

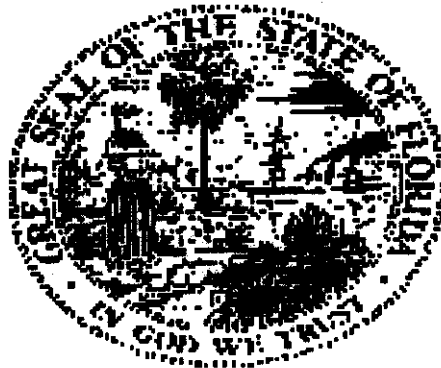
CLASS A  
WATER AND/OR WASTEWATER UTILITIES

**FINANCIAL, RATE  
AND ENGINEERING  
MINIMUM FILING  
REQUIREMENTS**

OF

Utilities, Inc. of Eagle Ridge  
Exact Legal Name of Utility

**VOLUME III**



FOR THE

Test Year Ended: 12/31/07

DOCUMENT NUMBER-DATE

0763 | AUG 22 8

FPSC-COMMISSION CLERK

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (1)  
DETAILED MAP**

**Test Year Ended December 31, 2007**

**MAP PROVIDED SEPARATELY**

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (2)  
CHEMICALS USED**

**Test Year Ended December 31, 2007**

Eagle Ridge Utilities, Inc.  
 Schedule of Chemicals  
 Test Year Ended December 31, 2007

Date of Invoice	Sodium Hypochlorite		Calcium Hypochlorite		Trichloroisocyanuric Acid Dry 50PT		Soda Ash Light-50 BG		TOTAL AMOUNTS
	1 Gal	Unit Price	1 Gal	Unit Price	50# BG	Unit Price	10PK	Unit Price	
12/26/2006	220	1.15							253.00
1/2/2007	265	1.15							304.75
1/8/2007	250	1.25			3	120			672.50
1/16/2007	300	1.25							375.00
1/22/2007	210	1.25							262.50
1/30/2007	300	1.25							375.00
2/5/2007	390	1.25							487.50
2/12/2007	380	1.25							475.00
2/18/2007	335	1.25							418.75
2/27/2007	360	1.25			2	120			690.00
3/5/2007	295	1.25							368.75
3/12/2007	310	1.25							387.50
3/19/2007	300	1.25							375.00
3/26/2007	300	1.25							375.00
4/2/2007	280	1.25							350.00
4/9/2007	280	1.25	3	148	2	80			889.00
4/16/2007	310	1.25							387.50
5/21/2007	270	1.25							337.50
4/23/2007	300	1.25							375.00
4/30/2007	260	1.25							325.00
5/7/2007	250	1.25							312.50
5/14/2007	220	1.25							275.00
5/25/2007	110	1.25							137.50
6/4/2007	350	1.25							437.50
6/11/2007	300	1.25							375.00
6/18/2007	320	1.25							400.00
6/25/2007	335	1.25			3	120			778.75
6/28/2007	210	1.25							262.50
7/5/2007	380	1.25							475.00
7/9/2007	170	1.25							212.50
7/16/2007	320	1.25							400.00
7/23/2007	290	1.25							362.50
7/30/2007	365	1.25							456.25
8/6/2007	345	1.25							431.25
8/13/2007	295	1.25							368.75
8/20/2007	310	1.25							387.50
8/27/2007	310	1.25							387.50
8/30/2007	115	1.25							143.75
9/6/2007	250	1.25							312.50
9/10/2007	400	1.25							500.00
9/17/2007	310	1.25							387.50
9/24/2007	300	1.25							375.00
10/1/2007	300	1.25							375.00
10/8/2007	300	1.25							375.00
10/16/2007	310	1.25			3	120			747.50
10/19/2007	150	1.25							187.50
11/27/2007	260	1.25							325.00
10/28/2007	480	1.25							600.00
11/5/2007	310	1.25							387.50
11/13/2007	375	1.25							468.75
11/21/2007	340	1.25							425.00
12/3/2007	250	1.25							312.50
10/19/2007	-	0					1	20.50	20.50
1/2/2007	335	1.25							418.75
1/30/2007	400	1.25	2	148					798.00
2/27/2007	495	1.25							618.75
3/26/2008	440	1.25							550.00
4/23/2007	250	1.25							312.50
6/19/2007	190	1.25							237.50
7/17/2007	230	1.25							287.50
8/13/2007	255	1.25							318.75
8/14/2007			2	148	4	120			776.00
9/11/2007	285	1.25							356.25
9/9/2007	350	1.25							437.50
11/6/2007	350	1.25							437.50
12/3/2007	450	1.25							562.50
12/19/2007	400	1.25							500.00
1/30/2007					2	120			240.00
<hr/>									
	19,855		7		19		1		27,738.75

Quantity Purchased	19,855	7	19	1
Unit of Measure	Gallons	Gallons	50# Bags	10PK
Average Cost/Unit	1.25	148.00	41.05	20.50
Where Used (Water Sewer)				

Specify Dosage Rate	Disinfecting agent	Disinfecting agent		
Water, total item used	7,862	3	44,250	1
Water, chemical feed rate, ppm	16	0	107.8	0.0
Volume treated, million gal.	49.2	49.2	49.2	49.2
Sewer, total item used	11,793	4	200	
Sewer, chemical feed rate, ppm	37	0	N/A	N/A
Volume treated, million gal.	32.2	32.2		

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (3)  
CHEMICAL ANALYSES**

**Test Year Ended December 31, 2007**

**NOT APPLICABLE**

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (4)  
OPERATIONS REPORTS**

**Test Year Ended December 31, 2007**



**2006**

**25.30.440 (4)  
OPERATIONS REPORTS**

FILE COPY  
673

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2541, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: **UNITED, Inc. of Eagle Ridge** PERMIT NUMBER: **FLA0498**  
 MAILING ADDRESS: **200 Woodcroft Ave.** UNIT: **Unit**  
**Altamonte Springs, FL 32714** CLASS SIZE: **N/A** REPORT GROUP: **Monthly**  
 FACILITY: **1200 W. 86th Street** MONITORING GROUP NUMBER: **R-001** Domicile:  
 LOCATION: **Avon Way** MONITORING GROUP CLASS: **Recharging Station**  
 CITY: **Le** NO DISCHARGE FROM SITE:  MONITORING PERIOD: From: **JAN 1 2006** To: **JAN 31 2006**

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of Analytes	Frequency of Analysis	Sample Type
Flow, in cubic feet per second	0.29	MGD			1	DAILY	NETER
PH	6.85						
DO, Continuous 5 day, 5DC			2.0		1	EVERY TWO WEEKS	GRAB
DO, Continuous 5 day, 5DC			2.0	2.0	1	EVERY TWO WEEKS	GRAB
DO, Continuous 5 day, 5DC			2.0	2.0	1	EVERY TWO WEEKS	GRAB
DO, Continuous 5 day, 5DC			2.7		1	DAILY	GRAB
DO, Continuous 5 day, 5DC			6.45	7.27	1	CONTINUOUS	NETER
DO, Continuous 5 day, 5DC			6.8	8.5	1	CONTINUOUS	NETER
DO, Continuous 5 day, 5DC			1	1	1	DAILY	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 analyze the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of fines and imprisonment for knowing violations.

SIGNATURE OF PERMITTEE EXECUTIVE OFFICER OR AUTHORIZED AGENT: **MAX RAOULIET LEAD OPERATOR**  
 SIGNATURE OF EMPLOYER EXECUTIVE OFFICER OR AUTHORIZED AGENT: **Max Raoulieff**  
 TELEPHONE NO: **351-541-2713** DATE (MM/DD/YY): **06/02/11**

COMMENT AND EXPLANATION OF ANY VIOLATIONS (reference of attachment here):

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTF

MONITORING GROUP NUMBER: 8,001  
 MONITORING PERIOD: From 1/10/2006 To 1/10/2006

PERMIT NUMBER: 1414448  
 (REV. 11/2006)

Parameter	Quality or Loading	Units	Quality or Concentration		Units	Nr. R/c	Frequency of Analysis	Sampling Type
Coliform, fecal					1000/L	0	DAILY	GRAB
Ammonia Nitrogen A					mg/L	0	1000/L	MECA
Ortho Phosphate A					mg/L	0	1000/L	MECA
Total Suspended Solids A					mg/L	0	1000/L	MECA
Flow	291	279	MGD			0	CONTINUOUS	Flow meters TOTALIZER
Flow	0.40	-0.004	MGD			0	DAILY	MECA
Flow		0.174	MGD			0	DAILY	MECA
Flow		0.374	MGD			0	DAILY	MECA
Flow						0	DAILY	MECA
Flow						0	DAILY	MECA
Water Level Station 102L	15.8		FEET			0	DAILY	
Water Level Station 102L	18.6		FEET			0	DAILY	
Flow						0	DAILY	Flow for effluent

8136261030 12:11 02/15/2006

DIP Form 0-013 (REV. 11/2006) Effective November 28, 1994

GARTH A

09/16/2006 11:01 EN 36261030

FACILITY:

Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: 8-01  
MONITORING PERIOD: FROM: 3/10/2006 TO:

3/20/2006

REPORT NUMBER: FL601000  
YR23 JL 2006

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of Analyze	Frequency of Analyze	Sample Type
Electric Total Suspended Solids			211	MG/L	6	EVERY TWO WEEKS	8 HOUR FAC
PERCENT CAPACITY			99.3	PER CENT	6	MONTHLY	CALCULATED

DAILY SAMPLE RESULTS - PART B

Plant Name: FLA11408 From: 2/20/06 To: 2/21/06 Facility: Eagle Ridge WWTP

Date	Time	CROSS (GPM)	TSS (MG/L)	Water Level	Water Level
				Relative to MSL (FEET)	Relative to MSL (FEET)
				155	156
				OTB-1	OTB-2
1				18.5	16.3
2				19.0	15.0
3				17.6	15.0
4				20.0	15.0
5				19.7	14.7
6				18.2	15.1
7				20.3	15.0
8				19.7	14.7
9				19.0	14.7
10				19.7	14.7
11	207	220		18.7	14.7
12		211		19.0	14.7
13				18.7	14.7
14				19.3	14.7
15				18.4	14.9
16				18.4	15.8
17				18.2	15.6
18				19.2	15.2
19				19.2	15.8
20				17.7	15.6
21				19.9	15.7
22				19.7	15.2
23				18.3	15.6
24				19.9	15.6
25	178	201		20.7	15.8
26				20.7	15.8
27				20.3	15.7
28				19.9	15.9
29				20.1	16.1
30				20.2	16.7
31				18.8	15.4
Total	380	421	579.2	491.7	
MAV	170	211	18.6	15.8	

PLANT STAFFING  
 Day Shift Operator: Class: A Certificate No: 5085 Name: ED GOLMBRESKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 5043 Name: MAX RYACLIFF

DEP Form 02420-110(10), Effective November 28, 1994

DAILY SAMPLE RESULTS - PART B

Plant Name: MARIAGE  
 Monitoring Point: R7A1 | 2006 To: 2/21/2006  
 Sample Type: Eagle Ridge WWTP

