

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

Lee County

Test Year Ended December 31, 2002

DOCUMENT NUMBER - DATE

11507 NOV 17 8

REG.-COMMISSION CLERK

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	\$4,758.00	73 cyl.	\$64.00	30 ppd
		Histosal	\$26,213.51	1760 gal.	\$15.21/gal	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

PERMITTEE NAME: **EAGLE RIDGE/UTILITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**

FT. MYERS FL. 33912-1703

ACILITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**

FT. MYERS FL. 33912-1703

PERMIT NUMBER: **FLA. 014498-001-DW2P**

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

LIMIT: **FINAL**

CLASS SIZE: **MINOR**

GROUP: **DOMESTIC**

FACILITY ID: **FLAD14498**

GMS TESTSITE ID NO.: **5236-P0090**

DISCHARGE POINT NUMBER: **EFA-1**

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: **3-C**

*** NO DISCHARGE [] ***

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

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STORET CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW											
050030 1	.25/	Sample Measurement	.251	.289	(10) M.G.D.				0	CONTINUOUS	FLOW METER
MONTHLY AVERAGE DAILY		Permit Requirement	REPORT MONTHLY AVG	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT		Sample Measurement				174	196	(10) MG/L	0	BI-WEEKLY	FPCB
080002 G	174	Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	MG/L		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE											
TSS, INFLUENT		Sample Measurement				208	223	(10) MG/L	0	BI-WEEKLY	FPCB
00530 0	208	Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	MG/L		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE											
CBOD5, EFFLUENT		Sample Measurement				<1	<1	(10) MG/L	0	BI-WEEKLY	FPCB
080002 1	<1	Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	MG/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE											
TSS, EFFLUENT		Sample Measurement				0.9	2.0	(10) MG/L	0	3/7	GRAB
000530 1	0.9	Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX	MG/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE											
COLIFORM, FECAL		Sample Measurement				<1	<1	(10) COL/100ML	0	3/7	GRAB
031616 1	<1	Permit Requirement				REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE											

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 (Sign or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/Y/M/DD)
NORMAN L. SHUKAIT	<i>Norman L. Shukait</i>	272-1919	01/02/26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

MITTEE NAME: **EAGLE RIDGE UTILITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL. 33912-1703

ACILITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**
FT. MYERS FL. 33912-1703

PERMIT NUMBER: **FLA-074498-001-DW2P**
 MONITORING PERIOD-From: **(01/01/01)** To: **(01/31/01)**

LIMIT: **FINAL**
 CLASS SIZE: **MINOR**
 FACILITY ID: **FLA014498**
 DISCHARGE POINT NUMBER: **EFA-1**
 PLANT SIZE/TREATMENT TYPE: **3-C**
 TYPE OF EFFLUENT DISPOSAL: **RECLAIMED WATER RE-USE, GOLF COURSE IRRIGATION.**

GROUP: **DOMESTIC**
 GMS TESTSITE ID NO.: **5236-P070**
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STOREY CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
pH											
000400 1 6.4		G				6.4		6.8	(17)	0	7 WEEK
MINIMUM						4.5 MINIMUM		8.5 DAILY MAX.	(17)		CHLORINE
CHLORINE, TOTAL RESIDUAL											
030060 1 1.8						1.8			(17)	0	CONTINUOUS MONITOR
EFFLUENT GROSS VALUE						MINIMUM			(17)		
NITRATE (m N)								NA	(17)	NA	NA
(IF REQUIRED IN THE PERMIT)											
000420 1 NA								11.5	(17)	NA	NA
EFFLUENT GROSS VALUE											
NITROGEN, TOTAL (m N)								NA	(17)	NA	NA
(IF REQUIRED IN THE PERMIT)											
000600 1 NA								REPORT DAILY MAX.	(17)	NA	NA
EFFLUENT GROSS VALUE											
TURBIDITY								0.67	(17)	0	TURBIDITY
(IF REQUIRED IN THE PERMIT)											
1.6											
TSS EFFLUENT COMP.								1.6	(17)	0	BI-WEEKLY
NOT REQ BY PERMIT											FPCB

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 (Type or Print) **NORMAN L. SHUKAIT** SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT **Norman L. Shukait** TELEPHONE NO. **272-1919** DATE (YYMMDD) **01/02/01**

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B

443 MGD

NOV = 248

DEC = 231

JAN = 251

2001 73045 243 552

Three-month Average Daily Flow: 243.73045 243 552
Daily Flow % of Permitted Capacity: 55%

City of ALABAMA
JAN - 2001

Top of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	
In (gallons)	355	378	391	398	423	440	453	441	440	451	445	455	430	406	376	358	332	364	361	340	389	369	343	372	393	386	370	378	340	354	351	
Median Residual after Current (mg/L as Cl)	3.3	2.6	3.8	2.0	2.5	2.8	3.8	2.0	5.0	2.5	5.0	2.2	5.0	4.2	2.9	2.5	2.0	1.8	2.0	2.0	2.0	2.2	5.0	5.0	3.1	2.0	3.1	1.8	2.0	3.1	2.0	
BOD, Influent (mg/L as O ₂)	C														196														151		247	
SS Influent (mg/L)	C														223														193		476	
BOD, Effluent (mg/L as O ₂)	C														<1														<1		208	
SS Effluent (mg/L)	C																														<1	21
O ₂ Effluent (mg/L as N)		0.9	0.8	0.8					1.6	0.8	0.9				<1.0	0.7	2.0					<0.6	<0.8	0.9					<0.8	<0.6	<0.6	0.92
total N Effluent (mg/L as N)																																
total Calcium (B/100ML)	G	<1	<1	<1				<1	<1	<1					<1	<1	<1					<1	<1	<1					<1	<1	<1	
H effluent, minimum	G	6.5	6.7	6.6	6.5	6.4	6.4	6.5	6.5	6.5	6.6	6.6	6.6	6.6	6.5	6.7	6.7	6.7	6.6	6.6	6.6	6.7	6.8	6.6	6.7	6.6	6.6	6.7	6.8	6.8	6.8	
H effluent, maximum																																
alkalinity (N.T.U.)		4.5	3.9	3.4	3.4	4.1	4.7	3.2	2.2	4.3	2.5	3.5	1.6	2.9	2.8	3.1	3.5	3.4	6.2	4.0	3.3	2.3	2.3	2.2	2.0	1.9	2.2	3.2	2.1	3.2	4.4	3.4
TYPE OF SAMPLE (C=COMPOSITE, -GRAB)																																
DTE OF SAMPLE	0°	0830	0830	0830				0830	0830	0830				0830	0830	0830						0830	0830	0830					0830	0830	0830	
TSS COMPOSITE-NOT REQ BY PERMIT C														1.6															7		2.3	
																																1.15

ANT STAFFING:

Operator

Class: C Certificate No.: 2463

Name: NORMAN L SHUKHIT

Operator

Class: C Certificate No.: 6394

Name: M. SCOTT STEWART

Operator

Class: Certificate No.:

Name:

Operator

Class: Certificate No.:

Name:

% of Effluent Disposed or Reclaimed Water Reuse: SPARY INSULATION - GOLF COURSE

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

task additional sheets if necessary to list all certified operators.

* Form 02-001-0000, Effective November 20, 1999

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE UTILITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL 33912-1703

ACILITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**
FT. MYERS FL 33912-1703

PERMIT NUMBER: **FLA. 014498-001-DW2P**
 MONITORING PERIOD: **From (02/01/01) TO (02/28/01)**
 LIMIT: **FINAL**

CLASS SIZE: **MINOR** GROUP: **DOMESTIC**
 FACILITY ID: **FLAD14498** GMS TESTSITE ID NO.: **5336-00070**
 DISCHARGE POINT NUMBER: **EFA-1** WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: **3-C** *** NO DISCHARGE | | ***
 TYPE OF EFFLUENT DISPOSAL: **RECLAIMED WATER-RE-USE**
GOLF COURSE IRRIGATION.

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
STORE CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
FLOW										
	Sample Measurement	.238	.279	M.G.D.					0	CONTINUOUS FLOW METER
010050 1	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT
CBOD5, INFLUENT										
	Sample Measurement					187	193	MG/L	0	BI-WEEKLY FPCB
080082 0	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT
TSS, INFLUENT										
	Sample Measurement					210	241	MG/L	0	BI-WEEKLY FPCB
00530 G	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT
CBOD5, EFFLUENT										
	Sample Measurement					0.1	1.0	MG/L	0	BI-WEEKLY FPCB
080082 1	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT
TSS, EFFLUENT										
	Sample Measurement					0.6	0.8	MG/L	0	3/WEEK GRAB
000530 1	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT
COLIFORM, FECAL										
	Sample Measurement				<1	<1	<1	COL. 100 ML	0	3/WEEK GRAB
031616 1	Permit Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L		SEE PERMIT
EFFLUENT GROSS VALUE										
031616 1	Sample Measurement	<1								

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
NORMAN L. SHUKAIT	<i>Norman L. Shukait</i>	1000 272-1919	01/03/13

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE/UTILITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL. 33912-1703

ACILITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**
FT. MYERS FL. 33912-1703

PERMIT NUMBER: **FLA-04498-001-DW2P**
 MONITORING PERIOD: **From (02/01/01) To (02/28/01)**
 LIMIT: **FINAL**
 CLASS SIZE: **MINOR**
 FACILITY ID: **FLA014498**
 DISCHARGE POINT NUMBER: **EFA-1**
 PLANT SIZE/TREATMENT TYPE: **3-C**
 TYPE OF EFFLUENT DISPOSAL: **RECLAIMED WATER-RE-USE, GOLF COURSE IRRIGATION.**

GROUP: **DOMESTIC**
 GMS TESTSITE ID NO.: **5236-A090**
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE () ***

Please read instructions before completing this form.

Parameter	STORE CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH			Sample Measurement	6.6		6.6		7.2	(12)	0	7/week	G
000400 MINIMUM		G	Sample Measurement						(12)			
CHLORINE, TOTAL RESIDUAL			Sample Measurement	1.8		1.8			(19)	0	CONTINUOUS	MONITOR
030000 EFFLUENT GROSS VALUE			Sample Measurement						(19)			
NITRATE (as N)			Sample Measurement					NA	(19)	NA	NA	NA
(IF REQUIRED IN THE PERMIT)			Sample Measurement						(19)			
000620 EFFLUENT GROSS VALUE			Sample Measurement						(19)			
NITROGEN, TOTAL (as N)			Sample Measurement					NA	(19)	NA	NA	NA
(IF REQUIRED IN THE PERMIT)			Sample Measurement						(19)			
000400 EFFLUENT GROSS VALUE			Sample Measurement						(19)			
TURBIDITY			Sample Measurement	.40				.40	(19)	0	CONTINUOUS	TRANSPARE
(IF REQUIRED IN THE PERMIT)			Sample Measurement						(19)			
TSS EFFLUENT COMP			Sample Measurement					0.8	(19)	0	80-WEEKLY	FPC8
NOT REQ BY PERMIT			Sample Measurement						(19)			
0.8 C			Sample Measurement						(19)			

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 (Type or Print): **NORMAN L. SHUKAIT**
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: *Norman L. Shukait*
 TELEPHONE NO.: **272-1919**
 DATE (YY/MM/DD): **01/03/13**

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B

443 MGD

DEC = 2.231
JAN = 2.231
FEB = 2.238

Three-month Average Daily Flow: 340.720 MGD
Daily Flow % of Permitted Capacity: 54%

City of ALABAMA
Permit 03-01

City of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30th	
Flow (MGD)	5.4	5.5	5.6	5.7	5.8	5.9	6.0	6.1	6.2	6.3	6.4	6.5	6.6	6.7	6.8	6.9	7.0	7.1	7.2	7.3	7.4	7.5	7.6	7.7	7.8	7.9	8.0	8.1	8.2	8.3	8.4
Median Residual after Contact (mg/L as Cl ₂)	2.0	2.2	2.0	2.0	1.9	2.5	5.0	2.2	5.0	2.0	2.0	2.5	3.5	3.0	2.5	4.9	3.0	2.5	3.3	2.5	2.5	1.8	1.8	2.8	2.5	2.0	2.5	3.6	-	-	-
BOD, Influent (mg/L as O ₂)	C											193													180				-	-	-
SS Influent (mg/L)	C											241													178				-	-	-
BOD, Effluent (mg/L as O ₂)	C											<1													1.0				-	-	-
SS Effluent (mg/L)	G					6.6	6.6	6.6				6.6	6.7	6.6						6.6	6.6	6.7			6.6	6.6	0.8		-	-	-
IO, Effluent (mg/L as N)																															
total N Effluent (mg/L as N)																															
total Coliform (P/100ML)	G				<1	<1	<1					<1	<1	<1					<1	<1	<1				<1	<1	<1	-	-	-	-
H effluent, minimum	G	6.7	6.7	6.6	6.6	6.8	7.2	7.0	6.8	6.8	6.8	7.0	7.0	7.0	6.9	6.9	6.9	6.8	6.9	6.7	6.8	6.8	6.9	6.9	7.0	6.9	7.0	7.0			
H effluent, maximum																															
alkalinity (N.T.U.)	24	31	32	30	31	20	20	22	37	33	40	32	28	32	22	24	24	20	20	23	25	22	29	36	30	30	36	36	-	-	-
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)																															
DTS OF SAMPLE																															
TSS COMPOSITE-MET REQ BY PERMIT	C											0.8														0.6			-	-	-

ANT STAFFING:

Operator

Class: C Certificate No.: 2463

Name: NORMAN L. SHUKAIT

Operator

Class: C Certificate No.: 6394

Name: M. SCOTT STEWART

Operator

Class: Certificate No.:

Name:

Operator

Class: Certificate No.:

Name:

ps of Effluent Disposal or Recycled Water Reuse: SPARTAN INDIAN - GOLF COURSE
called Wet Weather Discharge Activated: Yes No: Not Applicable If yes, consecutive days of wet weather discharge:
attach additional sheets if necessary to list all certified operators.

P Form 8-02-02-02-02, Effective December 20, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP LIMITS (REPLACES MCR FORM)

PERMITTEE NAME: EAGLE RIDGE UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

ACTIVITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA-014498-001-DW2P
 MONITORING PERIOD: From: (03/01/01) TO (03/31/01)
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLAD14498
 DISCHARGE POINT NUMBER: EFA-1
 PLANT SIZE/TREATMENT TYPE: 3-C
 TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE
GOLF COURSE IRRIGATION.

GROUP: DOMESTIC
 GMS TESTSITE ID NO.: 5236-P0090
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
TOILET CODE MON. SITE No.										
FLOW	Sample Measurement	.231	.314	M.G.D.				0	CONTINUOUS	FLOW METER
050050 1 .231 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
CBODS, INFLUENT	Sample Measurement					204	242	0	BI-WEEKLY	FPCB
080082 G 204 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement					225	253	0	BI-WEEKLY	FPCB
00530 G 225 INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT	Sample Measurement					1.5	2.0	0	BI-WEEKLY	FPCB
050082 1 1.5 EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement					1.0	4.1	0	3/7 WEEK	GRAB
00530 1 1.0 EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement				<1	<1	<1	0	3/7 WEEK	GRAB
031616 1 <1 EFFLUENT GROSS VALUE	Permit Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
NORMAN L. SHUKAIT	<i>Norman L. Shukait</i>	272-1919	01/04/24

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MON FORM)

EMITTER NAME: EAGLE RIDGE/UTILITIES INC.
MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

ACILITY: EAGLE RIDGE
LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW2P
MONITORING PERIOD-From: (09/01/01) To: (03/31/01)

LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014498
DISCHARGE POINT NUMBER: EFA-1
PLANT SIZE/TREATMENT TYPE: 3-C
TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER RE-USE, GOLF COURSE IRRIGATION

GROUP: DOMESTIC

GMS TESTSITE ID NO: 5236-A090

WAFR SYSTEM ID NO:

*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
STOREY CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH					6.9		7.2	(12)	0	7/WEEK	G
000400 1	6.9 G				MINIMUM		DAILY MAX	5U		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL					1.2			(19) MG/L	0	CONTINUOUS	CHLORINE MONITOR
050060 1	1.2				MINIMUM			MG/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE								(19)			
NITRATE (as N)							NA	NA	NA	NA	NA
(IF REQUIRED IN THE PERMIT)							128	mg/l		SEE PERMIT	SEE PERMIT
000620 1	NA							(19)			
EFFLUENT GROSS VALUE							NA	NA	NA	NA	NA
NITROGEN, TOTAL (as N)							REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
(IF REQUIRED IN THE PERMIT)								(19)			
000600 1	NA							mg/l		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE											
TURBIDITY							0.85	M.T.U.	0	CONTINUOUS	TURBIDITY MONITOR
(IF REQUIRED IN THE PERMIT)							REPORT DAILY MAX	M.T.U.		SEE PERMIT	SEE PERMIT
0.85											
TSS EFFLUENT COMP.							0.9	MG/L	0	BI-WEEKLY	FPCB
NOT REQ BY PERMIT											
0.9 C											

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 (Sign in block)
NORMAN L. SHUKAIT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
[Signature]

TELEPHONE NO.
272-1919

DATE (YY/MM/DD)
01/04/24

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B

443 M.G.D.

FEB = 238

MAR = 231

APR = 240

Daily Flow % of Permitted Capacity: 54%

Three-month Average Daily Flow: 240

City ID: FLA04498
Date: MARCH 2001
Day of the Month

DATE: JAN 2001	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Day of the Month																															
Flow (MGD)	2.74	2.81	2.70	2.51	2.64	2.75	2.40	2.33	2.16	2.70	2.36	1.75	2.16	1.75	1.74	1.80	1.73	2.06	2.74	2.00	2.50	2.51	2.29	2.29	3.14	2.62	2.30	2.29	2.36	2.09	2.23
Surfactant Residual after Contact (mg/L as Cl ₂)	2.5	2.6	3.0	2.5	1.2	1.5	3.7	3.4	3.4	2.8	4.4	2.5	2.5	2.5	3.1	3.3	3.0	3.0	3.0	2.6	2.9	2.2	2.2	2.0	2.5	5.0	5.0	5.0	5.0	4.9	2.0
CBOD, Influent (mg/L as O ₂)	C											166														242					408
TSS Influent (mg/L)	C											191														253					204
CBOD, Effluent (mg/L as O ₂)	C											2														<1					450
TSS Effluent (mg/L)	G					20.6	10.6	10.6					10.6	0.9	10.7					4.1	0.9	10.6					1.2	10.6	1.1		1.04
O ₂ Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)																															
Total Coliform (#/100ML)	G				<1	<1	<1						<1	<1	<1						<1	<1	<1				<1	<1	<1		
pH, minimum	G	7.1	7.1	6.9	6.9	6.9	7.0	7.0	7.0	7.0	7.0	7.1	7.0	7.2	7.0	7.1	7.0	7.0	7.0	7.2	7.2	7.1	7.0	7.0	7.1	7.1	7.1	7.0	7.1	7.1	7.1
pH, maximum																															
Alkalinity (N.T.U.)		43	41	34	31	21	23	24	24	29	42	40	31	49	40	33	35	52	62	67	34	34	69	54	48	25	23	42	51	23	24
CHART RECORDS																															
TYPE OF SAMPLE (C=COMPOSITE, G=GRAB)																															
DATE OF SAMPLE																															
TSS COMPOSITE - NOT REQ. BY PERMIT	C											0.9															0.6				
																	</														

ANT STAFFING:

Operator

Operator

Operator

Operator

Class: C Certificate No.: 2463

Class: C Certificate No.: 6394

Class: Certificate No.:

Class: Certificate No.:

Name: NORMAN L. SHUKAIT

Name: DA. SCOTT STEWART

Name:

Name:

Use of Effluent Disposal or Reclaimed Water Run: SPRAY IRRIGATION - GOLF COURSE
Wind Weather Discharge Activated: Yes: No: Not Applicable If yes, cumulative days of wet weather discharge:
Attach additional sheets if necessary to list all certified operators.

Form 40-223-01020, Effective November 28, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE UTILITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL 33912-1703

ACILITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**
FT. MYERS FL 33912-1703

PERMIT NUMBER: **FLA. 014498-001-DW2P**

MONITORING PERIOD: From: **(4/01/01)** TO: **(4/30/01)**

LIMIT: **FINAL**

CLASS SIZE: **MINOR**

GROUP: **DOMESTIC**

FACILITY ID: **FLAD14498**

GMS TESTSITE ID NO: **5236-7000**

DISCHARGE POINT NUMBER: **EFA-1**

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

443

PLANT SIZE/TREATMENT TYPE: **3-C**

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

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
STORE CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
FLOW										
050050	1	.251	.315	M.G.D.					0	CONTINUOUS FLOW METER
MONTHLY AVERAGE DAILY		REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT
CBOD5, INFLUENT										
080082	0	267	269	MG/L					0	81-WEEKLY FPCB
INFLUENT GROSS VALUE		REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L						SEE PERMIT
TSS, INFLUENT										
00530	0	314	318	MG/L					0	81-WEEKLY FPCB
INFLUENT GROSS VALUE		REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L						SEE PERMIT
CBOD5, EFFLUENT										
080082	1	3	4	MG/L					0	81-WEEKLY FPCB
EFFLUENT GROSS VALUE		REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L						SEE PERMIT
TSS, EFFLUENT										
000530	1	<0.6	<0.6	MG/L					0	3/7-WEEK GRAB
EFFLUENT GROSS VALUE		REPORT MONTHLY AVG.	REPORT DAILY MAX.	MG/L						SEE PERMIT
COLIFORM, FECAL										
031616	1	<1	<1	COL/100ML					0	3/7-WEEK GRAB
EFFLUENT GROSS VALUE		REPORT MONTHLY AVG.	REPORT DAILY MAX.	COL/100ML						SEE PERMIT

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 (200 - 200)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
NORMAN L. SHUKAIT 202463	Norman L. Shukait	272-1919	01/05/21

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE/UTLITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL. 33913-1703

FACILITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**
FT. MYERS FL. 33913-1703

PERMIT NUMBER: **FLA. 0M498-001-DW2P**
 MONITORING PERIOD: FROM **(4/10/01)** TO **(4/30/01)**
 LIMIT: **FINAL**
 CLASS SIZE: **MINOR**
 FACILITY ID: **FLA014498**
 DISCHARGE POINT NUMBER: **EFA-1**
 PLANT SIZE/TREATMENT TYPE: **3-C**
 TYPE OF EFFLUENT DISPOSAL: **RECLAIMED WATER RE-USE, GOLF COURSE IRRIGATION.**

GROUP: **DOMESTIC**
 GMS TESTSITE ID NO.: **5236-PW70**
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

.443

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
STORET CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
pH										
000400	6.7 G				6.7		7.3	(17)	0	7 WEEK
MINIMUM					MINIMUM		DAILY MAX	DU		SEE PERMIT
CHLORINE, TOTAL RESIDUAL										
030000	2.0				2.0			(17)	0	CONTINUOUS MONITOR
EFFLUENT GROSS VALUE					MINIMUM					SEE PERMIT
NITRATE (as N)							NA	(17)	NA	NA
(IF REQUIRED IN THE PERMIT)										
000630	NA							(17)	NA	NA
EFFLUENT GROSS VALUE										
NITROGEN, TOTAL (as N)							NA	(17)	NA	NA
(IF REQUIRED IN THE PERMIT)										
000600	NA						REPORT ONLY MAX	(17)	NA	NA
EFFLUENT GROSS VALUE										
TURBIDITY	NOT REQ						0.95	(17)	0	CONTINUOUS
(IF REQUIRED IN THE PERMIT)	0.95									TURBIDITY MONITOR
TSS EFFLUENT COMP.							1.5	(17)	0	81 WEEKLY
NOT REQ BY PERMIT	1.5 C									FPCB

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Signature)
NORMAN L. SHUKAIT 002463
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Signature)
Norman L. Shukait
 TELEPHONE NO.
272-1919
 DATE (YY/MM/DD)
01/05/01

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B

.443 MGD.

BAR = .238
MAR = .231
APRIL = .251

Three-month Average Daily Flow: 340
Daily Flow % of Permitted Capacity: 54%

By: PLANNING
Date: 04-01
No. of the Month

Day of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
raw (MGD)	25	23	23	24	25	28	25	24	25	23	24	25	23	25	25	20	20	27	27	25	27	25	23	23	23	23	21	22	23	26	
disinfectant after Contact mg/L as Cl ₂	50	50	50	35	50	43	45	20	50	30	50	37	20	50	50	22	39	28	50	40	50	50	30	50	45	42	35	48	44		
BOD, Influent (mg/L as O ₂)	C									264																269					
IS Influent (mg/L)	C									310																318					
BOD, Effluent (mg/L as O ₂)	C									4																2					
IS Effluent (mg/L)	G		206	206	206					206	206	206				206	206	206					206	206	206						
O ₂ Effluent (mg/L as N)																															
total N Effluent (mg/L as N)																															
total Coliform (N/100ML)	G		<1	<1	<1					<1	<1	<1					<1	<1	<1					<1	<1	<1					
Effluent, minimum	G	7.3	7.0	7.0	6.7	7.0	7.1	7.1	7.1	7.1	7.1	7.1	7.1	6.9	7.1	7.1	7.0	6.8	7.0	7.0	6.9	7.1	7.0	7.1	7.0	7.2	7.0	6.9	7.0		
Effluent, maximum																															
whiffy (M.T.U.)		42	23	25	20	24	32	37	24	63	82	80	81	52	62	90	95	54	48	47	34	42	43	90	72	40	45	26	62	95	80
TYPE OF SAMPLE (C=COMPOSITE, -GRAB)																															
DATE OF SAMPLE																															
TSS COMPOSITE-MGT REQ BY PERMIT	C									1.5																0.9					

ANT STAFFING:

Operator
Shift Supervisor
Shift Supervisor
Shift Supervisor

Class C Certificate No.: 2463
Class C Certificate No.: 6394
Class Certificate No.:
Class Certificate No.:

Name: NORMAN L. SHUKATI
Name: PAUL SCOTT STEWART
Name:
Name:

go of Effluent Disposed or Recycled Water Reuse: SPRAY IRRIGATION - GOLF COURSE
What Weather Discharge Authorized: Yes No Not Available If yes, cumulative days of wet weather discharge:
Such additional data if necessary to list all certified operations.

Form 0-01-0000, March 2000, 10, 100

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE UTILITIES INC.**
MAILING ADDRESS: **14668 AERIES WAY DR.**

FT. MYERS FL. 33913-1703

ACTIVITY: **EAGLE RIDGE**
LOCATION: **14668 AERIES WAY DR.**

FT. MYERS FL. 33913-1703

PERMIT NUMBER: **FLA-044498-001-DW2P**

MONITORING PERIOD: **From (5/1/01) TO (5/31/01)**

LIMIT: **FDIAL**

CLASS SIZE: **MINOR**

FACILITY ID: **FLA014498**

DISCHARGE POINT NUMBER: **EFA-1**

PLANT SIZE/TREATMENT TYPE: **3-C**

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

GROUP: **DOMESTIC**

GMS TESTSITE ID NO.: **5296-PW70**

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH	000400 1 6.59 G				6.59		7.09	(12) —	0	7/7 WEEK	G
CHLORINE, TOTAL RESIDUAL	000400 1 1.0 G				1.0			(12) MG/L	0	CONTINUOUS	MONITOR
EFFLUENT GROSS VALUE											
NITRATE (as N)	000400 1 NA						NA	(12) NA	NA	NA	NA
EFFLUENT GROSS VALUE											
NITROGEN, TOTAL (as N)	000400 1 NA						NA	(12) NA	NA	NA	NA
EFFLUENT GROSS VALUE											
TURBIDITY	NTU						1.15	(12) NTU	0	CONTINUOUS	TURBIDITY
(IF REQUIRED IN THE PERMIT)	1.15										
TSS EFFLUENT GROSS	NOT REQ BY PERMIT						0.6	(12) MG/L	0	81-WEEKLY	FPC-8
	0.6 C										

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.

SIGNATURE OF PERSONAL DISCHARGE OFFICER OR AUTHORIZED AGENT (Signature)
Scott Stewart / Operator
SIGNATURE OF PERSONAL DISCHARGE OFFICER OR AUTHORIZED AGENT (Signature)
M. H. Hunt
DATE: **5/22/01/6/06**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: EAGLE RIDGE UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL 33912-1703

ACTIVITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.

FT. MYERS FL 33912-1703

PERMIT NUMBER: FLA-014498-001-DW2P

MONITORING PERIOD: From: (11) TO: (11)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA014498

DISCHARGE POINT NUMBER: EFA-1

443 PLANT SIZE/TREATMENT TYPE: 3-C

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

GROUP: DOMESTIC

GMS TESTSITE ID NO: 9336-P-10

WAFR SYSTEM ID NO:

*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STORY CODE MON. SITE No.										
FLOW	Sample Measurement	<u>212</u>	<u>284</u>	<u>M.G.D.</u>				<u>0</u>	<u>CONTINUOUS</u>	<u>FLOW METER</u>
250050 1 <u>212</u> MONTHLY AVERAGE DAILY	Parent Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT	Sample Measurement					<u>185</u>	<u>205</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
000082 G <u>185</u> C INFLUENT GROSS VALUE	Parent Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement					<u>196</u>	<u>234</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
00330 G <u>196</u> C INFLUENT GROSS VALUE	Parent Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement					<u>.5</u>	<u>1.0</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
090082 1 <u>.5</u> C EFFLUENT GROSS VALUE	Parent Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement					<u>0.8</u>	<u>3.6</u>	<u>0</u>	<u>3/TW</u>	<u>GRAB</u>
040330 1 <u>0.8</u> G EFFLUENT GROSS VALUE	Parent Requirement					REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement				<u><1</u>	<u><1</u>	<u><1</u>	<u>0</u>	<u>7WEEK</u>	<u>GRAB</u>
031616 1 <u><1</u> G EFFLUENT GROSS VALUE	Parent Requirement				REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.		SEE PERMIT	SEE PERMIT

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.

SIGNATURE OF PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: SCOTT STEWART / OPERATOR
 SIGNATURE OF PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO.: 272-1719 DATE (YY-MM-DD): 01/16/06

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Indicate all violations here): (Attach additional sheets if necessary.)

EAGLE RIDGE WASTEWATER INC. DAILY SAMPLE RESULTS - PART B

.443 MGD

Three-month Average Daily Flow: 1,231,000
Daily Flow: 5 of Total Quantity: 33.1%

By: Mr. PLANNING

DATE: 05/21/01

Up of the Month

in (MGD)

Solids Residual after Contact

(mg/L as Ca)

COD, Influent (mg/L as O)

BOD, Influent (mg/L)

COD, Effluent (mg/L as O)

BOD, Effluent (mg/L)

TSS, Effluent (mg/L as N)

Total N Effluent (mg/L as N)

Total Coliform (NTU/ML)

Effluent, minimum

Effluent, maximum

pH (N.T.U.)

