINCIPAL EXECUTIVE OF RICER OR AUTHORIZED ACENT	10001111110110
n is true, accurate and complete. I am aware that there are significant penalties for subn	mining later information including the possibility of the and information	TELEPHONE NO DATE (YY/MM/DD)
der penalty of law that I have personalty examined and am laminar with the addition	and the state of t	•
der penalty of law that I have personally examined and am familiar with the informati	in submitted herein and based on my inquiry of those individuals intriediately respo	risible for obtaining the information, a bettere the substitute

VI AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach auditional shape il incressary.)

EAGLE RINGE OTILITIES INC. DAILY SAMPLE RESULTS - PART B

ility ID: FLA0/449# .443 MGD. Three-month Average Daily Flow: Daily Flow & of Permitted Capacity nth/Year: NOV 101 23 24 25 26 22 11 12 13 14 15 ys of the Month 10 16 137 ow (MGD) 40 lorine Residual after Contact ng/L as Ch) 30D, faftuent (mg/L so O2) C-BOD INF is influent (mg/L) على C T.SS. INF. 1201 30D, Effluent (mg/L as O₂) D,C) C C-BOD EFF 109 الحرق 100 is Effluent (mg/L) 3/3/ 57 010101 2 G 735 EF), Etiliuent (mg/L se N) nal N Effluent (mg/L as N) cal Coliform (#/100ML) G 35 6 I effluent, minimum i effluent, maximum 30,50 100 20 3 8 39 53 X arbidity (N.T.U.) 6 x6 CHART RECORDER YPE OF SAMPLE (C=COMPOSITE, =GRAB) 30 gp gp 10/20 36 B 980 ME OF SAMPLE 65 65 6D 455 MP 50 TSS composite-NOT 5 REQ. BY PERMIT

ANT STAFFING:

Operator

Class: C' Certificate No.: 6394

Name:

Operator Operator

Certificate No.: Class & Certificate No.: 847/

Clase: Certificate No.:

Name: 7004

· ... Operator

pe of Efficent Disposel or Reclaimed Water Reuse: SPRAY IRAILATION-GELF COURSE

mited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:

track additional sheets if necessary to lim all certified operators.

FDEP LIMITS (REPLACES MOR FORM)

RMITTEE NAME: EAGLE RIDGE JUTILITIES INC.

AILING ADDRESS: 14668 RERIES WAY DR.

FT. MYERS FL. 33912-1703

ICILITY: EAGLE RIDGE

DCATION: 14668 HERIES WAY DR.

FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW 25

MONITORING PERIOD-From: (62/1/67) TO (62/3/61)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY D: FLA014498

DISCHARGE POINT NUMBER: E/=A-1 PLANT SIZE/TREATMENT TYPE: 3-C GROUP: DOMESTIC

GMS TESTSITE ID NO.:5236-70090

WAFR SYSTEM ID NO:

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE. GOLF COURSE IRRIGATION.

		Please	read instruction	ns before co	ompleting this fo	orm.	GUIF	شا کیمان ک	1RRIG	ATION.	
Parameter	1.4	Qu	antity or Loading	g		Quality or Concern	tration		No. Ex.	Frequency of Analysis	Sample Type
TORET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
9H	Sample Measurement	b************	,,,,,,	*********	6.36	*****	6.71	(12)	0	7/ JWEEK	G
100400 1 6.36 G	Permit Requirement			************	6.9 MINIMUM		DAILY MAN	· su		SET. PERNOT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	44444	***********	•••••	1.2	***********	***********	MG/L	0	CONTINUOUS	MONITOR
150060 1 / 52 EFFLUENT GROSS VALUE	Permit Requirement				MINIMIM			mg/L		. SÉE PERMIT	SEE PERMIT
HITRATE (AS N) HE REQUIRED IN THE PERMIT)	Sample Measurement	********	***********	**********		************	NA	(19) N.A.	NA	NA	NA
200620 NA EFFLUENT GROSS VALUE	Ferrui Requiement	*10040777776	•••••		••••		12.6	mg/t		SEE PERMIT.	SEE PERMIT
NITROGEN, TOTAL (45 N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	************		61 *******	••••	***********	NA	(19) N.A.	NA	NA	NA
200600 1 NA EFFLUENT GROSS VALUE	Permit Requirement						PEPORT BAILY MAX	rug/I		SEEPER T	SEE PERMIT
TURBIDITY OF COURED IN THE PERMIT)	Sample Measurement	*********	***************************************	**********		11714 1764444744	1.0	N.T.V.	0	CONTINUOUS	TURBINITY
1.0	Persial Requirement	**********		*********			REPORT DAILY MAX:	UTA		SEE PERATIT	SEE PERMIT
TSS EFFLUENT COMP. NOT REGBY PERMIT							<0.6	MG/L	0	BI- WEEKLY	FPC8
50.6 C											

nertify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted isomation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. ALZED AGENT TELEPHONE NO.

-2-

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (1) poor Pring	SIGNATURE OF PRINCIPAL EXECUTIVE OF FICER OR AUTHO
Scott STEWALT / OPELATOR	If fell thereof
ONLY ENT AND EVOL ANATION OF ANY MOUNTIVE (B. Comments to any	(Attern additional marks if waresense)

FDEP LIMITS (REPLACES MOR FORM)

171ES INC. PERMIT NUMBER FLA. 014498-001-DW2P

ERMITTEE NAME EAGLE RIDGE JUTILITIES INC. AILING ADDRESS 14668 AERIES WAY OR.

FT. MYIERS FL 33912-1703

ACILITY: EAGLE RIDGE OCATION: 14668 AFRIES WAY DR. FT. MYERS FL. 3/39/9-1703

MONITORING PERIOD-From: (2/1/02) TO (2/31/01) LIMIT: FINAL

CLASS SIZE: MIMOR

GROUP: DOMESTIC

FACILITY ID: FLAD 14498

GMS TESTSITE ID NO :5236-P0090

DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO.:

•443 PLANT SIZE/TREATMENT TYPE: 3 - C TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE

*** NO DISCHARGE [] ***

COLFCOURSE IRRIGATION. Please read instructions before completing this form.

Parameter		Qu	antity or Loadin	8		Quality or Concen	tration		No. Ex.	Frequency of Analysis	Sampir Type
STORET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
flow	Sample Measurement	٠، 239	,300	M.G.D.	*************	**********	***************************************	************	0	CONTINUERS	FIRM
050050 1 239 MONTHLY AVERAGE DAILY	Permit Requirement	REPURT MONTHLY AVG	PERMITTED CAPACITY	MGD	1.2 1.8(1)	**************************************	•			SEE PERMIT	SEE PERMIT
CBODS, INFLUENT	Sample Measurement	50000000	**************	3003-864-089	************	126	134	ME/L	0	BI- WEEKLY	FPCB
080082 G 126 INFLUENT GROSS VALUE	Permi Requirement	3.2.000055	ino sin danaganta jeo	••••		REPORT MONTHLY AVG	REPORT DAILY MAX	mg/l		SEE PERMIT	SEL PERMIT
TSS, INFLUENT	Sample Measurement	••••	*********	********	> c	102	119	MG/L	0	Bt- WFIEKLY	FPC8
60530 G /OSZ INFLUENT GROSS VALUE C	Permit Requiresters		************			REPORT MONTHLY AVG	REPORT DAILY HAX	Tag/L		SEE PERMIT	sec peraiit
CBODS, EFFLUENT	Sample Measurement	0.40.11.100	*************	**********	10000000000000000000000000000000000000	< 1	(2	mG/L	0	BI- WEEKLY	IFPC8
080082 S / C EFFLUENT GROSS VALUE C	Permit Registrations			***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REPORT MONTHLY AVO	REPORT DAILY MAX	.mg/L		SET PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement		**************		***************************************	0,9	1.3	mG/L	0	3/JWEEK	CRAB
100530 1 O. S EFFLUENT GROSS VALUE G	Peinit Regizement		*************	/a		REPORT MONTHLY AVC.	HEPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement	*******	••••••		< /	(1	<1	LOCAL	0	3/ TWKEK	CRAB
031616 1 S VALUE G	Permit Requirement			***************************************	RELORT WEEKLY AVG	REPORT AIONTHLY AVG	REPORT DAILY MAX	15/100cmi.		see Permit	GRAB

certify under penalty of law that I have personally examined and arn familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitte

Jornation is true, accurate and complete. I am aware that there are significant penalties for sub-	initing lasse information including the possibility of fine and impresonment.	
NAME THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ACENT OF A MAIL	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. DATE (YYMM/D
SOTT STEWART OPERATOR	What thereit	1809 72-1919 02/1/26
OMMENT AND EXPLANATION OF ANY MOLATIONS (Reference all anachments here):	(Attach additional sheets if necessary.)	

EAGLE RIDGE STRUTTED INC. DAILY SAMPLE RESULTS - PART B

itiny ID: FLAO/4498, anh/Year: DEC, 101										•	44	/3	MI	5.D.							Three	Flow	us Ar is R	seage Perm	Daily itted	Flow: Capaci	(y: _	X 3.	5/9	4 44
ye of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	1		1		l			21	22	-	- 1				1	1	30/31
w (MGD)	15	33	3/6	المراد	'Sper	3/6	3	Ser	28	35	5	260	3	ST.	37	35	3 ²⁵	30	325	NO.	(S)	35	3	18 ⁵	N.	,32°	**	38	ည	333
Iorine Residual after Contact			2 20	1,0	2.90	30				à	رزه	23	-	<u>,</u>	3	3		3,3/		9			3.8	2,6			ر م م	Ŝ	Q,	32,5
OD, influent (mg/L as O.)	_	1	1		8	1	<i>J</i>			σ	`			Ì					N.	-										
S Influent (mg/L)	1	弋	+	十	Q								- 1						85											
OD, Effluent (mg/L as O ₂)	_	+-	\top	1	13,0	1													1											
S Efficient (mg/L)		+	1-	10/2	05	30		 	 		10/6	200	3 0					10,0	9	3				0.		3	10			10%
), Effluent (mg/L as N)	-	-	1	-	1							_	V												Π					
nai N Esiluent (mg/L as N)	1		+	+-			-	1	1	-		 										1								
cal Coliform (#1)00ML)	-		+	1	1	1	1	T	1	-	1	2	1					1	N/	Z				12.		1	1	T		
	3	0 3	5 6	5 3	0,00	3	Ly	16	روا	18	6,5	6,0	30	15	على	3	3	12	138	13	15	3	15	150	66	المال	9.3	J.	3	E Sie
cMuent, meximum	Sie	10,	10,	10	10.	To-	10	Tw.	16	W	16.		W	W			ļ									1				
inidity (N.T.U.) CHART RECORDER	73,	7 3	X 69	P X	5	1,70	0.5	3	03	39	ny.	N.	NP	, %	Š	3	Si,	123	8	کر	63	053	158	2 35	2	25	o.	1 3	V.S.	330
PE OF SAMPLE (C=COMPOSITE		T	1	1	1	1																1					T,			
ME OF SAMPLE	1	+	+	0	960	600	1		+		3/10	13	SEP					18	3/6	3			T	13		V.	300			600
TSS COMPOSITE-NOT (10,4											-			0.0			1								
	-	\perp	-	-	-	-	+-	-	+-	-	-	-	\vdash	├-	-	\vdash	-	-	+	╁	-	+	+	+	+	+	╁	+	+	1
		+	+	+-	-	+	+-	╁╌	+	+	+	+	+	-	 		+-	+	+	+	+	+	十	+	\dagger	\top	+	+	1	
	+	+		-	╁	╁	+	+-	+	+-	+	+	\dagger	-	T	+	十	+-	十	+	+	1	-	1	+		and			
weeks the second	+-	+	╫	+	╁	╁	+	+	+	+	 	+	+	-	-	+-		+	十	+	+-	+	1	十	十	_	-	1	1	
ANT STAFFING: Ope of Effuent Disposal or Reclaimed	o oo Oj oo rato i	•	•		Class: Class: Class:	. 0	erific enific erific	iado N iada N iada N	io.; ie.: ia.:	39	14	Na: Na: Na: Na:	me:	Sc	07	-	STE	W/4	200	<u></u>		- -			en-denne	- Ann	استأس			etestin, ai

FRMITTEE NAME EACLE RIDGE OTILITIES INC.

AILING ADDRESS 14668 AERIES WAY OR.

FT. MYIERS FL. 33912-1703

ACILITY: EAGLE RIDGE OCATION: 14668 AFRIES WAY DR. FT. MYERS I-L. 339/9-1703 PERMIT NUMBER FLA. 014498-001-DW3P

MONITORING PERIOD-From: (1/1/02) TO (1/31/02) LIMIT: FINAL

CLASS SIZE: MIMOR

GROUP: DOMESTIC GMS TESTSITE ID NO.:5236-P0090

FACILITY ID: FLAD14498

WAFR SYSTEM ID NO.:

DISCHARGE POINT NUMBER: E FA-1 -443 PLANT SIZE/TREATMENT TYPE: 3 - C

*** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE

		Fiense	e read instructio	ns Delore co	impleting this fo	orm.	اعاضا	- COURSE	I PERCI	104/10/02	
Parameter	12.3	Qı	iantity or Loadin	8		Quality or Concen	tration		No. Ex.	Frequency of Analyzis	Sunple Type
STORET CODE MON SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	1		
FLOW	Sample Measurement	,206	,270	M.G.D.	1+++0=6++++<<<====	**) ** 4 ** ** ** * * * *	••••••••		0	CONTINUOUS	MATER
010050 1 206 MONTHLY AVERAGE DAILY	Formul Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD		*************				SEE PERMIT	SEEPERMIT
CBODS, INFLUENT	Sample Measurement	**********	***************************************	*********	Endmonents advant	172	204	ME/L	0	BI- WEEKLY	FPC8
080082 G 172 C	Permit Requirement				*************	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEEPERMIT	SEL PERMIT
TSS, INFLUENT	Sample Measurement	********			bet e = = = = = = = = = = = = = = = = = =	238	363	MG/L	0	Bt- WEEKLY	FPCE
60530 G 238 c	Pennil Requiement			*********		REPORT MONTHLY AVG	REPORT DAILY MAX	rog/L		SEE PERMIT	SEC PERMIT
CBODS, EFFLUENT	Sample Measurement		***************************************	********	8 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	<i>√</i> 2	<2	MG/L	0	BI- WEEKLY	FPCE
080082 \(\sqrt{2}\) EFFLUENT GROSS VALUE \(\sqrt{2}\)	Particit Requirement				***************************************	REPORT MONTHLY AVG	REPORT	നൂർ.		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Messia concil	********	***********	*********	*************	0.7	1.1	MC/L	0	3/7 WEER	CRAI
900530 1 $C_1 T_2$ EFFLUENT GROSS VALUE G	Peinit Requirement.	******			***************************************	REPORT MONTHLY AYG.	REFORT DAILY MAX	ngl.		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sumple Massucations	******	*************		< 1	</td <td><!--</td--><td>TOOML</td><td>0</td><td>3/ 7WEEK</td><td>GRAM</td></td>	</td <td>TOOML</td> <td>0</td> <td>3/ 7WEEK</td> <td>GRAM</td>	TOOML	0	3/ 7WEEK	GRAM
031616 1 / GEFFLUENT GROSS VALUE G	Pentit Requirement				REFORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY HAX	#/100ml.		SEE PERMIT	GRAb

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitt

formation is true, accurate and complete. I am aware that there are significant penalties for subst	outling false information including the possibility of fine and imprisonment.		·
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (1) - MAI:	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMVDD)
SOUT STEWART /OPELATOR	If fast thewart	1800 72-1919	02/2/26
OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all allachments here):	(Afterial ditional shoets if necessary)		

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: EAGLE RIDGE JUTILITIES INC. MAILING ADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL. 33912-1703

ACILITY: EAGLE RIDGE

OCATION: 14668 HERIES WAY DRI FT. MYERS FL. 33912-1703 PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD-From: (1/102) TO (0/31/02)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA014498

DISCHARGE POINT NUMBER: EPA-1 PLANT SIZE/TREATMENT TYPE: 3-C GROUP: DOMESTIC

GMS TESTSITE ID NO.:5236-Poo9c

WAFR SYSTEM ID NO .:

TELEPHONE NO.

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER- RE-USE, Please read instructions before completing this form.

Parameter	1.74	Qu	antity or Loadin	g		Quality or Concen	tration		No. Ex.	Frequency of Analysis	Sample Type
STORET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	Sample Measuretnent		*************	**********	6.21	**********	6.80	(12)	0	7/ JWEEK	G
600400 1 6.27 G	Ferral Requestrations	1 0 000 100 1720 00 1 00 00	beaterocte and a	**********	e.9 MINIMUM	************	B.S DAILY MAX	su		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	**********	£\$***********	*********	1.0	************	***********	MG/L	0	CONTINUOUS	MONTOR
effluent gross value	ि श्वापद हिस्सुष्टा कार्य अ	****	•••••		MUMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (45 N) (IF REQUIRED IN THE PERAITT)	Sample Measurement	**********	*************	**********	**************	***********	NA	(19) N.A.	NA	NA	NA
000670 1 NA EFFLUENT GROSS VALUE	Permit Reguirement	£40400000000	***************	••••	• • • • • • • • • • • • • • • • • • • •	4	120	n _{eg} A.		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (& N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	**********	***********	*********	************	***********	NA	(19) N.A.	NA	NA	NA
000600 1 NA FFFLUENT GROSS VALUE	Permit Regularment	***********		••••		*/************************************	REPORT DAILYMAX	sug/s		SEE PERMIT.	SEE PERMIT
TURBIDITY OF A. (IF REQUIRED IN THE PERMIT)	Sample Measurement	40	***************************************		***************************************	ctofceatcenactoc	10	N.T.U.	0	CONTINUOUS	TURE DIT
	Fermit Registerment	· • • • • • • • • • • • • • • • • • • •		**********			REPORT DAILY MAX:	N,TU		SEE PERMIT	SEE PERMIT
TSS EFFLUENT COME							2,2	mG/L	0	BI- WEEKLY	FPCB
NOT REABY PERMIT										'	

certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submittee formation is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Now or from	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
SOTT STEWART OPELATOR	M. left Therest
OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):	(Attach additional sheets if successary.)

EALLE RIDGE STRUTTES INC. DAILY SAMPLE RESULTS - PART B

HEY ID: FLAOL4491 .443 MGD. Three-month Average Daily mh/Year: - 1.4 Daily Flow % of Permitted Capacity: 22 23 24 25 ye of the Month 18 19 ow (MGD) llorine Residual after Contact Ó, ng/L as Ch) 30D, Influent (mg/L as O.) C is influent (mg/L) 30D, Effuent (mg/L as O) 3 Ō, € 10,01 100 1910 is Effluent (mg/L) 06000 000 0 10. 10. J. Etilueni (mg/L as N) stal N Effluent (mg/L as N) cal Coliform (#/100ML) G te de Sta f elluent, minimum 6 8 C feMuent, maximum 6.40 inbidity (N.T.U.) 0,0 10 op O CHART RECORDER YPE OF SAMPLE (C-COMPOSITE, =GRAB) कि ME OF SAMPLE No 3/2 ره له TSS COMPOSITE-NOT 10 REQUBY PERMIT

ANT STAFFING:

Operator

Class: Certificate No.: 6394

Name: Sort STEWALT Name:

Operator Operator

Certificate No.: Certificate No.:

Name:

.... Operator

Certificate No .: Ciase:

Name:

pe of Effluent Disposi or Reclaimed Water Reuse; SPRAY IARIGATION - GOLF COURSE

mitted Wet Weather Discharge Activeted: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: ttach additional sheets if accessary to list all certified operators.

P Form 62-620-910(10), Mileshin Howasher 29, 1994

-3-

FDEP LIMITS (REPLACES MOR FORM)

EE NAME EAGLE RIDGE JUTILITIES INC. ADDRESS: 14668 AERIES WAY DR. FT. MYERS FL 33919-1703

: EAGLE RIDGE

NIHLLE AFRIES WAY DR. FT. MYERS 1-6. 33919-1703 PERMIT NUMBER FLA. 014498-001-DW2P

MONITORING PERIOD-From: (// /62) TO (18/62) LIMIT: FINAL

CLASS SIZE: MIMOR

GROUP: DOMESTIC

FACILITY ID: FLAO, 4498

GMS TESTSITE ID NO :5236-70090

DISCHARGE POINT NUMBER: EFA-1

WATER SYSTEM ID NO.

•443 PLANT SIZE/TREATMENT TYPE: 3 - C

*** NO DISCHARGE I

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE COLFCOURSE IRRIGATION. Please read instructions before completing this form.

Parameter	35.50	Qu	antity or Loadin	9 5		Quality or Concen	tration		No. Ex.	Fraquency of Analysis	Sample Type
E MON, SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
20/2	Sample Measurement	1242	,2 <u>80</u>	M.G.D.	*************************	************	***********		0	CONTINUOUS	METER
AVERAGE DAILY	Pennit Requiement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	•••••••••••••••••••••••••••••••••••••••					SEE PERMIT	SEF PERMIT
FLUENT CBOS	Sample Measurment	*******	**************************************		5477700840004000	308	236	ME/L	0	BI- WEEKLY	FPC8
GROSS VALUE	Pennit Requirement	»	· · · · · · · · · · · · · · · · · · ·		/ W / O A D O O / P O O O O O D O O	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L	31	SEEPERAIT	SEL PERMIT
ENT 755	Sample Measurement	******	***************		P88344444444444444444444444444444444444	211	025	MG/L	0	B+- WEEKLY	1
GROSS VALUE C	Permit Requirement	•	******		*************	REPORT MONTHLY AVG	REPORT DAILY MAX	reg/L		SEE PERMIT	SEE PERMIT
FLUENT C 803	Sample Measurement	*******	**************		***********	2.0	(0.0	mG/L	0	BI- WEEKLY	FPC8
GROSS VALUE C	Permit Requirement	•••••			744949555010077796	REPORT NONTHLY AVG	REPORT DAILY MAX	rog/L		SEÉ PERÀIT	SEE PERMIT
JENT 755	Sample Measurement	3-4-08-4-1	***************************************	*******	************	40	2,/	m6/L	0	3/JWEKA	CRAB
GROSS VALUE G	(Peinis Requirement		3	2	*********	REPORT DVA VIKTNOM	HEPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
I, FECAL	Sample Measurement	4.4.4.4.4	D44074744000487440	********	<1	<1	< 1	TOOML	0	WEEK	GRAIS
GROSS VALUE G	Persit Requestent				NEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY HAX	#/)00ml		SEE PERMIT	ÇRA3

r penalty of law that I have personally examined and are familiar with the information, I believe the submitted s true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and impresonment. UNESTITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOPIZED AGENT (170-11 1441) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional thecess ary,

FDEP LIMITS (REPLACES MOR FORM) BENAME EAGLE RIDGE /UTILITIES INC. ADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL. 33912-1703

EAGLE RIDGE N: 14668 MERIES WAY DR.

FT. MYERS FL. 339/1-1703

PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD-From: 2/1/02 TO 2 polos

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC FACILITY ID: FLA014498

DISCHARGE POINT NUMBER: EIFA-1 PLANT SIZE/TREATMENT TYPE: 3-C GMS TESTSITE ID NO.:5236-Poo?0

WAFR SYSTEM ID NO .:

*** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER- RE-USE, GOLF COURSE IRRIGATION. Please read instructions before completing this form.

Parameter	- A	Qu	antity or Loading	5		Quality or Concen	tration		No. Ex.	Frequency of Analysis	Samel. Type
E MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
P.H.	Sample Measurement	6 84 203 23 23 23 2	# ************************************	**********	630	3Marec +++++	6.72	(12)	0	7/ JWEEK	G
6.30 G	Permit Requiement	400 80202000			0.0 MINIMUM		DAILT MAN	5 U	1.1	SEF PERMIT	SEE PERMIT
, TOTAL RESIDUAL	Sample Measurement	4-2850	******	p. 7044.0004	1.0	3 * * * * * * * * * * * * * * * * * * *		MG/L	0	CUNTINUOVS	MONITOR
GROSS VALUE	Permit Requirement	*********		**********	MINUCUN			r1g/L		SEE PERMIT	SEE PERMIT
(25 N) RED IN THE PERMIT)	Sample Measurement		************	********	A>#A\$# 0 PA> NB 1 PA 1 PA	*************	NA	N.A.	NA	NA	NA
GROSS VALUE	Permit Requirement	**********	*****************		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		120	Nga		see perlit	SEE PERSIT
4, TOTAL (as N) RED IN THE PERMIT)	Sample Microsomerment	**********	}*************************************	60000000000	***********	************	NA	(19) M.A.	NA	NA	NA
I CROSS VALUE	Permit Requirements	***********		*********		**************************************	DAILY MAX	my/l		SEE PEANIT.	SEE PERMIT
Y NTC) RED IN THE PERMIT)	Sample Measurement	************	•••••			***************************************	1.76	MT.U.	0	CONTINUOUS	TURSING. MONITOR
1.96	Permit Requirement						REPORT DAILY MAX	N.T.U		SEE PERNUT	SEEZTRMIT
FLUENT COMP.							1.6	MG/L	0	BI- WEEKLY	FPC8
EGISTIEDIN											

	the same is the face about information I hallow the subscript.
ations all the present to passed on my industry and am familiar with the information submitted herein. And based on my industry of those undividuals immediate	th tespousiors for oppositing the unormation; I period are spouse.
penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediate	
true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.	
INC. SCOURSE AND COMPLET. 1 and SAME CHIEF CO.	The state of the s
I CALLT BE OF BENEFIC OF ALTHOUGH ACENT	TELEPHONENO DATE (YY/MM/DD)

AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

4									i.	עאנ	JE 00	21VA.	121	7	سان م آمد								Thre	-mon	sh Av	orego	Deity	Tion Comments	ritu.	3	77	79/	5 4	43	•
LAC/4498 /02 FEB. /02												• 7	14						والمداد		-		Daily 21	Flor	23	24	15 15 15 15 15 15 15 15 15 15 15 15 15 1	26	27	128	12	9	30/31	1	
Month	-	7 7	2	3	4	5	6	7	13	9	10	11	1	2 1	3	14	15	16	17	[1	20		_										+	
40nm							 _	1-	-	,	x 3	<u>d</u> .	0	1X	ᇑ	70	72	علملا	3P	201	الأعلا	30	88	BY.	ماکون	38	30	3	73	2	ľć.				
		3,3	isi)	3/4	3/	30)	201	<u>M</u>	2,36		437			3) (3	801	39	5	30	2,1	8				3	9 0	25			13	र्	0				
idual after Contact		α	1,1	راه	190	21	77	'b.	10	, P.	0/8	1	1			h.10) ⁽⁰	1,0	ð.,	3.3	<u> </u>	1	09	D	36	12.	1	1	2		+	1		T	مورين مورين
ent (mg/L as O ₂)	C		,						1_					\	39	_	_				_	┼	┼	├-	┼	+	+-	+	70		_	1			175 224 00
(mg/L)	c		-									\perp			3/2	_	_				 	-	-	-	+	-	+	+	1		\dashv				
sent (mg/L 25 O ₂)	C														96						<u> </u>	<u> </u>	1	_	+-	+-	+	+		_	1			十	
it (mg/L)	6			-		10	3	1	3	T			I	وله	مام	5					13	10	006	1	+	+	-	+	3	+			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	+	
(mg/L se N)				1		1														<u> </u>	↓_	1	+-	+	+	+	+	╁	\dashv	+					
luent (nig/L as N)												_						-	-	-	+	+,	+	+	+	+	+	-	寸	7	<u></u>			7	
orm (#/100ML)	G						1	7	1	_	1	_	-1	7	1	14	13	1	1.0	4	1	31 V	5 6	X 1	X	0 1	pl.	30,	29	NE.	139	1			
, minimum	G	Pig.	19	2 65	3	0			XY C	31	2/4	13	6,6	15/,	9.6	15	lolo	105	16:	16.	6-	اع	10	1/2	16:	16			0.	<i>S</i> .					_
, meximum			-					\perp		<u> </u>				 	1_	+	1.0	1	1.5	1	110	+	7	. .	2/2	V i		0.1	P	مله	QC	7			\vdash
N.T.U.)		છે	38	०	180	1 9	3/6/	5/	36	67	91	80	4/	3/2	10	100	15	15	1/2	1/2	15	1			3.1	1		+	``	<u>,U</u>		†			
SAMPLE (C=COMPOS	SITE.				1.			- 1				_	_	1	1	l	1	+	+	+	-	Po	& R	0	+	-	1		√ 0	1/6	12	5	1		
SAMPLE						5	8	ॐ	50					26			1	_	-	+	10	10	b	+			+		<u> </u>	<u> </u>	<u> </u>	1			_
COMPOSITE-NO BY PERMIT	⁷ C										_				15	2	1	+	+	-	+	+	+	\dashv	1	\dashv	-					+	1-		
7						_	_	_					_	-	+	+-	-	+	+	+	+	+	-	_	\dashv	-	-				1	1			1
	بمسبجي	1_	\perp	1	1	_	_	_	_				-	-		+	+	+	+	+	十	\dashv	+	1	1	-				T	T			,	
					_	_	_	_					+-	-	+		+	+	+	+	\dashv	+	十	1	-					T					
		1		\bot	_	_	_						╂	+	+	-	+	+	+	\dashv	-		-	-						T				الاشبوري	
																4					ــــــــــــــــــــــــــــــــــــــ					<u></u>		-	-		بالله م				_

PAFFING:

Class: Certificate No.: 6394

Name: 20077

Operator

Cartificate No.: Class:

Name: Nume:

Certificate No.: Clusa:

Neme:

Operator Class: Continue No.:

Thuest Disposel or Recisimed Water Reuse: SPRNY INCIGATION - GOLF COURSE

If yes, cumulative days of wet weather descharge: 'et Wenthet Discherge Activated: Yes: No: Not Applicable: ditional shouls if necessary to list all certified operators.

:430.910(16), Effective Hermater 29, 1994

-3-

When completed mail this report	to: Department of Env	ironmental Protection	South District P.O. I	Box 2549 Ft Muers	FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

LOCATION:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

EAGLE RIDGE WWTP

LEE

14668 AERIES WAY DRIVE FT. MYERS, FL 33912-1703

COUNTY:

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO .: MONITORING GROUP NUMBER:

NO DISCHARGE FROM SITE:

PLANT SIZE/TREATMENT TYPE:

FLA014498

FINAL N/A

IIC

5236P00090 R-001

REPORT:

GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO.:

MONITORING PERIOD

3/01/02

Parameter		Quantity or	Loading	Units	Qua	llity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0,259	0,228	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon. Site No. FLW-1	Petuni Requirement	0.318 MaxWklyAvg	0,443 3 Mo. Avg	mgd						7 Days/Week	Flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					(2		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement					20.0 (An.Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				102	(2	(2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon.Sife No. EFA-1	Permit Requirement				30:0 (Mo.Avg.)	45.0 (Wkly. Avg.)	(Max.)	mig/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						₫,/	mg/l	0	3 Days/Week	Grab
PARM Code 00530 I Mon.Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/I		3 Days/Week*	Grab:
pН	Sample Measurement				6.04		6.90	Std. Units	0	3 Days/Week	Grab ≰,
PARM Code 00400 1 Mon.Site No. EFA-1	Petmit Requirement				6.0 (Min.)		8.5 (Max.)	Std. Units		3 Days/Week	Grab

Lecrtify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHOR LED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	my felt thurat	239-561-2713	02/4/25
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment	s here):		

FACILITY NAME: Eagle Ridge WWTF

PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Qual	ity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			41.0		<1	#/100ml	0	3 Days/Week	Grab
PARM Code 74055 I Signal Mon Site No. EFA-1	Permi Requirement			Non Detettable (75 Percentile)		25 (Max.)	#/100mt		Days/Week*	Grab 👯
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			mg/l	0	Continuous	Meter
PARM Gode 50060 1 Mon Site No. EFA-1	Permit Requirement			I.0 (Min.)			mg/l		Continuous	Meter
Furbidity	Sample Measurement					1.5	NTU	0	Continuous	Meter
PARM Code 82078 1 Mon Sité No. EFB-1	Permit Reguirement					₹ 2.5 '. (Max)	עזע	7.5-13-12 7.13-13-13	¹ Continuous	Meler
BOD, Carbonaceous 5 day, 20C	Sample Measurement			298			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement			Report (Mo Avg.)			mg/I		Every Two Weeks	8 -hour FPC
Solids, Total Suspended	Sample Measurement			074	15		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon, Sife No. INF-1	Requirement Sample Measurement			Report (Mo.Avg.)			mg/l		Every I wo Weeks	8-hour FPC
	Permit Requirement Sample Measurement							- 10 a		
	Requirement Sample									10 3 2 12 19 19 19 19 19 19 19 19 19 19 19 19 19
	Measurement Permit Requirement	10.556								
Tin 104.15 Now Print of the Tool (10.2 Note that and building)	Sample Measurement							318 (1886)		
Sampling frequency increases to	Requirement									

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

Permit Nui Monitoring	nber: Period	FLA01449 From:	3/01/6	<u> </u>	o: <u>3/3</u> /	1602		Three-mon (TMADF/P	th Average Da Permitted Capa	aily Flow: A acity)x100:	57,6
	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
√lon. Site	FLW-1	ÎNF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-I	EFA-I	EFA-1	EFB-1	
1	.243	.249					6,20		3.1	0.2	
2		16275					6.45		1.3	0.8	
3	,049	,084					6.49		30	07	
4	, 239	,266					6.33		2.6	0.6	
5	210	,249	·		50.6		636	<1	5.0	0.6	
6	.180	,0259			(0.6		6,19	<i< td=""><td>5,0</td><td>1.0</td><td></td></i<>	5,0	1.0	
7	182	,270			10.6		604	<1	3,5	0.2	
8	,253	10252					6,362		1.3	1.0	
9	195	185					6.16		33	1.5	
10	.194	300					6,24		J.O	1.0	
11	, 0Z38	1270			<u> </u>		6.87		5.0	0.8	
12	187	1026,3			02/		6.87	<1	5.0	0.8	
13	155	1268	(2	303	10.6	543	6,73	<1	45	1.0	
14	10255	.260			10.6		6.82	<1	07.5	0.9	
15	273	16258	•				653		02.3	0.6	
16		1028					6.43		2.0	0,2	
17		1579.3					6,72	ļ	3.3	1.0	
18 19	,238	10775					୍ଟେମ୍ବ	<u> </u>	5.0	0.9	
20	.చెపెద్రి	.06.3		 	(0.6		6,90	<1	3.4	0,6	
20	10258	271			50.7		6.54	<1	1.0	0.6	
22	1248	.0259			<0.6		6.50	< 1	1.5	0,6	
23	1065				ļ		6.48	ļ	1.3	10	
24	10266	,0285			 		6.74		1.8	0.5	
25		1327		 	ļ		663		1.8	0.8	
26		,5229	155	20.5	1000		6.64	 	1.8	0.6	
27	10265	,281	(च्र	² 23		287	6.74	<1	1.6	0.4	
28		1264		ļ	(0.6		6.72	51	1.4	0.4	
29	1246	1271		ļ	10.6		6,72	<1	1.2	0,2	
30		, 574B			 		6.71	ļ	1.0	0.3	
20	フクッ	1.700		I	1	t	670	I	17	17.7	1

PLANT STAFFING:						Mandate in the Control of the Contro	
Day Shift Operator	Class:	C	Certificate No:	8922	Name:	Ismael Garcia	
Evening Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No:	6394	Name:	M. Scott Stewart	
Type of Effluent Disposal or	Reclaimed	Water Reu	se: Golf Cou	rse and Spi	ray Irrigation		
Limited Wet Weather Discha	age Activate	d: Yes:	No: Not Applicabl	e: X If yes,	cumulative days of	wet	
Attoch additional about if			~ .			***************************************	* ************************************

to have an obtained operators

Revision Date: 04/18/02

3

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

COUNTY:

LOCATION:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

14668 AERIES WAY DRIVE FT. MYERS, FL 33912-1703

EAGLE RIDGE WWTP

LEE

PERMIT NUMBER:

LIMIT: CLASS SIZE: GMS ID NO .:

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A

5236P00090 R-001

IIC

GROUP: GMS TEST SITE NO .:

REPORT:

MONTELY DOMESTIC

MONITORING PERIOD

Parameter		Quantity of	r Loading	Units	Qua	ality or Concenti	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.261	0,230	mgd					0	Continuous	Flow meter and totalizer
PARAVICOde 50050 1 MontSite No. FLW-1	Permit Réquirément	0.318 MaxWkiyAvg	0.443 3 Mo. Avg.	mgd						7-Days/Week	 Flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					(2		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon She No. EFA-1	Peimit Requirement					20.0 (An.Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 200	Sample Measurement				(2	<i>(</i> ₆ 2	(02	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	45.0 .(Wkiy. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hoùr FPC
Solids, Total Suspended	Sample Measurement						1,9	mg/l	0	3 Days/Week	Grab
PARM Code 00530 1 Mon. Site No. EFA-1	Perina Requirement						(5:0 (Max)	mg/l		Jaya/Week*	Grab 🕟
рН	Sample Measurement				6.46		6.89	Std. Units	0	3 Days/Work, 704/5/WK	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6:0 (Min)		8:5 (Max.)	Std. Units		3 Days/Week	. Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	2/ felt thereat	239-561-2713	02/5/24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter Parameter		Quantity	or Loading	Units	Qual	ity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.0		</th <th>#/100ml</th> <th>0</th> <th>3 Days/Week</th> <th>Grab</th>	#/100ml	0	3 Days/Week	Grab
MONSTEND EFA-	a Contractor				Non Delectable (75 Percentile)		(Max)	*#/100m}*		3 (**) Days/Week*	Grat
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1		38	mg/l	0	Continuous	Meter
PARM Code 50060 1 Mon Site No. EFA-1	Remit Requirement	100 (100 ft) 100 (100 ft)			* 107 - 4 (Min)		#4:95 PA	mg/l		Continuous !	Meter
Turbidity	Sample Measurement						0.9	NTU	()	Continuous	Meter
PARM Code \$2078 1 Mon Site No. EFB-1	Permit Requirement	7					Ma	NTU		Continuous	Meler
BOD, Carbonaceous 5 day, 20C	Sample Measurement				253			mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Sife No. INF-1	Permit Requirement				Report (Mo Avg)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			p) 2	vitte karikari ibi u sta. Ev	mg/l	~	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Perinit Requirement Sample				(Me Avg.)			mg/l		Every Two	8-hour FPC
	Measurement Pennil Requirement Sample)							
	Measurement Pennid Requirement										
	Sample Measurement										
**************************************	Peamir Requirement Sample										
Sampling frequency increases to	Measurement Permit Requirement										

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.218 mgd.

