

State of Florida



Public Service Commission

CAPITAL CIRCLE OFFICE CENTER • 2540 SHUMARD OAK BOULEVARD
TALLAHASSEE, FLORIDA 32399-0850

RECEIVED-FPSC
11 AUG 1 PM 4:00

-M-E-M-O-R-A-N-D-U-M-

COMMISSION
CLERK

DATE: August 1, 2011
TO: Ann Cole, Commission Clerk, Office of Commission Clerk
FROM: Robert Simpson, Engineering Specialist II, Division of Economic Regulation *RS*
RE: Docket No. 110140-WS; Application for staff-assisted rate case in Polk County by River Ranch Water Management, L.L.C.

Attached are responses from the Utility regarding the June 22, 2011 letter which requested engineering information from River Ranch Water Management, L.L.C. Please place the attached documents in the docket file.

Should you have any questions, regarding this matter, please contact me.

Attachments

DOCUMENT NUMBER-DATE

05379 AUG-1 =

FPSC-COMMISSION CLERK

COMMISSIONERS:
ART GRAHAM, CHAIRMAN
LISA POLAK EDGAR
RONALD A. BRISÉ
EDUARDO E. BALBIS
JULIE I. BROWN

STATE OF FLORIDA



MARSHALL WILLIS, DIRECTOR
DIVISION OF ECONOMIC REGULATION
(850) 413-6900

RECEIVED-FPSC

11 JUL 14 PM 2:00

COMMISSION
CLERK

Public Service Commission

June 17, 2011

River Range Water Management, L.L.C.
Attn: Mr. Byron Smith
5601 Windover Drive
Orlando, FL 32819

Robert
Simpson
(EUR)

Re: Docket No. 110140-WS; Application for staff-assisted rate case in Polk County by River Ranch Water Management, L.L.C.

Dear Smith:

This letter is to confirm my telephone conversation with you regarding my planned engineering field investigation on July 22, 2011. In order to ensure fast, expedient treatment of your rate case, please have the following information submitted to the Commission on or before July 15, 2011.

1. A copy of all Department of Environmental Protection (DEP) Permits.
- ✓ 2. A copy of all Discharge Monitoring Reports filed with the DEP for the period beginning in April 1, 2010 through June 2011.
- ✓ 3. A copy of Monthly Operating Reports filed with the DEP for the period beginning in April 1, 2010 through June 2011.
4. A copy of all wastewater treatment plant flow measuring device calibration reports for the past three years.
5. A copy of all water treatment plant flow measuring device calibration reports for the past three years.
- ✗ 6. A copy of all correspondence, inspection reports, notices of violation, or consent orders from DEP in the past three years. *None*
- * 7. A schedule showing the amount of water sold each month from April 2010 through June 2011.

we bill using a flat rate.

DOCUMENT NUMBER-DATE

05379 AUG-1 =

FPSC-COMMISSION CLERK

None - 8. A list of all customer complaints received during the past three years and an explanation of how each was resolved. **None received.**

9. A description of all assets (land, treatment facilities, pumps, storage tanks, water distribution system, collection systems, and lift stations) owned by the utility.

10. A map showing the location and size of the water distribution system throughout the service area. The location of all existing customers (residential and general service), and the location of all vacant lots. **Attached**

None 11. A description of any planned or future expansion of your service area. **Attached Proposed Development**

12. A map showing the location and size of the wastewater collection system throughout the service area. The location of all existing customers (residential and general service), and the location of all vacant lots. **Attached**

None 13. A description of any plant additions or repairs that have been made in the past year along with the cost and reason for the addition or repair. If the additions or repairs are in response to a DEP or health department compliance requirement, provide a copy of the supporting documentation. **None**

None 14. A description of any plant additions or repairs that are expected to be made in the next year, along with the estimated cost and reason for the addition or repair. The cost should include at least 2 bids to support the addition or repair. If the additions or repairs are in response to a DEP or health department compliance requirement, provide a copy of the supporting documentation. **None**

15. A list of all general service customers and their type of businesses.

Submit the following information on or before July 15, 2011, to the Office of Commission Clerk, Docket No. 110140-WS, Florida Public Service Commission, 2540 Shumard Oak Blvd., Tallahassee, Florida 32399-0850.

None

On July 22, 2011, I will inspect the water and wastewater treatment plants, the water distribution and collection systems, and the general service area. Please have someone (lead operator, chief maintenance person, or an assigned person with access to the plants) available for this tour. If you have any questions, do not hesitate to contact me at (850) 413-7001.

Sincerely,

Robert Simpson
Engineering Specialist
Bureau of Certification, Economics & Tariff.

RS:

Cc: Division of Economic Regulation (Roberts, Hudson, Fletcher, Maurey, Daniel)
Office of General Counsel (Murphy)
Martin S. Friedman
Office of Commission Clerk



FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

**STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

PERMITTEE:

River Ranch Water Management, LLC

PERMIT NUMBER:

FLA011032

PA FILE NUMBER:

FLA011032-006-DW3P/NR

ISSUANCE DATE:

December 2, 2009

EXPIRATION DATE:

December 1, 2014

RESPONSIBLE AUTHORITY:

Mr. Mark Waltrip
Chief Operating Officer
5601 Windhover Drive
Orlando, Florida 32819
(407) 351-3350
mark_waltrip@wgresorts.com

FACILITY:

River Ranch Resort WWTF
24700 SR 60 East
Lake Wales, Florida 33853
Polk County
Latitude: 27° 45' 58" N Longitude: 81° 11' 40" 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:

Operation of an existing 0.095 MGD Three-Month Rolling Average Daily Flow (3MRADF), Type III, extended aeration domestic wastewater treatment plant consisting of: one surge tank of 23,300 gallons total volume, three aeration basins of 95,000 gallons total volume, two clarifiers of 74,400 gallons total volume and 904 square feet total surface area, two chlorine contact chambers of 7,600 gallons total volume, one flow meter box with 60 degrees V-notch weir, and one digester of 12,300 gallons. This plant is operated to provide secondary treatment with basic disinfection.

REUSE:

Land Application: An existing 0.095 MGD Annual Average Daily Flow (AADF) permitted capacity Part IV rapid-rate land application system (R-001). R-001 consists of a two-cell Rapid Infiltration Basin (RIB) of 161,173 square feet of bottom surface area. R-001 is located approximately at latitude 27° 45' 58" N, longitude 81° 11' 40" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

FACILITY: River Ranch Resort WWTF
 PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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 and reported in accordance with condition I.B.8:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow, to R-001	MGD	Maximum	0.095	Report	-	-	5 Days/Week	Flow Meter	PLW-01	See Cond.IA.3
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	-	60.0	Monthly	Grab	EFA-01	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-01	
Coliform, Fecal	#/100ML	Maximum	200	-	-	800	Monthly	Grab	EFA-01	See Cond.IA.4
Total Chlorine Residual (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-01	See Cond.IA.5
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Monthly	Grab	EFA-01	

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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	Description of Monitoring Location
EFA-01	After disinfection, and prior to discharge to percolation/evaporation pond.
FLW-01	At Chlorine Contact Chamber.

3. A flow meter shall be utilized to measure flow and calibrated at least annually. *[62-601.200(17) and .500(6)]*
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. *[62-610.510 and 62-600.440(4)(c)]*
5. A minimum of 0.5 mg/L total chlorine residual must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. *[62-610.510 and 62-600.440(4)(b)]*

FACILITY: River Ranch Resort WWTF
 PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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 monitored by the permittee as specified below and reported in accordance with condition I.B.8:

			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, Total Plant	MGD	Maximum	0.095 3MRADF	Report	-	-	5 Days/Week	Flow Meter	FLW-01	See Cond.I.B.3, 5
Percent Capacity, (3MRADF/Permitted Capacity) x 100	%	Maximum	-	Report	-	-	Monthly	Calculation	FLW-01	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Annually ¹	Grab	INF-01	See Cond.I.B.4
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Annually ¹	Grab	INF-01	See Cond.I.B.4
Rainfall	INCHES	Maximum	-	Report Monthly Total	-	-	Daily	Calculation	OTH-01	

1 - The annual sample shall be taken in the month of February.

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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

Monitoring Location	Description of Monitoring Location
INF-01	At headworks, prior to treatment.
FLW-01	At Chlorine Contact Chamber.
OTH-01	Rainfall monitored daily.

3. The three-month rolling average daily flow to the treatment plant shall not exceed 0.095 MGD.
4. 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)]
5. A flow meter shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
6. 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. All monitoring shall be representative of the monitored activity. [62-620.610(18)]
7. 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)]
8. 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 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, unless specified elsewhere in the permit.

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	March 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR and shall submit the completed DMR to the Department postmarked by the 28th of the month following the month of operation at the addresses specified below:

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

Originals to:
Florida Department of Environmental Protection
Domestic Wastewater Program
Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Copies to:
Florida Department of Environmental Protection
Wastewater Compliance Evaluation Section, Mail Station 3551
Bob Martinez Center
2600 Blair Stone Road
Tallahassee, Florida 32399-2400

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

9. 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 Southwest District Office at the address specified below:

Southwest District Office
13051 North Telecom Parkway
Temple Terrace, Florida 33637-0926

Phone Number - 813-632-7600
FAX Number - 813-632-7662

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 transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Rule 62-640.880(1)(c), F.A.C., along with a written notification to the Department at least 30 days before transport of the residuals.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. *[62-640.300(5)]*
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. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. *[62-640.100(6)(k)3&4]*

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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

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 RMF permittee shall report to the Department within 24 hours of discovery of 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)]

III. GROUND WATER REQUIREMENTS

Section III is not applicable to this facility.

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid-Rate Land Application System (R-001)

1. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
2. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
3. The annual average hydraulic loading rate to the rapid infiltration basin(s) shall be limited to a maximum of 0.95 inches per day (as applied to the entire bottom area). [62-610.523(3)]
4. Rapid infiltration basins normally shall be loaded for 1 to 7 days and shall be rested for 5 to 14 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]
5. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

6. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.514 and 62-610.414]*
7. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Southwest 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 an operator 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 for ½ hour/day for 5 days/week and a weekend visit. The lead operator must be a Class C operator, or higher.

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

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. *[62-699.311(1)]*
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)]*
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

Section VI is not applicable to this facility.

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. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. 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)]
3. 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)]
4. 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)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. 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

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

- 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 the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health and safety problems.

[62-604.130(54)]

- 7. 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. *[62-610.518(1)] [and 62-600.400(2)(b)]*
- 8. 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)]*
- 9. The Permittee shall provide verbal notice to the Department 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 detail these measures to the Department in a written report within 7 days of the sinkhole discovery. *[62-4.070(3)]*
- 10. 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)]
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)]

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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)]
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 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) 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.
- 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), or as specified elsewhere in the permit.
 - If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.
 - Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.
- [62-620.610(18)]*
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- The following shall be included as information which must be reported within 24 hours under this condition:
 - Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 - Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 - Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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 Department by calling 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

- 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

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

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 permittee seeking to establish the occurrence of an upset has the burden of proof.
- 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)]

FACILITY: River Ranch Resort WWTF
PERMITTEE: River Ranch Water Management, LLC

PERMIT NUMBER: FLA011032

Executed in Hillsborough County, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION

A handwritten signature in black ink, appearing to read 'Isahl' followed by a large flourish and a small 'AR' to the right.

Jeffrey S. Greenwell, P.E.
Water Facilities Administrator
Southwest District

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
 MAILING ADDRESS: 5601 Windhover Drive
 Orlando, FL 32819
 mark_waltrip@wgrcsortis.com

PERMIT NUMBER: FLA011032

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: River Ranch Resort WWTF
 LOCATION: 24700 SR 60 East
 Lake Wales, FL 33853
 COUNTY: Polk

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐
 MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement							
PARM Code 50050 Y	Permit Requirement	0.095 (AADT)	MGD				Monthly	Calculation
Mon. Site No. FLW-01								
Flow, To R-001	Sample Measurement							
PARM Code 50050 1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
Mon. Site No. FLW-01								
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y	Permit Requirement			20.0 (Am. Avg.)	mg/L		Monthly	Calculation
Mon. Site No. EFA-01								
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Mon. Site No. EFA-01								
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y	Permit Requirement			20.0 (Am. Avg.)	mg/L		Monthly	Calculation
Mon. Site No. EFA-01								
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Mon. Site No. EFA-01								

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
Polk County

River Ranch Resort WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: _____ To: _____

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
pH								
Sample Measurement								
PARM Code 00406 A				6.0				
Mon. Site No. EFA-01				(Min.)			5 Days/Week	Grab
Coliform, Fecal								
Sample Measurement								
PARM Code 74055 Y				200				
Mon. Site No. EFA-01				(Ar. Avg.)	#100mL		Monthly	Calculation
Coliform, Fecal								
Sample Measurement								
PARM Code 74055 A				Report				
Mon. Site No. EFA-01				(Mo. Geo. Mean)	800	#100mL	Monthly	Grab
					(Max.)			
Total Chlorine Residual (For Disinfection)								
Sample Measurement								
PARM Code 50060 A				0.5				
Mon. Site No. EFA-01				(Min.)	mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)								
Sample Measurement								
PARM Code 00620 A								
Mon. Site No. EFA-01					12.0	mg/L	Monthly	Grab
					(Max.)			
Sample Measurement								
Permit Requirement								
Flow, Total Plant								
Sample Measurement								
PARM Code 50050 Q								
Mon. Site No. FLW-01		0.095	MGD				Monthly	Calculation
		(3MRADF)						
Percent Capacity, (3MADE/Permitted Capacity) x 100								
Sample Measurement								
PARM Code 00180 1				Report				
Mon. Site No. FLW-01					%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C								
Sample Measurement								
PARM Code 80082 G				Report				
Mon. Site No. INF-01					mg/L		Annually (February)	Grab
Solids, Total Suspended								
Sample Measurement								
PARM Code 00530 G				Report				
Mon. Site No. INF-01					mg/L		Annually (February)	Grab
Rainfall								
Sample Measurement								
PARM Code 46529 1				Report				
Mon. Site No. OTH-01				Monthly Total	IN		Daily	Observation

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA011032

Monitoring Period From: _____

To: _____

Facility: River Ranch Resort WWTF

County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
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									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hand copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Inefficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported detection limits or practical quantitation limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign (" $<$ ") followed by the laboratory's MDL value, e.g. < 0.001 . A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A-DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and unit.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded areas.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded areas.

Signature: This report must be signed in accordance with Rule 62-620.303, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.
Plant Starting: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.
Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.
Time Sample Obtained: Enter the time the sample was taken.
Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.
Analytical Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airift, bucket/bailer, centrifugal pump, etc.)
Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).
Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanations: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).
Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.
Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average discharge flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.
No. of Days the SDR > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.
CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.
TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year from January through the month for which this DMR contains data.
Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year from January through the month for which this DMR contains data.
No. of Days LWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.
Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

**STATEMENT OF BASIS
FOR
STATE OF FLORIDA
DOMESTIC WASTEWATER FACILITY PERMIT**

PERMIT NUMBER: FLA011032-006-DW3P
FACILITY NAME: River Ranch Resort WWTF
FACILITY LOCATION: 24700 SR 60E, Lake Wales, FL
NAME OF PERMITTEE: River Ranch Water Management, LLC
PERMIT WRITER: Patricia León

RENEWAL PERMIT

COMMENTS:

Operation of an existing 0.095 MGD Three-Month Rolling Average Daily Flow (3MRADF), Type III, extended aeration domestic wastewater treatment plant consisting of: one surge tank of 23,300 gallons total volume, three aeration basins of 95,000 gallons total volume, two clarifiers of 74,400 gallons total volume and 904 square feet total surface area, two chlorine contact chambers of 7,600 gallons total volume, one flow meter box with 60 degree V-notch weir, and one digester of 12,300 gallons. This plant is operated to provide secondary treatment with basic disinfection.

**1. BASIS FOR EFFLUENT AND RECLAIMED WATER LIMITS AND MONITORING REQUIREMENTS
(INCLUDING EFFLUENT MONITORING REQUIREMENTS)**

The following table provides the basis for Part I. A. provisions.

Land Application System R-001 (rapid infiltration basin system):

Parameter	Limit	Basis	Rationale
Flow (MGD)	0.095 Report	Annual Average Monthly Average	62-600.400(3)(b) FAC 62-600.400(3)(b) FAC
BOD, Carbonaceous 5 day, 20C (MG/L)	20.0 30.0 60.0	Annual Average Monthly Average Single Sample Max.	62-610.510 & 62-600.740(1)(b)1.a. FAC 62-600.740(1)(b)1.b. FAC 62-600.740(1)(b)1.d. FAC
Solids, Total Suspended (MG/L)	20.0 30.0 60.0	Annual Average Monthly Average Single Sample Max.	62-610.510 & 62-600.740(1)(b)1.a. FAC 62-600.740(1)(b)1.b. FAC 62-600.740(1)(b)1.d. FAC
pH (SU)	6.0 to 8.5	Minimum and Maximum	62-600.445 FAC
Coliform, Fecal (#/100ML)	200 200 800	Annual Average Monthly Geo. Mean Single Sample Max.	62-610.510 & 62-600.440(4)(c)1. FAC 62-600.440(4)(c)2. FAC 62-600.440(4)(c)4. FAC
Total Residual Chlorine (For Disinfection) (MG/L)	0.5	Minimum	62-610.510 & 62-600.440(4)(b) FAC
Nitrogen, Nitrate, Total (as N) (MG/L)	12.0	Single Sample Max.	62-610.510(1) FAC

2

The following table provides the basis for Part I. B. provisions.

Other Limitations and Monitoring Requirements:

Parameter	Limit	Basis	Rationale
Flow, Total Plant (MGD)	0.095	Three Month Rolling Average Daily Flow	62-600.400(3)(b) FAC
Percent Capacity, (3MRADF/Permitted Capacity) x 100 (PERCENT)	Report	Monthly Average	62-600.405(4) FAC
BOD, Carbonaceous 5 day, 20C (MG/L)	Report	Annual Single Sample (February)	62-601.300(1)FAC & BPJ
Solids, Total Suspended (MG/L)	Report	Annual Single Sample (February)	62-601.300(1)FAC & BPJ
Monitoring Frequency and Sample Type	-	All Parameters	62-601 FAC & 62-699 FAC and/or BPJ of permit writer
Sampling Location	-	All Parameters	62-601, 62-610.412, 62-610.463(1), 62-610.568, 62-610.613 FAC and/or BPJ of permit writer

2. RESIDUALS MANAGEMENT

The method of residuals use or disposal by this facility transport to a Residual Management Facility or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative RMF does not require a permit modification, however, use of an alternative RMF requires a copy of the agreement pursuant to Chapter 62-640.880(1)(c) along with a written notification to the Department at least 30 days before transport of the residuals.

3. GROUND WATER MONITORING REQUIREMENTS

N/A

4. INDUSTRIAL PRETREATMENT REQUIREMENTS

At this time, the facility is not required to develop an approved industrial pretreatment program. However, the Department reserves the right to require an approved program if future conditions warrant.

5. APPLICABLE RULES

The following were used as the basis of the permit limitations/conditions:

- a. FAC refers to various portions of the Florida Administrative Code.

The effective dates of FAC Rule Chapters cited in the table are as follows:

<u>Chapter</u>	<u>Effective Date</u>
62-4	04-21-09
62-160	12-03-08
62-302	04-02-08
62-520	07-12-09
62-522	07-12-09
62-550	09-18-07
62-600	04-13-06
62-601	12-24-96
62-602	10-15-07
62-610	11-19-07
62-620	02-17-09
62-625	01-08-97
62-640	03-30-98
62-650	12-26-96
62-699	10-15-07

- b. FS refers to various portions of the Florida Statutes
c. CFR refers to various portions of the Code of Federal Regulations, Title 40
d. BPJ refers to Best Professional Judgment

6. PROPOSED SCHEDULE FOR PERMIT ISSUANCE

December 30, 2009.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Rd., Tallahassee, FL 32399-2400

PERMITTEE NAME: River Ranch Water Management
 MAILING ADDRESS: 5601 Windhover Drive
 Orlando, FL 32819
 FACILITY: River Ranch Resort WWT
 LOCATION: 3200 River Ranch Road
 River Ranch, FL 33867
 COUNTY: Polk

PERMIT NUMBER: FLA001032
 PERMIT ISSUE DATE: MONTHLY
 REPORT GROUP: Domestic
 LIMIT CLASS SIZE: Final
 N/A
 MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: (One single pond including Influent)
 NO DISCHARGE FROM SITE: ()
 MONITORING PERIOD: From 04/01/10 TO 04/30/10

Parameter	Quantity or Loading			Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample	Measurement	0.05							Monthly	Calculation
	Permit	Measurement	0.095	mgd						Monthly	Calculation
	Sample	Measurement	0.069							5 Days/Week	Flow Meter
	Permit	Measurement	0.095	mgd						5 Days/Week	Flow Meter Totalizer
PARM Code 50050 Y Mon. Site No. FLW-01	Sample	Measurement	0.095	(3-Mo. Avg.)						Monthly	Calculation
	Permit	Measurement	0.095	Report (Mo. Avg.)						Monthly	Calculation
	Sample	Measurement	0.054							Monthly	Calculation
	Permit	Measurement	0.095	Report (Mo. Avg.)						Monthly	Calculation
Percent Capacity, (TMADE/Permitted Capacity)x100	Sample	Measurement	95%							Monthly	Calculation
	Permit	Measurement	Report (Mo. Avg.)							Monthly	Calculation
	Sample	Measurement	3.1							Monthly	Calculation
	Permit	Measurement	20.0	(A. Avg.)						Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample	Measurement	<2.0							Monthly	Calculation
	Permit	Measurement	<2.0							Monthly	Calculation
	Sample	Measurement	60.0	(Max)						Monthly	Calculation
	Permit	Measurement	4.4	(Mo. Avg.)						Monthly	Calculation
Solids, Total Suspended	Sample	Measurement	20.0	(A. Avg.)						Monthly	Calculation
	Permit	Measurement	20.0							Monthly	Calculation
	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
PARM Code 00530 A Mon. Site No. EFA-01-06593	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
PARM Code 80082 Y Mon. Site No. EFA-01	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
PARM Code 00530 Y Mon. Site No. EFA-01	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation
	Sample	Measurement	4.4							Monthly	Calculation
	Permit	Measurement	4.4							Monthly	Calculation

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	DATE (YY/MM/DD)
Mike Harrison/Operator		
TELEPHONE NO.		
(863) 299-2073		

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

RECEIVED
 JUN 2010
 WEST GATE
 RIVER RANCH

DISCHARGE MONITORING REPORT - PART A (Continued)

PERMIT NUMBER:
FLA011032

FACILITY NAME:
River Ranch Resort WWTP

MONITORING GROUP NUMBER R-001

MONITORING PERIOD From: 04/01/10 To: 04/30/10

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended			3.00		0	Every Two Weeks	Grab
PARM Code 00530 A			60.0 (Max)			Every Two Weeks	Grab
Mon. Site No. EFA-01			7.4		0	5 Days/Week	Grab
pH			6.0 (Min)			5 Days/Week	Grab
PARM Code 00400 A			8.5 (Max)			Monthly	Calculation
Mon. Site No. EFA-01			<1		0	Monthly	Calculation
Coliform, Fecal			200 (Ar. Avg.)			Every Two Weeks	Grab
PARM Code 74055 Y			<1			Every Two Weeks	Grab
Mon. Site No. EFA-01			800 (Max)			Every Two Weeks	Grab
Coliform, Fecal			Report (Mo. Geo. Mean)			5 Days/Week	Grab
STORET No. 74055 A			0.8		0	5 Days/Week	Grab
Mon. Site No. EFA-01			0.5 (Min)			5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)			0.86		0	Every Two Weeks	Grab
PARM Code 00060 A			12.0 (Max)			Every Two Weeks	Grab
Mon. Site No. INF-01			MNR		0	Annual	Grab
Nitrogen, Nitrate, Total (as N)			Report			Annual	Grab
PARM Code 00620 A			MNR			Annual	Grab
Mon. Site No. INF-01			Report		0	Annual	Grab
BOD, Carbonaceous 5 day, 20°C			MNR			Annual	Grab
PARM Code 80082 G			Report			Annual	Grab
Mon. Site No. INF-01			Report			Annual	Grab
Solids, Total Suspended			6.6"		0	Daily	Observation
PARM Code 00530 G			Report Monthly Total			Daily	Observation
Mon. Site No. INF-01							
Rainfall							
PARM Code 46529							
Mon. Site. OTH-01							

2010 JUN 2

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA011032**
Monitoring From: **04/01/10**
Period

Facility Name: **River Ranch Resort WWTP**
To: **04/30/10**

	CBOD5 (MG/L)	Fecal Coliform (#100ml)	Nitrogen Nitrate (asN) Mg/L	pH	TSS (Mg/L)	TRC (For Disinfect) MG/L	Flow (MGD)	CBOD (Mg/L)	TSS Mg/L	Rainfall (Inches)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	46529
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FL W-01	INF-01	INF-01	OTH-02
1				7.3		0.8	080			
2				7.4		1.2	067			
3				7.3		0.8	080			
4							080			
5				7.4		1.6	080			
6				7.3		1.4	091			
7				7.3		0.8	124			3.6"
8				7.3		1.4	028			
9				7.4		0.8	047			
10				7.4		1.4	047			
11							047			
12				7.3		1.6	047			
13				7.4		1.8	047			
14				7.3		2.2	050			
15				7.3		2.5	052			
16				7.3		2.0	048			
17							048			
18							048			6"
19				7.4		2.5	036			
20				7.4		3.0	034			
21				7.4		2.5	071			6"
22				7.4		3.0	071			
23				7.4		3.0	036			
24							031			
25				7.3		1.8	031			6"
26				7.4		3.0	031			
27				7.3		3.0	050			
28				7.4		3.0	044			
29	<2.0	1	0.86	7.4	1.00	3.0	036			
30				7.4		3.0	031			
31										

Plant Staffing:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class C
Class
Class
Class

Certificate No. 7196
Certificate No.
Certificate No.
Certificate No.

Name: Mike Harrison
Name:
Name:
Name:

**MID FLORIDA WATER LAB**

DHR5 PERMIT # E84567

HRS - QA# 9710NC - 181

1902 Barton Park Rd., Suite 201 Auburndale, FL 33823

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rappaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 04/29/10 @ 10:30 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 04/29/10 @ 2:44 pm

Lab ID Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1041507	EFFLUENT FECAL	<10CFU	#/100 ml	SM9222D	1	04/29/10@ 3:05 pm	04/30/10@ 2:00 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1041902	EFFLUENT CBOD ₅	<2	mg/L	SM5210-B	2.00	04/29/10@ 4:30 pm	05/04/10@ 3:00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1041902	EFFLUENT TSS	3.00	mg/L	SM2540-D	1.00	04/29/10@ 4:00 pm	04/30/10@ 3:45 pm
1041962	EFFLUENT NO ₃ -N	0.86	mg/L	SM4500N03E	0.05	04/29/10@ 4:30 pm	04/29/10@ 7:45 pm

COMMENTS

THESE TESTS MEET NELAC REQUIREMENTS.

The test results in this report relate only to the analyses of the samples submitted.

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Margaret Rappaul 4/24/10
Laboratory Manager- Contact Person

CHRIS PARENT #18456
CHRIS - QAN 9'10" W 181

MID FLORIDA WATER LAB



Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-44-5657

TESTS REQUIRED

CR.O.D.

REC'D
NITRA

1. $\frac{1}{2}$
 2. $\frac{1}{2}$
 3. $\frac{1}{2}$
 4. $\frac{1}{2}$
 5. $\frac{1}{2}$
 6. $\frac{1}{2}$
 7. $\frac{1}{2}$
 8. $\frac{1}{2}$
 9. $\frac{1}{2}$
 10. $\frac{1}{2}$

CLSIDY TRANSFERS

[illegible]

$\frac{1}{2} \left(\frac{1}{2} \right) = \frac{1}{4}$

1000

[illegible]

When Completed with this report to: Department of Environmental Protection, Mail Station 3551, Twin Towers Office Building, 2600 Main Street, Tallahassee, FL 32399-2400

PR-KN1115511-DAT1

11500000
 11500000

RIGHT
GRIFFIN

AZIN SSV LTD
CHINA

MANUFACTURING GROUP NUMBER

the single pool, including

MONITORING PERIOD

01/10/2000 4

01/13/20 01

PREMIER RESORTS STALING AIRDRSS River Ranch Water Manager 5601 Windhover Drive Orlando, FL 32819	FLORIDA River Ranch Resort WFLA 3206 River Ranch Road River Ranch, FL 33867	COUNTY Palm
--	--	----------------

Parameter	Flow	Sample Measurement	053	mgd	mgd	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
PARM Code 50050 Y Mon. Site No. FLW-01	Flow	Permit Measurement	0.095							Monthly	Calculation
		Sample Measurement	0.056	0.032						3 Days/Week	Flow Meter
		Permit Measurement	0.095	Report (Mo. Avg.)	mgd					3 Days/Week	Flow Meter
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					5 Days/Week	Flow Meter
PARM Code 50050 I Mon. Site No. FLW-01	Percent Capacity	Permit Measurement	0.095							5 Days/Week	Flow Meter
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					5 Days/Week	Flow Meter
		Permit Measurement	0.095	Report (Mo. Avg.)	mgd					5 Days/Week	Flow Meter
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					5 Days/Week	Flow Meter
PARM Code 00180 G Mon. Site No. OTH-01	Percent Capacity	Permit Measurement	0.095							Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Permit Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
PARM Code 80082 Y Mon. Site No. EFA-01	BOD ₅ (Carbonaceous 5 day, 20 C)	Permit Measurement	0.095							Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Permit Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
PARM Code 00530 A Mon. Site No. EFA-01-06593	BOD ₅ (Carbonaceous 5 day, 20 C)	Permit Measurement	0.095							Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Permit Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
PARM Code 00530 Y Mon. Site No. EFA-01	BOD ₅ (Carbonaceous 5 day, 20 C)	Permit Measurement	0.095							Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Permit Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation
		Sample Measurement	0.095	Report (Mo. Avg.)	mgd					Monthly	Calculation

every 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.

SUBMITTER OF PRINCIPAL EXHIBITIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXHIBITIVE OFFICER OR AUTHORIZED AGENT

SAMPLE/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Mike Harrison/Operator		18631299-2073	7/15/87

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

FACILITY NAME

River Ranch Resort WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER R-001

PERMIT NUMBER
LA0011032

MONITORING PERIOD From: 05/01/10 To: 05/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				120	120		Mg/L		Every Two Weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max)		Mg/L		Every Two Weeks	Grab
pH	Sample Measurement				7.1	7.4		SU		5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Measurement				6.0 (Min)	8.5 (Max)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#100ml		Monthly	Calculation
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Measurement				200 (An. Avg.)			#100ml		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1	<1		#100ml		Every Two Weeks	Grab
STORET No. 74055 A Mon. Site No. EFA-01	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max)		#100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			Mg/l		5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Measurement				0.5 (Min)			Mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				2.18			Mg/l		Every Two Weeks	Grab
PARM Code 00620 A Mon. Site No. INF-01	Permit Measurement				12.0 (Max)			Mg/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C					MNR			Mg/l		Annual	Grab
PARM Code 80082 G Mon. Site No. INF-01					Report			Mg/L		Annual	Grab
Solids, Total Suspended					MNR			Mg/L		Annual	Grab
PARM Code 00530 G Mon. Site No. INF-01					Report			Mg/L		Annual	Grab
Rainfall					4.6"			IN		Daily	Observation
PARM Code 46529 Mon. Site. OTH-01					Report Monthly Total			IN		Daily	Observation

DAILY SAMPLE RESULTS - PART B

Permit Number **FLA011032**
 Monitoring From **05/01/10**
 Period

Facility Name: River Ranch Resort WWTP
 to **05/31/10**

	CBOD5 (MG/L)	Fecal Coliform (u/100ml)	Nitrogen Nitrate (asN) Mg/L	pH	TSS (Mg/L)	TRC (For Disinfect) MG/L	Flow (MGD)	CBOD (Mg/L)	TSS Mg/L	Rainfall (Inches)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	46529
Mon Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	ELW-01	INF-01	INF-01	OTH-02
1				7.1		1.4	0.42			
2							0.42			
3				7.3			0.42			
4				7.4		0.8	0.19			
5				7.3		2.0	0.26			
6				7.3		1.5	0.18			
7				7.3		2.2	0.26			
8				7.3		2.5	0.33			
9							0.33			
10				7.4		3.0	0.33			
11				7.3		3.0	0.21			
12				7.4		3.0	0.23			
13				7.4		3.0	0.26			
14				7.4		3.0	0.18			
15							0.18			
16				7.2		3.0	0.38			2.0"
17				7.2		3.0	0.38			
18				7.2		2.2	0.42			2.6"
19				7.1		2.5	0.36			
20				7.2		3.0	0.24			
21				7.2		3.0	0.30			
22				7.3		2.2	0.30			
23							0.30			
24				7.1		1.6	0.40			
25				7.2		1.5	0.40			
26				7.1		1.4	0.41			
27				7.1		2.2	0.28			
28	2.96	1	2.18	7.2	1.20	1.5	0.24			
29				7.3		2.0	0.31			
30							0.31			
31				7.1		1.6	0.31			

Plant Staffing:

Day Shift Operator	Class	<u>C</u>	Certificate No.	<u>7196</u>	Name	<u>Mike Harrison</u>
Evening Shift Operator	Class	<u></u>	Certificate No.	<u></u>	Name	<u></u>
Night Shift Operator	Class	<u></u>	Certificate No.	<u></u>	Name	<u></u>
Lead Operator	Class	<u></u>	Certificate No.	<u></u>	Name	<u></u>

**MID FLORIDA WATER LAB**

DHRS PERMIT # E84567

HRS - QA# 9710NC - 181

1902 Barton Park Rd., Suite 201 Auburndale, FL 33823

Phone: (888) 965-2540 Fax: (888) 967-8601 Toll Free (888) 244 5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 05/28/10 @ 8.00 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 05/28/10 @ 12.07 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1051884	EFFLUENT FECAL	<1 CFU	#/100 ml	SM9222D	1	05/28/10@ 12.30 pm	05/29/10@ 12.00 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1052493	EFFLUENT CBOD ₅	3.96	mg/L	SM5210-B	2.00	05/28/10@ 3.30 pm	06/02/10@ 3.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1052493	EFFLUENT TSS	1.20	mg/L	SM2540-D	1.00	05/28/10@ 2.30 pm	05/29/10@ 2.00 pm
1052493	EFFLUENT NO ₃ -N	2.18	mg/L	SM4500N03E	0.05	05/28/10@ 2.00 pm	05/28/10@ 5.00 pm

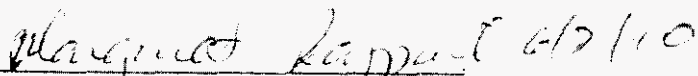
COMMENTS:

THESE TESTS MEET NELAC REQUIREMENTS.

The test results in this report relate only to the analyses of the samples submitted.