SARF RECORD

TYPE OF SAMPLE (C=COMPOSITE,

-GRAB)

DATE OF SAMPLE

TSS COMPOSITE-DOY
REQ BY PERMIT C

ANT STARTER:

Operator

Class C

Certificate No.: 6394

Name:

Operator

Class

Certificate No.:

Name:

Operator

Class

Certificate No.:

Name:

Operator

Class

Certificate No.:

Name:

go of Effluent Disposal or Treated Water Reuse: 2794/ 11/10/01 - 2794/ 11/10/01

used the Weather Discharge Agreement: Yes No If yes, complete days of wet weather discharge:
with additional data if necessary to list all certified operators.

Form 0-000000, State of New York, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

TO: THE HON. EAGLE RIDGE UTILITIES INC.
 ADDRESS: 14668 AERIES WAY DR.
 FT. MYERS FL 33912-1703

ACTIVITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
 FT. MYERS FL 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW2P
 MONITORING PERIOD: FROM (6/1/01) TO (6/30/01)
 LIMIT: FINAL
 CLASS SIZE: AN/ANR
 FACILITY ID: FLA04498
 DISCHARGE POINT NUMBER: EFA-1
 PLANT SIZE/TREATMENT TYPE: 3-C
 TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE
 GOLF COURSE IRRIGATION.

GROUP: DOMESTIC
 GAS TEST SITE ID NO. 3036-7000
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE ***

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW	Sample Measurement			(G)						
350050 1 .215	Point Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	M.G.D.				0	CONTINUOUS	FLOW METER
MONTHLY AVERAGE DAILY									SEE PERMIT	SEE PERMIT
CBOOD, INFLUENT	Sample Measurement					193	195	0	BI-WEEKLY	FPCB
000002 0 193	Point Requirement	REPORT MONTHLY AVG.	REPORT DAILY MAX	MG/L					SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE										
TSS, INFLUENT	Sample Measurement					245	258	0	BI-WEEKLY	FPCB
00030 0 245	Point Requirement	REPORT MONTHLY AVG.	REPORT DAILY MAX	MG/L					SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE										
CBOOD, EFFLUENT	Sample Measurement					1.5	2.0	0	BI-WEEKLY	FPCB
030002 1 1.5	Point Requirement	REPORT MONTHLY AVG.	REPORT DAILY MAX	MG/L					SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										
TSS, EFFLUENT	Sample Measurement					0.8	2.0	0	3/7 WEEK	GRAB
000330 1 0.8	Point Requirement	REPORT MONTHLY AVG.	REPORT DAILY MAX	MG/L					SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										
COLORIM, PICAL	Sample Measurement					<1	<1	0	3/7 WEEK	GRAB
031614 1 <1	Point Requirement	REPORT MONTHLY AVG.	REPORT DAILY MAX	MG/L					SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO.: 272-1919
 DATE (YY/MM/DD): 01/17/02
 OBSERVATION AND EXPLANATION OF ANY VIOLATIONS (Reference all standards here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DISCHARGE NAME: **EAGLE RIDGE UTILITIES INC.**
 ADDRESS: **14668 ARIES WAY DR.**
FT. MYERS FL. 33913-1703

ACTIVITY: **EAGLE RIDGE**
 LOCATION: **14668 ARIES WAY DR.**
FT. MYERS FL. 33913-1703

PERMIT NUMBER: **FLA-014498-001-DWAP**
 MONITORING PERIOD: **FROM (6/1/07) TO (6/30/07)**
 LIMIT: **FINAL**
 CLASS SIZE: **MINOR**
 FACILITY ID: **FLAD14498**
 DISCHARGE POINT NUMBER: **EFA-1**
 PLANT SIZE/TREATMENT TYPE: **3-C**
 TYPE OF EFFLUENT DISPOSAL: **RECLAIMED WATER RE-USE, GOLF COURSE IRRIGATION.**

GROUP: **DOMESTIC**
 GMS TESTSITE ID NO.: **5736-0070**
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
STREET CODE MON. SITE No.											
pH	Sample Measurement	6.32			6.32		7.15	(12)	0	7/7 WEEK	G
000400 1 MINIMUM	Permit Requirement				MINIMUM		7.5 DAILY MAX	BU		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement	0.6			0.6			(19) MG/L	0	CONTINUOUS	CHLORINE MONITOR
030000 1 EFFLUENT GROSS VALUE	Permit Requirement				MINIMUM			MG/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	NA					NA	(19) NA	NA	NA	NA
000630 1 EFFLUENT GROSS VALUE	Permit Requirement						NA	MG/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)	Sample Measurement	NA					NA	(19) NA	NA	NA	NA
000600 1 EFFLUENT GROSS VALUE	Permit Requirement						REPORT DAILY MAX	MG/L		SEE PERMIT	SEE PERMIT
TURBIDITY (IF REQUIRED IN THE PERMIT)	Sample Measurement	NTU					1.02	NTU	0	CONTINUOUS	TURBIDITY MONITOR
000600 1 EFFLUENT GROSS VALUE	Permit Requirement						REPORT DAILY MAX	NTU		SEE PERMIT	SEE PERMIT
TSS EFFLUENT CONC. NOT REQ. BY PERMIT		1.0					1.0	MG/L	0	81-WEEKLY	FPC8
000600 1 EFFLUENT GROSS VALUE											

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.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **[Signature]** TELEPHONE NO.: **272-1919** DATE (YYMMDD): **01/17/02**
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: **[Signature]**
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Include all attachments here): (Attach all attachments if necessary.)

EAGLE RIDGE/THURSDAY INC.
DAILY SAMPLE RESULTS - PART B

.443 MGD

MAY 2. 2102
JUNE 2. 2105

Three-month Average Daily Flow
Daily Flow 2 of Three Months: 51.9

Sample Location: **PLANT WWSW**

Date: **JUNE/01**

Spot of the Month

DO (mg/L)	258	260	281	257	265	257	260	259	260	259	255	264	264	264	254	254	254	254	254	254	254	254	254	254	254	254	254	254	254
Ammonia Nitrogen (mg/L as N)	1.1	2.0	5.0	1.9	1.1	1.4	2.6	1.2	1.5	1.5	2.9	3.2	2.1	3.5	1.4	3.0	3.0	1.6	1.5	1.0	3.2	5.0	4.5	2.6	1.1	1.0	1.0	1.3	3.4
100, Effluent (mg/L as O)	C				1.92													1.95											
2 Effluent (mg/L)	C				2.58													2.31											
100, Effluent (mg/L as O)	C				2.0													<1											
15 Effluent (mg/L)	6				6.6	0.8	0.8					6.6	1.0	6.6				6.6	2.0	6.7					6.7	6.6	6.6		
3, Effluent (mg/L as N)																													
and N Effluent (mg/L as N)																													
and Calcium (MILLIMOL)	G				<1	<1	<1					<1	<1	<1				<1	<1	<1					<1	<1	<1		
Effluent, minimum	G	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9	6.9
Effluent, maximum																													
Ammonia (M.T.U.)	87	67	35	102	72	47	24	26	24	24	22	21	16	18	15	22	23	27	33	39	19	32	25	23	24	36	29	27	28
TYPE OF SAMPLE (C-COMPOSITE, -GRAB)																													
DATE OF SAMPLE					07/20/01	07/20/01					08/01/01	08/01/01						08/03/01	08/03/01					07/20/01	07/20/01				
TSS COMPOSITE-DOT REQ BY PERMIT	C				1.0													6.6											

ANT STAFFING:

Operator	Class C	Certificate No.: 6394	Name: M. SCOTT SEWNET
Operator	Class:	Certificate No.:	Name:
Operator	Class:	Certificate No.:	Name:
Operator	Class:	Certificate No.:	Name:

go of Effluent Disposal or Industrial Water Reuse: **2000/10/10/01 - GOLF COURSE**
What Was Weather Discharge Antecedent Yes No **Not Applicable** If yes, describe date of wet weather discharge
with additional date if necessary to list all certified operators.
Date: 08/03/01, White River, 2001

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE UTILITIES INC.**
 ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL 33919-1703

PERMIT NUMBER: **FLA-014498-001-DW31**

MONITORING PERIOD: From **(7/1/01)** TO **(7/31/01)**

LIMIT: **FEAL**

CLASS SIZE: **ANMAR**

GROUP: **DOMESTIC**

FACILITY ID: **FLA014498**

GMS TEST SITE ID NO: **0336-7000**

DISCHARGE POINT NUMBER: **EFA-1**

WAFR SYSTEM ID NO:

PLANT SIZE/TREATMENT TYPE: **3-C**

*** NO DISCHARGE ***

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

ACTIVITY: **EAGLE RIDGE**

LOCATION: **14668 AERIES WAY DR.**

FT. MYERS FL 33919-1703

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW											
350030 1 <u>208</u>	Sample Measurement	<u>208</u>	<u>270</u>	<u>M.G.D.</u>					0	<u>CONTINUOUS</u>	<u>FLOW METER</u>
MONTHLY AVERAGE DAILY	Point Measurement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT											
000002 0 <u>181</u>	Sample Measurement					<u>181</u>	<u>231</u>	<u>MG/L</u>	0	<u>BI-WEEKLY</u>	<u>FPCB</u>
INFLUENT GROSS VALUE	Point Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT											
000130 0 <u>203</u>	Sample Measurement					<u>203</u>	<u>248</u>	<u>MG/L</u>	0	<u>BI-WEEKLY</u>	<u>FPCB</u>
INFLUENT GROSS VALUE	Point Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT											
000002 1 <u>17</u>	Sample Measurement					<u>17</u>	<u>3.0</u>	<u>MG/L</u>	0	<u>BI-WEEKLY</u>	<u>FPCB</u>
EFFLUENT GROSS VALUE	Point Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT											
000130 1 <u>0.6</u>	Sample Measurement					<u>0.6</u>	<u>0.8</u>	<u>MG/L</u>	0	<u>3/4 WEEK</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE	Point Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL											
001416 1 <u>51</u>	Sample Measurement					<u>51</u>	<u>51</u>	<u>COL/100ML</u>	0	<u>3/4 WEEK</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE	Point Measurement					REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT

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.

Signature of Person Submitting Report: SCOTT STEWART / OPERATOR
 Title: OPERATOR
 Date: 7/27/01
 Time: 1719
 Date: 01/8/06

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DISCHARGER NAME: **EAGLE RIDGE UTILITIES INC.**
 MAILING ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL. 33913-1703

PERMIT NUMBER: **FLA-014498-001-3W2P**
 MONITORING PERIOD: FROM **(7/1/07)** TO **(7/31/07)**
 LIMIT: **FINAL**
 CLASS SIZE: **ANNUAL**
 FACILITY ID: **FLA014498**
 DISCHARGE POINT NUMBER: **FA-1**
 PLANT SIZE/TREATMENT TYPE: **3-C**
 TYPE OF EFFLUENT DISPOSAL: **RELEASED TO WATER-BODY, GOLF COURSE IRRIGATION.**

GROUP: **DOMESTIC**
 CWS TEST SITE ID NO.: **5736-1000**
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

ACTIVITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**
FT. MYERS FL. 33913-1703

.443

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
STORET CODE	MON. PTS No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH		Sample Measurement	.....	.....	66.5	.....	7.07	(2)	0	7/1/07	G
000400 I MINOR	665 G	Period Requirement	.....	.....	MINIMUM	.....	DAILY MAX	NI		USE PERMIT	SEE PERMIT
CHLORINE TOTAL RESIDUAL		Sample Measurement	.....	.....	1.1	.....	.....	MG/L	0	CONTINUOUS	LINE
050000 I EFFLUENT CROSS VALUE	1.1	Period Requirement	.....	.....	MINIMUM	.....	.....	MG/L		USE PERMIT	USE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT)		Sample Measurement	.....	.....	.....	.....	NA	NA	NA	NA	NA
000630 I EFFLUENT CROSS VALUE	NA	Period Requirement	.....	.....	.....	.....	NA	NA	NA	NA	NA
NITROGEN TOTAL (as N) (IF REQUIRED IN THE PERMIT)		Sample Measurement	.....	.....	.....	.....	NA	NA	NA	NA	NA
000600 I EFFLUENT CROSS VALUE	NA	Period Requirement	.....	.....	.....	.....	DAILY MAX	NI		USE PERMIT	SEE PERMIT
TURBIDITY (IF REQUIRED IN THE PERMIT)	NTU	Sample Measurement	.....	.....	.....	.....	0.49	NTU	0	CONTINUOUS	TURBIDITY
0.49		Period Requirement	.....	.....	.....	.....	DAILY MAX	NI		USE PERMIT	USE PERMIT
TSS EFFLUENT CROSS VALUE NOT REQ BY PERMIT	0.7 C		.....	.....	.....	.....	0.7	MG/L	0	BT-LAY	FPCB
			.....	.....	.....	.....	.....	.....		USE PERMIT	USE PERMIT

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 criminal sanctions and/or civil penalties.

Signature: **Scott S. [Signature]** Date: **7/31/07**
 Title: **OWNER** Date: **7/31/07**

WALLS RIDGE/VALLEYVIEW INC.
DAILY SAMPLE REPORTS - PART B

.443 MGD

Flow: 4.43 MGD
Date: 8/25/01
Time: 10:16 AM

City: ALABAMA

State: ALA

City of the Month

no (gallons)

detritus collected after Centrifuge

mg/L as O₂

100, Effluent (mg/L as O₂)

25 Effluent (mg/L)

100, Effluent (mg/L as O₂)

25 Effluent (mg/L)

25 Effluent (mg/L as N)

total N Effluent (mg/L as N)

total Calcium (mg/L as Ca)

1 effluent, minimum

1 effluent, maximum

alkalinity (M.T.U.)

SS (mg/L)

TYPE OF SAMPLE (C-COMPOSITE, S-SINGLE)

DATE OF SAMPLE

75% COMPOSITE-NOT REQUIRED BY PERMIT

C

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30
20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20	20
1.9	1.1	0.1	0.6	0.3	0.3	1.9	0.4	0.0	0.7	1.8	1.9	2.1	2.6	0.7	1.4	1.9	2.9	3.0	2.5	2.7	2.7	2.9	1.3	3.3	2.5	2.1	1.9	3.0	3.0
C			0.3														0.5												0.5
C			0.8														0.5												0.8
C			1.0														3.0												3.0
			0.6	0.6	0.6				0.6	0.6	0.6						0.6	0.8	0.6					0.6	0.7	0.6			0.6
G			1.1	1.1	1.1				1.1	1.1	1.1						1.1	1.1	1.1					1.1	1.1	1.1			1.1
G	0.7	0.7	0.9	0.9	0.7	0.7	0.5	0.8	0.7	0.9	0.5	0.8	0.7	0.6	0.7	0.8	0.5	0.7	0.9	0.9	0.7	0.8	0.9	0.9	0.9	0.7	0.9	0.7	0.9
	0.5	0.5	0.8	0.6	0.4	0.6	0.2	0.8	0.4	0.2	0.3	0.4	0.4	0.3	0.5	0.5	0.3	0.4	0.3	0.2	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3	0.3
			0.5	0.5					0.5	0.5	0.5						0.5	0.5	0.5					0.5	0.5	0.5			0.5
			0.1														0.1												0.1

ART SIGNATURE

Operator

Operator

Operator

Operator

Class Certificate No. 6394

Class Certificate No.

Class Certificate No.

Class Certificate No.

Class Certificate No.

Name

Name

Name

Name

Name

M. SCOTT STEWART

Is of Effluent Disposed or Treated Water from Spring/Analogous- Self Count

Is of the Water Discharge Analogous Yes No If Yes, describe type of water discharge

with additional data if necessary to the all certified operators

Form 0-000000, Water Quality, 1999

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: **EAGLE RIDGE UTILITIES INC.**
 ADDRESS: **14668 AERIES WAY DR.**
FT. MYERS FL 33912-1703

PERMIT NUMBER: **FLA-04498-001-DW2P**

MONITORING PERIOD: From **(8/1/01)** TO **(8/31/01)**
 LIMIT: **FINAL**

CLASS SIZE: **MINOR**

GROUP: **DOMESTIC**

FACILITY ID: **FLAD4498**

GMS TEST SITE ID NO: **5336-7000**

DISCHARGE POINT NUMBER: **EFA-1**

WATER SYSTEM ID NO:

PLANT SIZE/TREATMENT TYPE: **3 - C**

*** NO DISCHARGE ***

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

LOCATION: **EAGLE RIDGE**
14668 AERIES WAY DR.
FT. MYERS FL 33912-1703

Please read instructions before completing this form.

Parameter	STORET CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
FLOW					(MG)						
350050 1 <u>0.224</u>											
MONTHLY AVERAGE DAILY											
CODS, INFLUENT											
000082 G <u>148</u>											
INFLUENT GROSS VALUE											
TSS, INFLUENT											
000330 G <u>258</u>											
INFLUENT GROSS VALUE											
CODS, EFFLUENT											
000082 1 <u>1.5</u>											
EFFLUENT GROSS VALUE											
TSS, EFFLUENT											
000330 1 <u>0.7</u>											
EFFLUENT GROSS VALUE											
COLIFORM, FECAL											
001634 1 <u>51</u>											
EFFLUENT GROSS VALUE											

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.

Signature of Permittee: Scott E. Fawcett Date: 8/1/01
 Signature of DEP Representative: W. H. Stewart Date: 8/1/01
 Signature of DEP Representative: W. H. Stewart Date: 8/1/01

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: EAGLE RIDGE/UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33913-1703

PERMIT NUMBER: FLA-044498-001-DW2P
 MONITORING PERIOD: From (8/1/07) to (8/1/01)
 LIMIT: FINAL

CLASS SIZE: MINORGROUP: DOMESTICFACILITY ID: FLA014498GMS TESTSITE ID NO.: 5706-P070DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: RELEASED TO WATER RE-USE,
GOLF COURSE IRRIGATION.

ACTIVITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL. 33913-1703

.443

Please read instructions before completing this form.

Parameter	STORET CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
pH			Sample Measurement	6.48	7.04	0.0	0	7/WRK	G		
000400 1 MINIMUM			Permit Requirement								
CHLORINE, TOTAL RESIDUAL			Sample Measurement	1.1	MG/L	0					
030060 1 EFFLUENT GROSS VALUE			Permit Requirement								
NITRATE (as N) (IF REQUIRED IN THE PERMIT)			Sample Measurement	NA	NA	NA	NA	NA	NA		
000620 1 EFFLUENT GROSS VALUE			Permit Requirement								
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)			Sample Measurement	NA	NA	NA	NA	NA	NA		
000680 1 EFFLUENT GROSS VALUE			Permit Requirement								
TURBIDITY (IF REQUIRED IN THE PERMIT)			Sample Measurement	0.48	NTU	0					
000690 1 EFFLUENT GROSS VALUE			Permit Requirement								
TSS EFFLUENT GROSS NOT REQ BY PERMIT			Sample Measurement	1.2	MG/L	0					
000700 1 EFFLUENT GROSS VALUE			Permit Requirement								

I hereby 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 to the state, including fines and imprisonment.

Signature of Discharge Monitoring Officer: Scott Stewart Operator
 Signature of Permittee Representative: [Signature]
 Date: 7-17-07 1919

**HALLS RIDGE/STATION 3 INC.
DAILY SAMPLE RESULTS - PART D**

443

July 2. 1928
Aug. 2. 1924
Sept. 2. 1925

THE UNIVERSITY OF CHICAGO

44-38861-101

Abstract

[illegible]

ANTI SEAPTIC

— **SECRET**

Class C Certificate No. 6394

Music: M. SCOTT STEWART

Opportunity

Class: Certificate No.:

News

Questions

Class: **Certificate No.:**

Master:

Case **Collection No.:**

Plasma

IN OF OFFICE: DEPEND ON REVENUE WATER BUREAU: 890207 1000/4000-60L3 COMBUST

Report Wet Weather Discharge Authorized: Yes No Not Applicable If yes, consecutive days of wet weather discharge: _____
 Each additional day is necessary to list all entitled operations.

PTSD, Depression, and Suicide Risk

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FACILITY NAME: **EAGLE RIDGE UTILITIES INC.**
 ADDRESS: **14668 AERIES WAY DR.**

FT. MYERS FL 33912-1703

CITY: **EAGLE RIDGE**
 LOCATION: **14668 AERIES WAY DR.**

FT. MYERS FL 33912-1703

PERMIT NUMBER: **FLA. 014498-001-DW2P**

MONITORING PERIOD: **From (9/1/01) TO (9/10/01)**

DATE: **FINAL**

CLASS SIZE: **AN/MAR**

GROUP: **DOMESTIC**

FACILITY ID: **FLA014498**

CMS TEST SITE ID NO.: **5036-10090**

DISCHARGE POINT NUMBER: **EFA-1**

WAFR SYSTEM ID NO.:

443

PLANT SIZE/TREATMENT TYPE: **3-C**

*** NO DISCHARGE ***

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

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STORE CODE MON. SITE No.										
FLOW	Sample Measurement	254	454	M.G.D.				0	Continuing	FLOW METER
150050 1 254	Permit Requirement	REPORT MONTHLY AVE.	PERMITTED CAPACITY	MOD					SEE PERMIT	SEE PERMIT
MONTHLY AVERAGE DAILY										
CODS, INFLUENT	Sample Measurement					278	321	0	BI-WEEKLY	FPLB
000007 G 278	Permit Requirement					REPORT MONTHLY AVE.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE										
TSS, INFLUENT	Sample Measurement					431	664	0	BI-WEEKLY	FPLB
000330 G 431	Permit Requirement					REPORT MONTHLY AVE.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE										
CODS, EFFLUENT	Sample Measurement					1.0	2.0	0	BI-WEEKLY	FPLB
000007 1 1.0	Permit Requirement					REPORT MONTHLY AVE.	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE										
TSS, EFFLUENT	Sample Measurement					0.7	1.2	0	3/	GRAB
000330 1 0.7	Permit Requirement					REPORT MONTHLY AVE.	REPORT DAILY MAX			
EFFLUENT GROSS VALUE										
COLIFORM, FECAL	Sample Measurement				<1	<1	<1	0	7 WEEK	GRAB
001616 1 51	Permit Requirement				REPORT MONTHLY AVE.	REPORT MONTHLY AVE.	REPORT DAILY MAX			
EFFLUENT GROSS VALUE										

I hereby certify 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.

Signed: **Scott S. [Signature]** Date: **9/10/01**

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

EMITTER NAME: EAGLE RIDGE UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

ACTIVITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA-014478-001-DW2P
 MONITORING PERIOD: FROM (9/1/01) TO (9/30/01)

STATUS: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLAD14498
 DISCHARGE POINT NUMBER: EPA-1
 PLANT SIZE/TREATMENT TYPE: 3-C
 TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER - RE-USE,
GOLF COURSE IRRIGATION.

GROUP: DOMESTIC
 GAS TEST SITE ID NO.: 5236-7670
 WAFA SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STORE CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
pH											
000100 | MINIMUM		<u>6.39</u> <u>G</u>				<u>6.39</u>		<u>6.90</u>		<u>0</u>	<u>7/week</u> <u>G</u>
CHLORINE, TOTAL RESIDUAL											
050000 | EFFLUENT GROSS VALUE		<u>1.1</u>				<u>1.1</u>				<u>0</u>	<u>CONTINUOUS</u> <u>MANUAL</u>
NITRATE (as N) (IF REQUIRED IN THE PERMIT)								<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
000630 | EFFLUENT GROSS VALUE		<u>NA</u>									
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)								<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
000600 | EFFLUENT GROSS VALUE		<u>NA</u>									
TURBIDITY (IF REQUIRED IN THE PERMIT)		<u>NTU</u>						<u>1.29</u>	<u>NTU</u>	<u>0</u>	<u>CONTINUOUS</u> <u>FULL</u>
TSS EFFLUENT COMP. NOT REQ. BY PERMIT		<u>0.6</u> <u>C</u>						<u>0.6</u>	<u>MG/L</u>	<u>0</u>	<u>8x/week</u> <u>FPCB</u>

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.

SIGNATURE OF PERSONAL DISCHARGE OFFICER OR AUTHORIZED AGENT: [Signature] TELEPHONE NO.: 272-1711 DATE: 01/10/02
 SIGNATURE OF PERSONAL DISCHARGE OFFICER OR AUTHORIZED AGENT: [Signature]
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Indicate all violations here. Attach additional sheets if necessary.)

EAGLE RIDGE MINING INC. **DAILY SAMPLE REPORT - PART 2** **.443 MGD.**

City ID: **FLA000000**

Site ID: **SEDT. 101**

Age of the Month

Age (MCD)

Acidic Neutralizing Capacity

(mg/L as Ca)

NO₃ Effluent (mg/L as O₂)

NO₃ Effluent (mg/L)

NO₃ Effluent (mg/L as O₂)

NO₃ Effluent (mg/L)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent, minimum

NO₃ Effluent, maximum

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

NO₃ Effluent (mg/L as N)

ANT STAFFING:

Operator

Class C Operator No. **6394**

Name

M. Scott Stewart

Operator

Class C Operator No.

Name

Operator

Class C Operator No.

Name

Operator

Class C Operator No.

Name

Age of Effluent Discharge/Discharge Water Treatment System/Discharge Water Treatment System

Age of Effluent Discharge/Discharge Water Treatment System/Discharge Water Treatment System

Age of Effluent Discharge/Discharge Water Treatment System/Discharge Water Treatment System

Age of Effluent Discharge/Discharge Water Treatment System/Discharge Water Treatment System

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: EAGLE RIDGE UTILITIES INC.

MAILING ADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL. 33919-1703

FACILITY: EAGLE RIDGE

LOCATION: 14668 AERIES WAY DR.

FT. MYERS FL. 33919-1703

PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD--From: (10/1/01) TO (10/31/01)

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: FLA014498

GMS TESTSITE ID NO.: 5236-P0090

DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO.:

.443

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE [] ***

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

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
STORE CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW				(31)							
	Sample Measurement										
050050 1	<u>.0232</u>	<u>.2302</u>	<u>.258</u>	<u>M.G.D.</u>					0	CONTINUOUS	FLOW METER
	Permit Requirement	REPORT MONTHLY AVG.	<u>.443</u> PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT											
	Sample Measurement					<u>170</u>	<u>239</u>	(19) MG/L	0	B1-WEEKLY	FPCB
080082 G	<u>170</u>					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE											
TSS, INFLUENT											
	Sample Measurement					<u>354</u>	<u>698</u>	(19) MG/L	0	B1-WEEKLY	FPCB
00530 G	<u>354</u>					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE											
CBOD5, EFFLUENT											
	Sample Measurement					<u>1.0</u>	<u>1.0</u>	(19) MG/L	0	B1-WEEKLY	FPCB
080082 I	<u>1.0</u>					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE											
TSS, EFFLUENT											
	Sample Measurement					<u>0.7</u>	<u>0.9</u>	(19) MG/L	0	3/TWEEK	GRAB
00530 I	<u>0.7</u>					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE											
COLIFORM, FECAL											
	Sample Measurement					<u><1</u>	<u><1</u>	(12) COL/100ML	0	3/TWEEK	GRAB
031616 I	<u><1</u>					REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	GRAB
EFFLUENT GROSS VALUE											

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>SCOTT STEWART / OPERATOR</u>	<u>[Signature]</u>	<u>1800 272-1919</u>	<u>01/11/14</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: EAGLE RIDGE UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

ACILITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA-014498-001-DW2P
 MONITORING PERIOD-From: (01/10/01) TO (10/31/01)
 LIMIT: FINAL

CLASS SIZE: MINOR GROUP: DOMESTIC
 FACILITY ID: FLA014498 GMS TESTSITE ID NO.: 5236-P0090
 DISCHARGE POINT NUMBER: E1A-1 WAFR SYSTEM ID NO.:
 PLANT SIZE/TREATMENT TYPE: 3-C *** NO DISCHARGE [] ***
 TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE,
GOLF COURSE IRRIGATION.

443

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
STORET CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
pH		Sample Measurement						(12)		
000400 1	<u>6.46</u> G	Permit Requirement			<u>6.46</u>		<u>6.94</u>	—	0	<u>7/WEEK</u> G
MINIMUM					6.9 MINIMUM		6.9 DAILY MAX	50	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement						(19)		
030060 1	<u>1.3</u>	Permit Requirement			<u>1.3</u>			MG/L	0	<u>CONTINUOUS</u> CHLORINE MONITOR
EFFLUENT GROSS VALUE					MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)		Sample Measurement						(19)		
(IF REQUIRED IN THE PERMIT)							<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
000620 1	<u>NA</u>	Permit Requirement						120	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE								mg/L	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)		Sample Measurement						(19)		
(IF REQUIRED IN THE PERMIT)							<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
000600 1	<u>NA</u>	Permit Requirement						REPORT DAILY MAX	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE								mg/L	SEE PERMIT	SEE PERMIT
TURBIDITY		Sample Measurement						(19)		
(IF REQUIRED IN THE PERMIT)							<u>0.33</u>	<u>NTU</u>	0	<u>CONTINUOUS</u> TURBIDITY MONITOR
	<u>0.33</u>	Permit Requirement						REPORT DAILY MAX	SEE PERMIT	SEE PERMIT
TSS EFFLUENT COMP.										
NOT REQ BY PERMIT							<u>0.6</u>	MG/L	0	<u>BI-WEEKLY</u> FPCB
	<u>0.6 C</u>									

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>SCOTT STEWART / OPERATOR</u>	<u>[Signature]</u>	<u>(800) 272-1919</u>	<u>01/11/14</u>

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B .443 M.G.D.

LA014498
OCT. 101

Three-month Average Daily Flow: 237
Daily Flow % of Permitted Capacity: 53.5% 443

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
Individual after Contact	2.9	3.3	4.4	3.7	5.0	4.6	2.0	1.9	2.2	3.6	3.8	2.6	2.5	1.5	2.5	1.3	2.0	1.8	1.2	3.3	2.6	1.6	1.8	5.0	5.0	5.0	5.0	5.0	4.0	4.4
Concentration (mg/L as O ₂)																														
C-BOD IN/5																														
(mg/L)																														
TSS IN/5																														
Concentration (mg/L as O ₂)																														
C-BOD EFF.																														
(mg/L)																														
TSS EFF.																														
Concentration (mg/L as N)																														
Concentration (mg/L as N)																														
Concentration (#/100ML)																														
minimum																														
maximum																														
(T.U.)																														
TRICORDAR																														
SAMPLE (C=COMPOSITE)																														
SAMPLE																														
COMPOSITE-NOT Y PERMIT																														

AFFIRMING: Operator Class: Certificate No.: 6394 Name: M. SCOTT STEWART
Operator Class: Certificate No.:
Operator Class: Certificate No.:
Operator Class: Certificate No.:

Effluent Disposal or Reclaimed Water Reuse: SPENT IRRIGATION - GOLF COURSE
Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:
Additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

SE NAME: EAGLE RIDGE/UTILITIES INC.
 ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

EAGLE RIDGE
N 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW2P
 MONITORING PERIOD--From: (11/1/01) TO (11/30/01)
 LIMIT: FINAL
 CLASS SIZE: MINOR GROUP: DOMESTIC
 FACILITY ID: FLAD14498 GMS TESTSITE ID NO: 5236-P0090
 DISCHARGE POINT NUMBER: EFA-1 WAFR SYSTEM ID NO:
 PLANT SIZE/TREATMENT TYPE: 3-C *** NO DISCHARGE [] ***
 TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE
GOLF COURSE IRRIGATION.