DAILY SAMPLE RESULTS - PART B

Permit	Nun	nber:
Monito	ring	Period

FLA014498 From: 4//

To: 4/30/02

Three-month Average Daily Flow: (Z30) (TMADF/Permitted Capacity)x100: (Z90)

	Flow (med)	Flow (mgd)	CBOD5	CROPS	T meg (Tara				deny jaroo.	37.7%
	(mga)	Tion (mga)	(mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Mon. Site	FLW-I	INF-1	EFA-I	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFB-1	
1	277	,284					6.89		7.7	0.02	
2	.271	,277			30.6		6.81	<1	1.4	0,2	
3	.244	.0254			08		683	21	07,02	0.4	
4	.025/	,0265			50.6		6.77	21	25	0.3	
5	.0252/	,0249					6,70		0.4	0.02	
6	,0250	,263					6.67		2.2	0.4	
7	279	,291					6.67		0,4	0,4	
8	,02502	.268					6.87		0,/	0,4	
9		1246			(0.6		6.62	<1	0.3	0,4	
10	(9258)	.242	<1	02602	49	298	6.54	<1	1.5	0,3	
11	102029	102502			1.0		6.68	<1	1.1	0,4	
13	.043	,0254					6,57		44	0,3	
14		102702					6.58		27	0.3	
15	أفساد د	081					6.68		1.3	0,3	
16		.261					6,91		30	0.3	
17	277	10255			0.6		6.68		1.7	0.3	
18	,04/	,02%			1.02		6.64	$\langle 1 $	1.4	0,2	
19	1.0	,074K/			(0.6		6.63	1>	4.5	0.4	
1 30		10236					6.60		5,0	0,2	
21		,0254					6.61			0.2	
		1274					6.55		3.8	0,2	
I		1025/		24/2	20 0		6.87			0,2	
24		,245	(02	NX3	(0.6		6.23	51	1.5	0,4	
1-36-1		336			(0.6		6,56	<1	4,2	0.4	
76		10240			1.0		6.56	<1		0,2	
		, 0250					6.54		1.5	0,2	
28		27/					6,70		1.6	0,4	
		253					6.66		1.7	0,9	
1 20	1	.05/					5.59		4,4	0,4	
31	.182	237			0.9		5,46	$\langle I \rangle$	37	0.6	
٦١											

PLANT STAFFING:							
Day Shift Operator	Class:	С	Certificate No:	8 922	Name:	Ismael Garcia	
Evening Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:	Lethiv Clodwiii	
Lead Operator	Class:	C	Certificate No:	6394	Name:	M. Scott Stewart	
Type of Effluent Disposal or				rse and Spray Irri	gation		
Limited Wet Weather Discha	arge Activate	d: Yes: N		e: X If yes, cumulat		wei	HOUSE PARTICIPATION

Attach additional sheets if necessary to list all certified operators.

rmit Nur onitoring	nber: Period	FLA01449 From:	85/1	1002 To	: 5/3	31/02	_	Three-mon (TMADF/P	th Average D ermitted Cap	aily Flow: • (acity)x100:	Z 3
	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	Canana
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
n. Site	FLW-1	INF-1	EFA-1	INF-1	EFA-1	INF-I	EFA-1	EFA-1	EFA-1	EFB-1	
1	.208	1.0343			10.7		6.5	71	1.8	04	77
2	.07/5	, 220	***************************************		1.5		671	1	02.0	0.2	
3	1017	.0238					6.71	TE TE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAME	39	0.2	
4	000،	·0258					6.69	Teno, beneral red	0.6	0,2	
5	1250	,0765					6.64		32	0.1	
6	15/5	0244					6.68		V.8	0.1	
7	,02//	1020			(0.6		6.75	<1	3.1	0,2	
8	·0/0	1026			50.6		654	</td <td>3,5</td> <td>0.1</td> <td></td>	3 ,5	0.1	
9	.219	,6239	102	273	50.6	430	6.46	<1	35	0.1	
10	1231	,247					6.46		1.9	0,2	
11	10238	1771					6.45		1.02	0,3	
12	·0232	10253					6.75		1.7	0.02	
13	1230	10250					6.23		1.9	0.2	
14	107/5	10259			10.6		6.71	<1	3.0	0.1	
16	1026	15501			10.6		6.97	< /	3.2	0,1	
17	10237	102/10			10.6		6.72	51	20	0,1	
18	10231	10005		 	 		6.46		3,9	0.02	
19	<u>.0256</u>	10256		-	ļ	ļ	6.49		1.6	0,02	
20	,0255	290		-			651		3.3	0.2	
21	1272	35%	12	268	10,7	4/20	684	1,,	02.0	0.3	
22	,0226	,257 ,239	1 00	1000	10.6	438	10,7	12:	9.4	0.4	
23	.234			-	(0.7		656	<1	3.4	0,2	
24	10000 10000			-	1,0,/		6.60	<1	1.4	0.2	
25		1058		-	 		6.66	 	0.4	0.2	
26		,257		+	-		6.76 6.61	 	3,0	0./	
27		1272		 		 	6.75		79	0.1	
28		10236		 	10.6	 		<1	43	0.1	
29		10235		 	10.6		6.62 6.65	21	4.6		
30	(0222			1	0.7	 	700		c/a	0.2	

PLANT STAFFING:						
Day Shift Operator	Class:	С	Certificate No:	8922	Name:	Ismael Garcia
Evening Shift Operator	Class:	С	Certificate No:	7518	Name:	Lenny Godwin
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	6394	Name:	M. Scott Stewart
Type of Effluent Disposal or				rse and Spray Irri	gation	THE SECOND SICWALL
Limited Wet Weather Dischar	ge Activate	d: Yes: N	o: Not Applicable	X If yes, cumulati	ve days of w	et

Attach additional sheets if necessary to list all certified operators.

Revision Date: 04/18/02

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS: UTILITIES, INC. OF EAGLE RIDGE

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

EAGLE RIDGE WWTP

PERMIT NUMBER:

LIMIT:

FLA014498 **FINAL**

N/A

5236P00090 R-001 IIC

REPORT: GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO .:

FACILITY: LOCATION:

14668 AERIES WAY DRIVE

FT. MYERS, FL 33912-1703

CLASS SIZE:

GMS ID NO .:

NO DISCHARGE FROM SITE:

PLANT SIZE/TREATMENT TYPE:

MONITORING GROUP NUMBER:

COUNTY:

LEE

MONITORING PERIOD

From:

Parameter		Quantity or	Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.239	0,237	mgd					0	Continuous	Flow meter and totalizer
PAR de 30050 1 Moniste No: FEW-I	Semit Reguirement	0318 MaxWklyAvg	0446 1Mg Ave	mga						7/ Days/Week	
BOD, Carbonaceous 5 day, 20C	Sample Measurement					(02		mg/l	O	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement					(An Avg.)		mg/l		Every Two Weeks	8-bour PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				< 2	√ √2	(2	mg/l	0	Every Two Weeks	8-hour FPC
PARKY Code 80082 I Mon Site No. EFA-1	Permit Requirement				30,0 (Mo.Avg.)	45.0 (Wkly. Avg.)	-60,0 (Max.)	mg/I	27 (E7 10) E 11 (11 (11 (11 (11 (11 (11 (11	Byery Two Weeks	8-Hour FPC:
Solids, Total Suspended	Sample Measurement						1,5	mg/l	0	3 Days/Week	Grab
PARM Code 00530 [Complete Com		nshirida (* 1				30 (Vex)	mg/l		Jays/Week*	Otab 3
pH	Sample Measurement				635		6.97	Std. Units	0	3 Days/Week	Grab
PARM Code 00400	Permit Requirement				60 (Mia.)		30	Std. Units		3 Days/Week	Grab a

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	M. Att Thereit	239-561-2713	02/06/2
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	s Here):		

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity	or Loading	Units	Qua	lity or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				41.0		</th <th>#/100ml</th> <th>0</th> <th>3 Days/Week</th> <th>Grab</th>	#/100ml	0	3 Days/Week	Grab
Molesikano epart	Pormit au Regultement				Non i Perociable (75 Percende)		(III)	#/ICOmi			
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/l		Continuous	Meter
PARM Code 50060 1 Monishe No. EFA-1	Pearling				(Min.)			mg/l		- Cóndhlois	Moler
Turbidity	Sample Measurement			3.			04	NTU	\circ	Continuous	Meter
PARM Code 82078 1 Mon Site No. EFB-1								NTU		Continues	Meler 1
BOD, Carbonaceous 5 day, 20C	Sample Measurement				27/	Serve and College of Free design		mg∕l		Every Two Weeks	8-hour FPC
PARM Code 80082.1 [6]	Permu Recruirement				il Uppir (Motave)			mg/l		Every Iwo Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				434			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 (G)	Requirement				- Report (Mo Ava.)			nig/l s		Every Two Weeks	8-bloom FRC
	Sample Measurement						em et 1 ea // Leanne e				
	Yem)(-) Requirement		334 3 3 3945 - 21								
	Sample Measurement			Suspriet is pattern the ethn.							men (s in amble to be
						2.7					
	Sample Measurement										
	Kentanen								YZ.		
	Sample Measurement				and the Hallen Committee State (1997)					ion residential designations	ing salang mengangan endiraksa
	Standard Co.										

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS: UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY: LOCATION: EAGLE RIDGE WWTP 14668 AERIES WAY DRIVE

FT, MYERS, FL 33912-1703

LEE

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO .: MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

R-001

IIC

FINAL N/A 5236P00090

GROUP: GMS TEST SITE NO .:

REPORT:

MONTHLY DOMESTIC

COUNTY:

MONITORING PERIOD

From:

To:

Parameter		Quantity or	Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.240	0.234	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 Mon See No. FLW-1	Redurement	0318 MaxWklyAvg	1 Mo AVI	med					in ang g	W. T	and total Zer
BOD, Carbonaceous 5 day, 20C	Sample Measurement					(2		mg/l	0	Every Two Weeks	8-hour FPC
PARM Gode 80082 Y	Pernit Requirement	1				20.0 (Ar. Avg.)		mg/l		J Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	⟨2	<02	mg/l	0	Every T wo We eks	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	45.0 (Wkly, Avg.)	(Max.)	mg/l		ery Two Weeks	8-hour EPC
Solids, Total Suspended	Sample Measurement						0.7	mg/l	0	3 Days/Week	Grab
PARM Code 00530 1 Mon. Site No. EFA-1	Pernint Requirement						5.0 (Max.)	mg/l	10 Hz	Days/Week*	Grab 🖰 🦠
pH	Sample Measurement				6.39		6.94	Std. Units	0	3 Days/Week	Grab
PARM Code 00400 1 Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std. Units		3 Days/Week	Став.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	If felt fersent	239-561-2713	02/1/26
			,

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading		Units Quality or Concentration				Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement						1	#/100ml	EX.	3 Days/Week	Grab
Modes in a Notice A-1					allon Lokes Hale graph oregine)			/#/160mm		3116	a dyGrab -
Total Residual Chlorine (For Disinfection)	Sample Measurement		e indigendered value a		/ /		(Max.)	mg/I		Days Week Continuous	Meter
PARM \$632 50060 1 23 Mod.Site No. EFA-1	Requirement			10 11 11	1010		网络工会会 在	mg/l		Continuous	Meter
Turbidity	Sample Measurement	1. 17. 17. 16. 16. 14. 14. 14. 14. 14. 14. 14. 14. 14. 14			(Min)		O. 3	NTU		Continuous	Meter
PARM Code \$2078 1 1	Perior.		W isters	1000			23 147	NTU		Commonus	Meter
BOD, Carbonaceous 5 day, 20C	Kequirement Sample Measurement	医多种性的			4//		(Max)	use\J		Every Two	8-hour FPC
PARM Code 80082 G 165 Mon Site No. INF-1	Permit Requirement				Report			night		Weeks Every Two	8-Hour FPC
Solids, Total Suspended	Sample Measurement	er ally in a few desires.			(Mo Avg.) 35/	s angs is signific		mg/l		Weeks . Every Two	8-hour FPC
PARM Code (90530 G Mon Site No. INF-1	Permit Regunrement				Report (Mo.Avg.)			`.mg/l		Weeks Every Two	8-hour FPC
	Sample Measurement					15.50 FF TO WELL THE TO WE HAVE		Marie Editori		Weeks	
	Pernin Rocuiroment	1 7.									
	Sample Measurement			Acceptance of the second				****		Electronic by the control of the second	
	Requirement										
	Sample Measurement							1992	5517-2-54		
	Requirement										
	Sample Measurement	TOTAL STREET	anuangan kalingan menganyan yang pilo		magnesia igas en la dinas e	rru vasta ess		後年記書 語語			
ampling frequency increases to	Permit Requirement								17.54		

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

ermit Nur ionitoring	nber: ; Period	FLA0144	11/02	<u>. </u>	o: <u>6/3</u>	0/02		Three-mon (TMADF/I	th Average Dermitted Cap	Daily Flow: Dacity)x100:	1234 53%
	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Ion. Site	FLW-I	INF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFB-1	
ı	.226	,0234					6.39		18	0,/	
2	,227	.256					6.62		4.2	0,2	
3	./98	.218					6.68	<u> </u>	3,1	0.2	
4	12/5	, 225			10.6		6.74	<1	0.3	0,4	
5	. 222	1245	12	653	(0.7	510	6.5.3	121	1.6	0.1	
6	.210	,0231			10.6		6.40	21	1.6	0.1	<u> </u>
7	, 226	,041					6.50		19	0,1	<u> </u>
8	.232	301					6,75	 	19	0.1	<u> </u>
9	.238	. 238					6.63		40	0,2	
10	.214	.256					6,23		1.8	0.3	
11	.218	10236			10.7		6.71	<1	1.7	0.1	
12	,020/	,02,30			10.6	***************************************	6.49	71	3.4	0,2	
13	25500	,248			0.6		6.47	27	1.7	0,3	
14	10230	,244					6,64	1	4.2	0,2	
15	10256	,0259					6,61		07,/	0.2	<u> </u>
16	1267	1272					6.62		1.02	0.2	
	.258	1254					671		1.1	0,2	
	,235	. 232	(02	169	(0.6	192	6.79	<1	07.4	0.1	
	.234	102,35			<0.6		6.69	<1	35	0,2	
	.246	,024.3			0.7		6,66	<1	4.6	0.2	
21	.183	10022					6.65		38	0,02	
	.0229	,046					654		1.5	0.2	
23		1266					6.79		2.8	0.3	
24		1253					6.94		34	0.02	
	,017	,0250			<0.6		6.69	<1	1.7	0, [
26		1250			40.6		6.53	<1	2.4	0.1	
27		.121			(0.6		6.64		07.2	0.2	
28		,214					169			0.1	
29		,255					6,72		0.0	0.1	
30	261	.067					6.89			0.2	

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator	Class: C Class: C Class: C	Certificate No Certificate No Certificate No Certificate No	7518	Name: Name: Name: Name:	Ismael Garcia Lenny Godwin	
Type of Effluent Disposal or	Reclaimed Water		ourse and Spra		M. Scott Stewart	
Limited Wet Weather Discharge Attach additional sheets if n		s: No: Not Applica	able: X If yes, cu	imulative days of	wet	

Revision Date: 04/18/02

When completed mail this report to: Department of Environmental Protection	n, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549
--	--

PERMITTEE NAME: MAILING ADDRESS:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

EAGLE RIDGE WWTP 14668 AERIES WAY DRIVE

FT. MYERS, FL 33912-1703

COUNTY:

FACILITY:

LOCATION:

LEE

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO .:

MONITORING

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A

IIC

From:

5236P00090 R-001

GMS TEST SITE NO.:

REPORT:

GROUP:

MONTHLY DOMESTIC

17/2//00

				PE	RIOD		1/1/02				1102
Parameter		Quantity or	Loading	Units Quality or Co			Concentration		No. Ex.		Sample Type
Flow	Sample Measurement	0,261	0,239	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 Mon Site No. FLW-1	Perain Regulrement	0318 MaxWklyAvg	0.443 3 Mô Avg	mgd	Andrews (1)					7.Dhys/Week	Flow meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement					(2		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement		E was the supplied	- 14 ()		20.0 (An.Avg.)		mg/l		Every 1\	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			and the same of th	<i>(2)</i>	⟨2	<2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	45.0 (Wkly. Avg.)	60.0 (Max.)	mg/l		Svery Two Weeks	8-hour C 🛪
Solids, Total Suspended	Sample Measurement					BOD VALLE SECTION	0.7	mg/l		3 Days/Week	Grab
PARM Code 00530 1 Mon. Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week*	Gr ab see
рН	Sample Measurement				6.28		6.90	Std. Units	\bigcirc	3 Days/Week	Grab
PARM Code 00400 1 Mon.Site Nó. EFA-1	Permit Requirement						(Max.)	Std. Units		3 Days/Week.	Gr a b

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	M. lott therent	239-561-2713	00/08/25
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	hgre):		

Revision Date: 04/18/02

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter	Quantity or Loading		or Loading	Units	Qual	lity or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1		<1	#/100ml	0	3 Days/Week	Grab
Morestie No. EPA-1	Remurement				Non Delectable (75 Percentile)		(Max.)	#/100ml	in in the	baysaveer*	G rab
Total Residual Chlorine (For Disinfection)	Sample Measurement				10			mg∕l		Continuous	Meter
PARM Code 50060 1 Mon.Site No. EFA-1	Requirement				1.0 (Mm.)		274	mg/l		Gontinuous	Molef
Turbidity	Sample Measurement			Latina Balling St. 75, 5	HERMAN (V. 12) P H		04	NTU		Continuous	Meter
PARM Code 82078 Mon Site No. EPB-1	Permit Requirement						2 5 (Max)	NTU ;		.Continuous;	Meler
BOD, Carbonaceous 5 day, 20C	Sample Measurement	1	Mark S. Course Intelligence (Inc. 1927)	STATES CARRESTS	207		Ancient AVAA	mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-I	Pomit Requirement				Report (Mo.Ave.)			mg/l		Every Two	8-hour FPC;
Solids, Total Suspended	Sample Measurement				338			mg/l		Every Two Weeks	8-hour FPC
PARM Code, 00530 G Mon. Site No. JNF-1	Requirement Sample Measurement				Report (Mo Avg.)			: mg/i		Lapyery Two	8-hour FPC
	Requirement Sample										
	Measurement Requirement										
	Sample Measurement								م دنار <u>دساس</u> ت		
	Requirement										
	Sample Measurement	elekse filozof apartas e l		e per legite de de				. pyskana sanas∞			
	Period Requirement				**********						y i sayang t

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498 / 1/02 To: 7/31/02 Three-month Average Daily Flow: 239 (TMADF/Permitted Capacity)x100: 54%

ſ											
)	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Mon. Site	FLW-1	INF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-I	EFA-1	EFB-1	
1	,269	,262			0,7		6.90	<1	5.0	0,2	
2	1276	1256			0.6		6,81	<1	1,5	0,2	
3	.265	1227		ļ	(O,C		639	1	1.3	0.3	
4	.249	1025/	(2	007	<0.6	215	669		1,2	0,2	
5	,240	.0218					6,66		4,6	0.2	
6	,264	.256					6.59		1.9	0,2	
7	,264	257					648		1.4	0,2	
8	10246	.234					6.39		07,6	0,2	
9	234	,0231			(0.6		6,62	< 1	02.1	0.2	
10	,251	10249		<u> </u>	(0,7		6:54	1	5.0	0.2	
11	10253	10232			0.7		6,60	<1	02.0	0,3	
12	10250	.239		ļ			658	ļ	3.1	0.3	
13	10264	1252					6,65		1.0	0.02	
14	,030	1275	-				6,62		02.3	0.2	
15	,0259	·242					650		1.3	0,2	
16	10260	.0245			0,7		647	\	1.02	0,2	
17	,069	,6245			0.7		653	< 1	3.4	0.2	
18	,254	1239			(0,7		6.60	<	4.0	0,2	
19	.0247	1235	(02	247	0.8	460	6.028		07.5	0,02	
20	.258	10263			<u> </u>		65/		33	0.2	
21	10254	1272	<u> </u>	ļ			6,59	ļ	1.4	0.3	
22	10356	10253			ļ		67/		1.5	0.3	
23	254	,254		ļ	0,7		6,55	151	1.0	0.3	
24	10250	1247			50.6		6.6.3	151	1.1	0.02	
25	.260	.275			0.8		6.028	121	02.0	0.1	
26	.26/	10235		<u> </u>	ļ		6.30		1.3	0.1	
27	.0253	1249		ļ			6,55		1.4	0.4	
28	.066	,273					6.59		02.3	0.2	
29	10745	125/					6.55		3.9	0,3	
30	1077	10257			10.6		6,70	1	02.8	0.4	
31	,251	.0744			07		6.68	KI	2.9	0.4	

PLANT STAFFING:							
Day Shift Operator	Class:	_C	Certificate No:	8922	Name:	Ismael Garcia	
Evening Shift Operator	Class:	C	Certificate No:	7518	ame:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No:	6394	Name:	M. Scott Stewart	
Type of Effluent Disposal or	Reclaimed	Water Reuse	Golf Cou	rse and Spray Irr	rigation		
Limited Wet Weather Dischar	rge Activate	ed: Yes: N		: X If yes, cumula		wet	

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Department of Environmental Protection, South District P.O. Box 2540, Ft. Muere, Ft. 226
--

PERMITTEE NAME: MAILING ADDRESS:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY: LOCATION: EAGLE RIDGE WWTP 14668 AERIES WAY DRIVE

FT. MYERS, FL 33912-1703

COUNTY:

LEE

PERMIT NUMBER:

MONITORING

LIMIT: CLASS SIZE: GMS ID NO .:

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A 5236P00090

Q/1/00

R-001

HC

From:

GROUP: GMS TEST SITE NO .:

REPORT:

MONTHLY DOMESTIC

Parameter		Quantity of	Quantity or Loading		Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.270	,0250	mgd					\circ	Continuous	Flow meter and totalizer
Monisia to FLW I	Pennit Pennienen	0318 MaxWkiyAvi		2000							and totalize
BOD, Carbonaceous 5 day, 20C	Sample Measurement					<2		mg/l	0	Every Two Weeks	8-hour FPC
PARM COMESINS? Y Mod Side No. EPA-1	Percei Requirement					20:0 (An Avg.)		mg/l		wew IVO	. 8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	(2	(2	mg/l	0	Every Two Weeks	8-hour FPC
PARM CAGE BLORD Mon Site No. EPA-1	Permit Requirement				30.0 s (Mo Ava.)	45.0 (Wkty Avg.)	(60.0 (18ex.)	- mg/l		Every Two Weeks	8-hour P
Solids, Total Suspended	Sample Measurement						(0.6	me∕l	0	3 Days/Week	Grab
PARM Code 90580 Mon Site No. EFA-1	Permit Requirement						3.0 (8/2x)	img/1		Save/Week*	Ĝrab .
pH	Sample Measurement				6,49		688	Std. Units	0	3 Days/Week	Grab
PARKY Code 00400 1 Mon Sire No. 6FA-1	Permit Requirement				6.0 (Min.)		Max.	8td Units		J Days/Week	Grab ₂

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	Il last freetont	239-561- 2713	02/09/25
			,

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments horse):

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Qua	lity or Concen	tration	Units	No. Ex.	Ex. Analysis	
Coliform, Fecal	Sample Measurement			<1		<	#/100ml	0	3 Days/Week	Grab
	Control of						#RIPOIN!		a de la companya de	0120
Total Residual Chlorine (For Disinfection)	Sample Measurement			10			mg/l	0	Continuous	Moter
Morsie vo Ebal				rote Orac			1,448/1		Continuous	Meter
furbidity	Sample Measurement					0.4	NTU	0	Continuous	Moter
PARMACONE BOTR	Leight Leightenien						NTU		STORMUTTO.	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			213			mg/l	0	Every Two Weeks	8-hour F2C
PARACONERIOS G Montrieso Inter	To the state of			Reward (No. Avg.)			mg/		Every Two	8-hour FPC
Solids, Total Suspended	Sample Measurement			0236			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G. Moleske no the 1	Total Cale			(8.00 kg)			m e n		Breev Two Weeks	8-hour FPC
	Sample Measurement									
	. Cameneil									
	Sample Measurement									
	Permit									
	Sample Measurement									
	Sample Measurement	The control of the co		Control of Particle States		313.1			ere englise eder filmer ben de par autoria de la lar	
	E CONTRACTO									

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plan will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

DAILY SAMPLE RESULTS - PART B

Permit Nun Monitoring	nber Period	FLA01449 From:	11/0	<u>2</u> 1	·· <u>8/3</u>	1/02		Three-mon (TMADF/P	th Average D ermitted Cap	aity Flow: (acity)x100;	250 57%
	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Twbidity NTUs	
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Mon. Site	FLW-I	INF-1	EFA-1	INF-1	EFA-1	INF-I	EFA-1	EFA-1	EFA-1	EFB-1	
1	.069	.253			10.6		6.74	71	7.3	0.2	
2	·053	,233					6.66		2.3	0.2	
3	-268	.248					659		1.5	0.2	
4	.079	10261					6.64		3.7	0.2	
5	.271	262					6.78		7.2	0.2	
6	.0275	042			60.6		682	41	23	0.02	
7	018	,246		<u> </u>	30.7		6,65	71	20	0.2	
8	.288	,245			10.6		664	31	10	0.3	
9	249	240		<u> </u>			688		27	0.3	
10	270	,260					6.79		1.4	0,2	
11	,064	290			1		678		1.4	0.2	1
12	273	,267					6,23		1.4	0,2	
13	.278	,0254			30.6		6,64	31	02.5	0,2	
14	.267	048	12	192	10.6	167	6.75	121	1.5	0.2	
15	266	,247		1	(0.6	1	670	2i	3.3	0.1	
16	w233	10235		1	1.0.0	1	669	 ` ' 	2.4	0.1	
17	,084	,268				1	678		30	0.1	
18	1294	298					660		24	0.2	
19	10256	,02502					6,25	<u> </u>	0.7	0.2	
20	.025 9	,0249			(0.6		6,23	1	3.2	0,2	1
21	276	267			30.6		6.74	21	22	0,2	
22	261	.0356			10.6		658	121	14	0,02	
23	1033	10209			120.0		6.64	1-2	7.4	0.02	
24		,025 9					6.67	 	0.8	0.2	
25	1025%	1276				 	668		07.7	0.2	
26	257	,0255	<u> </u>	 	 		249		7.0	0,02	
27	,061	,0262		 	10.6	 	623	171	170	0.02	
28	.0256	10261		 	(0.6		6.74	121	1.5	0,2	
29	,264	1261	(2	228	0.7	304	17/2/	 } 	7.6	0,3	
30	.259	/	100	MACO	1-4-1	127	6/7	171	3,1	0.4	
31	مستنمة مستنميرها	diameter 1	_		 		6.6/		-	0.4	-
<u>L</u>	.067	1,257	<u> </u>	20-1-12-03-1-1-1	<u> </u>	1	6.63		14.7	10,7	<u> </u>
PLANT S	TAFFING:										
Day Shift	•	Clas		Certific	~~~	3922	Name:		Garcia	The party of the second second second second second second second second second second second second second se	
	Shift Operator ft Operator	Clas Clas		Certific Certific	ate No:ate No:	75.18	Name:		Godwin	·	gag in 1900, gagani kang ar ang ang managang dalam da d
Lead Ope	crator	Clas	s: C	Centific	F-7-04	5394	Name:		ott Stewar		

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated; Yes: No: Not Applicable; X If yes, cumulative days of wet

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS: UTILITIES, INC. OF EAGLE RIDGE

200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FL 32714

FACILITY: LOCATION: **EAGLE RIDGE WWTP**

14668 AERIES WAY DRIVE FT. MYERS, FL 33912-1703

COUNTY:

PERMIT NUMBER:

LIMIT:

CLASS SIZE: GMS ID NO.

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A 5236P00090

R-001

IIC

REPORT: GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO.:

LEE

MONITORING PERIOD

Parameter		Quantity or Loading		tity or Loading Units		lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	,287	,260	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 Mon Bire No. FLW-	Permit Repairement	0.318 MaxWklyAyg	0:449 3 Mo. Avg	mgd						7 Days/Week	Flow meter and totalizes
BOD, Carhonaccous 5 day, 20C	Sample Measurement					(2		mg/l	\bigcirc	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Sine No. 6FA-1	Përinit Requirement					20.0 (An Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<i><</i> 2	<i>⟨</i> ₽	⟨₽	mē∖I	\bigcirc	Every Two Weeks	8-flour FPC
PARW Code 80082 1 Mon Site No. HFA-I	Pennit Requirement				30,0 (Mo.Avg.)	45,0 (Wkly Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-Hour FPC
Solids, Total Suspended	Sample Measurement						0.7	mg/l	C	3 Days/Week	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Perma Requirement						5.0 (Max.)	mg/l		Days/Week?	Grab",
pH	Sample Measurement				6,37		688	Std. Units	0	3 Days/Week	Grab
PARM Code 00400 1	Permit Renontement				6.0 (Min.)		8.5 (Max.)	Std. Umts		3 Days/Weer	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
M. Scott Stewart, Lead Operator	M. felt huerest	239-561 -271 3	02/10/23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER, FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity	or Loading	Units	Qual	ity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				<1		<1	#/100ml	Ĉ	3 Days/Week	Grab
MEGSIENO EFA I	Pomit Requirement				Albri Beletjänk: (73 Persende)		(Max)	#/100ml		Days/Week*	Cu it e c
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/l	0	Continuous	Meter
PARM Code 50060 Mon. Site No. UFA-1	Pennia Requirement				(Min.)			mg/l		// Continuous	Meter
Turhidity	Sample Measurement						0,3	NTU	0	Continuous	Meter
PARM Coue 82078 1 Mon Sue No EFB-1	Perion Requirement						2,1 (Max)	עוגע		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				127			mg∕l	0	Every Two Weeks	8-hour FPC
PARM Fode 80082 G Morishe No INF 1	Perries Requirement				Report (Mo.Avg.)			ms/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				136			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Side No. INP-1	Permit Requirement				Report (Mo Avg.)			: Man		Exery I wa Weeks	≸-boor FPC
	Sample Measurement										
	Permit Regurepiem										
	Sample Measurement										
	Termina de la companya						Televije Jestije				
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Permit Requirement										

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plai will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

Permit Number: Monitoring Period

(TMADF/Permitted Capacity)x100:

`	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria	TRC (For Disinfect.)	Turbidity NTUs	
)								(#/100ml)	(साझुर)		
Cod	e 50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Mon.	Site FLW-1	INF-1	EFA-I	INF-1	EFA-167	INF-I	EFA-l	EFA-15/	EFA-1	EFB-1	
	26.3	1257			< ***		6,59		1.2	0,3	
2	.299	:32/					650		18	0.3	
3	.302	.289			(0.6		667		1.6	0.2	
4	.285	1236			<0.6		659	</td <td>w.3</td> <td>0.2</td> <td>-</td>	w.3	0.2	-
5	1278	,281			(0,6		6.54		04	0.2	
6	1268	,249					6.37		33	0.2	
7	,296	,277					6.53		07,2	0.2	
8	.29.3	.288					6.59		1.4	0.02	
9	1278	,060			<u> </u>		6.66		3.4	0.2	
10	10//	1245	(2	120	<0.6	1/02	6.64	1	4.7	0,2	
11	1.470	,278			(0.6		6.62		3,7	0.1	
12	1000	.626.3			(0,6		6.64	<	4.0	0,2	
13	1004	.625.3			<u> </u>		668		5.0	0,2	
14	1/10	,07.3			<u> </u>		6,502	ļ	3.7	0.1	
15	1000	1.300		<u> </u>	<u> </u>		658		23	0.1	
16	- <u> </u>	.0254					6.60		35	0.2	
	102//	1237		ļ	(0.6		6.51		020	0.3	
18	1000	,046		ļ	(0.6		6.602		1.4	0./	
19	10×2×	10245			(0.6	ļ	656	< 1	36	0,2	
20	1,077	1.0231			 	 	654	ļ	0.9	0.2	ļ. ———
22	1067	,054	<u> </u>	ļ	 		656	 	29	0.2	-
23	19/6	1.27.3		 	 	 	6.59		1.0	0.7	
24	10747	244	ļ		100		668	 , , 	1.4	0.2	
2:	1,00,27	1238	125	121	0.6	2/2	678	15!	48	0,1	
20	10070	1234	(2	134	<0.6	160_	6.68	15!		0.2	
2	1,0202()	12/17	 	 	0.7	-	668	< 1	48	0,2	
2	10177	1042	ļ	 	 		6.59	 	34	0.3	
29	1.00	,0258		 	 	_	6.54	 	37	0,2	
30	1067	1.273		 	 	 	667	 		0,2	
3	112/3	10245	ļ	 	-		688	 	32	0.2	
			<u> </u>	<u> </u>	<u> </u>			<u></u>	1	<u> </u>	1

		<u> </u>				10,000		 `	_
31								·	\rfloor
PLANT STAFFIN	lG:								
Day Shift Operato		Class:	C	Certificate No:	89 22	Name:	Ismael Garcia		
Evening Shift Ope	erator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin		
Night Shift Operat	Hor	Class:		Certificate No:		Name:			
Lead Operator		Class:	C	Certificate No:	6394	Name:	M. Scott Stewart		
Type of Effluent D	Disposal or Re	claimed	Water Reus	se: Golf Cou	irse and Spr.	ray Irrigation			
imited Wet Weat	ther Discharge	· Activate	id: Yes: 1			cumulative days of	wet		
Attach additional	sheets if neces	teamy to b	ist all certifi	ied onerators					

Revision Date: 04/18/02

n completed mail this report t	a. Department of	f Erwironmental	Protection	South Dietrick	POB	lov 2540 F	t Moures F	71 73902-2549

RMITTEE NAME: ULING ADDRESS:

CILITY:

CATION.

UTILITIES, INC. OF EAGLE RIDGE

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

EAGLE RIDGE WWTP

14668 AERIES WAY DRIVE FT. MYERS, FL 33912-1703

UNTY: LEE

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO.:

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A

R-001

IIC

5236P00090

GROUP:

REPORT:

MONTHLY DOMESTIC

GMS TEST SITE NO.:

MONITORING PERIOD

From:

10/1/02

To:

10/31/02

Parameter	Quantity of	Quantity or Loading		Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type	
W	Sample Measurement	,267	.251	mgd					0	Continuous	Flow meter and totalizer
REATCOME 50050 I N. Stie No. FLW-I	Recourement	0.318 MaxWkiyAVg	1948 3 Ma Ave	mgd						7 Days/West	Flow meter and totalizer
D, Carbonaceous 5 day, 200	Sample Measurement					(2		mg∕l	0	Every Two Weeks	8-hour FPC
RM Code 80082 Y	Permit Requirement	22.00				20.0 (An.Avg.)		mg/I		Every Two Weeks	8-hour FPC
DD, Carbonaceous 5 day, 20C	Sample Measurement				(02	(2	(2	mg/i	0	Every Two Weeks	8-hour FPC
RIM Code 80082 1 in She Va EFA-1	Permit Requirement				70.0 (Mo.Ave.)	45.0 (Wkly. Avg.)	60.0 (Mix.)	mg/l		very Two Weeks	8-hour FPC
ids, Total Suspended	Sample Measurement						0.95	mg/l	0	3 Days/Week	Grab
RM Code 00530 na.Sita No. EFA-1	Permit Requirement					i i i i i i i i i i i i i i i i i i i	5.0 (Max.)	mg/I		Dpys/Week*	Gr ab
the second second second second second second second second second second second second second second second se	Sample Measurement				6.37		6,81	Std Units	0	3 Days/Week	Grab
RM Code 00400 1 al.Site No. EFA-1	Permit Requirement				60 (Min.)		85 (Max.)	'Sta. Units		3: D&XW eek	Grab

tify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

ME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
. Scott Stewart, Lead Operator	Il felt fluident	239-561-2713	02/11/25
	——————————————————————————————————————		

AMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments bere):

LITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading Units			Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
form, Fecal	Sample Measurement				<1		131	#/100ml		3 Days/Week	Grab
MENO EPA	Perion Requirement				Nan Derektable (75 Persentile)		May	Hidmi		Lorys/Week*	Grafi
Residual Chlorine (For fection)	Sample Measurement			in the table he	1.0	r sa saladin dhelarang		mg/l	0	Contimions	Meter
N Code 50060 I Sir no Efa-I	Requirement				O1			mg/l		Continuous	Meter
dity	Sample Measurement						0.8	NTU		Continuous	Meter
A Code 82078 A	Vernit Regultement				Tangka s		(10.00)	NTU		- Commons	- Meter
Carbonaceous 5 day, 20C	Sample Measurement				168			mg/l		Every Two Weeks	8-hour FPC
FCoch BOXB2 G NEND [NF-1	Pomit Registenient				Report (Mo Ave.)			mel		y Every Two	8-16-6-73-0
, Total Suspended	Sample Measurement		A CONTRACTOR OF THE PARTY OF TH		A5.3		MARKET SERVENIN	mg/l		Weeks Every Two Weeks	8-hour FPC
#Code 00530 G The No. INF-1	Permit Requirement				Report (Me.Avg.)			ing/l		Every Two	8-hour FPC
The second secon	Sample Measurement			e en la comania	(MO/AY2.)				00000000	Weeks	
	Permit Regarement										
	Sample Measurement	erigen sensenner en en fils									
	Permit Requirement										1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	Sample Measurement										
	Pernat Regulitement										
	Sample Measurement	**************************************	* MIN ** ** ** ** ** ** ** ** ** ** ** ** **					apribatinali şür	32) (1) 33 <u>6</u>		
	Permit Requirement										

pling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period	FLA014498 From: 10/1/02	To 10/31/02	Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:	,251
Monitoring Period	From: 10/1/02	To: 10/31/00	(TMADF/Permitted Capacity)x100:	5

)	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBODS (mg/l)	TSS (mg/l)	TSS (mg/l)	pH(su)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	·
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Mon. Site	FLW-1	INF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-I	EFA-1	EFB-1	
T	.244	.0235			0.9		673	77	1.5	0.62	
2	:239	0233			10,6		6602	11	1.4	OZ	
3	10074	·27			0.6		6.41	31	2.02	0,4	
4	036	1226					6.64		1.8	0.2	
5	.254	10258					667		50	0.4	
6	,263	,27/					670		J. 0	04	
7	,234	038					651		4,2	0,8	
8	10229	1234	~ 2	164	0.9	164	6.602	31	48	0,5	
9	:017	,232			0.7		6.66	<1	50	04	
10	,210	,224			0.8		662	31	5.0	0.3	
11	,218	,216				,, 	6,44		1.3	0.4	
12	,240	,240					6.43		18	0,4	
13	.238	1267					6.47		1.7	0.4	
14	1236	1250	····				6,44		5.0	0,4	
15	177	.226			10.6		6,79	</td <td>5.0</td> <td>0.5</td> <td></td>	5.0	0.5	
16	10000	1246			0.7		6.7.3	51	36	0.6	
17	10226	1229			60.6		6,61	51	1.6	0.6	
18	1241	, 200					6.59		4.8	0.4	
19	,245	1249				~	6,40		50	0.3	
20	1268	1267					616	***************************************	29	0.3	
21	10254	,0239	- 1419				6.56		4.0	0,2	
22	0258	.5250	<o2< td=""><td>172</td><td>10.6</td><td>141</td><td>6,47</td><td>51</td><td>50</td><td>0.2</td><td></td></o2<>	172	10.6	141	6,47	51	50	0.2	
23	.256	031		***************************************	10.6		6.44	<1	1.9	02	
24	10259	.260			0.8		6,46	<1	1.1	0.2	
25	10257	1225			10.6		6.49	<1	1.0	0,2	
26		102757	The table to the same of the s		50,6		6.51	51	1.7	0.2	
27	,289				50,6		6.37	51	1.3	0,2	
28	10259	:244			50.6		6.81	51	1.0	0,3	
29		.236			KO,6		6.49	<1	1.6	0.3	
30	.246				08		6.57	71	1.02	0,2	
31	,0743				(0,6		6,66	<1	3.7	0.2	

PLANT STAFFING:							
Day Shift Operator	Class:	С	Certificate No:	8922	Name:	Ismael Garcia	
Evening Shift Operator	Class:	_C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Ciass:	_C	Certificate No:	6394	Name:	M. Scott Stewart	
Type of Effluent Disposal or	Reclaimed	Water Reuse	Golf Cor	urse and Spray Irri	gation		
Limited Wet Weather Discha	rge Activate	d: Yes: N		le: X If yes, cumulat		wei	

Attach additional sheets if necessary to list all certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

a completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Mycrs, FL 33902-2549
--

RMITTEE NAME JILING ADDRESS:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

CILITY: CATION:

UNTY:

EAGLE RIDGE WWTP 14668 AERIES WAY DRIVE

FT. MYERS, FL. 33912-1703

LEE

PERMIT NUMBER:

LIMIT: CLASS SIZE: GMS ID NO.:

MONITORING GROUP NUMBER PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A

5236P00090 R-001

IIC

REPORT: GROUP:

GMS TEST SITE NO.:

MONTHLY DOMESTIC

	ONITORING RIOD	From:	11/1/0	<i>5</i> 2	Го:	11/3	0/02
its	Qua	lity or Concen	ration	Units	No. Ex.	Frequency of Analysis	Sample Type

						Contract of the Contract of th		***************************************			
Parameter		Quantity or	Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Y	Sample Measurement	0,274	0.247	mgd	PARCEL OF CHILDREN IN THE STREET				0	Continuous	Flow meter and totalizer
CAPCONE 50050 1 Still No. FLW-1	Permit Requirement	0318 MaxWkiyAvg	01443 3 Mo. Ave	megd .						1 Days/Week	Flew and standard and total and tota
D, Carbonaceous 5 day, 20C	Sample Measurement					(2		നള/ി	0	Every Two Weeks	8-hour FPC
tNI Code 80082 Y Site No. EFA-1	Femini Requirement					20.0 (An Avg.)		uiā)]		Bvery Two Weeks	8-кош ЕРС
), Carbonaceous 5 day, 20C	Sample Measurement				(2	<2	(2	mg/l	0	Every Two Weeks	8-hour FPC
M Chide 80082 1 She No EFA-1	Permit Requirement			ir ki, Aji Bolik	30.0 (Mố Avg.)	45.0 (Wkly, Avg.)	60.0 (Miss.)	mg/i		Every Two Weeks	8-hour FPC
is, Total Suspended	Sample Measurement						34	mg∕l	0	3 Days/Week	Grab
M. Code 00530 1	Pennit						5.0. (Max.)	mg/l		3 Days/Week*	Grab
Sto No EFA.	Sample Measurement		Again any bank 1950 day		6.07		6.79	Std. Units	0	3 Days/Week	Grab
RA Code 00400 1	Pennit Requirement				6.0 (Min.)		85 (Max.)	Stat Units		3 DaywWeek	Grab

tify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

ME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
. Scott Stewart, Lead Operator	me fet therend	239-561-2713	02/12/23
AMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	jusé):		•

DISCHARGE MONITORING REPORT - PART A (Continued)