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT


Laboratory Manager - Contact Person

No 46616



IRS-QA# 9710NC 181

PAGE 1 OF 1

MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 965-2511
Fax (863) 967-8601
Toll Free 888-244-5637

FOR ANALYSIS

2010/02/28 P 6:07

Client Name Harrison Clark White
Address _____
City _____ State _____ ZIP _____
Phone # _____
FAX # _____
Collected by: [Signature] State Collected From _____

Sample ID	Amount	State	Concentration	Sample Location
1	5/28/10	900	G	Lake Henry
2		945		Shady Oaks
3		1015		Warner College
4		1045		Harbor
5		900		River Ranch
6				
7				
8				
9				
10				
11				
12				
13				
14				

TESTS REQUIRED

CHLORIDE	TSS	NITRATE	FECAI
2451	2451	2451	10.1530
2491	2491	2491	10.1531
2491	2491	2491	10.1532
2491	2491	2491	10.1533
2491	2491	2491	10.1534
2491	2491	2491	10.1535
2491	2491	2491	10.1536
2491	2491	2491	10.1537
2491	2491	2491	10.1538
2491	2491	2491	10.1539
2491	2491	2491	10.1540
2491	2491	2491	10.1541
2491	2491	2491	10.1542
2491	2491	2491	10.1543
2491	2491	2491	10.1544
2491	2491	2491	10.1545
2491	2491	2491	10.1546
2491	2491	2491	10.1547
2491	2491	2491	10.1548
2491	2491	2491	10.1549
2491	2491	2491	10.1550

CUSTODY TRANSFERS

Received by: [Signature] Date: 2/28/10 Time: 12:07
Received by: [Signature] Date: 2/28/10 Time: 12:07

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Rd., Tallahassee, FL 32399-2400

PERMITTEE NAME: River Ranch Water Management
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819

PERMIT NUMBER: FLA011032

PERMIT ISSUE DATE:

LIMIT:
CLASS SIZE:

Final
N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: River Ranch Resort WWTF
LOCATION: 3200 River Ranch Road
River Ranch, FL 33867

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One single pond, including
Influent

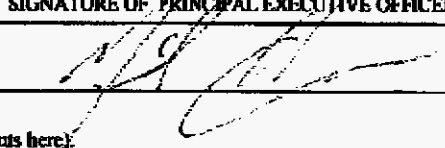
COUNTY: Polk

NO DISCHARGE FROM SITE: []
MONITORING PERIOD: From: 06/01/10

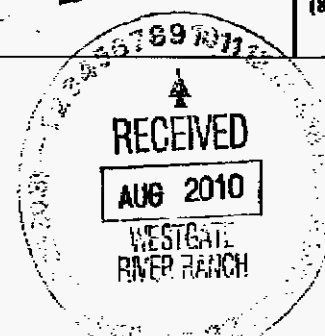
TO: 06/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.051		mgd					0	Monthly	Calculation
Flow	Sample Measurement	.039	.031	mgd					0	5 Days/ Week	Flow Meter Totalizer
Percent Capacity, (TMAD/Pennitted Capacity)x100	Sample Measurement				46%			Percent	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample Measurement				3.2			Mg/L	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample Measurement				2.00	2.00		Mg/L	0	Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.9			Mg/L	0	Monthly	Calculation

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)
Mike Harrison/ Operator		(863) 299-2073	7-27-10

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



FACILITY NAME:

River Ranch Resort WWT

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER:

FLA011032

MONITORING PERIOD From: 06/01/10 To: 06/30/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				2.00	2.00		Mg/L	0	Every Two Weeks	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01	Sample Measurement				2.00	2.00		Mg/L	0	Every Two Weeks	Grab
pH	Sample Measurement				7.0	7.4		SU	0	5 Days/Week	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01	Sample Measurement				7.0	7.4		SU	0	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#100ml	0	Monthly	Calculation
PARM Code 00470 A Mon. Sta. No. 11A-01	Sample Measurement				2			#100ml	0	Monthly	Calculation
Coliform, Fecal	Sample Measurement				20	20		#100ml	0	Every Two Weeks	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01	Sample Measurement				20	20		#100ml	0	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			Mg/L	0	5 Days/ Week	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01	Sample Measurement				0.8			Mg/L	0	5 Days/ Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.28			Mg/L	0	Every Two Weeks	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01	Sample Measurement				8.28			Mg/L	0	Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C					MNR			Mg/L	0	Annual	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01					MNR			Mg/L	0	Annual	Grab
Solids, Total Suspended					MNR			Mg/L	0	Annual	Grab
PARM Code 00470 A Mon. Sta. No. 11A-01					MNR			Mg/L	0	Annual	Grab
Rainfall					8.2"			IN	0	Daily	Observation
PARM Code 44532 Mon. Sta. 07H-01					8.2"			IN	0	Daily	Observation



DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011032
Monitoring From: 06/01/10
Period

Facility Name: River Ranch Resort WWTP
To: 06/30/10

	CBOD5 (MG/L)	Fecal Coliform (#100ml)	Nitrogen Nitrate (asN) Mg/L	pH	TSS (Mg/L)	TRC (For Disinfect) MG/L	Flow (MGD)	CBOD (Mg/L)	TSS Mg/L	Rainfall (Inches)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	46529
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	OTH-02
1				7.1		2.5	.044			
2				7.1		2.0	.028			
3				7.1		2.2	.030			
4				7.1		2.2	.036			
5							.048			
6							.048			
7				7.1		1.4	.048			
8				7.2		0.8	.026			1.6"
9				7.3		0.8	.034			
10				7.3		1.2	.038			
11				7.4		1.6	.041			
12				7.3		1.5	.026			
13							.026			
14				7.4		1.0	.026			
15				7.3		1.2	.019			
16				7.3		1.0	.021			3.0"
17				7.3		1.0	.024			
18				7.3		1.0	.031			
19				7.4		1.2	.034			
20							.034			1.6"
21				7.2		1.4	.034			
22				7.2		1.2	.026			
23				7.2		1.0	.028			
24				7.1		1.6	.029			
25				7.1		1.4	.021			
26							.033			2.0"
27							.033			
28				7.0		0.8	.033			
29	2.00	20	8.28	7.1	2.00	1.2	.019			
30				7.1		1.6	.024			
31										

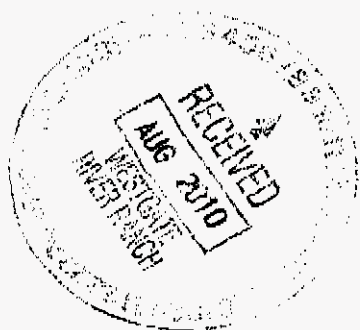
Plant Staffing:

Day Shift Operator
Evening Shift Operator
Night Shift Operator
Lead Operator

Class C
Class
Class
Class

Certificate No. 7196
Certificate No.
Certificate No.
Certificate No.

Name: Mike Harrison
Name:
Name:
Name:



**MID FLORIDA WATER LAB**

DHS PERMIT #: E84567

HRS - QA# 9710NC - 181

1802 Barton Park Rd., Suite 201 Auburndale, FL 33823
Phone: (883) 966-2640 Fax: (883) 967-8501 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 06/29/10 @ 11:15 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 06/29/10 @ 2:15 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1062278	EFFLUENT FECAL	20 CFU	#/100 ml	SM9222D	1	06/29/10@ 2:35 pm	06/30/10@ 1:30 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1063000	EFFLUENT CBOD ₅	2.00	mg/L	SM5210-B	2.00	06/30/10@ 4:00 pm	07/05/10@ 3:00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1063000	EFFLUENT TSS	2.00	mg/L	SM2540-D	1.00	06/29/10@ 4:30 pm	06/30/10@ 3:00 pm
1063000	EFFLUENT NO ₃ -N	8.28	mg/L	SM4500NO ₃ E	0.05	06/30/10@ 11:45 am	06/30/10@ 3:00 pm

COMMENTS:

THESE TESTS MEET NELAC REQUIREMENTS.

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT


Laboratory Manager- Contact Person

No 46228

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

RECEIVED

2010 JUN 29 P 2:15

Client Name <u>Harrison West Water</u>						TESTS REQUIRED									
Address						Analysis									
City: State: ZIP:															
Phone #															
FAX #															
Collected by: <u>[Signature]</u> State Collected From:															
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	C.B.O.D.	TSS	NITRATE	FECAL	Remarks					
1		6/29/10	930	G	Lake Region CC	106	2279	106	2274	Temp					
2			1000	G	Warner College	106	2279	106	2275	TSS: 8.6°C					
3			1115	G	River Ranch	106	2276	106	2276	Fecal: 8.2°C					
4			1205	G	Harbor	106	2277	106	2277						
5			1250	G	Lake Wales LCC	106	2278	106	2278						
6			1200	G	Sittinger Oaks	106	2279	106	2279						
7															
8															
9															
10															
11															
12															
13															
14															

CUSTODY TRANSFERS			
Reinquished by <u>[Signature]</u>	Date <u>6-29-10</u>	Time <u>2:15</u>	
Received by <u>[Signature]</u>	Date <u>6-29-10</u>	Time <u>3:15 PM</u>	
Laboratory Remarks <u>See chart</u>			

☒ Delivered Directly to Lab	☐ Shipped
Method of Shipment <u>on ice</u>	
Containers Received _____	

MATRIX CODES
GW — GROUND WATER
SW — SURFACE WATER
SO — SOIL
SL — SLUDGE
WW — WASTE WATER

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Rd., Tallahassee, FL 32399-2400

PERMITTEE NAME: River Ranch Water Management
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819

PERMIT NUMBER: FLA011032

PERMIT ISSUE DATE:

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: River Ranch Resort WWTF
LOCATION: 3200 River Ranch Road
River Ranch, FL 33867

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: One single pond, including
Influent

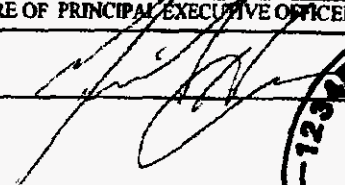
NO DISCHARGE FROM SITE: []
MONITORING PERIOD From: 07/01/10

TO: 07/31/10

COUNTY: Polk

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.054		mgd				0	Monthly	Calculation
Flow	Sample Measurement	.034	.040	mgd				0	5 Days/ Week	Flow Meter Totalizer
Percent Capacity, (TMADF/Permitted Capacity)x100	Sample Measurement				36%		Percent	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample Measurement				3.2		Mg/L	0	Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample Measurement				2.30	2.30	Mg/L	0	Every Two Weeks	Grab
Solids, Total Suspended	Sample Measurement				3.4		Mg/L	0	Monthly	Calculation

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)
Mike Harrison/ Operator		(863) 299-2073	8-30-10

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



FACILITY NAME:

River Ranch Resort WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER:
FLA011032

MONITORING PERIOD From: 07/01/10 To: 07/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.80	1.80		Mg/L	0	Every Two Weeks	Grab
PARM Code 00400 A Mon. No. RFA-01	Sample Measurement				1.80	1.80		Mg/L	0	Every Two Weeks	Grab
pH	Sample Measurement				7.1	7.4		SU	0	5 Days/Week	Grab
PARM Code 00401 A Mon. No. RFA-01	Sample Measurement				7.1	7.4		SU	0	5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#100ml	0	Monthly	Calculation
PARM Code 00402 A Mon. No. RFA-01	Sample Measurement				2			#100ml	0	Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1	<1		#100ml	0	Every Two Weeks	Grab
PARM Code 00403 A Mon. No. RFA-01	Sample Measurement				<1	<1		#100ml	0	Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5			Mg/L	0	5 Days/ Week	Grab
PARM Code 00404 A Mon. No. RFA-01	Sample Measurement				1.5			Mg/L	0	5 Days/ Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.26			Mg/L	0	Every Two Weeks	Grab
PARM Code 00405 A Mon. No. RFA-01	Sample Measurement				1.26			Mg/L	0	Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C					MNR			Mg/L	0	Annual	Grab
PARM Code 00406 A Mon. No. RFA-01					MNR			Mg/L	0	Annual	Grab
Solids, Total Suspended					MNR			Mg/L	0	Annual	Grab
PARM Code 00407 A Mon. No. RFA-01					MNR			Mg/L	0	Annual	Grab
Rainfall					9.9"			IN	0	Daily	Observation
PARM Code 44520 Mon. No. OTH-01					9.9"			IN	0	Daily	Observation



DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA011032**
 Monitoring From: 07/01/10
 Period

Facility Name: River Ranch Resort WWTP
 To: 07/31/10

	CBOD5 (MG/L)	Fecal Coliform (#100ml)	Nitrogen Nitrate (asN) Mg/L	pH	TSS (Mg/L)	TRC (For Disinfect) MG/L	Flow (MGD)	CBOD (Mg/L)	TSS Mg/L	Rainfall (Inches)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	46529
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	OTH-02
1				7.1		3.0	034			1.6
2				7.2		2.2	030			
3				7.2		2.0	034			1.0
4							034			
5				7.1		2.2	053			1.6
6				7.1		1.8	056			0.6
7				7.1		1.8	064			0.75
8				7.1		1.5	070			2.0
9				7.1		2.0	044			
10							051			
11							051			
12				7.2		2.2	051			
13				7.3		2.0	032			0.5
14				7.2		2.2	049			
15				7.2		2.0	047			
16				7.3		2.5	041			
17				7.3		2.2	051			0.6
18							051			
19				7.3		2.2	051			
20				7.4		2.2	038			0.75
21				7.4		2.2	033			
22				7.3		2.2	026			0.5
23						2.5	028			
24							028			
25						2.2	028			
26				7.2		1.8	028			
27				7.3		1.5	031			
28	2.30	<1	1.26	7.3	1.80	2.2	036			
29				7.2		2.5	014			
30				7.2		2.5	019			
31				7.1			021			

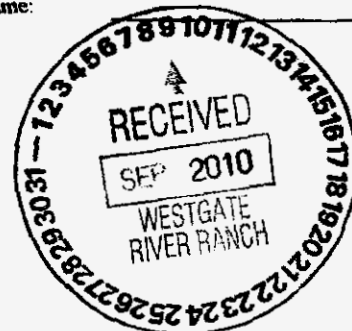
Plant Staffing:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class C
 Class _____
 Class _____
 Class _____

Certificate No. 7196
 Certificate No. _____
 Certificate No. _____
 Certificate No. _____

Name: Mike Harrison
 Name: _____
 Name: _____
 Name: _____



**MID FLORIDA WATER LAB**DHRS PERMIT #: E84567
HRS - QA# 9710NC - 1811902 Barton Park Rd., Suite 201 Auburndale, FL 33823
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 07/28/10 @ 12.20 pmSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 07/28/10 @ 1.47 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1072680	EFFLUENT FECAL	<1 CFU	#/100 ml	SM9222D	1	07/28/10@ 2.10 pm	07/29/10@ 2.30 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1073487	EFFLUENT CBOD ₅	2.30	mg/L	SM5210-B	2.00	07/28/10@ 5.00 pm	08/02/10@ 3.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1073487	EFFLUENT TSS	1.80	mg/L	SM2540-D	1.00	07/28/10@ 2.40 pm	07/29/10@ 2.00 pm
1073487	EFFLUENT NO ₃ -N	1.26	mg/L	SM4500N03E	0.05	07/28/10@ 3.00 pm	07/28/10@ 5.00 pm

COMMENTS:

THESE TESTS MEET NELAC REQUIREMENTS.

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Margaret Rajpaul 8/2/10
Laboratory Manager- Contact Person



No 47225

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

RECEIVED

2010 JUL 28 P 1:47

JS

Client Name <u>Harrison Waste Audit</u>						TESTS REQUIRED										
Address						Analysis										
City: State: ZIP:																
Phone #																
FAX #																
Collected by: <u>[Signature]</u> State Collected From:																
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	Remarks										
1		7/20/10	800	G	Shyden	107	2480	107	2480	107	2480	107	2480	107	2480	Temp: 86°C
2		7/20/10	820	G	Lake Kew	107	2480	107	2480	107	2480	107	2480	107	2480	TSS: 86°C
3		7/20/10	925	G	SHady Oaks	107	2480	107	2480	107	2480	107	2480	107	2480	Fecal: 86°C
4		7/20/10	945	G	Lake Henry Esp	107	2480	107	2480	107	2480	107	2480	107	2480	
5		7/20/10	1030	G	Warner College	107	2480	107	2480	107	2480	107	2480	107	2480	
6		7/20/10	1110	F	Lake Wales Lc	107	2480	107	2480	107	2480	107	2480	107	2480	
7		7/20/10	1150	F	Harbor RV	107	2480	107	2480	107	2480	107	2480	107	2480	
8		7/20/10	1220	F	River Ranch	107	2480	107	2480	107	2480	107	2480	107	2480	
9																
10																
11																
12																
13																
14																

Preservative

CUSTODY TRANSFERS

Relinquished by [Signature] Date 7/28/10 Time 1:47pm

Received by [Signature] Date 7/28/10 Time 1:47pm

Laboratory Remarks _____

☒ Delivered Directly to Lab ☐ Shipped

Method of Shipment ON ICE

Containers Received _____

MATRIX CODES

CW — GROUND WATER

SW — SURFACE WATER

SO — SOIL

SL — SLUDGE

WW — WASTE WATER

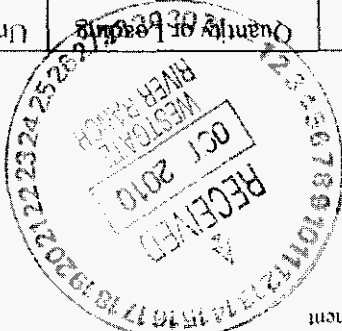
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Mail Station 3551, Twin Towers Office Building, 2600 Blair Stone Rd., Tallahassee, FL 32399-2400

PERMITTEE NAME: River Ranch Water Management
 MAILING ADDRESS: 5601 Windhover Drive
 Orlando, FL 32819
 FACILITY: River Ranch Reson WWT
 3200 River Ranch Road
 River Ranch, FL 33867
 LOCATION:
 COUNTY: Polk

PERMIT NUMBER: FLA011032
 LIMIT: Final
 CLASS SIZE: N/A
 REPORT: Monthly
 GROUP: Domestic

PERMIT ISSUE DATE: TO: 08/31/10
 FROM: 08/01/10
 NO DISCHARGE FROM SITE: ☐
 MONITORING GROUP DESC: Influent
 (One single pond, including)



Parameter	Quantity of Sample	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample				0	Monthly	Calculation
PARM Code 50050 Y	Measurement			mgd		Monthly	Calculation
Mon. Site No. FLW-01	Permit					Monthly	Calculation
Flow	Sample				0	5 Days/ Week	Flow Meter
	Measurement					5 Days/ Week	Totalizer
PARM Code 50050 I	Permit					5 Days/ Week	Totalizer
Percent Capacity (TMADP/Permitted Capacity)x100	Sample				0	Monthly	Calculation
PARM Code 00180 G	Measurement					Monthly	Calculation
Mon. Site No. OTH-01	Permit					Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample				0	Monthly	Calculation
	Measurement					Monthly	Calculation
PARM Code 80082 Y	Permit					Monthly	Calculation
Mon. Site No. EFA-01	Measurement					Monthly	Calculation
BOD, Carbonaceous 5 day, 20 C	Sample				0	Monthly	Calculation
	Measurement					Monthly	Calculation
PARM Code 00530 A	Permit					Every Two Weeks	Grab
Mon. Site No. EPA-01-06393	Measurement					Every Two Weeks	Grab
Solids, Total Suspended	Sample				0	Monthly	Calculation
	Measurement					Monthly	Calculation
PARM Code 00530 Y	Permit					Monthly	Calculation
Mon. Site No. EPA-01	Measurement					Monthly	Calculation

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.

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

FACILITY NAME:

River Ranch Resort WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

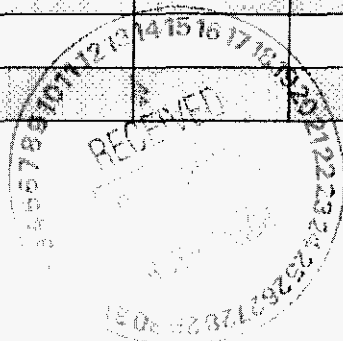
MONITORING GROUP NUMBER: R-001

PERMIT NUMBER:

FLA011032

MONITORING PERIOD From: 08/01/10 To: 08/31/10

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				4.00	4.00		Mg/L	0	Every Two Weeks	Grab
PARM Code 00530 A Mon. Site No. EFA-01	Permit Measurement				30.0 (Mo. Avg.)	60.0 (Max)		Mg/L		Every Two Weeks	Grab
pH	Sample Measurement				7.0	7.2		SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-01	Permit Measurement				6.0 (Min.)	8.5 (Max)		SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				2			#100ml	0	Monthly	Calculation
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Measurement				200 (Ar. Avg.)			#100ml		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1	<1		#100ml	0	Every Two Weeks	Grab
STORET No. 74055 A Mon. Site No. EFA-01	Permit Measurement				Report (Mo. Geo. Mean)	800 (Max)		#100ml		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Measurement				0.5 (Min)			Mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.59			Mg/L	0	Every Two Weeks	Grab
PARM Code 00620 A Mon. Site No. INF-01	Permit Measurement				12.0 (Max)			Mg/L		Every Two Weeks	Grab
BOD, Carbonaceous 5 day, 20C					MNR			Mg/L	0	Annual	Grab
PARM Code 80082 G Mon. Site No. INF-01					Report			Mg/L		Annual	Grab
Solids, Total Suspended					MNR			Mg/L	0	Annual	Grab
PARM Code 00530 G Mon. Site No. INF-01					Report			Mg/L		Annual	Grab
Rainfall					15"			IN	0	Daily	Observation
PARM Code 46529 Mon. Site. OTH-01					Report Monthly Total			IN		Daily	Observation



DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA011032**
 Monitoring From: 08/01/10
 Period

Facility Name: River Ranch Resort WWTP
 To: 08/31/10

	CBOD5 (Mg/L)	Fecal Coliform (#100ml)	Nitrogen Nitrate (asN) Mg/L	pH	TSS (Mg/L)	TRC (For Disinfect) MG/L	Flow (MGD)	CBOD (Mg/L)	TSS Mg/L	Rainfall (Inches)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530	46529
Mon. Site	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	FLW-01	INF-01	INF-01	OTH-02
1							.021			
2				7.2		1.0	.021			
3				7.1		2.2	.014			
4				7.2		2.5	.019			1.0
5				7.2		1.8	.014			1.0
6				7.1		1.5	.026			
7				7.1		1.2	.014			
8							.014			
9				7.0		1.0	.014			
10				7.1		1.0	.036			1.6
11				7.1		1.4	.036			
12				7.2		1.5	.034			
13				7.1		1.0	.008			
14				7.2		1.4	.008			
15							.008			1.6
16				7.1		1.0	.008			3.0
17				7.1		1.5	.008			
18				7.1		1.0	.008			1.6
19				7.1		1.2	.013			
20				7.1		1.0	.015			
21				7.2		1.4	.015			0.75
22							.007			
23				7.1		0.8	.007			2.6
24				7.2		2.2	.007			1.6
25				7.2		2.0	.015			
26				7.1		1.8	.015			0.25
27				7.2		2.0	.021			
28							.021			
29				7.1		0.8	.021			
30				7.0		1.6	.044			
31	4.22	31	6.59	7.1	4.00	1.2	.016			

Plant Staffing:

Day Shift Operator
 Evening Shift Operator
 Night Shift Operator
 Lead Operator

Class C
 Class _____
 Class _____
 Class _____

Certificate No. 7196
 Certificate No. _____
 Certificate No. _____
 Certificate No. _____

Name: Mike Harrison
 Name: _____
 Name: _____
 Name: _____



**MID FLORIDA WATER LAB**

DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

1902 Barton Park Rd., Suite 201 Auburndale, FL 33823
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free: (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 08/31/10 @ 11.35 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 08/31/10 @ 3.16 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1083165	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	08/31/10 @ 3.45 pm	09/01/10 @ 3.00 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1084071	EFFLUENT CBOD ₅	4.22	mg/L	SM5210-B	2.00	09/01/10 @ 9.00 am	09/05/10 @ 8.00 am
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1084071	EFFLUENT TSS	4.00	mg/L	SM2540-D	1.00	08/31/10 @ 4.20 pm	09/01/10 @ 3.30 pm
1084071	EFFLUENT NO ₃ -N	6.59	mg/L	SM4500N03E	0.05	08/31/10 @ 3.00 pm	08/31/10 @ 5.45 pm

COMMENTS:

THESE TESTS MEET NELAC REQUIREMENTS.

The test results in this report relate only to the analyses of the samples submitted.

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

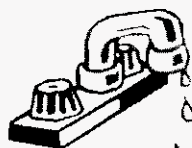
Margaret Rajpaul 9/6/10
Laboratory Manager - Contact Person



CHAIN OF CUSTODY

No 47643

PAGE 1 OF 7



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHRS PERMIT #E84567

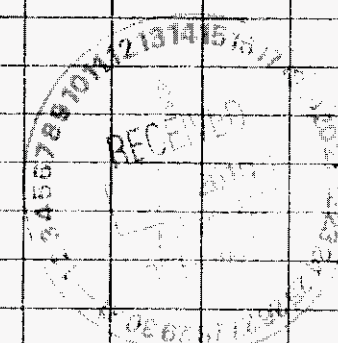
HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

UP
2010 AUG 31 P 3:16

Client Name <u>Garrison Waste water</u>						TESTS REQUIRED									
Address						Analysis									
City: State: ZIP:															
Phone #															
FAX #															
Collected by: <u>[Signature]</u> State Collected From:															
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	Preservative	108 C.B.O.D.	108 TSS	108 NITRATE	108 FECAL	Remarks				
1		8/31/10	1135	G	River Ranch	108	108	108	108	316	Temp.				
2			1210	G	Warner College	108	108	108	108	316	Fecal - 86				
3			1200	G	Harbor RV	108	108	108	108	316	TSS 9.6				
4			145	G	Lake Wales LLC	108	108	108	108	316					
5			210	G	Elm	108	108	108	108	316					
6			255	G	Kenns	108	108	108	108	316					
7															
8															
9															
10															
11															
12															
13															
14															



CUSTODY TRANSFERS

Relinquished by [Signature] Date 8/31/10 Time 3:16 pm
Received by [Signature] Date 8/31/10 Time 3:16 pm
Laboratory Remarks

☒ Delivered Directly to Lab ☐ Shipped
Method of Shipment on ice
Containers Received

MATRIX CODES
GW - GROUND WATER
SW - SURFACE WATER
SO - SOIL
SL - SLUDGE
WW - WASTE WATER

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgresorts.com

PERMIT NUMBER: FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: River Ranch Resort WWTF
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIB (R-001), including Influent

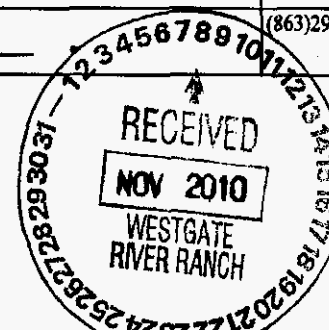
NO DISCHARGE TO R-001: ☐
MONITORING PERIOD From: 09/01/10 To: 09/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement	.046	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.093 (AADT)	MGD				Monthly	Calculation
Flow, To R-001	Sample Measurement	.030	MGD			0	5 Days/ Week	Flow Meter
PARM Code 50050 I Mon Site No. FLW-01	Permit Requirement	Report (Mo Avg)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.5	Mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon Site No. EPA-01	Permit Requirement			20.0 (An Avg)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EPA-01	Permit Requirement			30.0 (Mo Avg)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.6	Mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon Site No. EPA-01	Permit Requirement			20.0 (An Avg)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			2.80	Mg/L	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EPA-01	Permit Requirement			30.0 (Mo Avg)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Mike Harrison/ Operator		(863)299-2073	10-28-10

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



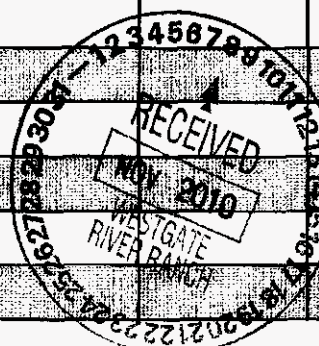
DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWTF
Polk County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 09/01/10 To: 09/30/10

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.1	7.2	SU	0	5 Days/ Week	Grab
PARM Code 00406 A Mon Site No. EPA-01	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			2		#100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon Site No. EPA-01	Permit Requirement			200 (All Avg.)		#100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement			<1	<1	#100mL	0	Monthly	Grab
PARM Code 74055 A Mon Site No. EPA-01	Permit Requirement			Report (No. Geo. Avg.)	800 (Max.)	#100mL		Monthly	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			0.8		Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EPA-01	Permit Requirement			0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.32	Mg/L	0	Monthly	Grab
PARM Code 00620 A Mon Site No. EPA-01	Permit Requirement				12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement								
	Permit Requirement								
Flow, Total Plant	Sample Measurement	.029	MGD				0	Monthly	Calculation
PARM Code 30030 Q Mon Site No. FLW-01	Permit Requirement	0.095 (3MRA DF)	MGD					Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement			31%		%	0	Monthly	Calculation
PARM Code 10010 I Mon Site No. FLW-01	Permit Requirement			Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR		Mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon Site No. INP-01	Permit Requirement			Report		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR		Mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon Site No. INP-01	Permit Requirement			Report		mg/L		Annually (February)	Grab
Rainfall	Sample Measurement			8.9"		IN	0	Daily	Observation
PARM Code 40529 I Mon Site No. OTH-01	Permit Requirement			Report Monthly Total		IN		Daily	Observation



DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number:
Monitoring Period

FLA011032
From: 09/01/10

To: 09/30/10

Facility: River Ranch Resort WWTF
County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.042				7.1	0.8		1.0	
2	.045				7.1	1.8			
3	.032				7.1	1.1			
4	.030				7.2	1.8			
5	.033							2.5	
6	.033				7.1	1.0		1.5	
7	.033				7.1	1.5		0.6	
8	.071				7.1	2.0			
9	.016				7.1	2.2			
10	.016				7.1	2.0			
11	.016								
12	.016				7.2	2.2		2.6	
13	.016				7.1	2.2			
14	.018				7.1	2.0			
15	.038				7.1	1.6			
16	.032				7.1	2.5			
17	.026				7.2	2.0			
18	.019				7.1	1.6			
19	.019								
20	.019				7.1	1.8			
21	.040				7.2	2.5			
22	.035				7.2	2.5			
23	.019				7.1	1.6			
24	.028				7.1	1.5		0.6	
25	.028				7.1	1.8			
26	.036								
27	.036				7.1	1.0		1.6	
28	.041	<2.0	2.80	<1	7.1	1.4	5.32		
29	.028				7.1	1.2			
30	.036				7.1	1.2			
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

7196

Name:

Mike Harrison

Evening Shift Operator

Class:

Certificate No:

Name:

Night-Shift Operator

Class:

Certificate No:

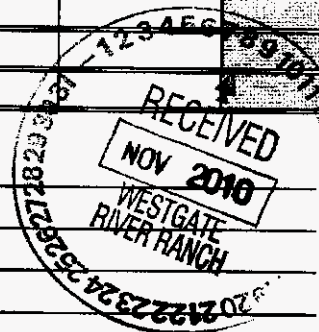
Name:

Lead Operator

Class:

Certificate No:

Name:



**MID FLORIDA WATER LAB**

DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

1902 Barton Park Rd., Suite 201 Auburndale, FL 33823
Phone: (863) 965-2540 Fax: (863) 967-8801 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 09/28/10 @ 10.30 amSYSTEM NAME: RIVER RANCH RESORTDATE AND TIME RECEIVED: 09/28/10 @ 2.26 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1093541	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	09/28/10 @ 2.50 pm	09/29/10 @ 1.30 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1094541	EFFLUENT CBOD ₅	< 2	mg/L	SM5210-B	2.00	09/29/10 @ 1.00 pm	10/04/10 @ 1.30 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1094541	EFFLUENT TSS	2.80	mg/L	SM2540-D	1.00	09/28/10 @ 3.25 pm	09/29/10 @ 2.20 pm
1094541	EFFLUENT NO ₃ -N	5.32	mg/L	SM4500N03E	0.05	09/28/10 @ 4.00 pm	09/28/10 @ 5.10 pm

COMMENTS:

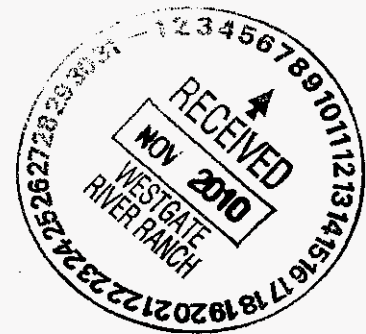
THESE TESTS MEET NELAC REQUIREMENTS.

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Margaret Rajpaul 10/5/10
Laboratory Manager- Contact Person



Nº 48152

PAGE 1 OF 1



Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHR5 PERMIT #E84567

HRS - OA# 9710NC - 181

MID FLORIDA WATER LAB

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

RECEIVED

2000 SEP 28 P 2: 26

Client Name <u>Harrison Waste Water</u>						TESTS REQUIRED									
Address						Analysis									
City: _____ State: _____ ZIP: _____															
Phone # _____															
FAX # _____															
Collected by: <u>SWP</u> State Collected From: _____															
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	Pressure	C.B.O.D.	TSS	NITRATE	FECAL					Remarks
1		9/28/10	1030	G	Riverbend Resort	on ice	109	4541	109	4541	109	4541	3541		Tamp.
2		"	1105	G	Harbor MHP		109	4542	109	4542	109	4542	3542		Fecal: 8.2°
3		"	1107	G	Warner College		109	4543	109	4543	109	4543	3543		TSS: 8.2°
4		"	1215	G	Lake Wales LLC		109	4544	109	4544	109	4544	3544		
5		"	2000	G	Lake Region CC		109	4545	109	4545	109	4545	3545		
6															
7															
8															
9															
10															
11															
12															
13															
14															

CUSTODY TRANSFERS

Relinquished by [Signature] Date 9/28/10 Time 2:26 pm

Received by Norfolk River Date 9/28/10 Time 2:26 pm

Laboratory Remarks _____

☒ Delivered Directly to Lab ☐ Shipped

Method of Shipment: on ice

Containers Received _____

MATRIX CODES

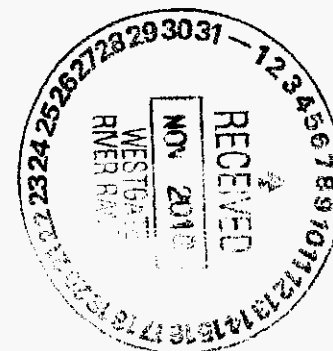
CW — GROUND WATER

SW — SURFACE WATER

SO — SOIL

SL — SLUDGE

WW — WASTE WATER



When completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

FACILITY:	River Ranch Reson WWTF	MONITORING GROUP NUMBER:	R-001
LOCATION:	24700 SR 60 East	MONITORING GROUP DESC:	RIB (R-001), including Influent
COUNTY:	Lake Wales, FL 33853		
			NO DISCHARGE TO R-001: ☐ Polk

10/31/10 01

certainly under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

71-82-17

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWT
Polk County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From 10/01/10 To 10/31/10

PERMIT NUMBER FLA011032

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. EX.	Frequency of Analysis	Sample Type
H	Sample Measurement		7.0		0	5 Days/Week	Grab
ARM Code 00406 A Ion Site No. EFA-01	Permit Requirement		6.0 (Min.)			5 Days/Week	Grab
oliform, Fecal	Sample Measurement		2		0	Monthly	Calculation
ARM Code 74055 Y Ion Site No. EFA-01	Permit Requirement		200 (Ar.Avg.)			Monthly	Calculation
oliform, Fecal	Sample Measurement		<1		0	Monthly	Grab
ARM Code 74055 A Ion Site No. EFA-01	Permit Requirement		Report (Mo Geo Mean)			Monthly	Grab
otal Chlorine Residual (for disinfection)	Sample Measurement		0.8		0	5 Days/Week	Grab
ARM Code 50060 A Ion Site No. EFA-01	Permit Requirement		0.5 (Min.)			5 Days/Week	Grab
itrogen, Nitrate, Total (as N)	Sample Measurement		<0.05		0	Monthly	Grab
ARM Code 00620 A Ion Site No. EFA-01	Permit Requirement		12.0 (Max.)			Monthly	Grab
low, Total Plant	Sample Measurement						
ARM Code 50050 Q Ion Site No. FLW-01	Permit Requirement				0	Monthly	Calculation
ercent Capacity, IMADF/Permitted Capacity) x 100	Sample Measurement		29%		0	Monthly	Calculation
ARM Code 00180 I Ion Site No. FLW-01	Permit Requirement		Report			Monthly	Calculation
OD, Carbonaceous 5 day, 20C	Sample Measurement		MNR		0	Annually (February)	Grab
ARM Code 80082 G Ion Site No. INF-01	Permit Requirement		Report			Annually (February)	Grab
olids, Total Suspended	Sample Measurement		MNR		0	Annually (February)	Grab
ARM Code 00530 G Ion Site No. INF-01	Permit Requirement		Report			Annually (February)	Grab
airfall	Sample Measurement		0.0		0	Daily	Observation
ARM Code 46529 I Ion Site No. OTH-01	Permit Requirement		Report Monthly Total			Daily	Observation

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA011032 Facility: River Ranch Resort WWTF
 Monitoring Period: From: 10/01/10 To: 10/31/10 County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	028				7.0	0.8			
2	034				7.2	1.2			
3	034								
4	034				7.1	1.6			
5	042				7.1	1.4			
6	017				7.1	1.0			
7	061				7.1	1.2			
8	044				7.1	1.6			
9	026				7.2	1.6			
10	026								
11	026				7.1	1.0			
12	041				7.1	1.2			
13	028				7.1	1.0			
14	030				7.1	2.2			
15	029				7.1	2.0			
16	031				7.1	2.0			
17	031								
18	031				7.2	2.2			
19	028				7.1	3.0			
20	025				7.1	3.0			
21	036				7.1	2.2			
22	044				7.1	1.8			
23	050				7.1	2.0			
24	050								
25	050				7.1	1.5			
26	041				7.1	2.0			
27	046				7.1	2.2			
28	044	3.11	<1.0	<1	7.1	2.0	<0.05		
29	030				7.1	2.2			
30	038				7.1	1.4			
31	038								
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator Class: C Certificate No. 7196 Name: Mike Harrison
 Evening Shift Operator Class: _____ Certificate No. _____ Name: _____
 Night Shift Operator Class: _____ Certificate No. _____ Name: _____
 Lead Operator Class: _____ Certificate No. _____ Name: _____

**MID FLORIDA WATER LAB**

DHRS PERMIT # E84567

HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 10/28/10 @ 11.35 amSYSTEM NAME: RIVER RANCH RESORTDATE AND TIME RECEIVED: 10/28/10 @ 12.49 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1103973	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	10/28/10@ 1.15 pm	10/29/10@ 1.00 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1105081	EFFLUENT CBOD ₅	3.11	mg/L	SM5210-B	2.00	10/28/10 @ 4.00 pm	11/02/10 @ 2.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1105081	EFFLUENT TSS	< 1	mg/L	SM2540-D	1.00	10/28/10@ 2.40 pm	10/29/10@ 2.00 pm
1105081	EFFLUENT NO ₃ -N	U	mg/L	SM4500N03E	0.05	10/28/10 @ 2.15 pm	10/28/10 @ 4.35 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Laboratory Manager- Contact Person

CHAIN OF CUSTODY

No 48809



LABORATORY REPORT

FHS QAR 9710NC 181

FOR LAB USE ONLY

PAGE 1 OF 1

MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Phone (863) 963-2540
Fax (863) 967-8671
Toll free 888-244-5537

MD

Client Name Harrison Waste Water

Address

City

State

Zip

Phone #

FAX #

Collector MAH

TESTS REQUIRED

10/10/95 6- Skyscraper
885 2- Ten Rock's
125 1- Kenn's
881 1- Lake Land Sun
710 0- El. m. m. m. P
1000 1- Lake Okechobee Est
1025 1- Lake Okechobee Est
1055 1- Hartley Rd
1135 1- River Ranch Point

110	110	110	110
5073	5073	5073	3965
110	110	110	110
5074	5074	5074	3966
110	110	110	110
5075	5075	5075	3967
110	110	110	110
5076	5076	5076	3968
110	110	110	110
5077	5077	5077	3969
110	110	110	110
5078	5078	5078	3970
110	110	110	110
5079	5079	5079	3971
110	110	110	110
5080	5080	5080	3972
110	110	110	110
5081	5081	5081	3973

Temp
10/10/95 5:50
155 5:40

CUSTODY TRANSFERS

Received from

Received by

Received by

Date

Date

Date

Date

Date

Date

Signature

Signature

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgrresorts.com

PERMIT NUMBER: FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: River Ranch Resort WWTP
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

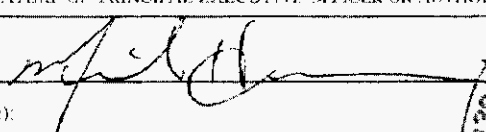
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

MONITORING PERIOD From: 11/01/10 To: 11/30/10

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement	047	MGD			0	Monthly	Calculation
ARM Code 50050 Y Mon. Site No. FLW-01	Permit Requirement	0.095 (AADF)	MGD				Monthly	Calculation
Flow, To R-001	Sample Measurement	050	MGD			0	5 Days/ Week	Flow Meter
ARM Code 50050 I Mon. Site No. FLW-01	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			3.2	Mg/L	0	Monthly	Calculation
ARM Code 80082 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	Mg/L	0	Monthly	Grab
ARM Code 80082 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.0	Mg/L	0	Monthly	Calculation
ARM Code 00530 Y Mon. Site No. EFA-01	Permit Requirement			20.0 (An. Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			5.60	Mg/L	0	Monthly	Grab
ARM Code 00530 A Mon. Site No. EFA-01	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME, TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY-MM-DD)
Mike Harrison/ Operator		863-299-2073	12-28-10

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



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWTF
 Polk County
 MONITORING GROUP NUMBER: R-001
 PERMIT NUMBER: FLA011032
 MONITORING PERIOD: From 11/01/10 to 11/30/10

Parameter	Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.0	7.2	SD	0	5 Days/Week	Grab
PARM Code 00406 A Mon Site No. EFA-01	Permit Requirement		6.0 (Min.)	8.5 (Max.)	SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3.2		#/100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon Site No. EFA-01	Permit Requirement		200 (An. Avg.)		#/100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement		<2.0		#/100mL	0	Monthly	Grab
PARM Code 74055 A Mon Site No. EFA-01	Permit Requirement		Report (No Geo Mean)	800 (Max.)	#/100mL		Monthly	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement		1.0		Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon Site No. EFA-01	Permit Requirement		0.5 (Min.)		mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement			8.39	Mg/L	0	Monthly	Grab
PARM Code 00620 A Mon Site No. EFA-01	Permit Requirement			12.0 (Max.)	mg/L		Monthly	Grab
Flow, Total Plant	Sample Measurement							
PARM Code 50050 Q Mon Site No. FLW-01	Permit Requirement					0	Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement		41%		%	0	Monthly	Calculation
PARM Code 00180 I Mon Site No. FLW-01	Permit Requirement		Report		%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		MNR		Mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon Site No. INF-01	Permit Requirement		Report		mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		MNR		mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon Site No. INF-01	Permit Requirement		Report		mg/L		Annually (February)	Grab
Rainfall	Sample Measurement		6.0"		IN	0	Daily	Observation
PARM Code 46529 I Mon Site No. OTI-01	Permit Requirement		Report Monthly Total		IN		Daily	Observation



DAILY SAMPLE RESULTS - PART B (R-001)

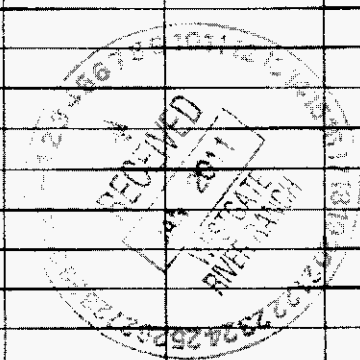
Permit Number: FLA011032

Facility: River Ranch Resort WWTF

Monitoring Period From: 11/01/10 To: 11/30/10

County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100ml)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.034				7.2	1.6			
2	.044				7.2	2.2			
3	.036				7.2	2.0		0.6	
4	.038				7.2	2.2		1.6	
5	.036				7.1	1.5		0.6	
6	.04				7.2	1.0		1.6	
7	.046								
8	.046							1.6	
9	.046				7.1	1.2			
10	.058				7.1	2.2			
11	.066				7.1	2.2			
12	.045				7.1	2.2			
13	.048				7.1	2.4			
14	.052								
15	.052				7.1	1.8			
16	.066				7.2	2.2			
17	.064				7.1	2.2			
18	.050				7.1	2.5			
19	.068				7.1	2.2			
20	.071								
21	.071				7.1	2.2			
22	.066				7.1	2.2			
23	.058				7.1	2.4			
24	.048				7.1	2.2			
25	.044				7.0	2.2		0.6	
26	.032				7.0	2.5			
27	.046				7.0	2.2			
28	.046								
29	.046				7.1	2.5			
30	.051	<2.0	5.60	14	7.1	2.2	8.39		
31									
Total									
Mo. Avg.									



PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7196 Name: Mike Harrison

Evening Shift Operator Class: Certificate No: Name:

Night Shift Operator Class: Certificate No: Name:

Lead Operator Class: Certificate No: Name:

**MID FLORIDA WATER LAB**

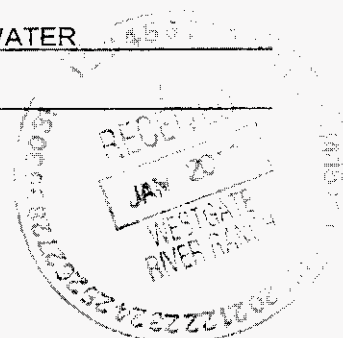
DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone (863) 965-2540 Fax (863) 967-8601 Toll Free (888) 244-5857

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 11/30/10 @ 9.50 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 11/30/10 @ 1.40 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1114344	EFFLUENT FECAL	14 CFU	#/100 ml	SM9222D	1	11/30/10@ 2.00 pm	12/01/10@ 1.00 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1115528	EFFLUENT CBOD ₅	< 2	mg/L	SM5210-B	2.00	11/30/10@ 3.30 pm	12/05/10@ 2.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1115528	EFFLUENT TSS	5.60	mg/L	SM2540-D	1.00	11/30/10 @ 2.45 pm	12/01/10 @ 1.50 pm
1115528	EFFLUENT NO ₃ -N	8.39	mg/L	SM4500N03E	0.05	11/30/10 @ 2.40 pm	11/30/10 @ 5.35 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Margaret Rajpaul 12/6/10
Laboratory Manager- Contact Person

CHAIN OF CUSTODY

№ 49713

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHRS PERMIT #E84567

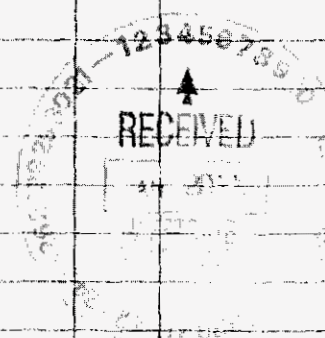
HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LABORATORY USE ONLY

2

Client Name						TESTS REQUIRED					
Address						Analysis					
City:		State:		ZIP:							
Phone #											
FAX #											
Collected by:			State Collected From:								
Sample ID	Amount	Date	Time	Location	Sample Location	CBOD	TSS	NITRATE	FECAL	Remarks	
1		11/26/12	9:00	6	Walton College	5527	5527	5527	4343		
2			9:50	6	River Ranch	5528	5528	5528	4344		
3			10:20	6	Harbor RV	5529	5529	5529	4345		
4			10:45	6	Lake White Lake	5530	5530	5530	4346		
5			11:05	6	Lake Superior	5531	5531	5531	4347		
6			11:25	6	Shady Beach	5532	5532	5532	4348		
7			11:55	6	Lake Henry Est	5533	5533	5533	4349		
8			12:15	6	Ten Rocks Mar	5534	5534	5534	4350		
9			12:30	6	Kenn's Mar	5535	5535	5535	4351		
10			12:45	6	Elm Mar	5536	5536	5536	4352		
11			1:00	6	Lakehead Mar	5537	5537	5537	4353		
12			1:15	6	Skippers	5538	5538	5538	4354		
13											
14											



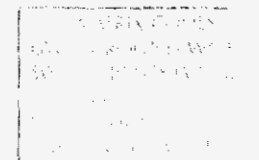
CUSTODY TRANSFERS

Relinquished by: *[Signature]* Date: 11/26/12 Time: 1:40 PM
Received by: *[Signature]* Date: 11/26/12 Time: 1:40 PM
Location: *[Signature]*

Delivered On: *[Signature]* Shipped: *[Signature]*

Method of Storage: *[Signature]*

Comments: *[Signature]*



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-4926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgrcsports.com

FACILITY: River Ranch Resort WWTF
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

PERMIT NUMBER: FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP:

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RFB (R-001), including Influent

NO DISCHARGE TO R-001: ☐
MONITORING PERIOD From: 12/01/10 To: 12/31/10



Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	046		MGD			0	Monthly	Calculation
PARM Code 50050 Mon Site No. FLW-01	0.095 (AADF)		MGD				Monthly	Calculation
Flow, To R-001	047		MGD			0	5 Days/Week	Flow Meter
PARM Code 50050 Mon Site No. FLW-01	Report (Mo. Avg.)		MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C				3.2		0	Monthly	Calculation
PARM Code 80082 Mon Site No. EFA-01				20.0 (An. Avg.)			Monthly	Calculation
BOD, Carbonaceous 5 day, 20C				<2.0		0	Monthly	Calculation
PARM Code 80082 Mon Site No. EFA-01				30.0 (Mo. Avg.)			Monthly	Grab
Solids, Total Suspended				2.9		0	Monthly	Grab
PARM Code 00530 Mon Site No. EFA-01				20.0 (An. Avg.)			Monthly	Calculation
Solids, Total Suspended				2.40		0	Monthly	Calculation
PARM Code 00530 Mon Site No. EFA-01				30.0 (Mo. Avg.)			Monthly	Grab

certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY-MM-DD)
Mike Harrison/ Operator		(863)299-2073	1-27-11

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

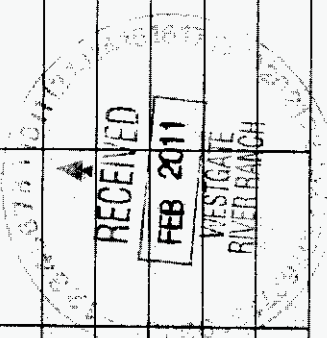
DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWTF
Polk County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 12/01/10 To: 12/31/10

PERMIT NUMBER: FLA011032

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement		7.1		7.2	SI	0	5 Days/Week	Grab
PARM Code 00406 A Mon. Site No. EFA-01	Permit Requirement		6.0 (Min.)		8.5 (Max.)	SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement		3			#/100ml	0	Monthly	Calculation
PARM Code 74055 Y Mon. Site No. EFA-01	Permit Requirement		200 (An. Avg.)			#/100ml		Monthly	Calculation
Coliform, Fecal	Sample Measurement		<1			#/100ml	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EFA-01	Permit Requirement		Report (Mo. Geo. Mean)		800 (Max.)	#/100ml		Monthly	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement		1.0			Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EFA-01	Permit Requirement		0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.49	Mg/L	0	Monthly	Grab
PARM Code 00620 A Mon. Site No. EFA-01	Permit Requirement				12.0 (Max.)	mg/L		Monthly	Grab
Flow, Total Plant	Sample Measurement	044							
PARM Code 50050 Q Mon. Site No. FLW-01	Permit Requirement	0.095 (3MRADF)				MGD	0	Monthly	Calculation
Percent Capacity, 3MADP/Permitted Capacity) x 100	Sample Measurement		46%			%	0	Monthly	Calculation
PARM Code 00180 I Mon. Site No. FLW-01	Permit Requirement		Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement		MNR			Mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon. Site No. INF-01	Permit Requirement		Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement		MNR			Mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement		Report			mg/L		Annually (February)	Grab
Rainfall	Sample Measurement		3.25"			IN	0	Daily	Observation
PARM Code 46529 I Mon. Site No. OTI-01	Permit Requirement		Report Monthly Total			IN		Daily	Observation



DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA011032

Monitoring Period

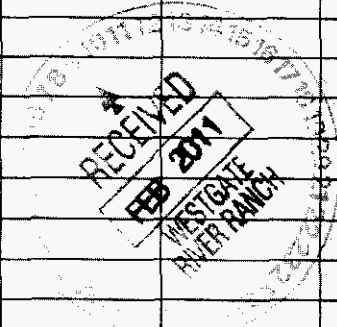
From: 12/01/10

To: 12/31/10

Facility: River Ranch Resort WWTF

County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.040				7.1	2.2			
2	.058				7.1	2.2			
3	.064				7.1	2.2			
4	.066				7.1	2.5			
5	.066								
6	.066				7.1	2.0			
7	.049				7.1	2.0			
8	.051				7.1	2.2			
9	.033				7.1	2.0			
10	.034				7.1	2.2			
11	.028				7.2	2.2			
12	.051								
13	.051				7.1	2.2			
14	.048				7.1	2.4			
15	.050				7.1	2.5			
16	.046				7.1	2.6			
17	.077				7.1	2.5			
18	.061				7.1	2.2			
19	.057				7.1	2.2			
20	.057								
21	.044				7.1	1.5			
22	.038				7.1	1.6			
23	.034				7.2	1.5			
24	.054				7.1	1.2			
25	.036				7.1				
26	.036				7.1	1.0			
27	.036				7.2	1.0			
28	.021	<2.0	2.40	<1	7.2	1.2	9.49		
29	.048				7.2	1.4			
30	.036				7.2	1.0			
31	.036								
Total									
Mo. Avg.									



PLANT STAFFING:

Day Shift Operator Class: C Certificate No: 7196 Name: Mike Harrison

Evening Shift Operator Class: _____ Certificate No: _____ Name: _____

Night Shift Operator Class: _____ Certificate No: _____ Name: _____

Lead Operator Class: _____ Certificate No: _____ Name: _____

**MID FLORIDA WATER LAB**

DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 12/28/10 @ 10.15 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 12/28/10 @ 2.56 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1124681	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	12/28/10@ 3.16 pm	12/29/10@ 2.40 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1125946	EFFLUENT CBOD ₅	< 2	mg/L	SM5210-B	2.00	12/28/10 @ 4.15 pm	01/02/11 @ 3.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1125946	EFFLUENT TSS	2.40	mg/L	SM2540-D	1.00	12/28/10 @ 3.40 pm	12/29/10 @ 2.30 pm
1125946	EFFLUENT NO ₃ -N	9.49	mg/L	SM4500N03E	0.05	12/28/10 @ 3.45 pm	12/28/10 @ 5.00 pm

COMMENTS:

THESE TESTS MEET NELAC REQUIREMENTS.
The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Margaret Rajpaul 4/4/11
Laboratory Manager- Contact Person

4/4/11
mc



CHAIN OF CUSTODY

NO 40021

PAGE OF



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DIRS PERMIT #E84567
LIRS - Q24# 9710NC - 161
Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

TESTS REQUIRED

Analysis

Client Name Harrison Waste Water
Address _____
City _____ State _____ Zip _____
Phone # _____
FAX # _____

Collected by 2702 State Collected _____

Sample ID	Date	Time	Location	Collector
1	12/15/93	6:00	Edinburg	Edinburg
2	12/15/93	6:00	Edinburg	Edinburg
3	12/15/93	6:00	Edinburg	Edinburg
4	12/15/93	6:00	Edinburg	Edinburg
5	12/15/93	6:00	Edinburg	Edinburg
6	12/15/93	6:00	Edinburg	Edinburg
7	12/15/93	6:00	Edinburg	Edinburg
8	12/15/93	6:00	Edinburg	Edinburg
9	12/15/93	6:00	Edinburg	Edinburg
10	12/15/93	6:00	Edinburg	Edinburg
11	12/15/93	6:00	Edinburg	Edinburg
12	12/15/93	6:00	Edinburg	Edinburg
13	12/15/93	6:00	Edinburg	Edinburg
14	12/15/93	6:00	Edinburg	Edinburg

CUSTODY TRANSFERS

Requested by Edinburg Date 12-15-93 Time 6:00
Received by Edinburg Date 12-15-93 Time 6:00
Laboratory Receipts

Delivered (quantity) to lab

Amount of \$1,000.00

Confirms Receipt

RECEIVED
FEB 20 1994
MID FLORIDA WATER LAB

Edinburg
12/15/93

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgresorts.com

PERMIT NUMBER: FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

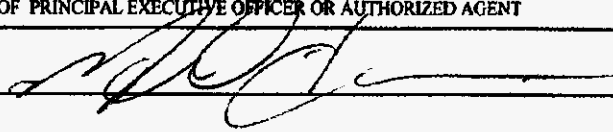
FACILITY: River Ranch Resort WWTF
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐
MONITORING PERIOD From: 1/1/11 To: 1/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement	.045		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.095 (AAEF)		MGD						Monthly	Calculation
Flow, To R-001	Sample Measurement	.050		MGD					0	5 Days/ Week	Flow Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.92			Mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				<2.0		<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				2.72			Mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				2.00		2.00	Mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Mike Harrison/ Operator		(863)299-2073	2-28-11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWTF
Polk County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 01/01/11 To: 01/31/11

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1		7.3	SU	0	5 Days/ Week	Greab
PARM Code 00406 A Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				<1			#100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EFA-01	Permit Requirement				200 (An.Avg.)			#100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1		<1	#100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EFA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#100mL		Monthly	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.0			Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						5.11	Mg/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EFA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement										
	Permit Requirement										
Flow, Total Plant	Sample Measurement	.049		MGD					0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.095 (3MRADF)		MGD						Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement				52%			%	0	Monthly	Calculation
PARM Code 00180 1 Mon.Site No. FLW-01	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			Mg/L	0	Annually (February)	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement				MNR			Mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
Rainfall	Sample Measurement				7.75"			IN	0	Daily	Observation
PARM Code 46529 1 Mon Site No. OTH-01	Permit Requirement				Report Monthly Total			IN		Daily	Observation

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA011032

Monitoring Period From: 01/01/11

To: 01/31/11

Facility: River Ranch Resort WWTF

County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.041				7.1	1.8			
2	.041								
3	.041				7.1	2.2			
4	.039				7.1	2.2			
5	.061				7.1	2.4			
6	.059				7.2	2.0			
7	.066				7.2	1.4			
8	.081				7.3	1.2			
9	.081								
10	.081				7.2	2.2			
11	.077				7.2	1.5			
12	.060				7.2	1.4			
13	.064				7.2	1.6			
14	.061				7.2	1.2			
15	.061				7.2	1.0			
16	.036								
17	.036				7.2	1.0			
18	.030				7.2	1.4			
19	.031				7.2	2.2			
20	.031				7.2	2.0			
21	.061				7.2	2.4			
22	.035								
23	.035				7.1	2.2			
24	.043				7.2	2.0			
25	.026				7.2	2.2			
26	.028				7.2	2.2			
27	.051				7.2	2.0			
28	.049	<2.0	2.00	<1	7.2	2.2	5.11		
29	.049								
30	.049				7.3	1.6			
31	.055				7.2	2.2			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7196</u>	Name: <u>Mike Harrison</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

**MID FLORIDA WATER LAB**DHRS PERMIT #: E84567
HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (883) 965-2540 Fax: (883) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 01/28/11 @ 9.35 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 01/28/11 @ 12.51 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
111290	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	01/28/11@ 1.30 pm	01/29/11@ 12.55 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
111374	EFFLUENT CBOD ₅	<2	mg/L	SM5210-B	2.00	01/28/11@ 4.00 pm	02/02/11@ 2.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
111374	EFFLUENT TSS	2.00	mg/L	SM2540-D	1.00	01/28/11@ 2.50 pm	01/29/11@ 2.00 pm
111374	EFFLUENT NO ₃ -N	5.11	mg/L	SM4500N03E	0.05	01/28/11@ 2.00 pm	01/28/11@ 5.45 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT


Laboratory Manager- Contact Person

No 50996

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

MK

Client Name <u>Mile Harrison</u>							TESTS REQUIRED							
Address							Analysis							
City: _____ State: _____ ZIP: _____							Preservative C.B.O.D. TSS NITRATE FECAL Remarks							
Phone # _____														
FAX # _____														
Collected by: <u>[Signature]</u> State Collected From: _____														
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location	111	111	111	111	111	111	111	111	
1	WW	6/1/11	8:00	G	Lake Henry Est	376	376	376	376	376	376	376	Temp	
2	WW	6/28/11	7:25	G	Shady Oaks	371	371	371	371	371	371	371	Fecal: 8.4	
3	WW		8:30	G	Lake Region CC	372	372	372	372	372	372	372	TSS: 8.4°C	
4	WW		9:00	G	Harbor RV	373	373	373	373	373	373	373		
5	WW		9:35	G	Ranch. River Ranch	374	374	374	374	374	374	374		
6	WW		10:15	G	Warner College	375	375	375	375	375	375	375		
7			11:50		Warner College									
8	WW		12:00	G	Skypiece	378	378	378	378	378	378	378		
9	WW		10:45		Lake Waker LLC	377	377	377	377	377	377	377		
10														
11														
12														
13														
14														

CUSTODY TRANSFERS			
Relinquished by <u>[Signature]</u>	Date <u>1-28-11</u>	Time <u>12:51 PM</u>	☒ Delivered Directly to Lab ☐ Shipped Method of Shipment <u>CV 10</u> Containers Received _____
Received by <u>[Signature]</u>	Date <u>4/28/14</u>	Time <u>12:51 PM</u>	
Laboratory Remarks _____			

MATRIX CODES
GW — GROUND WATER
SW — SURFACE WATER
SO — SOIL
SL — SLUDGE
WW — WASTE WATER

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

CLASS SIZE:
LIMIT:

Orlando, FL 32819

PERMITTEE NAME: River Ranch Water Management
MAILING ADDRESS: 5601 Windhover Drive

FACILITY:
LOCATION:

COUNTRY:

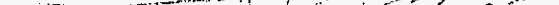
☐ NO DISCHARGE TO R-001:

MONITORING PERIOD From 02/01/11 To

11/8/20 01

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who managed the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/D)
Mike Harrison/ Operator		(865)299-2073	3-28-11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
Polk County

River Ranch Resort WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD FROM: _____ To: _____

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1		7.2	SU	0	5 Days/ Week	Grab
PARM Code 00406 A Mon.Site No. EPA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon.Site No. EPA-01	Permit Requirement				200 (An.Avg.)			#100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement				<1		<1	#100mL	0	Monthly	Grab
PARM Code 74055 A Mon.Site No. EPA-01	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#100mL		Monthly	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.0			Mg/l.	0	5 Days/Week	Grab
PARM Code 50060 A Mon.Site No. EPA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement						0.57	Mg/L	0	Monthly	Grab
PARM Code 00620 A Mon.Site No. EPA-01	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement										
	Permit Requirement										
Flow, Total Plant	Sample Measurement	.051		MGD					0	Monthly	Calculation
PARM Code 50050 Q Mon.Site No. FLW-01	Permit Requirement	0.095 (3MRADF)		MGD						Monthly	Calculation
Percent Capacity, (3MRADF/Permitted Capacity) x 100	Sample Measurement				54%			%	0	Monthly	Calculation
PARM Code 00180 I Mon.Site No. FLW-01	Permit Requirement				Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				250.0			Mg/l.	0	Annually (February)	Grab
PARM Code 89082 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement				250.0			Mg/l.	0	Annually (February)	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
Rainfall	Sample Measurement				.6"			IN	0	Daily	Observation
PARM Code 46520 I Mon Site No. OTH-01	Permit Requirement				Report Monthly Total			IN		Daily	Observation

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number:
Monitoring Period

FLA011032

From: 02/01/11

To: 02/28/11

Facility: River Ranch Resort WWTF
County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46525	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	034				7.1	1.2			
2	061				7.1	1.0			
3	059				7.1	1.6			
4	063				7.1	1.6			
5	071				7.1	1.4			
6	071								
7	071				7.2	1.5			
8	049				7.2	2.2			
9	041				7.2	2.2			
10	063				7.2	2.2			
11	055				7.2	2.2			
12	063				7.2	2.5			
13	063								
14	063				7.2	2.2			
15	040				7.1	2.4			
16	064				7.1	2.2			
17	058				7.2	2.2			
18	069				7.2	2.0			
19	071				7.2	2.2			
20	071								
21	071				7.2	2.2			
22	060				7.2	2.0			
23	050				7.2	2.1			
24	040				7.2	2.5			
25	033	2.83	4.80	<1	7.2	2.5	0.57		
26	048				7.2	2.4			
27	048								
28	048				7.2	2.0			
29									
30									
31									
Total									
Mo. Avg									

PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No: 7196

Name: Mike Harrison

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

**MID FLORIDA WATER LAB**

DHS PERMIT # E84567

HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 02/25/11 @ 6.35 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 02/25/11 @ 11.38 am

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
112648	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	02/25/11@ 12.00 pm	02/26/11@ 11.00 am
112875	INFLUENT CBOD ₅	250	mg/L	SM5210-B	2.00	02/25/11@ 4.30 pm	03/02/11@ 3.00 pm
112876	EFFLUENT CBOD ₅	2.83	mg/L	SM5210-B	2.00	02/25/11@ 4.30 pm	03/02/11@ 3.00 pm
112875	INFLUENT TSS	442	mg/L	SM2540-D	1.00	02/25/11@ 2.00 pm	02/26/11@ 3.00 pm
112876	EFFLUENT TSS	4.80	mg/L	SM2540-D	1.00	02/25/11@ 2.00 pm	02/26/11@ 3.00 pm
112876	EFFLUENT NO ₃ -N	0.57	mg/L	SM4500N03E	0.05	02/25/11@ 2.00 pm	02/25/11@ 4.00 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

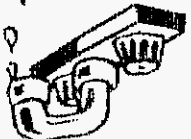
U = BELOW DETECTION LIMIT

Margaret Rajpaul 3/2/11
Laboratory Manager- Contact Person

CHAIN OF CUSTODY

Nº 50904

PAGE 1 OF 1



DIHRS PERMIT #E04567

HRS - Q# 9710NC - 181

MID FLORIDA WATER LAB

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

Client Name <i>Thurston Waste Water</i>				City:		State:		ZIP:	
Address				Phone #		FAX #		Collected by:	
State Collected From:				Sample Location		Date		Time	
Sample ID		Matrix		Date		Time		Comp/Grab	
1	633	6/24/11	6:35	6	River Bank	112	876	112	876
2	700	6/24/11	7:00	6	Hawkes WTR	112	876	112	876
3	740	6/24/11	7:40	6	Wimmer College	112	876	112	876
4	850	6/24/11	8:50	6	Lake Kampore	112	876	112	876
5	920	6/24/11	9:20	6	Steady Brook	112	876	112	876
6	1015	6/24/11	10:15	6	Lake Henry Est	112	876	112	876

Analysis		C.B.O.D.		TSS		NITRATE		FECAL		T/C		TSS		Temp		Remarks	
1	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
2	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
3	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
4	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
5	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
6	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
7	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
8	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
9	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
10	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
11	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
12	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
13	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112
14	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112	876	112

FOR LAB USE ONLY

MATRIX CODES
 GW - GROUND WATER
 SW - SURFACE WATER
 SO - SOIL
 SL - SLUDGE
 WW - WASTE WATER

Method of Shipment *DEL*
 Containers Received *2*
 Delivered Directly to Lab ☒ Shipped ☐

Relinquished by *[Signature]*
 Received by *[Signature]*
 Date *6/25/11* Time *11:38 AM*
 Date *6/25/11* Time *11:38 AM*

CUSTODY TRANSFERS

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed Mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgresorts.com

PERMIT NUMBER FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

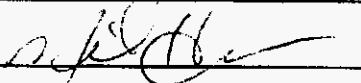
FACILITY: River Ranch Resort WWTF
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐
MONITORING PERIOD From: 03/01/11 To: 03/31/11

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement	.042		MGD					0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.095 (AADF)		MGD						Monthly	Calculation
Flow, To R-001	Sample Measurement	.061		MGD					0	5 Days/ Week	Flow Meter
PARM Code 50050 1 Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.58			Mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.58		2.58	Mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement				3.15			Mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement				20.0 (An.Avg.)			mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement				7.20		7.20	Mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement				30.0 (Mo.Avg.)		60.0 (Max.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Mike Harrison/ Operator		(863)299-2073	5-1-11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWTF
Polk County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 03/01/11 To: 03/31/11

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1		7.3	SU	0	5 Days/ Week	Grab
PARM Code 00406 A	Sample Measurement										
Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#100mL	0	Monthly	Calculation
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#/100mL		Monthly	Calculation
Mon.Site No. EFA-01	Sample Measurement				<1		<1	#100mL	0	Monthly	Grab
Coliform, Fecal	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#/100mL		Monthly	Grab
PARM Code 74055 A	Sample Measurement				1.4			Mg/L	0	5 Days/Week	Grab
Mon.Site No. EFA-01	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement						<0.05	Mg/L	0	Monthly	Grab
PARM Code 50060 A	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
Mon.Site No. EFA-01	Sample Measurement										
Nitrogen, Nitrate, Total (as N)	Permit Requirement										
PARM Code 00620 A	Sample Measurement										
Mon.Site No. EFA-01	Permit Requirement										
Flow, Total Plant	Sample Measurement	.056		MGD					0	Monthly	Calculation
PARM Code 50050 Q	Permit Requirement	0.095 (3MRADF)		MGD						Monthly	Calculation
Mon.Site No. FLW-01	Sample Measurement				59%			%	0	Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Permit Requirement				Report			%		Monthly	Calculation
PARM Code 00180 I	Sample Measurement				MNR			Mg/L	0	Annually (February)	Grab
Mon.Site No. FLW-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement				MNR			Mg/L	0	Annually (February)	Grab
PARM Code 80082 G	Permit Requirement				Report			mg/L		Annually (February)	Grab
Mon.Site No. INF-01	Sample Measurement				MNR			Mg/L	0	Annually (February)	Grab
Solids, Total Suspended	Permit Requirement				Report			mg/L		Annually (February)	Grab
PARM Code 00530 G	Sample Measurement				5.2"			IN	0	Daily	Observation
Mon.Site No. INF-01	Permit Requirement				Report Monthly Total			IN		Daily	Observation
Rainfall	Sample Measurement										
PARM Code 46529 I	Permit Requirement										
Mon Site No. OTH-01	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA011032

Monitoring Period

From: 03/01/11

To: 03/31/11

Facility: River Ranch Resort WWTF

County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.058				7.1	1.8		0.6"	
2	.056				7.1	2.2			
3	.071				7.1	2.4			
4	.064				7.1	2.5			
5	.076				7.1	1.4			
6	.079								
7	.088				7.1	2.2			
8	.094				7.1	2.5			
9	.071				7.1	2.2			
10	.069				7.1	2.2		1.6"	
11	.074				7.1	2.0			
12	.081				7.1	2.2			
13	.081								
14	.081				7.1	2.2			
15	.050				7.2	2.0			
16	.066				7.2	2.2			
17	.048				7.2	2.4			
18	.051				7.1	2.5			
19	.048				7.1	2.2			
20	.066								
21	.066				7.1	2.2			
22	.044				7.1	2.0			
23	.073				7.3	2.2			
24	.034				7.2	2.2			
25	.044	2.58	7.20	<1	7.2	2.2	<0.05		
26	.050				7.1	1.6			
27	.050							3.0"	
28	.050				7.1	2.2			
29	.021				7.2	2.4			
30	.029				7.2	2.2			
31	.033				7.2	2.4			
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 7196	Name: Mike Harrison
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

**MID FLORIDA WATER LAB**DHRS PERMIT #: E84567
HRS - QA# 8710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 03/25/11 @ 10.40 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 03/25/11 @ 2.15 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
113970	EFFLUENT FECAL	< 1 CFU	#/100 ml	SM9222D	1	03/25/11@ 2.40 pm	03/26/11@ 1.00 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1131301	EFFLUENT CBOD ₅	2.58	mg/L	SM5210-B	2.00	03/25/11@ 4.00 pm	03/26/11@ 2.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1131301	EFFLUENT TSS	7.20	mg/L	SM2540-D	1.00	03/25/11@ 3.00 pm	03/26/11@ 2.30 pm
1131301	EFFLUENT NO ₃ -N	U	mg/L	SM4500N03E	0.05	03/25/11@ 3.00 pm	03/25/11@ 5.00 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Laboratory Manager- Contact Person

CHAIN OF CUSTODY

No 50159

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

TESTS REQUIRED

Analysis

Client Name Garrison Waste Water
Address _____
City: _____ State: _____ ZIP: _____
Phone # _____
FAX # _____
Collected by: [Signature] State Collected From: _____

Sample ID	Matrix	Date	Time	Compl/Grab	Sample Location
1	WW	3/25/11	1040	G	Spring Lake
2	WW		1130	G	Spring Lake
3	WW		1215	G	Penhocks
4	WW		100	G	Rim
5	WW		1:30pm	G	Lakehead Juice
6					
7					
8					
9					
10					
11					
12					
13					
14					

113 C.B.O.D.	113 TSS	113 NITRATE	113 FECAL	Remarks
1301	1302	1302	113	Temp
1302	1302	1302	113	TSS 8.2°C
1303	1303	1303	113	Fecal 8.2°C
1304	1304	1304	113	
1305	1305	1305	113	

CUSTODY TRANSFERS

Relinquished by [Signature] Date 3/25/11 Time 2:15pm
Received by [Signature] Date 3/25/11 Time 2:15pm
Laboratory Remarks _____

☒ Delivered Directly to Lab ☐ Shipped

Method of Shipment on ice

Containers Received _____

MATRIX CODES
GW — GROUND WATER
SW — SURFACE WATER
SO — SOIL
SL — SLUDGE
WW — WASTE WATER

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgresorts.com

PERMIT NUMBER: FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: River Ranch Resort WWTF
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

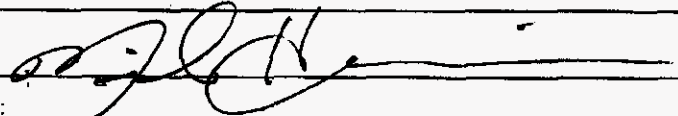
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIB (R-001), including Influent

NO DISCHARGE TO R-001: ☐

MONITORING PERIOD From: 04/01/11 To: 04/30/11

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement	.040	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon Site No. FLW-01	Permit Requirement	0.095 (AADT)	MGD				Monthly	Calculation
Flow, To R-001	Sample Measurement	.030	MGD			0	5 Days/ Week	Flow Meter
PARM Code 50050 I Mon Site No. FLW-01	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.59	Mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon Site No. EPA-01	Permit Requirement			20.0 (An Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.02	Mg/L	0	Monthly	Grab
PARM Code 80082 A Mon Site No. EPA-01	Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.05	Mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon Site No. EPA-01	Permit Requirement			28.0 (An Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			1.80	Mg/L	0	Monthly	Grab
PARM Code 00530 A Mon Site No. EPA-01	Permit Requirement			30.0 (Mo Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Mike Harrison/ Operator		(863)299-2073	5-27-11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY:
Polk County

River Ranch Resort WWTF

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: 04/01/11 To: 04/30/11

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement			7.2		7.3	SU	0	5 Days/ Week	Grab
PARM Code 00406 A Mon. Site No. EPA-01	Permit Requirement			6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			1			#100mL	0	Monthly	Calculation
PARM Code 74055 Y Mon. Site No. EPA-01	Permit Requirement			200 (All Avg.)			#100mL		Monthly	Calculation
Coliform, Fecal	Sample Measurement			<1		<1	#100mL	0	Monthly	Grab
PARM Code 74055 A Mon. Site No. EPA-01	Permit Requirement			Report (Mo. Geo. Mean)		500 (Max.)	#100mL		Monthly	Grab
Total Chlorine Residual (For Disinfection)	Sample Measurement			0.8			Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A Mon. Site No. EPA-01	Permit Requirement			0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement					<0.05	Mg/L	0	Monthly	Grab
PARM Code 04620 A Mon. Site No. EPA-01	Permit Requirement					12.0 (Max.)	mg/L		Monthly	Grab
	Sample Measurement									
	Permit Requirement									
Flow, Total Plant	Sample Measurement	.049	MGD					0	Monthly	Calculation
PARM Code 50030 Q Mon. Site No. FLW-01	Permit Requirement	0.095 (3MRADP)	MGD						Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Sample Measurement			52%			%	0	Monthly	Calculation
PARM Code 00140 J Mon. Site No. FLW-01	Permit Requirement			Report			%		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			MNR			Mg/L	0	Annually (February)	Grab
PARM Code 10882 G Mon. Site No. INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab
Solids, Total Suspended	Sample Measurement			MNR			Mg/L	0	Annually (February)	Grab
PARM Code 00530 G Mon. Site No. INF-01	Permit Requirement			Report			mg/L		Annually (February)	Grab
Rainfall	Sample Measurement			5.85"			IN	0	Daily	Observation
PARM Code 46529 J Mon. Site No. OTH-01	Permit Requirement			Report Monthly Total			IN		Daily	Observation

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number:
Monitoring Period

FLA011032

From: 04/01/11

To: 04/30/11

Facility: River Ranch Resort WWTF
County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.036				7.3	1.0			
2	.030				7.3	1.4			
3	.030								
4	.030				7.3	1.0			
5	.048				7.3	1.4			
6	.036				7.3	1.2			
7	.038				7.3	1.6			
8	.031				7.3	1.0			
9	.034				7.3	1.4			
10	.034								
11	.034				7.3	1.5			
12	.048				7.3	1.6			
13	.018				7.3	1.4			
14	.028				7.2	1.8			
15	.030				7.2	1.5			
16	.030				7.2	1.4			
17	.030								
18	.015				7.3	1.6			
19	.029				7.3	1.5			
20	.026				7.3	0.8			
21	.031				7.3	2.2			
22	.019				7.3	2.5			
23	.030								
24	.030				7.2	2.2			
25	.030				7.2	2.2			
26	.034				7.3	2.5			
27	.044				7.3	2.2			
28	.015	2.02	1.80	<1	7.3	2.4	<0.05		
29	.019				7.3	2.2			
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator