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
1. <u>1234</u> AVERAGE DAILY		Sample Measurement	<u>1234</u>	<u>M.G.D.</u>					<u>0</u>	<u>CONTINUOUS</u>	<u>FLOW METER</u>
		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY						SEE PERMIT	SEE PERMIT
2. <u>244</u> GROSS VALUE	C	Sample Measurement				<u>244</u>	<u>300</u>	<u>MG/L</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
3. <u>404</u> GROSS VALUE	C	Sample Measurement				<u>404</u>	<u>600</u>	<u>MG/L</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
4. <u>1.5</u> GROSS VALUE	C	Sample Measurement				<u>1.5</u>	<u>2.0</u>	<u>MG/L</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
5. <u>0.8</u> GROSS VALUE	G	Sample Measurement				<u>0.8</u>	<u>1.5</u>	<u>MG/L</u>	<u>0</u>	<u>3/WEEK</u>	<u>GRAB</u>
		Permit Requirement				REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
6. <u>51</u> GROSS VALUE	G	Sample Measurement			<u><1</u>	<u><1</u>	<u><1</u>	<u>COL (11)</u> <u>100ML</u>	<u>0</u>	<u>3/WEEK</u>	<u>GRAB</u>
		Permit Requirement			REPORT WEEKLY AVG.	REPORT MONTHLY AVG.	REPORT DAILY MAX.	#/100ml.		SEE PERMIT	GRAB

I, the undersigned, 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 (Type in Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>SCOTT STEWART / OPERATOR</u>	<u>[Signature]</u>	<u>1800 272-1919</u>	<u>01/12/07</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

TEE NAME: EAGLE RIDGE UTILITIES INC.
G ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD--From: (11/1/07) TO (1/30/08)

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: FLA014498

GMS TESTSITE ID NO.: 5236-P0090

DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE,

GOLF COURSE IRRIGATION.

Y: EAGLE RIDGE
ON: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

.443

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
1 <u>6.43</u> <u>G</u>					<u>6.43</u>		<u>6.79</u>		<u>7/WEEK</u>	<u>G</u>
NE. TOTAL RESIDUAL										
1 <u>1.7</u>					<u>1.7</u>				<u>CONTINUOUS</u>	<u>CHLORINE MONITOR</u>
NT GROSS VALUE										
E (as N)							<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
1 <u>NA</u>										
NT GROSS VALUE										
EN, TOTAL (as N)							<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
1 <u>NA</u>										
NT GROSS VALUE										
ITY <u>NTU</u>							<u>0.64</u>	<u>NTU</u>	<u>CONTINUOUS</u>	<u>TURBIDITY MONITOR</u>
1 <u>0.64</u>										
FFLUENT COMP.							<u>0.7</u>	<u>MG/L</u>	<u>BI-WEEKLY</u>	<u>FPC8</u>
REQ. BY PERMIT										
1 <u>0.7 C</u>										

I declare 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 (Type or Print) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YY/MM/DD)

SCOTT STEWART / OPERATOR [Signature] (800) 272-1919 01/12/07

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

• 443 M.G.D.

TOTAL: 13
 City Flow: 240
 and Capacity: 54.0 %

nth/Year: NOV/01

ists of the Month

Three-month Average Daily Flow: 240
Daily Flow % of Permitted Capacity: 54.0 %

ANT STAFFING:

Operator

Class: C Certificate No.: 6394

Name: M. SCOTT STEWART

Operator

Class: **Certificate No.:**

Name: _____

Operator

Class B Certificate No.: 8471

Name: TONY TRITTO

Operator

Class: **Certificate No.:**

Name:

pc of Effluent Disposal or Reclaimed Water Reuse: **SPRAY IRRIGATION - GOLF COURSE**

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

attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MDR FORM)

PERMITTEE NAME: EAGLE RIDGE UTILITIES INC.

MAILING ADDRESS: 14668 MERIES WAY DR.

FT. MYERS FL. 33912-1703

FACILITY: EAGLE RIDGE

LOCATION: 14668 MERIES WAY DR.

FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD-From: (12/1/01) TO (12/31/01)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA014498

DISCHARGE POINT NUMBER: EFA-1

PLANT SIZE/TREATMENT TYPE: 3-C

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

GROUP: DOMESTIC

GMS TESTSITE ID NO.: 5236-P090

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
TORRE CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units		
PH		Sample Measurement						(12)		
000400 1	<u>6.36 G</u>	Permit Requirement			<u>6.36</u>		<u>6.71</u>		<u>0</u>	<u>7/7 WEEK</u>
MINIMUM					6.9 MINIMUM		8.5 DAILY MAX.	SU	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement						(19)		
000600 1	<u>1.02</u>	Permit Requirement			<u>1.02</u>			MG/L	<u>0</u>	<u>CONTINUOUS</u>
EFFLUENT GROSS VALUE					MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT)		Sample Measurement						(19)		
000620 1	<u>NA</u>	Permit Requirement						mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE								mg/L	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)		Sample Measurement						(19)		
000600 1	<u>NA</u>	Permit Requirement						mg/L	SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE								mg/L	SEE PERMIT	SEE PERMIT
TURBIDITY (IF REQUIRED IN THE PERMIT)		Sample Measurement						(19)		
000600 1	<u>1.0</u>	Permit Requirement						mg/L	SEE PERMIT	SEE PERMIT
TSS EFFLUENT COMP NOT REQ BY PERMIT								mg/L	<u>0</u>	<u>BI-WEEKLY</u>
	<u>50.6 C</u>							mg/L	<u>0</u>	<u>FPCB</u>

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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>SCOTT STEWART / OPERATOR</u>	<u>[Signature]</u>	<u>272-1919</u>	<u>12/1/01</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: EAGLE RIDGE UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL 33919-1703

PERMIT NUMBER: FLA. 014498-001-DW2P
 MONITORING PERIOD--From: (12/1/00) TO (12/31/01)
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLAD14498
 DISCHARGE POINT NUMBER: EFA-1
 PLANT SIZE/TREATMENT TYPE: 3-C
 TYPE OF EFFLUENT DISPOSAL: RECLAIMED WATER-RE-USE
GOLF COURSE IRRIGATION.

GROUP: DOMESTIC
 GMS TESTSITE ID NO.: 5236-P0090
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

FACILITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL 33919-1703

Please read instructions before completing this form.

Parameter	MON SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STORE CODE										
FLOW		Sample Measurement	239	300	M.G.D.			0	CONTINUOUS	FLOW METER
050050 1 239		Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	NGD				SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT		Sample Measurement				126	134	0	BI-WEEKLY	FPCB
080082 G 126		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE		Sample Measurement				102	119	0	BI-WEEKLY	FPCB
00530 G 102		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
INFLUENT GROSS VALUE		Sample Measurement				<1	<2	0	BI-WEEKLY	FPCB
050082 1 51		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
EFFLUENT GROSS VALUE		Sample Measurement				0.9	1.3	0	3/7 WEEK	GRAB
TSS, EFFLUENT		Permit Requirement				REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
00530 1 0.9		Sample Measurement				<1	<1	0	3/7 WEEK	GRAB
EFFLUENT GROSS VALUE		Permit Requirement				REPORT WEEKLY AVG	REPORT MONTHLY AVG		SEE PERMIT	GRAB
031616 1 51		Sample Measurement								
EFFLUENT GROSS VALUE		Permit Requirement								

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 (Type or Print) SCOTT STEWART / OPERATOR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT [Signature] TELEPHONE NO. 1800 272-1919 DATE (YY/MM/DD) 12/1/00

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: EAGLE RIDGE/UTILITIES INC.

MAILING ADDRESS: 14668 AERIES WAY DR.

FT. MYERS FL 33919-1703

ACILITY: EAGLE RIDGE

LOCATION: 14668 AERIES WAY DR.

FT. MYERS FL 33919-1703

PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD: From: (1/1/02) TO (1/31/02)

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: FLAD14498

GMS TESTSITE ID NO: 5236-P0090

DISCHARGE POINT NUMBER: EFA-1

WAFR SYSTEM ID NO:

.443

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE [] ***

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

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
STORE CODE	MON SITE No.	Average	Maximum	Units	Minimum	Average	Maximum			
FLOW				(03)						
	Sample Measurement	<u>206</u>	<u>270</u>	<u>M.G.D.</u>				<u>0</u>	<u>CONTINUOUS</u>	<u>FLOW METER</u>
010050 1	MONTHLY AVERAGE DAILY	REPORT MONTHLY AVG.	PERMITTED CAPACITY	NGD					SEE PERMIT	SEE PERMIT
CBODS, INFLUENT										
	Sample Measurement					<u>172</u>	<u>204</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
080082 G	INFLUENT GROSS VALUE					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
TSS, INFLUENT										
	Sample Measurement					<u>238</u>	<u>363</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
00530 G	INFLUENT GROSS VALUE					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT										
	Sample Measurement					<u><2</u>	<u><2</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
080082 1	EFFLUENT GROSS VALUE					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT										
	Sample Measurement					<u>0.7</u>	<u>1.1</u>	<u>0</u>	<u>3/TWEEK</u>	<u>GRAB</u>
000530 1	EFFLUENT GROSS VALUE					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL										
	Sample Measurement					<u><1</u>	<u><1</u>	<u>0</u>	<u>3/TWEEK</u>	<u>GRAB</u>
031616 1	EFFLUENT GROSS VALUE					REPORT WEEKLY AVG	REPORT MONTHLY AVG		SEE PERMIT	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 (Type of Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>SCOTT STEWART / OPERATOR</u>	<u>[Signature]</u>	<u>1800 272-1919</u>	<u>02/12/02</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: EAGLE RIDGE UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

ACILITY: EAGLE RIDGE
 LOCATION: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

PERMIT NUMBER: FLA. 014498-001-DW2P

MONITORING PERIOD-From: (11/10/02) TO (01/31/03)

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: FLA014498

GMS TESTSITE ID NO.: 5236-P009C

DISCHARGE POINT NUMBER: E1A-1

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE [] ***

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

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
STREET CODE										
pH		Sample Measurement						(12)		
000400 1	<u>6.21</u>	Permit Requirement			<u>6.21</u>		<u>6.80</u>		<u>0</u>	<u>7/WEEK</u>
MINIMUM	<u>G</u>				MINIMUM		DAILY MAX		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL		Sample Measurement						(19)		
050060 1	<u>1.0</u>	Permit Requirement			<u>1.0</u>			<u>MG/L</u>	<u>0</u>	<u>CONTINUOUS</u>
EFFLUENT GROSS VALUE					MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N)		Sample Measurement					<u>NA</u>	(19)	<u>NA</u>	<u>NA</u>
(IF REQUIRED IN THE PERMIT)		Permit Requirement					<u>120</u>	mg/L	SEE PERMIT	SEE PERMIT
000670 1	<u>NA</u>									
EFFLUENT GROSS VALUE										
NITROGEN, TOTAL (as N)		Sample Measurement					<u>NA</u>	(19)	<u>NA</u>	<u>NA</u>
(IF REQUIRED IN THE PERMIT)		Permit Requirement					REPORT DAILY MAX	mg/L	SEE PERMIT	SEE PERMIT
000600 1	<u>NA</u>									
EFFLUENT GROSS VALUE										
TURBIDITY		Sample Measurement					<u>1.0</u>	(19)	<u>MTU</u>	<u>0</u>
(IF REQUIRED IN THE PERMIT)		Permit Requirement					REPORT DAILY MAX	MTU	SEE PERMIT	SEE PERMIT
TSS EFFLUENT COMP.							<u>2.2</u>		<u>MG/L</u>	<u>0</u>
NOT REQ BY PERMIT									<u>BI-WEEKLY</u>	<u>FPCB</u>
<u>2.2 C</u>										

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 (Type or Print) SCOTT STEWART OPERATOR SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT [Signature] TELEPHONE NO. 1(800) 272-1919 DATE (YY/MM/DD) 02/01/03

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B

NOV. - 1234
DEC. - 1239
JAN. - 1206
TOTAL = 1234 + 1239 + 1206 = 3679
Three-month Average Daily Flow: 1234
Daily Flow % of Permitted Capacity: 57.0 % 443

Utility ID: FLA014498
Year: 2002

443 M.G.D.

Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31	
Flow (MGD)	1.83	2.26	2.40	1.20	1.77	2.30	2.32	2.07	2.32	2.35	2.09	2.70	2.34	2.34	2.35	2.09	1.22	2.05	2.25	2.35	2.39	2.18	2.06	1.75	1.75	1.83	2.03	1.78	1.77	1.82	
Chlorine Residual after Contact (mg/L as Cl ₂)	1.5	2.9	2.4	2.8	2.1	1.9	2.5	5.0	2.2	2.6	2.7	2.0	1.8	1.6	1.5	1.0	1.5	2.1	1.6	2.1	2.4	1.3	3.6	1.9	1.4	1.5	1.7	1.4	1.8	2.2	
BOD ₅ Influent (mg/L as O ₂)	C		1.40													2.04														2.14	
BOD ₅ Influent (mg/L)	C		1.22													2.30														2.63	
BOD ₅ Effluent (mg/L as O ₂)	C		1.02													1.2														1.2	
BOD ₅ Effluent (mg/L)	C	0.6	1.0					0.6	0.9	0.7					1.06	1.1	1.06					1.06	1.0	1.06				1.06	0.6	1.06	
D ₅ Effluent (mg/L as N)																															
Total N Effluent (mg/L as N)																															
Fecal Coliform (#/100ML)	G	1	1					1	1	1					1	1	1					1	1	1				1	1	1	
Effluent, minimum	G	6.55	6.37	6.71	6.69	6.55	6.57	6.61	6.48	6.43	6.18	6.24	6.26	6.26	6.21	6.63	6.41	6.64	6.41	6.53	6.65	6.80	6.77	6.61	6.52	6.54	6.61	6.48	6.65	6.59	6.61
Effluent, maximum																															
Turbidity (N.T.U.)		1.26	1.48	1.00	1.0	1.0	0.8	0.83	0.85	0.86	0.84	0.78	1.5	0.78	0.76	1.0	0.95	1.0	0.75	0.89	1.0	1.0	0.9	0.68	0.71	0.88	0.89	0.81	0.74	0.84	0.88
CHART RECORD																															
TYPE OF SAMPLE (C=COMPOSITE, =GRAB)			C																												
TIME OF SAMPLE		0700	0700					0705	0715	0715						0700	0720	0700				0705	0700	0705				0700	0720	0700	
TSS COMPOSITE - NOT REQ. BY PERMIT	C		1.02													2.2														1.06	

ANT STAFFING:

Operator
Operator
Operator
Operator

Class: C Certificate No.: 6394
Class: Certificate No.:
Class: Certificate No.:
Class: Certificate No.:

Name: SCOTT STEWART
Name:
Name:
Name:

Use of Effluent Disposal or Reclaimed Water Reuse: SPRAY IRRIGATION - GOLF COURSE
Permitted Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:
Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

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

FT. MYERS FL 33919-1703

EAGLE RIDGE
14668 AERIES WAY DR.

FT. MYERS FL 33919-1703

PERMIT NUMBER FLA. 014498-001-DW2P

MONITORING PERIOD--From: (2/1/02) TO (2/18/02)

LIMIT: FINAL

CLASS SIZE: MINOR

GROUP: DOMESTIC

FACILITY ID: FLA014498

GMS TESTSITE ID NO: 5236-P0090

DISCHARGE POINT NUMBER: EFA-1

WATER SYSTEM ID NO:

443 PLANT SIZE/TREATMENT TYPE: 3-C

*** NO DISCHARGE ***

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

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
1. <u>242</u> AVERAGE DAILY EFFLUENT CBO5	Sample Measurement	<u>242</u>	<u>280</u>	<u>M.G.D.</u>				<u>0</u>	<u>CONTINUOUS</u>	<u>FLOW METER</u>
	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	NGO					SEE PERMIT	SEE PERMIT
2. <u>208</u> GROSS VALUE JENT TSS	Sample Measurement					<u>208</u>	<u>236</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
3. <u>2.0</u> GROSS VALUE EFFLUENT CBO5	Sample Measurement					<u>2.0</u>	<u><2.0</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
4. <u>1.0</u> GROSS VALUE JENT TSS	Sample Measurement					<u>1.0</u>	<u>2.1</u>	<u>0</u>	<u>3/WEEK</u>	<u>GRAB</u>
	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
5. <u><1</u> GROSS VALUE FECAL	Sample Measurement				<u><1</u>	<u><1</u>	<u><1</u>	<u>0</u>	<u>3/WEEK</u>	<u>GRAB</u>
	Permit Requirement				REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	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 (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (Y/Y/MM/DD)

SCOTT STEWART / OPERATOR

1800

272-1919

2/23/02

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

SE NAME: EAGLE RIDGE UTILITIES INC.
 ADDRESS: 14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

EAGLE RIDGE
14668 AERIES WAY DR.
FT. MYERS FL. 33912-1703

.443

PERMIT NUMBER: FLA. 014498-001-DW 2P

MONITORING PERIOD-From: (2/1/02) TO (2/28/02)

LIMIT: FINAL

CLASS SIZE: MINOR

FACILITY ID: FLA014498

DISCHARGE POINT NUMBER: E1A-1

PLANT SIZE/TREATMENT TYPE: 3-C

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

GROUP: DOMESTIC

GMS TESTSITE ID NO.: 5236-P0080

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
<u>PH</u>								(12)			
<u>6.30</u>	<u>G</u>				<u>6.30</u>		<u>6.72</u>	<u>—</u>	<u>0</u>	<u>7/WEEK</u>	<u>G</u>
					<u>6.9</u> MINIMUM		<u>8.5</u> DAILY MAX	<u>50</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
<u>TOTAL RESIDUAL</u>								(19)			
<u>1.0</u>					<u>1.0</u>			<u>MG/L</u>	<u>0</u>	<u>CONTINUOUS</u>	<u>CHLORINE MONITOR</u>
<u>GROSS VALUE</u>					<u>MINIMUM</u>			<u>50/L</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
<u>(as N)</u>								(19)			
<u>RED IN THE PERMIT</u>							<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>GROSS VALUE</u>							<u>120</u>	<u>mg/l</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
<u>(as N)</u>								(19)			
<u>RED IN THE PERMIT</u>							<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>	<u>NA</u>
<u>GROSS VALUE</u>							<u>REPORT DAILY MAX</u>	<u>mg/l</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
<u>(as N)</u>								(19)			
<u>RED IN THE PERMIT</u>							<u>1.96</u>	<u>MTU</u>	<u>0</u>	<u>CONTINUOUS</u>	<u>TURBIDITY MONITOR</u>
<u>GROSS VALUE</u>							<u>REPORT DAILY MAX</u>	<u>MTU</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
<u>FLUENT COMP.</u>							<u>1.1</u>	<u>MG/L</u>	<u>0</u>	<u>BI-WEEKLY</u>	<u>FPCB</u>
<u>EQ BY PERMIT</u>											

I, the undersigned, certify 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 submission 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 (Type or Print)

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO.

DATE (YY/MM/DD)

SCOTT STEWART / OPERATOR

[Signature]

(800) 272-1919

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

EAGLE RIDGE UTILITIES INC. DAILY SAMPLE RESULTS - PART B

443 M.G.D.

DEC. = 239
JAN. = 206
FEB. = 242

Three-month Average Daily Flow: 232
Daily Flow % of Permit Capacity: 51.7% 443

FLAG 4498
FEB/02

Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30/31
(D)	212	212	214	211	201	213	173	284	277	246	230	233	233	250	252	266	270	269	262	250	280	274	256	280	262	230	245	231		
Residual after Contact (Cl)	1.9	1.1	1.6	1.8	2.7	4.4	2.1	1.9	2.0	1.8	1.1	1.9	1.0	3.6	2.6	1.8	2.1	3.3	2.1	1.7	2.9	2.7	3.6	2.5	2.7	1.4	1.4	1.6		
Fluent (mg/L as O ₂)	C												180																	
Fluent (mg/L)	C												215																	
Fluent (mg/L as O ₂)	C												210																	
Fluent (mg/L)	C												106	106	106					1.7	10.6	10.6				1.3	1.2	1.1		
Fluent (mg/L as N)																														
Fluent (mg/L as N)																														
Form (#/100ML)	G																													
Fluent, minimum	G	6.69	6.65	6.51	6.56	6.50	6.44	6.46	6.37	6.51	6.45	6.63	6.71	6.72	6.65	6.67	6.51	6.47	6.41	6.38	6.33	6.34	6.34	6.40	6.36	6.39	6.58	6.47	6.30	
Fluent, maximum																														
(N.T.U.)	82	88	92	89	89	99	96	104	109	88	71	74	1.0	1.4	1.5	1.50	1.41	1.42	1.56	1.64	1.74	1.67	1.72	1.67	1.71	1.79	1.86	1.90		
ET REORDER																														
SAMPLE (C=COMPOSITE)																														
SAMPLE																														
COMPOSITE-NOT BY PERMIT	C																													

STAFFING:

Operator
Operator
Operator
Operator

Class: C Certificate No.: 6394
Class: Certificate No.:
Class: Certificate No.:
Class: Certificate No.:

Name: SCOTT STEWART
Name:
Name:
Name:

Wastewater Disposal or Reclaimed Water Reuse: SPRAY IRRIGATION - GOLF COURSE
Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge:
Additional sheets if necessary to list all certified operators.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014498
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00090
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: EAGLE RIDGE WWTP
LOCATION: 14668 AERIES WAY DRIVE
FT. MYERS, FL 33912-1703

COUNTY: LEE

MONITORING
PERIOD

From:

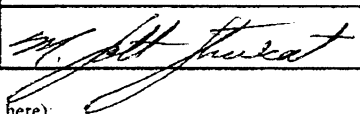
3/01/02

To:

3/31/02

Parameter		Quantity or Loading		Units	Quality or Concentration			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	Permit Requirement	0.318 Max Wkly Avg	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				<2	<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		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						2.1	mg/l	0	3 Days/Week	Grab
PARM Code 00530 1 Mon. Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week*	Grab
pH	Sample Measurement				6.04		6.90	Std. Units	0	3 Days/Week 7 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	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		239-561-2713	02/4/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Eagle Ridge WWTP

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			41.0	#/100ml	0	3 Days/Week	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement			Non-Detectable (75 Percentile)	#/100ml		3 Days/Week*	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	mg/l	0	Continuous	Meter
PARM Code 50060 I Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Meter
Turbidity	Sample Measurement				NTU	0	Continuous	Meter
PARM Code 82078 I Mon. Site No. EFB-1	Permit Requirement				NTU		Continuous	Meter
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/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			27415	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 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:
Monitoring Period

FLA014498

From:

3/6/02

To:

3/31/02

Three-month Average Daily Flow: 228
(TMADF/Permitted Capacity)x100: 51.6%

	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	
Mon. Site	FLW-1	INF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFB-1	
1	.243	.249					6.20		3.1	0.2	
2	.231	.275					6.45		1.3	0.8	
3	.249	.284					6.49		3.0	0.7	
4	.239	.266					6.33		2.6	0.6	
5	.210	.249			<0.6		6.36	<1	5.0	0.6	
6	.180	.259			<0.6		6.19	<1	5.0	1.0	
7	.182	.270			<0.6		6.04	<1	3.5	0.2	
8	.253	.252					6.32		1.3	1.0	
9	.195	.281					6.16		3.3	1.5	
10	.194	.300					6.24		5.0	1.0	
11	.238	.270					6.87		5.0	0.8	
12	.187	.263			.21		6.87	<1	5.0	0.8	
13	.155	.268	<2	303	<0.6	543	6.73	<1	4.5	1.0	
14	.255	.260			<0.6		6.82	<1	2.5	0.9	
15	.273	.258					6.53		2.3	0.6	
16	.263	.278					6.43		2.0	0.2	
17	.232	.293					6.72		3.3	1.0	
18	.238	.275					6.88		5.0	0.9	
19	.228	.263			<0.6		6.90	<1	3.4	0.6	
20	.258	.271			<0.7		6.54	<1	1.0	0.6	
21	.248	.259			<0.6		6.50	<1	1.5	0.6	
22	.265	.247					6.48		1.3	1.0	
23	.266	.285					6.74		1.8	0.5	
24	.288	.327					6.63		1.8	0.8	
25	.231	.229					6.64		1.8	0.6	
26	.265	.281	<2	223	<0.7	287	6.74	<1	1.6	0.4	
27	.255	.264			<0.6		6.72	<1	1.4	0.4	
28	.246	.271			<0.6		6.72	<1	1.2	0.2	
29	.240	.248					6.71		1.0	0.3	
30	.272	.286					6.70		1.7	0.2	
31	.256	.282					6.55		3.1	0.2	

PLANT STAFFING:

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: C

Certificate No: 6394

Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Sprav Irrigation

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.

Revision Date: 04/18/02

3

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014498
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00090
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: EAGLE RIDGE WWTP
LOCATION: 14668 AERIES WAY DRIVE
FT. MYERS, FL 33912-1703

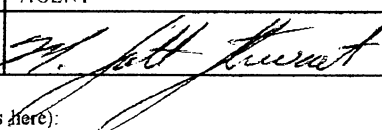
COUNTY: LEE

MONITORING
PERIOD

From: 4/01/02 To: 4/30/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.261	0.230	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	0.318 Max Wkly Avg	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				<2	<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		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						1.9	mg/l	0	3 Days/Week	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week	Grab
pH	Sample Measurement				6.46		6.89	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	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		239-561-2713	02/5/04

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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			1.0	#/100ml	0	3 Days/Week	Grab
PARM Code 70055 I Mon Site No. EFA-1	Permit Requirement			Non Detectable (25 Percentile)	#/100ml		3 Days/Week*	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1	mg/l	0	Continuous	Meter
PARM Code 50060 I Mon Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			0.9	NTU	0	Continuous	Meter
PARM Code 82078 I Mon Site No. EFB-1	Permit Requirement			2.5 (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.53	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.9302	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 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

Monitoring Period

From: 4/1/02

To: 4/30/02

Three-month Average Daily Flow: 230
(TMADF/Permitted Capacity)x100: 519%

	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-1	EFA-1	EFB-1	
1	.277	.284					6.89		1.1	0.2	
2	.271	.277			<0.6		6.81	<1	1.4	0.2	
3	.244	.254			0.8		6.83	<1	2.2	0.4	
4	.251	.265			<0.6		6.77	<1	2.5	0.3	
5	.254	.249					6.70		2.4	0.2	
6	.250	.263					6.67		2.2	0.4	
7	.279	.291					6.67		2.4	0.4	
8	.252	.268					6.87		2.1	0.4	
9	.245	.246			<0.6		6.62	<1	2.3	0.4	
10	.228	.242	<1	.262	1.9	.298	6.54	<1	1.5	0.3	
11	.229	.252			1.0		6.68	<1	1.1	0.4	
12	.243	.254					6.57		4.4	0.3	
13	.267	.272					6.58		2.7	0.3	
14	.264	.281					6.68		1.3	0.3	
15	.245	.261					6.91		3.0	0.3	
16	.277	.255			0.6		6.68	<1	1.1	0.3	
17	.241	.246			1.2		6.64	<1	1.4	0.2	
18	.220	.244			<0.6		6.63	<1	4.5	0.4	
19	.246	.236					6.60		5.0	0.2	
20	.235	.254					6.61		4.8	0.2	
21	.233	.274					6.55		3.8	0.2	
22	.244	.251					6.87		2.8	0.2	
23	.212	.245	<2	.243	<0.6	307	6.73	<1	1.5	0.4	
24	.223	.236			<0.6		6.56	<1	4.2	0.4	
25	.230	.240			1.0		6.56	<1	4.4	0.2	
26	.245	.250					6.54		1.5	0.2	
27	.260	.271					6.70		1.6	0.4	
28	.228	.253					6.66		1.7	0.9	
29	.206	.251					6.59		4.4	0.4	
30	.182	.237			0.9		6.46	<1	3.7	0.6	
31											

PLANT STAFFING:

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: C Certificate No: 6394 Name: M. Scott Stewart
 Lead Operator Class: C Certificate No: 6394 Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Sprav Irrigation

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.

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498
Monitoring Period: From: 5/1/02 To: 5/31/02

Three-month Average Daily Flow: 0.237
(TMADF/Permitted Capacity)x100: 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	
Mon. Site	FLW-1	INF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFB-1	
1	0.208	0.243			<0.7		6.55	<1	1.8	0.4	
2	0.215	0.220			1.5		6.71	<1	2.0	0.2	
3	0.217	0.238					6.71		3.9	0.2	
4	0.220	0.258					6.69		2.6	0.2	
5	0.224	0.265					6.64		3.2	0.1	
6	0.217	0.244					6.68		2.8	0.1	
7	0.211	0.220			<0.6		6.75	<1	3.1	0.2	
8	0.210	0.226			<0.6		6.54	<1	3.5	0.1	
9	0.219	0.239	<2	0.273	<0.6	430	6.46	<1	3.5	0.1	
10	0.231	0.247					6.46		1.9	0.2	
11	0.238	0.271					6.45		1.2	0.3	
12	0.232	0.253					6.75		1.7	0.2	
13	0.230	0.250					6.73		1.9	0.2	
14	0.245	0.259			<0.6		6.71	<1	3.0	0.1	
15	0.226	0.231			<0.6		6.97	<1	3.2	0.1	
16	0.237	0.240			<0.6		6.72	<1	2.0	0.1	
17	0.231	0.225					6.46		3.9	0.2	
18	0.256	0.256					6.49		1.6	0.2	
19	0.255	0.290					6.51		2.3	0.2	
20	0.243	0.256					6.84		2.0	0.3	
21	0.226	0.257	<2	0.268	<0.7	438	6.93	<1	4.4	0.4	
22	0.227	0.239			<0.6		6.56	<1	3.4	0.2	
23	0.234	0.238			<0.7		6.60	<1	1.4	0.2	
24	0.225	0.237					6.66		1.6	0.2	
25	0.235	0.258					6.76		2.4	0.1	
26	0.254	0.257					6.61		3.8	0.1	
27	0.260	0.272					6.77		1.6	0.1	
28	0.237	0.236			<0.6		6.62	<1	4.3	0.2	
29	0.209	0.235			<0.6		6.65	<1	4.6	0.2	
30	0.222	0.223			0.7		6.58	<1	4.0	0.1	
31	0.224	0.225					6.82		1.8	0.1	

PLANT STAFFING:

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: C Certificate No: Name:
Lead Operator Class: C Certificate No: 6394 Name: M. Scott Stewart
Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Sprav Irrigation

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.

