

120152-WS

CLASS B  
WATER AND/OR WASTEWATER UTILITIES

# FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Pluris Wedgefield, Inc.

Exact Legal Name of Utility

Docket No.: 120152-WS

## VOLUME III



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04838 JUL 19 2011

FPSC-COMMISSION CLERK

FOR THE

Test Year Ended: December 31, 2011

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (2)  
CHEMICALS USED**

**Test Year Ended December 31, 2011**

Water Treatment Plant					
Chemical	Dosage Rate	Feed Rate	Unit Price	Total Quantity	Total Cost
Chlorine - Sodium Hypochlorite	1.0 to 2.5ppm	25 to 100 GPD	\$ 0.88	29,922	\$ 26,331
Resin	As Needed	As Needed	\$ 16.35	1,037	\$ 16,960
Salt	As Needed	As Needed	\$ 105.00	100	\$ 10,500
Polyphosphate	1.0 to 2.5ppm	1.5 to 3.0 GPD	\$ 264.38	8	\$ 2,115

Wastewater Treatment Plant					
Chemical	Dosage Rate	Feed Rate	Unit Price	Total Quantity	Total Cost
Chlorine - Sodium Hypochlorite	1.5 to 3.5ppm	25 to 75 GPD	\$ 0.86	21,539	\$ 18,588
Polymer	As Needed	As Needed	\$ 829.10	2	\$ 1,658

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (3)  
CHEMICAL ANALYSIS**

**Test Year Ended December 31, 2011**





June 16, 2011

Shannon L. Joyce  
Department of Resource Management  
St. Johns River Water Management District  
975 Keller Road  
Altamonte Springs Fl. 32714

**Subject: Consumptive Use Permit No. 3302 ( Wedgefield)**

Dear, Ms Joyce

Please find the enclosed Chloride sampling results for the May 2011 calendar year in accordance with condition number 36 of the above referenced permit.

If you have any questions, or require additional information, please do not hesitate to call me at 407-259-6991

Sincerely,  
Pluris-Wedgefield Inc.

Roger Holsapple  
Chief Operator  
3100 Bancroft Blvd.  
Orlando, Fl. 32833  
Office: (407) 586-2112  
Cell: (407) 259-6991  
rholsapple@utilitypartnersllc.com

RECEIVED

JUN 21 2011

ALTAMONTE

**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: Wedgefield Utilities PWS I.D. # \_\_\_\_\_  
System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 11-05-116 Sample Date: 05/05/11 Sample Time: 0852 AM PM (Circle One)

Sample Location (be specific): Well 2 Location Code: \_\_\_\_\_

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)

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Distribution                               | <input type="checkbox"/> Routine Compliance with 62-550  | <input type="checkbox"/> Replacement (of Invalidated Sample)      |
| <input type="checkbox"/> Entry Point (to Distribution)              | <input type="checkbox"/> Confirmation of MCL Exceedance* | <input type="checkbox"/> Special (not for compliance with 62-550) |
| <input type="checkbox"/> Plant Tap (not for compliance with 62-550) | <input type="checkbox"/> Composite of Multiple Sites**   | <input type="checkbox"/> Clearance (permitting)                   |
| <input checked="" type="checkbox"/> Raw (at well or intake)         | <input type="checkbox"/> Other: _____                    |   |
| <input type="checkbox"/> Max Residence Time                         | Sampling Procedure Used or Other Comments: _____         |   |
| <input type="checkbox"/> Ave Residence Time                         |  |   |
| <input type="checkbox"/> 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 CERTIFICATION**

I, Phil Lal, \_\_\_\_\_, Field Technician, do HEREBY CERTIFY  
(Print Name) (Print Title)

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

Signature: [Signature] Date: 5/31/11

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

**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: Tri-Tech Laboratories, Inc. Florida DOH Certification #: E83294

Certification Expiration Date: June 30, 2012

ATTACH CURRENT DOH ANALYTE SHEET\*

Address: 7240 Old Cheney Highway Orlando, FL 32807 Phone #: 407-275-8463

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: 05/05/11

PWS ID (From Page 1):

Sample Number (From Page 1): 1

Lab Assigned Report # or Job ID: 11-05-116

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

<b>Inorganics</b>	<b>Synthetic Organics</b>	<b>Volatile Organics</b>	<b>Disinfection Byproducts</b>	<b>Radionuclides</b>	<b>Secondaries</b>
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

**LAB CERTIFICATION**

I, Tamara Lal, QC Director, 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: [Signature] Date: 5/31/11

\* 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 "C" 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: \_\_\_\_\_

**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: Wedgefield Utilities PWS I.D. # \_\_\_\_\_  
System Type (check one): ☐ Community ☐ Nontransient Noncommunity ☐ Transient Noncommunity  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_  
Phone # \_\_\_\_\_ Fax #: \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

**SAMPLE INFORMATION** (to be completed by sampler)

Sample Number: 11-05-117 Sample Date: 05/05/11 Sample Time: 0832 AM PM (Circle One)  
Sample Location (be specific): Well 3 Location Code: \_\_\_\_\_  
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 (of Invalidated Sample)  
☐ Entry Point (to Distribution) ☐ Confirmation of MCL Exceedance\* ☐ Special (not for compliance with 62-550)  
☐ Plant Tap (not for compliance with 62-550) ☐ Composite of Multiple Sites\*\* ☐ Clearance (permitting)  
☒ Raw (at well or intake) ☐ Other: \_\_\_\_\_  
☐ Max Residence Time  
☐ Ave Residence Time  
☐ Near First Customer  
Sampling Procedure Used or Other Comments: \_\_\_\_\_

\*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 CERTIFICATION**

I, Phil Lal (Print Name), Field Technician (Print Title), do HEREBY CERTIFY

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

Signature: [Signature] Date: 5-31-11

Certified Operator #: \_\_\_\_\_ Phone #: \_\_\_\_\_ Sampler's Fax #: \_\_\_\_\_

Sampler's E-mail: \_\_\_\_\_

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

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ATTACH DOH ANALYTE SHEET FOR EACH SUBCONTRACTED LAB\*

**ANALYSIS INFORMATION** (to be completed by lab)

Date Sample(s) Received: 05/05/11

PWS ID (From Page 1):

Sample Number (From Page 1): 1

Lab Assigned Report # or Job ID: 11-05-117

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

<b>Inorganics</b>	<b>Synthetic Organics</b>	<b>Volatile Organics</b>	<b>Disinfection Byproducts</b>	<b>Radionuclides</b>	<b>Secondaries</b>
<input type="checkbox"/> All Except Asbestos	<input type="checkbox"/> All 30	<input type="checkbox"/> All 21	<input type="checkbox"/> Trihalomethanes	<input type="checkbox"/> Single Sample	<input type="checkbox"/> All 14
<input type="checkbox"/> Partial	<input type="checkbox"/> All Except Dioxin	<input type="checkbox"/> Partial	<input type="checkbox"/> Haloacetic Acids	<input type="checkbox"/> Qtrly Composite**	<input checked="" type="checkbox"/> Partial
<input type="checkbox"/> Nitrate	<input type="checkbox"/> Partial		<input type="checkbox"/> Chlorite		
<input type="checkbox"/> Nitrite	<input type="checkbox"/> Dioxin Only		<input type="checkbox"/> Bromate		
<input type="checkbox"/> Asbestos					

**LAB CERTIFICATION**

I, Tamara Lal, QC Director, 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: [Signature] Date: 5-31-11

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\*\* 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: \_\_\_\_\_

Utility Partners, LLC  
6608 Walton Way  
Tampa, FL 33610

PROJECT NAME:  
Wedgfield

TTA Contact: T. Lal

DATE REC	WORK ORDER	DATE/TIME SAMPLED	PARAMETER SAMPLE ID	METHOD	RESULT	DATE ANALYZED	DOH LAB
05/05/11	11-05-117-1	05/05/11 0832	Bicarbonate	4500	240.0 mg/L	05/10/11	E83182
			Carbonate	4500-CO2	1.4 mg/L	05/10/11	E83182
			Alkalinity	310.2	240.0 mg/L	05/10/11	E83182
			Chloride	300.0	64.0 mg/L	05/05/11	E83182
			Sulfate	300.0	24.0 mg/L	05/05/11	E83182
			Sulfide	4500-S-E	4.9 mg/L	05/08/11	E83182
			Total Iron	200.7	39.9 ug/L	05/10/11	E83182
			Total Hardness	130.2	260.0 mg/L	05/10/11	E83182
			Magnesium	200.7	11300.0 ug/L	05/10/11	E83182
			Sodium	200.7	41200.0 ug/L	05/10/11	E83182
			Potassium	200.7	1280.0 ug/L	05/10/11	E83182
			TDS	160.1	420.0 mg/L	05/08/11	E83182
			Calcium	200.7	83600.0 ug/L	05/10/11	E83182
			Well 3				

Test results contained in this package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs, as applicable.

Reviewed By : Tamara Lal  
Title : Quality Control Director  
Date Reviewed : May 31, 2011

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH" CALL TTA TODAY!  
DOH #E83294

Utility Partners, LLC  
6608 Walton Way  
Tampa, FL 33610

PROJECT NAME:  
Wedgefield

TTA Contact: T. Lal

DATE REC	WORK ORDER	DATE/TIME SAMPLED	PARAMETER SAMPLE ID	METHOD	RESULT	DATE ANALYZED	DOH LAB
05/05/11	11-05-116-1	05/05/11 0852	Bicarbonate	4500	240.0 mg/L	05/10/11	E83182
			Carbonate	4500-CO2	1.9 mg/L	05/10/11	E83182
			Alkalinity	310.2	240.0 mg/L	05/10/11	E83182
			Chloride	300.0	68.0 mg/L	05/05/11	E83182
			Sulfate	300.0	23.0 mg/L	05/05/11	E83182
			Sulfide	4500-S-E	4.4 mg/L	05/08/11	E83182
			Total Iron	200.7	43.2 ug/L	05/10/11	E83182
			Total Hardness	130.2	270.0 mg/L	05/10/11	E83182
			Magnesium	200.7	12100.0 ug/L	05/10/11	E83182
			Sodium	200.7	43900.0 ug/L	05/10/11	E83182
			Potassium	200.7	1280.0 ug/L	05/10/11	E83182
			TDS	160.1	410.0 mg/L	05/08/11	E83182
			Calcium	200.7	81900.0 ug/L	05/10/11	E83182
			Well 2				

Test results contained in this package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs, as applicable.

Reviewed By : Tamara Lal  
Title : Quality Control Director  
Date Reviewed : May 31, 2011

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH" CALL TTA TODAY!  
DOH #E83294

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

**INORGANIC CONTAMINANT**  
62-550.310(1)

Report Number / Job ID: 11-10-102

PWS ID (From Page 1):

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	0.10	U	353.2	0.10	10/06/11	1015	E83294
1041	Nitrite (as N)	1	mg/L	0.10	U	353.2	0.10	10/06/11	0900	E83294
1005	Arsenic	0.010	mg/L	NA						
1010	Barium	2	mg/L	NA						
1015	Cadmium	0.005	mg/L	NA						
1020	Chromium	0.1	mg/L	NA						
1024	Cyanide	0.2	mg/L	NA						
1025	Fluoride	4.0	mg/L	NA						
1030	Lead	0.015	mg/L	NA						
1035	Mercury	0.002	mg/L	NA						
1036	Nickel	0.1	mg/L	NA						
1045	Selenium	0.05	mg/L	NA						
1052	Sodium	180	mg/L	NA						
1074	Antimony	0.006	mg/L	NA						
1075	Beryllium	0.004	mg/L	NA						
1085	Thallium	0.002	mg/L	NA						
1094	Asbestos	7 MFL	MFL	NA						



Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

INORGANIC CONTAMINANTS  
62-550.310(1)

Report Number / Job ID: 149649DW1  
PWS ID (From Page 1): 3480148

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1040	Nitrate (as N)	10	mg/L	0.183		EPA300.0	0.0500	05/11/11	01:30 PM	E83018
1041	Nitrite (as N)	1	mg/L	0.0500	U	EPA300.0	0.0500	05/11/11	01:30 PM	E83018
1005	Arsenic	0.010	mg/L	0.00100	U	EPA200.8	0.00100	05/11/11		E83018
1010	Barium	2	mg/L	0.0165		EPA200.8	0.00200	05/11/11		E83018
1015	Cadmium	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/11/11		E83018
1020	Chromium	0.1	mg/L	0.0111		EPA200.8	0.00100	05/11/11		E83018
1024	Cyanide	0.2	mg/L	0.00500	U	SM4600CN-E	0.00500	05/12/11		E83018
1025	Fluoride	4.0	mg/L	0.434		EPA300.0	0.200	05/11/11		E83018
1030	Lead	0.015	mg/L	0.00100	U	EPA200.8	0.00100	05/11/11		E83018
1035	Mercury	0.002	mg/L	0.0000200	U	EPA245.1	0.0000200	05/11/11		E83018
1036	Nickel	0.1	mg/L	0.00295		EPA200.8	0.00100	05/11/11		E83018
1045	Selenium	0.05	mg/L	0.00878		EPA200.8	0.00200	05/11/11		E83018
1052	Sodium	160	mg/L	73.7		EPA200.7	0.500	05/11/11		E83018
1074	Antimony	0.005	mg/L	0.00100	U	EPA200.8	0.00100	05/11/11		E83018
1075	Beryllium	0.004	mg/L	0.00100	U	EPA200.8	0.00100	05/11/11		E83018
1085	Thallium	0.002	mg/L	0.00100	U	EPA200.8	0.00100	05/11/11		E83018

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

SECONDARY CONTAMINANTS  
62-550.320

Report Number / Job ID: 149849DW1  
PWS ID (From Page 1): 3480149

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	Analysis Date	Analysis Time	DOH Lab Cert #
1002	Aluminum	0.2	mg/L	0.0200	U	EPA200.8	0.0200	05/11/11		E83018
1017	Chloride	250	mg/L	116		EPA300.0	4.00	05/18/11		E83018
1022	Copper	1	mg/L	0.0144		EPA200.8	0.00100	05/11/11		E83018
1025	Fluoride	4.0	mg/L	0.434		EPA300.0	0.200	05/11/11		E83018
1028	Iron	0.3	mg/L	0.0185		EPA200.7	0.0100	05/11/11		E83018
1032	Manganese	0.05	mg/L	0.0100	U	EPA200.7	0.0100	05/11/11		E83018
1050	Silver	0.1	mg/L	0.00318		EPA200.8	0.000500	05/11/11		E83018
1055	Sulfate	250	mg/L	27.5		EPA300.0	1.00	05/11/11		E83018
1096	Zinc	5	mg/L	0.0100	U	EPA200.8	0.0100	05/11/11		E83018
1905	Color	15	CU	5.00	U	SM2120 B	5.00	05/11/11	08:00 AM	E83018
1920	Odor	3	TON	1.00	U	SM2150 B	1.00	05/10/11	03:15 PM	E83018
1825	pH	6.5 - 8.5	pH	7.60		SM4600-H B	0.0100	05/10/11	03:15 PM	E83018
1830	Total Dissolved Solids	500	mg/L	488		SM2540 C	2.50	05/14/11		E83018
2905	Foaming Agents	0.5	mg/L	0.200	U	SM5540 C	0.200	05/11/11	11:30 AM	E83018

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

SYNTHETIC ORGANICS  
62-550.310(2)(c)

Report Number / Job ID: 148062DW1  
PWS ID (From Page 1): 3480149

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Extraction Date	Analysis Date	Analysis Time	DOH Lab Cert #
2005	Endrin	2	ug/L	0.0100	U	EPA505	0.0100	0.01	04/25/11	04/26/11		E83018
2010	Lindane	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	04/25/11	04/26/11		E83018
2015	Methoxychlor	40	ug/L	0.0500	U	EPA505	0.0500	0.1	04/25/11	04/26/11		E83018
2020	Toxaphene	3	ug/L	0.500	U	EPA505	0.500	1	04/25/11	04/26/11		E83018
2031	Dalapon	200	ug/L	0.100	U	EPA515.4	0.100	1	04/21/11	04/25/11		E83018
2032	Diquat	20	ug/L	0.400	U	EPA549.2	0.400	0.4	04/25/11	04/29/11		E83018
2033	Endothall	100	ug/L	9.00	U	EPA548.1	9.00	9	04/25/11	04/20/11		E83018
2034	Glyphosate	700	ug/L	6.00	U	EPA547	6.00	6		04/20/11		E83018
2035	Di(2-ethylhexyl) adipate	400	ug/L	0.600	U	EPA525.2	0.600	0.6	04/26/11	05/02/11		E83018
2036	Oxamyl (Vydate)	200	ug/L	2.00	U	EPA531.1	2.00	2.0		04/26/11		E83018
2037	Simazine	4	ug/L	0.0700	U	EPA507	0.0700	0.07	04/18/11	04/27/11		E83018
2039	Di(2-ethylhexyl)phthalate	6	ug/L	0.600	U	EPA525.2	0.600	0.6	04/26/11	05/02/11		E83018
2040	Picloram	500	ug/L	0.100	U	EPA515.4	0.100	0.1	04/21/11	04/25/11		E83018
2041	Dinoseb	7	ug/L	0.200	U	EPA515.4	0.200	0.2	04/21/11	04/25/11		E83018
2042	Hexachlorocyclopentadiene	50	ug/L	0.100	U	EPA505	0.100	0.1	04/25/11	04/26/11		E83018
2046	Carbofuran	40	ug/L	0.900	U	EPA531.1	0.900	0.9		04/26/11		E83018
2050	Atrazine	3	ug/L	0.100	U	EPA507	0.100	0.1	04/18/11	04/27/11		E83018
2051	Alachlor	2	ug/L	0.200	U	EPA507	0.200	0.2	04/18/11	04/27/11		E83018
2065	Heptachlor	0.4	ug/L	0.0100	U	EPA505	0.0100	0.04	04/25/11	04/26/11		E83018
2067	Heptachlor epoxide	0.2	ug/L	0.0100	U	EPA505	0.0100	0.02	04/25/11	04/26/11		E83018
2105	2,4-D	70	ug/L	0.100	U	EPA515.4	0.100	0.1	04/21/11	04/25/11		E83018
2110	2,4,5-TP	50	ug/L	0.200	U	EPA515.4	0.200	0.2	04/21/11	04/25/11		E83018
2274	Hexachlorobenzene	1	ug/L	0.100	U	EPA505	0.100	0.1	04/25/11	04/26/11		E83018
2306	Benzo(a)pyrene	0.2	ug/L	0.0200	U	EPA525.2	0.0200	0.02	04/26/11	05/02/11		E83018
2326	Pentachlorophenol	1	ug/L	0.0400	U	EPA515.4	0.0400	0.04	04/21/11	04/25/11		E83018
2383	PolychlorinatedbiphenylsPCB	0.5	ug/L	0.100	U	EPA505	0.100	0.1	04/25/11	04/26/11		E83018
2931	Dibromochloropropene	0.2	ug/L	0.0200	U	EPA504.1	0.0200	0.02	04/25/11	04/27/11		E83018
2946	Ethylene Dibromide	0.02	ug/L	0.0100	U	EPA504.1	0.0100	0.01	04/25/11	04/27/11		E83018
2959	Chlordane	2	ug/L	0.0100	U	EPA505	0.0100	0.2	04/25/11	04/26/11		E83018

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

**VOLATILE ORGANICS**  
62-550.310(2)(b)

Report Number / Job ID: 148062DW1  
PWS ID (From Page 1): 3480149

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier	Analytical Method	Lab MDL	RDL	Analysis Date	Analysis Time	DOH Lab Cert #
2378	1,2,4,-trichlorobenzene	70	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2380	cis-1,2-Dichloroethylene	70	ug/L	0.200	U	EPA502.2	0.200	0.5	04/19/11		E83018
2955	Xylenes	10000	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2964	Dichloromethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2968	o-dichlorobenzene	600	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2969	Para-dichlorobenzene	75	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2976	Vinyl Chloride	1	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2977	1,1-Dichloroethylene	7	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2979	trans-1,2-Dichloroethylene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2980	1,2-Dichloroethane	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2981	1,1,1-trichloroethane	200	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2982	Carbon tetrachloride	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2983	1,2-dichloropropane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2984	Trichloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2985	1,1,2-trichloroethane	5	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2987	Tetrachloroethylene	3	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2989	Monochlorobenzene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2990	Benzene	1	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2991	Toluene	1000	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2992	Ethylbenzene	700	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018
2996	Styrene	100	ug/L	0.500	U	EPA502.2	0.500	0.5	04/19/11		E83018



July 19, 2011

Department of Environmental Protection  
3319 Maguire Blvd. Suite 232  
Orlando Florida 32803

**Subject: 2011 Asbestos Report**

Dear, Barbra Browning

Please find the attached asbestos results for 2011

Sincerely,  
Roger Holsapple

Roger Holsapple  
Chief Operator  
3100 Bancroft Blvd.  
Orlando, Fl. 32833  
Office: (407) 586-2112  
Cell: (407) 259-6991  
rholsapple@utilitypartnersllc.com



## ASBESTOS-FREE CERTIFICATION OR ASBESTOS SAMPLING PLAN FOR PWSs

See page 2 for instructions.

<b>I. General Information</b>	
Public Water System (PWS) Name: <u>Wedge Field Utilities Water Treatment Plant</u>	
PWS Identification Number: <u>3480149</u>	PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community
PWS Owner: <u>PLUFS - Wedge Field</u>	
Contact Person: <u>Roger Holsapple</u>	Contact Person's Title: <u>Lead Operator</u>
Contact Person's Mailing Address: <u>3100 Bancroft Blvd</u>	
City: <u>Orlando</u>	State: <u>FL</u> Zip Code: <u>32833</u>
Contact Person's Telephone Number: <u>407-568-2112</u>	Contact Person's Fax Number: <u>407-568-7869</u>
Contact Person's E-Mail Address: <u>RHOLSAPPLE@UTILITYPARTNERS.LLC.COM</u>	

<b>II. Asbestos-Free Certification</b>	
I am duly authorized to sign this form on behalf of the PWS identified in Part I of this form. I certify that, to the best of my knowledge and belief, there are no asbestos-cement pipes or other asbestos containing components in said PWS. This certification is for the scheduled monitoring year of <u>2011</u> .	
<u>R. Holsapple</u> Signature and Date	<u>7-19-11</u> Printed or Typed Name
<u>Roger Holsapple</u> Printed or Typed Name	<u>Lead Operator</u> Title

<b>III. Asbestos Sampling Plan</b>	
A. Scheduled Monitoring Year: <u>2011</u>	
B. Asbestos Sampling Location*: <u>2609 Regency Oak</u>	
* The asbestos sampling location shall be a tap served by asbestos-cement pipe. (This does not mean that the asbestos sampling location must be a consumer's tap. The asbestos sampling location may be any convenient place in a portion of the distribution system served by asbestos-cement pipe.)	
C. Reason Why Above Asbestos Sampling Location Was Chosen: <u>This address was previously used</u>	
D. Conditions Under Which Asbestos Sample Will Be Taken*: <u>This sample was collected at the customer's tap located at 2609 Regency Oak</u>	
* Asbestos samples shall be taken under conditions where asbestos contamination is most likely to occur. (Waters with low pH [less than approximately 7.5 or 8, unless the waters contain high calcium, alkalinity, and silicate levels], very high sulfate concentrations, and polyphosphates are particularly destructive to asbestos-cement pipe.)	



## FLOWERS CHEMICAL LABORATORIES INC.

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P.O. Box 1200, Madison FL 32341  
3980 Overseas Hwy Suite 103, Marathon FL 33050

Phone: 407-339-5984 / Fax: 407-260-6110  
Phone: 772-343-8006 / Fax: 772-343-8089  
Phone: 850-973-6678 / Fax: 850-973-6678  
Phone: 305-743-8598 / Fax: 305-743-8598

E83018 (Main Lab)  
E86562 (South Lab)  
E82405 (North Lab)  
E15834 (Keys Lab)

Pluris-Wedgefield Attn: Ron Kramer  
6808 Walton Way  
Tampa, FL 33610

PO #: Wedgefield  
Client Project #: n/a  
Date Sampled: Jun 14, 2011  
Jul 18, 2011; Invoice: 152052

### Report Summary

Date Received: Jun 14, 2011

FCL Project Manager: Christina C. Peterson

Laboratory #	Sample Description	Analysis	Chemist	Location	Sample Matrix
152052DW1	2609 Regency Oak	TEM	MMG	Main Lab	Drinking Water

### Certificate of Results

Sample integrity was certified prior to analysis. Test results meet all requirements of the NELAC Standards except as noted in the Quality Control Report. Uncertainties for these data are available on request. This report may not be reproduced in part; results relate only to items tested.



Jefferson S. Flowers, Ph.D.  
President/Technical Director



## FLOWERS CHEMICAL LABORATORIES INC.

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Phone: 850-973-6878 / Fax: 850-973-6878  
Phone: 305-743-8598 / Fax: 305-743-8598

E83018 (Main Lab)  
E86562 (South Lab)  
E82405 (North Lab)  
E35834 (Keys Lab)

Pluris-Wedgefield Attn: Ron Kramer  
6808 Walton Way  
Tampa, FL 33610

PO #: Wedgefield  
Client Project #: n/a  
Date Sampled: Jun 14, 2011  
Jul 18, 2011; Invoice: 152052

### Analysis Report

Lab #: 152052DW1 Sampled: 06/14/11 10:00 AM Desc: 2809 Regency Oak

Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Asbestos	1.00 Attached	MF/L	1.00	1.00	1.00	10173514	TEM		06/14/11





## FLOWERS CHEMICAL LABORATORIES INC.

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3980 Overseas Hwy Suite 102, Marathon FL 33050

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Phone: 772-343-8086 / Fax: 772-343-8089  
Phone: 850-973-6878 / Fax: 850-973-6878  
Phone: 305-743-8596 / Fax: 305-743-8598

E83018 (Main Lab)  
E84562 (South Lab)  
E82405 (North Lab)  
E35834 (Keys Lab)

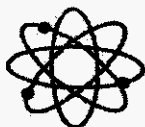
Pluris-Wedgefield Attn: Ron Kramer  
6608 Walton Way  
Tampa, FL 33610

PO #: Wedgefield  
Client Project #: n/a  
Date Sampled: Jun 14, 2011  
Jul 18, 2011; Invoice: 152052

### Quality Report

Quality Control Batch: 10173514  
Blank  
Asbestos

Analyst: MMG
Result      Units
1.00U      MF/L



## FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597  
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E82405 (North Lab)  
E35834 (Keys Lab)

Pluris-Wedgefield Attn: Ron Kramer  
6608 Walton Way  
Tampa, FL 33610

PO #: Wedgefield  
Client Project #: n/a  
Date Sampled: Jun 14, 2011  
Jul 18, 2011; Invoice: 152052

### Narrative Report

#### Sample Handling

Sample handling and holding time criteria were met for all samples. Samples collected by submitter. No unusual events occurred during analysis. Results are reported on a wet weight basis for aqueous matrices and on a dry weight basis for sludge and soil matrices unless otherwise noted. Sample results reported as dissolved were field filtered.

#### Quality Control

Enclosed analyses met method or FCL criteria, unless otherwise denoted on the sample results. Applied data qualifiers are defined below.

#### Attachments

Chain of Custody

Qualifier	Meaning
U	Compound was analyzed for but not detected.
J	One or more QC samples associated with this data value exceeded QC limits.
J1	Surrogate recovery limits have been exceeded.
J2	No known quality control criteria exist for the component.
J3	Reported value failed to meet established quality control criteria for either precision or accuracy.
J4	Sample matrix interfered with the ability to make an accurate determination on the spiked sample.
Q	Sample held beyond the accepted holding time.
L	Off-scale high; reported concentration exceeds the highest standard.
V	Analyte was detected in both the sample and the associated method blank.
ZTNTC	Too numerous to count. Numeric value represents filtration volume.
A	Absent
P	Present
T	Value reported is less than the statistical method detection limit. Reported for informational purposes only.
M	Value reported is greater than the statistical method detection limit, but less than the reported MDL.
G	The greatest of the dilutions performed did not yield sufficient oxygen depletion for valid data.
S	The least of the dilutions performed did not yield sufficient oxygen residual for valid data.
O	Result is greater than (over) the specified value.
I	Reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.
B	Results based upon colony plate count outside ideal range.
Y	The laboratory analysis was from an improperly preserved sample. The data may not be accurate.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

In Tech Analytical Laboratories, Inc.  
4403 Viveland Rd Suite B-12  
Orlando, Florida 32811  
DOH# E065294

Report Number: 11-12-128 Sub-Contract Lab ID: \_\_\_\_\_

Analysis Requested: (check all that apply)

☐ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Pluris - Wedgefield

PWS I.D. 3480149

PWS Address: 20449 Mansfield St

City: Orlando Florida 32833

PWS or PWS Owner's Phone #: 813-626-1030

Fax #: 407-568-7869

Collector: John B Coffee Jr

Collector's Phone #: 407-568-2112

Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

Reason for Sampling: (check all that apply)

☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey  
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: \_\_\_\_\_

Sample Collection Date: 12/06/2011

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>92220rf</u>				
	20449 Mansfield St Well #2	<u>0740</u>	<u>R</u>	<u>--</u>		Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
	20449 Mansfield St Well #3	<u>0745</u>	<u>R</u>	<u>--</u>			<u>A</u>			<u>1</u>
	2314 Bancroft Blvd	<u>0800</u>	<u>D</u>	<u>1.1</u>			<u>A</u>			<u>2</u>
	20413 Melville St	<u>0810</u>	<u>D</u>	<u>0.9</u>			<u>A</u>			<u>3</u>
										<u>4</u>

Average of disinfectant residuals for distribution routine & repeat samples.<sup>5</sup> Free chlorine or Total chlorine (circle one).

1.0

Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

Person performing disinfectant analysis is (see instructions on reverse):

☒ A certified operator (# C6614)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab ☐ Employed by 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 only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Roger Holsapple  
Pluris - Wedgefield  
3300 Bancroft Blvd  
Orlando FL 32813

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: \_\_\_\_\_

DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item 1.16.

<sup>2</sup> For Analysis Methods see Instructions item 11.6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

# DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORTING FORMAT

(62-550.730 Reporting Format Effective 01/1995, Revised 02/2010)

To Tech Analytical Laboratories Inc.  
4409 Vineyard Rd Suite B-17  
Orlando, Florida 32811  
DOH# E66184

Report Number: 11-12-147 Sub-Contract Lab ID: \_\_\_\_\_

## Analysis Requested: (check all that apply)

☐ Total Coliform/E. coli ☐ Total Coliform/Fecal ☐ Enterococci ☐ Coliphage ☐ HPC ☐ Other: \_\_\_\_\_

Public Water System (PWS) Name: Pluris - Wedgfield

PWS I.D. 3480149

PWS Address: 20449 Mansfield St

City: Orlando Florida 32833

PWS or PWS Owner's Phone #: 813-626-1030

Fax #: 407-568-7869

Collector: John B Coffee Jr

Collector's Phone #: 407-568-2112

## Type of Supply: (check only one)

☒ Community Water System ☐ Non-Transient Non-community Water System ☐ Transient Non-community Water System  
☐ Limited Use System ☐ Bottled Water ☐ Private Well ☐ Swimming Pool ☐ Other: \_\_\_\_\_

## Reason for Sampling: (check all that apply)

☒ Distribution Routine ☐ Distribution Repeat ☐ Raw (triggered or assessment) ☐ Raw (triggered or assessment) additional ☐ Well Survey  
☐ Clearance ☐ Replacement (also check type of sample being replaced) ☐ Boil Water Notice ☐ Other: \_\_\_\_\_

Sample Collection Date: 12/07/2011

To be completed by collector of sample						To be completed by lab				
Sample #	Sample Point (Location or Specific Address)	Sample Collection Time	Sample Type <sup>1</sup>	Disinfectant Residual (mg/L)	pH	Analysis Method(s): <u>9222.SMF</u>				
	2724 Ardon Ave	0735	D	1.2		Non-Coliform	Total Coliform	Fecal, E. coli, Enterococci, or Coliphage <sup>3</sup>	Data Qualifier <sup>4</sup>	Lab Sample #
	19520 Glen Elm Way	0800	D	0.9			A			1
	219119 Timber Pine Ln	0750	D	1.0			A			2
	20200 Nettleton St	0805	D	1.0			A			3
										4

Average of disinfectant residuals for distribution routine & repeat samples.<sup>4</sup> Free chlorine or Total chlorine (circle one). 1.0

## Disinfectant Residual Analysis Method:

☒ DPD Colorimetric ☐ Other: \_\_\_\_\_

## Person performing disinfectant analysis is (see instructions on reverse):

☒ A certified operator (# C6614)

☐ Supervised by certified operator (# \_\_\_\_\_)

☐ Employed by a certified lab ☐ Employed by 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 only to the samples.

Date and time PWS notified by lab of positive results: \_\_\_\_\_

Date and time DEP/DOH notified by lab of positive results: \_\_\_\_\_

Date Report Issued: \_\_\_\_\_

Lab Signature: \_\_\_\_\_

Title: \_\_\_\_\_

Roger Holsapple  
Pluris - Wedgfield  
1100 Bascom Blvd.  
Orlando, FL 32811

DEP/DOH USE ONLY

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

Date Reviewed by DEP/DOH: \_\_\_\_\_  
DEP/DOH Reviewing Official: \_\_\_\_\_

<sup>1</sup> For Sample Types see Instructions item I 16.

<sup>2</sup> For Analysis Methods see Instructions item II 6.

<sup>3</sup> Please circle appropriate selection.

<sup>4</sup> Defined in Florida Administrative Code Rule 62-160, Table 1.

<sup>5</sup> Complete for community & non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.

**Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format**

DISINFECTION BYPRODUCTS  
62-550.310(3)

Report Number / Job ID: 158652DW1  
Disinfectant Residual (mg/L):  
PWS ID (From Page 1): 3480149

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2941	Chloroform	N/A	ug/L	14.4		EPA502.2	0.500	1.0	09/15/11		E83018
2942	Bromoform	N/A	ug/L	4.60		EPA502.2	0.500	1.0	09/15/11		E83018
2943	Bromodichloromethane	N/A	ug/L	17.5		EPA502.2	0.500	1.0	09/15/11		E83018
2944	Dibromodichloromethane	N/A	ug/L	18.7		EPA502.2	0.500	1.0	09/15/11		E83018
2950	Total Trihalomethanes (TTHM)	80	ug/L	55.2		EPA502.2	0.500	---	09/15/11		E83018

\*\* 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 817.0 Revision 2.0, 326.0 or 321.8 must meet a 1.0 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Florida Department of Environmental Protection  
Safe Drinking Water Program Laboratory Reporting Format

DISINFECTION BYPRODUCTS  
82-550.310(3)

Report Number / Job ID: 158653DW1  
Disinfectant Residual (mg/L):  
PWS ID (From Page 1): 3480148

Contam ID	Contam Name	MCL	Units	Analysis Result	Qualifier*	Analytical Method	Lab MDL	Regulatory MRL**	Analysis Date	Analysis Time	DOH Lab Cert #
2450	Monochloroacetic Acid	N/A	ug/L	18.2		EPA552.2	2.00	2.0	08/21/11		E83018
2451	Dichloroacetic Acid	N/A	ug/L	13.6		EPA552.2	1.00	1.0	08/21/11		E83018
2452	Trichloroacetic Acid	N/A	ug/L	4.51		EPA552.2	0.500	1.0	08/21/11		E83018
2453	Monobromoacetic Acid	N/A	ug/L	1.00	U	EPA552.2	1.00	1.0	08/21/11		E83018
2454	Dibromoacetic Acid	N/A	ug/L	3.88		EPA552.2	0.500	1.0	08/21/11		E83018
2456	Total Haloacetic Acids (HAA5)	60	ug/L	38.2		EPA552.2	0.500	—	08/21/11		E83018

\*\* 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 ug/L MRL for bromate.

NOTE: Do not round values. Report results to the accuracy, precision, and sensitivity of the analytical method used.

Tri-Tech Analytical  
Laboratories, Inc.

P.O. Box 140966 • Orlando, FL 32814-0966 • (407) 275-8463

See us on the web at : <http://www.tri-techlabs.com>

Utility Partners, LLC  
6608 Walton Way  
Tampa, FL 33610

PROJECT NAME:  
Wedgefield

TTA Contact: T. Lal

DATE REC	WORK ORDER	DATE/TIME SAMPLED	PARAMETER SAMPLE ID	METHOD	RESULT	DATE ANALYZED	DOH LAB
11/02/11	11-11-032-1	11/02/11 1002	Bicarbonate	4500	240.0 mg/L	11/09/11	E83182
			Carbonate	4500-CO2	1.2 mg/L	11/09/11	E83182
			Alkalinity	310.2	240.0 mg/L	11/08/11	E83182
			Chloride	300.0	69.0 mg/L	11/03/11	E83182
			Sulfate	300.0	25.0 mg/L	11/03/11	E83182
			Sulfide	4500-S-E	4.5 mg/L	11/03/11	E83182
			Total Iron	200.7	41.8 ug/L	11/09/11	E83182
			Total Hardness	130.2	260.0 mg/L	11/03/11	E83182
			Magnesium	200.7	12100.0 ug/L	11/09/11	E83182
			Sodium	200.7	44000.0 ug/L	11/09/11	E83182
			Potassium	200.7	1510.0 ug/L	11/09/11	E83182
			TDS	160.1	410.0 mg/L	11/06/11	E83182
			Calcium	200.7	85200.0 ug/L	11/09/11	E83182
			Well 2				

Test results contained in this package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs, as applicable.

Reviewed By : Tamara Lal  
Title : Quality Control Director  
Date Reviewed : December 19, 2011

"HELP SAFEGUARD YOUR FUTURE AND YOUR HEALTH" CALL TTA TODAY!  
DOH #E83294



**Tri-Tech Laboratories, Inc.**  
P.O. Box P.O. Box 140966  
Orlando, Florida 32814-0966  
(407)275-8463 Fax (407)281-9187  
(877)275-8463

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Work Order #: 11-1-032

**CHAIN OF CUSTODY RECORD**

Client Name: <b>Utility Partners, LLC.</b>		Mailing Address: <b>6608 Walton Way Tampa, FL 33610</b>		Invoicing Address: <b>Same</b>		Attention: <b>Same</b>										
Contact Person: <b>Ron Kramer</b>		Project or address of sample site: <b>Wedgefield</b>		Phone Number: <b>352-617-2231</b>		Fax Number: <b>813-621-8840</b>										
Sampler's Signature: <i>[Signature]</i>				(REQUEST ANALYSIS WRITE DOWN BELOW)												
SAMPLE ID	DATE/TIME	CO TH Y	W A T E R	S O L I D	S O L I D	SAMPLE DESCRIPTION	SP-100	Alkalinity	CL, cond	94. Co	Fe, Hardness	Temp, pH	Glucose	Carbonate	TDS	REMARKS
1. Well 2	11-02-11		✓			CL	3	X	X	X	X	X	X	X	X	
2.																
3.																
4.																
5.																
6.																
7.																
8.																
9.																
10.																
11.																
12.																
13.																
Relinquished Sample Kit Date/Time:		Delivered Sample Kit to Lab Date/Time: <u>11-02-11</u>				Batch #		<u>4 16.5</u>								

Accepted to lab: [Signature] Date/Time: 11-2-11 1145



Wedgefield

Tri-Tech Laboratories, Inc  
Field Instrumentation Calibration Records

Date: 11-02-11

Time	Instrument	Parameter	Low Std		High Std		Units	Tech
			Assigned Value	Reading	Assigned Value	Reading		
0905								PL
	TTA F02	cond	100	N/A	1000	969	µohms	
	TTA F02	ph	4.00	4.00	7.02	7.00		
	TTA F02	temp	NA	—	NA	—	°C	
	TTA F02	DO*	100%	100	—	—	mg/L	
	TTA F04	turbidity	20 IS	15	100	N/A	NTU	
								PL
	TTA F02	cond	100	N/A	1000	966	µohms	
	TTA F02	ph	4.00	4.01	7.02	7.00		
	TTA F02	temp	NA	—	NA	—	°C	
	TTA F02	DO*	100%	100	—	—	mg/L	
	TTA F04	turbidity	20 IS	15	100	N/A	NTU	
	TTA F02	cond	100		1000		µohms	
	TTA F02	ph	4.00		7.02			
	TTA F02	temp	NA		NA		°C	
	TTA F02	DO*					mg/L	
	TTA F04	turbidity	20		100		NTU	

Units

STDS:

		µohms	NTU
pH4.0	PW 169	Con 100	Turb20 PW101
pH7.0	PW154	Con 1000	Turb100 PW101

\*DO based on temperature at 760 mm Hg

# GROUNDWATER SAMPLING LOG

SITE NAME: Wedgefield - Pluris		SITE LOCATION: District Gas ID 19120	
WELL NO: #2	SAMPLE ID:		DATE: 11-02-11

## PURGING DATA

[illegible]

## SAMPLING DATA

[illegible]

**NOTES:** 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)

pH:  $\pm 0.2$  units Temperature:  $\pm 0.2$  °C Specific Conductance:  $\pm 5\%$  Dissolved Oxygen: all readings  $\leq 20\%$  saturation (see Table FS 2200-2); optionally,  $\pm 0.2$  mg/L or  $\pm 10\%$  (whichever is greater) Turbidity: all readings  $\leq 20$  NTU; optionally  $\pm 5$  NTU or  $\pm 10\%$  (whichever is greater)

Revision Date: February 1, 2004

Utility Partners, LLC  
6608 Walton Way  
Tampa, FL 33610

PROJECT NAME:  
Wedgefield

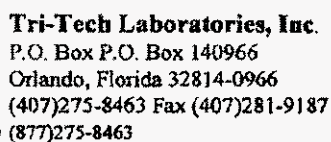
TTA Contact: T. Lal

DATE REC	WORK ORDER	DATE/TIME SAMPLED	PARAMETER SAMPLE ID	METHOD	RESULT	DATE ANALYZED	DOH LAB
11/02/11	11-11-033-1	11/02/11 1022	Bicarbonate	4500	240.0 mg/L	11/09/11	E83182
			Carbonate	4500-CO2	1.2 mg/L	11/09/11	E83182
			Alkalinity	310.2	240.0 mg/L	11/08/11	E83182
			Chloride	300.0	63.0 mg/L	11/03/11	E83182
			Sulfate	300.0	23.0 mg/L	11/03/11	E83182
			Sulfide	4500-S-E	4.6 mg/L	11/03/11	E83182
			Total Iron	200.7	61.5 ug/L	11/09/11	E83182
			Total Hardness	130.2	260.0 mg/L	11/03/11	E83182
			Magnesium	200.7	11300.0 ug/L	11/09/11	E83182
			Sodium	200.7	39700.0 ug/L	11/09/11	E83182
			Potassium	200.7	1350.0 ug/L	11/09/11	E83182
			TDS	160.1	400.0 mg/L	11/06/11	E83182
			Calcium	200.7	84300.0 ug/L	11/09/11	E83182
			Well 3				

Test results contained in this package meet the requirements of the National Environmental Laboratory Accreditation Conference and/or state specific certification programs, as applicable.

Reviewed By : Tamara Lal  
Title : Quality Control Director  
Date Reviewed : December 19, 2011

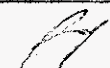
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DOH #E83294



CALL TTA TODAY! Page \_\_\_\_ Of \_\_\_\_

Work Order #: 11-11-033

### CHAIN OF CUSTODY RECORD

Client Name: Utility Partners, LLC.		Mailing Address: 6608 Walton Way Tampa, FL 33610		Invoicing Address: Same		Attention: Same											
Contact Person: Ron Kramer		Project or address of sample site: Wedgefield		Phone Number: 352-617-2231		Fax Number: 813-621-8840											
Sampler's Signature: 				(REQUEST ANALYSIS WRITE DOWN BELOW)													
SAMPLE ID	DATE/TIME	COMPT	GRADE	WATER	SUBIL	OTHER	SAMPLE DESCRIPTION	BOTTLE	Alkalinity	Ca, carbonate	SO <sub>4</sub> , Ca	Fe, Manganese	K, Mg, Na	Bicarbonate	Carbonate	TDS	REMARKS
1. Wed 3	11-02-11 1022			✓			CL PH	3	X	X	X	X	X	X	X	X	
2.																	
3.																	
4.																	
5.																	
6.																	11 11-
7.																	033 .
8.																	
9.																	
10.																	
11.																	
12.																	
13.																	
Retained Sample Kit Date/Time:		Delivered Sample Kit to Lab Date/Time:		11-02-11 1130		Bottle #:		K4 6									

Accepted in lib:

**Page/Film:**

Wedgefield

Tri-Tech Laboratories, Inc  
Field Instrumentation Calibration Records

Date: 11-02-11

Time	Instrument	Parameter	Low Std		High Std		Units	Tech
			Assigned Value	Reading	Assigned Value	Reading		
				N/A				PL
0905	TTA F02	cond	100	<del>969</del> N/A	1000	969	μohms	
	TTA F02	ph	4.00	4.00	7.02	7.00		
	TTA F02	temp	NA	—	NA	—	°C	
	TTA F02	DO*	100%	100	—	—	mg/L	
	TTA F04	turbidity	20 IS	15	100	N/A	NTU	
1025								PL
	TTA F02	cond	100	N/A	1000	966	μohms	
	TTA F02	ph	4.00	4.01	7.02	7.00		
	TTA F02	temp	NA	—	NA	—	°C	
	TTA F02	DO*	100%	100	—	—	mg/L	
	TTA F04	turbidity	20 IS	15	100	N/A	NTU	
	TTA F02	cond	100		1000		μohms	
	TTA F02	ph	4.00		7.02			
	TTA F02	temp	NA		NA		°C	
	TTA F02	DO*					mg/L	
	TTA F04	turbidity	20		100		NTU	

Units

STDS:

		μohms	NTU	
pH4.0	PW 169	Con 100	Turb20	PW101
pH7.0	PW154	Con 1000	Turb100	PW101

\*DO based on temperature at 760 mm Hg

# GROUNDWATER SAMPLING LOG

SITE NAME: <u>Wedgefield - Plunis</u>		SITE LOCATION:	
WELL NO: <u>#3</u>	SAMPLE ID:		DATE: <u>11-02-11</u>

## PURGING DATA

[illegible]

## SAMPLING DATA

[illegible]

NOTES: 1. The above do not constitute all of the information required by Chapter 62-160, F.A.C.

2. STABILIZATION CRITERIA FOR RANGE OF VARIATION OF LAST THREE CONSECUTIVE READINGS (SEE FS 2212, SECTION 3)

pH:  $\pm 0.2$  units Temperature:  $\pm 0.2$  °C Specific Conductance:  $\pm 5\%$  Dissolved Oxygen: all readings  $\leq 20\%$  saturation (see Table FS 2200-2); optionally,  $\pm 0.2$  mg/L or  $\pm 10\%$  (whichever is greater) Turbidity: all readings  $\leq 20$  NTU; optionally  $\pm 5$  NTU or  $\pm 10\%$  (whichever is greater)

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (4)  
OPERATIONS REPORTS**

**Test Year Ended December 31, 2011**

2010 MORs





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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> January 2010																																																																
<b>A. Public Water System (PWS) Information</b>																																																																
PWS Name: Wedgfield-Pluris Water Treatment Plant			PWS Identification Number: 3480149																																																													
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive																																																																
Number of Service Connections at End of Month: 1,608			Total Population Served at End of Month: 5,628																																																													
PWS Owner: Wedgfield-Pluris																																																																
Contact Person: Roger Holsapple			Contact Person's Title: Lead operator																																																													
Contact Person's Mailing Address: 3100 Bancroft Blvd			City: Orlando	State: FL Zip Code: 32833																																																												
Contact Person's Telephone Number: 407-568-2112			Contact Person's Fax Number: 407-568-7869																																																													
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com																																																																
<b>B. Water Treatment Plant Information</b>																																																																
Plant Name: Wedgfield-Pluris Water Treatment Plant			Plant Telephone Number: 407-568-6787																																																													
Plant Address: 20449 Mansfield St.			City: Orlando	State: FL Zip Code: 32833																																																												
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																																
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD																																																																
Plant Category (per subsection 62-699.310(4), F.A.C.): III																																																																
Plant Class (per subsection 62-699.310(4), F.A.C.): C																																																																
<table border="1"><thead><tr><th>Licensed Operators</th><th>Name</th><th>License Class</th><th>License Number</th><th>Day(s)/Shift(s) Worked</th></tr></thead><tbody><tr><td>Lead/Chief Operator:</td><td>Roger Holsapple</td><td>C</td><td>7436</td><td>Tuesday-Saturday</td></tr><tr><td>Other Operators:</td><td>John Coffee</td><td>C</td><td>6614</td><td>Monday-Friday</td></tr><tr><td></td><td>Paul Tzareff</td><td>C</td><td>17612</td><td>Sunday-Thursday</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>					Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday	Other Operators:	John Coffee	C	6614	Monday-Friday		Paul Tzareff	C	17612	Sunday-Thursday																																								
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked																																																												
Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday																																																												
Other Operators:	John Coffee	C	6614	Monday-Friday																																																												
	Paul Tzareff	C	17612	Sunday-Thursday																																																												

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date: *Roger Holsapple* 2-3-10

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Error: Reference source not found.

## III. Daily Data for the Month/Year of: January 2010

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

☒ Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine

Combined Chlorine (Chloramines)

Chlorine Dioxide

Type of Disinfectant Residual Measurement			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*										Chlorine Dioxide
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose			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
			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	306,000										0.5	
2	24	259,000										0.8	
3	24	390,000										0.6	
4	24	222,000										0.5	
5	24	255,000										0.2	5 Bac't samples flushed 14,400 gal
6	24	261,000										0.8	6 Bac't samples flushed 14,400 gal
7	24	232,000										0.7	
8	24	312,000										1.1	
9	24	294,000										1.0	
10	24	384,000										0.8	
11	24	325,000										1.4	
12	24	304,000										0.8	
13	24	259,000										1.1	1 Bac't replacement sample
14	24	276,000										1.1	
15	24	263,000										1.4	
16	24	268,000										1.6	
17	24	344,000										1.2	
18	24	388,000										1.4	
19	24	297,000										1.3	
20	24	273,000										0.9	Flushed 75,000 gal
21	24	288,000										0.9	1 Bac't sample flushed 21,600 gal
22	24	226,000										1.1	1 Bac't sample flushed 14,400 gal
23	24	269,000										0.7	
24	24	318,000										1.2	
25	24	320,000										0.5	
26	24	235,000										0.6	
27	24	257,000										0.7	
28	24	257,000										0.6	
29	24	233,000										1.1	
30	24	251,000										0.9	
31	24	334,000										0.9	
Total		8,900,000											
Average		287,096											
Maximum		390,000											

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

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

**See page 4 for instructions.**

[illegible]

## II. Certification by Lead/Chief Operator

1. 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Roger Holsapple Printed or Typed Name	7436-C License Number
--------------------	--	--------------------------

PWS Identification Number: 3480149

Plant Name: Pluris-Wedgefield

## III. Daily Data for the Month/Year of: February 2010

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

☒ Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

☒ Combined Chlorine (Chloramines)

Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*															Emergency or Abnormal Operating Conditions: Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L				
			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, if Applicable, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>					
1	24	274,000										0.9				
2	24	241,000										0.5				
3	24	209,000										0.5	2 Bact samples			
4	24	275,000										0.3				
5	24	265,000										0.5				
6	24	203,000										0.6				
7	24	344,000										0.6				
8	24	315,000										0.3	4 Bact samples stage II - TTHM's and HAA's			
9	24	244,000										0.4				
10	24	194,000										1.8				
11	24	264,000										0.4				
12	24	336,800										0.3				
13	24	179,000										0.6				
14	24	358,000										0.5				
15	24	264,000										0.3				
16	24	327,000										1.0				
17	24	276,000										0.2				
18	24	288,000										0.3				
19	24	298,000										0.7				
20	24	240,000										0.7				
21	24	373,000										0.8				
22	24	335,000										0.7				
23	24	299,000										0.7				
24	24	264,000										0.7				
25	24	279,000										0.7				
26	24	276,000										0.3				
27	24	263,000										0.6				
28	24	355,000										0.5				
Total		7,841,000														
Average		280,035														
Maximum		373,000														

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



1. General Information for the Month/Year of:	March 2010
---	------------

PWS Name: Pluris-Wedgfield Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,608		Total Population Served at End of Month: 5,628	
PWS Owner: Pluris-Wedgfield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

Plant Name: Pluris-Wedgfield Water Treatment Plant			Plant Telephone Number: 407-568-6787		
Plant Address: 20449 Mansfield St.			City: Orlando		State: FL
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			Zip Code: 32833		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.037 MGD					
Plant Category (per subsection 62-699.310(4), F.A.C.): III					
Licensed Operators		Name	License Class	License Number	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Lead/Chief Operator:	Roger Holmapple		C	7436	Day(s)/Shift(s) Worked
	John Coffee		C	6614	Tuesday-Saturday
Other Operators:	Paul Tzareff		C	17612	Monday-Friday
					Sunday-Thursday

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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

7436-C  
License Number

PWS Identification Number: 3480149 Plant Name: Error! Reference source not found.

III. Daily Data for the Month/Year of: March 2010

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)  
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

Type of Disinfectant Residual Maintained in Distribution System (See Table 1 for Chlorine, Chlorine Dioxide, Chlorine Trioxide)													
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		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	
			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/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>
1	24	309,000									0.7		
2	24	260,000									0.7	Collected 2 Bac't samples	
3	24	277,000									0.5	Collected 4 Bac't samples	
4	24	263,000									0.4	TTHM/HAA5-charged PRV -hydro tank inspection	
5	24	297,000									0.8		
6	24	279,000									0.5		
7	24	394,000									0.6		
8	24	308,000									0.6		
9	24	294,000									0.6		
10	24	265,000									0.7		
11	24	311,000									0.6	Installed a new meter for Well #2	
12	24	211,000									1.0		
13	24	248,000									0.5		
14	24	343,000									0.7		
15	24	289,000									0.6	Flushed hydrants 122,000 gal	
16	24	272,000									0.6		
17	24	296,000									0.7		
18	24	277,000									0.6		
19	24	253,000									0.6		
20	24	231,000									1.2		
21	24	405,000									1.1		
22	24	266,000									0.8		
23	24	269,000									0.9	Flushed hydrants 144,400 gal	
24	24	266,000									0.8	Flushed hydrants 520,000 gal	
25	24	259,000									0.7		
26	24	262,000									0.7		
27	24	263,000									0.9		
28	24	393,000									0.8		
29	24	233,000									0.7		
30	24	268,000									0.7	Flushed hydrants 216,000 gal	
31	24	272,000									0.4	Flushed hydrants 216,000 gal	
Total		8,833,000											
Average		284,935											
Maximum		405,000											

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



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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> April 2010				
<b>A. Public Water System (PWS) Information</b>				
PWS Name: Wedgfield Utilities Water Treatment Plant			PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 1,608			Total Population Served at End of Month: 5,628	
PWS Owner: Wedgfield Pluris-Wedgfield				
Contact Person: Roger Holsapple			Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd.			City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-259-6991			Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com				
<b>B. Water Treatment Plant Information</b>				
Plant Name: Wedgfield Utilities Water Treatment Plant			Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.			City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.037 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): III				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday
Other Operators:	John Coffee	C	6614	Monday-Friday
	Paul Tzareff	C	17612	Sunday-Thursday

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Roger Holsapple	7436-C
	Printed or Typed Name	License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: April 2010

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

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine☐ Combined Chlorine (Chloramines)☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, 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	322,000										0.4		
2	24	237,000										0.3		
3	24	318,000										0.5		
4	24	390,000										1.6		
5	24	311,000										1.0		
6	24	364,000										1.2	2 Bac't samples	
7	24	331,000										0.8	4 Bac't samples	
8	24	310,000										0.8		
9	24	310,000										0.7		
10	24	325,000										0.8		
11	24	458,000										0.8		
12	24	382,000										0.8		
13	24	257,000										0.7	5,000 gal flushed (polishers)	
14	24	356,000										0.4	5,000 gal flushed (polishers)	
15	24	363,000										0.6	TTHM/HAA5 samples 8,000 gal flushed (polishers)	
16	24	360,000										0.6	4,000 gal flushed (polishers)	
17	24	308,000										0.8	5,000 gal flushed (polishers)	
18	24	482,000										1.1		
19	24	336,000										0.9		
20	24	261,000										1.3		
21	24	285,000										1.0		
22	24	341,000										0.8		
23	24	300,000										1.1		
24	24	301,000										1.6		
25	24	454,000										1.4		
26	24	289,000										1.2		
27	24	263,000										1.1		
28	24	310,000										0.8		
29	24	363,000										0.7	1 Bac't sample	
30	24	352,000										0.7	1 Bac't sample flushed 95,000 gal (broken pipe)	
												0.6		
Total		10,039,000												
Average		323,839												
Maximum		482,000												

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





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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> May 2010				
<b>A. Public Water System (PWS) Information</b>				
PWS Name: Wedgefield Utilities Water Treatment Plant			PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 1,608			Total Population Served at End of Month: 5,628	
PWS Owner: Wedgefield Pluris-Wedgefield				
Contact Person: Roger Holsapple			Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd			City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112			Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com				
<b>B. Water Treatment Plant Information</b>				
Plant Name: Wedgefield Utilities Water Treatment Plant			Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.			City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): III				
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:	Roger Holsapple	C	7436	Tuesday-Saturday
Other Operators:	John Coffee	C	6614	Monday-Friday
	Paul Tzareff	C	17612	Sunday-Thursday

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	Roger Holsapple	7436-C
	Printed or Typed Name	License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: May 2010

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, 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
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	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/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>				
1	24	328,000										0.9			
2	24	371,000										0.8			
3	24	468,000										0.6			
4	24	352,000										0.3			
5	24	341,000										0.8	2 Bac't samples		
6	24	386,000										1.0	4 Bac't samples Chlorides sample flushed 15,000		
7	24	281,000										0.8	Flushed 15,000 gal		
8	24	317,000										1.3			
9	24	462,000										1.1			
10	24	390,000										1.9	Flushed 12,000 gal		
11	24	316,000										1.1	Flushed 8,000 gal		
12	24	325,000										0.9	Flushed 20,000 gal		
13	24	447,000										1.2	Flushed 4,000 gal		
14	24	400,000										1.5	Flushed 5,000 gal		
15	24	346,000										0.8			
16	24	752,000										0.7			
17	24	363,000										0.6	Nitrate and Nitrite samples Flushed 5,000 gal		
18	24	275,000										0.7	Flushed 5,000 gal		
19	24	325,000										1.0	Flushed 10,000 gal		
20	24	373,000										1.3	Flushed 10,000 gal		
21	24	340,000										1.2	Flushed 5,000 gal		
22	24	338,000										1.6			
23	24	510,000										1.2			
24	24	497,000										0.9	Flushed 10,000 gal		
25	24	438,000										0.6	Flushed 5,000 gal		
26	24	312,000										0.5	Flushed 5,000 gal		
27	24	399,000										0.6	Flushed 10,000 gal		
28	24	387,000										0.6	Flushed 15,000 gal		
29	24	374,000										0.7			
30	24	444,000										0.8			
31	24	460,000										1.3			
Total		12,117,000													
Average		390,871													
Maximum		752,000													

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



**See page 4 for instructions.**

<b>1. General Information for the Month/Year of:</b>	June 2010
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### A. Public Water System (PWS) Information

PWS Name: Wedgefield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,619		Total Population Served at End of Month: 5,666	
PWS Owner: Wedgefield Pluris-Wedgefield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

### B. Water Treatment Plant Information

<b>Plant Name:</b> Wedgefield Utilities Water Treatment Plant						<b>Plant Telephone Number:</b> 407-568-6787	
<b>Plant Address:</b> 20449 Mansfield St.						<b>City:</b> Orlando	
						<b>State:</b> FL	
<b>Type of Water Treated by Plant:</b>						<b>Zip Code:</b> 32833	
<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water							
<b>Permitted Maximum Day Operating Capacity of Plant,</b> gallons per day: 1.037 MGD							
<b>Plant Category (per subsection 62-699.310(4), F.A.C.):</b> III							
Licensed Operators	Name	License Class	License Number	Plant Class (per subsection 62-699.310(4), F.A.C.): C Day(s)/Shift(s) Worked			
<b>Lead/Chief Operator:</b>	Roger Holasapple	C	7436	Tuesday-Saturday			
<b>Other Operators:</b>	John Coffee	C	6614	Monday-Friday			
	Paul Tzareff	C	17612	Sunday-Thursday			

## 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 62-55.320(3), F.A.C. I also certify that the following additional operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date 7-7-10

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: June 2010

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type of Disinfectant Residual Measurement														Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant Residual Measurement										Type of Disinfectant 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\* Refer to the instructions for this report to determine which plants must provide this information.



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

See page 4 for instructions.

### I. General Information for the Month/Year of: July 2010

#### A. Public Water System (PWS) Information


PWS Name: Pluris-Wedgefield Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 1,632	Total Population Served at End of Month: 5,712		
PWS Owner: Pluris-Wedgefield			
Contact Person: Roger Holsapple	Contact Person's Title: Lead Operator		
Contact Person's Mailing Address: 3100 Bancroft Blvd	City: Orlando	State: FL	Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112	Contact Person's Fax Number: 407-568-7869		
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

#### B. Water Treatment Plant Information

Plant Name: Pluris-Wedgefield Water Treatment Plant		Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant:	<input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water		
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.037 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): III			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Roger Holsapple	C	7436
Other Operators:	John Coffee	C	6614
	Paul Tzareff	C	17612

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

	John Coffee	C-6614
Signature and Date	Printed or Typed Name	License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Water Treatment Plant

## III. Daily Data for the Month/Year of: July 2010

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*														Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
			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/cm <sup>2</sup>			Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	
1	24	340,000									.8			
2	24	321,000									.7			
3	24	283,000									1.7			
4	24	417,000									1.5			
5	24	236,000									1.8	2 Bac,t		
6	24	279,000									1.9	4 Bac,t		
7	24	327,000									1.7			
8	24	321,000									1.3			
9	24	341,000									.9	1,500 Flushed		
10	24	353,000									.9			
11	24	490,000									1.1			
12	24	285,000									1.4			
13	24	280,000									1.1	TTHMs & HAA5 Sample		
14	24	306,000									1.0			
15	24	319,000									.9			
16	24	306,000									.8			
17	24	388,000									1.3			
18	24	416,000									1.2			
19	24	383,000									1.8	3 Bac,t Taken for Plant Outage		
20	24	342,000									1.8	3 Bac,t Taken for Plant Outage		
21	24	406,000									1.1			
22	24	418,000									1.2			
23	24	349,000									1.0			
24	24	313,000									1.0			
25	24	502,000									1.3			
26	24	334,000									1.9			
27	24	350,000									1.5			
28	24	423,000									1.0	5,500 Brush Fire Orange Co F&R		
29	24	433,000									.9			
30	24	411,000									1.1			
31	24	457,000									1.9			
Total		11,129,000												
Average		359,000												
Maximum		502,000												

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



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

FILE

See page 4 for instructions.