Class:

C

Certificate No:

7196

Name:

Mike Harrison

Evening Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

Certificate No:

Name:

**MID FLORIDA WATER LAB**

DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (883) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 04/28/11 @ 10.50 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 04/28/11 @ 2.29 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1141379	EFFLUENT FECAL	<1 CFU	#/100 ml	SM9222D	1	04/28/11 @ 3.00 pm	04/29/11 @ 2.40 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1141793	EFFLUENT CBOD ₅	2.02	mg/L	SM5210-B	2.00	04/28/11 @ 3.45 pm	05/03/11 @ 3.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1141793	EFFLUENT TSS	1.80	mg/L	SM2540-D	1.00	04/28/11 @ 3.15 pm	04/29/11 @ 2.40 pm
1141793	EFFLUENT NO ₃ -N	U	mg/L	SM4500N03E	0.05	04/28/11 @ 3.05 pm	04/28/11 @ 4.45 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT


Laboratory Manager - Contact Person

CHAIN OF CUSTODY

No 50621

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

DHRS PERMIT #E84567

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

21

Client Name <u>Harrison Westcott</u>							TESTS REQUIRED						
Address							Analysis						
City: State: ZIP:							C.B.O.D. TSS NITRATE FECAL <u>TEMP</u>						
Phone #													
FAX #													
Collected by: <u>AA</u> State Collected From:													
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location								Remarks
1	WW	4/25/11	6:15	6	Nash/Dark's	114	114	114	114				TEMP
2	WW		10:50		Nash/Dark's	114	114	114	114				TSS: 4.9°C
3	WW		9:35		Lake Henry	114	114	114	114				Reel: 7.9°C
4	WW		1:50		Winn-Dixie College	114	114	114	114				
5						114	114	114	114				
6													
7													
8													
9													
10													
11													
12													
13													
14													

CUSTODY TRANSFERS

Relinquished by AA Date 4-25-11 Time 2:29 p

Received by Debra Date 4/28/11 Time 2:29 p

Laboratory Remarks _____

☒ Delivered Directly to Lab ☐ Shipped

Method of Shipment On Ice

Containers Received _____

MATRIX CODES

GW — GROUND WATER

SW — SURFACE WATER

SO — SOIL

SL — SLUDGE

WW — WASTE WATER

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, SWD-Wastewater Compliance Evaluation Section, 13051 North Telecom Parkway, Temple Terrace, FL 33637-0926

PERMITTEE NAME: River Ranch Water Management, LLC
MAILING ADDRESS: 5601 Windhover Drive
Orlando, FL 32819
mark_waltrip@wgresorts.com

PERMIT NUMBER FLA011032

LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

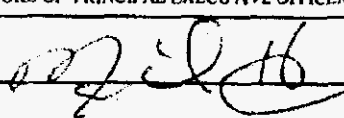
FACILITY: River Ranch Resort WWTF
LOCATION: 24700 SR 60 East
Lake Wales, FL 33853
COUNTY: Polk

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIB (R-001), including influent

NO DISCHARGE TO R-001: ☐
MONITORING PERIOD From: 05/01/11 To 05/31/11

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, To R-001	Sample Measurement	.040	MGD			0	Monthly	Calculation
PARM Code 50050 Y Mon.Site No. FLW-01	Permit Requirement	0.095 (AADF)	MGD				Monthly	Calculation
Flow, To R-001	Sample Measurement	.026	MGD			0	5 Days/ Week	Flow Meter
PARM Code 50050 I Mon.Site No. FLW-01	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2.40	Mg/L	0	Monthly	Calculation
PARM Code 80082 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
BOD, Carbonaceous 5 day, 20C	Sample Measurement			<2.0	Mg/L	0	Monthly	Grab
PARM Code 80082 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.42	Mg/L	0	Monthly	Calculation
PARM Code 00530 Y Mon.Site No. EFA-01	Permit Requirement			20.0 (An.Avg.)	mg/L		Monthly	Calculation
Solids, Total Suspended	Sample Measurement			5.60	Mg/L	0	Monthly	Grab
PARM Code 00530 A Mon.Site No. EFA-01	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Monthly	Grab

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Mike Harrison/ Operator		(863)299-2073	6-27-11

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: River Ranch Resort WWTF
Polk County

MONITORING GROUP NUMBER: R-001
MONITORING PERIOD From: 05/01/11 To: 05/31/11

PERMIT NUMBER: FLA011032

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1		7.2	SU	0	5 Days/ Week	Grab
PARM Code 00406 A	Sample Measurement										
Mon.Site No. EFA-01	Permit Requirement				6.0 (Min.)		8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1			#100mL	0	Monthly	Calculation
PARM Code 74055 Y	Permit Requirement				200 (An.Avg.)			#100mL		Monthly	Calculation
Mon.Site No. EFA-01	Sample Measurement				<1		<1	#100mL	0	Monthly	Grab
Coliform, Fecal	Permit Requirement				Report (Mo.Geo.Mean)		800 (Max.)	#100mL		Monthly	Grab
PARM Code 74055 A	Sample Measurement										
Mon.Site No. EFA-01	Permit Requirement										
Total Chlorine Residual (For Disinfection)	Sample Measurement				1.2			Mg/L	0	5 Days/Week	Grab
PARM Code 50060 A	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Mon.Site No. EFA-01	Sample Measurement						0.73	Mg/L	0	Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Permit Requirement						12.0 (Max.)	mg/L		Monthly	Grab
PARM Code 00620 A	Sample Measurement										
Mon.Site No. EFA-01	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
Flow, Total Plant	Sample Measurement	.039		MGD					0	Monthly	Calculation
PARM Code 50050 Q	Permit Requirement	0.095 (3MRADF)		MGD						Monthly	Calculation
Mon.Site No. FLW-01	Sample Measurement				41%			%	0	Monthly	Calculation
Percent Capacity, (3MADF/Permitted Capacity) x 100	Permit Requirement				Report			%		Monthly	Calculation
PARM Code 00180 I	Sample Measurement							Mg/L	0	Annually (February)	Grab
Mon.Site No. FLW-01	Permit Requirement				Report			mg/L		Annually (February)	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement							Mg/L	0	Annually (February)	Grab
PARM Code 80082 G	Permit Requirement				Report			mg/L		Annually (February)	Grab
Mon.Site No. INF-01	Sample Measurement							Mg/L	0	Annually (February)	Grab
Solids, Total Suspended	Permit Requirement				Report			mg/L		Annually (February)	Grab
PARM Code 00530 G	Sample Measurement				0.0			IN	0	Daily	Observation
Mon.Site No. INF-01	Permit Requirement				Report Monthly Total			IN		Daily	Observation
Rainfall	Sample Measurement										
PARM Code 46529 I	Permit Requirement										
Mon Site No. OTH-01											

DAILY SAMPLE RESULTS - PART B (R-001)

Permit Number: FLA011032

Monitoring Period

From: 05/01/11

To: 05/31/11

Facility: River Ranch Resort WWTF

County: Polk

	Flow (MGD)	CBOD5 (mg/L)	TSS (mg/L)	Fecal Coliform Bacteria (#/100mL)	pH (SU)	TCR (For Disinfect.) (mg/L)	Nitrogen, Nitrate, Total (as N) (mg/L)	Rainfall (Inches)	Notes
Code	50050	80082	00530	74055	00406	50060	00620	46529	
Mon. Site	FLW-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	EFA-01	OTH-01	
1	.041				7.1	1.2			
2	.041				7.2	1.4			
3	.031				7.2	2.5			
4	.034				7.2	2.2			
5	.034				7.2	2.5			
6	.028				7.2	2.0			
7	.028				7.2	2.2			
8	.028								
9	.031				7.2	2.2			
10	.031				7.2	2.5			
11	.026				7.2	2.2			
12	.024				7.2	2.5			
13	.025				7.2	2.2			
14	.023				7.1	2.2			
15	.023								
16	.023				7.2	2.5			
17	.015				7.2	2.2			
18	.015				7.1	1.8			
19	.024				7.2	2.5			
20	.029				7.1	1.6			
21	.029								
22	.029				7.1	2.0			
23	.045				7.1	1.8			
24	.019				7.1	2.0			
25	.009				7.1	2.5			
26	.014				7.1	2.2			
27	.022				7.1	2.0			
28	.026				7.1	2.2			
29	.026								
30	.026				7.1	2.2			
31	.013	<2.0	5.60	<1	7.1	2.0	0.73		
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: <u>C</u>	Certificate No: <u>7196</u>	Name: <u>Mike Harrison</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

**MID FLORIDA WATER LAB**

DHRS PERMIT #: E84587

HRS - QA# 9710NC - 181

8 Oakwood Road Winter Haven, FL 33880

Phone: (883) 965-2540 Fax: (883) 987-8601 Toll Free (888) 244-5657

Margaret Rajpaul, Director

LABORATORY RESULTSCLIENT: MICHAEL HARRISON - HARRISON WASTEWATERADDRESS: 1871 Beth Lane, Winter Haven FL 33880SAMPLE DESCRIPTION: WASTEWATERSAMPLE COLLECTION: MIKE HARRISON 05/31/11 @ 10.30 amSYSTEM NAME: RIVER RANCHDATE AND TIME RECEIVED: 05/31/11 @ 2.33 pm

Lab I.D. Number	Parameter	Result	Units	Method	MDL	Date & Time Start	Date & Time Completed
1151754	EFFLUENT FECAL	<1 CFU	#/100 ml	SM9222D	1	05/31/11 @ 2.55 pm	06/01/11 @ 1.40 pm
	INFLUENT CBOD ₅		mg/L	SM5210-B	2.00		
1153127	EFFLUENT CBOD ₅	<2	mg/L	SM5210-B	2.00	05/31/11 @ 4.50 pm	06/05/11 @ 4.00 pm
	INFLUENT TSS		mg/L	SM2540-D	1.00		
1153127	EFFLUENT TSS	5.60	mg/L	SM2540-D	1.00	05/31/11 @ 3.30 pm	06/01/11 @ 2.30 pm
1153127	EFFLUENT NO ₃ -N	0.73	mg/L	SM4500N03E	0.05	05/31/11 @ 3.05 pm	05/31/11 @ 5.50 pm

COMMENTS:**THESE TESTS MEET NELAC REQUIREMENTS.**

The test results in this report relate only to the analyses of the samples submitted

QUALIFIERS THAT MAY APPLY

U = BELOW DETECTION LIMIT

Margaret Rajpaul 6/6/11
Laboratory Manager- Contact Person

No 51725

PAGE 1 OF 1



MID FLORIDA WATER LAB

Margaret Rajpaul, Director
8 Oakwood Rd.
Winter Haven, FL 33880

OFWS FORM 1 #E04307

HRS - QA# 9710NC - 181

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

FOR LAB USE ONLY

RECEIVED

2011 MAY 31 P 2:33

Client Name <u>M. Harrison</u>							TESTS REQUIRED									
Address							Analysis									
City: State: ZIP:																
Phone #																
FAX #																
Collected by: <u>[Signature]</u> State Collected From:																
Sample ID	Matrix	Date	Time	Comp/Grab	Sample Location		115 C.B.O.D.	115 TSS	115 NITRATE	115 FECAL					Remarks	
1		5/31/11	9:20	✓	Lake Region S.W.		115 3128	115 3125	115 3125	115 1752					Temp	
2			9:35	✓	W. near University		115 3126	115 3124	115 3126	115 1753					TSS: 9.0°C	
3			10:30	✓	River Ranch		115 3127	115 3127	115 3127	115 1754					Fecal: 9.2°C	
4			11:00	✓	Shady Oaks MHP		115 3128	115 3128	115 3128	115 1755						
5			11:25	✓	Iron Works MHP		115 3129	115 3129	115 3129	115 1756						
6			11:45	✓	Ceans MHP		115 3130	115 3130	115 3130	115 1757						
7			12:10	✓	Flom MHP		115 3131	115 3131	115 3131	115 1758						
8			12:30	✓	Lakehead Truss		115 3132	115 3132	115 3132	115 1759						
9			10:15	✓	Spring Lake		115 3133	115 3133	115 3133	115 1760						
10			1:40	✓	Lake Henry Est		115 3134	115 3134	115 3134	115 1761						
11																
12																
13																
14																

CUSTODY TRANSFERS

Relinquished by [Signature] Date 5/31/11 Time 2:33 p

Received by [Signature] Date 5/31/11 Time 2:33 p

Laboratory Remarks _____

☒ Delivered Directly to Lab ☐ Shipped

Method of Shipment De. via

Containers Received _____

MATRIX CODES

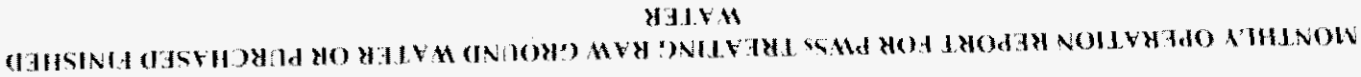
GW — GROUND WATER

SW — SURFACE WATER

SO — SOIL

SL — SLUDGE

WW — WASTE WATER



NOT

April-10

PWS Identification Number: 353-1517

Water Treatment Plant Information			
Plant Name:	New River Ranch		
Plant Address:	3200 River Ranch Resorts	City:	Lake Wales
	State:	FL	Zip Code:
			33967
Plant Telephone Number:	863-592-1321		

Water Treatment Plant Information			
Plant Name:	New River Ranch		
Plant Address:	3200 River Ranch Resorts	City:	Lake Wales
	State:	FL	Zip Code:
			33967
Plant Telephone Number:	863-592-1321		

Type of Water Treated by Plant:	Raw ground water
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000
Plant Category (per subsection 62-699.310(4), F.A.C.):	3
Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	
Name	License Class
James Kochanski	C
Chris Beatty	D
Keith Johnson	C
James Kochanski	C
Larry Scott	C
William Goodman	D
Other Operators:	
Lead Chief Operator:	License Number
James Kochanski	17104
Chris Beatty	17953
Keith Johnson	7451
James Kochanski	17104
Larry Scott	8567
William Goodman	17443
Days(s)/Shift(s) Worked	
10/Month	15/Month
1 Month	

RECEIVED
MAY 2010
WESTGATE
WATER BUREAU

1. The undersigned water treatment plant operator licensed in Florida, and the lead/chief operator of the water treatment plant identified in Part I of this report, I certify that the 9

Information provided in this report is true and accurate to the best of my knowledge and belief. I certify that an ongoing record-keeping system is in place to ensure that the information provided in this report is true and accurate to the best of my knowledge and belief. I also certify that the following additional operational records for this NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C., are maintained and available for review:

(1) records of amounts of chemicals used and chemical level plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (2) records of amounts of chemicals used and chemical level plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (3) records of amounts of chemicals used and chemical level plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (4) records of amounts of chemicals used and chemical level plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (5) records of amounts of chemicals used and chemical level plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (6) records of amounts of chemicals used and chemical level plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above; (7) if applicable, appropriate treatment process performance records. Furthermore, I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Printed or Typed Name _____

١٤١٢

Page 1

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 333-1517 Plant Name: New River Ranch

III. Daily Data for the Month/year of: April 10

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine

Days of the Month	Start of Day by Operator	Hours of Operation	Net Quantity of Finished Water Produced, gal	Peak Flow rate, gpd	Customer Complaints before or at First Disinfection	Disinfection Contact Time before or at First Disinfection	Flow, mgd	Temp of Water, °F	pH of Water	Minimum Required, sec. and	Operating UV Dose, sec. and	Minimum Required UV Dose, sec. and	Disinfection Point in Distribution System, mgd	Emergency or Abnormal Operating Conditions Report or Maintenance Work and Insects Taking Water System Components Out of Operation
1			238900									2.0		
2			172900									2.0		
3			228700									1.5		
4			202500											
5			202500									1.2		
6			248100									1.2		
7			171500									1.5		
8			227500									2.0		
9			223700									2.0		
10			265200									2.0		
11			176400											
12			176400									1.4		
13			216600									1.1		
14			262600									2.1		
15			228000									2.0		
16			179000									1.5		
17			248200									1.6		
18			143900									2.0		
19			143900									2.0		
20			134800									1.2		
21			132900									1.1		
22			236400									1.0		
23			187200									1.0		
24			174700									1.0		
25			188500									0.6		
26			188500									0.6		
27			189800									0.2		
28			201600									1.5		27 #7 tube
29			223600									1.2		
30			239400									1.2		
Total			6053900											
Average			201797											
Maximum			265200											

* Refer to the instructions for this report to determine which plants must provide this information

RECEIVED
MAY 2010
WESTERN
RIVER RANCH

Month - Yr.

Page #

Facility Name _____
Facility Address _____
Ending Prev. Mo. Reading _____

PWS No. _____
Operator _____
Certification # _____

Date	Meter Reading	H ₂ O Used - Gal	CL ² Plant	CL ² Rmt	TIME IN	OUT	Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
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									

Designing Next Month Reading

Month - Yr. _____

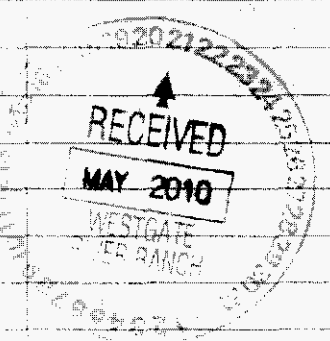
Page # _____

Operation - Maintenance Log

Facility Name _____
Facility Address _____
Ending Prev. Mo. Reading _____

PWS No. _____
Operator _____
Certification # _____

Date	Meter Reading	H ₂ O Used - Gal	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
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									



Beginning Next Month Reading _____

Pembroke Laboratories
528 Gooch Rd. (30th St. NE)
Ft. Meade, Fl. 33841
(963) 285-8145
LAB I.D. # E84088

Analysis Date & Time: 4/23/10 @ 1000h

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not on Ice ☒ 4-6°C
Disinfectant Check ☒ Not Detected ☐ mol.

This sample does not meet the following NELAP requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

X Standard Coliform Test

HPC

Other:

ENVIRONMENTAL
ENGINEERING

System Name: New River Ranch 1&2

FWS ID. 353-1517

Home Address: 3200 River Ranch Rd

07 River Ranch Fl.

System of Dangers When:

Collector: Tony Johnson

Type of Supply: Community Water SystemReason for Sampling: Routine Compliance

Sample Collection Date: 4-19-10

Average of disinfectant residuals for routine and repeat samples. (Complete for community & nontransient noncommunity systems serving populations up to & including 15,000. Do not include raw or plant samples in the average.)

Instantaneous Residual Analysis Method.

SFD: Cetrimeter:

...performing analysis is

A certified operator/te

Supervised by a cert operator(s):	Employed by a certified lab:
Employed by DEP or POH:	

Name and Mailing Address of Person to Receive Report

² Defined in Florida Administrative Code Rule 62-160, F.A.C.

ALL TESTS ARE PERFORMED IN ACCORDANCE WITH AIAA STANDARD

Date PWS notified by lab of positive results:

Date State notified by/lab of positive results:

Lab Signature _____

Title: QA/QC Officer

Questions? Call Lab Manager 863-285-8145

☒ Satisfactory

Incomplete Collection Information

Repeat Samples Required

Replacement Samples Required

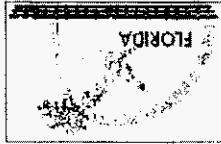
Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

DE= Sample Type Code: D=Distribution (Routine Compliance), C=Repeat of Check, R=Raw, H=Entry to Distribution, L=Plant Tag, S=Special clearance, etc.

44. **TEST METHODS:** MP = 140.2228 G/D, NTP = 92316 G/CMUG, MINOM.B = 5M8273F, WPC = 5M82715C

^a 0 = 0%; 1 = 1%; 2 = 2%; 3 = 3%; 4 = 4%; 5 = 5%; 6 = 6%; 7 = 7%; 8 = 8%; 9 = 9%; 10 = 10%; 11 = 11%; 12 = 12%; 13 = 13%; 14 = 14%; 15 = 15%; 16 = 16%; 17 = 17%; 18 = 18%; 19 = 19%; 20 = 20%; 21 = 21%; 22 = 22%; 23 = 23%; 24 = 24%; 25 = 25%; 26 = 26%; 27 = 27%; 28 = 28%; 29 = 29%; 30 = 30%; 31 = 31%; 32 = 32%; 33 = 33%; 34 = 34%; 35 = 35%; 36 = 36%; 37 = 37%; 38 = 38%; 39 = 39%; 40 = 40%; 41 = 41%; 42 = 42%; 43 = 43%; 44 = 44%; 45 = 45%; 46 = 46%; 47 = 47%; 48 = 48%; 49 = 49%; 50 = 50%; 51 = 51%; 52 = 52%; 53 = 53%; 54 = 54%; 55 = 55%; 56 = 56%; 57 = 57%; 58 = 58%; 59 = 59%; 60 = 60%; 61 = 61%; 62 = 62%; 63 = 63%; 64 = 64%; 65 = 65%; 66 = 66%; 67 = 67%; 68 = 68%; 69 = 69%; 70 = 70%; 71 = 71%; 72 = 72%; 73 = 73%; 74 = 74%; 75 = 75%; 76 = 76%; 77 = 77%; 78 = 78%; 79 = 79%; 80 = 80%; 81 = 81%; 82 = 82%; 83 = 83%; 84 = 84%; 85 = 85%; 86 = 86%; 87 = 87%; 88 = 88%; 89 = 89%; 90 = 90%; 91 = 91%; 92 = 92%; 93 = 93%; 94 = 94%; 95 = 95%; 96 = 96%; 97 = 97%; 98 = 98%; 99 = 99%; 100 = 100%.



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POI-K

I. General Information for the Month/Year of: May-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort I & 2		
PWS Type:	Community		
Number of Service Connections at End of Month:	700		
PWS Owner:	River Ranch		
Contact Person:	Contact Person's Title:		
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch
Contact Person's Telephone Number:	863-592-1321	Contact Person's Fax Number:	None
Contact Person's E-Mail Address:	None		

B. Water Treatment Plant Information

Plant Name:	New River Ranch		
Plant Address:	3200 River Ranch Resorts		
Type of Water Treated by Plant:	Raw ground water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	5		
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	James Kochanski	C	17104
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567
	William Goodman	D	17443
	Tony Johnson	D	18154
			4/Month

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

Printed or Typed Name

License Number

17104

SEWAGE WATER TREATMENT PLANT COMPLIANCE REPORT

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234

Report Number: 1000 Date: 10/21/2010
 Agency: Washoe County Plant Operator: John Doe
 Plant Type: Community Water System
 Plant Size: 1000 GPD

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

RECEIVED

10/21/2010

ENVIRONMENTAL
ENGINEERING

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

				Total Coliform Analysis Method				Fecal Coliform Analysis Method			
Sample ID	Sample Date	Sample Time	Sample Location	Coliforms	Fecal Coliforms	Coliforms	Fecal Coliforms	Coliforms	Fecal Coliforms	Coliforms	Fecal Coliforms
1000	10/21/2010	10:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1001	10/21/2010	11:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1002	10/21/2010	12:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1003	10/21/2010	13:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1004	10/21/2010	14:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1005	10/21/2010	15:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1006	10/21/2010	16:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1007	10/21/2010	17:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1008	10/21/2010	18:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1009	10/21/2010	19:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000
1010	10/21/2010	20:00	1000 Silver Ranch Rd	1000	1000	1000	1000	1000	1000	1000	1000

Personnel: John Doe (Operator) John Doe (Operator)
 Date: 10/21/2010
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

Plant Name: Washoe
 Plant Address: 1000 Silver Ranch Rd
 Plant City: Sparks State: NV Zip: 89411
 Plant Phone: 775-333-1234
 Plant Type: Community Water System
 Plant Size: 1000 GPD
 Plant Operator: John Doe
 Plant Address: 1000 Silver Ranch Rd

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of: May-10

Means of Achieving Four-Log Virus Inactivation/Removal*: Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation or UV Dose to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (c) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (t) at First Customer Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	233800										1.0		
2		24	141750												
3	X	24	141750										1.2		
4	X	24	212700										0.8		
5	X	24	277900										0.5		
6	X	24	192800										1.0		
7	X	24	164500										1.0		
8	X	24	140500										1.0		
9		24	180550												
10	X	24	180550										0.4		
11	X	24	133200										0.5		
12	X	24	258100										0.6		
13	X	24	231500										1.0		
14	X	24	204400										1.5		
15	X	24	218500										1.4		
16		24	163250												
17	X	24	163250										1.6		
18	X	24	108400										2.0		
19	X	24	114200										2.0	clean inj points, duckbill	
20	X	24	222100										2.0		
21	X	24	184200										2.0		
22	X	24	305900										1.0		
23		24	134900												
24	X	24	134900										1.4		
25	X	24	280400										1.0		
26	X	24	290600										0.5		
27	X	24	241000										1.0		
28	X	24	154900										1.2		
29	X	24	320500										1.0		
30		24	155000												
31		24	155000												
Total			6041000												
Average			194871												
Maximum			320500												

* Refer to the instructions for this report to determine which plants must provide this information

Month - Yr. 5-10

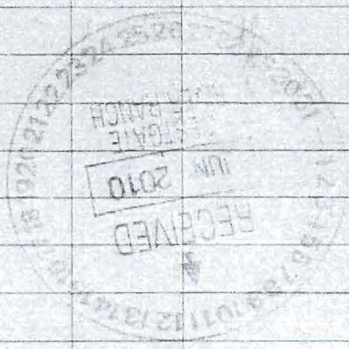
Page # 09

Operation - Maintenance Log

Facility Name River Ranch #2
 Facility Address _____
 Ending Prev. Mo. Reading 4/30 232901000

PWS No. 653-1517
 Operator J. Kachant T. Johnson
 Certification # 17104 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME IN	TIME OUT	Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
1	23308000	15	10	135	131				
2									
3	23316000	16	12	140	142				
4	23324000	13	8	141	143				
5	23332000	10	5	142	143				
6	23340000	11	10	143	144				
7	23348000	16	10	144	145				
8	23356000	17	13	145	146				
9									
10	23364000	8	1	146	147				
11	23372000	10	5	147	148				
12	23380000	10	5	148	149				
13	23388000								
14	23396000	20	15	149	151				
15									
16									
17	23404000	20	16	152	152				
18									
19									
20									
21									
22									
23									
24	23412000	11	17	153	154				
25									
26									
27									
28									
29									
30									
31									



Month - Yr. 5-10

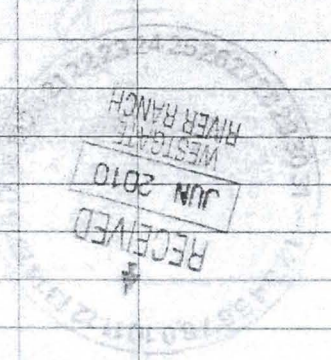
Page # 08

Operation - Maintenance Log

Facility Name River Ranch #1
 Facility Address 433 22nd St SW
 Ending Prev. Mo. Reading 433 22nd St SW

PWS No. 653-1517
 Operator T. Johnson
 Certification # 17109 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	73374000	15	10	15	15	15	WJ		
2									
3	73374000	16	12	11	11	11	WJ		
4	73374000	13	8	14	14	14	WJ		
5	73374000	13	5	12	12	12	WJ		
6	73374000	14	13	12	12	12	WJ		
7	73374000	16	10	12	12	12	WJ		
8	73374000	17	10	15	15	15	WJ		
9									
10	73374000	18	11	15	15	15	WJ		
11	73374000	13	8	14	14	14	WJ		
12	73374000	13	5	12	12	12	WJ		
13	73374000	15	10	15	15	15	WJ		
14	73374000	20	15	14	14	14	WJ		
15	73374000	21	15	14	14	14	WJ		
16									
17	73374000	20	16	19	19	19	WJ		
18	73374000	20	15	15	15	15	WJ		
19	73374000	20	15	15	15	15	WJ		
20	73374000	20	15	15	15	15	WJ		
21	73374000	25	15	15	15	15	WJ		
22	73374000	25	15	15	15	15	WJ		
23									
24	73374000	25	15	15	15	15	WJ		
25	73374000	25	15	15	15	15	WJ		
26	73374000	25	15	15	15	15	WJ		
27	73374000	25	15	15	15	15	WJ		
28	73374000	25	15	15	15	15	WJ		
29	73374000	25	15	15	15	15	WJ		
30	73374000	25	15	15	15	15	WJ		
31	73374000	25	15	15	15	15	WJ		





MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: June-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1& 2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:		Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch State: FL Zip Code: 33867
Contact Person's Telephone Number:	863-592-1321	Contact Person's Fax Number:	None
Contact Person's E-Mail Address:	None		

B. Water Treatment Plant Information

Plant Name:	New River Ranch	Plant Telephone Number:	863-592-1321
Plant Address:	3200 River Ranch Resorts	City:	Lake Wales State: FL Zip Code: 33967
Type of Water Treated by Plant:	Raw ground water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	James Kochanski	C	17104 10/Month
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567 12/Month
	William Goodman	D	17443
	Tony Johnson	D	18154 3/Month

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date	James Kochanski	17104
	Printed or Typed Name	License Number
	Page 1	



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of:

June-10

Means of Achieving Four-Log Virus Inactivation/Removal:*

Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System

Mar-07

Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	122100												
2	X	24	122100										0.5		
3	X	24	212400										1.0		
4	X	24	215000										2.0		
5	X	24	131700										1.0		
6		24	145150												
7	X	24	145150										1.5		
8	X	24	115800										1.0		
9	X	24	76400										0.5		
10	X	24	155600										0.8		
11	X	24	190100										1.0		
12	X	24	177800										0.6		
13		24	202650												
14	X	24	202650										1.0		
15	X	24	176400										0.4		
16	X	24	309800										0.5		
17	X	24	157900										0.8		
18	X	24	153600										1.0		
19	X	24	91700										1.0		
20		24	57750												
21	X	24	57750										0.4		
22	X	24	127600										0.5		
23	X	24	111400										0.8		
24	X	24	170900										0.5		
25	X	24	182400										0.4		
26	X	24	259800										0.4		
27		24	187800												
28	X	24	187800										0.2		
29	X	24	158600										0.2		
30	X	24	141900										0.2		
Total			4747700												
Average			158257												
Maximum			309800												

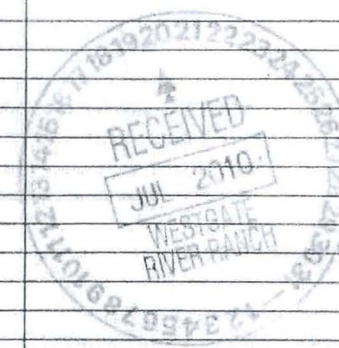
123456789101112131415161718192021222324252627282930

RECEIVED

JUL 2010

WESTGATE RIVER RANCH

* Refer to the instructions for this report to determine which plants must provide this information.



Month - Yr. 6-10

Page # 10

Operation - Maintenance Log

Facility Name River Ranch #2

PWS No. 655-1-17

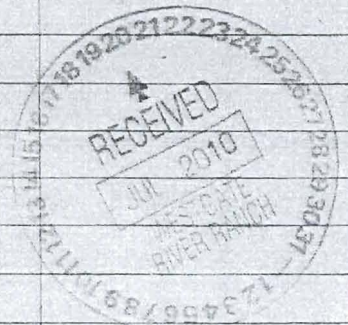
Facility Address _____

Operator J. K. Kerk T. Johnson

Ending Prev. Mo. Reading 5-09 23697000

Certification # 17404 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2	23615100		1.0	.5	1211	1224	JK	✓	8 1/2 - 10
3	23654900		1.8	1.0	1110	1200	JK	✓	
4	2366900		2.0	2.0	1102	1100	JK	✓	1130
5	236781000		2.0	1.0	1100	1200	JK	✓	
6									
7	236940000		2.0	1.5	1320	1330	JK	✓	
8	236998000		1.5	1.0	1030	1010	JK	✓	
9	237053000		1.0	.5	1250	1302	JK	✓	1330
10									
11									
12									
13									
14	237597000		1.2	1.0	1330	1340	JK	✓	
15									
16									
17									
18									
19									
20									
21	238167000		.8	.4	1336	1304	JK	✓	
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									



Beginning Next Month Reading _____

Month - Yr. 6-10

Page # 10

Operation - Maintenance Log

Facility Name River Ranch #1
Facility Address _____
Ending Prev. Mo. Reading 5-15 7552200

PWS No. 653 1517
Operator J. Kuchant T. Johnson
Certification # 17104 15154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² PInt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2	75821000		10.5	1241	1201		JL	✓	F 8/10
3	7593600		1.8	10	0910	1200	(LWS)	✓	
4	76051000		8.6	20	1102	1100	JL	✓	11/30
5	76082700		9.2	10	1210	1100	(LWS)	✓	
6									
7	76182000		20.5	1310	1320		JL	✓	
8	76239000		1.5	10	1010	1010	(LWS)	✓	
9	76261200		1.3	5	1252	1300	JL	✓	11/30
10	76321000								
11	76349900		18.10	1102	1100		JL	✓	
12	76403000		10.10	1000	1000		(LWS)	✓	
13									
14	76646000		12.10	1320	1330		JL	✓	
15	76721000						(LWS)	✓	
16	76752000		10.5	1241	1100		JL	✓	11/30
17	76732000		1.7	8	1100	1100	(LWS)	✓	
18	76741000		1.7	10	1100	1100	JL	✓	
19	76751000		1.0	10	1100	1330	(LWS)	✓	
20									
21	76809000		18.4	1346	1316		JL	✓	
22	76861000		10.23	1300	1100		(LWS)	✓	
23	76871000		1.2	8	1100	1100	JL	✓	
24	76881000		1.0	7	1100	1100	(LWS)	✓	
25	76891000		1.0	7	1100	1100	JL	✓	
26	76901000		1.0	7	1100	1100	(LWS)	✓	
27									
28	76911000		1.0	7	1100	1100	JL	✓	
29	76921000						(LWS)	✓	
30	76931000							✓	
31									



Beginning Next Month Reading _____

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(863) 965-2540
LAB I.D. # E94567

RECEIVED

JUN 30 2010

**ENVIRONMENTAL
ENGINEERING**

Report Number: _____ Sub-Contract Lab ID: _____
Analysis Requested: (please check all that apply)
☒ Total Coliform/E. coli Test ☐ Total Coliform/Fecal
☐ HPC ☐ Enterococci ☐ Coliphage
Other: _____

Lab Receipt Date & Time:

NO

RECEIVED

Analysis Date & Time: 2010 JUN 22 A:10:31
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 2°C
Disinfectant Check ☐ Not Detected ☐ mg/L
This sample does not meet the following NELAP requirements:

System Name: New River Ranch & RV Resorts

PWS ID: 353-1517

System Address: 3200 River Ranch Rd

City: Lake Wales

System or Owner's Phone #: 863-592-1321

Fax #:

Collector: Tony Johnson

Collector's Phone #: 863-965-1439

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 6-21-10

Sitings Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B					Lab Sample Number
						Fecal or E. coli Analysis Method: SM9223B					
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²		
A	Raw at well #1	1246	R	0.74			A			110145	
B	Raw at well #2	1246	R	0.74			A			110146	
G	Lot 326	1246	D	.8			A			110147	
H	Lot 376	1246	D	.8			A			110148	

Average of disinfectant residuals for routine and repeat samples:
Free Chlorine

Unless otherwise noted All tests are performed in accordance with NELAP Standards and the results only relate to the samples.

Disinfectant Residual Analysis Method: DPD Colorimetric
Person performing disinfectant analysis is:
☒ Certified operator (# 18154) Employed by a certified lab
☒ Supervised by a cert operator (# 18154) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Date Report issued: _____

Lab Signature: Margaret Campbell 6/25/10
Title: QA/QC Officer

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment, Inc
Tri Florida Water Treatment
226 East Lake Ave.
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: 7/6/10
DEP/DOH Reviewing Official: RS

DEP Sample Type Codes: L=Distribution (Routine Compliance), C=Repeat of Check, R=Raw, N=Entry to Distribution, P=Hard Tap, S=Special (clearance, etc.)
Analysis Method: MF = SM9222B I.D., MTF = SM9222B I.D., MM/MUG = SM9223B, HPC = SM9215B
Results: A = coliforms are absent, F = coliforms are present, C = coliform growth, NTC = too numerous to count

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Laboratory
8 Oakwood Rd
Winter Haven, FL 33900
(863) 965-2540
LAB I.D. # E84567

Report Number: _____ Sub-Contract Lab ID: _____
Analyte Requested: (please check all that apply)
☒ Total Coliform/E. coli Test ☐ Total Coliform/Fecal
☐ HPC ☐ Enterococci ☐ Coliphage
☐ Other: _____

Lab Recolor Date & Time:

Analysis Date & Time: 2010 JUN 24 A 2:43
Sample Acceptance Criteria:
Sample Preservation ☒ On Ice ☐ Not on Ice ☐ 7°C
Disinfectant Check ☒ Not Detected ☐ ☐ ☐
This sample does not meet the following NELAP requirements:

System Name: Ventura Inn
System Address: 3095 E Hwy 80

Permit # 49-57-04009
City Okeechobee

System or Owner's Name:

Facility:

Collector: James Karbanski

Collector's Phone # 863-965-1439

Type of Supply: Limited Use

Okeechobee County Health Dept.
Environmental Health
Wichman, FL 34741

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Attn: Cheryl Wiley Ph. 407-742-8607/Fax 407-7428615

Sample Collection Date: 6-23-10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Resid (mg/L)	pH	Total Coliform Analysis Method: SM212B					Lab Sample Number
						Fecal or E. coli Analysis Method: SM223B					
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier		
A	Raw at well	1520	R	0			A			110337	

Average of disinfectant residuals for routine and repeat samples.
Free Chlorine

Unless otherwise noted ALL tests are performed in accordance with NELAP Standards and the results only relate to the sample.