Revision Date: 04/18/02

020500Z JAN 68 14503 06/25/68 02:59PM P. 002

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

5/31/02

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.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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			21.0	#/100ml	0	3 Days/Week	Grab
PARM Code 74055 Mon Site No. EFA-1	Permit Requirement			Non Detectable (75 Percentile)	#/100ml		3 Days/Week*	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2	mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. EFA-1	Permit Requirement			1.0 (Min)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			0.4	NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. EFB-1	Permit Requirement			2.5 (Max)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			271	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			434	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014498
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00090
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: EAGLE RIDGE WWTP
LOCATION: 14668 AERIES WAY DRIVE
FT. MYERS, FL 33912-1703

COUNTY: LEE

MONITORING
PERIOD

From:

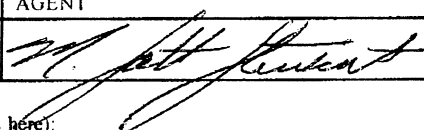
6/1/02

To:

6/30/02

Parameter		Quantity or Loading		Units	Quality or Concentration			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 Site No. FLW-1	Permit Requirement	0.318 Max Wkly Avg	0.243 1 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 Mon Site No. EFA-1	Permit Requirement				20.0 (Ar. Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EFA-1	Permit 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	0	3 Days/Week	Grab
PARM Code 00530 Mon Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week	Grab
pH	Sample Measurement				6.39		6.94	Std. Units	0	3 Days/Week	Grab
PARM Code 00400 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		239-561-2713	02/7/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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				#/100ml	0	3 Days/Week	Grab
PARM Code 4035 Mon Site No. EFA-1	Permit Requirement			Non-Detectable (5 Percentile)	#/100ml		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1	mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			0.3	NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. EFB-1	Permit Requirement			25 (Max)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			411	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			351	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 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:
Monitoring Period

FLA014498

From: 6/1/02

To: 6/30/02

Three-month Average Daily Flow: 1,234
(TMADF/Permitted Capacity)x100: 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	
Mon. Site	FLW-1	INF-1	EFA-1	INF-1	EFA-1	INF-1	EFA-1	EFA-1	EFA-1	EFB-1	
1	.026	.034					6.39		1.8	0.1	
2	.027	.056					6.68		4.2	0.2	
3	.198	.218					6.68		3.1	0.2	
4	.025	.025			<0.6		6.74	<1	2.3	0.4	
5	.022	.045	<2	653	<0.7	510	6.53	<1	1.6	0.1	
6	.010	.031			<0.6		6.40	<1	1.6	0.1	
7	.026	.041					6.50		1.9	0.1	
8	.032	.301					6.75		1.9	0.1	
9	.038	.238					6.63		4.0	0.2	
10	.014	.056					6.73		1.8	0.3	
11	.018	.036			<0.7		6.71	<1	1.7	0.1	
12	.001	.030			<0.6		6.49	<1	3.4	0.2	
13	.025	.048			0.6		6.47	<1	1.7	0.3	
14	.030	.044					6.64		4.2	0.2	
15	.056	.059					6.61		2.1	0.2	
16	.067	.072					6.62		1.2	0.2	
17	.058	.054					6.71		1.1	0.2	
18	.035	.032	<2	169	<0.6	192	6.79	<1	2.4	0.1	
19	.034	.035			<0.6		6.69	<1	3.5	0.2	
20	.046	.043			0.7		6.66	<1	4.6	0.2	
21	.183	.022					6.65		3.8	0.2	
22	.028	.046					6.54		1.5	0.2	
23	.061	.066					6.79		2.8	0.3	
24	.047	.053					6.94		3.4	0.2	
25	.017	.050			<0.6		6.69	<1	1.7	0.1	
26	.033	.050			<0.6		6.53	<1	2.4	0.1	
27	.098	.121			<0.6		6.64	<1	2.2	0.2	
28	.333	.214					6.69		2.0	0.1	
29	.041	.055					6.72		2.0	0.1	
30	.061	.067					6.89		2.0	0.2	
31											

PLANT STAFFING:

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: C Certificate No: 6394 Name: M. Scott Stewart
 Lead Operator Class: C Certificate No: 6394 Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Spray Irrigation

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.

Revision Date: 04/18/02

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014498
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00090
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: EAGLE RIDGE WWTP
LOCATION: 14668 AERIES WAY DRIVE
FT. MYERS, FL 33912-1703

COUNTY: LEE

MONITORING
PERIOD

From:

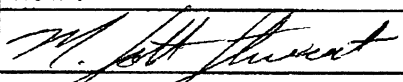
7/1/02

To:

7/31/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.261	0.239	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.318 Max Wkly Avg	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 Mon. Site No. EFA-1	Permit Requirement				20.0 (Ari. Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFA-1	Permit 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	0	5 Days/Week	Grab
PARM Code 00530 Mon. Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week*	Grab
pH	Sample Measurement				6.28		6.90	Std. Units	0	3 Days/Week	Grab
PARM Code 00400 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		239-561-2713	02/08/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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		<1	#/100ml	0	3 Days/Week	Grab
PARM Code 74055 Mon Site No. EFA-1	Permit Requirement			Non-Detectable (75 Percentile)		25 (Max.)	#/100ml		Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0			mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. EFA-1	Permit Requirement			1.0 (Min.)			mg/l		Continuous	Meter
Turbidity	Sample Measurement					0.4	NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. EPB-1	Permit Requirement					2.5 (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			227			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			338			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit 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 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

Monitoring Period

From: 7/1/02

To: 7/31/02

Three-month Average Daily Flow: 239
(TMADF/Permitted Capacity)x100: 54%

	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-1	EFA-1	EFA-1	
1	269	262			0.7		6.90	<1	5.0	0.2	
2	276	256			0.6		6.81	<1	1.5	0.2	
3	265	227			<0.6		6.39	<1	1.3	0.3	
4	249	251	<2	207	<0.6	215	6.69		1.2	0.2	
5	240	218					6.66		4.6	0.2	
6	264	256					6.59		1.9	0.2	
7	264	257					6.48		1.4	0.2	
8	246	234					6.39		2.6	0.2	
9	234	231			<0.6		6.62	<1	2.1	0.2	
10	251	249			<0.7		6.54	<1	5.0	0.2	
11	253	232			0.7		6.60	<1	2.0	0.3	
12	250	239					6.58		3.1	0.3	
13	264	252					6.65		1.0	0.2	
14	240	275					6.62		2.3	0.2	
15	259	242					6.52		1.3	0.2	
16	260	245			0.7		6.47	<1	1.2	0.2	
17	269	245			0.7		6.53	<1	3.4	0.2	
18	254	238			<0.7		6.60	<1	4.0	0.2	
19	247	235	<2	247	0.8	460	6.28		2.5	0.2	
20	258	263					6.51		3.3	0.2	
21	254	272					6.59		1.4	0.3	
22	256	253					6.71		1.5	0.3	
23	254	254			0.7		6.55	<1	1.0	0.3	
24	250	247			<0.6		6.63	<1	1.1	0.2	
25	260	275			0.8		6.28	<1	2.0	0.1	
26	261	235					6.30		1.3	0.1	
27	253	249					6.55		1.4	0.4	
28	266	273					6.59		2.3	0.2	
29	245	251					6.55		3.9	0.3	
30	277	257			<0.6		6.72	<1	2.8	0.4	
31	251	244			0.7		6.68	<1	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 Name: Lenny Godwin
 Night Shift Operator Class: C Certificate No: 6394 Name: M. Scott Stewart
 Lead Operator Class: C Certificate No: 6394 Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Spray Irrigation

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.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

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: MONTHLY
GROUP: DOMESTIC
GMS TEST SITE NO.:

FACILITY: EAGLE RIDGE WWTP
LOCATION: 14668 AERIES WAY DRIVE
FT. MYERS, FL 33912-1703

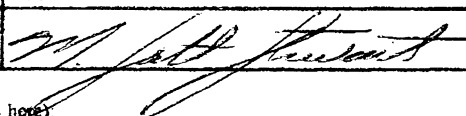
COUNTY: LEE

MONITORING
PERIOD

From: 8/1/02 To: 8/31/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.270	.250	mgd					0	Continuous	Flow meter and totalizer
PARM Code D0550 Mon Site No. FLW-1	Permit Requirement	0.315 Max Wkly Avg	0.245 3 Mo. Avg	mgd						Every Two Weeks	Flow meter and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code D0552 Mon Site No. EPA-1	Permit Requirement				20.0 (An Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code D0552 Mon Site No. EPA-1	Permit 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						<0.6	mg/l	0	3 Days/Week	Grab
PARM Code D0550 Mon Site No. EPA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week	Grab
pH	Sample Measurement				6.49		6.88	Std. Units	0	3 Days/Week	Grab
PARM Code D0400 Mon Site No. EPA-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 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		239-561-2713	08/09/02

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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	0	3 Days/Week	Grab
PARM Code 00055 Mon Site No. EPA-1	Permit Requirement			None (75 Percentile)	#/100ml		3 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	mg/l	0	Continuous	Meter
PARM Code 00060 Mon Site No. EPA-1	Permit Requirement			1.0 (Min)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			0.4	NTU	0	Continuous	Meter
PARM Code 02078 Mon Site No. EPA-1	Permit Requirement			2.5 (Max)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			213	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			236	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 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
Monitoring Period

FLA014498

From: 8/1/02 To: 8/31/02

Three-month Average Daily Flow: 250
(TMADF/Permitted Capacity)x100: 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)	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-1	EFA-1	EPB-1	
1	0269	0253			0.6		6.74	<1	1.3	0.2	
2	0253	0233					6.66		2.3	0.2	
3	0268	0248					6.59		1.5	0.2	
4	0279	0261					6.64		3.7	0.2	
5	0271	0262					6.78		1.2	0.2	
6	0275	0242			0.6		6.82	<1	2.3	0.2	
7	0218	0246			0.7		6.65	<1	2.0	0.2	
8	0288	0245			0.6		6.64	<1	1.0	0.3	
9	0249	0240					6.88		2.7	0.3	
10	0270	0260					6.79		1.4	0.2	
11	0264	0290					6.78		1.4	0.2	
12	0273	0267					6.73		1.4	0.2	
13	0279	0254			0.6		6.64	<1	2.5	0.2	
14	0267	0248	<2	198	0.6	167	6.75	<1	1.5	0.2	
15	0266	0247			0.6		6.70	<1	3.3	0.1	
16	0233	0235					6.69		2.4	0.1	
17	0284	0268					6.78		3.0	0.1	
18	0294	0298					6.80		2.4	0.2	
19	0256	0252					6.75		2.7	0.2	
20	0259	0249			0.6		6.73	<1	3.2	0.2	
21	0276	0267			0.6		6.74	<1	2.2	0.2	
22	0261	0256			0.6		6.58	<1	1.4	0.2	
23	0233	0229					6.64		1.4	0.2	
24	0253	0259					6.67		2.8	0.2	
25	0256	0276					6.68		2.7	0.2	
26	0251	0255					6.49		1.0	0.2	
27	0261	0262			0.6		6.73	<1	1.0	0.2	
28	0256	0261			0.6		6.74	<1	1.5	0.2	
29	0264	0261	<2	228	0.7	304	6.74	<1	1.6	0.2	
30	0259	0243					6.67		3.1	0.4	
31	0267	0257					6.63		1.9	0.4	

PLANT STAFFING:

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: C Certificate No: 6394 Name: M. Scott Stewart
 Lead Operator Class: C Certificate No: 6394 Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Spray Irrigation

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.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014498
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO: 5236P00090
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: EAGLE RIDGE WWTP
LOCATION: 14668 AERIES WAY DRIVE
FT. MYERS, FL 33912-1703

COUNTY: LEE

MONITORING
PERIOD

From:

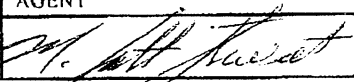
9/1/02

To:

9/30/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	287	260	mgd					0	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	0.318 Max Wkly Avg	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				<2	<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		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						0.7	mg/l	0	3 Days/Week	Grab
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week	Grab
pH	Sample Measurement				6.37		6.88	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	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		239-561-2713	02/10/23

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

UIC EAGLE RIDGE

1 941 561 1263

10/24/02

01:40pm P. 002

DISCHARGE MONITORING REPORT - PART A (Continued)

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	0	3 Days/Week	Grab
PARM Code 24015 Mon Site No. EPA-1	Permit Requirement			Non Detectable (75 Percentile)	#/100ml		3 Days/Week*	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			0.3	NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. EPA-1	Permit Requirement			2.5 (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			127	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. INP-1	Permit Requirement			Report (Mo. Avg.)	mg/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 Mon Site No. INP-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

Permit Number:
Monitoring Period:

FLA014498
From:

To:

Three month average daily flow: 260
(TMADE/Permitted Capacity)x100: 59%

	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-1	EFA-1	EFB-1	
1	26.3	257					6.59		1.2	0.3	
2	299	321					6.50		1.8	0.3	
3	302	289			<0.6		6.67	<1	1.6	0.2	
4	285	236			<0.6		6.59	<1	2.3	0.2	
5	298	281			<0.6		6.54	<1	2.4	0.2	
6	268	249					6.37		3.3	0.2	
7	296	277					6.53		2.2	0.2	
8	293	288					6.59		1.4	0.2	
9	278	260					6.66		3.4	0.2	
10	271	245	<2	120	<0.6	112	6.64	<1	4.7	0.2	
11	290	278			<0.6		6.62	<1	3.7	0.1	
12	289	263			<0.6		6.64	<1	4.0	0.2	
13	204	253					6.68		5.0	0.2	
14	196	273					6.52		3.7	0.1	
15	203	300					6.58		2.3	0.1	
16	202	254					6.60		3.5	0.2	
17	271	237			<0.6		6.51	<1	2.0	0.3	
18	245	246			<0.6		6.62	<1	1.4	0.1	
19	232	245			<0.6		6.56	<1	3.6	0.2	
20	244	231					6.54		2.9	0.2	
21	264	254					6.56		2.9	0.2	
22	276	273					6.59		1.0	0.1	
23	245	244					6.68		1.4	0.2	
24	251	238			<0.6		6.78	<1	1.6	0.1	
25	240	234	<2	134	<0.6	160	6.68	<1	4.8	0.2	
26	228	217			0.7		6.68	<1	4.8	0.2	
27	249	242					6.59		3.4	0.3	
28	257	258					6.54		3.7	0.2	
29	264	273					6.67		3.8	0.2	
30	273	245					6.88		3.2	0.2	
31											

PLANT STAFFING:

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: C Certificate No: 6394 Name: M. Scott Stewart
 Lead Operator Class: C Certificate No: 6394 Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Spray Irrigation

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.

Revision Date: 04/18/02

3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

MITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
 ILING ADDRESS: 200 WEATHERSFIELD AVENUE
 ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014498
 LIMIT: FINAL
 CLASS SIZE: N/A
 GMS ID NO.: 5236P00090
 MONITORING GROUP NUMBER: R-001
 PLANT SIZE/TREATMENT TYPE: IIC
 NO DISCHARGE FROM SITE:

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

CILITY: EAGLE RIDGE WWTP
 CATION: 14668 AERIES WAY DRIVE
 FT MYERS, FL 33912-1703

UNTY: LEE

MONITORING
 PERIOD

From:

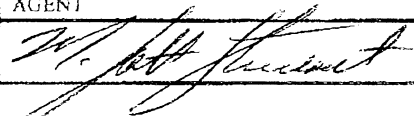
10/1/02

To:

10/31/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
w	Sample Measurement	.267	.251	mgd					0	Continuous	Flow meter and totalizer
RM Code 50050 n Site No. FLW-1	Permit Requirement	0.313 Max Wkly Avg	0.443 3 Mo. Avg	mgd						7 Days/Week	Flow meter and totalizer
SD, Carbonaceous 5 day, 20C	Sample Measurement				<2			mg/l	0	Every Two Weeks	8-hour FPC
RM Code 80082 n Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	8-hour FPC
SD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
RM Code 80082 n Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Wkly. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
ids, Total Suspended	Sample Measurement						0.9 ^{SS}	mg/l	0	3 Days/Week	Grab
RM Code 00530 n Site No. EEA-1	Permit Requirement						5.0 (Max.)	mg/l		3 Days/Week	Grab
	Sample Measurement				6.37		6.81	Std Units	0	3 Days/Week	Grab
RM Code 00400 n Site No. EFA-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std Units		3 Days/Week	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.

NAME/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		239-561-2713	02/11/05

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

DISCHARGE MONITORING REPORT - PART A (Continued)

LITY 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
form, Fecal	Sample Measurement			51		51	#/100ml	0	3 Days/Week	Grab
M Code 74055 I Site No. EPA-I	Permit Requirement			Not Determined (5 Percentile)		25 (Max.)	#/100ml		3 Days/Week*	Grab
I Residual Chlorine (For infection)	Sample Measurement			10			mg/l	0	Continuous	Meter
M Code 50060 I Site No. EPA-I	Permit Requirement			1.0 (Min.)			mg/l		Continuous	Meter
idity	Sample Measurement					0.8	NTU	0	Continuous	Meter
M Code 82078 I Site No. EPA-I	Permit Requirement					2.5 (Max.)	NTU		Continuous	Meter
Carbonaceous 5 day, 20C	Sample Measurement			168			mg/l	0	Every Two Weeks	8-hour FPC
M Code 80082 G Site No. INF-I	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Is, Total Suspended	Sample Measurement			153			mg/l	0	Every Two Weeks	8-hour FPC
M Code 00530 G Site No. INF-I	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	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: FLA014498

Monitoring Period

From

10/1/02 To: 10/31/02

Three-month Average Daily Flow: 251
(TMADF/Permitted Capacity)x100: 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)	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-1	EFA-1	EFB-1	
1	0.244	0.235			0.9		6.73	<1	1.5	0.2	
2	0.239	0.233			0.6		6.62	<1	1.4	0.2	
3	0.224	0.227			0.6		6.41	<1	2.2	0.4	
4	0.236	0.226					6.64		1.8	0.2	
5	0.254	0.258					6.67		5.0	0.4	
6	0.263	0.271					6.70		5.0	0.4	
7	0.234	0.238					6.51		4.2	0.8	
8	0.229	0.234	2	164	0.9	164	6.62	<1	4.8	0.5	
9	0.217	0.232			0.7		6.66	<1	5.0	0.4	
10	0.210	0.224			0.8		6.62	<1	5.0	0.3	
11	0.218	0.216					6.44		1.3	0.4	
12	0.240	0.240					6.43		1.8	0.4	
13	0.238	0.267					6.47		1.7	0.4	
14	0.236	0.250					6.44		5.0	0.4	
15	0.177	0.226			0.6		6.79	<1	5.0	0.5	
16	0.222	0.246			0.7		6.73	<1	3.6	0.6	
17	0.226	0.229			0.6		6.61	<1	1.6	0.6	
18	0.241	0.220					6.59		4.8	0.4	
19	0.245	0.249					6.40		5.0	0.3	
20	0.268	0.267					6.46		2.9	0.3	
21	0.254	0.239					6.56		4.0	0.2	
22	0.258	0.250	<2	172	<0.6	141	6.47	<1	5.0	0.2	
23	0.256	0.231			<0.6		6.44	<1	1.9	0.2	
24	0.259	0.260			0.8		6.46	<1	1.1	0.2	
25	0.254	0.225			<0.6		6.49	<1	1.0	0.2	
26	0.280	0.275			<0.6		6.51	<1	1.7	0.2	
27	0.289	0.297			<0.6		6.37	<1	1.3	0.2	
28	0.259	0.244			<0.6		6.81	<1	1.0	0.3	
29	0.265	0.236			<0.6		6.49	<1	1.6	0.3	
30	0.246	0.247			0.8		6.57	<1	1.2	0.2	
31	0.243	0.247			<0.6		6.66	<1	3.7	0.2	

PLANT STAFFING:

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 Reuse:

Golf Course and Spray Irrigation

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

MITTEE NAME UTILITIES, INC. OF EAGLE RIDGE
 ILING ADDRESS 200 WEATHERSFIELD AVENUE
 ALTAMONTE SPRINGS, FL 32714

CILITY: EAGLE RIDGE WWTP
 CATION: 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
 5236P00090
 R-001
 IIC

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

MONITORING
 PERIOD

From:

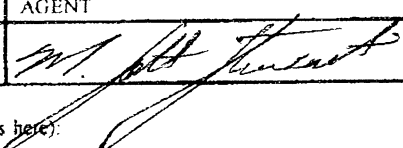
11/1/02

To:

11/30/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
w	Sample Measurement	0.274	0.247	mgd					0	Continuous	Flow meter and totalizer
RM Code 80080 1	Permit Requirement	0.318	0.443	mgd						1 Days/Week	Flow meter and totalizer
n Site No. FLW-1	Max Wkly Avg.		3 Mo. Avg.								
D, Carbonaceous 5 day, 20C	Sample Measurement				<2			mg/l	0	Every Two Weeks	8-hour FPC
RM Code 80082 Y	Permit Requirement				20.0			mg/l		Every Two Weeks	8-hour FPC
n Site No. EFA-1					(An. Avg.)						
D, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
RM Code 80082 1	Permit Requirement				30.0	45.0	60.0	mg/l		Every Two Weeks	8-hour FPC
n Site No. EFA-1					(Mo. Avg.)	(Wkly. Avg.)	(Max.)				
ds, Total Suspended	Sample Measurement						3.4	mg/l	0	3 Days/Week	Grab
RM Code 00530 1	Permit Requirement						5.0	mg/l		3 Days/Week	Grab
n Site No. EFA-1							(Max.)				
	Sample Measurement				6.01		6.79	Std. Units	0	3 Days/Week	Grab
RM Code 00400 1	Permit Requirement				6.0		8.5	Std. Units		3 Days/Week	Grab
n Site No. EFA-1					(Min.)		(Max.)				

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 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)
Scott Stewart, Lead Operator		239-561-2713	02/12/23

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

UIC EAGLE RIDGE

1 941 561 1263

12/23/02

09:39am

P. 002

DISCHARGE MONITORING REPORT - PART A (Continued)

LITY 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
form, Fecal	Sample Measurement			<1		<1	#/100ml	0	3 Days/Week	Grab
ME Code 74095 Site No. EFA-1	Permit Requirement			Not Data-able (75 Percentile)		25 (Max.)	#/100ml		Days/Week	Grab
Residual Chlorine (For infection)	Sample Measurement			1.1			mg/l	0	Continuous	Meter
ME Code 50060 Site No. EFA-1	Permit Requirement			1.0 (Min)			mg/l		Continuous	Meter
idity	Sample Measurement					0.8	NTU	0	Continuous	Meter
ME Code 82078 Site No. EFA-1	Permit Requirement					2.5 (Max)	NTU		Continuous	Meter
Carbonaceous 5 day, 20C	Sample Measurement			171			mg/l	0	Every Two Weeks	8-hour FPC
ME Code 89082 Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Is. Total Suspended	Sample Measurement			135			mg/l	0	Every Two Weeks	8-hour FPC
ME Code 00530 Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

pling frequency increases to 7 times/week when the WWTF 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

11/1/02

To

11/30/02

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

247
56%

	Flow (mgd)	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (s.e.)	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-1	EFA-1	EFB-1	
1	.258	.238			<0.6		6.45	<1	3.9	0.2	
2	.248	.254			<0.6		6.47	<1	1.7	0.2	
3	.256	.282			<0.7		6.45	<1	1.8	0.3	
4	.238	.245			<0.6		6.70	<1	.24	0.3	
5	.221	.244	<2	.214	<0.6	143	6.56	<1	.29	0.3	
6	.227	.257			1.3		6.51	<1	.21	0.4	
7	.149	.352			<0.6		6.46	<1	5.0	0.8	
8	.107	.167			1.7		6.01	<1	4.8	0.6	
9	.154	.269			3.4		6.21	<1	5.0	0.1	
10	.172	.274			0.7		6.74	<1	3.8	0.4	
11	.148	.250			<0.7		6.45	<1	4.3	0.2	
12	.238	.246			0.6		6.79	<1	.20	0.4	
13	.240	.246			1.0		6.68	<1	1.4	0.6	
14	.264	.253			0.8		6.61	<1	5.0	0.8	
15	.257	.237			<0.6		6.52	<1	4.8	0.5	
16	.299	.299			<0.6		6.57	<1	.20	0.3	
17	.278	.294			<0.6		6.52	<1	.20	0.1	
18	.259	.252			1.1		6.49	<1	5.0	0.3	
19	.281	.277	<2	.28	<0.6	126	6.34	<1	1.4	0.4	
20	.247	.259			<0.6		6.14	<1	.25	0.6	
21	.299	.262			0.6		6.75	<1	3.0	0.5	
22	.248	.254			0.6		6.67	<1	5.0	0.6	
23	.261	.278			<0.7		6.45	<1	1.7	0.6	
24	.249	.286			<0.6		6.39	<1	1.6	0.5	
25	.188	.273			0.8		6.69	<1	1.3	0.4	
26	.248	.243			<0.6		6.54	<1	.20	0.2	
27	.228	.258			<0.6		6.47	<1	3.7	0.1	
28	.268	.280			1.0		6.55	<1	.21	0.2	
29	.206	.258			<0.6		6.63	<1	1.1	0.1	
30	.222	.253			<0.6		6.48	<1	1.9	0.1	
31											

PLANT STAFFING:

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:

C

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

6394

Name:

M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse:

Golf Course and Sprav Irrigation

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

Revision Date: 04/18/02

3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

MITTEE NAME UTILITIES, INC. OF EAGLE RIDGE
 ILING ADDRESS 200 WEATHERSFIELD AVENUE
 ALTAMONTE SPRINGS, FL 32714

CILITY: EAGLE RIDGE WWTP
 CATION: 14668 AERIES WAY DRIVE
 FT MYERS, FL 33912-1703

UNITY: 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: MONTHLY
 GROUP: DOMESTIC
 GMS TEST SITE NO.:

MONITORING
 PERIOD

From:

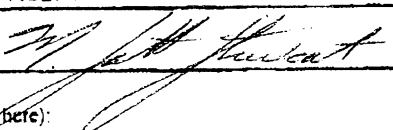
12/1/02

To:

12/31/02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.259	0.242	mgd					0	Continuous	Flow meter and totalizer
RM Code 50050 Site No. FLW-1	Permit Requirement	0.318 Max Wkly Avg	0.443 3 Mo Avg	mgd						3 Days/Week	Flow meter and totalizer
TD, Carbonaceous 5 day, 20C	Sample Measurement				<2			mg/l	0	Every Two Weeks	8-hour FPC
RM Code 80082 Site No. EPA-1	Permit Requirement				20.0 (An. Avg)			mg/l		Every Two Weeks	8-hour FPC
TD, Carbonaceous 5 day, 20C	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
RM Code 80082 Site No. EPA-1	Permit Requirement				30.0 (Mo Avg)	45.0 (Wkly Avg)	60.0 (Max)	mg/l		Every Two Weeks	8-hour FPC
ids, Total Suspended	Sample Measurement						1.1	mg/l	0	3 Days/Week	Grab
RM Code 00530 Site No. EPA-1	Permit Requirement						3.0 (Max)	mg/l		3 Days/Week	Grab
	Sample Measurement				6.24		6.84	Std Units	0	3 Days/Week	Grab
RM Code 00400 Site No. EPA-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 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)
Scott Stewart, Lead Operator		239-561-2713	03/1/04

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

DISCHARGE MONITORING REPORT - PART A (Continued)

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	0	3 Days/Week	Grab
PARM Code 74055 Mon Site No. EFA-1	Permit Requirement			Non Detectable (75 Percentile)	#/100ml		Days/Week*	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.5	mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			0.4	NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. EFB-1	Permit Requirement			2.5 (Max.)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			135	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			119	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement			Report (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit 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 plant will be operated in the contact stabilization mode if the weekly average daily flow exceeds 0.318 mgd.

Monitoring Period

From:

12/1/02

To:

12/31/02

(TMADF/Permitted Capacity)x100:

242
55%

	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-1	EFA-1	EFA-1	
1	.202	.285			0.9		6.24	<1	3.3	0.1	
2	.186	.251			1.1		6.79	<1	1.5	0.1	
3	.266	.260			1.1		6.58	<1	1.8	0.1	
4	.269	.252	<2	158	0.7	132	6.57	<1	5.0	0.1	
5	.238	.261			0.8		6.50	<1	5.0	0.2	
6	.191	.239					6.52		5.0	0.1	
7	.211	.280					6.50		2.6	0.1	
8	.180	.268					6.84		2.8	0.1	
9	.192	.259					6.36		2.9	0.1	
10	.240	.253			0.8		6.55	<1	5.0	0.1	
11	.189	.260			0.9		6.57	<1	5.0	0.1	
12	.258	.255			0.7		6.47	<1	5.0	0.2	
13	.267	.261					6.42		5.0	0.1	
14	.260	.264					6.38		5.0	0.3	
15	.261	.291					6.31		2.3	0.4	
16	.264	.274					6.46		2.2	0.1	
17	.258	.263	<2	112	1.0	106	6.41	<1	5.0	0.1	
18	.267	.273			1.0		6.44	<1	1.7	0.1	
19	.235	.249			0.8		6.53	<1	1.8	0.1	
20	.230	.261					6.44		2.5	0.1	
21	.246	.275					6.46		5.0	0.1	
22	.280	.287					6.45		5.0	0.1	
23	.225	.264			<0.6		6.57	<1	5.0	0.1	
24	.265	.284			<0.6		6.46	<1	5.0	0.1	
25	.275	.287					6.60		5.0	0.2	
26	.257	.263			<0.6		6.46	<1	5.0	0.2	
27	.243	.263					6.38		3.6	0.3	
28	.268	.280					6.45		5.0	0.3	
29	.268	.283					6.44		4.7	0.4	
30	.260	.281					6.40		5.0	0.2	
31	.283	.293			<0.6		6.52	<1	2.1	0.1	

PLANT STAFFING:

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: C

Certificate No: 6394

Name: M. Scott Stewart

Lead Operator

Class: C

Certificate No: 6394

Name: M. Scott Stewart

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course and Spray Irrigation

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

Attach additional sheets if necessary to list all certified operators.

Revision Date: 04/18/02

3

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: **CROSS CREEK UTILITIES INC**
 MAILING ADDRESS: **14668 AERIES WAY DR**
FORT MYERS, FL 33912-1703
 FACILITY: **CROSS CREEK WWTP**
 LOCATION: **13040 CROSS CREEK BLVD**
 ATTN:

PERMIT NUMBER: **FLA014505-001602P**
 MONITORING PERIOD: **12-1-00 TO 12-31-00**
 IDMT: **FINAL**
 CLASS SIZE: **MINOR**
 FACILITY ID: **FLA014505**
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: **3K**
 TYPE OF EFFLUENT DISPOSAL: **SPRAY IRRIGATION**

GROUP: **DOMESTIC**
 QMS TESTS ID NO:
 WAFR SYSTEM ID NO:
 NO DISCHARGE

Please read instructions before completing this form.

Parameter	Frequency	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW	Monthly	145	0.225	Mgd				0	CONT	Flow Meter
000070 MONTHLY AVERAGE DAILY FLOW										
CHODS, EFFLUENT	Monthly					92	101	0	8 WEEKLY	8 hr COMP
000002 INFLUENT CROSS VALUE										
TSS, INFLUENT	Monthly					107	114	0	8 WEEKLY	8 hr COMP
000003 INFLUENT CROSS VALUE										
CHODS, EFFLUENT	Monthly					1.5	2	0	8 WEEKLY	8 hr COMP
000007 EFFLUENT CROSS VALUE										
TSS, EFFLUENT	Monthly					0.8	2.3	0	4 WEEKLY	GRAB
000030 EFFLUENT CROSS VALUE										
COLOR, EFFLUENT	Monthly				<1	<1	<1	0	4 WEEKLY	GRAB
000036 EFFLUENT CROSS VALUE										

I hereby certify that I am the person who has personally examined and am familiar with the information submitted herein, and based on my inspection of these 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.