## I. General Information for the Month/Year of: August 2010

### A. Public Water System (PWS) Information

PWS Name: Wedgfield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,620		Total Population Served at End of Month: 5,670	
PWS Owner: Wedgfield Pluris-Wedgfield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

### B. Water Treatment Plant Information

Plant Name: Wedgfield Utilities Water Treatment Plant		Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): III			
Licensed Operators		License Class	License Number
Lead/Chief Operator:	Roger Holsapple	C	7436
Other Operators:	John Coffee	C	6614
	Paul Tzareff	C	17612

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: August 2010

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
			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/cm <sup>2</sup>		Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	
1	24	555,000									1.1		
2	24	254,000									2.0		
3	24	303,000									1.4	2 Bac't samples	
4	24	350,000									1.2	4 Bac't samples	
5	24	383,000									1.2	Bleach delivery	
6	24	378,000									1.7	Service line break 75,000 gal	
7	24	457,000									0.8		
8	24	341,000									1.0		
9	24	289,000									0.9	Bleach delivery	
10	24	313,000									1.1	2 Bac't samples service line outage	
11	24	321,000									2.0	2 Bac't samples service line outage	
12	24	341,000									1.5	Bleach delivery	
13	24	351,000									1.2		
14	24	312,000									1.3		
15	24	555,000									1.2		
16	24	301,000									1.3		
17	24	308,000									1.7		
18	24	331,000									1.3		
19	24	415,000									1.3	Bleach delivery	
20	24	303,000									1.4		
21	24	121,000									0.9	Switched flow to aeration due to lightning strike	
22	24	578,000									0.9		
23	24	249,000									1.0		
24	24	279,000									0.9		
25	24	293,000									0.8		
26	24	318,000									1.1	Bleach delivery MIEN back on line	
27	24	278,000									1.8		
28	24	294,000									1.6		
29	24	486,000									1.7		
30	24	197,000									1.7		
31	24	284,000									2.1		
Total		10,538,000											
Average		339,935											
Maximum		578,000											

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





1. General Information for the Month/Year of: September 2010

**PWS Name:** Pluris-Wedgfield Water Treatment Plant

PWS Name: Pluris-Wedgetfield Water Treatment Plant	PWS Identification Number: 3480149
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PWS Type: ☒ Community ☐ Non-Transient Non-Community ☐ Transient Non-Community ☐ Consecutive

Number of Service Connections at End of Month: 1,620

**Total Population Served at End of Month: 5,670**

PWS Owner: Pluris-Wedgefield

Contact Person's Title: Lead operator

Contact Person's Mailing Address: 3100 Bancroft Blvd

City: Orlando

State: Ft

Zip Code 32833

Contact Person's Telephone Number: 407-568-2112

Contact Person's Fax Number: 407-568-7869

Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com

## Plant Name: Pluris-Wedgfield Water Treatment Plant

Plant Telephone Number: 407-568-6787

Plant Address: 20449 Mansfield St.

City: Orlando

State: FL

Zip Code: 32833

Type of Water Treated by Plant: ☒ Raw Ground Water☐ Purchased Finished Water

Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.037 MGD

Plant Category (per subsection 62-699.310(4), F.A.C.): III

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:	Roger Holsapple	C	7436	Tuesday-Saturday
Other Operators:	John Coffee	C	0614	Monday-Friday
	Paul Izareff	C	17612	Sunday-Thursday

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

Oct 6, 2010

John B Coffee, Jr

Printed or Typed Name \_\_\_\_\_

6614-C

License Number

PWS Identification Number: 3480149 Plant Name: Wee

III. Daily Data for the Month/Year of: September 2010

Means of Achieving Four-Log Virus Inactivation/Removal: ☒ Free Chlorine  
☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log				Temp. of Water, °F
			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	
1	24	345,000					
2	24	381,000					
3	24	359,000					
4	24	347,000					
5	24	571,000					
6	24	217,000					
7	24	344,000					
8	24	284,000					
9	24	351,000					
10	24	264,000					
11	24	291,000					
12	24	434,000					
13	24	314,000					
14	24	286,000					
15	24	339,000					
16	24	178,000					
17	24	348,000					
18	24	332,000					
19	24	506,000					
20	24	365,000					
21	24	317,000					
22	24	358,000					
23	24	449,000					
24	24	318,000					
25	24	281,000					
26	24	461,000					
27	24	287,000					
28	24	302,000					
29	24	296,000					
30	24	300,000					
Total		10,427,000					
Average		347,566					
Maximum		571,000					

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



<b>I. General Information for the Month/Year of:</b> <u>October 2010</u>	
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PWS Name: <b>Pluris-Wedgefield Water Treatment Plant</b>		PWS Identification Number: <b>3480149</b>	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: <b>1,620</b>		Total Population Served at End of Month: <b>5,670</b>	
PWS Owner: <b>Pluris-Wedgefield</b>			
Contact Person: <b>Roger Holsapple</b>		Contact Person's Title: <b>Lead operator</b>	
Contact Person's Mailing Address: <b>3100 Bancroft Blvd</b>		City: <b>Orlando</b>	State: <b>FL</b> Zip Code: <b>32833</b>
Contact Person's Telephone Number: <b>407-568-2112</b>		Contact Person's Fax Number: <b>407-568-7869</b>	
Contact Person's E-Mail Address: <b>holsapple@utilitypartnersllc.com</b>			

[illegible]

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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date John B Coffie, Jr. 4/5/2010 Printed or Typed Name John B Coffie, Jr. License Number 6614-C

PWS Identification Number: 3480149

Plant Name: Error! Reference source not found.

III. Daily Data for the Month/Year of: October 2010

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

☐ Ultraviolet Radiation☐ Other (Describe):☒ Free Chlorine

Chlorine Dioxide

Ozone

☐ Combined Chlorine (Chloramines)

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

☒ Combined Chlorine (Chloramines)

Chlorine Dioxide

			Free Chlorine										X Combined Chlorine (Chloramines)		Chlorine Dioxide	
			CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose					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		
			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	269,000											9			
2	24	372,000											1.2			
3	24	338,000											9			
4	24	366,000											1.6			
5	24	312,000											2.2			
6	24	283,000											1.8	Bact's		
7	24	398,000											1	Bact's		
8	24	442,000											1.5	Bleach Deliver TTHM&HAAS Sample		
9	24	391,000											1.3	Chloride Sample		
10	24	451,000											1.2			
11	24	479,000											2.9			
12	24	397,000											1.2			
13	24	418,000											1.3			
14	24	478,000											1.7	Bleach Deliver		
15	24	469,000											1			
16	24	287,000											9	10,000 Flushed		
17	24	489,000											1.3			
18	24	481,000											1.5			
19	24	363,000											1.1			
20	24	436,000											1.7			
21	24	424,000											1	Bleach Deliver		
22	24	457,000											1.6			
23	24	497,000											1.6			
24	24	495,000											1.2			
25	24	512,000											1.5			
26	24	388,000											1.3			
27	24	459,000											1.7			
28	24	391,000											1.3	Bleach Deliver		
29	24	480,000											1.2	10,000 Flushed		
30	24	455,000											1.6			
31	24	611,000											1.4			
Total		13,088,000														
Average		422,194														
Maximum		611,000														

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



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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> November 2010			
<b>A. Public Water System (PWS) Information</b>			
PWS Name: Pluris-Wedgefield Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,620		Total Population Served at End of Month: 5,628	
PWS Owner: Pluris-Wedgefield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			
<b>B. Water Treatment Plant Information</b>			
Plant Name: Pluris-Wedgefield Water Treatment Plant		Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): III			
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Roger Holsapple	C	7436
Other Operators:	John Coffee	C	5614
	Paul Tzareff	C	17612

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date:  12/8/2010	John B. Coffee, Jr. Printed or Typed Name	6614-C License Number
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PWS Identification Number: 3480149

Plant Name: Pluris-Wedgefield

## III. Daily Data for the Month/Year of: November 2010

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

☒ Free Chlorine

Chlorine Dioxide

Ozone

Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

☒ Combined Chlorine (Chloramines)

Chlorine Dioxide

Type of Distribution System		CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Chlorine (Chloramines)		Chlorine Dioxide	
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			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			
			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	502,000									1.2				
2	24	389,000									1				
3	24	340,000									.9	2 Bact's Taken			
4	24	364,000									1.1	4 Bact's Taken Bleach Delivered			
5	24	311,000									1				
6	24	359,000									1.3				
7	24	425,000									1.4				
8	24	330,000									1.3				
9	24	292,000									1.2	25,000 Flushed			
10	24	340,000									1.4				
11	24	399,000									1.3	Bleach Delivered			
12	24	370,000									1				
13	24	349,000									1.4				
14	24	458,000									1.6				
15	24	398,000									2.8				
16	24	345,000									2.4				
17	24	337,000									1.9	25,000 Flushed			
18	24	388,000									1	Bleach Delivered			
19	24	300,000									1.2				
20	24	497,000									1.1				
21	24	326,000									1.2				
22	24	373,000									1.4				
23	24	333,000									2.5				
24	24	362,000									1.5	Bleach Delivered			
25	24	379,000									1.4				
26	24	369,000									1.8				
27	24	328,000									2.2				
28	24	357,000									2.2				
29	24	454,000									2	35,000 Flushed			
30	24	214,000									1.4				
Total		11,008,000													
Average		355,097													
Maximum		502,000													

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



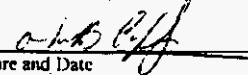
## MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> December 2010				
<b>A. Public Water System (PWS) Information</b>				
PWS Name: Pluris-Wedgefield Water Treatment Plant			PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive				
Number of Service Connections at End of Month: 1,620			Total Population Served at End of Month: 5,628	
PWS Owner: Pluris-Wedgefield				
Contact Person: Roger Holsapple			Contact Person's Title: Lead operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd			City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112			Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com				
<b>B. Water Treatment Plant Information</b>				
Plant Name: Pluris-Wedgefield Water Treatment Plant			Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.			City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): III				
Licensed Operators		Name	License Class	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Lead/Chief Operator:	Roger Holsapple		C	7436
Other Operators:	John Coffee		C	6614
	Greg Hooper		C	8178

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

 Signature and Date	11/7/2011 John B. Coffee, Jr. Printed or Typed Name	6614-C License Number
---	---	--------------------------

PWS Identification Number: 3480149

Plant Name: Pluris-Wedgefield

## III. Daily Data for the Month/Year of: December 2010

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

☒ Free Chlorine

Chlorine Dioxide

Ozone

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

☒ Combined Chlorine (Chloramines)

Chlorine Dioxide

Free Chlorine			X Combined Chlorine (Chloramines)			Chlorine Dioxide								
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, 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	277,000										1		
2	24	324,000										1.2	Bleach Deliver	
3	24	290,000										1.1		
4	24	340,000										1.4		
5	24	411,000										1.5		
6	24	322,000										2.5	2 Hact's Taken	
7	24	316,000										1.7	4 Hact's Taken	
8	24	285,000										1.8	Bleach Deliver	
9	24	336,000										1.2		
10	24	299,000										1.3		
11	24	368,000										1.8		
12	24	411,000										1.8		
13	24	315,000										1.7		
14	24	306,000										1.7		
15	24	300,000										1.8	Bleach Deliver	
16	24	294,000										1		
17	24	280,000										1.3		
18	24	304,000										1.3		
19	24	321,000										1.3		
20	24	275,000										1.3		
21	24	244,000										2		
22	24	278,000										1.6		
23	24	301,000										1.7	Bleach Deliver	
24	24	265,000										1.2		
25	24	320,000										1		
26	24	350,000										1.9		
27	24	297,000										2		
28	24	260,000										2		
29	24	307,000										1.7	Changed Sinter Tubing	
30	24	303,000										1	Bleach Deliver	
31	24	289,000										1		
Total		9,588,000												
Average		309,290												
Maximum		411,000												



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

PWS Identification Number: 3480149

Plant Name: Pluris - Wedge Field Water Treatment Plant

## IV. Summary of Use of Polymer Containing Acrylamide, Polymer Containing Epichlorohydrin, and Iron or Manganese Sequestrant for the Year:

A. Is any polymer containing the monomer acrylamide used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose, ppm =

Acrylamide Level, %<sup>†</sup> =

B. Is any polymer containing the monomer epichlorohydrin used at the water treatment plant? ☒ No ☐ Yes, and the polymer dose and the epichlorohydrin level in the polymer are as follows:

Polymer Dose, ppm =

Epichlorohydrin Level, %<sup>†</sup> =

C. Is any iron or manganese sequestrant used at the water treatment plant? ☐ No ☒ Yes, and the type of sequestrant, sequestrant dose, etc., are as follows:

Type of Sequestrant (polyphosphate or sodium silicate): Blended Ortho Polyphosphate

Sequestrant Dose, mg/L of phosphate as PO<sub>4</sub> or mg/L of silicate as SiO<sub>2</sub> = 1.1 PPM

If sodium silicate is used, the amount of added plus naturally occurring silicate, in mg/L as SiO<sub>2</sub> =

\* Complete and submit Part IV of this report only with the monthly operation report for December of each year and only for water treatment plants using polymer containing acrylamide, polymer containing epichlorohydrin, and/or an iron and manganese sequestrant.

<sup>†</sup> Acrylamide and epichlorohydrin levels may be based on the polymer manufacturer's certification or on third-party certification.

# 2011 MORs



**See page 4 for instructions.**

**J. General Information for the Month/Year of:** January 2011

### A. Public Water System (PWS) Information

PWS Name: Wedgfield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,621		Total Population Served at End of Month: 5,674	
PWS Owner: Wedgfield Pluris-Wedgfield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

### B. Water Treatment Plant Information

<b>Plant Name:</b> Wedgefield Utilities Water Treatment Plant						<b>Plant Telephone Number:</b> 407-568-6787	
<b>Plant Address:</b> 20449 Mansfield St.				<b>City:</b> Orlando		<b>State:</b> FL	<b>Zip Code:</b> 32833
<b>Type of Water Treated by Plant:</b> <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water							
<b>Permitted Maximum Day Operating Capacity of Plant, gallons per day:</b> 1.037 MGD							
<b>Plant Category (per subsection 62-699.310(4), F.A.C.):</b> III							
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked			
<b>Lead/Chief Operator:</b>	Roger Holsapple	C	7436	Tuesday-Saturday			
<b>Other Operators:</b>	John Coffee	C	6614	Monday-Friday			
	Gregory Hooper	C	8178	Sunday-Thursday			

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date 1/16/16 2:50 PM

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: January 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type UV System													
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*													
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		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	
			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	378,000									1.1		
2	24	366,000									2.1		
3	24	309,000									2.2		
4	24	259,000									2.6		
5	24	285,000									1.4	2 Bac't Samples	
6	24	298,000									1.2	4 Bac't Samples	
7	24	265,000									1.0		
8	24	279,000									1.0		
9	24	368,000									1.0		
10	24	327,000									1.8		
11	24	253,000									1.7		
12	24	275,000									1.9		
13	24	291,000									1.8		
14	24	269,000									1.7	24,800 gallons flushed	
15	24	277,000									1.2		
16	24	399,000									1.8		
17	24	284,000									2.2		
18	24	306,000									2.1	15,000 gallons flushed	
19	24	262,000									1.7		
20	24	288,000									1.1	15,000 gallons flushed	
21	24	251,000									1.0		
22	24	284,000									1.0		
23	24	323,000									1.4		
24	24	301,000									1.6	15,000 gallons flushed	
25	24	304,000									2.0		
26	24	282,000									1.9		
27	24	239,000									1.4		
28	24	241,000									1.2		
29	24	399,000									1.4		
30	24	224,000									1.5		
31	24	309,000									2.0		
Total		9,215,000											
Average		297,258											
Maximum		399,000											

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



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

See page 4 for instructions.

### I. General Information for the Month/Year of: February 2011

#### A. Public Water System (PWS) Information

PWS Name: Wedgefield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,621		Total Population Served at End of Month: 5,621	
PWS Owner: Wedgefield Pluris-Wedgefield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

#### B. Water Treatment Plant Information

Plant Name: Wedgefield Utilities Water Treatment Plant		Plant Telephone Number: 407-568-6787		
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.037 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): III				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday
Other Operators:	John Coffee	C	6614	Monday-Friday
	Greg Hooper	C	8178	Sunday-Thursday

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: February 2011

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

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combined Chlorine (Chloramines)☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable\*

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		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
			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	291,000										1.3	
2	24	276,000										1.3	Collected 2 Bac't samples
3	24	257,000										1.5	Collected 4 Bac't samples
4	24	253,000										1.2	
5	24	277,000										1.4	
6	24	350,000										2.0	
7	24	304,000										2.0	
8	24	269,000										1.6	
9	24	282,000										1.6	
10	24	253,000										2.1	
11	24	259,000										2.0	
12	24	289,000										1.7	
13	24	327,000										2.2	
14	24	320,000										2.5	
15	24	281,000										1.9	Flushed 7,500 gal.
16	24	284,000										1.6	
17	24	300,000										1.1	
18	24	273,000										1.7	
19	24	291,000										1.0	
20	24	416,000										1.2	
21	24	290,000										2.5	
22	24	335,000										2.3	
23	24	323,000										1.3	Flushed 200,000 gal.
24	24	381,000										1.0	Flushed 172,800 gal.
25	24	318,000										2.8	
26	24	368,000										1.0	
27	24	392,000										0.8	
28	24	421,000										0.9	Flushed 31,800 gal.
Total		8,680,000											
Average		310,000											
Maximum		421,000											

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



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

See page 4 for instructions.

### I. General Information for the Month/Year of: March 2011

#### A. Public Water System (PWS) Information

PWS Name: Wedgefield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1,621		Total Population Served at End of Month: 5,621	
PWS Owner: Wedgefield Pluris-Wedgefield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

#### B. Water Treatment Plant Information

Plant Name: Wedgefield Utilities Water Treatment Plant		Plant Telephone Number: 407-568-6787		
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD				
Plant Category (per subsection 62-699.310(4), F.A.C.): III				
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday
Other Operators:	John Coffee	C	6614	Monday-Friday
	Greg Hooper	C	8178	Sunday-Thursday

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Roger Holsapple 4-1-11  
Signature and Date

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: March 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type of Disinfectant Residual Measurement, Minimum Disinfectant Residual Concentration, CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*														Chlorine Dioxide
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations							UV Dose		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	
			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/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	24	298,000										.3		
2	24	314,000										.4	Bact's	
3	24	345,000										.3	Bact's Flushed 300 gallons Bleach Deliver	
4	24	284,000										.4	Flushed 3000 gallons	
5	24	284,000										.6		
6	24	339,000										.8		
7	24	371,000										.9		
8	24	303,000										1.1		
9	24	305,000										.5		
10	24	277,000										.6		
11	24	278,000										.4	Replaced Motor #3 Well	
12	24	563,000										.6		
13	24	275,000										.4		
14	24	357,000										.8		
15	24	323,000										.7		
16	24	361,000										.6		
17	24	369,000										.6	Bleach Deliver New c12 pump on Post c12	
18	24	312,000										.7		
19	24	369,000										.5		
20	24	433,000										.8		
21	24	428,000										.7		
22	24	335,000										.5		
23	24	407,000										.9		
24	24	388,000										.6	Bleach Deliver Flushed 11,300 gallons	
25	24	367,000										.5		
26	24	423,000										.5		
27	24	493,000										.5		
28	24	422,000										.8		
29	24	271,000										.5	Changed PRV Flushed 12,000 Hydro Tank	
30	24	328,000										.6		
31	24	269,000										.7		
Total		10,891,000												
Average		351,323												
Maximum		563,000												

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





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

See page 4 for instructions.

**I. General Information for the Month/Year of:** April 2011

**A. Public Water System (PWS) Information**

PWS Name: Wedgfield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 1,621		Total Population Served at End of Month: 5,674	
PWS Owner: Wedgfield, Pluris-Wedgfield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

**B. Water Treatment Plant Information**

Plant Name: Wedgfield Utilities Water Treatment Plant		Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): III			
Licensed Operators	Name	License Class	Plant Class (per subsection 62-699.310(4), F.A.C.): C
Lead/Chief Operator:	Roger Holsapple	C	7436
Other Operators:	John Coffee	C	6614
	Greg Hooper	C	8178

**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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date: *R. Holsapple* 5-3-11

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: April 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*														Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L			
			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/cm <sup>2</sup>		Minimum UV Dose Required, mW-sec/cm <sup>2</sup>		
1	24	275,000										0.7		
2	24	306,000										0.8		
3	24	356,000										0.8		
4	24	386,000										0.8		
5	24	286,000										0.7		
6	24	274,000										0.6	Collected 4 Bac't samples	
7	24	338,000										0.8	Collected 2 Bac't samples	
8	24	300,000										0.7		
9	24	338,000										0.7		
10	24	446,000										1.0		
11	24	377,000										0.9		
12	24	364,000										0.7		
13	24	356,000										0.5		
14	24	373,000										0.6		
15	24	375,000										0.6		
16	24	332,000										0.5		
17	24	456,000										0.8		
18	24	468,000										0.7	Collected VOC & SOC samples	
19	24	357,000										0.8		
20	24	385,000										0.7		
21	24	436,000										0.6		
22	24	439,000										0.5		
23	24	499,000										0.5		
24	24	463,000										0.7		
25	24	481,000										0.5		
26	24	379,000										0.5		
27	24	368,000										1.0		
28	24	491,000										1.4		
29	24	422,000										0.7		
30	24	453,000										0.5		
Total		11,579,000												
Average		373,516												
Maximum		499,000												

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



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

See page 4 for instructions.

<b>I. General Information for the Month/Year of:</b> May 2011																																																								
<b>A. Public Water System (PWS) Information</b>																																																								
PWS Name: Wedgefield Utilities Water Treatment Plant			PWS Identification Number: 3480149																																																					
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive																																																								
Number of Service Connections at End of Month: 1,624			Total Population Served at End of Month: 5,684																																																					
PWS Owner: Wedgefield Pluris-Wedgefield																																																								
Contact Person: Roger Holsapple			Contact Person's Title: Lead Operator																																																					
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Plant Address: 20449 Mansfield St.			City: Orlando	State: FL Zip Code: 32833																																																				
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water																																																								
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1,037 MGD																																																								
Plant Category (per subsection 62-699.310(4), F.A.C.): III																																																								
Plant Class (per subsection 62-699.310(4), F.A.C.): C																																																								
<table border="1"><thead><tr><th>Licensed Operators</th><th>Name</th><th>License Class</th><th>License Number</th><th>Day(s)/Shift(s) Worked</th></tr></thead><tbody><tr><td>Lead/Chief Operator:</td><td>Roger Holsapple</td><td>C</td><td>7436</td><td>Tuesday-Saturday</td></tr><tr><td rowspan="4">Other Operators:</td><td>John Coffee</td><td>C</td><td>6614</td><td>Monday-Friday</td></tr><tr><td>Greg Hooper</td><td>C</td><td>8178</td><td>Sunday-Thursday</td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></tbody></table>					Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked	Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday	Other Operators:	John Coffee	C	6614	Monday-Friday	Greg Hooper	C	8178	Sunday-Thursday																																	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked																																																				
Lead/Chief Operator:	Roger Holsapple	C	7436	Tuesday-Saturday																																																				
Other Operators:	John Coffee	C	6614	Monday-Friday																																																				
	Greg Hooper	C	8178	Sunday-Thursday																																																				

### 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

*Roger Holsapple* 6-2-2011  
Signature and Date

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgfield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: May 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, 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	537,000										0.4		
2	24	567,000										0.5		
3	24	407,000										0.4		
4	24	412,000										0.5	Collected 2 Bac't samples	
5	24	439,000										0.5	Collected 4 Bac't samples	
6	24	326,000										0.4	Bi-Annual Well testing of both wells.Chlorides	
7	24	425,000										0.6		
8	24	497,000										0.7		
9	24	425,000										0.5		
10	24	385,000										0.4	Primary/Secondary Samples taken	
11	24	442,000										0.5		
12	24	532,000										0.5		
13	24	469,000										0.5	Flushed 6000 gallon Orange County Fire Dept	
14	24	431,000										0.5		
15	24	381,000										0.5		
16	24	392,000										0.6		
17	24	336,000										0.6	ERWA tested both well meters	
18	24	391,000										0.5		
19	24	468,000										0.6		
20	24	420,000										0.5		
21	24	452,000										0.5		
22	24	533,000										0.7		
23	24	556,000										0.5		
24	24	392,000										0.2		
25	24	430,000										0.2		
26	24	520,000										0.3	Service line leak 10,000 gallons	
27	24	431,000										0.2		
28	24	349,000										0.4		
29	24	422,000										0.6		
30	24	436,000										0.4		
31	24	445,000										0.7		
Total		13,748,000												
Average		443,484												
Maximum		567,000												

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



**See page 4 for instructions.**

## **II. Certification by Lead/Chief Operator**

11. 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(2), F.A.C. I also certify that the following additional operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

<u>Signature and Date</u>	<u>Printed or Typed Name</u>	<u>License Number</u>
<i>Roger Holsapple</i>	Roger Holsapple	7436-C

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: June 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)  
☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*												
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose		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
			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/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>	
1	24	390,000										0.2
2	24	423,000										0.2
3	24	373,000										0.2
4	24	406,000										0.3
5	24	491,000										0.6
6	24	510,000										0.3
7	24	411,000										0.6
8	24	407,000										0.5
9	24	447,000										0.7
10	24	395,000										0.2
11	24	433,000										0.4
12	24	472,000										0.6
13	24	478,000										0.4
14	24	447,000										0.4
15	24	403,000										0.5
16	24	386,000										0.4
17	24	445,000										1.5
18	24	343,000										0.8
19	24	316,000										0.2
20	24	398,000										1.2
21	24	322,000										0.7
22	24	358,000										0.2
23	24	428,000										1.0
24	24	411,000										0.6
25	24	286,000										0.6
26	24	334,000										0.3
27	24	372,000										0.2
28	24	307,000										0.4
29	24	353,000										0.2
30	24	285,000										0.2
Total		11,830,000										
Average		381,613										
Maximum		510,000										

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



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

See page 4 for instructions.

**I. General Information for the Month/Year of:** July 2011

**A. Public Water System (PWS) Information**

PWS Name: Wedgefield Utilities Water Treatment Plant		PWS Identification Number: 3480149	
PWS Type:	<input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Number of Service Connections at End of Month: 1,626		Total Population Served at End of Month: 5,691	
PWS Owner: Wedgefield Pluris-Wedgefield			
Contact Person: Roger Holsapple		Contact Person's Title: Lead Operator	
Contact Person's Mailing Address: 3100 Bancroft Blvd		City: Orlando	State: FL Zip Code: 32833
Contact Person's Telephone Number: 407-568-2112		Contact Person's Fax Number: 407-568-7869	
Contact Person's E-Mail Address: rholsapple@utilitypartnersllc.com			

**B. Water Treatment Plant Information**

Plant Name: Wedgefield Utilities Water Treatment Plant		Plant Telephone Number: 407-568-6787	
Plant Address: 20449 Mansfield St.		City: Orlando	State: FL Zip Code: 32833
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 1.037 MGD			
Plant Category (per subsection 62-699.310(4), F.A.C.): III		Plant Class (per subsection 62-699.310(4), F.A.C.): C	
Licensed Operators	Name	License Class	License Number
Lead/Chief Operator:	Roger Holsapple	C	7436
Other Operators:	John Coffee	C	6614
	Greg Hooper	C	8178

**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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

*Roger Holsapple* 8-3-2011  
Signature and Date

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: July 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, 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/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>			
1	24	276,000										0.2		
2	24	261,000										0.2		
3	24	383,000										0.2		
4	24	326,000										0.2		
5	24	355,000										0.2		
6	24	377,000										0.5	Second set SOC samples taken / 63,000 gal flushed	
7	24	391,000										0.5	2 Bac't samples 74,560 gal flushed	
8	24	277,000										0.3	4 Bac't samples 63,000 gal flushed	
9	24	266,000										0.4		
10	24	365,000										0.2		
11	24	337,000										0.3	42,000 gal flushed	
12	24	311,000										0.2		
13	24	314,000										0.2		
14	24	371,000										0.3		
15	24	340,000										0.3		
16	24	283,000										0.7		
17	24	335,000										1.1		
18	24	370,000										0.8		
19	24	309,000										0.6		
20	24	392,000										0.3	76,350 gal flushed	
21	24	382,000										0.3	40,000 gals. Broken 2" blow off	
22	24	447,000										0.4	46,350 gal flushed	
23	24	281,000										0.3		
24	24	307,000										0.3		
25	24	343,000										0.2		
26	24	327,000										0.3	28,000 gal flushed	
27	24	348,000										0.2		
28	24	289,000										0.4		
29	24	299,000										0.2		
30	24	327,000										0.3		
31	24	440,000										0.3		
Total		10,429,000												
Average		336,419												
Maximum		447,000												

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





I. General Information for the Month/Year of: August 2011	
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PWS Name: Wedgefield Utilities Water Treatment Plant	PWS Identification Number: 3480148
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### B. Water Treatment Plant Information

## II. Certification by Lead/Chief Operator

Signature and Date 9-6-11

**7436-C**  
**License Number**

PWS Identification Number: 3480149 Plant Name: Wedgefield Utilities Water Treatment Plant

III. Daily Data for the Month/Year of: August 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine ☐ Chlorine Dioxide ☐ Ozone ☐ Combined Chlorine (Chloramines)

☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine ☐ Combined Chlorine (Chloramines) ☐ Chlorine Dioxide

Type of Disinfectant Used: Chlorine (Chloramines)											Chlorine Dioxide		
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*													
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations					UV Dose			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	
			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	389,000										0.3	
2	24	348,000										0.4	
3	24	402,000										0.4	2 Bac't samples
4	24	269,000										0.4	Flushed 4,5000 gals
5	24	343,000										0.3	
6	24	400,000										0.2	
7	24	398,000										0.3	
8	24	365,000										0.3	
9	24	281,000										0.4	4 Bac't samples
10	24	317,000										0.4	
11	24	314,000										0.3	
12	24	255,000										0.4	
13	24	241,000										0.6	
14	24	441,000										0.3	
15	24	349,000										0.4	
16	24	318,000										0.4	
17	24	312,000										0.6	Flushed 10,000 gal
18	24	293,000										0.9	
19	24	317,000										0.6	
20	24	299,000										0.6	
21	24	414,000										0.2	
22	24	342,000										0.3	
23	24	260,000										0.4	Flushed 25,000 gal
24	24	267,000										0.3	
25	24	270,000										0.2	
26	24	276,000										0.3	
27	24	313,000										0.3	
28	24	495,000										0.3	
29	24	268,000										0.4	
30	24	298,000										0.2	
31	24	302,000										0.3	
Total		10,156,000											
Average		327,613											
Maximum		495,000											

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

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

**See page 4 for instructions.**

[illegible]

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date 10/3/11

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Wedgefield Utilities Water Treatment Plant

## III. Daily Data for the Month/Year of: September 2011

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

☒ Free Chlorine☐ Chlorine Dioxide☐ Ozone☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

☒ Free Chlorine☐ Combined Chlorine (Chloramines)☐ Chlorine Dioxide

Type of Disinfection Process and Parameters														Date (mm/dd/yyyy)		Signature (Printed)	
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*														Operator/Reviewer			
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose			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				
			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/cm <sup>2</sup>	Minimum UV Dose Required, mW-sec/cm <sup>2</sup>						
1	24	255,000										0.2					
2	24	284,000										0.2					
3	24	302,000										0.4					
4	24	380,000										0.3					
5	24	288,000										1.0					
6	24	373,000										1.2	Collected 2 Bac't samples				
7	24	320,000										0.9	Collected 4 Bac't samples				
8	24	284,000										0.3					
9	24	257,000										0.2					
10	24	306,000										0.3					
11	24	345,000										0.3					
12	24	359,000										0.2					
13	24	344,000										1.5					
14	24	366,000										1.8					
15	24	389,000										1.8	Collected THM/HAA5 samples				
16	24	325,000										1.3					
17	24	368,000										0.9					
18	24	477,000										1.4					
19	24	362,000										1.6					
20	24	341,000										1.2					
21	24	352,000										1.3					
22	24	360,000										0.9					
23	24	283,000										0.8					
24	24	322,000										1.1					
25	24	327,000										1.5					
26	24	346,000										1.7					
27	24	286,000										1.4					
28	24	372,000										1.5					
29	24	354,000										1.0					
30	24	264,000										1.0					
Total		9,991,000															
Average		322,290															
Maximum		477,000															

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



**See page 4 for instructions.**

## II. Certification by Lead/Chief Operator

11. 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Error! Reference source not found.

III. Daily Data for the Month/Year of: **October 2011**

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

☒ Free Chlorine

Chlorine Dioxide

Ozone

☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation☐ Other (Describe):

Type of Disinfectant Residual Maintained in Distribution System:

Free Chlorine

☒ Combined Chlorine (Chloramines)

Chlorine Dioxide

Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution 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Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During Peak Flow														Type of Distribution Residual Disinfectant Concentration (mg/L) Before or at First Customer During													
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\* Refer to the instructions for this report to determine which plants must provide this information.

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

**See page 4 for instructions.**

[illegible]

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

14.12.21  
Signature and Date

12.2.11

Roger Holsapple  
Printed or Typed Name

7436-C  
License Number

PWS Identification Number: 3480149

Plant Name: Error! Reference source not found.

## III. Daily Data for the Month/Year of: November 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine Chlorine Dioxide Ozone ☐ Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: Free Chlorine ☒ Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, If Applicable*														Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose			Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L		
			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	275,000										0.8		
2	24	311,000										1.3	DEP on Site	
3	24	313,000										1.3	Bleach Deliver 2 Bact's	
4	24	288,000										1.2		
5	24	307,000										0.6		
6	24	351,000										0.7		
7	24	327,000										1.4	4 Bact's	
8	24	297,000										1.4		
9	24	314,000										1.6		
10	24	298,000										1.5	Bleach Deliver	
11	24	316,000										0.9		
12	24	362,000										0.6		
13	24	320,000										0.6		
14	24	363,000										1.1		
15	24	328,000										0.9		
16	24	304,000										0.7		
17	24	316,000										1.5	Bleach Deliver	
18	24	297,000										1.2		
19	24	325,000										0.8		
20	24	357,000										0.8		
21	24	379,000										1.4		
22	24	283,000										1.3		
23	24	332,000										0.6		
24	24	371,000										0.9		
25	24	348,000										1.4	Bleach Deliver	
26	24	326,000										0.8		
27	24	353,000										0.8		
28	24	372,000										1.3		
29	24	310,000										1.3		
30	24	336,000										1.3	Replace Board in Generator	
31	24													
Total		9,779,900												
Average		325,967												
Maximum		379,000												

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



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

**See page 4 for instructions.**

<b>I. General Information for the Month/Year of:</b>	<b>December 2011</b>
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### A. Public Water System (PWS) Information

PWS Name: <b>Pluris-Wedgefield Water Treatment Plant</b>			PWS Identification Number: <b>3480149</b>		
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive					
Number of Service Connections at End of Month: <b>1,626</b>			Total Population Served at End of Month: <b>5,691</b>		
PWS Owner: <b>Pluris-Wedgefield</b>					
Contact Person: <b>Roger Holsapple</b>			Contact Person's Title: <b>Lead operator</b>		
Contact Person's Mailing Address: <b>3100 Bancroft Blvd</b>			City: <b>Orlando</b>		State: <b>FL</b>
Contact Person's Telephone Number: <b>407-568-2112</b>			Contact Person's Fax Number: <b>407-568-7869</b>		
Contact Person's E-Mail Address: <b>rholsapple@utilitypartnersllc.com</b>					

### B. Water Treatment Plant Information

[illegible]

## 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 operations 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 retain these additional operations records at the plant site for at least ten years and to make them available for review upon request.

Signature and Date	1-4-12	Roger Holsapple	7436-C
		Printed or Typed Name	License Number

FWS Identification Number: 3480149

Plant Name: Pluris-Wedgfield Water Treatment Plant

## III. Daily Data for the Month/Year of: December 2011

Means of Achieving Four-Log Virus Inactivation/Removal: \* ☒ Free Chlorine Chlorine Dioxide Ozone Combined Chlorine (Chloramines)☐ Ultraviolet Radiation ☐ Other (Describe):Type of Disinfectant Residual Maintained in Distribution System: ☒ Free Chlorine Combined Chlorine (Chloramines) Chlorine Dioxide

CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*														Chlorine Dioxide	
Day of the Month	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations						UV Dose			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		
			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	323,000										1.3	Bleach Deliver		
2	24	279,000										1.0			
3	24	328,000										0.8			
4	24	340,000										0.8			
5	24	401,000										0.7			
6	24	311,000										1.1	Bact's		
7	24	359,000										0.6	Bact's		
8	24	349,000										0.8	Bleach Deliver		
9	24	290,000										1.4			
10	24	364,000										1.0			
11	24	379,000										1.1			
12	24	331,000										1.8	Cleaned CL-17		
13	24	298,000										1.5			
14	24	277,000										1.3			
15	24	304,000										1.3	Bleach Deliver		
16	24	289,000										1.1			
17	24	353,000										0.9			
18	24	348,000										1.1			
19	24	316,000										1.5			
20	24	313,000										1.5	Replaced Packing on High Service Pump #3		
21	24	327,000										0.7			
22	24	360,000										0.5	Bleach Deliver		
23	24	265,000										0.6			
24	24	401,000										0.6			
25	24	396,000										0.5			
26	24	317,000										1.3			
27	24	314,000										1.0			
28	24	306,000										0.9			
29	24	344,000										1.3	Bleach Deliver		
30	24	327,000										1.0			
31	24	382,000										0.8			
Total		10,291,000													
Average		331,968													
Maximum		401,000													

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

2010 DMRs

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Wedgefield Utilities, Inc.  
MAILING ADDRESS: 200 Wedgefield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD  
From: Jan 01,2010 To: Jan 31,2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.225	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.368 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.182	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.3		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.0	8.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			2.0		0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EPB-1	Permit Requirement			5.0 (Max.)		mg/L	4 Days/Week	Grab
pH	Sample Measurement			7.1	7.6	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	0	5 Days/Week	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)
Roger Holsapple Lead Operator		407-869-1919	2010-02-16

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)  
NO Flow on January 6<sup>th</sup>, 7<sup>th</sup>, and 8<sup>th</sup>. is due to the flow going to the reject pond

The high TSS on Jan. 8<sup>th</sup> is possible Lab / sampler error. NTU- 2.2 CL2- 3.7

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: Jan 01, 2010

R-001

PERMIT NUMBER: FLA010900

To: Jan 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51003 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement				0.5		#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Sample Measurement				1.0		mg/L	0	Continuous	Meter
Mon. Site No. EFA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EFA-1	Sample Measurement				6.45		mg/L	0	Monthly	8-hour FPC
Turbidity	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
PARM Code 00070 B	Sample Measurement				0.007	MGD		0	Continuous	Flow meters and totalizers
Mon. Site No. EFB-1	Permit Requirement				Report (An. Avg.)	MGD			Continuous	Flow meters and totalizers
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.000	MGD		0	Continuous	Flow meters and totalizers
PARM Code 00620 A	Permit Requirement				Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
Mon. Site No. EFA-1	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Permit Requirement				0.0232 (An. Avg.)		MGD		Continuous	Flow meters and totalizers
PARM Code 50050 P	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-6	Permit Requirement				Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement				0.000		MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-5	Sample Measurement				0.0634 (An. Avg.)		MGD		Continuous	Flow meters and totalizers
Flow (total to zone 3)	Permit Requirement				0.000		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Permit Requirement				0.000		MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement				0.000		MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Permit Requirement				0.000		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Sample Measurement				0.000		MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Permit Requirement				0.000		MGD	0	Continuous	Flow meters and totalizers

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: Jan 01, 2010

To: Jan 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.800		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.283		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.242	0.206	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				199.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
solids, Total Suspended	Sample Measurement				1.14			mg/L	8	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				54.6			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon. Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: Jan.01,2010 To Jan.31 ,2010

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.2	7.2	3.7		2.9	0.202	
2			7.3	7.3	5.0		2.9	0.013	
3			7.4	7.4	5.0		2.9	0.208	
4		<1	7.2	7.2	5.0	1.0	2.0	0.249	
5		<1	7.1	7.1	3.1	1.0	1.8	0.204	
6	6.0	<1	7.5	7.5	3.0	2.0	2.5	0.190	6.45
7		<1	7.2	7.2	5.0	1.0	2.5	0.194	
8			7.3	7.3	3.7		0.9	0.197	
9			7.3	7.3	3.7		1.0	0.197	
10			7.3	7.3	4.3		1.6	0.268	
11		<1	7.3	7.3	4.2	1.0	1.0	0.249	
12		<1	7.3	7.3	3.4	1.0	1.0	0.184	
13		<1	7.3	7.3	2.5	1.0	1.2	0.183	
14		<1	7.5	7.5	2.0	1.0	1.0	0.188	
15			7.3	7.3	2.0		1.5	0.190	
16			7.3	7.3	1.0		2.3	0.188	
17			7.4	7.4	2.5		2.5	0.221	
18		<1	7.2	7.2	5.0	1.4	2.5	0.217	
19		<1	7.3	7.3	5.0	1.0	2.3	0.211	
20	8.0	<1	7.6	7.6	3.3	1.3	1.3	0.158	
21		<1	7.4	7.4	2.0	1.6	0.8	0.171	
22			7.4	7.4	1.5		2.9	0.163	
23			7.3	7.3	1.8		1.4	0.093	
24			7.3	7.3	2.2		0.7	0.125	
25		<1	7.3	7.3	3.1	1.0	1.2	0.091	
26		<1	7.3	7.3	3.8	1.0	2.5	0.144	
27		<1	7.2	7.2	2.5	1.0	2.4	0.156	
28		<1	7.5	7.5	2.0	1.0	2.5	0.199	
29			7.6	7.6	2.0		2.5	0.183	
30			7.4	7.4	1.8		2.9	0.195	
31			7.2	7.2	1.5		2.2	0.212	
Total	14.0	8.0	227.2	227.2	96.6	18.3	59.6	5.643	6.45
Mo. Avg.	7.0	0.5	7.3	7.3	3.1	1.1	1.9	0.182	6.45

## PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Day Shift Operator

Class:

C

Certificate No:

16046

Name:

Paul Tzarcff

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

8863

Name:

Roger Holsapple

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010900

Facility: Wedgefield WWT

Monitoring Period From: Jan.01,2010 To Jan.31,2010

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.021	0.00	0.00	0.00	0.000					
2	0.000	0.00	0.00	0.00	0.000					
3	0.000	0.00	0.00	0.00	0.000					
4	0.000	0.00	0.00	0.00	0.000					
5	0.000	0.00	0.00	0.00	0.000					
6	0.000	0.00	0.00	0.00	0.000	207.0	246.0			
7	0.000	0.00	0.00	0.00	0.000					
8	0.066	0.00	0.00	0.00	0.000					
9	0.071	0.00	0.00	0.00	0.000					
10	0.000	0.00	0.00	0.00	0.000					
11	0.000	0.00	0.00	0.00	0.000					
12	0.000	0.00	0.00	0.00	0.000					
13	0.579	0.00	0.00	0.00	0.000					
14	0.077	0.00	0.00	0.00	0.000					
15	0.026	0.00	0.00	0.00	0.000					
16	0.062	0.00	0.00	0.00	0.000					
17	0.000	0.00	0.00	0.00	0.000					
18	0.116	0.00	0.00	0.00	0.000					
19	0.107	0.00	0.00	0.00	0.000					
20	0.710	0.00	0.00	0.00	0.000	192.0	262.0			
21	0.677	0.00	0.00	0.00	0.000					
22	0.748	0.00	0.00	0.00	0.000					
23	0.754	0.00	0.00	0.00	0.000					
24	0.671	0.00	0.00	0.00	0.000					
25	0.811	0.00	0.00	0.00	0.000					
26	0.711	0.00	0.00	0.00	0.303					
27	0.643	0.00	0.00	0.00	0.328					
28	0.122	0.00	0.00	0.00	0.332					
29	0.527	0.00	0.00	0.00	0.331					
30	0.016	0.00	0.00	0.00	0.365					
31	0.000	0.00	0.00	0.00	0.365					
Total	7.515	0.00	0.00	0.00	2.023	399.0	508.0			
Mo. Avg	0.242	0.00	0.00	0.00	0.065	199.5	254.0			

## PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Evening Shift Operator

Class:

C

Certificate No:

16046

Name:

Paul Tzareff

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

8863

Name:

Roger Holsapple



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Wedgefield Utilities, Inc.  
MAILING ADDRESS: 200 Weathersfield Avenue  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL


MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: Feb. 01, 2010 To: Feb. 28, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.227	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. FLW-1	Sample Measurement	0.187	MGD			0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement			8.3		0	Every Two Weeks	8-hour FPC
Mon. Site No. FLW-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.0	mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			30.0 (Mo. Avg.)	mg/l		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1	Sample Measurement			60.0 (Max.)	mg/l		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			2.3	mg/l	0	4 Days/Week	Grab
PARM Code 80082 A	Sample Measurement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement			7.2	BT	0	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			8.5	BU		5 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			6.0 (Min.)				
Mon. Site No. EPB-1	Sample Measurement							
pH	Permit Requirement							
PARM Code 00400 A	Sample Measurement							
Mon. Site No. EFA-1	Permit Requirement							

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)
Roger Holtsapple Lead Operator		407-864-1919	2010/03/18

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010900

NUMBER:

MONITORING PERIOD

From: Feb. 01, 2010

To: Feb. 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Freqenc. of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.5			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.9			NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.2			mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)			mg/L		Monthly	8-hour FPC
Flow (from groundwater well)	Sample Measurement	0.00		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when NO3 result was 12.12

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: Feb. 01, 2010

To: Feb. 28, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.195		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.180	0.301	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				165.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				165.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				\$2.7			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plan; and pending the results the required load test.  
DEP Form 62-620 910(10), Effective November 29, 1994

**Permit Number:**  
**Monitoring Period**

From: Feb. 01, 2010 To Feb. 28, 2010

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.3	7.3	2	1.0	2.5	0.243	
2		<1	7.4	7.4	2	14.0	1.8	0.226	
3		<1	7.9	7.9	2.5	1.0	1.5	0.247	
4	7.0	<1	7.6	7.6	2	1.0	1.5	0.120	7.20
5			7.7	7.7	2.2		2.4	0.092	
6			7.5	7.5	1		2.1	0.131	
7			7.4	7.4	1.8		1.8	0.172	
8		<1	7.2	7.2	2.5	1.0	1.6	0.140	
9		<1	7.9	7.9	1.5	1.0	2.5	0.094	
10		<1	7.6	7.6	1.5	1.3	2.8	0.154	
11		<1	7.8	7.8	1.5	2.3	2.5	0.201	
12			7.7	7.7	1.5		2.5	0.174	
13			7.3	7.3	1		2.5	0.301	
14			7.7	7.7	3.5		2.9	0.316	
15		<1	7.7	7.7	3.7	1.0	2.5	0.209	
16		<1	7.4	7.4	1.5	1.0	2.8	0.042	
17	9.0	<1	7.5	7.5	5	1.0	2.3	0.075	
18		<1	7.5	7.5	4.8	1.0	2.9	0.100	
19			7.5	7.5	3.3		2.0	0.103	
20			7.5	7.5	1.3		1.6	0.208	
21			7.4	7.4	2.6		2.5	0.254	
22		<1	7.4	7.4	2.8	1.0	2.0	0.232	
23		<1	7.7	7.7	1.5	1.0	1.8	0.253	
24		<1	7.6	7.6	3.5	1.6	1.8	0.247	
25		<1	7.5	7.5	2.5	1.1	1.6	0.137	
26			7.3	7.3	3		2.0	0.247	
27			7.4	7.4	2.7		1.6	0.230	
28			7.4	7.4	2.4		2.6	0.303	
Total	16.0	8.0	210.8	210.8	67.1	18.3	60.9	5.251	7.20
Mo. Avg.	8.0	0.5	7.5	7.5	2.3	1.1	2.1	0.1875	7.20

Day Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzareff
Day Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	8863	Name:	Roger Holsapple

## Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.000	0.00	0.00	0.00	0.235					
2	0.032	0.00	0.00	0.00	0.270					
3	0.000	0.00	0.00	0.00	0.228					
4	0.472	0.00	0.00	0.00	0.000	172.0	194.0			
5	0.690	0.00	0.00	0.00	0.000					
6	0.014	0.00	0.00	0.00	0.000					
7	0.000	0.00	0.00	0.00	0.000					
8	0.076	0.00	0.00	0.00	0.000					
9	0.037	0.00	0.00	0.00	0.000					
10	0.000	0.00	0.00	0.00	0.000					
11	0.412	0.00	0.00	0.00	0.000					
12	0.052	0.00	0.00	0.00	0.000					
13	0.000	0.00	0.00	0.00	0.000					
14	0.000	0.00	0.00	0.00	0.000					
15	0.000	0.00	0.00	0.00	0.000					
16	0.000	0.00	0.00	0.00	0.000					
17	0.093	0.00	0.00	0.00	0.000	158.0	136.0			
18	0.067	0.00	0.00	0.00	0.000					
19	0.570	0.00	0.00	0.00	0.000					
20	0.065	0.00	0.00	0.00	0.000					
21	0.000	0.00	0.00	0.00	0.000					
22	0.000	0.00	0.00	0.00	0.000					
23	0.010	0.00	0.00	0.00	0.000					
24	0.093	0.00	0.00	0.00	0.000					
25	0.288	0.00	0.00	0.00	0.000					
26	0.047	0.00	0.00	0.00	0.000					
27	0.000	0.00	0.00	0.00	0.000					
28	0.000	0.00	0.00	0.00	0.000					
Total	3.018	0.00	0.00	0.00	0.733	330.0	330.0			
Mo. Avg.	0.1078	0.00	0.00	0.00	0.026	165.0	165.0			

**PLANT STAFFING:**

Day Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzareff
Day Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	8863	Name:	Roger Holsapple

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Wedgfield-Pluris  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD  
From: March 01,2010  
To: March 31,2010

 **FILE**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.227	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.223	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.2	MG/L	8	Every Two Weeks	8-hour FPC
ARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.0	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			2.3	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
pH	Sample Measurement			7.2	SU	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
				8.5 (Max.)				

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)
Roger Holsapple Lead Operator		407-259-6991	2010-04-28

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWT

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: March 01, 2010  
To: March 31, 2010

R-001

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				78%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1					2			#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				25			#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				(Max.)						
Mon. Site No. EFA-1					1.0			mg/L	0	Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L		Continuous	Meter
PARM Code 50060 A	Permit Requirement				(Min.)						
Mon. Site No. EFA-1					2.9			NTU	0	Continuous	Meter
Turbidity	Sample Measurement				Report			NTU		Continuous	Meter
PARM Code 00070 B	Permit Requirement				(Max.)						
Mon. Site No. EFB-1					4.56			mg/L	0	Monthly	8-hour FPC
Nitrogen, Nitrate, Total (as N)	Sample Measurement				12.0			mg/L		Monthly	8-hour FPC
ARM Code 00620 A	Permit Requirement				(Max.)						
Mon. Site No. EFA-1					0.00			MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement	0.00		MGD							
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6					0.00			MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD							
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (total to zone 3)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 3)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 2)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											
Flow (total to zone 2)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgetield WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD  
From: March 01, 2010  
To: March 31, 2010

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon. Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.219		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.434	0.261	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				191.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 O Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.43			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 O Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				53.5			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994



# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: March 01,2010 To: March 31,2010

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.4	7.4	2.6	1.0	2.2	0.262	
2		<1	7.5	7.5	2.8	1.6	1.3	0.232	
3		<1	7.5	7.5	1.5	1.0	1.6	0.233	
4	8.0	<1	7.5	7.5	2.5	1.0	1.6	0.252	4.56
5			7.6	7.6	4.2		1.3	0.238	
6			7.5	7.5	1		2.9	0.218	
7			7.4	7.4	2.5		2.9	0.245	
8		<1	7.3	7.3	2.5	2.3	2.9	0.121	
9		<1	7.6	7.6	2.6	1.4	2.8	0.213	
10		<1	7.5	7.5	2.5	1.3	2.8	0.214	
11		<1	7.6	7.6	2.4	2.2	2.5	0.222	
12			7.9	7.9	2.5		2.0	0.184	
13			7.6	7.6	3		1.2	0.282	
14			7.3	7.3	3.8		2.0	0.285	
15		<1	7.5	7.5	3.9	1.0	1.8	0.289	
16		<1	7.2	7.2	2.5	1.0	1.4	0.244	
17	8.0	<1	7.5	7.5	2.4	1.0	1.3	0.247	
18		1	7.4	7.4	3.2	2.0	1.4	0.253	
19			7.4	7.4	3.1		2.6	0.240	
20			7.6	7.6	3.2		2.5	0.185	
21			7.5	7.5	2.3		2.9	0.168	
22		<1	7.4	7.4	2.9	1.9	2.9	0.231	
23		2	7.5	7.5	4	1.0	2.9	0.259	
24		<1	7.4	7.4	4	1.0	2.9	0.114	
25		<1	7.6	7.6	3	1.8	2.3	0.132	
26			7.5	7.5	3.4		2.9	0.184	
27			7.6	7.6	1		2.9	0.254	
28			7.4	7.4	2		2.9	0.319	
29		1	7.6	7.6	2	1.6	2.9	0.354	
30		2	7.6	7.6	3.2	1.8	1.7	0.041	
31			7.5	7.5	3.2		2.2	0.188	
Total	16.0	13	232.4	232.4	86	25.9	69.7	6.903	4.56
Mo. Avg.	8.0	0.7	7.49	7.49	2.8	1.43	2.2	0.223	4.56

**PLANT STAFFING:**

Day Shift Operator

Class: C

Certificate No: 16046

Name: Paul Tzareff

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: C

Certificate No: 8863

Name: Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: March 01,2010 To: March 31,2010

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.000	0.00	0.00	0.00	0.00					
2	0.000	0.00	0.00	0.00	0.00					
3	0.017	0.00	0.00	0.00	0.00					
4	0.605	0.00	0.00	0.00	0.00	184.0	140.0			
5	0.295	0.00	0.00	0.00	0.00					
6	0.046	0.00	0.00	0.00	0.00					
7	0.000	0.00	0.00	0.00	0.00					
8	0.069	0.00	0.00	0.00	0.00					
9	0.050	0.00	0.00	0.00	0.00					
10	0.365	0.00	0.00	0.00	0.00					
11	0.694	0.00	0.00	0.00	0.00					
12	0.732	0.00	0.00	0.00	0.00					
13	0.784	0.00	0.00	0.00	0.00					
14	0.736	0.00	0.00	0.00	0.00					
15	0.699	0.00	0.00	0.00	0.00					
16	0.726	0.00	0.00	0.00	0.00					
17	0.728	0.00	0.00	0.00	0.00	198.0	132.0			
18	0.053	0.00	0.00	0.00	0.00					
19	0.729	0.00	0.00	0.00	0.00					
20	0.120	0.00	0.00	0.00	0.00					
21	0.000	0.00	0.00	0.00	0.00					
22	0.016	0.00	0.00	0.00	0.00					
23	0.195	0.00	0.00	0.00	0.00					
24	0.745	0.00	0.00	0.00	0.00					
25	0.755	0.00	0.00	0.00	0.00					
26	0.731	0.00	0.00	0.00	0.00					
27	0.736	0.00	0.00	0.00	0.00					
28	0.821	0.00	0.00	0.00	0.00					
29	0.854	0.00	0.00	0.00	0.00					
30	0.517	0.00	0.00	0.00	0.00					
31	0.724	0.00	0.00	0.00	0.00					
Total	13.542	0.00	0.00	0.00	0.00	382.0	263.0			
Mo. Avg.	0.437	0.00	0.00	0.00	0.00	191.0	131.5			

**PLANT STAFFING:**

Day Shift Operator

Class: C

Certificate No: 16046

Name: Paul Tzareff

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: C

Certificate No: 8863

Name: Roger Holsapple

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF  
Address 3100 Bancroft Blvd.  
City Orlando Florida Zip 32833  
Telephone Number (407) 259-6991
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name Roger Holsapple  
Address 6608 Walton Way  
City Tampa Florida Zip 33610  
Telephone Number (813) 359-8327
- (5) Type of Discharge Domestic Waste
- (6) Method of Discharge Golf Course / Sprayfield Irrigation

Certification

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

Date: \_\_\_\_\_

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589  
NELAC Certification # \_\_\_\_\_

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
Facility Name: **Wedgfield WWTF**  
Permit Number: **FLA010900**

**GMS# 3048P03712**

<b>Pennitt Builder MW ID</b>	<b>MWB-1</b>
<b>Well Type</b>	<b>Background</b>
<b>Description:</b>	<b>Well Name MW-1</b>
	<b>Golf Course</b>
	<b>WAFR # 6006</b>
	<b>GMS# 3048A13413</b>
<b>Date Sample Obtained:</b>	<b>02/15/2010</b>
<b>Time Sample Obtained:</b>	<b>11:46</b>

Monitoring Period From: January 2010 To: March 2010  
Was the well purged before sampling? X Yes No

Date Sample Obtained: 02/15/2010  
Time Sample Obtained: 11:46

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWB-2
Well Type:	Background
Description:	Well Name MW-2 Golf Course WAFR # 6005 GMS# 3048A13414
Date Sample Obtained:	02/15/2010
Time Sample Obtained:	12:18

**Monitoring Period**  
Was the well purged before sampling?

From: January 2010 To: March 2010  
☒ Yes ☐ No

Date Sample Obtained: 02/15/2010  
Time Sample Obtained: 12:18

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County \_\_\_\_\_  
Facility Name: \_\_\_\_\_  
Permit Number: \_\_\_\_\_

Orange County  
Wedgefield WWTF  
FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415  
02/15/2010  
13:09

**Monitoring Period**  
Was the well purged before sampling?

From: January 2010 To: March 2010  
☒ Yes ☐ No

Date Sample Obtained \_\_\_\_\_  
Time Sample Obtained \_\_\_\_\_[illegible]

### COMMENTS AND EXPLANATION

4:15/2104

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
Facility Name: **Wedgfield WWTF**  
Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MW1-4
Well Type:	Intermediate
Description:	Well Name MW-4 Golf Course WAFR # 6003 GMS# 3048A13416
Date Sample Obtained:	02/15/2010
Time Sample Obtained:	10:19

Monitoring Period From: January 2010 To: March 2010  
Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained: 02/15/2010  
Time Sample Obtained: 10:19

[illegible]

COMMENTS AND EXPLANATION:

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
Facility Name: **Wedgfield WWTF**  
Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWC-6
Well Type:	Compliance
Description:	Well Name MW-6 Golf Course WAFR # 6001 GMS# 3048A13418
Date Sample Obtained:	02/16/2010
Time Sample Obtained:	08:58

Monitoring Period From January 2010 To: March 2010  
Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained \_\_\_\_\_  
Time Sample Obtained \_\_\_\_\_

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2014



## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWI-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419  
02/16/2010  
11:21

**Monitoring Period**  
Was the well purged before sampling?

From: January 2010 To: March 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-1  
Compliance  
Well Name MW-1  
On-Site Irrigation  
WAFR # 32995  
GMS# --  
Date Sample Obtained:  
Time Sample Obtained:

Monitoring Period  
Was the well purged before sampling?

From: January 2010 To: March 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	62.95	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.60	mg/l	10	0.047	Field	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	52	mg/l	500	8	Field	Pump	N
Chloride (as Cl)	00940	--	13	mg/l	250	3.6	Field	Pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	4	1.0	Field	Pump	N
pH	00400	--	5.55	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	19	NTU	Report	0.13	Field	Pump	N

COMMENTS AND EXPLANATION:

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County** Permit Builder MW ID: **MWC-2**  
 Facility Name: **Wedgfield WWTF** Well Type: **Compliance**  
 Permit Number: **FLA010900** **GMS# 3048P03712** Description: **Well Name MW-2**  
**On-Site Irrigation**  
**WAFR # 32996**  
**GMS# --**

Monitoring Period: **From: January 2010 To: March 2010** Date Sample Obtained: **2/15/2010**  
 Was the well purged before sampling? **X Yes \_\_\_ No** Time Sample Obtained: **09:58**

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (1/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	63.74	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Nitrite, (as N)	00620	--	0.078U	mg/l	10	0.047	Field	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	120	mg/l	500	8	Field	Pump	N
Chloride (as Cl)	00940	--	9.2	mg/l	250	3.6	Field	Pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	4	1.0	Field	Pump	N
pH	00400	--	6.74	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	17	NTU	Report	0.13	Field	Pump	N

COMMENTS AND EXPLANATION:

4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-3  
Compliance  
Well Name MW-3  
On-Site Irrigation  
WAFR # 32997  
GMS# --  
Date Sample Obtained:  
Time Sample Obtained:

Monitoring Period  
Was the well purged before sampling?

From: January 2010 To: March 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	67.21	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.078	mg/l	10	0.047	Field	Pump	N
Solids, Total Dissolved(TDS)	70295	70296	530	mg/l	500	8	Field	Pump	N
Chloride (as Cl)	00940	--	220	mg/l	250	3.6	Field	Pump	N
Coliiform, fecal	74055	--	1.0U	#/100-ml	4	1.0	Field	Pump	N
pH	00400	--	6.17	STU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82070	--	6.1	NTU	Report	0.13	Field	Pump	N

COMMENTS AND EXPLANATION:

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWP-1  
Piczometer  
Well Name MWP-1\*  
On-Site Irrigation  
WAFR # 55881  
GMS# --

**Monitoring Period**  
**Was the well purged before sampling?**

From: January 2010 To: March 2010  
☐ Yes ☒ No

Date Sample Obtained:  
Time Sample Obtained:

1/5/2010-217/2010-3/16/2010

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2 On-Site Irrigation WAFR # 55883 GMS# --
Date Sample Obtained:	1/5/2010-2/17/2010-3/16/2010

**Monitoring Period**  
**Was the well purged before sampling?**

From: January 2010 To: March 2010  
☐ Yes ☒ No

Date Sample Obtained: 1/5/2010-2/17/2010-3/16/2010  
Time Sample Obtained:

[illegible]

**COMMENTS AND EXPLANATION:**

• MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

### 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. Hard 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 28<sup>th</sup> 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	Insufficient 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 method detection limits or practical quantification 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 units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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.

**Analysis 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. airlift, 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 Explanation:** 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 upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > 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.