Code	CHODS (MGL)	Total Coliform (M/100 ML)	pH (MML)	pH (MML)	TSS (Ppt. Demand) (MGL)	TSS (MGL)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Plant Site	R7A1	R7A1	R7A1	R7A1	R7A1	R7A1	R7A1	R7A1	R7A1	R7A1	R7A1
1			6.68	6.94	2.2		0.5	.290	-0.085	.697	.305
2			6.87	6.95	5.0		0.9	.327	-0.074	.190	.252
3			6.74	6.82	1.5	0.7	1.2	.238	-0.04	.249	.271
4			6.49	6.78	2.0	1.7	1.4	.265	-0.022	.291	.287
5			6.68	6.84	2.2	2.4	1.5	.376	-0.06	.206	.332
6			6.67	6.80	2.7	1.6	0.6	.051	-0.079	.123	.335
7			6.69	6.81	3.0		0.7	.309	-0.046	.134	.375
8			6.89	6.85	4.8		0.7	.323	0.028	.198	.295
9		1	6.76	6.86	4.3	0.9	1.5	.348	-0.069	.189	.317
10		1	6.96	7.16	4.1	0.8	1.1	.253	-0.016	.358	.207
11	2	1	6.98	7.10	5.0	0.9	1.5	.287	-0.002	.144	.247
12		1	6.99	7.13	5.0	1.2	0.7	.370	-0.025	.176	.285
13			7.02	7.18	5.0		0.5	.258	-0.029	.250	.282
14			6.89	7.08	2.6		0.7	.301	0.017	.095	.284
15			6.96	7.12	5.0		0.6	.310	0.076	.297	.237
16		1	6.78	6.85	5.0	0.6	1.3	.274	-0.055	.112	.295
17		1	6.85	7.07	5.0	0.6	1.1	.370	-0.049	.127	.319
18		1	6.77	7.01	3.4	0.6	15.0	.265	-0.045	.174	.310
19		1	6.87	6.89	3.0	0.4	10.0	.278	0.008	.131	.270
20			6.86	6.83	5.0		2.4	.272	-0.046	.103	.318
21			6.88	6.87	2.1		1.4	.303	-0.023	.146	.326
22			6.78	6.87	5.0		2.0	.351	0.037	.203	.314
23		1	6.84	6.87	2.3	1.4	2.4	.327	-0.009	.128	.282
24		1	6.49	7.06	5.0	2.7	3.0	.376	0.023	.170	.283
25	2	1	6.88	6.87	2.0	0.9	1.6	.273	-0.003	.231	.276
26		1	6.50	6.89	5.0	1.3	1.5	.274	0.022	.204	.297
27			6.45	6.49	5.0		0.9	.265	0.023	.286	.242
28			6.45	6.60	5.0		0.8	.318	0.025	.267	.220
29			6.53	6.68	3.5		0.9	.328	0.026	.216	.273
30		1	6.71	6.89	2.2	0.7	0.9	.352	0.033	.276	.203
31		1	6.76	6.82	5.0	0.6	0.9	.296	0.026	.148	.270
Total	6	18	209.40	214.34	112.9	20.4	55.4	8.71	-0.141	5.471	8.82
Min. Avg.	2	1	6.75	6.91	3.90	1.13	1.78	.291	-0.004	0.176	.294

PLANT STARTS BY:  
 Day Shift Operator: Check A Certificate No: 9285 Name: ED GOLEMBIJSKI  
 Evening Shift Operator: Check \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Check \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Check E Certificate No: 9043 Name: MAX RYDCLIFF

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

**FILE COPY**  
573

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2540, Ft. Myers, FL, 33902-2540

**PERMITTEE NAME:** URSITE, Inc. of Eagle Ridge  
**MAILING ADDRESS:** 200 Westwood Blvd.  
 Altamonte Springs, FL 32714  
**FACILITY:** Eagle Ridge WWTW  
**LOCATION:** Aeris Way  
 Fort Myers, FL 33912

**PERMIT NUMBER:** FLA014908  
**EMIT:** Wind  
**CLASS SIZE:** TWA

**MONITORING GROUP NUMBER:** 3-01  
**MONITORING GROUP DESC:** , including influent

**MONITORING GROUP:** Domestic

**CYCLE:** 1--

**NO DISCHARGE FROM SITE:**   
**MONITORING PERIOD:** FROM: FEB 1 2006 TO: FEB 28 2006

Parameter	Sample Management	Quantity or Loading		Units	Quality or Concentration		Units	No. Rn.	Frequency of Analysis	Sample Type
		282	289							
Flow, in cubic ft. thru treatment plant	Sample Management	282	289	MAD					DAILY	METER
PARM Code 0001 Mon. No. 27A-1	Sample Management	0-200 (ppm)	0-200 (ppm)	MG/L					DAILY	8-HOUR CPC
BOD, Carbonaceous 5 day, 20C	Sample Management									
PARM Code 0002 Mon. No. 27A-1	Sample Management			2.0			MG/L		EVERY TWO WEEKS	8-HOUR CPC
BOD, Carbonaceous 5 day, 20C	Sample Management			2.0	2.0		MG/L		EVERY TWO WEEKS	8-HOUR CPC
PARM Code 0003 Mon. No. 27A-1	Sample Management			3.0	3.0		MG/L		EVERY TWO WEEKS	8-HOUR CPC
BOD, Total Suspended	Sample Management			3.2			MG/L		EVERY TWO WEEKS	8-HOUR CPC
PARM Code 0034 Mon. No. 27B-1	Sample Management			3.0			MG/L		DAILY	COMB
pH	Sample Management			6.45	7.25		PH		DAILY	COMB
PARM Code 0040 Mon. No. 27B-1	Sample Management			6.8	8.5		PH		CONTINUOUS	INTEGR
Coliform, Fecal	Sample Management			2	2		100 ML		DAILY	GRAB
PARM Code 2403 Mon. No. 27A-1	Sample Management			2	2		100 ML		DAILY	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 analyze the information submitted. Based on my knowledge 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.

<b>PERMITTEE OPERATIONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> MAX RADCLIFF LIAO OPERATOR	<b>SIGNATURE OF PERMITTEE EXECUTIVE OFFICER OR AUTHORIZED AGENT</b> <i>Max Radcliff</i>	<b>TELEPHONE NO</b> 239 561-2713	<b>DATE (YY/MM/DD)</b> 06/03/15
--	--	-------------------------------------	------------------------------------

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: FEB 1 2006 To: FEB 28 2006

PERMIT NUMBER: FLA01408  
FEB 28 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. of	Frequency of	Sample Type
	Sample Measurement							Ex.	Analysis	
Oxidant, Free	Sample Measurement					2	100ML	0	DAILY	GRAB
PARM Code 0003 A Mn. Site No. 000-1	Sample Measurement									
Total Dissolved Chlorine (Free Chlorine)	Sample Measurement					1.1	mg/L	0	CONTINUOUS	INTEGR
PARM Code 0060 A Mn. Site No. 000-1	Sample Measurement					1.1	mg/L	0	CONTINUOUS	INTEGR
Turbidity	Sample Measurement						NTU	0	CONTINUOUS	INTEGR
PARM Code 0070 B Mn. Site No. 000-1	Sample Measurement	257	232				NTU	0	CONTINUOUS	INTEGR
Flow	Sample Measurement	288	283	MGD				0	5045/week	Flow meters and ultrasonic
PARM Code 5000 P Mn. Site No. 000-1	Sample Measurement	288	283	MGD				0	5045/week	Flow meters and ultrasonic
Flow	Sample Measurement	200	138	MGD				0	DAILY	INTEGR
PARM Code 5000 Q Mn. Site No. 000-1	Sample Measurement	200	138	MGD				0	DAILY	INTEGR
Flow	Sample Measurement	175	145	MGD				0	DAILY	INTEGR
PARM Code 5000 R Mn. Site No. 000-1	Sample Measurement	175	145	MGD				0	DAILY	INTEGR
Flow	Sample Measurement	210	258	MGD				0	DAILY	INTEGR
PARM Code 5000 B Mn. Site No. 000-1	Sample Measurement	210	258	MGD				0	DAILY	INTEGR
Water Level Relative to MSL	Sample Measurement	14.9		FEET				0	DAILY	
PARM Code 0254 S Mn. Site No. 000-1	Sample Measurement	14.9		FEET				0	DAILY	
Water Level Relative to MSL	Sample Measurement	22.0		FEET				0	DAILY	
PARM Code 0254 Q Mn. Site No. 000-1	Sample Measurement	22.0		FEET				0	DAILY	
BOD, Carbonaceous 5 day, 20C	Sample Measurement					214.5	mg/L	0	EVERY 2ND	COMPOSITE
PARM Code 0002 G Mn. Site No. 000-1	Sample Measurement					214.5	mg/L	0	EVERY 2ND	COMPOSITE

DEP Form 0-20.910(10), Effective November 29, 1994



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWT

MONITORING GROUP NUMBER: R-01  
MONITORING PERIOD From FEB 1 2006 To

PERMIT NUMBER: FL000403  
FEB 29 2006

PAGE 04

GARTH A

8135261030 11:31 03/20/2006

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. of Ex.	Frequency of Analysis	Sample Type
SS, Total Suspended Solids			225	mg/L	6	EVERY TWO WEEKS	Y-Hold FFC
PHOSPHORUS, Total Phosphate			89.9	MG/ML	6	MONTHLY	CALCULATED
PHOSPHORUS, Total Phosphate				MG/ML		MONTHLY	COMPLETED

DEP Form 03-020, (03/03), Effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014499  
From: FEB 2006

To: FEB 29 2006

Facility: Eagle Ridge WWTP

Order Date	CHODS (MG/L)	Total Coliform Bacteria (M/L)	pH (Min)	pH (Max)	TRC (For Disturb.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
1	2	3	4	5	6	7	8	9	10	11	12
1		1	6.66	6.65	2.8	0.8	3.2	.260	-.060	.166	3.00
2		1	6.56	6.54	1.1	1.4	2.3	.179	.008	.137	.251
3			6.59	6.58	5.0		1.5	.264	.046	.154	.218
4			6.71	6.66	5.0		0.7	.359	0	.164	.359
5			6.85	6.74	3.1		1.5	.346	0	.162	.346
6			6.65	6.60	2.5		2.8	.247	0	.208	.266
7		1	6.98	6.93	5.7	1.6	3.0	.284	-.042	.307	.348
8		2	6.87	6.74	5.0	1.6	5.2	.289	.108	.154	.181
9		2	6.78	6.43	2.0	0.6	10.0	.276	.052	.020	.334
10	2	1	6.71	6.40	5.0	1.9	6.2	.287	.023	.245	.284
11			6.97	6.67	3.4		0.8	.309	.046	.135	.263
12			6.81	6.59	2.5		3.8	.322	.075	.113	.297
13		1	6.85	6.73	5.0	1.2	3.4	.252	-.016	.161	.268
14		1	6.99	6.78	4.9	3.2	1.2	.295	-.030	.088	.315
15		1	6.91	6.77	5.0	1.6	1.4	.280	-.079	.156	.354
16		1	7.25	6.88	5.0	0.9	1.4	.287	-.033	.251	.320
17			7.11	6.80	5.0		1.2	.272	-.039	.326	.311
18			6.86	6.79	5.0		1.2	.315	-.031	.288	.242
19			7.19	6.68	5.0		1.2	.322	-.004	.191	.348
20		1	6.93	6.71	4.6	1.0	0.4	.281	-.038	.375	.319
21		1	7.02	6.78	3.3	1.5	0.8	.271	-.027	.458	.298
22		1	6.93	6.89	5.0	0.6	1.2	.273	.093	.363	.180
23	2	1	6.78	6.71	5.0	0.7	1.5	.277	.032	0	.245
24			6.90	6.73	5.0		0.9	.216	.006	0	.240
25			6.93	6.81	5.0		1.3	.325	.068	0	.257
26			6.91	6.77	5.0		1.3	.314	.094	0	.220
27		1	6.87	6.43	5.0	0.9	6.4	.242	.050	0	.192
28		1	6.69	6.45	5.0	1.5	4.6	.222	.061	.122	.165
29											
30											
31											
Total	4	18	183	194	117.9	21.0	65.1	8.013	0.789	4.628	7.645
MA Avg	2	1.12	6.60	6.94	4.21	0.75	2.33	.286	0.028	.115	0.273

PLANT STAFFING:  
 Day Shift Operator: Class: A Certificate No: 5085 Name: ED GOLDEN BISKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 9043 Name: MAY RADCLIFF

DAILY SAMPLE RESULTS - PART B

Form Number PLAD14498

Facility: Eagle Ridge WWTP

Monitoring Period

From: FEB 1 2006 To: FEB 28 2006

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
Code	8082	00530	82545	82545
Mon. Site	INF-1	INF-1	OTH-1	OTH-2
1			19.5	16.2
2			19.8	15.6
3			19.9	14.9
4			20.2	15.0
5			20.3	15.4
6			20.9	15.6
7			20.8	15.4
8			20.2	15.4
9			20.7	15.8
10	199	264	20.9	18.0
11			16.8	17.9
12			17.8	17.8
13			20.5	17.9
14			20.2	17.9
15			21.3	16.8
16			21.2	16.8
17			20.5	16.6
18			20.2	16.4
19			19.2	16.3
20			20.5	15.7
21			19.8	15.6
22			17.8	15.7
23	230	226	18.8	16.1
24			20.0	15.9
25			20.0	17.2
26			22.0	17.0
27			21.0	12.9
28			21.0	17.2
29				
30				
31				
Total	429	450	519.1	424.5
Mo. Avg.	314.5	205	18.5	15.1

PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 9385 Name: ED GOLEMBIENSKI

Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Control Operator Class: C Certificate No: 9043 Name: MAX RYAN CLIFF