Signature of Permittee: **Ismael Garcia C08922**
 Signature of Department of Environmental Protection: **Ismael Garcia C08922**
 Telephone No: **768-3334**
 Date (YYMMDD): **01/06/01**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FACILITY NAME: CROSS CREEK UTILITIES INC.
 MAILING ADDRESS: 10146B AERIES WAY DR.
FORT MYERS, FL 33912-1703

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

PERMIT NUMBER: FLA014505-001 DW 2P
 MONITORING PERIOD: 12-1-00 TO 12-31-00
 LIMIT: FINAL
 CLASS SIZE: MINOR 1-1-01 1-31-01
 FACILITY ID: FLA014505 GROUP: DOMESTIC
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE ***
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

Please read instructions before completing this form.

Parameter	Frequency	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH	1				6.1		7.2	5.4	1	5/week	6005
CHLORINE, TOTAL REMOVAL	1				1.0				1	CONT	998
AMMONIA, TOTAL (as N)	1						N/A	N/A	N/A	N/A	N/A
NITROGEN, TOTAL (as N)	1						N/A	N/A	N/A	N/A	N/A
CHLORINE, EFFLUENT	1										
AMMONIA, EFFLUENT	1										
NITROGEN, EFFLUENT	1										

I hereby 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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: Ismael Garcia C08922 Date: 4/1/01
 Title: 768-3834

FL DEPT ENV PROTECT FAX: 941-332-6969 10:21 AM P.03

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01

9:43

P.05

DAILY SAMPLE RESULTS - PART B

Sample Number:
Sample Year:

FLA 014505-001 DW 2 P

Thousand Average Daily Flow
(Thousand Gallons per Day)

Dec '00, 102 mgd

JAN, 2001

Time	Flow (mgd)	DO (mg/L)	Temp (mg/L)	DO (mg/L)	Temp (mg/L)	pH (pH)	pH (pH)	Flow (mgd)	DO (mg/L)	Temp (mg/L)	DO (mg/L)	Temp (mg/L)
1	129					6.7			4.5			
2	129				6.7			2.1	1.0			Ca
3	132				6.7			2.1	2.3			Ca
4	137				6.6			2.1	2.2			Ca
5	140				6.5			2.1	4.6			Ca
6	140								3.2			
7	140								2.3			
8	148				6.6			2.1	1.1			Ca
9	148				6.6			2.1	1.2			Ca
10	144	83	114	1	6.5			2.1	2.0			Ca
11	136				6.5			2.1	1.0			Ca
12	147				6.2				1.0			
13	147								1.2			
14	147								1.2			
15	177				6.1				1.0			
16	130				6.2			2.1	1.5			Ca
17	150				6.9			2.1	1.4			Ca
18	140				7.1			2.1	1.1			Ca
19	145				7.2			2.1	1.0			Ca
20	145								1.0			
21	145								2.6			
22	157				6.7			2.1	1.1			Ca
23	149				6.6			2.1	2.0			Ca
24	146	101	99	2	6.6			2.1	2.1			Ca
25	152				6.6			2.1	1.5			Ca
26	152								1.3			
27	152								7.7			
28	152								5.1			
29	141				6.6			2.1	2.0			Ca
30	141				6.3			2.1	2.5			Ca
31	144				6.3			2.1	1.0			Ca

PLANT STATION:

City: Bill Operator

Resident: Bill Operator

Name: Operator

Last Operator:

Type of Disposal: Disposal or Recycled Water Return

Linked Via Weather Discharge Activated: Yes No: Not Applicable: If Yes, Discharge Type: If No, Discharge Type:

Class: C

Class: C

Class: C

Class: C

Certificate No:

Certificate No:

Certificate No:

Certificate No:

Name:

Name:

Name:

Name:

Ismael Garcia

Ismael Garcia

Ismael Garcia

Ismael Garcia

* Attach additional sheets if necessary to fit all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES INC.
MAILING ADDRESS: C/D 14666 PERIES WAY DR
 FORT MYERS, FL 33912-1703
FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BLVD
ATTN:

PERMIT NUMBER: FLA014505-001802P
MONITORING PERIOD: From 02-1-01 TO 02-28-01
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3k
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
GROUP: DOMESTIC
GMS TEST SITE ID NO.:
WAFR SYSTEM ID NO.:
***** NO DISCHARGE [] *****

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
030070 FLOW	Sample Measurement	151	225	MGD					0	CONT	FLOW METER
030070 MONTHLY AVERAGE DAILY CREEK, INFLUENT	Sample Measurement	151							0	BI WEEKLY	8hr COMP
030070 INFLUENT GROSS VALUE	Sample Measurement	163				163	195	MG	0	BI WEEKLY	8hr COMP
030070 TSS, INFLUENT	Sample Measurement	186				186	215	MG/L	0	BI WEEKLY	8hr COMP
030070 INFLUENT GROSS VALUE	Sample Measurement	186				186	215	MG/L	0	BI WEEKLY	8hr COMP
030070 EFFLUENT	Sample Measurement	<1				<1	<1	MG/L	0	4/week	GRAB
030070 EFFLUENT GROSS VALUE	Sample Measurement	0.7				0.7	1.1	MG/L	0	4/week	GRAB
030070 TSS, EFFLUENT	Sample Measurement	0.7				0.7	1.1	MG/L	0	4/week	GRAB
030070 EFFLUENT GROSS VALUE	Sample Measurement	0.7				0.7	1.1	MG/L	0	4/week	GRAB
030070 COLIFORM, Fecal	Sample Measurement	<1				<1	<1	COL	0	4/week	GRAB
030070 EFFLUENT GROSS VALUE	Sample Measurement	<1				<1	<1	COL	0	4/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 knowledge of these facts, I believe the 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.
Signature: Ismael Garcia C08922
DATE (MM/DD/YYYY): 01-02-26
TELEPHONE NO.: 847-768-3334

P.03

9:41

Jan 17 '01

FAX: 941-332-6959

FL DEPT ENV PROTECT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES INC
 MAILING ADDRESS: 14668 AERIES WAY SE
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 D102P
 MONITORING PERIOD: From 02-1-01 TO 02-28-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

GROUP: DOMESTIC
 GAS TEST SITE ID NO:
 WATER SYSTEM ID NO:
 *** NO DISCHARGE ***

Please read instructions before completing this form.

Parameter	Sample Method	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
PH					6.7		7.1	5.9	0	5/week	GRAB
CHLORIDE, TOTAL RESIDUAL					1.0			mg/L	0	CONT	GRAB
EFFLUENT CHLORIDE VALUE											
NITRATE (as N)							N/A	N/A	N/A	N/A	N/A
(OF REQUIRED IN THE PERMIT)											
EFFLUENT CHLORIDE VALUE											
NITROGEN, TOTAL (as N)							N/A	N/A	N/A	N/A	N/A
(OF REQUIRED IN THE PERMIT)											
EFFLUENT CHLORIDE VALUE											
CHLORIDE, EFFLUENT					1.0						
ANNUAL AVERAGE											
THE EFFLUENT					1.0						
ANNUAL AVERAGE											

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of criminal sanctions and/or civil penalties.

Signature: Ismael Garcia C08922 Date: 01-02-26
 Title: Manager Date: 01-02-26

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01

9:43

P.05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:FLA 014505-001 DW 2P
FEB, 2001Three-month Average Daily Flow:
(TMAAD) Permitted Capacity: 100JAN '01 .145 MSD
DEC '00 .102 MSD

Flow (MGD)	Influent CODCO (mg/L)	Influent TSS (mg/L)	Influent CODCO (mg/L)	Influent TSS (mg/L)	pH (a.m.) min.	pH (p.m.) max.	Total Coliform Bacteria (CFU/100ml)	CL ₂ (for Disinfect.) (mg/L)	Nitrate (mg/L)	Total Solids (mg/L)	Sample Date
1	137				<0.6	6.8	<1	2.3			G
2	142					6.7		1.5			
3	142							3.5			
4	142							9.0			
5	142				40.6	6.9	<1	3.0			G
6	153				40.6	7.0	<1	2.4			G
7	142				40.6	6.9	<1	1.4			G
8	150					6.8		1.0			
9	155						<1	1.0			C
10	146	195	156	<1	0.6	6.7		1.0			
11	146							2.9			
12	146				1.1	7.0	<1	5.8			G
13	152				0.8	7.0	<1	6.3			G
14	150				0.6	6.9	<1	4.0			G
15	156				1.1	6.9	<1	4.0			G
16	140					6.9		1.0			
17	155							2.0			
18	155							6.2			
19	155				<0.6	7.1	<1	2.1			G
20	166				40.6	7.0	<1	1.6			G
21	155						<1	1.0			C
22	166	130	215	<1	0.6	7.0	<1	1.3			G
23	147				0.8	7.0	<1				
24	154					7.0		5.9			
25	154							5.7			
26	154							4.9			
27	167				<0.6	7.0	<1	1.7			G
28	156				<0.6	7.0	<1	1.2			G
29	142				1.0	7.0	<1	1.4			G
30											
31											

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Operator

Class:

Class:

Class:

Class:

Certificate No:

Certificate No:

Certificate No:

Certificate No:

Name:

Name:

Name:

Name:

Type of Effluent Disposal or Reclaimed Water Use:

Limited Wet Weather Discharge Activated: Yes No: Not Applicable:

SPRAY IRRIGATION

If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES INC
 MAILING ADDRESS: 14668 AERIES WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 12040 CROSS CREEK BLVD
 ATTN:

PERMIT NUMBER: FLA014505-001602P
 MONITORING PERIOD: 09-1-01 TO 03-31-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3k
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 OMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE ***

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
FLOW										
000010 1 <u>149</u>	Flow Measurement	<u>149</u>	<u>225</u>	<u>MGD</u>				<u>0</u>	<u>CONT</u>	<u>Flow Meter</u>
MONTHLY AVERAGE DAILY										
COD, EFFLUENT										
00002 0 <u>285</u>	Flow Measurement					<u>285</u>	<u>397</u>	<u>0</u>	<u>8</u>	<u>8 hr COMP</u>
EFFLUENT GROSS VALUE										
TSS, EFFLUENT										
00003 0 <u>270</u>	Flow Measurement					<u>270</u>	<u>352</u>	<u>0</u>	<u>8</u>	<u>8 hr COMP</u>
EFFLUENT GROSS VALUE										
COD, EFFLUENT										
00002 1 <u><1</u>	Flow Measurement					<u><1</u>	<u><1</u>	<u>0</u>	<u>8</u>	<u>8 hr COMP</u>
EFFLUENT GROSS VALUE										
TSS, EFFLUENT										
00003 0 <u>0.8</u>	Flow Measurement					<u>0.8</u>	<u>2.0</u>	<u>0</u>	<u>4/week</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE										
COLOR, FINAL										
00004 1 <u><1</u>	Flow Measurement				<u><1</u>	<u><1</u>	<u><1</u>	<u>0</u>	<u>4/week</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE										

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

Signature of Permittee: Ismael Garcia C08922 Signature of Representative: Ismael Garcia C08922 Telephone: 741-768-3334 Date: 03-26

CONSENT AND SIGNATURE OF ANY VIOLATIONS (Indicate all violations here: (Date, amount, date if necessary))

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES INC
 MAILING ADDRESS: 13040 CROSS CREEK BLVD
PORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD
 ATTN:

PERMIT NUMBER: FLA014505-001DW2P
 MONITORING PERIOD: 3-1-01 TO 3-31-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 CWS TEST SITE ID NO:
 WAFS SYSTEM ID NO:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	Sample Identification	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Minimum	Units	Minimum	Average	Maximum				Units
PH										
000000 1 <u>6.8</u>					<u>6.8</u>		<u>7.2</u>	<u>50</u>	<u>0</u>	<u>5/week GRAB</u>
CHLORINE, TOTAL RESIDUAL										
000000 1 <u>1.0</u>					<u>1.0</u>			<u>10/L</u>	<u>0</u>	<u>CONT GRAB</u>
EFFLUENT CHLORINE VALUE										
NITRATE (as N)										
000000 1 <u>N/A</u>							<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
EFFLUENT CHLORINE VALUE										
NITROGEN, TOTAL (as N)										
000000 1 <u>N/A</u>							<u>N/A</u>	<u>N/A</u>	<u>N/A</u>	<u>N/A</u>
EFFLUENT CHLORINE VALUE										
CHLORINE, EFFLUENT										
000002 Y <u>1.5</u>										
ANNUAL AVERAGE										
TSS, EFFLUENT										
000000 1 <u>1.0</u>										

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 that the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of criminal sanctions and/or civil penalties.

Signature of Permittee Representative: Ismael Garcia C08922 Date: 01-03-21
 Signature of DEP Representative: Ismael Garcia C08922 Date: 01-03-21

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01

9:43

P.05

DAILY SAMPLE RESULTS - PART B

Facility Number:
Month/Year:RA014505-001 DWZP
MAR, 2001Three-month Average Daily Flow:
(TMA30/Permitted Capacity) (MGD)FEB '01 .157 mgd
JAN '01 .145 mgd
DEC '00 .102 mgd

Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	pH (a.m.) min.	pH (a.m.) max.	Final Effluent Bacteria (MPN/100ml)	CL ₂ (Per Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample
0.000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
1	.151				6.8		<1	1.0			G
2	.148				6.8			4.4			
3	.148							1.0			
4	.148							1.0			
5	.154				7.1		<1	2.2			G
6	.154				7.0		<1	4.4			G
7	.149				6.9		<1	3.3			G
8	.149	397	352	<1	6.9		<1	10.0			G
9	.150				7.0			1.0			
10	.150							2.0			
11	.150							7.8			
12	.162				7.0			1.0			
13	.149				7.1		<1	1.0			G
14	.149				7.2		<1	5.1			G
15	.149				7.0		<1	1.0			G
16	.147				7.0		<1	7.3			G
17	.147							1.2			
18	.147							1.0			
19	.161				7.0			1.2			
20	.146				7.0		<1	4.8			G
21	.151				6.9		<1	1.3			G
22	.146				7.0		<1	2.5			G
23	.149	172	187	<1	7.0		<1	1.0			G
24	.149							5.7			
25	.148							8.8			
26	.159				6.8			1.4			
27	.151				6.9		<1	1.0			G
28	.147				7.1		<1	2.6			G
29	.140				7.0		<1	1.5			G
30	.140				7.1		<1	9.5			G
31	.140							7.3			

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Operator

Class: C

Class: _____

Class: _____

Class: _____

Certificate No:

Certificate No:

Certificate No:

Certificate No:

Name:

Name:

Name:

Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

* Attach additional sheets if necessary to list all certified operators.

P.03

9:41

Jan 17 '01

Fax: 941-332-6969

FL DEPT ENV PROTECT

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES, INC.
 MAILING ADDRESS: 14668 PERIES WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 DW2P
 MONITORING PERIOD: From 4-1-01 TO 4-30-01
 LBMT: FINAL
 CLASS SIZE: MINDR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

GROUP: DOMESTIC
 GMS TEST/E ID NO:
 WAPR SYSTEM ID NO:
 *** NO DISCHARGE () ***

Please read instructions before completing this form.

Parameter	STOCKS CODE	MDF SITE No	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
			Average	Maximum	Units	Minimum	Average	Maximum				Units
pH	000000	1	6.4			6.4		7.1	50	0	5/WEEK	GRAB
CHLORIDE, TOTAL RESIDUAL	000000	1				1.0			0.1	0	CONT	GRAB
EFFLUENT CHLORIDE VALUE	000000	1										
NITRATE (as N)	000000	1						N/A	N/A	N/A	N/A	N/A
(IF REQUIRED IN THE PERMIT)	000000	1										
EFFLUENT CHLORIDE VALUE	000000	1										
NITROGEN, TOTAL (as N)	000000	1						N/A	N/A	N/A	N/A	N/A
(IF REQUIRED IN THE PERMIT)	000000	1										
EFFLUENT CHLORIDE VALUE	000000	1										
CBOD5, EFFLUENT	000000	Y	1.4									
ANNUAL AVERAGE	000000	Y	1.1									
TSS, EFFLUENT	000000	Y										
ANNUAL AVERAGE	000000	Y										

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 information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

SIGNATURE OF PERMITTEE OR AUTHORIZED AGENT: Ismael Garcia C08922
 SIGNATURE OF DEPARTMENTAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Ismael Garcia C08922
 TELEPHONE NO.: 941-768-3334
 DATE (YY/MM/DD): 01-05-2001

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FACILITY NAME: CROSS CREEK UTILITIES INC
MAILING ADDRESS: C/O 14668 AERIES WAY DR.
 FORT MYERS, FL 33912-1709

PERMIT NUMBER: FLA014505-0010051
MONITORING PERIOD: 4-1-01 TO 4-30-01
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3k
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
GROUP: DOMESTIC
CMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
***** NO DISCHARGE *****

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

Please read instructions before completing this form.

Parameter	Sample Method	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
000000 FLOW	Flow Meter	114	225	MGD					0	CONT.	Flow Meter
000001 MONTHLY AVERAGE DAILY CROSS, EFFLUENT	Flow Meter					125	159		0	BI Weekly	8 hr COMP
000002 INFLUENT CROSS VALUE	Flow Meter					122	155	mg/L	0	BI Weekly	8 hr COMP
000003 EFFLUENT CROSS VALUE	Flow Meter					1.5	2	mg/L	0	BI Weekly	8 hr COMP
000004 TSS, EFFLUENT	Flow Meter					0.8	1.6	mg/L	0	4/week	GRAB
000005 EFFLUENT CROSS VALUE	Flow Meter					<1	<1	COL	0	4/week	GRAB
000006 COLIFORM, FSCAL	Flow Meter										
000007 EFFLUENT CROSS VALUE	Flow Meter										

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 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.

Signature: Ismael Garcia CO8922 **Signature:** Ismael Garcia CO8922 **TELEPHONE NO.:** 941-768-3334 **DATE (YYMMDD):** 01-05-22

CONSENT AND DECLARATION OF ANY VIOLATIONS: (Indicate all violations here. Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA014505-001N02P
MONITORING PERIOD: FROM 5/1/01 TO 5/31/01
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3K
TYPE OF EFFLUENT DISPOSAL: SPRAY
GROUP: DOMESTIC
GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE [] **
IRRIGATION

GROUP: DOMESTIC
GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE [] **
1. RENOVATION

Please read instructions before completing this form.

Please read instructions before completing this form.											
Parameter		Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type	
STATION CODE	MOM. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW		Sample Measurement	042	mGD					0	CONST	Flow meter
050030	042	Point Equipment	REPORT MONTHLY AVE	1000						DISE PRESENT	DISE PRESENT
MONTHLY AVERAGE DAILY CROOK, EFFLUENT		Sample Measurement				168	182	mg/L	0	B1 WEEKLY	8 he COMP
000003	168	Point Equipment				REPORT MONTHLY AVE	REPORT DAILY MAX	mg/L		DISE PRESENT	DISE PRESENT
DIFFUSENT GROSS VALUE		Sample Measurement				148	177	mg/L	0	B1 WEEKLY	8 he COMP
00330	148	Point Equipment				REPORT MONTHLY AVE	REPORT DAILY MAX	mg/L		DISE PRESENT	DISE PRESENT
TSS, INFLUENT		Sample Measurement				<1	<1	mg/L	0	B1 WEEKLY	8 he COMP
000002	<1	Point Equipment				REPORT MONTHLY AVE	REPORT DAILY MAX	mg/L		DISE PRESENT	DISE PRESENT
EFFLUENT GROSS VALUE		Sample Measurement				0.9	3.0	mg/L	0	4/WEEK	GRAB
000330	0.9	Point Equipment				REPORT MONTHLY AVE	REPORT DAILY MAX	mg/L		DISE PRESENT	DISE PRESENT
TSS, EFFLUENT		Sample Measurement				<1	<1	COL	0	4/WEEK	GRAB
001616	<1	Point Equipment				REPORT MONTHLY AVE	REPORT DAILY MAX	COL		DISE PRESENT	DISE PRESENT
EFFLUENT GROSS VALUE		Sample Measurement									

01616
EFFLUENT GROSS VALUE

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 it is true and correct.

DATE (MM/DD/YY)

I hereby certify that the information furnished on this form is true and complete. I understand that this information will be used by the Federal Bureau of Investigation for the purpose of conducting its official business. I understand that any false or misleading information furnished on this form may constitute a Federal offense and may be cause for arrest and prosecution. I understand that any information furnished on this form is being furnished to you for your official business purposes only, and it is not to be further distributed.		TELEPHONE NO. 941-768-3331	DATE (Month/Day/Year) 01-06-25
SIGNATURE OF PERSON FURNISHING INFORMATION Ismael Garcia COB922		SIGNATURE OF PERSON RECEIVING INFORMATION Ismael Garcia COB922	
PRINTED NAME AND TITLE OF PERSON RECEIVING INFORMATION (If different from above) Ismael Garcia COB922			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES, INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
 FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 D02P
 MONITORING PERIOD: FROM 5-1-01 TO 5-31-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE () ***

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH 000400 I 6.0 MINIMUM	Sample Measurement				6.0		7.0	50	0 5/week	GRAB
	Final Requirement				AS MINIMUM		AS DAILY MAX		SEE PERMIT	SEE PERMIT
CHLORIDE, TOTAL RESIDUAL 000400 I 1.0 EFFLUENT CROSS VALUE	Sample Measurement				1.0			mg/L	0	CONST GRAB
	Final Requirement				MINIMUM			mg/L	SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT) 000420 I EFFLUENT CROSS VALUE	Sample Measurement						N/A	mg/L	N/A	N/A
	Final Requirement						N/A	mg/L	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT) 000500 I EFFLUENT CROSS VALUE	Sample Measurement						N/A	mg/L	N/A	N/A
	Final Requirement						N/A	mg/L	SEE PERMIT	SEE PERMIT
BOD5, EFFLUENT 000502 Y 1.4 ANNUAL AVERAGE	Sample Measurement							mg/L		
	Final Requirement				REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT
TSS, EFFLUENT 000530 Y 1.1 ANNUAL AVERAGE	Sample Measurement							mg/L		
	Final Requirement				REPORT ANNUAL AVG			mg/L	SEE PERMIT	SEE PERMIT

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.

Handwritten signature: ISMAEL GARCIA COB922
 Handwritten signature: Ismael Garcia COB922
 TELEPHONE NO. 941-768-3334
 DATE (YY/MM/DD) 01-06-25

CONSENT AND EXPLANATION OF ANY VIOLATIONS (Indicate all circumstances here): (Attach additional sheets if necessary.)

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01 9:43

P.05

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow:
(TMA97/Permitted Capacity/2000)APR 01 - 114' mgd
MAR 01 - 149' mgd
FEB 01 - 151' mgdPermit Number:
Month/Year:FLA 014505-001 DWZP
MAY 2001

Flow (MGD)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (a.m.) min.	pH (p.m.) max.	Fecal Coliform Bacteria (MPN/100ml)	CL ₂ (For Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Light of Sample (hrs)
00000	00000	00000	00000	00000	00000	00000	00000	00000	00000		
052				20.6	6.5		<1	2.5			G
053				20.6	6.5		<1	1.2			G
049				0.9	6.6		<1	1.7			G
033	153	119	<1	20.6	6.7		<1	1.5			C
033								1.0			
033								2.0			
033								1.0			
074					6.7						G
042				20.6	6.7		<1	1.0			G
041				20.6	6.6		<1	1.6			G
042				20.6	6.7		<1	1.0			G
034				20.6	6.7		<1	1.0			G
034								1.0			
034					6.2			1.0			
036				3.0	6.3		<1	1.0			G
034				0.9	6.0		<1	5.3			G
034				1.2	6.0		<1	1.0			G
037				1.9	6.0		<1	2.8			C
034	182	177	<1					1.0			
034								1.0			
034					6.0			1.0			
037								1.0			G
042				20.6	6.0		<1	1.0			G
039				20.6	6.0		<1	4.2			G
049				20.6	6.1		<1	1.8			G
049				20.6	6.0		<1	1.7			G
049								10.0			
049								10.0			
049					6.7			10.0			
068				0.6	6.8		<1	10.0			G
042				0.9	6.6		<1	5.4			G
038				20.6	7.0		<1	1.0			G

PLANT STAFFING

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Operator

Class:

Class:

Class:

Class:

Certificate No:

Certificate No:

Certificate No:

Certificate No:

Name:

Name:

Name:

Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

Weather Weather Discharge Activated: Yes: No: Not Applicable: If yes, on: weather discharge:

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

SUBMITTER NAME: CROSS CREEK UTILITIES INC.
MAILING ADDRESS: 13040 CROSS CREEK BLVD.
 FORT MYERS, FL 33912-1703

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

PERMIT NUMBER: FLA04505-CO12
MONITORING PERIOD: 6-1-01 TO 6-30-01
UNIT: FINAL
CLASS SIZE: 171100K
FACILITY ID: FLA04505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3K
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
GROUP: DOMESTIC
TEST SITE ID:
WATER SYSTEM ID:
NO DISCHARGE

Please read instructions before completing this form.

Parameter	Sample Method	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Flow	Depth Measurement	0.039	0.225	MGD				0	CONT	Flow Meter
00000 1 0.039	Field/Instrument									
MONTHLY AVERAGE DAILY										
COD, EFFLUENT	Depth Measurement					137	149	0	BI WEEKLY	Bio Comp
00000 0 137	Field/Instrument									
EFFLUENT COD VALUE										
TSS, EFFLUENT	Depth Measurement					154	212	0	BI WEEKLY	Bio Comp
00000 0 154	Field/Instrument									
EFFLUENT TSS VALUE										
CHLORINE, EFFLUENT	Depth Measurement					1	2	0	BI WEEKLY	Bio Comp
00000 1 1	Field/Instrument									
EFFLUENT CHLORINE VALUE										
PH, EFFLUENT	Depth Measurement					0.7	0.8	0	4 WEEK	GLAB
00000 1 0.7	Field/Instrument									
EFFLUENT PH VALUE										
COLEMAN VALUE	Depth Measurement				<1	<1	<1	0	4 WEEK	GLAB
00000 1 <1	Field/Instrument									
EFFLUENT COLEMAN VALUE										

I certify under penalty of law that I have personally examined and am familiar with the information submitted hereby, and based on my knowledge of these information, I believe it is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

Signature: Ismael Garcia **Signature:** Ismael Garcia **Signature:** Ismael Garcia
Signature: Ismael Garcia **Signature:** Ismael Garcia **Signature:** Ismael Garcia
Signature: Ismael Garcia **Signature:** Ismael Garcia **Signature:** Ismael Garcia

AV IRRIGATION

STANDARD FORM NO. 64 (Rev. 5-22-64)

June 01

DAILY SAMPLE RESULTS - PART 2

Three-month Average Daily Flow
 (1) 1957-1958 Period: 1,000,000 cfs

MAY '01 .042 MGD
APR '01 .114 MGD
MAR '01 .149 MGD

RA 014505-001 DWZP

JUNE 2001

[illegible]

Abstract

THE UNIVERSITY OF CHICAGO

[illegible]

Abstract

1999



1. **Identify the subject and predicate of the sentence.**
 2. **Identify the subject and predicate of the sentence.**

Estimated Water Demand

Adapted From: *Yes, We Can!*

Chlorine Dioxide

Continued Next Page

Customer Name
Customer ID

500

1004

0206922

Keywords:

Torres Garcia

1

100

2010

11

Ordering No: 3 PRAY 1000000000

~~Unauthorized disclosure is contrary to the classified system.~~

P.02

9:40

Jan 17 '01

Form 641-332-0009

FL DEPT ENV PROTECT

FACILITY:
LOCATION:

CROSS CREEK WASTP
13040 CROSS CREEK BLVD
ATLANTA

Fort Myers, FL 33912-1705

PLANT NAME: FLA041505
MEASUREMENT DATE: 7-1-01 TO 7-31-01
EQUIP. SERIAL:
CLASSIFICATION: FWA0000
FACILITY: FLA041505
DISCHARGE POINT NUMBER:
PLANT IDENTIFICATION TYPE: 3C
TYPE OF EFFLUENT RECEIVED: SPRAY
EQUIP. SERIAL:
DISCHARGE POINT NUMBER:
PLANT IDENTIFICATION TYPE:
TYPE OF EFFLUENT RECEIVED:

Please read instructions before completing this form.

Parameter	Unit	Quality or Loading			Quality or Concentration			No. Ex.	Frequency of Sample	Remarks
		Average	Maximum	Units	Minimum	Average	Maximum			
DO	mg/L	0.59	2.25	mg/L				0	CONT.	FLOW HERE
DO	mg/L	0.59								
DO	mg/L	1.38				1.38	1.73	0	B1	Flow
DO	mg/L	1.27				1.27	1.79	0	B1	Flow
DO	mg/L	1.3				1.3	2	0	B1	Flow
DO	mg/L	0.6				0.6	1.1	0	1/week	Flow
DO	mg/L	<1			<1	<1	<1	0	1/week	Flow

Ismael Garcia C08923

Ismael Garcia C08923

PH-760-554 01-05-27

P.08

9:41

Jan 17 '01

FORM 1-100-0000

PL 100-100-0000

FACILITY
LOCATION

FORT MYERS, FL 33912-1705
 CROSS CREEK WASTP
 13040 CROSS CREEK BLVD.
 RT10

CLASS: 71000
 FACILITY: FLAGMOOS
 DISCHARGE POINT NUMBER:
 PLANT IDENTIFICATION TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 DATE: 7-1-01 TO 7-31-01
 COUNTRY: DOMESTIC
 ESTABLISHED DATE:
 WASTE SYSTEM ID NO:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	Unit	Quality or Loading			Quality or Concentration			No. of	Frequency of	Date
		Average	Minimum	Units	Minimum	Average	Maximum			
1. pH					6.2		6.8	50	0	7/2001
2. Conductivity					1.0			0	0	CONF.
3. Temperature								N/A	N/A	N/A
4. Total Suspended Solids (TSS)								N/A	N/A	N/A
5. Total Dissolved Solids (TDS)								N/A	N/A	N/A
6. Total Hardness										
7. Ammonia Nitrogen										
8. Nitrate Nitrogen										
9. Nitrite Nitrogen										
10. Phosphate										
11. Silica										
12. Chloride										
13. Sulfate										
14. Fluoride										
15. Cadmium										
16. Chromium										
17. Copper										
18. Lead										
19. Manganese										
20. Mercury										
21. Nickel										
22. Selenium										
23. Silver										
24. Vanadium										
25. Zinc										

I certify that the data reported on this form is true and correct to the best of my knowledge and belief, and that I am not aware of any falsification of data reported on this form.
 Signature: *James Garcia* COB922 Date: 7/1/01
 Signature: *James Garcia* COB922 Date: 7/1/01

FL DEPT ENV PROTECT

FBI 100-332-6969

Jan 17 '01

9:43

P. 05

EARLY LATELY MIDDLE - NIGHT 3

Three-month Average Daily Price CYNABOND® Paved Capabilities

JUN 21
 MAY 21
 APR 21

014505-001 DWZP

JULY 2001

[illegible]

RESEARCH DESIGN

THE 2006 CONSUMER

Executive Director

RESEARCH DESIGN

[illegible]

Abstract

0932

Xenopus

Ismael Garcia

100

Conclusions: The results of this study suggest that the use of a single, standardized, and validated questionnaire is a feasible and reliable method for assessing the prevalence of self-reported SLE in a community-based population.