**CBOD:** Enter the average CBOD 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD 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 in the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: TLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: April 01,2010 To: April 30,2010

 **FILE**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.230	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Sample Measurement	0.368	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-1	Permit Requirement	(An.Avg.)						
Flow		0.238	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement	Report	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-1	Permit Requirement	(Mo.Avg.)						
TD, Carbonaceous 5 day, 20C	Sample Measurement			8.0		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1	Sample Measurement			6.5	mg/l	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 A	Sample Measurement			60.0 (Max.)	mg/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1	Permit Requirement							
Solids, Total Suspended	Sample Measurement			7.9	mg/l	1	4 Days/Week	Grab
PARM Code 00330 B	Permit Requirement			3.0 (Max.)	mg/L		4 Days/Week	Grab
Mon Site No. EFB-1	Sample Measurement			7.0	SL	0	5 Days/Week	Grab
pH	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
PARM Code 00400 A	Sample Measurement			8.5 (Max.)				
Mon Site No. EFA-1	Permit Requirement							

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)
Roger Holtsapple Lead Operator		407-869-1919	2010/05/20

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) The TSS results of 7.9 mg/l on May 27,2010 is due to sampler error

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgetfield WWT

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010000

NUMBER:

MONITORING PERIOD

From: April 01, 2010

To: April 30, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection				87%	PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Sample Measurement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement			5	#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement			25 (Max.)	#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement			1.0	mg/L	0	Continuous	Meter
Mon. Site No. EFA-1	Sample Measurement			1.0 (Min.)	mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
PARM Code 50060 A	Sample Measurement			1.0 (Min.)	mg/L		Continuous	Meter
Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Turbidity	Sample Measurement			1.0 (Min.)	NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Mon. Site No. EFB-1	Sample Measurement			7.82	mg/L	0	Monthly	8-hour FPC
Nitrogen, Nitrate, Total (as N)	Permit Requirement			12.0 (Max.)	mg/L		Monthly	8-hour FPC
PARM Code 00620 A	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. EFA-1	Permit Requirement			Report (An. Avg.)	MGD		Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement			Report (Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
Mon. Site No. FLW-6	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Permit Requirement			Report (Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
PARM Code 50050 Q	Sample Measurement			0.000	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-6	Permit Requirement			Report (3-Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement			0.0232 (An. Avg.)	MGD		Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement			0.000	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-5	Sample Measurement			0.000	MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 3)	Permit Requirement			Report (Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
PARM Code 50050 S	Sample Measurement			0.000	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-5	Permit Requirement			Report (3-Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement			0.0634 (An. Avg.)	MGD		Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement			0.000	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Sample Measurement			0.000	MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Permit Requirement			Report (Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
PARM Code 50050 U	Sample Measurement			Report (3-Mo. Avg.)	MGD		Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Permit Requirement							

COMMENTS: Flow was going to cease on the 12<sup>th</sup> of February when NO3 result was 12.12

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgetfield WWTF

MONITORING GROUP

R-000

PERMIT NUMBER: FLA010900

NUMBER:

MONITORING PERIOD

From: April 01,2010

To: April 30,2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Report (Mo.Avg.)		Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3	Permit Requirement										
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.227		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.312	0.251	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Report (Mo.Avg.)		Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2	Permit Requirement										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				174.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Report (Mo.Avg.)							mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. JNF-1	Permit Requirement										
Solids, Total Suspended	Sample Measurement				143.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Report (Mo.Avg.)							mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. JNF-1	Permit Requirement										
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				58.6			Percent	0	Monthly	Calculated
PARM Code 00180 I	Report							Percent		Monthly	Calculated
Mon.Site No. FLW-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test  
 TRP Form 62-620 9100101, Effective November 29, 1994

## Facility: Wedgfield WWTF

	CBOD5 (mg/L.)	Fecal Coliform Bacteria (#/100ML.)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/l.)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		2	7.5	7.5	1.5	1.0	2.8	0.280	
2		<1	7.7	7.7	1.0	1.1	2.9	0.228	
3			7.3	7.3	3.2		2.9	0.247	
4			7.4	7.4	1.4		2.9	0.269	
5		<1	7.3	7.3	1.4	1.0	2.9	0.244	
6		<1	7.5	7.5	1.0	1.0	2.9	0.227	
7		<1	7.6	7.6	2.4	1.2	2.3	0.187	
8		4	7.4	7.4	2.4	1.6	2.9	0.208	
9			7.3	7.3	2.5		2.9	0.238	
10			7.2	7.2	1.0		2.9	0.240	
11			7.3	7.3	1.0		2.9	0.272	
12		<1	7.4	7.4	2.5	1.3	2.9	0.238	
13		2	7.3	7.3	2.4	1.0	2.9	0.254	
14	5.0	<1	7.3	7.3	2.4	1.7	2.8	0.239	6.66
15		<1	7.3	7.3	2.3	1.0	2.3	0.238	
16			7.2	7.2	2.3		2.5	0.247	
17			7.0	7.0	1.7		2.3	0.217	
18			7.3	7.3	1.8		2.5	0.211	
19		<1	7.2	7.2	2.3	1.6	2.9	0.325	
20		5	7.3	7.3	3.3	4.1	2.9	0.246	
21		<1	7.4	7.4	5.0	4.5	2.9	0.243	
22		<1	7.5	7.5	5.0	1.9	2.9	0.217	
23			7.2	7.2	5.0		2.9	0.207	
24			7.6	7.6	3.2		2.9	0.231	
25			7.4	7.4	4.6		2.9	0.282	
26			7.2	7.2	5.0		2.9	0.191	
27		<1	7.4	7.4	2.6	7.9	2.9	0.235	
28	8.0	<1	7.5	7.5	2.5	1.1	2.2	0.241	7.82
29		<1	7.3	7.3	1.7	1.1	2.9	0.230	
30			7.3	7.3	2.2		2.1	0.226	
Total	13.0	19.5	220.6	220.6	76.6	34.1	82.7	7.158	14.48
Mo. Avg.	6.5	1.14	7.3	7.3	2.5	2.0	2.7	0.238	7.24

**PLANT STAFFING:**

Day Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzareff
Day Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	8863	Name:	Roger Holsupple

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: April 01, 2010 To April 30, 2010

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.806	0.00	0.00	0.00	0.00					
2	0.766	0.00	0.00	0.00	0.00					
3	0.731	0.00	0.00	0.00	0.00					
4	0.751	0.00	0.00	0.00	0.00					
5	0.626	0.00	0.00	0.00	0.00					
6	0.742	0.00	0.00	0.00	0.00					
7	0.073	0.00	0.00	0.00	0.00					
8	0.076	0.00	0.00	0.00	0.00					
9	0.079	0.00	0.00	0.00	0.00					
10	0.068	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.088	0.00	0.00	0.00	0.00					
13	0.148	0.00	0.00	0.00	0.00					
14	0.156	0.00	0.00	0.00	0.00	159.0	128.0			
15	0.168	0.00	0.00	0.00	0.00					
16	0.230	0.00	0.00	0.00	0.00					
17	0.000	0.00	0.00	0.00	0.00					
18	0.053	0.00	0.00	0.00	0.00					
19	0.081	0.00	0.00	0.00	0.00					
20	0.145	0.00	0.00	0.00	0.00					
21	0.142	0.00	0.00	0.00	0.00					
22	0.103	0.00	0.00	0.00	0.00					
23	0.082	0.00	0.00	0.00	0.00					
24	0.044	0.00	0.00	0.00	0.00					
25	0.000	0.00	0.00	0.00	0.00					
26	0.000	0.00	0.00	0.00	0.00					
27	0.018	0.00	0.00	0.00	0.00					
28	0.052	0.00	0.00	0.00	0.00	189.0	158.0			
29	0.019	0.00	0.00	0.00	0.00					
30	0.117	0.00	0.00	0.00	0.00					
Total	6.364	0.00	0.00	0.00	0.00	348.0	286.0			
Mo. Avg.	0.212	0.00	0.00	0.00	0.00	174.0	143.0			

## PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 16046	Name: Paul Izareff
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple



 **FILE**

June 24, 2010

Florida Department of Environmental Protection

**Subject: DMR exceedence**

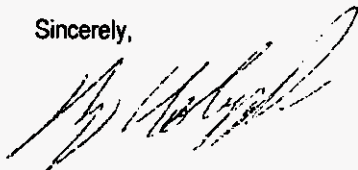
Dear, William Hesser

I have two exceedences on the DMR for the month of May 2010.

The Nitrate sample was not taken with the first composite samples and was over looked the second time we took the composite sample. This is due to operator error. We are taking extra samples for the month of June.

The second thing is, one of the Fecal Coliform samples exceeded the 25ml with a result being 37ml. We did not notice in time to resample. This was due to a lack of communication between the lab and the operator.

Sincerely,



Roger Holsapple  
Chief Operator  
3100 Bancroft Blvd.  
Orlando, FL 32833  
Office: (407) 586-2112  
Cell: (407) 259-6991  
rholsapple@utilitypartnersllc.com

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010990

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly  
Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-401  
MONITORING GROUP DISC: Public Access Reuse, including Influent

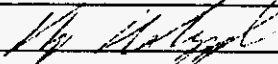
COUNTY: Orange

NO DISCHARGE FROM SITE ☐  
MONITORING PERIOD  
From: May 01,2010 To: May 31,2010

FILE

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.227	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.212	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.2		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.0	9.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			4.6		0	4 Days/Week	Grab
PARM Code 00430 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			7.2	7.8	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	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)
Roger Holsapple Lead Operator		407-869-1919	2010/06/24

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here) PARM code 00620 The influent sample for this month was not taken due to operator error

PARM code 74055 Fecal Coliform is 37 exceeds the max of 25 \*100M/L

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWT

MONITORING GROUP  
NUMBER  
MONITORING PERIOD  
From: May 01, 2010

R-001

PERMIT NUMBER: FLA010900

To: May 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				81.25		PER- CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER- CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				37		#/100ML	1	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				ANC		mg/L	1	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
Flow (from groundwater well)	Sample Measurement	0.00		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when N(3) result was 12.12



# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgetfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: May 01, 2010

R-001

PERMIT NUMBER: FLA010900

To: May 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon. Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.222		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.147	0.264	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				172.5			mg/l.	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l.		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				129.0			mg/l.	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l.		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				60.8			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: May 01,2010

To: May 31,2010

Facility: Wedgefield WWTF

	COD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.2	7.2	1		2.6	0.244	
2			7.3	7.3	1.5		2.9	0.275	
3		<1	7.5	7.5	3	1.0	2.9	0.211	
4		<1	7.7	7.7	3.0	1.0	2.9	0.230	
5		<1	7.3	7.3	2.4	1.0	2.9	0.226	
6		<1	7.4	7.4	1.1	3.1	2.9	0.222	
7			7.5	7.5	1		1.6	0.245	
8			7.6	7.6	1		2.7	0.195	
9			7.4	7.4	1.2		2.1	0.239	
10		37	7.4	7.4	1.1	4.1	2.9	0.194	
11		3	7.3	7.3	1.3	4.4	2.0	0.209	
12	7.0	3	7.4	7.4	1	4.6	2.4	0.194	
13		<1	7.5	7.5	1.1	2.5	2.5	0.195	
14			7.7	7.7	1		2.9	0.181	
15			7.4	7.4	3		1.6	0.173	
16			7.8	7.8	1.3		1.9	0.294	
17			7.5	7.5	1.1		2.9	0.210	
18		<1	7.4	7.4	3	1.0	2.9	0.235	
19		<1	7.3	7.3	5	1.2	1.1	0.190	
20		<1	7.4	7.4	5	1.0	2.9	0.192	
21		<1	7.8	7.8	1	1.6	0.9	0.209	
22			7.3	7.3	1		0.6	0.182	
23			7.4	7.4	1.5		2.9	0.203	
24		<1	7.3	7.3	2.5	1.0	2.9	0.205	
25		<1	7.4	7.4	3.3	2.0	2.9	0.194	
26	9.0	<1	7.2	7.2	2	1.0	2.4	0.204	
27		<1	7.5	7.5	2	1.0	2.9	0.199	
28			7.3	7.3	2		1.7	0.194	
29			7.4	7.4	1.6		2.5	0.223	
30			7.6	7.6	2.3		2.8	0.210	
31			7.2	7.2	1		2.0	0.213	
Total	16.0	49.5	230.4	230.4	59.3	31.5	74	6.59	
Mo. Avg.	8.0	3.09	7.4	7.4	1.9	1.96	2.3	0.212	

## PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 16046	Name: Paul Tzareff
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: May 01,2010 To May 31,2010

Facility: Wedgfield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.026	0.00	0.00	0.00	0.00					
2	0.000	0.00	0.00	0.00	0.00					
3	0.095	0.00	0.00	0.00	0.00					
4	0.635	0.00	0.00	0.00	0.00					
5	0.102	0.00	0.00	0.00	0.00					
6	0.226	0.00	0.00	0.00	0.00					
7	0.083	0.00	0.00	0.00	0.00					
8	0.056	0.00	0.00	0.00	0.00					
9	0.000	0.00	0.00	0.00	0.00					
10	0.112	0.00	0.00	0.00	0.00					
11	0.141	0.00	0.00	0.00	0.00					
12	0.209	0.00	0.00	0.00	0.00	164.0	110.0			
13	0.155	0.00	0.00	0.00	0.00					
14	0.162	0.00	0.00	0.00	0.00					
15	0.436	0.00	0.00	0.00	0.00					
16	0.187	0.00	0.00	0.00	0.00					
17	0.266	0.00	0.00	0.00	0.00					
18	0.254	0.00	0.00	0.00	0.00					
19	0.140	0.00	0.00	0.00	0.00					
20	0.181	0.00	0.00	0.00	0.00					
21	0.183	0.00	0.00	0.00	0.00					
22	0.035	0.00	0.00	0.00	0.00					
23	0.000	0.00	0.00	0.00	0.00					
24	0.113	0.00	0.00	0.00	0.00					
25	0.201	0.00	0.00	0.00	0.00					
26	0.182	0.00	0.00	0.00	0.00	181.0	148.0			
27	0.132	0.00	0.00	0.00	0.00					
28	0.144	0.00	0.00	0.00	0.00					
29	0.116	0.00	0.00	0.00	0.00					
30	0.000	0.00	0.00	0.00	0.00					
31	0.000	0.00	0.00	0.00	0.00					
Total	4.57	0.00	0.00	0.00	0.00	345.0	258.0			
Mo. Avg.	0.147	0.00	0.00	0.00	0.00	172.5	129.0			

## PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	16046	Name:	Paul Tzareff
Day Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	8863	Name:	Roger Holsapple

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Wedgfield-Pluris  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Inflow

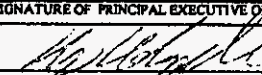
COUNTY: Orange

NO DISCHARGE FROM SITE:  
MONITORING PERIOD  
From: June 01, 2010  
To: June 30, 2010

**FILE**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.235	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1	Sample Measurement	0.209	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement			8.12	MG/L	0	Every Two Weeks	8-hour FPC
Mon.Site No. FLW-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
2, Carbonaceous 5 day, 20C	Sample Measurement			7.5	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. BFA-1	Sample Measurement			60.0 (Max.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			2.9	MG/L	0	4 Days/Week	Grab
PARM Code 80082 A	Sample Measurement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Mon.Site No. BFA-1	Permit Requirement			7.0	BU	0	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			6.0 (Min.)	BU		5 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			8.5 (Max.)				
Mon.Site No. BFB-1	Sample Measurement							
pH	Permit Requirement							
PARM Code 00400 A	Sample Measurement							
Mon.Site No. BFA-1	Permit Requirement							

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)
Roger Holsapple Lead Operator		407-259-6991	2010-07-23

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD  
From: June 01, 2010  
To: June 30, 2010

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon. Site No. EPA-1	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.5		#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.5		NTU	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EPA-1	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				10.41		mg/L	0	Monthly	8-hour FPC
ARM Code 00620 A Mon. Site No. EPA-1	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
Flow (from groundwater well)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-6	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-6	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 R Mon. Site No. FLW-6	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S Mon. Site No. FLW-5	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 T Mon. Site No. FLW-4	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U Mon. Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgfield WWTF

MONITORING GROUP NUMBER:  
MONITORING PERIOD  
From: June 01, 2010  
To: June 30, 2010

R-001

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
FARM Code 50030 V Mon. Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
FARM Code 50030 W Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.284		MGD				MGD	0	Continuous	Flow meters and totalizers
FARM Code 50030 Mon. Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.108	0.155	MGD				MGD	0	Continuous	Flow meters and totalizers
FARM Code 50030 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				183.5			mg/L	0	Every Two Weeks	8-hour FPC
FARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.5			mg/L	0	Every Two Weeks	8-hour FPC
FARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Sample Measurement				59			Percent	0	Monthly	Calculated
FARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: June 01,2010 To: June 30,2010

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.3	7.3	1.0	1.0	2.9	0.257	
2		<1	7.4	7.4	1.2	1.6	2.9	0.215	
3		<1	7.3	7.3	2.4	1.1	2.9	0.221	
4		<1	7.6	7.6	1.0	1.0	0.9	0.221	
5			7.5	7.5	1.0		1.2	0.211	
6			7.4	7.4	1		2.9	0.261	
7		<1	7.3	7.3	3.1	1.0	2.9	0.221	
8		<1	7.0	7.0	2.0	1.1	2.5	0.237	
9	7.0	<1	7.1	7.1	1.0	1.0	2.7	0.182	6.78
10		<1	7.2	7.2	1.8	1.0	2.9	0.182	
11			7.0	7.0	2.9		1.6	0.189	
12			7.4	7.4	4.6		1.3	0.185	
13			7.3	7.3	2.0		2.0	0.210	
14		<1	7.2	7.2	2.0	1.0	2.8	0.213	
15		<1	7.5	7.5	5.0	1.0	2.9	0.252	
16		<1	7.3	7.3	1.3	1.0	2.9	0.159	
17		<1	7.3	7.3	2.6	1.8	2.9	0.189	
18			7.1	7.1	1.0		2.0	0.234	
19			7.2	7.2	1.6		1.2	0.205	
20			7.1	7.1	5.0		2.9	0.213	
21		<1	7.2	7.2	2.3	1.1	2.2	0.161	
22		<1	7.2	7.2	1.9	1.0	2.9	0.223	
23	8.0	<1	7.3	7.3	2.0	1.0	2.2	0.203	10.41
24		<1	7.4	7.4	2.4	2.9	2.5	0.206	
25			7.0	7.0	3.1		2.9	0.190	
26			7.1	7.1	5.0		2.9	0.237	
27			7.4	7.4	1.4		2.9	0.130	
28		<1	7.2	7.2	1.6	1.0	2.9	0.223	
29		<1	7.4	7.4	2.3	1.0	2.9	0.234	
30		<1	7.3	7.3	2.3	1.0	2.4	0.210	
31									
Total	15.0	9.5	217.89	217.89	67.8	22.6	69.7	6.274	17.19
Mo. Avg.	7.5	0.5	7.26	7.26	2.26	1.50	2.3	0.2091	8.59

**PLANT STAFFING:**

Day Shift Operator

Class: C

Certificate No: 16046

Name: Paul Tzareff

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class: C

Certificate No: 8863

Name: Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: June 01,2010 To: June 30,2010

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	800&2	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.114	0.00	0.00	0.00	0.00					
2	0.093	0.00	0.00	0.00	0.00					
3	0.224	0.00	0.00	0.00	0.00					
4	0.171	0.00	0.00	0.00	0.00					
5	0.013	0.00	0.00	0.00	0.00					
6	0.000	0.00	0.00	0.00	0.00					
7	0.000	0.00	0.00	0.00	0.00					
8	0.129	0.00	0.00	0.00	0.00					
9	0.071	0.00	0.00	0.00	0.00	174.0	176.0			
10	0.147	0.00	0.00	0.00	0.00					
11	0.246	0.00	0.00	0.00	0.00					
12	0.000	0.00	0.00	0.00	0.00					
13	0.001	0.00	0.00	0.00	0.00					
14	0.046	0.00	0.00	0.00	0.00					
15	0.011	0.00	0.00	0.00	0.00					
16	0.526	0.00	0.00	0.00	0.00					
17	0.189	0.00	0.00	0.00	0.00					
18	0.156	0.00	0.00	0.00	0.00					
19	0.129	0.00	0.00	0.00	0.00					
20	0.000	0.00	0.00	0.00	0.00					
21	0.000	0.00	0.00	0.00	0.00					
22	0.000	0.00	0.00	0.00	0.00					
23	0.061	0.00	0.00	0.00	0.00	193.0	108.0			
24	0.600	0.00	0.00	0.00	0.00					
25	0.199	0.00	0.00	0.00	0.00					
26	0.059	0.00	0.00	0.00	0.00					
27	0.000	0.00	0.00	0.00	0.00					
28	0.000	0.00	0.00	0.00	0.00					
29	0.000	0.00	0.00	0.00	0.00					
30	0.070	0.00	0.00	0.00	0.00					
31	0.114	0.00	0.00	0.00	0.00					
Total	3.26	0.00	0.00	0.00	0.00	367.0	284.0			
Mo. Avg.	0.1085	0.00	0.00	0.00	0.00	183.5	142.0			

**PLANT STAFFING:**

Day Shift Operator

Class:

C

Certificate No:

16046

Name:

Paul Tzareff

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

8863

Name:

Roger Holsapple



# Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

## GROUND WATER MONITORING REPORT Rule 62-522.600(11)

### PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF  
Address 3100 Bancroft Blvd.  
City Orlando Florida Zip 32833  
Telephone Number (407) 259-8991
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name Roger Holsapple  
Address 6608 Walton Way  
City Tampa Florida Zip 33610  
Telephone Number (813) 359-8327
- (5) Type of Discharge Domestic Waste
- (6) Method of Discharge Golf Course / Sprayfield Irrigation

#### Certification

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

Date: 7-23-2010

  
Signature of Owner or Authorized Representative

### PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589  
NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: Orange County  
Facility Name: Wedgefield WWTF  
Permit Number: FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:	MWB-1
Well Type:	Background
Description:	Well Name MW-1 Golf Course WAFR # 6006 GMS# 3048A13413
Date Sample Obtained:	4/27/2010
Time Sample Obtained:	11:46

Monitoring Period From: April 2010 To: June 2010  
Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained: 4/27/2010  
Time Sample Obtained: 11:46

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWB-2
Well Type:	Background
Description:	Well Name MW-2 Golf Course WAFR # 6005 GMS# 3048A13414
Date Sample Obtained:	4/27/2010
Time Sample Obtained:	09:29

Monitoring Period From: April 2010 To: June 2010  
Was the well purged before sampling? X Yes \_\_\_ No

Date Sample Obtained: 4/27/2010  
Time Sample Obtained: 09:29

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

County:	Orange County	Permit Builder MW ID:	MWB-3
Facility Name:	Wedgfield WWTF	Well Type:	Background
Permit Number:	FLA010900	Description:	Well Name MW-3 Golf Course WAFR # 6004 GMS# 3048A13415
Monitoring Period	From: April 2010 To: June 2010	Date Sample Obtained:	4/27/2010
Was the well purged before sampling?	X Yes ___ No	Time Sample Obtained:	12:16

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MW1-4
Well Type:	Intermediate
Description:	Well Name MW-4 Golf Course WAFR # 6003 GMS# 3048A13416
Date Sample Obtained:	4/27/2010
Time Sample Obtained:	11:23

**Monitoring Period**  
Was the well purged before sampling?

From: April 2010 To: June 2010  
X Yes \_\_\_ No

Date Sample Obtained: 4/27/2010  
Time Sample Obtained: 11:23

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: Orange County  
Facility Name: Wedgefield WWTF  
Permit Number: FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:	MWC-6
Well Type:	Compliance
Description:	Well Name MW-6 Golf Course WAFR #6001 GMS# 3048A1341B
Date Sample Obtained:	4/27/2010
Time Sample Obtained:	10:43

Monitoring Period From: April 2010 To: June 2010  
Was the well purged before sampling? X Yes \_\_\_ No

Date Sample Obtained: 4/27/2010  
Time Sample Obtained: 10:43

[illegible]

**COMMENTS AND EXPLANATION:**

4/13/2004

**GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

**GMSN 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWI-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419  
4/27/2010  
11:48

Date Sample Obtained:  
Time Sample Obtained:

Monitoring Period  
Was the well purged before sampling?

From: April 2010 To: June 2010  
X Yes — No

[illegible]

**COMMENTS AND EXPLANATION:**

4/15/2004

# **GROUND WATER MONITORING WELL REPORT - PART D**

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID: **MWC-1**  
 Well Type: **Compliance**  
 Description: **Well Name MW-1**  
**On-Site Irrigation**  
**WAFR # 32995**  
**GMS# --**  
 Date Sample Obtained: **4/27/2010**  
 Time Sample Obtained: **08:31**

Monitoring Period **From: April 2010 To: June 2010**  
 Was the well purged before sampling? **X Yes \_\_\_ No**

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	65.09	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--	66.77	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--	64.12	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.043	mg/l	10	0.047	Field	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	56	mg/l	500	8	Field	Pump	N
Chloride (as Cl)	00940	--	14	mg/l	250	3.6	Field	Pump	N
Coliform, Fecal	74055	--	1.0	#/100ml	4	1.0	Field	Pump	N
pH	00400	--		SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	14	NTU	Report	0.13	Field	Pump	N

COMMENTS AND EXPLANATION:



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996  
GMS# -

Monitoring Period  
Was the well purged before sampling?

From: April 2010 To: June 2010  
X Yes \_\_\_ No

Date Sample Obtained: 4/27/2010  
Time Sample Obtained: 08:57

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	65.30	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--	72.13	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 4 <sup>th</sup> Month of Quarter	82545	--	64.91	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	84	mg/l	10	0.047	Field	Pump	N
Solids, Total Dissolved(TDS)	70295	70296	0.043	mg/l	500	8	Field	Pump	N
Chloride (as Cl)	00940	--	18	mg/l	250	3.6	Field	Pump	N
Coliform, Fecal	74055	--	1.0	#/100/ml	4	1.0	Field	Pump	N
pH	00400	--		SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	14	NTU	Report	0.13	Field	Pump	N

COMMENTS AND EXPLANATION:

4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID: **MWC-3**  
 Well Type: **Compliance**  
 Description: **Well Name MW-3**  
**On-Site Irrigation**  
**WAFR # 32997**  
 GMS# --  
 Date Sample Obtained: **4/27/2010**  
 Time Sample Obtained: **10:13**

Monitoring Period: **From: April 2010 To: June 2010**  
 Was the well purged before sampling? **X Yes \_\_\_ No**

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	67.81	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--	64.54	Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--	67.57	Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.043	mg/l	10	0.047	Field	Pump	N
Solids, Total Dissolved(TDS)	70295	70296	480	mg/l	500	8	Field	Pump	N
Chloride (as Cl)	00940	--	200	mg/l	250	3.6	Field	Pump	N
Coliform, Fecal	74055	--	1.0	#/100ml	4	1.0	Field	Pump	N
pH	00400	--		SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	0.90	NTU	Report	0.12	Field	Pump	N

COMMENTS AND EXPLANATION:

4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

**GMSN 3048P03712**

Permit Builder MW ID:	MWP-1
Well Type:	Piezometer
Description:	Well Name MWP-1* On-Site Irrigation WAFR # 55881 GMS# --

**Monitoring Period**  
Was the well purged before sampling?

From: April 2010 To: June 2010  
 \_\_\_ Yes X No

Date Sample Obtained:  
Time Sample Obtained:

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgefield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2 On-Site Irrigation WAFR # 55883 GMS# --

Monitoring Period From April 2010 To: June 2010  
Was the well purged before sampling? ☐ Yes ☒ No

Date Sample Obtained:  
Time Sample Obtained:

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

### 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. Hard 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 28<sup>th</sup> 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	Insufficient 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 method detection limits or practical quantification 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 units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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.

**Analysis 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. airlift, 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 62-620.303, 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.

**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 upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > 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.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD 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.

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Planis-Wedgfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: July 01, 2010 To: July 31, 2010

**FILE**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.222	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. FLW-1								
Flow	Sample Measurement	0.211	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.1		0	Every Two Weeks	8-hour FPC
URM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.5	9.8 mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			2.2		0	4 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
Mon. Site No. EPB-1								
pH	Sample Measurement			6.9	7.6	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab
Mon. Site No. EFA-1								

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)
Roger Holstapple Lead Operator		407-249-6991	2010/11/24

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: July 01, 2010

R-001

PERMIT NUMBER: FLA010900

To: July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement				0.5		#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Mon. Site No. EFA-1										
Turbidity	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EFB-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.73		mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
Mon. Site No. EFA-1										
Flow (from groundwater well)	Sample Measurement	0.00		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (total to zone 3)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0132 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 2)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										

COMMENTS:



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgetfield WWTF

MONITORING GROUP NUMBER:  
MONITORING PERIOD  
From: July 01, 2010

R-001

PERMIT NUMBER: FLA010900

To: July 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon.Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon.Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.217		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.269	0.174	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				167.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80062 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.4			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				57.0			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1991

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: July 01,2010

To: July 31,2010

Facility: Wedgefield WWTF

	CBOD5 (mg/l.)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/l.)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.3	7.3	2.2	1.0	2.1	0.194	
2			7.2	7.2	2.5		2.5	0.179	
3			7.4	7.4	5		2.9	0.203	
4			7.3	7.3	2.0		2.7	0.265	
5			7.3	7.3	2.3		2.9	0.233	
6		<1	7.2	7.2	2.3	1.0	2.9	0.265	
7	8.0	<1	7.4	7.4	2.4	1.0	2.9	0.240	9.73
8		<1	7.3	7.3	1.8	1.0	2.9	0.232	
9		<1	7.6	7.6	1	1.0	2.6	0.217	
10			7.5	7.5	4.2		1.4	0.221	
11			7.6	7.6	2.3		2.9	0.214	
12		<1	7.4	7.4	1.8	1.0	2.9	0.250	
13		<1	7.3	7.3	2	1.0	2.9	0.217	
14		<1	7.4	7.4	1.7	1.0	2.9	0.224	
15		<1	7.2	7.2	1.6	1.0	2.9	0.201	
16			7.4	7.4	1		2.9	0.224	
17			6.9	6.9	1		2.6	0.205	
18			7.3	7.3	1.5		2.9	0.252	
19		<1	7.4	7.4	1.8	1.6	2.7	0.227	
20		<1	7.4	7.4	1.5	1.0	2.9	0.209	
21	9.0	<1	7.1	7.1	1.3	1.0	2.9	0.197	
22		<1	7.3	7.3	1.7	1.0	2.9	0.202	
23			7.2	7.2	1.5		2.9	0.211	
24			7.1	7.1	1		2.0	0.201	
25			7.3	7.3	1.3		2.9	0.229	
26		<1	7.5	7.5	1.8	1.0	2.6	0.235	
27		<1	7.1	7.1	1.7	1.0	2.9	0.033	
28		<1	7.3	7.3	1.2	1.0	2.9	0.191	
29		<1	7.4	7.4	1.3	2.2	2.9	0.186	
30			7.0	7.0	1.3		1.2	0.179	
31			7.3	7.3	1		2.4	0.212	
Total	17.0	8.5	226.4	226.4	57	18.8	82.8	6.548	
Mo. Avg.	8.5	0.5	7.3	7.3	1.9	1.4	2.7	0.211	

## PLANT STAFFING:

Day Shift Operator	Class: C	Certificate No: 16046	Name: Paul Tzareff
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: July 01, 2010

To July 28, 2010

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	COD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.713	0.00	0.00	0.00	0.00					
2	0.134	0.00	0.00	0.00	0.00					
3	0.011	0.00	0.00	0.00	0.00					
4	0.000	0.00	0.00	0.00	0.00					
5	0.000	0.00	0.00	0.00	0.00					
6	0.614	0.00	0.00	0.00	0.00					
7	0.699	0.00	0.00	0.00	0.00	169.0	78.0			
8	0.128	0.00	0.00	0.00	0.00					
9	0.698	0.00	0.00	0.00	0.00					
10	0.007	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.000	0.00	0.00	0.00	0.00					
13	0.000	0.00	0.00	0.00	0.00					
14	0.000	0.00	0.00	0.00	0.00					
15	0.000	0.00	0.00	0.00	0.00					
16	0.974	0.00	0.00	0.00	0.00					
17	0.302	0.00	0.00	0.00	0.00					
18	0.592	0.00	0.00	0.00	0.00					
19	0.569	0.00	0.00	0.00	0.00					
20	0.506	0.00	0.00	0.00	0.00					
21	0.562	0.00	0.00	0.00	0.00	165.0	170.0			
22	0.208	0.00	0.00	0.00	0.00					
23	0.225	0.00	0.00	0.00	0.00					
24	0.253	0.00	0.00	0.00	0.00					
25	0.000	0.00	0.00	0.00	0.00					
26	0.071	0.00	0.00	0.00	0.00					
27	0.238	0.00	0.00	0.00	0.00					
28	0.353	0.00	0.00	0.00	0.00					
29	0.212	0.00	0.00	0.00	0.00					
30	0.169	0.00	0.00	0.00	0.00					
31	0.113	0.00	0.00	0.00	0.00					
Total	8.351	0.00	0.00	0.00	0.00	334.0	245.0			
Mo. Avg.	0.269	0.00	0.00	0.00	0.00	167.0	122.5			

## PLANT STAFFING

Day Shift Operator	Class: C	Certificate No: 16046	Name: Paul Tzareff
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pharis-Wedgfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWT  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: August 01,2010 To: August 31,2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.217	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.225	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.6		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.0	9.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			1.4		0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement			5.0 (Max.)		mg/L	4 Days/Week	Grab
pH	Sample Measurement			6.8	7.6	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	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)
Roger Holsapple Lead Operator		407-869-1919	2010/8/21

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: August 01, 2010

R-001

PERMIT NUMBER: FLA010900

To: August 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			88%	PER-CENT	0	4 Days/Week	Grab
PARM Code 51003 A	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1								
Coliform, Fecal	Sample Measurement			1	1/1000ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement			25 (Max.)	1/1000ML		4 Days/Week	Grab
Mon. Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Mon. Site No. EFA-1								
Turbidity	Sample Measurement			2.9	NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Mon. Site No. EFB-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			4.04	mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	mg/L		Monthly	8-hour FPC
Mon. Site No. EFA-1								
Flow (from groundwater well)	Sample Measurement	0.00	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-6								
Flow (from groundwater well)	Sample Measurement	0.00	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-6								
Flow (total to zone 3)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-5								
Flow (total to zone 3)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-5								
Flow (total to zone 2)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-4								
Flow (total to zone 2)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-4								

COMMENTS:

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTf

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: August 01,2010

R-001

PERMIT NUMBER: FLA019900

To: August 31,2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (As.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.309		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (As.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.193	0.190	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				283.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00082 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1					194.0			mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Percent Capacity, (TMAAF/ Permitted Capacity) x 100	Sample Measurement				98.4			Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: August 01,2010

To: August 31,2010

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.3	7.3	2.3		2.9	0.248	
2		<1	7.2	7.2	2.3	1.0	2.9	0.294	
3		<1	7.3	7.3	2.6	1.0	2.9	0.229	
4	9.0	<1	7.4	7.4	2.7	1.4	2.9	0.204	4.04
5		<1	7.3	7.3	1.0	1.1	2.9	0.210	
6			7.6	7.6	3.6		2.9	0.210	
7			7.5	7.5	1.6		2.6	0.196	
8			7.2	7.2	3.4		2.9	0.238	
9		<1	7.1	7.1	2.6	1.4	2.9	0.290	
10		<1	7.3	7.3	3	1.0	2.9	0.230	
11		<1	7.2	7.2	1	1.0	2.9	0.237	
12		<1	7.3	7.3	3	1.0	2.9	0.218	
13			7.1	7.1	2.5		2.2	0.226	
14			7.0	7.0	1		2.9	0.207	
15			7.2	7.2	1.7		2.9	0.263	
16		1	7.3	7.3	1	1.0	2.9	0.233	
17		<1	7.4	7.4	1	1.0	2.9	0.223	
18	7.0	1	7.1	7.1	1	1.0	1.7	0.219	
19		<1	7.2	7.2	1	1.0	1.5	0.204	
20			6.8	6.8	1.5		1.6	0.207	
21			6.9	6.9	1		1.6	0.207	
22			7.1	7.1	1		1.2	0.277	
23		<1	7.3	7.3	1	1.3	1.9	0.213	
24		<1	7.2	7.2	1	1.0	2.9	0.219	
25		<1	7.2	7.2	1	1.2	2.4	0.192	
26		<1	7.3	7.3	1.3	1.0	2.9	0.168	
27			7.2	7.2	1.4		2.2	0.201	
28			7.0	7.0	1		2.6	0.211	
29			7.3	7.3	1		2.9	0.224	
30		<1	7.2	7.2	1	1.0	2.9	0.254	
31		<1	7.0	7.0	1	1.3	2.5	0.208	
Total	16.0	10	223.5	223.5	51.5	19.7	79.1	6.980	4.04
Mo. Avg.	8.0	0.55	7.2	7.2	1.66	1.09	2.55	0.225	4.04

**PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate No: 16046	Name: Paul Tzareff
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: August 01, 2010

To: August 28, 2010

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.000	0.00	0.00	0.00	0.00					
2	0.000	0.00	0.00	0.00	0.00					
3	0.000	0.00	0.00	0.00	0.00					
4	0.204	0.00	0.00	0.00	0.00	207.0	152.0			
5	0.210	0.00	0.00	0.00	0.00					
6	0.226	0.00	0.00	0.00	0.00					
7	0.055	0.00	0.00	0.00	0.00					
8	0.000	0.00	0.00	0.00	0.00					
9	0.000	0.00	0.00	0.00	0.00					
10	0.000	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.006	0.00	0.00	0.00	0.00					
13	0.154	0.00	0.00	0.00	0.00					
14	0.044	0.00	0.00	0.00	0.00					
15	0.000	0.00	0.00	0.00	0.00					
16	0.112	0.00	0.00	0.00	0.00					
17	0.372	0.00	0.00	0.00	0.00					
18	0.000	0.00	0.00	0.00	0.00	200.0	236.0			
19	0.137	0.00	0.00	0.00	0.00					
20	0.217	0.00	0.00	0.00	0.00					
21	0.000	0.00	0.00	0.00	0.00					
22	0.000	0.00	0.00	0.00	0.00					
23	0.000	0.00	0.00	0.00	0.00					
24	0.000	0.00	0.00	0.00	0.00					
25	0.000	0.00	0.00	0.00	0.00					
26	0.615	0.00	0.00	0.00	0.00					
27	0.438	0.00	0.00	0.00	0.00					
28	0.334	0.00	0.00	0.00	0.00					
29	1.552	0.00	0.00	0.00	0.00					
30	0.625	0.00	0.00	0.00	0.00					
31	0.771	0.00	0.00	0.00	0.00					
Total	6.072	0.00	0.00	0.00	0.00	407.0	388.0			
Mo. Avg.	0.195	0.00	0.00	0.00	0.00	203.5	194.0			

## **PLANT STAFFING:**

Day Shift Operator	Class: C	Certificate No: 16046	Name: Paul Tzareff
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple



**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Floris Wedgfield, Inc  
MAILING ADDRESS: 2600 Commerce Dr  
Lake Forest, CA 92630

PERMIT NUMBER:

FLA010900-005-DW2P

Expiration Date: January 27, 2015

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Bancroft Blvd  
Orlando, FL 32833-4011

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESCRIPTION:  
RE-SUBMITTED DMR: ☐  
NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD From: September 1<sup>st</sup>, 2010 To: September 30<sup>th</sup>, 2010

Final

N/A

R-001

Public Access Reclaimed Water, including Influent

REPORT: Monthly  
PROGRAM: Domestic

COUNTY: Orange  
OFFICE: Central District

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow(Total through Plant)	Sample Measurement	.211	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.330 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow(Total through plant)	Sample Measurement	.211	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 I Mon. Site No. FLW-1	Permit Requirement	0.330 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow(Total through Plant)	Sample Measurement	.221	MGD			0	5 Days/Week	Flow Totalizer
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow(Total to Golf Course)	Sample Measurement	.190	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 Q Mon. Site No. FLW-2	Permit Requirement	0.270 (An.Avg.)	MGD				Continuous	Flow Totalizer
Flow(Total to Golf Course)	Sample Measurement	.122	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 R Mon. Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				Continuous	Flow Totalizer
Flow(Total to Zone 1)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 S Mon. Site No. FLW-3	Permit Requirement	0.0096 (An.Avg.)	MGD				Continuous	Flow Totalizer

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)
Paul Tzareff/Lead Operator		407-641-7622	10-10-21

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010900-005-DW2P

NUMBER:

MONITORING PERIOD From: September 1<sup>st</sup>, 2010To: September 30<sup>th</sup>, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Flow (Total to Zone 1)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 T Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 2)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 U Mon. Site No. FLW-4	Permit Requirement	0.0309 (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 2)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 V Mon. Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 3)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	0.0195 (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 3)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Flow (from groundwater well)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (from groundwater well)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.9	mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		9.0	n/a	mg/l	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement		60.0 (Max.)	45.0 (Wk. Avg.)	30.0 (Mo. Avg.)		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement				2.7	mg/l	4 Days/Week	Grab
PARM Code 00530 B Mon. Site No. EPB-1	Permit Requirement				5.0 (Max.)		4 Days/Week	Grab

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010900-005-DW2P

NUMBER:

MONITORING PERIOD From: September 1<sup>st</sup>, 2010To: September 30<sup>th</sup>, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.7	7.6	s.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					12	#/100mL	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				94		percent	0	4 Days/Week	Calculated
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement				75 (Mo. Total)		percent		4 Days/Week	Calculated
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement					2.9	NTU	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					7.9	mg/L	0	Monthly	8-hr FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	.221	.219	MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 W Mon. Site No. FI.W-1	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement					67	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					206	mg/L	0	Bi-weekly, every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					122	mg/L	0	Bi-weekly, every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900-005-DW2P  
From: September 1<sup>st</sup>, 2010 To: September 30<sup>th</sup>, 2010

Facility: Wedgefield WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/l.	pH s.u.	Solids, Total Suspended mg/l.	Turbidity NTU	Flow MGD	Flow MGD
Code	#0082	50060	74055	00620	00400	00530	00070	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2
1	8.0	1.0	<1	7.39	7.2	<1	1.6	.197	.157
2		1.0	<1		7.1	<1	1.9	.239	.120
3		1.0			7.1		2.2	.196	.152
4		1.0			7.4		2.9	.198	.098
5		1.0			7.2		2.9	.277	0
6		1.8			7.3		2.9	.216	.098
7		1.0	<1		7.6	<1	2.9	.233	.060
8		1.6	<1		7.5	<1	2.4	.225	.171
9		3.0	12		7.3	<1	2.9	.238	.156
10		1.0	<1		7.2	<1	2.9	.201	0
11		3.0			7.0		2.9	.191	0
12		3.8			7.1		2.9	.247	0
13		3.4	<1		7.2	<1	2.9	.247	.131
14		3.6	<1		7.3	1.1	2.9	.200	.257
15	6.0	2.8	<1		6.9	1.4	2.3	.205	.384
16		2.1	<1		7.2	1.2	2.0	.212	.085
17		1.4			7.4		2.3	.197	.110
18		1.4			7.3		2.3	.217	.020
19		2.4			7.2		2.9	.236	0
20		3.3	<1		7.5	2.7	2.9	.242	.147
21		3.6	<1		7.1	<1	2.9	.193	.200
22		2.1	<1		7.3	<1	2.9	.187	.303
23		3.5	<1		7.2	<1	2.9	.236	.285
24		1.6			7.0		2.9	.215	.184
25		1.2			7.2		2.9	.219	.013
26		1.0			7.1		2.9	.226	0
27		1.0	<1		7.4	1.4	2.9	.261	0
28		1.0	<1		7.3	<1	2.9	.204	.502
29	9.0	3.6	<1	7.9	7.1	<1	2.9	.260	.016
30		1.0	<1		7.5	<1	2.0	.234	0
31									
Total	23	60.19	20.5	15.29	217.2	14.3	79.9	6.631	3.649
Mo. Avg.	7.7	2.01	1.14	7.65	7.24	.794	2.66	.221	.122

## PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 16046 Name: Paul M. Tzareff

Evening Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator

Class: C Certificate No: 16046 Name: Paul M. Tzareff

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010900-005-DW2P  
Monitoring Period: From: September 1<sup>st</sup>, 2010 To: September 30<sup>th</sup>, 2010

Facility: Wedgfield WWTF

	Flow MGD	Flow MGD	Flow MGD	Flow MGD	BOD, Carbonaceous 5 day, 20°C mg/L	Solids, Total Suspended mg/L			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.00	0.00	0.00	0.00	172.0	106.0			
2	0.00	0.00	0.00	0.00					
3	0.00	0.00	0.00	0.00					
4	0.00	0.00	0.00	0.00					
5	0.00	0.00	0.00	0.00					
6	0.00	0.00	0.00	0.00					
7	0.00	0.00	0.00	0.00					
8	0.00	0.00	0.00	0.00					
9	0.00	0.00	0.00	0.00					
10	0.00	0.00	0.00	0.00					
11	0.00	0.00	0.00	0.00					
12	0.00	0.00	0.00	0.00					
13	0.00	0.00	0.00	0.00					
14	0.00	0.00	0.00	0.00					
15	0.00	0.00	0.00	0.00	206.0	70.0			
16	0.00	0.00	0.00	0.00					
17	0.00	0.00	0.00	0.00					
18	0.00	0.00	0.00	0.00					
19	0.00	0.00	0.00	0.00					
20	0.00	0.00	0.00	0.00					
21	0.00	0.00	0.00	0.00					
22	0.00	0.00	0.00	0.00					
23	0.00	0.00	0.00	0.00					
24	0.00	0.00	0.00	0.00					
25	0.00	0.00	0.00	0.00					
26	0.00	0.00	0.00	0.00					
27	0.00	0.00	0.00	0.00					
28	0.00	0.00	0.00	0.00					
29	0.00	0.00	0.00	0.00	164.0	122.0			
30	0.00	0.00	0.00	0.00					
31	0.00	0.00	0.00	0.00					
Total	0.00	0.00	0.00	0.00	546	298			
Mo. Avg.	0.00	0.00	0.00	0.00	182.0	99.3			

## PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 16046 Name: Paul M. Tzareff

Evening Shift Operator

Class:  Certificate No:  Name:

Night Shift Operator

Class:  Certificate No:  Name:

Lead Operator

Class: C Certificate No: 16046 Name: Paul M. Tzareff

# Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

## GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

### PART I GENERAL INFORMATION

(1) Facility Name Wedgfield WWTF - Orange County

Address 3100 Bancroft Blvd.

City Orlando

Zip 32833

Telephone Number ( 407-568-2112 )

(2) The GMS Identification Number 3048P03712

(3) DEP Permit Number FLA010900

(4) Authorized Representative Name Paul Tzareff

Address 3100 Bancroft Blvd.

City Orlando

Zip 32765

Telephone Number ( 407 ) 641-7622

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Golf Course / Sprayfield Irrigation

#### Certification

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

Date: October 21<sup>st</sup>, 2010

Signature of Owner or Authorized Representative

### PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab

NELAC Certification #

E-84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 South North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number ( 407 ) 937-1594

11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County: **Orange County**  
 Facility Name: **Wedgefield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID: **MWB-1R\***  
 Well Type: **Background**  
 Description: **Well Name MW-1**  
**Golf Course**  
**WAFR # 6006**  
**GMS# 3048A13413**

Monitoring Period: From: **July 2010** To: **September 2010**  
 Was the well purged before sampling? ☒ Yes ☐ No  
**GW TOC 66.30**

Date Sample Obtained: **09/24/10**  
 Time Sample Obtained: **06:50**

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	E2545	60.89	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620		mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295		mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74055		#/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400	5.02	SL	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	E2079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
<b>Added November 2009**</b>									
Sodium	00923	44	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	E2080	0.60 U	ug/L	Report	0.60	E524.2	Quarterly	Pump	N

\* Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same.  
 \*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
 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)

COMMENTS AND EXPLANATION:  
 11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-2  
Background  
Well Name MW-2  
Golf Course  
WAFR # 6005  
GMS# 3048A13414

Monitoring Period  
Was the well purged before sampling?  
GW TOC 70.10

From: July 2010 \_\_\_\_\_ To: September 2010 \_\_\_\_\_  
\_X\_ Yes \_\_\_ No

Date Sample Obtained: 09/24/10  
Time Sample Obtained: 11:21

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82543	64.7	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620		mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295		mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coli form, Fecal	74055		#/100ml	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400	4.71	SU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009**									
Sodium	00922	12	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.60 U	ug/L	Report	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415

Monitoring Period  
Was the well purged before sampling?  
GW TOC 67.90

From: July 2010 To: September 2010  
X Yes No

Date Sample Obtained:  
Time Sample Obtained

09/24/10  
11:01

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	65.15	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate, (as N)	00620		mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70291	1400	mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74035		#/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400	6.06	SU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added November 2009**									
Sodium	00923	68	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.60 U	ug/L	Report	0.60	E324.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA810900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416

Monitoring Period  
Was the well purged before sampling?  
GW TOC 67.70

From: July 2010 To: September 2010  
X Yes No

Date Sample Obtained: 09/24/10  
Time Sample Obtained: 08:31

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82543	63.64	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620		mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295		mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74055		#/100ml	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00460	5.20	SU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2007**									
Sodium	00923	46	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Tribalomethane, Total	82080	0.6011	mg/L	Report	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgefield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-6**  
**Compliance**  
**Well Name MW-6**  
**Golf Course**  
**WAFR # 6001**  
**GMS# 3048A13418**

Monitoring Period  
Was the well purged before sampling?  
GW TOC 65.04

From July 2010 \_\_\_\_\_ To: September 2010 \_\_\_\_\_  
\_X\_ Yes \_\_\_ No

Date Sample Obtained: 09/24/10  
Time Sample Obtained: 08:56

Parameter	Permit Builder	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
	<b>FARM Code</b>								
Water Level Relative to Feet NGVD	82543	59.21	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620		mg/L	10	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295		mg/L	300	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	250	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74035	5.0	#/100mL	4	1.0	SM9222D	Quarterly	Pump	N
pH	00400	5.28	SU	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
<b>Added November 2009**</b>									
Sodium	00913	31	mg/L	160	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.60 U	ug/L	80	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/21/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419

Monitoring Period  
Was the well purged before sampling?  
GW TOC 68.70

From: July 2010 To: September 2010  
\_X\_ Yes \_\_\_ No

Date Sample Obtained: 09/24/10  
Time Sample Obtained: 07:48

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/P/N)
Water Level Relative to Feet, NGVD	82343	64.38	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate, (as N)	00620	0.21 U	mg/L	Report	0.21	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295	880	mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	400	mg/L	Report	4.0	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74055	1.0 U	#/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400	5.56	SU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009**									
Sodium	00923	240	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.60 U	ug/L	Report	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-1  
Compliance  
Well Name MW-1  
On-Site Irrigation  
WAFR # 32995

Monitoring Period  
Was the well purged before sampling?  
GW TOC 71.53

From: July 2010 \_\_\_\_\_ To: September 2010 \_\_\_\_\_  
X Yes No

Date Sample Obtained: 09/24/10 \_\_\_\_\_  
Time Sample Obtained: 10:00 \_\_\_\_\_

Parameter	Permit Builder	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
	PARM Code	62.65	Feet	Report	N/A	Field	Quarterly	Pump	N
Water Level Relative to Feet, NGVD	82543								
Nitrate (as N)	00620		mg/L	10	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295		mg/L	500	10	E180.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	250	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74033		#/100mL	4	1.0	SM9222D	Quarterly	Pump	N
pH	00400	5.22	SU	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009**									
Sodium	00923	9.7	mg/L	160	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethanes, Total	82080	0.80 U	ug/L	80	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996

Monitoring Period  
Was the well purged before sampling?  
GW TOC 72.00

From: July 2010 \_\_\_\_\_ To: September 2010 \_\_\_\_\_  
\_X\_ Yes \_\_\_ No

Date Sample Obtained: 09/24/10 \_\_\_\_\_  
Time Sample Obtained: 10:23 \_\_\_\_\_

Parameter	Permit Builder	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Foot, NGVD	82545	62.35	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620		mg/L	10	0.043	IC 380.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295		mg/L	300	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	250	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74055		#/100mL	4	1.0	SM9222D	Quarterly	Pump	N
pH	00490	4.93	SU	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009**									
Sodium	00923	59	mg/L	160	0.026	SW846 6010	Quarterly	Pump	N
Tribalometane, Total	82080	0.60 U	ug/L	80	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Tribalometane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-3  
Compliance  
Well Name MW-3  
On-Site Irrigation  
WAFR # 32997

Monitoring Period  
Was the well purged before sampling?  
GW TOC 72.26

From: July 2010 \_\_\_\_\_ To: September 2010 \_\_\_\_\_  
\_X\_ Yes \_\_\_ No

Date Sample Obtained: 09/24/10  
Time Sample Obtained: 09:20

Parameter	Permit Builder PARM Code	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/P/N)
Water Level Relative to Fact, NGVD	82543	66.65	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate, (as N)	00620		mg/L	10	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70293	610	mg/L	500	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940		mg/L	250	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74053		#/100mL	4	1.0	SM9222D	Quarterly	Pump	N
pH	00400	5.63	SI	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added November 2009**									
Sodium	00923	140	mg/L	150	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.60 U	ug/L	80	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

Equipment Blank

Monitoring Period:  
Was the well purged before sampling?

From: July 2010 To: September 2010  
☒ Yes ☐ No

Date Sample Obtained: 09/24/10  
Time Sample Obtained: 06:35

Parameter	Permit Builder PARM Code	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620		mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved(TDS)	70295	10 U	mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	0.81 U	mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliforms, Total	74055	1.0 U	M/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400		SU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079		NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009**									
Sodium	00921	0.026 U	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.60 U	ug/L	Report	0.60	E524.2	Quarterly	Pump	N

\* Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same.

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).

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)

COMMENTS AND EXPLANATION:  
11/20/2009



## GROUND WATER MONITORING WELL REPORT - PART D

Date Sample Obtained: 7/7/0 - 5/19/0 - 8/15/11  
Time Sample Obtained:

COMMENTS AND EXPLANATION:  
11/20/2019

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2 On-Site Irrigation WAFR # 55883

Monitoring Period  
Was the well purged before sampling?  
G.W. T.C. 1.3, 2.3

From: July 2010 To: September 2010  
 Yes ☒ No ☐

Date Sample Obtained: 4/14/10 - 4/19/10 - 4/15/10  
Time Sample Obtained:

[illegible]

COMMENTS AND EXPLANATION:  
11/20/2014

## GROUND WATER MONITORING WELL REPORT - PART D

**County:**

**Orange County**

**Permit Builder MW ID:**

**MWB-1**

**Facility Name:**

**Wedgefield WWTF**

**Wall Type:**

## Background

**Permit Number:**

FLA010900

**GMS# 3048P03712**

**Description:**

Well Name MW-1

## Golf Course

WAFR # 6006

**GMS# 3048A13413**

**Monitoring Period**

**From: July 2010**

**To: September 2010**

**Date Sample Obtained:**

07/15/2010

Was the well purged before sampling?

X Yes ☒ No ☐

Time Sample Obtained:

12:47

GW TOC 156.321

[illegible]

**COMMENTS AND EXPLANATION:**

## GROUND WATER MONITORING WELL REPORT - PART D

**County:**

## Orange County

Permit Builder MW ID:

MWB-2

**Facility Name:**

**Wedgefield WWTF**

Well Type:

## Background

**Permit Number:**

FLA010900

**GMS# 3048P03712**

**Description:**

**Well Name MW-2**

## Golf Course

WAFR # 6005

GMS# 3048A13414

07/15/2010  
10:10

13:12

**Monitoring Period**

**From: July 2010**

**To: September 2010**

**Date Sample Obtained:**

Time Sample Obtained:

GW TOC 70.10

[illegible]

**COMMENTS AND EXPLANATION:**

# GROUND WATER MONITORING WELL REPORT - PART D

Orange County  
Wedgefield WWTF  
FLA010900

**Permit Builder MW ID:**  
**Well Type:**  
**Description:**

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415

From: July 2010 To: September 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

[illegible]

**COMMENTS AND EXPLANATION:**

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA810900

GMS# 3048P03712

Permit Builder MW ID: MWI-4  
Well Type: Intermediate  
Description: Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416

Monitoring Period  
Was the well purged before sampling?  
GW TOC 67.70

From: July 2010 To: September 2010  
X Yes \_\_\_ No

Date Sample Obtained: 07/13/2010  
Time Sample Obtained: 10:46

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Sampler Filtered (L/V/N)
Water Level Relative to Feet, NGVD	82545	--	64.42	Feet	Report	N/A	Field		N
Nitrate (as N)	00620	--	0.043U	mg/L	10	0.043	IC 300.0	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	200	mg/L	500	10	E160.1	Pump	N
Chloride (as Cl)	00940	--	39	mg/L	250	0.61	IC 300.0	Pump	N
Coliform, Fecal	74055	--	1.0 U	Col/100 mL	4	1.0	SM9222D	Pump	N
pH	00400	--	5.06	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	70	NTU	Report	0.079	E180.1	Pump	N

COMMENTS AND EXPLANATION:

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County** Permit Builder MW ID: **MWC-6**  
 Facility Name: **Wedgfield WWTF** Well Type: **Compliance**  
 Permit Number: **FLA010900** **GMS# 3048P03712** Description: **Well Name MW-6**  
**Golf Course**  
**WAFR # 6001**  
**GMS# 3048A13418**

Monitoring Period: **From: July 2010 To: September 2010**  
 Was the well purged before sampling? **X Yes \_\_\_ No**  
 GW TOC: **65.04**

Date Sample Obtained: **07/15/2010**  
 Time Sample Obtained: **11:40**

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	60.58	Feet	Report	N/A	Field		N
Nitrate, (as N)	00620	--	0.043 U	mg/L	10	0.043	IC 300.0	Pump	N
Solids, Total Dissolved(TDS)	70295	70296	220	mg/L	500	10	E160.1	Pump	N
Chloride (as Cl)	00940	--	25	mg/L	250	0.61	IC 300.0	Pump	N
Coliform, Fecal	74035	--	6	Col/100 mL	4	1.0	SM9222D	Pump	N
pH	00400	--	5.83	BU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	31	NTU	Report	0.016	E180.1	Pump	N

COMMENTS AND EXPLANATION:

# GROUND WATER MONITORING WELL REPORT - PART D

County: Orange County Permit Builder MW ID: MWI-7  
 Facility Name: Wedgefield WWTF Well Type: Intermediate  
 Permit Number: FLA010900 GMS# 3048P03712 Description: Well Name MW-7  
 Golf Course  
 WAFR # 6000  
 GMS# 3048A13419

Monitoring Period From: July 2010 To: September 2010 Date Sample Obtained: 07/13/2010  
 Was the well purged before sampling? X Yes \_\_\_ No Time Sample Obtained: 11:14  
 GW TOC 68.70

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	65.36	Feet	Report	N/A	Field		N
Nitrate (as N)	00620	--	0.28	mg/L	10	0.078	IC 300.0	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	920	mg/L	500	10	E160.1	Pump	N
Chloride (as Cl)	00940	--	370	mg/L	250	0.61	IC 300.0	Pump	N
Coliform, Fecal	74055	--	24	Col/100 mL	4	1.0	SM9222D	Pump	N
pH	00400	--	5.54	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	65	NTU	Report	0.016	E180.1	Pump	N

## COMMENTS AND EXPLANATION:

U= Not Detected Above The Detection Limit

i = The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.



## GROUND WATER MONITORING WELL REPORT - PART D

**County:**

**Orange County**

**Facility Name:**

Wedgefield WWTF

**Permit Number:**

FLA010930

**GMS# 3048P03712**

**Permit Builder MW ID:**

MWC-1

**Well Type:**

## Compliance

**Description:**

**Well Name** MW-1

### On-Site Irrigation

WAFR # 32995

GMS# --

07/13/2010

**Monitoring Period**

**Was the well purged before sampling?**

From: July 2010

**To: September 2010**

\_\_\_\_ Yes \_\_\_\_ No

Date Sample Obtained:

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

[illegible]

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996  
GMS# --

Monitoring Period  
Was the well purged before sampling?  
GW TOC 72.00

From: July 2010 To: September 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

07/15/2010  
09:22

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	64.11	Feet	Report		72.00 to c		
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Nitrate, (as N)	00620	--	0.043 U	mg/L	10	0.043	IC 300.0	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	180	mg/L	500	10	E160.1	Pump	N
Chloride (as Cl)	00940	--	45	mg/L	250	0.61	IC 300.0	Pump	N
Coliform, Fecal	74055	--	1.0 U	Col/100 mL	4	1.0	SM9222D	Pump	N
pH	00400	--	5.43	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	11	NTU	Report	0.016	E180.1	Pump	N

COMMENTS AND EXPLANATION:

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County** Permit Builder MW ID: **MWC-3**  
 Facility Name: **Wedgefield WWTF** Well Type: **Compliance**  
 Permit Number: **FLA010900** **GMS# 3048P03712** Description: **Well Name MW-3**  
**On-Site Irrigation**  
**WAFR # 32997**  
**GMS# --**

Monitoring Period From: **July 2010** To: **September 2010**  
 Was the well purged before sampling? ☒ Yes ☐ No  
 GW TOC **72.26**

Date Sample Obtained: **07/15/2010**  
 Time Sample Obtained: **10:06**

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD 1 <sup>st</sup> Month of Quarter	82545	--	68.81	Feet	Report		72.26 t o c		
Water Level Relative to Feet, NGVD 2 <sup>nd</sup> Month of Quarter	82545	--		Feet	Report				
Water Level Relative to Feet, NGVD 3 <sup>rd</sup> Month of Quarter	82545	--		Feet	Report	N/A	Field	Pump	N
Nitrate (as N)	00620	--	0.043 U	mg/L	10	0.043	IC 300.0	Pump	N
Solids, Total Dissolved(TDS)	70295	70296	560	mg/L	500	10	E160.1	Pump	N
Chloride (as Cl)	00940	--	200	mg/L	250	0.61	IC 300.0	Pump	N
Coliform, Fecal	74055	--	1.0 U	Col/100 mL	4	1.0	SM9222D	Pump	N
pH	00400	--	5.87	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	--	6.9	NTU	Report	0.016	E189.1	Pump	N

COMMENTS AND EXPLANATION:

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA910900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

Equipment Blank

Monitoring Period  
Was the well purged before sampling?