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 208 Weatherfield Ave.  
 Altamonte Springs, FL 32714  
 Eagle Ridge WWTP  
 Avon Way  
 Fort Myers, FL 33912

PERMIT NUMBER: FLA014496

LIMIT: None  
 CLASS SIZE: N/A

SUPPORT: Domestic  
 GROUP: Domestic

FACILITY: Eagle Ridge WWTP  
 LOCATION: Avon Way  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Including Influent

COUNTY: Lee

NO DISCHARGE FROM INTL:   
 MONITORING PERIOD From: 3-1-04 To: 3-31-04

623  
 FILE COPY

Parameter	Sample Measurement Permit Requirement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	281	278					6	DAILY	METER
PARM Code 8000 Min. Dis. No. EPA-1	Permit Requirement	0.45 (0-Mo. Avg.)	0.45 (0-Mo. Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0			0	EVERY TWO WEEKS	8-HOUR FC
PARM Code 8002 Min. Dis. No. EPA-1	Permit Requirement				20.0 (1-Mo. Avg.)			MGD	Every Two Weeks	8-HOUR FC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		0	EVERY TWO WEEKS	8-HOUR FC
PARM Code 8002 Min. Dis. No. EPA-1	Permit Requirement				30.0 (1-Mo. Avg.)	60.0 (1-Mo. Avg.)		MGD	Every Two Weeks	8-HOUR FC
Solids, Total Suspended	Sample Measurement				9.6			1	DAILY	GRAB
PARM Code 8038 Min. Dis. No. EPA-1	Permit Requirement				5.0 (Max.)			MGD	Daily	Grab
pH	Sample Measurement				6.50	7.30		0	CONTINUOUS	METER
PARM Code 8040 Min. Dis. No. EPA-1	Permit Requirement				6.8 (Min.)	8.5 (Max.)		0	Continuous	METER
Coliform, Fecal	Sample Measurement				21	21		0	DAILY	GRAB
PARM Code 7493 Min. Dis. No. EPA-1	Permit Requirement				Non Detect (25%)	25 (1-Mo.)		MGD	Daily	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 (YYMMDD)
MAX RADCLIFF LEAD OPERATOR	<i>Max Radcliff</i>	579 561-2713	06/04/18

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

\* I QUESTION THIS BECAUSE THE LAB DETECTION LIMIT WAS 1.0 INSTEAD OF 0.6

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTF

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 3-1-04 To:

PERMIT NUMBER: FLA014090  
 3-31-05

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chloride, Total	Sample Measurement				31	31	100ML	0	DAILY	GRAB
PARM Code 50045 Mon Site No. 50045-1	Sample Measurement				25	25	mg/L	0	DAILY	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.8		mg/L	0	CONTINUOUS	METER
PARM Code 50007 Mon Site No. 50007-1	Sample Measurement				1.8		mg/L	0	CONTINUOUS	METER
Turbidity	Sample Measurement						NTU	0	CONTINUOUS	METER
PARM Code 50070 Mon Site No. 50070-1	Sample Measurement						MGD	0	CONTINUOUS	METER
Flow	Sample Measurement	278	281	MGD				0	5 DAYS / WEEK	FLOW METER AND TURNER
PARM Code 50008 Mon Site No. 50008-1	Sample Measurement	0443	Report (3-Mo Avg)	MGD				0	5 Days/Week	Flow meter and turner
Flow	Sample Measurement		60238	MGD				0	DAILY	METER
PARM Code 50050 Mon Site No. 50050-1	Sample Measurement		Report (3-Mo Avg)	MGD				0	DAILY	METER
Flow	Sample Measurement		174	MGD				0	DAILY	METER
PARM Code 50050 Mon Site No. 50050-3	Sample Measurement		Report (3-Mo Avg)	MGD				0	DAILY	METER
Flow	Sample Measurement		273	MGD				0	DAILY	METER
PARM Code 50000 Mon Site No. 50000-4	Sample Measurement		Report (3-Mo Avg)	MGD				0	DAILY	METER
Water Level Relative to MSL	Sample Measurement	17.3		FEET				0	DAILY	
PARM Code 52545 Mon Site No. 52545-1	Sample Measurement	Report (3-Mo Avg)		FEET				0	DAILY	
Water Level Relative to MSL	Sample Measurement	21.3		FEET				0	DAILY	
PARM Code 52545 Mon Site No. 52545-2	Sample Measurement	Report (3-Mo Avg)		FEET				0	DAILY	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				500		mg/L	0	EVERY TWO WEEKS	5-100A FRC
PARM Code 50002 Mon Site No. 50002-1	Sample Measurement				Report (3-Mo Avg)		mg/L	0	Every Two Weeks	5-100A FRC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From 3-1-04 To

PERMIT NUMBER: FLA014408  
 3-31-05

PAGE 05/07

PAGE 04

EAGLE RIDGE

GARTH A

04/18/2006 11:52 12395611263

09/16/2005 11:31 8136261830

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Sludge, Total Suspended Solids	Sample Measurement			464	mg/L		EVERY 30 DAYS	COMPOSITE
FARM Code 0815 (Mons. Site No. 104)	Sample Measurement				mg/L	5	Every Two Weeks	COMPOSITE
Percent Capacity, (FMAD/Farmed Capacity) x 100	Sample Measurement			87.4%	PER CENT		MONTHLY	CALCULATED
FARM Code 0815 (Mons. Site No.)	Sample Measurement				PER CENT	5	Monthly	CALCULATED
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period:

FLA014498  
From: 3-1-06

To: 3-31-06

Facility: Eagle Ridge WWTP

Code	CHLOR (MG/L)	Total Coliform Bacteria (M/100ML)	pH (Max)	pH (Min)	TSS (For Disinfect) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	2402 EPA-1	2404 EPA-1	00400 EPA-1	00400 EPA-1	30000 EPA-1	00530 EPA-1	00070 EPA-1	30050 FLW-1	30050 FLW-2	30050 FLW-3	30050 FLW-4
1		1	6.67	6.50	5.0	1.9	5.8	.206	.097	.024	.208
2		21	6.71	6.58	5.0	1.1	10.0	.071	.096	0	.175
3		1	6.80	6.51	5.0		3.5	.254	.059	.027	.196
4			6.75	6.52	5.0		7.4	.300	.093	.055	.207
5			6.61	6.43	5.0		0.3	.317	.120	.145	.197
6		1	6.87	6.72	5.0	1.4	2.7	.253	.073	.272	.179
7		1	6.71	6.61	4.1	0.9	3.1	.260	.026	.156	.234
8	200	1	6.67	6.54	5.0	1.4	5.4	.268	.048	.081	.316
9		1	6.76	6.66	5.0	3.4	3.2	.269	.020	.162	.289
10			6.80	6.59	5.0		4.4	.275	.017	.249	.258
11			6.77	6.63	4.1		4.5	.365	.024	.010	.285
12			6.75	6.58	4.0		3.1	.334	.039	.110	.296
13		1	6.72	6.53	5.1	9.6	3.9	.259	-.011	.205	.265
14		1	7.15	6.78	3.2	0.8	5.2	.281	-.001	.305	.260
15		1	6.94	6.75	2.5	0.6	2.9	.270	-.059	.012	.328
16		1	6.91	6.87	3.1	1.0	0.2	.277	.102	0	.175
17			6.88	6.71	5.0		2.2	.264	.006	.305	.270
18			6.85	6.76	5.0		0.5	.315	-.053	.413	.367
19			6.89	6.52	5.0		0.3	.318	.121	.347	.197
20		1	6.83	6.74	5.0	0.4	1.0	.248	.086	.203	.162
21		1	6.96	6.71	1.8	0.4	0.8	.249	-.057	.034	.326
22	200	1	6.44	6.80	4.5	0.8	0.4	.270	.009	0	.261
23		1	7.02	6.92	5.0	0.1	0.8	.275	.027	.061	.218
24			6.90	6.83	5.0		0.4	.264	-.095	.053	.359
25			6.84	6.78	5.0		0.5	.298	.076	.053	.271
26			6.87	6.79	5.0		0.5	.294	-.069	0	.593
27		1	7.02	6.77	5.0	0.4	0.8	.245	-.098	.044	.343
28		1	6.86	6.43	5.0	0.4	0.7	.274	-.073	.156	.347
29		1	7.07	6.81	5.0	0.4	0.7	.265	-.081	.354	.346
30		1	7.30	6.86	5.0	0.6	1.1	.231	-.058	.149	.309
31			6.95	6.53	5.0			.246	-.063	.313	.209
Total	400	39	213.0	207.6	140.7	27.5	83.7	8.443	-.007	5.320	8.127
Mo. Avg	200	2.29	6.87	6.69	4.5	1.52	2.7	.278	-.0002	0.172	.262

OK

PLANT STAFFING:  
Day Shift Operator  
Evening Shift Operator  
Night Shift Operator  
Lead Operator

Class: A Certificate No: 5285 Name: ED SOLEM BRESKI  
 Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: C Certificate No: 9043 Name: MAX PROCLIFF

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA14498  
From: 3-1-06

To: 3-31-06

Facility: Eagle Ridge WWTP

Code	CBOD <sub>5</sub> (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FBST)	Water Level Relative to MSL (FBST) RLS
Code	0002	0010	0054	0055
Mon. Sta.	1P-1	1P-1	OTR-1	OTR-3
1			22.3	17.2
2			22.5	17.7
3			22.5	18.1
4			22.0	18.1
5			22.3	17.7
6			22.3	18.1
7			20.7	18.2
8	392	564	20.9	17.9
9			22.3	17.1
10			22.5	17.1
11			22.3	17.2
12			21.7	17.4
13			21.8	18.0
14			21.8	18.0
15			21.2	18.0
16			21.2	18.0
17			21.2	18.0
18			20.7	18.0
19			20.9	17.7
20			20.7	17.5
21			18.9	17.0
22	303	364	20.5	16.7
23			21.3	16.5
24			20.7	17.5
25			21.2	16.7
26			20.5	16.7
27			20.1	16.3
28			21.7	16.0
29			20.7	17.2
30			20.7	16.3
31			21.1	16.2
Total	695	928	661.2	538.1
Mo. Avg	347.5	464	31.3	17.3

PLANT STAFFING

Day Shift Operator Class: A Certificate No: 8285 Name: EDWIN GOLEMBIJSKI  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: C Certificate No: 9043 Name: MAX RANCLIFF



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

FILE COPY

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 208 Woodcroft Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014498

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Industry  
 Domestic

FACILITY: Eagle Ridge WWTP  
 LOCATION: Anker Way  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Inflow

CITY/ST/CTRY: Ft. Myers, FL, USA

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD: From APRIL 1, 2006 To APRIL 30, 2006

213

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in cubic ft. thru treatment plant	Sample Measurement	274	257							
PARAM Code 50750 Mon. Site No.	Permit Requirement	0.433 (3-Mo. Avg.)	None	MGD						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		mg/L	+	EVERY TWO WEEKS	8-hour SPL
PARAM Code 80902 Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hour SPL
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	+	EVERY TWO WEEKS	8-hour SPL
PARAM Code 80902 Mon. Site No. EPA-1	Permit Requirement				30.0 (3-Mo. Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour SPL
Solids, Total Suspended	Sample Measurement				2.2		mg/L	-	DAILY	CRAB
PARAM Code 08330 Mon. Site No. EPA-1	Permit Requirement				5.0 (Max.)		MG/L		Daily	CRAB
pH	Sample Measurement				6.71	7.24	SD	+	CONTINUOUS	METER
PARAM Code 00400 Mon. Site No. EPA-1	Permit Requirement				6.8 (Min.)	8.5 (Max.)	SD		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1			DAILY	CRAB
PARAM Code 74035 Mon. Site No. EPA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	CFU/100ML		Daily	CRAB

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)
MAY RADCLIFF LEAD OPERATOR	<i>May Radcliff</i>	239 561-2712	04/25/06

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

PAGE 09/13  
 PAGE 02  
 EAGLE RIDGE  
 GARTH A  
 8136261030  
 08/08/2006 11:55  
 12395611263  
 09/16/2005 11:31

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
MONITORING PERIOD From: APRIL 1 2006 To: APRIL 30 2006