Disinfectant Residual Analysis Method: DPC Colorimetric
Person performing disinfectant analysis is:
☒ A certified operator (U) ☐ Employed by a certified lab
Supervised by a cert. operator (U) ☐ Employed by DEP or DDM

Date PWS notified by lab of positive results: _____
Date State notified by lab of positive results: _____
Date Report issued: _____

Name and Mailing Address of Person to Receive Report

Tri-Florida Water Treatment
226 East Lake Ave.
Auburndale, Florida 33823

Lab Signature: Marques Rappaport 6/25/10
Title: QA/QC Officer

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat of Sample; R=Raw; Entry to Distribution; P=Plant Test; S=Special Circumstances, etc.)
Analysis Methods: TCF = 9221B 6.004UG; MCM/MDG = SM212B, HPC = 20927
Factors: A = Coliforms; B = Enterococci; C = coliforms; D = coliforms; E = coliforms; F = coliforms; G = coliforms; H = coliforms; I = coliforms; J = coliforms; K = coliforms; L = coliforms; M = coliforms; N = coliforms; O = coliforms; P = coliforms; Q = coliforms; R = coliforms; S = coliforms; T = coliforms; U = coliforms; V = coliforms; W = coliforms; X = coliforms; Y = coliforms; Z = coliforms



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: July-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1& 2			PWS Identification Number:	353-1517
PWS Type:	Community				
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200		
PWS Owner:	River Ranch				
Contact Person:				Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch	State:	FL Zip Code: 33867
Contact Person's Telephone Number:	863-592-1321	Contact Person's Fax Number:	None		
Contact Person's E-Mail Address:	None				

B. Water Treatment Plant Information

Plant Name:	New River Ranch			Plant Telephone Number:	863-592-1321
Plant Address:	3200 River Ranch Resorts	City:	Lake Wales	State:	FL Zip Code: 33967
Type of Water Treated by Plant:	Raw ground water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s) Shift(s) Worked	
Lead/Chief Operator:	James Kochanski	C	17104	8 Month	
Other Operators:	Chris Beatty	D	17953		
	Keith Johnson	C	7451		
	James Kochanski	C	17104		
	Larry Scott	C	8567	14/Month	
	William Goodman	D	17443		
	Tony Johnson	D	18154	5/Month	

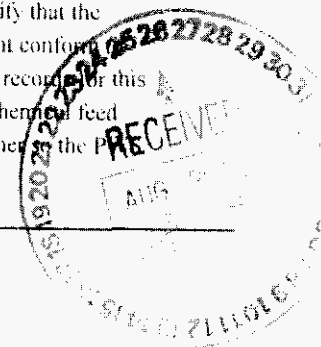
II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner. The PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski
Printed or Typed Name

17104
License Number



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of: July-10

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required mg-min/l	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	102100										0.2		
2	X	24	91300										0.2		
3	X	24	122900										0.2		
4		24	84650												
5	X	24	84650										0.2		
6	X	24	150500										0.2		
7	X	24	158600										0.2		
8	X	24	143400										0.2		
9	X	24	152000										0.5		
10	X	24	234900										0.8		
11		24	174850										1.0		
12	X	24	174850												
13	X	24	237400										1.0		
14	X	24	128200										1.0		
15	X	24	191500										1.0		
16	X	24	198100										0.6		
17	X	24	172100										0.3	clean inj	
18		24	204600										0.6		
19	X	24	204600												
20	X	24	244300										1.0		
21	X	24	166900										1.0		
22	X	24	168000										0.5		
23	X	24	197100										0.3		
24	X	24	174900										0.2		
25		24	144050										0.2		
26	X	24	144050												
27	X	24	183300										0.4		
28	X	24	194900										0.3		
29	X	24	174300										0.2		
30	X	24	267700										0.2		
31	X	24	166100										0.2		
Total			5236900										0.2		
Average			168932												
Maximum			267700												

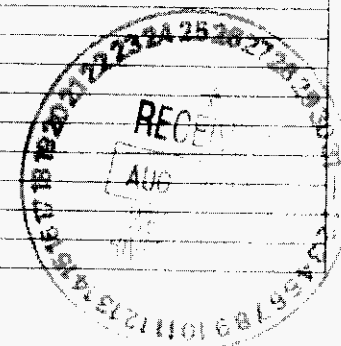
RECEIVED

AUG 18 2012

153434361819202122232425262728293031

45678910111213141516171819

* Refer to the instructions for this report to determine which plants must provide this information.



Month - Yr. 7-10

Page # 11

Operation - Maintenance Log

Facility Name River Ranch #2

PWS No. 653-1517

Facility Address _____

Operator J. Kuchinski T. Johnson

Ending Prev. Mo. Reading 4/30 239233000

Certification # 17104 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME IN	TIME OUT	Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
1	239289000		6	2	1450	1500	CK		
2	239138000		4	2	1222	1232	JK		
3	239201000		5	2	1220	1240	CK		
4									
5	239310000		4	2	1342	1352	JK		
6	239399000		4	2	1400	1500	CK		
7	239480000		4	2	1230	1240	JK		
8	239550000		10	2	1200	1210	CK		
9	239650000		14	2	1200	1215	JK		
10	239700000		15	2	1200	1210	CK		
11									
12	239992000		12	10	1245	1301	JK		
13	239110000		10	11	1510	1520	CK		
14	239020000		1.8	11	1220	1230	JK		
15	239030000		20	2	1200	1210	CK		
16	239040000		18	2	1200	1210	JK		
17									
18									
19	239714000		13	10	1252	1302	JK		
20	239720000		14	12	1200	1210	CK		
21	239730000		10	2	1200	1210	JK		
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									



Beginning Next Month Reading _____

Month - Yr. 7-10

Page # 11

Operation - Maintenance Log

Facility Name Blue Branch #1

PWS No. 683-1517

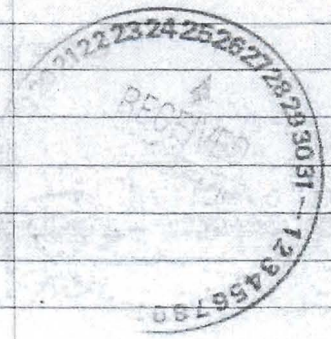
Facility Address 6/30 7778/100

Operator JKL

Ending Prev. Mo. Reading 6/30 7778/100

Certification # 12121 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	7778/100	1.5	12	1800	1800		JKL	5	
2	7783/100	1.4	12	1800	1812		JKL	5	
3	7788/100	1.5	12	1800	1810		JKL	5	
4									
5	7795/100	1.4	12	1800	1842		JKL	5	
6	7801/100	1.4	12	1800	1810		JKL	5	
7	7809/100	1.4	12	1800	1810		JKL	5	
8	7815/100	1.3	15	1800	1800		JKL	5	
9	7821/100	1.1	18	1800	1819		JKL	5	
10	7833/100	1.5	14	1800	1800		JKL	5	
11									
12	7845/100	1.2	10	1800	1851		JKL	5	
13	7856/100	1.6	16	1800	1810		JKL	5	
14	7861/100	1.8	1.1	1800	1800		JKL	5	
15	7868/100	1.2	12	1800	1810		JKL	5	
16	7878/100	1.8	13	1800	1800		JKL	5	
17	7887/100	1.2	10	1800	1800		JKL	5	
18									
19	7902/100	1.0	10	1800	1800		JKL	5	
20	7913/100	1.1	10	1800	1800		JKL	5	
21	7924/100	1.0	15	1800	1800		JKL	5	
22	7931/100	1.5	13	1800	1800		JKL	5	
23	7941/100	1.4	12	1800	1800		JKL	5	
24	7941/100								
25									
26	7954/100	1.8	10	1800	1800		JKL	5	
27	7963/100	1.5	10	1800	1800		JKL	5	
28	7974/100	1.5	10	1800	1800		JKL	5	
29	7981/100								
30	7987/100								
31									



Beginning Next Month Reading _____

RECEIVED

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

JUL 16 2010

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(863) 965-2540
LAB I.D. # E64567

ENVIRONMENTAL
ENGINEERING

Lab Receipt Date & Time:

MR 2010 JUL -9 A 8:26

Analysis Date & Time: 07/09/10 at 9:15am

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not on Ice 72 °C
Disinfectant Check ☒ Not Detected mg/L

This sample does not meet the following NELAC requirements:

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliforms ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch 1&2

PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch FL

PWS or PWS Owner's Phone #:

Collector: Tyler Johnson

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 7/9/10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Fecal or E. coli Analysis Method: <u>Coliform</u>				
						Non Coliform	Total Coliform	Fecal or E. coli	Crypto Qualifier ²	
A	Raw at well # 1	12:30pm	R	0			A			111476
B	Raw at well # 2	12:30pm	R	0		L	A			111477
C	Lot 119	12:30pm	D	0.2		L	A			111478
D	Outside Room 312	12:30pm	D	0.2		L	A			111479

Average of disinfectant residuals for routine and repeat samples:
Free Chlorine 0.2

Unless otherwise noted All tests are performed in accordance with NELAC Standards, and the results relate to the samples.

Disinfectant Residual Analysis Method: DPD Colorimetric

Person performing disinfectant analysis is:

☐ A certified operator @

☒ Supervised by a certified operator @ 8567

☐ Employed by a certified lab

☐ Employed DEP or DOH

☐ Authorized representative of supplier of water

Date and time PWS notified of positive results:

Date and time DEP/DOH notified of positive results:

Date Report issued:

Lab Signature: Margaret Lippert 7/9/10

Title: Analyst

Name and Mailing Address of Person to Receive Report

Mid Florida Water Treatment
226 Epsil Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

DEP Sample Type Codes: D=Distribution (Routine Compliance); R=Repeat or Corrective Action; N=Not in Distribution; P=Partially Treated; S=Special Circumstance, etc.)

Analysis Method: MP = SM9222B & D; MTF = 9221B & 9221C; MUC = SM9222B; HPC = SM9221B

Results: + = coliforms are present; P = coliforms are present; C = Coliform count; TNC = too numerous to count



SOUTHERN ANALYTICAL LABORATORIES, INC.



Safe Drinking Water Program Laboratory Report

Tri-Florida Water Treatment, Inc.
New River Ranch

PUBLIC WATER SYSTEM INFORMATION

System Name: New River Ranch
System Type: ☒ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity
Address: 3200 River Ranch Blvd
City: River Ranch
Phone #: (407) 351-3351 Fax #:

PWS I.D. #: 3531517

ZIP Code: 33867

E-Mail Address:

SAMPLE INFORMATION

Sample Number: 103225.01
Sample Location: Lot #381
Disinfectant Residual: 0.2 mg/L

Sample Date: 07/8/10

Sample Time: 12:50 PM

Location Code:

Field pH

Sample Type (Check Only One)

- ☐ Distribution
☐ Entry Point (to Distribution)
☐ Plant Tap (not 62-550 compliance)
☐ Raw (at well or intake)
☒ Max Residence Time
☐ Ave Residence Time
☐ Near First Customer

Reason(s) for Sample (Check all that apply)

- ☒ Routine Compliance (with 62-550) ☐ Replacement (of Invalidated Sample)
☐ Confirmation of MCL Exceedance ☐ Special (not for compliance with 62-550)
☐ Composite of Multiple Sites ☐ Clearance (permitting)
☐ Other: _____

Sampling Procedure Used or Other Comments:

SAMPLER CERTIFICATION

I, Tyler Johnson
(Name)

Sample Technician do HEREBY CERTIFY
(Title)

that the above public water system and sample collection information is complete and correct.

Signature: Tyler Johnson

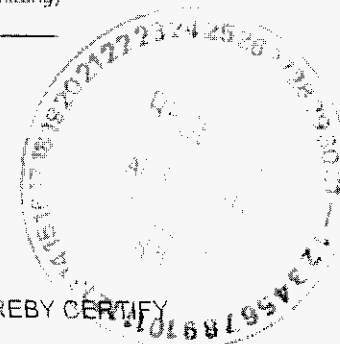
Date: 7/31/10

Certified Operator #:

Phone #: (863) 965-1439

Sampler's FAX #: (863) 965-2407

Sampler's E-Mail Address:



SOUTHERN ANALYTICAL LABORATORIES, INC.

110 BAYVIEW BOULEVARD, OLDSMAR, FL 34677 (813) 855-1844 FAX (813) 855-1844



Safe Drinking Water Program Laboratory Report

Tri-Florida Water Treatment, Inc.
New River Ranch

LABORATORY CERTIFICATION INFORMATION

Lab Name: Southern Analytical Laboratories, Inc.
Address: 110 Bayview Blvd., Oldsmar, FL 34677

Florida DOH Certification #: E84129
Phone: (813) 855-1844

Certification Expiration Date: 06/30/11

Were any analyses subcontracted?

☐ Yes ☒ No

If yes, please provide DOH certification numbers:

ANALYSIS INFORMATION (to be completed by lab)

PWS I.D. #: 3531517

Date Sample(s) Received: 07/15/10
Sample Number: 103225.01

Lab Assigned Report Number: 103225.01

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics

- ☐ All Except Asbestos
☐ Partial
☐ Nitrate
☐ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☒ Trihalomethanes
☒ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☐ Partial

LAB CERTIFICATION

I, Francis I. Daniels, Laboratory Director, do HEREBY CERTIFY

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: Francis I. Daniels

Date: 07/25/10

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Provide radiological sample dates & locations for each quarter

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____



SOUTHERN ANALYTICAL LABORATORIES, INC.

10000 W. VIRVAD AVENUE, SUITE 100, TAMPA, FL 33613-8550



Tri-Florida Water Treatment, Inc.

New River Ranch

Sample ID: Lot #381

Sample No.: 103225.01

PWS ID: 3531517

Disinfectant Residual (mg/L): 0.2

Disinfection Byproducts

62-550.310(3)

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2450	Monochloroacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	2	07/22/10	14:29	E84129
2451	Dichloroacetic Acid	N/A	µg/L	7.3		EPA 552.2	1	1	07/22/10	14:29	E84129
2452	Trichloroacetic Acid	N/A	µg/L	9.4		EPA 552.2	1	1	07/22/10	14:29	E84129
2453	Monobromoacetic Acid	N/A	µg/L	1	U	EPA 552.2	1	1	07/22/10	14:29	E84129
2454	Dibromoacetic Acid	N/A	µg/L	1.1		EPA 552.2	1	1	07/22/10	14:29	E84129
2456	Total Haloacetic Acids (HAA5)	60	µg/L	17.8		EPA 552.2	1	---	07/22/10	14:29	E84129

Contaminant ID	Contaminant Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Certification #
2941	Chloroform	N/A	µg/L	36		EPA 524.2	0.1	1	07/16/10	10:01	E84129
2942	Bromoform	N/A	µg/L	0.17	I	EPA 524.2	0.1	1	07/16/10	10:01	E84129
2943	Bromodichloromethane	N/A	µg/L	13		EPA 524.2	0.1	1	07/16/10	10:01	E84129
2944	Dibromochloromethane	N/A	µg/L	4.8		EPA 524.2	0.2	1	07/16/10	10:01	E84129
2950	Total Trihalomethanes (TTHM)	80	µg/L	53.97		EPA 524.2	0.1	---	07/16/10	10:01	E84129

* Qualifiers:

- I The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
- U Analyte was undetected. Indicated concentration is method detection limit.

** Laboratories are required to adhere to the minimum reporting level (MRL) requirements of 40 CFR 141.131(b)(2)(iv)

*** Applicable to monitoring as prescribed in 40 CFR 141.132 (b)(2)(i)(B) and (b)(2)(ii)

**** Laboratories that use EPA Methods 317.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 µg/L MRL for bromate.



110 BAYVIEW BOULEVARD, DUNSMIRE, FL 34617 TEL: 855-1844 FAX: 813-855-8216

103225

181207122232125082								
181207122232125082								
181207122232125082								
181207122232125082								
181207122232125082								
181207122232125082								
181207122232125082								
181207122232125082								
181207122232125082								

1000558



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED WATER



See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: August-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1 & 2			PWS Identification Number:	353-1517
PWS Type:	Community				
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200		
PWS Owner:	River Ranch				
Contact Person:				Contact Person's Title:	
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch	State:	FL
Contact Person's Telephone Number:	863-592-1321	Contact Person's Fax Number:	None		
Contact Person's E-Mail Address:	None				

B. Water Treatment Plant Information

Plant Name:	New River Ranch			Plant Telephone Number:	863-592-1321
Plant Address:	3200 River Ranch Resorts			City:	Lake Wales
Type of Water Treated by Plant:	Raw ground water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	James Kochanski	C	17104	8/Month	
Other Operators:	Chris Beatty	D	17953		
	Keith Johnson	C	7451		
	James Kochanski	C	17104		
	Larry Scott	C	8567	11/Month	
	William Goodman	D	17443		
	Tony Johnson	D	18154	5/Month	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski
Printed or Typed Name

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

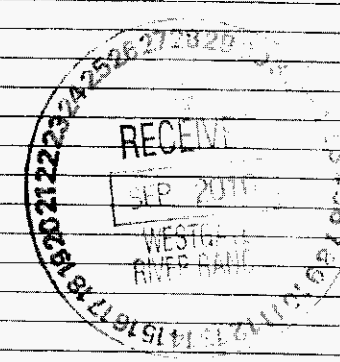
PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of: August-10

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	258600												
2	X	24	258600										0.2		
3	X	24	297700										0.2		
4	X	24	212800										0.2		
5	X	24	164400										0.2		
6	X	24	154600										0.2		
7	X	24	174300										0.2		
8		24	128850										0.5		
9	X	24	128850										1.0		
10	X	24	166500										1.0		
11	X	24	161400										1.3		
12	X	24	159300										1.0		
13	X	24	144700										1.2		
14	X	24	146300										1.4	#7 tube, phenolic gear roller assy	
15		24	204850												
16	X	24	204850										1.4		
17	X	24	221200										1.0		
18	X	24	202200										1.0		
19	X	24	227200										1.0		
20	X	24	184200										1.0		
21	X	24	201400										1.0		
22		24	148750										1.0		
23	X	24	148750										0.4		
24	X	24	114900										0.3		
25	X	24	82600										0.4		
26	X	24	181900										0.5		
27	X	24	169000										0.4		
28		24	130067												
29		24	130067												
30	X	24	130067										0.2	3 duckbills	
31		24	200000												
Total			5438900												
Average			175448												
Maximum			297700												



* Refer to the instructions for this report to determine which plants must provide this information.

Tri - Florida Water Treatment, Inc.
226 East Lake Avenue
Auburndale, FL 33823
(863) 965-1439

Month - Yr. 8-10

Page # 12

Operation - Maintenance Log

Facility Name River Ranch #1
Facility Address 7/31 7999/1000
Ending Prev. Mo. Reading 7/31 7999/1000

PWS No. 653-1517
Operator J. Kochinski T. Johnson
Certification # 17104 19154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME IN	TIME OUT	Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
1									
2	80159700	4.2	1235	1245			JL	0	
3	80269700	4.2	1200	1210			JL		
4	80376700	4.2	1120	1130			JL	4	750
5	80445700	4.2	1030	1040			JL		
6	80509700	4.2	1170	1180			JL	4	1500
7	80621000	4.0	1030	1040			JL		
8									
9	80690700	4.0	1240	1250			JL	0	
10	80759700	4.0	1100	1110			JL		
11	80816700	4.0	1050	1060			JL	4	1400
12	80909700	4.0	1310	1320			JL		
13	80976700	4.0	1150	1160			JL	4	# 77000 - 10000
14	81029700	4.0	1000	1010			JL		Roller Air 9000
15									
16	81217600	4.8	1215	1225			JL	0	
17	81301700	4.8	1140	1150			JL		
18	81397000	4.7	1300	1310			JL	4	1200
19	81449700	4.7	1110	1120			JL		
20	81570700	4.8	1120	1130			JL	4	
21	81633700	4.8	1100	1110			JL		
22									
23	81770700	4.9	1210	1220			JL	0	
24	81829700	4.9	1100	1110			JL		
25	81898700	4.9	1170	1180			JL	4	
26	81945700	4.9	1120	1130			JL		
27	82003700	4.9	1120	1130			JL		
28									
29									
30	82107700	4.9	1120	1130			JL	4	3 1/2 inch 8.11
31									



Tri - Florida Water Treatment, Inc.
226 East Lake Avenue
Auburndale, FL 33823
(863) 965-1439

Month - Yr. 8-12

Page # 12

Operation - Maintenance Log

Facility Name River Ranch
Facility Address 2410 22nd St
Ending Prev. Mo. Reading 7/31 241022000

PWS No. 653-1510
Operator J. Smith
Certification # 17101 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2	242371000		4.2		1245	1255	JA	0	
3	242132000		2.1		1000	1010	JA	0	
4	242021000		1.9		1200	1210	JA	0	
5	241820000		1.7		1030	1040	JA	0	
6	241850000		1.6		1141	1151	JA	0	
7	241893000		1.2		1232	1242	JA	0	
8									
9	241810000		1.5		1257	1307	JA	0	
10	241710000		1.2		1100	1110	JA	0	
11	241620000		2.1		1140	1150	JA	0	
12	241540000		2.2		1130	1140	JA	0	
13	241513000		2.0		1150	1200	JA	0	# 7 Test
14	241354000		2.2		1010	1020	JA	0	Water Assy - Phos
15									
16	241376000		1.8		1215	1225	JA	0	
17	241289000		1.8		1140	1150	JA	0	
18	241000000		1.9		1130	1140	JA	0	
19	241181000		2.0		1140	1150	JA	0	
20	241124000		1.8		1141	1151	JA	0	
21	241250000		1.7		1140	1150	JA	0	
22									
23	2414538000		1.8		1241	1251	JA	0	
24	241255000		1.8		1140	1150	JA	0	
25	241210000		1.7		1140	1150	JA	0	
26									
27									
28									
29									
30									
31									



RECEIVED

SEP 14 2010

ENVIRONMENTAL
ENGINEERING

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33980
(888) 885-2640
LAB I.D. # E94597

Report Number: _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time:

2010 SEP -9 A 8:41

Analysis Date & Time: 9/9/10 9:10 am

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice 6-8 oc

Disinfectant Check: ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAP requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliforme ☐ HPC ☐ Other

Public Water System Name: New River Ranch 1&2 PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd City: River Ranch FL

PWS or PWS Owner's Phone #: _____

Collector: Tony Johnson

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 9-9-10

Clearance "PWSN" ES

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: SM9223B				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	
A	Rest of well #1		R							
B	Rest of well #2		R							
C	Lot 112 20F2	0630	D	6		L	A			115323
D	Outside Room 312 20F2	0630	D	6		M	A			115324

Average of disinfectant residuals for routine and repeat samples.

☒ Free Chlorine ☐ or ☐ Total chlorine (circle one)

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with
NELAP Standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report issued: _____

Lab Signature: Margaret Rappaport 9/14/10

Title: _____

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33623

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 9/15/10

DEP/DOH Reviewing Official: _____



DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33980
(889) 395-2540
LAB I.D. # E54567

RECEIVED
SEP 14 2010

ENVIRONMENTAL
ENGINEERING

Report Number _____ Sub-Contract Lab # _____

Lab Receipt Date & Time:

2010 SEP -9 A 8:41

Analysis Date & Time: 9/9/10 at 9:10 am

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice 6.8 °C

Disinfectant Check: ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAP requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System Name: New River Ranch 1&2

PWS I.D. 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch FL

PWS or PWS Owner's Phone #:

Collector: Tony Johnson

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 9-8-10

Clearance

"PBWN"

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfectant Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Fecal or E. coli Analysis Method: SM9222B				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	
A	Raw at well #4		R							
B	Raw at well #2		R							
C	Lot 118	1500	D	.6		L	A			115322
D	Outside Room 312	1500	D	.6		L	A			115322

Average of disinfectant residuals for routine and repeat samples:

Free Chlorine or Total chlorine (circle one) .6

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with
NELAP Standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report Issued: _____

Lab Signature: Margaret Rappaport 9/10/10

Title: Engineer

Name and Mailing Address of Person to Receive Report:

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 9/15/10

DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Tail; S=Special/Clearance, etc.)

Analysis Methods: MF = SM9222B & D, MTF = 9221B BECMUG, MMCMUG = SM9223E, HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confirm growth; TNTC = too numerous to count



DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
80 Oakwood Road
Winter Haven, FL 33880
(888) 965-2540
LAB I.D. # E84587

Lab Receipt Date & Time:

2010 AUG 10 A 7:30

RECEIVED

Analysis Date & Time: 08/10/10 at 8:25am
Sample Acceptance Criteria:
Sample Preservation: ☒ On Ice ☐ Not On Ice 7.2 °C
Disinfectant Check: ☒ Not Detected ☐ Not
This sample does not meet the following NELAP requirements:

Report Number: Sub-Contract Lab ID: AUG 13 2010

Analysis Requested: (please check all that apply)

**ENVIRONMENTAL
ENGINEERING**

☒ Total Coliform/E. coli ☐ Total Coliform/Total Enterococci ☐ Coliforms ☐ HPC ☐ Other

Public Water System Name: New River Ranch PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd City: River Ranch

PWS or PWS Owner's Name:

Phone:

Collection: Gary Johnson Collector's Phone #: 853-965-1439

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 8-9-10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Fecal or E. coli Analysis Method: SM9222B	Coliform	Total Coliform	Fecal or E. coli	
A	Raw at well #1	1247	R	0.74			A			113529
B	Raw at well #2	1247	O	0.74			A			113530
D	Outside Room 158	1247	O	1.0			A			113531
E	Lot 361	1247	O	1.0			L A			113532

Average of disinfectant residuals for routine and repeat samples: 1.0
Disinfectant Residual Analysis Method: ☒ DPD Colorimetric ☐ Other: _____
Person performing disinfectant analysis is:
☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with NELAP Standards, and the results relate to the samples.
Date and time PWS notified of positive results: _____
Date and time DEP/DOH notified of positive results: _____
Date Report Issued: _____
Lab Signature: Margaret Kappone 8/11/10
Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 8/16/10

DEP/DOH Reviewing Official: _____

Page 1 of 1

DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat of Check; R=Raw; N=Entry to Distribution; P=Repeat Tap; S=Special Circumstances, etc.)

Analysis Methods: MF = SM9222B & D; MTP = SM9222B AEC/MUG; MMOM/MUG = SM9222B; HPC = SM9215B

Indicators: A = coliforms are abundant; P = coliforms are present; C = confluent growth; TNTC = too numerous to count





MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: September-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1 & 2			PWS Identification Number:	353-1517
PWS Type:	Community				
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200		
PWS Owner:	River Ranch				
Contact Person:			Contact Person's Title:		
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch	State:	FL Zip Code: 33867
Contact Person's Telephone Number:	863-592-1321	Contact Person's Fax Number:	None		
Contact Person's E-Mail Address:	None				

B. Water Treatment Plant Information

Plant Name:	New River Ranch			Plant Telephone Number:	863-592-1321
Plant Address:	3200 River Ranch Resorts	City:	Lake Wales	State:	FL Zip Code: 33967
Type of Water Treated by Plant:	Raw ground water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	James Kochanski	C	17104	9/Month	
Other Operators:	Chris Beatty	D	17953		
	Keith Johnson	C	7451		
	James Kochanski	C	17104		
	Larry Scott	C	8567	14/Month	
	William Goodman	D	17443		
	Tony Johnson	D	18154	3/Month	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski
Printed or Typed Name
Page 1

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of: September-10

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations								UV Dose			
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	232150										0.2		
2	X	24	232700										0.2		
3	X	24	173400										0.2		
4	X	24	108700										0.2		
5	X	24	189200										0.2		
6		24	161600												
7	X	24	161600										0.2		
8	X	24	159600										0.2	#7 Tube	
9	X	24	154900										1.0		
10	X	24	170300										1.0		
11	X	24	169900										1.0		
12		24	186700												
13	X	24	186700										1.0		
14	X	24	197400										0.5		
15	X	24	211200										0.2	#7 Tube	
16	X	24	222900										0.2		
17	X	24	219200										0.4		
18	X	24	218700										0.4		
19		24	198150												
20	X	24	198150										0.2	3 Duckbills	
21	X	24	209900										0.2		
22	X	24	195000										0.2		
23	X	24	169500										0.2		
24	X	24	201100										1.2		
25	X	24	195400										1.0		
26		24	100750												
27	X	24	100750										0.6		
28	X	24	215100										0.8		
29	X	24	103700										0.2		
30	X	24	104800										0.2		
Total			5349150												
Average			178305												
Maximum			232700												

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 9-10

Page # 01

Operation - Maintenance Log

Facility Name RiverRanch #1
Facility Address _____
Ending Prev. Mo. Reading 8/30 82187900

PWS No. 653-1517
Operator J. Johnson
Certification # 17104

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	82383200		1.4	1.2	1201	1211	JL	✓	900
2	82449900		1.4	1.2	1310	1320	LWS		
3	82561300		1.4	1.2	1400	1410	JL	✓	850
4	82611020		1.4	1.2	1500	1510	LWS		
5	82689100		1.4	1.2	1600	1610	LWS		
6									
7	82801100		1.5	1.2	0900	0910	LWS	+	
8	82856000		1.6	1.2	1200	1210	JL	✓	1500 #7 Tube
9	82988900		1.5	1.0	1500	1510	LWS	+	
10	83034100		1.8	1.0	1600	1610	JL	✓	1450
11	83101100		1.8	1.0	1700	1710	LWS		
12									
13	83267500		1.4	1.0	1444	1529	JL	✓	-
14	83339900		1.0	1.5	0800	0810	LWS	+	
15	83441100		1.6	1.2	1131	1211	JL	✓	1550 #7 Tube R
16	83551100		1.5	1.2	1150	1200	LWS		
17	83629800		1.4	1.2	1110	1130	JL	✓	1300
18	83742500		1.4	1.2	0800	0810	LWS		
19									
20	83851100 83895200		1.4	1.2	1249	1259	JL	✓	At Home 3
21	83912100		1.4	1.2	0900	0910	LWS		Dur. B. 1/3
22	84075100		1.6	1.2	1272	1234	JL	✓	1200
23	84129600		1.7	1.2	1300	1320	LWS	+	
24	84212700		1.4	1.2	1100	1200	JL	✓	1150
25	84352100		1.7	1.2	1500	1510	LWS	+	
26									
27	84425600		1.4	1.2	1109	1159	JL	✓	-
28	84557200		1.2	1.2	0900	0910	LWS	+	
29	84649400		1.7	1.2	1200	1210	JL	✓	1090
30	84772200		1.7	1.2	1100	1110	LWS	+	
31									

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(889) 965-2540
LAB I.D. # E84587

Report Number _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time

RECEIVED

Analysis Date & Time

2009 SEP 20 A 8:40

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice 7.2 OC
Disinfectant Check ☒ Not Detected _____ mg/L

This sample does not meet the following NELAP requirements

Analysis 9/20/09 at 8:45am

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other

Public Water System Name: Venture Inn

Permit # 49-57-04009

PWS Address: 3095 E Hwy 80

City: Okeechobee

PWS or PWS Owners Phone #:

Par #:

Collector: Larry Smith

Collector's Phone #: 863-965-1439

Type of Supply: Limited Use

Osceola County Health Dept.

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Environmental Health

Kissimmee, FL 34741

Attn: Chryl Uraw Ph 407-742-8037/Fax 407-742-8513

Sample Collection Date: 9-29-10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Resid (mg/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Det. Qualifier	
A	Raw at well	1015	R	0			A			116911
B	Residual		B							

Average of disinfectant residuals for routine and repeat samples:

Free Chlorine or Total Chlorine (mg/L)

Disinfectant Residual Analysis Method:

☒ DPD colorimetric ☐ Other

Person performing disinfectant analysis is:

☐ A certified operator (if)
☐ Supervised by a certified operator (if)
☐ Employed by a certified lab
☐ Employed DEP or DCH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with

NELAP Standards, and the results relate to the sample.

Date and time PWS notified of positive results:

Date and time DEP/DCH notified of positive results:

Date Report issued:

Lab Signature: Margaret Lippard 10/1/10
Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☐ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required

Date Reviewed by DEP/DCH:

DEP/DCH Reviewing Official:

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(883) 985-2549
LAB I.D. # EB4557

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch & RV Resorts PWS I.D. 353-1517

PWS Address: 3200 River Ranch Rd City: Lake Wales

PWS or PWS Owner's Phone #: 883-862-1321 Collector's Phone #: 883-985-1435

Collector: Tony Johnson

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 9-13-10

Lab Receipt Date & Time:

2010 SEP 14 A 8:13

Analysis Date & Time:

9/14/10 at 8:50am

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice 7.4 °C

Disinfectant Check: ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAC requirements:

RECEIVED

SEP 23 2010

ENVIRONMENTAL
ENGINEERING

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method Fecal or E. coli Analysis Method				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Classifier ²	
A	Raw at well #1	13/9	R	0.5	7.4	A				115709
B	Raw at well #2	13/9	R	0.5	7.4	A				115710
G	Lot 326	13/9	D	1.0		A				115711
H	Lot 379	13/9	D	1.0		A				115712

Average of disinfectant residuals for routine and repeat samples:

Free Chlorine or Total Chlorine (circle one) 1.0

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with
NELAC Standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report Issued: _____

Lab Signature: Margaret Raygan 9/14/10
Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

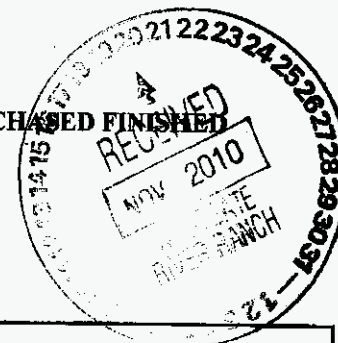
DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 9/24/10

DEP/DOH Reviewing Official: RS



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER



See page 4 for Instructions.

POLK

I. General Information for the Month Year of: October-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1 & 2		PWS Identification Number:	353-1517
PWS Type:	Community			
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200	
PWS Owner:	River Ranch			
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant	
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch	State: FL Zip Code: 33867
Contact Person's Telephone Number:	863-692-1321	Contact Person's Fax Number:	None	
Contact Person's E-Mail Address:	alicia_quig@wqresorts.com			

B. Water Treatment Plant Information

Plant Name:	New River Ranch		Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales	State: FL Zip Code: 33967
Type of Water Treated by Plant:	Raw ground water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000			
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James Kochanski	C	17104	9/Month
Other Operators:	Chris Beatty	D	17953	1/Month
	Keith Johnson	C	7451	
	James Kochanski	C	17104	
	Larry Scott	C	8567	12/Month
	William Goodman	D	17443	
	Tony Johnson	D	18154	3/Month

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski
Printed or Typed Name
Page 1

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

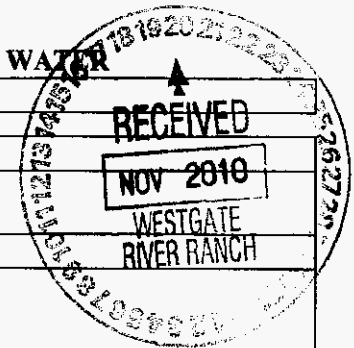
III. Daily Data for the Month/Year of: October-10

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	176600										0.2		
2	X	24	176000										0.2		
3		24	167850												
4	X	24	167850										0.2		
5	X	24	170400										0.2		
6	X	24	217700										0.5		
7	X	24	221500										1.0		
8	X	24	267400										1.0		
9	X	24	228400										1.0		
10		24	149500												
11	X	24	149500										0.2		
12	X	24	151300										0.2		
13	X	24	240000										0.2		
14	X	24	193700										0.2		
15	X	24	202900										0.2		
16	X	24	197100										0.3		
17		24	173250												
18	X	24	173250										0.4		
19	X	24	205500										0.2		
20	X	24	253100										0.2		
21	X	24	225100										0.2		
22	X	24	350600										0.2		
23	X	24	182400										0.2		
24		24	253800												
25	X	24	253800										0.2		
26	X	24	232200										0.2		
27	X	24	235100										0.2		
28	X	24	294600										1.0		
29	X	24	263900										2.0		
30		24	250000												
31		24	250000												
Total			6674300												
Average			215300												
Maximum			350600												

*Refer to the instructions for this report to determine which plants must provide this information.



