

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities, Inc. of Florida ADDRESS: 200 Weathersfield Ave Altamonte Springs, FL 32714 FACILITY: Eagle Ridge WWTP LOCATION: 14668 Aeries Way Fort Myers, FL 33912 COUNTY: LEE	PERMIT NUMBER: FLA014498 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: R-001 DESCRIPTION: Slow rate public access spray irrigation system MONITORING PERIOD: From: 08/01/2020 To: 08/31/2020
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Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 1 Mon. Site: FLW-2	Sample Measurement		0.189						0	1 Daily; 24 hours	Recording Flow Meter with Totalizer
	Permit Requirement		Report (Mo Avg)	MGD						(1 Daily; 24 hours)	(Recording Flow Meter with Totalizer)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site: EFA-1	Sample Measurement				2				0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				20.0 (Annl Avg)			mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon. Site: EFA-1	Sample Measurement				2.0	4.0	4		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement				60.0 (Maximum)	45.0 (Wkly Avg)	30.0 (Mo Avg)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
Solids, Total Suspended PARM Code 00530 B Mon. Site: EFB-1	Sample Measurement						1.9		0	3 Days/Week	Grab
	Permit Requirement						5.0 (Maximum)	mg/L		(3 Days/Week)	(Grab)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon. Site: EFA-1	Sample Measurement						<1		0	3 Days/Week	Grab
	Permit Requirement						25.0 (Maximum)	#/100mL		(3 Days/Week)	(Grab)
Coliform, Fecal, % less than detection PARM Code 51005 A Mon. Site: EFA-1	Sample Measurement				75.0				0	3 Days/Week	Calculated
	Permit Requirement				75.0 (MinTotMo)			percent		(3 Days/Week)	(Calculated)
pH PARM Code 00400 A Mon. Site: EFA-1	Sample Measurement				6.7		7.2		0	5 Days/Week	Grab
	Permit Requirement				6.0 (Minimum)		8.5 (Maximum)	s.u.		(5 Days/Week)	(Grab)
Chlorine, Total Residual PARM Code 50060 A Mon. Site: EFA-1	Sample Measurement				2.3				0	1 Continuous	Meter
	Permit Requirement				1.0 (Minimum)			mg/L		(1 Continuous)	(Meter)
Turbidity PARM Code 00070 B Mon. Site: EFB-1	Sample Measurement						4.9		0	1 Continuous	Meter
	Permit Requirement						Report (Maximum)	NTU		(1 Continuous)	(Meter)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Dissolved (TDS) PARM Code 70295 A Mon. Site: EFA-1	Sample Measurement						420		0	1 Monthly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(8-hr Flow Proportioned Composite)
Chloride (as Cl) PARM Code 00940 A Mon. Site: EFA-1	Sample Measurement						138		0	1 Monthly	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Monthly)	(8-hr Flow Proportioned Composite)
Flow PARM Code 50050 P Mon. Site: FLW-1	Sample Measurement	0.194	0.183						0	5 Days/Week	Recording Flow Meter with Totalizer
	Permit Requirement	0.318 (Qtr Avg)	Report (Mo Avg)	MGD						(5 Days/Week)	(Recording Flow Meter with Totalizer)
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 P Mon. Site: CAL-1	Sample Measurement						58		0	1 Monthly	Calculated
	Permit Requirement						Report (Mo Avg)	percent		(1 Monthly)	(Calculated)
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site: INF-1	Sample Measurement						186		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended PARM Code 00530 G Mon. Site: INF-1	Sample Measurement						249		0	1 Bi-weekly; every 2 weeks	8-hr Flow Proportioned Composite
	Permit Requirement						Report (Maximum)	mg/L		(1 Bi-weekly; every 2 weeks)	(8-hr Flow Proportioned Composite)
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Max Radcliff	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 GATHERED AND EVALUATED 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.						SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed			TELEPHONE (239) 561-2713	SUBMITTED ON 09/25/2020

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: Utilities, Inc. of Florida ADDRESS: 200 Weathersfield Ave Altamonte Springs, FL 32714 FACILITY: Eagle Ridge WWTP LOCATION: 14668 Aeries Way Fort Myers, FL 33912 COUNTY: LEE	PERMIT NUMBER: FLA014498 LIMIT: FINAL REPORT: Monthly FACILITY TYPE: DW GROUP: Domestic MONITORING GROUP: RMP-Q DESCRIPTION: Biosolids Quantity MONITORING PERIOD: From: 08/01/2020 To: 08/31/2020
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Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Biosolids Quantity (Transferred)	49.1				0	1 Monthly	Calculated	
PARM Code B0007 + Mon. Site: RMP-1	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
Biosolids Quantity (Landfilled)	49.1				0	1 Monthly	Calculated	
PARM Code B0008 + Mon. Site: RMP-1	Report (Mo Total)	dry tons				(1 Monthly)	(Calculated)	
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Max Radcliff	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 GATHERED AND EVALUATED 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.				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Electronically Signed		TELEPHONE (239) 561-2713	SUBMITTED ON 09/25/2020