From: July 2010 To: September 2010  
\_\_\_ Yes \_\_\_ No

Date Sample Obtained: 07/15/2010  
Time Sample Obtained: 8:35

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82543	-	N/A	Feet	Report	N/A	Field		N
Nitrate, (as N)	00620	-	0.043 U	mg/L	10	0.043	IC 300.0	Pump	N
Solids, Total Dissolved (TDS)	70295	70296	10 U	mg/L	500	10	E160.1	Pump	N
Chloride, (as Cl)	00940	-	0.81 U	mg/L	250	0.81	IC 300.0	Pump	N
Coliform, Fecal	74055	-	1.0 U	Col/100 mL	4	1.0	SM9222D	Pump	N
pH	00400	-	N/A	SU	6.5-8.5	N/A	Field	Pump	N
Turbidity, Lab - Nephelometric	82079	-	1.6	NTU	Report	0.10	E180.1	Pump	N

## COMMENTS AND EXPLANATION:

U= Not Detected Above The Detection Limit

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

<b>PERMITTEE NAME:</b>	Pluris Wedgfield, Inc.	<b>PERMIT NUMBER:</b>	FLA010900-005-DW2P	<b>Expiration Date:</b>	January 27, 2015
<b>MAILING ADDRESS:</b>	2600 Commercecentre Dr Lake Forest, CA 92630	<b>LIMIT:</b>	Final	<b>REPORT:</b>	Monthly
<b>FACILITY:</b>	Wedgfield WWTF	<b>CLASS SIZE:</b>	N/A	<b>PROGRAM:</b>	Domestic
<b>LOCATION:</b>	3100 Bancroft Blvd Orlando, FL 32833-4011	<b>MONITORING GROUP NUMBER:</b>	R-001		
<b>COUNTY:</b>	Orange	<b>MONITORING GROUP DESCRIPTION:</b>	Public Access Reclaimed Water, including Influent		
<b>OFFICE:</b>	Central District	<b>RE-SUBMITTED DMR:</b>	<input type="checkbox"/>		
		<b>NO DISCHARGE FROM SITE:</b>	<input type="checkbox"/>		
		<b>MONITORING PERIOD</b>	From: <u>October 1<sup>st</sup></u>	To: <u>October 31<sup>st</sup></u>	

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Total through Plant)	Sample Measurement	.212	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 Y	Permit Requirement	0.330 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1								
Flow (Total through plant)	Sample Measurement	.212	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 I	Permit Requirement	0.330 (An. Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1								
Flow (Total through Plant)	Sample Measurement	.218	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 P	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1								
Flow (Total to Golf Course)	Sample Measurement	.190	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 Q	Permit Requirement	0.270 (An. Avg.)	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-2								
Flow (Total to Golf Course)	Sample Measurement	.180	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 R	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-2								
Flow (Total to Zone 1)	Sample Measurement	0	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 S	Permit Requirement	0.0096 (An. Avg.)	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-3								

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)
Paul Tzareff		407-641-7622	2010/11/22

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWT

MONITORING GROUP R-001

PERMIT NUMBER: FLA010900-005-DW2P

NUMBER:

MONITORING PERIOD From: October 1<sup>st</sup> To: October 31<sup>st</sup>

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Total to Zone 1)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 T Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
Flow (Total to Zone 2)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 U Mon. Site No. FLW-4	Permit Requirement	0.0309 (An. Avg.)	MGD						Continuous	Flow Totalizer
Flow (Total to Zone 2)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 V Mon. Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
Flow (Total to Zone 3)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	0.0195 (An. Avg.)	MGD						Continuous	Flow Totalizer
Flow (Total to Zone 3)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
Flow (from groundwater well)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (An. Avg.)	MGD						Continuous	Flow Totalizer
Flow (from groundwater well)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (Mo. Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7		Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		8		7.5	7.5	Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement		60.0 (Max.)		45.0 (Wk. Avg.)	30.0 (Mo. Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					1.6	Mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement					5.0 (Max.)	mg/L		4 Days/Week	Grab

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWT

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010901-005-DW2P

NUMBER:

MONITORING PERIOD From: October 1<sup>st</sup> To: October 31<sup>st</sup>

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Lix	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0		s.u.	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement				6.0 (Min)	8.5 (Max)	s.u.		5 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement					.5	#/100mL	0	4 Days/Week	Grab
Coliform, Fecal	Permit Requirement					25 (Max)	#/100mL		4 Days/Week	Grab
PARM Code 74055 A	Sample Measurement				100		percent	0	4 Days/Week	Calculated
Mon. Site No. EFA-1	Permit Requirement				75 (Mo. Total)		percent		4 Days/Week	Calculated
Coliform, Fecal, % less than detection	Sample Measurement				1.0		Mg/L	0	Continuous	Meter
PARM Code 51005 A	Permit Requirement				1.0 (Min)		mg/L		Continuous	Meter
Mon. Site No. EFA-1	Sample Measurement					2.9	NTU	0	Continuous	Meter
Chlorine, Total Residual (for Disinfection)	Permit Requirement					Report (Max)	NTU		Continuous	Meter
PARM Code 50060 A	Sample Measurement					6.7	Mg/L	0	Monthly	8-hr FPC
Mon. Site No. EFA-1	Permit Requirement					12.0 (Max)	mg/L		Monthly	8-hr FPC
Turbidity	Sample Measurement							0	5 Days/Week	Flow Totalizer
PARM Code 00070 B	Permit Requirement								5 Days/Week	Flow Totalizer
Mon. Site No. EFB-1	Sample Measurement	.218	.221	MGD				0	5 Days/Week	Flow Totalizer
Flow (Total through plant)	Permit Requirement	Report (Mo. Avg.)	Report (Qtr. Avg.)	MGD					5 Days/Week	Flow Totalizer
PARM Code 50050 W	Sample Measurement					66%	percent	0	Monthly	Calculated
Mon. Site No. FLW-1	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement					176.0	Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00180 P	Permit Requirement					Report (Max)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Mon. Site No. CAL-1	Sample Measurement					156.0	Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C (Influent)	Permit Requirement					Report (Max)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P	Sample Measurement									
Mon. Site No. INF-1	Permit Requirement									
Solids, Total Suspended (Influent)	Sample Measurement									
PARM Code 00530 P	Permit Requirement									
Mon. Site No. INF-1	Sample Measurement									
	Permit Requirement									

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900-005-DW2P  
From: October 1<sup>st</sup> To: October 31<sup>st</sup>

Facility: Wedgfield WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	pH s.u.	Solids, Total Suspended mg/L	Turbidity NTU	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00400	00530	00070	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2
1		1.0			7.1		2.9	.202	.028
2		4.8			7.3		1.4	.213	0
3		3.3			7.1		2.9	.242	.128
4		3.5	<1		7.4	<1	2.9	.204	.188
5		4.0	<1		7.3	<1	2.9	.247	.316
6		2.9	<1		7.3	1.6	2.7	.134	.017
7		1.5	<1		7.2	<1	1.6	.207	.149
8		1			7.3		2.9	.193	0
9		1.2			7.4		2.9	.272	.075
10		1.3			7.1		2.3	.263	.155
11		1.7	<1		7.1	<1	2.3	.219	.312
12		2.4	<1		7.3	<1	2.9	.213	.254
13		1	<1		7.2	<1	2.9	.198	.231
14	8.0	2.4	<1	6.7	7.1	<1	2.0	.190	.252
15		2.3			7.4		2.3	.206	.055
16		1.5			7.6		2.3	.173	0
17		1.0			7.3		1.9	.265	.128
18		2.5	<1		7.5	<1	2.7	.204	.702
19		1.0	<1		7.1	<1	1.6	.200	.219
20		1.0	<1		7.3	<1	2.0	.192	.439
21		1.5	<1		7.3	<1	2.2	.198	.543
22		2.0			7.2		2.0	.194	.021
23		2.0			7.2		5.0	.252	0
24		1.0			7.4		1.6	.267	.087
25		2.0	<1		7.0	<1	2.0	.213	.399
26		1.0	<1		7.1	<1	2.3	.216	.175
27		1.0	<1		7.4	1.2	1.5	.207	.297
28	7.0	1.0	<1		7.3	1.2	1.7	.183	.573
29		2.3			7.1		2.6	.195	.042
30		1.0			7.3		2.9	.300	0
31		1.0			7.0		2.9	.324	.071
Total	15	57.1	8	6.7	224.7	10.5	75.0	6.786	5.856
Mo. Avg.	7.5	1.8	0.5	6.7	7.25	0.656	2.4	.218	.18

## PLANT STAFFING:

Day Shift Operator

Class: C Certificate No: 16046 Name: Paul Tzareff

Evening Shift Operator

Class:  Certificate No:  Name:

Night Shift Operator

Class:  Certificate No:  Name:

Lead Operator

Class: C Certificate No: 16046 Name: Paul Tzareff



# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900-005-DW2P  
From: October 1<sup>st</sup> To: October 31<sup>st</sup>

Facility: Wedgefield WWTF

	Flow MGD	Flow MGD	Flow MGD	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.00	0.00	0.00	0.00					
2	0.00	0.00	0.00	0.00					
3	0.00	0.00	0.00	0.00					
4	0.00	0.00	0.00	0.00					
5	0.00	0.00	0.00	0.00					
6	0.00	0.00	0.00	0.00					
7	0.00	0.00	0.00	0.00					
8	0.00	0.00	0.00	0.00					
9	0.00	0.00	0.00	0.00					
10	0.00	0.00	0.00	0.00					
11	0.00	0.00	0.00	0.00					
12	0.00	0.00	0.00	0.00					
13	0.00	0.00	0.00	0.00					
14	0.00	0.00	0.00	0.00	176.0	152.0			
15	0.00	0.00	0.00	0.00					
16	0.00	0.00	0.00	0.00					
17	0.00	0.00	0.00	0.00					
18	0.00	0.00	0.00	0.00					
19	0.00	0.00	0.00	0.00					
20	0.00	0.00	0.00	0.00					
21	0.00	0.00	0.00	0.00					
22	0.00	0.00	0.00	0.00					
23	0.00	0.00	0.00	0.00					
24	0.00	0.00	0.00	0.00					
25	0.00	0.00	0.00	0.00					
26	0.00	0.00	0.00	0.00					
27	0.00	0.00	0.00	0.00					
28	0.00	0.00	0.00	0.00	173.0	156.0			
29	0.00	0.00	0.00	0.00					
30	0.00	0.00	0.00	0.00					
31	0.00	0.00	0.00	0.00					
Total	0.00	0.00	0.00	0.00	349.0	308.0			
Mo. Avg.	0.00	0.00	0.00	0.00	174.5	154.0			

**PLANT STAFFING:**

Day Shift Operator

Class: C Certificate No: 16046 Name: Paul Tzareff

Evening Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator

Class: C Certificate No: 16046 Name: Paul Tzareff

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF - Orange County  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ Zip \_\_\_\_\_  
Telephone Number ( ) \_\_\_\_\_
- (5) Type of Discharge \_\_\_\_\_
- (6) Method of Discharge \_\_\_\_\_

Certification

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

Date: \_\_\_\_\_

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization \_\_\_\_\_

Analytical Lab \_\_\_\_\_ NELAC Certification # \_\_\_\_\_  
NELAC Certification # \_\_\_\_\_

Lab Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgefield WWTF**  
 Permit Number: **FLA010900**

GMS# 3048P03712

Permit Builder MW ID: **MWB-IR\***  
 Well Type: **Background**  
 Description: **Well Name MW-1**  
**Golf Course**  
**WAFR # 6006**  
**GMS# 3048A13413**

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_  
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: \_\_\_\_\_  
 Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82345		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	Report			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	Report			Quarterly		
Chloride (as Cl)	00940		mg/L	Report			Quarterly		
Coliform, Fecal	74055		#/100ml	Report			Quarterly		
pH	00400		SU	Report			Quarterly		
Hardness, Lab - Nephelometric	82079		NIT	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	82080		ug/L	Report			Quarterly		

\* Original well MWB-1 was damaged and replaced by MWB-IR on 06/08/2007. The WAFR ID remains the same.

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
 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 (Y/Y/M/D)

COMMENTS AND EXPLANATION:  
 11/30/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County  
Facility Name  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-2  
Background  
Well Name MW-2  
Golf Course  
WAFR # 6005  
GMS# 3048A13414

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
Yes No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/l	Report			Quarterly		
Solids, Total Dissolved(TDS)	70295		mg/l	Report			Quarterly		
Chloride (as Cl)	00940		mg/l	Report			Quarterly		
Coliform, Fecal	74055		#/100ml	Report			Quarterly		
Turbidity, Lab - Nephelometric	00400		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	82080		ug/L	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (THMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION: 11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415**

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_  
Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/l.	Report			Quarterly		
Solids, Total Dissolved(TDS)	70295		mg/l.	Report			Quarterly		
Chloride (as Cl)	00940		mg/l.	Report			Quarterly		
Coliform, Fecal	74055		#/100ml	Report			Quarterly		
	00400		SU	Report			Quarterly		
Turbidity, Lab - Nephelometric	82079		NLU	Report			Quarterly		
<b>Added: November 2009**</b>									
Sodium	00923		mg/l.	Report			Quarterly		
Trihalomethane, Total	82080		ug/l.	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416**

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_ Yes \_\_\_\_ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (1/5/5)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate (as N)	00620		mg/L	Report			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/l	Report			Quarterly		
Chloride (as Cl)	00940		mg/l	Report			Quarterly		
Coliform, Fecal	74055		#/100ml	Report			Quarterly		
	00400		SIU	Report			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
<b>Added: November 2009**</b>									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	82080		ug/L	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (THMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS  
AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-6  
Compliance  
Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
Yes No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Foot, NGVD	82543		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/l	10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/l	500			Quarterly		
Chloride (as Cl)	00940		mg/l	250			Quarterly		
Coliform, Fecal	74055		#/100ml	4			Quarterly		
	00400		SU	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added; November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/l	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (THMs) have been added to the current Groundwater Monitoring Plan (GWMP) COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgefield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MW1-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419**

Monitoring Period:  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
Yes No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	Report			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	Report			Quarterly		
Chloride (as Cl)	00940		mg/L	Report			Quarterly		
Coliform, Fecal	74055		#/100ml	Report			Quarterly		
	00400		SU	Report			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	82080		ug/L	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION:  
11/20/2009



# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgfield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-1**  
**Compliance**  
**Well Name MW-1**  
**On-Site Irrigation**  
**WAFR # 32995**

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
Yes No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	500			Quarterly		
Chloride, (as Cl)	00940		mg/L	250			Quarterly		
Coliform, fecal	74055		#/100ml	4			Quarterly		
	00400		SU	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82075		NTU	Report			Quarterly		
Added; November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/l	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
Yes No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	30			Quarterly		
Solids, Total Dissolved(TDS)	70295		mg/l	500			Quarterly		
Chloride (as Cl)	00040		mg/L	250			Quarterly		
Coliform, Fecal	74055		#/100ml	4			Quarterly		
1	00400		SL	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/L	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP) COMMENTS AND EXPLANATION: 11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgefield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-3**  
**Compliance**  
**Well Name MW-3**  
**On-Site Irrigation**  
**WAFR # 32997**

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
\_\_\_\_ Yes \_\_\_\_ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	500			Quarterly		
Chloride (as Cl)	00940		mg/L	250			Quarterly		
Coliform, Fecal	74055		#/100ml	4			Quarterly		
	00400		SI	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
<b>Added: November 2009**</b>									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/L	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION:  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgefield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:

Well Type:

**Description**

MWP-I

### Piezometer

Well Name MWP-1

### On-Site Irrigation

WAFR # 55881

**Monitoring Period**  
**Was the well purged before sampling?**

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Yes No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

[illegible]

COMMENTS AND EXPLANATION:  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

**MWP-2**  
**Piezometer**  
**Well Name MWP-2**  
**On-Site Irrigation**  
**WAFR # 55883**

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

[illegible]

COMMENTS AND EXPLANATION:  
11/20/2009

### 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. Hard 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 28<sup>th</sup> 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	Insufficient 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 method detection limits or practical quantification limits, the following instructions should be used:

- Results greater than or equal to the PQL shall be reported as the measured quantity.
- 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.
- 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 units.

**No. E.L.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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.

**Analysis 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. airlift, bucket/hailer, 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 Explanation:** 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 upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > 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.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD 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.

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pluris Wedgfield, Inc.  
MAILING ADDRESS: 2600 Commercentre Dr  
Lake Forest, CA 92630

PERMIT NUMBER:

FLA010900-005-DW2P

Expiration Date:

January 27, 2015

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Hanover Blvd  
Orlando, FL 32833-4011

LIMIT:  
CLASS SIZE:  
MONITORING GROUP NUMBER:  
MONITORING GROUP DESCRIPTION:  
RE-SUBMITTED DMR: ☐  
NO DISCHARGE FROM SITE: ☐

Final

N/A

R-001

REPORT:

PROGRAM:

Monthly

Domestic

Public Access Reclaimed Water, including Influent

COUNTY: Orange

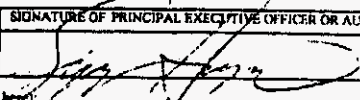
OFFICE: Central District

From: November 1, 2010

To: November 30, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow(Total through Plant)	Sample Measurement	0.222	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 Y	Permit Requirement	0.330	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1	Sample Measurement	0.198	MGD			0	Continuous	Flow Totalizer
Flow(Total through plant)	Permit Requirement	0.330	MGD				5 Days/Week	Flow Totalizer
PARM Code 50050 I	Sample Measurement	0.364	MGD			0	Continuous	Flow Totalizer
Mon. Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow(Total through Plant)	Sample Measurement	0.210	MGD			0	Continuous	Flow Totalizer
PARM Code 50050 Q	Permit Requirement	0.270	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-2	Sample Measurement	0.135	MGD			0	Continuous	Flow Totalizer
Flow(Total to Golf Course)	Permit Requirement	Report (Mo.Avg.)	MGD				Continuous	Flow Totalizer
PARM Code 50050 R	Sample Measurement	0.0096	MGD			0	Continuous	Flow Totalizer
Mon. Site No. FLW-2	Permit Requirement	0	MGD				Continuous	Flow Totalizer
Flow(Total to Zone 1)	Sample Measurement							
PARM Code 50050 S	Permit Requirement							
Mon. Site No. FLW-3	Sample Measurement							
	Permit Requirement							

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 ensure 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)
Gregory Hooper, Operator-in-Charge		407-641-7622	10/12/14

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



## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900-005-DW2P

MONITORING PERIOD

From: November 1, 2010

To: November 30, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow(Total to Zone 1)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 T Mon. Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow(Total to Zone 2)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 U Mon. Site No. FLW-4	Permit Requirement	0.0309 (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow(Total to Zone 2)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 V Mon. Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow(Total to Zone 3)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	0.0195 (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow(Total to Zone 3)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
Flow(from groundwater well)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (An.Avg.)	MGD						Continuous	Flow Totalizer
Flow(from groundwater well)	Sample Measurement	0	MGD					0	Continuous	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (Mo.Avg.)	MGD						Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7		Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 Y Mon. Site No. EPA-1	Permit Requirement				20.0 (An.Avg.)		mg/L		Bi-weekly; every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement		9.0		8.5	7.5	Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 A Mon. Site No. EPA-1	Permit Requirement		60.0 (Max.)		45.0 (Wk.Avg.)	30.0 (Mo.Avg.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement					2.9	Mg/L	0	4 Days/Week	Grab
PARM Code 00530 B Mon. Site No. EPB-1	Permit Requirement					5.0 (Max.)	mg/L		4 Days/Week	Grab

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010900-005-DW2P

NUMBER:

MONITORING PERIOD

From: November 1, 2010

To: November 30, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.6	n.u.	0	5 Days/Week	Grab
PARM Code 00400 A Mon. Site No. EPA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	n.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					1	#/100mL	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EPA-1	Permit Requirement					25 (Max.)	#/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement				100%		percent	0	4 Days/Week	Calculated
PARM Code 51005 A Mon. Site No. EPA-1	Permit Requirement				75 (Mo. Total)		percent		4 Days/Week	Calculated
Chlorine, Total Residual (For Disinfection)	Sample Measurement				1.0		Mg/L	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement					1.4	NTU	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement					6.74	Mg/L	0	Monthly	8-hr FPC
PARM Code 00630 A Mon. Site No. EPA-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement	0.198	0.316	MGD				0	5 Days/Week	Flow Totalizer
PARM Code 50050 W Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (Qt. Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Sample Measurement					60%	percent	0	Monthly	Calculated
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo. Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement					198.5	Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement					184.0	Mg/L	0	Bi-weekly; every 2 weeks	8-hr FPC
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Bi-weekly; every 2 weeks	8-hr FPC

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900-005-DW2P  
From: November 1, 2010 To: November 30, 2010

Facility: Wedgefield WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100mL	Nitrogen, Nitrate, Total (as N) mg/L	pH s.u.	Solids, Total Suspended mg/L	Turbidity NTU	Flow MGD	Flow MGD Golf Course
Code	80082	50060	74055	00620	00400	00530	00070	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2
1		2.4	1		7.1	1.2	1.3	0.209	0.295
2		2.5	1		7.4	1.4	1.5	0.187	0.000
3		3.9	1		7.4	1.0	1.3	0.162	0.448
4		3.3	1		7.3	1.0	1.5	0.264	0.549
5		3.4			7.1			0.184	0.000
6		2.5			7.3			0.204	0.000
7		3.1			7.1			0.228	0.047
8		5.0	1		7.1	1.0	1.2	0.167	0.813
9		5.0	1		7.4	1	1.5	0.183	0.118
10		5.0	1		7.4	1			
11	9.0	5.0	1	2.62	7.3	1.0	1.6	0.182	0.242
12		5.0			7.5		1.8	0.190	0.110
13		5.0			7.4			0.181	0.071
14		5.0			7.5			0.191	0.000
15		5.0	1		7.3	1		0.229	0.184
16		5.0	1		7.2	1.3	1.0	0.187	0.140
17		5.0	1		7.3	2	1.2	0.183	0.188
18	8.0	5.0	1		7.4	1.3	1.4	0.183	0.134
19		5.0			7.1		2.91	0.158	0.123
20		5.0			7.3			0.210	0.087
21		5.0	1		7.2	1.4		0.206	0.000
22		5.0	1		7.6	2.4	1.3	0.223	0.091
23		5.0	1		7.1	4.2	1.5	0.203	0.170
24		5.0	1		7.2	1.8	1.8	0.187	0.086
25		5.0			7.3		2.9	0.188	0.102
26		5.4			7.3			0.227	0.064
27		5.0			7.4			0.186	0.004
28		5.0			7.5			0.200	0.000
29		5.0	1		7.6	2.1		0.227	0.000
30		5.0	1		7.3	1.1	2.1	0.246	0.000
31							1.0	0.171	0.000
Total	17.0	136.5	18	2.62	219.4	29.82	25.7	5.935	4.872
Mo. Avg	8.5	4.5	1	2.62	7.3	1.6	1.4	0.198	.135

## PLANT STAFFING:

Day Shift Operator

Class: B Certificate No: 04653 Name: Gregory Hooper

Evening Shift Operator

Class: Certificate No: Name:

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: C Certificate No: 08863 Name: Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900-005-DW2P  
From: November 1, 2010

To: November 30, 2010

Facility: Wedgefield WWTF

	Flow MGD	Flow MGD	Flow MGD	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.00	0.00	0.00	0.00					
2	0.00	0.00	0.00	0.00					
3	0.00	0.00	0.00	0.00					
4	0.00	0.00	0.00	0.00					
5	0.00	0.00	0.00	0.00					
6	0.00	0.00	0.00	0.00					
7	0.00	0.00	0.00	0.00					
8	0.00	0.00	0.00	0.00					
9	0.00	0.00	0.00	0.00					
10	0.00	0.00	0.00	0.00					
11	0.00	0.00	0.00	0.00	190.0	74.0			
12	0.00	0.00	0.00	0.00					
13	0.00	0.00	0.00	0.00					
14	0.00	0.00	0.00	0.00					
15	0.00	0.00	0.00	0.00					
16	0.00	0.00	0.00	0.00					
17	0.00	0.00	0.00	0.00					
18	0.00	0.00	0.00	0.00	191.0	134.0			
19	0.00	0.00	0.00	0.00					
20	0.00	0.00	0.00	0.00					
21	0.00	0.00	0.00	0.00					
22	0.00	0.00	0.00	0.00					
23	0.00	0.00	0.00	0.00					
24	0.00	0.00	0.00	0.00					
25	0.00	0.00	0.00	0.00					
26	0.00	0.00	0.00	0.00					
27	0.00	0.00	0.00	0.00					
28	0.00	0.00	0.00	0.00					
29	0.00	0.00	0.00	0.00					
30	0.00	0.00	0.00	0.00					
31	0.00	0.00	0.00	0.00					
Total	0.00	0.00	0.00	0.00	381.0	208.0			
Mo. Avg.	0.00	0.00	0.00	0.00	190.5	104.0			

**PLANT STAFFING:**

Day Shift Operator

Class: B Certificate No: 04653 Name: Gregory Hooper

Evening Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator

Class: C Certificate No: 08863 Name: Roger Holtsapple

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Wedgefield WWTF - Orange County

Address 3100 Bancroft Blvd

City Orlando

Zip 32833

Telephone Number ( 407 ) 568-7869

(2) The GMS Identification Number 3048P03712

(3) DEP Permit Number FLA010900

(4) Authorized Representative Name Gregory M. Hooper

Address 6606 Walton Way

City Tampa

Zip 33610

Telephone Number ( 813 ) 359-8327

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Golf Course / Sprayfield Irrigation

Certification

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

Date: 12/24/2010

  
Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Advanced Environmental Laboratories

Analytical Lab

NELAC Certification #

E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs, Florida 32701

Phone Number ( 407 ) 937-1594

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-1R\*  
Background  
Well Name MW-1  
Golf Course  
WAFR # 6006  
GMS# 3048A13413

Monitoring Period  
Was the well purged before sampling?  
GW TOC 66.30

From: October 2010  
X Yes No

To: December 2010

Date Sample Obtained:  
Time Sample Obtained:

10/27/10  
13:10

Parameter	Permit Builder	Sample Measurement (Analysis Results)	Units	Permit Requirements	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
	PARAM Code								
Water Level Relative to Feet NGVD	82545	60.91	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00530	0.043 U	mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70004	210	mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	57	mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliforms Fecal	74035	1.0 U	#/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400	4.86	EU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	4.02	NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009									
Sodium	00923	40	mg/L	Report	0.026	SW845.6010	Quarterly	Pump	N
Tribalones, Total	82080	0.60 U	mg/L	Report	0.60	E124.2	Quarterly	Pump	N

\* Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same.  
\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Tribalones (TTBAs) have been added to the current Groundwater Monitoring Plan (GWMP).  
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)
Gregory Hooper Operator		707-641-7622	10/12/24

COMMENTS AND EXPLANATION:  
11/30/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-2  
Background  
Well Name MW-2  
Golf Course  
WAFR # 6005  
GMS# 3048A13414  
10/27/10  
13:34

Monitoring Period  
Was the well purged before sampling?  
OW TOC 70.10

From: October 2010 To: December 2010  
\_X\_ Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/P/R)
Water Level Relative to Feet, NGVD	82545	63.82	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.043 U	mg/L	Report	0.043	IC 100.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70291	70	mg/L	Report	10	B160.1	Quarterly	Pump	N
Chloride (as Cl)	00240	15	mg/L	Report	0.81	IC 100.0	Quarterly	Pump	N
Coliform, Fecal	74055	1.0 U	#/100mL	Report	1.0	BM9233D	Quarterly	Pump	N
pH	00400	4.43	SI	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	0.09	NTU	Report	0.016	B160.1	Quarterly	Pump	N
Adoption of new parameters									
Sodium	00821	11	mg/L	Report	0.025	SWB46.6010	Quarterly	Pump	N
Tribalomonethane, Total	82080	0.60 U	mg/L	Report	0.60	E5M.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Tribalomonethane (TTHMe) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415

Monitoring Period  
Was the well purged before sampling?  
GW TOC 67.90

From: October 2010 To: December 2010  
☒ Yes ☐ No

Date Sample Obtained:  
Time Sample Obtained:

10/27/10  
12:30

Parameter	Permit Builder	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/P/N)
	FARM Code								
Water Level Relative to Peg. NGVD	82345	64.52	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.043 U	mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70292	1400	mg/L	Report	10	E140.1	Quarterly	Pump	N
Chloride (as Cl)	00240	89	mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74055	1.0 U	#/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00400	5.99	BU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	30.61	NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009									
Sodium	00921	64	mg/L	Report	0.026	SW846 6010	Quarterly	Pump	N
Tribalonesins, Total	82080	0.60 U	ug/L	Report	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Tribalonesins (TTBIs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009



# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416

Monitoring Period  
Was the well purged before sampling?  
GW TOC 67.70

From: October 2010  
X Yes \_\_\_ No

To: December 2010

Date Sample Obtained:  
Time Sample Obtained:

10/27/10  
10:49

Parameter	Permit Builder FARM Code	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Fm. NGVD	0245	63.05	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.068 I	mg/L	Report	0.063	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70291	140	mg/L	Report	10	SI 60.1	Quarterly	Pump	N
Chloride (as Cl)	00240	16	mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74031	1.0 U	#/100mL	Report	1.0	SM 9222D	Quarterly	Pump	N
pH	00400	4.82	SI	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	02079	101.9	NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added November 2009**									
Sodium	00921	17	mg/L	Report	0.026	SW 46 6010	Quarterly	Pump	N
Trihalomethane, Total	02080	0.60 U	ug/L	Report	0.60	B524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHM) have been added to the current Groundwater Monitoring Plan (OWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA818906

GMS# 3048703712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-6  
Compliance  
Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418  
10/27/10  
11:46

Monitoring Period  
Was the well purged before sampling?  
GW TOC 65.04

From: October 2010  
\_X\_ Yes \_\_\_ No

To: December 2010

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Sampler Filtered (L/P/N)
	PARM Code								
Water Level Relative to Feet, NGVD	E2545	58.37	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.043 U	mg/L	10	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved(TDS)	70295	170	mg/L	300	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	20	mg/L	250	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74935	1.0 U	#/100ml	4	1.0	SM9222D	Quarterly	Pump	N
pH	00480	4.97	EU	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	11.64	NTU	Report	0.016	E180.1	Quarterly	Pump	N
*** Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). ***									
Sodium	00723	25	mg/L	160	0.026	SW846 6010	Quarterly	Pump	N
Trihalomethane, Total	E2080	0.60 U	mg/L	80	0.60	E324.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2019

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-7  
Intermediate  
Well Name MW-7  
Cell Course  
WAFR # 6000  
GMS# 3048A13419

Monitoring Period  
Was the well purged before sampling?  
GW TOC 68.70

From: October 2010 \_\_\_\_\_ To: December 2010 \_\_\_\_\_  
\_X\_ Yes \_\_\_ No

Date Sample Obtained: 10/27/10  
Time Sample Obtained: 11:19

Parameter	Permit Builder	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	63.83	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00820	0.43 U	mg/L	Report	0.43	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70295	780	mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00240	290	mg/L	Report	4.0	IC 300.0	Quarterly	Pump	N
Calcium, Free	74035	1.0 U	#/100mL	Report	1.0	BM9222D	Quarterly	Pump	N
pH	00460	5.47	U	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	40.02	NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009									
Sodium	00923	200	mg/L	Report	0.024	SW846 6010	Quarterly	Pump	N
Trihalomethanes, Total	82080	0.60 U	ug/L	Report	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID: **MWC-1**  
 Well Type: **Compliance**  
 Description: **Well Name MW-1**  
**On-Site Irrigation**  
**WAFR # 32995**

Monitoring Period  
 Was the well purged before sampling?  
**GW TOC 71.53**

From: October 2010 \_\_\_\_\_ To: December 2010 \_\_\_\_\_  
☒ Yes ☐ No

Date Sample Obtained: **10/27/10**  
 Time Sample Obtained: **08:46**

Parameter	Permit Builder FARN Code	Sample Measurement (Analysis Results)	Units	Permit Requirements	Detection Limits	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/N)
Water Level Relative to Feet, NGVD	82555	61.65	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.043 U	mg/L	10	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	70293	62	mg/L	500	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	16	mg/L	250	0.81	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74055	1.0 U	#/100mL	4	1.0	SM2222D	Quarterly	Pump	N
pH	00480	4.51	BU	4.3-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	1.68	NTU	Report	0.016	E180.1	Quarterly	Pump	N
<b>Added: November 2010</b>									
Sodium	00922	9.5	mg/L	160	0.026	SW346 4010	Quarterly	Pump	N
Tribalomythene, Total	82080	0.60 U	mg/L	80	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Tribalomythene (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
**COMMENTS AND EXPLANATION:**  
 11/20/2010

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996

Monitoring Period  
Was the well purged before sampling?  
GW TOC 72.00

From: October 2010  
\_X\_ Yes \_\_\_ No

To: December 2010

Date Sample Obtained: 10/27/10  
Time Sample Obtained: 09:15

Parameter	Permit Builder PARM Code	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/F/N)
Water Level Relative to Feet NGVD	82443	61.36	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.043 U	mg/L	10	0.043	IC 300.9	Quarterly	Pump	N
Solids, Total Dissolved(TDS)	70225	260	mg/L	300	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	170	mg/L	250	0.81	IC 300.9	Quarterly	Pump	N
Calcium, Total	74055	1.0 U	mg/100mL	4	1.0	SM9222D	Quarterly	Pump	N
pH	00490	4.64	EU	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	1.62	NTU	Report	0.016	E180.1	Quarterly	Pump	N
Added: November 2009									
Sodium	00923	75	mg/L	160	0.026	SW846.4010	Quarterly	Pump	N
Tribalomonethane, Total	82890	0.60 U	ug/L	80	0.60	E524.2	Quarterly	Pump	N

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Tribalomonethane (TTRMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County: **Orange County**  
 Facility Name: **Wedgefield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID: **MWC-3**  
 Well Type: **Compliance**  
 Description: **Well Name MW-3**  
**On-Site Irrigation**  
**WAIR # 32997**

Monitoring Period  
 Was the well purged before sampling?  
**GW TOC 72.26**

From: October 2010  
 \_X\_ Yes \_\_\_ No

To: December 2010

Date Sample Obtained: **10/27/10**  
 Time Sample Obtained: **09:39**

Parameter	Permit Builder	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/W/N)
	<b>FARM Code</b>								
Water Level Relative to Feet, NGVD	82545	65.93	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	00620	0.043 U	mg/L	10	0.049	IC 100.0	Quarterly	Pump	N
Total Dissolved Solids (TDS)	70393	620	mg/L	300	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	250	mg/L	250	0.21	IC 300.0	Quarterly	Pump	N
Coliform, Fecal	74031	1.0 U	#/100mL	4	1.0	SM2232D	Quarterly	Pump	N
pH	00400	5.55	EU	6.5-8.5	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82079	1.57	NTU	Report	0.016	E180.1	Quarterly	Pump	N
<b>Added November 2010</b>									
Sodium	00921	140	mg/L	160	0.026	TW146 6010	Quarterly	Pump	N
Trihalomethane, Total	82080	0.50 U	mg/L	30	0.60	E574.2	Quarterly	Pump	N

\*\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
 COMMENTS AND EXPLANATION:  
 11/20/2010

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA810906

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

Equipment Blank

Monitoring Period  
Was the well purged before sampling?

From: October 2010  
X Yes No

To: December 2010

Date Sample Obtained: 10/27/10  
Time Sample Obtained: 08:30

Parameter	Permit Builder	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limits	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Sampling Filter (L/F/N)
Water Level Relative to Fict. NGVD	82345	NA	Feet	Report	N/A	Field	Quarterly	Pump	N
Nitrate (as N)	80620	0.043 U	mg/L	Report	0.043	IC 300.0	Quarterly	Pump	N
Solids, Total Dissolved (TDS)	78295	10 U	mg/L	Report	10	E160.1	Quarterly	Pump	N
Chloride (as Cl)	00940	0.81 U	mg/L	Report	0.81	IC 300.0	Quarterly	Pump	N
Coliforms, Fecal	74035	1.0 U	#/100mL	Report	1.0	SM9222D	Quarterly	Pump	N
pH	00480	6.86	BU	Report	N/A	Field	Quarterly	Pump	N
Turbidity, Lab - Nephelometric	82072	0.06	NTU	Report	0.016	E180.1	Quarterly	Pump	N
Additional Parameters (Optional)									
Sodium	00923	0.39	mg/L	Report	0.036	8WB46 6010	Quarterly	Pump	N
Trihalomethanes, Total	82080	0.60 U	ug/L	Report	0.60	8524.2	Quarterly	Pump	N

\* Original well MWB-1 was damaged and replaced by MWB-1R on 06/06/2007. The WAPR ID remains the same.

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethanes (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP).  
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)

COMMENTS AND EXPLANATION:  
11/30/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County: Orange County  
Facility Name: Wedgfield WWTF  
Permit Number: FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-1
Well Type:	Piezometer
Description:	Well Name MWP-1 On-Site Irrigation WAFR # 55881

Monitoring Period From: November 1, 2010 To: November 30, 2010  
Was the well purged before sampling? Yes No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

[illegible]

COMMENTS AND EXPLANATION:  
11/20/2009



## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWP-2  
Piezometer  
Well Name MWP-2  
On-Site Irrigation  
WAFR # 55883

**Monitoring Period**  
Was the well purged before sampling?

From: November 1, 2010 To: November 30, 2010  
☒ Yes ☐ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

[illegible]

COMMENTS AND EXPLANATION:  
11/20/2009

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgetfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida 33610

PERMIT NUMBER FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgetfield WWTP  
LOCATION: 3100 Bimorft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE  
MONITORING PERIOD  
From: December 01,2010  
To: December 31,2010

**FILE**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analyte	Sample Type
Flow	Sample Measurement	0.209	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.194	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1	Sample Measurement			7.7	MG/L	0	Every Two Weeks	8-hour FPC
3D, Carbonaceous 5 day, 20C	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Sample Measurement			7.5	MG/L	0	Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			60.0 (Max.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			2.8	MG/L	0	4 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Solids, Total Suspended	Permit Requirement			7.1	SU	0	5 Days/Week	Grab
PARM Code 00330 B	Sample Measurement			6.0 (Min.)	SU		5 Days/Week	Grab
Mon.Site No. EFB-1	Permit Requirement			8.5 (Max.)				
pH	Sample Measurement							
PARM Code 00400 A	Permit Requirement							
Mon.Site No. EFA-1								

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)
Roger Holapple Lead Operator	<i>R. Holapple</i>	407-259-6991	2011/01/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Wedgefield WWTF

MONITORING GROUP  
NUMBER

R-001

PERMIT NUMBER FLA013900

MONITORING PERIOD  
From: December 01,2010  
To: December 31,2010

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement				0.5		#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Sample Measurement				1.0		mg/L	0	Continuous	Meter
Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon.Site No. EFA-1	Sample Measurement				11.68		mg/L	0	Monthly	8-hour FPC
Turbidity	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
PARM Code 00070 B	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. EFB-1	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Nitrogen, Nitrate, Total (as N)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 00620 A	Permit Requirement	Report (An. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon.Site No. EFA-1	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Permit Requirement			MGD					Continuous	Flow meters and totalizers
PARM Code 50050 P	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-6	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Mon.Site No. FLW-6	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 3)	Permit Requirement			MGD					Continuous	Flow meters and totalizers
PARM Code 50050 R	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-5	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Mon.Site No. FLW-5	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Permit Requirement			MGD					Continuous	Flow meters and totalizers
PARM Code 50050 T	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-4	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement			MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement			MGD					Continuous	Flow meters and totalizers
Mon.Site No. FLW-4	Sample Measurement			MGD					Continuous	Flow meters and totalizers

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Wedgefield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA013900

NUMBER:

MONITORING PERIOD

From: December 01, 2010

To: December 31, 2010

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.198		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.228	0.181	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				198.0			mg/L	0	Every Two Weeks	8-hour FPC
RM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
Solids, Total Suspended	Sample Measurement				111.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Sample Measurement				55.1			Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement				Report			Percent		Monthly	Calculated
Mon. Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results of the required load test.  
DEP Form 62-620-910(10), Effective November 29, 1991

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: December 01,2010 To: December 31,2010

Facility: Wedgefield WWTF

	CHOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.4	7.4	1	1.0	2.9	0.208	
2		<1	7.1	7.1	3.3	1.0	2.9	0.180	
3		<1	7.3	7.3	1.8	1.0	2.9	0.171	
4			7.2	7.2	2		2.9	0.208	
5			7.5	7.5	1		2.7	0.232	
6			7.4	7.4	2.2		2.9	0.182	
7		<1	7.3	7.3	2.7	1.0	2.9	0.180	
8	8.0	<1	7.4	7.4	1.8	1.0	2.9	0.173	11.68
9		<1	7.5	7.5	2.2	1.0	2.5	0.189	
10			7.5	7.5	1.9		2.2	0.167	
11			7.6	7.6	2.3		2.7	0.212	
12			7.5	7.5	2.7		2.4	0.238	
13		<1	7.8	7.8	2.6	1.0	2.4	0.200	
14		<1	7.6	7.6	2.5	1.0	2.6	0.179	
15		<1	7.8	7.8	1.8	1.0	2.9	0.183	
16		<1	7.7	7.7	2.1	1.0	2.5	0.177	
17			7.8	7.8	2.5		2.6	0.180	
18			7.7	7.7	2.4		2.1	0.209	
19			7.4	7.4	1.8		2.1	0.210	
20		<1	7.6	7.6	2.7	2.1	2.4	0.196	
21		<1	7.7	7.7	3.3	2.8	2.9	0.186	
22	7.0	<1	7.6	7.6	2.5	1.0	2.7	0.179	
23		<1	7.4	7.4	3.5	2.4	2.5	0.206	
24			7.5	7.5	3.2		2.5	0.212	
25			7.6	7.6	3.2		2.9	0.209	
26			7.2	7.2	3.4		2.9	0.185	
27		<1	7.6	7.6	3.2	1.0	2.9	0.205	
28		<1	7.6	7.6	4.5	1.0	2.3	0.187	
29		<1	7.6	7.6	3.5	2.2	2.0	0.189	
30		<1	7.5	7.5	3.1	1.0	2.9	0.194	
31			7.7	7.7	2.3		2.1	0.194	
Total	15.0	9	233.1	233.1	79	23.5	81	6.02	11.68
Mo. Avg.	7.5	0.5	7.5	7.5	2.5	1.3	2.6	0.194	11.68

## PLANT STAFFING:

Day Shift Operator

Class: B Certificate No: 04653 Name: Gregory Hooper

Day Shift Operator

Class: Certificate No: Name:

Night Shift Operator

Class: Certificate No: Name:

Lead Operator

Class: C Certificate No: 8863 Name: Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900

From: December 01,2010 To: December 31,2010

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOI05 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.001	0.00	0.00	0.00	0.00					
2	0.117	0.00	0.00	0.00	0.00					
3	0.044	0.00	0.00	0.00	0.00					
4	0.000	0.00	0.00	0.00	0.00					
5	0.000	0.00	0.00	0.00	0.00					
6	0.129	0.00	0.00	0.00	0.00					
7	0.054	0.00	0.00	0.00	0.00					
8	0.077	0.00	0.00	0.00	0.00	194.0	122.0			
9	0.132	0.00	0.00	0.00	0.00					
10	0.019	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.021	0.00	0.00	0.00	0.00					
13	0.017	0.00	0.00	0.00	0.00					
14	0.000	0.00	0.00	0.00	0.00					
15	0.024	0.00	0.00	0.00	0.00					
16	0.384	0.00	0.00	0.00	0.00					
17	0.373	0.00	0.00	0.00	0.00					
18	0.067	0.00	0.00	0.00	0.00					
19	0.275	0.00	0.00	0.00	0.00					
20	0.695	0.00	0.00	0.00	0.00					
21	0.380	0.00	0.00	0.00	0.00					
22	0.551	0.00	0.00	0.00	0.00	202.0	100.0			
23	0.533	0.00	0.00	0.00	0.00					
24	0.672	0.00	0.00	0.00	0.00					
25	0.759	0.00	0.00	0.00	0.00					
26	0.809	0.00	0.00	0.00	0.00					
27	0.192	0.00	0.00	0.00	0.00					
28	0.078	0.00	0.00	0.00	0.00					
29	0.341	0.00	0.00	0.00	0.00					
30	0.169	0.00	0.00	0.00	0.00					
31	0.169	0.00	0.00	0.00	0.00					
Total	7.082	0.00	0.00	0.00	0.00	396.0	222.0			
Mo. Avg.	0.228	0.00	0.00	0.00	0.00	198.0	111.0			

**PLANT STAFFING:**

Day Shift Operator

Class:

B

Certificate No:

04653

Name:

Gregory Hooper

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

08863

Name:

Roger Holsapple

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

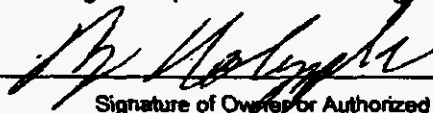
PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF  
Address 3100 Bancroft Blvd.  
City Orlando Florida Zip 32833  
Telephone Number (407) 259-6991
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name Roger Holsapple  
Address 6608 Walton Way  
City Tampa Florida Zip 33610  
Telephone Number (813) 359-8327
- (5) Type of Discharge Domestic Waste
- (6) Method of Discharge Golf Course / Sprayfield Irrigation

Certification

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

Date: 1-19-2011



Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589

NELAC Certification # \_\_\_\_\_

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004

 **FILE**

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-1R\*  
Background  
Well Name MW-1  
Golf Course  
WAFR # 6006  
GMS# 3048A13413

Monitoring Period  
Was the well purged before sampling?  
GW TOC: 66.30

From: October 2010 To: December 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

10/27/2010  
13:10

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/%)
Water Level Relative to Feet, NGV1)	82545	--	60.91	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 3000	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	210	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	57	mg/l	Report	0.81	IC 3000	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
Turbidity, Lab - Nephelometric	001400	--	4.86	SIU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	4.02	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	40	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same.

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THM)s have been added to the Groundwater Monitoring Plan (GWMP).

COMMENTS AND EXPLANATION:

11/20/2009



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-2  
Background  
Well Name MW-2  
Golf Course  
WAFR # 6005  
GMS# 3048A13414  
10/27/2010  
13.34

Monitoring Period  
Was the well purged before sampling?  
GW TOC:70.10

From: October 2010 To: December 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to Foot, NGVD	82545	--	63.82	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	70	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	15	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM92221	Quarterly	pump	N
Turbidity, Lab - Nephelometric	00400	--	4.43	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	0.09	NTU	Report	0.016	F180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	11	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trichloromethane, Total	82080	--	0.60U	ug/L	Report	0.60	F524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trichloromethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWB-3  
Well Type: Background  
Description: Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415  
Date Sample Obtained: 10/27/2010-12/20/2010  
Time Sample Obtained: 12:36-11:17

Monitoring Period  
Was the well purged before sampling?  
GW TOC:67.90

From: October 2010 To: December 2010  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.52/64.65	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	1400	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	89	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
1	00400	--	5.99/6.02	SI	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	30.61	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	64	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416  
10/27/2010  
10:49

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 67.70

From: October 2010 To: December 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement t	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet NGVD	82545	--	63.05	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate (as N)	00620	--	0.0681	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved (TDS)	70295	70296	140	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	16	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
Turbidity, Lab - Nephelometric	00400	--	4.82	NTU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	101.9	NTU	Report	0.016	F180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	17	mg/l	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/l	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION.  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-6  
Compliance  
Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418  
10/27/2010  
11:46

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 65.04

From October 2010 To December 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement t	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	58.37	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	170	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	20	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
H	00400	--	4.97	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	11.64	NTU	Report	0.916	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	25	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Holder MW ID:  
Well Type:  
Description:

MWI-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419  
10/27/2010/12/20/2010  
11:19-10:31

Monitoring Period:  
Was the well purged before sampling?  
GWTOC:68.70

From: October 2010 To: December 2010  
X Yes No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to Feet, NGVD	82545	--	63.83/64.05	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.43U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved (TDS)	10295	*0296	780/650	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	290/240	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.475.52	SI	Report	N/A	Field	Quarterly	pump	N
Turbidity Lab - Nephelometric	82079	--	40.02	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	200/170	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82180	--	0.60U	ug/L	Report	0.60	1.524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples parameters Sodium and Trihalomethane (THM) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-1  
Compliance  
Well Name MW-1  
On-Site Irrigation  
WAFR # 32905  
GMS# --  
10/27/2010  
08:46

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 71.53

From October 2010 To December 2010  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82445	--	61.65	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	62	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	16	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
	00400	--	4.51	SL	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	1.68	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	9.5	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/l	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgefield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996  
GMS# --**

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.00

From: October 2010 To: December 2010  
X Yes \_\_\_ No

Date Sample Obtained: 10/27/2010  
Time Sample Obtained: 09:15

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/S/N)
Water Level Relative to Feet, NGVD	82545	--	61.36	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved (TDS)	70295	70296	260	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	110	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222U	Quarterly	pump	N
	00400	--	4.64	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	1.62	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	75	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWC-3  
Well Type: Compliance  
Description: Well Name MW-3  
On-Site Irrigation  
WAFR # 32997  
GMS# --  
Date Sample Obtained: 10/27/2010  
Time Sample Obtained: 09:59

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.26

From: October 2010 To: December 2010  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet NGVD	82545	--	65.93/66.87	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	620/520	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	250/230	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
I	00400	--	5.55/5.47	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	1.57	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	140	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009



## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-1
Well Type:	Piezometer
Description:	Well Name MWP-1* On-Site Irrigation WAFR # 55881 GMS# --

Monitoring Period From: October 2010 To: December 2010

Date Sample Obtained:  
10/13/10-11/24/10-  
12/10/10  
Time Sample Obtained:

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

### COMMENTS AND EXPLANATION

\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
Facility Name: **Wedgfield WWTF**  
Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2 On-Site Irrigation WAFR # 55883 GMS# --

Monitoring Period From: October 2010 To: December 2010

Date Sample  
Obtained: 10/13/10.  
11/24/10-12/10/10  
Time Sample Obtained.

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

# 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. Hard 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 28<sup>th</sup> 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	Insufficient 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 method detection limits or practical quantification limits, the following instructions should be used:

- Results greater than or equal to the PQL shall be reported as the measured quantity.
- 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.
- 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 instruments 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 units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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.

**Analysis 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. airlift, 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 Explanation:** 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 upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > 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.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD 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.

2011 DMRs

# **DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

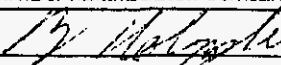
PERMITTEE NAME: Pluris-Wedgfield  
 MAILING ADDRESS: 6608 Walton Way  
 Tampa Florida, 33610  
 FACILITY: Wedgfield WWTP  
 LOCATION: 3100 Bancroft Boulevard  
 Orlando, FL  
 COUNTY: Orange

PERMIT NUMBER: FLA010900  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Public Access Route, including Influent  
 NO DISCHARGE FROM SITE: ☐  
 MONITORING PERIOD  
 From: January 01, 2011 to  
 January 31, 2011

REPORT: Monthly  
 GROUP: Domestic

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.311	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Sample Measurement							
Mon. Site No. FLW-1	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow		0.199	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement							
Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C				7.6		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Sample Measurement							
Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C				6.5	7.8	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Sample Measurement							
Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended				6.4		1	4 Days/Week	Grab
PARM Code 00530 B	Sample Measurement							
Mon. Site No. EFB-1	Permit Requirement			5.0 (Max.)		mg/L	4 Days/Week	Grab
pH				7.2	7.9	0	5 Days/Week	Grab
PARM Code 00400 A	Sample Measurement							
Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	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)
Roger Holsapple Lead Operator		407-869-1919	2011/2/22

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

PARM Code 00530 B - The 6.4 result is a possible lab error. The turbidity at the time of the sample was 1.8 mg/l

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: January 01, 2011 to  
January 31, 2011

R-001

PERMIT NUMBER: FLA010500

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.5		#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Turbidity	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.35		mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
Flow (from groundwater well)	Sample Measurement	0.00		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-6	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-6	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 R Mon. Site No. FLW-5	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 S Mon. Site No. FLW-5	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 T Mon. Site No. FLW-4	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 U Mon. Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when NO3 result was 12.12  
IDEP Form 62-620-91(10), Effective November 29, 1994

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgfield WWTF

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD  
From: January 01, 2011 to  
January 31, 2011

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.189		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	4.193	0.166	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				213.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				1.8			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				53.5			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994



# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: January 01, 2011

To: January 31, 2011

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.6	7.6	4.5		2.7	0.220	
2			7.4	7.4	4		2.5	0.196	
3		<1	7.7	7.7	4.2	2.6	2.4	0.240	
4		<1	7.7	7.7	4.7	1.0	2.4	0.178	
5	7.0	<1	7.7	7.7	5	1.0	2.5	0.195	0.35
6		<1	7.6	7.6	4.5	6.4	2.7	0.187	
7			7.7	7.7	1.8		1.2	0.191	
8			7.5	7.5	4.6		2.9	0.216	
9			7.6	7.6	1.3		2.2	0.185	
10		<1	7.6	7.6	4.2	3.6	2.5	0.242	
11		<1	7.6	7.6	2.2	2.8	2.4	0.201	
12		<1	7.5	7.5	3.5	1.0	2.6	0.187	
13		<1	7.5	7.5	1	1.0	2.5	0.128	
14			7.8	7.8	1		2.9	0.223	
15			7.9	7.9	1		2.9	0.194	
16			7.8	7.8	1		2.8	0.202	
17		<1	7.5	7.5	1.1	1.6	2.9	0.202	
18		<1	7.7	7.7	1	2.7	2.9	0.294	
19	6.0	<1	7.7	7.7	1	1.2	2.9	0.201	
20		<1	7.5	7.5	1	1.0	2.9	0.172	
21			7.2	7.2	1		2.9	0.214	
22			7.3	7.3	3.4		2.9	0.211	
23			7.3	7.3	3.5		2.9	0.210	
24		<1	7.4	7.4	3	1.0	2.9	0.228	
25		<1	7.7	7.7	4.2	1.0	2.2	0.181	
26		<1	7.5	7.5	1	1.0	2.9	0.059	
27		<1	7.6	7.6	2.5	1.0	2.9	0.193	
28			7.4	7.4	1.3		2.9	0.207	
29			7.7	7.7	1		2.9	0.191	
31			7.7	7.7	1.5		2.9	0.217	
31		<1	7.5	7.5	2.7	1.0	2.9	0.220	
Total	13.0	8.5	234.9	234.9	77.7	30.9	82.9	6.185	0.35
Mo. Avg.	6.5	0.5	7.5	7.5	2.5	1.8	2.67	0.199	0.35

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>4653</u>	Name: <u>Gregory Hooper</u>
Day 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>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLAD10900  
From: January 01,2011

To January 31,2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.106	0.00	0.00	0.00	0.00					
2	0.234	0.00	0.00	0.00	0.00					
3	0.120	0.00	0.00	0.00	0.00					
4	0.133	0.00	0.00	0.00	0.00					
5	0.084	0.00	0.00	0.00	0.00	212.0	250.0			
6	0.023	0.00	0.00	0.00	0.00					
7	0.067	0.00	0.00	0.00	0.00					
8	0.009	0.00	0.00	0.00	0.00					
9	0.001	0.00	0.00	0.00	0.00					
10	0.086	0.00	0.00	0.00	0.00					
11	0.111	0.00	0.00	0.00	0.00					
12	0.001	0.00	0.00	0.00	0.00					
13	0.000	0.00	0.00	0.00	0.00					
14	0.709	0.00	0.00	0.00	0.00					
15	0.076	0.00	0.00	0.00	0.00					
16	0.000	0.00	0.00	0.00	0.00					
17	0.054	0.00	0.00	0.00	0.00					
18	0.014	0.00	0.00	0.00	0.00					
19	0.000	0.00	0.00	0.00	0.00	215.0	248.0			
20	0.001	0.00	0.00	0.00	0.00					
21	0.000	0.00	0.00	0.00	0.00					
22	0.000	0.00	0.00	0.00	0.00					
23	0.000	0.00	0.00	0.00	0.00					
24	0.017	0.00	0.00	0.00	0.00					
25	0.543	0.00	0.00	0.00	0.00					
26	0.618	0.00	0.00	0.00	0.00					
27	0.659	0.00	0.00	0.00	0.00					
28	0.526	0.00	0.00	0.00	0.00					
29	0.000	0.00	0.00	0.00	0.00					
30	0.000	0.00	0.00	0.00	0.00					
31	0.001	0.00	0.00	0.00	0.00					
Total	4.193	0.00	0.00	0.00	0.00	427.0	498.0			
Mo. Avg.	0.135	0.00	0.00	0.00	0.00	213.5	249.0			

## PLANT STAFFING:

Day Shift Operator	Class: B	Certificate No: 4653	Name: Gregory Hooper
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# 7DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 McGuire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

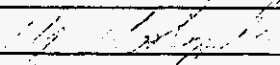
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: February 01,2011 To: February 28,2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.211	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1	Sample Measurement	0.185	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1	Sample Measurement			7.4		8	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Sample Measurement			8.0	mg/l	0	Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.1	mg/l	1	4 Days/Week	Grab
PARM Code 80082 A	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement			7.2	mg/L	0	5 Days/Week	Grab
Solids, Total Suspended	Permit Requirement			6.0 (Min.)	mg/L		5 Days/Week	Grab
PARM Code 00530 B	Sample Measurement			8.5 (Max.)	mg/L			
Mon.Site No. EPB-1	Permit Requirement							
pH	Sample Measurement							
PARM Code 00400 A	Permit Requirement							
Mon.Site No. EFA-1								

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)
Roger Holsapple Lead Operator		407-259-6991	2011/03/16

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): PARM CODE 00530: TSS result of 7.1 is due to sampler error. The sample was taken during a backwash cycle with a Turbidity of 2.7

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWT

MONITORING GROUP  
NUMBER

R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD  
From: February 01, 2011

To: February 28, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				85%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1					3		#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				25 (Max.)		#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				1.0		mg/L	0	Continuous	Meter
Mon. Site No. EFA-1					1.0 (Min.)		mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EFA-1					7.47		mg/L	0	Monthly	8-hour FPC
Turbidity	Sample Measurement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
PARM Code 00070 B	Permit Requirement									
Mon. Site No. EFB-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A	Permit Requirement									
Mon. Site No. EFA-1										
Flow (from groundwater well)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (from groundwater well)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (total to zone 3)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 2)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										

COMMENTS:

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: February 01,2011

To: February 28,2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.008		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon.Site No. FLW-3	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.008	0.008	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.196		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.195	0.186	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				193.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Q Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Slids, Total Suspended	Sample Measurement				140.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				52.17			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994



Permit Number:	FLA010900		Facility:	Wedgefield WWTF
Monitoring Period	From: February 01, 2011	To: February 28, 2011		

Facility: Wedgefield WWTF

**To: February 28, 2011**

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.000	0.00	0.00	0.00	0.00	210.0	234.0			
2	0.000	0.00	0.00	0.00	0.00					
3	0.025	0.00	0.00	0.00	0.00					
4	0.692	0.00	0.00	0.00	0.00					
5	0.026	0.00	0.00	0.00	0.00					
6	0.000	0.00	0.00	0.00	0.00					
7	0.115	0.00	0.00	0.00	0.00					
8	0.041	0.00	0.00	0.00	0.00					
9	0.117	0.00	0.00	0.00	0.00					
10	0.689	0.00	0.00	0.00	0.00					
11	0.689	0.00	0.00	0.00	0.00					
12	0.035	0.00	0.00	0.00	0.00					
13	0.000	0.00	0.00	0.00	0.00					
14	0.160	0.00	0.00	0.00	0.00					
15	0.140	0.00	0.00	0.00	0.00					
16	0.704	0.00	0.00	0.00	0.00	177.0	46.0			
17	0.032	0.00	0.00	0.00	0.00					
18	0.088	0.00	0.00	0.00	0.00					
19	0.022	0.00	0.00	0.00	0.00					
20	0.000	0.00	0.00	0.00	0.00					
21	0.110	0.00	0.00	0.00	0.00					
22	0.126	0.00	0.00	0.00	0.00					
23	1.257	0.00	0.00	0.00	0.00					
24	0.143	0.00	0.00	0.00	0.00					
25	0.174	0.00	0.00	0.00	0.00					
26	0.037	0.00	0.00	0.00	0.00					
27	0.000	0.00	0.00	0.00	0.00					
28	0.060	0.00	0.00	0.00	0.00					
Total	5.482	0.00	0.00	0.00	0.00	387.0	280.0			
Mo. Avg.	0.195	0.00	0.00	0.00	0.00	193.5	140.0			

**PLANT STAFFING:**

Day Shift Operator	Class:	B	Certificate No:	4653	Name:	Gregory Hooper
Day Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:		Certificate No:		Name:	
Lead Operator	Class:	C	Certificate No:	8863	Name:	Roger Holsapple

# **DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida 33610

PERMIT NUMBER FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: March 01, 2011  
To: March 31, 2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	8.287	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	8.172	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. FLW-1	Sample Measurement			7.4	MG/L	0	Every Two Weeks	8-hour FPC
ID, Carbonaceous 5 day, 20C	Permit Requirement			20.0 (An Avg.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Sample Measurement			7.6	MG/L	0	Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			60.0 (Max.)	mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1	Sample Measurement			3.1	MG/L	0	4 Days/Week	Grab
Solids, Total Suspended	Permit Requirement			3.0 (Max.)	mg/L		4 Days/Week	Grab
PARM Code 00530 B	Sample Measurement			7.2	SU	0	5 Days/Week	Grab
Mon. Site No. EFB-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
pH	Sample Measurement			8.5 (Max.)				
PARM Code 00400 A	Permit Requirement							
Mon. Site No. EFA-1								

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)
Roger Holsapple Lead Operator		407-259-6991	2011/04/19

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



# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY:

Wedgefield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA016900

NUMBER:

MONITORING PERIOD

From: March 01, 2011

To: March 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				84%		PER-CENT	0	4 Days/Week	Grahi
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grahi
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement				8		#/100ML	0	4 Days/Week	Grahi
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grahi
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Mon. Site No. EFA-1										
Turbidity	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EFB-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.12		mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
Mon. Site No. EFA-1										
Flow (from groundwater well)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (total to zone 3)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 3)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 2)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										
Flow (total to zone 2)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY

Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: March 01, 2011  
To: March 31, 2011

R-001

PERMIT NUMBER: LA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3	Sample Measurement	0.176		MGD				MGD	0	Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
PARM Code 50050	Sample Measurement	0.189	0.173	MGD				MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				193.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code R0082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1	Sample Measurement				202.6			mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
PARM Code 00530 G	Sample Measurement				90.5			Percent	0	Monthly	Calculated
Percent Capacity, (TMADP/ Permitted Capacity) x 100	Permit Requirement				Report			Percent		Monthly	Calculated
PARM Code 00180 I	Sample Measurement										
Mon. Site No. FLW-1	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADD. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-623 (910/10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: March 01, 2011 To: March 31, 2011

Facility: Wedgefield WWTF

	COD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.9	7.9	3.3	1.0	2.9	0.190	
2	7.0	<1	7.7	7.7	1.5	1.0	2.7	0.185	5.12
3		<1	7.9	7.9	3	1.0	1.8	0.189	
4			7.6	7.6	1.8		2.4	0.175	
5			7.8	7.8	1.9		0.9	0.199	
6			7.7	7.7	1.8		2.0	0.206	
7		<1	7.8	7.8	1	1.3	2.2	0.071	
8		<1	7.6	7.6	2	1.0	2.6	0.189	
9		<1	7.8	7.8	1	1.0	2.7	0.190	
10		<1	7.2	7.2	1	1.0	2.3	0.183	
11			7.4	7.4	1		1.4	0.175	
12			7.8	7.8	1		1.4	0.193	
13			7.7	7.7	1.2		2.2	0.174	
14		2	7.7	7.7	2.3	2.6	2.9	0.189	
15		<1	7.5	7.5	2.5	3.1	1.8	0.181	
16		<1	7.5	7.5	2.2	1.0	1.5	0.161	
17	7.0	<1	7.8	7.8	2.4	1.0	2.5	0.169	
18			7.6	7.6	1		2.9	0.163	
19			7.7	7.7	1.8		1.6	0.159	
20			7.7	7.7	1		1.5	0.179	
21		8	7.7	7.7	1.6	1.0	2.5	0.207	
22		<1	7.6	7.6	2	1.0	2.9	0.164	
23		<1	7.7	7.7	2	1.0	2.6	0.194	
24		2	7.8	7.8	3.2	1.0	1.8	0.126	
25			7.6	7.6	3.4		1.0	0.152	
26			7.9	7.9	2.7		1.7	0.168	
27			7.6	7.6	2.5		1.5	0.152	
28		<1	7.7	7.7	2	1.0	2.7	0.156	
29		<1	7.8	7.8	1.8	1.0	2.4	0.194	
30	9.0	<1	7.7	7.7	1	1.0	2.1	0.187	
31		<1	7.5	7.5	3.4	1.0	1.8	0.112	
Total	23.0	20	238.0	238.0	60.3	23.0	65.2	5.332	5.12
Mo. Avg.	7.6	1.0	7.6	7.6	1.9	1.2	2.1	0.172	5.12

## PLANT STAFFING:

Day Shift Operator

Class.