Month - Yr. 10-10

Page # 02

Operation - Maintenance Log

Facility Name River Ranch #1

PWS No. 653-1517

C. B. B. 17953

Facility Address

Operator J. Kahns

T. Johnson

Ending Prev. Mo. Reading 9-30 84577200

Certification # 17104

18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	8469400		.4	.2	1150	1300	JL	✓	1050
2	8477500		.4	.2	1150	1150	LLS	✓	
3									
4	84928500		.4	.2	1342	1352	JL	✓	-
5	84949400		.4	.2	1310	1300	LLS		
6	85075600		.4	.5	1235	1245	JL	✓	F
7	85200400		.4	.10	1145	1155	LLS	✓	
8	85300000		.4	.10	1139	1215	JL	✓	
9	85448000		.4	.10	1130	1140	LLS	✓	
10									
11	85536000		.4	.2	1430	1442	LLS	✓	
12	85618000		.4	.2	1000	1010	LLS	✓	
13	85703000		.4	.2	1300	1310	JL	✓	1370
14	85784000		.4	.2	1000	1000	LLS	✓	
15	85877000		.4	.2	1300	1300	JL	✓	1280
16	85940000		.4	.2	1200	1200	LLS	✓	
17									
18	86128000		.4	.2	1000	1010	JL	✓	-
19	86200000		.4	.2	1000	1000	LLS	✓	
20	86280000		.4	.2	1119	1130	JL	✓	
21	86360000		.4	.2	1000	1000	LLS	✓	
22	86440000		.4	.2	1000	1000	JL	✓	1200
23	86520000		.4	.2	1000	1000	LLS	✓	
24									
25	86600000		.4	.2	1000	1000	JL	✓	
26	86680000		.4	.2	1000	1000	LLS	✓	
27	86760000		.4	.2	1000	1000	JL	✓	
28	86840000		.4	.2	1000	1000	LLS	✓	
29	86920000		.4	.2	1000	1000	JL	✓	
30									
31									



Beginning Next Month Reading

Month - Yr. 10 - 10

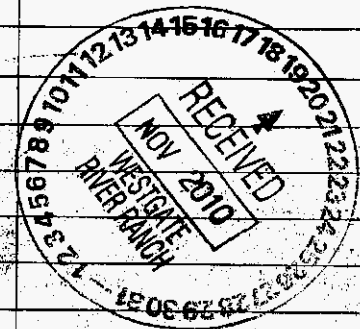
Page # 02

Operation - Maintenance Log

Facility Name River Ranch #2
Facility Address 930 21836000
Reading Prev. Mo. Reading 930 21836000

PWS No. 653-1517
Operator J. K. K. K.
Certification # 1212/1 15154

Date	Meter Reading	H ₂ O Used - Gal.	GL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	24831000		14	2	1250	1302	JL	4	1050
2	24842000		14	2	1130	1150	CL		
3									
4	24859000		14	2	1302	1402	JL	0	
5	24864000		14	2	1310	1400	CL		
6	24871000		15	3	1035	1045	CL	4	F
7	248931000		15	10	1145	1155	CL		
8	249098000		16	10	1235	1245	CL	4	1440
9	249178000		17	10	1430	1440	CL		
10									
11	249310000		18	2	1430	1440	CL	4	
12	24945000		19	2	1000	1010	CL		
13	249614000		19	2	1300	1310	CL	4	1300
14	24972000		20	2	1000	1010	CL		
15	249836000		20	2	1310	1320	CL	4	1320
16	24991000		20	3	0800	0810	CL		
17									
18	25012000		20	2	1310	1320	CL		
19	25023000		21	2	0800	0810	CL		
20	25024000		21	2	0800	0810	CL		
21									
22	250721000		21	2	0800	0810	CL	4	
23									
24									
25	25101000		21	2	0800	0810	CL		
26	25111000		21	2	0800	0810	CL		
27	25121000		21	2	0800	0810	CL		
28									
29									
30									
31									



Beginning Next Month Reading

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT**

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33890
(888) 986-2540
LAB I.D. # EB4567

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System Name: **New River Ranch 1&2** FWS ID: **353-1517**

PWS Address: **3200 River Ranch Rd** City: **River Ranch FL**

PWS or PWS Owner's Phone #: _____

Collector: Tony Johnson

Type of Supply: **Community Water System**

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 10-4-10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	
A	Raw at well #1	1342	R	0.74		L	A			117104
B	Raw at well #2	1342	R	0.74		L	A			117105
C	Lot 119	1342	D	.2		L	A			117106
D	Outside Room 312	1342	D	.2		M	A			117107

Average of disinfectant residuals for routine and repeat samples.

☒ Free Chlorine or ☐ Total Chlorine (circle one) **.2**

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

Page 1 of 1

¹DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat of Check; R=Raw; N=Entry to Distribution; P=Plant Test; S=Specific Instance, etc.
 Analysis Methods: MF = SM9222B & D; MTF = 9221B & ECAMUG; MMOMUG = SM9223B; HPC = SM9215B
 Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

Lab Receipt Date & Time:

2010 OCT -5 A 8:11

Analysis Date & Time

10/05/10 at 9:15 am

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice **7.8** °C

Disinfectant Check ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAC requirements:

RECEIVED

NOV 02 2010

ENVIRONMENTAL
ENGINEERING

Unless otherwise noted, all tests are performed in accordance with
NELAC standards, and the results relate to this sample.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report issued: _____

Lab Signature: Margaret L. Lippert 10/6/10

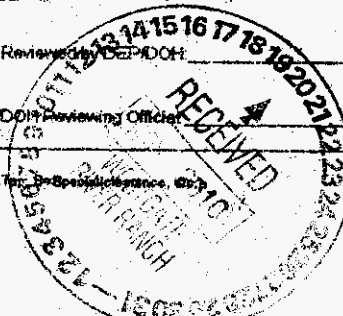
Title: Director

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Officer: _____





MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: November-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1& 2			PWS Identification Number:	353-1517
PWS Type:	Community				
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200		
PWS Owner:	River Ranch				
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant		
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch	State:	FL Zip Code: 33867
Contact Person's Telephone Number:	863-692-1321	Contact Person's Fax Number:	None		
Contact Person's E-Mail Address:	alicia_quig@wqresorts.com				

B. Water Treatment Plant Information

Plant Name:	New River Ranch			Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales	State:	FL Zip Code: 33967
Type of Water Treated by Plant:	Raw ground water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	James Kochanski	C	17104	6/Month	
Other Operators:	Chris Beatty	D	17953	0/Month	
	Keith Johnson	C	7451		
	James Kochanski	C	17104		
	Larry Scott	C	8567	14/Month	
	William Goodman	D	17443		
	Tony Johnson	D	18154	4/Month	
	Tiffanie Schroeder	C	16748	2/Month	

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

James W. Kochanski 12-9-10
Signature and Date

James Kochanski
Printed or Typed Name

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of: November-10

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	x	24	198633										1.4	
2	x	24	234500										2.0	
3	x	24	305300										2.0	
4	x	24	157900										2.0	
5	x	24	165700										1.8	
6	x	24	210100										2.0	
7		24	195150											
8	x	24	195150										2.0	
9	x	24	212900										1.8	
10	x	24	241000										0.8	
11	x	24	248900										1.0	
12	x	24	225900										0.6	
13	x	24	235200										0.2	
14		24	219600											
15	x	24	219600										0.2	
16	x	24	161300										0.6	
17	x	24	274300										1.0	
18	x	24	100500										0.9	
19	x	24	201200										0.8	
20	x	24	192500										2.0	
21		24	221150											
22	x	24	221150										3.5	
23	x	24	204700										3.4	
24	x	24	273400										3.0	
25	x	24	237300										3.0	
26	x	24	249300										2.2	
27	x	24	255800										2.0	
28		24	154850											
29	x	24	154850										1.5	
30	x	24	285300										1.4	
Total			6453133											
Average			215104											
Maximum			305300											

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 11-10

Page # 03

Operation - Maintenance Log

Facility Name River Ranch #2

PWS No. 653-1517

Facility Address

Operator T. Johnson

Ending Prev. Mo. Reading 10/19 251641000

Certification # 1204 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	251989000		18	14	1220	1230	JL	0	
2	252092000		28	20	1240	1250	LWS	0	
3	252286000		30	20	1158	1108	JL	0	1300
4	252389000		31	20	1240	1250	LWS	0	
5	252461000		30	18	1235	1245	JL	0	12:30
6	252555000		28	20	0710	0740	LWS	0	
7									
8	252807000		28	20	1205	1215	JL	0	11:50
9	252918000		28	18	0800	0810	LWS	0	
10	253027000		18	18	1151	1241	JL	0	11:00
11	253211000		28	20	1100	1110	LWS	0	
12	253389000		10	6	1100	1110	JL	0	11:00
13	253498000		0	0	1200	1210	JL	0	
14									
15	2537743000		14	12	1356	1406	JL	0	
16	253854000		10	0.6	1410	1425	LWS	0	
17	253999000		18	10	1000	1015	LWS	0	
18	254087000		17	09	1101	1111	LWS	0	
19	254174000		18	08	1241	1251	JL	0	11:00
20	254251000		20	05	1255	1305	JL	0	
21									
22	254333000		30	25	1310	1340	JL	0	750 p.m. 11:10
23	254416000		30	25	1101	1110	LWS	0	
24	254491000		30	20	1110	1120	JL	0	11:00
25	254574000		30	20	0640	0650	LWS	0	
26	254657000		30	20	1437	1447	JL	0	
27	254740000		30	20	1200	1210	JL	0	
28									
29	254824000		20	15	1200	1210	JL	0	
30									
31									

Beginning Next Month Reading



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: December-10

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1&2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch
Contact Person's Telephone Number:	863-692-1321	State:	FL
Contact Person's E-Mail Address:	alicia_quig@wgresorts.com	Zip Code:	33867
		Contact Person's Fax Number:	None

B. Water Treatment Plant Information

Plant Name:	New River Ranch	Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales
		State:	FL
Type of Water Treated by Plant:	Raw ground water	Zip Code:	33967
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	James Kochanski	C	17104
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567
	William Goodman	D	17443
	Tony Johnson	D	18154
	Tiffanie Schroeder	C	16748

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski
Printed or Typed Name

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

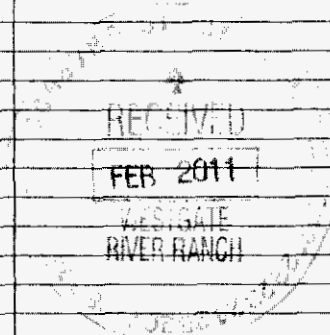
III. Daily Data for the Month/Year of: December-10

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System															
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/l	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	204800											1.6	
2	X	24	239100											2.5	
3	X	24	275600											3.0	
4	X	24	276800											3.0	
5		24	175950												
6	X	24	175950											3.0	
7	X	24	240900											3.5	
8	X	24	212300											3.4	
9	X	24	220100											3.4	
10	X	24	226400											3.4	
11	X	24	156000											3.0	
12		24	217800												
13	X	24	217800											2.0	
14	X	24	173300											2.0	
15	X	24	275100											1.4	
16	X	24	155400											1.8	
17	X	24	255900											1.6	
18	X	24	170000											1.7	
19		24	124050												
20	X	24	124050											1.5	
21	X	24	186600											1.8	
22	X	24	159100											1.4	
23	X	24	232000											1.0	
24	X	24	211500											1.0	
25		24	165533												
26		24	165533												
27	X	24	165533											1.4	
28	X	24	230800											1.2	
29	X	24	356200											1.0	
30	X	24	204400											1.5	
31	X	24	258900											1.2	
Total			6453400												
Average			208174												
Maximum			356200												

* Refer to the instructions for this report to determine which plants must provide this information.



Month - Yr. 12-10

Page # 04

Operation - Maintenance Log

Facility Name River Ranch #1

PWS No. 653-1517

Facility Address _____

Operator T. Johnson

Ending Prev. Mo. Reading 11/30 9075900

Certification # 17109 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	9035300		2.1	1.6	1210	1220	JL	✓	400
2	9042800		3.0	2.5	1220	0710	LWS	✓	
3	9057400		3.9	3.0	1310	1320	JL	✓	1300 14.8-9
4	9066700		3.5	3.0	1100	1110	LWS	✓	
5									
6	90849100		3.5	3.0	1710	1720	JL	✓	
7	9095500		3.7	3.5	0700	0710	LWS	✓	
8	91018300		3.8	3.4	1220	1230	JL	✓	1150 12.4 off
9	91151100		3.7	3.4	0730	0740	LWS	✓	
10	9123900		3.8	3.4	1500	1510	JL	✓	1090 14.8-2
11	9134100		3.9	3.0	1500	1510	LWS	✓	
12									
13	91494400		2.5	2.0	1238	1248	JL	✓	
14	91557200		2.5	2.0	1600	1610	LWS	✓	
15	9168500		2.0	1.4	1715	1725	JL	✓	910
16	91759200		2.2	1.8	1100	1110	LWS	✓	
17	9186900		2.0	1.6	1215	1225	JL	✓	930
18	9195700		2.1	1.7	1600	1610	LWS	✓	
19									
20	92054200		2.0	1.5	1215	1225	JL	✓	
21	9213700		2.2	1.8	1500	1510	LWS	✓	
22	92191900		2.0	1.4	1216	1226	JL	✓	850
23	92241900		1.8	1.0	0600	0610	LWS	✓	
24	92364400		2.0	1.0	1210	1220	JL	✓	800
25									
26									
27	9237200		1.8	1.4	0745	0753	JL	✓	700
28	9243400		1.9	1.2	1300	1310	LWS	✓	
29	92706200		2.0	1.0	1200	1210	JL	✓	700
30	9286000		2.3	1.5	0600	0610	LWS	✓	
31	9297000		2.0	1.2	1214	1231	JL	✓	600

Month - Yr. 12-10

Page # 04

Operation - Maintenance Log

Facility Name Riveridge #2
 Facility Address 1130 25557000
 Ending Prev. Mo. Reading 1130 25557000

PWS No. 683-1517
 Operator T. Johnson
 Certification # 15154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	255701000	2.1	16	1720	1730		JL	✓	400
2	255872000	3.0	25	0720	0730		UJS	✓	
3	256001000	3.9	30	1310	1320		JL	✓	1300 P4-PV
4	256192000	3.8	30	1110	1120		JL	✓	
5									
6	256361000	3.8	3.0	1220	1230		JL	✓	
7	256492000	3.9	3.5	0720	0730		UJS	✓	
8	25661000	3.8	3.1	1220	1230		JL	✓	1150 P4-PV
9	256728000	3.7	3.1	0720	0730		UJS	✓	
10	256866000	3.8	3.1	1300	1310		JL	✓	P3-PV P4-PV
11	25694000	3.8	3.0	1310	1320		JL	✓	
12									
13	257203000	3.8	2.0	1240	1250		JL	✓	
14	25730000	3.8	2.0	0640	0650		UJS	✓	
15	25745000	2.0	1.4	1240	1250		JL	✓	80
16	25759000	2.2	1.8	1100	1110		UJS	✓	
17	25769000	2.0	1.6	1215	1225		JL	✓	130
18	257731000	2.1	1.7	1210	1220		UJS	✓	
19									
20	257921000	2.0	1.5	1215	1225		JL	✓	
21	25800000	2.2	1.8	1210	1220		UJS	✓	
22	25819000	2.0	1.4	1210	1220		JL	✓	130
23	25831000	1.8	1.2	0600	0610		UJS	✓	
24	25840000	2.0	1.5	1210	1220		JL	✓	130
25									
26									
27									
28									
29									
30	25872000	2.0	1.5	0610	0620		UJS	✓	
31	25892000	2.2	1.7	1210	1220		JL	✓	

RECEIVED

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
2 Oakwood Road
Winter Haven, FL 33980
(863) 965-2540
LAB I.D. # 684567

Report Number: _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time:

2010 NOV -9 A 8:24

Analysis Date & Time:

11/9/10 at 9:10 am

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice ☐ 7.2 °C
Disinfectant Check: ☒ Not Detected ☐ mg/L
This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System Name: New River Ranch

PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch

PWS or PWS Owner's Phone #:

Fax #:

Collector:

Tony Johnson

Collector's Phone #:

863-965-1439

Type of Supply:

Community Water System

Reason for Sampling:

☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date:

11-8-10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Considered	
A	Raw at well # 1	12/5	R	0.44		A				118879
B	Raw at well # 2	12/5	D	0.44		A				118880
D	Outside Room 159	12/5	D	2.0		A				118881
E	Lot 381	12/5	D	2.0		A				118882

Average of disinfectant residuals for routine and repeat samples.

☒ Free Chlorine ☐ or ☐ Total chlorine (time one)

2.0

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (# 18154)

☐ Supervised by a certified operator (# _____)

☐ Employed by a certified lab

☐ Employed DEP or DOH

☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with NELAC Standards, and the results relate to the samples

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report issued: _____

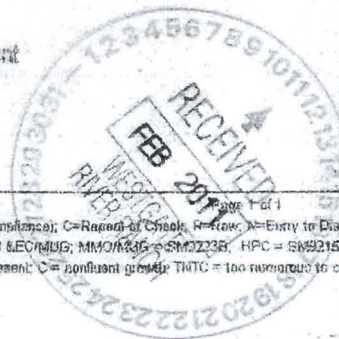
Lab Signature: *William Rayburn 11/10/10*

Title: *Analyst*

RECEIVED

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823



- ☒ Satisfactory
- ☐ Incomplete Collection Information
- ☐ Repeat Samples Required
- ☐ Replacement Samples Required

Date Reviewed by DEP/DOH:

12/9/10

DEP/DOH Reviewing Official:

RS

DEC 07 2010
ENVIRONMENTAL
ENGINEERING

¹DEP Sample Type Codes: C=Distribution (Routine Compliance); C=Repeat of Check; R=Raw; X=Entry to Distribution; F=Plant Tap; S=Special (clearance, etc.)
Analysis Methods: MF = SM9222B & O; MTF = 9221B & C/MUG; MMOMUG = SM9223B; HPC = SM9215D
Results: A = coliforms are absent; P = coliforms are present; C = coliform growth; TNTC = too numerous to count

RECEIVED

Lab Record Date & Time _____

2010 DEC 21 AM: 08

Analysis Date & Time:

Sample Acceptance Criteria:

Sample Preservation

On Ice	Not On Ice
1. <i>Chlorophyll a</i> (mg/g) 2. <i>Chlorophyll b</i> (mg/g) 3. <i>Chlorophyll a + b</i> (mg/g) 4. <i>Carotenoids</i> (mg/g) 5. <i>Protein</i> (mg/g) 6. <i>Starch</i> (mg/g) 7. <i>Cellulose</i> (mg/g) 8. <i>Lignin</i> (mg/g) 9. <i>Phenolics</i> (mg/g) 10. <i>Flavonoids</i> (mg/g) 11. <i>Anthracene</i> (mg/g) 12. <i>Phenol</i> (mg/g) 13. <i>Formic acid</i> (mg/g) 14. <i>Acetic acid</i> (mg/g) 15. <i>Propionic acid</i> (mg/g) 16. <i>Butyric acid</i> (mg/g) 17. <i>Valeric acid</i> (mg/g) 18. <i>Caproic acid</i> (mg/g) 19. <i>Heptanoic acid</i> (mg/g) 20. <i>Octanoic acid</i> (mg/g) 21. <i>Nonanoic acid</i> (mg/g) 22. <i>Decanoic acid</i> (mg/g) 23. <i>Undecanoic acid</i> (mg/g) 24. <i>Dodecanoic acid</i> (mg/g) 25. <i>Tridecanoic acid</i> (mg/g) 26. <i>Tetradecanoic acid</i> (mg/g) 27. <i>Pentadecanoic acid</i> (mg/g) 28. <i>Hexadecanoic acid</i> (mg/g) 29. <i>Heptadecanoic acid</i> (mg/g) 30. <i>Octadecanoic acid</i> (mg/g) 31. <i>Stearic acid</i> (mg/g) 32. <i>Palmitic acid</i> (mg/g) 33. <i>Myristic acid</i> (mg/g) 34. <i>Lauric acid</i> (mg/g) 35. <i>Capric acid</i> (mg/g) 36. <i>Caproic acid</i> (mg/g) 37. <i>Valeric acid</i> (mg/g) 38. <i>Butyric acid</i> (mg/g) 39. <i>Propionic acid</i> (mg/g) 40. <i>Acetic acid</i> (mg/g) 41. <i>Formic acid</i> (mg/g) 42. <i>Phenol</i> (mg/g) 43. <i>Phenolic acid</i> (mg/g) 44. <i>Phenolic alcohol</i> (mg/g) 45. <i>Phenolic ether</i> (mg/g) 46. <i>Phenolic ester</i> (mg/g) 47. <i>Phenolic amide</i> (mg/g) 48. <i>Phenolic imide</i> (mg/g) 49. <i>Phenolic ketone</i> (mg/g) 50. <i>Phenolic aldehyde</i> (mg/g) 51. <i>Phenolic ketone</i> (mg/g) 52. <i>Phenolic aldehyde</i> (mg/g) 53. <i>Phenolic ketone</i> (mg/g) 54. <i>Phenolic aldehyde</i> (mg/g) 55. <i>Phenolic ketone</i> (mg/g) 56. <i>Phenolic aldehyde</i> (mg/g) 57. <i>Phenolic ketone</i> (mg/g) 58. <i>Phenolic aldehyde</i> (mg/g) 59. <i>Phenolic ketone</i> (mg/g) 60. <i>Phenolic aldehyde</i> (mg/g)	1. <i>Chlorophyll a</i> (mg/g) 2. <i>Chlorophyll b</i> (mg/g) 3. <i>Chlorophyll a + b</i> (mg/g) 4. <i>Carotenoids</i> (mg/g) 5. <i>Protein</i> (mg/g) 6. <i>Starch</i> (mg/g) 7. <i>Cellulose</i> (mg/g) 8. <i>Lignin</i> (mg/g) 9. <i>Phenolics</i> (mg/g) 10. <i>Flavonoids</i> (mg/g) 11. <i>Anthracene</i> (mg/g) 12. <i>Phenol</i> (mg/g) 13. <i>Formic acid</i> (mg/g) 14. <i>Acetic acid</i> (mg/g) 15. <i>Propionic acid</i> (mg/g) 16. <i>Butyric acid</i> (mg/g) 17. <i>Valeric acid</i> (mg/g) 18. <i>Caproic acid</i> (mg/g) 19. <i>Heptanoic acid</i> (mg/g) 20. <i>Octanoic acid</i> (mg/g) 21. <i>Nonanoic acid</i> (mg/g) 22. <i>Decanoic acid</i> (mg/g) 23. <i>Undecanoic acid</i> (mg/g) 24. <i>Dodecanoic acid</i> (mg/g) 25. <i>Tridecanoic acid</i> (mg/g) 26. <i>Tetradecanoic acid</i> (mg/g) 27. <i>Pentadecanoic acid</i> (mg/g) 28. <i>Hexadecanoic acid</i> (mg/g) 29. <i>Heptadecanoic acid</i> (mg/g) 30. <i>Octadecanoic acid</i> (mg/g) 31. <i>Stearic acid</i> (mg/g) 32. <i>Palmitic acid</i> (mg/g) 33. <i>Myristic acid</i> (mg/g) 34. <i>Lauric acid</i> (mg/g) 35. <i>Capric acid</i> (mg/g) 36. <i>Caproic acid</i> (mg/g) 37. <i>Valeric acid</i> (mg/g) 38. <i>Butyric acid</i> (mg/g) 39. <i>Propionic acid</i> (mg/g) 40. <i>Acetic acid</i> (mg/g) 41. <i>Formic acid</i> (mg/g) 42. <i>Phenol</i> (mg/g) 43. <i>Phenolic acid</i> (mg/g) 44. <i>Phenolic alcohol</i> (mg/g) 45. <i>Phenolic ether</i> (mg/g) 46. <i>Phenolic ester</i> (mg/g) 47. <i>Phenolic amide</i> (mg/g) 48. <i>Phenolic imide</i> (mg/g) 49. <i>Phenolic ketone</i> (mg/g) 50. <i>Phenolic aldehyde</i> (mg/g) 51. <i>Phenolic ketone</i> (mg/g) 52. <i>Phenolic aldehyde</i> (mg/g) 53. <i>Phenolic ketone</i> (mg/g) 54. <i>Phenolic aldehyde</i> (mg/g) 55. <i>Phenolic ketone</i> (mg/g) 56. <i>Phenolic aldehyde</i> (mg/g) 57. <i>Phenolic ketone</i> (mg/g) 58. <i>Phenolic aldehyde</i> (mg/g) 59. <i>Phenolic ketone</i> (mg/g) 60. <i>Phenolic aldehyde</i> (mg/g)

Disinfectant Check

Not Detected mail

This sample does not meet the following NELAC requirements:

N	Total Coliform/E. coli	Total Coliform/Fecal	Enterococci	Coliforms	HPC	Other
---	------------------------	----------------------	-------------	-----------	-----	-------

PW91D. 353-1517

City: Lake Wales

不眠症

Collector's Phone #: 863-865-1439

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 1-20-10

Total Coliform Analysis Method				SM9222B
Fecal or E. coli Analysis Method				SM9223B
Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	Lab Sample Number
	A			121626
	A			121627
	A			121628
	A			121629

Free Chlorine	or	Total chlorine	(circle one)
---------------	----	----------------	--------------

1. DFD Cosmetic	Other:
-----------------	--------

☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted all tests are performed in accordance with
NET-AC Standards, and the results relate to the samples

Days and time PAVS notified of positive result

Date and time QSP/DOH notified of positive results

Date Report Issued:

Lab Signature: Michaela K. B. 1/1/2018

Title:

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, Fl. 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEPT/DOH 1154

Date Reviewed by DEP/DOH

DEPDON Reviewing Officer:

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT**

Mid Florida Water Laboratory
8 Oakwood Rd
Winter Haven, FL 33880
(863) 965-2540
LAB I.D. # E84567

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli Test ☐ Total Coliform/Fecal

☐ HPC ☐ Enterococci ☐ Coliphage

Other: _____

Lab Receipt Date & Time: _____

RECEIVED

2010 DEC 30 P 4: 21

Analysis Date & Time: 12/30/10 at 4:40 pm

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not on Ice 8-1 °C

Disinfectant Check: ☒ Not Detected _____ mg/L

This sample does not meet the following NELAC requirements: _____

System Name: Venture Inn

Permit #: 49-57-04009

System Address: 3095 E Hwy 50

City: Okeechobee

System or Owner's Phone #: _____

Fax #: _____

Collector: Larry Scott

Collector's Phone #: 863-985-1439

Type of Supply: Limited Use

Osceola County Health Dept.

Environmental Health

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Kissimmee, FL 34741

Sample Collection Date: 12-30-10

Attn: Chyrel Ulrey Ph. 407-742-8607/Fax 407-742-8613

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	pH	Total Coliform Analysis Method: SM9222B					Lab Sample Number
						Fecal or E. coli Analysis Method: SM9223B					
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier		
A	Raw at well	1249	R	0			A			122390	

Average of disinfectant residuals for routine and repeat samples:

Free Chlorine

Unless otherwise noted All tests are performed
in accordance with NELAC Standards
and the results only relate to the samples.

Disinfectant Residual Analysis Method: DPD Colorimetric

Person performing disinfectant analysis is:

☐ A certified operator(# _____) ☐ Employed by a certified lab

☐ Supervised by a cert operator(# _____) ☐ Employed by DEP or DOH

Date FWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Date Report Issued: _____

Lab Signature: Margaret Rappaport 12/31/10

Title: QA/QC Officer

Name and Mailing Address of Person to Receive Report

Tri-Florida Water Treatment

226 East Lake Ave.

Auburndale, Florida 33823

- ☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH: _____

DEP/DOH Reviewing Official: _____

RECEIVED

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33900
(863) 965-2540
LAB I.D. # E84667

Report Number _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time

2010 DEC 30 P 4:20

Analysis Date & Time

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice 7.1 °CDisinfectant Check ☒ Not Detected ☐ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____Public Water System Name: Now River Ranch 1&2PWS ID: 353-1517PWS Address: 5200 River Ranch RdCity: River Ranch Fl.

PWS or PWS Owner's Phone #:

Collector: Larry ScottType of Supply: Community Water SystemReason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)Sample Collection Date: 12-30-10

Clearance - Line Break

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfectant Res'td (mg/L)	pH	Total Coliform Analysis Method SM9222B				Lab Sample Number
						Fecal or E. coli Analysis Method SM9223B				
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	
A	Raw at well #1 Fitness Center	1140	D	3.0			A			1223087
B	Raw at well #2 Muslim Center	1150	D	3.0			A			1223088
C	Lot 419 Food & Beverage Office	1200	D	3.0			A			1223089
D	Outside Room 312		D							

Average of disinfectant residuals for routine and repeat samples.

☒ Free Chlorine ☐ or ☐ Total Chlorine (circle one)

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other _____

Person performing disinfectant analysis is:

☐ A certified operator (# _____)☐ Supervised by a certified operator (# _____)☐ Employed by a certified lab☐ Employed DEP or DOH☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with

NELAC Standards, and the results relate to the samples.

Date and time PWS notified of positive results: Larry was notified 12/31/10 at 4:00 pm JS

Date and time DEP/DOH notified of positive results: _____

Date Report issued: _____

Lab Signature: Margaret Reigand 12/31/10Title: Quint

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE

Date Reviewed by DEP/DOH: 1/11/11DEP/DOH Reviewing Official: RJ

DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat or Check; R=Raw; N=Entry to Distribution; P=Plant Test; S=Special (cleanse, etc.)

Analysis Methods: MF = SM8222B & D; MTF = 9221B & C/MUG; NM = MUG = SM8223B; HPC = SM8215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT**

Mid Florida Water Lab
9 Oakwood Road
Winter Haven, FL 33900
(888) 985-2540
LAB I.D. # E94567

Report Number: _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time:

2010 DEC 31 A 09:41

M.D.

Analysis Date & Time:

12/31/10 at 9:05am

Sample Acceptance Criteria:

Sample Preservation: _____ On Ice _____ Not On Ice 7.2 °C

Disinfectant Check: _____ Not Detected _____ mg/L

This sample does not meet the following NELAP requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch 16.2

PWS ID: 352-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch FL

PWS or PWS Owner's Phone #: _____

Collector: Larry Smith

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Clearance - Line 16

Sample Collection Date: 12-31-10

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Resid (mg/L)	OR	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	
2012 A	Remediation - Fitness Center	0637	D	2.6			A			122401
2012 B	Remediation - Meeting Center	0641	D	2.6			A			122402
2012 C	Remediation - Beverage Office	0648	D	2.6			A			122403
	Outside Room B12		D							

Average of _____ disinfectant residuals for routine and repeat samples.
Free Chlorine or Total Chlorine (circle one)

Disinfectant Residual Analysis Method: ☒ DPD colorimetric ☐ Other _____

Person performing disinfectant analysis is:
☐ A certified operator (# _____)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DCH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with NELAP Standards, and the results relate to the samples.
 Date and time PWS notified of positive results: 1/11/11
 Date and time DEP/DOH notified of positive results: _____
 Date Report issued: _____
 Lab Signature: Margaret Reynolds 1/11/11
 Title: 1/11/11 Margaret Reynolds

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory ☐ Incomplete Collection Information ☐ Repeat Samples Required ☐ Replacement Samples Required

Date Reviewed by DEP/DOH: 1/11/11

DEP/DOH Reviewing Official: RJS

DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat or Check, P=Plant Entry to Distribution, P=Plant Test, S=Special (Clearance, etc.)
 Analysis Methods: MF = SM9222B & D, MTF = 92215 AED/MUG, NMOM/MS = SM9222B, REP = SM92152
 Results: A = coliforms are absent, P = coliforms are present, C = confluent growth, TVC = too numerous to count

RECEIVED
JAN 04 2011
ENVIRONMENTAL
ENGINEERING

RECEIVED

2011 1881-11 A 9: 02

Lab Receipt Date & Time

Analysis Date & Time

Sample Acceptance Criteria

Sample Preservation

Disinfectant Check

This sample does not meet the following NELAC requirements:

01/04/11 at 9:35am

Sample Acceptance Criteria: ☒ On Site ☐ Not On Site 0.8
Sample Preservation: ☒ Not Detected ☐ mmi

FMS ID: 353-1517

City River Ranch FL

RECEIVED

JAN 12 2011

ENVIRONMENTAL
ENGINEERING

Sample Collection Date: 1-3-11

Average of disinfectant residuals for routine and repeat samples

Free Chlorine _____ or Total chlorine (circle one) _____

Infant Mortality Analysis Report

X	CPD Coleman	Other:
---	-------------	--------

Person performing disintegrant analysis is:

A certified operator (# 18154

Supervised by a certified operator (#

Employed by a certified lab

Employed DEF or DOH

Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with NELAP Standards, and the results relate to the samples.

Date and time PVS notified of positive results

Date and time DEP/DON notified of positive results:

Date Report issued

Lab Signature: Markus Kornadt 1/9/10

Time:

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, Fl. 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEP/DOH

DEP/DOH Reviewing Official:

¹DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Report of Crime, R=Referral to the two Distribution, F=First Try, S=Special Clearance, etc.)

Analysis Methods: (uF = 5452228 & D: MTF = 57218 AECMUG: MMOMUG = 5462230: HPC = 5462150)

Results: A = colonies are absent; P = colonies are present; C = confluent growth; INIC = too numerous to count



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: January-11

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort I& 2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch State: FL Zip Code: 33867
Contact Person's Telephone Number:	863-692-1321	Contact Person's Fax Number:	None
Contact Person's E-Mail Address:	alicia_quig@wqresorts.com		

B. Water Treatment Plant Information

Plant Name:		New River Ranch		Plant Telephone Number: 863-692-2946					
Plant Address:		3200 River Ranch Blvd		City:	Lake Wales	State:	FL	Zip Code:	33967
Type of Water Treated by Plant:		Raw ground water							
Permitted Maximum Day Operating Capacity of Plant, gallons per day:		720,000							
Plant Category (per subsection 62-699.310(4), F.A.C.):		5		Plant Class (per subsection 62-699.310(4), F.A.C.):		C			
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked					
Lead/Chief Operator:	James Kochanski	C	17104	8/Month					
Other Operators:	Chris Beatty	D	17953						
	Keith Johnson	C	7451						
	James Kochanski	C	17104						
	Larry Scott	C	8567	12/Month					
	William Goodman	D	17443						
	Tony Johnson	D	18154	5/Month					
	Tiffanie Schroeder	C	16748						

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski

Printed or Typed Name

Page 1

17104

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month/Year of: January-11

Means of Achieving Four-Log Virus Inactivation/Removal: Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/l	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/l	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1		24	249167											
2		24	249167											
3	X	24	249167										1.5	
4	X	24	219100										2.0	
5	X	24	229000										2.0	
6	X	24	150000										2.0	
7	X	24	137500										1.0	
8	X	24	188700										1.6	
9		24	204900											
10	X	24	204900										2.5	
11	X	24	219500										2.4	
12	X	24	219700										3.0	
13	X	24	227900										2.0	
14	X	24	220100										1.5	
15	X	24	209100										2.0	
16		24	213050											
17	X	24	213050										1.6	
18	X	24	147600										2.0	
19	X	24	120000										1.6	
20	X	24	165100										1.4	
21	X	24	324400										1.8	
22	X	24	132600										2.0	
23		24	138400											
24	X	24	138400										2.0	
25	X	24	177200										2.0	
26	X	24	208400										1.3	
27	X	24	163500										1.5	
28	X	24	219000										1.4	
29	X	24	178400										2.2	
30		24	140400											
31	X	24	140400										1.4	
Total			5997800											
Average			193477											
Maximum			324400											

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 1-11

Page # 05

Operation - Maintenance Log

Facility Name River Ranch #1
Facility Address _____
Reading Prev. Mo. Reading 12/51 92981300

PWS No. 653-1517
Operator J. Johnson
Certification # 17104 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ₂ Pint	CL ₂ Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2									
3	93273800	2.0	1.5	1310	1320		JL	0	
4	93356800	2.5	2.0	0710	0720		LWS	0	
5	93449000	3.0	2.0	1155	1205		JL	0	F
6	93571500	2.5	2.0	0800	0810		LWS	0	
7	93660400	2.0	1.0	1241	1251		JL	0	
8	938062100	2.0	1.6	1000	1010		LWS	0	
9									
10	93798900	3.0	2.5	1241	1251		JL	0	
11	93881400	2.8	2.1	1300	1310		LWS	0	
12	93970100	3.8	3.0	1271	1281		JL	0	1400
13	94066600	3.0	2.0	1100	1110		LWS	0	
14	94147100	2.8	1.5	1215	1225		JL	0	1330
15	94279200	2.5	2.0	0800	0810		LWS	0	
16									
17	94396300	2.0	1.6	1300	1310		JL	0	
18	94461500	2.5	2.0	1500	1510		LWS	0	
19	94500900	2.1	1.6	1218	1228		JL	0	1250
20	94589900	2.5	1.4	1100	1110		LWS	0	
21	94691400	3.0	1.8	1330	1340		JL	0	
22	94786000	2.8	2.0	0900	0910		LWS	0	
23									
24	94851800	2.5	2.0	1246	1256		JL	0	
25	94921000	2.4	2.0	1500	1510		LWS	0	
26	95022400	1.9	1.3	1317	1327		JL	0	1120
27	95071500	2.0	1.5	1100	1110		LWS	0	
28	95150900	2.0	1.4	1400	1410		JL	0	1090
29	95207300	2.6	2.2	0814	0824		LWS	0	
30									
31	95333100	1.8	1.4	1258	1308		JL	0	

Tri - Florida Water Treatment, Inc.
226 East Lake Avenue
Auburndale, FL 33823
(863) 965-1439

Month - Yr. 1-11

Page # 05

Operation - Maintenance Log

Facility Name River Ranch #2
Facility Address _____
Ending Prev. Mo. Reading 14/31 255330000

PWS No. 653-1517
Operator T. Johnson
Certification # 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ³ Pint	CL ³ Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2									
3	259785000		2.0	1.5	1320	1330	JK	0	
4	259921000		2.5	2.0	0710	0720	LWS	0	
5	260055000		3.0	2.0	1155	1205	JK	0	F
6	260149000		0.1	0.0	0800	0810	LWS	0	
7	260234000		2.0	1.0	1241	1251	JK	0	
8	260321000		2.0	1.6	1000	1010	LWS	0	
9									
10	260594000		3.0	2.1	1251	1301	JK	0	
11	260751000		2.8	2.7	1300	1310	LWS	0	
12	260862000		3.8	3.0	1221	1231	JK	0	1400
13	260948000		3.0	2.0	1100	1110	LWS	0	
14	261133000		2.8	1.5	1215	1225	JK	0	1530
15	261210000		2.5	2.0	0830	0840	LWS	0	
16									
17	261519000		2.0	1.6	1310	1320	JK	0	
18	261601000		2.5	2.0	1500	1510	LWS	0	
19	261682000		2.1	1.6	1215	1225	JK	0	1250
20	261759000		2.5	1.8	1100	1110	LWS	0	
21	261981000		3.0	1.8	1330	1340	JK	0	1200
22	262015000		2.8	2.0	0820	0830	LWS	0	
23									
24	262230000		2.5	2.0	1256	1306	JK	0	
25	262338000		2.4	2.0	1500	1510	LWS	0	
26	262465000		1.9	1.3	1317	1327	JK	0	1120
27	262559000		2.0	1.5	1100	1110	LWS	0	
28	262699000		2.0	1.4	1440	1450	JK	0	1050
29	262821000		2.0	2.2	0819	0824	LWS	0	
30									
31	262976000		1.8	1.4	1308	1318	JK	0	