PERMIT NUMBER: FLA014496  
APRIL 30 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 50055 Mon. Site No. EPA-1	Period Requirement				1		#/100AL	5	DAILY	GRAB
Total Residual Chlorine (For Disinfection)	Sample Measurement				Non Detect	25 (ohm)	mg/L	0	Daily	Grab
PARM Code 50060 Mon. Site No. EPA-1	Period Requirement				1.2		mg/L	0	CONTINUOUS	METER
Turbidity	Sample Measurement						NTU	0	CONTINUOUS	METER
PARM Code 50070 Mon. Site No. EPA-1	Period Requirement						NTU	0	CONTINUOUS	METER
Flow	Sample Measurement	257	274	MGD				0	CONTINUOUS	METER
PARM Code 50084 Mon. Site No. FLW-1	Period Requirement	0.43 (1-Mo. Avg.)	Report (3-Mo. Avg.)	MGD				0	5 DAYS / WEEK	FLOWMETER AND TOTALIZERS
Flow	Sample Measurement		0.017	MGD				0	5 Days/Week	Flow meters and totalizers
PARM Code 50090 Mon. Site No. FLW-2	Period Requirement		Report (3-Mo. Avg.)	MGD				0	DAILY	METER
Flow	Sample Measurement		0.159	MGD				0	DAILY	METER
PARM Code 50090 Mon. Site No. FLW-3	Period Requirement		Report (3-Mo. Avg.)	MGD				0	DAILY	METER
Flow	Sample Measurement		0.241	MGD				0	DAILY	METER
PARM Code 50090 Mon. Site No. FLW-4	Period Requirement		Report (3-Mo. Avg.)	MGD				0	DAILY	METER
Water Level Relative to MSL	Sample Measurement	17.3		FEET				0	DAILY	METER
PARM Code 52545 Mon. Site No. DTH-1	Period Requirement	Report (3-Mo. Avg.)		FEET				0	DAILY	
Water Level Relative to MSL	Sample Measurement	30.7		FEET				0	DAILY	
PARM Code 52545 Mon. Site No. DTH-2	Period Requirement	Report (3-Mo. Avg.)		FEET				0	DAILY	
BOD, Carbonaceous 5 day, 20C	Sample Measurement								DAILY	
PARM Code 50002 Mon. Site No. (NF-1)	Period Requirement				200		mg/L	0	EVERY TWO WEEKS	5-HOUR TPC
	Sample Measurement						mg/L		Every Two Weeks	5-Hour TPC

FACILITY:

Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD FROM: APRIL 1 2006 To APRIL 30 2006

PERMIT NUMBER: FLA014494

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Bk.	Frequency of Analysis	Compliance Type
Solids, Total Suspended	Sample Measurement		200	333	mg/L	6	EVERY TWO WEEKS	9-DAY FPC
PARM Code 0030 Mon Site 14	Sample Measurement						Every Two Weeks	9-DAY FPC
Percent Capacity, (IMADDF/Permitted Capacity) x 100	Sample Measurement		82.1		PER CENT	6	MONTHLY	CALCULATED
PARM Code 00180 Mon Site 14	Sample Measurement				PER CENT		Monthly	Calculated
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							
	Sample Measurement							

DAILY SAMPLE RESULTS - PART B

Permit Number: Monitoring Period

FLA014498 From: APRIL 1 2006

To: APRIL 30 2006

Facility: Eagle Ridge WWTP

Code	CIPDS (MG/L)	Total Coliforms (N/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	FLW-1	FLW-2	FLW-3	FLW-4
1			7.02	6.85	5.0		0.7	.282	-.066	.291	.348
2			6.95	6.81	5.0		0.7	.310	.019	.247	.291
3		1	6.93	6.87	5.0	1.3	1.0	.234	-.055	.203	.289
4		1	6.84	6.73	5.0	0.6	5.0	.355	-.058	.241	.313
5	200	1	6.90	6.71	5.0	2.0	0.8	.260	.041	.567	.219
6		1	6.92	6.80	5.0	0.6	0.8	.248	.067	.187	.181
7			6.97	6.83	5.0		0.8	.242	.061	.112	.181
8			6.95	6.76	5.0		1.2	.273	.041	.109	.231
9			6.84	6.78	5.0		1.2	.284	.091	.124	.193
10		1	6.91	6.73	5.0	1.7	0.4	.237	.029	.022	.008
11		1	6.93	6.81	5.0	2.2	0.5	.251	.039	0	.217
12		1	6.89	6.71	5.0	1.4	1.0	.252	.016	0	.235
13		1	6.82	6.73	2.8	0.6	1.0	.244	.054	.164	.192
14			6.98	6.82	3.6		0.8	.256	.055	.149	.206
15			6.91	6.77	4.4		1.0	.294	.062	0	.232
16			6.84	6.74	3.3		1.2	.280	.088	.010	.192
17		1	6.93	6.86	3.3	0.6	1.4	.246	.085	.577	.201
18		1	7.24	6.90	2.2	0.4	3.4	.249	-.008	.200	.257
19		1	6.81	6.76	4.3	0.4	1.6	.245	.149	.193	.017
20	200	1	6.89	6.85	2.4	0.6	0.8	.251	.084	.184	.147
21			7.09	6.98	1.4		0.8	.235	0	.052	.236
22			6.94	6.88	2.0		0.8	.280	.028	0	.252
23			7.08	6.82	2.7		1.0	.289	-.005	0	.292
24		1	7.03	6.97	3.0	0.6	2.8	.208	-.031	.025	.242
25		1	7.06	6.97	1.2	1.5	2.1	.239	-.021	.025	.255
26		1	6.94	6.76	5.0	0.6	0.6	.239	-.042	.131	.261
27		1	6.96	6.77	5.0	0.6	0.8	.253	-.035	0	.288
28			6.99	6.74	5.0		0.8	.242	-.013	0	.255
29			6.91	6.80	3.1		2.0	.278	.049	0	.209
30			6.95	6.78	2.4		0.7	.272	.163	.061	.109
31											
Total	400	14	208.4	208.3	144.1	16.1	36.0	7.72	.490	4.27	5.72
Mo. Avg	200	1	6.94	6.94	4.90	1.0	1.2	.257	-.023	.142	.190

PLANT STARTUP G:  
 Day Shift Operator Class: A Certificate No: 8285 Name: ED GOLIMBICKI  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: C Certificate No: 8043 Name: MAX BRADCLIFF

**DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Method

FLA 14498

From: APRIL 1, 2006 To: APRIL 30, 2006

Facility: Eagle Ridge WWTP

Code	CBOD5 (MGL)	TSS (MGL)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
Code	0002	0030	0505	0205
Mon. Sta.	SP-1	NP-1	OTH-1	OTH-2
1			21.7	15.9
2			19.7	15.7
3			19.5	15.7
4			20.5	15.7
5	386	225	20.3	15.5
6			20.7	15.6
7			20.0	15.7
8			19.5	17.2
9			19.7	16.7
10			18.4	17.2
11			18.0	17.4
12			21.2	18.0
13			21.7	17.8
14			21.7	18.0
15			21.3	18.0
16			21.9	18.2
17			21.8	18.1
18			20.8	18.3
19	371	270	20.6	17.5
20			20.2	17.6
21			19.7	17.2
22			18.9	17.9
23			16.7	18.0
24			15.7	16.7
25			20.7	17.7
26			20.7	18.3
27			18.0	18.3
28			19.7	20.1
29			20.7	18.3
30			20.5	18.0
31				
Total	667	475	621.1	520.9
Mo. Avg	333	247	30.7	17.3

**PLANT STAFFING**

Day Shift Operator: Class: A Certificate No: 8205 Name: ED BOLESKI

Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator: Class: C Certificate No: 9043 Name: MAX RABOLIFF

EAGLE RIDGE WASTEWATER SAMPLES - 2006										SAMPLER'S SIGNATURE
PRIORITY REQUIREMENTS			DATE COLLECTED							
WELL	LOCATION	DEPTH	1	2	3	4	5	6	7	Troy Roberts
1	1	10'	X	X	X	X	X	X	X	
2	2	10'	X	X	X	X	X	X	X	
3	3	10'	X	X	X	X	X	X	X	
4	4	10'	X	X	X	X	X	X	X	
5	5	10'	X	X	X	X	X	X	X	
6	6	10'	X	X	X	X	X	X	X	
7	7	10'	X	X	X	X	X	X	X	
8	8	10'	X	X	X	X	X	X	X	
9	9	10'	X	X	X	X	X	X	X	
10	10	10'	X	X	X	X	X	X	X	
11	11	10'	X	X	X	X	X	X	X	
12	12	10'	X	X	X	X	X	X	X	
13	13	10'	X	X	X	X	X	X	X	
14	14	10'	X	X	X	X	X	X	X	
15	15	10'	X	X	X	X	X	X	X	
16	16	10'	X	X	X	X	X	X	X	
17	17	10'	X	X	X	X	X	X	X	
18	18	10'	X	X	X	X	X	X	X	
19	19	10'	X	X	X	X	X	X	X	
20	20	10'	X	X	X	X	X	X	X	
21	21	10'	X	X	X	X	X	X	X	
22	22	10'	X	X	X	X	X	X	X	
23	23	10'	X	X	X	X	X	X	X	
24	24	10'	X	X	X	X	X	X	X	
25	25	10'	X	X	X	X	X	X	X	
26	26	10'	X	X	X	X	X	X	X	
27	27	10'	X	X	X	X	X	X	X	
28	28	10'	X	X	X	X	X	X	X	
29	29	10'	X	X	X	X	X	X	X	
30	30	10'	X	X	X	X	X	X	X	
31	31	10'	X	X	X	X	X	X	X	
32	32	10'	X	X	X	X	X	X	X	
33	33	10'	X	X	X	X	X	X	X	
34	34	10'	X	X	X	X	X	X	X	
35	35	10'	X	X	X	X	X	X	X	
36	36	10'	X	X	X	X	X	X	X	
37	37	10'	X	X	X	X	X	X	X	
38	38	10'	X	X	X	X	X	X	X	
39	39	10'	X	X	X	X	X	X	X	
40	40	10'	X	X	X	X	X	X	X	
41	41	10'	X	X	X	X	X	X	X	
42	42	10'	X	X	X	X	X	X	X	
43	43	10'	X	X	X	X	X	X	X	
44	44	10'	X	X	X	X	X	X	X	
45	45	10'	X	X	X	X	X	X	X	
46	46	10'	X	X	X	X	X	X	X	
47	47	10'	X	X	X	X	X	X	X	
48	48	10'	X	X	X	X	X	X	X	
49	49	10'	X	X	X	X	X	X	X	
50	50	10'	X	X	X	X	X	X	X	
51	51	10'	X	X	X	X	X	X	X	
52	52	10'	X	X	X	X	X	X	X	
53	53	10'	X	X	X	X	X	X	X	
54	54	10'	X	X	X	X	X	X	X	
55	55	10'	X	X	X	X	X	X	X	
56	56	10'	X	X	X	X	X	X	X	
57	57	10'	X	X	X	X	X	X	X	
58	58	10'	X	X	X	X	X	X	X	
59	59	10'	X	X	X	X	X	X	X	
60	60	10'	X	X	X	X	X	X	X	
61	61	10'	X	X	X	X	X	X	X	
62	62	10'	X	X	X	X	X	X	X	
63	63	10'	X	X	X	X	X	X	X	
64	64	10'	X	X	X	X	X	X	X	
65	65	10'	X	X	X	X	X	X	X	
66	66	10'	X	X	X	X	X	X	X	
67	67	10'	X	X	X	X	X	X	X	
68	68	10'	X	X	X	X	X	X	X	
69	69	10'	X	X	X	X	X	X	X	
70	70	10'	X	X	X	X	X	X	X	
71	71	10'	X	X	X	X	X	X	X	
72	72	10'	X	X	X	X	X	X	X	
73	73	10'	X	X	X	X	X	X	X	
74	74	10'	X	X	X	X	X	X	X	
75	75	10'	X	X	X	X	X	X	X	
76	76	10'	X	X	X	X	X	X	X	
77	77	10'	X	X	X	X	X	X	X	
78	78	10'	X	X	X	X	X	X	X	
79	79	10'	X	X	X	X	X	X	X	
80	80	10'	X	X	X	X	X	X	X	
81	81	10'	X	X	X	X	X	X	X	
82	82	10'	X	X	X	X	X	X	X	
83	83	10'	X	X	X	X	X	X	X	
84	84	10'	X	X	X	X	X	X	X	
85	85	10'	X	X	X	X	X	X	X	
86	86	10'	X	X	X	X	X	X	X	
87	87	10'	X	X	X	X	X	X	X	
88	88	10'	X	X	X	X	X	X	X	
89	89	10'	X	X	X	X	X	X	X	
90	90	10'	X	X	X	X	X	X	X	
91	91	10'	X	X	X	X	X	X	X	
92	92	10'	X	X	X	X	X	X	X	
93	93	10'	X	X	X	X	X	X	X	
94	94	10'	X	X	X	X	X	X	X	
95	95	10'	X	X	X	X	X	X	X	
96	96	10'	X	X	X	X	X	X	X	
97	97	10'	X	X	X	X	X	X	X	
98	98	10'	X	X	X	X	X	X	X	
99	99	10'	X	X	X	X	X	X	X	
100	100	10'	X	X	X	X	X	X	X	