Monitoring Period

From: August 1, 2020 To: August 31, 2020

	BOD, Carbonaceous 5 day, 20C	Chlorine, Total Residual (For Disinfection)	Coliform, Fecal	pH	Solids, Total Suspended	Turbidity	Flow	Flow	Flow		
	mg/L	mg/L	#/100mL	s.u.	mg/L	NTU	MGD	MGD	MGD		
Code	80082	50060	74055	400	530	70	50050	50050	50050		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-4		
1		3		7		1	0.18	0.165	0		
2		6.9		6.8		1.1	0.12	0.162	0		
3		8	<1	7.1	<1	1.2	0.178	0.176	0		
4		4.3	<1	7.1	<1	1.7	0.201	0.198	0		
5		6	<1	7.1	<1	4.7	0.188	0.178	0		
6		3.4		7		4.7	0.175	0.213	0.02		
7		6.1		6.9		1.8	0.177	0.177	0.02		
8		5.9		6.9		2.3	0.185	0.183	0		
9		4.5		7		3.5	0.214	0.201	0		
10		4.1	<1	7	1.7	4.7	0.195	0.228	0		
11	2	2.9	<1	7	1.9	4.7	0.206	0.238	0		
12		6.6	<1	6.9	1.4	4.7	0.187	0.317	0.02		
13		7		6.9		4.9	0.194	0.12	0.02		
14		7		6.9		4.9	0.176	0.198	0.02		
15		7.1		7		1.3	0.185	0.211	0		
16		7.6		6.9		1.4	0.203	0.22	0		
17		5.3	<1	7	<1	4.7	0.194	0.192	0		
18		4.9	<1	7	<1	1.3	0.177	0.173	0		
19		3.3	<1	7.1	<1	1.4	0.195	0.177	0.02		
20		10.2		7.1		4.7	0.177	0.158	0.02		
21		9.3		7.1		1.3	0.18	0.15	0		
22		8.8		7.1		0.8	0.166	0.175	0		
23		7.5		7.2		1	0.189	0.195	0.02		
24		5.4	<1	7.2	<1	2.8	0.166	0.163	0.02		
25	2	2.3	<1	7.2	<1	1.3	0.202	0.186	0.02		
26		2.9	<1	7.2	<1	0.9	0.165	0.169	0		
27		4.9		7.2		0.9	0.166	0.172	0		
28		5.9		7.2		1.4	0.166	0.167	0		
29		6.8		7.2		1.3	0.197	0.189	0.02		
30		6.4		6.9		0.9	0.195	0.191	0.02		
31		5.9	<1	7	<1	1.1	0.185	0.216	0.02		
Total	4.000	180.200	0.000	218.200	5.000	74.400	5.684	5.858	0.260		
Mo. Avg.	2.000	5.813	#DIV/0!	7.039	1.667	2.400	0.183	0.189	0.008		

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	6891	Name:	Joseph William Ortolona
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:	C	Certificate No:	90436	Name:	Max Lee Radcliff
Lead Operator	Class:	C	Certificate No:	90436	Name:	Max Lee Radcliff

DAILY SAMPLE RESULTS - PART B

Permit Number: **FLA014498-010-DW29**

Facility: **Eagle Ridge WWTP**

Monitoring Period From: August 1, 2020 To: August 31, 2020

	Solids, Total Suspended (Influent) mg/L	BOD, Carbonaceous 5 day, 20C (Influent)								
Code	530	80082								
Mon. Site	INF-1	INF-1								
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
11	164	131								
12										
13										
14										
15										
16										
17										
18										
19										
20										
21										
22										
23										
24										
25	249	186								
26										
27										
28										
29										
30										
31										
Total	413	317								
Mo. Avg.	207	159								

PLANT STAFFING:

Day Shift Operator	Class:	C	Certificate No:	6891	Name:	Joseph William Ortolona
Evening Shift Operator	Class:		Certificate No:		Name:	
Night Shift Operator	Class:	C	Certificate No:	90436	Name:	Max Lee Radcliff
Lead Operator	Class:	C	Certificate No:	90436	Name:	Max Lee Radcliff