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: February-11

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1&2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch
Contact Person's Telephone Number:	863-692-1321	State:	FL
Contact Person's E-Mail Address:	alicia_quig@wgresorts.com	Zip Code:	33867
		Contact Person's Fax Number:	None

B. Water Treatment Plant Information

Plant Name:	New River Ranch	Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales
		State:	FL
		Zip Code:	33967
Type of Water Treated by Plant:	Raw ground water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	James Kochanski	C	17104
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567
	William Goodman	D	17443
	Tony Johnson	D	18154
	Tiffanie Schroeder	C	16748
			Day(s)/Shift(s) Worked
			8/Month
			10/Month
			4/Month

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

Signature and Date

James Kochanski

Printed or Typed Name

Page 1

17104

License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number:	353-1517	Plant Name:	New River Ranch
----------------------------	----------	-------------	-----------------

III. Daily Data for the Month Year of:	February-11
--	-------------

Means of Achieving Four-Log Virus Inactivation/Removal:^a

Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System	Mar-07	Free Chlorine
---	--------	---------------

CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*

CT Calculations

UV Dose

[illegible]

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 2-11

Page # 06

Operation - Maintenance Log

Facility Name Liver Ranch #1

PWS No. 653-1517

Facility Address _____

Operator T. Johnson Stachurski

Ending Prev. Mo. Reading F31 95333100

Certification # 18154 1204

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME IN	TIME OUT	Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
1	95441800	2.0	1.2	0700	0710	LWS			
2	95510800	1.9	1.4	1246	1250	JH		✓	1000
3	95621000	2.4	2.0	0810	0820	LWS			
4	95700800	3.0	2.4	1321	1331	JH		✓	1500
5	95811200	2.5	2.0	1200	1210	LWS			
6									
7	95916400	3.0	2.5	1325	1335	JH		✓	
8									
9	96070600	2.3	1.8	1310	1320	JH		✓	
10	96142100	2.0	1.4	1500	1510	LWS			
11	96236100	2.0	1.5	1255	1305	JH		✓	1300
12	96341800	2.0	1.6	1200	1210	LWS		✓	
13									
14	96466800	2.0	1.6	1350	1400	JH		✓	
15	96552700	2.0	1.7	1100	1110	LWS			
16	96639000	2.0	1.4	1235	1245	JH		✓	1210
17	96741900	2.0	1.6	1150	1200	LWS			
18	96822100	2.0	1.4	1310	1320	JH		✓	1180 LWS
19	96912200	2.0	1.4	1100	1110	LWS			
20									
21	97077400	2.0	1.6	1347	1357	JH		✓	
22	97158900	2.0	1.1	1400	1410	LWS			
23	97264400	1.4	1.2	1100	1110	JH		✓	Clear In
24	97338800	1.0	1.5	1500	1510	LWS			
25	97448900	1.8	1.0	1240	1250	JH		✓	1000
26									
27									
28	97686100	1.6	1.2	1253	1303	JH		✓	
29									
30									
31									

Beginning Next Month Reading _____

Tri - Florida Water Treatment, Inc.
226 East Lake Avenue
Auburndale, FL 33623
(863) 965-1439

Month - Yr. 2-11

Page # 06

Operation - Maintenance Log

Facility Name River Ranch #2

PWS No. 653-1517

Facility Address _____

Operator T. Johnson J. Kehnle

Ending Prev. Mo. Reading 1-31 262976000

Certification # 18154 1704

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME IN	TIME OUT	Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
1	263101000		2.0	1.6	0700	0730	LWS	✓	
2	263256000		1.9	1.4	1240	1250	JL	✓	run
3	263359000		2.4	2.0	0800	0820	LWS	✓	
4	263543000		3.0	2.4	1321	1331	JL	✓	1500
5	263690000		2.5	2.0	1200	1210	LWS		
6									
7	263882000		3.0	2.5	1335	1345	JL	✓	
8									
9	264126000		2.3	1.8	1310	1320	JL	✓	
10	264231000		2.0	1.4	1500	1510	LWS	✓	
11	264388000		2.0	1.5	1255	1305	JL	✓	1320
12	264490000		2.0	1.6	1240	1250	LWS	✓	
13									
14	264709000		2.0	1.6	1400	1410	JL	✓	
15	264835000		2.0	1.7	1100	1110	LWS	✓	
16	264966000		2.0	1.4	1235	1245	JL	✓	1210
17	265082000		2.0	1.6	1150	1200	LWS	✓	
18	265242000		2.0	1.4	1300	1310	JL	✓	1180 Luck
19	265398000		2.0	1.4	1300	1310	LWS	✓	
20									
21	265636000		2.0	1.6	1357	1407	JL	✓	
22	265758000		2.0	1.7	1400	1410	LWS	✓	
23	265918000		1.4	1.2	1300	1310	JL	✓	1000 Check
24	266079000		1.0	1.5	1500	1510	LWS	✓	Frj.
25	266196000		1.8	1.0	1240	1250	JL	✓	1000
26									
27									
28	266500000		1.6	1.2	1303	1313	JL	✓	
29									
30									
31									

Beginning Next Month Reading _____

**MID FLORIDA WATER LAB**

DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

8 Oakwood Road, Winter Haven, FL 33880

Phone: (888) 965-2540 Fax: (888) 967-8601 Toll Free (888) 244-5657

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT****PUBLIC WATER SYSTEM INFORMATION** (to be completed by sampler - Please type or print legibly)System Name: NEW RIVER RANCHPWS: 353-1517System Type: Community Nontransient Noncommunity

Transient Noncommunity

Address: 3200 River Ranch BlvdCity: River RanchState: FLZip Code: 33867

Phone #: _____

Fax #: _____

E-Mail Address: _____

SAMPLE INFORMATION (to be completed by sampler)Sample Number: 113294 Sample Date: 03/14/11 Sample Time: 1:23 pmSample Location (be specific) POINT OF ENTRY Location Code (be specific): _____

Disinfectant Residual (Required when reporting results for trihalomethanes and haloacetic acids): _____ mg/L Field pH: _____

Sample Type (Check Only One)

Reason(s) for Sample (Check all that apply)

Distribution

☒ Routine Compliance (with 62-550)☐ Replacement

Qua

☒ Entry point to Distribution☐ Confirmation of MLC Exceedance*☐ Special (not for compliance with 62-550)☐ Plant Tap (not for compliance with 62-550)☐ Composite of Multiples Sites**☐ Clearance (permitting)

Raw (at well or intake)

☐ Other _____

Sampling Procedure Used or Other Comments:

☐ Max Residence Time☐ Ave Residence Time☐ Near First Customer

*See 62-550.500(6) for requirements and restrictions.

And 62-550.512(3) for nitrate or nitrite exceedances

**See 62-550.550(4) for requirements and attach a results page for each site.

SAMPLER CERTIFICATIONTONY JOHNSON

(Print Name)

Operator

(Print Title)

do HEREBY CERTIFY

that the above public water system and sample collection information is complete and correct.

Signature: [Signature]Date: 3-23-11

Certified Operator #: _____

Phone #: _____

Sampler's fax# _____

Sampler's E-mail: _____



MID FLORIDA WATER LAB

DHRS PERMIT #: E84567

HRS - QA# 9710NC - 181

8 Oakwood Road, Winter Haven, FL 33880
Phone: (883) 965-2540 Fax: (883) 967-8601 Toll Free (888) 244-5657

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab - Please type or print legibly)

Lab Name: MID FLORIDA WATER LABORATORY Florida DOH Certification #: E84567

Certification Expiration Date: 06/30/11

Address: 8 OAKWOOD ROAD, WINTER HAVEN FL -33880 Phone #: 863-965-2540

Were any analyses subcontracted: ☒ Yes ☐ No

If yes, Please provide DOH certification number(s) E84167

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab) Date Sample(s) Received: 03/15/11

PWS ID (from page 1): 353-1517

Sample Number (From Page 1): 113294

Lab Assigned Report Number or Job #: 11030485

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics

All (Except Arsenic)

Partial

☒ Nitrate

☒ Nitrite

☐ Arsenic

ARSENIC

Synthetic Organics

☐ All 30

All Except Dioxin

Partial

☐ Bromate

☐ Dioxin Only

Secondaries

All 14

Partial

Volatile Organic

All 21

Partial

XYLENE

ETHYLBENZENE

Radionuclides

Single Sample

☐ Qtrly Composite**

Disinfection Byproducts

Trihalomethanes

Haloacetic Acids

SLUDGE ANALYSIS

☐ Chloride

LAB CERTIFICATION

I, Margaret Raipaul (Contact Person)

(Print Name)

DIRECTOR

(Print Title)

do HEREBY CERTIFY that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAQ).

Signature: Margaret Raipaul

Date: 03/20/11

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE NITRITE MCL EXCEEDANCES

NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER. (Non detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH-attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No

Replacement Sample(s) Requested (circle or highlight group(s) above)

Person Notified: _____

Date Notified: _____

DEP/DOH Reviewing Official: _____

Reporting Format 62-550.730

Effective January 1995, Revised February 2010



MID FLORIDA WATER LAB

DHRS PERMIT #: E84567
HRS - QA# 9710NC - 181

8 Oakwood Road, Winter Haven, FL 33880
Phone: (863) 965-2540 Fax: (863) 967-8601 Toll Free (888) 244-5657

**FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION
SAFE DRINKING WATER PROGRAM LABORATORY REPORTING FORMAT**

INORGANIC CONTAMINANTS

62-550.310(1)

CLIENT: TRI FLORIDA WATER TREATMENT

**SYSTEM: NEW RIVER RANCH
POINT OF ENTRY**

REPORT#: 113294

SUBCONTRACTED/JOB#: 11030485

PWS: 353-1517

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Certification
1040	NITRATE (as N)	10	MG/L	0.060	U	300.0	0.060	03/15/11	4.00 pm	E84167
1041	NITRITE (as N)	1.0	MG/L	0.041	U	300.0	0.041	03/15/11	4.00 pm	E84167

QUALIFIER:

THESE TESTS MEET NELAC STANDARDS

THE TEST RESULTS IN THIS REPORT RELATE ONLY TO THE ANALYSES OF THE SAMPLES SUBMITTED.

U = BELOW DETECTION LIMIT

X = VALUE EXCEEDS MCL

*Results must be reported with appropriate qualifiers in accordance with Florida Administrative Code Rule 62-160, Table 1. Results qualified with A, F, H, N, O, T, Z, ?, *, are unacceptable for compliance with 62-550. Results qualified with a J, Q, R, or Y must be accompanied by written justification and will be evaluated on a case by case basis. To avoid a monitoring violation, unacceptable results must be replaced with acceptable results from samples collected during the same monitoring period.

Charlie Crist
Governor



Ana M. Mamonte Ros, M.D., M.P.H.
State Surgeon General

Laboratory Scope of Accreditation

Page 3 of 12

Attachment to Certificate #: E84167-18, expiration date June 30, 2011. This listing of accredited analytes should be used only when associated with a valid certificate.

State Laboratory ID: E84167

EPA Lab Code: FL00289

(941) 723-9986

E84167

Benchmark EnviroAnalytical, Inc.
1711 12th Street East
Palmetto, FL 34221

Matrix: Drinking Water

Analyte	Method/Tech	Category	Certification Type	Effective Date
Manganese	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Mercury	EPA 245.1	Primary Inorganic Contaminants	NELAP	1/3/2002
Methyl bromide (Bromomethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Methyl chloride (Chloromethane)	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Methyl tert-butyl ether (MTBE)	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Naphthalene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
n-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Nickel	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrate	EPA 353.2	Primary Inorganic Contaminants	NELAP	1/3/2002
Nitrate as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrite as N	EPA 353.2	Primary Inorganic Contaminants	NELAP	5/25/2004
Nitrobenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
n-Propylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Odor	EPA 140.1	Secondary Inorganic Contaminants	NELAP	1/3/2002
pH	SM 4500-H+-B	Secondary Inorganic Contaminants	NELAP	7/31/2007
Potassium	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
sec-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Selenium	SM 3113 B	Primary Inorganic Contaminants	NELAP	1/3/2002
Silica as SiO ₂	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Silver	EPA 200.7	Secondary Inorganic Contaminants	NELAP	5/25/2004
Sodium	EPA 200.7	Primary Inorganic Contaminants	NELAP	5/25/2004
Styrene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Sulfate	EPA 300.0	Primary Inorganic Contaminants, Secondary Inorganic Contaminants	NELAP	5/25/2004
Surfactants - MBAS	SM 5540 C	Secondary Inorganic Contaminants	NELAP	1/3/2002
tert-Butylbenzene	EPA 524.2	Group II Unregulated Contaminants	NELAP	9/28/2005
Tetrachloroethylene (Perchloroethylene)	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Thallium	EPA 200.9	Primary Inorganic Contaminants	NELAP	1/3/2002
Toluene	EPA 524.2	Other Regulated Contaminants	NELAP	9/28/2005
Total coliforms	READYCULT	Microbiology	NELAP	5/25/2004
Total coliforms	SM 9222 B	Microbiology	NELAP	1/3/2002
Total coliforms	SM 9223 B	Microbiology	NELAP	1/3/2002
Total dissolved solids	SM 2540 C	Secondary Inorganic Contaminants	NELAP	7/31/2007
Total haloacetic acids	EPA 552.2	Synthetic Organic Contaminants	NELAP	4/20/2009
Total nitrate-nitrite	EPA 300.0	Primary Inorganic Contaminants	NELAP	5/25/2004

Clients and Customers are urged to verify the laboratory's current certification status with the Environmental Laboratory Certification Program.

Issue Date: 7/1/2010

Expiration Date: 6/30/2011

BENCHMARK

EnviroAnalytical Inc.



FDOH Certification #E84167

Mid Florida Water Lab

8 Oakwood Rd.
Winter Haven, FL 33880

ANALYTICAL TEST REPORT THESE RESULTS MEET NELAC STANDARDS

INORGANIC ANALYSIS

62-550.310 (1)

REPORT NUMBER: 11030485 001

SYSTEM NAME: New River Ranch - POE

SYSTEM ID: 353-1517

Parameter		ANALYSIS						DATE	TIME	LAB ID
I.D.	NAME	(MCL)	UNITS	RESULT	QUALIFIER	METHOD	MDL	ANALYZED	ANALYZED	
1040	NITRATE NITROGEN	10	MG/L	0.060	U	300.0	0.060	03/15/2011	16:00	E84167
1041	NITRITE NITROGEN	1.0	MG/L	0.041	U	300.0	0.041	03/15/2011	16:00	E84167

DATA QUALIFIERS THAT MAY APPLY:

I = Reported value is between the laboratory MDL and the PQL (PQL = 4 x MDL).

J = Estimated value

J3 = Est. value quality control criteria for precision or accuracy not met.

J4 = Est. value. Sample matrix interference suspected.

Q = Sample held beyond accepted holdtime.

U = Analyte analyzed but not detected at the value indicated.

V = Analyte detected in sample and in method blank.

NOTES:

MBAS calculated as LAS; molecular weight = 348.

X = Value exceeds MCL.

For questions and comments regarding these results, please contact Bettina Beilfuss at (941) 723-9986

Results relate only to the samples.

**Florida Department of Environmental Protection
Safe Drinking Water Program Laboratory Reporting Format**

LABORATORY CERTIFICATION INFORMATION (to be completed by lab – please type or print legibly)

Lab Name: Benchmark EnviroAnalytical, Inc Florida DOH Certification #: E84167 Certification Expiration Date: 06/30/2011

ATTACH CURRENT DOH ANALYTE SHEET*

Address: 1711 12th Street East, Palmetto, FL 34221 Phone #: 941-723-9986

Were any analyses subcontracted? ☐ Yes ☒ No If yes, please provide DOH certification number(s): _____

ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB*

ANALYSIS INFORMATION (to be completed by lab)

Date Sample(s) Received 03/15/2011

PWS ID (From Page 1): 353-1517 Sample Number (From Page 1): _____ Lab Assigned Report # or Job ID: 11030485

Group(s) Analyzed & Results attached for compliance with Chapter 62-550, F.A.C. (Check all that apply):

Inorganics

- ☐ All Except Asbestos
☐ Partial
☒ Nitrate
☒ Nitrite
☐ Asbestos

Synthetic Organics

- ☐ All 30
☐ All Except Dioxin
☐ Partial
☐ Dioxin Only

Volatile Organics

- ☐ All 21
☐ Partial

Disinfection Byproducts

- ☐ Trihalomethanes
☐ Haloacetic Acids
☐ Chlorite
☐ Bromate

Radionuclides

- ☐ Single Sample
☐ Qtrly Composite**

Secondaries

- ☐ All 14
☐ Partial

LAB CERTIFICATION

I, Dale D. Dixon / Radica Koutselas / Jennifer Jordan, Lab Director / QC Officer / QC Officer, do HEREBY CERTIFY
(Print Name) (Print Title)

that all attached analytical data are correct and unless noted meet all requirements of the National Environmental Laboratory Accreditation Conference (NELAC).

Signature: R. Koutselas Date: 03/16/11

* Failure to provide a valid and current Florida DOH lab certification number and a current Analyte Sheet for the attached analysis results will result in rejection of the report, possible enforcement against the public water system for failure to sample, and may result in notification of the DOH Bureau of Laboratory Services.

** Please provide radiological sample dates & locations for each quarter.

**CONFIRMATION & NOTIFICATION IS REQUIRED WITHIN 24 HRS FOR NITRATE OR NITRITE MCL EXCEEDANCES
NON-DETECTS ARE TO BE REPORTED AS THE MDL WITH A "U" QUALIFIER.** (Non-detects reported as "BDL" or with a "<" are not acceptable.)

COMPLIANCE DETERMINATION (to be completed by DEP or DOH -- attach notes as necessary)

Sample Collection & Analysis Satisfactory: ☐ Yes ☐ No _____ Replacement Sample or Report Requested (circle or highlight group(s) above)

Person Notified: _____ Date Notified: _____ DEP/DOH Reviewing Official: _____

CHAIN OF CUSTODY

Mid Florida Water Lab

DHRS Permit #E84567
HRS-QA39710NC-18

Margaret Rajpaul, Director
8 Oakwood Road
Winter Haven, Florida 33880

Phone (863) 965-2540
Fax (863) 967-8601
Toll Free 888-244-5657

RECEIVED

Del

2011 MAR 15 A 8:50

FOR LAB USE ONLY

System Name						New River Ranch		PWS #	353-1517		
Address						3200 River Ranch		System Type	Community		
City		River Ranch		State		Fl.		Zip		33867	
Phone #		407-351-3351 ext. 531									
Fax #											
Collected By:						Tony Johnson					
						Tests Required					
	Sample ID	Matrix	Date	Time	Grab	Sample Location	NITRATE	Nitrite	Remarks		
1		GW	3-14-11	8:50	Grab	Point of Entry	113544 X	113344 X			
2											
3											
4											
5											

Custody Transfers				Matrix Code - GW - Ground Water	
Relinquished By	<i>Joy Id</i>	Date	3/15/11	Time	8:50a
Received By	<i>Deleola</i>	Date	3/15/11	Time	8:50a
Laboratory Remarks				Containers Delivered To Lab ☒	
				Containers Delivered To Lab On ICE ☒	
				Comments	

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORM**

Mid Florida Water Lab
2 Oakwood Road
Winter Haven, FL 33980
(883) 985-2540
LAB I.D. # 584667

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC

Public Water System Name: **New River Ranch**

PWS ID: **353-1517**

PWS Address: **3200 River Ranch Rd**

City: **River Ranch**

PWS or PWS Owner's Phone #:

Fax #:

Collector: **Tony Johnson**

Collector's Phone #: **883-945-1438**

Type of Supply: **Community Water System**

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: **2-7-11**

Lab Receipt Date & Time:

2011 FEB -8 A 9:30

Analysis Date & Time: **2/8/11 9:10 am**

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice

(Disinfectant Check: ☐ Not Detected ☒ Detected)

This sample does not meet the following NELAP requirement:

RECEIVED

FEB 17 2011

**ENVIRONMENTAL
ENGINEERING**

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disturbance (m/L)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier	
A	Raw at well # 1	1345	R	0.74		A				102061
B	Raw at well # 2	1345	D	0.74		A				102062
D	Outside Room 152	1345	D	2.5		A				102063
E	Lot 381	1345	D	2.5		A				102064

Average of **2.5** ☒ Free chlorine ☐ Total chlorine (circle one)

Distribution Residual Analysis Method: ☒ DPH Colimetric ☐ Other: _____

Person performing distribution analysis is:

☒ A certified operator (ID: **15154**)
☐ Supervised by a certified operator (ID: _____)
☐ Employed by a certified lab
☐ Employed DEP or DCH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with
NELAP standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DCH notified of positive results: _____

Date Report issued: _____

Lab Signature: **[Signature]**
Title: **Analyst**

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DCH USE ONLY

Date Reviewed by DEP/DCH: **2/21/11**

DEP/DCH Reviewing Official: **[Signature]**

Page 1 of 1

DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Reset of Clock; R=Raw; H=Entry to Distribution; P=Plant Tap; S=Special Circumstances, etc.)

Analysis Methods: HPC = SM9222B A-D; MFC = 9221B LEGALUS; MFC/MFC = SM9222B; HFC = SM9215D

Results: A = coliforms are absent; P = coliforms are present; C = turbidity growth; TUTC = too numerous to count



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month Year of: March-11

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1 & 2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch
Contact Person's Telephone Number:	863-692-1321	State:	FL
Contact Person's E-Mail Address:	alicia_quig@wqresorts.com	Zip Code:	33867
		Contact Person's Fax Number:	None

B. Water Treatment Plant Information

Plant Name:	New River Ranch	Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales
		State:	FL
Type of Water Treated by Plant:	Raw ground water	Zip Code:	33967
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	James Kochanski	C	17104
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567
	William Goodman	D	17443
	Tony Johnson	D	18154
	Tiffanie Schroeder	C	16748
			Day(s)/Shift(s) Worked
			7/Month
			13/Month
			4/Month

II. Certification by Lead Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

James Kochanski 4-8-11
Signature and Date

James Kochanski
Printed or Typed Name

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month Year of: March-11

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations						UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2		
1	X	24	340100										1.4	
2	X	24	125100										1.2	
3	X	24	179100										1.6	
4	X	24	259100										1.5	
5	X	24	202500										1.5	
6		24	204700											
7	X	24	204700										1.4	
8	X	24	198700										1.6	
9	X	24	263000										1.4	
10	X	24	186000										1.8	
11	X	24	184700										1.2	
12	X	24	153300										1.4	
13		24	222500											
14	X	24	222500										1.2	
15	X	24	230100										1.4	
16	X	24	242600										0.5	
17	X	24	243100										1.5	
18	X	24	303700										2.0	
19	X	24	292200										2.0	
20		24	186750											
21	X	24	186750										2.0	
22	X	24	252900										2.0	
23	X	24	207700										1.4	
24	X	24	216200										1.6	
25	X	24	250000										1.5	
26		24	226267											
27		24	226267											
28	X	24	226267										1.6	
29	X	24	131200										1.7	
30	X	24	162700										1.5	
31	X	24	185000										1.6	
Total			6715700											
Average			216635											
Maximum			340100											

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 3-11

Page # 07

Operation - Maintenance Log

Facility Name River Ranch #1
Facility Address _____
Ending Prev. Mo. Reading 97686100

PWS No. 653-1517
Operator F. Johnson Sku WNV
Certification # 18154 17101

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	97868200		1.8	1.4	1130	1140	LWS		
2	97869300		1.7	1.2	1241	1251	JL		
3	97897400		2.0	1.6	1500	1510	LWS		910
4	98014500		2.0	1.5	1249	1259	JL		
5	98131000		2.0	1.5					870
6									
7	98291400		1.8	1.4	1330	1340	24		
8	98389400		1.9	1.6	1300	1310	LWS		
9	98475100		1.8	1.4	1044	1054	24		
10	98554400		1.7	1.6	1400	1410	LWS		
11	98620800		1.8	1.4	1118	1128	24		
12	98718100		1.8	1.4	1100	1110	LWS		
13									
14	98866100		1.6	1.2	1320	1330	24		
15	98921100		1.8	1.4	1000	1010	LWS		
16	99044800		1.0	.5	1214	1224	JL		
17	99119400		2.0	1.5	1400	1410	LWS		F
18	99261600		3.1	3.0	1600	1610	JL		
19	99381400		2.1	1.0	0800	0810	LWS		
20									
21	99534300		2.5	2.0	1319	1329	24		
22	99617100		2.3	2.0	0100	0110	LWS		
23	99724100		2.0	1.4	1141	1151	JL		
24	99832100		1.4	1.6	1500	1510	LWS		1360
25	99911100		2.0	1.5	1250	1300	JL		
26									
27									
28	00089400		2.0	1.6	1500	1510	34		
29	222100		2.0	1.7	1100	1110	LWS		More Rotted
30	220800		2.0	1.5	1100	1110	JL		OVER
31	220000		1.1	1.4	1100	1110			1160

beginning Next Month Reading

Month - Yr. 3-11

Page # 07

Operation - Maintenance Log

Facility Name River Ranch #2
Facility Address _____
Ending Prev. Mo. Reading 266560000

PWS No. 653-1517
Operator T. Johnson
Certification # 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	266718000		1.8	1.4	1130	1145	LWS		
2	266842000		1.7	1.2	1241	1251	JK		
3	266998000		2.0	1.6	1500	1510	LWS		910
4	267105000		2.0	1.5	1719	1755	JK		
5	267243000		2.2	1.7	1719	1755	JK		870
6									
7	2674170000		1.8	1.4	1340	1350	JK		
8	267601000		1.9	1.6	1200	1200	LWS		
9	267748000		1.8	1.4	1054	1101	JK		
10	267855000		1.7	1.6	1102	1112	LWS		
11	267973000		1.8	1.4	1205	1218	JK		
12	268029000		1.8	1.4	1142	1153	LWS		
13									
14	268336000		1.6	1.2	1105	1105	JK		
15	268501000		1.8	1.4	1212	1200	LWS		
16	26862000		1.0	1.5	1118	1148	JK		
17	26878000		2.0	1.5	1402	1400	LWS		
18	26891200		2.4	2.0	850	1200	JK		
19	26917600		2.4	2.0	850	1200	JK		
20									
21	269343000		2.4	2.0	1124	1224	JK		
22	269487000		2.3	2.3	0400	0400	LWS		
23	269613000		2.0	1.7	1100	1100	JK		
24	269782000		1.7	1.6	1000	1000	LWS		
25	26983000		2.3	1.8	1300	1300	JK		
26									
27									
28	269921000		2.3	2.0	1315	1315	JK		
29	270000000		2.3	2.0	1300	1300	LWS		
30	270170000		2.0	1.5	1100	1100	JK		
31									

Beginning Next Month Reading _____

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT**

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33890
(883) 965-2540
LAB I.D. # E94567

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: _____

Public Water System Name: **New River Ranch & RV Resorts**

PWS ID: **353-1517**

PWS Address: **3200 River Ranch Rd**

City: **Lake Wales**

PWS or PWS Owner's Phone #: **883-562-1321**

Fax: _____

Collector: **Tony Johnson**

Collector's Phone #: **883-665-1430**

Type of Supply: **Community Water System**

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: **3-14-11**

RECEIVED

2011 MAR 15 A 8:5

Lab Receipt Date & Time:

Analysis Date & Time: **3/15/11 at 9:30am**

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice **2.4** °C

Disinfectant Check: ☒ Not Detected **0.1** mg/L

This sample does not meet the following NELAC requirements:

RECEIVED

MAR 21 2011

ENVIRONMENTAL
ENGINEERING

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Residual (mg/L)	# of	Total Coliform Analysis Method: SM2222				Lab Sample Number
						1. Mem. Coliform	2. Tot. Coliform	3. Fecal Coliform	4. Total Coliform	
A	Raw at well #1	1373	R	0.74			A			104450
B	Raw at well #2	1373	R	0.74		L	A			104451
G	Lot 326	1373	D	1.2		L	A			104452
H	Lot 376	1373	D	1.2		L	A			104453

Average of disinfectant residuals for routine and repeat samples:

☒ Free Chlorine ☐ or ☐ Total Chlorine (circle one) **1.2**

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (R) **18154**

☐ Supervised by a certified operator (R) _____

☐ Employed by a certified lab

☐ Employed DEP or DOH

☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with
SM2222 Standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report Issued: _____

Lab Signature: **Margaret Lippard 3/16/11**

Title: **Director**

Name and Mailing Address of Person to Receive Report:

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: **3/23/11**

DEP/DOH Reviewing Official: **RS**

Page 1 of 1

DEP Sample Type Codes: D=Distribution (Routine Compliance), C=Repeat of Check, R=Raw, N=Entry to Distribution, P=Plant Tap, S=Special Circumstance, etc.)

Analysis Methods: MF = SM2222 & D; MTP = 9221B SECURUS; SMO/MUG = SM2222; HPC = SM216B

Results: A = coliforms are absent, P = coliforms are present, C = coliform growth, TNTC = too numerous to count

74

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(883) 985-2540
LAB I.D. # EB4887

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____

Public Water System Name: **New River Ranch 1&2**

PWS ID: **353-1517**

PWS Address: **3200 River Ranch Rd**

City: **River Ranch FL**

PWS or PWS Owner's Phone #: _____

Collector: **James Rochanski**

Type of Supply: **Community Water System**

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: **3-16-11**

Lab Receipt Date & Time:

2011 MAR 17 A 8:31

Analysis Date & Time: **03/17/11 at 9:10am**

Sample Acceptance Criteria:

Sample Preservation: ☒ On Ice ☐ Not On Ice **4.8 cc**

Disinfectant Check: ☐ Not Detected ☒ **0.1** mg/L

This sample does not meet the following NELAC requirements:

RECEIVED

MAR 22 2011

**ENVIRONMENTAL
ENGINEERING**

Clearance - after repairs

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Resid (mg/L)	pH	Total Coliform Analysis Method SM9222B					Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Other	Other	
A	River at well #1		R								
B	River at well #2		R								
C	Lot 118		D								
D	Outside Room 312		D								
12 A	North Ground Storage Tank 2	1220	D	3.8		M	A				104543

Average or disinfectant residual for routine and repeat samples:

☒ Free Chlorine or ☐ Total Chlorine (mg/L) _____

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other _____

Person performing disinfectant analysis is:

☐ A certified operator (M)
☐ Supervised by a certified operator (M)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with

NELAC Standards, and the results relate to the samples.

Notified 3/18/11 at 9:30am to DEP/DOH

Date and time PWS notified of positive results:

Date and time DEP/DOH notified of positive results:

Date Report issued:

Lab Signature: **Margaret Rasmie 3/18/11**

Title: **Director**

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: **3/23/11**

DEP/DOH Reviewing Official: **Ron Stadelbacher**

Page 1 of 1

DEP Sample Type Codes: D=Distribution (Routine Compliance); C=Repeat of Check; R=Raw; N=Entry to Distribution; P=Plant Test; S=Special (leakage, etc.)

Analysis Methods: MF = SM9222B & D; MTE = 9231B AEC/MUG; MND/MUG = SM9223B; HPC = SM9215B

Results: A = coliforms are absent; P = coliforms are present; C = confluent growth; TNTC = too numerous to count

RECEIVED

**DESIGN WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT**

Mid Florida Water Lab
6 Oakwood Road
Winter Haven, FL 33880
(883) 385-2540
LAB I.D. # E84687

Report Number: _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time:

2011 MAR 18 4:04:12

Analysis Date & Time:

Sample Acceptance Criteria:

 Sample Preservation _____ On Ice _____ Not On Ice 6-2 °C

Disinfectant Check _____ Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch 1&2

PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch FL

PWS or PWS Owner's Phone #:

 Collector: Harry Scott

 Type of Supply: Community Water System

 Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

 Sample Collection Date: 3-17-11

RECEIVED

MAR 22 2011

ENVIRONMENTAL
ENGINEERING

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfectant Res'd (mg/L)	pH	Total Coliform Analysis Method				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ²	
A	Room 312 well #1		R							
B	Room 312 well #2		R							
C	Lot 110		D							
D	Outside Room 312		D							
<u>o/p 2 A</u>	<u>North Grand Storage Tank</u>	<u>11:45 D</u>		<u>3.8</u>		<u>A</u>				<u>104605</u>

Average of disinfectant residuals for routine and repeat samples:

☒ Free Chlorine or ☐ Total chlorine (circle one)

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☐ A certified operator (# _____)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

 Unless otherwise noted All tests are performed in accordance with
NELAC Standards, and the results relate to the samples.

Date and time PWS notified of positive results:

Date and time DEP/DOH notified of positive results:

Date Report Issued:

 Lab Signature: Margaret Rappal 3/19/11

 Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH:

DEP/DOH Reviewing Official:

3/23/11
Ron Stadellacher



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month Year of: April-11

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1& 2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch
		State:	FL
		Zip Code:	33867
Contact Person's Telephone Number:	863-692-1321	Contact Person's Fax Number:	None
Contact Person's E-Mail Address:	alicia_quig@wgresorts.com		

B. Water Treatment Plant Information

Plant Name:	New River Ranch	Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales
		State:	FL
		Zip Code:	33967
Type of Water Treated by Plant:	Raw ground water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000		
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	James Kochanski	C	17104
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567
	William Goodman	D	17443
	Tony Johnson	D	18154
	Tiffanie Schroeder	C	16748

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

James Kochanski
Signature and Date

James Kochanski
Printed or Typed Name
Page 1

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month Year of: April-11

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	199600										1.7		
2	X	24	294500										1.5		
3		24	100800												
4	X	24	100800										1.6		
5	X	24	175300										1.5		
6	X	24	178000										1.5		
7	X	24	215100										1.5		
8	X	24	187800										1.3		
9	X	24	268300										1.0		
10		24	170300												
11	X	24	170300										1.6		
12	X	24	267600										1.3		
13	X	24	228000										0.2	Phenolic gear; Index plate; replace Stenner motor	
14	X	24	287800										2.0		
15	X	24	205200										2.4		
16	X	24	285900										2.4		
17		24	196300												
18	X	24	196300										2.5		
19	X	24	164200										2.4		
20	X	24	273100										3.0		
21	X	24	204900										2.5		
22	X	24	271500										2.2		
23	X	24	218600										2.5		
24		24	184550												
25	X	24	184550										2.5		
26	X	24	160100										2.4		
27	X	24	110900										2.0	#7 Pump head\	
28	X	24	86000										1.9		
29	X	24	100900										1.4		
30	X	24	181900										2.0		
Total			5869100												
Average			195637												
Maximum			294500												

* Refer to the instructions for this report to determine which plants must provide this information.

Tri - Florida Water Treatment, Inc.
226 East Lake Avenue
Auburndale, FL 33823
(863) 965-1439

Month - Yr. 4-11

Page # 08

Operation - Maintenance Log

Facility Name River Ranch #1
Facility Address _____
Ending Prev. Mo. Reading 3/31 372800

PWS No. 653-1517
Operator J. Johnson
Certification # 17104 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	455400		2.0	17	1218	1214	JL	K	1120
2	570900		2.0	15	11500	11610	LWS	✓	
3									
4	660500		2.0	16	1325	1335	JL	K	—
5	750800		2.0	15	1520	1510	LWS	✓	
6	803800		1.9	15	1140	1150	JL	K	1020
7	886900		2.0	15	1320	1310	LWS	✓	
8	161700		1.8	13	1145	1135	JL	✓	980
9	110000		1.5	10	1010	1010	LWS	✓	
10									
11	1207600		2.0	16	1230	1240	JL	✓	—
12	1308200		1.6	13	1140	1110	LWS	✓	
13	1405200		1.0	12	1110	1100	JL	✓	Examine CL Meter
14	1504000		2.8	2.0	1100	1000	LWS	✓	Examine PL Meter
15	1607200		3.0	2.1	1110	1100	JL	✓	Examine Meter
16	1720100		3.0	2.4	1100	1100	LWS	✓	
17									
18	1777000		3.0	2.5	1100	1110	JL	✓	—
19	1838000		3.0	2.4	1120	1110	LWS	✓	
20	1900000		3.0	2.0	1114	1110	JL	✓	
21	2000000		3.0	2.0	1140	1140	LWS	✓	
22	2057000		2.8	2.0	1130	1140	JL	✓	1000
23			3.0	2.0	1140	1140	LWS	✓	
24									
25	2190000		3.0	2.0	1135	1136	JL	✓	—
26	2240000		3.0	2.1	1140	1140	LWS	✓	
27	2297000		3.0	2.0	1140	1140	JL	✓	Examine Meter
28	2300000		3.0	2.1	1140	1140	LWS	✓	
29	2379000		3.0	2.1	1135	1135	JL	✓	1000
30	2400000		3.0	2.1	1140	1140	LWS	✓	
31									

eginning Next Month Reading _____

Month - Yr. 4-11

Page # 68

Operation - Maintenance Log

Facility Name Buco Ranch #2

Facility Address _____

PWS No. 652-1517

Ending Prev. Mo. Reading 2/31 27087000

Operator T. Johnson

Certification # 17154 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pmt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	27070000	20	17	1318	1318		JK	✓	1110
2	27087500	20	15	1600	1600		JK	✓	
3									
4	27099700P	20	16	1735	1735		JK	✓	
5	27108800	18	15	1800	1800		JK	✓	
6	27120700	17	15	1112	1112		JK	✓	
7	27133900	20	15	1300	1310		JK	✓	1110
8	27144900	18	13	1115	1115		JK	✓	
9	27158600	15	10	1010	1020		JK	✓	
10									
11	27181500	20	16	1240	1240		JK	✓	
12	27194200	18	13	1110	1110		JK	✓	
13	27211300	13	2	1110	1110		JK	✓	
14	27224000	20	15	1100	1100		JK	✓	
15	27240400	20	15	1100	1100		JK	✓	
16	27258000	20	15	1100	1100		JK	✓	
17									
18	27279200	20	15	1216	1216		JK	✓	
19									
20									
21									
22									
23									
24									
25	27301000	20	15	1306	1306		JK	✓	
26									
27									
28									
29									
30									
31									

eginning Next Month Reading _____

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33980
(883) 385-2540
LAB I.D. # E84567

Analysis Requested: (please check all that apply)

X Total Coliform/E. coli Total Coliform/Fecal Enterococci Colprads HPC Other:

Permit # 49-57-04008

City: **Onesachoben**

System or Owner's Phone #: _____

五世

Collector: James K. Smith

Collector's Phone: 833-885-1438

Type of Supply: Limited Use

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 4-3-11

Dade County Health Dept.
Environmental Health
1 Courthouse Square Suite 1200
Kissimmee, FL 34741
Attn: Charyl Uray Ph. 407-742-8507/Fax 407-742-8601

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, Fl. 33823

☐ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Data Reviewed by DEB/DOH:

DEPTCH Reviewing Officer

DEF Sample Type Codes: D=Distribution (Produce Compliance); C=Report of Check; R=Rec; N=Entry to Distribution; P=Plant Tag; B=Broccoli; L=Leaves; etc.