B

Certificate No:

04653

Name:

Gregory Hooper

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Head Operator

Class:

C

Certificate No:

8863

Name:

Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: March 01,2011 To: March 31, 2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.129	0.00	0.00	0.00	0.00					
2	0.120	0.00	0.00	0.00	0.00	217.0	164.0			
3	0.386	0.00	0.00	0.00	0.00					
4	0.153	0.00	0.00	0.00	0.00					
5	0.042	0.00	0.00	0.00	0.00					
6	0.000	0.00	0.00	0.00	0.00					
7	0.123	0.00	0.00	0.00	0.00					
8	0.212	0.00	0.00	0.00	0.00					
9	0.666	0.00	0.00	0.00	0.00					
10	0.744	0.00	0.00	0.00	0.00					
11	0.750	0.00	0.00	0.00	0.00					
12	0.088	0.00	0.00	0.00	0.00					
13	0.000	0.00	0.00	0.00	0.00					
14	0.121	0.00	0.00	0.00	0.00					
15	0.115	0.00	0.00	0.00	0.00					
16	0.147	0.00	0.00	0.00	0.00					
17	0.238	0.00	0.00	0.00	0.00	181.0	234.0			
18	0.098	0.00	0.00	0.00	0.00					
19	0.115	0.00	0.00	0.00	0.00					
20	0.239	0.00	0.00	0.00	0.00					
21	0.040	0.00	0.00	0.00	0.00					
22	0.136	0.00	0.00	0.00	0.00					
23	0.243	0.00	0.00	0.00	0.00					
24	0.139	0.00	0.00	0.00	0.00					
25	0.232	0.00	0.00	0.00	0.00					
26	0.055	0.00	0.00	0.00	0.00					
27	0.099	0.00	0.00	0.00	0.00					
28	0.104	0.00	0.00	0.00	0.00					
29	0.002	0.00	0.00	0.00	0.00					
30	0.142	0.00	0.00	0.00	0.00	181.0	210.0			
31	0.000	0.00	0.00	0.00	0.00					
Total	5.678	0.00	0.00	0.00	0.00	579.0	608.0			
Mo. Avg.	0.183	0.00	0.00	0.00	0.00	193.0	202.6			

**PLANT STAFFING:**

Day Shift Operator

Class:

B

Certificate No:

04653

Name:

Gregory Hooper

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

08863

Name:

Roger Holsapple

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF  
Address 3100 Bancroft Blvd.  
City Orlando Florida Zip 32833  
Telephone Number (407) 259-6991
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name Roger Holsapple  
Address 6808 Walton Way  
City Tampa Florida Zip 33610  
Telephone Number (813) 359-8327
- (5) Type of Discharge Domestic Waste
- (6) Method of Discharge Golf Course / Sprayfield Irrigation

Certification

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

Date: 2011/04/19

  
Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589  
NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-1R\*  
Background  
Well Name MW-1  
Golf Course  
WAFR # 6006  
GMS# 3048A13413

Monitoring Period  
Was the well purged before sampling?  
GW TOC: 66.30

From: January 2011  
X Yes \_\_\_ No

To: March 2011

Date Sample Obtained:  
Time Sample Obtained

01/26/2011  
11:14

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Foot, NGVD	82545	--	62.59	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, as N	00620	--	0.10 I	mg/l	Report	0.043	IC 3000	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	300	mg/l	Report	10	F-160, I	Quarterly	pump	N
Chloride (as Cl)	00440	--	110	mg/l	Report	0.81	IC 3000	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
I	00400	--	4.15	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	6.0	NTU	Report	0.016	I-180 I	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	72	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).

COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

GMS# 3048P03712

Permit Builder MW ID: **MWB-2**  
 Well Type: **Background**  
 Description: **Well Name MW-2**  
**Golf Course**  
**WAFR # 6005**  
**GMS# 3048A13414**  
 Date Sample Obtained: **01/26/2011**  
 Time Sample Obtained: **11:45**

Monitoring Period: **From January 2011 To March 2011**  
 Was the well purged before sampling? **X Yes \_\_\_ No**  
 GW TOC:70.10

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (1/F/N)
Water Level Relative to Feet, NGVD	82545	--	67.05	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved (TDS)	70295	70296	78	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	16	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
iform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.43	SE	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	0.50	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added November 2010**										
Sodium	00923	--	12	mg/l	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/l	Report	0.60	E124.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
 COMMENTS AND EXPLANATION:  
 11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415  
01/26/2011  
10.31

Monitoring Period  
Was the well purged before sampling?  
GW TOC:67.90

From January 2011 To March 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained

Parameter	Permit Builder PARAM Code	Other Historic PARAM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	67.1	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.085U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	1600	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	93	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Focal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	6.26	SL	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	29	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	71	mg/l	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/l	Report	0.60	E124.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Holder MW ID:  
Well Type:  
Description:

MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416  
01/27/2011  
09:17

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 67.70

From January 2011  
X Yes No

To: March 2011

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement t	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	65.5	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 3000	Quarterly	pump	N
Solids, Total Dissolved (TDS)	70295	70296	180	mg/l	Report	10	E160.1	Quarterly	plmp	N
Chloride (as Cl)	00940	--	32	mg/l	Report	0.81	IC 3000	Quarterly	plmp	N
Uniform Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM92221	Quarterly	pump	N
pH	00400	--	4.95	SL	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	110	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added November 2009**										
Sodium	00923	--	23	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)

COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County** Permit Builder MW ID: **MWC-6**  
 Facility Name: **Wedgfield WWTF** Well Type: **Compliance**  
 Permit Number: **FLA010900** **GMS# 3048P03712** Description: **Well Name MW-6**  
**Golf Course**  
**WAFR # 6001**  
**GMS# 3048A13418**

Monitoring Period: From January 2011 To March 2011  
 Was the well purged before sampling? ☒ Yes ☐ No  
 Date Sample Obtained: 01/27/2011  
 Time Sample Obtained: 10:23  
 GWTOC: 65.04

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement t	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	61.05	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	1.1	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	190	mg/l	Report	10	F160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	24	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.36	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	85	NTU	Report	0.016	F180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	23	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
 COMMENTS AND EXPLANATION:  
 11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419  
01/27/2011  
09:51

Monitoring Period  
Was the well purged before sampling?  
GWTOC:68.70

From: January 2011 To: March 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/S)
Water Level Relative to Feet, NGVD	82545	--	65.89	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	4.1	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	250	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00440	--	55	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Uniform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.53	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	80	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	41	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Holder MW ID:  
Well Type:  
Description:

MWC-1  
Compliance  
Well Name MW-1  
On-Site Irrigation  
WAFR # 32995  
GMS# --  
01/26/2011  
08:33

Monitoring Period  
Was the well purged before sampling?

From: January 2011 To: March 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

GWTOC: 71.53

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.96	feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	82	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	18	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM92221	Quarterly	pump	N
pH	00400	--	4.47	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	9.2	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	9.8	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/l	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the (groundwater Monitoring Plan (GWMP))  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgefield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-2**  
**Compliance**  
**Well Name MW-2**  
**On-Site Irrigation**  
**WAFR # 32996**  
**GMS# --**

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.00

From January 2011 To March 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

01/26/2011  
09:25

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative in Feet, NGVD	82545	--	64.89	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.043U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved (TDS)	70295	70296	120	mg/l	Report	10	F160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	11	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Sliform, Fecal	74055	--	1.0U	#/100 ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.39	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	12	NTU	Report	0.016	F180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	5.3	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trichloroethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trichloroethane (TTHNs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWC-3  
Well Type: Compliance  
Description: Well Name MW-3  
On-Site Irrigation  
WAFR # 32997  
GMS# --  
Date Sample Obtained: 01/26/2011  
Time Sample Obtained: 12:34

Monitoring Period From: January 2011 to: March 2011  
Was the well purged before sampling? X Yes \_\_\_ No  
GWTOC: 72.26

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to Feet, NGVD	82545	--	69.25	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate (as N)	00620	--	0.79	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	480	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	180	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.55	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	14	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	100	mg/l	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.60U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County:	Orange County
Facility Name:	Wedgfield WWTF
Permit Number:	FLA010900

**CMS# 3048P03712**

Permit Builder MW ID	MWP-1
Well Type	Piezometer
Description	Well Name MWP-1* On-Site Irrigation WAFR # 55881 GMS# --

Monitoring Period From January 2011 to March 2011

Date Sample Obtained:

1/5/2011-2/16/2011.

Was the well purged before sampling? ☐ Yes ☒ No

Time Sample Obtained:

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgfield WWTF**  
 Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2
	On-Site Irrigation
	WAFR # 55883
	GMS# --

Monitoring Period From January 2011 To: March 2011

Date Sample  
Obtained. 1/5/2011-  
2/16/2011-3/16/2011  
Time Sample Obtained.

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

COMMENTS AND EXPLANATION

\* MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98  
4/20/2004



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

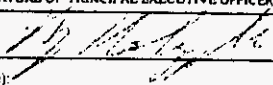
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: April 01, 2011 To: April 30, 2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.204	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.204	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.6		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.5	10.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			4.4		0	4 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			7.6	7.9	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	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)
Roger Holsapple Lead Operator		407-259-6991	2011/05/10

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: April 01, 2011

R-001

PERMIT NUMBER: FLA010900

To: April 30, 2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			87.5	PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1								
Coliform, Fecal	Sample Measurement			3	#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1								
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0	mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Mon. Site No. EFA-1								
Turbidity	Sample Measurement			2.9	NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Mon. Site No. EFB-1								
Nitrogen, Nitrate, Total (as N)	Sample Measurement			7.31	mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement			12.0 (Max.)	mg/L		Monthly	8-hour FPC
Mon. Site No. EFA-1								
Flow (from groundwater well)	Sample Measurement	0.00	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-6								
Flow (from groundwater well)	Sample Measurement	0.00	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-6								
Flow (total to zone 3)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-5								
Flow (total to zone 3)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-5								
Flow (total to zone 2)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-4								
Flow (total to zone 2)	Sample Measurement	0.000	MGD			0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow meters and totalizers
Mon. Site No. FLW-4								

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when NO3 result was 12.12

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: April 01, 2011

R-001

PERMIT NUMBER: FLA010900

To: April 30, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.186		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.338	0.240	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				229.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1					118.0			mg/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement										
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1					50.8			Percent	0	Monthly	Calculated
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement										
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: April 01, 2011

To: April 30, 2011

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.8	7.8	1		2.9	0.142	
2			7.9	7.9	1		2.9	0.189	
3			7.8	7.8	1.5		2.9	0.229	
4		<1	7.6	7.6	1.1	2.1	2.9	0.245	
5		<1	7.6	7.6	1.0	2.0	2.9	0.224	
6		<1	7.6	7.6	1	1.4	2.8	0.233	
7		<1	7.7	7.7	1	3.7	2.5	0.206	
8			7.7	7.7	1		2.9	0.210	
9			7.9	7.9	1		2.9	0.182	
10			7.6	7.6	1.5		2.9	0.239	
11		<1	7.6	7.6	1.2	4.4	2.2	0.235	
12		<1	7.7	7.7	1	3.2	2.9	0.211	
13	9.0	<1	7.7	7.7	1	3.8	2.5	0.189	7.31
14		<1	7.6	7.6	1	1.0	2.2	0.180	
15			7.8	7.8	1.6		2.0	0.194	
16			7.8	7.8	1.6		1.5	0.190	
17			7.8	7.8	1		2.9	0.224	
18		<1	7.8	7.8	1.8	1.0	2.5	0.223	
19		<1	7.7	7.7	1.4	1.0	2.5	0.206	
20		2	7.8	7.8	1	1.0	2.8	0.189	
21		<1	7.8	7.8	1	1.0	1.6	0.204	
22			7.6	7.6	1		1.5	0.204	
23			7.8	7.8	1		1.2	0.206	
24			7.8	7.8	2		2.5	0.145	
25		<1	7.7	7.7	1	2.9	2.9	0.215	
26		3	7.7	7.7	1	1.4	2.9	0.234	
27	10.0	<1	7.6	7.6	2	1.0	2.5	0.208	
28		<1	7.7	7.7	2.3	1.0	1.2	0.206	
29			7.6	7.6	1.5		1.9	0.204	
30			7.8	7.8	2		2.0	0.175	
Total	19.0	12	231.6	231.6	38.5	31.9	72.7	6.141	7.31
Mo. Avg.	9.5	0.75	7.7	7.7	1.28	1.99	2.4	0.204	7.31

## PLANT STAFFING:

Day Shift Operator	Class: B	Certificate No: 4653	Name: Gregory Hooper
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

Permit Number:	FLA010900	Facility:	Wedgefield WWTF
Monitoring Period	From: April 01, 2011	To: April 30, 2011	

**To: April 30, 2011**

### Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.006	0.00	0.00	0.00	0.00					
2	0.000	0.00	0.00	0.00	0.00					
3	0.000	0.00	0.00	0.00	0.00					
4	0.019	0.00	0.00	0.00	0.00					
5	0.000	0.00	0.00	0.00	0.00					
6	0.000	0.00	0.00	0.00	0.00					
7	0.000	0.00	0.00	0.00	0.00					
8	0.253	0.00	0.00	0.00	0.00					
9	0.632	0.00	0.00	0.00	0.00					
10	0.700	0.00	0.00	0.00	0.00					
11	0.125	0.00	0.00	0.00	0.00					
12	0.449	0.00	0.00	0.00	0.00					
13	0.673	0.00	0.00	0.00	0.00	221.0	136.0			
14	0.814	0.00	0.00	0.00	0.00					
15	0.387	0.00	0.00	0.00	0.00					
16	0.111	0.00	0.00	0.00	0.00					
17	0.615	0.00	0.00	0.00	0.00					
18	0.908	0.00	0.00	0.00	0.00					
19	0.372	0.00	0.00	0.00	0.00					
20	0.790	0.00	0.00	0.00	0.00					
21	0.615	0.00	0.00	0.00	0.00					
22	0.847	0.00	0.00	0.00	0.00					
23	0.000	0.00	0.00	0.00	0.00					
24	0.335	0.00	0.00	0.00	0.00					
25	0.320	0.00	0.00	0.00	0.00					
26	0.240	0.00	0.00	0.00	0.00					
27	0.233	0.00	0.00	0.00	0.00	238.0	100.0			
28	0.394	0.00	0.00	0.00	0.00					
29	0.241	0.00	0.00	0.00	0.00					
30	0.060	0.00	0.00	0.00	0.00					
Total	10.139	0.00	0.00	0.00	0.00	459.0	236.0			
Mo. Avg.	0.338	0.00	0.00	0.00	0.00	229.5	118.0			

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>4653</u>	Name: <u>Gregory Hooper</u>
Day 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>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including influent

COUNTY: Orange

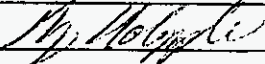
NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD  
From: May 01, 2011

To: May 31, 2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.203	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.199	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement			7.7		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.5	9.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)	mg/L	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			2.3		0	4 Days/Week	Grab
PARM Code 00530 B Mon Site No. EFB-1	Permit Requirement			5.0 (Max.)		mg/L	4 Days/Week	Grab
pH	Sample Measurement			7.4	7.9	0	5 Days/Week	Grab
PARM Code 00400 A Mon Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SL	5 Days/Week	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)
Roger Holsapple Lead Operator		407-259-6991	2011/06/21

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER 11A010900

NUMBER

MONITORING PERIOD

From: May 01, 2011

To: May 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				88%		PER- CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER- CENT		4 Days/Week	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement				3		#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Mon. Site No. EFA-1										
Turbidity	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EFB-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.77		mg/L	0	Monthly	8-hour CPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour CPC
Mon. Site No. EFA-1										
Flow (from groundwater well)	Sample Measurement	0.00		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. F1 W-6										
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. F1 W-6										
Flow (total to zone 3)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. F1 W-5										
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. F1 W-5										
Flow (total to zone 2)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. F1 W-4										
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. F1 W-4										

COMMENTS:

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: May 01, 2011

R401

PERMIT NUMBER: FLA010900

To: May 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon. Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.193		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.230	0.185	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				178.0			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				182.0			mg/l	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				51.9			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620 910(10), Effective November 29, 1994



# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: May 01, 201

To: May 31, 2011

Facility: Wedgetfield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.6	7.6	1.9		1.7	0.203	
2		<1	7.6	7.6	1	2.2	2.0	0.239	
3		<1	7.5	7.5	1.5	1.0	1.3	0.194	
4		<1	7.5	7.5	1.5	1.7	2.0	0.193	
5		<1	7.4	7.4	1.8	1.0	2.5	0.192	
6			7.5	7.5	1.6		2.2	0.199	
7			7.7	7.7	1.6		1.5	0.195	
8			7.7	7.7	1.8		2.2	0.188	
9		3	7.8	7.8	1	1.0	2.7	0.209	
10		<1	7.9	7.9	1	1.0	2.9	0.184	
11	9.0	<1	7.8	7.8	1.7	1.0	2.2	0.189	0.77
12		<1	7.7	7.7	1	1.0	2.0	0.098	
13			7.5	7.5	1		2.6	0.192	
14			7.6	7.6	1		1.8	0.195	
15			7.6	7.6	2.2		2.3	0.213	
16		<1	7.5	7.5	1.5	1.1	2.5	0.227	
17		<1	7.7	7.7	1.6	2.3	2.0	0.190	
18		<1	7.7	7.7	1.5	1.0	2.9	0.287	
19		<1	7.6	7.6	1.4	1.0	2.0	0.175	
20			7.5	7.5	1.2		2.4	0.197	
21			7.7	7.7	1.1		2.5	0.189	
22			7.7	7.7	1		2.3	0.225	
23		<1	7.8	7.8	1.5	1.2	2.5	0.225	
24		3	7.7	7.7	1.6	1.5	2.9	0.205	
25	8.0	<1	7.7	7.7	1.6	1.8	2.0	0.190	
26		<1	7.8	7.8	1.3	1.0	2.0	0.188	
27			7.6	7.6	1.9		1.9	0.201	
28			7.7	7.7	1		2.9	0.199	
29			7.7	7.7	1.6		2.9	0.197	
30			7.7	7.7	2.5		2.5	0.212	
31		<1	7.8	7.8	3	1.6	2.9	0.226	
Total	17.0	13.5	237.3	237.3	47	22.4	71	6.216	0.77
Mo. Avg.	8.5	0.79	7.6	7.6	1.5	1.31	2.3	0.1997	0.77

## PLANT STAFFING:

Day Shift Operator	Class: B	Certificate No: 4653	Name: Gregory Hooper
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# DAILY SAMPLE RESULTS - PART B

Permit Number:

FLA010900

Facility:

Wedgefield WWTF

Monitoring Period

From: May 01, 2011

To: May 31, 2011

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.219	0.00	0.00	0.00	0.00					
2	0.352	0.00	0.00	0.00	0.00					
3	0.491	0.00	0.00	0.00	0.00					
4	0.216	0.00	0.00	0.00	0.00					
5	0.318	0.00	0.00	0.00	0.00					
6	0.266	0.00	0.00	0.00	0.00					
7	0.050	0.00	0.00	0.00	0.00					
8	0.242	0.00	0.00	0.00	0.00					
9	0.376	0.00	0.00	0.00	0.00					
10	0.202	0.00	0.00	0.00	0.00					
11	0.139	0.00	0.00	0.00	0.00	148.0	150.0			
12	0.194	0.00	0.00	0.00	0.00					
13	0.367	0.00	0.00	0.00	0.00					
14	0.012	0.00	0.00	0.00	0.00					
15	0.000	0.00	0.00	0.00	0.00					
16	0.105	0.00	0.00	0.00	0.00					
17	0.134	0.00	0.00	0.00	0.00					
18	0.195	0.00	0.00	0.00	0.00					
19	0.251	0.00	0.00	0.00	0.00					
20	0.228	0.00	0.00	0.00	0.00					
21	0.074	0.00	0.00	0.00	0.00					
22	0.337	0.00	0.00	0.00	0.00					
23	0.309	0.00	0.00	0.00	0.00					
24	0.293	0.00	0.00	0.00	0.00					
25	0.245	0.00	0.00	0.00	0.00	208.0	214.0			
26	0.301	0.00	0.00	0.00	0.00					
27	0.294	0.00	0.00	0.00	0.00					
28	0.061	0.00	0.00	0.00	0.00					
29	0.284	0.00	0.00	0.00	0.00					
30	0.367	0.00	0.00	0.00	0.00					
31	0.142	0.00	0.00	0.00	0.00					
Total	7.064	0.00	0.00	0.00	0.00	356.0	364.0			
Mo. Avg.	0.2307	0.00	0.00	0.00	0.00	178.0	182.0			

## PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>4653</u>	Name: <u>Gregory Hooper</u>
Day 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>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida 33610

PERMIT NUMBER FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTP  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

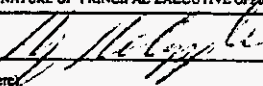
MONITORING GROUP R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM  
SITE: ☐  
MONITORING PERIOD  
From: June 01, 2011  
To: June 30, 2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.201	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 30050 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1	Sample Measurement	0.197	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement			7.7	MG/L	0	Every Two Weeks	8-hour FPC
Mon.Site No. FLW-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.5	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			30.0 (Mo.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Sample Measurement			4.6	MG/L	0	4 Days/Week	Grab
BOD, Carbonaceous 5 day, 20C	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
PARM Code 80082 A	Sample Measurement			7.5	SU	0	5 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			7.9				
PARM Code 00530 B	Permit Requirement			8.5 (Max.)				
Mon.Site No. EFB-1	Sample Measurement							
pH	Permit Requirement							
PARM Code 00400 A	Sample Measurement							
Mon.Site No. EFA-1	Permit Requirement							

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)
Roger Holsapple Lead Operator		407-259-6991	2011/07/19

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: June 01, 2011  
To: June 30, 2011

R-001

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement			94 %	PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement			75 (Min.)	PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1	Sample Measurement			2	#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Permit Requirement			25 (Max.)	#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Sample Measurement			1.0	mg/L	0	Continuous	Meter
Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)	mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.9	NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement			Report (Max.)	NTU		Continuous	Meter
Mon. Site No. EFA-1	Sample Measurement			3.34	mg/L	0	Monthly	8-hour FPC
Turbidity	Permit Requirement			12.0 (Max.)	mg/L		Monthly	8-hour FPC
PARM Code 00070 B	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. EFB-1	Permit Requirement			Report (An. Avg.)	MGD		Continuous	Flow meters and totalizers
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 00620 A	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. EFA-1	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-6	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-6	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 3)	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-5	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-5	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement			0.00	MGD	0	Continuous	Flow meters and totalizers
Mon. Site No. FLW-4	Sample Measurement			0.00	MGD	0	Continuous	Flow meters and totalizers

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: June 01, 2011

To: June 30, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon. Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.195		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.134	0.234	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				177.1			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				161.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 O Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				54.3			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

Permit Number:  
Monitoring Period

FLA010900

From: June 01, 2011 To: June 30, 2011

# DAILY SAMPLE RESULTS - PART B

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.8	7.8	2.3	1.0	2.9	0.198	
2		<1	7.7	7.7	2	1.0	2.4	0.211	
3		<1	7.6	7.6	2	1.0	1.5	0.211	
4			7.5	7.5	1.4		2.1	0.179	
5			7.6	7.6	1		2.9	0.033	
6			7.7	7.7	1		2.9	0.176	
7		<1	7.8	7.8	1	1.0	2.9	0.185	
8	9.0	<1	7.8	7.8	1	1.0	2.6	0.197	3.34
9		<1	7.7	7.7	1.6	1.0	2.6	0.179	
10		<1	7.7	7.7	1	1.0	2.9	0.201	
11			7.6	7.6	1.3		2.9	0.182	
12			7.7	7.7	1.5		2.9	0.189	
13		<1	7.7	7.7	2.5	1.0	2.9	0.222	
14		<1	7.8	7.8	2.5	1.2	2.9	0.159	
15		<1	7.9	7.9	1	1.0	2.9	0.241	
16		<1	7.9	7.9	1.8	1.0	2.0	0.190	
17			7.6	7.6	1.6		2.5	0.189	
18			7.7	7.7	1.1		2.9	0.187	
19			7.8	7.8	3		2.9	0.231	
20		<1	7.7	7.7	2.1	1.9	2.9	0.205	
21		<1	7.7	7.7	2.2	1.0	2.1	0.181	
22	8	<1	7.7	7.7	1.6	1.0	2.7	0.193	
23		<1	7.7	7.7	2	4.6	2.5	0.181	
24			7.8	7.8	2.1		2.6	0.193	
25			7.9	7.9	1.6		2.2	0.234	
26			7.7	7.7	2.9		2.6	0.223	
27		<1	7.7	7.7	1.7	1.0	2.1	0.233	
28		2	7.6	7.6	1.7	1.0	2.9	0.226	
29		<1	7.8	7.8	1.5	1.5	2.9	0.216	
30		<1	7.7	7.7	2.5	1.0	2.5	0.267	
31									
Total	17.0	11	232	232	53	24.2	79	5.912	3.34
Mo. Avg.	8.5	0.57	7.72	7.72	1.8	1.27	2.6	0.1971	3.34

## PLANT STAFFING:

Day Shift Operator

Class:

B

Certificate No:

04653

Name:

Gregory Hooper

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

8863

Name:

Roger Holsapple

Permit Number:  
Monitoring Period

FLA010900  
From: June 01, 2011 To: June 30, 2011

# DAILY SAMPLE RESULTS - PART B

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.198	0.00	0.00	0.00	0.00					
2	0.120	0.00	0.00	0.00	0.00					
3	0.199	0.00	0.00	0.00	0.00					
4	0.056	0.00	0.00	0.00	0.00					
5	0.000	0.00	0.00	0.00	0.00					
6	0.396	0.00	0.00	0.00	0.00					
7	0.271	0.00	0.00	0.00	0.00					
8	0.158	0.00	0.00	0.00	0.00	160.2	196.0			
9	0.291	0.00	0.00	0.00	0.00					
10	0.130	0.00	0.00	0.00	0.00					
11	0.187	0.00	0.00	0.00	0.00					
12	0.268	0.00	0.00	0.00	0.00					
13	0.395	0.00	0.00	0.00	0.00					
14	0.262	0.00	0.00	0.00	0.00					
15	0.109	0.00	0.00	0.00	0.00					
16	0.124	0.00	0.00	0.00	0.00					
17	0.086	0.00	0.00	0.00	0.00					
18	0.209	0.00	0.00	0.00	0.00					
19	0.000	0.00	0.00	0.00	0.00					
20	0.000	0.00	0.00	0.00	0.00					
21	0.000	0.00	0.00	0.00	0.00					
22	0.365	0.00	0.00	0.00	0.00	194.0	126.0			
23	0.000	0.00	0.00	0.00	0.00					
24	0.030	0.00	0.00	0.00	0.00					
25	0.172	0.00	0.00	0.00	0.00					
26	0.000	0.00	0.00	0.00	0.00					
27	0.000	0.00	0.00	0.00	0.00					
28	0.000	0.00	0.00	0.00	0.00					
29	0.000	0.00	0.00	0.00	0.00					
30	0.000	0.00	0.00	0.00	0.00					
31	0.000	0.00	0.00	0.00	0.00					
Total	4.026	0.00	0.00	0.00	0.00	354.2	322.0			
Mo. Avg.	0.1342	0.00	0.00	0.00	0.00	177.1	161.0			

## PLANT STAFFING:

Day Shift Operator	Class: B	Certificate No: 04653	Name: Gregory Hooper
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: C	Certificate No: 08863	Name: Roger Holsapple

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Wedgefield WWTF

Address 3100 Bancroft Blvd.

City Orlando Florida

Zip 32833

Telephone Number (407) 259-6991

(2) The GMS Identification Number 3048P03712

(3) DEP Permit Number FLA010900

(4) Authorized Representative Name Roger Holsapple

Address 6608 Walton Way

City Tampa Florida

Zip 33610

Telephone Number (813) 359-8327

(5) Type of Discharge Domestic Waste

(6) Method of Discharge Golf Course / Sprayfield Irrigation

certification

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

Date: July 19, 2011

  
Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589

NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004



# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgfield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID: **MWB-1R\***  
Well Type: **Background**  
Description: **Well Name MW-1**  
**Golf Course**  
**WAFR # 6006**  
**GMS# 3048A13413**  
Date Sample Obtained: **04/26/2011**  
Time Sample Obtained: **12:04**

Monitoring Period  
Was the well purged before sampling?  
GW TOC: 66.30

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	61.49	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved (TDS)	70295	70296	360	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	150	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.64	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	1.9	NTU	Report	0.016	F180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	92V	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E534.2	Quarterly	pump	N

\*Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgefield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWB-2**  
**Background**  
**Well Name MW-2**  
**Golf Course**  
**WAFR # 6005**  
**GMS# 3048A13414**  
**04/26/2011**  
**12:34**

Monitoring Period  
Was the well purged before sampling?  
GW TOC:70.10

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.79	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	75	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	14	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.32	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	3.5	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	10	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Tribalothane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Tribalothane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County: Orange County  
Facility Name: Wedgefield WWTF  
Permit Number: FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWB-3  
Well Type: Background  
Description: Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415  
Date Sample Obtained: 04/26/2011-06/16/2011  
Time Sample Obtained: 11:39-08:23

Monitoring Period  
Was the well purged before sampling?  
GW TOC:67.90

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.78	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00630	--	0.27U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	1400- 1500	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	91	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	6.02	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	60	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	69	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416  
04/26/2011  
08:53

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 67.70

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	63.90	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	220	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	45	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74033	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.66	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	90	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	29	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-6  
Compliance  
Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418  
04/26/2011  
10:04

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 65.04

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirements	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	59.69	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	160	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	31	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.02	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	38	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	26	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgfield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MW-7**  
**Intermediate**  
**Well Name MW-7**  
**Golf Course**  
**WAFR # 6000**  
**GMS# 3048A13419**  
**04/26/2011-06/16/2011**  
**09:23:07:34**

Monitoring Period  
Was the well purged before sampling?  
GWTOC:68.70

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.79	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.59	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	570-670	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	240	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.42	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	34	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	160-180	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
 Facility Name: **Wedgefield WWTF**  
 Permit Number: **FLA010900**

GMS# 3048P03712

Permit Builder MW ID: **MWC-1**  
 Well Type: **Compliance**  
 Description: **Well Name MW-1**  
**On-Site Irrigation**  
**WAFR # 32995**  
 GMS# --  
 Date Sample Obtained: **04/26/2011**  
 Time Sample Obtained: **10:46**

Monitoring Period: **From: April 2011 To: June 2011**  
 Was the well purged before sampling? **X Yes \_\_\_ No**  
 GWTOC: **71.53**

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	63.58	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	58	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	15	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.42	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	23	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	9.4	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
 COMMENTS AND EXPLANATION:  
 11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgefield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-2**  
**Compliance**  
**Well Name MW-2**  
**On-Site Irrigation**  
**WAFR # 32996**  
**GMS# --**

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.00

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

04/26/2011  
11:11

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	63.70	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	150	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	40	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.76	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	0.65	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	35	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWC-3  
Well Type: Compliance  
Description: Well Name MW-3  
On-Site Irrigation  
WAFR # 32997  
GMS# --  
Date Sample Obtained: 04/26/2011  
Time Sample Obtained: 08:07

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.26

From: April 2011 To: June 2011  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	E2545	--	67.26	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	440	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	200	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
H	00400	--	5.53	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	E2079	--	3.5	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	120V	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	E2080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County: Orange County  
Facility Name: Wedgefield WWTF  
Permit Number: FLA010900

**GMS# 3048P03712**

Permit Builder MW ID: MWP-1  
Well Type: Piezometer  
Description: Well Name MWP-1 \*  
On-Site Irrigation  
WAFR # 55881  
GMS# --

Monitoring Period From: April 2011 To: June 2011

Date Sample Obtained:  
04/04/2011-05/11/2011-  
06/06/2011  
Time Sample Obtained:

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

COMMENTS AND EXPLANATION:  
\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgefield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWP-2**  
**Piezometer**  
**Well Name MWP-2**  
**On-Site Irrigation**  
**WAFR # 55883**  
**GMS# --**

**Monitoring Period**

**From: April 2011**

**To: June 2011**

Date Sample  
Obtained:04/04/2011-  
05/11/2011-06/08/2011  
Time Sample Obtained:

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

**COMMENTS AND EXPLANATION:**

COMMENTS AND EXPLANATION:  
 \* MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98  
 4/20/2004

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 McGuire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pharis-Wedgfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Route, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐

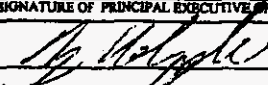
MONITORING PERIOD

From: July 01,2011

To: July 31,2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.302	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50030 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1	Sample Measurement	0.311	MGD			0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50030 I	Sample Measurement							
Mon.Site No. FLW-1	Permit Requirement							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.7		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1	Sample Measurement			8.5	9.8	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	mg/L	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Sample Measurement			2.3		0	4 Days/Week	Grab
Mon.Site No. EFA-1	Permit Requirement			5.0 (Max.)		mg/L	4 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			7.5	8.8	0	5 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Mon.Site No. EFB-1	Sample Measurement							
pH	Permit Requirement							
PARM Code 00400 A	Sample Measurement							
Mon.Site No. SFA-1	Permit Requirement							

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)
Roger Holapple Lead Operator		407-259-6991	2011/08/23

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: July 01, 2011

R-001

PERMIT NUMBER: FLA010900

To: July 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				75%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1											
Coliform, Fecal	Sample Measurement				4.0			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1											
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Mon. Site No. EFA-1											
Turbidity	Sample Measurement				2.9			NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon. Site No. FFB-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.43			mg/L	0	Monthly	8-hour FPC
ARM Code 00620 A	Permit Requirement				12.0 (Max.)			mg/L		Monthly	8-hour FPC
Mon. Site No. EFA-1											
Flow (from groundwater well)	Sample Measurement	0.00		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (total to zone 3)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 2)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when NO3 result was 12.12

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgetfield WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: July 01, 2011

To: July 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo. Avg.)	Report (1-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.181		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.092	0.152	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				206.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
solids, Total Suspended	Sample Measurement				192.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/l		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
Percent Capacity, (TMADT/ Permitted Capacity) x 100	Sample Measurement				54.89			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon. Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADT. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test  
 DEP Form 62-620.910(10), Effective November 29, 1994

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

PLA010900  
From: July 01,2011

To: July 31,2011

Facility: Wedgefield WWTF

	CBOD5 (mg/L.)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.6	7.6	2		1.6	0.271	
2			7.8	7.8	1		2.1	0.256	
3			7.6	7.6	1.5		2.0	0.241	
4			7.6	7.6	2.2		1.5	0.231	
5		<1	7.6	7.6	2.0	<1	1.6	0.241	
6	8.0	<1	7.7	7.7	2	<1	1.5	0.224	
7		<1	7.7	7.7	1.8	<1	2.5	0.211	
8		<1	7.8	7.8	1.8	1.1	2.4	0.304	
9			7.6	7.6	2.8		1.0	0.317	
10			7.6	7.6	1.4		0.8	0.279	
11		<1	7.6	7.6	1.4	<1	2.9	0.258	
12		<1	8.0	8.0	1	1.6	2.1	0.230	
13		2	7.9	7.9	1.3	<1	1.7	0.229	
14		<1	8.0	8.0	1.3	1.7	2.2	0.210	
15			7.6	7.6	1		2.9	0.207	
16			7.8	7.8	1.3		2.9	0.355	
17			7.7	7.7	1		2.9	0.245	
18		1	7.7	7.7	1	1.9	2.9	0.289	
19		1	7.8	7.8	1	2.2	2.9	0.234	
20	9.0	<1	7.7	7.7	1	<1	2.0	0.234	
21		4	7.7	7.7	1.4	1.4	2.4	0.221	
22			7.5	7.5	1.6		2.6	0.222	
23			7.6	7.6	1.5		2.4	0.236	
24			7.6	7.6	2.5		2.9	0.266	
25		<1	7.7	7.7	1	1.1	2.9	0.242	
26		<1	7.8	7.8	2.5	<1	1.5	0.059	
27		<1	7.6	7.6	1	<1	2.9	0.027	
28		<1	7.9	7.9	1	<1	2.9	0.024	
29			7.7	7.7	1		2.9	0.036	
30			7.8	7.8	1		2.9	0.145	
31			7.7	7.7	1		2.9	0.006	
Total	17.0	14.0	239	239	45.3	15.5	71.6	6.55	
Mo. Avg.	8.5	0.875	7.7	7.7	1.4	0.968	2.3	0.211	

## **PLANT STAFFING:**

Day Shift Operator	Class: B	Certificate No: 4653	Name: Gregory Hooper
Day Shift Operator	Class:	Certificate No:	Name:
Night Shift Operator	Class:	Certificate No:	Name:
Lead Operator	Class: C	Certificate No: 8863	Name: Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: July 01, 2011

To July 28, 2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
<b>Code</b>	50050	50050	50050	50050	50050	80082	00530			
<b>Mon. Site</b>	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.000	0.00	0.00	0.00	0.00					
2	0.000	0.00	0.00	0.00	0.00					
3	0.000	0.00	0.00	0.00	0.00					
4	0.120	0.00	0.00	0.00	0.00					
5	0.000	0.00	0.00	0.00	0.00					
6	0.252	0.00	0.00	0.00	0.00	221.0	162.0			
7	0.000	0.00	0.00	0.00	0.00					
8	0.000	0.00	0.00	0.00	0.00					
9	0.000	0.00	0.00	0.00	0.00					
10	0.000	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.000	0.00	0.00	0.00	0.00					
13	0.164	0.00	0.00	0.00	0.00					
14	0.000	0.00	0.00	0.00	0.00					
15	0.000	0.00	0.00	0.00	0.00					
16	0.000	0.00	0.00	0.00	0.00					
17	0.000	0.00	0.00	0.00	0.00					
18	0.000	0.00	0.00	0.00	0.00					
19	0.000	0.00	0.00	0.00	0.00					
20	0.000	0.00	0.00	0.00	0.00	192.0	222.0			
21	0.316	0.00	0.00	0.00	0.00					
22	0.012	0.00	0.00	0.00	0.00					
23	0.000	0.00	0.00	0.00	0.00					
24	0.000	0.00	0.00	0.00	0.00					
25	0.194	0.00	0.00	0.00	0.00					
26	0.280	0.00	0.00	0.00	0.00					
27	0.263	0.00	0.00	0.00	0.00					
28	0.017	0.00	0.00	0.00	0.00					
29	0.743	0.00	0.00	0.00	0.00					
30	0.000	0.00	0.00	0.00	0.00					
31	0.494	0.00	0.00	0.00	0.00					
<b>Total</b>	<b>2.855</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>413.0</b>	<b>384.0</b>			
<b>Mo. Avg.</b>	<b>0.092</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>0.00</b>	<b>206.5</b>	<b>192.0</b>			

## **PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>4653</u>	Name: <u>Gregory Hooper</u>
Day 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>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐

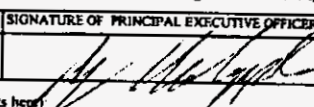
MONITORING PERIOD

From: August 01, 2011

To: August 31, 2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.203	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-1	Sample Measurement	0.237	MGD			0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50050 1	Sample Measurement					0	5 Days/Week	Flow meters and totalizers
Mon Site No. FLW-1	Permit Requirement						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.7		0	Every Two Weeks	8-hour FPC
RM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon Site No. EFA-1	Sample Measurement			7.6	mg/l	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
PARM Code R0082 A	Sample Measurement			2.8	mg/l	0	4 Days/Week	Grab
Mon Site No. EFA-1	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			7.3	SI	0	5 Days/Week	Grab
PARM Code 00530 U	Permit Requirement			6.0 (Min.)	SI		5 Days/Week	Grab
Mon Site No. EFB-1	Sample Measurement			7.8		0	5 Days/Week	Grab
pH	Permit Requirement			8.5 (Max.)			5 Days/Week	Grab
PARM Code 00400 A	Sample Measurement					0	5 Days/Week	Grab
Mon Site No. EFA-1	Permit Requirement						5 Days/Week	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)
Roger Holsapple Lead Operator		407-259-6991	2011-09-23

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP

R-001

PERMIT NUMBER: FLA010900

NUMBER:

MONITORING PERIOD

From: August 01, 2011

To: August 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1											
Coliform, Fecal	Sample Measurement				3			#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)			#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1											
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				1.0 (Min.)			mg/L		Continuous	Meter
Mon. Site No. EFA-1											
Turbidity	Sample Measurement				2.9			NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon. Site No. EFB-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.62			mg/L	0	Monthly	8-hour FPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)			mg/L		Monthly	8-hour FPC
Mon. Site No. EFA-1											
Flow (from groundwater well)	Sample Measurement	0.00		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (total to zone 3)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 2)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when NO3 result was 12.12

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: August 01, 2011

To: August 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.164		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.187	0.137	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-2											
BOD, Carbonaceous 5 day, 20°C	Sample Measurement				194.3			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
Solids, Total Suspended	Sample Measurement				132.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. INF-1											
Percent Capacity, (TMADE/ Permitted Capacity) x 100	Sample Measurement				58.4			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon. Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: August 01,2011

To: August 31,2011

Facility: Wedgfield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.7	7.7	1	2.8	2.9	0.178	
2		<1	7.6	7.6	1.2	1.0	2.9	0.235	
3	8.0	<1	7.6	7.6	1	1.2	2.9	0.236	0.62
4		<1	7.4	7.4	1.0	1.0	2.9	0.310	
5			7.6	7.6	1.4		2.9	0.244	
6			7.3	7.3	1.6		2.4	0.246	
7			7.4	7.4	1		2.6	0.229	
8		<1	7.7	7.7	1	1.0	2.9	0.240	
9		<1	7.7	7.7	1.2	1.0	2.6	0.284	
10		<1	7.7	7.7	1.1	1.0	2.0	0.243	
11		<1	7.6	7.6	1.3	1.0	1.8	0.281	
12			7.7	7.7	1.8		2.7	0.234	
13			7.8	7.8	2.5		2.4	0.220	
14			7.8	7.8	3		2.9	0.228	
15		<1	7.7	7.7	2.5	1.2	2.9	0.279	
16		<1	7.6	7.6	1.5	1.3	2.6	0.244	
17	7.0	<1	7.7	7.7	1.5	1.0	1.5	0.228	
18		<1	7.7	7.7	1.5	1.8	2.4	0.222	
19			7.8	7.8	1.2		1.8	0.232	
20			7.8	7.8	1.6		2.0	0.215	
21			7.7	7.7	1.3		1.0	0.242	
22		<1	7.7	7.7	1.2	1.0	0.5	0.247	
23		<1	7.8	7.8	1	1.0	2.9	0.251	
24		<1	7.6	7.6	1.3	1.0	1.8	0.209	
25		3	7.7	7.7	1.4	1.0	2.7	0.207	
26			7.6	7.6	1		2.6	0.227	
27			7.4	7.4	1		2.2	0.224	
28			7.6	7.6	1.4		2.6	0.251	
29		<1	7.7	7.7	1.5	1.0	1.3	0.222	
30		<1	7.5	7.5	2.5	1.0	2.0	0.212	
31	8.0	<1	7.3	7.3	1.4	1.0			
Total	23	12.0	236.5	236.5	49	19.5	71.8	7.345	0.62
Mo. Avg.	7.6	0.63	7.6	7.6	1.44	1.08	2.3	0.237	0.62

## PLANT STAFFING:

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>4653</u>	Name: <u>Gregory Hooper</u>
Day 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>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# **DAILY SAMPLE RESULTS – PART B**

Permit Number:  
Monitoring Period

FLA010900

From: August 01, 2011

To: August 28, 2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.381	0.00	0.00	0.00	0.00					
2	0.537	0.00	0.00	0.00	0.00					
3	0.731	0.00	0.00	0.00	0.00	191.0	134.0			
4	0.694	0.00	0.00	0.00	0.00					
5	0.252	0.00	0.00	0.00	0.00					
6	0.000	0.00	0.00	0.00	0.00					
7	0.206	0.00	0.00	0.00	0.00					
8	0.224	0.00	0.00	0.00	0.00					
9	0.000	0.00	0.00	0.00	0.00					
10	0.000	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.056	0.00	0.00	0.00	0.00					
13	0.088	0.00	0.00	0.00	0.00					
14	0.237	0.00	0.00	0.00	0.00					
15	0.144	0.00	0.00	0.00	0.00					
16	0.000	0.00	0.00	0.00	0.00					
17	0.000	0.00	0.00	0.00	0.00	202.0	114.0			
18	0.634	0.00	0.00	0.00	0.00					
19	0.693	0.00	0.00	0.00	0.00					
20	0.000	0.00	0.00	0.00	0.00					
21	0.000	0.00	0.00	0.00	0.00					
22	0.266	0.00	0.00	0.00	0.00					
23	0.047	0.00	0.00	0.00	0.00					
24	0.000	0.00	0.00	0.00	0.00					
25	0.023	0.00	0.00	0.00	0.00					
26	0.000	0.00	0.00	0.00	0.00					
27	0.000	0.00	0.00	0.00	0.00					
28	0.000	0.00	0.00	0.00	0.00					
29	0.414	0.00	0.00	0.00	0.00					
30	0.001	0.00	0.00	0.00	0.00					
31	0.000	0.00	0.00	0.00	0.00	190.0	148.0			
Total	5.628	0.00	0.00	0.00	0.00	583.0	396.0			
Mo. Avg.	0.187	0.00	0.00	0.00	0.00	194.3	132.0			

**PLANT STAFFING:**

Day Shift Operator	Class: <u>B</u>	Certificate No: <u>4653</u>	Name: <u>Gregory Hooper</u>
Day 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>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Banaroff Boulevard

MONITORING GROUP NUMBER: R-001

MONITORING GROUP DESC: Public Access Rouse, including Influent

Orlando, FL

COUNTY: Orange

**REVISED**  
**1-10-12**

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: September 01,2011  
To: September 30,2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.282	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.215	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.6	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.8	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			4.5	MG/L	0	4 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			5.0 (Max.)	mg/L		4 Days/Week	Grab
pH	Sample Measurement			7.6	8U	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8U		5 Days/Week	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)
Roger Holsapple Lead Operator	<i>R. Holsapple</i>	407-259-6991	2012/01/10

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP R-001  
 NUMBER:  
 MONITORING PERIOD  
 From: September 01, 2011  
 To September 30, 2011

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement				3		#/100ML	0	4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
Mon. Site No. EFA-1										
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		mg/L	0	Continuous	Meter
PARM Code 30060 A	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Mon. Site No. EFA-1										
Turbidity	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 00070 B	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EPB-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.66		mg/L	0	Monthly	8-hour PPC
PARM Code 00620 A	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour PPC
Mon. Site No. EFA-1										
Flow (from groundwater well)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 30050 P	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 30050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (total to zone 3)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 30050 R	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 3)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 30050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 2)	Sample Measurement	0.00		MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 30050 T	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										
Flow (total to zone 2)	Sample Measurement	0.00	0.00	MGD			MGD	0	Continuous	Flow meters and totalizers
PARM Code 30050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: September 01, 2011  
To: September 30, 2011

R-001

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.195		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.279	0.192	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				222.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Q	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				162.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				69.05			Percent	0	Monthly	Calculated
PARM Code 00180 1	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994



# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: September 01,2011 To: September 30,2011

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.7	7.7	1.3		2.6	0.235	
2			7.8	7.8	1.4		1.8	0.229	
3			7.8	7.8	1.0		2.1	0.197	
4			7.7	7.7	1.4		2.6	0.229	
5			7.6	7.6	1.2		1.8	0.206	
6		3	7.7	7.7	1.0	1.0	2.9	0.255	
7	7.0	<1	7.6	7.6	1.1	4.5	2.9	0.295	5.66
8		<1	7.8	7.8	1.0	2.1	2.3	0.300	
9		<1	7.9	7.9	2.0	1.4	1.7	0.299	
10			8.1	8.1	1.7		1.3	0.298	
11			8.0	8.0	1.0		1.8	0.213	
12		<1	8.0	8.0	1.3	2.8	2.3	0.245	
13		<1	7.7	7.7	1.5	1.1	2.2	0.196	
14		<1	7.8	7.8	1.0	1.1	2.4	0.211	
15		<1	7.6	7.6	1.0	1.3	2.0	0.190	
16			7.7	7.7	1.0		1.6	0.202	
17			7.9	7.9	1.4		2.6	0.193	
18			8.1	8.1	1.2		2.8	0.239	
19		<1	7.9	7.9	1.3	1.6	2.5	0.256	
20		<1	7.9	7.9	1.0	3.6	2.6	0.190	
21		<1	7.7	7.7	1.0	1.0	2.9	0.003	
22		<1	7.8	7.8	1.0	2.1	2.9	0.196	
23			7.6	7.6	1.3		2.9	0.198	
24			7.7	7.7	1.0		2.9	0.194	
25			7.7	7.7	1.0		2.9	0.156	
26		<1	7.6	7.6	1.3	1.0	1.3	0.215	
27		<1	7.8	7.8	1.9	1.6	1.5	0.211	
28	7.0	<1	7.8	7.8	2.2	2.1	2.3	0.210	
29		<1	7.8	7.8	1.4	1.0	2.6	0.201	
30			7.7	7.7	1.0		2.9	0.189	
31									
Total	14.0	11	223.5	223.5	38	30.3	70	6.451	5.66
Mo. Avg.	7.0	0.65	7.78	7.78	1.3	1.78	2.3	0.215	5.66

**PLANT STAFFING:**

Day Shift Operator

Class:

Certificate No:

Name:

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

8863

Name:

Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: December 01,2011 To: December 31,2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.671	0.00	0.00	0.00	0.00					
2	0.699	0.00	0.00	0.00	0.00					
3	0.706	0.00	0.00	0.00	0.00					
4	0.740	0.00	0.00	0.00	0.00					
5	0.716	0.00	0.00	0.00	0.00					
6	0.701	0.00	0.00	0.00	0.00					
7	0.726	0.00	0.00	0.00	0.00	235.0	170.0			
8	0.196	0.00	0.00	0.00	0.00					
9	0.000	0.00	0.00	0.00	0.00					
10	0.000	0.00	0.00	0.00	0.00					
11	0.000	0.00	0.00	0.00	0.00					
12	0.214	0.00	0.00	0.00	0.00					
13	0.000	0.00	0.00	0.00	0.00					
14	0.000	0.00	0.00	0.00	0.00					
15	0.670	0.00	0.00	0.00	0.00					
16	0.421	0.00	0.00	0.00	0.00					
17	0.000	0.00	0.00	0.00	0.00					
18	0.296	0.00	0.00	0.00	0.00					
19	0.264	0.00	0.00	0.00	0.00					
20	0.134	0.00	0.00	0.00	0.00					
21	0.302	0.00	0.00	0.00	0.00					
22	0.047	0.00	0.00	0.00	0.00					
23	0.218	0.00	0.00	0.00	0.00					
24	0.000	0.00	0.00	0.00	0.00					
25	0.000	0.00	0.00	0.00	0.00					
26	0.000	0.00	0.00	0.00	0.00					
27	0.158	0.00	0.00	0.00	0.00					
28	0.587	0.00	0.00	0.00	0.00	209.0	154.0			
29	0.464	0.00	0.00	0.00	0.00					
30	0.000	0.00	0.00	0.00	0.00					
31		0.00	0.00	0.00	0.00					
Total	8.930	0.00	0.00	0.00	0.00	444.0	324.0			
Mo. Avg	0.297	0.00	0.00	0.00	0.00	222.0	162.0			

**PLANT STAFFING:**

Day Shift Operator

Class:

Certificate No:

Name:

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

08863

Name:

Roger Holsapple

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

REVISED  
1-10-12

PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF  
Address 3100 Bancroft Blvd.  
City Orlando Florida Zip 32833  
Telephone Number (407) 259-6991
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name Roger Hoisapple  
Address 6808 Walton Way  
City Tampa Florida Zip 33610  
Telephone Number (813) 359-8327
- (5) Type of Discharge Domestic Waste
- (6) Method of Discharge Golf Course / Sprayfield Irrigation

Certification

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

Date: JAN 10, 2012



Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589  
NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-1R\*  
Background  
Well Name MW-1  
Golf Course  
WAFR # 6006  
GMS# 3048A13413  
Date Sample Obtained: 07/27/2011  
Time Sample Obtained: 11:56

Monitoring Period  
Was the well purged before sampling?  
GW TOC: 66.30

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analyte Results)	Units	Permit Requirement	Detection Limit	Analyte Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82345	--	62.22	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	400	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	130	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
	00400	--	4.61	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	2.4	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	85	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*Original well MWB-1 was damaged and replaced by MWB-1R on 06/06/2007. The WAFR ID remains the same

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)

COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-2  
Background  
Well Name MW-2  
Golf Course  
WAFR # 6005  
GMS# 3048A13414  
07/27/2011-09/20/2011  
12:34-11:33

Monitoring Period  
Was the well purged before sampling?  
GW TOC:70.10

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Sample Filtered (L/V/N)
Water Level Relative to Feet, NGVD	82545	--	64.85	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.039U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	170	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	16	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
1	00400	--	4.45	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	0.15	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	11	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.16U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION: First sample on 07/27/2011 was NOT taken due to the home owner refusing access to the well.  
There was a resample on 09/20/2011 with results in the report above  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415  
Date Sample Obtained:  
Time Sample Obtained:

Monitoring Period  
Was the well purged before sampling?  
GW TOC:67.90

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analyte Reqs/its)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	66.51	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.27U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	1400/1500	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	81	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	6.04	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	45	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	69	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgfield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MW1-4**  
**Intermediate**  
**Well Name MW-4**  
**Golf Course**  
**WAFR # 6003**  
**GMS# 3048A13416**  
**7/27/2011-9/20/2011**  
**09:54-09:48**

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 67.70

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	65.1	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	230	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	59	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	160/1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
Oil	00400	--	5.31	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	13	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	36	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWC-6  
Well Type: Compliance  
Description: Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418  
Date Sample Obtained: 7/27/2011-9/20/2011  
Time Sample Obtained: 10:48-10:32

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 65.04

From: July 2011 To September 2011  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement t	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	61.58	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	190	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	27	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	43/	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.12	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	12	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	27	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419  
7/27/2011-9/20/2011  
10:23-10:12

Monitoring Period  
Was the well purged before sampling?  
GWTOC:68.70

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	65.88	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.27U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	760/960	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	290/400	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	190/1.0U	#/100/ml	Report	1.0	BM9222D	Quarterly	pump	N
1	00400	--	5.38	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	16	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	190/240	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	B524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgfield WWTP**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-1**  
**Compliance**  
**Well Name MW-1**  
**On-Site Irrigation**  
**WAFR # 32995**  
**GMS# --**  
**7/27/2011**  
**07:49**

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 71.53

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/V/N)
Water Level Relative to Fast, NGVD	82545	--	65.45	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	86	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	9.4	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
	00400	--	4.72	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	29	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	7.6	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3049P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996  
GMS# --

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.00

From: July 2011 To September 2011  
X Yes \_\_\_ No

Date Sample Obtained: 7/27/2011  
Time Sample Obtained: 08:21

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82343	--	64.87	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	130	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	3.9	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74053	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.19	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	16	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	4.5	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMF)

COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWC-3  
Well Type: Compliance  
Description: Well Name MW-3  
On-Site Irrigation  
WAFR # 32997  
GMS# --  
Date Sample Obtained: 7/27/2011  
Time Sample Obtained: 09:08

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.26

From: July 2011 To September 2011  
X Yes \_\_\_ No

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	69.00	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.053U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	430	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	140	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
Al	00400	--	5.55	µg/L	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	3.5	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	98	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
Facility Name: **Wedgfield WWTF**  
Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-1
Wall Type:	Piezometer
Description:	Well Name MWP-1* On-Site Irrigation WAFR # 55881 GMS# --

Monitoring Period From: July 2011 To: September 2011

Date Sample Obtained:  
7/6/11-8/17/11-9/14/11  
Time Sample Obtained:

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2
	On-Site Irrigation
	WAFR # 55883
	GMS# --

Monitoring Period

From July 2011 To September 2011

Date Sample Obtained:  
7/6/11-8/17/11-9/14/11  
Time Sample Obtained:

Was the well purged before sampling? ☐ Yes ☒ No

[illegible]

**COMMENTS AND EXPLANATION:**

• MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98

# 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. Hard 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 28<sup>th</sup> 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	Insufficient 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 method detection limits or practical quantification 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 instruments 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 reporting 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 units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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 B - 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 Measurements:** 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.

**Analysis 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. airlift, 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 Explanation:** 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 upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > 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.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD 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.