LITY NAME Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Load	ing Units	Qual	ity or Concent	ration	Units	No. Frequency of Analysis	Sample Type	
form, Fecal	Sample Measurement			< 1		<1	#/100ml	0	3 Days/Week	Grab
# 3645/4035 - 11 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Regulement		Marie Paris A	Name Tenedadrie 73 Percentic		(Mex.)	#100ml		Days Week*	Graft *
Residual Chlorine (For nection)	Sample Measurement			1.1			mg/l	0	Continuous	Meter
MC Sae 50060 1 Sae No EFA-L	Permit Requirement			(O Owin)			ηg/l		Continuous	Meter
idity	Sample Measurement					0.8	NTU	0	Continuous	Meter
Mi Code 82078 F	femult Regulacionent					2 ф (Мах)	MTU	¥41 (*)	Сеятичной	Meter
). Carbonaceous 5 day, 20C	Sample Measurement			171			mgl	0	Every Two Weeks	8-hour FPC
NECODE 20082 G Ske No INF-1	Permit Requirement			Report (Mo.Avg.)	1 7 5 0 5 1 1 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		. ng/l	<u>5</u>	Prely Two	: -3#hour.FPC.
ls, Total Suspended	Sample Measurement			135			(Ngm	0	Every Two Weeks	8-hour FPC
Micode 00530 G	Remit Requirement			Report (Mo Ave.)			mg/L		8very Two Weeks	Rehour FPC
	Sample Measurement									
	Permu Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Requirement									
	Sample Measurement									
	Permit Requirement					three month ave				Act William

pling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The plant be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

DAILY SAMPLE RESULTS - PART B

Permit Number. FLA014498 / Co. To: 11/30/02 Three-month Average Daily Flow: 247 (TMADF/Permitted Capacity)x100: 56%

Code S0050 S0050 S0052 S0082 S0082 S0083 D0050 D00400 T0055 S0060 S0078 Mon Ster FW+1 INF-1 EFA-1 INF-1 EFA-1 INF-1 EFA-1 E	Ī.	Flow (mgd)	Flow (mgd)	CBOD5	CBOD5	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal	TRC (For	Turbidity	
Mon. Sign FLW-1 NF-1 EFA-1 NF-1 EFA-1 EF						(\	, , , , , , , , , , , , , , , , , , , ,	Coliform Bacteria	Disinfect.)		
1 .258 .238	Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
2	Mon. Site	FLW-1	INF-I	EFA-1	INF-1	EFA-3	INF-I	EFA-1	EFA-I	EFA-1	EFB-1	
2		. 258	,238			10.6		6.45	71	3,9	0,2	
1		.248	1254			10,6			<1	67	0,02	
Sect 1845 1845 1846 1845			, 282			(O.7		645	<1	18	0,3	
Section Sect		1238	1245			(0.6		6.70	<1	04	0,3	
1		,327	.244	(2	214		143	6.56	<i>()</i>	07.9	0,3	
8			.0257					6.51	<1	07/	0,4	
10 167 167 17 17 17 18 18 18 18 1		,149	,352			50.6		6.46	<1		0.8	
10 1/12 2/24 0.77 6.27 5.1 3.6 0.4 11 1/48 1/250 5.07 6.45 5.1 4.3 0.2 12 13 13 14 14 15 0.6 6.68 5.1 7.4 0.6 14 14 14 15 0.8 6.61 5.1 5.0 0.8 15 16 17 17 17 17 17 17 17 18 18 18 19 17 17 17 18 18 18 18 19 18 18 18 19 10 10 10 10 10 10 10		,107	.167			1.7		6.01	<1	48	0.6	
11	LH							621	51			
12 0.38 0.46 0.6 6.79 1 0.0 0.4 13 0.46 1.0 6.68 1 1.4 0.6 14 0.24 0.25 0.8 6.61 1 50 0.8 15 0.57 0.37 0.6 6.50 1 4.8 0.5 16 0.99 0.99 0.06 6.50 1 4.8 0.5 17 0.78 0.24 0.66 6.50 1 0.0 0.3 18 0.35 0.50 1.1 6.49 1 50 0.3 19 0.81 0.77 0.2 0.8 0.6 6.34 1 17 0.4 20 0.47 0.37 0.6 6.75 1 30 0.5 21 0.39 0.80 0.6 6.67 1 50 0.5 22 0.48 0.29 0.6 6.67 1 50 0.5 23 0.26 0.78 0.6 6.69 1 1.7 0.6 24 0.29 0.28 0.6 6.69 1 1.3 0.4 25 0.88 0.73 0.8 6.69 1 1.3 0.4 26 0.48 0.43 0.6 6.57 1 30 0.2 27 0.08 0.06 6.57 1 37 0.7 28 0.68 0.28 0.66 6.63 1 1.7 0.6 29 0.06 0.23 0.6 6.63 1 1.7 0.7 30 0.00 0.25 0.6 6.63 1 1.7 0.7 30 0.00 0.25 0.6 6.63 1 1.7 0.7						THE PERSON NAMED IN COLUMN TWO IS NOT THE OWNER.	······································	6.74	</td <td></td> <td>0.4</td> <td></td>		0.4	
13	L						**************************************	6.45	<1			
14 1264 1253				···	Makan di Tanza ayan mani				51			
15 1257 1237 126 126 125 126 127 1		·							< 1			
16 , 299 , 299	L								<u> </u>		4	
17 , 278 , 294									< 1			
18 1257 1252						***********	Millerian der dem "gegebegg des gegen		51	L		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	LI								<u> </u>			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	LJ			75	126		1.50					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	20			(22	140		156	7	1			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	21								}'			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	22											
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	23								 		 	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	24				Defending with a second		***************************************		7			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	25	188								73	<u> </u>	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	26					30.6		653	\ \ I	20		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	27											
$\frac{29}{30}$, $\frac{206}{200}$, $\frac{2058}{2053}$ $\frac{20.6}{20.6}$ $\frac{663}{648}$ $\frac{1}{1.9}$ $\frac{0.7}{0.7}$	28						Hiddings Barrens	253				
30 1202 253 (0.6 648 (1 1.9 0.1	29						Married agreement of the same factor of the same			The state of the s		
	30						**************************************			79		
	31					10,10		370		4.1.7		

PLANT STAFFING:							
Day Shift Operator	Class:	С	Certificate No:	8922	Name	Ismael Garcia	
Evening Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:	Combine and Arthur	Certificate No:		Name:		
Lead Operator	Class:	C	Centificate No:	6394	Name:	M. Scott Stewart	1
Type of Effluent Disposal or	Reclaimed	Water Reuse	Golf Co	irse and Spra	v Irrigation		Allegh history grants between a secure our man man managering experience and managering and an analysis and an
Limited Wet Weather Discha	rge Activate	d: Yes: N			mulative days of	wei	The state of the s
				=	3		manufacture of the state of the

Attach additional sheets if necessary to list all certified operators

Revision Date: 04/18/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

n completed mail this report to:	Penartment of Environmental	Protection, South District,	P.O. Box	(2549, Ft. M	lyers, FL 33902-2549
----------------------------------	-----------------------------	-----------------------------	----------	--------------	----------------------

RMITTEE NAME JULING ADDRESS:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

CILITY. CATION. EAGLE RIDGE WWIP 14668 AERIES WAY DRIVE FT. MYERS, FL. 33912-1703

PERMIT NUMBER:

LIMIT: CLASS SIZE: GMS ID NO.:

MONITORING GROUP NUMBER PLANT SIZE/TREATMENT TYPE.

NO DISCHARGE FROM SITE:

FLA014498

FINAL N/A

HC

5236P00090 R-001

GROUP: GMS TEST SITE NO.

REPORT:

MONTHLY DOMESTIC

UNTY:

L.EE

MONITORING PERIOD

12/1/02

Parameter		Quantity of	r Loading	Units	Qua	lity or Concentre	ation	Units	No. Ex.	Frequency of Analysis	Sampi i'ya
**	Sample Measurement	0,259	,242	rngd					\bigcirc	Continuous	Flow meter and totalize
EX CORE STUSO 1 1 Mar No. FLW-1	Redupement	0.318 MaxWkiyAvy		nga							Gov.mon
D. Carbonaceous 5 day, 20C	Sample Measurement					(2		mg/l	0	Every Two Weeks	8-hour FP
RM Coder 8(0)82 Y	Permit Requirement	3.55		Marin .		20.0 (Ati Ave)		mg).		Every 1 Wo Weeks	8-hour RP
D, Carbonaceous 3 day, 20C	Sample Measurement				<2 €	⟨₽	<2	mg∕l	0	Every Two Weeks	8-hour FP
RIM COME 80082 IL STE NO EFA-1	Permit Requirement				(Mo-Ave)	45.0 (Wkly Ave.)	60.0 (Mix.)	mg/l		Every Two Weeks	8-hout FP
ids, Total Suspended	Sample Measurement						1.1	mg/l	0	3 Days/Week	Grab
EVI Code 00530	Regulation						\$ 0. (Klax.)	#ng/l	5	Days/Week*	
o Sile No. FEA-1	Sample Measurement				6.24		6.84	Std. Units	0	3 Days/Week	Grab
RM Code 00400 nlsne no epa 1	Pennit Requirement				(Min)		(Max.)	Std. Units		3 Days/Week	G7ab.

tify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment

METELLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
. Scott Stewart, Lead Operator	my let thereat	239-561-2713	03/1/24
			•

AMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments fiere):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Eagle Ridge WWTF PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Qual	ity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<1	(1	#/100ml	0	3 Days/Week	Grab
PARMICAGE 74055 Mod Stie No. El A-1	Requirement			Non Deneatable (75 Percentile)	(Nax)	#(100#11	Y THE PARTY	Day6/Week*	Grab 💯
Fotal Residual Chlorine (For Disinfection)	Sample Measurement			1.5		mg∕l	0	Continuous	Meter
PARM Code 50060 1 Mon Site No. EPA-1	Permit Réquirement			1.0 (Min.)		mg/)		Continuous	Metern
Furbidity	Sample Measurement				0.4	NTU	0	Continuous	Метет
PARM Code \$2078 Mon Site No. EFB-1	Permit: Requirement				in Max	NTU		Contractis	Mele.
BOD, Carbonaceous 5 day, 20C	Sample Measurement			135		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 40062 G Mod Ste No. DVF-1	Perrot Requirement			Repent (Vin Avg.)		mg/l:		Bvery Two Weeks	8-hour-FPC
Solids, Total Suspended	Sample Measurement			119		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G: Monsie no infi	Perme Requirement			No Ave		mg/l		- Every-Two Weeks	8-kein FPC
	Sample Measurement								
	Permit Reguisement								
	Sample Measurement								
	Poemil Requirement								
	Sample Measurement								
	Pennik Reguliement								
	Sample Measurement								
	Pertrui Requirement								

^{*}Sampling frequency increases to 7 times/week when the WWTP is operated in the extended aeration mode and the three month average daily flow exceeds 0.255 mgd. The pla will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

From: 12/1/02 To: 12/31/03 (TMADF/Permitted Capacity)x100: 55-6

ĺ	F: - / W										
)	1-tow (mga)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	
Code	50050	50050	80082	80082	00530	00530	00400	74055	50060	82078	
Mon. Site	FLW-1	INF-1	EFA-I	INF-I	EFA-1	INF-1	EFA-1	EFA-I	EFA-1	EFB-1	
1	<i>,202</i>	.285			0.9		6.24	(1	3.3	0.1	
2	1186	,025/			1./		6,79		1.5	0,1	
3	.D66	.260	,		1.1		658	</td <td>18</td> <td>0.1</td> <td></td>	18	0.1	
4	,269	132502	12	158	97	132	6,57	51	5.0	0.1	
5	.238	261			0.8		650	51	5.0	0.2	
6	,191	.239					652		50	0,1	
7	·2//	0280					6.50		37.6	0.1	
8	1/80	1268			ļ		6.84		2.8	0.1	
9	1/92	10259					6.36	7-7-	32.9	0,/	
10	.240	10253			0.8		6.55	151	3.0	0.1	
11	189	260			0.9		657	13/	5.0	0.1	
12	,0258	.0255	ļ		0.7	ļ	6.47	5/	5.0	0.52	
13	267	261		 		 	6.402		5.0	0.1	
15	10260	,264	<u> </u>		ļ	ļ	6.38		50	0.3	
16	1261	10291		ļ	-		6.31	ļ	023 020		
17	1264	1274	27	100	10	106	646	31	5.0	0.1	
18	,258	263	<2	112	1.0	100	641	2/	1.7	0.1	
19	.267	273			08		653	21	1.8	0.1	
20	.235 .230	10261		 	C_{0}	 	6.44	1,	333	0.1	
21	1346	,275		-	 		6.46		5.0	0.1	<u> </u>
22	.280	287	<u> </u>		 	ļ	6.55		5.0	0.1	
23	10225	,264		<u> </u>	10.6		6.57	<1	50	0.1	<u> </u>
24	265	.384			30.6		6.46	27	50	0.1	
25	275	287		†	1		6.60	` '	3.0	0.2	
26	.257			<u> </u>	10.6		6.46	71	5.0	0.2	
27	.043	,263		1			638		3.6	0.3	
28	7	,280					6.45		50	0.3	
29	,268	283			1		6.44	1	4.7	0.4	
30	,260	281					6.40		5.0	0.02	
31	.283	293		1	10.6		6.502	<1	02/	0.1	1

			' _					1	
30 ,260 ,0	281				6.40		5.0	0.02	
31 1.283 10	293		<i>⟨o.,</i>	6	6.552	< 1	02/	0,1	
A ANT OT A PRINC									
PLANT STAFFING: Day Shift Operator	Class	~	Cartificata No.	9000	Name:	Y	.16		
Jay Sinit Operator	Class	<u> </u>	Certificate No:	8922	Name.	Isma	iel Garcia		
Evening Shift Operator	Class:	C	Centificate No:	7518	Name:	Lem	ny Godwin		
Night Shift Operator	Class:		Certificate No:		Name:				
lead Operator	Class:	C	Certificate No:	6394	Name:	M. S	Scott Stewar	t	
Type of Effluent Disposal	or Reclaimed	Water Rei	use: Golf Cou		ay Irrigation				
imited Wet Weather Disc	harge Activati	ed: Yes:			cumulative days of	NAME .			
	-		• •	ŕ	·				·
Attach additional sheets if	necessary to	list all cert	ified operators.						

Revision Date: 04/18/02

HARDING CHECKER / LITILITIES INC.

WALLING ADDRESS OF 14668 FRENCE WAY DR

FORT MYERS, FL 33912-1703

LOCATION 13040 CROSS ORBOX BLVD

8

PENET MINORE FLAOIS 505 - COINDE MONTROBERG PERSON-Rese: 12-1-00 1-1-01 TO1-31-01 THET POLAL

CLASS SIZE: MINOR FACILITY D. FLAOH 505 DESCRIARCE PODOT MANUELL:

WAFR SYSTEM DNO: PLANT SIZE/TREATMENT TYPE: " NO DISCHARGE | } " TYPE OF EPPLUENT DISPOSAL SPRAY IRPMONTION

CHOUP: DOMESTIC

CHAS TESTSIVE ID NO .:

Please	read instruct	ions before	completter	this form.

Pagenter		Q	entry or London	6		Quality or Conce	etration .		No. Ex.	-	14
STORES CHEAL MANY, FITE No.		Average	Maximum	Units	Millour	Averses	Manistrata	Units	1		
ROW	-		0.225	mad		40 - Par-1074 de + 1774 f	printer laws beaution out		0	CONT	FLOW
MORTHLY AVERAGE BARLY	Para Santa	AME	PERSONAL PROPERTY.	1400						- P	B M
CHESTA, MACHINE	-	****				92	101		0	MEKLY	
MELLER CHOSE VALUE		10 10 10 10 10 10 10 10 10 10 10 10 10 1	10 Se 10 Se 10 18 1			MEDITAL AND	BESTELL	· 🕶 🖖			B he
THE BELLEVIT					-	107	114	ma/L	10	Weekly.	MAP
MATTER CONTRACTOR VALUE		\$:				HENDER AND	DIEST MAX	44		KINK PROJECT	she she
CHOCK, STRUCKT	In the latest and					1.5	2	mall	0	WERLY	come
MANUEL TO THE TANK TH				1		INDICATION AND ADDRESS OF THE PARTY OF THE P	Dest 7 max			100 700,00	ME 1800
THE EFFLERA	-		Editoria - Continuation			0.8	2.3	mg7L	0	More	GAB
MANUEL GROSS VALLE		A.C.		-50		Podel W	Section)				
COLFORD PROAL				.	121	121	41	COL	0	Tweex	GRAG
CONSIST OF THE VALUE	25362	1.5	Party in							Tapes	, see

₹

Ep.

교

M DESCRIPTION OF SHIP IN THE	BELFUEL - PARL #
AND RES THE PARTY WITH	"大学","大学","大学","大学","大学","大学","大学","大学",
MANUEL FLADIN	SOS -OOI OW I
MATERIAL PROPERTY.	12-1-00 10 12-31-0
LDGT: FRAL	1 1 41 1-31-01
CLASS SIZE: MI, NOC	1-1-600 DOLETTE
PACELTY D. FLACIHSO	
DESCRINGE PORT MUNICES:	WAR SYSTEM D NO.:
MANT SIZEVIREATHENT TYPE	3/C NO DISCRASCE [] **
TYPE OF EFFLUENT DISPOSAL	

					The same of the				T.		
Partentier		Q~	andy or Leading	E		Quality or Concer	171 MINOS		No. Er	Tarken (>-
mann Capt mas and he		Average	Madaman	Units	Minima	Average	Marinum	Units			
K .	Sept Manager				6.1		7.2	Su	0	Twee	600
DEDENI	Na Paris		-				BAKT WAX				7
COLUMN TO A SECOND	-				10				0	CONT	998
1.0		72 - 13 - 74 S			}		A PRODUCTION OF THE PARTY OF TH	E E			1
TEATE (as 14	-				-		NA	NA	WA	NA	NA
REQUIRED IN THE PLEUM											
HEARTH GROSS VALUE							NA	N/A	NA	NA	NA
PROQUESED IN THE VEHICLE	Total Property	1				1	PIEA TRIE	-		-	-
POLICHT GROVE VALUE SCOOL EFFLUENT				1		\		-			
800EZ Y				S.			16 18 18 18 18 18 18 18 18 18 18 18 18 18	-	14.5	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
MARIAL AVERAGE				1-4				**			
MASSO Y AMBRIAL AVERACE	10 10 10 10 10 10 10 10 10 10 10 10 10 1		A CALL	30.29 20.29		Pro		1		-	

BATE (TYANGE)

FL BEPT DW PROTECT Fax:941-532-6969

Jan 17 '01

MAILY MANGRE ROUGHT - MAIT D

[No.	, 200	Edward Tell (magel)	CHOOL CHOOL	# (AL A.)				(Alberta	Tanga Sanga	
4		-	-	(a) (a)	80650	90.00	1625	7483	piese.	4460		
븀			-									-
4	129			-		6.7			4.5		 	1
4		ļ	1		KO.6	4.7		121	1.0		<u> </u>	5
4	129		-		KO. 6	67		141	7.3		 	6
닉	132				40.6	lade		141	2.2		 	4
4	137	1	1		0.9	6.5		141	4.6			ع
4	a140_		1	1				Ι	3.2	 		
-4	140		1						2.3	<u> </u>	4	↓
4	140	 	1	1	10-b	6.6		141	11:1	ļ	 	15
_	148	 	+	 	KO.6	6.6		41	11.2	<u> </u>		16
_	MB	03	114	+ , -	20.6	45		41	7.0	<u> </u>		2
	गर्म	100	1/7-	+	20.6	45		121	1.0			Ca
	136	-	}		-	6,2			10			
	JYZ		+	 	+	1	-		1.2	1		L
	MZ			+	-	 	-	1	1.2			<u> I </u>
	447		+	 		6.1			1.0			T
	J77	 		 	2.5	62	+	11	1.5			G
· 	130			 	1.2	69	1	121	1.4			G
	150		-			7.1	+	41	1.1			C
<u>Г</u>	140			 -	1.1		+	121	1.0	1	-	G
	1.45			 	1.0	7.3		15:	1.0	+		+
	145	 				-	-	_	2.6		_	+
J	145			 		6.7	-	+		-		15
	157			_	<0.6			47	20		+	G
了` 	149			+	KO.6	J. E.E.		141				
<u> </u>	146	TIOL	99	12	10.6	166	<u> </u>	464	2.1			چ
	15				10.6	166		151	1.5	4	-	- 6
<u> </u>	157			J	 	6.6	-		1.3	 		
•	1.152			1					7.4	 		+
3	1.157					+			51	4		+_
	1.155				10.6	A		41	7.0	-		G
	MI			1	0.7	63		41	15	.	_	4
r	144				0.8	10.2		161	10			16
	ANTONE Declar	. (04	_	Çwah	nee Mr.	3922	Name of the last		SMACL	GAG	CIA	

PRINTING HAVE CASSURELL CUTIVITIES INC.

WALLING ADDRESS: 90 14668 APRIES WAY DR.

WINTER HAVE: 90 14668 APRIES WAY DR.

WINTERNOOF THE PRINTING MINISTRANCE OF 1-01 TO 02 - 28 -DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A MONTROLLING PERSON PRINTED 02-1-01 TO 02-28-01 FORT MYERS, FL 33912-1103 GROUP: DOMESTIC CLASS SIZE: MINOR GAS TESTSTE ID NO.: FACILITY ID: FLA 014505 FACILITY: CROSS CREEK WWTP LOCATION 13040 CROSS CREEK BLVD WAPR SYSTEM ID NO.: DESCHARGE POINT NUMBER: *** NO DISCHARGE | 1 *** PLANT SIZE/TREATMENT TYPE: 3/C TYPE OF EFFLUENT DESPOSAL SPRAY IRRAGATION ATTN Please read instructions before completing this form. Quality or Concentration No. Quantity or Loading Ex Pagenter Mariana Average 1 Sales Michaum Mariana FLOW Average mark DUT Sample Sales MSD NO. 225 -SHEET PRODUCT 8 hR MONTHLY AVERAGE DAILY AVC. COMP 195 163 CHES. BALLEY MONTH! MEYMA Bhe 2 A 15 DELLEDIT CHOSE VALUE COMP WAPKLX 186 215 ma/L THE RELIGIO AMPLE Y AND Bhe 3. BUTTLESHI GECON AVITE COME MANKLY CHOOS LEFTLY DIT MI SHOW 3.54 EFFLICATION VALUE GRAB 4/hyeek THE EFFLUENT W. 74 3 STALLED THE PALLE 7/Week COLORY PEAL

DATE (TYADICES THE STREET 01-02-26 841-768-3334 08922 SMACL GARCIA

T Describe Challenger, official Street, 15, 1874

DEPARTMENT OF ENVIRONBERTAL PROTECTION DESCRIBES MONITORING REPORT - PART A PENET MARIE: FLADINSOS-001 DLD2 HARLIE MANE CROSS CREEK JUTILITIES INC.

MARLIE ADDITION OF 14668 ARRIES WAY LX

FORT MYERS, FL 33912-1703

FACILITY: CROSS CREEK WAT?

LOCATION: 13040 CROSS CREEK WAT? MONTHER DE 02-1-01 TO 02-28-01 LIMIT: FINAL GROUP, DONESTIC CLASS SIZE MINOR CAS TESTATE DIO: FACILITY D. FLAO14505 WAFE SYSTEM D NO.: 13040 CROSS CREEK BLVD. DESCRIANCE PODIT NUMBER. *** NO DISCHADOE HANT SIZE/THEATHERIT TYPE: 3/C TYPE OF BIFFLUENT DISPOSAL: SPRAY IRRAGATION ATTA Please read instructions before completing this form. Quality or Concentration Charles or Landon Ex. Ö Ministra Midwas Avener Units Mandament Average -5u 6.7 Bollymax 5 6.7 MODEL CHARLE DAL ELDAL .0 1000 TO 1 1.0 ALCO DE BYLLIBOT GROSS VALUE MEATE (= N) OF MICHELLO IN THE PERSON 17.1 - most 1.2 ENTLY SECTION THE PALLIE MILLOGON, TUTAL (- II) OF RECURSION THE PERSON SALT HAT و را بغو يو . ENTLUBOR OROS VALLE CHOOK BALLERY .0 7 PROTECT ANGENAL AVERAGE THE STREET ------Y ATOMIAL ATTERAC BATE (TIE C08922

FL DEPT ENV PROTECT Fax:941-332-6969

Jan 17 '01 9:43 P.05

BAILY SAMPLE RESULTS - MAT B

M 014505-001 DW 27

MADERIAN COMPANIES JAN'01 .145 MSD

~~_ [76- (1450)	COOL	2.00 l	(1000) (1000)	THE (mg/L)	H(a.) Nea	pH (box)	Primi Capitaria Bandaria (gr) Stand)	(male) Disputer) Officer	(mg/L)	3	
1				-	1 00 100 T	40400	10.000	74855	30069	***		+
	14060	90046	96250	96043							4	6
_					101	68		141	2.3	}	+	+42-4
7	137				<0.b	6.7			1.5	 		+
1	142				+			I	3.5	 	+	1
1	142			 	250 15]	9.0	 	+	6
1	.142	1		-	40.6	6.9		141	3.0	 	-	G
3	153]		 	20.6	7.0		41	2.4	+		
-	142			+	10.6	6.9		41	1.4			-
7	150			+	T. P.	4.8		1	1.0		-	12
1	155		100	Z1.	0.6	6.7		41	1.0			-
7	146		156	+=					1.0	-	-	
10	146		_	-					2.9		_	6
71	146			1	I.L	7.0		41	5.8	+	-	6
11	154			+	0.8	7.0		41	6.3		-	6
13	151		_	-	0.6	6.9		41	4.0			G
u	15%	_	_	+	11.1	6.9		41	4.0			-
13	140		_	1		6.9		_	1.0			_
	155	-	-						2.0			-
-18	155								6.2			0
18	_				10.6	7.1		41	2.1			3
-	- del		-		20.6	7.0		41	1.6			
H	15	13	0 211	7 21	0.6	7.0		41	1.0			- 4
-	147	_			0.8	7.0		4	1.3			6
3	1/2					7.0			25.5			
-									5			
- 13	15	2/							4.0			4
-		71			10.6			41	1,-			
77	15	6			40.6	7.0		. 4 (1.7			C
-					1.0	7.0	2	< 1	1.5	<u></u>		G
2							_					<u> </u>
									_			-+-
71				ı	1	i						

PLAST STAPPHO: Day Shift Operator	Chas: C	Continues No:	8922	Man: Ismae	L COARCIA
Bresing Shift Operator High Shift Operator	Char:	Cutificate No: Cutificate No: Cutificate No:		Man:	
Lead Operator Type of Williams Playmed or Res Llabor Wes Wonder Discherge	chined Water Louis: Andreich Yes: No	: Not Applicable:	BPRAY .	RRAZATION	

Amen additional spects if measurery to that all ecologists encourted.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DESCRIZED MONETORING REPORT - PART A MALMO ADDRESS CHECK JUTILITIES INC MALMO ADDRESS CON 14668 ARRIES WAY DE. FORT MYERS, FL 35912-1703 PROMITIER FLADIUS - ODI DUSTE MONTROBAG PERSOD PARK 05-1-01 TO 03-31-01 EDET: FRIAL CLASS STE. MINOR CHOUP: DOMESTIC DROSS ORDER LUWTP 2040 CROSS ORDER BLUD PACILITY D. FLAOH505 CMS TESTSITE ID NO.: FACELITY: WAFR SYSTEM ID NO.: DESCHARGE POINT NUMBER: LOCATION PLANT SZE/TREATMENT TYPS: 3C *** NO DECEARGE |] *** TYPE OF EFFLUENT DESPOSAL: SPICAY IREMONTION Please read instructions before completing this form. Outlity or Concentration Country or Leading Parameter · Ex 5 U Units Marchan Arease Mariana Maine AVEINE FLAN LOV Suspin Jiles nerel -8 hR CHOOL DILLION 285 397 STATE OF THE PERSON NAMED IN F. 4.2. 3 MINDS ! BUTLING COOM VALUE THE RELIGIO ont SOLUMNI CHOCK VALUE J. 40. 2 . ame I was CHOS. BY LIDE - ----DAME? MATE THE THE REFLUEDRY CROSS VALUE A ... THE DEPT 2 - ST 18 MARY HOLK MORE BLY AND ENVILLEDIT ORDER VALUE A 12 12 3 . COLUCIAL PACAL MTS (TELEMENT)

.

9:41

g. 8

EAGLERIDGE
Jan 17 '01

Fax 1941-332-6969

PL DEPT SAU PROTECT

84/24/2881 14:

941:511263

CELITY: CACE CATION: 1304 ATTN:	S CREEK O OROSS (WWT 1800 1			PACILI DISCH	SIZE: MINO TY D. FLAC ANGE FORMT NU SIZE/TREATME OF EFFLUENT DE	014 <i>605</i> MOER: DOTTYPE: 3	s/c	MS TES MARKS HIND:	UP: DOMES STRICE DIN PRIPM DI DISCHANG AGATIO	10: 10): 12 { } ***
Parameter			anity or London			Quality or Conco	straken ·		No.		7200
1007 (100 MOV. 1076 Mg		Average	Macdanasa	Units	Mainen	Average	Mexican	Units			
10	Suph Mannes	-	Andrews (State of the co	241 A-100-1 (190-1	6.8	Office Statement and	7.2	Bu	0	5/1000	GEAR
MD 1 6.8					Name of		Ballyaux	-			3 2 3 2
LINE WALKERY					1.0			MIL	0	MAT	CLA
TURNET CROSS VALUE		635	ABRUS CONTR		THE STATE OF THE S	To the second second	D. GOLDON			5.5	24 ASS
BATE(=)h		*****		\$1500 pt			11/2	NA		11/1	NA
HERD I THE METERS OF THE PERSON.				<u> 30 - 100</u>	17 (4.5 (2) 1.7)](\$\f\-)\ma\Z	NA	NIH	WA	NA	20 500
THOUSE, TOTAL (= 10)		36		1	《大学》		1	-	1 7		T /
AGGERMED M THE PERSON) iktalikula sa	्राष्ट्रबद्धाः (द्वी स है		The second section is	NA	WA		NA	N/A
PLUSATT GROSS VALLAS.	17.00			4-14-6		Was Land	S STATE OF THE STA				
1 🛌									-31		i b
OFUAL AVERAGE			(1) (1)	46.1	Ambrida Asse	100 (100 (100 (100 (100 (100 (100 (100					1
1.0		-	-			(minutes minutes minut	1	. -			
*			Service .	A LE TOLE	37		72	A Par			C)
My ander panely of her that I ha	THE RESERVE THE PROPERTY OF THE PARTY OF THE) The printer of green		hady respect	، بعاد مشاشع	ة مؤ يطبلها.	Acres 1
	al region 1 or							1			AUGUA

Jan 17 '01 9:43 P.05

DAILY SAMPLE RESULTS - SART IS

MAR, 2001 DWZP

TAN 01 .145 mgs
Dec 00 .102 mgs

	(MSC)	CORDER CORDER CORPLA	Tell (mg/L)	CHOCO CHOCO	Milant TIE (mg/L)	ph (s.e.)	pH (p.s.)	Paral Catiforn Restorio (Michael)	CL _q (Nor Diriades) (mg/L)	(mg/L)	Time of Sample	
585	19050	****	00520	90943	69536	00400	****	74035	30060	***		
53												
7	र्राजा				0.9	6.3		41	1.0			6
1	148					6,6			4.4			
-1	./48								1.0		· -	
4	148	i i						.	1.0			٠,
	154				20.6	7.1		41	2.2			5
	154		1		40.6	7.0	<u> </u>	131	4.4			4
1	149				20.6	69		41	3.5			6
	149	397	352	<u> </u>	0.8	6.9	ļ	41	100			C
	150					7.0			1.0			
7	150				1		· ·		2.0			
-11	150					-	ļ		78			-
13	.162				10.1	7.0	<u> </u>	+	10		-	6
U	149				20.6	7.1		141	5.1		-	G
14	149			<u></u>	1.6	7.2	 	SI-		 	-	6
B	149				10.6	7.0		<	11.0		 	6
H	L14Z				106	7.0		121	7.3			12-
17	147					<u> </u>	 	 	1.2		 	
74	0/47	<u> </u>				-		 	1.2	 	 	┿
70	161	<u> </u>			12.1	7.0	ļ	121	4.8		 	C
7	He				10.6	7.0	 				ļ	4
N	151			1	10.6	6.9		41	1.3	-	 	G
2	H		1	<u> </u>	40.6	7.0		41	25	 	 	C
8	1.149	172	187	<1	10.6	70		41	1.0		 	44
×	149				 	 -	 	-	57	 	+	+
8	148					 		+	8.8		 	4
- 5	159			-	+	6.9		41	1.0	-	 	13
77	15/	-	-	-	0.6	7.1	+	41	2.8	 	+	6
	147			ļ	2.0		+	21	1/5	1	1-	6
	.140			ļ		7.0	+	1	9.5	-	+	【
, , , , , , , , , , , , , , , , , , , 	1.140	-			20.6	7.1	+	14	7.3	 		
31	1.140						<u></u>		1.62	-	ل	خسطه

PLANT STASSING: Day Mail Openium	Class: C	Contillecte No:	8922	Nes: Iom	Ael Cogocin	
Dresder Shift Operator	Class:	Ossistante No:		Mane:		
Might MAR Committee Lead Countries	Chesik	Cartificate Max	•	Haras:		and in
Type of Milleont Disposal or Re Limited Wel Weather Disposary	chalesed Water	No: Not Applicable	H yes, manager	ALONG AND AND AND AND AND AND AND AND AND AND	F. Company	

0,

Jan 17

9.9

HORT	- MY <i>ers</i> 5 CREE M CROSS	, H S KEEK	BLYD.		FACILI DISCE/ PLANT TYPE C	SIZE: MINON TY ID: FLAO ARGE POINT NA SIZE/TREATMEN OF EFFLUENT DIE	14505 NTTYPE: 3	/c .	AFR ST	UP. DOME ITS. TE DI YSVEM DI DISCRAMI IAL-ATTO	10.: 110.: 近 { } *'
Parameter			read instruction actity or Loading		sopleting this fo	Quality or Concen	trañon		No.	Programmy of	Sarayin Type
TOREN CODE MOP. SITE No.		Average	Maximum	Units	Misimum	Average	Maximum	Units		Assigne	
A	Sample Microscopes	about 0/2 1/01-1/07	Page 4		6.4		7.1	Su	0	5/waex	GRA
1 6.4	Sant Santon		4		American A American American American American A American A American American A American A A A American A A A A A A A A A A A A A A A A A A A		DARYMAX	w		THE PERSON	#2 700
CHLORINE, TOTAL SESSOUAL	المحالمين	***			1.0	0+ 00 Padded 000 Pane		mall	0	CONT	CRA
1.0				9	LEGAN,			-		EST PERSON	-
EFFLUENT GROSS VALUE NITRATE (= M)	Supplication of the same of th	\$1000.07 B			page page 1 (appr appr	0 and anger (code \$1,000) 200	N/A	11/4	NA	11/4	NA
(IF REQUESTED BY THE PERSON)	San Santon			*********	-				77	-	912 7090
EFFLUENT GROSS VALUE NETROCEN, BOTAL (= N)	Sample Management	2.4			\$0.000 mm med may not	***************************************	NA	WA	11/4	AILA	NI
(IF REQUIRED BY THE PERSON)	Amal Ingeneral /		\$ \$50 4 \$50 50 50		4440)))	-DALLY MAY	V / / I	14/1	621 970M	- part
EPPLUENT GROSS VALUE.	- 14	1			Alter Marchia		West and the second	(1) (1) (1) (1) (1) (1) (1) (1) (1) (1)	-		
CBODS, EFFILMENT		apassorph		780 W. V.			(d.c224)	N 7 27 13	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	Ma Penha	672 YO (C
AMPRIAL AVERAGE	333		RY AND		THE PERSON AND		\$\$ FE-13	-	19	\$ 100 mg	
TES, EFFLUENT	Sayl Shares		er (111 er 111 er 1				Z-12/2-13/3	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		45 Not 80	1502.46
99830 Y	1	S. S. Carrier	の記憶を対してい	334.4	Weeks AVO	200	1			200 75300	

PARTMENT OF ENVELOPMENTAL PROTECTION DESCRIPCE MORETORING SEPORT - PART A CROSS CREEK (UNITED INC.)

CROSS CREEK (UNITED INC.)

CROSS CREEK (UNITED INC.)

13040 CROSS CREEK BLVD PAGE LBET: PHAL CLASS ETTE MINOR PACELTY ID: FLAOH 505 8 DESCHARGE POINT NUMBER: PACELITY: LOCATION Please read instructions before completing this form. 3:6 Quality or Concentration Quantity or Loading Pagencer Marina AYEINE Misimum Units õ Meximum Average MSD 225 ---FLOW ERIDGE MORTHLY AVERAGE BALLY 159 EAGLI CHAIR MAIN METHOLE ----TN: 4.20". F . . . 11.00 15.53 DEFLICATION CHOSE VALUE 122 155 THE MANUEST 1000 MATHE -332-6969 AND THE PARTY AND 3 .YU. () PUTLINERY CROSS VALUE 2 COOK ISTURN TAN FRANK Fex:941 1. A Paris BITLINES CROSS VALUE 263 THE DRIVE 56113 1 call 2 1 1 1 5 T PROTECT CHELLET CHOSE YALLE 941 COLFORY FRAL ₹ 54 39 9: MED! 딦 2001 23/

AND REAL PROPERTY AND PERSONS TO VALUE OF THE PERSONS

82

FLA014 505 - 001 633 4-1-01 TO 4-30-01 CHORP: DOMESTIC CASTESTATE IDNO.: WAR SYSTEM DING: PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE
TYPE OF EFFLUENT DISPOSAL: SPRAY IREPOSATION *** NO DISCHARGE | | ***

Ex. Flac DNT. neter 8 he BI JEKU A rank 8 he Come COMP BI MQ/L Week WORK GAAR

> MIL (TYANKO) THE WORLD 01-05-22

FL DEPT ENV PROTECT Fax:941-332-6969

Jan 17 '01 9:43

P. 05

MAR OI .HAML FEB'01 , 151 MGD JAN'01 . 145 MLD

maily eaderly results . Mat R

NO 014505-001 DWZP

Three-counts Avenge Delly Plant: (TMADE/Permitted Capacity/science

APRIL 2001 (mar) Distribut) Off (Les (mg/L) Sill house PHOA) THE (PAPEL) (mp/1) 135 (mg/L) 0400) 10000 10000 00000 *** 99860 T.4 1.9 440 6.9 4 2.7 7.(10.6 2.1 フィ 20.6 7.4 41 7.0 Ĉ 10.6 3.4 7.0 10.6 155 1.59 4.2 5.0 184 1,5 7.0 6 1.6 7.1 20.6 3.2 41 7.1 0.9 G 33 41 7.1 206 13 1.0 130 41 0.8 7.0 1.0 4.7 10 15 10 121 121 1,0 Z I 7.0 1.0 108 41 7.0 0.8 76 111 1.6 41 0.6 112 2.0 69 103 90 1.6 89 5.0 103 5,0 6.9 1.0 6 108 27 41 08. 6.8 41 3,2 6.7 40.6 100, Ĝ 1.2 6.6 4 9 4 25 6.6 3.0 3.6 2.9 6.4

PLANT STAFFEND	- C	Custificate No:	892Z	None:	SMACL	GARCIA	
Extension Style Obsession, Data Style Charges,	Class:	Captilioute No.		Mand:			***
No. 1948 Comment	Class:	Confillments No.	Control of the second	Planter .			مراوي المراوية المراوية المراوية المراوية المراوية المراوية المراوية المراوية المراوية المراوية المراوية المرا مراوية المراوية الم
Type of William Disparal or R. Umine Wel Wester Disparal	eriotried Witter Rosses	SPRI	47 IR	COATTON			-
United With Weether Disthers	p Andrododi Yax: No:	Met Vhippens:	. It has seen to be a	Calls de met material c			

Attach additional should if wastenary to list off cortified operators.

PAMELTIME N IAILING ADD ACELITY: OCATION:	FOR	SCREEK 4668 AER Myers S CREEK OCROSS (CROCK E	912-170 -P BLVD	3	MONTO LIDATE CLASS FACILI DISCHA PLANT TYPE O	SIZE: 1711/00 IY ID: 77_A NKOB POINT NI SIZE/IREATM OF EPFLUENT D	-Prod: 5 [1] R 014505 Meier: ent'type: 3]	GAG: WAR	ADUP: TESTSI R SYSTI	DOMESTIC TE ID NO.: EM ID NO.: CHARGE (ATTON	-
	41.41.			read instruction		mpleting this fo	erm. Quality or Conce	miralisti		No.	Fundance	Sapt.
Pa	METRICICT .		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\						Units	∫ ‱		
STORES CODE	MON, ATTE NA		Average	Mexicana	Units	Minhaum	Average	Meschann	U		40.5	Flow
PLOW		Saugh Frances	.042	.225	MGD	24444444444444444444444444444444444444	9\$4 do 1 you do 1 1110 b			0	CONI	neel
e50030 1	.042	Name of Street,	HARRY	CHARTY	140 0	The same of the sa					BANK PERSONAL	SEE PERSON
PROMITTELY AV		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	AME	CHARTY		1 4 - X 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			(15)	5	Bi	8 hr comp
CHOOK, BULL						200,000,000,000	168	182	MG/L		MEKLY	CONT
******	168		Section 1	TRACTION OF	200		MINITELY AVG	PARTIEUR	-		Contract of	3
DIFLICATION ON			44 1 V V 188 188	garage .			11102	177	mule	0	LOCKE !	8 he
130,000	148						148	200	177016			382 7031/0
DEFLUENT OF		(million)	·	and the second	***********	index	SAMPLE Y ME	MAT THE	05/		13	Bho
CHOOS, MATU		- Albertain	A	-			1	121	MGL	0	WOOLLY	Bhe
	1		1524	E NEW GLAMMA	من المناه	# 20 TE 18	MONEY AND	TAN TANG	A man		700 700001	20 m
BEATTERS (HOSE VALUE		200	。		B. 12. 12. 12. 12. 12. 12. 12. 12. 12. 12	38 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	41 60 80 as as as	-	1	4/1000	GRAE
THE BEFLUE	rT	Acres Merraman	ga . enable 1-a		## 13 Ames 2 445 p		0.9	3.0	MOLL	0	/wax	
mes500 1	0.9	Brid Bridge	\$ \$ 10 M		1000	(6)	SECUTIVE AND	TATION.			THE PROPERTY.	-
EFFELVENT O	HOSE VALUE	1	从是是这	A CONTRACT OF A		8: 35 V.			100		4/1000	Cola
COLFORN	DCAL	Mary House		*************	-	121	< 1	121	COL			
18												

, 10,

Fax:941-332-6969

DEPT ENV PROTECT

ď

DEPARTMENT O	F ENVIRONMENTAL	PROTECTION DISCHARGE	E MONITORING REPORT	- PART A
	~ ~~~, ~~~~, ~~~~~~~~~~~~~~~~~~~~~~~~~~	The state of the s		

PERMITTEE NAME. CROSS CREEK / LITILITIES INC.
MAILING ADDRESS OF 14668 ACKIES WAY DE.
HORT MYERS, FL 33912-1703

LIMIT: FINAL
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM 5-1-01 TO
LIMIT: FINAL
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM 5-1-01 TO
LIMIT: FINAL
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CRASS CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC.
MONITORING PERIOD-FIRM
CREEK / LITILITIES INC

FACILITY: LOCATION:

8

5

DEPT ENV PROTECT

CROSS CREEK WUTP 13040 CROSS CREEK BLYD.