APPROXIMATE DATES: NF = 2002228 & D; MY = 22218 450000; NC00000 = 2002228; NTC = 2002122

Results: A = collars are absent; P = collars are present; C = constant collar; NTC = no collar in a case

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
3 Oakwood Road
Winter Haven, FL 33880
(883) 985-2540
LAB I.D. # E84667

Report Number _____ Sub-Contract Lab ID: _____

Lab Receipt Date & Time: 4/13/11 08:11:52

Analysis Date & Time: 4/13/11 08:11:52

Sample Acceptance Criteria:

Sample Preservation ☒ On Ice ☐ Not On Ice 60.3 °C
Disinfectant Check ☒ Not Detected _____ mg/L

This sample does not meet the following NELAC requirements:

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch 1&2

PWS LD. 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch FL

PWS or PWS Owner's Phone #: _____

Collector: Tony Johnson

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 4-11-11

RECEIVED
APR 20 2011
ENVIRONMENTAL
ENGINEERING

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfectant Resid ² (mg/L)	pH	Total Coliform Analysis Method: <u>SM222B</u>				Lab Sample Number
						Non Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ³	
A	Raw at well #1	1230	R	0.74			A			105910
B	Raw at well #2	1230	R	0.74			A			105911
C	Lot 119	1230	D	1.6			A			105912
D	Outside Room 312	1230	D	1.6			A			105913

Average disinfectant residuals for routine and repeat samples:

☒ Free Chlorine ☐ or Total chlorine (circle one) 1.6

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other _____

Person performing disinfectant analysis is:

☒ A certified operator (# 18154)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with NELAC Standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report issued: _____

Lab Signature: Margaret Raphael 4/13/11

Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 4/25/11

DEP/DOH Reviewing Official: RS

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORMAT

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(888) 886-2540
LAB I.D. # E84567

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC

Public Water System Name: New River Ranch

PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch

PWS or PWS Owner's Phone #: _____

Fax #: _____

Collector: James Kochanski

Collector's Phone #: 888-886-1439

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Clearance - Replaced Fire Hydrant

Sample Collection Date: 4-13-11

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ^a	Observed Resid (mg/L)	pH	Total Coliform Analysis Method: SM9222B Fecal or E. coli Analysis Method: SM9222B				Lab Sample Number
						Non-Coliform	Total Coliform	Fecal or E. coli	Data Qualifier ^a	
A	Residual #1 2411 Dallas Circle	1100	D	0.2		A				106247
B	Residual #2 25174 Oakwood Dr.	1105	D	0.2		A				106248
D	Outside Room 150		D							
E	108387		D							

Average of disinfectant residuals for routine and repeat samples:
Free Chlorine _____ or Total Chlorine _____ (Circle one)

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☐ A certified operator (# _____)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

Unless otherwise noted All tests are performed in accordance with
NELAP Standards, and the results relate to the sample.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report Issued: _____

Lab Signature: Margaret Lappala 4/13/11

Title: Director

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 4/22/11

DEP/DOH Reviewing Official: Ron Stadelbacher

Mid Florida Water Lab
2 Oakwood Road
Winter Haven, FL 33890
(883) 385-2540
LAB I.D. # E04567

Report Number: Sub-Contract Lab ID:

Analysis Requested: (please check all that apply)

X Total Coliform/E coli		Total Coliform/Fecal
-------------------------	--	----------------------

Public Water System Name: New River Ranch

PAID Address: 3200 River Ranch Rd

BYIN or PMS Owner's Photo of

Collector:

Type of Supply: Community Water System

Reason for sampling: ☒ Routine Distribution ☒ Raw & Unprocessed or assessment

Sample Collection Date: 11-16-11

Lab Receipt Date & Time:

Analysis Date & Time: 4/14/11 07:50am

Sample Acceptance Criteria

Sample Preservation ☒ On Ice ☐ Not On Ice 8-1 oC

Disinfectant Check ☒ Not Detected ☐ mpt

This example does not meet the following NELAC requirements:

RECEIVED

APR 20 2011

**ENVIRONMENTAL
ENGINEERING**

PW 10. 353-1517

City: River Ranch

Find it

Collector's Phone #: 833-885-1439

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

Date Reviewed by DEPDON: 4/22/11
 DEPDON Reviewing Officer: Ron Stadelbacher

¹DEP Sample Type Codes: D-Distribution (Plastics Compliance); C-Repeat of Check; R-Flow; N-Entry to Distribution; F-Flow Test; S-Special Clearance, etc.)

Analysis Methods: MF = S68022B & D; MTF = S221B & PCAMUG; MHQAMUG = S68023B; MPC = S680215B

Results: A = colonies are absent; P = colonies are present; C = confluent growth; TNTC = too numerous to count



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month Year of:		May-11	
A. Public Water System (PWS) Information			
PWS Name:	New River Ranch & RV Resort 1& 2	PWS Identification Number:	353-1517
PWS Type:	Community		
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200
PWS Owner:	River Ranch		
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch
Contact Person's Telephone Number:	863-692-1321	State:	FL
Contact Person's E-Mail Address:	alicia_quig@wgresorts.com	Zip Code:	33867
Contact Person's Fax Number:	None		
B. Water Treatment Plant Information			
Plant Name:	New River Ranch	Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales
Type of Water Treated by Plant:	Raw ground water	State:	FL
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000	Zip Code:	33967
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	James Kochanski	C	17104
Other Operators:	Chris Beatty	D	17953
	Keith Johnson	C	7451
	James Kochanski	C	17104
	Larry Scott	C	8567
	William Goodman	D	17443
	Tony Johnson	D	18154
	Tiffanie Schroeder	C	16748
II. Certification by Lead Chief Operator			

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

James W. Kochanski 6-9-11
Signature and Date

James Kochanski
Printed or Typed Name

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month Year of: May-11

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1		24	138250												
2	X	24	138250										1.8		
3	X	24	238700										2.4		
4	X	24	283900										2.5		
5	X	24	180100										2.1		
6	X	24	312900										2.6		
7	X	24	230000										2.4		
8		24	177250												
9	X	24	177250										2.0		
10	X	24	225700										2.4		
11	X	24	258600										3.0		
12	X	24	249400										2.4		
13	X	24	299100										1.9		
14	X	24	239700										1.8		
15		24	159350												
16	X	24	159350										1.6		
17	X	24	302200										2.0		
18	X	24	206100										1.6		
19	X	24	263200										1.4		
20	X	24	282800										1.6		
21	X	24	240700										2.0		
22		24	234650												
23	X	24	234650										1.6		
24	X	24	294100										2.1		
25	X	24	224000										1.3		
26	X	24	318800										1.6		
27	X	24	245500										2.0		
28	X	24	233700										1.6		
29		24	207933												
30		24	207933												
31	X	24	207933										1.7		
Total			7172000												
Average			231355												
Maximum			318800												

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 5-11

Page # 09

Operation - Maintenance Log

Facility Name River Ranch #1

Facility Address _____

Ending Prev. Mo. Reading 4/10 2719900

PWS No. 6531517

Operator Shelby T. Johnson

Certification # 17141 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pmt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2	1860400		13	18	1152	1302	JK	4	
3	2459100		28	24	1200	1210	LWS	4	
4	3200000		30	25	1141	1151	JK	4	F
5	3119100		18	21	1100	1100	LWS	4	
6	3270000		30	26	1148	1158	JK	4	
7	3040000		20	24	1102	1112	LWS	4	
8									
9	2502000		28	10	1103	1213	JK	4	
10	3010000		28	24	1200	1200	LWS	4	
11	3708000		34	30	1300	1400	JK	4	1300
12	3708000		28	24	1200	1200	LWS	4	
13	3830000		30	26	1100	1110	JK	4	1100
14									
15									
16	4119000		40	36	1204	1214	JK	4	
17									
18									
19									
20									
21									
22									
23	4200000		40	36	1204	1214	JK	4	
24									
25									
26									
27									
28									
29									
30									
31									

Beginning Next Month Reading _____

Month - Yr 5-11

Page # 09

Operation - Maintenance Log

Facility Name River Ranch #2
 Facility Address _____
 Ending Prev. Mo. Reading 4/30 279111.00

PWS No. 6531512
 Operator Elabash
 Certification # 17104

Date	Meter Reading	H ₂ O Used - Gal.	CL ² PInt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1									
2	274247000	2.2	18	1307	1307		JK		
3	274387000	2.8	21	1100	1100		JK		
4	274537000	3.0	25	1111	1111		JK		
5	274687000	2.8	21	1100	1100		JK		
6	274837000	3.0	26	1118	1118		JK		
7	274987000	3.0	27	1120	1120		JK		
8									
9	27504000	2.5	20	1313	1313		JK		
10	27519000	2.8	24	1300	1300		JK		
11	27534000	2.8	27	1300	1300		JK		
12									
13									
14									
15									
16									
17									
18									
19									
20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									

eginning Next Month Reading _____

**DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORM**

Mid Florida Water Lab
8 Oakwood Road
Winter Haven, FL 33880
(889) 966-2840
LAB I.D. # EB4567

Report Number: _____ Sub-Contract Lab ID: _____

Analysis Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch

PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch

PWS or PWS Owner's Phone #: _____

Fac #: _____

Collector: Tony Johnson

Collector's Phone #: 889-966-1438

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Raw (triggered or assessment)

Sample Collection Date: 5-9-11

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Observed Res'd (mpL)	pH	Total Coliform Analysis Method: SM9222B				Lab Sample Number
						Non Coliform	Total Coliforms	Focal or E. coli	Date Qualified	
A	Raw at well #1	1203	R	0.24		A				107865
B	Raw at well #2	1203	R	0.74		A				107866
D	Outside Room 159	1203	D	2.0		A				107867
E	Lot 381	1203	D	2.0		A				107868

Average of duplicate plate counts for routine and repeat samples.
☒ Plate Counts ☐ or ☐ Total counts (circle one)

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (R) 18154
☐ Supervised by a certified operator (R) _____
☐ Employed by a certified lab _____
☐ Employed DEP or DOH _____
☐ Authorized representative of supplier of water _____

Unless otherwise noted All tests are performed in accordance with NELAP standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report Issued: _____

Lab Signature: Margaret Kamm
Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 5/18/11

DEP/DOH Reviewing Official: RS

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION
AND LABORATORY REPORTING FORM

Mid Florida Water Lab
3 Oakwood Road
Winter Haven, FL 33908
(888) 966-2540
LAB ID: # E94987

Report Number: _____ Sub-Contract Lab ID: _____

Analyte Requested: (please check all that apply)

☒ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliforms ☐ HPC ☐ Other _____

Public Water System Name: New River Ranch 1&2

PWS ID: 353-1517

PWS Address: 3200 River Ranch Rd

City: River Ranch FL

PWS or PWS Owner's Phone #: _____

Collector: James Kachinski

Type of Supply: Community Water System

Reason for Sampling: ☒ Routine Distribution ☒ Flow (troubled or assessment)

Sample Collection Date: 5/18/11

Clearance - Loss of Pressure
Installed Meter

RECEIVED

JUN 03 2011

ENVIRONMENTAL
ENGINEERING

Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfectant Resid. (mg/L)	pH	Total Coliform Analytic Method	Coliform or E. coli Analytic Method	Lab Sample Number
108352	A S. side of Office	1210	D	2.0		A		108352
108353	B Post Meter	1212	D	2.0		A		108353
108354	C Campground	1215	D	2.0		A		108354

Average of disinfectant residuals for routine and repeat samples:

Free Chlorine or Total Chlorine (circle one) 2.0

Disinfectant Residual Analytic Method:

☒ DPD colorimetric ☐ Other: _____

Person performing disinfectant analysis is:

☒ A certified operator (# 17104)
☐ Supervised by a certified operator (# _____)
☐ Employed by a certified lab
☐ Employed DEP or DOH
☐ Authorized representative of supplier of water

Unless otherwise noted All tests are performed in accordance with NELAP Standards, and the results relate to the samples.

Date and time PWS notified of positive results: _____

Date and time DEP/DOH notified of positive results: _____

Date Report issued: _____

Lab Signature: Margaret Rappaport 5/19/11

Title: Director

Name and Mailing Address of Person to Receive Report

Tri Florida Water Treatment
226 East Lake Ave
Auburndale, FL 33823

☒ Satisfactory
☐ Incomplete Collection Information
☐ Repeat Samples Required
☐ Replacement Samples Required

DEP/DOH USE ONLY

Date Reviewed by DEP/DOH: 6/8/11

DEP/DOH Reviewing Official: Ron Abdelhach

Test Sample Type Codes: D=Distribution (Routine Collection); O=Report of Outbreak; R=Return to Entry in Distribution; P=Plant Tap; S=Specialty Services, etc.)
Analytic Methods: MP = 9222230 & O; MP = 92218 & C; MP = 92218 & C; MP = 92218 & C; MP = 92218 & C; MP = 92218 & C

Results: A = coliforms are absent; P = coliforms are present; C = sufficient growth; TWTC = too numerous to count



MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for Instructions.

POLK

I. General Information for the Month/Year of: June-11

A. Public Water System (PWS) Information

PWS Name:	New River Ranch & RV Resort 1& 2			PWS Identification Number:	353-1517
PWS Type:	Community				
Number of Service Connections at End of Month:	700	Total Population Served at End of Month:	200		
PWS Owner:	River Ranch				
Contact Person:	Alicia Quig	Contact Person's Title:	Administrative Assistant		
Contact Person's Mailing Address:	PO Box 30030	City:	River Ranch	State:	FL Zip Code: 33867
Contact Person's Telephone Number:	863-692-1321	Contact Person's Fax Number:	None		
Contact Person's E-Mail Address:	alicia_quig@wgresorts.com				

B. Water Treatment Plant Information

Plant Name:	New River Ranch			Plant Telephone Number:	863-692-2946
Plant Address:	3200 River Ranch Blvd	City:	Lake Wales	State:	FL Zip Code: 33967
Type of Water Treated by Plant:	Raw ground water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day:	720,000				
Plant Category (per subsection 62-699.310(4), F.A.C.):	5	Plant Class (per subsection 62-699.310(4), F.A.C.):	C		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	
Lead/Chief Operator:	James Kochanski	C	17104	9/Month	
Other Operators:	Chris Beatty	D	17953		
	Keith Johnson	C	7451		
	James Kochanski	C	17104		
	Larry Scott	C	8567	13/Month	
	William Goodman	D	17443		
	Tony Johnson	D	18154	4/Month	
	Tiffanie Schroeder	C	16748		

II. Certification by Lead/Chief Operator

I, the undersigned water treatment plant operator licensed in Florida, am the lead/chief operator of the water treatment plant identified in Part I of this report. I certify that the information provided in this report is true and accurate to the best of my knowledge and belief. I certify that all drinking water treatment chemicals used at this plant conform to NSF International Standard 60 or other applicable standards referenced in subsection 62-555.320(3), F.A.C. I also certify that the following additional operational records for this plant were prepared each day that a licensed operator staffed or visited this plant during the month indicated above: (1) records of amounts of chemicals used and chemical feed rates; and (2) if applicable, appropriate treatment process performance records. Furthermore I agree to provide these additional operational records to the PWS owner so the PWS owner can retain them, together with copies of this report, at a convenient location for at least ten years.

James Kochanski
Signature and Date 7-7-11

James Kochanski
Printed or Typed Name

17104
License Number

MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

PWS Identification Number: 353-1517 Plant Name: New River Ranch

III. Daily Data for the Month Year of: June-11

Means of Achieving Four-Log Virus Inactivation/Removal:* Free Chlorine

Type of Disinfectant Residual Maintained in Distribution System: Mar-07 Free Chlorine

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculation, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations							UV Dose				
				Peak Flow rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/l	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm2	Minimum UV Dose Required, mW-sec/cm2			
1	X	24	346300										1.1		
2	X	24	167900										1.0		
3	X	24	327000										1.0		
4	X	24	237800										1.4		
5		24	227050												
6	X	24	227050										1.6		
7	X	24	234900										2.4		
8	X	24	286800										3.0		
9	X	24	145500										2.0		
10	X	24	274100										1.6		
11	X	24	248800										1.5		
12		24	326550												
13	X	24	326550										1.6		
14	X	24	191900										1.8		
15	X	24	209800										1.6		
16	X	24	181500										1.8		
17	X	24	217700										1.6		
18	X	24	270000										1.7		
19		24	167350												
20	X	24	167350										1.6		
21	X	24	191300										1.5		
22	X	24	279600										1.0		
23	X	24	197400										1.2		
24	X	24	298400										1.0		
25	X	24	156600										1.5		
26		24	156750												
27	X	24	156750										1.6		
28	X	24	156300										1.5		
29	X	24	199300										1.6		
30	X	24	161000										2.0		
Total			6735300												
Average			224510												
Maximum			346300												

* Refer to the instructions for this report to determine which plants must provide this information.

Month - Yr. 6-11

Page # 10

Operation - Maintenance Log

Facility Name River Ranch #1
Facility Address _____
Ending Prev. Mo. Reading 5/31 5611900

PWS No. 653-1517
Operator JKahawk T. Johnson
Certification # 17104 18154

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Plnt	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	5789200		1.7	1.1	1210	1220	JK	✓	600
2	5826100		1.6	1.0	1520	1510	LWS	✓	
3	5990100		1.6	1.0	1246	1256	JK	✓	500
4	6082900		1.8	1.4	1520	1510	LWS	✓	
5									
6	6273000		2.0	1.6	1159	1209	JK	✓	
7	6369900		2.6	2.4	1600	1610	LWS	✓	
8	6482700		3.5	3.0	1130	1140	JK	✓	F
9	6552200		2.5	2.0	1500	1510	LWS	✓	
10	6696300		2.0	1.6	1258	1308	JK	✓	
11	6842100		2.1	1.5	1130	1140	LWS	✓	
12									
13	7022200		2.0	1.6	1226	1236	JK	✓	
14	7109100		2.2	1.8	1145	1155	LWS	✓	
15	7181900		2.3	1.6	1147	1157	JK	✓	1200
16	7271400		2.1	1.8	1100	1110	LWS	✓	
17	7359100		2.0	1.6	1310	1320	JK	✓	
18	7428100		2.1	1.7	1200	1210	LWS	✓	
19									
20	7577800		2.0	1.6	1206	1216	JK	✓	
21	7654100		2.0	1.5	1000	1010	LWS	✓	
22	7764700		1.8	1.0	1208	1218	JK	✓	1100
23	7852100		1.9	1.2	1400	1410	LWS	✓	
24	7960800		1.8	1.0	1250	1300	JK	✓	
25	8027100		2.0	1.5	1400	1410	LWS	✓	
26									
27	8150600		2.0	1.6	1154	1204	JK	✓	
28	8221900		2.0	1.5	1300	1310	LWS	✓	
29	8299200		2.1	1.6	1108	1118	JK	✓	920
30	8352200		2.4	2.0	1100	1110	LWS	✓	
31									

Beginning Next Month Reading _____

Month - Yr. 6-11

Page # 10

Operation - Maintenance Log

Facility Name River Ranch #2
Facility Address _____
Ending Prev. Mo. Reading 5/31 278391000

PWS No. 653-1517
Operator T. Johnson
Certification # 17104

Date	Meter Reading	H ₂ O Used - Gal.	CL ² Pint	CL ² Rmt	TIME		Signature	CL Add.	Operation, Maint. Performed, Samples Taken, Etc.
					IN	OUT			
1	27856000		0.1	1.1	1210	1220	JK	0	600
2	278691000		1.6	1.0	1520	1510	LWS	0	
3	278854000		1.6	1.0	1246	1255	JK	0	520
4	278999000		1.8	1.4	1500	1510	LWS	0	
5									
6	279263000		2.0	1.6	1209	1219	JK	0	
7	279401000		2.6	2.4	1600	1610	LWS	0	
8	279575000		3.5	3.0	1130	1140	JK	0	F
9	279687000		2.5	2.0	1500	1510	LWS	0	
10	279781000		2.0	1.6	1258	1308	JK	0	
11	279884000		2.1	1.5	1130	1140	LWS	0	
12									
13	280357000		2.0	1.6	1236	1246	JK	0	
14	280462000		2.2	1.8	1145	1155	LWS	0	
15	280589000		2.3	1.6	1147	1157	JK	0	1260
16	280691000		2.1	1.8	1100	1110	LWS	0	
17	280821000		2.0	1.6	1310	1320	JK	0	
18	281022000		2.1	1.7	1200	1210	LWS	0	
19									
20	281207000		2.0	1.6	1246	1226	JK	0	
21	281322000		2.0	1.5	1000	1010	LWS	0	
22	281491000		1.8	1.0	1208	1218	JK	0	1100
23	281601000		1.9	1.2	1400	1410	LWS	0	
24	281791000		1.8	1.0	1250	1300	JK	0	
25	281887000		2.0	1.5	1400	1410	LWS	0	
26									
27	282071000		2.0	1.6	1204	1214	JK	0	
28	282456000		2.0	1.5	1300	1310	LWS	0	
29	282778000		2.1	1.6	1108	1118	JK	0	920
30	282386000		2.1	2.0	1100	1110	LWS	0	
31									

Beginning Next Month Reading _____



**Florida Instruments
& Calibration, Inc.**

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

Flow Meter Calibration Report

1-20- 2011

River Ranch

3200 River Ranch Blvd

River Ranch FL 33867

Attn: Alicia

Meter Location: River Ranch WWTP
Flow Device: 60° V Notch Weir
Metering Device: Ultrasonic
Maximum Flow Rate: 0-647.6 GPM @ 1.00' Max Head
Manufacturer: Isco
Model #: 3010
Serial #: 202H00266
Order #

Percent Range	Actual Input	Output Signal	Percent Dev.	Flow Displayed Calculated / Actual	Percent Dev.	Corrections made Date
0	0.0		0.0	0.0 GPM	0.0	
25						
50	0.29'		0.0	29.33 GPM	0.00	
75						
100	0..850'		0.0	431.4 GPM	0.0	

Totalizer Check

Start	Stop	Elapsed time	Actual totalizer	Calculated totalizer	Percent dev.	Corrections made date
1354728	1354730	10.80 Min	2	X100	0.0	

Comments: V-notch clean, Totalize scale factor 389.

Corrections:

Technician: Jeff Johnson	Date: 20 Jan 2011	Time:
--------------------------	----------------------	-------



Florida Instruments
& Calibration, Inc.

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

Flow Meter Calibration Report

River Ranch
3200 River Ranch Blvd
River Ranch Fl 33867

Attn: Alicia

Meter Location: River Ranch WWTP
Flow Device: 60° V Notch Weir
Metering Device: Ultrasonic
Maximum Flow Rate: 0-647.6 GPM @ 1.00' Max Head
Manufacturer: Isco
Model #: 3010
Serial #: 202H00266
Order #

Actual Input	Output Signal	Percent Dev.	Flow Displayed Calculated / Actual	Percent Dev.	Corrections made Date
0.0		0.0	0.0 GPM	0.0	
0.20			11.58/11.60 GPM	<1.00%	
0.33		0.0	40.51/40.50 GPM	<1.00%	
0.40			65.53/65.50 GPM	<1.00%	

Totalizer Check

Start	Stop	Elapsed time	Actual totalizer	Calculated totalizer	Percent dev.	Corrections made date
1305354	1305356	2.10 Min	2	X100	0.0	

Comments: V-notch clean, Totalize scale factor 389.
Meter was reading > 20.00 GPM Adjusted level

Corrections:

Technician: Jeff Johnson	Date: 20 July 2010	Time:
--------------------------	-----------------------	-------



Florida Instruments
& Calibration, Inc.

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

Flow Meter Calibration Report

February 17, 2009

River Ranch

3200 River Ranch Blvd

River Ranch FL 33867

Attn: Alicia

Meter Location: River Ranch WWTP
Flow Device: 60° V Notch Weir
Metering Device: Ultrasonic
Maximum Flow Rate: 0-647.6 GPM @ 1.00' Max Head
Manufacturer: Isco
Model #: 3010
Serial #: 202H00266
Order #

Percent Range	Actual Input	Output Signal	Percent Dev.	Flow Displayed Calculated / Actual	Percent Dev.	Corrections made Date
0	0.0		0.0	0.0 GPM	0.0	
25						
50	0.29'		0.0	29.33 GPM	0.00	
75						
100	0.850'		0.0	431.4 GPM	0.0	

Totalizer Check

Start	Stop	Elapsed time	Actual totalizer	Calculated totalizer	Percent dev.	Corrections made date
1004248	1004249	3.26 Min	1	X100	0.0	

Comments: V-notch clean, Totalize scale factor 389.

Corrections:

Technician: Jeff Johnson	Date: Feb 17, 2009	Time:
--------------------------	--------------------	-------



Florida Instruments & Calibration, Inc.

River Ranch
3200 River Ranch Blvd
River Ranch Fl 33867

Attn: Alicia

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

CERTIFICATE OF CALIBRATION/VERIFICATION USING FUJI ELECTRIC PORTAFLOW TRANSIT-TIME FLOWMETER

Site Location: Well #2

Pipe Information: 6"

<u>Meter:</u> Hersey			<u>FUJI PORTAFLOW</u>	
<u>S/N:</u> 020523			<u>Accuracy:</u> +/- 0.1 ft/sec for flow rate less than 6.5 ft/sec and +/- 1.5% of rate for flow rates greater than 6.5 ft/sec in pipe sizes from 0.50 in. to 12.0 in. +/- 0.03 ft/sec for flow rates less than 3.28 ft/sec and +/- 1.0% of rate for flow rates greater than 3.28 ft/sec. in pipe sizes from 12.0 in. to 19.5 ft. typical on a calibrated system.	
			<u>Linearity:</u> 0.1% of scale	
			<u>Repeatability:</u> Better than 0.5%.	
<u>Start</u>	<u>Stop</u>	<u>Actual</u>	<u>% Deviation</u>	<u>Time</u>
185479	285480	1012	1.20	2.21Min
<u>Comments:</u>				

#5

Jeff Johnson
Service Technician
17 February 2009



Florida Instruments & Calibration, Inc.

River Ranch
3200 River Ranch Blvd
River Ranch Fl 33867

Attn: Alicia

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

CERTIFICATE OF CALIBRATION/VERIFICATION USING FUJI ELECTRIC PORTAFLOW TRANSIT-TIME FLOWMETER

Site Location: Well #1

Pipe Information: 4"

<u>Meter:</u> Hersey		<u>FUJI PORTAFLOW</u>		
<u>S/N:</u> 0202193		<u>Accuracy:</u> +/- 0.1 ft/sec for flow rate less than 6.5 ft/sec and +/- 1.5% of rate for flow rates greater than 6.5 ft/sec in pipe sizes from 0.50 in. to 12.0 in. +/- 0.03 ft/sec for flow rates less than 3.28 ft/sec and +/- 1.0% of rate for flow rates greater than 3.28 ft/sec. in pipe sizes from 12.0 in. to 19.5 ft. typical on a calibrated system.		
		<u>Linearity:</u> 0.1% of scale		
		<u>Repeatability:</u> Better than 0.5%.		
<u>Start</u>	<u>Stop</u>	<u>Actual</u>	<u>% Deviation</u>	<u>Time</u>
395031	395036	520	3.90	1.95 Min
<u>Comments:</u>				

Jeff Johnson
Service Technician
17 February 2009



Florida Instruments & Calibration, Inc.

River Ranch
3200 River Ranch Blvd
River Ranch Fl 33867

Attn: Alicia

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

CERTIFICATE OF CALIBRATION/VERIFICATION USING FUJI ELECTRIC PORTAFLOW TRANSIT-TIME FLOWMETER

Site Location: Golf course

Pipe Information: 6"

<u>Meter:</u> GE AT868			<u>FUJI PORTAFLOW</u>	
<u>S/N:</u> 8341			<u>Accuracy:</u> +/- 0.1 ft/sec for flow rate less than 6.5 ft/sec and +/- 1.5% of rate for flow rates greater than 6.5 ft/sec in pipe sizes from 0.50 in. to 12.0 in. +/- 0.03 ft/sec for flow rates less than 3.28 ft/sec and +/- 1.0% of rate for flow rates greater than 3.28 ft/sec. in pipe sizes from 12.0 in. to 19.5 ft. typical on a calibrated system.	
			<u>Linearity:</u> 0.1% of scale	
			<u>Repeatability:</u> Better than 0.5%.	
			<u>Calibrated</u> 7/28/08	
<u>Start</u>	<u>Stop</u>	<u>Actual</u>	<u>% Deviation</u>	<u>Time</u>
63	383	320	0.00	2.00 Min

<u>Comments:</u>
New Install

Jeff Johnson
Service Technician
12 May 2009



Florida Instruments & Calibration, Inc.

River Ranch
3200 River Ranch Blvd
River Ranch Fl 33867

Attn: Alicia

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

CERTIFICATE OF CALIBRATION/VERIFICATION USING FUJI ELECTRIC PORTAFLOW TRANSIT-TIME FLOWMETER

Site Location: Well #2
Pipe Information: 6"

<u>Meter:</u> Hersey		<u>FUJI PORTAFLOW</u>		
<u>S/N:</u> 020523		<u>Accuracy:</u> +/- 0.1 ft/sec for flow rate less than 6.5 ft/sec and +/- 1.5% of rate for flow rates greater than 6.5 ft/sec in pipe sizes from 0.50 in. to 12.0 in. +/- 0.03 ft/sec for flow rates less than 3.28 ft/sec and +/- 1.0% of rate for flow rates greater than 3.28 ft/sec. in pipe sizes from 12.0 in. to 19.5 ft. typical on a calibrated system.		
		<u>Linearity:</u> 0.1% of scale		
		<u>Repeatability:</u> Better than 0.5%.		
<u>Start</u>	<u>Stop</u>	<u>Actual</u>	<u>% Deviation</u>	<u>Time</u>
230175	230176	1010	1.00	2.75 Min

<u>Comments:</u>

Jeff Johnson
Service Technician
April 6, 2010



Florida Instruments & Calibration, Inc.

River Ranch
3200 River Ranch Blvd
River Ranch Fl 33867

Attn: Alicia

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

CERTIFICATE OF CALIBRATION/VERIFICATION USING FUJI ELECTRIC PORTAFLOW TRANSIT-TIME FLOWMETER

Site Location: Golf course
Pipe Information: 6"

<u>Meter:</u> GE AT868			<u>FUJI PORTAFLOW</u>	
<u>S/N:</u> 8341			<u>Accuracy:</u> +/- 0.1 ft/sec for flow rate less than 6.5 ft/sec , and +/- 1.5% of rate for flow rates greater than 6.5 ft/sec in pipe sizes from 0.50 in. to 12.0 in. +/- 0.03 ft/sec for flow rates less than 3.28 ft/sec and +/- 1.0% of rate for flow rates greater than 3.28 ft/sec. in pipe sizes from 12.0 in. to 19.5 ft. typical on a calibrated system.	
			<u>Linearity:</u> 0.1% of scale	
			<u>Repeatability:</u> Better than 0.5%.	
			<u>Calibrated</u> 7/28/08	
<u>Start</u>	<u>Stop</u>	<u>Actual</u>	<u>% Deviation</u>	<u>Time</u>
21575091	21575491	400	0.00	2.13Min
<u>Comments:</u>				

Jeff Johnson
Service Technician
April 6, 2010



Florida Instruments & Calibration, Inc.

River Ranch
3200 River Ranch Blvd
River Ranch FL 33867

Attn: Alicia

(863) 648-0321
Fax (863) 648-1215
3901 Industry Blvd., Unit 1
Lakeland, Florida 33811

CERTIFICATE OF CALIBRATION/VERIFICATION USING FUJI ELECTRIC PORTAFLOW TRANSIT-TIME FLOWMETER

Site Location: Well #1
Pipe Information: 4"

<u>Meter:</u> Hersey			<u>FUJI PORTAFLOW</u>	
<u>S/N:</u> 0202193			<u>Accuracy:</u> +/- 0.1 ft/sec for flow rate less than 6.5 ft/sec and +/- 1.5% of rate for flow rates greater than 6.5 ft/sec in pipe sizes from 0.50 in. to 12.0 in. +/- 0.03 ft/sec for flow rates less than 3.28 ft/sec and +/- 1.0% of rate for flow rates greater than 3.28 ft/sec. in pipe sizes from 12.0 in. to 19.5 ft. typical on a calibrated system.	
			<u>Linearity:</u> 0.1% of scale	
			<u>Repeatability:</u> Better than 0.5%.	
<u>Start</u>	<u>Stop</u>	<u>Actual</u>	<u>% Deviation</u>	<u>Time</u>
710625	710628	305	1.70	1.33 Min
<u>Comments:</u>				

Jeff Johnson
Service Technician
April 6, 2010

DATE OF RUN: 6/29/11

UTILITIES SITE-X REFERENCE

PROGRAM: FUT252

PAGE 1

ACCOUNT NUMBER	BK NAME	SITE ADDRESS	CL	WT	SR	UT	UNITS	METER NUMBER	METER LOCATION	METER SIZE	ACCOUNT BALANCE
14-01-0040-1-3	01 HALSEY, DAVE	25203 CANTERBURY DR	R	Y	Y		1 X		X	.75	\$33.02-
	PO BOX 313 SYLVANIA	OH 43560-0313-13									
14-01-0400-1-7	01 ATHERHOLT, BERNICE	25210 CANTERBURY DR	R	Y	Y		1 0			.75	\$.00
	25210 CANTERBURY DR LAKE WALES	FL 33898-9213-10									
14-01-0260-2-4	01 VERA, JUANA	25235 CANTERBURY DR	R	Y	Y		1 0		0	.75	\$33.02
	788 PALO VERDE CT WEST PALM BEACH	FL 33415-1244-88									
14-01-0360-4-9	01 MURVIN, THEOREN	25251 CANTERBURY DR	R	Y	Y		1 0			.75	\$.00
	PO BOX 10 ALTAMONT	TN 37301-0010-10									
14-01-0350-3-3F	01 MURVIN, THEOREN	25259 CANTERBURY DR	R	Y	Y		1 0			.75	\$.00
	PO BOX 10 ALTAMONT	TN 37301-0010-10									
14-01-0200-2-7	01 HARVEY, BOBBIE JEAN	25303 CANTERBURY DR	R	Y	Y		1 X		X	.75	\$.00
	2717 DELTA RD BAY CITY	MI 48706-9341-17									
14-01-0180-3-9	01 HILL, DORTHY C	25307 CANTERBURY DR	R	Y	Y		1 X		X	.75	\$65.20
	25307 CANTERBURY DR LAKE WALES	FL 33898-9205-07									
14-01-0090-1-2	01 BATES, FRED	25308 CANTERBURY DR	R	Y	Y		1 X		X	.75	\$70.34-
	25308 CANTERBURY DR LAKE WALES	FL 33898-9209-08									
14-01-0430-2-9	01 LOOPE, JOHN	25311 CANTERBURY DR	R	Y	Y		1 0			.75	\$.00
	PO BOX 218 LOUISVILLE	TN 37777-0218-18									
14-01-0010-1-8	01 WARREN, BETTY	25315 CANTERBURY DR	R	Y	Y		1 X			.75	\$.00
	25315 CANTERBURY DR LAKE WALES	FL 33898-9205-15									
14-01-0420-1-3F	01 CAMPBELL, VIRGINIA	25328 CANTERBURY DR	R	Y	Y		1 0			.75	\$.00
	413 N YONGE ST ORMOND BEACH	FL 32174-5231-13									

#15

PAGE 3

[illegible]

PAGE 4

[illegible]

PAGE 5

[illegible]

DATE OF RUN: 6/29/11

UTILITIES SITE-X REFERENCE

PROGRAM: FUT252

PAGE 6

ACCOUNT NUMBER BK NAME
14-01-0250-1-8 01 SKOWRON, ROBERTA

SITE ADDRESS
2425 TUSCON CIR

CL	WT	SR	UT	UNITS	METER NUMBER	METER LOCATION	METER SIZE	ACCOUNT BALANCE
R	Y	Y			1 0	0	.75	\$.00

PO BOX 872
STOCKBRIDGE
14-01-0070-1-6 01 BORTZ, DON

MA 01262-0872-72
2426 TUSCON CIR

R	Y	Y			1 X	X	.75	\$33.02
---	---	---	--	--	-----	---	-----	---------

9890 NW 28 TERRACE
MIAMI
14-01-0210-1-7 01 LEE, JOHN & NANCY

FL 33172
2427 TUSCON CIRCLE

R	Y	Y			1 X	X	.75	\$.00
---	---	---	--	--	-----	---	-----	--------

PO BOX 270235
HARTFORD
14-01-0440-1-9 01 WESTGATE RIVER RANCH

WI 53027-0235-35
WESTGATE RIVER RANCH

C	F	F			1 0		.75	\$.00
---	---	---	--	--	-----	--	-----	--------

PO BOX 690669
ORLANDO

FL 32869-0869-69

TOTAL ACCOUNTS: 59