**Reasons for Discharge:** Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.



# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgetfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgetfield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

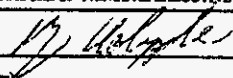
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Route, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: October 01,2011 To: October 31,2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.206	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.262	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
OD, Carbonaceous 5 day, 20C	Sample Measurement			7.8		0	Every Two Weeks	8-hour FPC
ARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.8	9.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			3.8		0	4 Days/Week	Grab
PARM Code 00530 B Mon.Site No. EPB-1	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
pH	Sample Measurement			7.2	8.8	0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	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)
Roger Holapple Lead Operator		407-259-6991	2011/11/21

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

# **DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgefield  
MAILING ADDRESS: 6606 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgefield WWTF  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: October 01,2011 To: October 31,2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.206	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1								
Flow	Sample Measurement	0.262	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.8		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.0	9.0	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			3.0		0	4 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
Mon.Site No. EFB-1								
pH	Sample Measurement			7.2	8.0	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab
Mon.Site No. EFA-1								

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)
Roger Holsapple Lead Operator		407-259-6991	2011/11/21

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

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: October 01, 2011

R-001

PERMIT NUMBER: FLA010900

To: October 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94%			PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)			PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1					3			#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				25 (Max.)			#/100ML		4 Days/Week	Grab
PARM Code 74015 A	Permit Requirement				1.0			mg/l	0	Continuous	Meter
Mon. Site No. EFA-1					1.0 (Min.)			mg/l		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9			NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)			NTU		Continuous	Meter
Mon. Site No. EFA-1					3.96			mg/l	0	Monthly	8-hour FPC
Turbidity	Sample Measurement				12.0 (Max.)			mg/l		Monthly	8-hour FPC
PARM Code 00070 B	Permit Requirement										
Mon. Site No. EFB-1											
Nitrogen, Nitrate, Total (as N)	Sample Measurement										
PARM Code 00620 A	Permit Requirement										
Mon. Site No. EFA-1											
Flow (from groundwater well)	Sample Measurement	0.00		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-6											
Flow (total to zone 3)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-5											
Flow (total in zone 2)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											
Flow (total in zone 2)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Mon. Site No. FLW-4											

COMMENTS: Flow was going to reuse on the 12<sup>th</sup> of February when NO3 result was 12.12

# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: October 01, 2011

To: October 31, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.198		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.228	0.181	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				201.0			mg/L	0	Every Two Weeks	8-hour FPC
RM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				160.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				64.6			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.9(10)(10), Effective November 29, 1994

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900  
From: October 01,2011

To: October 31,2011

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1			7.7	7.7	1.5		2.2	0.197	
2			7.6	7.6	1		2.9	0.209	
3		<1	7.8	7.8	1.4	1.3	2.1	0.224	
4		<1	7.7	7.7	1.0	1.7	2.9	0.162	
5		<1	7.6	7.6	1.3	3.0	2.9	0.079	
6		<1	7.7	7.7	1.3	1.0	2.9	0.100	
7			7.4	7.4	2.8		1.2	0.218	
8			7.8	7.8	1.4		2.3	0.234	
9			7.8	7.8	1		2.9	0.304	
10			7.8	7.8	1		2.9	0.000	
11		<1	7.7	7.7	2.2	1.0	2.5	0.328	
12	9.0	<1	7.8	7.8	1.4	1.0	1.2	0.339	3.96
13		3	7.8	7.8	1.4	1.0	1.3	0.267	
14		<1	7.9	7.9	1.2	1.4	2.2	0.381	
15			8.0	8.0	1		1.8	0.343	
16			7.9	7.9	1		2.2	0.389	
17		<1	7.8	7.8	1.2	1.0	1.8	0.354	
18		<1	7.6	7.6	2.1	1.0	2.5	0.302	
19		<1	7.5	7.5	1.8	1.0	2.5	0.358	
20		<1	7.6	7.6	2.6	1.0	2.5	0.357	
21			7.7	7.7	1.4		1.6	0.336	
22			7.5	7.5	1.4		2.4	0.303	
23			7.6	7.6	1.3		2.4	0.322	
24		<1	7.7	7.7	1.3	1.0	2.7	0.359	
25		<1	7.8	7.8	1.6	1.0	2.7	0.311	
26	9.0	<1	7.4	7.4	2.5	1.0	2.3	0.231	
27		<1	7.3	7.3	2.6	1.0	2.2	0.203	
28			7.2	7.2	2.5		2.2	0.214	
29			7.4	7.4	1.7		1.6	0.218	
30			7.4	7.4	1.8		1.8	0.227	
31		<1	7.3	7.3	2	1.0	2.3	0.247	
Total	18.0	11	236.8	236.8	49.7	20.4	69.9	8.116	3.96
Mo. Avg.	9.0	0.64	7.63	7.63	1.60	1.2	2.25	0.261	3.96

## **PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900

From: October 01, 2011

To: October 28, 2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.308	0.00	0.00	0.00	0.00					
2	0.231	0.00	0.00	0.00	0.00					
3	0.262	0.00	0.00	0.00	0.00					
4	0.000	0.00	0.00	0.00	0.00					
5	0.569	0.00	0.00	0.00	0.00					
6	0.753	0.00	0.00	0.00	0.00					
7	0.183	0.00	0.00	0.00	0.00					
8	0.000	0.00	0.00	0.00	0.00					
9	0.000	0.00	0.00	0.00	0.00					
10	0.000	0.00	0.00	0.00	0.00					
11	0.004	0.00	0.00	0.00	0.00					
12	0.000	0.00	0.00	0.00	0.00	207.0	106.0			
13	0.000	0.00	0.00	0.00	0.00					
14	0.000	0.00	0.00	0.00	0.00					
15	0.000	0.00	0.00	0.00	0.00					
16	0.173	0.00	0.00	0.00	0.00					
17	0.285	0.00	0.00	0.00	0.00					
18	0.000	0.00	0.00	0.00	0.00					
19	0.000	0.00	0.00	0.00	0.00					
20	0.007	0.00	0.00	0.00	0.00					
21	0.617	0.00	0.00	0.00	0.00					
22	0.397	0.00	0.00	0.00	0.00					
23	0.172	0.00	0.00	0.00	0.00					
24	0.139	0.00	0.00	0.00	0.00					
25	0.465	0.00	0.00	0.00	0.00					
26	0.747	0.00	0.00	0.00	0.00	195.0	214.0			
27	0.775	0.00	0.00	0.00	0.00					
28	0.829	0.00	0.00	0.00	0.00					
29	0.790	0.00	0.00	0.00	0.00					
30	0.768	0.00	0.00	0.00	0.00					
31	0.696	0.00	0.00	0.00	0.00					
Total	9.170	0.00	0.00	0.00	0.00	402.0	320.0			
Mo. Avg.	0.295	0.00	0.00	0.00	0.00	201.0	160.0			

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# **DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Pluris-Wedgfield  
MAILING ADDRESS: 6608 Walton Way  
Tampa Florida, 33610

PERMIT NUMBER: FLA010900

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Wedgfield WWTP  
LOCATION: 3100 Bancroft Boulevard  
Orlando, FL

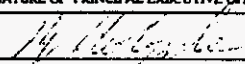
MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Public Access Reuse, including Influent

COUNTY: Orange

NO DISCHARGE FROM SITE: ☐  
MONITORING PERIOD  
From: November 01,2011 To: November 30,2011

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.287	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.217	MGD			0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon.Site No. FLW-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.8		0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			20.0 (An.Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1								
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.5	9	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1								
Solids, Total Suspended	Sample Measurement			1.5		0	4 Days/Week	Grab
PARM Code 00530 B	Permit Requirement			5.0 (Max.)			4 Days/Week	Grab
Mon.Site No. EFB-1								
pH	Sample Measurement			7.5	8.2	0	5 Days/Week	Grab
PARM Code 00400 A	Permit Requirement			6.0 (Min.)	8.5 (Max.)		5 Days/Week	Grab
Mon.Site No. EFA-1								

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)
Roger Holsapple Load Operator		407-239-6991	2011/12/16

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

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: November 01, 2011

R-001

PERMIT NUMBER: FLA010900

To: November 30, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				94%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon. Site No. EFA-1					1		#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Sample Measurement				25 (Max.)		#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Permit Requirement				1.0		mg/L	0	Continuous	Meter
Mon. Site No. EFA-1					1.0 (Min.)		mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon. Site No. EFA-1					8.13		mg/L	0	Monthly	8-hour FPC
Turbidity	Sample Measurement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
PARM Code 00070 B	Permit Requirement									
Mon. Site No. EFB-1										
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A	Permit Requirement									
Mon. Site No. EFA-1										
Flow (from groundwater well)	Sample Measurement	0.00		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	Report (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (from groundwater well)	Sample Measurement	0.00	0.00	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-6										
Flow (total to zone 3)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Permit Requirement	0.0232 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 3)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-5										
Flow (total to zone 2)	Sample Measurement	0.000		MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Permit Requirement	0.0634 (An. Avg.)		MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										
Flow (total to zone 2)	Sample Measurement	0.000	0.000	MGD				0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					Continuous	Flow meters and totalizers
Mon. Site No. FLW-4										

COMMENTS:

DEP Form 62-620.910(10), Effective November 29, 1994



# **DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD

From: November 01, 2011

To: November 30, 2011

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.000		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 V	Permit Requirement	0.0114 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to zone 1)	Sample Measurement	0.000	0.000	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050 W	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-3											
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.223		MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	0.270 (An.Avg.)		MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
Flow (total to golf course)	Sample Measurement	0.365	0.319	MGD					0	Continuous	Flow meters and totalizers
PARM Code 50050	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						Continuous	Flow meters and totalizers
Mon.Site No. FLW-2											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				194.5			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INF-1											
Solids, Total Suspended	Sample Measurement				215.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G	Permit Requirement				Report (Mo.Avg.)			mg/L		Every Two Weeks	8-hour FPC
Mon.Site No. INT-1											
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				62.7			Percent	0	Monthly	Calculated
PARM Code 00180 I	Permit Requirement				Report			Percent		Monthly	Calculated
Mon.Site No. FLW-1											
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.910(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: November 01, 2011 To: November 30, 2011

Facility: Wedgefield WWTF

	CBOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EPB-1	EPB-1	FLW-1	EFA-1
1		<1	7.6	7.6	2.3	1.0	1.9	0.268	
2		<1	7.8	7.8	2.4	1.5	2.2	0.231	
3		<1	8.2	8.2	2.7	1.2	2.2	0.213	
4			8.0	8.0	2.0		2.2	0.220	
5			7.9	7.9	1.2		2.3	0.218	
6			8.1	8.1	2		2.6	0.251	
7		<1	7.8	7.8	2.2	1.0	1.9	0.237	
8		<1	7.9	7.9	2	1.0	1.8	0.210	
9	9.0	<1	8.1	8.1	2.2	1.0	1.8	0.209	8.13
10		<1	8.2	8.2	2.1	1.0	2.0	0.201	
11			8.0	8.0	1		1.8	0.202	
12			7.9	7.9	1.3		2.3	0.191	
13			8.0	8.0	1.5		2.9	0.226	
14		<1	7.6	7.6	2.2	1.0	1.8	0.244	
15		1	7.8	7.8	1.5	1.0	1.9	0.227	
16		<1	7.5	7.5	2	1.0	1.9	0.200	
17		<1	7.6	7.6	1.6	1.0	1.7	0.216	
18			7.6	7.6	1.5		1.6	0.195	
19			7.7	7.7	1.3		2.2	0.208	
20		<1	7.9	7.9	1.5	1.0	2.3	0.222	
21	8.0	<1	7.6	7.6	1.5	1.0	2.0	0.226	
22		<1	7.8	7.8	1.8	1.0	1.9	0.218	
23		<1	7.7	7.7	1.8	1.0	2.0	0.214	
24			7.5	7.5	1.4		1.8	0.224	
25			7.6	7.6	2		2.9	0.229	
26			7.6	7.6	2		2.8	0.200	
27			7.8	7.8	2		2.9	0.220	
28		<1	7.7	7.7	2.2	1.0	2.2	0.224	
29		<1	7.6	7.6	2.5	1.0	2.0	0.201	
30		<1	7.7	7.7	1.7	1.0	2.8	0.170	
31									
Total	17	9	233.8	233.8	55	18.7	65	6.515	8.13
Mo. Avg.	8.5	0.52	7.8	7.8	1.8	1.1	2.2	0.2172	8.13

## PLANT STAFFING:

Day Shift Operator

Class:

Certificate No:

Name:

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

ad Operator

Class:

Certificate No:

Name:

Roger Holsapple

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: November 01, 2011 To November 30, 2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.711	0.00	0.00	0.00	0.00					
2	0.708	0.00	0.00	0.00	0.00					
3	0.103	0.00	0.00	0.00	0.00					
4	0.097	0.00	0.00	0.00	0.00					
5	0.054	0.00	0.00	0.00	0.00					
6	0.532	0.00	0.00	0.00	0.00					
7	0.651	0.00	0.00	0.00	0.00					
8	0.481	0.00	0.00	0.00	0.00					
9	0.807	0.00	0.00	0.00	0.00	191.0	240.0			
10	0.098	0.00	0.00	0.00	0.00					
11	0.004	0.00	0.00	0.00	0.00					
12	0.374	0.00	0.00	0.00	0.00					
13	0.269	0.00	0.00	0.00	0.00					
14	0.000	0.00	0.00	0.00	0.00					
15	0.255	0.00	0.00	0.00	0.00					
16	0.000	0.00	0.00	0.00	0.00					
17	0.446	0.00	0.00	0.00	0.00					
18	0.952	0.00	0.00	0.00	0.00					
19	0.822	0.00	0.00	0.00	0.00					
20	0.517	0.00	0.00	0.00	0.00					
21	0.365	0.00	0.00	0.00	0.00	198.0	190.0			
22	0.508	0.00	0.00	0.00	0.00					
23	0.514	0.00	0.00	0.00	0.00					
24	0.216	0.00	0.00	0.00	0.00					
25	0.367	0.00	0.00	0.00	0.00					
26	0.412	0.00	0.00	0.00	0.00					
27	0.035	0.00	0.00	0.00	0.00					
28	0.252	0.00	0.00	0.00	0.00					
29	0.000	0.00	0.00	0.00	0.00					
30	0.404	0.00	0.00	0.00	0.00					
31										
Total	10.954	0.00	0.00	0.00	0.00	389.0	430.0			
Mo. Avg.	0.3651	0.00	0.00	0.00	0.00	194.5	215.0			

PLANT CONTINUING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>8863</u>	Name: <u>Roger Holsapple</u>

# DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: **Pluris-Wedgfield**  
MAILING ADDRESS: **6608 Watson Way**  
**Tampa Florida 33610**

FACILITY: **Wedgfield WWTF**  
LOCATION: **3100 Bancroft Boulevard**  
**Orlando, FL**

COUNTY: **Orange**

PERMIT NUMBER: **FLA010900**

LIMIT: **Final**  
CLASS SIZE: **N/A**

MONITORING GROUP NUMBER: **R-001**  
MONITORING GROUP DESC: **Public Access Reuse, including Inflow**

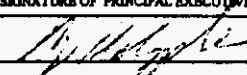
REPORT: **Monthly**  
GROUP: **Domestic**

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD  
From: **December 01, 2011**  
To: **December 31, 2011**

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.288	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.368 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Mon. Site No. FLW-1	Sample Measurement	0.197	MGD		MGD	0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
PARM Code 50050 I	Sample Measurement			7.8	MG/L	0	Every Two Weeks	8-hour FPC
Mon. Site No. FLW-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.8	MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Y	Permit Requirement			30.0 (Mo. Avg.)	mg/L		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1	Sample Measurement			60.0 (Max.)	mg/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Permit Requirement			3.2	MG/L	0	4 Days/Week	Grab
PARM Code 80082 A	Sample Measurement			5.0 (Max.)	mg/L		4 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement			7.4	SU	0	5 Days/Week	Grab
Solids, Total Suspended	Sample Measurement			8.5 (Max.)	SU		5 Days/Week	Grab
PARM Code 00530 B	Permit Requirement							
Mon. Site No. EFB-1	Sample Measurement							
pH	Permit Requirement							
PARM Code 00400 A	Sample Measurement							
Mon. Site No. EFA-1	Permit Requirement							

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)
Roger Holsapple Lead Operator		407-259-6991	2012/01/18

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

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgefield WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA010900

MONITORING PERIOD  
From: December 01,2010  
To: December 31,2011

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal, % less than detection	Sample Measurement				100%		PER-CENT	0	4 Days/Week	Grab
PARM Code 51005 A	Permit Requirement				75 (Min.)		PER-CENT		4 Days/Week	Grab
Mon.Site No. EFA-1	Sample Measurement				0.5		#/100ML	0	4 Days/Week	Grab
Coliform, Fecal	Permit Requirement				25 (Max.)		#/100ML		4 Days/Week	Grab
PARM Code 74055 A	Sample Measurement				1.0		mg/L	0	Continuous	Meter
Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)		mg/L		Continuous	Meter
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.9		NTU	0	Continuous	Meter
PARM Code 50060 A	Permit Requirement				Report (Max.)		NTU		Continuous	Meter
Mon.Site No. EFA-1	Sample Measurement				7.44		mg/L	0	Monthly	8-hour FPC
Turbidity	Permit Requirement				12.0 (Max.)		mg/L		Monthly	8-hour FPC
PARM Code 00070 B	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. EFB-1	Permit Requirement				Report (An.Avg.)		MGD		Continuous	Flow meters and totalizers
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
RM Code 00620 A	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. EFA-1	Sample Measurement				0.0232 (An.Avg.)		MGD		Continuous	Flow meters and totalizers
Flow (from groundwater well)	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 P	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-6	Permit Requirement				0.0634 (An.Avg.)		MGD		Continuous	Flow meters and totalizers
Flow (from groundwater well)	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Q	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-6	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 3)	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 R	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-5	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 3)	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 S	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-3	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 T	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-4	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
Flow (total to zone 2)	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 U	Permit Requirement				0.00		MGD	0	Continuous	Flow meters and totalizers
Mon.Site No. FLW-4	Sample Measurement				0.00		MGD	0	Continuous	Flow meters and totalizers

# DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD  
From: December 01, 2011  
To: December 31, 2011

R-001

PERMIT NUMBER: FLA010900

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (total to zone 1)	Sample Measurement	0.00		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 V Mon. Site No. FLW-3	Permit Requirement	0.0114 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to zone 1)	Sample Measurement	0.00	0.00	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 W Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
Flow (total to golf course) <sup>1</sup>	Sample Measurement	0.218		MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	0.270 (An. Avg.)		MGD						Continuous	Flow meters and totalizers
Flow (total to golf course)	Sample Measurement	0.166	0.275	MGD				MGD	0	Continuous	Flow meters and totalizers
PARM Code 50050 Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						Continuous	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				213.5			mg/L	0	Every Two Weeks	8-hour FPC
ARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				128.0			mg/L	0	Every Two Weeks	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement				61.1			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report			Percent		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

<sup>1</sup> Initially, flow is limited to 0.270 MGD AADF. However, the flow may be increased after completion of the second treatment plant and pending the results the required load test.  
DEP Form 62-620.9(10), Effective November 29, 1994

# DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA010900  
From: December 01,2011 To: December 31,2011

Facility: Wedgfield WWTF

	CHOD5 (mg/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (mg/L)	TSS (mg/L)	Turbidity (NTU)	Flow (MGD)	Nitrogen, Nitrate, Total (as N) (mg/L)
Code	80082	74055	00400	00400	50060	00530	00070	50050	00620
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	EFA-1
1		<1	7.6	7.6	1.6	1.0	2.3	0.119	
2			7.7	7.7	3.7		1.5	0.147	
3			7.6	7.6	1.0		2.7	0.134	
4			7.9	7.9	1.0		2.0	0.143	
5		<1	7.8	7.8	2.0	1.0	2.5	0.108	
6		<1	7.5	7.5	1.0	1.3	1.6	0.166	
7		<1	7.6	7.6	1.0	1.0	2.0	0.237	
8		<1	7.7	7.7	1.0	1.4	1.7	0.180	
9			7.9	7.9	1.7		2.6	0.183	
10			8.0	8.0	1.0		1.7	0.218	
11			8.0	8.0	1.0		1.3	0.228	
12	7.0	<1	7.7	7.7	1.0	1.2	1.3	0.240	7.44
13		<1	7.6	7.6	1.3	1.0	1.1	0.201	
14		<1	7.8	7.8	1.2	1.5	2.0	0.205	
15		<1	7.9	7.9	1.2	3.2	1.5	0.203	
16			8.1	8.1	1.9		2.4	0.215	
17			8.2	8.2	1.0		1.3	0.202	
18			8.0	8.0	1.7		2.1	0.210	
19	6.0	<1	7.4	7.4	2.3	2.0	1.5	0.219	
20		<1	7.5	7.5	1.0	1.0	1.0	0.202	
21		<1	7.6	7.6	1.5	1.1	2.0	0.211	
22		<1	7.5	7.5	1.3	1.0	2.1	0.206	
23			7.7	7.7	1.0		2.3	0.206	
24			7.6	7.6	1.0		2.2	0.221	
25			7.7	7.7	1.6		2.0	0.242	
26			7.6	7.6	1.4		2.7	0.212	
27		<1	7.7	7.7	1.4	1.0	2.3	0.225	
28		<1	7.5	7.5	1.6	1.0	2.9	0.223	
29		<1	7.8	7.8	1.5	1.0	2.6	0.211	
30		<1	7.6	7.6	2.4	1.2	1.5	0.213	
31			7.7	7.7	2.3		1.8	0.212	
Total	13.0	8.5	240	240	46	21.9	60	6.142	7.44
Mo. Avg.	7.5	0.5	7.7	7.7	1.4	1.28	2.0	0.197	7.44

## PLANT STAFFING:

Day Shift Operator

Class: C

Certificate No:

14752

Name:

Edison Lugo

Day Shift Operator

Class: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Name: \_\_\_\_\_

Night Shift Operator

Class: \_\_\_\_\_

Certificate No: \_\_\_\_\_

Name: \_\_\_\_\_

Lead Operator

Class: C

Certificate No:

8863

Name:

Roger Holsapple

# **DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Period

FLA010900

From: December 01,2011 To: December 31,2011

Facility: Wedgefield WWTF

	Flow (MGD) golf course	Flow (MGD) Zone 1	Flow (MGD) Zone 2	Flow (MGD) Zone 3	Flow (MGD) GW makeup well	CBOD5 (mg/L)	TSS (mg/L)			
Code	50050	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-2	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1	0.800	0.00	0.00	0.00	0.00					
2	0.266	0.00	0.00	0.00	0.00					
3	0.340	0.00	0.00	0.00	0.00					
4	0.256	0.00	0.00	0.00	0.00					
5	0.156	0.00	0.00	0.00	0.00					
6	0.224	0.00	0.00	0.00	0.00					
7	0.000	0.00	0.00	0.00	0.00	210.0	124.0			
8	0.127	0.00	0.00	0.00	0.00					
9	0.210	0.00	0.00	0.00	0.00					
10	0.187	0.00	0.00	0.00	0.00					
11	0.152	0.00	0.00	0.00	0.00					
12	0.191	0.00	0.00	0.00	0.00					
13	0.000	0.00	0.00	0.00	0.00					
14	0.159	0.00	0.00	0.00	0.00					
15	0.136	0.00	0.00	0.00	0.00					
16	0.089	0.00	0.00	0.00	0.00					
17	0.000	0.00	0.00	0.00	0.00					
18	0.214	0.00	0.00	0.00	0.00					
19	0.201	0.00	0.00	0.00	0.00	217.0	132.0			
20	0.000	0.00	0.00	0.00	0.00					
21	0.199	0.00	0.00	0.00	0.00					
22	0.089	0.00	0.00	0.00	0.00					
23	0.159	0.00	0.00	0.00	0.00					
24	0.354	0.00	0.00	0.00	0.00					
25	0.104	0.00	0.00	0.00	0.00					
26	0.043	0.00	0.00	0.00	0.00					
27	0.089	0.00	0.00	0.00	0.00					
28	0.099	0.00	0.00	0.00	0.00					
29	0.000	0.00	0.00	0.00	0.00					
30	0.151	0.00	0.00	0.00	0.00					
31	0.093	0.00	0.00	0.00	0.00					
Total	5.088	0.00	0.00	0.00	0.00	427.0	256.0			
Mo. Avg.	0.166	0.00	0.00	0.00	0.00	213.5	128.0			

**PLANT STAFFING:**

Day Shift Operator

Class:

Certificate No:

14752

Name:

Edison Lugo

Day Shift Operator

Class:

Certificate No:

Name:

Night Shift Operator

Class:

Certificate No:

Name:

Lead Operator

Class:

C

Certificate No:

08863

Name:

Roger Holsapple



Florida Department of Environmental Protection

Two Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT  
Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Wedgefield WWTF  
Address 3100 Bancroft Blvd.  
City Orlando Florida Zip 32833  
Telephone Number (407) 259-6981
- (2) The GMS Identification Number 3048P03712
- (3) DEP Permit Number FLA010900
- (4) Authorized Representative Name Roger Holsapple  
Address 6608 Walton Way  
City Tampa Florida Zip 33610  
Telephone Number (813) 359-8327
- (5) Type of Discharge Domestic Waste
- 3) Method of Discharge Golf Course / Spray field irrigation

Certification

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

Date: 1-18-2012

  
Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Advanced Environmental Laboratories

Analytical Lab NELAC Certification # E84589  
NELAC Certification #

Lab Name Advanced Environmental Laboratories

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs Florida 32701

Phone Number (407) 937-1594

Printed 4/15/2004

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWB-1R\*  
Well Type: Background  
Description: Well Name MW-1  
Golf Course  
WAFR # 6006  
GMS# 3048A13413  
Date Sample Obtained: 11/07/2011  
Time Sample Obtained: 11:56

Monitoring Period: From: October 2011 To: December 2011  
Was the well purged before sampling? X Yes \_\_\_ No  
GW TOC: 66.30

Parameter	Permit Builder PARN Code	Other Historic PARN Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	61.87	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.094U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	390	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	150	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	4.81	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	1.5	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	86	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*Original well MWB-1 was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains the same

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)

COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County**  
**Wedgfield WWTF**  
**FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWB-2**  
**Background**  
**Well Name MW-2**  
**Golf Course**  
**WAFR # 6005**  
**GMS# 3048A13414**  
**11/07/2011**  
**12:34**

Monitoring Period  
Was the well purged before sampling?  
GW TOC:70.10

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	66.16	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.094U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	62	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	17	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
Oil	00400	--	4.16	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	0.15	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	10	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415  
11/07/2011-12/22/2011  
11:26-09:05

Monitoring Period  
Was the well purged before sampling?  
GW TOC:67.90

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	65.9	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.261	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	1200/1300	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	110	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	6.09	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	60	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	56	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416  
11/07/2011  
09:54

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 67.70

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder FARM Code	Other Historic FARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement t	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82543	--	64.58	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.094U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	210	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	58	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.85	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	21	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	31	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (TTHMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MWC-6  
Compliance  
Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418  
11/07/2011  
10:48**

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 65.04

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	61.03	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.094U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	160	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	38	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
pH	00400	--	5.14	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	2.2	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	17	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MW1-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419  
11/07/2011-12/22/2011  
10:23:08:39

Monitoring Period  
Was the well purged before sampling?  
GWTOC:68.70

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to Feet NGVD	82545	--	65.89	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.70I	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	710.710	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	300.260	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
Oil	00400	--	5.28	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	20	NTU	Report	# 016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	170	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMPL)  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-1  
Compliance  
Well Name MW-1  
On-Site Irrigation  
WAFR # 32995  
GMS# --  
11/07/2011  
07:49

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 71.53

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet NGVD	82545	--	65.47	feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.131	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	68	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	16	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
Turbidity, Lab - Nephelometric	00400	--	5.2	SU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	6.2	NTU	Report	0.016	F180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	6.2	mg/L	Report	0.026	SWB466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/L	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009



# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996  
GMS# --

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.00

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Date Sample Obtained:  
Time Sample Obtained:

11/07/2011  
08:21

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.71	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.094U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	150	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	18	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100/ml	Report	1.0	SM9222D	Quarterly	pump	N
Turbidity, Lab - Nephelometric	00400	--	5.58	NTU	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	16	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	9.2	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/l.	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THM's) have been added to the Groundwater Monitoring Plan (GWMP).  
COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID: MWC-3  
Well Type: Compliance  
Description: Well Name MW-3  
On-Site Irrigation  
WAFR # 32997  
GMS# --  
Date Sample Obtained: 11/07/2011  
Time Sample Obtained: 09:00

Monitoring Period  
Was the well purged before sampling?  
GWTOC: 72.26

From: October 2011 To: December 2011  
X Yes \_\_\_ No

Parameter	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82544	--	68.95	Feet	Report	N/A	Field	Quarterly	pump	N
Nitrate, (as N)	00620	--	0.094U	mg/l	Report	0.043	IC 300.0	Quarterly	pump	N
Solids, Total Dissolved(TDS)	70295	70296	350	mg/l	Report	10	E160.1	Quarterly	pump	N
Chloride (as Cl)	00940	--	140	mg/l	Report	0.81	IC 300.0	Quarterly	pump	N
Coliform, Fecal	74055	--	1.0U	#/100ml	Report	1.0	SM9222D	Quarterly	pump	N
	00400	--	5.58	SC	Report	N/A	Field	Quarterly	pump	N
Turbidity, Lab - Nephelometric	82079	--	6.6	NTU	Report	0.016	E180.1	Quarterly	pump	N
Added: November 2009**										
Sodium	00923	--	80	mg/L	Report	0.026	SW8466010	Quarterly	pump	N
Trihalomethane, Total	82080	--	0.45U	ug/l.	Report	0.60	E524.2	Quarterly	pump	N

\*\*Based on the elevated concentrations of these parameters in the influent samples, parameters Sodium and Trihalomethane (THMs) have been added to the Groundwater Monitoring Plan (GWMP)  
COMMENTS AND EXPLANATION:  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County.  
Facility Name.  
Permit Number:

**Orange County  
Wedgefield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWP-1  
Piezometer  
Well Name MWP-1 \*  
On-Site Irrigation  
WAFR # 55881  
GMS# --

### Monitoring Period

From: October 2011

To: December 2011

Date Sample Obtained:  
10/12/11-11/9/11-12/8/11  
Time Sample Obtained:

Was the well purged before sampling?      Yes X No

[illegible]

**COMMENTS AND EXPLANATION:**

\* MWP-1 is the well labeled "Well #1" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

## GROUND WATER MONITORING WELL REPORT - PART D

County: **Orange County**  
Facility Name: **Wedgfield WWTF**  
Permit Number: **FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:	MWP-2
Well Type:	Piezometer
Description:	Well Name MWP-2
	On-Site Irrigation
	WAFR # 55883
	GMS# --

Monitoring Period From: October 2011 To: December 2011

Date Sample Obtained:  
1/12/11-11/9/11-12/8/11  
Time Sample Obtained:

Was the well purged before sampling?      Yes ☒ No

[illegible]

**COMMENTS AND EXPLANATION:**

• MWP-2 is the well labeled "Well #2" as shown on Sheet C-12 dated 12/1/98  
4/20/2004

### 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. Hard 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 28<sup>th</sup> 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	Insufficient 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 method detection limits or practical quantification 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 increments 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 units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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.

**Analysis 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. airlift, 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 Explanation:** Use this space to make any comments on or explanation of results that are unexpected. If more space is needed, reference all attachments in this area.

## ADDITIONAL 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 upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

**No. of Days the SDF > 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.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWO 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.

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (5)  
INSPECTION REPORTS**

**Test Year Ended December 31, 2011**

State of Florida  
Department of Environmental Protection  
Central District

## WATER TREATMENT PLANT COMPLIANCE REPORT

Plant Name PLURIS-WEDGEFIELD County Orange PWS ID # 3480149  
Plant Location 20751 SR 520, Orlando, FL 32833 Phone (407)568-2112  
Owner Name Pluris-Wedgefield, Inc.; Attn: Maurice Gallarda Phone (214)220-3414  
Owner Address 2100 McKinney Avenue, Suite 1550, Dallas, TX 75201  
Contact Person Ron Kramer Title Regional Manager Phone (352)617-2231  
Email Address rkramer@utilitypartnersllc.com  
This Inspection Date 11/2/11 Last C.I. Date 4/16/09 Last Survey Date 6/10/10

PWS TYPE: Community

PLANT CATEGORY & CLASS: (3C)

MAX-DAY DESIGN CAPACITY: 1.037 MGD

### TREATMENT PROCESSES IN USE

Hypochlorination, Corrosion Control, Ion Exchange  
Softening, MIEX

### SERVICE AREA CHARACTERISTICS

Subdivision \_\_\_\_\_  
Food Service: ☐ Yes ☐ No ☒ N/A  
Number of Service Connections 1,598  
Population Served 5,593 Basis Operator

### OPERATION & MAINTENANCE

O&M Log: ☒ Yes ☐ No Location WTP

### CERTIFIED OPERATOR: Not Required

Operator(s) & Certification Class-Number:  
Roger Holsapple C-7436; John Coffee C-6614  
Greg Hooper C-8178

### RAW WATER SOURCE

Number of Wells 2  
Standby Power Source: Not Required  
6' X 6' X 4" Concrete Pad: Yes  
Well Casing Sanitary Seal: Yes  
Raw Water Sampling Tap: Yes  
Above Ground Check Valve: Yes  
Security: Yes  
Other Sanitary Hazards: None Observed

### AQUA-MAG

Make Stenner Capacity 10 gpd  
Comments: In use for corrosion control

### OTHER

Flow Measuring Device: Flow Meter  
Meter Size & Type: (2) Water Specialties  
Cross-Connections: Unknown

CHLORINATION (Disinfection) Type: ☐ Gas ☒ Hypo  
Make Stenner Capacity 10 gpd  
Chlorine Feed Rate 100%  
Chlorine Residuals: Plant 2.2+ Remote 1.44

### STORAGE FACILITIES

(G) Ground (C) Clearwell (E) Elevated  
(B) Bladder (H) Hydropneumatic / flow-through

Tank Type/Number	G	H
Capacity (gal)	350,000	12,000
Gravity Drain	Yes	Yes
By-Pass Piping	Yes	Yes
Protected Openings	Yes	Yes
Sight Glass or Level Indicator	Yes	Yes
PRV/ARV	N/A	PRV
Pressure Gauge	N/A	Yes
On/Off Pressure	N/A	50/60
Access Secured	Yes	Yes
Access Manhole	Yes	Yes
Tank Sample Tap Location	Discharge piping	On tank

### ION EXCHANGE PROCESS

Make: Culligan HI FLO Model: HB-2800  
Capacity: 25 tons (400 gpm)  
Backwash Effluent Destination: Wastewater plant  
Comments: \_\_\_\_\_

### ION EXCHANGE PROCESS

Make: MIEX  
Capacity: (2) 500 gpm  
Comments: Treatment process is functioning as intended.





**COMMENTS/REMINDERS:**

- **Provide documentation that the finished-drinking-water meter has been calibrated.**

Preventive maintenance on electrical or mechanical equipment -- including exercising of auxiliary power sources, **checking the calibration of finished-drinking-water meters at treatment plants**, testing of air or pressure relief valves for hydropneumatic tanks, and exercising of isolation valves -- shall be performed in accordance with the equipment manufacturer's recommendations or in accordance with a written preventive maintenance program established by the supplier of water; however, in no case shall auxiliary power sources be run under load less frequently than monthly. [Rule 62-555.350(2), F.A.C.]

- Suppliers of water shall submit written notification to the Department before beginning work or alterations to the public water system. Each notification shall be submitted to the appropriate Department of Environmental Protection District Office or Approved County Health Department and shall include the following: a description of the scope, purpose, and location of the work or alterations; and assurance that the work or alterations will comply with applicable requirements listed in Rule 62-555.330, F.A.C. Suppliers of water may begin such work or alterations 14 days after providing notification to the Department unless they are advised by the Department that the notification is incomplete or that a construction permit is required.
- Suppliers of water shall telephone the SWP at 1-800-320-0519 immediately (i.e., within two hours) after discovery of any actual or suspected sabotage or security breach, or any suspicious incident, involving a public water system. [Rule 62-555.350(10)(a), F.A.C.]
- Suppliers of water shall telephone, and speak directly to a person at, the appropriate DEP District Office as soon as possible, but never later than noon of the next business day, in the event of any of the following emergency or abnormal operating conditions:
  - The occurrence of any abnormal color, odor, or taste in a public water system's raw or finished water;
  - The failure of a public water system to comply with applicable disinfection requirements; or
  - The breakdown of any water treatment or pumping facilities, or the break of any water main, in a public water system if the breakdown or break is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(b), F.A.C.]
- Suppliers of water shall notify affected water customers in writing or via telephone, newspaper, radio, or television; and telephone, and speak directly to a person at, the appropriate DEP District Office by no later than the previous business day before taking PWS components out of operation for planned maintenance or repair work if the work is expected to adversely affect finished-water quality, interrupt water service to 150 or more service connections or 350 or more people, interrupt water service to any one service connection for more than eight hours, or necessitate the issuance of a precautionary "boil water" notice in accordance with the Department of Health's "Guidelines for the Issuance of Precautionary Boil Water Notices" as adopted in Rule 62-555.335, F.A.C. [Rule 62-555.350(10)(d), F.A.C.]

Inspector  Title Env. Specialist I Date 11/8/11

Approved by  Title Env. Supervisor II Date 11/8/11

11/14/2011 11:02:53 AM

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION @ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Pluris Wedgefield, Inc.	FLA010900	Orange	9/27/2011 10:21:00 AM
3100 Bancroft Blvd		Phone	@ Exit Date/Time
Orlando, FL 32833 - 4011		(949) 454-7104	9/27/2011 12:14:00 PM
Name(s) of Field Representative(s)	Title	Email	Phone
Roger Holsapple	Lead Operator		
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Maurice W Gallarda	President	(949) 454-7104	
2600 Commerce centre Drive	Email		
Lake Forest, FL 92630			



Inspection Type	C	E	I		Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial				Were Photos Taken(Y/N): Y	@ Log book Volume: eIP	@ Page

## FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated  
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	NE	3. Laboratory	NC	6. Facility Site Review	NE	9. ♦ Effluent Quality
NE	2. ♦ Compliance Schedules	IC	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Residuals/Sludge
						NC	12. Groundwater
NA	14. Other:					NE	13. ♦ SSO Survey

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Action: Noncompliance Letter			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
William Hesser 	Central District (407) 893-3313	November 28, 2011
@ Signature of Reviewer	District Office/Phone Number	Date
David Smicherko 	Central District (407) 893-3313	November 29, 2011

Single Event Violation Codes(s):
----------------------------------

Revised October 28, 2010

## INSPECTION SUMMARY

**Facility Name:** Pluris Wedgefield, Inc.

**Facility ID:** FLA010900

**Inspection Type:** CEI

**Date:** 9/27/2011 12:14:00 PM

### FACILITY BACKGROUND:

**Address:** 3100 Bancroft Blvd, Orlando, FL 32833 - 4011, Orange County

**Permit Information:** Wastewater Permit issued: 1/29/2010, and expires: 1/28/2015

**Treatment Summary:** Twin Contact Stabilization Ring Steel Stp's, 2 Filters w/Eff to Golf Course

**Permitted Capacity:** 0.368

#### 1. Permit: IN COMPLIANCE

1.1 Observation: A copy of the permit was on-site and available to plant personnel.

#### 2. Compliance Schedules: NOT APPLICABLE

2.1 Observation: No observations were recorded.

#### 3. Laboratory: NOT EVALUATED

3.1 Observation: No observations were recorded.

#### 4. Sampling: IN COMPLIANCE

4.1 Observation: Please see specific comments

- Sample points are appropriate, and are as described in the permit.
- Influent samples are manually composited from grab samples according to calculations from flow data.
- Effluent is sampled via an ISCO 3710 automatic sampler set to pull eight-hour, flow-proportioned samples. The sampler was not operating at the time of the inspection. Aliquots are meeting the required 100 mL minimum volume requirement. The effluent sampler was 2.5 degrees C at the time of the inspection.
- Inline instruments are checked daily against field instruments. All data is appropriately logged.
- The calibration of the field turbidity meter is checked daily. The standards are verified quarterly by the contract laboratory. All data is appropriately logged.
- The calibration of the field residual chlorine meter is checked daily with gel standards. Gel standards are verified quarterly against primary standards by the contract laboratory. All data is appropriately logged.
- The field pH meter is calibrated daily; buffers (4.0, 7.0, 10.0) are within appropriate use dates. All data is appropriately logged.
- The sample refrigerator was 5.0 degrees C at the time of the inspection. All compliance thermometers are checked daily and the results are logged.
- Temperature measurement devices are routinely checked against a (NIST) certified thermometer.
- Alarm set points for diversion from reuse are as described in the current Operating Protocol.

#### 5. Records and Reports: OUT OF COMPLIANCE

5.1 Observation: Please see specific comments

- A bound logbook with pre-numbered pages was on-site and contained excellent entries.
- Facility operation and maintenance manuals were on-site and current.
- Sludge hauling records are retained on-site.
- Operator certifications were on-site for Roger Holsapple C8863; and Ted Burleson C13794.
- Operations and Maintenance manuals were on-site.

## INSPECTION FINDINGS

- Effluent quality data is maintained on-site for at least three years.
- Current laboratory certification on-site for Tri Tech Laboratories (E83294).
- ***Giardia and Cryptosporidium* monitoring has not been conducted within the past five years as required by Permit Condition I.A.9.** The most recent pathogen monitoring report was submitted in April, 2005.
- The most recent Effluent Analysis Report was submitted on August 25, 2010 for the year ending December 31, 2009 (no new non-domestic dischargers added). The permit was renewed in 2010.
- The most recent Annual Reuse Report was submitted on February 11, 2011 for the period ending September 30, 2010.
- A current Operating Protocol dated January, 2009 was available on-site.
- Spills and malfunctions have been reported properly.

### **6. Facility Site Review: OUT OF COMPLIANCE**

- 6.1 Observation: General - The facility grounds were secured properly.
- 6.2 Observation: General - The facility grounds were clean and well maintained.
- 6.3 Observation: Backflow Prevention - A reduced pressure zone backflow prevention device was in place on the potable water supply line, and appeared well maintained.
- 6.4 Observation: Aeration Basins/Act. Sludge - The contents in the aeration chambers appeared to be well mixed.
- 6.5 Observation: Alternate Power - An alternative power source is available at the WWTF. The on-site generator is exercised weekly, and records of the tests are retained on-site.
- 6.9 Observation: Blowers/Motors - The blowers were operational at the time of the inspection. Blowers appeared well-maintained.
- 6.10 Observation: Clarifiers - The weirs in the west plant appeared clean and level. Some floating solids present. **The weirs in the east plant were providing very uneven flow, with some possible short-circuiting apparent. The surface of the east clarifier was covered with floating solids.**
- 6.11 Observation: Digesters - The tank contents in the aerobic digester were well mixed. No odors observed.
- 6.12 Observation: Disinfection - The chlorine contact chambers were providing a minimum contact time of 15 minutes. Floating covers are present on the CCCs to prevent algae growth and reduce chlorine usage.
- 6.13 Observation: Filtration - No problems or deficiencies noted. Cloth filters and sand filters appeared well maintained.
- 6.14 Observation: Headworks - Screening and grit are being collected in suitable containers. Screening and grit are being disposed of at a Class I landfill. A record of disposal for the screenings and grit collected at the headworks was available for review.
- 6.17 Observation: Headworks - There were no excessive odors emanating from the headworks at the time of the inspection.
- 6.18 Observation: Surge Tanks - No problems or deficiencies noted.

### **7. Flow Measurement: IN COMPLIANCE**

- 7.1 Observation: The flow measurement devices appeared to be installed properly. The primary effluent flow measuring device is a 90-degree v-notch weir. **No staff gauge is present.** The secondary effluent flow measuring device is an ISCO3010 ultrasonic. Most recent calibration July 2, 2011 by Mopluv Service.
- 7.2 Observation: The golf course irrigation meter is a McCrometer closed channel flow meter. Most recent calibration August 12, 2011 by FRWA.

### **8. Operation and Maintenance: IN COMPLIANCE**

- 8.1 Observation: General - The facility appeared to be operated and maintained in accordance with the description in the Permit.

### **9. Effluent Quality: NOT EVALUATED**

- 9.1 Observation: No observations were recorded.

### **10. Effluent Disposal: IN COMPLIANCE**

## INSPECTION FINDINGS

- The on-site storage reclaimed water storage pond appeared well maintained with more than three feet of available freeboard. All pumps and piping appeared adequately maintained.
- The reject storage pond appeared well maintained with more than three feet of available freeboard.

### 11. Residuals/Sludge: IN COMPLIANCE

11.1 Observation: *General* - No problems or deficiencies were observed. Contract with Shelley's.

### 12. Groundwater Quality: OUT OF COMPLIANCE

12.1 Observation: A review of the groundwater files for this facility indicates the following deficiencies:

- The pH measurements were not provided for all well locations for the second quarter of 2010. Please provide a summary table of the information.
- The nitrate and total dissolved solids (TDS) results for groundwater samples from well MWC-2 at the plant site do not appear to be reported correctly with the nitrate results at 84 mg/L and the TDS result at 0.043 mg/L. Please report the corrected results.
- A groundwater elevation was not reported for well MW-1R for the third quarter of 2010. Please report this groundwater elevation.
- Top of casing and ground surface elevations were not provided for piezometers P-1 and P-2. Please provide this information.

### 13. Other: NOT EVALUATED

13.1 Observation: No observations were recorded.

11/14/2011 11:01:45 AM

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION @ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Pluris Wedgefield, Inc.	FLA010900	Orange	11/10/2011 10:28:00 AM
3100 Bancroft Blvd		Phone	@ Exit Date/Time
Orlando, FL 32833 - 4011		(949) 454-7104	11/10/2011 10:51:00 AM
Name(s) of Field Representative(s)	Title	Email	Phone
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Maurice W Gallarda	President	(949) 454-7104	
2600 Commercecentre Drive	Email		
Lake Forest, FL 92630			


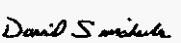
Inspection Type	R	I		Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial			Were Photos Taken(V/N): Y	@ Log book Volume: eIP	@ Page

## FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated  
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
NE	1. ♦ Permit	NE	3. Laboratory	NE	6. Facility Site Review	NC	9. ♦ Effluent Quality
NA	2. ♦ Compliance Schedules	NE	4. Sampling	NE	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		NC	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
						NE	12. Groundwater
NA	14. Other:					NE	13. ♦ SSO Survey

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Action: Noncompliance Letter			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
William Hesser 	Central District (407) 893-3313	November 28, 2011
@ Signature of Reviewer	District Office/Phone Number	Date
David Smicherko 	Central District (407) 893-3313	November 29, 2011

Single Event Violation Code(s):
---------------------------------

Revised October 28, 2010

## INSPECTION SUMMARY

**Facility Name:** Pluris Wedgefield, Inc.

**Facility ID:** FLA010900

**Inspection Type:** RI

**Date:** 11/10/2011 10:51:00 AM

### FACILITY BACKGROUND:

**Address:** 3100 Bancroft Blvd, Orlando, FL 32833 - 4011, Orange County

**Permit Information:** Wastewater Permit issued: 1/29/2010, and expires: 1/28/2015

**Treatment Summary:** Twin Contact Stabilization Ring Steel Stp's, 2 Filters w/Eff to Golf Course

**Permitted Capacity:** 0.368

1. **Permit:** NOT EVALUATED
2. **Compliance Schedules:** NOT APPLICABLE
3. **Laboratory:** NOT EVALUATED
4. **Sampling:** NOT EVALUATED
5. **Records and Reports:** OUT OF COMPLIANCE
  - Discharge Monitoring Reports (DMRs) were reviewed from July, 2010 through September, 2011 with the following record keeping deficiencies observed:
    - January, 2011: Total Suspended Solids, Maximum (TSS Max.) at EFB-1 (R-001) reported at 6.4 milligrams per liter (mg/L) which exceeded the permitted limit of 5.0 mg/L. This exceedance was not reported to the Department within 24 hours of discovery as required by the permit.
    - February, 2011: TSS Max. at EFB-1 (R-001) reported at 7.1 mg/L which exceeded the permitted limit of 5.0 mg/L. This exceedance was not reported to the Department within 24 hours of discovery as required by the permit.
6. **Facility Site Review:** NOT EVALUATED
7. **Flow Measurement:** NOT EVALUATED
8. **Operation and Maintenance:** NOT EVALUATED
9. **Effluent Quality:** OUT OF COMPLIANCE
  - 9.1 **Observation:** Discharge Monitoring Reports (DMRs) were reviewed from July, 2010 through September, 2011 with the following effluent quality deficiencies observed:
    - January, 2011: Total Suspended Solids, Maximum (TSS Max.) at EFB-1 (R-001) reported at 6.4 milligrams per liter (mg/L) which exceeded the permitted limit of 5.0 mg/L. This exceedance was attributed to possible laboratory error. Turbidity at the time of the sample was 1.7 NTU.
    - February, 2011: TSS Max. at EFB-1 (R-001) reported at 7.1 mg/L which exceeded the permitted limit of 5.0 mg/L. This exceedance was attributed to the sample being collected during a filter backwash cycle.
10. **Effluent Disposal:** IN COMPLIANCE
  - 10.1 **Observation:** *Reuse* - All plastic reclaimed water piping, pipelines, valves, outlets, and other appurtenances were color-coded Pantone Purple. Warning signs were posted at the golf course.
11. **Residuals/Sludge:** NOT EVALUATED
12. **Groundwater Quality:** NOT EVALUATED

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (6)  
PERMITS**

**Test Year Ended December 31, 2011**





# Florida Department of Environmental Protection

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**  
Pluris Wedgefield, Inc.

**RESPONSIBLE OFFICIAL:**  
Maurice W. Gallarda  
2600 Commercentre Drive  
Lake Forest, CA 92630  
(949) 454-7104

**PERMIT NUMBER:** FLA010900-005  
**FILE NUMBER:** FLA010900-005-DW2P  
**ISSUANCE DATE:** January 29, 2010  
**EXPIRATION DATE:** January 27, 2015

### **FACILITY:**

Wedgefield WWTF  
3100 Bancroft Blvd  
Orlando, FL 32833-4011  
Orange County  
Latitude: 28°30' 7.91" N Longitude: 81°4' 48.03" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). This permit does not constitute authorization to discharge wastewater other than as expressly stated in this permit. The above named permittee is hereby authorized to operate the facilities in accordance with the documents attached hereto and specifically described as follows:

### **WASTEWATER TREATMENT:**

An existing 0.40 million gallon per day (MGD) annual average daily flow (AADF) design capacity (limited to 0.330 MGD permitted capacity) contact stabilization activated sludge domestic wastewater treatment plant consisting of flow equalization, influent screening, contact aeration, re-aeration, secondary clarification, chemical feed facilities, two multi-media filters, one Aqua-Disk membrane filter (0.500 mgd capacity) followed by twin chlorine contact tanks, a flow measuring tank, chlorine residual and turbidity analyzer and recorders, motorized diversion valves, and aerobic digestion of residuals.

Also, a 0.92+ acre, 2.15 million gallon reject storage/percolation pond with pump-back provisions to return reject water to the plant headworks for additional treatment, and a 5+ acre, 7.18 million gallon lined wet weather storage pond.

### **REUSE OR DISPOSAL:**

**Land Application R-001:** An existing 0.330 MGD annual average daily flow permitted capacity slow-rate public access system. R-001 is a reuse system, which consists of the following:

- a) Wedgefield Golf Course having area of 120 +/- acres and capacity of 0.270 MGD AADF located approximately at latitude 28°30' 31" N, longitude 81°6' 44" W
- b) Zone 1 having area of 5.07 acres and capacity of 0.0096 MGD located approximately at latitude 28°30' 8" N, longitude 81°4' 49" W

PERMITTEE: Pluris Wedgfield, Inc.  
FACILITY: Wedgfield WWTF

PERMIT NUMBER: FLA010900-005  
EXPIRATION DATE: January 27, 2015

c) Zone 2 having area of 16.36 acres and capacity of 0.0309 MGD located approximately at latitude 28°30' 8" N, longitude 81°4' 49" W

d) Zone 3 having area of 10.34 acres capacity of 0.0195 MGD located approximately at latitude 28°30' 8" N, longitude 81°4' 49" W

**IN ACCORDANCE WITH:** The limitations, monitoring requirements, and other conditions set forth in this cover sheet and Part I through Part IX on pages 1 through 21 of this permit.

PERMITTEE: Pluris Wedgefield, Inc.  
FACILITY: Wedgefield WWTF

PERMIT NUMBER: FLA010900-005  
EXPIRATION DATE: January 27, 2015

# **I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

## **A. Reuse and Land Application Systems**

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.8.:

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow (Total through Plant)	MGD	Max Max	0.330 Report	Annual Average Monthly Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-1	See I.A.3
Flow (Total to Golf Course)	MGD	Max Max	0.270 Report	Annual Average Monthly Average	Continuous	Recording Flow Meter with Totalizer	FLW-2	
Flow (Total to Zone 1)	MGD	Max Max	0.0096 Report	Annual Average Monthly Average	Continuous	Recording Flow Meter with Totalizer	FLW-3	
Flow (Total to Zone 2)	MGD	Max Max	0.0309 Report	Annual Average Monthly Average	Continuous	Recording Flow Meter with Totalizer	FLW-4	
Flow (Total to Zone 3)	MGD	Max Max	0.0195 Report	Annual Average Monthly Average	Continuous	Recording Flow Meter with Totalizer	FLW-5	
Flow (from groundwater well)	MGD	Max Max	Report Report	Annual Average Monthly Average	Continuous	Recording Flow Meter with Totalizer	FLW-6	
BOD, Carbonaceous 5 day, 20C	mg/L	Max Max Max Max	20.0 30.0 45.0 60.0	Annual Average Monthly Average Weekly Average Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	EFA-1	
Solids, Total Suspended	mg/L	Max	5.0	Single Sample	4 Days/Week	Grab	EFA-1	
pH	s.u.	Min Max	6.0 8.5	Single Sample Single Sample	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100mL	Max	25	Single Sample	4 Days/Week	Grab	EFA-1	
Coliform, Fecal, % less than detection	percent	Min	75	Monthly Total	4 Days/Week	Calculated	EFA-1	See I.A.4
Chlorine, Total Residual (For Disinfection)	mg/L	Min	1.0	Single Sample	Continuous	Meter	EFA-1	See I.A.5 and I.A.8

PERMITTEE: Pluris Wedgefield, Inc.  
 FACILITY: Wedgefield WWTF

PERMIT NUMBER: FLA010900-005  
 EXPIRATION DATE: January 27, 2015

Parameter	Units	Max/Min	Reclaimed Water Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Turbidity	NTU	Max	Report	Single Sample	Continuous	Meter	EFB-1	See I.A.6 and I.A.8
Nitrogen, Nitrate, Total (as N)	mg/L	Max	12.0	Single Sample	Monthly	8-hr FPC	EFA-1	See I.A.10
Giardia	cysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-1	See I.A.9
Cryptosporidium	oocysts/100L	Max	Report	Single Sample	Every 5 years	Grab	EFA-1	See I.A.9

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

Monitoring Site Number	Description of Monitoring Site
FLW-1	Master flow meter at chlorination tank
FLW-2	Flow meter in line to golf course
FLW-3	Flow meter in line to Zone 1
FLW-4	Flow meter in line to Zone 2
FLW-5	Flow meter in line to Zone 3
FLW-6	Flow meter on groundwater makeup well
EFA-1	Discharge from chlorination tanks
EFB-1	After filtration and before disinfection

3. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
4. To report the "% less than detection," count the number of fecal coliform observations that were less than detection, divide by the total number of fecal coliform observations in the month, and multiply by 100% (round to the nearest integer). [62-600.440(5)(f)]
5. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b); 62-610.460(2); and 62-610.463(2)]
6. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliform will be achieved. [62-610.463(2)]
7. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol(s) may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocol(s) shall be directed to reject storage for subsequent additional treatment or disinfection [62-610.320(6) and 62-610.463(2)]
8. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2)]
9. Intervals between sampling for Giardia and Cryptosporidium shall not exceed five years. [62-610.463(4)]
10. Nitrate nitrogen ( $\text{NO}_3$ ) concentration in the water discharged to the reject water storage/percolation pond shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C., and sampling shall only be required when the flow is diverted to the reject/percolation pond.

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**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.:

Parameter	Units	Max/Min	Limitations		Monitoring Requirements			Notes
			Limit	Statistical Basis	Frequency of Analysis	Sample Type	Monitoring Site Number	
Flow (Total through plant)	MGD	Max Max Max	0.330 Report Report	Annual Average Monthly Average Quarterly Average	5 Days/Week	Recording Flow Meter with Totalizer	FLW-1	See I.B.4
Percent Capacity, (TMADF/Permitted Capacity) x 100	percent	Max	Report	Monthly Average	Monthly	Calculated	FLW-1	
BOD, Carbonaceous 5 day, 20°C (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	INF-1	See I.B.3
Solids, Total Suspended (Influent)	mg/L	Max	Report	Single Sample	Bi-weekly; every 2 weeks	8-hr FPC	INF-1	See I.B.3

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

Monitoring Site Number	Description of Monitoring Site
FLW-1	Master flow meter at chlorination tank
INF-1	Influent to surge tank or influent sample box

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. A recording flow meter with totalizer shall be utilized to measure flow and calibrated at least once every 12 months. [62-601.200(17) and .500(6)]
5. Sampling results for giardia and cryptosporidium shall be reported on DEP Form 62-610.300(4)(a)4, Pathogen Monitoring, which is attached to this permit. This form shall be submitted to the Department's Central District Office and to DEP's Reuse Coordinator in Tallahassee. [62-610.300(4)(a)]
6. The sample collection, analytical test methods and method detection limits (MDLs) applicable to this permit shall be conducted using a sufficiently sensitive method to ensure compliance with applicable water quality standards and effluent limitations and shall be in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate. The list of Department established analytical methods, and corresponding MDLs (method detection limits) and PQLs (practical quantitation limits), which is titled "FAC 62-4 MDL/PQL Table (April 26, 2006)" is available at <http://www.dep.state.fl.us/labs/library/index.htm>. The MDLs and PQLs as described in this list shall constitute the minimum acceptable MDL/PQL values and the Department shall not accept results for which the laboratory's MDLs or PQLs are greater than those described above unless alternate MDLs and/or PQLs have been specifically approved by the Department for this permit. Any method included in the list may be used for reporting as long as it meets the following requirements:
- The laboratory's reported MDL and PQL values for the particular method must be equal or less than the corresponding method values specified in the Department's approved MDL and PQL list;
  - The laboratory reported MDL for the specific parameter is less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Parameters that are listed as "report only" in the permit shall use methods that provide an MDL, which is equal to or less than the applicable water quality criteria stated in 62-302, F.A.C.; and
  - If the MDLs for all methods available in the approved list are above the stated permit limit or applicable water quality criteria for that parameter, then the method with the lowest stated MDL shall be used.

When the analytical results are below method detection or practical quantitation limits, the permittee shall report the actual laboratory MDL and/or PQL values for the analyses that were performed following the instructions on the applicable discharge monitoring report.

Where necessary, the permittee may request approval of alternate methods or for alternative MDLs or PQLs for any approved analytical method. Approval of alternate laboratory MDLs or PQLs are not necessary if the laboratory reported MDLs and PQLs are less than or equal to the permit limit or the applicable water quality criteria, if any, stated in Chapter 62-302, F.A.C. Approval of an analytical method not included in the above-referenced list is not necessary if the analytical method is approved in accordance with 40 CFR 136 or deemed acceptable by the Department. [62-4.246, 62-160]

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

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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.

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

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

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

9. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for asbestos, color, odor, and corrosivity). These monitoring results shall be reported to the Department annually on the DMR. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by the Department's Central District Office by June 28 of each year. Approved analytical methods identified in Rule 62-620.100(3)(j), F.A.C., shall be used for the analysis. If no method is included for a parameter, methods specified in Chapter 62-550, F.A.C., shall be used. [62-601.300(4)][62-601.500(3)][62-610.300(4)]
10. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
11. Operating protocol(s) shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department's Central District Office for review and approval upon revision of the operating protocol(s) and with each permit application. [62-610.320(6) and 62-610.463(2)]
12. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department's Central District Office at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5)]
13. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, Orange County EPD and the Department's Central District Office at the address specified below:

Florida Department of Environmental Protection Central District Office  
3319 Maguire Blvd  
Suite 232  
Orlando, Florida 32803-3767

Phone Number - (407)894-7555



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FAX Number – (850) 412-0496

(All FAX copies and e-mails shall be followed by original copies.)

[62-620.305]

14. 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 Shelley's Environmental Systems Inc. or disposal in a Class I or II solid waste landfill. Transportation of the residuals to an alternative residuals management facility does not require a permit modification. However, use of an alternative residuals management facility requires the submittal of 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. [62-620.320(6), 62-640.880(1)]
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 disposal facility, 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 the requirements of Chapter 62-701, F.A.C. [62-640.100(6)(k)3&4]
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:

Source Facility	Residuals Management Facility or Treatment Facility
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 permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility.

[62-640.880(4)]

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

### III. GROUND WATER REQUIREMENTS

#### A. Construction Requirements

1. Section Construction Requirements is not applicable to this facility.

#### B. Operational Requirements

1. For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the surficial aquifer. For other users, the zone of discharge shall extend horizontally to the boundary of the general service area identified in the attached map and vertically to the base of the surficial aquifer. [62-520.200(26)] [62-520.465]
2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-520.600, F.A.C. [62-520.600][62-610.463]
4. The following monitoring wells shall be sampled quarterly. Sampling must be reasonably spaced to be representative of potentially changing conditions.

Facility MW Name	Permit Builder MW ID*	WAFR ID/#	GMS #	Well Type	Depth (Feet)	Aquifer Monitored	New or Existing
<b>R001- Golf Course Irrigation</b>							
MW-1	MWB-1R*	6006	3048A13413	Background	15	Surficial	Existing
MW-2	MWB-2	6005	3048A13414	Background	15	Surficial	Existing
MW-3	MWB-3	6004	3048A13415	Background	15	Surficial	Existing
MW-4	MW1-4	6003	3048A13416	Intermediate	17.5	Surficial	Existing
MW-6	MWC-6	6001	3048A13418	Compliance	17.5	Surficial	Existing
MW-7	MW1-7	6000	3048A13419	Intermediate	19.5	Surficial	Existing
<b>R001- On-Site Irrigation</b>							
MWC-1	MWC-1	32995	--	Compliance	12.93	Surficial	Existing
MWC-2	MWC-2	32996	--	Compliance	13.8	Surficial	Existing
MWC-3	MWC-3	32997	--	Compliance	13.77	Surficial	Existing

\* Original well MWB-1 (WAFR ID # 6006) was damaged and replaced by MWB-1R on 06/08/2007. The WAFR ID remains same.  
MWB = Background Well; MWC = Compliance Well

[62-520.600][62-610.463]

5. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. B. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to Feet, NGVD	Report	Feet	In Situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	mg/L	Grab	Quarterly
Solids, Total Dissolved (TDS)	500	mg/L	Grab	Quarterly

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Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Chloride (as Cl)	250	mg/L	Grab	Quarterly
Sodium	160	mg/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	6.5-8.5	SU	Grab	Quarterly
Turbidity, Field - Nephelometric	Report	NTU	Grab	Quarterly
<b>Added; November 2009**</b>				
Sodium	160	mg/L	Grab	Quarterly
Trihalomethane, Total	80	ug/L	Grab	Quarterly

\*\* Based on the elevated concentrations of parameters Sodium and Trihalomethane, Total (TTHMs) in the effluent samples, these parameters have been added to the Groundwater Monitoring Plan (GWMP) for the duration of 12-quarters. If these parameters are not detected above the MCL in the groundwater for this period, the facility can request in writing to the Department to delete these parameters from the GWMP. [62-520.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

6. The following piezometers and staff gauges shall be read for water levels monthly. The results of water level monitoring shall be submitted with the quarterly monitoring well reports.

Facility MW Name	Permit Builder MW ID	WAFR ID/#	Monitoring Site Type	Depth (Feet)	Aquifer Monitored	New or Existing
<b>Piezometers*</b>						
MWP-1	MWP-1	55881	Piezometer	30	Surficial	Existing
MWP-2	MWP-2	55883	Piezometer	30	Surficial	Existing
<b>Staff Gauges**</b>						
SG-1	--	--	Staff Gauge	N/A	Surficial	Existing
SG-2	--	--	Staff Gauge	N/A	Surficial	Existing
SG-3	--	--	Staff Gauge	N/A	Surficial	Existing

\* Piezometers located near the bay head.

\*\*Staff Gauges are not included in the Permit Builder naming system and do not have WAFR IDs.

7. If the concentration for any constituent listed in Permit Condition III. B. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. [62-520.420(2)]
8. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (Feet, NGVD) at a precision of plus or minus 0.01 foot. [62-520.600(11)(C)] [62-610.463(3)(a)]
9. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)] [62-160.210]
10. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Central District, Ground Water Section as being more representative of ground water conditions. [62-520.310(5)]
11. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
12. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). A completed Certification Page shall accompany each quarter of monitoring data. For reuse or land application projects, the quarterly ground water monitoring results shall be submitted with the DMR as shown in the following schedule. [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

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

13. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's Central District, Ground Water Section immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Central District, Ground Water Section. [62-520.600][62-4.070(3)]
14. The Permittee shall provide verbal notice to the Department's Central District, Ground Water Section 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's Central District, Ground Water Section in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
15. The permitted reuse capacity at the onsite irrigation (three-spray field areas - totals 32-acres) has been limited to 60,000 gallons per day (GPD). However, in the future, if the permittee wishes to increase the reuse capacity more than 60,000 gpd, a comprehensive hydraulic load test will be required with the immediate effect for the duration of at least one year for justifying the requested higher reuse capacity.

#### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

##### A. Part III Public Access System(s)

1. Use of reclaimed water is authorized within the general service area identified in the attached map. The following uses of reclaimed water are authorized within this general service area:

Golf Courses

[62-620.630(10)(d)]

2. This reuse system includes the following major user(s) of reclaimed water (i.e., using 0.1 MGD or more) and general service area(s):

Site Number	User Name	User Type	Capacity(MGD )	Acreage
PAA-001A	Wedgefield Golf Course	Golf Courses	0.270	120
PAA-001B	Zone 1	General Service Area	0.0096	5.07
PAA-001C	Zone 2	General Service Area	0.0309	16.36
PAA-001D	Zone 3	General Service Area	0.0195	10.34
Total			0.330	151.77

[62-610.800(5)][62-620.630(10)(b)]

3. New major users of reclaimed water (i.e., using 0.1 MGD or more) may be added to the reuse system using the general permit described in Rule 62-610.890, F.A.C., if the requirements in this rule are complied with. Application for use of this general permit shall be made using Form 62-610.300(4)(a)1. [62-610.890]
4. Cross-connections to the potable water system are prohibited. [62-610.469(7)]
5. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7)]

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6. The permittee shall conduct inspections within the reclaimed water service area to verify proper connections, to minimize illegal cross-connections, and to verify the proper use of reclaimed water. Inspections are required when a customer first connects to the reuse distribution system. Subsequent inspections are required as specified in the cross-connection control and inspection program. *[62-610.469(7)(h)]*
7. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
  - a. Immediately discontinue potable water and/or reclaimed water service to the affected area.
  - b. If the potable water system is contaminated, clear the potable water lines.
  - c. Eliminate the cross-connection.
  - d. Test the affected area for other possible cross-connections.
  - e. Within 24 hours, notify the Department's Central District Office's domestic wastewater and drinking water programs.
  - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department's Central District Office detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur.*[62-555.350(3) and 62-555.360][62-620.610(20)]*
8. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. *[62-610.469(7)]*
9. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. *[62-610.471(3)]*
10. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*
11. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*
12. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*
13. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*
14. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*
15. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory

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signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468, 62-610.469]

16. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6)]
17. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414(8)]
18. Overflows from emergency discharge facilities on storage ponds shall be reported as abnormal events in accordance with Permit Condition IX.20. [62-610.800(9)]

## **V. OPERATION AND MAINTENANCE REQUIREMENTS**

### **A. Staffing Requirements**

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

A Class C or higher operator 6 hours/day for 7 days/week. The lead/chief 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/chief operator class for 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)]

### **B. Capacity Analysis Report and Operation and Maintenance Performance Report Requirements**

1. 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)]
2. 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)]

### **C. Recordkeeping Requirements**

1. The permittee shall maintain the following records and make them available for inspection at the following address: 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, including, if applicable, 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;

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- 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 any required 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 license 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, including any preventive maintenance or repairs made or requested; results of tests performed and samples taken, unless documented on a laboratory sheet; and notation of any notification or reporting completed in accordance with Rule 62-602.650(3), F.A.C. 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, 62-602.650]*

#### **VI. SCHEDULES**

- 1. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal no later than one-hundred and eighty days (180) prior to the expiration date of this permit. Application shall be made 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. *[62-620.335(1) and (2)]*

#### **VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS**

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

#### **VIII. OTHER SPECIFIC CONDITIONS**

- 1. The permittee shall comply with all conditions and requirements for reuse contained in their consumptive use permit issued by the Water Management District, if such requirements are consistent with Department rules. *[62-610.800(10)]*

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2. 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)]*
3. 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)]*
4. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
5. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in 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(5)]*
6. The treatment facility, storage ponds for Part II systems, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. *[62-600.400(2)(b)]*
7. 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)]*
8. Where required by Chapter 471 or Chapter 492, F.S., applicable portions of reports that must be submitted under this permit shall be signed and sealed by a professional engineer or a professional geologist, as appropriate. *[62-620.310(4)]*
9. The permittee shall provide verbal notice to the Department's Central District Office as soon as practical after discovery of a sinkhole or other karst feature 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's Central District Office in a written report within 7 days of the sinkhole discovery. *[62-620.320(6)]*



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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)]

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9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.

*[62-620.610(9)]*
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, F.S., or Rule 62-620.302, F.A.C. 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 or activity and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*

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16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, F.A.C., and the Department of Environmental Protection Guide to Permitting Wastewater Facilities or Activities Under Chapter 62-620, F.A.C., 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), F.A.C., 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 and Chapters 62-160, 62-601, and 62-610, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. 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.
  - e. 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.
  - f. 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's Central District Office 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.

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- a. The following shall be included as information which must be reported within 24 hours under this condition:
    - (1) Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
    - (2) Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
    - (3) Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
    - (4) Any unauthorized discharge to surface or ground waters.
  - b. Oral reports as required by this subsection shall be provided as follows:
    - (1) For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph (a)4. that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
      - (a) Name, address, and telephone number of person reporting;
      - (b) Name, address, and telephone number of permittee or responsible person for the discharge;
      - (c) Date and time of the discharge and status of discharge (ongoing or ceased);
      - (d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
      - (e) Estimated amount of the discharge;
      - (f) Location or address of the discharge;
      - (g) Source and cause of the discharge;
      - (h) Whether the discharge was contained on-site, and cleanup actions taken to date;
      - (i) Description of area affected by the discharge, including name of water body affected, if any; and
      - (j) Other persons or agencies contacted.
    - (2) Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department's Central District Office 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's Central District Office shall waive the written report.  
  
[62-620.610(20)]
21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX.17., IX.18., or IX.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" means the intentional diversion of waste streams from any portion of a treatment works.
  - b. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
    - (1) Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
    - (2) There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
    - (3) The permittee submitted notices as required under Permit Condition IX.22.b. of this permit.

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- c. 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.
- d. 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.
- e. 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)]

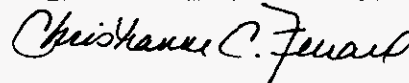
23. Upset Provisions.

- a. "Upset" means an exceptional incident in which there is unintentional and temporary noncompliance with technology-based effluent limitations because of factors beyond the reasonable control of the permittee.
  - (1) An upset does not include noncompliance caused by operational error, improperly designed treatment facilities, inadequate treatment facilities, lack of preventive maintenance, careless or improper operation.
  - (2) An upset constitutes an affirmative defense to an action brought for noncompliance with technology based permit effluent limitations if the requirements of upset provisions of Rule 62-620.610, F.A.C., are met.
- b. 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.
- c. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- d. 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)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Christianne C. Ferraro, P.E.  
Program Administrator  
Water Facilities

Date: January 29, 2010

Attachment(s):  
Discharge Monitoring Report  
Monitor Well Completion Report



## Florida Department of Environmental Protection

Twin Towers Office Bldg., 2600 Blair Stone Road, Tallahassee, Florida 32399-2400

### PATHOGEN MONITORING

#### Part I - Instructions

1. Completion of this report is required by Rules 62-610.463(4), 62-610.472(3)(d), 62-610.525(13), 62-610.568(11), 62-610.568(12), and 62-610.652(6)(c), F.A.C., for all domestic wastewater facilities that provide reclaimed water to certain types of reuse activities. The schedule for sampling and reporting shall be in accordance with the permit for the facility. If a schedule for sampling or re-sampling is not included in the permit, the following schedule shall apply:
  - a. Routine Sampling:

If sampling is required once every two years, this report shall be submitted on or before November 28 of each even numbered year (2006, 2008, 2010, etc.).

If sampling is required once every five years, this report shall be submitted with the application for permit renewal.

If sampling is required quarterly, this report shall be submitted on or before February 28, May 28, August 28, and November 28 of each year.
  - b. Subsequent Re-Sampling:

If subsequent re-sampling is required by Item 9 in Part I of this form, this form shall be submitted for the subsequent re-sampling(s) in accordance with the schedule established in Item 9 in Part I of this form.
2. Submit one copy of this form and a copy of the laboratory's final report for the analysis of *Giardia* and *Cryptosporidium* to each of the following two addresses:
  - a. The appropriate DEP district office (attention Domestic Wastewater Program). Addresses for the DEP district offices are available at [www.dep.state.fl.us/secretary/dist/default.htm](http://www.dep.state.fl.us/secretary/dist/default.htm).
  - b. DEP Water Reuse Coordinator  
Mail Station 3540  
2600 Blair Stone Road  
Tallahassee, Florida 32399-2400
3. Please type or print legibly.
4. In Part II, Items 7 through 12 need to be completed only if this is the first submittal of this report, if the information in Items 7 through 12 has changed since the last submittal, or if the information in any of these questions has not been previously provided.
5. Part III is to be used when sampling for *Giardia* and *Cryptosporidium* at the treatment plant. Part III is also to be used when sampling for *Giardia* and *Cryptosporidium* in a supplemental water supply (see Rule 62-610.472, F.A.C.).

6. For each sample, record the sample volume obtained in liters.
7. For *Giardia*, record the concentrations in cysts per 100 liters. For *Cryptosporidium*, record the concentrations in oocysts per 100 liters. Sufficient sample volumes shall be collected and processed such that the detection limit is no greater than 5 cysts or oocysts per 100 liters. Detection levels on the order of 1 cyst or oocyst per 100 liters are recommended. If an observation is less than the detection limit, make an entry in the form "<2" (where 2 per 100 liters is the detection limit in this example). The actual detection limit will be dictated by the volumes of sample obtained, filtered, and processed. Do NOT record nondetectable values as zero.
8. EPA Method 1623 or other approved methods for reclaimed water or nonpotable waters, adjusted appropriately to accommodate the detection limit requirements, shall be used. Methods previously allowed for EPA's Information Collection Rule (ICR) shall not be used. The full requirements of the approved method, including quality assurance and quality control, are to be met. Quality assurance and sampling requirements in Chapter 62-160, F.A.C., shall apply.

Two concentrations of *Giardia* and *Cryptosporidium* shall be recorded on Part III of this form:

- a. Total cysts and oocysts shall be enumerated using EPA Method 1623 or other approved methods.
  - b. Potentially viable cysts and oocysts shall be enumerated using the DAPI staining technique contained in EPA Method 1623 or similar enumeration techniques included in other approved methods. Cysts and oocysts that are stained DAPI positive or show internal structure by D.I.C. shall be considered as being potentially viable. If the laboratory reports separate values for DAPI positive and for cysts or oocysts having internal structure, the larger of the two concentrations will be reported as being potentially viable.
9. If the number of potentially viable cysts of *Giardia* reported exceeds 5 per 100 liters, a subsequent sample shall be taken and analyzed using EPA Method 1623 or other approved methods and reported using this form. If the number of potentially viable oocysts of *Cryptosporidium* reported exceeds 22 per 100 liters, a subsequent sample shall be taken and analyzed using EPA Method 1623 or other approved methods and reported using this form. This subsequent sample shall be collected within 90 days of the date the initial sample was taken, analyzed for both *Giardia* and *Cryptosporidium*, and the results of the subsequent analysis shall be submitted to DEP using this form within 60 days of sample collection.
  10. Rule 62-160.300, F.A.C., requires that all laboratories generating environmental data for submission to the DEP shall hold certification from the Department of Health's (DOH) Environmental Laboratory Certification Program (ELCP). Certification by the ELCP for analysis of *Giardia* and *Cryptosporidium* using EPA Method 1623 for non-potable waters is required. If other approved methods are used, certification by the ELCP is required for the specific method and for the test matrix. Lists of certified laboratories can be found at [www.dep.state.fl.us/labs/cgi-bin/aams/index.asp](http://www.dep.state.fl.us/labs/cgi-bin/aams/index.asp)
  11. Samples shall be collected during peak flow periods (normally between the hours of 8:00 a.m. and 6:00 p.m.).
  12. Recognizing that concentrations of these pathogens generally increase during the late summer through fall period, it is recommended that utilities sample during the August through October time period.
  13. If the wastewater treatment facility uses chlorination for disinfection, samples obtained for analysis of *Giardia* and *Cryptosporidium* shall be dechlorinated.
  14. When sampling at the treatment facility, obtain a grab sample for total suspended solids (TSS) that is representative of the water leaving the filters at the treatment facility during the period when pathogen



samples are being obtained. In addition, record the highest turbidity and the lowest total chlorine residual observed during the period when pathogen samples are being obtained.

15. When sampling a supplemental water supply, obtain a grab sample for total suspended solids (TSS) that is representative of the surface water or treated stormwater as it is added to the reclaimed water system. This TSS sample shall be taken during the period when pathogen samples are being obtained. In addition, record the lowest total chlorine residual observed during the period when pathogen samples are being obtained.



## Part II - General Information

1. DEP wastewater facility identification number: **FLA010900**

Wastewater facility name: Wedgefield WWTF

Permittee name: Pluris Wedgefield, Inc.

2. Person completing this form:

Name: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_

Email address: \_\_\_\_\_

3. Sampling and analysis:

Date samples were taken: \_\_\_\_\_

Organization collecting the samples: \_\_\_\_\_

Was the sample dechlorinated in the field? ☐ Yes ☐ No

Was the sample refrigerated or kept on ice during shipment to the laboratory? ☐ Yes ☐ No

Date samples delivered to laboratory: \_\_\_\_\_

Date analytical work was done: \_\_\_\_\_

Laboratory doing the analysis: \_\_\_\_\_

Laboratory's DOH Identification Number: \_\_\_\_\_

Approved method used:

☐ EPA Method 1623

☐ Other approved method: \_\_\_\_\_

Contact person at the laboratory: \_\_\_\_\_

Email address of the lab contact person: \_\_\_\_\_

4. Is this the first time that this form has been submitted for the facility?

☐ Yes [Please complete Questions 7 through 16.]

☐ No [Proceed to Question 5.]

5. Is this a report of "subsequent re-sampling" required by Item 9 in Part I of this form based on concentrations of potentially viable cysts or oocysts in a previous sampling?

☐ No [Proceed to Question 6.]

☐ Yes [Attach a description of any facility or operational changes made to the treatment facilities since the time of the previous sampling and proceed to Question 6.]

6. Has the information requested in Questions 7 through 12 (below) changed since the last submittal of this form?

☐ Yes [Please complete Questions 7 through 16.]

☐ No [Proceed to Questions 13 through 16 of Part II of this form. You do not need to complete Questions 7 through 12.]

7. Type of secondary treatment system:

☐ Conventional activated sludge

☐ Extended aeration

☐ Contact stabilization

☐ Biological nutrient removal (such as Bardenpho)

☐ Other: \_\_\_\_\_

8. Does this treatment facility nitrify (convert ammonia nitrogen to nitrate)?

☐ Yes

☐ No

9. Filter type:

☐ Deep bed, single media

☐ Deep bed, multiple media

☐ Shallow bed, automatic backwash

☐ Upflow (including Dynasand)

☐ Slow rate sand filter

☐ Diatomaceous earth filter

☐ Fabric filter

☐ Cartridge filter

☐ Membranes (microfiltration, ultrafiltration, membrane bioreactor, reverse osmosis)

☐ Other: \_\_\_\_\_

10. Filter Media (complete for each type of media provided):

Top layer of media:

Media type: \_\_\_\_\_

Effective size: \_\_\_\_\_ mm

Uniformity coefficient: \_\_\_\_\_

Bed depth: \_\_\_\_\_ inches

Middle layer of media: Media type: \_\_\_\_\_  
Effective size: \_\_\_\_\_ mm  
Uniformity coefficient: \_\_\_\_\_  
Bed depth: \_\_\_\_\_ inches

Bottom layer of media: Media type: \_\_\_\_\_  
Effective size: \_\_\_\_\_ mm  
Uniformity coefficient: \_\_\_\_\_  
Bed depth: \_\_\_\_\_ inches

11. Filter backwash water:

- ☐ Backwash water is returned to the headworks of the treatment plant.  
☐ Backwash water is returned to the aeration basin.  
☐ Other. Please describe: \_\_\_\_\_

12. Disinfection system:

- ☐ Chlorination, gas                      ☐ Hypochlorite  
☐ Chlorine dioxide                      ☐ Chlorination, other \_\_\_\_\_  
☐ Ultraviolet                              ☐ Ozone  
☐ Other: \_\_\_\_\_

13. Is chlorine added before the filters? ☐ No ☐ Yes Dose: \_\_\_\_\_ mg/L

14. During the period that samples were taken, did you add a coagulant, coagulant aid, polyelectrolyte, or other chemical to enhance filtration?

- ☐ No  
☐ Yes. Please list the chemicals being added and their dose.

Chemical 1 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

Chemical 2 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

Chemical 3 - Name: \_\_\_\_\_ Dose: \_\_\_\_\_ mg/L

15. Wastewater treatment plant permitted capacity: \_\_\_\_\_ MGD

16. Wastewater flow being treated at the time samples were collected: \_\_\_\_\_ MGD

### PART III - PATHOGEN MONITORING REPORT

**FACILITY ID:** FLA010900  
**FACILITY NAME:** Wedgefield WWTF  
**FACILITY ADDRESS:** 3100 Bancroft Blvd, Orlando, FL 32833-4011  
**PERMITTEE NAME:** Pluris Wedgefield, Inc.  
**MAILING ADDRESS:** 2600 Commercentre Dr, Lake Forest, CA 92630  
**DATE OF SAMPLING:** \_\_\_\_\_

Parameter	Quantity or Loading		Quality or Concentration	
	Sample Measurement	Units	Sample Measurement	Units
Treatment Plant: After Filter Monitoring Site No. EFB-1				
Turbidity PARM Code 00070				NTU
TSS PARM Code 00530				mg/L
Treatment Plant: After Disinfection Monitoring Site No. EFA-1				
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
<i>Giardia</i> , total count * PARM Code GIARD				total cysts/100 L
<i>Giardia</i> , potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
<i>Cryptosporidium</i> , total count * PARM Code CRYPT				total oocysts/100 L
<i>Cryptosporidium</i> , potentially viable oocysts * PARM Code VCRYP				potentially viable oocysts/100 L
Supplemental Water Supply (surface water or stormwater): After Treatment & Disinfection Monitoring Site No.				
TSS PARM Code 00530				mg/L
Total Chlorine Residual PARM Code 50060				mg/L
Volume Collected PARM Code 71994		Liters		
<i>Giardia</i> (total count) * PARM Code GIARD				total cysts/100 L
<i>Giardia</i> , potentially viable cysts * PARM Code VGIAR				potentially viable cysts/100 L
<i>Cryptosporidium</i> , total count * PARM Code CRYPT				total oocysts/100 L
<i>Cryptosporidium</i> , potentially viable oocysts * PARM Code VCRYP				potentially viable oocysts/100 L

\* Data entries must be made for both total and potentially viable cysts and oocysts.

## PART IV - CERTIFICATION

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based upon 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 Principle Executive Officer or Authorized Agent (Type or Print)	Signature of Principle Executive Officer or Authorized Agent	Telephone No.	Date (YY/MM/DD)
Email Address			

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, Domestic Wastewater Section, MS 3540, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:	Pluris Wedgfield, Inc	PERMIT NUMBER:	FL A010900-005-DW2P	Final	REPORT PROGRAM:	Annually
MAILING ADDRESS:	2600 Commerce Centre Dr Lake Forest, CA 92630	CLASS SIZE:	N/A	RWS-A	Domestic	
FACILITY:	Wedgfield WWTF	MONITORING GROUP NUMBER:		Annual Reclaimed Water or Effluent Analysis		
LOCATION:	3100 Bancroft Blvd Orlando, FL 32833-4011	RE-SUBMITTED DMR:	<input type="checkbox"/>			
COUNTY:	Orange	NO DISCHARGE FROM SITE:	<input type="checkbox"/>			
OFFICE:	Central District	MONITORING PERIOD:	From _____ To _____			

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Antimony, Total Recoverable	Sample Measurement							
PARM Code 01268 P	Permit Requirement			Report (Max)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Arsenic, Total Recoverable	Sample Measurement							
PARM Code 00978 P	Permit Requirement			Report (Max)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Barium, Total Recoverable	Sample Measurement							
PARM Code 01009 P	Permit Requirement			Report (Max)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Beryllium, Total Recoverable	Sample Measurement							
PARM Code 00998 P	Permit Requirement			Report (Max)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Cadmium, Total Recoverable	Sample Measurement							
PARM Code 01113 P	Permit Requirement			Report (Max)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Chromium, Total Recoverable	Sample Measurement							
PARM Code 01118 P	Permit Requirement			Report (Max)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								

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: Wedgfield WWTF

MONITORING GROUP

RWS-A

PERMIT NUMBER FLA010900-005-DW21

NUMBER:

MONITORING PERIOD

From: To:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Cyanide, Total Recoverable	Sample Measurement							
PARM Code 78248 P	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Mon. Site No. RWS-A								
Fluoride, Total (as F)	Sample Measurement							
PARM Code 00951 P	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Lead, Total Recoverable	Sample Measurement							
PARM Code 01114 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Mercury, Total Recoverable	Sample Measurement							
PARM Code 71901 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Nickel, Total Recoverable	Sample Measurement							
PARM Code 01074 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Nitrogen, Nitrate, Total (as N)	Sample Measurement							
PARM Code 00620 P	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Nitrogen, Nitrite, Total (as N)	Sample Measurement							
PARM Code 00615 P	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Nitrate plus Nitrite, Total I det (as N)	Sample Measurement							
PARM Code 00630 P	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Selenium, Total Recoverable	Sample Measurement							
PARM Code 00981 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Sodium, Total Recoverable	Sample Measurement							
PARM Code 00923 P	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Mon. Site No. RWS-A								

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY

Wedgfield WWTF

MONITORING GROUP  
NUMBER  
MONITORING PERIOD

RWS-A

PERMIT NUMBER FLA010900-005-DW-2P

From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Fx	Frequency of Analysis	Sample Type
Thallium, Total Recoverable	Sample Measurement							
PARM Code 00982 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
1,1-dichloroethylene	Sample Measurement							
PARM Code 34501 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,1,1-trichloroethane	Sample Measurement							
PARM Code 34506 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,1,2-trichloroethane	Sample Measurement							
PARM Code 34511 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,2-dichloroethane	Sample Measurement							
PARM Code 32103 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,2-dichloropropane	Sample Measurement							
PARM Code 34541 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,2,4-trichlorobenzene	Sample Measurement							
PARM Code 34551 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Benzene	Sample Measurement							
PARM Code 34030 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Carbon tetrachloride	Sample Measurement							
PARM Code 32102 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Cis-1,2-dichloroethene	Sample Measurement							
PARM Code 81686 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTP

MONITORING GROUP: RWS-A  
 NUMBER:  
 MONITORING PERIOD: From \_\_\_\_\_ To: \_\_\_\_\_

PERMIT NUMBER: FLA010900 005-DW2P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Dichloromethane (methylene chloride)	Sample Measurement							
PARM Code 03821 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Ethylbenzene	Sample Measurement							
PARM Code 34371 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Monochlorobenzene	Sample Measurement							
PARM Code 34031 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,2-dichlorobenzene	Sample Measurement							
PARM Code 34536 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,4-dichlorobenzene	Sample Measurement							
PARM Code 34571 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Styrene, Total	Sample Measurement							
PARM Code 77128 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Tetrachloroethylene	Sample Measurement							
PARM Code 34475 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Toluene	Sample Measurement							
PARM Code 34010 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
1,2-trans-dichloroethylene	Sample Measurement							
PARM Code 34546 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Trichloroethylene	Sample Measurement							
PARM Code 39180 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD

RWS-A

PERMIT NUMBER: FLA010900-005-DW2P

From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Vinyl chloride	Sample Measurement							
PARM Code 39175 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Xylenes	Sample Measurement							
PARM Code 81551 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
2,3,7,8-tetrachlorodibenzo-p-dioxin	Sample Measurement							
PARM Code 34675 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
2,4-dichlorophenoxyacetic acid	Sample Measurement							
PARM Code 39730 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Silvex	Sample Measurement							
PARM Code 39760 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Alachlor	Sample Measurement							
PARM Code 39161 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Atrazine	Sample Measurement							
PARM Code 39033 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Benzo(a)pyrene	Sample Measurement							
PARM Code 34247 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Carbofuran	Sample Measurement							
PARM Code 81405 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Chlordane (tech mix. and metabolites)	Sample Measurement							
PARM Code 39350 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC

**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: Wedgefield WWTF

MONITORING GROUP  
NUMBER:  
MONITORING PERIOD

RWS A

PERMIT NUMBER FLA010900-005-DW2P

From To:

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Dalapon	Sample Measurement							
PARM Code 38432 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Bis(2-ethylhexyl)adipate	Sample Measurement							
PARM Code 77903 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Bis (2-ethylhexyl) phthalate	Sample Measurement							
PARM Code 39100 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Dibromochloropropane (DBCP)	Sample Measurement							
PARM Code 82625 P	Permit Requirement			Report (Max.)	ug/L		Annually	Grab
Mon. Site No. RWS-A								
Dinoseb	Sample Measurement							
PARM Code 30191 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Diquat	Sample Measurement							
PARM Code 04443 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Endosulf	Sample Measurement							
PARM Code 38926 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Endrin	Sample Measurement							
PARM Code 39390 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Ethylene dibromide (1,2-dibromoethane)	Sample Measurement							
PARM Code 77651 P	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Mon. Site No. RWS-A								
Glyphosate	Sample Measurement							
PARM Code 79743 P	Permit Requirement			Report (Max.)	mg/l		Annually	24-hr FPC
Mon. Site No. RWS-A								

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP RWS-A  
NUMBER  
MONITORING PERIOD From: To:

PERMIT NUMBER: FLA010900-005-DW21

Parameters		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex	Frequency of Analysis	Sample Type
Heptachlor	Sample Measurement							
PARM Code 39410 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Heptachlor epoxide	Sample Measurement							
PARM Code 39420 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorobenzene	Sample Measurement							
PARM Code 39700 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Hexachlorocyclopentadiene	Sample Measurement							
PARM Code 34386 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Gamma HHC (Lindane)	Sample Measurement							
PARM Code 39782 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Methoxychlor	Sample Measurement							
PARM Code 39480 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Oxamyl (Vydate)	Sample Measurement							
PARM Code 38865 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Pentachlorophenol	Sample Measurement							
PARM Code 39032 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Picloram	Sample Measurement							
PARM Code 39729 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Polychlorinated Biphenyls (PCBs)	Sample Measurement							
PARM Code 39516 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER RWS-A  
MONITORING PERIOD From \_\_\_\_\_ To \_\_\_\_\_

PERMIT NUMBER: FL A010900-005-DW2P

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. La.	Frequency of Analysis	Sample Type
Sinazine	Sample Measurement							
PARM Code 39055 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Toxaphene	Sample Measurement							
PARM Code 39400 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Trichloromethane, Total by summation	Sample Measurement							
PARM Code 82080 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L		Annually	Grab
Radium 226 + Radium 228, Total	Sample Measurement							
PARM Code 11503 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	pCi/L		Annually	24-hr FPC
Alpha, Gross Particle Activity	Sample Measurement							
PARM Code 80045 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	pCi/L		Annually	24-hr FPC
Aluminum, Total Recoverable	Sample Measurement							
PARM Code 01104 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Chloride (as Cl)	Sample Measurement							
PARM Code 00940 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Iron, Total Recoverable	Sample Measurement							
PARM Code 00980 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	mg/L		Annually	24-hr FPC
Copper, Total Recoverable	Sample Measurement							
PARM Code 01119 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC
Manganese, Total Recoverable	Sample Measurement							
PARM Code 11123 P Mon. Site No. RWS-A	Permit Requirement			Report (Max.)	ug/L		Annually	24-hr FPC

## DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Wedgfield WWTF

MONITORING GROUP  
NUMBER  
MONITORING PERIOD

RWS-A

PERMIT NUMBER: FLA010900-005-DW2P

From \_\_\_\_\_ to \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex	Frequency of Analysis	Sample Type
Silver, Total Recoverable	Sample Measurement									
PARM Code 01070 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)		ug/L		Annually	24-hr FPC
Sulfate, Total	Sample Measurement									
PARM Code 00945 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)		mg/L		Annually	24-hr FPC
Zinc, Total Recoverable	Sample Measurement									
PARM Code 01094 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)		ug/L		Annually	24-hr FPC
pH	Sample Measurement									
PARM Code 00400 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)		s.u.		Annually	Grab
Solids, Total Dissolved (TDS)	Sample Measurement									
PARM Code 10295 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)		mg/L		Annually	24-hr FPC
Foaming Agents	Sample Measurement									
PARM Code 01288 P Mon. Site No. RWS-A	Permit Requirement				Report (Max.)		mg/L		Annually	24-hr FPC

**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection, 3319 Maguire Blvd, Suite 232, Orlando, FL 32803-1767

<b>PERMITTEE NAME</b>	Pharm Wedgefield, Inc	<b>PERMIT NUMBER</b>	FLA010990-005-DW2P	<b>Expiration Date:</b>	January 27, 2015
<b>MAILING ADDRESS</b>	2600 Commerceville Dr Lake Forest, CA 92630	<b>LIMIT:</b>	Final	<b>REPORT:</b>	Monthly
<b>FACILITY:</b>	Wedgefield WWTF	<b>CLASS SIZE</b>	N/A	<b>PROGRAM</b>	Domestic
<b>LOCATION:</b>	3100 Bancroft Blvd Orlando, FL 32833-4011	<b>MONITORING GROUP NUMBER:</b>	R-001	<b>Public Access Reclaimed Water, including Influent</b>	
<b>COUNTY:</b>	Orange	<b>NO DISCHARGE FROM SITE:</b>	<input type="checkbox"/>		
<b>OFFICE:</b>	Central District	<b>MONITORING PERIOD</b>	From _____ To _____		

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow(Total through Plant)	Sample Measurement							
PARM Code 50050 Y	Permit Requirement	0.330	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1		(An. Avg.)						
Flow(Total through plant)	Sample Measurement							
PARM Code 50050 I	Permit Requirement	0.330	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1		(An. Avg.)						
Flow(Total through Plant)	Sample Measurement							
PARM Code 50050 P	Permit Requirement	Report	MGD				5 Days/Week	Flow Totalizer
Mon. Site No. FLW-1		(Mo. Avg.)						
Flow(Total to Golf Course)	Sample Measurement							
PARM Code 50050 Q	Permit Requirement	0.270	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-2		(An. Avg.)						
Flow(Total to Golf Course)	Sample Measurement							
PARM Code 50050 R	Permit Requirement	Report	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-2		(Mo. Avg.)						
Flow(Total to Zone 1)	Sample Measurement							
PARM Code 50050 S	Permit Requirement	0.0096	MGD				Continuous	Flow Totalizer
Mon. Site No. FLW-3		(An. Avg.)						

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: Wedgefield WWTF

MONITORING GROUP NUMBER: R 001

PERMIT NUMBER: FLA010900-005-DW2P

MONITORING PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow (Total to Zone 1)	Sample Measurement							
PARM Code 50050 T Mon. Site No. FLW-3	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 2)	Sample Measurement							
PARM Code 50050 U Mon. Site No. FLW-4	Permit Requirement	0 0309 (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 2)	Sample Measurement							
PARM Code 50050 V Mon. Site No. FLW-4	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 3)	Sample Measurement							
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	0 0195 (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (Total to Zone 3)	Sample Measurement							
PARM Code 50050 W Mon. Site No. FLW-5	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
Flow (from groundwater well)	Sample Measurement							
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (An. Avg.)	MGD				Continuous	Flow Totalizer
Flow (from groundwater well)	Sample Measurement							
PARM Code 50050 W Mon. Site No. FLW-6	Permit Requirement	Report (Mo. Avg.)	MGD				Continuous	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon. Site No. EFA-1	Permit Requirement			60.0 (Max.) 45.0 (Wk. Avg.) 30.0 (Mo. Avg.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 B Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)	mg/L	4 Days/Week	Grab



**DISCHARGE MONITORING REPORT - PART A (Continued)**

FACILITY: **Wedgefield WWT**

MONITORING GROUP NUMBER: **R-001**  
 MONITORING PERIOD: From \_\_\_\_\_ To \_\_\_\_\_

PERMIT NUMBER: **FLA010900-005-DW2P**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement									
PARM Code 00400 A Mon. Site No. EFA-1	Permit Requirement			6.0 (Min.)		8.5 (Max.)	su		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement									
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement					25 (Max.)	mp/100mL		4 Days/Week	Grab
Coliform, Fecal, % less than detection	Sample Measurement									
PARM Code 51005 A Mon. Site No. EFA-1	Permit Requirement			75 (Mo Total)			percent		4 Days/Week	Calculated
Chlorine, Total Residual (For Disinfection)	Sample Measurement									
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)			mg/L		Continuous	Meter
Turbidity	Sample Measurement									
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement					Report (Max.)	NTU		Continuous	Meter
Nitrogen, Nitrate, Total (as N)	Sample Measurement									
PARM Code 00620 A Mon. Site No. EFA-1	Permit Requirement					12.0 (Max.)	mg/L		Monthly	8-hr FPC
Flow (Total through plant)	Sample Measurement									
PARM Code 50050 W Mon. Site No. FLW-1	Permit Requirement	Report (Mo Avg.)	Report (Qt Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100	Sample Measurement									
PARM Code 00180 P Mon. Site No. CAL-1	Permit Requirement					Report (Mo Avg.)	percent		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C (Influent)	Sample Measurement									
PARM Code 80082 P Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC
Solids, Total Suspended (Influent)	Sample Measurement									
PARM Code 00530 P Mon. Site No. INF-1	Permit Requirement					Report (Max.)	mg/L		Bi-weekly, every 2 weeks	8-hr FPC

# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010900-005-DW2P  
Monitoring Period: From: \_\_\_\_\_ To: \_\_\_\_\_

Facility: Wedgefield WWTF

	BOD, Carbonaceous 5 day, 20C mg/L	Chlorine, Total Residual mg/L	Coliform, Fecal #/100ml.	Nitrogen, Nitrate, Total (as N) mg/L	pH s.u.	Solids, Total Suspended mg/L	Turbidity NTU	Flow MGD	Flow MGD
Code	80082	50060	74055	00620	00400	00530	00070	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									
13									
14									
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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: \_\_\_\_\_



# DAILY SAMPLE RESULTS - PART B

Permit Number: FLA010900-005-DW2P  
Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

Facility: Wedgefield WWTF

	Flow MGD	Flow MGD	Flow MGD	Flow MGD	BOD, Carbonaceous 5 day, 20C mg/L	Solids, Total Suspended mg/L			
Code	50050	50050	50050	50050	80082	00530			
Mon. Site	FLW-3	FLW-4	FLW-5	FLW-6	INF-1	INF-1			
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
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22									
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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: \_\_\_\_\_

Florida Department of Environmental Protection

Twin Towers Office Bldg. 2600 Blair Stone Road Tallahassee, Florida 32399-2400

GROUND WATER MONITORING REPORT

Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Wedgfield WWTF - Orange County

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

(2) The GMS Identification Number 3048P03712

(3) DEP Permit Number FLA010900

(4) Authorized Representative Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Telephone Number ( ) \_\_\_\_\_

(5) Type of Discharge \_\_\_\_\_

(6) Method of Discharge \_\_\_\_\_

Certification

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

Date: \_\_\_\_\_

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization \_\_\_\_\_

Analytical Lab \_\_\_\_\_ NELAC Certification # \_\_\_\_\_

NELAC Certification # \_\_\_\_\_

Lab Name \_\_\_\_\_

Address \_\_\_\_\_

Phone Number ( ) \_\_\_\_\_

11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

MWB-1R\*  
Background  
Well Name MW-1  
Golf Course  
WAFR # 6006  
GMS# 3048A13413

Date Sample Obtained.  
Time Sample Obtained.

[illegible]

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)

COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-2  
Background  
Well Name MW-2  
Golf Course  
WAFR # 6005  
GMS# 3048A13414

Monitoring Period  
Was the well purged before sampling?

From: \_\_\_\_\_ To: \_\_\_\_\_  
Yes No

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	Report			Quarterly		
Solids, Total Dissolved(TDS)	70295		mg/L	Report			Quarterly		
Chloride (as Cl)	00940		mg/L	Report			Quarterly		
Coliform, Fecal	74055		#/100mL	Report			Quarterly		
pH	00400		SU	Report			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	87080		ug/L	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION.  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWB-3  
Background  
Well Name MW-3  
Golf Course  
WAFR # 6004  
GMS# 3048A13415

Monitoring Period: From \_\_\_\_\_ To \_\_\_\_\_  
Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82345		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	Report			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	Report			Quarterly		
Chloride (as Cl)	00940		mg/L	Report			Quarterly		
Coliform, Fecal	74055		#/100mL	Report			Quarterly		
pH	00400		SI	Report			Quarterly		
Turbidity, Lab - Nephelometric	82070		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	82080		ug/l	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION.  
11/20/2009



# **GROUND WATER MONITORING WELL REPORT - PART D**

County:  
Facility Name:  
Permit Number:

**Orange County  
Wedgfield WWTF  
FLA010900**

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

**MW1-4  
Intermediate  
Well Name MW-4  
Golf Course  
WAFR # 6003  
GMS# 3048A13416**

Monitoring Period: From \_\_\_\_\_ To \_\_\_\_\_  
Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder FAIRM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	Report			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	Report			Quarterly		
Chloride (as Cl)	00940		mg/L	Report			Quarterly		
Coliform, Fecal	74055		#/100mL	Report			Quarterly		
pH	00400		SU	Report			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added; November 2009**									
Sodium	00923		mg/L	Report			Quarterly		
Trihalomethane, Total	82080		mg/L	Report			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION 11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County  
Facility Name  
Permit Number:

Orange County  
Wedgfield WWTF  
FLA010900

GMS# 3048103712

Permit Builder MWID  
Well Type  
Description:

MWC-6  
Compliance  
Well Name MW-6  
Golf Course  
WAFR # 6001  
GMS# 3048A13418

Monitoring Period From \_\_\_\_\_ To \_\_\_\_\_  
Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

Parameter	Permit Builder	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	500			Quarterly		
Chloride (as Cl)	00940		mg/L	250			Quarterly		
Coliform, Fecal	74055		#/100mL	4			Quarterly		
pH	00400		SIU	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/L	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION: 11/20/2009

County:  
Facility Name:  
Permit Number:

**GMS# 3048P03712**

Permit Builder MW ID:  
Well Type:  
Description:

MWI-7  
Intermediate  
Well Name MW-7  
Golf Course  
WAFR # 6000  
GMS# 3048A13419

Monitoring Period From \_\_\_\_\_ To \_\_\_\_\_  
Was the well purged before sampling? Yes ☐ No ☐

Date Sample Obtained \_\_\_\_\_  
Time Sample Obtained \_\_\_\_\_

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID:  
Well Type:  
Description:

MWC-1  
Compliance  
Well Name MW-1  
On-Site Irrigation  
WAFR # 32995

Monitoring Period  
Was the well purged before sampling? ☐ Yes ☐ No

From: To:

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (LF/N)
Water Level Relative to Foot, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	10			Quarterly		
Solids, Total Dissolved(TDS)	70295		mg/L	500			Quarterly		
Chloride (as Cl)	00946		mg/L	250			Quarterly		
Coliform, Fecal	74055		#/100mL	4			Quarterly		
pH	00400		SU	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82079		NTU	Report			Quarterly		
Added: November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/L	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP) COMMENTS AND EXPLANATION:  
11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

GMS# 3048P03712

Permit Builder MW ID  
Well Type  
Description:

MWC-2  
Compliance  
Well Name MW-2  
On-Site Irrigation  
WAFR # 32996

Monitoring Period  
Was the well purged before sampling? From: Yes No To:

Date Sample Obtained:  
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	500			Quarterly		
Chloride (as Cl)	00940		mg/L	250			Quarterly		
Coliform, Fecal	74055		#/100ml	4			Quarterly		
pH	00400		SU	6.5-8.5			Quarterly		
Turbidity, 1 sh - Nephelometric	82079		NTU	Report			Quarterly		
Added; November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/L	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHM) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION: 11/20/2009

# GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgfield WWTF  
PLA010900

GMS# 3048P03712

Permit Builder MW ID  
Well Type  
Description

MWC-3  
Compliance  
Well Name MW-3  
On-Site Irrigation  
WAFR # 32997

Monitoring Period  
Was the well purged before sampling? ☐ Yes ☐ No

To:

Date Sample Obtained  
Time Sample Obtained:

Parameters	Permit Builder P-ARM Code	Sample Measurement (Analysis Results)	Units	Permit Requirement	Detection Limits	Analysis Method	Monitoring Frequency	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/l	500			Quarterly		
Chloride (as Cl)	00940		mg/L	250			Quarterly		
Coliform, Fecal	74055		#/100ml	4			Quarterly		
pH	00409		SU	6.5-8.5			Quarterly		
Turbidity, Lab - Nephelometric	82070		NTU	Report			Quarterly		
Added; November 2009**									
Sodium	00923		mg/L	160			Quarterly		
Trihalomethane, Total	82080		ug/L	80			Quarterly		

\*\* Based on the elevated concentrations of these parameters in the effluent samples, parameters Sodium and Total Trihalomethane (TTHMs) have been added to the current Groundwater Monitoring Plan (GWMP). COMMENTS AND EXPLANATION:  
11/20/2009

County:	Orange County	Permit Builder MW ID:	MWP-1
Facility Name:	Wedgefield WWTF	Well Type:	Piezometer
Permit Number:	FLA010900	Description:	Well Name MWP-1 On-Site Irrigation WAFR # 55881
	GMS# 3048P03712		

Monitoring Period From \_\_\_\_\_ To \_\_\_\_\_ Date Sample Obtained \_\_\_\_\_  
Was the well purged before sampling? Yes No Time Sample Obtained \_\_\_\_\_

[illegible]

COMMENTS AND EXPLANATION  
11/20/2009

## GROUND WATER MONITORING WELL REPORT - PART D

County:  
Facility Name:  
Permit Number:

Orange County  
Wedgefield WWTF  
FLA010900

**GMS# 3048P03712**

Permit Builder MW ID	Well Type:	Description:
----------------------	------------	--------------

MWP-2  
Piezometer  
Well Name MWP-2  
On-Site Irrigation  
WAFR # 55883

**Monitoring Period**  
**Was the well purged before sampling?**

From: \_\_\_\_\_ To: \_\_\_\_\_  
 Yes No

Date Sample Obtained: \_\_\_\_\_  
Time Sample Obtained: \_\_\_\_\_

[illegible]

COMMENTS AND EXPLANATION.  
11/20/2009



### 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. Hard 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 28<sup>th</sup> 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	CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.	NOD	No discharge from/to site.
DRY	Dry Well	OPS	Operations were shutdown so no sample could be taken.
FLD	Flood disaster.	OTH	Other. Please enter an explanation of why monitoring data were not available.
IFS	Insufficient flow for sampling.	SEF	Sampling equipment failure.
LS	Lost sample		
MNR	Monitoring not required this period.		

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification 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 units.

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

**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 area.

**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 area.

**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.

**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 Staffing:** 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.

**Analysis 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. airlift, 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 Explanation:** 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 upstream 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.

**CBOD<sub>5</sub>:** Enter the average CBOD<sub>5</sub> 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.

**Actual Rainfall:** Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year 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 and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

**No. of Days LWWD 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.





## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

See page 4 for instructions.

### I. General Project Information

A. Name of Project: Wedgefield Water Treatment Plant Improvements

B. Description of Project and Its Purpose: This project consists of adding two 500 gpm, 1.44 MGD (1,000 gpm total) Magnetic Ion Exchange (MIEX) units, a transfer pump station, a 1,000 gpm high service pump, and a new electrical building. The MIEX units will effectively treat the DOC, hydrogen sulfide, and total hardness in the raw water. The proposed modifications will increase the capacity of the plant to 1.152 MGD, with the raw water limiting.

C. Does project create a "new system" as described under subsection 62-555.525(1), F.A.C.? ☐ Yes, and a completed copy of Form 62-555.900(20), New Water System Capacity Development Financial and Managerial Operations Plan, is attached. ☒ No.

D. Location of Project

1. County Where Project Located: Orange

2. Description of Project Location: The plant is located on Mansfield Street in the Wedgefield subdivision.

3. Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

Name of New Treatment Plant or Raw Water Source	Latitude	Longitude
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W

E. Estimate of Cost to Construct Project: N/A

F. Estimate of Dates for Starting and Completing Construction of Project: September 2007

### G. Applicant

PWS/Company Name: <u>Wedgefield Utilities, Inc.</u>		PWS Identification No.: <u>* 3480149</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		
City: <u>Altamonte Springs</u>	State: <u>FL</u>	Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>4078691919</u>		Contact Person's Fax Number: <u>4078696961</u>
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>		

\* This information is required only if the applicant is a public water system (PWS).

### H. Public Water System (PWS) Supplying Water to Project

PWS Name: <u>Wedgefield WTP</u>		PWS Identification No.: <u>3480149</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
PWS Owner: <u>Wedgefield Utilities, Inc.</u>		
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		
City: <u>Altamonte Springs</u>	State: <u>FL</u>	Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>4078691919</u>		Contact Person's Fax Number: <u>4078696961</u>
Contact Person's E-Mail Address: <u>p.c.flynn@utilitiesinc-usa.com</u>		

## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Wedgefield Water Treatment Plant Improvements Applicant: Wedgefield Utilities, Inc.

**I. Public Water System (PWS) that Will Own Project After It Is Placed into Permanent Operation**

PWS Name: Wedgefield WTP		PWS Identification No.:* 3480149
PWS Type:* <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
PWS Owner: Wedgefield Utilities, Inc.		
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director
Contact Person's Mailing Address: 200 Weathersfield Avenue		
City: Altamonte Springs	State: FL	Zip Code: 32714
Contact Person's Telephone Number: 4078691919	Contact Person's Fax Number: 4078696961	
Contact Person's E-Mail Address: p.c.flynn@utilitiesinc-usa.com		

\* This information is required only if the owner/operator is an existing PWS.

**J. Professional Engineer(s) or Other Person(s) in Responsible Charge of Designing Project\***

Company Name: CPH Engineers, Inc.		
Designer(s): Stephen N. Romano		Title(s) of Designer(s): Project Manager
Qualifications of Designer(s):		
<input checked="" type="checkbox"/> Professional Engineer(s) Licensed in Florida – License Number(s): 57579		
<input type="checkbox"/> Public Officer(s) Employed by State, County, Municipal, or Other Governmental Unit of State*		
<input type="checkbox"/> Plumbing Contractor(s) Licensed in Florida – License Number(s):^		
Mailing Address of Designer(s): 101 North Woodland Boulevard, Suite 600		
City: Deland	State: FL	Zip Code: 32720
Telephone Number of Designer(s): 3867364142	Fax Number of Designer(s): 3867368412	
E-Mail Address(es) of Designer(s): sromano@cphengineers.com		

\* Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers licensed in Florida.

† Attach a detailed construction cost estimate showing that the cost to construct this project is \$10,000 or less.

^ Attach documentation showing that this project will be installed by the plumbing contractor(s) designing this project, documentation showing that this project involves a public water system serving a single property and fewer than 250 fixture units, and a detailed construction cost estimate showing that the cost to construct this project is \$50,000 or less.

### B. Certifications

**A. Certification by Applicant**

I am duly authorized to sign this application on behalf of the applicant identified in Part I.G of this application. I certify that, to the best of my knowledge and belief, this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C. I also certify that construction of this project has not begun yet.

  
Signature and Date

Patrick Flynn  
Printed or Typed Name

Regional Director  
Title

**B. Certification by PWS Supplying Water to Project**

I am duly authorized to sign this application on behalf of the PWS identified in Part I.H of this application. I certify that said PWS will supply the water necessary to meet the design water demands for this project. I certify that, to the best of my knowledge and belief, said PWS's connection to this project will not cause said PWS to be, or contribute to said PWS being, in noncompliance with Chapter 62-550 or 62-555, F.A.C. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers the connection(s) between this project and said PWS acceptable as designed.

• Name(s) of Water Treatment Plant(s) to Which this Project Will Be Connected: \_\_\_\_\_

• Total Permitted Maximum Day Operating Capacity of Plant(s), gpd: 576,000

• Total Maximum Day Flow at Plant(s) as Recorded on Monthly Operating Reports During Past 12 Months, gpd: 836,000

  
Signature and Date

Patrick Flynn  
Printed or Typed Name

Regional Director  
Title

## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Wedgefield Water Treatment Plant Improvements Applicant: Wedgefield Utilities, Inc.

### C. Certification by PWS that Will Own Project After It Is Placed into Permanent Operation

I am duly authorized to sign this application on behalf of the PWS identified in Part I.I of this application. I certify that said PWS will own this project after it is placed into permanent operation. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers this project acceptable as designed.

 9/27/06  
Signature and Date

Patrick Flynn  
Printed or Typed Name

Regional Director  
Title

### D. Certification by Professional Engineer(s) in Responsible Charge of Designing Project\*

I, the undersigned professional engineer licensed in Florida, am in responsible charge of preparing the preliminary design report or drawings, specifications, and design data for this project. I certify that, to the best of my knowledge and belief, the design of this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C.

Signature, Seal, and Date:



Printed/Typed Name: Stephen N. Romano

License Number: 57579

Portion of Engineering Document(s) for Which Responsible:  
Entire Project

Signature, Seal, and Date:

Printed/Typed Name:

License Number:

Portion of Engineering Document(s) for Which Responsible:

Signature, Seal, and Date:

Printed/Typed Name:

License Number:

Portion of Engineering Document(s) for Which Responsible:

Signature, Seal, and Date:

Printed/Typed Name:

License Number:

Portion of Engineering Document(s) for Which Responsible:

\* Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers (PEs) licensed in Florida. If this project is being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D of this application shall be completed by the PE(s) in responsible charge. If this project is not being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D does not have to be completed.

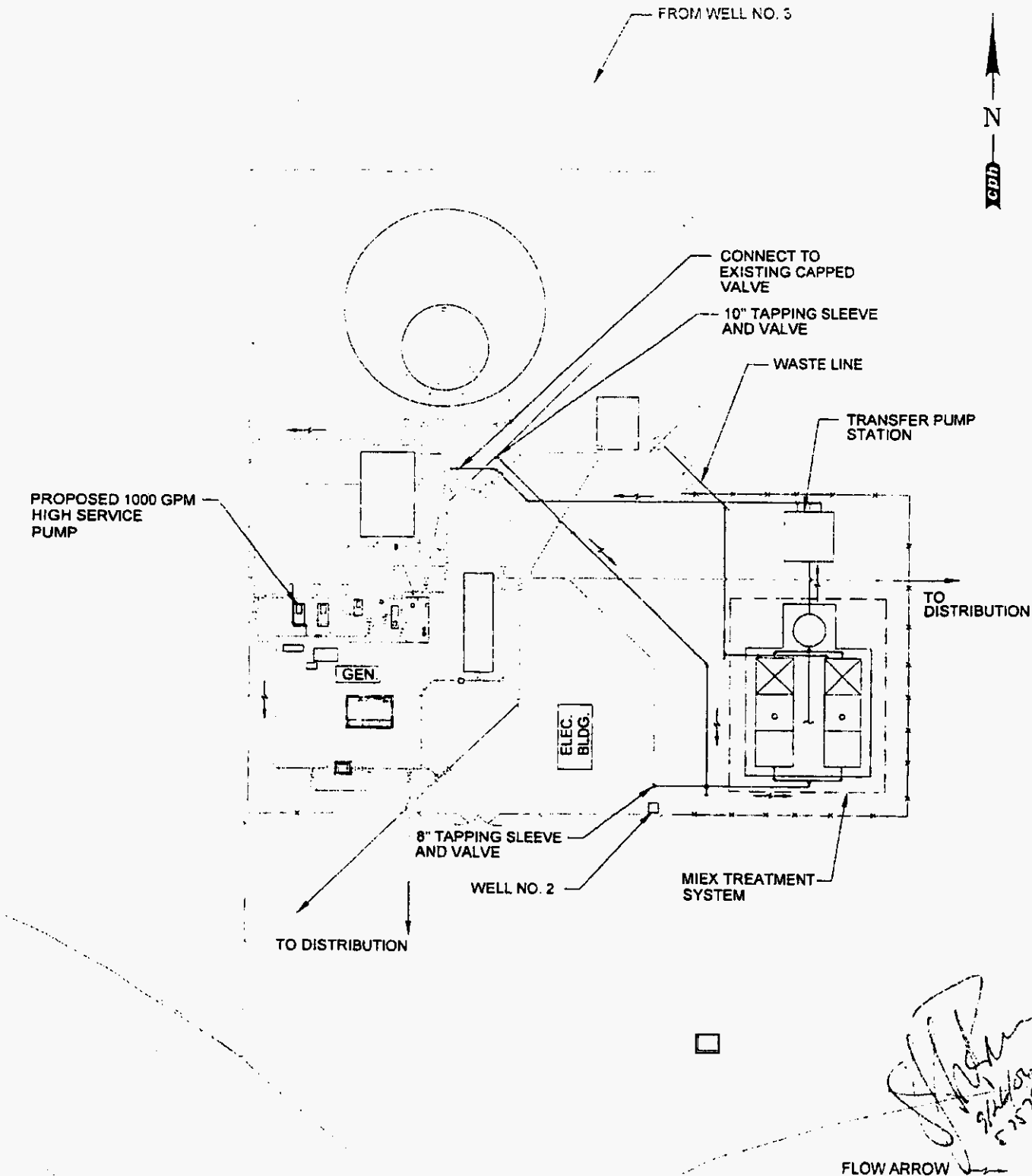
## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

INSTRUCTIONS: This application shall be completed and submitted by persons proposing to construct or alter public water system components unless such proposed construction or alteration is permitted under the Department of Environmental Protection's (DEP's) "General Permit for Construction of Water Main Extensions for Public Water Systems," in which case Form 62-555.900(7) is to be completed and submitted, or under the DEP's "General Permit for Construction of Lead or Copper Corrosion Control, or Iron or Manganese Sequestration, Treatment Facilities for Small or Medium Public Water Systems," in which case Form 62-555.900(18) is to be completed and submitted. Complete and submit one copy of this application to the appropriate DEP District Office or Approved County Health Department (ACHD) along with payment of the proper application processing fee and one copy of the following information:

- either a preliminary design report or drawings, specifications, and design data (the preliminary design report or drawings, specifications, and design data shall contain all pertinent information required under subsection 62-555.520(4), F.A.C.); and
- the Florida Public Service Commission (FPSC) certificate of authorization to provide water service if the project involves construction of a new public water system subject to the jurisdiction of the FPSC.

All information provided on this application shall be typed or printed in ink. Application processing fees are listed in paragraph 62-4.050(4)(n), F.A.C. Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACHD. Preliminary design reports, drawings, specifications, and design data prepared under the responsible charge of one or more professional engineers licensed in Florida shall be signed, sealed, and dated by the professional engineer(s) in responsible charge. NOTE THAT A SEPARATE APPLICATION AND A SEPARATE APPLICATION PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.\*

\* *Non-contiguous projects are projects that are neither interconnected nor located nearby one another (i.e., on the same site, on adjacent streets, or in the same neighborhood).*



Scale: 1"= 40'	WEDGEFIELD WTP EXPANSION TO 1.152 MGD	FIGURE 1
Date: 9-18-2006		
Job No.: U0771	WEDGEFIELD UTILITY SERVICES INC. Orange County, Florida	
Certificate of Authorization No. 3215		







101 North Woodland Boulevard  
Suite 600  
DeLand, Florida 32720

Phone: 386.736.4142  
Fax: 386.736.8412

[www.cphengineers.com](http://www.cphengineers.com)

May 30, 2007

Mr. Richard Lott, P.G., P.E.  
Drinking Water Program Manager  
Florida Department of Environmental Protection  
3319 Maguire Blvd, Suite 232  
Orlando, FL 32803

RE: Wedgefield Water Treatment Plant Re-Rating  
CPH Project No: U0771

Dear Mr. Lott:

Wedgefield Utilities, Inc. is proposing to re-rate their water treatment plant capacity from 0.576 MGD to 1.152 MGD. This increase will be accomplished by using the raw water sources as the limiting component. The Utility is currently in the construction process for the addition of the two (2) 500 gpm MIEX units, the addition of a 1,000 gpm high service pump, and all other associated work for the expansion. Attached to this letter is a re-rating report detailing each limiting component, a specific permit application to construct PWS components, and a check for \$6,000.00.

Should you have any questions concerning the proposed re-rating, please do not hesitate to call us. Thank you for your assistance.

Sincerely,  
CPH ENGINEERS, INC.

Wade Wood, E.I.  
Project Manager

Cc: Bryan Gongre, Regional Manager  
Patrick Flynn, Regional Director

WEDGEFIELD WTP EXPANSION

File # 649.6.1



## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

See page 4 for instructions.

### I. General Project Information

A. Name of Project: Wedgefield Water Treatment Plant Re-Rating

B. Description of Project and Its Purpose: To Re-Rate the limiting component of the Wedgefield Water Treatment Plant

C. Does project create a "new system" as described under subsection 62-555.525(1), F.A.C.? ☐ Yes, and a completed copy of Form 62-555.900(20), New Water System Capacity Development Financial and Managerial Operations Plan, is attached. ☒ No.

D. Location of Project

1. County Where Project Located: Orange

2. Description of Project Location: The plant is located on Mansfield Street in the Wedgefield subdivision.

3. Latitude and Longitude of Each New Treatment Plant and Each New Raw Water Source (attach additional sheets if necessary):

Name of New Treatment Plant or Raw Water Source	Latitude	Longitude
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W
	° ' "N	° ' "W

E. Estimate of Cost to Construct Project: N/A

F. Estimate of Dates for Starting and Completing Construction of Project: N/A

G. Applicant

PWS/Company Name: <u>Wedgefield Utilities, Inc.</u>		PWS Identification No.: <u>3480149</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		
City: <u>Altamonte Springs</u>	State: <u>FL</u>	Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>4078691919</u>		Contact Person's Fax Number: <u>4078696961</u>
Contact Person's E-Mail Address: <u>pcflynn@uiwater.com</u>		

\* This information is required only if the applicant is a public water system (PWS).

H. Public Water System (PWS) Supplying Water to Project

PWS Name: <u>Wedgefield WTP</u>		PWS Identification No.: <u>3480149</u>
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive		
PWS Owner: <u>Wedgefield Utilities, Inc.</u>		
Contact Person: <u>Patrick Flynn</u>		Contact Person's Title: <u>Regional Director</u>
Contact Person's Mailing Address: <u>200 Weathersfield Avenue</u>		
City: <u>Altamonte Springs</u>	State: <u>FL</u>	Zip Code: <u>32714</u>
Contact Person's Telephone Number: <u>4078691919</u>		Contact Person's Fax Number: <u>4078696961</u>
Contact Person's E-Mail Address: <u>pcflynn@uiwater.com</u>		

# APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Wedgefield Water Treatment Plant Re-Rating Applicant: Wedgefield Utilities, Inc.

## I. Public Water System (PWS) that Will Own Project After It Is Placed into Permanent Operation

PWS Name: Wedgefield WTP		PWS Identification No.: 3480149	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
PWS Owner: Wedgefield Utilities, Inc.			
Contact Person: Patrick Flynn		Contact Person's Title: Regional Director	
Contact Person's Mailing Address: 200 Weathersfield Avenue			
City: Altamonte Springs		State: FL	Zip Code: 32714
Contact Person's Telephone Number: 4078691919		Contact Person's Fax Number: 4078696961	
Contact Person's E-Mail Address: pcflynn@uiwater.com			

\* This information is required only if the owner/operator is an existing PWS.

## J. Professional Engineer(s) or Other Person(s) in Responsible Charge of Designing Project\*

Company Name: CPH Engineers, Inc.		
Designer(s): Stephen N. Romano		Title(s) of Designer(s): Project Manager
Qualifications of Designer(s):		
<input checked="" type="checkbox"/> Professional Engineer(s) Licensed in Florida - License Number(s): 57579		
<input type="checkbox"/> Public Officer(s) Employed by State, County, Municipal, or Other Governmental Unit of State <sup>†</sup>		
<input type="checkbox"/> Plumbing Contractor(s) Licensed in Florida - License Number(s): ^		
Mailing Address of Designer(s): 101 North Woodland Boulevard, Suite 600		
City: Deland	State: FL	Zip Code: 32720
Telephone Number of Designer(s): 3867364142		Fax Number of Designer(s): 3867368412
E-Mail Address(es) of Designer(s): sromano@cphengineers.com		

\* Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers licensed in Florida.

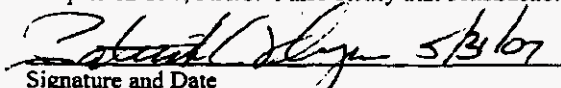
<sup>†</sup> Attach a detailed construction cost estimate showing that the cost to construct this project is \$10,000 or less.

<sup>^</sup> Attach documentation showing that this project will be installed by the plumbing contractor(s) designing this project, documentation showing that this project involves a public water system serving a single property and fewer than 250 fixture units, and a detailed construction cost estimate showing that the cost to construct this project is \$50,000 or less.

## II. Certifications

### A. Certification by Applicant

I am duly authorized to sign this application on behalf of the applicant identified in Part I.G of this application. I certify that, to the best of my knowledge and belief, this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C. I also certify that construction of this project has not begun yet.

 5/3/07  
Signature and Date

Patrick Flynn  
Printed or Typed Name

Regional Director  
Title

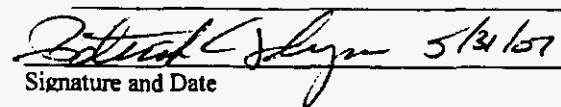
### B. Certification by PWS Supplying Water to Project

I am duly authorized to sign this application on behalf of the PWS identified in Part I.H of this application. I certify that said PWS will supply the water necessary to meet the design water demands for this project. I certify that, to the best of my knowledge and belief, said PWS's connection to this project will not cause said PWS to be, or contribute to said PWS being, in noncompliance with Chapter 62-550 or 62-555, F.A.C. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers the connection(s) between this project and said PWS acceptable as designed.

• Name(s) of Water Treatment Plant(s) to Which this Project Will Be Connected: \_\_\_\_\_

• Total Permitted Maximum Day Operating Capacity of Plant(s), gpd: 576,000

• Total Maximum Day Flow at Plant(s) as Recorded on Monthly Operating Reports During Past 12 Months, gpd: 902,000

 5/3/07  
Signature and Date

Patrick Flynn  
Printed or Typed Name

Regional Director  
Title

## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

Project Name: Wedgefield Water Treatment Plant Re-Rating	Applicant: Wedgefield Utilities, Inc.
--	---------------------------------------

**C. Certification by PWS that Will Own Project After It Is Placed into Permanent Operation**

I am duly authorized to sign this application on behalf of the PWS identified in Part I.I of this application. I certify that said PWS will own this project after it is placed into permanent operation. I also certify that said PWS has reviewed the preliminary design report or drawings, specifications, and design data for this project and that said PWS considers this project acceptable as designed.

Signature and Date	Patrick Flynn Printed or Typed Name	Regional Director Title
--------------------	--	----------------------------

**D. Certification by Professional Engineer(s) in Responsible Charge of Designing Project\***

I, the undersigned professional engineer licensed in Florida, am in responsible charge of preparing the preliminary design report or drawings, specifications, and design data for this project. I certify that, to the best of my knowledge and belief, the design of this project complies with Chapter 62-555, F.A.C., and provides assurance of compliance with Chapter 62-550, F.A.C.

Signature, Seal, and Date:          Printed/Typed Name: Stephen N. Romano License Number: 57579 Portion of Engineering Document(s) for Which Responsible: Entire Project	Signature, Seal, and Date:          Printed/Typed Name: License Number: Portion of Engineering Document(s) for Which Responsible:
Signature, Seal, and Date:          Printed/Typed Name: License Number: Portion of Engineering Document(s) for Which Responsible:	Signature, Seal, and Date:          Printed/Typed Name: License Number: Portion of Engineering Document(s) for Which Responsible:

\* Except as noted in paragraphs 62-555.520(3)(a) and (b), F.A.C., projects shall be designed under the responsible charge of one or more professional engineers (PEs) licensed in Florida. If this project is being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D of this application shall be completed by the PE(s) in responsible charge. If this project is not being designed under the responsible charge of one or more PEs licensed in Florida, Part II.D does not have to be completed.