CLASS SIZE: MINOR FACILITY ID: FLA014505

GROUP. DOLESTIC CAMS TESTSITE ID NO: WAFR SYSTEM ID NO .:

DISCHARGE POINT NAMBER: *** NO DISCRANCE []*** PLANT SIZE/TREATMENT TYPE: 3/C

TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION

Please read instructions before completing this form.

Parameter		Qu	actity or Loadin			Quality or Concen	trafion		No. Ex.	Vanhein of Endmint)	Bargli Type	
STOREN CODE HOW SITE No.	ing the second second	Average	Maximum	Units	Minimen	Average	Maximum	Units	.			
H _e	Sargès Menarumen.		######################################	*********	6.0	9 - 1 - 100 - adm de au 100	7.0	śü	0	5/week	GKAB	
MORRALIA	Jank Bayersand	1-01-07-07-07-0	\$100 \$100.00\$\$	************	da Makeet	bear persons a made day	BARYSIAX	w		365 963447	SEE PERSON	
CHLORISE, TOYAL RESIDUAL.	Sangle Enterment	**********	Page allow hardeness age	***********	1.0	M 80 ha ky 1 hab han r		me/L	0	CONT	GRAB	
ETTLUENT GROSS VALUE	No.		ABRUS POLICES		LINE		produces processing	regt.	1		105 (750) 47	
NITRATE (N) (IF REQUIRED IN THE PERLIIT)	Sough Management	**************	7500 PT PROF 1200 (1944)	244	page and con-contraga	A-0464 - P-0 94 PA	N/A	NA	WA	NA	N/A	
CORES 1 EFFLUENT GROSS YALUE	Sand Replaced	100 m	****************	***************************************		100 Marie A 2		~		MES PERSON	50 XX	
HITROGEN, TOTAL (M N) (IF REQUIRED B) THE PERLET)	Jumple Menderstreet	**********	***************************************	Sea hiller rope (\$=100\$100\$1200000000	***************************************	NA	NA	WA	NA	N/A	
CEDERO 1 EFFLUENT GROSS VALUE	New York				A special section of the section of	Operator and order	DANCA FOR A	aga1		613 93 30400	ma perior	
CHOOS, EFFLIGHT	Supple Shareson			-		Des capacitation be	gray60 17-41	0.95				
ANGUAL AVERAGE		post of the second			AND THE PARTY OF T		Section 1	3		ids Plans	SE NEST	
TSS, ETTLUENT	Land Shamouni	***********	******	*********		*********	************	665	1			
SORSO Y //	Table			1	Juenin Ave						400 (100)	

educited information is too, secrets and exceptive. I we state	that there are rightlitent pro-	this for purposing fifty submedies including the patronny is not the sup-	THE EPHONG NO. DATE (YYADADD)
HANDING OF PRINCIPAL SISCOPPUS CHARGES OR AUTHORS	13 Mar - 144		
Tampel Capsin	11/19922	Asmel Lain 008922	1941-768-3334 01-06-
OINTEL COPREM			

FL DEPT ENV PROTECT

Fax:941-332-6969

Jan 17 '01 9:43

P.05

BAILY RAMPLE RESULTS - MART B

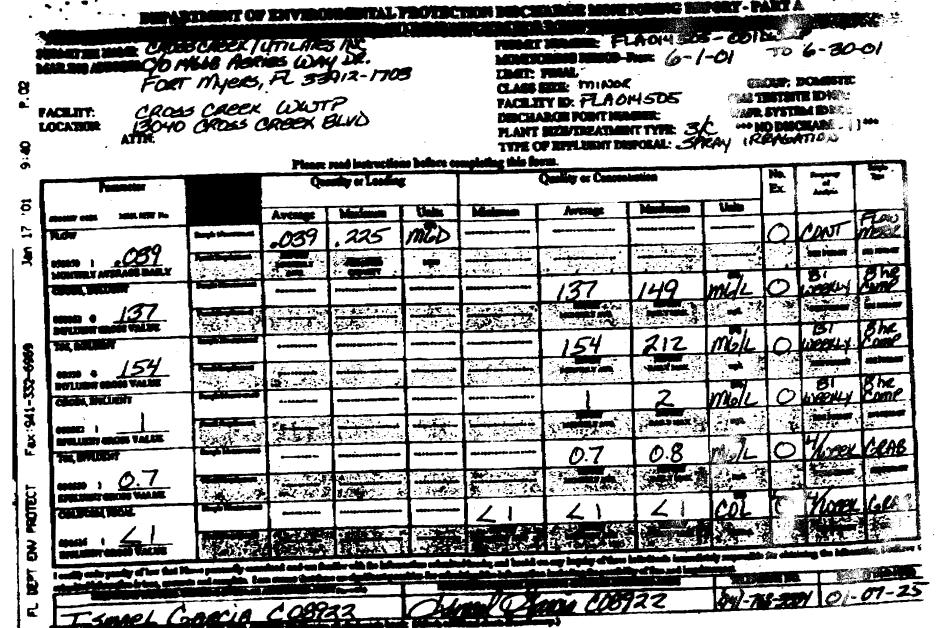
NA 014505-001 DWZP

Three-ments Average Delty Plant: (ThAADS/Permitted Coperity/s/168): APR 01 . 114 Med NAR 01 . 149 Med

	Flori (MSCE)		14 Z	CHOCO	Sillumit THE (mg/L)	pH (s.a.)	PH (BALL)	Josef Coliforn Sudaria	CL ₀ (Per Disinfest)	(mg/L)	Sample .	
1	(1600)	(Mary)				10.000	10410	94935 74835	50060	(1000)		士
إحيي	20000	98000	****	\$0013	00130	40460		 				
								4	2,5			6
	1				10.6	6.5		K.	(.3			G
	1053		_	1	60.6	4.5		4				G
	053	├			0.9	6.6		KI	1.7		+	6
,	.049	-	119	21	20.6	6.7		KI_		 	-	
4	033	153	1111	-					1.0	-	-	_
3	.033			1					7.0		-	_
T.	033			+		6.7			1.0	 	- 	6
Ŧ	074				10.6	6.7		41	1.0		_	
1	142				20.6	6.6		Z1_	1.6			4
•	-041	Τ		4		6.7		41	1.0			10
W	042				10.6		-	41	1.0			4
11	034	1			<06	6.7		1	1.0			
11	.034								1.0			
13	.034	1				1 77	_		1.0			
14	036					6.2		121	1.0			G
13	1.034			<u> </u>	3.0	6.3		السانية الكائم أرندي	5.3	1		4
18	1.034				0.9	60		4!				4
17			_		1.2	6,0		41	1.0	_		12
- 38	.037	18	2 17	41	1.9	4.0		41	2.8			- -
- 19	1034	1-1-8							1.0			
	1.034	, 		-					1.0			
-	.034	+				6.0			1.0			
	037				20.6			21	1.0			G
	04				20.6			41	4.2			4
3	.03		_					41	1.8			G
31	1049				60.6				1.7	_		G
-	040				40.6	6.0		<u> </u>			 	
100	1049							_	10.0		_	
3.7	.04						, -		10-0			
3	04	2				4.	1	+	10.0			
-	06	3			0.6		_		10.0			G
-	14				0.9	6.6		41	5.4			G
in the same of	03				10.4)	L.I	1/.0_		į	

PLANT STAPSS:	Clus:	0	Custificate No:	0008927	- Marze:	ISMAEL	CARCIA	
Evening Shift Operation	Char:		Captillities No.		Myrne:			
Make Mill Operator	Chile:		Contillinear New	12.44.20 4.4	Marrie	-		
Less Character	Clean		Contiffeets No:		Normal		· · · · · · · · · · · · · · · · · · ·	التنبيث ومندي
of Effect Planant or R	erlehmid T	Mater Resert		SPEHY I	KRHC	ATTON		
1 Labor Sea Weater Distant	ie Aldride	\$ YES: 140:	Met Valineere:	Trye . C. Court	Mild de mey a	ARRIVOL CHROUSES		

Assessed and adverse of more property to that all contribut operations



ATTY: (!ROJ THOM: 1304) ATTHE	S CREE	K WU GORECK	BLYD.	?	LBATT: CLASS: YACILII DISCHA PLANT	NEE: MINOR IY ID: FLACI INCE POORT MIN SUJYTHEATMED FERTURENT DIN	: 14 <i>505</i> 613: 11772: 3	de W	GROUNG TES APR SY ** NO !	P. IAMA PETER D N STEM D 1 SECTIONS	10: 10: E {}***	
Parameter		Q.	entry or Leading	3		Quality or Concent	radon		No.	Property X	Topic Topic	
7 (004) 160 (012 No.	Sangle Matery quart	Average	Madage	Units	Minimum	Avenge	Mariana	Units				}
6.0			CARRA COMMITTE NOTE YES	\$41 ~···· >EE&*	6.0	*******	7.0	su	0	Tour	GEAR L	
			-		-		BARTHIN		1		10 4 5 5 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	<u></u>
TOTAL BURNE	Sanda Mariament	***********	***************************************	-	1.0			2		COPOT	COB -	2
1.0	100000000000000000000000000000000000000		Alleger (1996) Selected	Tore of p.of			A STATE OF	1		1.24		C
M(-M)	Seed Manager	\$200 J. M.	West and the		* 2		44.4	W#		ALA	NA	で
	-	20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		B: #7			NA		MA	NA	-	1
BAT GROSS VALUE	* ** ** * E	3.45 c.4					7.5					
SAME IN THE RESTREET		*********	400000000000000000000000000000000000000			***************************************	NA	NA	NA	N-A	NA	(
INTO ORGIN VALUE				,		7 (1) (1) (1) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4	- DINLT MARK	-	,	112 PROSE		
A COPULATION	And Harmon			•		040-00-00-00-0		-	1		22	
ALAVERAGE			A					-		201100	WAR 201	
NU BOY		********						-	T			
v /.0			Part of the second		· (1)			<u> </u>			100 2	

ತ

Fax:941-332-6969

AL DEPT ENV PROTECT

Jan 17 '01 PL DEPT DW PROTECT Fax:941-332-5969 RA 014505 - 001 DWZP , 82 THE MAN TO 1656 9.0 706 69 9.0 144 1.1 7.0 9.0 4 46 **Ž** 1 1.4 71 7.9 1 74 2.1 206 2.2 IDL 20.6 38 1.8 1.5 9.5 10 60 4.0 206 62 1.2 Cab 162 1.1 9.0 9.0 1.6 50 0.0 La b 8.8 9.0 712 4.6 * The state of the

r Th	٠.4
	,
	•
e.	•
27. 27. 20.	J
Ζ) Ω	7
	1

Ð, ö FLAD CONTI small Garcia COS123

•

EAGLERIDGE

34.3511263

::720/60

100

Jen 17 '01 9:43 Fex 1941-\$32-6968 FL MENT DAY PRETECT Jun 31 RANK SANGLE SECURES - MAIS S 14505-001 DW2P 1.0 1.2 6.8 24 1.6 3.0 1.0 06 0.6 J. Q 0.6 109 1773 1.0 1.1 1.0 44 1.2 0.5 1.0 0.6 2.9 0.6 5,0 2.7 1.2 2.4 06 4.3 0.6 92 6.6 1.0 1.0 1.0 4.8 1.0 CARRIE I smeet

The state of the s

CROSS CREEK WAY DR.

CROSS CREEK WAY TR.

CROSS CREEK WATP

13040 CROSS CREEK BLVD

FACILITY: LOCATION:

MONETORING PERIOD-Press:

LIMIT: PRIAL

CLASS SIZE: MINOR FACILITY D. FLA 014505

CAS TESTSITE ID NO : WAFR SYSTEM ID NO:

I ALL

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: 3/C TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIVATION

*** NO DISCHARGE | | ***

GROUP: DOMESTIC

Please read instructions before completing this form.

Paracici	11.	Qu	antity or Loading	•	Quality or Concentration					Programmy #1 Analysis	The
		Average	Maximum	Units	Minksum	Average	Maximum	Units			
PLOW	Sample Statement and	.066	,225	(Ba)		90 4 90 0 90 1 Per 1940 4	********	*******	0	CONT	FLOW
Dlolo	Spine September	PERSONAL A PRESENTANT TO SERVICE AND THE PERSONAL PROPERTY AND THE PER	CHANCET	1465		***************************************		***************************************		SEE MODEL	MI HE SI
MONTHLY AVERAGE BABLY	1-1		-	-	Market and provide	135	168	me/L	0	MARKY	She
135	Park Supplement	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The Action	**************************************		Mornal Tava	MEYMAL		٧٠.	ace Pamer	THE PERSON
DIFLUENT OROSE VALUE THE, REFLUENT	Total Manager	*********	940 PRE 104171 Pr - 107		o panel Resto ya Antalowa	104	105	m6/L	0	BI	8 hR
104	radiophers.		-			PROMINER WAR	DARLY MAX	-		an ercat	ET PONE
INFLUENT ORDES VALUE	Sample Steam 200		Grad over 1 0000100001000		qq ppp r rdn b middend b ti	<1	1	mole	0	MOCKEY	Bhe
CHODS, REFLUENT	Park Property	i interne			A CONTRACTOR	PROPERTY NAST	AFRE)	394	ນ	SEK PEDATE	120 P\$134
15TH LIERT GROSS YALLS.	-	A CONTRACTOR			***********	0.7	1.1	mb/L	0	H/wex	GRA
TEX, SIFFLIENT	-		Contract management			Separate T Aria	MARY NOOK		1, ±3,	ION PROJECT	per jestie
SPELUENT GROSS VALUE	Sept 1	學。逐變	J 46.5 67.44			21	121	col	0	4/wex	GRA
COLFORN FECAL	Teach Control	- CAN-0256				indication.	Liver I			THE PERSON	
SOJETE I CHOSS VALUE	不是是		交 探景		A PROPERTY OF	on my impiny of them	والمسروا طسفا والموا	lady people sinds	for other	ing the infloan	المرا عرب

ENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PRIMATION NAME CARS CREEK LUTILITIES LEC.
MAN BIG ADDRESS OF 14668 ACRES WAY DE.
FORT MYERS, FL 33912-1703 MINOTHLORE: FLAOIY506-001 DW2P TO 8-31-01 MONTORING PERIOD-Print 8-1-01 CLASS SIZE: MINOR GROUP: DOMESTIC CROSS CREEK WUTP 13040 CROSS CREEK BLYD. FACILITY ID: FLA014505 GMS TESTSITE ID NO: FACILITY: DISCHARGE POINT NUMBER: WAPR SYSTEM ID NO.: LOCATION: PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE [] *** TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION Please read instructions before completing this form. Quality or Concentration No Quantity or Loading Parameter Ex. Units Minkmum Avecage Maximum Units Maximum HOS BUE X Average STOO IT COOK 025 Sarah Licente H 10. OS PERMIT **SAILY MAX** MALM 6 009408 1 MOUNT CHOOSE TOTAL MISTONAL ,0 SEE PERMIT 142 WILLIAM · 2. ETYLUENT COCOS VALUE MTRATE (w. X) 332-6969 (IF REQUIRED IN THE PERSON) ME PERSON \$ -- · EPTLUENT GROSS YALUE HETROGEN, TOTAL (= M) OF REQUIRED BY THE PERSON ARE PARKING DATETALAX erije 👌 EFFLUENT CROSS VALUE CHOOS, EFFLUENT 3017700 MOL PERSON e80051 Y No. PROTECT ANDRUAL AVERAGE TAS, ETPLUENT 000136 Y 100 ANDUAL AVERAGE DATE (YYADADD) AL CONCLUDE OFFICER CO. AL TELEPHONE NO. 딦

Talle Parts 48-400-590(14), ellistira Manadan 75, 1505

9415611

3

41

Ö

8

EAGLERIDGE

ZBB

FL DEPT ENV PROTECT

Fax:941-332-6969

Jan 17 '01

9:43

P. 05

PLA 014505 - 001 DWZP Three-weeth Average Duby Plant: JUNE 01 (
THADPIPersonal Capacity) THE MAY 01 (

<u> </u>	AL (MOSE)	COLL:	TOO (mg/L)	Ellium CHOOS CHOOS	THE (mg/L)	p)) (s.m.)	pH (a.m.)	Final Culform Besterie (MTCOmt)	(malar) Disputation() CF ^d (Men	(mg/L)	Time of Sumple	
1			90430	20042	00530	00400	00400	74835	50000	(speke	-	
叶	14844	george 	44430					<u> </u>	1.0		+	13
3.5					0.6	68		41	1.0	+	1	G
	086				0.6	6.8	<u> </u>	-</td <td>1.0</td> <td>+</td> <td>1:</td> <td>6</td>	1.0	+	1:	6
	088			-	0.6	68		141	6.3		+	
	067			 	- P. Brian						-	
1	063	<u> </u>	_	+					2.2		+	1
3	083	1		+		68		<u> </u>	1.0	-	+	12
T	OH			+	0.6	69		141	1:7			G
1	075				0.6	6.8		< !	7.5		+	G
1	.075			+	101	6.7		141	7.0			12
1	029	J		21	0.6	6.8		41	1.6	_	-	
W	OB	101	103	+					7.4			_
11	.064				_				5.1			_
Ħ	033			_		6.2			2.1			4-
13	094	L			0.6	61	_	121				G
14	.064			_	0.6	6.7		<1	2.0			4
73	.010				0.6			141	1.7			
H	L039					6.4	_	121	3.2			<u></u>
17	1073				0.6	<u> </u>	_	_	1.6			
11	1.089	T					_		1.4			
7	00					 _			1.0			~
-35	1/0					4.3			23			G
31	.07				1.0			_ < !				12
*	1.08				0.6				7.5			6
-3	.08				0.6	68			1.0			
-34	.037		8 105	5 4	1.1	7.0			4,4			
H					,				4.0			
***									29			
7,	T Off					7.0	7	·	2.0			
-	T /	6			1.6							
*	.06				0.7	6.		4				
*	1.04				0.6	6.8		<	1 32	3		
····•	.05				0.6	THE RESERVE THE PERSON NAMED IN		4	11.4		1	1

PLANT STAFFING: Day Shift Openius	Class:	C	Cestificate No:	8922	Home:	ISMAE	_ GARC	in
Evening Shift Operator	Class	د در این این این این این این این این این این	Carries No:		Manuel		***************************************	
) Eggis Shift Operator Legal Operator	Clear		Qualificate 1%:		Marus: Marus			
	Anthemia 1	Natur River	SPA	TICRAL	ATTO	~]		
Type of Simulat Superior Classics Umbad Wat Weather Classics	p Addisia	S Amt. Mat	Met Villegaings	ii. Adri' cressmentes e	mile on sear a	mention managements:		

Amonth radditional algority if necessary to his off contident operators.

NOT HOLDS - COLDUNA CROSS CREEK WAY TRIED BY CROSS CREEK WAY TRIED BY THE CROSS CREEK WAY TO 13040 CROSS CREEK BLVD MONTONIA PRINCE PARE 9-1-01 CLASS ETTE: MINOR GROUP: DOMESTIC 8 PACELITY ID: FLA 014 505 GMS TESTSIVE IDNO: WAFR SYSTEM ID NO: DISCHARGE POINT NUMBER: FACBLITY: PLANT SIZE/THEATMENT TYPE: 3C *** NO DISCHARGE | 1 *** LOCATION TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION Please read instructions before completing this form Quantity or Loading **Ounlity or Concentration** Parameter Maximum \ddot{c} Units Minimum Average Maximum Average LANGE ALL STORET CACE MGD ~ 225 D70 TLOW Programme and MONTHLY AVERAGE DAILY ANG CHMINT ÜŔ 62 MG/L CHOOL DISTURBATION MANAY . STATEMENT AND MALYMAN DATLUMNT OROSE VALUE 69 THE WILLIAM 66 ax:941-332-6969 . 11 37 51 BULYNUK sei. MENDALY AND INTLUENT ORGES VALLE CHOOS, REFLUENT BITILIES GROSS VALUE 0.6 .0 785 EFFLUENT A. 16 3 EPPLIEST CHOSE VALUE. PROTEC COL COLFORN PEAL 孟

Ex.

.

BI

101

DOCK

37

DEEKLY

WARK

Deekl

FLOW

netel

ARE HERSET

8 hr Comp

THE WEIGHT

8he

DOMP

ME PERSON

8 he

WE BEING

BATE (YYAMADD)

A P

lction descharge monttoring export - Part A met of environmental proti R: FLA014506-001 NO21 HO ADDRESS OF MESS ACRES WAY DE. FORT MYERS, FL 35912-1703 MONTORING PERSON-Frank 9-1-01 TO 9-30-01 LDAT: PNAL CLASS SIZE: MINOR GROUP, DOMESTIC CROSS CREEK WUTP 13040 CROSS CREEK BLYD. FACILITY ID: FLA014505 GMS TESTSITE DNO: FACILITY: DISCHARGE POINT MAMBER: WAPR SYSTEM IF NO.: PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHAIGE { } *** LOCATION: TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION Please read instructions before completing this form Quantity or Loading Quality or Concentration Parameter Ex. Maximum Units Tieries Minimum Average Maximum Average STRUCKES COOK Sayah Managaran 68 week DAILY MAX ાં કાર્ MINIMA CHARLES WALKEND DOME NO NO AND 0. EFFLUENT GROSS VALUE MITATE IN (N RECORDED IN THE PLEASE) EFFLUENT GROSS YALUE MITTOGEN, TOTAL (= N) OF RECUMED MITHE VEHICLE MA PERMIT **1000 (1000)** DAMLY LIAM EFFLUENT GROSS VALUE CHOOS, EFFLUERT ME PERONT PROTECT SUASTAN INCHES THE STRUCK 900530 Y O. AMERIAL AVERAGE DATE (TYADATED) THE EPHONE NO. 01-10-25

Martin Berting, effete Breeter M. 1991

TOV 201 2001

8

#

Fax:941-332-6969

Jan 17 '01 9:43 P. 05

BAILY SAMPLE RESULTS - PART IS

۲	A COMMON	CATALON CONTRACTOR OF THE PARTY	20	Edines CHOOS (mg/L)	Silbrest THE (mg/L)	pal (sea.) pale.	pi(pa)	(M.100mg) Santaria Santaria	CL ₀ (For Disinfort.) (mg/L)	(Japan)		
		-	9659	850tz	90530	90-480	69.85	74055	30000	-	 	-
1	94944		+						1/2	-	+	+
			·						3.7	-	1	
_	01		-							1	+	1
	059		_	1		64		4	3.6	<u> </u>		G
}	MA	-	_	1.	0.6	63		141	1.7	-	+	G
	DH.		_		0.6	68		KI	2.4		-	16
	055	<u> </u>		+	0.6	6.5		44!	4.8		-	12
	067		69	121	0.8	6.4		4	3.4		_	
	067	170							10.0		-	
	062			1					2.7	_		-
,	OLA	,		+		6.4			10.0			13
	OA		_	1-	0.6	63		41	7.3		-	
1	052	<u>-</u>			1.0	6.3		61	3.6			16
	051	<u> </u>			06	6.4		141	7.1			4
3	060			_	0.8	6.4			1.4		_	G
1	060			+					2.3			
17	01		_	+					1.0			
V	132					68			1.0			
17	Los		}	_	0.6	6.4		41	24			6
13	104	<u> </u>	_		0.6	6.5	-	151	3.1			G
	.095				0.6	6.6		41	2.2			G
-	.091			12		6.7		21	1.5			
77 ·	102	53	63	- 스	0-6			_	2.7	_		
	08								1.0			1
5	076			_	_	1 -			1.2		-	
*	1051					65			1.8	+		10
3	Lan				0.6	6.5		< 1		_		Ta
×	LOZ				06	6.7	- 		7.0		_	
77	OF				12.6	6.7			7.2			-19
#	07				0.6	6.6			10.0 8.5	-	- -	
7) 	,055				_	_			10.0			
19 7)	.05	2		_					10.0			

FLANT STANFARD: Day Shift Quesar	Chart: C	Contilions No:	8922	Name: Small	L CARCIA	
Despite Shift Operator Mage Shift Operator	Char:	Castificate No: Castificate No:		Mane:		
Lass Operator	Citizes	Cuttonin No.	S. C.	Marie (ATTON)		
Type of Stitums Disposal of Kei Limited Wat Weather Display	statesia Wher Rouse; Astrolog Ym: No	Hen Applicable	If yes, currendence	THE M. MET MERTHAL GISCHELAR	- matabases	

			was seasimmental?	A TOLE TOAMS
DEPARTMENT O	F ENVIRONMENTAL P	KOLECITON DISCHA	rece mouttoknua i	CHOUT - EWILY
e de la composição de la composição de la composição de la composição de la composição de la composição de la c	HARLES TO THE TOTAL PRINT P. T.	MINTS APPLIANCE MORE	ORM	

THE NAME CROSSCREEK / UTILITIES INC.

GADDRESSCYO 14668 AERIES WAY DR.

FORT MYERS, FL 33912-1703

IY: CROSS CREEK WATP

ION: 13040 CROSS CREEK BLVD

ATTN

PERMIT NUMBER: FLA 014 505 - 001 002 P

MONITORING PERIOD-From: 10-1-01 LIMIT: FINAL

CLASS SIZE: MINOR FACILITY ID: FLA 014505

GROUP: DOMESTIC GMS TESTSITE ID NO.: WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: 3/C
TYPE OF EFFLUENT DISPOSAL: SPRAY

** NO DISCHARGE |] ***

		l'iease	read instruction	is before co	mpleting this fe	YTE.					
Fararueter		Quantity or Leading			Quality or Concentration					Programmy of Analysis	Sample Type
CODE MON. SITE No.	2	Average	Maximum	Units	Minimum	Average	Maximum	Units		ļ 	
21.0	Sucrept discussed and	.063	225	M6D	4126824 P. F.	y = 1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**********	Add town town	0	CONT	FLOW meree
1 063 HLY AVERAGE DAILY	Permit Requirement	REPORT NONTHLY AVC	PERMITTED CAPACITY	NGD		ga nd mangang pano is	Prop. Apr. Mar.			SEE FELMIT	SEE PER HT
, INFLUENT	Sumple Measurement		Equipment to the transmitter	********	DECEMBED RECESSES 484	126	174	M6/L	0	MEEKLY	ROMP
O JOHO STALUE	Foreit Requipersont		markung and Spillings	**************************************	*****************	REPORT MONTHLY AVE	PEPORT DAILY MAX	F4 1	1 6 M.	SEE PELAGIT	SEE PERMIT
FLUENT	Sample Aleanuement	******	#40 141 014737421 PF -	***********	ata e a cace e de a de a de a de	115	144	M6/L	0	WEEKLY	She
G 15 ENT GROSS VALUE	Paral Requirement	30.14141	Series de la compensación de la	5d90000427450	dinante dreut de sint	ALTORY -MONTHLY AVIS	DAILY MAX	Sup. L	7 () () () () () () () () () (SES PERSIT	SEE PERSOT
, effluent	Sample & County mark	2112121141	mont mant than tangend	********	W- PPP 288644873		i	m6/L	0	WEEKLY	She
ENT GROSS VALUE	Printi Requirement		@aboultyberdelfla-1	6000-3031 ton	renewater to the second	DVA YJNIVOM	REPORT DAILY MAIC	TOL		SPE POLYIT	SPEPERSUT
FFLUENT	Sample blissurment	*********	*************	***********	***********	0.7	1.3	M6/L	0	1/week	GRAB
ENT GROSS VALUE	Formi Requisions	0 #00 10 1000	**************************************	anieredakan Alian	Traffic Control of Con	PROBLETA Y/C	DAIL NAX	. Cust.		SEE PER LUIT	TE SELVAT
ORM, TECAL	Sample Measurement	*********	***************************************		21	41	41	.C OL	0	4/wec	GEAB
SENT GROSS VALUE	Face I Requirement		Pittigen Avenue	is a suder some	Wassely Avg	PRORT MONTHLY AVE	DARY MAX	N/FOOMT		SEC 218AGT	CRIE

under penalty of law that I have personally examined and am familier with the information esterains and based on my inquiry of those individuals immediately responsible for obtaining the information, it believe d information is true, accurate and complete. I are aware that there are significent penalties for submitting false information including the possibility of fine and imprisonment SENATURE OF PERICEPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT DATE (YYMNIDD) TELEPHONE NO. MANDATTLE OF PROVIDENT EXECUTIVE OFFICER OR AUTHORIZED AGENT (1914 a Min

ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all altochments have): (Attach additional sheets if necessary.)

CATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

10 TO 10 TO	- FDEP
MITTEE N	IME: CROSS CREEK/UTILITIES /NC.
ILING ADD	AME: CROSS CREEK/UTILITIES /AC. RESSCYO 14668 ABRIES WAY DE.
	FORT MYERS, FL 33912-1703
ייוו הי	CROSS CREEK WATE

13040 OROSS CREEK BLVD.

CES MOR FORM) PERMIT NUMBER: FLAO14505-001 DIWZP LEMITS (REPLACES MOR FORM)

MONITORING PERIOD-From: 10-/-01

LIMIT: FINAL

CLASS SIZE: MINDR FACILITY ID: FLA014505 DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE []***
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION

Please read instructions before completing this form.

Parameter	Quantity or Loading					Quality or Concentration					Sample	
MET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺ	1		
(/)	Semple Steamerson		######################################	**********	6.0	041-4500000000	6.8	らい	0	Twen	GRAB	
NIMUM 6,0	Festel Reputebens		4-trees-telarerre	*****	ALCOVERA EQ	Augus säädän säaav	DATEYSON	, spur		эес ремля	SZE PERSOT	
ILORINE, TOTAL RESIDUAL	वैद्याकृष्टि श्रीतक्षम्यारकातस्ता	######################################	tudi ubas passagas ess	141)+14 04 +4+	1.0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	EMPFRE 1747-145	Mb/L	0	CONT	GRAB	
FLUENT GROSS VALUE	Permit Requirement		***************************************	7/111/200140	MINDAUM	forward four edgers	•44.64.64.64.64.6	mg/L		See Pervit	681 PIRMIT	
TRATE (as N) REQUIRED IN THE PERSITY	Straph Heamatiness	004047000000	propose aperox est	\$+61+-5pg	Shy by my / Lax maker care	E 414CE 9 A E GENERALA	N/A	NA	NA	NA	N/A	
1 FLUENT GROSS VALUE	Trans Requirement	drivelyDougle	*************	**********		4-12 PM F-1-12 PM F-12		president.		ace Peaul	SEL HERSOT	
TROOEN, TOTAL (MN) REQUIRED IN THE PERMIT)	Sample Meanisceners	@ & £ 0 + 1 DOT / E + V	****************	**********	2.fpt.foropabourrs	weerstes thinaxi	NA	NIA	NA	NA	NA	
OSON I NA FLUENT GROSS VALUE	frama Kospitati AV		**************************************	3-1 40-02 V - Ln	4 440 F 0 E F F 80 F 000 100	3 to 11 to 12 to 14 to 1	ALPORY DANLY MAN			GCE PERM	sei herati	
30Ds, EFFLUENT	Sample Measurements	######################################		726003516174		041102000000000000000000000000000000000		(15)				
OOEZ Y 1.3	Petral Bogatteman		1.00 mm		ADRIGAL A VO		9.3.1	pal		SER PICAU	SEE PERLET	
S, EFFLUENT	Sample Measurement	*27947114	***********	-		mity #940 1004445	\$/ \$\$ \$\$\$\$\$\$\$\$\$\$\$\$\$\$	(75)				
0530 Y 0.9	Frank Logacion et			2515.A11	MPORT AVENUAL AVG			mp/L		See Persh	SEE PRO-FIT	

rify under pensity of law that I have personally examined and am familiar with the information submitted frerein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe unless information is long accurate and computer. I am aware that there are simulficant mensions for submitting false information including the mensionality of line and computer. I am aware that there are simulficant mensions for submitting false information including the mensionality of line and computer.

wined information is true, securate and complete. I am sware that there are signate and per	takies bet brommand faret furdustrice fundrand his bosenarry of this are medient		
HADETIELE OF PERCUAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE MICE	MONATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMNID)
	1. 1.0	1 (1)	A
TISMAN CARCIA (8922	Kineal Haria C8922	1941-768-3334	01-11-62
TOTAL AND EVOLULA TIME OF LAVE HOOF A TROVE (Baferane of allerbroads have			

FL DEPT ENV PROTECT Fax:941-332-6969

Jan 17 '01 9:45 P. 05

DAILY SAMPLE RESULTS - PART R

JUL 01 (059 mg) AUG 01 (060 MG) SEPT 01 (070 MG) FLA 014505-001 DWZP PermitNumber: Three-month Average Daily Flow: (MADP/Permitted Capacity)x100: Month/Year: OCTOBER 2001

		<u> </u>	0130	ϵ	2001						2017	011
	Flow (MGD)	Indisent CBODS (mg/L)	intiuen: TSS (mg/L)	Eilluent CBOrbs (mg/L)	Ellucat TSS (org/L)	pH (s.n.) zwin.	рН (я.и.) рн (я.и.)	Focal Catiform Bacteria (#/100ml)	CL3 (Por Disinfact.) (mg/L)	Nitrate (mg/L)	Tane of Sample	Type of Sample (C/O)
Code	50050	80092	00530	80672	00530	00400	00400	74055	30060	00620		
Mon. Sita											1	-
1	034				in the second	6.8			7.0			
2	.041				0.6	66		21	3.7			6
7	.050				0.6	6.6		41	4.0			6
4	.045				0.6	6.3		41	3.5			G
5	.063	78	86	41	0.6	6.2		41	7.3			E
8	.046								1.1			
7	249								3.0			
-	036					6:2			3.5			
9	055				0.6	6,0		41	1.3			6
10	070				0.6	6.1		41	1.0			G
11	068				0.6	6.1		41	2.0			<u> </u>
12	053				0.6	6.1		41	5.0			6
13	.053								6.7			
14	.055								1.7			
15	048					6.1			5.8			
16	056				0.6	6.1		41	3.5			جن)
17	001				6.6	6.1		41	10.0			<u>G</u>
78	017				0.6	6.3		<1	3,9	-		C
19	.087	174	144	۷١	0.6	6.4		41	1.5			<u>_</u>
2.0	03				1				1,2			
21	089			_					1.7			
22	.097					6.4			1.8	···		
23	.111				0.9	6.5		41	1.5			6
24	.120				0.6	6.3		41	1.1			G
23	122				0.6	6.6		41	5.5			6
78	118				1.3	6.5		21	2.5			C
27	.038						,		5.4			
28	.002								9.6			
20	.008	•				6.1			10.D			
36	. 104				0.6	6.1		ス I	10.0			6
31	122		<u> </u>		66	6.1		41	4.1)	G

i i								
PLANT STAPFING:		$^{\prime}$		<i>QG22</i>			(0)	
Day Shift Operator	Class:		Certificate No:	0100	Name:	-Lombe (FIRE	77
Evening Shift Operator	Class:		Confilicate No:		Name:		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Night SN() Operator	Class:		Certificate No:		Name:			
Lead Operator	Class;		Contilionte No:		Name:			
Type of Efficial Disposal or Re	claimed W	ater Rouse:	-38 RA					
Limited Wet Weather Discharge	. Activated	lt Yest Not	Not Applicable:	If yes, cumpilative d	BYE OF WELL	ASPITEL GIZGUNDE:		
•	Class: claimed W	later Rouse:	_SPRA	Y I REAGO II yes, cumulative d	ATION			

Attach additional specia if measurery to list all mertified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A TLITTES /AT. PERMIT NUMBER: FLAOI 4305-00 | DIOZP PERMITTEE NAME CROSS CROCK / LITTLITTES / KE, MAILING ADDRESS OF 14668 ACRICE WAY DE. TO 11-30-01 MONTTORING PERIOD-From: //- /- 0/ FORT MYERS, FL 33912-1703 LIMIT: FINAL 8 GROUP: DONESTIC CLASS SIZE: MINOR CRUSS CREEK WUTTP 13040 CROSS CREEK BLVD. FACILITY ID: FLA014505 GMS TESTSITE ID NO.: FACILITY: WAFR SYSTEM ID NO.: DISCHARGE POINT NUMBER: LOCATION: PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE [] *** TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION 4 Please read instructions before completing this form. σ Quantity or Loading Quality or Concentration No Frequency Type Parameter Ex. ABBYTH $\overline{0}$ Units Minimum Average Maximum Uruts Average Maximum MON SITE No. STORES CODE Service Services 60 James & rependential OF PENT 900400 1 BEG PERATI DAILY MAX NO CO INN MUNICIPAL CHLORINE, TOTAL RESIDUAL 1.0 Permi Berna Brail SEE MANE 050060 I PURCHAIN met. EFFLUENT OROSS VALUE NITEATE (44 N) (IF REQUIRED IN THE PERMIT) 000629 1 N/A SEE PERVOT Promi Requirement BEE PERMIT FFFI WENT GROSS VALUE Lample Messucen HETROGEN, TOTAL (as N) N/A-NIA (IF REQUIRED IN THE PERMIT) STATES OSS ME AT POR ENTERED ELL PERM DATEY LUNC ---ા ડૂંક દે^{કાર્} EFFLUENT GROSS VALUE (1) Service Ministers CRODS, KEFLUERT -----ME PER VIT SEE PERETT OROCE? Y ON A JAKKHEA PROTECT ---\$ 30 PA ANNUAL AVERAGE TSS, ETFLUENT HE FRANT Teres Jagai arrest SAE PERM 000539 Y ANDELAL AVG ANNUAL AVERAGE I certify under pensity of law that I have personally examined and am familiar with the information ambusited barrole; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe SUBMINIST OF PERCENTAL EXPLORATE OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING OF PERCENT COPPORER OR ALTERDRIZED AGENT COPPORED SHOWING COPPORED SHOWIN DATE (YYARMOD) TELEPHONE NO. 님 SMARL COARCIA

COLIMENT AND EXPLANATION OF ANY VIOLATIONS (Reference of stockments bore). (Attack additional shere if necessary.) THEP FORM \$2.629.590(14), effective Movember 21, 1994

냅

100

THE PROPERTY OF THE PROPERTY O	OTECTION DISCHARGE MONITORING REPORT - PART A	k.
DEPARTMENT OF ENVIRONMENT OF EL	MITS (REPLACES MOR FORM) PERMIT NUMBER: FLA014 505 - CO1002	2
TONES LOPEY LITTUITES INC	PERMIT NUMBER: FLA 014 505 - CO 1 202	P

PERMITTEE NAME: CROSS CREEK | UTILITIES INC.
MAILING ADDRESS C/O 14668 ARRIES WAY DR.
FORT MYERS, FL 33912-1703

FACILITY: CROSS CREEK WATP
LOCATION: 13040 CROSS CREEK BLVD
ATTN

MONITORING PERIOD-From: //-/-0/

TO 11-30-01

LIMIT: FINAL CLASS SIZE: MINOR FACILITY ID: FLA 014 505

GROUP: DOMESTIC GMS TESTSITE IDNO .: WAFR SYSTEM IDNO:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE |) ***
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION

Please read instructions before completing this form

Parameter		Qua	welty of Loading			Quality or Concern	ikalion		No. Ex	Francy of Andria	Typ=
PROPER CODE MON, STIE No		Average	Maximum	Units	Mimimum	Average	Maximum	Units			-
FLOW	Sample blenumerens	,083	,225	MGD	************	\$8400148.5c006>	***************	woq brgsas 1 04 4 s	0	CONT	merce
950050 1 083 MONTHLY AVERAGE DAILY	Ferrus Anguispthani	REPORT SENTILLY	PERMITTED CANADITY	MGD		pr 1000 pr 300 0 100 1 1 1 1	4444444			SEE PERMIT	SEL PERIOR
CBODS, INFLUENT	Sample Meaningment	Bat passet*	01143904036657446	para 2 com 1 com	***************	143	165	116/1	0	MADRIY	She
036042 0 143	Parent Requirement		5-10 0 E 0 3 T 0 10 10 10 10 10 10 10 10 10 10 10 10 1			REPORT NUMBER AVO.	BANYMAX	(P9)	17.25	HE PENSO	She
INFLUENT OROSS VALUE TSS, INFLUENT	Sample Measurement	*********	*** *** *****	ACRES STATE LA	**/** 204 * 90 1 * 204 ***	99	129	Mb/L-	0	West	COME
80330 G	Found & quosessed	120 2 110 120 120	erminetro/provent	sisseres	**************	PEDAMIK'A YAR BESOMA	DARLYMAX	mg/L		SEE PILLS	Sha
INFLUENT GROSS VALUE CBODS, EFFLUENT	August & loans made	4.070-2004	COSE DOFFOARD & MICROS PO	WARRES COOK!	*****************	1.7	3.0	ME/L	0	mary	COMI
080082 1 1.7	Permit Respectment		Approximate outside	here-teater	*************	BENNIS BRONTHLY AVO.	DARYMAX	99		SEEMOLAIT	SEE PERM
EFFILIENE GROSS VALUE TSS, EFFILIENT	Cample Liene 10'872'5		************	2011/4/1/401		0.9	2.3	MoL	0	1/wax	GRAN
500530 1 0.9	Ford Room (mar					SECNLAR'S TAC SESNOR	BAILY WAX	C(3)		SHE PLENTS	THE PERM
EFFLUENT GROSS VALUE COLIFORM, FECAL	Sample Market Comment		*************	ami	41	41	121	COL	0	4/week	GRA
031616 CITY OROSS VALUE	Sand Saidings					LEGOTHET AVE	DAY Y MAN	ElCini.		SE S PREMIT	. cere

At 1 hour managing expressed and anti fashilat was the superior and the su	
everify under penalty of law that I have personally experiend and are familiar with the information retained barrier, and based on may impracy of these and imprisonment of everify under penalty of law that I have personally experienced and are familiar with the information including the posterior of fame and imprisonment. The property of the penalty of law that I have personally experienced and are familiar with the information including the posterior of fame and imprisonment. The property of the penalty of law that I have personally experienced and are familiar with the information including the posterior of fame and imprisonment. The property of the penalty of law that I have personally experienced and are familiar with the information including the posterior of fame and imprisonment. The property of the penalty of law that I have personally experienced and are familiar with the information including the posterior of fame and imprisonment. The property of the penalty of the	(YYALADD
WANTER OF PRINCIPAL INCLUSIVE OFFICER OF AUTHORIZED AGENT OF THE BOUTHE OF PRINCIPAL INCLUSIVE OF PRINCIPAL INCLUS	12-20
TISMARL GARCIA C8922 SAMVERSAMON C8922 941-768-3334 01-	

COULTENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional shorts

FIL DEFT ENV PROTECT F8X3941-332-6969 Jan 17 101 9:43 P. OS

DAILY SAMPLE RESULTS - PART R

Aug 01 (.066 MGD 5007 01 (.070 MGD) OCT 01 (.063 MGD) HA 014505-001 DOZP Three-month Average Daily Flow: (TMADP/Permined Capacity)x100: Permit Number: Month/Yest. November 2001.