FILE COPY

03

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: **UNION, Inc. of Eagle Ridge**  
 MAILING ADDRESS: **308 Woodland Ave. Alhambra Springs, FL 32716**  
 FACILITY: **Eagle Ridge WWTP**  
 LOCATION: **Avon Way Fort Myers, FL 33912**  
 COUNTY: **Lee**

PERMIT NUMBER: **EL46149H**  
 TREATMENT: **WWT**  
 CLASS SIZE: **WIA**  
 MONITORING GROUP NUMBER: **E-001**  
 MONITORING GROUP DESC: **Including Inflow**

PERMIT GROUP: **Sanitary Domestic**

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **MAY 1 2006** To: **MAY 31 2006**

Parameter	Sample Management	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		Actual	Report (2-Mo Avg)		Actual	Report (2-Mo Avg)				
Flow, in cubic ft per second at plant	Sample Management	158	238	MGD				5		
PHOS Code 00100 Min. 0.00-0.10	Permit Management			MGD				5		
BOD, Carbonaceous 5 day, 20C	Sample Management									
TSSM Code 00100 Min. 0.00-1.00	Permit Management						mg/L	5	EVERY TWO WEEKS	1-Hour F&C
BOD, Carbonaceous 5 day, 20C	Sample Management						MGD		Every Two Weeks	1-Hour F&C
PHOS Code 00100 Min. 0.00-0.10	Permit Management						mg/L	5	EVERY TWO WEEKS	1-Hour F&C
Sulfide, Total Suspended	Sample Management						MGD		Every Two Weeks	1-Hour F&C
PHOS Code 00100 Min. 0.00-0.10	Permit Management						mg/L		DAILY	6-Hour
pH	Sample Management						mg/L		Daily	6-Hour
PHOS Code 00100 Min. 0.00-0.10	Permit Management						54	5	Load/Run	METER
Coliform, Fecal	Sample Management						CU		Continuous	M&C
PHOS Code 00100 Min. 0.00-0.10	Permit Management						10		DAILY	6-Hour
	Sample Management						MGD		Daily	6-Hour

I certify under penalty of law that this document and all data herein were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and analyze the information submitted. I am aware that there are significant penalties for submitting false information, including the possibility of being held in contempt for knowing violations.

NAME/TITLE OF PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PERSONAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (Y/M/D)
MAX KROGLER / LOTO OPERATOR	<i>Max Krogler</i>	734 571 2723	04/06/06

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

08/09/2006 05:30 12395611263  
 08/08/2006 14:51 4878636961  
 08/08/2006 11:55 12395611263  
 08/16/2006 11:31 0156261858

EAGLE RIDGE UTILITIES INC OF FL  
 EAGLE RIDGE  
 GARTH A.

PAGE 02/02  
 PAGE 04/05  
 PAGE 07/13  
 PAGE 02

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: MAY 1 2006 To: MAY 31 2006  
 PERMIT NUMBER: FLA014498

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement									
PARM Code 7055 Mon Site No. EPA-1	Permit Requirement				10		mg/L	0	DAILY	GRAB
Total Residual Chlorine (For Disinfection)	Sample Measurement						mg/L			
PARM Code 30060 Mon Site No. EPA-1	Permit Requirement			1.0			mg/L	0	CONTINUOUS	METER
Turbidity	Sample Measurement						NTU			
PARM Code 00070 Mon Site No. EPA-1	Permit Requirement						NTU	0	CONTINUOUS	METER
Flow	Sample Measurement	238	258	MGD						
PARM Code 50050 Mon Site No. FLW-1	Permit Requirement	0.443 (3-Mo. Avg.)	Report (3-Mo. Avg.)	MGD				0	5 DAYS/WEK	Flow meters TO METER
Flow	Sample Measurement		0.010	MGD					5 Days/Week	Flow meters and totalizer
PARM Code 50080 Mon Site No. FLW-2	Permit Requirement		Report (3-Mo. Avg.)	MGD				0	DAILY	METER
Flow	Sample Measurement		146	MGD					Daily	Meter
PARM Code 50090 Mon Site No. FLW-3	Permit Requirement		Report (3-Mo. Avg.)	MGD				0	DAILY	METER
Flow	Sample Measurement		12554	MGD					Daily	Meter
PARM Code 50050 Mon Site No. FLW-4	Permit Requirement		Report (3-Mo. Avg.)	MGD				0	DAILY	METER
Water Level Relative to MSL	Sample Measurement	31.3		FEET					Daily	Meter
PARM Code 82545 Mon Site No. GTH-1	Permit Requirement	report (Max.)		FEET				0	DAILY	
Water Level Relative to MSL	Sample Measurement	18.3		FEET					Daily	
PARM Code 82545 Mon Site No. GTH-2	Permit Requirement	report (Max.)		FEET				0	DAILY	
BOD, Carbonaceous 5 day, 20C	Sample Measurement								Daily	
PARM Code 80002 Mon Site No. INF-1	Permit Requirement				200		mg/L	0	EVERY TWO WEEKS	1-hour FFC
					Report (3-Mo. Avg.)		MG/L		Every Two Weeks	2-hour FFC



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD: From MAY 1 2006 To

PERMIT NUMBER: FLAD14498  
 MAY 31 2006

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PAGE 04

EAGLE RIDGE

GARTH A

12395611263

09/16/2005 11:31 8136251030

08/08/2006 11:55

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement		200	240			M/L	0	EVERY TWO WEEK	PHOT/PC
PARAM Code 00200 Mon Site No. 002-1	Param Requirement			Report (See Table)			M/L		Every Two Weeks	PHOT/PC
Percent Capacity, (IMADE/Permitted Capacity) x 100	Sample Measurement			74.8			PER	0	MONTHLY	CALCULATED
PARAM Code 00100 Mon Site No.	Param Requirement			Report (See Table)			PERCENT		Monthly	Calculated
	Sample Measurement									
	Param Requirement									
	Sample Measurement									
	Param Requirement									
	Sample Measurement									
	Param Requirement									
	Sample Measurement									
	Param Requirement									
	Sample Measurement									
	Param Requirement									
	Sample Measurement									
	Param Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498  
Monitoring Period: From: MAY 1 2006 To: MAY 31 2006

Facility: Eagle Ridge WWTP

Code	CMODS (MG/L)	Fecal Coliform Bacteria (N/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	01002 EPA-1	7A(55) EPA-1	00400 EPA-1	00400 EPA-1	10060 EPA-1	00130 EFB-1	00070 EFB-1	50010 FLW-1	50010 FLW-2	50050 FLW-3	50050 FLW-4
1			6.87	6.64	4.6	0.9	1.0	.222	-.004	.709	.226
2			7.01	6.64	2.1	0.6	1.6	.243	.017	0	.226
3	2		6.49	6.43	4.3	1.6	1.4	.211	-.017	.304	.219
4			6.53	6.47	4.1	1.4	1.0	.270	.022	0	.238
5			6.52	6.44	2.0		1.0	.227	.027	0	.159
6			6.56	6.44	1.6		1.0	.250	.107	.017	.143
7			6.59	6.51	1.0		1.4	.271	.016	.479	.255
8		10	6.71	6.63	2.0	0.4	0.8	.243	-.008	0	.251
9			6.90	6.64	2.9	0.5	1.8	.225	.005	0	.220
10			6.81	6.67	4.6	0.5	0.7	.195	-.030	0	.223
11			6.71	6.69	4.5	0.4	2.0	.231	-.009	.012	.240
12			6.73	6.69	4.1		3.8	.217	-.005	.019	.222
13			6.74	6.61	4.8		0.8	.246	.046	.304	.200
14			6.78	6.65	4.0		1.0	.232	.038	.228	.194
15			6.69	6.59	3.2	0.6	10.0	.264	.040	.158	.224
16			6.93	6.76	3.6	0.6	3.2	.229	-.028	.283	.256
17	2		6.92	6.94	2.5	0.7	1.8	.240	.017	0	.223
18			6.93	1.81	9.6	1.0	1.2	.230	.027	.412	.203
19			6.86	6.78	2.5		1.8	.218	.012	0	.206
20			6.80	6.72	2.6		1.8	.256	.015	.139	.271
21			6.87	6.71	2.5		1.2	.267	.031	0	.276
22			6.81	6.74	3.9	0.7	10.0	.285	.103	.169	.182
23			6.82	6.80	5.0	0.6	1.5	.232	-.034	.495	.264
24			6.79	6.50	2.2	0.6	9.2	.236	.018	0	.219
25			6.76	6.70	1.4	0.6	0.9	.231	.127	0	.104
26			6.80	6.71	1.4		1.6	.237	-.091	0	.328
27			6.91	6.70	2.7		0.6	.245	-.029	.120	.274
28			6.97	6.78	4.8		0.7	.242	-.021	0	.263
29			6.78	6.53	4.2		0.4	.265	-.010	0	.275
30			6.91	6.72	3.3	0.6	0.6	.210	-.051	0	.261
31			6.95	6.86	3.8	0.6	0.5	.220	-.060	0	.280
Total	9	57	207.4	206.4	96.5	12.9	64.3	7.39	.343	3.84	7.067
Mo. Avg	2	1.5	6.69	6.65	3.11	0.7	2.1	.238	.011	.124	.227

PLANT STAFF: Day Shift Operator: Class: A Certificate No: 8285 Name: SD GOLEMBESKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 9043 Name: MAX RADOLIFF

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA:14498  
From: MAY 1 2006

To: MAY 31 2006

Facility: Eagle Ridge WWTP

Code	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
Mon. Sta.	INF-1	INF-1	OTH-1	OTH-2
1			20.7	18.3
2			20.7	18.1
3	213	249	19.3	17.8
4			21.3	18.3
5			20.9	16.7
6			21.1	16.2
7			19.1	16.1
8			17.2	16.1
9			16.9	14.7
10			21.3	16.1
11			17.7	16.1
12			19.2	16.0
13			19.9	16.0
14			19.8	16.0
15			18.1	16.3
16			18.6	16.4
17	267	174	18.1	16.3
18			19.1	16.6
19			17.7	16.6
20			18.5	16.7
21			15.5	16.3
22			15.9	16.8
23			17.2	16.7
24			17.2	16.7
25			16.9	16.3
26			15.2	16.7
27			15.7	16.7
28			15.9	16.1
29			15.8	16.5
30			16.3	15.5
31			16.0	15.9
Total	480	423	558.8	501.8
Mo. Avg.	240	211.5	18.0	16.19

PLANT STAFFING

Day Shift Operator      Class: A      Certificate No: 8285      Name: SO GOLEMBIESKI

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 9043      Name: MAX RADCLIFF

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BARTH A

PAGE 02

EAGLE RIDGE WASTEWATER SAMPLES - 2006											
PUMP REQUIREMENTS			DATE COLLECTED						SAMPLERS SIGNATURE		
1	1	1	X	X	X	X	X				<i>Troy Raloff</i>
1	1	1	X	X	X	X	X				
1	1	1	X	X	X	X	X				
1	1	1	X	X	X	X	X				
1	1	1	X	X	X	X	X				
1	1	1	X	X	X	X	X				
WASTEWATER WELLS			MONTHLY								

**MONITORING LOCATIONS**  
 MON-1 = EFFLUENT Pumped from Lift Station to Sludge Thickener in Effluent Pond  
 MON-2 = In the Sludge Beds in the Two CEC and PWR in the Pond/Out Ponds  
 MON-3 = TREATMENT - Sludge Pond in Operation Efflu  
 MON-4 = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR FEEDS

**SAMPLE TYPE**  
 MON-1, MON-2 = 2-DAY FLOW PROPORTIONED COMPOSITE  
 MON-3, MON-4 = 2-DAY FLOW PROPORTIONED COMPOSITE  
 MON-1, MON-2 = GRAB  
 MON-3, MON-4 = GRAB

**SAMPLE CONDITIONS**  
 MON-1 MON-2 TO BE TAKEN NO LATER THAN THE 25TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**MONITORING SCHEDULE**  
 MON-1, MON-2 - APRIL 25, 2006 - MAY 25, 2006  
 MON-1, MON-2 - JUNE 25, 2006 - JULY 25, 2006  
 MON-1, MON-2 - AUGUST 25, 2006 - SEPTEMBER 25, 2006  
 MON-1, MON-2 - OCTOBER 25, 2006 - NOVEMBER 25, 2006  
 MON-1, MON-2 - DECEMBER 25, 2006 - JANUARY 25, 2007  
 MON-1, MON-2 - FEBRUARY 25, 2007 - MARCH 25, 2007  
 MON-1, MON-2 - APRIL 25, 2007 - MAY 25, 2007

**GENERAL**  
 MONTHLY MONITORING WELLS SAMPLES ARE COLLECTED AND SUBMITTED TO TREP BY GARDNER LABORATORY.  
 THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE EAGLE RIDGE WWTW.