Abstract

Copyright

McGraw-Hill

Abstract

Abstract

Keywords:

Abstract

536

• Unemployment Insurance - list of certified operators

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMIT NUMBER: **FLA014505 - 0018032P**
 MONITORING PERIOD: **From TO**

LIMIT: **FINAL**
 CLASS SIZE: **MINOR**
 FACILITY ID: **FLA014505**
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: **3/4**
 TYPE OF EFFLUENT DISPOSAL: **SPRAY IRRIGATION**

GROUP: **DOMESTIC**
 GAS TEST SITE ID NO.:
 WAFR SYSTEM ID NO.:
***** NO DISCHARGE *****

FACILITY LOCATION: **CROSS CREEK WWTP**
13040 CROSS CREEK BLVD
 ATTN:

Please read instructions before completing this form.

Parameter	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
000070 FLOW	066	0.066	0.225	(ft ³)					0	CONT	Flow meter
000070 MONTHLY AVERAGE DAILY CROSS, EFFLUENT	135	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
000082 TSS, EFFLUENT	104					135	168	mg/L	0	B1 WEEKLY	8 hr COMP
000082 EFFLUENT GROSS VALUE						REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000082 TSS, EFFLUENT	104					104	105	mg/L	0	B1 WEEKLY	8 hr COMP
000082 EFFLUENT GROSS VALUE						REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000082 CROSS, EFFLUENT	<1					<1	<1	mg/L	0	B1 WEEKLY	8 hr COMP
000082 EFFLUENT GROSS VALUE						REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000082 TSS, EFFLUENT	0.7					0.7	1.1	mg/L	0	4/WEEK	GRAB
000082 EFFLUENT GROSS VALUE						REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
000082 COLIFORM, FECAL	<1					<1	<1	COL	0	4/WEEK	GRAB
000082 EFFLUENT GROSS VALUE						REPORT MONTHLY AVG.	REPORT DAILY MAX.	COL		SEE PERMIT	SEE PERMIT

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.

SIGNATURE OF PERMITTEE OR AUTHORIZED REPRESENTATIVE: **Ismael Garcia C8922** TELEPHONE NO.: **941-768-3531** DATE (YYMMDD): **01-09-18**

COMMENTS AND EXPLANATION OF ANY VARIATIONS (Indicate all checkmarks for which additional data is necessary.):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES, INC.
 MAILING ADDRESS: 14668 AERIES WAY, DE.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 DU2P
 MONITORING PERIOD: From 8-1-01 TO 8-31-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 GMS TESTSITE ID NO:
 WAPR SYSTEM ID NO:
 *** NO DISCHARGE (***)

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH	Sample Measurement				6.1		7.1	03	0	Twice GRAB
000000 I 6.1	Final Requirement				MINIMUM		DAILY MAX	03	SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL	Sample Measurement				1.0			03	0	CONST. GRAB
030040 I 1.0	Final Requirement				MINIMUM			03	SEE PERMIT	SEE PERMIT
EFFLUENT CHLORINE VALUE	Sample Measurement							03	N/A	N/A
NITRATE (as N)	Sample Measurement							03	N/A	N/A
(IF REQUIRED IN THE PERMIT)	Final Requirement							03	SEE PERMIT	SEE PERMIT
000620 I	Sample Measurement							03	N/A	N/A
EFFLUENT CHLORINE VALUE	Final Requirement							03	SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N)	Sample Measurement							03	N/A	N/A
(IF REQUIRED IN THE PERMIT)	Final Requirement							03	SEE PERMIT	SEE PERMIT
000680 I	Sample Measurement							03	N/A	N/A
EFFLUENT CHLORINE VALUE	Final Requirement							03	SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT	Sample Measurement							03		
000001 Y 1.4	Final Requirement				REPORT			03	SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE	Sample Measurement							03		
TSS, EFFLUENT	Sample Measurement							03		
000020 Y 1.0	Final Requirement				REPORT			03	SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE	Sample Measurement							03		

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 information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fines and imprisonment.

NAME OF THE PERSONAL DISCHARGE OWNER OR AUTHORIZED AGENT: ISMAEL GARCIA C8922
 SIGNATURE OF PERSONAL DISCHARGE OWNER OR AUTHORIZED AGENT: Ismael Garcia C8922
 TELEPHONE NO.: 841-768-3334
 DATE (YY/MM/DD): 01-09-18

EAGLE KUDGE
7413011703
11-90

FIRST NAME: FLA014505 - C01N032P
 MONITORING PERIOD: FROM 9-1-01 TO 9-30-01
 LEAD: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3K *** NO DISCHARGE ***
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

CROSS CREEK WWTP
13040 CROSS CREEK BLVD
ATTN:

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type	
STOREY CODE	MON. SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units				
FLOW		Sample Measurement	070	225	MGD					0	CONT	Flow Meter
000000	070	Report Monthly Avg.	Report Monthly Avg.	MGD							See Permit	See Permit
MONTHLY AVERAGE DAILY CROSS, EFFLUENT		Sample Measurement					62	70	mg/L	0	B1 Weekly	B1 hr Comp
000002	62	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	mg/L			See Permit	See Permit
INFLUENT CROSS VALUE		Sample Measurement					66	69	mg/L	0	B1 Weekly	B1 hr Comp
000003	66	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	mg/L			See Permit	See Permit
INFLUENT CROSS VALUE		Sample Measurement					1	2	mg/L	0	B1 Weekly	B1 hr Comp
000004	1	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	mg/L			See Permit	See Permit
EFFLUENT CROSS VALUE		Sample Measurement					0.6	1.0	mg/L	0	4/week	Grab
000005	0.6	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	mg/L			See Permit	See Permit
EFFLUENT CROSS VALUE		Sample Measurement					< 1	< 1	COL	0	4/week	Grab
000006	1	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	COL			See Permit	See Permit
COLIFORM, FCAL		Sample Measurement					< 1	< 1	COL	0	4/week	Grab
000007	1	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	COL			See Permit	See Permit
EFFLUENT CROSS VALUE		Sample Measurement					< 1	< 1	COL	0	4/week	Grab
000008	1	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	COL			See Permit	See Permit
EFFLUENT CROSS VALUE		Sample Measurement					< 1	< 1	COL	0	4/week	Grab
000009	1	Report Monthly Avg.	Report Monthly Avg.			Report Monthly Avg.	Report Daily Max.	COL			See Permit	See Permit

REFUGEE CROSS VALUE		DATE (YYMMDD)	
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.		TELEPHONE NO.	DATE (YYMMDD)

I certify under penalty of law that I have personally examined the information furnished herein and to the best of my knowledge and belief, the information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of imprisonment and/or fines. I understand that this information will be used for purposes of national security.		TELEPHONE NO.	DATE (MM/DD/YY)
NAME (Last, first, middle initial) <u>Ismael Garcia CB92R</u>		TELEPHONE NO. <u>941-768-3324</u>	DATE (MM/DD/YY) <u>01-10-25</u>
SIGNATURE AND EXPLANATION OF ANY VIOLATIONS (Indicate all violations here. (Date, location, time, etc.)) <u>Ismael Garcia CB92R</u>			

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: CROSS CREEK UTILITIES, INC.
 MAILING ADDRESS: 14668 ARIES WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN: _____

PERMIT NUMBER: FLA014505-001802P
 MONITORING PERIOD: 9-1-01 TO 9-30-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER: _____
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 GMS TESTSITE ID NO: _____
 WAFR SYSTEM ID NO: _____
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	Frequency	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
PH	000400	6.3			6.3		6.8	0	5/week	GLAB
CHLORIDE, TOTAL RESIDUAL	010000	1.0			1.0			0	CONT	GLAB
NITRATE (as N)	000020	N/A					N/A	N/A	N/A	N/A
NITROGEN, TOTAL (as N)	000000	N/A					N/A	N/A	N/A	N/A
COODS, EFFLUENT	000022	1.3								
TSS, EFFLUENT	000030	0.9								

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 information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of criminal sanctions and imprisonment.

SIGNATURE OF PERMITTEE REPRESENTATIVE: ISMAEL GARCIA 00928
 SIGNATURE OF REGIONAL SUPERVISOR OFFICER OR AUTHORIZED AGENT: James Garcia 00922
 TELEPHONE NO.: 841-768-3534
 DATE (YYMMDD): 01-10-25

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01 9:43

P.05

DAILY SAMPLE RESULTS - PART B

Facility Number:
Month/Year:

RA 014505-001 DWZP

Three-month Average Daily Flow:
(TMAAF/Permitted Capacity)(1000)AUG '01 (0.04)
JULY '01 (0.05)
JUNE '01 (0.03)

SEPT 2001

Flow (MGD)	Influent CODCr (mg/L)	Influent TSS (mg/L)	Effluent CODCr (mg/L)	Effluent TSS (mg/L)	pH (a.s.) min.	pH (a.s.) max.	Final California Bacteria (MPN/100ml)	Cl ₂ (for Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Sign of Sample (G)
0000	0000	0000	0000	0000	0000	0000	0000	0000	0000		
								4.0			
0415								3.7			
059								3.6			
044					6.4		<1	1.7			G
079				0.6	6.3		<1	2.4			G
055				0.6	6.8		<1	4.8			G
067				0.6	6.5		<1	3.4			G
067	70	69	<1	0.8	6.4		<1	10.0			
062								2.7			
069								10.0			
049					6.4						G
052				0.6	6.3		<1	7.3			G
051				1.0	6.3		<1	3.6			G
060				0.6	6.4		<1	2.1			G
060				0.8	6.4		<1	1.4			G
072								2.3			
132								1.0			
083					6.8			1.0			
092				0.6	6.4		<1	2.4			G
095				0.6	6.5		<1	3.1			G
091				0.6	6.6		<1	2.2			G
102	53	63	2	0.6	6.7		<1	1.5			G
081								2.7			
078								1.0			
058					6.5			1.2			
058				0.6	6.5		<1	1.8			G
070				0.6	6.7		<1	2.0			G
064				0.6	6.7		<1	7.2			G
077				0.6	6.6		<1	10.0			G
055								8.5			
052								10.0			

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Operator

Type of Effluent Disposal or Reclaimed Water Route:

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

Class: C

Class: _____

Class: _____

Class: _____

Class: _____

Certificate No: 8922

Certificate No: _____

Certificate No: _____

Certificate No: _____

Certificate No: _____

Name: ISMAEL GARCIA

Name: _____

Name: _____

Name: _____

Name: _____

* Attach additional copies of summary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

TEE NAME: CROSS CREEK UTILITIES INC.
G ADDRESS: 1014668 AERIES WAY DR.
FORT MYERS, FL 33912-1703

PERMIT NUMBER: FLA 014505 - 001202P
MONITORING PERIOD: From: 10-1-01 TO 10-31-01
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA 014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3K
TYPE OF EFFLUENT DISPOSAL: SPRAY (IRRIGATION)

TY: CROSS CREEK WWTTP
ION: 13040 CROSS CREEK BLVD
ATTN:

GROUP: DOMESTIC
GMS TEST SITE ID NO.:
WAFR SYSTEM ID NO.:
** NO DISCHARGE **

Please read instructions before completing this form.

Parameter	CODE	MON. SITE No.	Sample Measurement	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
				Average	Maximum	Units	Minimum	Average	Maximum			
1. 063 DAILY AVERAGE DAILY			Sample Measurement	063	225	MGD				0	CONT	Flow meter
			Permit Requirement	REPORT MONTHLY AVG	PERMITTED CAPACITY	MGD					SEE PERMIT	SEE PERMIT
0. 126 INFLUENT			Sample Measurement					126	174	0	B1 WEEKLY	8hr COMP
			Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
0. 115 EFFLUENT			Sample Measurement					115	144	0	B1 WEEKLY	8hr COMP
			Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
1. 1 EFFLUENT			Sample Measurement					1	1	0	B1 WEEKLY	8hr COMP
			Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
1. 0.7 EFFLUENT			Sample Measurement					0.7	1.3	0	4/WEEK	GRAB
			Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX		SEE PERMIT	SEE PERMIT
5. 21 OEM, FECAL			Sample Measurement					21	21	0	4/WEEK	GRAB
			Permit Requirement					REPORT WEEKLY AVG	REPORT MONTHLY AVG		SEE PERMIT	GRAB

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 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.

MAN: TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Print Name)
ISMAEL GARCIA CB922

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT
Ismael Garcia CB922

TELEPHONE NO.
341-768-3334

DATE (YY/MM/DD)
01-11-23

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

FDEP LIMITS (REPLACES MOR FORM)

PERMIT NUMBER: FLA014505-001DW2P
MONITORING PERIOD: From 10-1-01 TO 10-31-01
LIMIT: FINAL
CLASS SIZE: MINDR GROUP: DOMESTIC
FACILITY ID: FLA014505 GMS TESTSITE ID NO.:
DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO.:
PLANT SIZE/TREATMENT TYPE: 3/C *** NO DISCHARGE {}***
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

Please read instructions before completing this form.

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 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
ISMAEL GARCIA C8922	<i>Ismael Garcia C8922</i>	241-768-3334	01-11-23
INCIDENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary.)			

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01

9:45

P. 05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:FLA 014505-001 D02P
OCTOBER 2001Three-month Average Daily Flow:
(TMAF/Permitted Capacity)x100:JUL '01 (0.59 MGD)
AUG '01 (0.66 MGD)
SEPT '01 (0.70 MGD)

Code	Flow (MGD)	Influent CBOODS (mg/L)	Influent TSS (mg/L)	Effluent CBOODS (mg/L)	Effluent TSS (mg/L)	pH (a.n.) min.	pH (a.n.) max.	Focal Coliform Bacteria (#/100ml)	CL ₂ (For Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/O)
Mon. Site	50050	80092	00530	80082	00530	00400	00400	74035	50060	00620		
1	0.034					6.8			7.0			
2	0.41				0.6	6.6		<1	3.7			G
3	0.50				0.6	6.6		<1	4.0			G
4	0.45				0.6	6.3		<1	3.5			G
5	0.63	78	86	<1	0.6	6.2		<1	7.3			C
6	0.46								1.1			
7	0.49								3.0			
8	0.36					6.2			3.5			
9	0.55				0.6	6.0		<1	1.3			G
10	0.70				0.6	6.1		<1	1.0			G
11	0.68				0.6	6.1		<1	2.0			G
12	0.52				0.6	6.1		<1	5.0			G
13	0.53								6.7			
14	0.55								1.7			
15	0.48					6.1			5.8			
16	0.56				0.6	6.1		<1	3.5			G
17	0.01				0.6	6.1		<1	10.0			G
18	0.17				0.6	6.3		<1	3.9			G
19	0.87	174	144	<1	0.6	6.4		<1	1.5			C
20	0.93								1.2			
21	0.89								1.7			
22	0.97					6.4			1.8			
23	1.11				0.9	6.5		<1	1.5			G
24	1.20				0.6	6.3		<1	1.1			G
25	1.22				0.6	6.6		<1	5.5			G
26	1.18				1.3	6.5		<1	2.5			G
27	0.38								5.4			
28	0.02								9.6			
29	0.08					6.1			10.0			
30	1.04				0.6	6.1		<1	10.0			G
31	1.22				0.6	6.1		<1	4.1			G

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class:

C

Certificate No:

8922

Name:

Ismael GARCIA

Class:

Certificate No:

Class:

Certificate No:

Class:

Certificate No:

Type of Effluent Disposal or Reclaimed Water Route:

SPRAY

IRRIGATION

Limited Wet Weather Discharge Activated: Yes No:

Not Applicable

If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary to list all certified operators.

OCT 01

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES, INC.
 MAILING ADDRESS: PO 14668 AERIE WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 SW2P
 MONITORING PERIOD: From: 11-1-01 TO 11-30-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE !!!

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration				No Ex.	Frequency of Analysis	Sample Type
STORE CODE	MON SITE No.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
pH					6.1		7.1	(12) SU	0	5/week	GRAB
000400 I MINIMUM	6.1				6.0		6.5	DAILY MAX		SEE PERMIT	SEE PERMIT
CHLORINE, TOTAL RESIDUAL					1.0			(12) MG/L	0	CONT	GRAB
030060 I EFFLUENT GROSS VALUE	1.0				MINIMUM			mg/L		SEE PERMIT	SEE PERMIT
NITRATE (as N) (IF REQUIRED IN THE PERMIT)							N/A	(12) N/A	N/A	N/A	N/A
000620 I EFFLUENT GROSS VALUE	N/A							mg/L		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)							N/A	(12) N/A	N/A	N/A	N/A
000600 I EFFLUENT GROSS VALUE	N/A						REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT								(12)			
080017 Y ANNUAL AVERAGE	1.3				REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT								(12)			
000530 Y ANNUAL AVERAGE	0.6				REPORT ANNUAL AVG			mg/L		SEE PERMIT	SEE PERMIT

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 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: ISMAEL GARCIA C8922
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO.: 941-768-3334
 DATE (YYMMDD): 01-12-20
 COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

10 NOV

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

DEP LIMITS (REPLACES MOR FORM)

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

PERMIT NUMBER: FLA014505-CO1DW2P
MONITORING PERIOD-From: 11-1-01 TO 11-30-01
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3K
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

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

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

Please read instructions before completing this form

Parameter	STOREY CODE	MON. SITE NO.	Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
FLOW											
050030 1 <u>083</u> MONTHLY AVERAGE DAILY			<u>083</u>	<u>225</u>	<u>MGD</u>				<u>0</u>	<u>CONT</u>	<u>Flow meter</u>
CBOD5, INFLUENT											
090042 0 <u>143</u> INFLUENT GROSS VALUE							<u>143</u>	<u>165</u>	<u>0</u>	<u>B1 weekly</u>	<u>8he COMP</u>
TSS, INFLUENT											
00130 0 <u>99</u> INFLUENT GROSS VALUE							<u>99</u>	<u>129</u>	<u>0</u>	<u>B1 weekly</u>	<u>8he COMP</u>
CBOD5, EFFLUENT											
080082 1 <u>1.7</u> EFFLUENT GROSS VALUE							<u>1.7</u>	<u>3.0</u>	<u>0</u>	<u>B1 weekly</u>	<u>8he COMP</u>
TSS, EFFLUENT											
000530 1 <u>0.9</u> EFFLUENT GROSS VALUE							<u>0.9</u>	<u>2.3</u>	<u>0</u>	<u>4/week</u>	<u>GRAB</u>
COLIFORM, FECAL											
031616 1 <u><1</u> EFFLUENT GROSS VALUE							<u><1</u>	<u><1</u>	<u>0</u>	<u>4/week</u>	<u>GRAB</u>

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: ISMAEL GARCIA C8922
SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
TELEPHONE NO.: 941-768-3334
DATE (YY/MM/DD): 01-12-20

PL. UL-1 ENV. PROTECT

Fax: (941) 552-6969

Jan 17 '91

9:45

P. 35.

DAILY SAMPLE RESULTS - PART B

Person Number:
Month/Year:

FLA 014505-001 DR2P

NOVEMBER 2001

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

AUG '01 (.066 mGD)
SEPT '01 (.070 mGD)
OCT '01 (.063 mGD)

[illegible]

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator

Night Shift Operator

Lead Operator

Class:

Certificate No;

Name: _____

Class:

Certificate No:

Name: _____

Class:

Confidence No:

Name: _____

CLARK

Certificate No.

Name: _____

Type of Effluent Disposal or Reclaimed Water Reuse:

Type of Effluent Disposal or Reclaimed Water Reuse: Wet Weather Discharge
 Limited Wet Weather Discharge Activated: Yes: ☐ No: ☒ Not Applicable: ☐ If yes, cumulative days of wet weather discharge: 0

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC
 MAILING ADDRESS: 1014668 PERIES WAY DR.
FORT MYERS, FL 33912-1703

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

PERMIT NUMBER: FLA014505-CO1D02P
 MONITORING PERIOD-From: 12-1-01 TO 12-31-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3K
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STORE CODE	MON. SITE No.		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
				Average	Maximum	Units	Minimum	Average	Maximum			
FLOW			Sample Measurement									
050050 1		<u>076</u>	Permit Requirement	REPORT MONTHLY AVG	PERMITTED CAPACITY	MGD				0	CONT	Flow Meter
MONTHLY AVERAGE DAILY											SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT			Sample Measurement									
090082 0		<u>182</u>	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	0	Bi Weekly	Bhe Comp
INFLUENT GROSS VALUE											SEE PERMIT	SEE PERMIT
TSS, INFLUENT			Sample Measurement									
00530 0		<u>200</u>	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	0	Bi Weekly	Bhe Comp
INFLUENT GROSS VALUE											SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT			Sample Measurement									
080082 1		<u>1</u>	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	0	Bi Weekly	Bhe Comp
EFFLUENT GROSS VALUE											SEE PERMIT	SEE PERMIT
TSS, EFFLUENT			Sample Measurement									
000530 1		<u>0.7</u>	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	0	4/week	GRAB
EFFLUENT GROSS VALUE											SEE PERMIT	SEE PERMIT
COLIFORM, FECAL			Sample Measurement									
031616 1		<u><1</u>	Permit Requirement					REPORT WEEKLY AVG	REPORT MONTHLY AVG	0	4/week	GRAB
EFFLUENT GROSS VALUE											SEE PERMIT	SEE PERMIT

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)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/Y/M/DD)
<u>ISMAEL GARCIA C8922</u>	<u>Ismael Garcia C8922</u>	<u>641-765-3334</u>	<u>02-1-25</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 DW 2P
 MONITORING PERIOD-From: 12-1-01 TO 12-31-01
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 GMS TESTSITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STOREY CODE	MON SITE NO.		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency Analysis	Sample Type
				Average	Maximum	Units	Minimum	Average	Maximum	Units		
pH			Sample Measurement				6.2		6.8	(13)		
000400 1 6.2			Permit Requirement				5.0 MINIMUM		8.5 DAILY MAX	5U	0	5/WEEK GRAB
CHLORINE, TOTAL RESIDUAL			Sample Measurement				1.0			(19)		
050060 1 1.0			Permit Requirement				MINIMUM			mg/L	0	CONT GRAB
EFFLUENT GROSS VALUE												
NITRATE (as N)			Sample Measurement						N/A	(19)	N/A	N/A
(IF REQUIRED IN THE PERMIT)			Permit Requirement							mg/L		
000620 1 N/A												
EFFLUENT GROSS VALUE												
NITROGEN, TOTAL (as N)			Sample Measurement						N/A	(19)	N/A	N/A
(IF REQUIRED IN THE PERMIT)			Permit Requirement						REPORT DAILY MAX	mg/L		
000600 1 N/A												
EFFLUENT GROSS VALUE												
CBOD5, EFFLUENT			Sample Measurement							(19)		
080082 Y 1.3			Permit Requirement				REPORT ANNUAL AVG			mg/L		
ANNUAL AVERAGE												
TSS, EFFLUENT			Sample Measurement							(19)		
000530 Y 0.8			Permit Requirement				REPORT ANNUAL AVG			mg/L		
ANNUAL AVERAGE												

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 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 (Type or Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
ISMAEL GARCIA C8922	<i>Ismael Garcia</i> C8922	941-768-3334	02-1-25

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

FL DEPT ENV PROTECT

Fax: 941-332-6969

Jan 17 '01

9:43

P. 05

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA 014505-001 DWZP

December 2001

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

SEP '01 (.070) MGD
 OCT '01 (.063) MGD
 NOV '01 (.083) MGD

Code	Flow (MGD)	Influent CODDS (mg/L)	Influent TSS (mg/L)	Effluent CODDS (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL ₂ (for Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (CG)
Mon. Site	00050	80082	00530	80082	00530	00400	00400	74033	50060	00620		
1	.088								4.8			
2	.051								1.0			
3	.102					6.2			3.9			
4	.107				0.7	6.8		<1	2.9			G
5	.092				0.6	6.6		<1	3.8			G
6	.073				0.6	6.6		<1	1.8			G
7	.107				0.6	6.6		<1	1.0			G
8	.066								3.3			
9	.066								1.4			
10	.077					6.7			6.2			
11	.066				0.6	6.6		<1	3.1			G
12	.069				0.7	6.7		<1	1.8			G
13	.076				0.6	6.7		<1	7.5			G
14	.091	101	79	1	0.6	6.7		<1	9.5			C
15	.062								4.2			
16	.052								7.9			
17	.068					6.8			1.8			
18	.066				0.6	6.8		<1	2.3			G
19	.058				0.6	6.8		<1	1.0			G
20	.072				0.7	6.7		<1	1.1			G
21	.081				2.0	6.8		<1	3.0			G
22	.081								5.6			
23	.018								9.7			
24	.083				1.2	6.7		<1	10.0			G
25	.052					6.7			10.0			
26	.061				0.7	6.6		<1	10.0			G
27	.069				1.2	6.6		<1	3.0			G
28	.140				2.0	6.5		<1	2.2			G
29	.075	263	322	1	0.7				1.1			C
30	.100								1.0			
31	.083				0.6	6.7		<1	1.0			G

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

8922

Name:

ISMAEL COARCIA

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

* Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC.
 MAILING ADDRESS: 1014668 AERIES WAY DR.
FORT MYERS, FL 33912-1703

PERMIT NUMBER: FLA014505-001002P
 MONITORING PERIOD--From: 1-1-02 TO 1-31-02
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3K
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

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

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

Please read instructions before completing this form.

Parameter	Sample Measurement	Quantity or Loading			Quality or Concentration				No. Ex	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SECRET CODE: 1004, SITE NO:											
FLOW	Sample Measurement	135	225	MGD					0	CONT.	Flow meter
050050 MONTHLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
CBODS, INFLUENT	Sample Measurement					139	145	mg/L	0	BI WEEKLY	8hr COMP
050051 G INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Measurement					106	113	mg/L	0	BI WEEKLY	8hr COMP
050130 G INFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT	Sample Measurement					1	1	mg/L	0	BI WEEKLY	8hr COMP
050082 I EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT	Sample Measurement					0.9	2.1	mg/L	0	4/WEEK	GRAB
000530 I EFFLUENT GROSS VALUE	Permit Requirement					REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL	Sample Measurement					<1	<1		0	4/WEEK	GRAB
051616 I EFFLUENT GROSS VALUE	Permit Requirement					REPORT WEEKLY AVG	REPORT MONTHLY MAX	FC/100ML		SEE PERMIT	STATUS

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 submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment.

MANUSCRIPT OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Ismael Garcia CB922 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Ismael Garcia CB922 TELEPHONE NO.: 941-768-3334 DATE (YY/MM/DD): 02-2-26

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MCR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES, INC.
 MAILING ADDRESS: 14668 AERIES WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 DW2P
 MONITORING PERIOD: From 1-1-02 TO 1-31-02
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

GROUP: DOMESTIC
 GMS TEST SITE ID NO.:
 WAFR SYSTEM ID NO.:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form.

STATION CODE	MON SITE NO.	Parameter	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
000400	1	pH	6.1			6.1		6.7	0	5/week	GRAB
000400	1	CHLORINE, TOTAL RESIDUAL				1.0			0	CONT	GRAB
000600	1	EFFLUENT GROSS VALUE									
000620	1	NITRATE (as N)									
000620	1	EFFLUENT GROSS VALUE									
000600	1	NITROGEN, TOTAL (as N)									
000600	1	EFFLUENT GROSS VALUE									
000600	1	CEODS, EFFLUENT									
000600	1	ANNUAL AVERAGE									
000600	1	TSS, EFFLUENT									
000600	1	ANNUAL AVERAGE									

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 PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: ISMAEL GARCIA C8922 SIGNATURE OF PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: Ismael Garcia C8922 TELEPHONE NO.: 941-768-3334 DATE (YY/MM/DD): 02-2-26

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

FL DEPT ENV PROTECT FAX: 941-552-6969

Jan 17 '02 14:45 M.D

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA 014505-001 D02P

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

OCT 01 (.063 mcf)
NOV 01 (.083 mcf)
DEC 01 (.076 mcf)

JANUARY 2002

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (p.u.) min.	pH (p.u.) max.	Fecal Coliform Bacteria (#/100ml)	Cl ₂ (for Disinfect.) (mg/l.)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Mon. Site												
1	.098					6.7			1.0			G
2	.098				0.6	6.7		<1	1.0			G
3	.105				0.6	6.6		<1	2.7			G
4	.175				0.6	6.4		<1	1.0			G
5	.046								9.6			
6	.087								3.0			
7	.112					6.3			1.1			
8	.022				0.6	6.1		<1	3.1			G
9	.099				0.6	6.1		<1	10.0			G
10	.096				0.6	6.1		<1	1.2			G
11	.131	145	113	1	0.6	6.1		<1	1.0			C
12	.026								1.0			
13	.034					6.3			2.0			
14	.177							<1	3.6			G
15	.133				1.3	6.5		<1	6.3			G
16	.129				1.5	6.6		<1	6.3			G
17	.149				2.1	6.4		<1	2.2			G
18	.206				0.6	6.3		<1	7.5			G
19	.161								10.0			
20	.154								6.0			
21	.190					6.5			1.9			
22	.113				0.8	6.4		<1	1.4			G
23	.138				1.1	6.2		<1	1.7			G
24	.153				1.8	6.4		<1	10.0			G
25	.189	133	99	1	0.6	6.4		<1	10.0			C
26	.141								10.0			
27	.161								9.0			
28	.212					6.6			3.0			
29	.187				0.6	6.4		<1	10.0			G
30	.166				0.7	6.4		<1	10.0			G
31	.168				0.6	6.4		<1	10.0			G

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class: C
Class:
Class:
Class:

Certificate No: 8922
Certificate No:
Certificate No:
Certificate No:

Name: ISMAEL COARIN

Name:
Name:
Name:

Type of Effluent Disposal or Reclaimed Water Reuse:
Limited Wet Weather Discharge Activated: Yes No

STRAY IRRIGATION
If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary. List all certified operators.

20, 1/1/02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC.
MAILING ADDRESS: 1014668 PERIES WAY DR.
FORT MYERS, FL 33912-1703

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

PERMIT NUMBER: FLA014505-001202P
MONITORING PERIOD: From: 2-1-02 TO 2-28-02
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3K
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

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

Please read instructions before completing this form.