	Flow (MCD)	Indiana ceops (mg/L)	Influent Till (mg/L)	Effluent CRODS (mg/L)	Effluent TSS (mp/L)	p\$1 (3.11.)	při (x.u.) max.	Focal Coliform Bacteria (III 800ml)	Cin (For Disinfect.) (mg/L)	Nitrate - (mg/L)	Turn of Surmple	Type of Sumple (C/G)
Cade	3001h	80022	00130	800R2	00530	60400	00400	74055	\$0060	00620		
Mon. Sitt		<u></u>										
LICE COLUMN	105			(MICHELLE CONTROLS	0.6	6.1		41	4.0			0
7	103	147	108	Zi	2.3	6.1		41	5.5		-	C
-,-	.080		-						3.7		ļ	
4	.086								3.2			
5	.078					6.8			3.7		 	+
6	,100				0.9	6.5		121	2.4			G
7	.090			[0.6	6.3	ļ	141	14.3	ļ		6
8	.091				0.6	6.1		41	5.2	 	 	6
9	115				0.6	6.1		41_	8.5			G
10	.115						-		7.0	-		
11	.078								8.8			-
12	.080					6.1		121	7.5	-		G
11	078				0.7	6.1	_		. J	ļ	-	C
14	.075		T		0.6	63		41	4.5	ļ	·}	C
15	.062				0.6	66		14!	5.2	 -	·	C
16	.071	165	129	121	0.6	6.7	 	41	3.0	 	+	
17	.106				-	1		 	2.5		+	
18	.056			<u> </u>		1			5.5	-	 	6
19	1.095				0.6	7.0		16)		 	-	C
20	087				10.6	7.0		<1	6.3		-	G
21	061	-			0.6	7.0		141	6.7		_	+6.
72	1.069					7.0			5.5	 		G
72	039	1			0.7	6.9		- 4	4.7	 		+=
24	081						4	-	7.6	+		1-
23	.062	2			<u> </u>				1.9	+	-	
26	076					171		+-,-		+	-	6
27	125	-			0.7	7.0		141	2.3		}- 	6
72	.062				0.6	7.0		41	1:7			G
79	127	1			1.9	6.9		141	3.0		_	2
30	000	1116	59	3	1.7	7.0		141	3.8			
31		1,5										

PLANT STARFING: Day Shift Operator Evening Shift Operator	Class: Class:	<u>C</u>	Cestificate No:	8922	Name: Name: Name:	I SMARL COARCIA
Night Shift Operator	Class: Class:		Confilante No:		Name:	
Type of Efficient Disposal or Res	il bominis Solavited	later Rense: It Yes: No:	Not Amplicable:	H'yen, diemilative d	AYS OF W	Not monthly discounter.

^{*} Attach additional shorts if accessary to list all curified operators.

	14668 AER TMYERS	RIES WAS	14 DR. 3912-170	3	MONIT LIMIT: CLASS	T NUMBER: FIORING PERIOD-	-From: 12-	-1-01	TU	_	
ACILITY: CRO- OCATION: 13040 ATTN:	55 CRCEK OCROSS (ns before c	DISCH PLANT	ITY ID: FLAC ARGE POINT NU I SIZE/TREATME OF EFFLUENT DI OTM.	imber: Entitype: 3	C WAF	SYST NO DIS	TE ID NO.: TEM ID NO. SCHARGE ATTON	
Parameter		Qu	antity or Loadin	g		Quality or Concer	itration		No. Ex.	Frequency of Analysis	Sample . Type
STORET CODE MON, SITE NA		Average	Maximum	Units	Minimum	Average	Maximum	Units	i	102,-	
050050 1 . 076	Sample Strassment and Parmit Requirement	.076	. 225	MED	3,577,744,-44,449,	*************	8437470073743447	2100220122777	0	CONT	FLOW
MONTHLY AVERAGE DAILY		MONTHLY	PERMITTED	NOC			ERCALA ***********************************	**********		SEE PERMIT	SEE PER TO
CBODS, INFLUENT	Sample Mewment	********	B71000000000000000	2*****	Appendences (vecape	182	263	MG/L	0	weeker	Bhe
NFLUENT OROSS VALUE	Farm Requirement			*********	Owlean say make water	REPORT MONTHLY AVG	DAILY MAX	mer'l		SEE PEANOT	SEE PESSAIT
ISS, INFLUENT	Sample Measurement	# H3 # 2 4 4 4 4	#44 6upapa277327****	1,000,000,133	**************	200	322	M6/L	0	DEEKLY.	Bhe
NILUENT GROSS VALUE	Passil Requirement	A. 30. 0000000	**************************************	Data Louis	soutoubelong papers.	REPORT MONTHLY AVO.	PAILY MAX	P L*		SEE PERMIT	nuxar.
CBODJ, EFFLUENT	Sample & Leaves or order	*********	*****	Ebidipteson	41704422-1-003480	1		M6/L	0	weaky	8he comp
080682 1	Penni Requirement		**************************************	10 10 10 10 10 10 10 10 10 10 10 10 10 1	***************************************	MENORT MATHOMAN	REPORT DAILY MAX	mg/L		SEEPELAUT	SEE PERSON
185, EFFLUENT	Sample klessusement	As hamed to	*************	Toosaudsaugs	*******	0.7	2.0	MG/L	0	Meer	GRAB
EFFLUENT GROSS VALUE	Parait Requirement		eee boogalies room and	######################################		REPORT MONTHLY AVO.	DAILY HAX	DAIL.	7.15% 人主義	SEEPELMIT	SEE PEROM
COLIFORN, FECAL	Sunyle Measurement	**********	H-12//A44/27-72-11	***********		41	121	(G)	0	Tweek	GRAB
DO1616 1 REFLUENT GROSS VALUE	Permit Requirement	2	* 11.15	**********	MACKTA YAD	NEPORT LIGHTHEY AND	KEFORT DARLY MAX	#/k00ml		SEE PIENUT	208.38

COMMENTAND EXPLANATION OF ANY VIOLATIONS (Reference all altrachments here): (Altach additional sheets if necessary.)

hax:921-552-6969

ENV -KUTEUI

TO 12-31-01

GROUP: DOMESTIC

*** NO DISCHARGE [] ***

GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

FACILITY.

LOCATION:

Parameter		Qu	antity or Loadin	g		Quality or Concen	tration		No. Ex.	Estate gray An dysin	Sumple Type
STOREY CODE HON SITE NO		Average	Maximum	Units	Minimum	Average	Maximum	Units	1	70,700	
рН 000400 1 <i>6.2</i>	Sample Measurement	*********	***************	********	6.2	#4846 #344 b.c. <##	6.8	333 34	0	Tweer	GRAB
000400 1 6 2 MINIMUM	Pages Broadwiners	227.801174228	daze zytozz tateneo,	791752276m6r	MOGNUM *D	24290.03310420.2	B.5 DAILY MAX	30	1 100	DEE PERANT	SZV FERLOT
CHLORINE, TOTAL RESIDUAL	Sampla Mentitement	w-;a#F1bgFb50	*****************	*********	1.0	**********	E104+74145444	ME/L	0	CONT	CORAB
EFFLUENT OROSS VALUE	Permit Rangement		***************************************	***********	MADANA	**************************************		mg L		SSE PERSON	SEE PERMIT
NITRATE (& N) (IF REQUIRED IN THE PERMIT)	Surpl: Меанистела	30.000.000	*************	************	Shepundhanradsbase	**************************************	NA	NA	NA	NA	NA
COGEZO I NOTE EFFLUENT GROSS VALUE	Promit Requirement	******	*************	************	**********	oven very poste	120	erlin)		SEE PERIMI	SER PERAIT
NITROGEN, TOTAL (N) (IF REQUIRED IN THE PERMIT)	Sample Micarusement	###~##################################	**************	***********	****************	\$0149\$8410763457	NA	NIA	NA	N/A	N/A
effluent gross value	Passi Represent		y over despersions.	A Comment	å tyan ranning madadan	Bbe tudou to delicate u	DAMYALLY	mp1		SCE PERSON	SEMBUIT
CBODS, EFFLUENT	Sample Measurement	9 11 8 4 4 7 9 4 t	*************	*********		Phenatropiumed Da	**************************************	(19)			
080082 Y 3	Promit Requisioners	See Labrage			ABRUAL AVO		3. 297. 34 34)3134 (3)	pgl		.328 PERSON	DEE PERSOT
TSS, EFFLUENT	Sumple Meanterment	******	On Description of Walter Labor.	*******	e comments and c	##\$##\$################################	\$14.0 km00c 5 brows 270	(19)			
000530 Y OFO ANNUAL AVERAGE	Fermil Exquirement				MAPORT AVE		70.100.000 100.100.000.000	jeg/L		SEE PERSON	ME PZRATI
certify under penalty of law that I has brained information is true, accurate	and complete. I am	aware that there	are significant penal	rcion submitted ties for submitt	herein; and based or ing false information	n my inquiry of skose in including the possibility	dividuals immedial Linguis has enil lo	ely respons	ibic for o		
HAME/TITLE OF PERICEPALE MED	UTIVE OF FICER OR AU	THORIZED AGENT	(Chr.m.Styd)			UTIVE OFFICER OR AUTHOR			PHONE	NO. DA	TE (YYMN
15mael GA	TROIA C	18922	1,	Alm	w D Alas	icux C8922	2	(841)-	769-3	334 02	-1" 2

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT

FORP LIMITS (REPLACES MOR FORM)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA014505

PLANT SIZE/TREATMENT TYPE: 3/

DISCHARGE POINT NUMBER:

PERMIT NUMBER: FLA014505-001 DW2P

TYPE OF EFFLUENT DISPOSAL: SPRAY RRAGATION

MONITORING PERIOD-From: 12-1-01

PERMITTEE NAME. CROSS CREEK / UTILITIES IKC. MAILING ADDRESS CO 14668 ACRIES WAY DE.

FORT MYERS, FL 33912-1703

CROSS CREEK WWTP 13040 CROSS CREEK BLVD.

9:43

FL DEPT ENV PROTECT Fax:941-332-6969

Jan 17 '01

P. 05

Sept 01 (.070) OCT 01 (.063) DAILY SAMPLE RESULTS - PART B FLA 014505-001 DWZP Three-month Average Daily Flow: PenninNumber: (TMADF/Permitted Capacity)x100: NOV'OI Month/Year: DODOMBOR 2001

AND FLUI COMP. I ARRAIT	1) (cemo	3er_	200						FEC ************************************	MO A	O
	Flow (MGD)	ie" all capts (mg/L)	Influent TSA (mg/L)	Effluent CDODS (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.m.) max.	Poest Collorm Duderia (II/100ml)	Cla (For Disinfect.) (mg/L)	Nitrate - (mg/L)	Three of Sample	Type of Sumple (C/G)
Cpde	50050	80082	00530	R0082	00530	00400	00400	74055	50060	00620	ļ	
Mon. Site									·			,
	088			And the second s					4.8			
2	051								1.0			
3	102	i i				6.2			3.9			
4	0107				0.7			121	2.9			Co
5	0092	4			0.6	66		<1	3.8			C
6	OB				0.6	6.6		۷)	1.8			0
7	107				0.6	6.6		<u> </u>	1.0			6
8	066								3.3			
9	.066							<u> </u>	1.4	-	ļ	
10	.077					6.7			6.2	-		
11	066				0.6	66		41	3.1			3
12	as.				0.7	6.7		41	1.8	-	ļ	6
13	076]		0.6	6.7		41	7.5			G
14	.091	101	79		0.6	6.7		41	9.5		<u> </u>	<u>C</u>
15	062				<u></u>				42		ļ	
16	.052								7.9		 -	
17	2068					6.6			1.8	·····	ļ	<u> </u>
18	.06b				0.6	6.6		41	2.3		 	G
19	.058				0.6	6.0		41	1.0.		ļ	0
20	072				0.7	6.7		41	1.1			<u>C</u>
21	1081				2.0	6.8		41	3.0		<u> </u>	6
22	180								5.6			
23	.018						<u> </u>]	9.7			
24	.083				1.2	6.7		121	10.0		 	G
25	D52				ļ.	6.7		-	10.0		-	استيا
26	261				0.7	66	-	41	10.0		1	<u>C</u>
27	.069				1.2	6-6		< 1	3.0		<u> </u>	5
28	0140		<u> </u>		2.0	6.5		<1	2.2	ļ	<u> </u>	9
29	.075	263	1322	<u> </u>	0.7		ļ	ļ	1.1		-	0
30	.100	ļ <u>.</u>			<u> </u>			ļ.,	1.0		ļ	 _
31	.083			ł	0.6	6.7		41	1.0		<u> </u>	0

PLANT STAFFING: Day Shift Operator	Ciass:	Ċ	Certificate No:	8922	Nume:	ISMAEL COARCIA
Evening Shift Operator	Class:		Certificate No.		Name:	
Night Shift Operator	Clara:	The second second	Contificate No:		Name:	
Lead Operator	Clare:	-	Confiscate No:		Name:	
Type of Effluent Disposal of R	teclaimed V	Voter Reuse:				
Limited Wet Weather Dischar	eskvitas og	d: Yea: No:	Not Applicable:	Il'yes, cumulative d	ays of wel w	enther discharge:

Attach additional shorts if necessary to list all certified operators.

MITTEE NAME: CROSSING ADDRESS C/O /4 COLITY: CROSSICATION: 3040 ATTN	SCREEK TU 668 AERR MYERS, CREEK CROSS C	FL 33 WWT. KEEK B	312-1703 P BLVD		MONITO LIMIT: CLASS! FACILIT DISCHA PLANT TYPE O	Size: Micor Ty Id. FLA 0: URGE POINT NUM SIZE/TREATMEN F EFFLUENT DU	14505 WHER: VITTYPE: 3	GR GMS 7 WAFR	OUP: ESTSF SYSTI	DOMESTIC TEIDNO.: EM IDNO.: CHARGE I	
					mpleting this for	rm. Outlity or Concen	enting.		No.	Rederky	Sample
Parameter	100 ST	Qua	ntity or Loading	•	•	Cimility of Concen	usuum		Ex	Analysis	1
• • • • • • • • • • • • • • • • • • • •			0.212		\$ 50 mm m	Average	Maximum	Units			
CHET CODE LION, LITE No.		Average	Maximum	Units	Minimum		E41101401441040	464698666184		15.5	FLA
LOW	Sample Stewards and	0135	225	MGD		#41401848444444			1	CONTI	mer
. 0 135	Semil Bequientent	REPORT		1950						SE PECUAT	SEE PEZ
SCOSE I CALLED THE SCORE OF THE		AUG	CAPACITY		grant files of the Con-		Superior to the second	(139)	-	Bi	Bho
BODS, INFLUENT	Storph Meanmant	461484654			************	139	145	moll	0	WEEKLY	Com
139			ra wala walan a sa	**************************************	en tour man financial	REPORT NOWTHLY AVG	PAILYMAN	agl		SE PELLOT	SEFFEE
	S wear f. equipment		*********	********		MINISTER AND AND AND AND AND AND AND AND AND AND	TOTAL CREE	(19)		81	86
NELUENT GROSS VALUE	Sample Meanward			4.C 000 0144 4 65	0 to 14 1401 0034 M3160	106	113	m6/4	10	weekly.	Com
TSS, IN FILUENT				ļ		01 2017	REPORT			SELFECIA	SEEPER
00176 G 106	Percel Sequirence	SALVEMACE ::		**********	cont assertantes	PROMOTE YAL	DAILAICE	w) i		B	
NILUENT GROSS VALUE	Sarakhiensterak		144 <u>0</u> 2 45 5		CCER+40000001010100	1	,	mb/L	10	Weekly	Con
COORS, EFFLUENT	Conference of the Conference o	********	de Later Care Com-ai	##1#1######		REPORT	REPORT 1	11101-		e esta constitue d	SIEPZ
080082 1	Fund Requestroit	2014 CH 441 CA			2147414114121414	MONTHLY AVG	DAILY MAX	3		SECTION	
EFFLUENT GROSS VALUE		**************************************	A State of the sta	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	可能的数据的	THE OWNER AND		any	10	14/week	460
TSS. EFTLUENT	Sample a Consent to the	******	**********		**********	0.9	2.1	1M6/L	14		
A G	Persi Regulutari					HONTRLY AVE	DALYNUX	200/1.		S'E STRALL	SEIE
EFFLUENT GROSS VALUE		*******	的现在分 位		1900年	1. 美国 (San 18 15 基础 普及)	1	((3)		4/1000	100
COLIFORNI, FECAL	Same is rie as assessment	*********			1	121	12		<u></u>	/weic	Ga
/ 1				1.00.000.000	Four Co.	LOWIEVAN	CAR VELLE	#non-		SEFFERE	. ua
631616 !	Factor Box Springer	Sandines.	. il rambass . w	an elegantement	MARTAYA			7 7 7 3	-		walten i fi
EFFLUENT GROSS VALUE		4 - 5	diar and the inform	nation muchanite	d benefit; and based t	on my inquity of these	individuals immedi	stely responsibili	elor obez	DAME DIG AREST	
63(616 EFFLUENT GROSS VALUE certify under possity of law dust 16 sounteed information it true, accurr	and complete. I am	maro ene estiten U evrere linei litei	e are significant pen	tities for muberi	ning falm information	a including the porsion	UN OF THE PART TRADE	TELEPH	ONE NO	DAT	UAYY)3
WASHITE OF PRINCIPALE		ATTA ASSESSMENT	Comments	SMA	INKE OF BEDEFANTS XX	A. Control Control Control	The second line of the second line of the second			34 02	

-1-

205 Ω..

ANT THE CRES	しさと せん	TE WING WING CHECK	7912-1703 TP BLVD.		MONITO LIMIT: CLASS FACILII DISCHA	NIZE: MINOR Y ID: FLAO RIGE POINT NUM SIZETREATMEN FEFFLUENT DIS	4505 MER:	GIV	Grou Is test VFR sy	P. DONES ISITE ID N STEM ID N USCHARGI	ਜ਼c D: 'O.: E { }**'
Paramoter			ntiny or Loading			Quality or Concent	ration		No.	Fragueta) of Analysis	2384
etoret code han efte no.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
рН	Sample Steambacken	**********	PC/MISSEPROPIES EL-	********	6.1		6.7	Su	0	Tweex	GRAC
000400 t 6	Propie Proguntiers	esceptionie	des constatement		NOCION +3	• • • • • • • • • • • • • • • • • • • •	Darry Persi	(SU		BEE PERMIT	SEIFIN
CHLORINE, TOTAL RESIDUAL	Sample Street, chest	**********	**************	00	1.0	\$6 SAPET \$ \$ \$ \$40 P. P. P.	Cittatontatean	ME/L	0	CONT	GRAC
050060 1 1. D EFFLUENT OROSS VALUE	Ferni Paquismum				PUNDON	\$ 400 \$13 Place 100 Page 1	**************************************	ngl		STEPERM	SEE PERM
NATE ATE (12 N) (IF REQUISED IN THE PERSON)	Single Management	5/14 QU- E++++	************	m.co.m.****		Redunantedation:	NA	NA	NA	NA	NK
CO0620 NA EFFLUENTOROSS VALUE	Frysk Requisitoris	• 4.0	***************************************			peres leces aboves				SET MENTS	SEE PER
NITROGEN, TOTAL (W.N.) (IF REQUIRED IN THE PERMIT)	Sample Meanweard	F9+1+055+010	***************		B # 6241 0 P 0 0 4 6 4 6 4 6 6 6 6 6	##440%C2PFF1#31	NA	NA	N/H	NA	NA
000600 i WA EFFLUENT OROSS VLUE	France Esperate						DULY LUK	(U)		MERSA 225	SERG
CBOOS, EFFLVENT	Legal : Measurement	50 Pr 047 94 W	Pac 1970-00000179075	*********		garabertas nama Pe	Estett Mar 01		50000	F autobalia sa	2 25 7 V
OBOCE? Y 1.2	Front Esquipment !	a dini			ASSOCIAL AND		3	(117)		Serpecen	SECHER
TSS, ETILLENT	Sample Measurement	250012424	94 200-21-42-441-4-441-4	-		*************	4+84 pcme c 6+m 1 m		21 1028250	# 2.50\X-3.50	100.00
000130 Y O. S	Princi Deputera				AND ALL AVE					obtaining the	COLEMNICAL PELLIS
ANNUAL AVERAGE certify under peptity of last that I his submitted information is true, according	we personally exami	ined and am fam	iliz with the inform	ation submitted thics for submit	hercia; and based or ning faire information	n my includy of close in including the possibility	ndividuals inches	Lonmeni.	EPHONE	NO. 1	ATE(YY
WATERING OF SENOPALES	CHILL COLLEGE OF A	UTWOKE LO AGEN	Copperate	(MOSAVA	libe of Paricipal Exe	amve amornor ama	DRICKE AUDIT		768 E	-	2-2

-2.

FE DEFICENV FRUIECE FAX 3417302-6969

۲. ه Jan 17 791 14:45

DAILY SAMPLE TRRULTS - PART B

OCT 01 (.063 mcs) NOV 01 (.083 mcs) Dec 01 (.076 mos) Three-month Average Daily Flow: (TMADF/Permined Capacity)x160:

Mumbo West			RY 0	2002	DO.			(TMADE/PC			Del	
	Flow (MCD)	Influent CBODS (mg/L)	Thebreat TSR (mp/L)	(mg/L)	Effluent TRO (mp/L)	p3 (2.4.)	pH (s.u.) max.	Picesi Obliform Daulitria (III 100 ml)	CL ₃ (For Disinfect.) (mg/L)	Nitrato (mg/L)	Sample	Sumpli (C/G)
			00530	800R2	00530	67400	00490	74925	50060	00620		-
ale:	3430.50	20027	00220							,	<u> </u>	
n. Site	mraciones : ====			-	*	6.7			1.0		1	<u> </u>
1	098				0.6	6.7	-	<1	1.0			6
2	098	1				6.6	-	1	12.7			0
3	105				0.6	6.4	†	121	1.0			6
•	175		 				1		96			<u> </u>
5	046			 	1	 	1		3.0			-
8	.087		J			1/2		1	1.1	T	<u> </u>	
7	112					6.3		121	3.1	1		G
1	02				0.6	6.1		21	10.0	†		Co
9	029			<u> </u>	0.6	6		And in case of the last of the	1,2	1		C
10	096	-			0.6	6.1		141	1.0	-		e
11	131	145	113		0.6	6.1	<u> </u>	151	1.0			_
12	026	-										_
13	034	-]				1.0			+
14						6.3			2.0			10
15	177	.,_			1.3	6.5		141	3.6	 		C
16	133				1.5	6.6		151	6.3			10
17	129			+	2.1	6.4		151	2.2			100
	149				0.6	6.3		141	7.5	4		45
18	206	.,							10.0			
19	161					1			6.0			
20	1.15	/				6.5			1.9]		
21	190						_	141	1.4			10
22	1.113				0.8	6.4		- 21	17			ÌĊ
23	136	;-T			114	6.2	_	41	10.0	5		
24	153				1.0	6.4		161	10.0			4
25	189	1 13:	3 99		0.6	6.4						
26	14								9.0			
27	- 41	-							3.0			
28	4/5/2	7				6.6				_		- (
20	18	7		1,	0.6	6-4		_ _	10.0		_	
710		<i>r</i> 1	ž.		AND DESCRIPTION OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PERSON NAMED IN THE PER	6.4		41	1 10.12	,	ì	

							1300	2.0	
PLANT STAFFING:		17	Certificate No:	8922	Neme	LOMACC	CATIA	The same of the same of	
Day Shift Operator	Class:			- To the same	Name:				
es in Parentar	Class:		Charlicate No.		Magne:			-Monator	
Evening Shin Operator	C'AFR:		ane No:		•			annu car i d'Argente de la companya de la companya de la companya de la companya de la companya de la companya	
Night Shift Operator	Class:		Cestilicate No.		Name:				
Land Operator	CHARLES			IRRAG	ATIVU	wereher hachotet			~
Type of Efficient Dispussed of Re	CIBITATE Y	vener Roupe; 4. Vex. No:	Not Applicable.	11 yea, commander	SHAR OF AME	dat tierbere en seren me		,	
A THE RESERVE AND A STREET AND A STREET ASSESSMENT AND A STREET ASSESSMENT AS	D NITH AND AND AND AND AND AND AND AND AND AND								

Anach additional speece if peressery is list all cartified operators.

Ċ.

DEPARTMENT OF ENVIRONMENTAL PROTECT	ION DISCHARGE MONITORING REPORT - PART A
PDEP LIMITS RE	PLACES MOR FORM)

PERMITTHE NAME: CROSS CREEK PUTILITIES INC.
MAILING ADDRESS CO 14668 ABRIES WAY DR.
FORT MYERS, FL 33912-1703

FACILITY: CROSS CREEK WOTP
LOCATION: 13040 CROSS CREEK BLVD
ATTR

PERMIT NUMBER: FLA 014 505 - 0010026

MONITORING PERIOD-From: 2-1-02

TO 2-28-02

LIMIT: FINAL

CLASS SIZE: MINOR FACILITY ID: FLA014505

GROUP: DOMESTIC GMS TESTSITE IDNO .:

DISCHARGE POINT NUMBER:

WAFR SYSTEM IDNO:

PLANT SIZE/TREATMENT TYPE: 36 " NO DISCHARGE 1 " TYPE OF EFFLUENT DISPOSAL: SPRAY (REPEATION

Please read instructions before completing this form

Parameter			antity or Loading		mbisting tare to	Quality or Concen	Intion		No.	Frequency of Anabria	Seattple .
STORET CODE MON, SITE No		Avelage	Maximum	Units	Minimum	Average	Maximum	Units			i
FLOW	Sample Bifoldstrand	.120	.225	MGD	E20 P9¢.1818 113~467E	@@##b>@@##\$	E44rebactopecane	246 \$ 1 pr. 1 c 4 ps.	0	CONT.	FLOW
050056 O. 120 MONTHLY AVERAGE DAILY	शिक्ताचे देव्हाधारकका	REPORT MONTHER AVC	PERUITED CAPACITY	ATOL	grupescote participad	a. >40-PU78184-PP6P	CHICALIGNOSCECE	49.0044.244.2		SSE PEXALT	SEE PLESTIT
CBODS, INFLUENT	Sharple hierungement	4 61 63 64 6 th	Hannelbacots from	ardi.comia	********	132	135	m6/L	0	B. WERLY	comp
OSMOSZ O 1.32 INFLUENT ORCSS VALUE	Ferrer Requirement	The street of th	######################################		artification property	REPORT MCONTHEY AVO	PASEY MAX	es.	53/2 1/5,	SEE PLIATE	See versuit
TSS, INFLUENT	Sample Measurement	\$ 0 6 We a supplier	104544:04437 F0V4 1045	competerits	*************	69	84	M6/L	0	WEEKLY.	She
00530 G 6 T	Percil Requirement	9	****************	***********	***************	- PEPORT - AFONTHLY AVG.	PEPORT	F)L		SEC PILMIT	SEE PERLOT
CBODS, EFFLUENT	Sample Mes sur cares	V t ac sums some	Auc. 20212817 885484	4726)414601-	CL PERAPARAGE PERFO	4.0	6.0	M6/L	0	Weally	She
esces 1 7.0 Efficient gross value	Parent Requirement		**	Meriting Loc	Apareles active se an	REPORT NATURALLY AVE	REPORT XALE VILAG.	men		SEEPOSOT	SEE PERMIT
TSS, EFFLUENT	Sample Liesesono et	Of verifical to	************	********	***********	0.9	2.4	m6/4	0	4/week	GRAB
000530 1 O. 7 EFFLUENT GRUNS VALUE	Percel Requirement	\$ 000 18 87 80 C	**************	**********	g a m Die je gegen framme en ben fran	PENDET NOTE Y AVE.	DAELY KUX	Page 3		SEE PELMIT	12 C PERMIT
COLIFORM, FECAL	Supple Accountment	********	***************************************	**********	41	2 (41	COL	0	4/week	GRAB
CHETE TORONS VALUE	Face & Weognitional	**********	T Series Tolker Charles		MARTA VAO	POSALE A TAU	BLEV MAN	RILCOMA.		BEE SETTOI	onus

I evenify under penalty of law that I have presently exemined and are familiar with the information submitted herein; and based on my inquiry of these individuals immediately responsible for obtaining the information, I believe individuals immediately responsible for obtaining the information, I believe individuals immediately responsible for obtaining the information, I believe individuals immediately responsible for obtaining the information submitted benefit, and based on my inquiry of these individuals immediately responsible for obtaining the information, I believe individuals in the information of the contract of the contrac

who winted information is true, accurate and complete. I am aware that there are significant per	relities for rubmining fairs information including the possibility of fare and imprison	anent.	A CONTRACTOR OF THE PARTY OF TH
HALEMITE OF FRECHAL EXECUTIVE OFFICER OF AUTHORIZED ACENT MANAGE	SECNATURE OF PERCEPAL EXECUTIVE OF FICER OF AUTHORIZED ACTES!	TELEPHONE NO.	DATELLINGS
Trungel Coderin (8922	Vinner Courses C8722	941-768-3334	12-25
SMAEC CHROID DIAK	America Com	11 11 11 11	The same of the sa

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all allachments beet). (Assach additional sheets if necessary.)

ACTURY: CROSS	608 PER MYERS 6 ORECK VOSS	, FL B	3912-1703 TP	?	LIMIT: CLASS S FACILII DISCHA PLANT	Dring Period-1 Final Fize: Yn Nor TY ID: FLA O RGE POINT NUN SIZE/TREATMEN F EFFLUENT DIS	14605 Ber: VI Type: 3/	GA W	GROU AS TES AFR SY NO 1	IP: DOMES TSITE DIN TSTEM ID N DISCHAIGI 9(5-9T) OF	0: 0: []**
Parameter			read instruction intity or Loading		mpleting this for				No.	Etequency of	Sample Type
ETANETY CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximun	Units		Analysis	
bţi	Scriptic Stewartunent	05.06.00.00.00gg	edra and berryant.		6.0	#/**\$~##################################	6.5	30	0	Tweek	CRAI
MINISTUM	Penni Requirement	0.444.000000025.0	Sode populations	ec i po ži sons c	Neorn >	C.Clat.copr.sequat	BALLANTA	\$ U		BEE FERAM	SEE HERI
CHLORINE, TOTAL RESIDUAL	Sample Scientischicht	Bot nerteted be	2 2 4 2 5 8 4 2 MC mb - 1 + 4 4 4	RF-GF-1EGFED	1.0	De burgues 1 and state a	CTRY + OFF SOVER CEN	MOL	0	CONT	CORA
050060 1 100005 VALUE	Permi Rajonami	ac echymanat	dagastract pages as	**************************************	PUNDATIV	65604038110	O. L CARRIES COM	nei-		SEE PERUT	\$21 OLY
NITRATE (& H) (IF REQUIRED IN THE REPUIL)	Sump Managered	hete act become	************	p. s And to the parties of the		((cospfenfats#±±1	NA	N/A	NA	NA	N/A
000620 A A EFFLUENT GROSS VALUE	Zerna Requireme			40134-61444		00.00.00.00	2.	r _M A		MENIN'	SER PER
HITROGEN, FOTAL (2. M) OF REQUIRED IN THE PERMIT)	Sample Menticement	**********	*************	*********	0.224 to Ac 24 400 PF F	peteral(1 persi	NA	NA	NA	NA	N/1
GOOGON : A FILLENT DROSS VALUE	Page Kayerman			parameter State	# 1 to Company of the		DALLYBUX	ere i		SEL PERME	S2 H1
CBCDS, EFFLUENT	Search Manuscram	P 0 See 147 7 1 0		4 44444 561 1 44		egenegroeicomette	#1440#4Ø#Geornel	(19)			1 115 m F A
080082 Y J.H.	Front Edgesterm	on 100.100	TATE OF THE PARTY	assert tal are	ANSTUAL A VO			pg1.		SCEPTION	ACE ZE.
TSS, EFFILUENT	Summer Measurement	*********	40 00001 040001 0400	*********		66644946548690E	**** *******	(65)			1
000530 Y 0.8	Perse Requience			-23	MHORI ANDRIAL AVII			Pag*I.		SEPTEREN	341.17
ANNUAL AVERAGE corridy under pearity of law that is a nubraised information is true, securate NAME-ITELE OF PERIODALE NE				ation submitted Ries for sebasis	herein; and based or ting faire information	n my inquiry of store i including the possibili zanve concernor auth	ndividuals increté: ty of line and impri sazzo Acest	why respondence.	EPHONE		ATE(Y)

FLA 014505-001 DO32P

FL DEPT ENV PROTECT Fax:941-332-6969

Permittumber:

Jan 17 '01 9:43

Three-month Average Daily Flow:

P. 05.

DAILY SAMPLE RESULTS - PART B

NOVOI (.083 MGD)
Dec OI (.076 MGD)

JAN OZ (.135 MGD)

Time of Type of Sample (CRG)

(TMADP/Permined Capacity)x100: Month/Year: FEBRUARY 2002 Influent pH (s.u.) Feea Cia (For Nitrate -Influen Effluent p}((3.0.) (MCD) 199 (mg/L) CBODS Coliforn Disinfert.) (meg/L) CBOD5 TSS (mg/L) WEX. Posteria (mg/L) (mg/L)(mg/L) (W100ml) 50060 00520 80082 00530 00400 00400 74035 Code 10050 80083 00530 Mon. Sitt 6.4 158 Z1 Och 10.0 ž 10.0 127 Ī 10.0 109 6.5 10.0 107 G 41 3 10.0 122 1.2 6.4 G 41 33 6.3 0.6 144 G 1.0 0.6 6.2 41 111 3.0 34 0.8 41 6.0 6.3 127 123 10.0 098 5.4 10 1.6 6.0 117 G 1.3 2.4 6.2 119 G 3.5 41 62 0.6 100 G 14 41 29 6.1 0.6 146 G 3.1 15 06 6.2 108 2.7 118 17 1.0 107 6.3 1.0 18 .106 G 1.7 1.0 6.1 142 Ġ 6.2 7.5 20 0.7 071 1.0 1.0 6.4 141 135 53 2.0 0,6 6.4 4 114 1.0 23 132 24 1.3 .127 62 25 127 Ġ 2 1.7 26 62 .126 G 1.0 27 6.3 .107 0.6 6 6.3 1.3 78 2.0 129 29 30

LANT STAPFING:		~1		0000	•		1 Conoc	· 40
Day Shift Operator	Class:	C	Certificate No:	8922	Name:	- ONIAE	L COMPA	- (17)
Evening Shift Operator	Class;	ALAIR VIOLENIE VIET	Centificate No:	Annual Control of the	Name:			
Night Shill Operator	Class:	Market are a second	Contilions No:		Barne:			
and Operator	Class:		Conflicate No:	A-6	Name:			
type of Efficient Discound or R	Chairmad T	Voter Rouse:	Wot Applicable.	EAY IKICA	ACE AT	Manager discharge:		
Limited Wet Weather Discharg	o Activate	ot xest Not	tent Malmerner	is hear west and the f	icigan ten bekan		,	

31

Attach additional shorts if necessary to list all notified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PERMIT NUMBER: FLA 014 505 - CO 1 2020

PERMITTEE NAME: CROSS CREEK (UTILITIES INC. MAILING ADDRESS C/O 14668 ARRIVES WAY DR. FORT MYERS, FL 33912-1703

FACILITY: LOCATION:

9:40

0,

Fax:941-332-6969

CROSS CREEK WISTP 13040 OROSS CREEK BLVD

MONITORING PERIOD-From: 3-1-02 70 3 3602

LIMIT: FINAL

CLASS SIZE: MINOR FACILITY ID: FLA014505

GROUP: DOMESTIC GMS TESTSITE ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: 3/C

WAFR SYSTEM ID NO.: *** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: SPRAY IRRAGATION

Please read instructions before completing this form

Parameter		Qu	antity or Loadin	g		Quality or Conces	No.	Emperies al	Sempre.		
MOREL CODE PRON'THE NO		Average	Maximum	Units	Minimum	Average	Махіпіат	Units	1	Anstria	} [
PLOW	Sample Measurement	.112	.150	MGD	19994302224049612	E3:278@027#4###2>	201100000000000000000000000000000000000	***********	0	CONT.	FLOW
MONTHLY AVERAGE DAILY	Ferral Lequitersoni	REPORT MONTHLY AVG	PERVETTED CAPACITY	#6SD	*************	40 - 0 0 V Mar 7 0 pag 2 0 0 - 4 7	441d m b am o b area b am			SEE PERMIT	METER SEE PERM
CBODS, INFLUENT	Sample Measurement	20247-00450	Reductions	Assertant	Undrynam Charthan Char	120	146	MG/L		BI	3hr
050082 G 20 Influent gross value	Forms Requirement	a subsalu seu	######################################	PIPHROGUNGE	************	REPORT MONTHLY AVG	PASEY MAX	zel .		SEE PEANUT	COMF
iss, influent	Sample Meanwarmul	7-44	*************	E-1449-000-00	A new I had be no talken py	108	122	mc/c		BI	Bhe
00530 G / OE INFLUENT GROSS VALUE	Ferral Requirement	30	300 1200 31700 2000	Do to you grain	But the Chappen is a	METORT AVO.	DAILYNUX	my).		beens.	COMP SEE PERMI
CBODS, EFFLUENT	Sample & feature grand	Hidebatado	****	рэбуданда	NA MAST ANGLES OF STREET	2	2	MG/L	0	BIWEEKLY	8he Comp
OROS2 1 X EFFI.UENT GROSS VALUE	Permit Requirement		**************************************	bbes-feature	kontrole unperson	REPORT MONTBLY AVG.	REPORT DAM'T SIA'Y	mpt.		et non	SEE PERMI
TSS, EFFLUENT	Sample à Leanuranne	P4/054035-	\$5000aus23255asa	fid to make easy o	**************	0.7	2.0	MG/L	6	4/week	GRAE
000530 1 UI / EFFLUENT GROSS VALUE	Permit Requirement		*************	Theo to produce	3 1 4 5 4 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	REPORT SKONTHLY AVE	DAILY MAX	and a	. 1992 . 1982	SEE PELLUT	SEE PERMIT
COLIFORM, FECAL	Sample Mensurement	******	*** L # 6 ** O ***	**********	21	41	<u> </u>	COL	0	4/10001	GRAC
D) 1616 1 Z- EFFLUENT GROSS VALUE	I same I sop arroral		***************************************	arratu ama	WEFGET AVG	PENOR!	DARLY MAX	#HO9ect.		SEETIELOT	URUS

submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. HAVE THE OF PARCIPAL THE CUTIVE OFFICER OR AUTHORIZED AGENT THOUSE AND

SIGNATURE OF SERICIPAL EXECUTIVE OFFICER OR AUTHORIZED FOR HI TELEPHONE NO. DATE (YYMINUDD) 941-768-3334

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attroducents here): (Attach additional sheets if nocessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PERMITS (REPLACES MOR FORM) PERMIT NUMBER: FLA014505-00 Duo 2P MONITORING PERIOD-From: 3-1-02 TO

PERMITTEE NAME: CROSS CREEK / UTILITIES TAC.
MAILING ADDRESS CONT. 14668 ACRIES WAY DE.
FORT MYERS, FL 38912-1703

LOCATION:

9:41

ENU PROTECT

CROSS CREEK WWTP 13040 CROSS CREEK BLVD.