DEPARTMENT OF ENVIRONMENTAL PROTECTION WASTE WATER DISCHARGE MONITORING REPORT - PART A

67.1

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

PERMITTEE NAME: **Orlinda, Inc. of Eagle Ridge**  
 MAILING ADDRESS: **200 Westwoodfield Ave.  
 Altamonte Springs, FL 32714**  
 FACILITY: **Eagle Ridge WWTP**  
 LOCATION: **Austin Way  
 Fort Myers, FL 33912**

PERMIT NUMBER: **FLA014498**  
 UNIT: **Final**  
 CLASS SIZE: **N/A**  
 MONITORING GROUP NUMBER: **E-001**  
 MONITORING GROUP DESC: **including Inflow**

RECEIVED: **Secondary Domestic**

FILE

CITY: **Fort Myers**

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: **JUNE 1 2005** To: **JUNE 30 2006**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in cfs at or from treatment plant	Sample Measurement	242	231	MGD				75		
PARM Code 0000 Min. Site No. 000-1	Sample Measurement	0.03	0.03	mg/L						
BOD, Continuous 5 day, 20C	Sample Measurement				2.0		mg/L	5	EVERY TWO WEEKS	8-Hour SPL
PARM Code 0002 Min. Site No. 000-1	Sample Measurement				2.0 (Max.)		mg/L		Every Two Weeks	8-Hour SPL
BOD, Continuous 5 day, 20C	Sample Measurement				2.0	2.0	mg/L	5	EVERY TWO WEEKS	8-Hour SPL
PARM Code 0002 Min. Site No. 000-1	Sample Measurement				2.0 (Max.)	2.0 (Max.)	mg/L		Every Two Weeks	8-Hour SPL
Solids, Total Suspended	Sample Measurement				5.0		mg/L	5	DAILY	GRAB
PARM Code 0036 Min. Site No. 000-1	Sample Measurement				5.0 (Max.)		mg/L		Daily	GRAB
pH	Sample Measurement				6.61	7.29	54	5	CONTINUOUS	MIXED
PARM Code 0040 Min. Site No. 000-1	Sample Measurement				6.8 (Min.)	8.5 (Max.)	50		Continuous	MIXED
Chlorine, Free	Sample Measurement				1		mg/L	5	DAILY	GRAB
PARM Code 7005 Min. Site No. 000-1	Sample Measurement				Non-Detect (25%)	25 (50%)	mg/L		Daily	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)
MAY RADCLIFF LOAD OPERATOR	<i>May Radcliff</i>	577 501-577	06/07/15

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

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EAGLE RIDGE

GARTH A

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-031  
MONITORING PERIOD From: JUNE 1 2006 To: JUNE 1 2006

PERMIT NUMBER: FLA014496

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	FREQUENCY OF ANALYSIS	Sample Type
Coniform, Fecal	Sample Measurement				1		MG/L	0	DAILY	GRAB
PARM Code 90055 A Mon Site No. EPA-1	Fecal Report				Non Report (MG)	25 (MG)	MG/L		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2		MG/L	0	CONTINUOUS	METER
PARM Code 90060 A Mon Site No. EPA-1	Fecal Report				LR (MG)		MG/L		Continuous	Meter
Turbidity	Sample Measurement						NTU	0	CONTINUOUS	METER
PARM Code 90070 B Mon Site No. EPA-1	Fecal Report						NTU		Continuous	Meter
Flow	Sample Measurement	231	242	MGD				0	SOAKS / WEEK	Flow meters and TOT
PARM Code 90050 F Mon Site No. FLOW-1	Fecal Report	0.447 (MG Avg)	Report (3-Mo Avg)	MGD					5 Days/Week	Flow meters and Totals
Flow	Sample Measurement		0.12	MGD				0	DAILY	METER
PARM Code 90080 Q Mon Site No. FLOW-2	Fecal Report		Report (3-Mo Avg)	MGD					Daily	Meter
Flow	Sample Measurement		129	MGD				0	DAILY	METER
PARM Code 90090 R Mon Site No. FLOW-3	Fecal Report		Report (3-Mo Avg)	MGD					Daily	Meter
Flow	Sample Measurement		165	MGD				0	DAILY	METER
PARM Code 90050 S Mon Site No. FLOW-4	Fecal Report		Report (3-Mo Avg)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	17.7		FEET				0	DAILY	
PARM Code 82545 P Mon Site No. OTH-1	Fecal Report		Report (MG)	FEET					Daily	
Water Level Relative to MSL	Sample Measurement	21.8		FEET				0	DAILY	
PARM Code 82545 Q Mon Site No. OTH-2	Fecal Report		Report (MG)	FEET					Daily	
BOD, Continuous 5 day, 20C	Sample Measurement				290		MG/L	0	EVERY TWO WEEKS	6-hour APC
PARM Code 80062 G Mon Site No. DEP-1	Fecal Report				Report (MG Avg)		MG/L		Every Two Weeks	6-hour APC



DAILY SAMPLE RESULTS - PART B

Permit Number: FLA01498  
Monitoring Period: From: JUNE 1 2006 To: JUNE 30 2006

Facility: Eagle Ridge WWTP

Code Mon. Site	CB (MCL)	Pcoli Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (Per Disinfect.) (MGL)	TSS (MGL)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
	00400 EPA-1	74051 EPA-1	00400 EPA-1	00400 EPA-1	50050 EPA-1	00130 EPA-1	00070 EPA-1	30040 FLW-1	30040 FLW-2	30040 FLW-3	50030 FLW-4
1		1	7.00	6.88	3.5	0.6	2.8	231	.019	0	.212
2		1	6.94	6.77	1.3	0.6	0.8	231	.054	0	.177
3			6.99	6.40	1.2		0.6	224	-.028	.152	.252
4			6.87	6.79	3.0		0.7	227	-.037	.216	.271
5		1	6.79	6.71	4.0	0.6	0.7	198	-.054	.351	.252
6		1	6.91	6.61	3.4	0.6	0.3	220	-.052	.147	.272
7		1	6.99	6.78	3.2	0.6	2.8	227	-.043	.02	.280
8		1	6.93	6.90	4.3	0.6	1.2	217	-.041	0	.358
9			6.91	6.86	4.8		0.5	228	-.039	0	.267
10			6.89	6.78	3.4		10.0	247	-.035	0	.282
11			6.91	6.81	3.5		0.5	276	.013	.602	.263
12		1	6.97	6.77	5.0	0.7	0.5	208	-.010	.369	.218
13		1	7.10	6.98	5.0	0.6	10.0	220	.026	.341	.194
14	100	1	6.98	6.77	4.2	2.0	2.0	214	-.056	0	.272
15		1	7.09	7.03	3.8	0.6	0.6	212	-.036	0	.248
16			6.97	6.90	2.0		0.6	225	-.020	0	.245
17			6.97	6.94	2.5		0.4	245	-.071	.147	.316
18			6.90	6.76	5.0		0.8	258	-.033	.077	.291
19		1	6.89	6.83	5.0	0.6	0.6	209	-.046	.209	.255
20		1	6.93	6.81	5.0	0.6	0.6	238	-.026	.409	.264
21		1	6.89	6.74	5.0	0.6	0.6	230	-.041	.353	.279
22		1	7.13	7.04	3.7	0.6	0.6	228	-.068	0	.296
23			7.29	6.96	3.8		0.6	218	-.063	0	.281
24			7.11	6.84	3.0		0.5	250	-.040	0	.290
25			6.91	6.78	5.0		1.5	288	.202	.089	.086
26		1	6.85	6.75	4.1	0.4	0.6	215	-.055	.967	.270
27		1	6.89	6.77	2.4	0.7	1.4	225	-.089	0	.314
28	200	1	7.02	6.91	5.0	0.6	0.8	224	.011	0	.218
29		1	6.93	6.80	5.0	0.6	3.8	234	.088	0	.144
30			7.04	6.85	5.0		0.5	227	-.054	0	.281
31											
Total	400	18	309.0	265.0	120.3	12.4	46.8	6,929	-.689	3.76	7.55
Mo. Avg.	200	1	6.96	6.83	4.01	0.68	1.56	231	-.022	.123	.251

PLANT STAFFING:

Day Shift Operator: Class: A Certificate No: 8285 Name: ED GOLEM BIECKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 9043 Name: MAX RAOCLIFF

COMPOSITE ON 5-31-06

INF - CB00 - 279, TSS - 181  
 EFF - CB00 - 2, TSS - 0.6



DAILY SAMPLE RESULTS - PART B

Permit Number  
Monitoring Period

FLA01-1498  
From: JUNE 1 2006

To: JUNE 30 2006

Facility: Eagle Ridge WWTP

	COD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	RDUR2	00130	82545	82545						
Mon. Site	IN-1	DNF-1	OTH-1	OTH-2						
1			15.7	15.8						
2			15.7	15.7						
3			16.1	16.9						
4			17.7	16.4						
5			17.9	16.7						
6			17.9	16.5						
7			17.5	16.8						
8			17.9	16.9						
9			19.8	17.3						
10			21.3	17.5						
11			21.7	17.5						
12			21.8	16.3						
13			21.7	17.2						
14	299	282	19.5	17.2						
15			21.3	16.8						
16			21.7	16.5						
17			21.3	16.3						
18			21.5	16.5						
19			21.8	17.7						
20			21.7	16.3						
21			19.7	16.1						
22			16.9	17.0						
23			19.3	16.4						
24			20.5	15.7						
25			20.7	15.9						
26			20.9	15.4						
27			19.0	16.9						
28	281	210	20.2	17.0						
29			19.7	17.0						
30			20.7	18.3						
31										
Total	580	492	588.1	501						
Mo. Avg.	280	246	19.6	16.7						

PLANT STAFFING:  
 Day Shift Operator      Class: A      Certificate No: 8055      Name: P.D. GOLLEMBUSKI  
 Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: C      Certificate No: 8043      Name: MAX RITZKEFF

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GARTH A

PAGE 02

# EAGLE RIDGE WASTEWATER SAMPLES - 2006

PRIORITY REQUIREMENTS		DATE COLLECTED											SAMPLERS SIGNATURE	
SAMPLE	LOCATION / POINT	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV		DEC
100-1	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X	X	Troy Rabe
100-2	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-3	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-4	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-5	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-6	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-7	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-8	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-9	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-10	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-11	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-12	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-13	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-14	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-15	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-16	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-17	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-18	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-19	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-20	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-21	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-22	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-23	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-24	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-25	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-26	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-27	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-28	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-29	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-30	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-31	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-32	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-33	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-34	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-35	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-36	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-37	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-38	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-39	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-40	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-41	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-42	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-43	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-44	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-45	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-46	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-47	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-48	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-49	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		
100-50	WASTE WATER	X	X	X	X	X	X	X	X	X	X	X		