## APPLICATION FOR A SPECIFIC PERMIT TO CONSTRUCT PWS COMPONENTS

**INSTRUCTIONS:** This application shall be completed and submitted by persons proposing to construct or alter public water system components unless such proposed construction or alteration is permitted under the Department of Environmental Protection's (DEP's) "General Permit for Construction of Water Main Extensions for Public Water Systems," in which case Form 62-555.900(7) is to be completed and submitted, or under the DEP's "General Permit for Construction of Lead or Copper Corrosion Control, or Iron or Manganese Sequestration, Treatment Facilities for Small or Medium Public Water Systems," in which case Form 62-555.900(18) is to be completed and submitted. Complete and submit one copy of this application to the appropriate DEP District Office or Approved County Health Department (ACHD) along with payment of the proper application processing fee and one copy of the following information:

- either a preliminary design report or drawings, specifications, and design data (the preliminary design report or drawings, specifications, and design data shall contain all pertinent information required under subsection 62-555.520(4), F.A.C.); and
- the Florida Public Service Commission (FPSC) certificate of authorization to provide water service if the project involves construction of a new public water system subject to the jurisdiction of the FPSC.

All information provided on this application shall be typed or printed in ink. Application processing fees are listed in paragraph 62-4.050(4)(n), F.A.C. Checks for application processing fees shall be made payable to the Department of Environmental Protection or to the appropriate ACHD. Preliminary design reports, drawings, specifications, and design data prepared under the responsible charge of one or more professional engineers licensed in Florida shall be signed, sealed, and dated by the professional engineer(s) in responsible charge. **NOTE THAT A SEPARATE APPLICATION AND A SEPARATE APPLICATION PROCESSING FEE ARE REQUIRED FOR EACH NON-CONTIGUOUS PROJECT.\***

\* *Non-contiguous projects are projects that are neither interconnected nor located nearby one another (i.e., on the same site, on adjacent streets, or in the same neighborhood).*

**WEDGEFIELD UTILITIES, INC.  
WATER SYSTEM**

**RE-RATING REPORT  
PWS ID No. 3480149  
ORANGE COUNTY, FLORIDA**

**May 2007**

CPH Engineers, Inc.  
101 North Woodland Boulevard, Suite 600  
DeLand, Florida 32720  
Phone: (386) 736-4142 Fax: (386) 736-8412  
CPH Job No.: U0771



Handwritten signature and date: 5/21/07 JTS

## PURPOSE

This re-rating report is being prepared to increase the rated capacity of the Wedgefield Water Treatment Plant. The Plant has experienced flows over their current rated capacity recently. Currently the Utility has a construction permit through the Department for the installation of two (2) 500 gpm MIEX units, a transfer pump station, and the addition of a 1,000 gpm high service pump, FDEP Permit No. WC48-0080718-009. The intention of this report is to change the limiting component of the Wedgefield Water Treatment Plant from the existing ion-exchange units (0.576 MGD) to the raw water sources (1.152 MGD).

By Rule it states that the total well capacity with the largest producing well out of operation shall equal at least the design average daily water demand. The Wedgefield Water Treatment Plant contains two (2) raw water sources, Well No. 2 and Well No. 3. Well No. 2 has a capacity of 400 gpm (0.576 MGD), while Well No. 3 has a capacity of 600 gpm (0.864 MGD). Taking the largest well (600 gpm) out of operation leaves only the 400 gpm well. The 400 gpm well can produce an average daily demand of 0.576 MGD. Using a typical FDEP max day peaking factor of 2.0 generates a max day water demand of 1.152 MGD. It is our contention that this is the limiting component of the Facility.

## EXISTING CONDITIONS

Wedgefield Utilities, Inc. owns and operates the Wedgefield Water Treatment Plant located on Mansfield Street in the Wedgefield Subdivision. The Plant operates under PWS Identification Number 3480149. The Plant currently serves approximately 1,560 customers, primarily residential users.

Currently, the Wedgefield Water Treatment Plant has a permitted capacity of 0.576 MGD. The current components of the water treatment plant include raw water sources, aeration, ground storage, chemical addition, ion-exchange (softening), and high service pumping. When the current construction is completed, the components of the water treatment plant will be raw water sources, magnetic ion-exchange (MIEX), ground storage, ion-exchange (softening), chemical addition, and high service pumping.

## Raw Water Sources

The Wedgefield Water Treatment Plant contains two (2) raw water sources. Both sources are ground water supply wells. Well No. 2 has a total depth of 440 feet with an 8-inch casing. This well has a permitted capacity of 400 gpm (0.576 MGD). Well No. 3 has a total depth of 430 feet and a 10-inch casing. This well has a permitted capacity of 600 gpm (0.864 MGD).

Combined these wells can produce 1,000 gpm (1.440 MGD). However, by taking the largest producing well out of operation shall equal at least the design average daily water demand. By taking Well No. 3 (600 gpm) out of



operation, leaves only the 400 gpm well. At 400 gpm the well can produce an average daily water demand of 0.576 MGD. Using a typical FDEP max day peaking factor of 2.0, the Facility can be rated for 1.152 MGD, taking the largest well out of operation.

**Table 1: Raw Water Sources**

Well Sites	Capacity (gpm)	Capacity (MGD)
2	400	0.576
3	600	0.864
<b>Total</b>		<b>1.440</b>
<b>Total Max Day with Largest Well Out of Operation</b>		<b>1.152</b>

### Magnetic Ion-Exchange

The proposed magnetic ion-exchange (MIEX) units will be constructed under the current FDEP construction permit number WC48-0080718-009. The proposed MIEX unit will have a rated capacity of 1,000 gpm (1.440 MGD). This process will effectively remove the organics found in the raw water. This process will also effectively remove the hydrogen sulfide from the raw water. By effectively removing the organics and the hydrogen sulfide from the raw water, the Utility can potentially remove the ammoniation system and the cascade aerator. The abandonment of these two processes is included in the current construction permit WC48-0080718-009.

**Table 2: MIEX**

Unit	Capacity (gpm)	Capacity (MGD)
1	500	0.720
2	500	0.720
<b>Total</b>		<b>1.440</b>

The transfer pump station will receive the treated water from both MIEX units. The treated water will then be pumped through both ion-exchange units for softening treatment. The transfer pump station will contain three (3) 600 gpm pumps at 51 TDH. Taking one pump out of operation, generates a pumping capacity of 1,200 gpm (1.728 MGD), exceeding the treatment capacity of the MIEX units.

### Ion-Exchange (Softening)

Currently, the Wedgefield Water Treatment Plant utilizes two (2) ion-exchange units for hardness removal. Each vessel has a capacity of 400 gpm each. However, each unit only operates 22.5 hours per day due to the regeneration process for the internal bedding. Basing the treatment capacity on 22.5 hours formulates an ion-exchange capacity of 0.540 MGD each, 1.080 MGD total considering a 100% softened water.

However, the Utility does not use these units to treat (soften) 100 percent of the finished water. The utility utilizes an 80% bypass on these units, increasing the effective capacity

to 5.40 MGD. Furthermore, softening is not a required treatment process by the Department and therefore should not be taken into consideration in determining the capacity of the Plant.

**Table 3: Ion-Exchange**

Unit	Capacity (gpm)	Capacity (MGD)
1	400	0.540
2	400	0.540
<b>Total</b>		<b>1.080</b>
<b>Total Including Bypass</b>		<b>5.400</b>

#### Ground Storage and Aeration

The Wedgefield Water Treatment Plant contains one (1) ground storage tank with a cascade aerator on top. The ground storage tank is separated into an inner and outer tank. The inner tank has a capacity of 71,000 gallons and the outer tank has a capacity of 279,000 gallons. The modifications proposed in the current construction permit will allow the Utility to utilize the entire volume of 350,000 gallons for finished water storage. A total finished water volume of 350,000 gallons generates a storage capacity of 1.40 MGD.

$$\text{Capacity} = \text{Finished Water Volume (0.350 MG)} \times 4 = 1.40 \text{ MGD}$$

The cascade aerator located on top of the ground storage tank has a capacity of 2,000 gpm, which exceeds the combined pumping capacity of the raw water sources. However, as part of the current construction, the MIEX units should effectively remove the hydrogen sulfide from the raw water, thus making the cascade aerator unnecessary. Nonetheless the Utility will maintain their existing cascade aerator until the MIEX is cleared for service and proves it can remove the hydrogen sulfide to the permitted requirements.

**Table 4: Storage and Aeration**

TANK No.	VOLUME (MG)	AERATION CAPACITY
1	0.350 (MG)	2,000 (gpm)
<b>TOTAL</b>	<b>1.40 MGD</b>	<b>2.880 MGD</b>

#### High Service Pumping

The Wedgefield Water Treatment Plant contains three (3) high service pumps, 300 gpm, 600 gpm, and 2,000 gpm, generating a total pumping capacity of 2,900 gpm (4.176 MGD). By Rule, the system must be capable of meeting at least the systems max day water demand with the largest pump out of service.

Therefore, under the current construction permit, the Utility is proposing to install a 1,000 gpm high service pump. Taking the largest pump (2,000 gpm) out of operation the Plant

can generate 1,900 gpm of finished water. Using a typical FDEP max day peaking factor of 2.0 generates a permitted max day capacity for high service pumping of 1.368 MGD.

**Table 5: High Service Pumps**

Pump No.	Capacity (gpm)	Capacity (MGD)
1	300	0.432
2	600	0.864
3	2,000	2.880
4	1,000	1.440
<b>Total</b>	<b>3,900</b>	<b>5.616</b>
<b>Permitted Capacity</b>	<b>1,900</b>	<b>1.368</b>

## **CONCLUSION**

The plant capacity was calculated based on FDEP criteria to determine the limiting components. The possible limiting components consist of wells (raw water sources), MIEX, aeration, high service pumps, and throughput plus storage. The plant capacities are calculated according to the following calculations:

$$\begin{aligned}
 \text{Raw Water (MGD)} &= \text{Well Pumping Rates (gpm)} * 1440 \\
 \text{Aeration (MGD)} &= \text{Sum of Aerator Capacities (gpm)} * 1440 \\
 \text{Throughput plus Storage (MGD)} &= [((\text{Lesser of Aeration/Well capacity (gpm)}) * 240 \text{ minutes}) + \text{Storage (gallons)}] * 3 / 1,000,000 \\
 \text{High Service Pumping (MGD)} &= [(\text{High Service Pumping capacity (gpm)} / 2) * 1440
 \end{aligned}$$

As shown in Table 6, the raw water sources are the limiting component at the Wedgefield Water Treatment Plant. Basing the limiting component of the Wedgefield Water Treatment Plant on the raw water capacity generates an average daily water demand of 0.576 MGD and a permitted max day capacity of 1.152 MGD.

**Table 6: Wedgefield WTP Limiting Factors**

Component	Capacity	Capacity (MGD)
Raw Water Sources	1,000 gpm	1.440
<sup>1</sup> Raw Water Sources	400 gpm	<b>1.152</b>
MIEX	1,000 gpm	1.440
Aeration	2,000 gpm	2.880
Storage	0.350 MGD	1.400
<sup>2</sup> Throughput plus Storage	1,229	1.770
<sup>3</sup> High Service Pumping	1,900	1.368

1-Taking the largest well out of operation

2-Throughput plus Storage was calculated using the well capacity and MIEX capacity, both 1,000 gpm

3-Taking the largest pump out of operation



101 North Woodland Boulevard  
Suite 600  
DeLand, Florida 32720

Phone: 386.736.4142  
Fax: 386.736.8412

[www.cphengineers.com](http://www.cphengineers.com)

July 23, 2007

Mr. Emmitt Taylor  
Growth Management Department  
Orange County  
201 S. Rosalind Ave, 1<sup>st</sup> Floor  
Orlando, FL 32802

RE: Wedgefield Water Treatment Plant Improvements  
CPH Project No: U0771  
Permit Number B06905321

Dear Mr. Taylor:

Enclosed is the revision to the previously permitted MIEX Unit at Wedgefield Water Treatment Plant (Permit Number B06905321). Based on the final Manufacturers Shop Drawings, the previously submitted structural drawing (S102) did not correctly depict the overall layout of the concrete slab for the MIEX unit. The layout and the dimensions in S102 did not reflect the concrete slab illustrated in the submitted overall site plan, Sheet 4, which correctly depicted the required concrete slab. Please see the attached revised structural drawing, S102 that correctly illustrates the proposed concrete slab for the MIEX unit. All calculations for impervious area were correctly calculated based upon the overall site plan, and not the previously submitted structural drawing S102, and therefore are still valid.

Should you have any questions concerning the Revised Application, please do not hesitate to call us. Thank you for your assistance.

Sincerely,  
**CPH ENGINEERS, INC.**

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

Erin Reed, P.E.  
Project Manager

Cc: Bryan Gongre, Regional Manager

# Orange County Building Division

201 South Rosalind Avenue  
 Reply To: Post Office Box 2687 • Orlando, Florida 32802-2687  
 Phone: 407-836-5550 • Inspections ONLY: 407-836-2825



## APPLICATION FOR LAND USE/BUILDING PERMIT

PERMIT NUMBER

PLEASE PRINT

PROJECT ADDRESS 0 Mansfield Street SUITE/UNIT \_\_\_\_\_ ZIP 32833  
 PROPERTY OWNER Wedgefield Utilities, Inc. PHONE (407) 869-1919  
 OWNER'S ADDRESS 200 Weathersfield Avenue, Altamonte Springs STATE FL ZIP 32714  
 CONTRACTOR \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ PHONE \_\_\_\_\_  
 ARCHITECT \_\_\_\_\_ LICENSE NO. \_\_\_\_\_ PHONE \_\_\_\_\_  
 CIVIL ENGINEER Stephen N. Romano LICENSE NO. 57579 PHONE (385) 736-4142

PERMIT NUMBER

B06905321

### NATURE OF PROPOSED IMPROVEMENTS

Revised Concrete Slab for the MIEX unit. The revised Sheet S102 is based on the final Manufacturers Shop Drawings

### FOR ZONING DIVISION USE ONLY

TAX ID. NUMBER SEC \_\_\_\_\_ TWP. \_\_\_\_\_ (S) RING \_\_\_\_\_ (E) SUB \_\_\_\_\_ B&L \_\_\_\_\_ COORDINATE \_\_\_\_\_  
 (15 Digit Parcel Number)  
 LEGAL DESCRIPTION LOT \_\_\_\_\_ BLOCK \_\_\_\_\_ SUBDIVISION \_\_\_\_\_  
 P.B. Pg. \_\_\_\_\_  
 ZONING CLASS \_\_\_\_\_ HEIGHT LIMIT \_\_\_\_\_ NO. OF PARKING SPACES \_\_\_\_\_ DATE \_\_\_\_\_  
 ZONING TECH. \_\_\_\_\_ FLOOD PERMIT NO. \_\_\_\_\_ AC \_\_\_\_\_  
 F.L.U. DESIGNATION \_\_\_\_\_  
 YARDS - F: \_\_\_\_\_ R: \_\_\_\_\_ S: \_\_\_\_\_ SS: \_\_\_\_\_ MAJOR STR. - Rld: \_\_\_\_\_ PRKG: \_\_\_\_\_  
 SPECIAL CONDITIONS: STRUCTURES MAY NOT ENCR OACH INTO ANY EASEMENT OR REQUIRED SETBACK.

### FOR BUILDING DIVISION USE ONLY

NATURE OF WORK: _____	CONSTRUCTION TYPE: _____	TYPE OF STRUCTURE: _____
DATE OF APPLICATION _____	DATE READY TO ISSUE _____	DATE ISSUED _____ BY _____
OWNER EST. VALUE \$ <u>1,781,460.00</u>	BLDG. DEPT. VALUE \$ _____	SPRINKLERS REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
OCCUPANCY GROUP _____	* BLDG. # UNITS # STORIES _____	NO REQUIRED <input type="checkbox"/> YES <input type="checkbox"/> NO
TOTAL SQ. FT. _____	SQUARE FEET/FLOOR _____	GOV'T. OWNED <input type="checkbox"/> YES <input type="checkbox"/> NO
MAX FLOOR LOAD _____	MAX. OCC'PNCY. _____	IMPRSH INSP. REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
MIN. FLOOD ELEV. _____	SEER _____	PLAN (FORMAT?) _____
SUBMITTAL FEE \$ _____	COP _____	OTHER PERMITS REQ'D <input type="checkbox"/> YES <input type="checkbox"/> NO
RECEIPT # _____	AUTHORIZATION # _____	ELECTRICAL <input type="checkbox"/> YES <input type="checkbox"/> NO
REG. PERMIT FEE \$ _____	LOW FLOOR ELEV. _____	MECHANICAL <input type="checkbox"/> YES <input type="checkbox"/> NO
IMPACT - LAW \$ _____	WATER SERVICE _____	PLUMBING <input type="checkbox"/> YES <input type="checkbox"/> NO
IMPACT - FIRE \$ _____	WASTEWTR. SRVC. _____	ROOFING <input type="checkbox"/> YES <input type="checkbox"/> NO
IMPACT - ROAD \$ _____	REVIEWER _____	GAS <input type="checkbox"/> YES <input type="checkbox"/> NO
IMPACT - SCHOOLS \$ _____	O.C. WATER & WASTEWATER	HOLD C/O: YES NO DEPREV.FEE:
RADON FEE \$ _____	ACCTG. DEPT. FEES PAID IN FULL	ZONING <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
VIOLATION \$ _____	AS OF _____ BY _____	ENGINEERING <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
OTHER FEES \$ _____	AUTH. NO. _____	FIRE LOSS MGT. <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		PUBLIC UTILITY <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		ENVIRO. PROT. <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		PLANNING <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		HEALTH <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		BUILDING <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		FINANCE <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____
		STORMWATER <input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____

DO NOT WRITE BELOW THIS LINE - FOR OFFICE USE ONLY

I hereby make Application for Permit as outlined above, and if same is granted I agree to conform to all Building Division Regulations and County Ordinances regulating same and in accordance with plans submitted. The issuance of this permit does not grant permission to violate any applicable Orange County and/or State of Florida codes and/or ordinances.

Personally appeared Patrick C. Flynn (Print Name) \_\_\_\_\_, who on oath says, that he/she is

the applicant for the foregoing, that all the above statements are true to the best of her/his knowledge, and that the work to be done is authorized by the owner and will be done in accordance with the plans submitted.

SIGNATURE Patrick C. Flynn ADDRESS 200 Weathersfield Avenue, Altamonte Springs ZIP 32714 Contractor/Owner.

SWORN TO AND SUBSCRIBED BEFORE ME THIS 23<sup>rd</sup> DAY OF July, 2007.  
Anna Kapon NOTARY PUBLIC, ORANGE COUNTY, FLORIDA

THIS APPLICATION WAS TRANSMITTED BY FACSIMILE ON \_\_\_\_\_ (Date/Time)

Para mas informacón, favor comunicarse al Departamento de Building al número 407-836-5550. Gracias.

### Building Permit Application Information

Owner's Name Wedgefield Utilities, Inc.  
Owner's Address 200 Weathersfield Avenue, Altamonte Springs, FL 32714  
Fee Simple Titleholder's Name (If other than owner's) \_\_\_\_\_  
Fee Simple Titleholder's Address (If other than owner's) \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Contractor's Name \_\_\_\_\_  
Contractor's Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Job Name Wedgefield Water Treatment Plant Expansion  
Job Address 0 Mansfield Street SUITE/UNIT \_\_\_\_\_  
City Orlando State FL Zip Code 32833  
Bonding Company Name \_\_\_\_\_  
Bonding Company Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Architect/Engineer's Name \_\_\_\_\_  
Architect/Engineer's Address \_\_\_\_\_  
Mortgage Lender's Name \_\_\_\_\_  
Mortgage Lender's Address \_\_\_\_\_

Application is hereby made to obtain a permit to do the work and installations as indicated. I certify that no work or installation has commenced prior to the issuance of a permit and that all work will be performed to meet the standards of all laws regulating construction in this jurisdiction. I understand that a separate permit must be secured for ELECTRICAL WORK, PLUMBING, SIGNS, POOLS, MECHANICAL, ETC.

OWNER'S AFFIDAVIT: I certify that all the foregoing information is accurate and that all work will be done in compliance with all applicable laws regulating construction and zoning.

**WARNING TO OWNER:** Your failure to record a Notice of Commencement may result in your paying twice for improvements to your property. If you intend financing, consult with your lender or an attorney before recording your Notice of Commencement.

Signature *Patrick C. Flynn*

Signature \_\_\_\_\_

The foregoing instrument was acknowledged before me this 07/25/07

The foregoing instrument was acknowledged before me this \_\_\_\_/\_\_\_\_/\_\_\_\_

by Patrick C. Flynn who is personally

by \_\_\_\_\_ who is personally

known to me and who produced \_\_\_\_\_

known to me and who produced \_\_\_\_\_

X as identification and who

\_\_\_\_\_ as identification and who

did not take an oath.

did not take an oath.

Notary as to Owner \_\_\_\_\_

Notary as to Cont. \_\_\_\_\_

Commission No. DD450231

Commission No. \_\_\_\_\_

State of FL County of Seminole

State of FL County of \_\_\_\_\_

My Commission expires: 7/12/2009

My Commission expires: \_\_\_\_\_

(SEAL) ANN M. RAPONI  
NOTARY PUBLIC - STATE OF FLORIDA  
COMMISSION # DD450231  
EXPIRES 7/12/2009  
BONDED THRU 1-888-NOTARY1

(SEAL)

### Certificate of Competency Holder

Contractor's State Certification or Registration No. \_\_\_\_\_ Contractor's Certificate of Competency No. \_\_\_\_\_

Application Approved by \_\_\_\_\_

**PERMIT NO. 3302**

**ORIGINAL PERMIT ISSUED:** February 12, 2008  
**TRANSFER PROCESS DATE:** January 21, 2010

**PROJECT NAME:** Wedgefield Utilities Inc

**A PERMIT AUTHORIZING:**

The District authorizes, as limited by the attached permit conditions, the use of 244.55 million gallons per year (mgy) (0.670 million gallons per day (mgd) average) of groundwater from the Floridan aquifer to supply an estimated population of 5,062 in 2013 with water for household, commercial/industrial, common area landscape irrigation, essential, water utility and unaccounted type uses.

**LOCATION:**

Site: Wedgefield Utilities Inc  
Orange County

Section(s): 1 Township(s): 23S Range(s): 32E

**ISSUED TO:**

Pluris Wedgefield Inc  
2600 Commercentre Dr  
Lake Forest, CA 92630

Permittee agrees to hold and save the St. Johns River Water Management District and its successors harmless from any and all damages, claims, or liabilities which may arise from permit issuance. Said application, including all maps and specifications attached thereto, is by reference made a part hereof.

This permit does not convey to permittee any property rights nor any rights or privileges other than those specified herein, nor relieve the permittee from complying with any law, regulation or requirement affecting the rights of other bodies or agencies. All structures and works installed by permittee hereunder shall remain the property of the permittee.

This permit may be revoked, modified or transferred at any time pursuant to the appropriate provisions of Chapter 373, Florida Statutes and 40C-1, Florida Administrative Code.

**PERMIT IS CONDITIONED UPON:**

See conditions on attached "Exhibit A", dated February 12, 2008

**AUTHORIZED BY:** St. Johns River Water Management District  
Department of Resource Management

By: \_\_\_\_\_

Harold A. Wilkening III  
Director

By: \_\_\_\_\_

Kirby B. Green, III  
Executive Director

**"EXHIBIT A"**  
**CONDITIONS FOR ISSUANCE OF PERMIT NUMBER 3302**  
**PLURIS WEDGEFIELD INC**  
**DATED FEBRUARY 12, 2008**

1. District authorized staff, upon proper identification, will have permission to enter, inspect, and observe permitted and related facilities in order to determine compliance with the approved plans, specifications, and conditions of this permit.
2. Nothing in this permit should be construed to limit the authority of the St. Johns River Water Management District to declare a water shortage and issue orders pursuant to Section 373.175, Florida Statutes, or to formulate a plan for implementation during periods of water shortage, pursuant to Section 373.246, Florida Statutes. In the event a water shortage is declared by the District Governing Board, the permittee must adhere to the water shortage restrictions as specified by the District, even though the specified water shortage restrictions may be inconsistent with the terms and conditions of this permit.
3. Prior to the construction, modification, or abandonment of a well, the permittee must obtain a Water Well Construction Permit from the St. Johns River Water Management District, or the appropriate local government pursuant to Chapter 40C-3, Florida Administrative Code. Construction, modification, or abandonment of a well will require modification of the consumptive use permit when such construction, modification, or abandonment is other than that specified and described on the consumptive use permit application form.
4. Leaking or inoperative well casings, valves, or controls must be repaired or replaced as required to eliminate the leak or make the system fully operational.
5. Off-site land uses existing at the time of permit application may not be significantly adversely impacted as a result of the consumptive use. If unanticipated significant adverse impacts occur, the District shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts can be mitigated by the permittee.
6. The District must be notified, in writing, within 30 days of any sale, conveyance, or other transfer of a well or facility from which the permitted consumptive use is made or with in 30 days of any transfer of ownership or control of the real property at which the permitted consumptive use is located. All transfers of ownership or transfers of permits are subject to the provisions of section 40C-1.612.
7. A District issued identification tag shall be prominently displayed at each withdrawal site by permanently affixing such tag to the pump, headgate, valve, or other withdrawal facility as provided by Section 40C-2.401, Florida Administrative Code. Permittee shall notify the District in the event that a replacement tag is needed.
8. If the permittee does not serve a new projected demand located within the service area upon which the annual allocation was calculated, the annual allocation will be subject to modification by the District.
9. Irrigation of agricultural crops is prohibited between the hours of 10:00 a.m. and 4:00 p.m., except as follows:
  - (a) Irrigation using a micro-irrigation system is allowed anytime.
  - (b) The use of reclaimed water for irrigation is allowed anytime provided appropriate signs are placed on the property to inform the general public and District enforcement personnel of such use. Such signs must be in accordance with local restrictions.



(c) The use of recycled water from wet detention treatment ponds to irrigate agricultural crops is allowed anytime provided the ponds are not augmented from any ground or off-site surface water sources.

(d) Irrigation of, or in preparation for planting, new agricultural crops is allowed any time of day for one 30 day period provided irrigation is limited to the amount necessary for crop establishment.

(e) Chemigation and fertigation are allowed at any time of day one time per week, and anytime during the normal 4:00 p.m. to 10:00 a.m. irrigation hours.

(f) Watering in of chemicals, including insecticides, pesticides, fertilizers, fungicides, and herbicides when required by law, the manufacturer or best management practices is allowed anytime within 24 hours of application.

(g) Irrigation systems may be operated anytime for maintenance and repair purposes not to exceed ten minutes per hour per zone.

(h) Irrigation of agricultural crops by seepage system which regulate off-site discharges through the use of water control structures is allowed anytime, provided the discharge does not overtop the control structure by more than one-half inch, the structure is well maintained, and there is no discharge between 1:00 p.m. and 7:00 p.m. unless associated with a storm event.

(i) The use of water to protect agricultural crops from frost or freeze damage is allowed when freezing temperatures or frost are predicted by an official weather forecasting service.

(j) The use of water to protect agricultural crops from heat stress damage is allowed anytime, provided the watering does not exceed ten minutes per hour per zone or one twenty minute period per day, whichever is applicable.

(k) Irrigation of agricultural crops by traveling volume guns which require manual repositioning is allowed anytime.

10. The permittee shall meter all service connections.

11. All submittals made to demonstrate compliance with this permit must have the CUP number 3302 clearly labeled on the submittal.

12. This permit will expire on February 12, 2013.

13. The maximum annual ground water withdrawals from the Floridan aquifer system from Well 2 (District GRS ID 19120), Well 3 (District GRS ID 19121) and Well 4 (District GRS ID 39800) for household, commercial/industrial, common area landscape irrigation, essential, water utility, and unaccounted for type uses must not exceed: 198.56 million gallons (0.544 million gallons per day average) in 2007, 206.23 million gallons (0.565 million gallons per day average) in 2008, 213.89 million gallons (0.586 million gallons per day average) in 2009, 221.56 million gallons (0.607 million gallons per day average) in 2010, 229.22 million gallons (0.628 million gallons per day average) in 2011, 236.89 million gallons (0.649 million gallons per day average) in 2012, and 244.55 million gallons (0.670 million gallons per day average) in 2013.

14. The permittee must maintain all flow meters. In case of failure or breakdown of any meter, the District must be notified in writing within 5 days of its discovery. A defective meter must be repaired or replaced within 30 days of its discovery.

15. Well 2 (District GRS ID 19120) and Well 3 (District GRS ID 19121), as listed on the application, must continue to use in-line totalizing flow meters to monitor water use. These flow meters must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.

16. Well 4 (District GRS ID 39800), as listed on the application shall be equipped with in-line totalizing flow meter prior to use. The flow meter must maintain 95% accuracy, be verifiable and be installed according to the manufacturer's specifications.
17. Within 30 days of determining if the currently inactive Well 4 (District ID 39800) will be utilized, the applicant must provide written notification to the District stating future use intentions. If Well 4 (District GRS ID 39800) is found to be of no use to the applicant, the well must be properly plugged and abandoned conforming to the requirements under Rule 40C-3, F.A.C.
18. Legal uses of water at the time of the permit application may not be interfered with as a result of the consumptive use. If interference occurs, the District may revoke the permit in whole or in part to abate the interference unless otherwise mitigated by the permittee. In those cases, where other permit holders are identified by the District as also contributing to the adverse impact, the permittee may choose to mitigate in a cooperative effort with these permittees. The permittee must submit a mitigation plan to the District for approval prior to implementing such mitigation.
19. Documentation of proper meter installation (photograph and manufacturer specifications) all meters shall be provided to the District within 30 days of meter installation.
20. The permittee must have the flowmeters checked for accuracy every 3 years within 30 days of the anniversary date of permit issuance, and recalibrated if the difference between the actual flow and the meter reading is greater than 5%. District Form No. EN-51 must be submitted to the District within 10 days of the inspection/calibration.
21. Total withdrawals from Well 2 (District GRS ID 19120), Well 3 (District GRS ID 19121) and Well 4 (District GRS ID 39800), as listed on the application, must be recorded continuously, totaled monthly, and reported to the District at least every six months from the initiation of the monitoring using Form EN-50. The reporting dates each year will be as follows for the duration of the permit:

Reporting Period	Report Due Date
January - June	July 31
July - December	January 31

22. The permittee must conduct a detailed water audit for calendar years 2009 and 2012 and submit it to the District by February 1 5th of the following year. All water uses given in the audit must be for the previous calendar year and documentation provided on how the amounts were metered or determined. If the water audit shows that the system losses and unaccounted for water utility uses exceed 10%, a leak detection and repair program must be implemented.
23. The permittee must continue to implement the updated Water Conservation Plan submitted to the District on April 6, 2007, in accordance with the schedules contained therein. An annual report must be submitted to the District no later than February 15th of each year for the duration of the permit that summarizes the specific steps performed to encourage water conservation during the previous calendar year as documented in the Water Conservation Plan.
24. If, in any year, the actual volume of water withdrawn by the permittee equals 95 percent or more of the amount of water allocated for use by this permit, then the permittee shall submit a report to the District that explains why the withdrawal of water by the permittee equals 95 percent or more of the amount allocated for in this permit. The report shall evaluate the effect of the following on the volume of water withdrawn by the permittee:

- a) Climatic shortfalls (drought);
- b) Greater than anticipated growth in the permittee's service area;
- c) Unanticipated expansion of permittee's service area;
- d) Inefficient usage within the service area;
- e) Other factors that account for the withdrawal volume equaling 95 percent or more of the allocation.

The report must include a breakdown of the population currently being served by the permittee, an updated projection of anticipated population that will be served for the following year, an evaluation as to whether the permittee anticipates whether it will be able to meet the water needs of the revised projected population without violating the allocations set forth in this permit, and a corrective action plan setting actions that the permittee intends to take if the evaluation indicates that allocations will be exceeded during the following year. The report must be submitted to the District by February 15th of the year following the year wherein the permittee experienced withdrawals of water that equals 95 percent or more of the amount of water allocated for use by this permit.

- 25. If unanticipated interference to an existing legal use has resulted due to the proposed withdrawal of water, the District may revoke the permit in part or in whole to curtail or abate the interference unless the interference can be mitigated by the permittee. Mitigation may include installation of a new pump or motor, providing new electrical wiring, connection with the existing water supply system or other appropriate measures.
- 26. All available lower quality sources of water including reclaimed water, surface water and storm water must be distributed for use, or used by the utility in place of higher quality water sources when deemed feasible pursuant to District rules and applicable state law.
- 27. The permittee shall implement the reuse of reclaimed water to the maximum extent when technically, economically, and environmentally feasible. The goal shall be to maximize the direct use of all available reclaimed water to meet the irrigation needs of customers within its service area.
- 28. The permittee shall submit an annual reuse report to the District by February 28th of each year that demonstrates compliance with the requirements of this permit condition during the previous calendar year. The report and supplemental information shall include the following:
  - a) Description of the activities that have occurred during the previous year to further implement the reuse of reclaimed water;
  - b) Description of the status of all the permittee's reuse projects; and
  - c) Total quantity of reclaimed water flows generated and the amount distributed by the permittee, quantity of reclaimed water provided to customers or other entities for use in meeting irrigation demands, acreage irrigated with reclaimed water, and quantity of reclaimed water used to recharge the aquifer.
- 29. No later than April 9, 2009, permittee shall identify viable, potential water supply partners including those that could provide alternative water supplies or partner with the permittee in the development of alternative water supplies. In addition, permittee shall identify potential water supply projects that could be implemented with these partners to secure the quantities of water necessary to meet permittees projected demands through 2025 without unacceptable impacts to water resources and related natural systems. Permittee shall contact these potential partners to determine the viability of developing partnership agreements with them for the identified potential water supply projects. A written description of the potential partners and projects along with a description of the contacts between permittee and the potential partners and the viability of the development of partnership agreements shall be submitted to the District also no later than April 9, 2009.

The report shall be submitted electronically via email to the District at [compliancesupport@sjrwmd.com](mailto:compliancesupport@sjrwmd.com). The report submitted must contain the permit number and condition number in the subject line.

30. No later than April 9, 2010, permittee shall prepare and submit to the District for review, a comprehensive written report of an evaluation of the technologic, economic, and environmental feasibility of implementing the identified viable projects and partnerships. The evaluations reported shall be performed to acceptable professional standards.
31. No later than October 9, 2010, permittee shall identify the project(s) and partnership(s) that it proposes to implement to secure the quantities of water necessary to meet permittee's projected demands through 2025 without unacceptable impacts to water resources and related natural systems.
32. No later than April 9, 2011, permittee shall provide the District with firm evidence that it has developed the necessary partnership agreement(s) for implementation of the project(s) of choice.
33. No later than October 9, 2011, permittee shall have scheduled a pre-application conference with District staff to discuss the development of a consumptive use permit application for the identified project(s).
34. No later than October 9, 2012, permittee and/or its partner(s) shall submit a consumptive use permit application for implementation of the identified project(s).
35. The permittee's consumptive use shall not adversely impact wetlands, lakes, and spring flows or contribute to a violation of minimum flows and levels adopted in Chapter 40C-8, F.A.C., except as authorized by a SJRWMD-approved minimum flow or level (MFL) recovery strategy. If unanticipated significant adverse impacts occur, the SJRWMD shall revoke the permit in whole or in part to curtail or abate the adverse impacts, unless the impacts are mitigated by the permittee pursuant to a District-approved plan.
36. The permittee must collect and have analyzed a water sample from Floridan aquifer Well 2 (District ID 19120) in May and October of each year for the permit duration. Each sample must be analyzed for the following:

Field temperature	Sodium
Field pH	Sulfate
Bicarbonate	Total Iron
Calcium	Total Alkalinity
Carbonate	Total Dissolved Solids
Chloride	Total Hardness (by calculation)
Magnesium	Specific Conductance
Potassium	

#### Sample Collection

Samples must be collected in accordance with the Florida Department of Environmental Protection's (FDEP) standard operating procedures (SOP), DEP-SOP-001/01, DEP Quality Assurance Rule, 62-1 60, F.A.C.

Prior to sample collection a minimum of 3-5 casing volumes must be removed from each well. The well must be purged in accordance with DEP-SOP-001/01 and well purging must be documented using the Groundwater Sampling Log form found in the referenced FDEP SOP. Samples must be stored on ice immediately after collection, and remain on ice until received by the laboratory. It is recommended that sample duplicates be taken to allow for laboratory errors or data loss and these samples be stored by the laboratory

for a minimum of 60 days to ensure backup sample availability should re-analyses be required.

#### Quality Assurance

All water quality analyses must be performed by a laboratory certified by the Florida Department of Health (FDOH) and the National Environmental Laboratory Accreditation Conference (NELAC). All laboratory analyses must be by methods for which the laboratory has FDOH certification. All laboratory analyses must be completed within EPA holding times. If the data is lost or a laboratory error occurs and the EPA holding time for the analysis has expired, the Permittee must resample the well within 15 days of notification from the laboratory that a loss or laboratory error has occurred.

With the exception of pH, laboratory analyses utilizing selective ion electrodes are not acceptable due to the inadequate sensitivity of these methods. Analyses utilizing test kits typically used for field screening (e.g., Hach and LaMotte) are also not acceptable for the same reason.

All major ion analyses must be checked for anion-cation balance and should balance within 5%. If the anion-cation balance does not balance within 5%, the permittee must review the data and include in the report submitted to the District a discussion of the cause or explanation of the imbalance.

#### Reports

A report must be submitted to the District within 30 days of receipt of data analysis from the laboratory to include:

- a) Well sampling log
- b) Chain of custody forms
- c) Data report in approved format

All data must be submitted to the District in a District approved electronic format consistent with FDOH and NELAC laboratory reporting requirements.

37. If the District determines that unacceptable saline water intrusion or salt-water interface migration is occurring as a result of the withdrawals authorized by this permit, the District shall revoke the permit in whole or in part to curtail or abate the saline water intrusion.



# St. Johns River Water Management District

Kirby B. Green III, Executive Director • David W. Fisk, Assistant Executive Director

4049 Reid Street • P.O. Box 1429 • Palatka, FL 32178-1429 • (386) 329-4500  
On the Internet at [www.sjrwmd.com](http://www.sjrwmd.com).

January 21, 2010

Maurice W Gallarda  
Pluris Wedgefield Inc  
2600 Commercentre Dr  
Lake Forest, CA 92630

SUBJECT: Consumptive Use Permit Number 3302  
Wedgefield Utilities Inc

Dear Sir/Madam:

Enclosed is your permit as authorized by the Executive Director of St. Johns River Water Management District on February 12, 2008.

The District has received a copy of the Warranty Deed naming Pluris Wedgefield, Inc as the owner of the parcel of property formerly owned by Wedgefield Utilities Inc.

The above referenced permit is hereby transferred to Pluris Wedgefield Inc as the new permit holder, you are required to comply with all the conditions as noted in the permit. If you have any questions concerning the conditions of your permit, please contact James Lemine, Hydrologist IV, 407-659-5912.

Permit issuance does not relieve you from the responsibility of obtaining permits from any federal, state and/or local agencies asserting concurrent jurisdiction over this work.

The enclosed permit is a legal document and should be kept with your other important records. Please read the permit and conditions carefully since the referenced conditions may require submittal of additional information. All information submitted as compliance with permit conditions must be submitted to the nearest District Service Center and should include the above referenced permit number.

Sincerely,

Robert Presley, Director  
Division of Regulatory Information Management

Enclosures: Permit, Conditions for Issuance, Compliance Forms, Map, Well Tags

cc: District Permit File

## GOVERNING BOARD

Susan N. Hughes, CHAIRMAN PONTE VEDRA	W. Leonard Wood, VICE CHAIRMAN FERNANDINA BEACH	Hersey "Herky" Huffman, SECRETARY ENTRANCE	Hans G. Tonzler III, TREASURER JACKSONVILLE
Douglas C. Bourmiquet VERO BEACH	Michael Ertel DAVIE	Maryam H. Ghaybi CRAWFORD BEACH	Richard G. Hamann DAVIEVILLE
			Aron N. Jumper FORT YEAZON



**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (7)  
NOTICES**

*Pluris Wedgefield, Inc. acquired the assets at the end of October, 2009. Pluris Wedgefield, Inc., does not have any notices prior to its ownership. Pluris Wedgefield, Inc., is providing notices covering the years 2010, 2011 and 2012.*

**Test Year Ended December 31, 2011**



# Florida Department of Environmental Protection

Central District  
3319 Maguire Boulevard, Suite 232  
Orlando, Florida 32803-3767

Charlie Crist  
Governor

Jeff Kottkamp  
Lt. Governor

Michael W. Sole  
Secretary

September 14, 2010

PLURIS WEDGEFIELD INC  
2600 COMMERCE DRIVE  
LAKE FOREST CA 92630

OCD-C-WW-10-0656

ATTENTION MAURICE W GALLARDA  
PRESIDENT

Orange County - DW  
Wedgfield WWTF  
Wastewater Facility - Permit No. FLA010900  
Noncompliance Letter

Dear Mr. Gallarda:

On June 3, 2010, Department personnel conducted a routine inspection of the above-referenced facility. In addition, Reconnaissance Inspections (RIs) were conducted on July 19, 2010 and August 18, 2010. Copies of the inspection reports are attached for your review. Please note the ground water items listed below which need to be addressed:

1. Ground water elevations were not reported for well MW-1R for the fourth quarter of 2009 and first quarter of 2010. Please provide these ground water elevations or the reason for this data being unavailable.
2. The ground water monitoring report for the first quarter of 2010 was not on the new forms from the new permit issued on January 29, 2010. The ground water samples were not analyzed for the fourth quarter of 2009 and first quarter of 2010 for the new parameters of sodium and total trihalomethanes. All future submittals shall contain these items.

The Department requests a written response addressing the items listed above within 14 days of the date of this letter. Your response should include an explanation of any corrective actions that have either been taken or that you plan to take. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. Ground water questions should be directed to Marsha Johnson at (407) 893-3308, Ext. 2275. Please direct any other questions to William Hesser at (407) 893-3313, or via e-mail: [William.Hesser@dep.state.fl.us](mailto:William.Hesser@dep.state.fl.us).

Sincerely,

Gary P. Miller  
Program Manager  
Wastewater Compliance/Enforcement

GM/wh/ar

Enclosures: Inspection Reports

cc: Orange County Environmental Protection Division, [michelle.narvaez@ocfl.net](mailto:michelle.narvaez@ocfl.net)  
Anil Desai, Program Manager, Ground Water Section, [anil.desai@dep.state.fl.us](mailto:anil.desai@dep.state.fl.us)  
Roger Holsapple, Lead Operator, [rholsapple@utilitypartnersllc.com](mailto:rholsapple@utilitypartnersllc.com)

"More Protection, Less Process"  
[www.dep.state.fl.us](http://www.dep.state.fl.us)



**FACILITY AND INSPECTION INFORMATION** @ = OptionalRevised February 11, 2010

## INSPECTION SUMMARY

**Facility Name:** Pluris Wedgefield, Inc.

**Facility ID:** FLA010900

**Inspection Type:** CEI

**Date:** 6/3/2010 10:51:00 AM

### FACILITY BACKGROUND:

**Address:** 3100 Bancroft Blvd, Orlando, FL 32833 - 4011, Orange County

**Permit Information:** Wastewater Permit issued: 1/29/2010, and expires: 1/28/2015

**Treatment Summary:** Twin Contact Stabilization Ring Steel Stp's, 2 Filters w/Eff to Golf Course

**Permitted Capacity:** 0.368 MGD

#### 1. Permit: IN COMPLIANCE

- 1.1 Observation: A copy of the permit was on-site and available to plant personnel. A new permit was issued for this facility on January 29, 2010. A letter transferring ownership from Wedgefield Utilities, Inc. to Pluris Wedgefield, Inc. on January 29, 2010.

#### 2. Compliance Schedules: NOT APPLICABLE

- 2.1 Observation: No observations were recorded.

#### 3. Laboratory: NOT EVALUATED

- 3.1 Observation: No observations were recorded.

#### 4. Sampling: IN COMPLIANCE

- 4.1 Observation: Please see specific comments

- Sample points are appropriate, and are as described in the permit.
- Effluent is sampled via an ISCO 3710 automatic sampler set to pull eight-hour, flow-proportioned samples. The sampler was not operating at the time of the inspection. Aliquots are meeting the required 100 mL minimum volume requirement. The effluent sampler was 2.0 degrees C at the time of the inspection.
- Inline instruments are checked daily against field instruments. All data is appropriately logged.
- The calibration of the field turbidity meter is checked daily. The standards are verified quarterly by the contract laboratory. All data is appropriately logged.
- The calibration of the field residual chlorine meter is checked daily with gel standards. Gel standards are verified quarterly against primary standards by the contract laboratory. All data is appropriately logged.
- The field pH meter is calibrated daily; buffers (4.0, 7.0, 10.0) are within appropriate use dates. All data is appropriately logged.
- The sample refrigerator was 6.0 degrees C at the time of the inspection. All compliance thermometers are checked daily and the results are logged.
- Temperature measurement devices are routinely checked against a (NIST) certified thermometer.
- Alarm set points for diversion from reuse are as described in the current Operating Protocol.

#### 5. Records and Reports: IN COMPLIANCE

- 5.1 Observation: Please see specific comments

- A bound logbook with pre-numbered pages was on-site and contained excellent entries.
- Facility operation and maintenance manuals were on-site and current.
- Sludge hauling records are retained on-site.
- Operator certifications were on-site for Roger Holsapple C8863; and Paul Tzareff C16046.
- Operations and Maintenance manuals were on-site.

## INSPECTION FINDINGS

- Effluent quality data is maintained on-site for at least three years.
- Current laboratory certification on-site for Tri Tech Laboratories (E83294).
- The most recent pathogen monitoring report was submitted in April, 2005.
- The most recent Effluent Analysis Report was submitted on August 25, 2010 for the year ending December 31, 2009 (no new non-domestic dischargers added).
- The most recent Annual Reuse Report was submitted on December 17, 2009 for the period ending September 30, 2009.
- Spills and malfunctions have been reported properly.

### 6. Facility Site Review: IN COMPLIANCE

- 6.1 Observation: General - The facility grounds were secured properly.
- 6.2 Observation: General - The facility grounds were clean and well maintained.
- 6.3 Observation: Backflow Prevention - A reduced pressure zone backflow prevention device was in place on the potable water supply line.
- 6.4 Observation: Aeration Basins/Act. Sludge - The contents in the aeration chambers appeared to be well mixed.
- 6.5 Observation: Alternate Power - An alternative power source is available at the WWTF. The on-site generator is exercised weekly, and records of the tests are retained on-site.
- 6.9 Observation: Blowers/Motors - The blowers were operational at the time of the inspection. Blowers appeared well-maintained.
- 6.10 Observation: Clarifiers - Weirs appear clean and level. Some floating scum present.
- 6.11 Observation: Digesters - The tank contents in the aerobic digester were well mixed. No odors observed.
- 6.12 Observation: Disinfection - The chlorine contact chambers were providing a minimum contact time of 15 minutes. Floating covers are present on the CCCs to prevent algae growth and reduce chlorine usage.
- 6.13 Observation: Filtration - No problems or deficiencies noted. Cloth filters and sand filters appeared well maintained.
- 6.14 Observation: Headworks - Screening and grit are being collected in suitable containers. Screening and grit are being disposed of at a Class I landfill. A record of disposal for the screenings and grit collected at the headworks was available for review.
- 6.17 Observation: Headworks - There were no excessive odors emanating from the headworks at the time of the inspection.
- 6.18 Observation: Surge Tanks - No problems or deficiencies noted.

### 7. Flow Measurement: IN COMPLIANCE

- 7.1 Observation: The flow measurement devices appeared to be installed properly. The primary effluent flow measuring device is a 90-degree v-notch weir. **No staff gauge is present.** The secondary effluent flow measuring device is an ISCO3010 ultrasonic.
- 7.2 Observation: The copies of the flow calibration reports are current and satisfactory.

### 8. Operation and Maintenance: IN COMPLIANCE

- 8.1 Observation: General - The facility was operated and maintained in accordance with the description in the Permit.

### 9. Effluent Quality: NOT EVALUATED

- 9.1 Observation: No observations were recorded.

### 10. Effluent Disposal: IN COMPLIANCE

- The on-site storage reclaimed water storage pond appeared well maintained with more than three feet of available freeboard. All pumps and piping appeared adequately maintained.
- The reject storage pond appeared well maintained with more than three feet of available freeboard.

### 11. Residuals/Sludge: IN COMPLIANCE

- 11.1 Observation: General - No problems or deficiencies were observed. Contract with Shelley's.

## **INSPECTION FINDINGS**

12. **Groundwater Quality:** NOT EVALUATED

12.1 **Observation:** No observations were recorded.

13. **Other:** NOT EVALUATED

13.1 **Observation:** No observations were recorded.

7/21/2010 8:14:20 AM

## FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

## WASTEWATER COMPLIANCE INSPECTION REPORT

## FACILITY AND INSPECTION INFORMATION @ = Optional

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Pluris Wedgefield, Inc.	FLA010900	Orange	7/19/2010 10:52:00 AM
3100 Bancroft Blvd		Phone	@ Exit Date/Time
Orlando, FL 32833 - 4011		(949) 454-7104	7/19/2010 11:04:00 AM
Name(s) of Field Representative(s)	Title	Email	Phone
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Maurice W Gallarda	President	(949) 454-7104	
2600 Commerce centre Drive	Email		
Lake Forest, FL 92630			


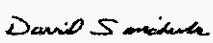
Inspection Type	R	I		Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N): N
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial			Were Photos Taken(Y/N): Y	@ Log book Volume: eIP	@ Page

## FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated  
 Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
NE	1. ♦ Permit	NE	3. Laboratory	IC	6. Facility Site Review	NE	9. ♦ Effluent Quality
NE	2. ♦ Compliance Schedules	NE	4. Sampling	NE	7. Flow Measurement	NE	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	NE	8. ♦ Operation & Maintenance	NE	11. Residuals/Sludge
NA	13. Other:					NE	12. Groundwater

Facility and/or Order Compliance Status:	<input checked="" type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: None			

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
William Hesser 	Central District (407) 893-3313	August 25, 2010
@ Signature of Reviewer	District Office/Phone Number	Date
David Smicherko 	Central District (407) 893-3313	September 3, 2010

Revised February 11, 2010

## INSPECTION SUMMARY

**Facility Name:** Pluris Wedgefield, Inc.

**Facility ID:** FLA010900

**Inspection Type:** RI

**Date:** 7/19/2010 11:04:00 AM

### FACILITY BACKGROUND:

**Address:** 3100 Bancroft Blvd, Orlando, FL 32833 - 4011, Orange County

**Permit Information:** Wastewater Permit issued: 1/29/2010, and expires: 1/28/2015

**Treatment Summary:** Twin Contact Stabilization Ring Steel Stp's, 2 Filters w/Eff to Golf Course

**Permitted Capacity:** 0.368

1. **Permit:** NOT EVALUATED

1.1 Observation: No observations were recorded.

2. **Compliance Schedules:** NOT EVALUATED

2.1 Observation: No observations were recorded.

3. **Laboratory:** NOT EVALUATED

3.1 Observation: No observations were recorded.

4. **Sampling:** NOT EVALUATED

4.1 Observation: No observations were recorded.

5. **Records and Reports:** IN COMPLIANCE

- 5.1 Observation: Records of the inspection and testing of the RPZ backflow preventers on the potable water supply lines were on-site and current. Most recently inspected and certified in June, 2010 by Gray's Backflow Service LLC.

6. **Facility Site Review:** IN COMPLIANCE

6.1 Observation: *Backflow Prevention* - A reduced pressure zone backflow prevention device was in place on the potable water supply line. A Wilkins Zum 975XL appeared well maintained.

7. **Flow Measurement:** NOT EVALUATED

7.1 Observation: No observations were recorded.

8. **Operation and Maintenance:** NOT EVALUATED

8.1 Observation: No observations were recorded.

9. **Effluent Quality:** NOT EVALUATED

9.1 Observation: No observations were recorded.

10. **Effluent Disposal:** NOT EVALUATED

10.1 Observation: No observations were recorded.

11. **Residuals/Sludge:** NOT EVALUATED

11.1 Observation: No observations were recorded.

12. **Groundwater Quality:** NOT EVALUATED

12.1 Observation: No observations were recorded.

13. **Other:** NOT APPLICABLE

13.1 Observation: No observations were recorded.

**FACILITY AND INSPECTION INFORMATION** @ = OptionalRevised February 11, 2010

## INSPECTION SUMMARY

**Facility Name:** Pluris Wedgefield, Inc.

**Facility ID:** FLA010900

**Inspection Type:** RI

**Date:** 8/18/2010 2:00:00 PM

### FACILITY BACKGROUND:

**Address:** 3100 Bancroft Blvd, Orlando, FL 32833 - 4011, Orange County

**Permit Information:** Wastewater Permit issued: 1/29/2010, and expires: 1/28/2015

**Treatment Summary:** Twin Contact Stabilization Ring Steel Stp's, 2 Filters w/Eff to Golf Course

**Permitted Capacity:** 0.368

#### 1. Permit: NOT EVALUATED

1.1 Observation: No observations were recorded.

#### 2. Compliance Schedules: NOT EVALUATED

2.1 Observation: No observations were recorded.

#### 3. Laboratory: NOT EVALUATED

3.1 Observation: No observations were recorded.

#### 4. Sampling: NOT EVALUATED

4.1 Observation: No observations were recorded.

#### 5. Records and Reports: OUT OF COMPLIANCE

- Discharge Monitoring Reports (DMRs) were reviewed from June, 2009 through June, 2010 with the following record keeping deficiencies observed:
  - **Total Nitrogen was not reported on the May, 2010 DMR.** A letter from the facility attributed this to operator error.

#### 6. Facility Site Review: NOT EVALUATED

6.1 Observation: No observations were recorded.

#### 7. Flow Measurement: NOT EVALUATED

7.1 Observation: No observations were recorded.

#### 8. Operation and Maintenance: NOT EVALUATED

8.1 Observation: No observations were recorded.

#### 9. Effluent Quality: OUT OF COMPLIANCE

- 9.1 Observation: Discharge Monitoring Reports (DMRs) were reviewed from June, 2009 through June, 2010 with the following effluent quality deficiencies observed:
  - **June, 2009: Total Suspended Solids, Maximum (TSS Max.) at EFB-1 (R-001) reported at 7.8 milligrams per liter (mg/L) which exceeded the permitted limit of 5.0 mg/L.** This exceedence was appropriately reported to the Department.
  - **August, 2009: TSS Max. at EFB-1 (R-001) reported at 5.1 mg/L which exceeded the permitted limit of 5.0 mg/L.** This exceedence was appropriately reported to the Department.
  - **October, 2009: Nitrate Max. at EFA-1 (R-001) reported at 19.1 mg/L which exceeded the permitted limit of 12.0 mg/L.** This exceedence was appropriately reported to the Department.
  - **April, 2010: TSS Max. at EFB-1 (R-001) reported at 7.9 mg/L which exceeded the permitted limit of 5.0 mg/L.** This exceedence was appropriately reported to the Department.



## INSPECTION FINDINGS

- **May, 2010: Fecal Coliform, Maximum at EFA-1 (R-001) was reported at 37 fecal coliform colonies per 100 milliliters of sample (FCC/100 ml) which exceeded the permit limit of 25 FCC/100 ml. This exceedence was appropriately reported to the Department.**

### **10. Effluent Disposal: IN COMPLIANCE**

- 10.1 Observation: *General* - No problems or deficiencies were observed.
- 10.2 Observation: *REUSE* - All plastic reclaimed water piping, pipelines, valves, outlets, and other appurtenances were color-coded Pantone Purple.
- 10.3 Observation: *REUSE* - Sprayfields appeared adequately maintained. Warning signs were posted at the golf course. A reclaimed water information pamphlet was available at the golf course clubhouse.

### **11. Residuals/Sludge: NOT EVALUATED**

- 11.1 Observation: No observations were recorded.

### **12. Ground water Quality: OUT OF COMPLIANCE**

- 12.1 Observation: A review of the ground water files for this facility indicates the following deficiencies:

- **Groundwater elevations were not reported for well MW-1R for the fourth quarter of 2009 and first quarter of 2010. Please provide these ground water elevations or the reason for this data being unavailable.**
- **The ground water monitoring report for the first quarter of 2010 was not on the new forms from the new permit issued on January 29, 2010. The ground water samples were not analyzed for the fourth quarter of 2009 and first quarter of 2010 for the new parameters of sodium and total trihalomethanes. All future submittals shall contain these items.**

### **13. Other: NOT APPLICABLE**

- 13.1 Observation: No observations were recorded.

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (8)  
FIELD EMPLOYEES**

**Test Year Ended December 31, 2011**

Utility Partners LLC Employee	Duties	License	Responsibilities
Larry White	Operator	DW & WW	Operator of WWTP & WTP
John Coffee	Operator	DW	Operator of WWTP & WTP
Johnny Meadows	Field Tech	N/A	Work orders & maintenance
Richard Galarza	Field Tech	N/A	Work orders & maintenance
Roger Holsapple	Project Manager	DW & WW	Oversight of all phases of work

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (9)  
VEHICLES**

**Test Year Ended December 31, 2011**

Assigned Vehicles					
Driver	Vehicle	Tag #	Last 4 Digits of VIN	Lease/ Owned	Cost Annual Lease or Asset
Roger Holsapple	2010 F150	ABT-J70	4093	L	
John Coffee	2004 Silverado	AAM-V34*	1605	O	\$ 7,459
Johnny Meadows**	2004 Silverado	AAM-V35*	5249	O	\$ 7,459
Richard Galarza**	2004 Silverado	"	"	O	"
Larry White	2004 Silverado	AAM-V36*	4231	O	\$ 7,459

**Pluris Wedgefield, Inc.**

**Docket No.: 120152-WS**

**Orange County**

**25-30.440 (10)  
CUSTOMER COMPLAINTS**

**Test Year Ended December 31, 2011**

## **Customer Complaints - 2011 Test Year**

### **1. Lanay Lyons – Complaint Number 0990308W – Date closed by PSC - 2/25/2011**

**a. The cause of the problem – According to the Customer**

The customer stated her water bill use "is too high". The meter indicated the usage is accurate and there did not appear to be a leak.

**b. Action taken to resolve the customer's complaint**

The meter was reread the same day the complaint was received and the meter indicated the usage was accurate and no indication of a leak.

### **2. John Petroccia – Complaint Number 0991045W – Date closed by PSC - 2/28/2011**

**a. The cause of the problem – According to the Customer**

The customer stated his water bill use "is too high". The meter indicated the usage was accurate and no leak.

**b. Action taken to resolve the customer's complaint**

The meter was reread and the meter indicated the usage was accurate and no leak.

### **3. Jerry Reynolds – Complaint Number 1036403W – Date closed by PSC - 12/5/2011**

**a. The cause of the problem – According to the Customer**

The customer stated his services were disconnected.

**b. Action taken to resolve the customer's complaint**

Service was restored the same day of disconnect. The customer was made aware duplicate bills are provided upon request. Reconnect fee was waived as a onetime courtesy.

### **4. Nelson Lucca – Complaint Number 1036129W – Date closed by PSC - 11/29/2011**

**a. The cause of the problem – According to the Customer**

The customer questioned his usage billed in October 2011.

**b. Action taken to resolve the customer's complaint**

Customer was made aware of similar usage in the past and a field test on the meter was offered and scheduled. The field meter test was conducted at Mr. Lucca's residence beginning at 3:45 PM EST on Friday, 11.04.11. The customer, Mr. Lucca was present for the field test. Two Pluris operators conducted the test in Mr. Lucca's presence. Mr. Lucca assured the operators that all water was turned off in the house and the operators noticed that before conducting the test that the leak indicator on the meter was spinning indicating that water was flowing somewhere on the property. Mr. Lucca saw the leak indicator himself and went into the home to insure that all water was turned off. After returning to the meter and assuring the operators that all water was turned off. Mr. Lucca visually witnessed that the leak indicator on the meter was still spinning acknowledged there was a leak in his home. The field test was then canceled pending Mr. Lucca having the leak fixed.

### **5. Michael Duggar – Complaint Number 1036126W – Date closed by PSC - 11/30/2011**

**a. The cause of the problem – According to the Customer**

The customer alleged that dirty water with smoke was coming out of the faucet and looking like powdered milk.

**b. Action taken to resolve the customer's complaint**

On October 24, 2011, approximately 5:30pm, the water plant experienced power fluctuations from the Power Company. This caused the generator to cycle on and off until on-call personnel arrived. At 5:47pm personnel operated the generator manually to relieve the cycling. Personnel contacted the Power Company to send out a crew to correct the problem. They arrived at 7:30pm, and the Power Company corrected their problem at 8:30pm. At this point the water plant was back running under normal power.

On October 31, 2011, (4 working days after receiving the complaint, Mr. Duggars contacted Beverly Yopp, Director of Customer Care to say he was still having "white water" and smoke coming out of the faucet. He said it looked like "powdered milk". He was told that Pluris was not aware of this issue and would contact the field. He stated that he had talked to Ron Kramer with Utility Partners, the utility contract operator on Tuesday, October 25, 2011 (the same day of receiving the complaint) and again on Friday, October 28, 2011 (3 days after receiving the complaint) and that Mr. Kramer said the same thing to Mr. Duggar.

Ms. Yopp told him that Pluris had not received any other complaints indicating there was still a problem. He said because he was still having a problem that he had contacted the DEP. Mr. Duggars was told that the water is safe to drink, that it met all the requirements of the DEP.

Pluris, upon electrical power being restored began flushing distribution lines within the immediate vicinity of the water plant. This was continued the following morning throughout the system until all hydrants were flushed. On October 26, 2011, the following morning a malfunction report was sent to Mr. Jose Depedro with the Department of Environmental Regulations describing the power situation the evening before. His office had received a dirty water complaint. We advised the Department that flushing was started the evening before and was continuing that day, Wednesday, October 26, 2011. Mr. Jose Depedro requested four (4) bacteriological samples of the immediate area affected. Mr. Kramer told Mr. Depedro that Pluris would take not just 4 but 24 samples to insure there was no problem in the entire system and not just the immediate area. The samples were taken to a state certified laboratory and all samples passed.

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**6. Mitchel Baum – Complaint Number 1040276W – Date Closed by PSC - 12/29/2011**

**a. The cause of the problem – According to the Customer**

The customer stated that the water usage for the month was inaccurate and the meter was not recording properly.

**b. Action taken to resolve the customer's complaint**

Pluris had the meter pulled and sent for a bench test. The meter test results dated December 2, 2011 stated the meter passed all three flow levels. The test results were as follows: High flow – 99.1%, Intermediate flow – 99%, Low flow – 98.5%; all ranges being within AWWA standards.

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