LIMIT: FINAL

CLASS SIZE: MINDE FACILITY ID: FLA014505

GROUP: DOMESTIC GMS TESTSITE ID NO ::

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: 3/C WAFR SYSTEM ID NO .: *** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: SPRAY

IRRAGATION

Please read instructions before completing this form.

Parameter			antity or Loadin			Quality or Concen		No Ex.	Frequency of Analysis	Surple	
STORET CODE MON. SITE No.	5 C. C.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH 000000 1 6.2	Sangli Meisavitani	1744 to+16168	54.644.50886447834.00	**********	6.2	19 + 1 × 19 + 3 + 2 × 1 + 4 + 4	6.7	34	0	5/week	GRAB
MINISTUM	Francia Propingineist	u su s pogawens u	Quen them and branks	Tr I Ve h Federe	MINIMALM	34110000040000	DALYMAX	25t.		see derant	SZT PEKAOT
CHLORINE, TOTAL RESIDUAL	Sample Afrancement	200 \$ 00 0 \$ 4 \$ \$ \$ \$ \$ \$ \$ \$ \$	3 654 4603 haven 134 485	***********	1.0	**************************************	211-1111111111111111111111111111111111	MGL	0	CONT	CRAB
D50060 1 // EFFLUENT OROSS VALUE	Permit Requirement		*44.6484**********	remaineday	, PONDTAN	410201160020000	g.4 1030 tuas 2000 t	mg/L		SEE PERMIT	SEE STRIMT
NITRATE (35 N) (IF REQUIRED IN THE PERMIT)	Sumple Mensurement	\$41#4.512#ubis	************	2.666.0190.193	Bentanterres	0 mp 115 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	N/A	NA	NA	NA	MA
000620 i MA EFFLUENT GROSS VALUE	Taris Requirement	area as de rei s	\$17.6F3\$FFFFFFF3\$3\$\$\$3.8	9098945045 4	041344346278834 6 73	devise reversionance	21	:Airl		BEE PERMI	ALE PERSON
NITROGEN, TOTAL (12 M) (IF REQUIRED IN THE PERMIT)	Satrato Metastavant	\$4470>T64766	*******	*******	Discussion and the second	##4448849 + \$4 E4H)	NA	N/A	NA	N/A	NA
600600 1 V/4/ EFFLUENT GROSS VALUE	Fortin Regularity		0 No. 200 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		d systematrial transfer	p bon the number and a	DAILVALLE	pegy 1	. 23	BLE PERME	STE FER VIT
CBODS, EFFLUENT	Source Measurement	######################################	#20 CONT POR #45 #484	20020111111		Openative akang on	#160006000000000	(19)			
080082 Y / 5	Presid Requirement	gur bakanta	(2) fr. 20 (2) (5) (2) (4) (2) (3) (4) (4)		REKONT ANNUAL AVO	***************************************		pg/L		SPE PERAU	SEE PERIOT
155, EFFLUENT	Suggis Meanatement	9 230054449	36300300 RES. 1040	*******		poregree condition	0.402000000000000000	(89)			
DO0530 Y O. S ANNUAL AVERAGE	I must Legal amost				REPORT LANGUAL AVG		-20 02 00 00 00 00 00 00 00 00 00 00 00 0	pmo/L		SEF PERSON	WE MRIAT

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe

the man and the part of the pa	and the secondary of the party in strain and second are because the other area made and	the same of the last of the la	
name title of yeincipal executive (beyoer or authorized agent for what	NUMATULE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMINADE
ISMAEL CARCIA C8822	Chrisal Jaia (8922	911.768-3334	02-04-02

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference of attachments here): (Attach additional sheets if necessary.)

Der OR (.076 med) VAN OZ (.135 MED) FEB OZ (.120 MGD)

Month/Your:

Three-month Average Daily Mosv: (TMADF/Permitted Capacity)x100:

	How (MGD)	Influent CBODS (mg/L)	Influent TSS (mg/L)	Effluent CBOOS (mg/L)	Ellluent TSS (mg/L)	pll (s.v.) min.	pH (s.u.) max.	Feeul Coliforn Busteria (#/100ml)	CL ₂ (For Disinfect.) (mg/L)	Nitrate - (mg/L)	Time of Sample	Type of Sample (C/G)
Code	20050	\$0082	00530	80082	00530	00400	00400	74055	50060	00620		
Mon. Saz									·			·
2	150				2.0	6.4		41	1.0			6
2	100								1,0			
. 3	,116								3.5			
4	,079					6.5		1	4.7			
5	113				0.6	6.3		121	1.0			6
6	.110				0.6	6.2		<1	1.5			ن
7	,097				0.6	6.3		< (1.0			C
8	,137	94	93	2	1.0	6.4		<1	1.0			4
9	,110								1.0			
10	.090								1.0			
11	.115					4.5			1. D			
12	.125				0.6	6.5		41	1.4			
13	, 105				0.6	6.5		<1	3.0			
14	105				0.6	6.6		< 1	1.6			
15	.150				0.6	6.5		41	1.5			·
16	112								1.3			
17	.081								1.2			
18	113					6.5			1.1			
19	113				0-6	6.6		<1	20			6
20	.115				0.6	6.7		ζι	10.0			0
21	.104				0.6	6.7		41	10.0			6
22	.110	146	122	2	0.6	6.5		~ (10.0	And the second second		2
23	. 100								10.0			
24	121								10.0			
25	.119					6.5			10.0			
26	.109				0.6	6.5		ス ₁	100			6
27	.119				0.6	6.7		< (10.0		S SOUTH TO CO ON THE S	C
28	.110				0.6	6.7		۷ ۱	10.0			G
29	.115				0.6	6.4		21	10.0			G
30	.120								10.0			
31	.104								10.0			

PLANT STAFFING: Day Shift Operator Evening Shift Operator	Class: Class:	<u>C</u>	Certificate No:	89zz	Name:	Ismael	GARCIA	and the same of th
Night Shift Operator	Class: Class:	Mile manus Marie	Conflicate No: Conflicate No:	to the COLD STATE OF THE STATE	Name: Name:			energialistikasistele erik erise seminterepitasis Barrent erimeetik (N) di en in sinsiperiojad
Type of Effluent Disposal or Re Limited Wet Weather Discharge			Not Applicable	I PERACATTE				
Million and Acorder Discussing	- CECHARIE	h. 104. 149.	tant Vilhiteman.	is yes, cumandative u	ays or wer v	resider discussive:		

Assach additional shoets if necessary to tist all contilled operators.

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

COUNTY:

LOCATION:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

CROSS CREEK WWTP

13040 CROSS CREEK BOULEVARD FT. MYERS, FL. 33912

2, 141, 2343, 1 ...

LEE

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO.: MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA0.4505

FINAL N/A 5236P00100

R-001

ПÇ

REPORT: GROUP: MONTHLY DOMESTIC

GMS TEST SITE NO.:

MONITORING PERIOD Frem:

APRIL 1, 2002

APRIL 30, 2002

Parameter		Quantity or Loading		ng Units Quality or			or Concentration			Frequency of Analysis	Sample Type	
Flow	Sample Measurement	.100	.083	mgd				MGD	٥	Continuous	Flow meter and totalizer	
PARM Cost 20050 Mon Site No. 74 OW 3	Permir Reguirement	0.249 Minalie	Report Mo Ava	mgd						Сопільног	Plow nuclet and totabler	
BOO, Carbonaceous 5 day	Sample Measurement					Z Z		mg/l	0	Every Two Weeks	8-hour FPC	
PARM Gode 80082 Y Mon Sie No 110E 1	Permit Requirement					20.0 (AmAyg.)		mg/l		Every Two: Weeks	R-hour FPC	
BOD, Carbonaceous 5 day	Sample Measurement		in the control of the		Z 2	L2	<u> </u>	mg/l	0	Every Two Weeks	8-hour FPC	
PARM Code 80082 Mon Sile No TFF-1	Permit Requirement				300 (Mo Ayea	45.0 (Wki) Avg.)	60.0 (Max)	mg/l		Every Two Veeks	3-cour.FPC	
Solids, Votal Suspended	Sample Measurement						3.4	mg/l	0	4 Days/Week	Grah	
PARM Core 00530 1 Mon Sire No. PPL1	Penta Reguirenteal						50 (Nax)	me?l		4 Days/Wet!	Grab	
рН	Sample Measurement				6.Z	The second second	6.8	Stri Units	0	5 Days/Week	Grab	
PARM Code 0.300 1 Morisie No. Edf. 1	Репыі Херцавлаені				61) (Min)		35 (Max.)	Sid Units		vs/₩¢ ĕk	Gran	

Lecrify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, it the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMADD)/
Ismael Garcia, Lead Operator	Lemond Charlie	239-768-3334	02/5/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK WWTF

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-00!

Parameter		Quantity or Load	ing Uni	ts	Quali	ity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			~	1.0		< 1	#/100mi	0	4 Days/Week	Grab
PARIVICACE TABLE 19 Non-Specific ETT-1	Leann Leannean			alle avoir	Detectable Percentile)		Moxil	ilia D(inte		♣ Dav s/\\x	Girb
Total Residual Chlorine (For Disinfection)	Sample Measurement			1	0.0			ນເຮົາງ	0	Continuous	Meter
PARM CONTINUED IN	ternit : Econement				S Mm 1			L mgA		Consideration	«Meter
Turbidity	Sample Measurement						2.0	NTU	0	Continuous	Мечег
PARM Code 82078	Alegoicement						9.0 (M.W)	VILL		Continue	re i siere
POD. Carbonaceous 5 day	Sample Measurement			1 (91			มเลิ∖	0	Every Two Weeks	8-hour FPC
PARM Code \$0.82 U Marsate No INPA	Koquinerous				Report As Avg I			nig)		Eien we - Wees	8-bour FPC
Solids, Total Suspended	Sample Measurement			1	07			mg∕l	0	Every Two Weeks	8-hour FPC
PARMICOLE MOTEUM TO THE MOTEUM	Perrit Regul propert				Réport to Avg)			ingle:			83hourtPC
	Sample Measurement										
	Pentu. Requientan										
	Sample Measurement										
	femile Regunencel										
	Sample Measurement				<u> </u>						
	eanin Paquarenent										
A STATE OF STREET STREET, STRE	Sample Measurement	Targer of the Market State of the Control of the Co	general Rossina a competitible		we at secured, p.		Commence of the control of the comment of the comme				
	Pernat Recoverage										

DAILY SAMPLE RESULTS - PART B

Chree-month Average Daily Flow:

The DE/Dermitted Capacity)x100:

JAN'02 (.135) 54% Feb'02 (.120) 48% MARCH 02 (.112) 45%

Permit Number: Monitoring Period FLA014505 From: HFRIL 2002

To: APRIL 30 2002

(TMADF/Permitted Capacity)x100:

ĺ	Flow (mgd)	CBOD5	CBOD5	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal	TRC (For	Turbidity		
		(nig/l)	(mg/l)				Coliform Bacteria	Disinfect.) (mg/l)	NTUs		
							(#/100ml)	(
Code	50050	80082	80082	00530	90530	00400	74055	5006 0	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	P P 1-1		
Ī	.113					6.7		10.0	1.8		
2	0118				2.1	6.6	Z1	10.0	1.9		
3	.106_				1.6	6.8	21	10.0	2.0		
4	:089				1.2	6.8	< 1	10.0	1.8		
5	,097	157	<i>L</i> 2	72	0.6	6.7	41	10.0	1.9		
6	.096			-/~	0.0	6.6		10.0	1.8		
7	079					6.6		10.0	1.0		
8	.082					6.5		10.0	1.0		
9	.075				0.6	6.7	41	10.0	1.5		
10	:079				3.4	6.7	41	10.0	1.2		
11	.091				1.9	6.6	41	10.0	1.5		
12	.085				1.6	6.6	41	10.0	1.5		
13	.090					6.6		10.0	0.9		
14	.077					6.6		10.0	0.9		
15	.091					6.7		10.0	0.9		
16	.083				2.2	6.3	41	10.0	1.0	ļ	
17	.076				2.6	69	41	10.0	1.2	<u> </u>	<u></u>
18	.084				2.6	6.9	< 1	10.0	1.4	<u> </u>	
19	.073	224	<u> </u>	142	2.9	6.8	< 1	10.0	1.7	<u></u>	
20	.077	ļ	<u> </u>			6.5		10.0	1.8		-
21	.076			<u> </u>		6.2		10.0	0.7	-	-
22	.071			ļ	1	6.8		10.0	1.2		
23	-081		<u> </u>		1.3	6.6	<u> </u>	10.0	 		
25	a 066	 		 	0.6	6.6	41	10.0	1.0		
26	.069				1.3	6.7	<u> </u>	10.0	1.5	<u> </u>	1
27	.088		 		0.6		1-1-	10.0	1.0		
28	.069	A CONTRACTOR OF SACRO		-		6.7	 	10.0	0.9		1
29	,070	_		-	 	6.7	 	10.0	1.0	 	A CONTRACTOR OF A CONTRACTOR O
30	.061	-		 	100		121	10.0	1.0	 	
31	.075	 			0.8	6.6	+	10.0	1:0		
<u> </u>	ــــــــــــــــــــــــــــــــــــــ	<u> </u>	1	<u> </u>	<u> </u>	<u> </u>	1,	1	<u></u>	<u> </u>	

PLANT STAFFING: Day Shift Operator Shift Operator Night Shift Operator Lead Operator	Class: Class: Class: Class:	<u>C</u> _C	Certificate No: Certificate No: Certificate No: Certificate No:	8922 7518	Name: Name: Name: Name:	Ismael Garcia Lenny Godwin Ismael Garcia	
Type of Effluent Disposal or		Water Reu	se: Golf Cor	rse Irrigation	<i>.</i>		٠.,
Limited A. Weather Discha				le: X If yes, cumula	tive days of	Twet	
Attach additional sheets if nee	essary to lis	t all certific	ed operators.				

Revision Date: 05/06/02

When completed mail this report to: Department	of Environmental Protection	South District P.O. Box	x 2549 Ft. Myers, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

CROSS CREEK WWTP

13040 CROSS CREEK BOULEVARD

FT. MYERS, FL 33912

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO .: MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014505

FINAL

N/A

R-001

IIC

REPORT: GROUP: 5236P00100

MONTHLY DOMESTIC

GMS TEST SITE NO.:

COUNTY:

FACILITY:

LOCATION:

LEE

MONITORING PERIOD

Parameter		Quantity or Loading		Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Type
Flow	Sample Measurement	051	.049	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Céar 30050 4 Mon Site No. FEON: 1	Pegnui Regionement			med						Continuous	is Flow meter F and to users
BOD, Carbonaceous 5 day	Sample Measurement					<u>L</u> Z		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code Soure - Y - Y - Y - Y - Y - Y - Y - Y - Y -	Remit Regulienan					A CONTACTOR		Tem .		e ver la	8-hour-PC
BOD, Carbonaceous 5 day	Sample Measurement				Z Z	42	12	mg/l	0	Every Two Weeks	8-hour FPC
RARM Code 80082 11 Mon Sue No. 14141	Permit Requirement				(Mo Avy)	(Wkb, Ave.)	68.0 (Max)	m2/I		C Every Tyo	R-Hour FPC
Solids, Total Suspended	Sample Measurement						1.0	ıπελ	0	4 Days/Week	Grab
PARM Gode ODSIO 1 Mon She No. 1P1-1	Permit Requirement						Max i	ine/l		→ DavsMieek	Grab
pH	Sample Measurement	A CONTRACTOR AND CONTRACTOR OF THE CONTRACTOR OF			6.0		6.6	Std. Units	0	5 Days/Week	Grab
PARM Code 20400	Peting Regionsient				60 (Min)		(Maxi)	Srd Unds		5 Days/Welk	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMM/DD)
Ismael Garcia, Lead Operator	Konael Laria	239-768-3334	02/6/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

וויכון יויסון

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK WWTF

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading Units Quality or Concentration				ration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement				<1.0		41	#/100ml		4 Days/Week	Grab
Masswell Edition											2 Cmb
Total Residual Chlorine (For Disinfection)	Sample Measurement				10.0			mg/l	0	Continuous	Meter
PARAMETER PROPERTY OF THE PARAMETER								inel.		Sporting (Meter
Turbidity	Sample Measurement						2.1	NTU	0	Continuous	Meter
PARM CRESCOSE CONTROL							1 (Max)			Continuo e	r Melet
BOD, Carbonaceons 5 day	Sample Measurement				240			mg∕l	0	Every Two Weeks	8-hour FPC
PARM COME SMOOD. Manushie Inc. 1865.2.								nig)		oten (vio	# Invariance
Solids, Total Suspended	Sample Measurement				188			mg/I	0	Every Two Weeks	8-hour FPC
PARMIC ACADES 1	RECOURTING DESCRIPTION				REPORT (NS) Ave 1			my)			8-180W PC
	Sample Measurement										
	Requirement										
	Sample Measurement										
	Sample Measurement										
	Homer Homerspean										
	Sample Measurement										and the same of th

Permit Number: Monitoring Period

FLA014505 From: MAY 1, 2002 To: MAY 31, 2002

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

	Flow (mgd)	CBODS (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs	
Code	50050	80082	80082	00530	00530	00400	74055	5006 0	8 2078	
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-I	PP1-1	
Ī	.064				0.6	6.6	∠ 1	10.0	1, 2	
2	.065	124	< 2	127	0.7	6.6	41	10.0	0.9	
3	.058				0.7	6.5	41	10.0	1.2	
4	.060					6.5		10.0	1.5	
5	.054					6.5		10.0	1,9	
6	.060					6.5		10.0	2.1	
7	.050				0.7	6.5	۷1	10.0	1.5	
8	.047				0.7	6.5	41	10.0	1.0	
9	.047				0.9	6.5	41	10,0	1.0	
10	,054				0.6	6.5	< 1	10.0	1.1	
1 1	.043					6.3		10.0	1.3	
12	.054					6.1		10,0	1.1	
13	,063					6.0		10.0	1.4	
14	.042				1.0	6.4	41	10.0	1.6	
15	.048		ŕ		08	6.3	41	10.0	0.7	
16	.050	339	12	282	0.7	6.2	41	10.0	1.0	
. 17	.049				0.8	6.3	41	10.0	1,2	
18	.049					6.2		10.0	1.0	
19	.061					6.1		10.0	108	
20	,054					6.2		10.0	1.2	
. 21	£057				0.6	6.3	<1	10.0	1.0	
22	.045				0.7	6.1	<1	10.0	1.2.	
23	.044				0.6	6.3	<u>ا ک</u> ا	10.0	1.2	
24	.047				0.6	6.2	<1	10.0	0.6	
. 25	.048					6.2		10.0	1.0	
26	, 041					6.2		10.0	1.2	
27	. 053					6.3		10.0	1.2	
28	, 040	**************************************			ר.ט	6.2	<u> </u>	10,0	1.5	 *******************
29	.041				0.7	6.2	41	10.0	1.0	
30	.037	257	4 2	154	0.7	6.3	<1	10.0	1.0	
31	-045				0.6	6.2	41	10.D	1.3	

PLANT STAFFING:							
Day Shift Operator	Class:	С	Certificate No:	8922	Name:	Ismael Garcia	
Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No.	8922	Name:	Ismael Garcia	
Type of Effluent Disposal of	r Reclaimed	Water Reuse	Golf Cor	irse Irrigation			
Limited Wei Weather Disch	arge Activate	d: Yes: N			live days of	wet	
Attach additional sheets if ne	cessary to list	all certified	operators.				

Revision Date: 05/06/02

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers. FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS:

COUNTY

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY. CROSS CREEK WWTP LOCATION:

LEE

13040 CROSS CREEK BOULEVARD

FT. MYERS, FL 33912

PERMIT NUMBER.

LIMIT: CLASS SIZE: GMS ID NO.:

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

FLA014505

11C

FINAL N/A 5236P00100 R-001

REPORT: GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO.:

NO DISCHARGE FROM SITE:

MONITORING PERIOD

6-1-02

6-30-02

Parameter		Quantity or Loading 2.082		Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	9.31	.048	mgd				MaD	0	Continuous	Flow meter and totalizer
PARM Code S0010) 3 Mon Site No. 1(10W 1	Pemil. Requirement	0.749 MAADA	Report Mo Ave	aled						Continuous	1400 maie 1400 maie
BOD, Carhonaccous 5 day	Sample Measurement					< Z		LLEN	0	Every Twa Wooks	8-hour FPC
PARM Code aguss () Montaige Codes	Parine Regularijan					(A1602)		nyg/i		Distremy Two	8-hour EPE
BOD, Carbonaceous 5 day	Sample Measurement				< Z	イ ス	42	mgΛ	0	Every Two Weeks	8-hour FPC
PARM Codd 80002 Mod Site INO 1881	Permi Reguremen				1000 1000 Ave	420 (MMV Avg.)	500 (Max	nya		Dyeny 1900 - Waski	, 84 wort FPC
Solids, Total Suspended	Sample Measurement]	į			1.7	mg/i	0	4 Days/Week	Grab
PARM Code 2013 0 1 Man Site No. 271-1	Permil Regundaçai						5.0 Mar	-mg/l		4 Days/Week	. ≻ Crab
pił	Sample Measurement			forden op fan in geglide inn i	6.0		6.4	Std. Units		5 Days/Week	Grab
PARM (COREOPHIN) Mon Sile in EFF I	Regumentent				60 (Me)					Story, W.S.	усаь

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information. I the submitted information is true, accurate and complete 1 am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Ismael Garcia, Lead Operator Symael Trens 239-768-3334	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK WATE

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

127	W	7	r
·γγ	w	•	1

Parameter		Quantity	or Loading	Units	Qual	ity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Ty
Coliform, Fecal	Sample Measurement				41.0		2	#/100ml	٥	4 Days/Week	Grab
PARIU CALL PAGES					PART DERCUS			#ALEXONAL		TA DAYA (Waste	C/20
Total Residual Chlorine (For Disinfection)	Sample Measurement				10.0			ណធិ្យ	0	Continuous	Meter
HIRM OF SECTION AND A SECTION					e Mary					Carlmuoris	Mcler
Turbidity	Sample Measurement						1.9	NTU	0	Continuous	Meter
PWRM Com KNTA 1										Lon rumay	
BOD, Carbonaceous, 5 day	Sample Messurement				159			mg/	0	Every Two Weeks	8-hour F
PARATCOC BOOK TO THE PARATCOCK TO THE PARATCOCK BOOK THE PARATCOCK TO THE	Pethic Centrement				SCORT SAN SYS					1 (C) (C)	8-hour P
Solids, Total Suspended	Sample Measurement				178			Ngm	0	Every Two Weeks	
PARIYICOD (1055) 4750 Marikin Pio (NET)					ika Xe						S-tourity - The second
	Sample Measurement										
	Personal Per										
	Sample Measurement										
	Table 1										
	Sænple Measurement										
	Permit.										
The second second control of the second seco	Sampic Measurement										
	Person Geograpies										

Permit Number: Monitoring Period

FLA014505 From: 6-1-02 To: 6-30-02

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

.061 MED (25)

	Flow (mgd)	CBOD5 (mg/l)	CBODS (mg/l)	TSS (ing/l)	TSS (mg/t)	pH (s.u.)	Fecal Coliform Bacteria (#/100mi)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	82078	1	
Mon. Site	FLOW-1	INF-I	EFF-1	INF-1	EFF-1	BFF-1	EFP-1	EFF-I	PPI-1		
1	040				****	6.1		10.0	1.5		
2	.036					6.2		10.0	1.7		·
3	.043					6.3		10.0	1.0		
4	.036				0.7	6.2	41	10.0	1.4		
5	044				1.7	6.1	41	10.0	1.7		
6	.043				0.7	6.0	41	10.0	1.0		
7	1050				0.9	6.0	41	10.0	1.1		
8	.064					6.1		10.0	0.7	· ······	
9	.082					6.0		10.0	0.8	} ————————————————————————————————————	
10	0044					6.0		10.0	1.4	· · · · · · · · · · · · · · · · · · ·	
11	.041				1.1	6.1	< J	10.0	1.4		
12	034				0.7	6.0	<1	10.0	0.9	-	
13	,043	189	12	238	1.3	6.1	41	10.0	0.8		
14	043	-			0.7	6.0	41	10.0	0.6		
15	.035					6.0		10.0	1.8		
16	.057					6.1		10.0	1.9		
17	.041					6.2		10.0	1.0		
18	.058	~			0.8	6.2	< i	10.0	1.4		
	.052				0.7	6.3	4 1	10.0	0.9		
20	,038				0.7	6.2	41	10.0	0.9		
21	044				0.6	6.1	<1	10.0	0.9		
J.	.049					6.0		10.0	0.6		
23	.048					63		10.0	0.8		
24	0046					6.3		10.0	1.5		
25	243				0.6	6.3	<1	10.0	į. l		
26 27	.061				0.6	6.4	</td <td>10.0</td> <td>0.6</td> <td></td> <td></td>	10.0	0.6		
L II.		128	1.2	117	1.1	6.2	<1	10.0	1.0		
2.8	056				0.6	6.2	<1	10.0	0.9		
29	.060					6.1		10.0	1.1		
30	.057					6.1		10.0	1,1	The state of the s	
31											

PLANT STAFFING:							
Day Shift Operator	Class:	C.	Certificate No:	8922	Name	Ismael Garcia	
Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:	The state of the s	Name:		
Lead Operator	Class:	_C	Certificate No:	8922	Name;	Ismael Garcia	
Type of Effluent Disposal or R	enlaimed	Water Reuse:	_Golf Con	rse Irrigation			
Limited Wet Weather Discharg	o Activate	d: Yes: No	: Not Applicable	e: X If yes, cumulati	ve days of	wel	

Attach additional sheets if necessary to list all certified operators.

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Et. Myers, El. 33002-2541	When completed mail this report	to: Department of Environment	tal Protection South District 1	P.O. Roy 2540 Et Mylers EL 22002 2540
--	---------------------------------	-------------------------------	---------------------------------	---------------------------------------

PERMITTEE NAME:

UTILITIES, INC. OF EAGLE RIDGE

MAILING ADDRESS:

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY: LOCATION: CROSS CREEK WWTP

13040 CROSS CREEK BOULEVARD

FT. MYERS, FL 33912

PERMIT NUMBER:

LIMIT:

CLASS SIZE: GMS ID NO .: FINAL N/A 5236P00100

FLA014505

R-001

IIC

REPORT: GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO .:

COUNTY:

LEE

MONITORING PERIOD

MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

7-31-02

Parameter		Quantity or	Loading	Units	Qua	lity or Concenti	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.062	.058	mgd				MAD	0	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon, Site No. FLOW-1	Parmit Réquirement	0.249 MMADI	Report Mo. Avg	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement					42		mg/l	0	B y Two Weeks	8-hour FPC
PARM Gode 80082 Y Mon Site No. EFF-1	Permit Requirement					20.0 (An Avg.)		mg/L		. vcty Two Weeks	- 8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				22	42	イ 2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 [Pormet Requirement				30.0 (Mo.Avg/)	45.0 (Wkly: Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				G. dinasa		5.0	mg/l		4 Days/Week	Grab
PARM Code 00530 Mone Site No. PPI-1	Bermi Réquirement						5.0 (Max.)	# #mg/l		# Days/Week	- Grab
pH	Sample Measurement				6.0		6.1	Std. Units	america de la companya 5 Days/Week	Grab	
PARM Code 00400 1. Mon Site No. EFF-1	Permit Réquirement				60 (Min)		(Max.)	Sid Units		S Days/Week.	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

	GNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED GENT	TELEPHONE NO	DATE (YY/MM/DD)
Ismael Garcia, Lead Operator	Smood Morius	239-768-3334	02/8/23

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Contin ed)

FACILITY NAME: CROSS CREEK WWTF

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units	Qual	ity or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			<	21	#/100ml	0	4 Days/Week	Grab
PAROM Code 74055 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Permin Requirement			Non-Delectable (13 Persentile)		###Domle		H Days/Week	; Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			10.0		mg/l	\mathcal{O}	Continuous	Me t er
PARM Code 50050 4 1				i (i (i i i i i i i i i i i i i i i i i		opg/		Codinians	E Meter
Turbidity	Sample Measurement				2.2	NTU	()	Continuous	Meter
PARM Code 82078 11 11 More Site No. PPF-1	2 Pomii Roganamem				(Max)	ATTE		Continuors) Notes
BOD, Carbonaceous 5 day	Sample Measurement			112		mg/l	4	Every Two Weeks	8-hour FPC
PARM Code 80082 (1 Mon.Site No. 1NF.4	Périnit Requirement			i Report (Mo Avg.):		11 1121		E Poirvil work	8-hölir PRC
Solids, Total Suspended	Sample Measurement			136		mg/l		Every Two Weeks	8-hour FPC
PARM Choir 00330 G Mon Site No. INF-3	Remnié († 75. Recinnemient († 1			Keport (Mo Svg)		nig/L	1 2 4 0 1 1 1 1 1	livery Two	Selving FPC
	Sample Measurement				Control of the Contro		E Table		
	Permit Reguirement								
	Sample Measurement					File Sulpus Files (1			
	Poprii Requirement								
	Sample Measurement						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ing contribution (Contribution)	
	Sample Measurement				Property Control of the Control of t		200 100 100 110	ezha en en en en en en en en en en en en en	15166 \$ 1747 1947 \$ - 50
	Peratti Requirement								

Permit Number: Monitoring Period

FLA014505 From: 7-1-02

To: 7-31-07_

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

ĺ	Flow (mgd)	CDODS	CDODE	mag (m	Teg / "		·				
	riow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fccal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-I	EFF-1	EFF-I	PPI-1		
1	.056				1.3	6.12	21	10.0	1.2		
2	.054				0.7	609	41	10.0	0,6		
3	.059				0.6	6.12	41	10.0	119		
4	.05K				:	6.00		10.0	1.0		
5	.056				0.6	6.10	41	10.0	0.9		
6	044					6.11		10.0	1.0		
7	.053					6.13		10.0	0.9		
8	.068					6.65		10.0	1.3		
9	.049				2.4	6.03	41	10.0	1.2		
10	.056				2.4	6.00	41	10.0	1.5		
11	.060	144	42	147	1.5	6.00	41	10.0	1.6		
12	.065				1.9	6-01	۷1	10.0	1.8		
13	.065					6.62		10.0	2.2		
14	.061					6.00		10.0	1.8		
15	.063					6.00		10.0	X.1		
16	1052				0.7	6.03	<u> </u>	10.0	1.0		
17	,072				0.9	6:02	41	10.0	1.5		
18	.059				عا ول	6.04	< i	10.0	1.2		
19	.059				0.6	6.02	41	10.6	1.0		
20	.059					6.01		10,0	1.0		
21	.071					6.02		10.0	1.4		
22	.075					12.05		10,0	1.0		
23	.048				5.0	6.07	41	10.0	1.5		
24	.043				0,7	6.05	4	10.0	1,4		
25	.048	80	22	124	1.7	6.62	41	10.D	1.5		
26	.046				1.1	10.01	41	10.0	1.4		
27	.657					6.18		10,0	1.4		
28	,057					6.03		10,0	1.4		
29	,061					6.09		10.0	0-9		
30	.055				1.1	6.11	1	10.0	65		
31	0052				0.8	6.14	45	10.0	0.4		

PLANT STAFFING:							
Day Shift Operator	Class:	C	Certificate No:	8922	Name:	Ismael Garcia	
Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Ciass:	C	Certificate No:	8922	Name:	Ismael Garcia	
Type of Effluent Disposal of	r Reclaimed	Water Reus	e: Golf Cou	irse Irrigation			
Limited Wet Weather Disch	arge Activate	ed. Yes: N	lo: Not Applicable	e: X If yes, cum	ulative days of	wet	
Attach additional sheets if ne	cessary to lis	t all certified	l operators.			W-02 W1	

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Myers, Ft. 33902-2549

PERMITTEE NAME: MAILING ADDRESS:

UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY. LOCATION:

COUNTY:

CROSS CREEK WWTP

FT. MYERS, FL 33912

LEE

13040 CROSS CREEK BOULEVARD

PERMIT NUMBER:

LIMIT: CLASS SIZE: GMS ID NO .:

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE:

FLA014505

R-001

HC

FINAL N/A 5236P00100 REPORT: GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO .:

MONITORING

PERIOD

8-1-02

Parameter		Quantity or	Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	,050	.048	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Gode 514050 1 Mousie no 1900W-1	Pénnit Requirement	-0.249 MMATH	Report Mo:Avg	angd						- Continuous	flow-meter.
BOD. Carhonaceous 5 day	Sample Measurement		·			22		mg/l	0	Every Two Weeks	8-how FPC
PARIN Code 80082 Y Mon Sire No. EFFE	Pennit Requirement					.20:0 (An_Avg.)		mig/l		Eyers Tayo Weeks	*#Hour FPC
BOD, Carbonaceous 5 day	Sample Measurement					<i><</i> 2	42	w®√J	0	Every Two Weeks	8-hour FPC
PARM Code 80082 1 Mod Sile No FEFFI	Requirement				30.0 (Mo.Avg.)	45.0 (Mkly, Avg.)	60:0 (Max.)	mg/l		Every Two Weeks	8-jour IPC
Solids, Total Suspended	Sample Measurement						1.2	wē∖	0	4 Days/Week	Grab
PARM Code 00530 1 Mon Sur No. PPI-1	Pennit Requirement						3.0 (Max.)	ing/		4 Days/Mech	Grab
ΡH	Sample Measurement				6.0		6.6	Std. Units	0	5 Days/Week	Grab
PARM Cade (049) I Mon She No. EFF-1	Pennt Requirement				60 Mm1		35 (Viax	Su Jmrs	1600 E	Days/Week	Grab -

1 certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE
	AGENT		(YY/MM/DD)
Ismael Garcia, Lead Operator	Samuel Keria	239-768-3334	02/09/25

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

Parameter		Quantity	or Loading	Units	Qual	ity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measprement				41		41	#/100ml	0	4 Days/Week	Grab
PARM Code 74855	Parious Regulierieu				Non Delectrolle (73 Percentile)		77 Z	With			
Total Residual Chlorine (For Disinfection)	Sample Measurement				7.3			කුණි	0	Continuous	Meter
PARM Code 50000	Pennd Respondingn				(Min.)					an maker	Meler Meler
Turbidity	Sample Measurement						2.0	NTU	0	Continuous	Meti-
PARM Code 82078							Next	HYPU		Continuents	7.5 1.6 Per
BOD. Carbonaceous 5 day	Sample Measurement				164			mg∕l		Every Two Weeks	8-hour FPC
PARM Cold 8008 in 16.	Perma Requirement				May 1			0000		Skar Evi Vice	8 Hodistro
Solids, Total Suspended	Sample Measurement				110			nig/i		Every Two Weeks	8-hour FPC
PARM Lake (MET)	Pontin Requirement				Anny.			1100		EMT IVE WESKS	Sachi Fre
	Sample Measurement										
	Sample Measurement										
	Permit. Requisitors		建造上								
	Sample Measurement										
	Points Reministra										
AND THE PROPERTY OF THE PROPER	Sample Measurement	THE PERSON NAMED OF THE PERSON			Ter Cherche Carlo San Cherche	h-3a-cain-air-					

Permit Number: Monitoring Period

FLA014505
From: S-1-0Z
To: S-31-6Z
Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100

	Flow (mark)	CROPE	Chore	Legge	200						
	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/f)	TSS (mg/l)	pH (s u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	82078	 	
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-I	EFF-1	EFF-1	PPI-1	 	
1	.052				1.6	6.21	Z 1	10.0	0.6	-	
2	.040				0.6	6.26	21	10.0	0.7		
3	.038					6.12	 	10.0	0.7		
4	.047				***************************************	6.22	 	10.0	0.9		
5	<i>.0</i> 47	*****				6.17		10.0	0.9		
6	.037				0.6	6.21	21	10.0	0.9		
7	.048				0.6	6.11	21	10.0	1.4		
8	.026	173	<2	124	0.6	6.16	41	10.0	1.0	*****	
9	.066				0.6	6.18	Zi	10.0	1.0		
10	.033			**		6.12		10.0	1.0		-
11	.054					6.14		10.0	1.0	· · · · · · · · · · · · · · · · · · ·	
12	.040					6.11		10.0	1.4		
13	.052				1.0	6.04	21	10.0	1,2		
14	.068				0.9	6.03	<u> </u>	10.0	1.8		
15	.044				0.6	6.06	41	100	2.0		
16	.044				0.6	6.08	41	10.0	1.6		
17	.046					6.13		10.0	0.8		
18	,042					6.15		10.0	0.4	-	
19	.045					6.11		10.0	0.3		
20	.050				1.2	10.20	Z1	10.0	0.5	*******	
21	.046				1.1	6.34	41	10.0	0.5	· · · · · · · · · · · · · · · · · · ·	
22	.048	155	22	96	0.8	6.32	41	10.0	0.6		
23	.044				0.8	6.33	< I	10.0	0.8		
24	064					6.30		10.0	0.9		
25	.057					6.31		10.0	1.0		
26	.044					10-29		10.0	0.7	***************************************	
27	.047				1,2	6.27	41	10.0	0.5		
28	,051				0.7		< i	10.0	0.7	-	
29	,050				1.1	10.50	21	10.0	0.5	·····	
30	,055				0.6	6.61	2)	9.0			
31	.057				U, C.	6.58			0.8		
the state of the s						W1-20		7.3	0.7		

PLANT STAFFING:							
Day Shift Operator	Class:	C	Certificate No:	8922	Name:	Icanael Garaia	
Shift Operator	Class:	C	Certificate No:	7518	Name:	Ismael Garcia	
Night Shift Operator	Class:		Certificate No:		Name:	Leuny Godwin	
Lead Operator	Class:	C	Certificate No.	8022	Name:	Town and Chause's	
Type of Effluent Disposal or I	Reclaimed	Water Reuse:	Golf Cor	use Irrigation	, stille,	Ismael Garcia	
Limited and Weather Dischar	ge Activat	ed: Yes: No		e: X If yes, cumulati	ive days of	14AI	
Attach additional sheets if neces					iio onya ui	TO LOS	
Attach additional sheets if neces	ssary to lis	it all certified.	operators,			The second secon	*************

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Ft. Mycrs, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS: UTILITIES, INC. OF EAGLE RIDGE 200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY.

PERMIT NUMBER:

LIMIT: CLASS SIZE:

GMS ID NO.: MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE

NO DISCHARGE FROM SITE.

FI.A014505

FINAL N/A 5236P00100

R-001

HC

REPORT: GROUP:

MONTHLY DOMESTIC

GMS TEST SITE NO.