Parameter	STORET CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW					(9)							
050050		<u>0.120</u>	<u>120</u>	<u>225</u>	<u>MGD</u>					<u>0</u>	<u>CONT.</u>	<u>FLOW METER</u>
MONTHLY AVERAGE DAILY			REPORT MONTHLY AVG.	PERMITTED CAPACITY	ATC						SEE PERMIT	SEE PERMIT
CBOD ₅ , INFLUENT												
090082		<u>132</u>					<u>132</u>	<u>135</u>	<u>mg/L</u>	<u>0</u>	<u>BI WEEKLY</u>	<u>8hr COMP</u>
INFLUENT GROSS VALUE							REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT												
00530		<u>69</u>					<u>69</u>	<u>84</u>	<u>mg/L</u>	<u>0</u>	<u>BI WEEKLY</u>	<u>8hr COMP</u>
INFLUENT GROSS VALUE							REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
CBOD ₅ , EFFLUENT												
080082		<u>4.0</u>					<u>4.0</u>	<u>6.0</u>	<u>mg/L</u>	<u>0</u>	<u>BI WEEKLY</u>	<u>8hr COMP</u>
EFFLUENT GROSS VALUE							REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT												
000530		<u>0.9</u>					<u>0.9</u>	<u>2.4</u>	<u>mg/L</u>	<u>0</u>	<u>4/WEEK</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE							REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL												
031616		<u><1</u>				<u><1</u>	<u><1</u>	<u><1</u>	<u>COL</u>	<u>0</u>	<u>4/WEEK</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE							REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	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 these 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 (Y/M/D)
<u>ISMAEL GARCIA CB922</u>	<u>Ismael Garcia CB922</u>	<u>941-768-3334</u>	<u>02-13-25</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

WDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC.
 MAILING ADDRESS: 14618 AERIES WAY DR.
FORT MYERS, FL 33912-1703
 FACILITY: CROSS CREEK WWTP
 LOCATION: 13040 CROSS CREEK BLVD.
 ATTN:

PERMIT NUMBER: FLA014505-001 DU02P
 MONITORING PERIOD: From 2-1-02 TO 2-28-02
 LIMIT: FINAL
 CLASS SIZE: MINOR
 FACILITY ID: FLA014505
 DISCHARGE POINT NUMBER:
 PLANT SIZE/TREATMENT TYPE: 3/C
 TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION
 GROUP: DOMESTIC
 GMS TESTSITE ID NO:
 WAFR SYSTEM ID NO:
 *** NO DISCHARGE [] ***

Please read instructions before completing this form

Parameter	STATION CODE	MON. SITE NO	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum				Units
pH											
000400 1 <u>6.0</u> MINIMUM						6.0		6.5	3U	0	5/week GRAB
CHLORINE, TOTAL RESIDUAL											
050060 1 <u>1.0</u> EFFLUENT GROSS VALUE						1.0			0.2	0	CONT GRAB
NITRATE (as N) (IF REQUIRED IN THE PERMIT)											
000620 1 <u>N/A</u> EFFLUENT GROSS VALUE								N/A	N/A	N/A	N/A
NITROGEN, TOTAL (as N) (IF REQUIRED IN THE PERMIT)											
000500 1 <u>N/A</u> EFFLUENT GROSS VALUE								N/A	N/A	N/A	N/A
CBOD5, EFFLUENT											
060082 Y <u>1.4</u> ANNUAL AVERAGE											
TSS, EFFLUENT											
000530 Y <u>0.8</u> ANNUAL AVERAGE											

I certify under penalty of law that I have personally examined and am familiar with the information submitted hereto; 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.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: ISMAEL GARCIA C8922
 SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT: [Signature]
 TELEPHONE NO.: 941-768-3334
 DATE (YY/MM/DD): 02-03-02

DAILY SAMPLE RESULTS - PART B

Permit Number:
 Month/Year:

FLA 014505-001 R22P

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

NOV '01 (.083 mld)
 DEC '01 (.076 mld)
 JAN '02 (.135 mld)

FEBRUARY 2002

Code	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min	pH (s.u.) max	Fecal Coliform Bacteria (#/100ml)	Cl ₂ (For Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/G)
Mon. Site												
1	158				0.6	6.4		<1	10.0			G
2	127								10.0			
3	109								10.0			
4	107					6.5			10.0			
5	122				1.2	6.4		<1	10.0			G
6	144				0.6	6.3		<1	3.3			G
7	111				0.6	6.2		<1	1.0			G
8	127	128	84	6.0	0.8	6.3		<1	3.0			C
9	098								10.0			
10	115								5.4			
11	117					6.0			1.6			
12	119				2.4	6.2		<1	1.3			G
13	100				0.6	6.2		<1	3.5			G
14	146				0.6	6.1		<1	2.9			G
15	108				0.6	6.2		<1	3.1			G
16	118								2.7			
17	107								1.0			
18	106					6.3			1.0			
19	142				1.0	6.1		<1	1.7			G
20	071				0.7	6.2		<1	7.5			G
21	141				1.0	6.4		<1	1.0			G
22	114	135	53	2.0	0.6	6.4		<1	6.8			C
23	132								1.0			
24	127								1.3			
25	127					6.2			1.8			
26	126				1.1	6.2		<1	1.7			G
27	107				0.6	6.3		<1	1.0			G
28	129				2.0	6.3		<1	1.3			G
29												
30												
31												

PLANT STAFFING:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class: C
 Class:
 Class:
 Class:

Certificate No: 8922
 Certificate No:
 Certificate No:
 Certificate No:

Name: ISMAEL GARCIA
 Name:
 Name:
 Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

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

* Attach additional sheets if necessary to list all certified operators.

FEB '02

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC
MAILING ADDRESS: 014668 AERIES WAY DR.
FORT MYERS, FL 33912-1703

PERMIT NUMBER: FLA014505-CO1D02P
MONITORING PERIOD-From: 3-1-02 TO 3-31-02

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

LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3K
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

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

*** NO DISCHARGE ***

Please read instructions before completing this form.

Parameter	STORE CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW												
010030 1 <u>112</u>			<u>.112</u>	<u>.150</u>	<u>MGD</u>					0	CONT.	FLOW METER
MONTHLY AVERAGE DAILY			REPORT MONTHLY AVG	PERMITTED CAPACITY	MGD						SEE PERMIT	SEE PERMIT
CBOD5, INFLUENT												
080082 G <u>120</u>							<u>120</u>	<u>146</u>	<u>MG/L</u>	0	<u>1st Weekly</u>	<u>9hr COMP</u>
INFLUENT GROSS VALUE							REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, INFLUENT												
00530 G <u>108</u>							<u>108</u>	<u>122</u>	<u>MG/L</u>	0	<u>1st Weekly</u>	<u>9hr COMP</u>
INFLUENT GROSS VALUE							REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CBOD5, EFFLUENT												
080082 1 <u>2</u>							<u>2</u>	<u>2</u>	<u>MG/L</u>	0	<u>1st Weekly</u>	<u>9hr COMP</u>
EFFLUENT GROSS VALUE							REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
TSS, EFFLUENT												
000530 1 <u>0.7</u>							<u>0.7</u>	<u>2.0</u>	<u>MG/L</u>	0	<u>4th Weekly</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE							REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
COLIFORM, FECAL												
031616 1 <u>21</u>							<u>21</u>	<u>21</u>	<u>COL</u>	0	<u>4th Weekly</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE							REPORT WEEKLY AVG	REPORT MONTHLY AVG	#/100ml		SEE PERMIT	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 it 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 (Print or Type)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>ISMAEL GARCIA C8922</u>	<u>Ismael Garcia C8922</u>	<u>941-766-3334</u>	<u>02-04-25</u>

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: CROSS CREEK UTILITIES INC.
MAILING ADDRESS: 14668 AERIES WAY DE.
FORT MYERS, FL 33912-1703
FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BLVD.
ATTN:

PERMIT NUMBER: FLA014505-001DW2P
MONITORING PERIOD: From 3-1-02 TO 3-31-02
LIMIT: FINAL
CLASS SIZE: MINOR
FACILITY ID: FLA014505
DISCHARGE POINT NUMBER:
PLANT SIZE/TREATMENT TYPE: 3/C
TYPE OF EFFLUENT DISPOSAL: SPRAY IRRIGATION

GROUP: DOMESTIC
GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:
*** NO DISCHARGE [] ***

Please read instructions before completing this form.

Parameter	STOREY CODE	MON. SITE No.	Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
			Average	Maximum	Units	Minimum	Average	Maximum			
pH											
000400 1 <u>6.2</u>						<u>6.2</u>		<u>6.7</u>		<u>5/week</u>	<u>GRAB</u>
MINIMUM						<u>6.0</u>		<u>DAILY MAX</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
CHLORINE, TOTAL RESIDUAL											
030060 1 <u>1.0</u>						<u>1.0</u>		<u>1.5</u>		<u>CONT</u>	<u>GRAB</u>
EFFLUENT GROSS VALUE						<u>1.0</u>		<u>1.5</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
NITRATE (as N)											
(IF REQUIRED IN THE PERMIT)											
000620 1 <u>N/A</u>								<u>N/A</u>		<u>N/A</u>	<u>N/A</u>
EFFLUENT GROSS VALUE								<u>N/A</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
NITROGEN, TOTAL (as N)											
(IF REQUIRED IN THE PERMIT)											
000600 1 <u>N/A</u>								<u>N/A</u>		<u>N/A</u>	<u>N/A</u>
EFFLUENT GROSS VALUE								<u>N/A</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
CBODs, EFFLUENT											
080082 Y <u>1.5</u>											
ANNUAL AVERAGE						<u>REPORT</u>		<u>ANNUAL AVG</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>
TSS, EFFLUENT											
000530 Y <u>0.8</u>											
ANNUAL AVERAGE						<u>REPORT</u>		<u>ANNUAL AVG</u>		<u>SEE PERMIT</u>	<u>SEE PERMIT</u>

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 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 (Type and Print)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
<u>ISMAEL GARCIA C8922</u>	<u>Ismael Garcia C8922</u>	<u>811-763-3334</u>	<u>02-04-02</u>

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

DAILY SAMPLE RESULTS - PART B

Permit Number:
Month/Year:

FLA 014505-001 DW2P

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

Dec '02 (.076 MGD)
JAN '02 (.135 MGD)
FEB '02 (.120 MGD)

	Flow (MGD)	Influent CBOD5 (mg/L)	Influent TSS (mg/L)	Effluent CBOD5 (mg/L)	Effluent TSS (mg/L)	pH (s.u.) min.	pH (s.u.) max.	Fecal Coliform Bacteria (#/100ml)	CL ₂ (For Disinfect.) (mg/L)	Nitrate (mg/L)	Time of Sample	Type of Sample (C/O)
Code	20050	20082	20530	20082	20530	00400	00400	74035	50060	00620		
Mon. Sat.												
1	.150				2.0	6.4		<1	1.0			G
2	.100								1.0			
3	.116								3.5			
4	.079					6.5		1	4.7			
5	.113				0.6	6.3		<1	1.0			G
6	.110				0.6	6.2		<1	1.5			G
7	.097				0.6	6.3		<1	1.0			G
8	.137	94	93	2	1.0	6.4		<1	1.0			C
9	.110								1.0			
10	.090								1.0			
11	.115					6.5			1.0			
12	.125				0.6	6.5		<1	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		<1	1.5			
16	.112								1.3			
17	.081								1.2			
18	.112					6.5			1.1			
19	.113				0.6	6.6		<1	2.0			G
20	.115				0.6	6.7		<1	10.0			G
21	.104				0.6	6.7		<1	10.0			G
22	.110	146	122	2	0.6	6.5		<1	10.0			C
23	.108								10.0			
24	.121								10.0			
25	.119					6.5			10.0			
26	.109				0.6	6.5		<1	10.0			G
27	.119				0.6	6.7		<1	10.0			G
28	.110				0.6	6.7		<1	10.0			G
29	.115				0.6	6.4		<1	10.0			G
30	.120								10.0			
31	.104								10.0			

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

3922

Name:

Ismael Garcia

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

Type of Effluent Disposal or Reclaimed Water Reuse:

SPRAY IRRIGATION

Limited Wet Weather Discharge Activated: Yes No

Not Applicable

If yes, cumulative days of wet weather discharge:

* Attach additional sheets if necessary to list all certified operators.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER:
LIMIT:
CLASS SIZE:
GMS ID NO.:
MONITORING GROUP NUMBER:
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE:

FLAG: 505
FINAL
N/A
5236P00100
R-001
IIC

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT. MYERS, FL 33912

COUNTY: LEE

MONITORING PERIOD

From


April 1, 2002

To:

April 30, 2002

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.100	.083	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Code 50050 Mon Site No. TEGW-3	Permit Requirement	0.249 MMADU	Report Mo. Avg	mgd						Continuous	Flow meter and totalizer
BOD Carbonaceous 5 day	Sample Measurement				<2			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EEF-1	Permit Requirement				20.0 (All Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD Carbonaceous 5 day	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EEF-1	Permit 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						3.4	mg/l	0	4 Days/Week	Grab
PARM Code 00530 Mon Site No. PPE-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.2		6.8	Std Units	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EEF-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std Units		5 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, 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		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-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1.0		< 1	#/100ml	0	4 Days/Week	Grab
PARM Code 74052 Mon Site No. BFP-1	Permit Requirement			Non Detectable (75 Percentile)		0.5 (Max)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			10.0			mg/l	0	Continuous	Meter
PARM Code 80060 Mon Site No. BFP-1	Permit Requirement			Min.			mg/l		Continuous	Meter
Turbidity	Sample Measurement					2.0	NTU	0	Continuous	Meter
PARM Code 82073 Mon Site No. BFP-1	Permit Requirement					0.5 (Max)	NTU		Continuous	Meter
POD, Carbonaceous 5 day	Sample Measurement			191			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. BFP-1	Permit Requirement			Report (Mo Avg)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			107			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80550 Mon Site No. BFP-1	Permit Requirement			Report (Mo Avg)			mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014505

From: APRIL 1, 2002

To: APRIL 30, 2002

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

JAN'02 (.135) 54%

FEB'02 (.120) 48%

MARCH '02 (.112) 45%

	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	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	.113					6.7		10.0	1.8		
2	.118				2.1	6.6	<1	10.0	1.9		
3	.106				1.6	6.8	<1	10.0	2.0		
4	.089				1.2	6.8	<1	10.0	1.8		
5	.097	157	<2	72	0.6	6.7	<1	10.0	1.9		
6	.096					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	<1	10.0	1.5		
10	.079				3.4	6.7	<1	10.0	1.2		
11	.091				1.9	6.6	<1	10.0	1.5		
12	.085				1.6	6.6	<1	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	6.8	<1	10.0	1.0		
17	.076				2.6	6.9	<1	10.0	1.2		
18	.084				2.6	6.9	<1	10.0	1.4		
19	.073	224	<2	142	2.9	6.8	<1	10.0	1.7		
20	.077					6.5		10.0	1.8		
21	.076					6.2		10.0	0.7		
22	.071					6.8		10.0	1.2		
23	.081				1.3	6.6	<1	10.0	1.5		
24	.066				0.6	6.6	<1	10.0	1.0		
25	.069				1.3	6.7	<1	10.0	1.1		
26	.088				0.6	6.7	<1	10.0	1.5		
27	.069					6.4		10.0	1.0		
28	.070					6.7		10.0	0.9		
29	.061					6.7		10.0	1.0		
30	.075				0.8	6.6	<1	10.0	1.0		
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: C Certificate No: 8922 Name: Ismael Garcia
Lead Operator Class: C Certificate No: 8922 Name: Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

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.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER:
LIMIT:
CLASS SIZE:
GMS ID NO.:
MONITORING GROUP NUMBER:
PLANT SIZE/TREATMENT TYPE:
NO DISCHARGE FROM SITE:

FLA014505
FINAL
N/A
S236P00100
R-001
IIC

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT. MYERS, FL 33912

COUNTY: LEE

MONITORING
PERIOD

From:


MAY 1, 2002

To:

MAY 31, 2002

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.065	0.049	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Code 30050 Mon Site No. 11-CW-1	Permit Requirement	0.249 MMADL	0.049 Mo Ave	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement				< 2			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80083 Mon Site No. EE-1	Permit Requirement				200 (1-Mo Ave)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				< 2	< 2	< 2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. 11-E-1	Permit Requirement				200 (1-Mo Ave)	450 (1-Wk Ave)	600 (Max)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						1.0	mg/l	0	4 Days/Week	Grab
PARM Code 00530 Mon Site No. PP-1	Permit Requirement						5.0 (Max)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.0		6.6	Std. Units	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. EE-1	Permit Requirement				6.0 (Min)		8.5 (Max)	Std. Units		5 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, 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		239-768-3334	02/6/25

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

706/97/90M WDCS:70M P. 000

COSY TOSY

706/97/90M WDCS:70M P. 000

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			<1.0			#/100ml	Grab
PARM Code 74655 Min. Safe No. BEF-3	Permit Requirement			Non Detectable (≤ 1 Per Cent)	95 (Max)		/100 ml	Continuous
Total Residual Chlorine (For Disinfection)	Sample Measurement			10.0		0	mg/l	Meter
PARM Code 80469 Min. Safe No. BEF-3	Permit Requirement			10 (Min)			mg	Continuous
Turbidity	Sample Measurement				2.1	0	NTU	Meter
PARM Code 82072 Min. Safe No. BEF-3	Permit Requirement				2.0 (Max)		NTU	Continuous
BOD, Carbonaceous 5 day	Sample Measurement			240		0	mg/l	Every Two Weeks
PARM Code 38082 Min. Safe No. BEF-3	Permit Requirement			Report on M-Avg			mg/l	Every Two Weeks
Solids, Total Suspended	Sample Measurement			188		0	mg/l	Every Two Weeks
PARM Code 80530 Min. Safe No. BEF-3	Permit Requirement			Report (M-Avg)			mg/l	Every Two Weeks
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014505
Monitoring Period: From: MAY 1, 2002 To: MAY 31, 2002

Three-month Average Daily Flow: (TMAAF/Permitted Capacity)x100: 105 mgd (42%)

	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	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	.064				0.6	6.6	< 1	10.0	1.2		
2	.065	124	< 2	127	0.7	6.6	< 1	10.0	0.9		
3	.058				0.7	6.5	< 1	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	< 1	10.0	1.5		
8	.047				0.7	6.5	< 1	10.0	1.0		
9	.047				0.9	6.5	< 1	10.0	1.0		
10	.054				0.6	6.5	< 1	10.0	1.1		
11	.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	< 1	10.0	1.6		
15	.018				0.8	6.3	< 1	10.0	0.7		
16	.050	339	< 2	282	0.7	6.2	< 1	10.0	1.0		
17	.049				0.8	6.3	< 1	10.0	1.2		
18	.049					6.2		10.0	1.0		
19	.061					6.1		10.0	1.8		
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	< 1	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				0.7	6.2	< 1	10.0	1.5		
29	.041				0.7	6.2	< 1	10.0	1.0		
30	.037	257	< 2	154	0.7	6.3	< 1	10.0	1.0		
31	.045				0.6	6.2	< 1	10.0	1.3		

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: C Certificate No: 8922 Name: Ismael Garcia
Lead Operator Class: C Certificate No: 8922 Name: Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

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.

Revision Date: 05/06/02

3

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014505
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT. MYERS, FL 33912

COUNTY: LEE

MONITORING
PERIOD

From:


6-1-02

To:

6-30-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	2.082	0.57	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Code 80050 Mon Site No. FLOW-1	Permit Requirement	0.249	Report	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement				< 2			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. BOD-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				< 2	< 2	< 2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. BOD-1	Permit 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						1.7	mg/l	0	4 Days/Week	Grab
PARM Code 00310 Mon Site No. TSS-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.0		6.4	Std. Units	0	5 Days/Week	Grab
PARM Code 00400 Mon Site No. PH-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std. Units		5 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 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		239-768-3334	

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-001

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Ty
Coliform, Fecal	Sample Measurement			<1.0		<1	#/100ml	0	4 Days/Week	Grab
PARM Code 8085 Mon Site No. 1001	Permit Requirement			Permit 15 Percent		25 (Max)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			10.0			mg/l	0	Continuous	Meter
PARM Code 8086 Mon Site No. 1001	Permit Requirement			10 (Min)			mg/l		Continuous	Meter
Turbidity	Sample Measurement					1.9	NTU	0	Continuous	Meter
PARM Code 8087 Mon Site No. 1001	Permit Requirement					1.0 (Max)	NTU		Continuous	Meter
BOD Carbonaceous 5 day	Sample Measurement			159			mg/l	0	Every Two Weeks	8-hour Pl
PARM Code 8088 Mon Site No. 1001	Permit Requirement			Report (20 Ave)			mg/l		Every Two Weeks	8-hour Pl
Solids, Total Suspended	Sample Measurement			178			mg/l	0	Every Two Weeks	8-hour Pl
PARM Code 0030 Mon Site No. 1001	Permit Requirement			Report (20 Ave)			mg/l		Every Two Weeks	8-hour Pl
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014505

Monitoring Period

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

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

.061 MGPD (25%)

	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	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	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	< 1	10.0	1.1		
5	.044				1.7	6.1	< 1	10.0	1.2		
6	.043				0.7	6.0	< 1	10.0	1.0		
7	.050				0.9	6.0	< 1	10.0	1.1		
8	.064					6.1		10.0	0.7		
9	.082					6.0		10.0	0.8		
10	.044					6.0		10.0	1.4		
11	.041				1.1	6.1	< 1	10.0	1.4		
12	.034				0.7	6.0	< 1	10.0	0.9		
13	.043	169	< 2	238	1.3	6.1	< 1	10.0	0.8		
14	.043				0.7	6.0	< 1	10.0	0.8		
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	< 1	10.0	1.4		
19	.052				0.7	6.3	< 1	10.0	0.9		
20	.038				0.7	6.2	< 1	10.0	0.9		
21	.044				0.6	6.1	< 1	10.0	0.9		
22	.049					6.0		10.0	0.6		
23	.048					6.3		10.0	0.8		
24	.046					6.3		10.0	1.5		
25	.043				0.6	6.3	< 1	10.0	1.1		
26	.061				0.6	6.4	< 1	10.0	0.6		
27	.043	128	< 2	117	1.1	6.2	< 1	10.0	1.0		
28	.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		
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:

Name:

Lead Operator

Class: C

Certificate No:

8922

Name:

Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

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.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014505
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT. MYERS, FL 33912

COUNTY: LEE

MONITORING
PERIOD

From:

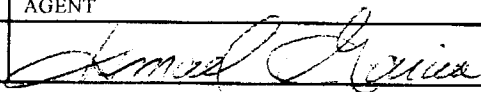
7-1-02

To:

7-31-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	062	058	mgd				mgd	0	Continuous	Flow meter and totalizer
PARM Code: 50050 Mon. Site No: FLOW-1	Permit Requirement	0.249	Report Mo. Avg.	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement					42		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code: 80082 Mon. Site No: EFF-1	Permit Requirement					20.0 (An. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				42	42	42	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code: 80082 Mon. Site No: EFF-1	Permit Requirement					30.0 (Mo. Avg.)	45.0 (Wkly. Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						5.0	mg/l	0	4 Days/Week	Grab
PARM Code: 00530 Mon. Site No: PPI-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.0		6.1	Std. Units		5 Days/Week	Grab
PARM Code: 00400 Mon. Site No: EFF-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std. Units		5 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)
Ismael Garcia, Lead Operator		239-768-3334	02/08/23

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-001

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1	< 1	#/100ml	0	4 Days/Week	Grab
PARM Code 74035 Mon Site No. IFF-1	Permit Requirement				Non Detectable (75 Percentile)	25 (Max)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				10.0		mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. IFF-1	Permit Requirement				10 (Min)		mg/l		Continuous	Meter
Turbidity	Sample Measurement					2.2	NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. PPI-1	Permit Requirement					30 (Max)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day	Sample Measurement				112		mg/l		Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)		mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				136		mg/l		Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. INF-1	Permit Requirement				Report (Mo Avg.)		mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014505

From: 7-1-02To: 7-31-02Three-month Average Daily Flow:
(TMADF/Permitted Capacity)x100: _____

	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	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	.056				1.3	6.12	<1	10.0	1.2		
2	.054				0.7	6.09	<1	10.0	0.8		
3	.059				0.6	6.12	<1	10.0	0.9		
4	.058					6.08		10.0	1.0		
5	.056				0.6	6.10	<1	10.0	0.9		
6	.049					6.11		10.0	1.0		
7	.053					6.13		10.0	0.9		
8	.068					6.05		10.0	1.3		
9	.049				2.4	6.03	<1	10.0	1.2		
10	.056				2.4	6.00	<1	10.0	1.5		
11	.060	144	<2	147	1.5	6.00	<1	10.0	1.6		
12	.065				1.9	6.01	<1	10.0	1.8		
13	.065					6.02		10.0	2.2		
14	.061					6.00		10.0	1.8		
15	.063					6.00		10.0	2.1		
16	.052				0.7	6.03	<1	10.0	1.0		
17	.072				0.9	6.02	<1	10.0	1.5		
18	.059				0.6	6.04	<1	10.0	1.2		
19	.059				0.6	6.02	<1	10.0	1.0		
20	.059					6.01		10.0	1.0		
21	.071					6.02		10.0	1.4		
22	.075					6.05		10.0	1.0		
23	.048				5.0	6.07	<1	10.0	1.5		
24	.043				0.7	6.05	<1	10.0	1.4		
25	.048	80	<2	124	1.7	6.02	<1	10.0	1.5		
26	.046				1.1	6.01	<1	10.0	1.4		
27	.057					6.08		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	0.5		
31	.052				0.8	6.14	<1	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

Class: C

Certificate No:

8922

Name:

Ismael GarciaType of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

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.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014505
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: S236P00100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT. MYERS, FL 33912

COUNTY: LEE

MONITORING
PERIOD

From:

8-1-02

To:

8-31-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.050	.048	mgd				MGD	0	Continuous	Flow meter and totalizer
PARAM Code 5H050 Mon Site No. FLOW-1	Permit Requirement	0.249 MMADT	Report Mo. Avg.	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement				< 2			mg/l	0	Every Two Weeks	8-hour FPC
PARAM Code 80082 Mon Site No. EFF-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				< 2	< 2	< 2	mg/l	0	Every Two Weeks	8-hour FPC
PARAM Code 80082 Mon Site No. EFF-1	Permit 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						1.2	mg/l	0	4 Days/Week	Grab
PARAM Code 00530 Mon Site No. PP-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.0		6.6	Std. Units	0	5 Days/Week	Grab
PARAM Code 00400 Mon Site No. EFF-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std. Units		5 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 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	<i>Ismael Garcia</i>	239-768-3334	02/09/25

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

09/25/02 10:31am P. 003

1 341 561 1263

UIC EAGLE RIDGE

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	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1	#/100ml	0	4 Days/Week	Grab
PARM Code 2405 Mon Site No. INF-1	Permit Requirement			Not Detectable (75 Percentile)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			7.3	mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. INF-1	Permit Requirement			1.0 (95th)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			2.0	NTU	0	Continuous	Meter
PARM Code 32070 Mon Site No. INF-1	Permit Requirement			7.0 (95th)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day	Sample Measurement			164	mg/l		Every Two Weeks	8-hour FPC
PARM Code 30080 Mon Site No. INF-1	Permit Requirement			300 (95th Avg)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			110	mg/l		Every Two Weeks	8-hour FPC
PARM Code 00570 Mon Site No. INF-1	Permit Requirement			100 (95th Avg)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014505

From: 8-1-02

To: 8-31-02

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

.051 (20%)

	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	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	.052				1.0	6.21	<1	10.0	0.6		
2	.040				0.6	6.26	<1	10.0	0.7		
3	.038					6.12		10.0	0.7		
4	.047					6.22		10.0	0.9		
5	.047					6.17		10.0	0.9		
6	.037				0.6	6.21	<1	10.0	0.9		
7	.048				0.6	6.11	<1	10.0	1.4		
8	.026	173	<2	124	0.6	6.16	<1	10.0	1.0		
9	.066				0.6	6.18	<1	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	<1	10.0	1.2		
14	.068				0.9	6.03	<1	10.0	1.8		
15	.044				0.6	6.06	<1	10.0	2.0		
16	.044				0.6	6.08	<1	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	6.20	<1	10.0	0.5		
21	.046				1.1	6.34	<1	10.0	0.5		
22	.048	155	<2	96	0.8	6.32	<1	10.0	0.6		
23	.044				0.8	6.33	<1	10.0	0.8		
24	.064					6.30		10.0	0.9		
25	.057					6.31		10.0	1.0		
26	.044					6.29		10.0	0.7		
27	.047				1.2	6.27	<1	10.0	0.5		
28	.051				0.7	6.27	<1	10.0	0.7		
29	.050				1.1	6.56	<1	10.0	0.5		
30	.055				0.6	6.61	<1	9.0	0.8		
31	.057					6.58		7.3	0.7		

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

8922

Name:

Ismael Garcia

Shift Operator

Class:

C

Certificate No:

7518

Name:

Leony Godwin

Night Shift Operator

Class:

C

Certificate No:

8922

Name:

Ismael Garcia

Lead Operator

Class:

C

Certificate No:

8922

Name:

Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse:

Golf Course Irrigation

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

Attach additional sheets if necessary to list all certified operators.

Revision Date: 05/06/07

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

FACILITY: CROSS CREEK WWTP
LOCATION: 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

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


COUNTY: LEE

MONITORING PERIOD

From: 9-1-02 To: 9-30-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.062	.060	mgd				MGD	0	Continuous	Flow meter and totalizer
PARAM Code 50050 Mon Site No. FLOW-1	Permit Requirement	0.25 MMADK	Report Mo. Avg	mgd						Continuous	Flow meter and totalizer
BOD Carbonaceous 5 day	Sample Measurement				2.0			mg/l		Every Two Weeks	8-hour FPK
PARAM Code 80082 Mon Site No. BOD-1	Permit Requirement				20.0 (Max. Avg.)			mg/l		Every Two Weeks	8-hour FPK
ROD Carbonaceous 5 day	Sample Measurement				2.5	2.5	3.0	mg/l		Every Two Weeks	8-hour FPK
PARAM Code 80082 Mon Site No. ROD-1	Permit Requirement				30.0 (Mo. Avg.)	45.0 (Wkly. Avg.)	60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPK
Solids Total Suspended	Sample Measurement						2.7	mg/l		4 Days/Week	Grab
PARAM Code 00530 Mon Site No. PPT-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.2		6.7	Std Units		5 Days/Week	Grab
PARAM Code 00400 Mon Site No. PPT-1	Permit Requirement				5.0 (Min.)		8.5 (Max.)	Std Units		5 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 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		239-768-3334	02/10/21

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-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample	
Coliform Fecal	Sample Measurement			< 1	< 1	4/100ml	0	4 Days/Week	Gr
PARM Code 70053 Mon Site No: D2-E-1	Permit Requirement			Non-Detectable (15 Percentile)	25 (Max)	4/100ml		4 Days/Week	Gr
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.6		mg/l	0	Continuous	Me
PARM Code 80049 Mon Site No: D2-E-1	Permit Requirement			1.0 (Min)		mg/l		Continuous	Me
Turbidity	Sample Measurement				1.8	NTU		Continuous	Me
PARM Code 81073 Mon Site No: D2-E-1	Permit Requirement				3.0 (Max)	NTU		Continuous	Me
POD, Carbonaceous 5 day	Sample Measurement			88		mg/l		Every Two Weeks	8-hour
PARM Code 80192 Mon Site No: D2-E-1	Permit Requirement			Report (No Avg)		mg/l		Every Two Weeks	8-hour
Solids Total Suspended	Sample Measurement			64		mg/l		Every Two Weeks	8-hour
PARM Code 00530 Mon Site No: D2-E-1	Permit Requirement			Report (No Avg)		mg/l		Every Two Weeks	8-hour
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B

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 (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	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	0.062					6.61		6.7	0.9		
2	0.060					6.57		6.4	0.9		
3	0.059				1.0	6.47	< 1	7.5	0.9		
4	0.058				0.6	6.65	< 1	3.8	0.8		
5	0.060	84	2	62	1.3	6.60	< 1	4.2	0.8		
6	0.064				0.8	6.40	< 1	9.3	0.8		
7	0.057					6.51		8.9	0.8		
8	0.058					6.49		10.0	0.8		
9	0.060					6.52		5.7	0.7		
10	0.057				0.6	6.35	< 1	10.0	0.9		
11	0.060				0.6	6.37	< 1	5.4	0.3		
12	0.060				0.6	6.57	< 1	5.4	0.4		
13	0.056				0.6	6.45	< 1	6.9	0.8		
14	0.060					6.43		10.0	1.7		
15	0.057					6.44		8.7	1.2		
16	0.059					6.46		3.4	1.4		
17	0.055				0.7	6.37	< 1	8.3	1.8		
18	0.068				0.6	6.47	< 1	2.5	1.8		
19	0.058	91	3	65	1.5	6.46	< 1	2.5	1.3		
20	0.066				0.9	6.46	< 1	4.2	0.9		
21	0.060					6.24		4.9	0.9		
22	0.061					6.18		4.4	0.9		
23	0.059					6.30		4.2	0.8		
24	0.055				1.5	6.30	< 1	1.6	0.8		
25	0.060				1.1	6.26	< 1	3.6	1.0		
26	0.061				2.7	6.20	< 1	5.7	1.0		
27	0.065				1.7	6.15	< 1	4.5	1.0		
28	0.078					6.18		3.6	1.0		
29	0.059					6.23		3.4	0.8		
30	0.058					6.23		4.2	0.9		
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: C	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8922	Name: Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

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

Attach additional sheets if necessary to list all certified operators.