**MONITORING LOCATIONS**

100-1 - WASTE WATER Sample Point in Organics Tank prior to Effluent Mixing

100-2 - In the Mixing Tank for the Two CEC and Prior to the Precipitation Tanks

100-3 - TREATMENT - Sample Point in Operation Tank

100-4 - WASTE WATER SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**

100-1, 100-2 - 2 HOUR FLOW PROPORTIONED COMPOSITE

100-1, 100-3 - 2 HOUR FLOW PROPORTIONED COMPOSITE

100-1, 100-4 - 24 HR

100-1, 100-5 - 24 HR

100-1, 100-6 - 24 HR

**SPECIAL CONDITIONS**

NOISE ARE USE TO FIRST NO LATER THAN THE 25TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY MONITORING**

100-1, 100-2 - APRIL 25, 2006 - FEBRUARY 25, 2006

100-1, 100-3 - JULY 25, 2006 - MAY JULY 25, 2006

100-1, 100-4 - OCT 25, 2006 - SEPTEMBER 25, 2006

100-1, 100-5 - JAN 25, 2006 - NOVEMBER 25, 2006

**QUARTERLY MONITORING**

100-1, 100-6 - APRIL 25, 2006 - FEBRUARY 25, 2006, JULY 25, 2006 - OCTOBER 25, 2006 - MAY JANUARY 25, 2006

**QUARTERLY MONITORING**

100-1, 100-7 - NOVEMBER 25, 2006 - SEPTEMBER 25, 2006, Prior to general for sample type.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO WDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE EAGLE RIDGE WWTF.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed, send this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2546, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: **Orbita, Inc. of Eagle Ridge**  
 MAILING ADDRESS: **288 Westwoodland Ave.  
 Alhambra Springs, FL 33714**  
 FACILITY LOCATION: **Eagle Ridge WWTP  
 Acker Way  
 Fort Myers, FL 33912**

PERMIT NUMBER: **DEAD1449E**

ENTITY: **IND**  
 CLASS SIZE: **MSL**

SUPPORT GROUP:

**FILE COPY**  
 Primary Discharge

MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESC: **Including Influent**

CATEGORY: **Ia**

NO DISCHARGE FROM INTAKE:

MONITORING PERIOD: From: **July 1, 2004** to **July 31, 2004**

Parameter	Sample Management	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in cubic or ten thousand gallons	Sample Management	239	MGD	248				
PHOSPHORUS (As App.)	Sample Management	0.43	MGD	0.43				
BOD, Carbonaceous 5 day, 20C	Sample Management			2.0	MG/L	1	Every Two Weeks	Flow-PPC
PHOSPHORUS (As App.)	Sample Management			0.2	MG/L	1	Every Two Weeks	Flow-PPC
BOD, Carbonaceous 5 day, 20C	Sample Management			2.0	MG/L	1	Every Two Weeks	Flow-PPC
PHOSPHORUS (As App.)	Sample Management			0.3	MG/L	1	Every Two Weeks	Flow-PPC
Sulfide Total Sulfonated	Sample Management			2.7	MG/L	1	Daily	Flow-PPC
PHOSPHORUS (As App.)	Sample Management			0.8	MG/L	1	Daily	Flow-PPC
pH	Sample Management			6.52	SE	1	Continuous	Flow-PPC
PHOSPHORUS (As App.)	Sample Management			0.8	MG/L	1	Continuous	Flow-PPC
Chlorine, Free	Sample Management			1	MG/L	1	DAILY	Flow-PPC
PHOSPHORUS (As App.)	Sample Management			0.5	MG/L	1	Daily	Flow-PPC

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 supplying 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	DEPARTMENT NO.	DATE (YYYYMMDD)
MAX RADCLIFF LEAD OPERATOR	<i>Max Radcliff</i>	239	06/07/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference to attachment text):

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-081  
 MONITORING PERIOD From JULY 1 2004 To

PERMIT NUMBER: FLA014498  
 JULY 31 2006

Parameter	Sample Measurement Point	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Total										
PARM Code 50005 Mn. No. FLW-1	A						FTOON	0	DAILY	GRAB
Total Residual Chlorine (For Disinfection)							MG/L	0	CONTINUOUS	METER
PARM Code 50008 Mn. No. FLW-1	A				1.9		MG/L	0	CONTINUOUS	METER
Turbidity							NTU	0	CONTINUOUS	METER
PARM Code 50070 Mn. No. FLW-1	B						NTU	0	CONTINUOUS	METER
Flow							MGD	0	CONTINUOUS	METER
PARM Code 50004 Mn. No. FLW-1	F	248	239	MGD				0	DAILY	FLOW METER AND GAUGES
Flow		Report (3-Mo. Avg.)	Report (3-Mo. Avg.)	MGD				0	DAILY	Flow meters and gauges
PARM Code 50050 Mn. No. FLW-2	G		176	MGD				0	DAILY	METER
Flow			Report (3-Mo. Avg.)	MGD				0	DAILY	METER
PARM Code 50051 Mn. No. FLW-3	R		013	MGD				0	DAILY	METER
Flow			Report (3-Mo. Avg.)	MGD				0	DAILY	METER
PARM Code 50050 Mn. No. FLW-4	S		234	MGD				0	DAILY	METER
Water Level Relative to MSL			Report (3-Mo. Avg.)	MGD				0	DAILY	METER
PARM Code 50045 Mn. No. CTE-1	P	21.7		FEET				0	DAILY	
Water Level Relative to MSL		Report (3-Mo. Avg.)		FEET				0	DAILY	
PARM Code 50045 Mn. No. CTE-2	Q	18.3		FEET				0	DAILY	
BOD, Carbonaceous 5 day, 20C								0	DAILY	
PARM Code 50002 Mn. No. BCP-1	G				138		MG/L	0	EVERY TWO WEEK	8 Hour FIC
					Report (3-Mo. Avg.)		MG/L	0	Every Two Weeks	8 Hour FIC



DAILY SAMPLE RESULTS - PART B

Permit Number  
Monitoring Period

FLA01-498  
From: JULY 1 2006 To: JULY 31 2006

Facility: Eagle Ridge WWTP

Code	CBIDS (MCL)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TIC (For Disinfect.) (MCL)	TSS (MCL)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	EP-1	BFA-1	BFA-1	BFA-1	BFA-1	EPB-1	EPB-1	FLW-1	FLW-2	FLW-3	FLW-4
1			7.12	6.94	2.1		0.4	.240	0	-.031	.271
2			7.11	7.00	5.0		1.0	.254	0	-.124	.128
3		1	7.06	6.89	5.0	2.7	1.2	.226	.053	.119	.107
4			7.02	6.91	5.0		1.0	.247	.572	.134	.113
5		1	7.04	6.88	5.0	0.6	3.4	.207	.029	-.043	.250
6		1	7.04	6.93	3.6	0.6	1.8	.229	.054	-.059	.288
7		1	7.13	6.99	3.5	0.6	0.2	.250	.680	-.079	.328
8			7.04	6.93	3.0		0.1	.244	.207	.041	.315
9			7.06	6.95	2.2		0.1	.246	.250	.141	.125
10		1	7.02	6.89	3.7	0.6	1.3	.198	0	-.269	.467
11		1	6.94	6.81	5.0	0.6	5.0	.229	.803	.052	.283
12	200	1	6.89	6.52	5.0	0.6	2.4	.232	0	-.041	.294
13		1	7.04	6.87	5.0	0.9	2.5	.230	0	-.059	.171
14			6.94	6.87	5.0		1.2	.227	0	-.038	.265
15			7.04	6.94	1.9		1.0	.244	0	-.054	.298
16			6.99	6.91	5.0		0.5	.232	.621	-.039	.271
17		1	6.94	6.78	5.0	1.9	0.6	.224	.070	-.031	.255
18		1	7.03	6.79	2.2	0.6	5.0	.223	0	-.034	.257
19		1	7.01	6.84	5.0	0.6	2.8	.230	0	-.027	.257
20		1	7.23	6.88	5.0	0.6	0.7	.243	.488	-.026	.269
21			7.02	6.84	5.0		2.2	.267	.520	.117	.150
22			6.82	6.74	4.6		1.0	.215	.515	.08	.285
23			6.89	6.83	3.1		0.4	.263	.298	.005	.257
24		1	7.04	7.04	5.0	1.0	0.4	.243	.043	-.008	.281
25		1	7.34	7.03	5.0	0.6	1.0	.228	0	.014	.212
26	800	1	7.12	6.99	5.0	0.6	0.3	.221	0	-.011	.232
27		1	6.91	6.78	5.0	0.6	0.5	.217	0	.097	.120
28			6.97	6.89	5.0		0.3	.206	0	-.04	.246
29			6.95	6.84	3.8		0.2	.246	0	-.017	.263
30			6.93	6.84	3.9		0.2	.245	0	-.007	.252
31		1	6.93	6.81	4.2	0.6	0.2	.211	.045	-.021	.232
Total	400	17	217.57	213.18	131.8	143	32.9	2.70	5.54	.427	7.26
Mo. Avg.	200	1	7.01	6.87	4.25	0.84	1.25	0.248	0.179	0.013	0.234

PLANT STAFFING:

Day Shift Operator: Class: A Certificate No: 8285 Name: ED SOLEM BIESKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 9043 Name: MAX RAJCLIFF

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2546, Ft. Myers, FL, 33902-2549

673  
FILE COPY

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 280 Westwoodfield Ave., Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP  
 LOCATION: Andes Way, Fort Myers, FL 33912  
 CITY/STATE: In

PERMIT NUMBER: FLA14408  
 UNIT: WWT  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-061  
 MONITORING GROUP DESC: Including Influent

NO DISCHARGE FROM SITES:   
 MONITORING PERIOD From: AUG 1 2006 To: AUG 31 2006

RECEIVED:   
 GROUP: Domestic

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	0.237	MGD				DAILY	ACTR
Flow, in pipe	0.413	MGD					
BOD, Carbonaceous 5 day, 20C			2.0		MG/L	EVERY TWO WEEKS	FRAN FPC
PARM Code 0002 Min. C/N No. 0.04-1			2.0 (In. Avg.)		MG/L	Every Two Weeks	FRAN FPC
BOD, Carbonaceous 5 day, 20C			2.0	2.0	MG/L	EVERY TWO WEEKS	FRAN FPC
PARM Code 0002 Min. C/N No. 0.04-1			3.0 (In. Avg.)	3.0 (In. Avg.)	MG/L	Every Two Weeks	FRAN FPC
Solids, Total Suspended			1.0		MG/L	DAILY	GRAB
PARM Code 0006 Min. C/N No. 0.04-1			5.0 (In. Avg.)		MG/L	Daily	GRAB
Chlorine, Free			6.5	7.12	MG/L	CONTINUOUS	FRAN
PARM Code 0004 Min. C/N No. 0.04-1			6.5 (In. Avg.)	8.5 (In. Avg.)	MG/L	Continuous	FRAN
Chlorine, Total			7.00	7.00	100 ML	DAILY	GRAB
Chlorine, Total			New Data	7.5 (In. Avg.)	MG/L	Daily	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 (MM/DD/YY)
MAX RADCLIFF LEAD OPERATOR	<i>Max Radcliff</i>	879 561-8713	06/09/14

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):  
 ON THE 3RD - FINAL CONFIRMATION RECEIVED ON THE 4TH, RE-SAMPLED THE 5TH - OR SUSPECT SAMPLING TECHNIQUE AS CHLORINE RESIDUAL NEVER DROPPED BELOW A 5.0.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD: From 09/11/2006 To 09/31/2006

PERMIT NUMBER: FLA014498  
 09/31/2006

Parameter	Sample Management	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Free	Sample Management				200	200	mg/L	1	DAILY	GRAB
PARM Code 30001 Min. Site No. FLW-1	Sample Management				Max Report 650	25 (Min)	mg/L		Daily	GRAB
Total Residual Chlorine (Free Distribution)	Sample Management			2.1			MG/L	6	CONTINUOUS	METER
PARM Code 30002 Min. Site No. FLW-1	Sample Management			1.8 (Min)			MG/L		CONTINUOUS	METER
Turbidity	Sample Management						NTU	6	CONTINUOUS	METER
PARM Code 30078 Min. Site No. FLW-1	Sample Management						MG/L		CONTINUOUS	METER
Flow	Sample Management	233	237	MGD				6	5 DAYS WALK	FLOWMETER AND TROLLERS
PARM Code 30004 Min. Site No. FLW-1	Sample Management	643 (Min. Avg.)	Report (1-Min. Avg.)	MGD					5 Days/Week	Flow meter and trollers
Flow	Sample Management		0.09	MGD				6	DAILY	METER
PARM Code 30050 Min. Site No. FLW-2	Sample Management		Report (1-Min. Avg.)	MGD					Daily	Meter
Flow	Sample Management		1.61	MGD				6	DAILY	METER
PARM Code 30050 Min. Site No. FLW-2	Sample Management		Report (1-Min. Avg.)	MGD					Daily	METER
Flow	Sample Management		2.41	MGD				6	DAILY	METER
PARM Code 30050 Min. Site No. FLW-4	Sample Management		Report (1-Min. Avg.)	MGD					Daily	METER
Water Level Relative to MSL	Sample Management	17.9		FEET				6	DAILY	
PARM Code 30045 Min. Site No. OTE-1	Sample Management	Report (Daily)		FEET					Daily	
Water Level Relative to MSL	Sample Management	21.7		FEET				6	DAILY	
PARM Code 30045 Min. Site No. OTE-1	Sample Management	Report (Daily)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Management				530		MG/L	6	EVERY TWO WEEKS	9 hr FPC
PARM Code 30002 Min. Site No. FLW-1	Sample Management				Report (Min. Avg.)		MG/L		Every Two Weeks	9 hr FPC