LOCATION:

COUNTY

CROSS CREEK WWTP

LEE

13040 CROSS CREEK BOULEVARD

FT MYERS, FL 33912

MONITORING PERIOD

9-1-02

Parameter		Quantity or Loading		Units	Qua	lity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Typ
low	Sample Measurement	.062	.060	urga			, , , , , , , , , , , , , , , , , , ,	MCD	0	Continuous	Flow meter and totalize
PARM Code 30030 1 Mon Site No. FLOW 1	Pomili Requirement	0 2¢ MNIADE	Aujion Mo Ave	alga						Continuous	Flow mci and totaliz
BOD. Carbonaceous 5 day	Sample Measurement					2.0		IngA		Every Two Weeks	8-hour FP
PARM Cope 800R2 Y Mon Site No. 1987-1	Permit Regimential					20.0 (An Às _E)		rug/l		i very Two. Skecks	34 00 F
ROD Carbonaceous 5 day	Sample Measurement				2.5	2.5	3.0	mg/l		Every Two Weeks	8-hour FP
PARM Gode 800k2 Mon Site No. EFF3	Репон Вединетен				300 (Mp Avg)	45.0 (Wkdv. Avg.)	60.0 (Max.)	mg/		Every I wo	- 3-hour FI
Solids Total Suspended	Sample Measurement						2.7	ใฐภา		4 Days/Week	Grab
PARIA Code 2003 20 1	Pemu						- 570 (Max.)	ing/l		d DevsAveck	Grab
MiniStre No. PPL1 pH	Requirement Sample		Strate Haward (1994)		6.2		6.7	Stá Units		5 Days/Week	Grab
PARM Code CLUD	Measurement Pernul Réquirement				50 (Min)		8 (Max.)	Std. Unijs.		il Daye Week	. L. Bish

I certify under penalty of law that I have personally examined and arm familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information the submitted information is true, accurate and complete, ann aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Ismael Garcia, Lead Operator	Samuel Cara	239-768-3334	02/10/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK WWTF

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

Parameter		Quantity or Loading	Units Quality or Conce			ration	Units	Ńо. Ех.	Frequency of Analysis	Sample
Coliform, Fecal	Sample Measurement			Z 1		<u> </u>	4/100mf	0	4 Days/Week	Gra
PARALCAN TOTAL Mon. Size No. 128-1	Permi Registement			Non Detectable (15 Percentie)		Wax	อนเบียกนี้		4 Dapit/Veek	GA.
Total Residual Chloruse (For Disinfection)	Sample Measurement			1.6			mg/l	0	Continuous	Mei
PARM CINE SHARE Mon Site No. 157-3	T.c.di Regimencei			Min :			. ne1		Combruoes	15¢
Turbidity	Sample Measurement					1.8	NTU		Continuous	Mei
PARM Code \$1038 11 11 11 11 11 11 11 11 11 11 11 11 11	Region					(Nax)			(ontinuos	
POD, Carbonaceous 5 day	Sample Measurement			88			= _2/1		Even "wo We is	8-hour
PARKI Code 80082 (FG) MareSite No 12151	Period - Returnment			Reprint (Mo naga)					Ev. : ne	8-lion
Solids Total Suspended	Sample Measurement			64			m _E (I		Every Two Weeks	8-hour
PARM Cade (1951) 1 - 10 //. Man Site No TRF-1	Regulation (Report VAD AVC			mc/		vey (we	_ 84min
	Sample Measurement		T to the same of t							
	Performant									
	Sample Measurement									
	Pennië Requirement									
- Control of the Market State of the State o	Szinple Measurement								75737-00 -00 750 -01 7	
	Pemili Resquement									
an e a seconda portán y a susta sucres de 2 de 2 de 2 de 2 de 2 de 2 de 2 de	Sample Measutement	THE WELL STATES OF THE STATES				TOTAL STATE OF THE	STATE OF STATE STATES	-181212-53		
	Pennil' Remining									

Permit Number. Monitoring Period

FLA014505
From: 9-1-02
To: 9-30-02
Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: .055 (22%)

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (ing/l)	TSS (mg/l)	рН (s.υ.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-I	INF-I	EFF-I	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	·062					6.61		6.7	0.9		
2	.060					6.57	-	6.4	0.9		
3	059).0	6.47	41	7.5	0.9		
4	.058				0.6	6.65	ム١	3.8	0.6		
5	.060	84	2	62	1.3	6.60	41	4.2	0.8		
6	.064				0.8	6.40	41	9.3	0.8		
7	.057					6.51		8.9	0.8		
8	.058					6.49		10.0	0.8		
9	.060					6.52		5.7	0.7		
10	.057				0.6	6.35	41	10.0	0.9		
11	.060				0.6	6.37	41	5.4	0.3		
12	.060				0.6	6.57	۷ ا	5.4	0.4		
13	.056				0.6	6.45	41	6.9	0.8		
14	060					6.43		10.0	1.7		
15	.057					6.44		8.7	1.2		
16	.059					6.46		3.4	1.4		
17	.055				0.7	6.37	41	2.3	1.8		
18	.068				0.6	6.47	41	2.5	1,8		
19	,058	91	3	65	1.5	6.46	41	2.5	1.3		
20	.066				0.9	6.40	< \	4.2	0.9		
21	.060					6.24		4.9	0.9		
22	.061				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	6.18		4,4	0.9		
23	. 059					6.30		4.2	0.8		
24	.055				1.5	6.30	41	1.6	0.8		
25	.060				1.1	6.26	<1	3.6	(,0		
26	.061				2.7	6.20	41	5.7	1.0		
27	.065				1.7	6.15	≤ 1	4.5	1.0		
28	.078					6.18		3.6	1.0	AND RESIDENCE AND ASSESSMENT OF THE PERSON O	
29	.059					6.23		3,4	0.8		
30	.058	المراجعة الم	Quuy su rceir u ridrain 1 H.			6.23		4.2	0.9		
31						TO SHARE BY					

PLANT STAFFING:							
Day Shift Operator	Class:	C	Certificate No:	8922	Name.	Ismael Garcia	
Shift Operator	Class:	C	Certificate (5.	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class.	_C	Certificate No	8922	Name	Ismael Garcia	
Type of Effluent Disposal o	r Reclaimed	Water Re	use: Golf Cou	rse Irrigation.			
Limited Wet Weather Disch	arge Activate	d: Yes:	No: Not Applicable	e: X If the com	nulative days of	wet	
Attach additional sheets if no	cessary to list	all certif	icd operators.				

Revision Date: 05/06/02

When com	pleted mail this re	part in: Deparment	of Environmental	Protection South P	issuct P.O. Bo	2 2549 Ft Mucre	EL 33902-2549
** *******	Process a money of the	THE PROPERTY OF THE PARTY OF TH	of Carticollifolical	1 1 CHE ELIVING COMMENT #2	400 CL L C1. 100.	ん ショップ・ナモ ヤビヤビにつ	. I'L 33702°6.19

PERMITTEE NAME: MAILING ADDRESS. UTILITIES, INC. OF EAGLE RIDGE

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

CROSS CREEK WWTP 13040 CROSS CREEK BOULEVARD

FT MYERS, FL 33912

PERMIT NUMBER:

LIMIT: CLASS SIZE: GMS ID NO.:

MONITORING GROUP NUMBER: PLANT SIZE/TREATMENT TYPE

NO DISCHARGE FROM SITE:

FLA014505

FINAL N/A 5236P00100

R-001

HC

GROUP: GMS TEST SITENO...

REPORT:

MONTHLY DOMESTIC

COUNTY

FACILITY.

LOCATION:

LEE

MONITORING PERIOD

10-- 1- OZ

Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow	Sample Measurement	.066	,058	थित				mod	0	Continuous	Flow inete
Party Code Scoso Morsig no Flidwij	Pempa Resputement	MMADE 0 246	Report No Ave	श्रहत						Сопписовы	lyon more
BOD, Carbonaceous 5 day	Sample Measurement					2.0		mg/l		Every Two Weeks	8-lsour FPC
PARM Code 80082 Y MonSite Six EFFE	Penent Requirement					20.0 (An Ave)		ngs		Eveny T w o Wreks	R-hoar Fla
ROD, Carbonaceous 5 day	Sample Measurement				2.7	2.7	4.0	mg/l	0	Every Two Weeks	8-hour EPC
PARM Code 80000	Perou Requirement				30'0 (Mo Avg)	45 0 (Willy, 24g.)	600 (Max)	mg/l		Frey Iwo Weeks	- 8-hour 114
Solids, Fotal Suspended	Sample Measurement						3.8	การู/ใ	\bigcirc	4 Days/Week	Grab
PARM Code 20530 1 Wan Stre No. PPG 1	Petriu Requirement						5:0: (Max.)	a.6/1		A DageLarect	Grat
pli	Sample Measurement				6.02		6.72	Std. Units	0	5 Days/Week	Grab
PARM Code (HAM) 1 Mon Site No. 171-1	Permu Réquirement				ro OMiri		8.5 (Max)	Sid. Limis		: 1 Days Werk	Greb

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my insuring of those individuals immediately responsible for obtaining the information submitted herein; the submitted information is true accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Ismael Garcia, Lead Operator	Chimad Clorica	239+768-3334	02/11/25

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK WHITE

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER, R-001

Parameter		Quantity or Loading	Units	Qual	ity or Concent	ration	Units	Ex.	Frequency of Analysis	ř.
Coliform, Fecal	Sample Measurement			41		41	#/100ml	0	4 Days/Week	Gra
PARM Code 7/1055 L. Mon Site: No. ERF-E	Peines Requirement, w			Non Duedable (154)erbanie)		25 (Max.)	#100m3		#4 Day #W.uki	6/4
Total Residual Chlorine (For Disinfection)	Sample Measurcment			1.7			nıg⁄i	0	Continuous	Mei
PARM Code SOMO 1 11 Mpa She No. 127-1	l caráil fer jourement			VMna			2004		Continu nts	, , , , , , , , , , , , , , , , , , ,
Turbidity	Sample Measurement					2.1	NTU	0	Continuous	Me
PARM Code 2178 L May Sac No. PB-1 75	isonii Regimenteri					O II (Vian)			Commons	
ROD, Carronateous, 5 day	Sample Measurement			88			n ı g∕l	0	Every I'we Weeks	8-liour
PARM Code solled (2016)	Pormu Respirement			Report Montes			ഷ്ട്രീ		Everyslan News	84L500
Solids Total Suspended	Sample Measurement			81			നള/1	0	Every Two Weeks	8-hour
PARM CONCURSION TO Mon Sile No. INF-1	herra Regulication			Report Holis are			mg/		HS, CA BIWO	-8.¥6·ui
	Sample Measurement		aan amada saabaasaa		Tanana ya Maraka			**********		মানুহাক প্রহ ু
	Permit. Requirément									
	Santple Measurement									
	Period Regularity and									
	Sample Measurement							a state in a		147//67/2015
94 L	family Requirement									
	Sample Measurement							2.5	Comments and a second and a second	lumi vez ¥
	Percel 3 Remarkment									

Permit Number. Monitoring Period

FLA014505 From: 10-1-02 To: 10-31-07

Three-month Average Daily Flow: (FMADF/Permitted Capacity)x100.

.055 (22%)

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	ISS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform	TRC (For Disinfect)	Turbidity NTUs	
							Bacteria (#/100mit)	(me⁄l)		
Code	50050	80082	80082	00530	00530	90400	74055	50060	82078	
Mon. Site	FLOW-I	INF-1	EFF-I	INF-L	efy-1	6FF-1	55F-1	EFF-1	PPI-1	
1	.048				1,2	6.20	41	4.2	0.8	
2	,054	59	Z Z	57	2.5	10.18	ムし	5.3	1.0	
3	.057				2.9	6.16	۷(2.5	2.1	
4	.062				2.5	6.02	۷١	4.4	1.8	
5	.062					6.14		5.0	1.6	
6	.054					6.12		36	(.5	
7	.058	-			Managara and San San San San San San San San San San	6.23		2.0	1.0	
8	.053	-			2.5	6.13	41	60	1.0	
9	JC57				1.8	6.13	41	4.6	09	
10	.059				2.8	6.08	<1	3.3	1.3	
11	.060				3.0	6.10	< 1	54	0.9	
12	.061					6.09		8.4	1.0	
13	068					0.15		4.0	1.4	
14	eD63					6.17		2.5	1.2	
15	,050				2.9	6.20	۷١	3.5	1.0	
16	.053	102	LZ	86	19	6.19	41	34	0.8	
17	.051		~		1.0	6.20	41	2.7	1.0	
18	.054				0.6	6.17	41	A.4	1.3	
19 20	,056					617		8.3	1.4	
IL	.055					6.08	· · · · · · · · · · · · · · · · · · ·	2.5	1.2	
21	060					6.21		3.9	1.1	
22	065				1.2	6.25	41	4.7	1.0	
23	.068				2.1	6.34	41	6,0	1.0	
24	.062				23	10:49	<1	2.8	1.0	
25 26	1064				2.1	6.64	41	2.8	1.0	
27	.068					6.50		1.7	1.0	
I	2061					6.55		2.5	j.4	
28	.067			·		6,59		3.3	1.3	
29	.065	a - com and a second and a second and			3.8	6.62		5.3	1, (
30	.063				37	6.72.		3.0	1.2	
31	073	102	4	99	2.0	6.71	くし	2.3	1,1	

PLANT STAFFING.							
Day Shift Operator	Class:	C	Certificate No:	8922	Name	Ismael Garcia	
Shift Operator	Class:	C	Certifica. No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No:		Name:		
Lead Operator	Class:	C	Certificate No	8922	Name	Ismael Garcia	
Type of Effluent Disposal or	Reclaimed	Water Rens.	e: Golf Co	must imigation			
Limited Wet Weather Discha	arge Activate	ed: Yes: N	lo: Not Applicab	le: X If yes, cumu	lative days of	î wet	
stack additional sheets if acc	essay to list	all certified	Longrators				

Revision Date: 05/06/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Pt. Myers, Ft. 33902-2549.				
	billians agreement and an exit at its man a suit as.	Parameter & Province and and	Production Co. A. Paradia P. P.	25 mm to 01 20000 0010
	TYOUR COMMERCE MAIL TRIS PROBERTOR	TREAD MENT OF ENVIRONMENTAL	Projection Solida Historia PC	HOW INDU BY MUSTE BY CAMPILLING

PERMITTEE NAME:

UTILITIES, INC. OF EAGLE RIDGE

MAILING ADDRESS

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY. LOCATION CROSS CREEK WWTP

13040 CROSS CREEK BOULEVARD

FT. MYERS, Ft. 33912

PERMIT NUMBER:

LIMIT: CLASS SIZE: GMS ID NO.: FLA014505 FINAL N/A

REPORT: GROUP:

GMS TEST SITE NO..

MONTHLY DOMESTIC

5236P00100

MONITORING GROUP NUMBER: R-001 PLANT SIZE/TREATMENT TYPE:

HC

COUNTY:

LEE

MONITORING PERIOD

NO DISCHARGE FROM SITE:

Parameter		Quantity or	Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
Flow	Sample Measurement	.082	.080	wfiq				MCD	0	Continuous	Flow meter
IMPM Code \$1050 1 Mon She da FLOW (Redutement	6-240 ************	Report Me Ava	o y d				7765 C		Continuous	Plow me(quality)
BOD, Carhonaceous 5 day	Sample Measurement					2.0		mg/l	Ö	Every Two Weeks	8-how FPC
PARM Exile W0082 Y Min Sile No. 575-3	Parent Requirement					200 (An Avg.)		nigA		Drizny Two Weeks	8-hoar 64K
BOD, Carbonaceous 5 day	Sample Measurement				くス	<2	<2	mg/l	۵	Every Two Weaks	8-hour FPC
PARM Code MD82 Mon Sile No. EFF. T	Perpui Regoverneur				30.) (Mo Ave	(Willy Avg.)	(400) (4M)	mg/l=		To Tod - Weeks	&heat
Solids, Total Suspended	Sample Measurement						1.9	mg/l	٥	4 Days/Week	Grab
PARM COME 400 SD	Perinti Requirement						30 (Max)	. bg/l		4 DayeMtek	Crab.
p! l	Sample Measurement				6.27		6.67	Std. Units		5 Days/Week	Grab
PARM (Code 01400 L Min Site No. 271-1	Pamil Recursivent				(A) (Min		25 CMAX	SIL S		3 Days Veck	Orab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information the submitted information is true, accurate and complete. I am aware that there are significant penaltics for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE	
	AGENT		IQ/MM/YY)	<u>D)</u>
Ismael Garcia, Lead Operator	A MAN	239-768-3334	100/10/	/,,-
	Amuel Calla		100/14/0	<u>×</u> う

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK WITTE

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

Parameter		Quantity	Units Quality or Concentration					Units	No. Ex.	Frequency of Analysis	Sample T		
Coliform, Fecal	Sample Measurement				4				{	#/100ml	0	+ Days/Week	Grab
PSRSEC Sele 7/03 Non-Site No. 1921	Reine Returement				Non the lea	table;		e e e		, \$10 0000		4 Dwowee	0.00 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0					mέλ	0	Солбичонз	Meter
HARVI Code JONES 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1												Commun.	Mete
Turbidity	Sample Measurement						·	ļ . L.		NTU	0	Continuous	Meter
PS-RVI Code ALL/TX Mpii/Sito Not-PIX	Perhit Requirement									* 11		Coccinectia	Me ic
POD, Cerbonaceous, 5 day	Sample Measurement				57	7				mĒ∖l	\bigcirc	Every Two Weeks	8-hour F
Muley fr an India	Perma Becamenacu				Report (Ma 6)							bysty 3 kg Work	14cm?
Solids, Total Suspended	Sample Measurement				44	/				<i>t</i> ∂	0	Every Two Weeks	8-hour F
PARM Lode (905) B. Jacks Marks de No. (NF.)	Breakratiera				Hepot January	0							Email.
	Sample Measurement								_				
	Porto Recurron ar											50	
	Sampie Measurement												
	Pauli :										46.22		
	Sample Measurement												
	Pembronen Respondent												
	Sample Measurement												
	Perseu Remiseració												

DAILY SAMPLE RESULTS - PART B

Pennit Number Monitoring Period

FLA014505
From: 11-1-02
To: 11-30-02
Three-month Average Daily Plow: (TMADF/Permitted Capacity)x100:

.066 (27%)

Flow (ng/h) CRODS CROWN TSS (ng/h) FSS (ng/h)		True (7 00000									TOPE (F
Mon Sac FIOW NF EFF NF CFF FF TOF TO		r low (mgd)		CBOD5 (mg/l)	TSS (ing/l)	TSS (mg/l)	рН (s.u.)	Coliforn Bacteria	Disinfect.)	Turbidity NTUs		
Min Sid FLOW NF : EFF NF CEF EFF FIF EFF FIF PF 1	Code	50050	80082	80082	00530	00530	00400	74055	50060	02070		ļ
1	Mon. Sac	FLOW-1	INF-1	EFF-I	L	ž	3	•	3		 	
1	1	.067		1		77	1777	 		L	-	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	2	3						12 '			 	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	3	,						 	*****		ļ	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$								 			 	
1.5 6.55 2.1 1.9 0.5	i	.071				0.7		121			 	
7		.075						·			 	
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	7							-				
10	f l (April 1-2- Carlo Paris III			-		Agreement of the last of the l				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	9		-			0.0	-					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	<u> </u>	.081						 				
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1	.082						_				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	IL	193				0.8		21				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$,087										
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$.080	58	22	46		,					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$.076				~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		 				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1	.096								0.6		
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	Ai	.094										
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	iL	THE RESERVE THE PARTY OF THE PA					THE R. P. LEWIS CO., LANSING, MICH.		·		-	
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	 					0.6		<1	-			
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$						0.6	and the same of th					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	L	.084				0.6		21				-
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	K H											
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$												
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	II	-					6.54					
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	llit											
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	M H					0.6		21				
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1		56	<u> </u>				- ALL-Aller Aller		0.8		
$\frac{30}{30}$ 0.085 0.6 0.6 0.6 0.6 0.6	l H				J			THE RESERVE OF THE PARTY OF THE				
085]	.078						<1	9.0			
	L	.085				1						
	31											

Attach additional sheets if nece	teary to fie	tall coefficient.	~~~		•		THE RESERVE OF THE PROPERTY OF
Limited Wet Weather Dischar	rge Activate	td: Yes: No	 Not Applicab 	le: X If yes, comulari	ve days of	wel	
				urse Irrigation	-		
Type of Effluent Disposal or	Reclaimed	Water Rense	Galffan	week Tendantian			
- 7			Certificate No:	8922	Name:	Ismael Garcia	
Lead Operator	Class:	~	O- att in ht	-			~~~
Night Shift Operator	Class:		Certificate No:		Name:	- AND ALL SANCES	
		-	Certificate (40)	_7518	Name:	Lenny Godwin	
Shift Operator	Class:	^	Certificate No:	774		the same of the sa	
Day Shift Operator	Cřass:	C	Certificate No:	8922	Name:	Ismael Garcia	
PLANT STAFFING:							

Revision Date: 05/06/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to	· Department of Environmental	Protection South Distri-	st. P.O. Box 2	2549, Ft. Mycr	rs, FL 33902-2549

PERMITTEE NAME: MAILING ADDRESS: UTILITIES, INC. OF EAGLE RIDGE

200 WEATHERSFIELD AVENUE

ALTAMONTE SPRINGS, FL 32714

FACILITY. LOCATION: CROSS CREEK WWTP

13040 CROSS CREEK BOULEVARD

FT MYERS, FL 33912

PERMIT NUMBER:

LIMIT: CLASS SIZE;

GMS ID NO .: MONITORING GROUP NUMBER:

PLANT SIZE/TREATMENT TYPE: NO DISCHARGE FROM SITE:

FLA014505

FINAL N/A

5236P00100

R-001 IIC

REPORT: GROUP: GMS TEST SELE NO.: MONTHLY DOMESTIC

COUNTY:

LEE

MONITORING PERIOD

Parameter		Quantity or	Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	.082	.076	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Code \$0050 1 Mon Sile Na FEOW 1	Pemid Requirement	0.249 MMADE	Ropon No Ave	nigd						Continuous	an Plow the lor and notalizer
BOD, Carbonaccous 5 day	Sample Measurement					2.0		mg∕l	6	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	(Lérinites					20.0 (An, Avg.)		m y /		Ewery Two Weeks	8-hour EPC
Mun Site No. REF 1 BOD, Carbonaceous 5 day	Requirement Sample		Same and the same and the same and the same and the same and the same and the same and the same and the same a		/2	イ ス	イ ス	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80002	Measurement Permit				30.0 (Mo Avg.)	45.0 (Wkly Avg.)	100 (Max)	mg/I		Every 100 Weaks	8-noor FPC
Mon Site No. EFF-1 Solids, Total Suspended	Sample			(English)att			1.0	mg/l	0	4 Days/Week	Grab
PARM Code 00530 I	Measurement Perruit						3.0 (Max.)	-ng/l		4 Days/Week	in Grab
Mon Stie No. PPT I	Sample		Court of the Taken		6.14		6.63	Std. Units	\triangle	5 Days/Week	Grab
PARM Colo (1040) Mon Site No EFF-L	Measurement Permit Requirement				60 (Min		3.55 (Max)	Sid Umis		5.Days/Weex	Grab.

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Ismael Garcia, Lead Operator	Asmade Carica	239-768-3334	03/01/24

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: CROSS CREEK

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

PAUGIN	ι	TANKIAID?	(4(0)30	CIOA
WWITE				

Parameter		Quantity	or Loading	Units	Qual	ity or Concent	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				21		41	#/100ml	0	4 Days/Week	Grab
PARMEASE 746 ST. (Aleminica)	Parral Regulærnen				Non Dekstable (75 Percentile)		(Max)	#ARUCHAL		Lays/Weeks	
Mon Site No. EPF(4)	Sample Measurement		the and appearing filtering an active framework		1,2			mg/l	Ö	Continuous	Meter
Disir fection) PARM Code 501601	Pengli Regionnesi				10 (54(Mi n.)			nort		Ceritinitions:	Mcter.
Mon Site No. EPFS 1. Turbidity	Sample Measurement		211 Fire 2012 Fold (Classic)	The second second			1.5	טדע	0	Continuous	Meter
PARM Code \$2078	Monit Rageternent						TVaX			Continuos:	
Mon Site No. PPA-Byte A. Proping BOD, Carbonaceous 5 day	Sample Measurement				110			mg/l	0	Every Two Weeks	8-hour FPC
PARN Gode 80082 5 G	Permut				Report Mit Ave			mel.		LATT DOT	8-line PPC
Man Site Sig 1819-1 Self-Self-Self-Self-Self-Self-Self-Self-	Sample			. <u> </u>	109			mg/I	6	Every Two Weeks	8-hour FPC
PARM COUG 00510 (1.6)	Measurement Parmit Read inclined				Report Min Ave			1 <i>mel</i>		Exceptions Necks	84mmPPC
Monshe no INF 1	Sample Measurement	\$925GQQ49G6604A150		a distractions com	K 146 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1						
	Permit Reconcinent										
	Sample Measurement		TOTAL PARENCE STORY								
	J'ennir										
	Requirement Sample										
	Measurement										
	Respectment Sample			10175				A SA COLOR MANAGE	7307-00-00-00-00-00-00-00-00-00-00-00-00-0		A TOTAL CONTRACTOR
	Measurement Femile										
	Respirences.				用。 這個的一個			3 241533			

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

Three-month Average Daily Flow: .071 (29%)

	Flow (angd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/300ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-I	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	.080					6.35		6.3	0,8		
2	.083					6.63		7.4	1.0		
3	-085				0.6	10.60	41	8.0	0.9		
4	.092				0.6	6.62	41	7.0	1.0		
5	.069				1.0	6.43	41	2.9	1.0		
6	.082			<u> </u>	0.8	6.43	41	6.8	1.0		
7	.083					10.40		2.0	0.8		
8	.072		<u> </u>			6.33		10.0	0.8		
9	.085					6.35		10.0	0.5		
10	.077				0.9	6.25	21	8.0	1.0		
11	.070			1	0.6	6.28	21	9.3	0.5		
13	.082	74	42	85	0.8	638	< 1	7.0	1,2		
14	.086				0.9	6.43	41	3.7	0.8		
15	.072	 	 		 	628		5.8	0.6	 	
16	.072	 		 	 			6.0	0.5		
17	.076		-	 	0.6	6.38	< (10.0 5.4	1.5		
18	.068 .086		 	 	0.6	6.54	21	7.5	1.0		
19	.086	 	-	 	0.8	6.53	21	5,5	0.8		
20	.071		<u> </u>	 	0.7	6.49	21	9.0	0.6		
21	1073					6.21	1	9.9	0.7		
22	.070			1		6.37	-	9.4	0.6		
23	.074		<u> </u>		0.6	6:39	121	10.0	0.8		
24	.074			1	0.7	6.28	41	6.8	1.3		
25	069				0.6	6.31	121	1.2	1.0		
26	.076	146	 	134	0.8	6.28	41	7.9	1.3		
27	.079					6-26		6.7	0.5		
28	.084					6.39		6.8	1.2		
29	.093					6.24		8.0	1.5		<u> </u>
30	.086					6.17		9.5	1.5	<u> </u>	
31	. 080				1.0	6.14	1<1	3.6	1.0	<u> </u>	

PLANT STAFFING:							
Day Shift Operator	Class:	C	Certificate No:	8922	Name:	Ismael Garcia	
Shift Operator	Class:	C	Certificate No:	7518	Name:	Lenny Godwin	
Night Shift Operator	Class:		Certificate No.		Name:		
Lead Operator	Class:	C	Certificate No:	8922	Name:	Ismael Garcia	
Type of Effluent Disposal or	Reclaimed	Water Reuse	: Golf Con	rse Irrigation			
Limited Wet Weather Discha	arge Activate	d: Yes: N	o: Not Applica .	.: X If yes, cumulat:	ive days of	wet	
Attach additional sheets if nec	essary to list	all certified	operators.				

Revision Date: 05/06/02

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(5) Inspection Reports

Test Year Ended December 31, 2002

cc:





leb Bush

Governor

Department of **Environmental Protection**

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

David B. Struhs Secretary

December 27, 2001

RECEIVED

Donald Rasmussen, Vice President Utilities of Eagle Ridge 200 Weathersfield Avenue Altamonte Springs, FL 32714

DEC 31 2001 UTILITIES, INC.

Re: Lee County - DW Eagle Ridge WWTP FLA014498

Dear Mr. Rasmussen:

A field inspection of the above referenced facility on November 20, 2001 indicates that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. The resulting observations are listed below:

- 1. The reject pond liner at the inlet pipe was torn and a hole in the liner had formed at the discharge pipe. Florida Administrative Code (F. A. C.) Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.
- 2. There is a build-up of algae on the clarifier weirs. F. A. C. Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended
- 3. The Department has received odor complaints from residents near the facility, during the inspection Department personnel detected odor on and near the surge tank. F. A. C. Rule 62-600.410(8) states that in the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, and acrosol drift, or lighting adversely affect neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the treatment plant) shall be taken by the permittee.

Continued... "More Protection, Less Process"

Printed on recycled paper.



Donald Rasmussen, Vice President Utilities of Eagle Ridge Page Two

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within fifteen (15) days as to what actions you intend to take in order to address these deficiencies.

If you have any question, please do not hesitate to call Elin "EJ" Jackson at (941) 332-6975, ext. 117. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann

Environmental Manager

KK/EJ/jli

cc: Scott Stewart

UTILITIES, INC. OF EAGLE RIDGE

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440 Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 www.utilitiesinc-usa.com

January 4, 2002

Mr. Keith Kleinmann Environmental Manager FDEP-South District P.O. Box 2549 Fort Myers, FL 33902-2549

Re:

Eagle Ridge WWTP Permit No. FLA014498 Lee County-DW

Dear Mr. Kleinmann:

This is in response to your letter of December 27, 2001that references a facility inspection conducted on November 20, 2001 by Elin "EJ" Jackson of your office. Her observations and my responses are as follows:

1. The reject pond liner at the inlet pipe was torn and a hole in the liner had formed at the discharge pipe. Florida Administrative Code (F.A.C.) Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

No torn liner was found on or near the inlet pipe to the reject pond. The spot where the inlet pipe passes through the liner was examined and found to be in proper condition.

There was a spot at the top of the embankment in the vicinity of the inlet pipe that had eroded away due to summer rain. Additional fill material (approximately 2 cu. yd.) was placed in that area to restore the slope of the bank, reestablish turf cover. and protect the top of the liner.

There is no hole in the liner at the discharge pipe. If there were a hole in the liner, the pond would empty over time. That is not the case. The operator confirmed that the pond level is consistent with plant operations. The pond rises and falls due to filter backwash activity, effluent diversion and pumping to the plant for treatment. The operators have not observed any unexpected drop in pond level as would be expected if a hole were present.

2. There is a buildup of algae on the clarifier weirs. Florida Administrative Code (F.A.C.) Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

Page 1 of 2

Operations:19:2:673:response to comp insp on11/2/01

I am aware that excessive biogrowth will cause short-circuiting to occur in the clarifier if not periodically removed. And as you know, the growth of algae on the weirs is an ongoing battle. Routine maintenance of the clarifier weirs has removed the referenced algae buildup. We will continue to work diligently at maintaining the facilities so as to produce a high quality effluent meeting the parameters identified in the operating permit.

3. The Department has received odor complaints from residents near the facility. During the inspection Department personnel detected odor on and near the surge tank. Florida Administrative Code (F.A.C.) Rule 62-600.410(8) states that in the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affect neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the treatment plant) shall be taken by the permittee.

It would be a rare occasion when odors are not present at or near the surge tank, especially at or near the inlet end of the first of three surge tanks after passing through the bar screen. It is not a violation of 62-600.410(8) to have odors present at the surge tank. The inspection report fails to identify whether any odors were present at the plant boundary or while standing on the property of the adjacent homeowners. It is my understanding that on the day of the inspection, no odors were detected off site nor were the odors at the surge tank at an elevated level beyond what is normal and allowable under the rule. Nevertheless, we are committed to doing our utmost to reduce the frequency, duration, or intensity of severe odor conditions at Eagle Ridge.

Toward that end, our company has invested heavily in capital improvements to the facilities that has significantly improved the day to day operation of the plant. We completed a long list of facility enhancements to correct deficiencies inherited from the previous utility owner. In addition, we have been applying an odor control product on a continuous basis at two lift stations and at the surge tank in an ongoing effort to address the concerns and complaints voiced by our neighbors. In at least one case, a neighbor who had been very vociferous in his complaints expressed his satisfaction with the results of our upgrades. He clearly perceived a reduction in the amount of odors produced by or at the plant.

If you have any questions, please call me at 407.869.8588, ext. 242.

Sincerely,

UTILITIES, INC. OF EAGLE RIDGE

Patrick C. Flynn

Regional Manager

ec: Don Rasmussen, Vice President

Bill Coates, Area Manager



Department of Environmental Protection LITIES, INC

RECEIVE

leb Bush Governor

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

David B. Struhs Secretary

November 15, 2001

Utilities, Inc. of Eagle Ridge Mr. Donald Rasmusssen, Vice President 200 Weathersfield Avenue Altamonte Springs, Florida 32714

Re:

Lee County- DW

Cross Creek WWTP

FLA014505

Caloosahatchee to Lee Coast

Dear Mr. Rasmussen:

A field inspection of the above referenced WWTP on November 6, 2001 indicates that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. The resulting observations are listed below:

- 1. During the inspection, there were no records indicating that the operators are performing daily calibration on the facility's monitoring equipment in accordance with the facility's reuse protocol.
- The chlorine analyzer was not set to activate the telephone alarm device that is connected to the operator's main office in accordance with the facility's reuse protocol. The Operating Protocol states that the analyzer is provided with a low level set point that when reached will activate a telephone alarm device that is connected to the operator's main office.
- 3. The turbie analyzer was not set to activate the telephone alarm device that is connected to the operator's main office in accordance with the facility's reuse protocol. The Operating Protocol states that the analyzer is provided with a set point that when reached will activate a telephone alarm device that is connected to the operator's main office.
- 4. During the inspection, a demonstration of the facility's reuse system by the operator revealed that the automatic diversion valves were not functioning properly. F.A.C. Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

Continued . . .

"More Protection, Less Process"

Printed on recycled paper.

Mr. Donald Rasmussen, Vice President November 15, 2001 Page Two

5. The diversion valves were set so that when the effluent came back into the compliance set points, it would automatically switch the flow back from the reject tank to the reuse tank.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within fifteen (15) days as to what actions you intend to take in order to address this deficiency.

If you have any questions, please do not hesitate to call Tylah Bumpous at (941) 332-6975, ext. 108. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann

Environmental Manager

KK/TB/cap

UTILITIES, INC. OF EAGLE RIDGE

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 www.utilitiesinc-usa.com

January 4, 2002

Mr. Keith Kleinmann Environmental Manager FDEP-South District P.O. Box 2549 Fort Myers, FL 33902-2549

Re:

Cross Creek WWTP
Permit No. FLA014505
Lee County-DW

Dear Mr. Kleinmann:

This is in response to your letter of November 15, 2001that references a facility inspection conducted on November 6, 2001 by Tylah Bumpous of your office. Her observations and my responses are as follows:

1. During the inspection, there were no records indicating that the operators are performing daily calibration on the facility's monitoring equipment in accordance with the facility's reuse protocol.

The operator has been instructed on the proper procedures to follow in order to document adequately the daily calibration of the monitoring equipment. Please be aware that the calibration of the equipment is being done on a daily basis. The operator was simply not making note of it as required.

2. The chlorine analyzer was not set to activate the telephone alarm device that is connected to the operator's main office in accordance with the facility's reuse protocol. The Operating Protocol states that the analyzer is provided with a low level set point that when reached will activate a telephone alarm device that is connected to the operator's main office.

The existing Operating Protocol will be revised and submitted for your review and approval within 30 days.

3. The turbidity analyzer was not set to activate the telephone alar. device that is connected to the operator's main office in accordance with the facility's reuse protocol. The Operating Protocol states that the analyzer is provided with a low level set point that when reached will activate a telephone alarm device that is connected to the operator's main office.

The existing Operating Protocol will be revised and submitted for your review and approval within 30 days.

Page 1 of 2

Operations:19:2:674:response to comp insp on11/6/01

4. During the inspection, a demonstration of the facility's reuse system by the operator revealed that the automatic diversion valves were not functioning properly. F.A.C. Rule 62-600l410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

I take strong exception to this comment. The diversion valves have been and are now in proper working order. The diversion valves worked exactly as they are designed when demonstrated by the Lead Operator Izzy Garcia during the site inspection. On those rare occasions when the plant has been upset or the reuse storage tank is full, the diversion valves have operated flawlessly.

5. The diversion valves were set so that when the effluent came back into the compliance set points, it would automatically switch the flow back from the reject tank to the reuse tank.

As stated in my response to item #4 above, the diversion valves have worked and continue to work perfectly. In the event that the effluent flow is diverted into the substandard storage tank, the effluent will continue to divert until such time as the water quality as returned to normal <u>and</u> the operator has reset the alarm manually as described in the plant operating protocol. No changes to the diversion valve controls are necessary since their operation has been consistent with the operating protocol.

I apologize for the delay in promptly responding to this letter. I only recently received the electronic copy of the operating protocol from the author. Thank you for your patience.

If you have any questions, please call me at 407.869.8588, ext. 242.

Sincerely,

UTILITIES, INC. OF EAGLE RIDGE

Patrick C. Flynn Regional Manager

ec: Don Rasmussen, Vice President

Bill Coates, Area Manager

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(6) Permits

Test Year Ended December 31, 2002



Governor

Department of Environmental Protection

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

David B. Struhs Secretary

STATE OF FLORIDA NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL NO: 7003 1010 0004 1396 9550 RETURN RECEIPT REQUESTED

In the Matter of an Application for Permit by:

Utilities, Inc. of Eagle Ridge Mr. Patrick C. Flynn, Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714 Lee County - DW
Eagle Ridge WWTP
Permit No: FLA014498
DEP File No: FLA014498-004-DW2P
Caloosahatchee to Lee Coast EMA

Enclosed is Permit Number FLA014498 to operate the referenced wastewater treatment plant and reclaimed water system issued pursuant to Section 403.087, Florida Statutes.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes, or all parties may reach a written agreement on mediation as an alternative remedy under section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below, followed by the procedures for pursuing mediation.

The petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must mail a copy of the petition to the applicant at the address indicated above, at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the discretion of the publication of the publication of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department's permit identification number and the county in which the subject matter or activity is located;
- (b) a statement of how and when each petitioner received notice of the Department's action;

Page 1 of 3

"More Protection, Less Process"

Printed on recycled paper.



PA File Number: FLA014498-004-DW2P

(c) a statement of how each petitioner's substantial interests is affected by the department's action;

- (d) a statement of the material facts disputed by the petitioner, if any;
- (e) a statement of facts that the petitioner contends warrant reversal or modification of the Department's action;
- (f) a statement of which rules or statutes the petitioner contends require reversal or modification of the Department's action; and
- (g) and a statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice of intent. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Any person may elect to pursue mediation by reaching a mediation agreement with all parties to the proceeding (which includes the Department and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Department's action or proposed action. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

- a. the names, addresses, and telephone numbers of any persons who may attend the mediation;
- b. he name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
 - c. the agreed allocation of the costs and fees associated with the mediation;
- d. the agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- e. the date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen; the name of each party's representative who shall have authority to settle or recommend settlement;
- f. either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this action or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and
 - g. the signatures of all parties or their authorized representatives.

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by section 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for method petitions set forth above, and must therefore file their petitions within fourteen days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under section 120.569 and 120.57 remain available for disposition of the dispute,

Utilities, Inc. of Eagle Ridge

PA File Number: FLA014498-004-DW2P

and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Richard W. Cantrell

Director of

District Management

CERTIFICATE OF SERVICE

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

RWC/MHR/cap/jli

Copies furnished to

Keith Kleinmann, FDEP David Weber, P.E.



Department of **Environmental Protection**

leb Bush Governor

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

David B. Struhs Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities, Inc. of Eagle Ridge

RESPONSIBLE AUTHORITY:

Mr. Patrick C. Flynn Regional Director 200 Weathersfield Ave. Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Eagle Ridge WWTP Aeries Way Fort Myers, FL 33912 Lee County

Latitude: 26° 29' 34" N Longitude: 81° 50' 45" W PERMIT NUMBER:

PA FILE NUMBER:

FLA014498

FLA014498-004-DW2P

ISSUANCE DATE: EXPIRATION DATE: October 15, 2003 October 14, 2008

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate an existing 0.443 mgd three month average daily flow, TMADF, contact stabilization process and/or 0.318 mgd TMADF extended aeration process dome wastewater treat. On plant consisting of two manual bar screens, 92,700 get as of flow equalization, grit removal chamber, 255,180 gallons acration volume, dual clarifiers, one automatic backwash filter (180 sq. ft. surface area) and one manual filter (180 sq. ft. surface area), one rectangular and two circular chlorine contact chambers with a total volume of 20,760 gallons and two aerobic digesters with a total volume of 112,200 gallons with:

Land Application: An existing 0.443 MGD three month average daily flow (TMADF) permitted capacity slow-rate public access spray irrigation system (R-001). This system consists of 90 acres of golf course (Eagle Ridge Folf and Country ChA). R-001 is located at Latitude: 26° 29' 34" N, Longitus.e: 81° 50' 45" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 20 of this permit.

Page 1 of 20

"More Protection, Less Process"

FAC. : Eagic Ridge WWTP

PERM. . . EE: Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714 Pi 'IT NUMBER: FLA014498

PALLE NUMBER: FLA014498-004-DW2P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

			I	Reclaimed Wa	ter Limitatio	ıs	IV	Ionitoring Requiremen	ts	
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Giardia	Cysts per 100 liters	Rem (-	~	-	-	One time during each five- year period	Grab	EFA-1	See Cond.I.A.3,7 &8
Cryptosporidium	Oocysts per 100 liters	Report	-	-	-	-	One time during each five- year period	Grab	EFA-I	See Cond.I.A.3,7
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solid: Total Suspended	MG-L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFB-1	
рН	SU	Range	-	-	-	6.0 to 8.5	Continuous	Grab	EFA-1	
Coliform, Fecal	#/100M L	Maximum		See Permit Co	ndition I.A.4.	 	4 Days/Week	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	1.0	Continuous	Meter	EFA-1	See Cond.I.A.5
Turbidity	NTU	Maximum		See Permit Co	ndition I.A.6.		Continuous	Meter	EFB-1	

FACILITY:

Eagle Ridge WWTP

PERMITTEE: Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	In the mixing basin for the two chlorine contact chambers, CCC, and prior to discharge to the on site public access spray irrigation system percolation storage pond (At CCC V notch weir to effluent sump and pumps.)
EFB-1	At the discharge of the filters (Filter effluent stilling well- sample pumped from stilling well to sample point in operator's office) and prior to chlorination.