Revision Date: 05/06/02

3

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 206 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014505
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT MYERS, FL 33912

COUNTY: LEE

MONITORING PERIOD

From


10-1-02

To:

10-31-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	066	058	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Code 8000 Mon Site No. FLOW-1	Permit Requirement	0.345	Report No. Ave	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement				2.0			mg/l		Every Two Weeks	8-hour FPC
PARM Code 8002 Mon Site No. BPT-1	Permit Requirement				20.0 (an Ave.)			mg/l		Every Two Weeks	8-hour FPC
ROD, Carbonaceous 5 day	Sample Measurement				2.7	2.7	4.0	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 8003 Mon Site No. BPT-2	Permit 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						3.8	mg/l	0	4 Days/Week	Grab
PARM Code 90530 Mon Site No. PPT-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.02		6.72	Std Units	0	5 Days/Week	Grab
PARM Code 90400 Mon Site No. PPT-1	Permit Requirement				7.0 (Min.)		8.5 (Max.)	Std Units		5 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 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		239-768-3334	02/11/05

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-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample
Coliform, Fecal	Sample Measurement			< 1	#/100ml	0	4 Days/Week	Gr
PARM Code 71055 Mon Site No. 581-1	Permit Requirement			Not Detectable (15 Percentile)	#/100ml		4 Days/Week	Gr
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.7	mg/l	0	Continuous	Me
PARM Code 80060 Mon Site No. 113-1	Permit Requirement			1.0 (Min)	mg/l		Continuous	Me
Turbidity	Sample Measurement			2.1	NTU	0	Continuous	Me
PARM Code 81178 Mon Site No. 113-1	Permit Requirement			3.0 (Max)	NTU		Continuous	Me
BOD, Carbonaceous, 5 day	Sample Measurement			88	mg/l	0	Every Two Weeks	8-hour
PARM Code 80082 Mon Site No. 113-1	Permit Requirement			Report (Max Avg)	mg/l		Every Two Weeks	8-hour
Solids Total Suspended	Sample Measurement			81	mg/l	0	Every Two Weeks	8-hour
PARM Code 80530 Mon Site No. 113-1	Permit Requirement			Report (Max Avg)	mg/l		Every Two Weeks	8-hour
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA014505

From: 10-1-02

To: 10-31-02

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

055 (22%)

	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	S0050	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Site	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PPI-1		
1	.048				1.2	6.20	<1	4.2	0.8		
2	.054	59	<2	57	2.5	6.18	<1	5.3	1.0		
3	.057				2.9	6.16	<1	2.5	2.1		
4	.062				2.5	6.02	<1	4.4	1.8		
5	.062					6.14		5.0	1.6		
6	.054					6.12		3.6	1.5		
7	.058					6.23		2.0	1.0		
8	.053				2.5	6.13	<1	6.0	1.0		
9	.057				2.8	6.13	<1	4.6	0.9		
10	.059				2.8	6.08	<1	3.3	1.3		
11	.060				3.0	6.10	<1	5.4	0.9		
12	.061					6.09		8.4	1.0		
13	.068					6.15		4.0	1.4		
14	.063					6.17		2.5	1.2		
15	.050				2.9	6.20	<1	3.5	1.0		
16	.053	102	<2	86	1.9	6.19	<1	3.4	0.8		
17	.051				1.0	6.20	<1	2.7	1.0		
18	.054				0.6	6.17	<1	2.4	1.3		
19	.056					6.17		2.3	1.4		
20	.055					6.08		2.8	1.2		
21	.060					6.21		3.9	1.1		
22	.065				1.2	6.25	<1	4.7	1.0		
23	.068				2.1	6.34	<1	6.0	1.0		
24	.062				2.3	6.49	<1	2.8	1.0		
25	.064				2.1	6.64	<1	2.8	1.0		
26	.068					6.50		1.7	1.0		
27	.061					6.55		2.5	1.4		
28	.067					6.59		3.3	1.3		
29	.065				3.8	6.62		5.3	1.1		
30	.063				3.7	6.72		3.0	1.2		
31	.073	102	4	99	2.0	6.71	<1	2.3	1.1		

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 Course Irrigation

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.

Revision Date: 05/06/02

3

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014505
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE:

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT. MYERS, FL 33912


COUNTY: LEE

MONITORING
PERIOD

From: 11-1-02 To: 11-30-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	082	080	mgd				MGD	0	Continuous	Flow meter and totalize
PARM Code: 50050 Mon Site No: FLOW-1	Permit Requirement	6.240 (Min)	Report No. Avg	mgd						Continuous	Flow meter and totalize
BOD, Carbonaceous 5 day	Sample Measurement				2.0			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code: 50082 Mon Site No: BOD-1	Permit Requirement				2.0 (Avg)			mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				<2	<2	<2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code: 50082 Mon Site No: BOD-1	Permit Requirement				30.0 (Min Avg)	35.0 (Wkly Avg)	40.0 (Max)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement						1.9	mg/l	0	4 Days/Week	Grab
PARM Code: 00530 Mon Site No: TSS-1	Permit Requirement						5.0 (Max)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.27		6.67	Std. Units		5 Days/Week	Grab
PARM Code: 00400 Mon Site No: pH-1	Permit Requirement				6.0 (Min)		8.5 (Max)	Std. Units		5 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 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		239-768-3334	02/12/23

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-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample T
Coliform, Fecal	Sample Measurement			< 1	#/100ml	0	4 Days/Week	Grab
PARM Code 7105 Mon Site No. FFE1	Permit Requirement			Non-Detectable (TS Percolate)	#/100ml		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	mg/l	0	Continuous	Meter
PARM Code 8009 Mon Site No. FFE1	Permit Requirement			1.0 (Min.)	mg/l		Continuous	Meter
Turbidity	Sample Measurement			1.4	NTU	0	Continuous	Meter
PARM Code 8107 Mon Site No. FFE1	Permit Requirement			3.0 (Max)	NTU		Continuous	Meter
BOD, Carbonaceous 5 day	Sample Measurement			57	mg/l	0	Every Two Weeks	8-hour F
PARM Code 8002 Mon Site No. INF1	Permit Requirement			Report (Min/Avg)	mg/l		Every Two Weeks	8-hour F
Solids, Total Suspended	Sample Measurement			44	mg/l	0	Every Two Weeks	8-hour F
PARM Code 6063 Mon Site No. INF1	Permit Requirement			Report (Min/Avg)	mg/l		Every Two Weeks	8-hour F
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014505

From: 11-1-02

To: 11-30-02

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

0.66 (279%)

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	82078		
Mon. Sac	FLOW-1	INF-1	EFF-1	INF-1	EFF-1	EFF-1	EFF-1	EFF-1	PP-1		
1	.067				1.7	6.66	<1	3.4	0.9		
2	.074					6.59		1.0	0.7		
3	.071					6.41		5.3	0.8		
4	.071					6.45		1.4	0.9		
5	.071				0.7	6.48	<1	2.1	1.0		
6	.075				1.5	6.55	<1	1.9	0.5		
7	.073				0.7	6.60	<1	2.4	0.5		
8	.069				0.6	6.57	<1	4.9	0.2		
9	.074					6.54		6.7	0.5		
10	.081					6.57		3.5	0.8		
11	.082					6.46		2.7	0.8		
12	.093				0.8	6.61	<1	1.7	0.8		
13	.087				1.9	6.60	<1	2.3	0.7		
14	.080	58	<2	46	1.0	6.64	<1	4.0	0.7		
15	.076				0.6	6.53	<1	3.1	0.6		
16	.096					6.27		1.4	0.5		
17	.094					6.34		1.8	0.4		
18	.091					6.35		1.0	1.4		
19	.085				0.6	6.51	<1	2.6	1.0		
20	.086				0.6	6.32	<1	1.5	1.2		
21	.084				0.6	6.61	<1	1.0	1.0		
22	.096				0.6	6.56	<1	1.0	0.8		
23	.085					6.37		7.5	0.8		
24	.077					6.54		8.2	0.2		
25	.080					6.66		9.3	0.7		
26	.080				0.6	6.59	<1	7.9	0.9		
27	.080	56	<2	42	0.6	6.59	<1	7.6	0.8		
28	.079				0.6	6.65	<1	8.0	0.7		
29	.078				0.6	6.63	<1	9.0	0.6		
30	.085					6.67		7.2	0.6		
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: C

Certificate No: 8922

Name:

Ismael Garcia

Lead Operator

Class: C

Certificate No: 8922

Name:

Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse:

Golf Course Irrigation

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.

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, Ft. Myers, FL 33902-2549

PERMITTEE NAME: UTILITIES, INC. OF EAGLE RIDGE
MAILING ADDRESS: 200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS, FL 32714

PERMIT NUMBER: FLA014505
LIMIT: FINAL
CLASS SIZE: N/A
GMS ID NO.: 5236P00100
MONITORING GROUP NUMBER: R-001
PLANT SIZE/TREATMENT TYPE: IIC
NO DISCHARGE FROM SITE.

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

FACILITY: CROSS CREEK WWTP
LOCATION: 13040 CROSS CREEK BOULEVARD
FT MYERS, FL 33912

COUNTY: LEE

MONITORING
PERIOD

From:

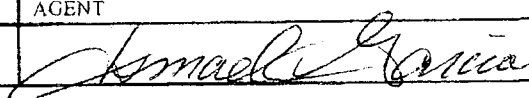
12-1-02

To:

12-31-02

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.082	.076	mgd				MGD	0	Continuous	Flow meter and totalizer
PARM Code 50050 1 Mon Site No. FLOW-1	Permit Requirement	0.240 MMAD	Report Mo. Avg.	mgd						Continuous	Flow meter and totalizer
BOD, Carbonaceous 5 day	Sample Measurement					2.0		mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 60082 Y Mon Site No. BOD-1	Permit Requirement					20.0 (Avg. Avg.)		mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day	Sample Measurement				< 2	< 2	< 2	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 K Mon Site No. BOD-1	Permit 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						1.0	mg/l	0	4 Days/Week	Grab
PARM Code 90530 T Mon Site No. PPT-1	Permit Requirement						5.0 (Max.)	mg/l		4 Days/Week	Grab
pH	Sample Measurement				6.14		6.63	Std. Units	0	5 Days/Week	Grab
PARM Code 90409 1 Mon Site No. PPT-1	Permit Requirement				6.0 (Min.)		8.5 (Max.)	Std. Units		5 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, 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		239-768-3334	03/01/24

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-001

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1	#/100ml	0	4 Days/Week	Grab
PARM Code 14553 Mon Site No. EPP-1	Permit Requirement			Non Detectable (75% Percentile)	#/100ml		Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2	mg/l	0	Continuous	Meter
PARM Code 50060 Mon Site No. EPP-1	Permit Requirement			1.0 (Max)	mg/l		Continuous	Meter
Turbidity	Sample Measurement				NTU	0	Continuous	Meter
PARM Code 82078 Mon Site No. EPP-1	Permit Requirement				NTU		Continuous	Meter
BOD, Carbonaceous 5 day	Sample Measurement			110	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon Site No. EPP-1	Permit Requirement			Report (MO AVE)	mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			109	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon Site No. EPP-1	Permit Requirement			Report (MO AVE)	mg/l		Every Two Weeks	8-hour FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA014505

From: 12-1-02

To: 12-31-02

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

.071 (29%)

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	pH (a.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Turbidity NTUs		
Code	50050	80082	80082	00530	00530	00400	74055	50060	32078		
Mon. Site	FLOW-1	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	6.60	< 1	8.0	0.9		
4	.092				0.6	6.62	< 1	7.0	1.0		
5	.069				1.0	6.43	< 1	2.9	1.0		
6	.082				0.8	6.43	< 1	6.8	1.0		
7	.082					6.40		2.0	0.8		
8	.072					6.33		10.0	0.8		
9	.085					6.35		10.0	0.5		
10	.077				0.9	6.25	< 1	8.0	1.0		
11	.070				0.6	6.28	< 1	9.3	0.5		
12	.082	74	< 2	85	0.8	6.38	< 1	7.0	1.2		
13	.086				0.9	6.43	< 1	3.7	0.8		
14	.072					6.28		5.8	0.6		
15	.072					6.37		6.0	0.3		
16	.076					6.38		10.0	0.5		
17	.068				0.6	6.43	< 1	5.4	1.5		
18	.086				0.6	6.54	< 1	7.5	1.0		
19	.088				0.8	6.53	< 1	5.5	0.8		
20	.071				0.7	6.49	< 1	9.0	0.6		
21	.073					6.21		9.8	0.7		
22	.070					6.37		9.4	0.6		
23	.074				0.6	6.39	< 1	10.0	0.8		
24	.074				0.7	6.28	< 1	6.8	1.3		
25	.069				0.6	6.31	< 1	1.2	1.0		
26	.076	146	< 2	134	0.8	6.28	< 1	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		
30	.086					6.17		9.5	1.5		
31	.080				1.0	6.14	< 1	3.6	1.0		

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: C

Certificate No: 8922

Name: Ismael Garcia

Lead Operator

Class: C

Certificate No: 8922

Name: Ismael Garcia

Type of Effluent Disposal or Reclaimed Water Reuse: Golf Course Irrigation

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.

Revision Date: 05/06/02

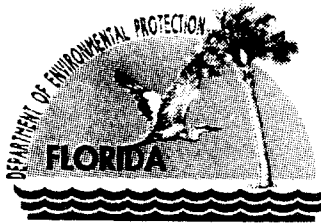
3

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

**25.30-440(5)
Inspection Reports**

Test Year Ended December 31, 2002



Jeb 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 *nel*

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 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.

Continued...
"More Protection, Less Process"

Printed on recycled paper.

2

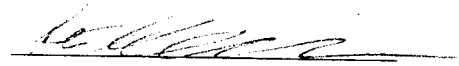
Donald Rasmussen, Vice President
Utilities of Eagle Ridge
Page Two

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, 2001 that 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.

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.

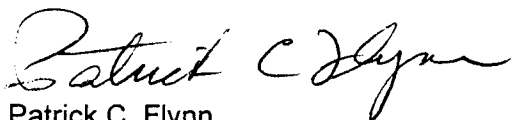
3. **The Department has received odor complaints from residents near the facility. During the inspection Department personnel detected odor on and near the surge tank.** Florida Administrative Code (F.A.C.) Rule 62-600.410(8) states that in the event that the treatment facilities or equipment no longer 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

cc: Don Rasmussen, Vice President
Bill Coates, Area Manager



Jeb Bush
Governor

RECEIVED
cc: DR —
NOV 19 2001
mal

Department of Environmental Protection UTILITIES, INC.

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 Rasmussen, 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.**
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.
3. **The turbidity 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.

(N)

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

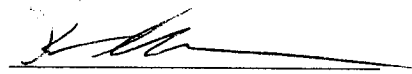
5. **The diversion valves were set so that when the effluent came back into the compliance set points, it would automatically switch the flow back from the reject tank to the reuse tank.**

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, 2001 that 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 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.

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 62-600I410(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 has returned to normal and 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



Jeb Bush
Governor

Department of Environmental Protection

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

David B. Struhs
Secretary

RECEIVED
JUL 17 2003
UTILITIES, INC

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 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;

- (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,

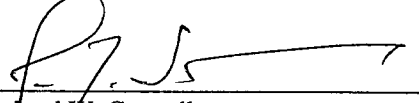
and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

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

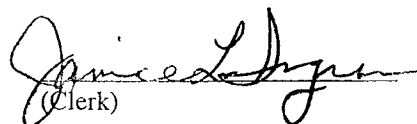
CERTIFICATE OF SERVICE

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 October 15, 2003 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

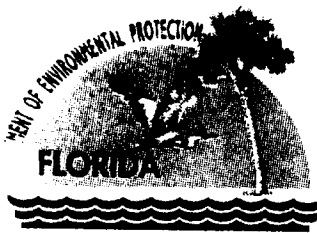
FILED, on this date, under section 120.52, Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

 10-15-03
(Clerk) (Date)

RWC/MHR/cap/jli

Copies furnished to:

Keith Kleinmann, FDEP
David Weber, P.E.



Jeb Bush
Governor

Department of Environmental Protection

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:

FLA014498

PA FILE NUMBER:

FLA014498-004-DW2P

ISSUANCE DATE:

October 15, 2003

EXPIRATION DATE:

October 14, 2008

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

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 domestic wastewater treatment plant consisting of two manual bar screens, 92,700 gallons of flow equalization, grit removal chamber, 255,180 gallons aeration 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:

REUSE:

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 Golf and Country Club). R-001 is located at Latitude: 26° 29' 34" N, Longitude: 81° 50' 45" W.

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

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

PERMIT NUMBER: FLA014498
 PAID FILE 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:

			Reclaimed Water Limitations				Monitoring Requirements			
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	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-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	MG/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	Continuous	Grab	EFA-1	
Coliform, Fecal	#/100M L	Maximum	See Permit Condition 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 Condition I.A.6.				Continuous	Meter	EFA-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.]
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.]
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)1 and 62-610.300(4)(a)4, 8-8-99.]

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

PERMIT NUMBER: FLA014498
 PROJECT NUMBER: FLA014498-004-DW2P

B. Other Limitations and Monitoring and Reporting Requirements

- 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			
Parameter	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.1.B.4
Flow (To reclaimed water storage)	MGD	Maximum	-	Report	-	Report	daily	Flow meter and totalizer (estimated from duration of flow/day)	FLW-2	
Flow (To golf course irrigation system)	MGD	Maximum	-	Report	-	Report	daily	Flow meter and totalizer	FLW-3	
Flow (To reject storage pond)	MGD	Maximum	-	Report	-	Report	daily	Flow meter and totalizer (estimated from duration of flow/day)	FLW-4	
Water Level (Reject pond)	NGVD Feet	Maximum	-	Report	-	Report	daily	Read Staff Gauge	OTH-1	
Water Level (Reuse storage pond)	NGVD 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.1.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	-	

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. 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. Parameters 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.

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

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 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

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 landfill.

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. 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	7 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre
Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre

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

pH	(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
6. 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
5. 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

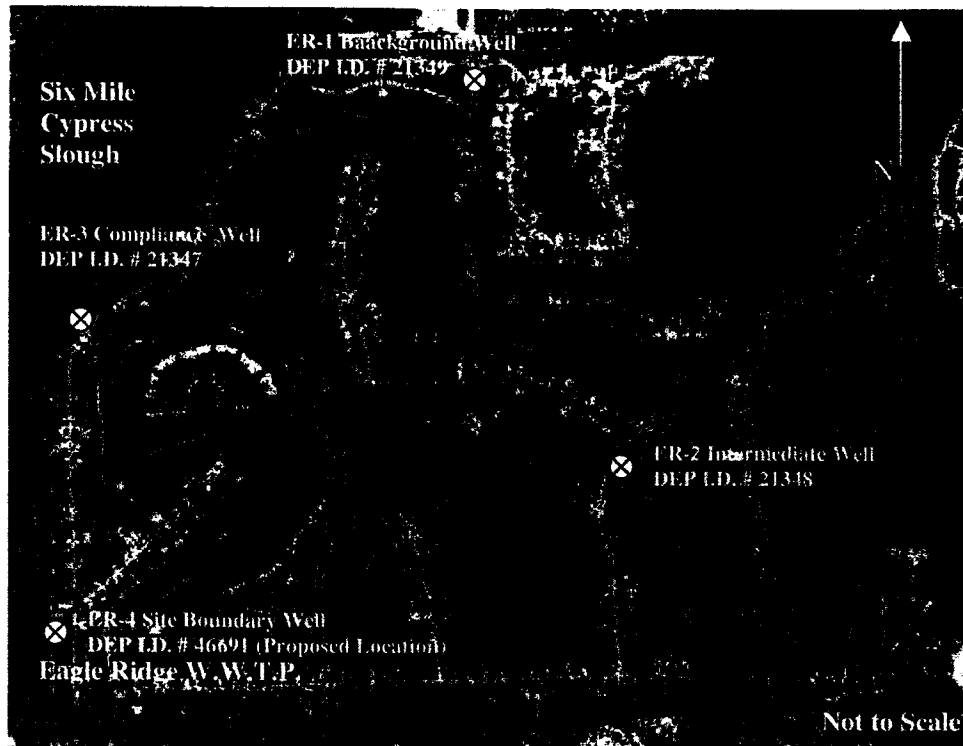
Construction Requirements

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 attached DEP Form(s) 62-522.900(3), Monitor Well Completion Report. [62-522.600]

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

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. 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]
- 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][62-610.4(3),]
- 8 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
MWI-21348	ER-2 Intermediate Well	15.0	Surficial	Existing
MWC-21347	ER-3 Compliance Well	15.0	Surficial	Existing
MWC-46691	ER-4 Site Boundary Well		Surficial	New

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

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

8. 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	#/100ML	Grab	Quarterly
pH	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)] [62-520.300(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),]
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 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

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

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

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.
 - 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 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 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)]
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)]
6. 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 (6)]

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 C 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 Rule 62-600.735, 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

5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
- 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;
 - 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 chlorine 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.

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

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]
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)]

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

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):
 - a. 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
 - 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)]

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

PERMIT NUMBER: FLA014498
PA FILE NUMBER: FLA014498-004-DW2P

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. 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

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

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. A description of the anticipated noncompliance;
 - b. 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.
 - a. 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.
 - c. 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

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

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.

- e. 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.
 - a. 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,
 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.
 - b. 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) 329-0519, 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;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) 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;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;

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

- 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 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;
 - 2. The permitted facility was at the time being properly operated;

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

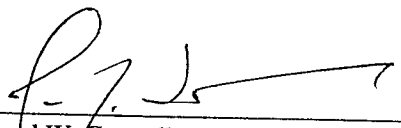
3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence 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: October 15, 2002

RWC/MHR/cap/jli



Jeb Bush
Governor

Department of Environmental Protection

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

RECEIVED

DEC 17 2003

UTILITIES, INC.

David B. Struhs
Secretary

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 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 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;

- (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;
- 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,

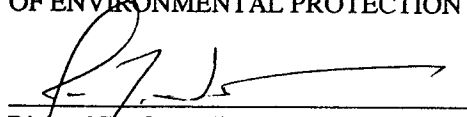
and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

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

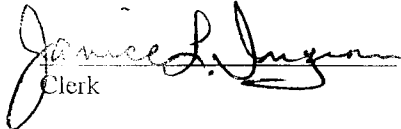
CERTIFICATE OF SERVICE

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 October 15, 2003 to the listed persons.

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.


Clerk
Date 10-15-03

RWC/MHR/cap

Copies furnished to:

2 Keith Kleinmann, FDEP
David Weber, P.E.



Jeb Bush
Governor

Department of Environmental Protection

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:

October 15, 2003

EXPIRATION DATE:

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
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 tertiary 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.

FACILITY: Cross Creek W. TWP
 PERMITTEE: Utilities, Inc. of Eagle Ridge
 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
 PROJECT NUMBER: FLA014505-003-DW2P

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

- 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				Monitoring Requirements			
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	Report	-	-	-	-	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	MG/L	Maximum	-	-	-	5.0	4 Days/Week	Grab	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100M L	Maximum	See Permit Condition 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 Condition I.A.6.				Continuous	Meter	EFA-1	

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-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	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)]*
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.]*
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)1 and 62-610.300(4)(a)4, 8-8-99.]*

FACILITY: Cross Creek WWTP
 PERMITTEE: Utilities, Inc. of Eagle Ridge
 200 Weathersfield Ave.
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
 PERMIT FILE 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:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow (Influent 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 reuse storage)	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meters with totalizer (estimated from duration of flow/day)	FLW-3	See Cond.I.B.4
Flow (Effluent 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.I.B.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, (IMADF/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 Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
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(c), 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. Parameters 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

FACILITY: Cross Creek WWTP
PERMITTEE: 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 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 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 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

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. [62-601.305]

FACILITY: Cross Creek WWTP
PERMITTEE: 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), 3-30-98]
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	75 mg/kg dry weight	Not applicable
Nickel	420 mg/kg dry weight	375 pounds/acre

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
pH	(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:

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
5. Signature of Responsible Party at Source Facility
6. 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
5. 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

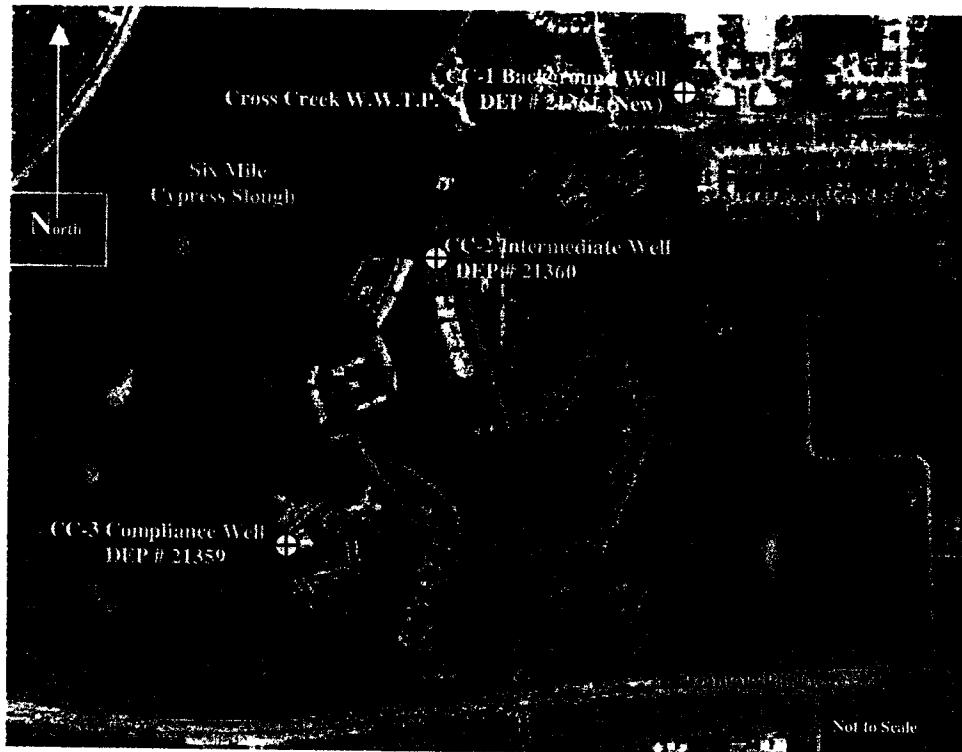
Construction Requirements

1. The permittee shall give at least 72-hours notice to the Department's South District Office, prior to the installation of 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 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 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-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 Compliance Well. Located in northwest corner.	15.0	Surficial	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

FACILITY: Cross Creek WWTP
 PERMITTEE: 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	#/100ML	Grab	Quarterly
pH	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 immediately implement measures appropriate to control the entry of contaminants, and shall

FACILITY: Cross Creek WWTP
PERMITTEE: 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:
- 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)]
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
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

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 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)]

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

4. 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)]
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 taken;
 - 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;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
 - g. A copy of the facility record drawings;
 - h. Copies of the licenses of the current certified operators; and
 - i. 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 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: FLA014505
PA FILE NUMBER: 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/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):
 - a. 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
 - 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)]

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

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)]
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)]

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

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. 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 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)]

FACILITY: Cross Creek WWT
PERMITTEE: 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. A description of the anticipated noncompliance;
 - b. 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.
 - a. 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.
 - c. 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 under Chapter 62-602, F.A.C.
 - e. 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.

FACILITY: Cross Creek WWTP
PERMITTEE: 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.

- a. 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,
 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.
- b. 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;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) 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;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - 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.

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

- 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 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;
 2. 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.

FACILITY: Cross Creek WWTP
PERMITTEE: Utilities, Inc. of Eagle Ridge
200 Weathersfield Ave.
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505
PA FILE NUMBER: FLA014505-003-DW2P

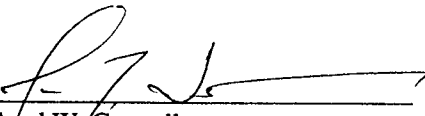
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[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: OCTOBER 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 operator must 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.

UTILITIES, INC. OF EAGLE RIDGE

Docket No. 030445

**25.30-440(9)
Vehicles**

Test Year Ended December 31, 2002

UTILITIES, INC. OF EAGLE RIDGE

<u>Assigned to:</u>	<u>Vehicle #</u>	<u>Description</u>	<u>VIN#</u>	<u>Owned or Leased</u>	<u>Original Cost</u>
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 : 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 :
COMMENT : JOE TRATIK W/ EAGLE RIDGE H.O.A. CALLED TO REPORT A LARGE SEWER PIPE
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
SS/MH
RDATE : 03/18/02

SUBDIVISION : 00673
ROUTE : 673
SERVICE ORDER# : 605470
ACCOUNT# : 006734077502
CUSTOMER NAME : LEANNAH, CARMEL M
SERVICE ADDRESS : 14619 EAGLES LOOKOUT CT
PHONE : / -
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 : 3/29/02
PLUG FOUND IN CUSTOMER'S LINE, KATZ PLUMBING TOOK CARE OF IT AND
BILLED CUSTOMER.
SCOTT/MH
RDATE : 03/29/02

SUBDIVISION : 00673
 ROUTE : 673
 SERVICE ORDER# : 661818
 ACCOUNT# : 006734077801
 CUSTOMER NAME : FERRIOLA, RICHARD
 SERVICE ADDRESS : 7808 EAGLES FLIGHT LN
 PHONE : / -
 EDATE : 10/17/02
 TYPE : 40
 POPER : 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
 POPER : 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.

SUB	ROUTE	TYPE DESCRIPTION..	COUNT
00673	673	35	1
00673	673	36	2
00673	673	40	1
00673	673	46	1
00673	673		5
00673			5
			=====
			5

5 records listed.