- 3. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740(1)(a) 2.1
- 4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
- 5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
- 6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
- 7. Sampling for pathogens shall be conducted at one time during each five-year period. Intervals between sampling shall not be greater than five years. [FAC rule 62-610.463 (4)(a)1, 8-8-99.1
- 8. DEP Form 62-610.300(4)(a)4 is to be utilized and submitted to the Department as instructed for pathogen monitoring. Part I of the form provides the instructions required to accomplish sampling and information to be documented for submitting to the Department. A copy of DEP Form 62-610.300(4)(a) 4. Is attached to this permit. [FAC rule 62-610.463 (4)(a)1and 62-610.300(7/a)4, 8-8-99.]

Eag Ridge WWTP FAOL

PERM...EE: Ullines, Inc. of Eagle Ridge 200 Weathersfield Ave.

Altamonte Springs, FL 32714

'IT NUMBER: FLA014498 PA . . LE NUMBER:

FLA014498-004-DW2P

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and the influent monitored by the permittee as specified below:

				Limitations			Monitoring Requirements			
Parreneter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow (influent)	MGD	Maximum	-	0.443	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond.I.B.4
Flow (To reclaimed water storage)	MGD	Maximum	<u>-</u>	Report	-	Report	daily	Flow meter and totalizer (estimated from duration of flow/day)	FLW-2	
Flow (To golf course irrigation system)	MGD	Maximum	<u>-</u>	Report	,	Report	daily	Flow meter and totalizer	FLW-3	
Flow (To reject storage pond)	MGD	Maxim um	-	Report	-	Report	daily	Flow meter and totalizer (estimated from duration of flow/day)	FLW-4	
Water Level eject pond)	NG vD Feet	Maximum	-	Report	•	Report	daily	Read Staff Gauge	OTH-1	
Water Level (Reuse storage pond)	KGVD Feet	Maximum	-	Report	-	Report	daily	Read Staff Gauge	OTH-2	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.1.B.3
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	-	

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014498

PA FILE NUMBER:

FLA014498-004-DW2P

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	Influent flow meter with totalizer and chart recorder located after the master lift station and before the equalization basin.
FLW-2	Flow meter and totalizer reuse water line to reuse or reject storage ponds (Estimated from the number of hours reuse water sent to reuse storage pond per day.).
FLW-3	Flow meter and totalizer that measures total flows of reuse and supplemental waters to the golf course for irrigation (meter at golf course irrigation pump station).
FLW-4	Flow meter and totalizer reuse water line to reuse storage pond (Estimated from the number of hours reuse water sent to reuse storage pond per day).
OTH-1	Staff Gauge located in reject storage pond.
OTH-2	Staff Gauge located in reuse storage pond.
INF-1	Influent sample point located in the influent feed line (main) going to the equalization basin.

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to the reject pond. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
- 6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) & .865(8)(d)]
- 7. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameter which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 8. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 9. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: PA FILE NUMBER:

FLA014498

FLA014498-004-DW2P

REPORT Type	Monitoring Period	Due Date
Monthly or	first day of month - last day of	28th day of following month
Toxicity	month	, , , , , , , , , , , , , , , , , , , ,
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B. 13 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

- 10. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by annually. [62-601.300(4)][62-601.500(3)]
- 11. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
- 12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
- 13. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

South District Office Post Office Box 2549 Fort Myers, Florida 33902-2549

rolt hayers, Florida 33902-2349

Phone Number - (239) 332-6975 FAX Number - (239) 332-6969

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is land application and/or transport to Appalachian Material Services or disposal in a Class I or II solid waste and fill.

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER:

FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]

Note: If this facility wishes to land apply residuals in the future the permittee shall make application to the Department for a minor revision to permit conditions in accordance with F.A.C. Rule 62-620.330(3)(b) 3, prior to any land application.

- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)].
- 4. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5), 3-30-98]
- 5. Should the residuals management facility (RMF) require sludge analysis of residuals or the hauling of residuals to the residuals management facility (RMF) for treatment discontinue, the permittee shall sample and analyze the residuals at least once every 12 months. All samples shall be representative and shall be taken after final treatment of the residuals but before use or disposal. Sampling and analysis shall be in accordance with the U.S. Environmental Protection Agency publication POTW Sludge Sampling and Analysis Guidance Document, 1989. The following parameters shall be sampled and analyzed:

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry - right	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER: PA FILE NUMBER:

FLA014498

FLA014498-004-DW2P

pН	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

(62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98)

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Eagle Ridge WWTP

- 1. Date and Time Shipped
- 2. Amount of Residuals Shipped
- 3. Degree of Treatment (if applicable)
- 4. Name and ID Number of Residuals Management Facility or Treatment Facility
- 5. Signature of Responsible Party at Source Facility
- Signature of Hauler and Name of Hauling Firm

Appalachian Material Service, Inc. Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

Construction Requirements

- 1. The permittee shall give at least 72-hours notice to the Department's South District Office, prior to the installation of any monitoring wells detailed in this permit. [62-4.070]
- 2. Prior to construction of new ground water monitoring wells, a soil boring shall be made at each new monitoring well location in order to establish the well depth and screen interval. [62-522.900(3)]
- 3. Within 30 days after installation of a new monitoring well, the permittee shall submit to the Department's South District Office detailed information on the well's location and construction on a settached DEP Form(s) 62-522.900(3), Monitor Well Completion Report. [62-522.600]

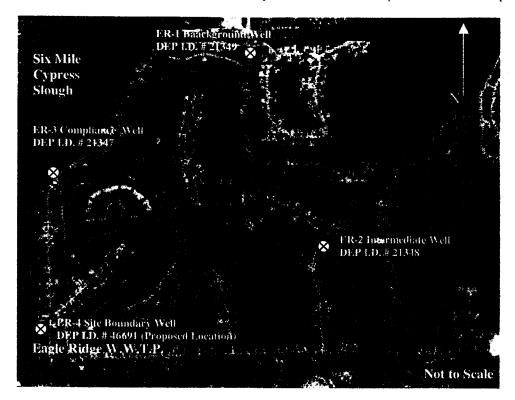
Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: PA FILE NUMBER:

FLA014498-004-DW2P

FLA014498

The ground water monitoring wells for this facility shall be located as depicted on the site map below.



Operational Requirements

- For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the shallow water table aquifer. For other users, the zone of discharge shall extend horizontally to the boundary of the general service area identified in the attached map and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
- During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, TAC. [62-**522.600**[[62-610.4 3, 1
- The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.8. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-21349	ER-1 Background Well.	15.0	Surficial	Existing
MW1-21348	ER-2 Intermediate Well	15.0	Surficial	Existing
MWC-21347	ER-3 Compliance Well	15.0	Surficial	Existing
MWC-46(2)	ER-4 Site Boundary Well		Surficial	New

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave.

Altamonte Springs, FL 32714

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 7:

PERMIT NUMBER:

PA FILE NUMBER:

FLA014498

FLA014498-004-DW2P

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	50	UG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	5	UG/L	Grab	Quarterly
Chromium, Total Recoverable	100	UG/L	Grab	Quarterly
Lead, Total Recoverable	15	UG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pН	6.5 to 8.5	SU	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-601.300(7)][62-601.300(7)] 520.300(9)]

- 9. If the concentration for any constituent listed in Permit Condition III. 8. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
- 10. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.463(3)(a), 1
- 11. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
- 12. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's South District Office as being more representative of ground water conditions. [62-520.300(9)]
- 13. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 14. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Coadition I.B.9. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18);

SAMPI ® PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

15. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's South District Office immediately and a written report shall follow within seven days detailing the

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's South District Office. [62-522.600][62-4.070(3)]

16. The Permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

- 1. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
- 2. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]
- 3. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - If the potable water system is contaminated, clear the potable water lines.
 - Eliminate the cross-connection.
 - Test the affected area for other possible cross-connections.
 - Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs, and the Lee County Health Department's drinking water program.
 - Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. [62-555.350(3) and 62-555.360][62-620.610(20)]
- 4. Maximum obtainable separation of reclaimed was a lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610.469(7)]
- 5. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3)]
- A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells. unless the utility adopts and entires an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (1)

FACILITY:

Eagle Ridge WWTP

PERMITTEE: Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

7. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]

8. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6)]

- 9. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8)]
- 10. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
- 11. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber," along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468 & 62-610.469]
- 12. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
- 13. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 & 62-610.464]
- 14. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class or higher operator 6 hours/day for 7 days/week. The lead operator must be a C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

- 2. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
- 4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Prepared in 2-600.735, F.A.C. [62-600.735(1)]

FACILITY:

Eagle Ridge WWTP

PERMITTEE:

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:

- a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
- Copies of all reports required by the permit for at least three years from the date the report was prepared;
- Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed:
- d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
- A copy of the current permit;
- A copy of the current operation and maintenance manual as required by Chapter 62-600,. F.A.C.;
- A copy of the facility record drawings;
- Copies of the licenses of the current certified operators; and
- Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. As indicated in the correspondence and subsequent discussions during the permitting process, the following scheduled actions shall be completed according to the following schedule:

	Corrective Action	Completion Date
1	The submitted protocol for this permit application needs to be revised. The revised operational protocol is to be submitted to compliance/enforcement for review, exercise of and final approval. During the interim, the set point for the turbidity meter is 2.5 NTUs at which point reuse water is to be diverted to reject storage. Set point for chloring residual is 1.5 mg/L.	90 Days after issuance date of permit.
2	Repair leaks chlorine contact chambers, CCCs.	90 Days after issuance date of permit
3	Develop and organize odor detection program with local home-owners association to determine and identify the source and cause of odors that are creating nuisance complaints from the surrounding neighborhood.	90 Days after issuance date of permit.

Eagle Ridge WWTP Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER:

FLA014498 PA FILE NUMBER:

FLA014498-004-DW2P

Corrective Action		Completion Date
4	Construct Site Boundary monitoring well ER-4 (46691) in the approximate location identified in Part III Item 4 of the ground water monitoring plan.	90 Days after issuance date of permit
5	Replace additional grating and handrails at surge tank.	180 Days after issuance date of permit
6	Replace gas chlorine feed with sodium hypochlorite.	180 Days after issuance date of permit.
7	Replace standby manual filter.	Two Years after issuance date of permit.

[62-600.735(1)]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

- 1. Prior to placing the modified portions of the existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2), 12-24-96]
- Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7), 12-24-96]
- If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than onehundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
- 4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.85%](a) and (2)(a)][62-640.700(2)(b)]
- 5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]

FACILITY:

Eagle Ridge WWTP

PERMITTEE: Utilities, Inc. of

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

8. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):

- Which may cause fire or explosion hazards; or
- b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
- Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment;
- d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

- 9. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-600.400(2)(b)]
- 10. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 11. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

FACILITY: Eagle Ridge WWTP PERMIT NUMBER: FLA014498
PERMITTEE: Utilities, Inc. of Eagle Ridge PA FILE NUMBER: FLA014498-004-DW2P

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714

4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]

- 5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- 6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
- 7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. It recoepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes of Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Adminimative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising—evoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

- 12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]
- 15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - A description of the anticipated noncompliance;
 - The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, 14.4.C. The laboratory must be certified for any specific method and analyte combination that is used to comply

Eagle Ridge WWTP Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave.

Altamonte Springs, FL 32714

with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.

PERMIT NUMBER:

PA FILE NUMBER:

FLA014498

FLA014498-004-DW2P

Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.610(18)]

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
 - The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
 - Oral reports as required by this subsection shall be provided as follows:
 - For imauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - Name, address, and telephone number of person reporting;
 - Name, address, and telephone number of permittee or responsible person for the discharge;
 - Date and time of the discharge and status of discharge (ongoing or ceased);
 - Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - Location or address of the discharge;
 - Source and cause of the discharge;

Eagle Ridge WWTP Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

h) Whether the discharge was contained on-site, and cleanup actions taken to date;

- i) Description of area affected by the discharge, including name of water body affected, if any; and
- j) Other persons or agencies contacted.
- 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provision.

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;

Eagle Ridge WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014498

PA FILE NUMBER: FLA014498-004-DW2P

3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and

- 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Note: In the event of an emergency the permittee shall contact the Department by calling (850) 413-9911. During normal business hours, the permittee shall call (239) 332-6975

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Richard W. Cantrell

Director of

District Management

DATE: OC40302 15,2002

RWC/MHR/cap/jli





Jeb Bush Governor

Department of Environmental Protection CEIVED

South District P.O. Box 2549 Fort Myers, Florida 33902-2549



STATE OF FLORIDA NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL NO: 7003 1010 0004 1396 9574 RETURN RECEIPT REQUESTED

In the Matter of an Application for Permit by:

Utilities, Inc. of Eagle Ridge Mr. Patrick C. Flynn, Regional Director 200 Weathersfield Avenue Altamonte Springs, FL 32714 Lee County - DW
Cross Creek WWTP
Permit No: FLA014505
DEP File No: FLA014505-003-DW2P
Caloosahatchee to Lee Coast EMA

Enclosed is Permit Number FLA014505 to operate the referenced wastewater treatment plant and reclaimed water system issued pursuant to Section 403.087, Florida Statutes.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes, or all parties may reach a written agreement on mediation as an alternative remedy under section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below, followed by the procedures for pursuing mediation.

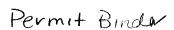
The petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel, 3900 Commonwealt. Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must mail copy of the petition to the applicant at the address indicated above, at the time of file of the failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department's permit identification number and the county in which the subject matter or activity is located;
- (b) a statement of how and when each petitioner received notice of the Department's action;

Page 1 of 3
"More Protection, Less Process"

Printed on recycled paper.



- (c) a statement of how each petitioner's substantial interests is affected by the department's action;
- (d) a statement of the material facts disputed by the petitioner, if any;
- (e) a statement of facts that the petitioner contends warrant reversal or modification of the Department's action;
- (f) a statement of which rules or statutes the petitioner contends require reversal or modification of the Department's action; and
- (g) and a statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice of intent. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Any person may elect to pursue mediation by reaching a mediation agreement with all parties to the proceeding (which includes the Department and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Department's action or proposed action. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

- a. the names, addresses, and telephone numbers of any persons who may attend the mediation;
- b. the name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
 - c. the agreed allocation of the costs and fees associated with the mediation;
 - d. the agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- e. the date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;

the name of each party's representative who shall have authority to settle or recommend settlement;

- f. either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this action or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and
 - g. the signatures of all parties or their authorized representatives.

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by section 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within fourteen days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under section 120.569 and 120.57 remain available for disposition of the dispute,

Cross Creek WWTP

PA File Number: FLA014505-003-DW2P

and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when the final order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Clerk Date

Richard W. Cantrell

Director of

District Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed by certified mail before the close of business on occupant is a constant. A constant is the constant in the constant is a constant in the constant is a constant in the constant in the constant is a constant in the constant in the constant in the constant is a constant in the consta

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

RWC/MHR/cap

Copies furnished to:

Keith Kleinmann, FDEP David Weber, P.E.



Department of Environmental Protection

Jeb Bush Governor South District P.O. Box 2549 Fort Myers, Florida 33902-2549

David B. Struhs Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities, Inc. of Eagle Ridge

PERMIT NUMBER:

FLA014505

PA FILE NUMBER:

FLA014505-003-DW2P

ISSUANCE DATE: EXPIRATION DATE:

October 15, 2003 October 14, 2008

RESPONSIBLE AUTHORITY:

Mr. Patrick C. Flynn Regional Director 200 Weathersfield Ave. Altamonte Springs, FL 32714

(404) 869-1919

FACILITY:

Cross Creek WWTP 13050 Cross Creek Blvd. Fort Myers, FL 33912 Lee County

Lee County

Latitude: 26° 33' 12" N

Longitude: 81° 49' 46" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

Operate an existing 0.249 MGD maximum monthly average daily flow (MMADF) extended aeration process domestic wastewater treatment facility consisting of dual surge tanks, four aeration basins with a combined aeration volume of 0.249 MG, a single clarifier tank, dual to tiary filtration, dual chlorine contact chambers, two digester tanks, two reclaimed water storage tanks [one 690,000 gallons and one 200,000 gallons (total 890,000 gallons)] and one 375,000 gallons reject water storage tank with:

REUSE:

Land Application: This is an existing 0.249 MGD maximum monthly average daily flow (MMADF) permitted capacity slow-rate public access (R-001) reuse site. The reclaimed water is used to irrigate a public access golf course. Land application system R001 is located approximately at Latitude: 26° 33' 12" N Longitude: 81° 49' 46" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 20 of this permit.

Page 1 of 20

"More Protection, Less Process"

Printed on recycled paper.

FACP Y: Cross Creek W / TP

PERM. TEE: Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714 P^r 1IT NUMBER: FLA014505

PALALE NUMBER: FLA014505-003-DW2P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

		Reclaimed Water Limitations			Reclaimed Water Limitations Monitoring Requirements			l Water Limitations Monitoring Requirements		ts	
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes	
Giardia	Cysts per 100 liters	Report	-	-	-	-	One time during each five- year period	Filtered	EFA-1	See Cond.I.A.3,7 &8	
Cryptosporidium	Oocysts per 100 liters	* port	-	-	-	-	One time during each five- year period	Filtered	EFA-1	See Cond.I.A.3,7 &8	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1		
Solids, Total Suspended	MCE	Max .num	-	-	-	5.0	4 Days/Week	Grab	EFB-1		
рН	SU	Range	-	-	•	6.0 to 8.5	5 Days/Week	Grab	EFA-I		
Coliform, Fecal	#/100M L	Maximum		See Permit Co	ndition I.A.4.	L	4 Days/Week	Grab	EFA-1		
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	•	1.0	Continuous	Meter	EFA-1	See Cond.I.A.5	
Turbidity	NTU	Maximum		See Permit Co	ndition I.A.6.		Continuous	Meter	EFB-1		

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505

FLA014505-003-DW2P PA FILE NUMBER:

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-I	Sample tap in the interconnect between the two transfer wet wells. Sample is pumped to chlorine analyzer located in the plant office. Final sample taken at tap located in the office.
EFB-1	At the discharge of the filters (Filter effluent stilling well- sample pumped from stilling well to sample point in control panel) and prior to chlorination.

- 3. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740 (1) (a) 2.]
- 4. Over a 30-day period, at least 75 percent of the fecal coliform values shall be below the detection limits. No sample shall exceed 25 fecal coliforms per 100 mL. No sample shall exceed 5.0 mg/L of total suspended solids (TSS) at a point before the application of the disinfectant. Note: To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
- The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
- 6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit-limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2)]
- Sampling for pathogens shall be conducted at one time during each five year period. Intervals between sampling shall not be greater than five years. [FAC rule 62-610.463 (4)(a)1, 8-8-99.]
- DEP Form 62-610.300(4)(a)4 is to be utilized and submitted to the Department as instructed for pathogen monitoring. Part I of the form provides the instructions required to accomplish sampling and information to be documented for submitting to the Department. A copy of DEP Form 62-610.300(4)(a) 4. Is attached to this permit. [FAC rule 62-610.463 (4)(a)1and 62-610.300(4)(a)4, 8-8-99.1

FACH Cross-Creek WWIP

PERM. EE: Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave.
Altamonte Springs, FL 32714

PP '11 NUMBER: PLAU143U3

PA. LE NUMBER: FLA014505-003-DW2P

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and the influent, identified as WAFR I.D. Number R001, monitored by the permittee as specified below:

				Limita	ntions			Monitoring Requirements		
Pan meter	nits	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow (miluent Flow)	MGD	Maximum	0.249	-	-	-	5 Days/Week	Recording flow meter and totalizer	FLW-1	See Cond.I.B.4
Flow (To Golf Course mixing box or golf course irrigation) >	MGD	Maximum	-	Report	•	Report	5 Days/Week	Flow meter and totalizer	FLW-2	See Cond.I.B.4
Flow (Reclaimed water to rouse storage)	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meters with totalizer (estimated from duration of flow/day)	FLW-3	See Cond.LB.4
Flow (Effluen: water to reject storage)	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meters with totalizers(estimated from duration of flow/day)	FLW-4	See Cond.LB.4
Golf Course irrigation water.	MGD	Maximum	•	Report	•	Report	5 Days/Week	Flow meter with totalizer	FLW-5	See Cond.I.B.4
Percent Capacity, (™ADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report (Mo.Total)	_	-	Monthly	Calculated	.	-
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3
Solids, Total Suspended	MG/L	Maximum	-	Report	•	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond.I.B.3

FACILITY: Cross C PERMITTEE: Utilities

Cross Creek WWTP Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave.

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	Flow meter with recorder and totalizer located in vertical influent force main (feed line) to the treatment plant.
FLW-2	Flow meter and totalizer located in plant reuse main prior to the Bermad valve and prior to supplemental water introduction to the irrigation distribution system of the golf course.
FLW-3	Reclaimed water to the reuse storage tank at the plant. Flow meters and totalizers located at the discharge of the chlorine contact chambers (Estimated from the number of hours reuse water sent to reuse storage tank per day.).
FLW-4	Effluent to reject storage tank at the plant. Flow meters and totalizers at the discharge of the chlorine contact chambers (Estimated from the number of hours effluent water sent to reject storage tank per day.).
FLW-5	Flow meter and totalizer that measures total flows of reuse and supplemental waters to the golf course for irrigation.
INF-1	Influent being pumped from lift station to bar screen at the head works prior to any side stream mixing (Sample tap in influent main.).

- 3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
- 4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
- 5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection. The operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320]. A 62-610.463(2)]
- 6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463/2] & .865(8)(d)]
- 7. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Farameters which must be monitored as a result of a ground water discharge (i.e., underground injection or and application sys. 12) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 8. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
- 9. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's South District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., mono protoxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms

Cross Creek WWTP Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's South District Office at the address specified in Permit Condition I.B. 13 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

- 10. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for turbidity, total coliforms, color, and corrosivity). Twenty-four hour composite samples shall be used to analyze reclaimed water or effluent for the primary and secondary drinking water standards. These monitoring results shall be reported to the Department annually on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15), or in another format if requested by the permittee and if approved by the Department as being compatible with data entry into the Department's computer system. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department annually. [62-601.300(4)][62-601.500(3)]
- 11. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
- 12. The permittee shall maintain an inventory of storage systems. The inventory chall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
- 13. Unless specified otherwise in this permit, all reports and other information. -quired by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's South District Office at the address specified below:

South District Office Post Office Box 2549 Fort Myers, Florida 33902-2549

Phone Number - (239) 332-6975 FAX Number - (239) 332-6969

All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [20] 620.305]

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

I. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to Appalachian Material Services RMF or disposal in a Class I or II solid waste landfill.

2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]

Note: If this facility wishes to land apply residuals in the future the permittee shall make application to the Department for a minor revision to permit conditions in accordance with F.A.C. Rule 62-620.330(3)(b) 3, prior to any land application.

- 3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)].
- 4. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C., that he will accept responsibility for proper land application of the residuals as required by Chapter 62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5), 3-30-981
- 5. Should the residuals management facility (RMF) require sludge analysis of residuals or the hauling of residuals to the residuals management facility (RMF) for treatment discontinue, the permittee shall sample and analyze the residuals at least once every 12 months. All samples shall be representative and shall be taken after final treatment of the residuals but before use or disposal. Sampling and analysis shall be in accordance with the U.S. Environmental Protection Agency publication - POTW Sludge Sampling and Analysis Guidance Document, 1989. The following parameters shall be sampled and analyzed:

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Copper	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 ang/kg dr ₂ weight	268 pounds/acre
Mercury	57 mg/kg dry weight	15.2 pounds/acre
Molybdenum	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: PA FILE NUMBER:

FLA014505

FLA014505-003-DW2P

2500 pounds/acre
Not applicable
Not applicable

(62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98)

6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Cross Creek WWTP

- 1. Date and Time Shipped
- 2. Amount of Residuals Shipped
- 3. Degree of Treatment (if applicable)
- 4. Name and ID Number of Residuals Management Facility or Treatment Facility
- Signature of Responsible Party at Source Facility
- Signature of Hauler and Name of Hauling Firm

Appalachian Material Service, Inc. Residuals Management Facility or Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

III. GROUND WATER REQUIREMENTS

struction Requirements

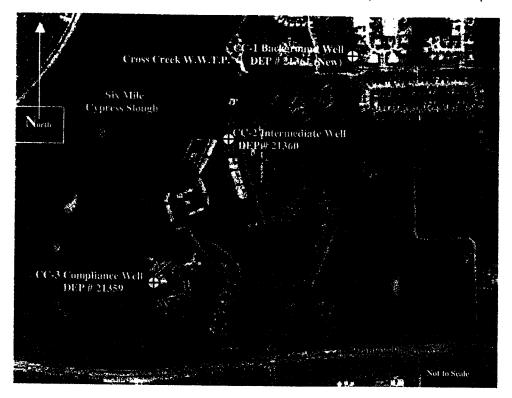
- 1. The permittee shall give at least 72-hours notice to the Department's South District Office, prior to the installation of the monitoring well detailed in this permit. [62-4.070]
- 2. Prior to construction of the new ground water monitoring well, a soil boring shall be made at the new monitoring well location in order to establish the well depth and screen interval. [62-522.900(3)]
- 3. Within 60 days after installation of a the new monitoring well, the permittee shall submit to the Department's South District Office detailed information on the well's location and construction on DEP Form(s) 62-522.900(3), Monitor Well Completion Report. [62-522.600.]. Initial characterization of the newly installed background monitoring well CC-1 (21361) shall consist of the Primary and Secondary drinking water standards identified in 62-550.310 and 62-550.320 and submitted to Department with the Well Completion Report.

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ri

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

4. The ground water monitoring wells for this facility shall be located as depicted on the site map below.



Operational Requirements

- 5. For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the shallow water table aquifer [62-520.200(23)] [62-522.400 and 62-522.410]
- 6. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
- 7. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.463,]
- 8. The following monitoring wells shall be sampled accordance with the monitoring nequencies specified in Permit Condition III.8. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-21361	CC-1 Background Well. Location to be determined.		Surficial	New
MWI-21360	CC-2 Intermediate Well. Located near tennis courts.	15.0	Surficial	existing
MWC-21359	CC-3 Compliant wiell. Located in northwest corner.	15.0	Surficial	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-(10.463]

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

9. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 7:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to NGVD	Report	FEET	In-situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	MG/L	Grab	Quarterly
Arsenic, Total Recoverable	50	UG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Cadmium, Total Recoverable	5	UG/L	Grab	Quarterly
Chromium, Total Recoverable	100	UG/L	Grab	Quarterly
Lead, Total Recoverable	15	UG/L	Grab	Quarterly
Coliform, Fecal	4	#/100MIL	Grab	Quarterly
рН	6.5 to 8.5	SU	In-situ	Quarterly
Sulfate, Total	250	MG/L	Grab	Quarterly
Turbidity	Report	NTU	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

- 10. If the concentration for any constituent listed in Permit Condition III. 8. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
- 11. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (NGVD allowable) at a precision of plus or minus 0.1 foot. [62-610.463(3)(a),]
- 12. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
- 13. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's South District Office as being more representative of ground water conditions. [62-520.300(9)]
- 14. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
- 15. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). For reuse or land application projects, results shall be submitted with the DMR for each month listed in the following schedule. The submitted results shall be for each year during the period of operation allowed by this permit in accordance with Permit Condition I.B.9. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

- 16. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's South District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's South District Office. [62-522.600][62-4.070(3)]
- 17. The Permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall into diately implement measures appropriate to control the entry of contaminants, and shall

FACILITY:

Cross Creek WWTP

PERMITTEE: Utilities, Inc. of Eagle Ridge

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part III Public Access System(s) (R-001)

1. This reuse system includes the following major users (i.e., using 0.1 MGD or more of reclaimed water):

User Name	User Type	Capacity (MGD)	Acreage
Cross Creek Country Club Golf Course	Golf Course	0.249	60acres

[62-610.800(5)][62-620.630(10)(b)]

- 2. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
- 3. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]
- 4. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - e. Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs, and the Lee County Health Department's drinking water program.
 - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether recalimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. [62-555.350(3) and 62-555.360][62-620.610(20)]
- 5. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610.469(7)]
- 6. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3)]

FACILITY: Cross Creek WWTP PERMIT NUMBER: FLA014505

PERMITTEE: Utilities, Inc. of Eagle Ridge PA FILE NUMBER: FLA014505-003-DW2P

200 Weathersfield Ave.

Altamonte Springs, FL 32714

7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7)]

- 8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4)]
- 9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6)]
- 10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8)]
- 11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2)]
- 12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468 & 62-610.469]
- 13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
- 14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 & 62-610.464]
- 15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 7 days/week. The Lod operator must be a C, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

- 2. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]
- 3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

Altamonte Springs, FL 32714

200 Weathersfield Ave.

The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]

PERMIT NUMBER:

PA FILE NUMBER:

FLA014505

FLA014505-003-DW2P

- 5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - A copy of the current permit;
 - A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - A copy of the facility record drawings:
 - Copies of the licenses of the current certified operators; and
 - Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

1. As indicated in the correspondence and subsequent discussions during the permitting process, the following scheduled actions shall be completed according to the following schedule:

	Corrective Action	Completion Date
1	The submitted protocol for this permit application needs to be revised. The revised operational protocol is to be submitted to compliance/enforcement for review, exercise of and final approvat. During the interim, the set point for the turbidity meter is 2.5 NTUs at which point reuse water is to be diverted to reject storage. Set point for chlorine residual is 1.5mg/L.	90 Days after issuance date of permit.
2	Replace gas chlorine with sodium hypochlorite.	180 days after issuance
		date of permit.

[62-600.735(1)]

FACILITY:

Cross Creek WWTP

PERMITTEE:

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: PA FILE NUMBER:

FLA014505

FLA014505-003-DW2P

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

- 1. Prior to placing the modified portions of the existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2), 12-24-96]
- 2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7), 12-24-96]
- 3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
- 4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
- 5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
- 6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
- 7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
- 8. The operating authority of a collection/transmin in a system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or expiction hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
 - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
 - d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4)]

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-600.400(2)(b)]

- 10. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 11. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]
- This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the Plate. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
- This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, o. . perty caused by the construction or operation of this permitted source; nor does it also withe permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
- If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

PA FILE NUMBER: FLA014505-003-DW2P 200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER:

FLA014505

7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]

- 8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

[62-620.610(9)]

- 10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
- 11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
- 12. Unless specifically stated otherwise in Department 16s, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
- 13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
- 14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliant of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. [62-620.610(15)]

- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. [62-620.610(16)]
- 17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - A description of the anticipated noncompliance;
 - The period of the anticipated noncompliance, including dates and times; and
 - Steps being taken to prevent future occurrence of the noncompliance.

[62-620.610(17)]

- 18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified T Chapter 62-602, F.A.C.
 - Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the app! table procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.

[62-620.616;18)1

- 19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
- 20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permitter of ecomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances.

Cross Creek WWTP Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave. Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLA014505-003-DW2P

The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- The following shall be included as information which must be reported within 24 hours under this condition:
 - 1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 - 4. Any unauthorized discharge to surface or ground waters.
- Oral reports as required by this subsection shall be provided as follows:
 - 1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - Name, address, and telephone number of permittee or responsible person for the discharge;
 - Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - Location or address of the discharge;
 - Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 - 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- If the oral report has been received within 24 hours, the nancompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[**62-62**0.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this perm. (62-620.610(21))
- 22. Bypass Provisions.

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge 200 Weathersfield Ave. Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014505

PA FILE NUMBER:

FLA014505-003-DW2P

- Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

Cross Creek WWTP

Utilities, Inc. of Eagle Ridge

200 Weathersfield Ave.

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505

PA FILE NUMBER: FLAO!

FLA014505-003-DW2P

c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Note: In the event of an emergency the permittee shall contact the Department by calling (850) 413-9911. During normal business hours, the permittee shall call (239) 332-6975

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Richard W/Cantrell

Director of

District Management

DATE: <u>OCTOBOR</u> 15, 2003

RWC/MHR/cap

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(7) Notices N/A

Test Year Ended December 31, 2002

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(8) Field Employees

Test Year Ended December 31, 2002

Employees Involved in Utilities, Inc. of Eagle Ridge Operations During Test Year 2002:

Don Rasmussen, Vice President of Operations (Retired June 30, 2003): Oversees all operations and employees in Florida effective January 1, 2002-December 31, 2002 of the test year.

Patrick Flynn, Regional Manager: Manages operations and employees for all West Coast operations. West Coast operations include all systems located in South Florida and West Florida. Effective January 1, 2002 – December 31, 2002 of the test year. On July 1, 2003, Mr. Flynn assumed the position of Regional Director for all operations and employees in Florida.

Michael Dunn, Regional Operations Manager: Assumed responsibility for South and West Florida operations on June 30, 2003.

Garth Armstrong, Assistant Operations Manager: Oversees the day-to-day operations within the West Coast and South Florida Operations areas.

Bill Coates, Area Manager: Supervises the day-to-day operations for the systems within the South Florida Operations area. Effective January 1, 2002 – December 31, 2002 of the test year. On October 1, 2003, Scott Stewart assumed the position of Area Manager for the South Florida Operations area and continues in that position.

Field Employees:

Scott Stewart, Lead Operator/Eagle Ridge: Scott holds Class C water and wastewater licenses. He was responsible for overseeing the day-to-day operations of the Eagle Ridge facility during the test year. Scott was promoted to the Area Manager position on October 1, 2003.

Patrick L. Godwin, Operator: Patrick holds Class B water and wastewater licenses. Patrick worked as an Operator at the Eagle Ridge facility during the test year.

Silas Crain, Operator: Silas holds Class C water and wastewater licenses. Silas succeeded Patrick L. Godwin at the Eagle Ridge facility in 2003.

Ismael Garcia, Lead Operator/Cross Creek: Ismael holds a Class C wastewater license. He was responsible for overseeing the day-to-day operations of the Cross Creek facility during the test year and continues to be employed in that position.

Facilities:

The minimum staffing requirement at the Eagle Ridge wastewater plant is 6 hours per day, 7 days per week, by a minimum Class C wastewater operator. A certified optimust be on call during periods the plant is unattended.

The minimum staffing requirement at the Cross Creek wastewater plant is 6 hours per day, 7 days per week, by a minimum Class C wastewater operator. A certified operator must be on call during periods the plant is unattended.

Duties and Responsibilities:

- a) Responsible for performing treatment plant and collection system operation and maintenance tasks. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to management and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause unauthorized or unsafe treatment or discharge of wastewater in a manner not authorized by the current permit.
- e) Submit accurate reports relative to treatment plant and collection system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; cross-connection inspections; installing or repairing the collection and disposal systems.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

•

•

•

)

ŗ

,

)

•

)

)

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(9) Vehicles

Test Year Ended December 31, 2002

UTILITIES, INC. OF EAGLE RIDGE

Assigned to:	Vehicle #	<u>Description</u>	<u>VIN#</u>	Owned or <u>Leased</u>	Original Cost
Stewart, Scott	0017	2000 Chevy 1500	1GCEC14V8YE248732	Owned	\$17,968.83
Garcia, Ismael	0015	2000 Chevy S-10	1GCCS14W1YK196168	Owned	\$15,363.17
Crain, Silas	9832	1998 Chevy S-10	!GCCS14X1WK245858	Owned	\$16,021.34

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

25.30-440(10) Customer Complaints

Test Year Ended December 31, 2002

```
SUBDIVISION
                1. 00673
 ROUTE
                :. 673
 SERVICE ORDER# :. 622269
 ACCOUNT#
                :. 006734040121
 CUSTOMER NAME : LACKNER, WILLIAM
 SERVICE ADDRESS: 7761 TWIN EAGLE LN
 PHONE
                :. 239/768-0236
 EDATE
                :. 06/12/02
TYPE
                :. 35
 FOPER
                : .
                :. JOE TRIK W/ EAGLE RIDGE H.O.A. CALLED TO REPORT A LARGE SEWER PIPE
 COMMENT
                 . BESIDE THE ROAD ON THE RIGHT OF THIS ADDRESS THAT IS UNCOVERED,
                  . AND HAS A HOLE IN IT. PIPE IS GREEN. HIS PHONE# 239-768-0236.
                 . PAGED TO SCOTT S.
 RESOLUTION
                :. 6/12/02
                 . THIS IS NOT OUR PROBLEM, IT APPEARS TO BE COUNTY STORM DRAIN.
                 . CUSTOMER WAS ADVISED.
                 . SCOTT/MH
 RDATE
                :. 06/12/02
 SUBDIVISION
                :. 00673
 ROUTE
                . 673
 SERVICE ORDER# :. 600861
 ACCOUNT#
                :. 006734048802
 CUSTOMER NAME : PAYNE, HAROLD C
 SERVICE ADDRESS: . 14698 TRIPLE EAGLE CT
 PHONE
                :. 941/225-1460
 EDATE
                :. 03/18/02
 TYPE
                : . 36
 FOPER
 COMMENT
                :. CUSTOMER CALLED DUE TO SEWER CLOG CUSTOMER HAS PLUMBER AT LOCATION
                 . BUT THEY CAN NOT FIND PROBLEM.
                 . PAGE TO PATRICK #38
RESOLUTION
                :. 3/18/02
                 . CUSTOMER HAS BELLY IN HIS 4" DRAIN, HE IS AWARE OF PROBLEM.
                  . KATZ PLUMBING TVED LINE AND SHOWED CUSTOMER. FOLLOW UP CALL 3/19/02
                  . AT 0830
                 . $$/MH
 RDATE
                :. 03/18/02
 SUBDIVISION
                1. 00673
 ROUTE
                :. 673
SERVICE ORDER# :. 605470
 ACCOUNT#
                :. 006734077502
 CUSTOMER NAME : LEANNAH, CARMEL M
 SERVICE ADDRESS: . 14619 EAGLES LOOKOUT CT
                : .
 EDATE
                :. 04/04/02
 TYPE
                :. 36
 FOPER
                :. UIER
COMMENT
                :. CUSTOMER CALLED THE ANSWERING SERVICE ON 3/29/02 AT 5:20 PM STATING
                 . HER TOILETS ARE BACKING UP IN HOME. PLEASE PROVIDE RESOLUTION
 RESOLUTION
                 . PLUG FOUND IN CUSTOMER'S LINE, KATZ PLUMBING TOOK CARE OF IT AND
                 . BILLED CUSTOMER.
                  SCOTT/MH
 RDATE
                1. 03/29/02
```

7

```
SUBDIVISION
              :. 00673
ROUTE
               :. 673
SERVICE ORDER# :. 661818
ACCOUNT#
              1. 006734077801
CUSTOMER NAME : FERRIOLA, RICHARD
SERVICE ADDRESS: 7808 EAGLES FLIGHT LN
PHONE
               : .
EDATE
               :. 10/17/02
TYPE
               1. 40
FOPER
               : UIER
COMMENT
               :. CUSTOMER CALLED REGARDING THE DAMAGE TO THE SOD ON THE SIDE OF THE ROAD
                NEAR THE LIFT STATION #4. OUR CONTRACTOR, KATZ PLUMBING, PULLED OFF THE
                . SIDE OF THE ROAD ABOUT 3 WEEKS AGO AND PARKED ON THE GRASS SHOULDER
                . WHILE WORKING AT OUR LIFT ST, HIS TRUCK LEFT A RUT LESS THAN 4' LONG.
                . KATZ FILLED IN THE LOW SPOT WITH DIRT AND RESTORED THE AREA.
RESOLUTION
               :. 10/17/02
                . I CALLED CUSTOMER AND KATZ TODAY. SCOTT STEWART AND IZZY GARCIA
                . INSPECTED THE SITE AND FOUND AN AREA LESS THAN ONE SQ. FT. THAT WAS
                . IMPACTED. WE WILL PLACE A PIECE OF SOD TO ADDRESS CUSTOMER'S CONCERN.
                . PATRICK/MH
RDATE
               :. 10/17/02
SUBDIVISION
               :. 00673
ROUTE
               :. 673
SERVICE ORDER# :. 584704
ACCOUNT#
              :. 006734062771
CUSTOMER NAME : THE PINES AT EAGLE RIDGE,
SERVICE ADDRESS: . 7150 GOLDEN EAGLE CT
PHONE
               :.
EDATE
               :. 01/04/02
TYPE
               :. 46
FOPER
               .. UIER
COMMENT
               :. CUSTOMER CALLED ANSWERING SERVICE AT APPROXIMATELY 6:19 A.M. STATING
                . THAT THEY HAVE NO ELECTRICITY
RESOLUTION
               :. CUSTOMER NEEDS TO CALL POWER COMPANY,
                . PW
RDATE
               :. 01/04/02
5 records listed.
```

(Fig.	SHKVICH	ORDER	R.F.	CAP	CÓUNT
002	ROUTE	ı			COUNT
ŗ -		· TY	PE	DESCRIPTION	
00673	673	3 3 5	;		1
00 673	673	36	;		2
00673	673	40)		1
00673	673	46	5		ī
00673	673	}			5
00673					5
					EEEE:
)					5

5 records listed.

847 498 2066 P. 004/012