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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: E-061  
MONITORING PERIOD From AUG 1 2006 To AUG 31 2006

PERMIT NUMBER: FL0014092

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sampling Type
Influent Total Suspended Solids		gpd	196		1	EVERY TWO WEEKS	8 hr FR
PERM Code: 6103 Influent TSS (500 µm)		mg/L				Every Two Weeks	8 hr FR
Percent Capacity (LIMIT/Permitted Capacity) x 100 PERM Code: 6110 Influent TSS			73.2		PKR CENT	MONTHLY	CALCULATED

DEP Form 61-620.970(10), Effective November 29, 1994

**DAILY SAMPLE RESULTS - PART B**

Permit Number  
Monitoring Period

FLA01-498

From: Aug 1 2006

To: Aug 31 2006

Facility: Eagle Ridge WWTP

Code	CBOD5 (MCL)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MCL)	TSS (MGL)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	80102 EPB-1	74031 BFA-1	00410 BFA-1	00400 BFA-1	30060 BFA-1	00530 EPB-1	00070 EPB-1	50050 FLW-1	50040 FLW-2	50030 FLW-3	50020 FLW-4
1		1	6.92	6.71	3.2	0.6	0.5	.229	-0.012	0	.211
2		1	6.93	6.79	5.0	0.6	0.5	.225	-0.025	0	.250
3		7200	6.97	6.65	5.0	0.4	0.9	.212	-0.022	0	.234
4			6.71	6.87	4.6		1.5	.208	.006	.846	.202
5		1	6.89	6.77	3.5		1.8	.245	.016	0	.229
6			6.90	6.81	2.9		0.8	.250	.005	.014	.245
7		1	6.94	6.89	5.0	1.0	1.8	.219	-0.000	0	.224
8		1	6.88	6.71	4.5	0.6	1.7	.228	0	0	.228
9	200	1	6.95	6.87	4.2	0.6	0.8	.221	0	0	.221
10		1	6.93	6.89	4.2	0.4	0.9	.219	.007	.480	.212
11			6.96	6.77	3.4		0.9	.211	-0.013	.001	.214
12			6.96	6.77	3.2		4.1	.243	-0.002	0	.245
13			6.88	6.73	2.4		0.4	.259	-0.012	0	.271
14		1	6.98	6.82	2.4	0.4	0.4	.206	.076	0	.130
15		1	6.94	6.70	2.1	0.6	3.4	.233	-0.008	.714	.261
16		1	6.73	6.56	5.0	0.6	0.4	.232	-0.002	.638	.234
17		1	6.93	6.73	4.5	0.6	0.4	.216	-0.018	.037	.234
18			6.94	6.70	4.3		0.4	.215	.020	0	.195
19			6.90	6.75	5.0		3.8	.265	.016	0	.199
20			6.97	6.75	4.9		1.5	.280	.082	0	.198
21		1	7.06	6.81	5.0	0.4	10.0	.223	.104	.092	.119
22		1	6.94	6.87	3.6	0.4	0.6	.231	-0.087	.791	.318
23	200	1	7.10	7.00	4.7	0.6	0.2	.237	-0.020	.437	.257
24		1	7.09	7.02	3.9	0.6	0.8	.242	-0.021	.399	.273
25			7.2	7.09	4.7		3.2	.225	-0.024	0	.229
26			7.11	7.03	4.6		0.1	.256	.016	0	.240
27			7.09	7.03	3.2		0.1	.258	-0.016	0	.274
28		1	7.08	6.89	3.6	0.6	0.1	.250	-0.023	0	.272
29		1	6.99	6.82	5.0	0.4	0.1	.242	-0.009	.404	.251
30		1	7.12	6.98	5.0	0.4	0.1	.216	-0.015	.363	.225
31		1	7.08	7.02	4.6	0.6	0.2	.260	0	.398	.260
Total	400	319	215.7	211.74	125.9	11.8	42.8	7.249	-0.246	5.568	7.195
Mo. Avg.	200	7.0	6.94	6.83	4.05	0.62	1.38	.233	-0.007	0.179	.232

PLANT STAFFING:

Day Shift Operator: Class: A Certificate No: 8285 Name: ED GOLSM BIESKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 9040 Name: MAX RADCLIFF

ON THE 3RD, FECAL TEST WAS 2004, SO HAD TO RESAMPLE THE 5TH. AT THE SAMPLE TIME ON THE 3RD CL<sub>2</sub> RESIDUAL WAS 8.80+. I SUSPECT FAULTY SAMPLING TECHNIQUE. THE 5TH'S SAMPLE CAME BACK OK. COULDN'T RESAMPLE UNTIL LAB CONFIRMATION ON THE 4TH (24HRS)

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA)14498  
From: AUG 1 2006

To: AUG 31 2006

Facility: Eagle Ridge WWTP

Code Mon. Site	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
	0082 INF-1	0030 INF-1	0254 OTH-1	0254 OTH-3
1			16.0	17.0
2			17.4	17.4
3			20.1	17.6
4			21.2	17.4
5			20.3	18.0
6			15.7	17.8
7			15.1	17.4
8			14.5	17.6
9	239	219	19.7	17.4
10			21.5	17.4
11			20.7	17.6
12			20.1	17.6
13			20.5	17.4
14			18.4	16.8
15			19.3	17.3
16			20.7	17.5
17			17.2	17.4
18			18.2	17.4
19			18.4	17.6
20			18.0	17.7
21			18.2	18.0
22			20.7	18.2
23	221	173	20.3	18.0
24			19.1	17.7
25			17.7	17.5
26			18.7	17.5
27			17.1	17.9
28			21.3	17.9
29			21.5	17.9
30			20.7	17.7
31			21.7	17.7
Total	460	392	597.7	546.3
Mo. Avg.	230	196	19.3	17.6

PLANT STAFFING

Day Shift Operator

Class: A Certificate No: 8285 Name: ED GOLEMBIENSKI

Evening Shift Operator

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

Night Shift Operator

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

Lead Operator

Class: C Certificate No: 8043 Name: MAX RADLICE

EAGLE RIDGE

GARTH A

12395511263  
8126261030

09/16/2005 12:12  
09/16/2005 10:00

EAGLE RIDGE WASTEWATER SAMPLES - 2005															
PERMIT REQUIREMENTS			DATE COLLECTED										SAMPLERS SIGNATURE		
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT		NOV	DEC
TSS	INF-1	EVERY, 24HRS								X					MAX RYDER
CBOD	INF-1	EVERY, 24HRS								X					
TSS	EPA-1	4 DAYS/WEK							X						
	EPA-1	4 DAYS/WEK							X						
	EPA-1	Daily							X						
FECL	EPA-1	4 DAYS/WEK							X						
SLUDGE		ANNUAL													
MONITORING WELLS			QUARTERLY												

**MONITORING LOCATIONS**  
 INF-1 = INFILTRANT Pumped from LRI Station to Storage Tank Prior to Side Stream Mixing  
 EPA-1 = In the Mixing Basin for the Two CCC and Prior to the Percolation Ponds  
 FFB-1 = TURBIDITY - Sample Point in Operations Office  
 SLUDGE = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**  
 INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EPA-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EPA-1, FECL = GRAB  
 EPA-1, TSS = GRAB  
 EPA-1, pH = GRAB

**SPECIAL CONDITIONS:**  
 DMR ARE DUE TO FDEP NO LATER THAN THE 25TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**  
 JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 25, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 25, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 25, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 25, 2006

**SEMIANNUAL:**  
 JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 25, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 25, 2006

**ANNUAL:**  
 SEP. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 25, 2006. Refer to permit for sample types.

**QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE EAGLE RIDGE WWTF.**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed send this report to Department of Environmental Protection, South District, Florida Department of Environmental Protection, P.O. Box 2549, Ft. Myers, FL, 33902-2549

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
MAILING ADDRESS: 200 Woodlandsfield Ave.  
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014498

LEAKY:    
CLASS SIZE: N/A

WASTEWATER GROUP:    
WASTEWATER CATEGORY: Domestic

FACILITY: Eagle Ridge WWTP  
LOCATION: Aerics Way  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: Including Inland

COUNTRY: USA

NO DISCHARGE FROM SITE   
MONITORING PERIOD From: SEPT 1 2006 To: SEPT 30 2006

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Hr.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	231	225					0		
PARAM Code 8000 Min. Site No.	Percent Requirement	0.55 (2-Mo. Avg.)	0.50 (3-Mo. Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		MG/L	0	EVERY TWO WEEKS	8-hour FPC
PARAM Code 8002 Min. Site No. EPA-1	Percent Requirement				30.0 (An. Avg.)		MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0	9.0	MG/L	0	EVERY TWO WEEKS	8-hour FPC
PARAM Code 8002 Min. Site No. EPA-1	Percent Requirement				30.0 (Mo. Avg.)	30.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.1		MG/L	0	DAILY	6-Hour
PARAM Code 8008 Min. Site No. EPA-1	Percent Requirement				5.0 (Min.)		MG/L		Daily	Grab
pH	Sample Measurement				6.62	7.51	54	0	CONTINUOUS	METER
PARAM Code 0040 Min. Site No. EPA-1	Percent Requirement				6.8 (Min.)	8.5 (Max.)	50		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1	1000/L	0	DAILY	GRAB
PARAM Code 7403 Min. Site No. EPA-1	Percent Requirement				Non Detect (7296)	25 (Min.)	MP/100ML		Daily	Grab

I certify under penalty of law that this document and all other documents generated 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)
MAX RADCLIFF / LEAD OPERATOR	<i>Max Radcliff</i>	239 561-2713	06/10/17

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

PAGE 02

GARTH A

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11:11 5082/31/09

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-081  
 MONITORING PERIOD From SEPT 1 2006 To

PERMIT NUMBER: FLA014498  
 SEPT 30 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement										
PARM Code 30055 A Mon. Site No. 326-1	Sample Measurement				1	1	MPN/100ml	6	DAILY	GRAB	
Total Residual Chlorine (For Disinfection)	Sample Measurement				Non-Halogen (ppm)	25 (dmg)	mg/L		Daily	Grab	
PARM Code 30060 A Mon. Site No. 326-1	Sample Measurement				1.4		mg/L	6	CONTINUOUS	METER	
Turbidity	Sample Measurement				1.8 (dmg)		NTU		Continuous	Meter	
PARM Code 30070 B Mon. Site No. 326-1	Sample Measurement						NTU	6	CONTINUOUS	METER	
Flow	Sample Measurement						MGD		Continuous	Meter	
PARM Code 50000 P Mon. Site No. FLW-1	Sample Measurement	.325	.231	MGD				6	5 DAYS/WK	Flow meters and ultrasonic	
Flow	Sample Measurement				Report (3-Mo. Avg.)				5 Days/Week	Flow meters and ultrasonic	
PARM Code 50090 Q Mon. Site No. FLW-2	Sample Measurement				.170		MGD	6	DAILY	METER	
Flow	Sample Measurement								Daily	Meter	
PARM Code 50050 R Mon. Site No. FLW-3	Sample Measurement				.036		MGD	6	DAILY	METER	
Flow	Sample Measurement								Daily	Meter	
PARM Code 50060 S Mon. Site No. FLW-4	Sample Measurement				.234		MGD	6	DAILY	METER	
Water Level Relative to MSL	Sample Measurement								Daily	Meter	
PARM Code 82545 P Mon. Site No. 07H-1	Sample Measurement	21.7		FEET				6	DAILY		
Water Level Relative to MSL	Sample Measurement				Report (Daily)				Daily		
PARM Code 82545 Q Mon. Site No. 07H-1	Sample Measurement				17.7		FEET	6	DAILY		
BOD, Carbonaceous 5 day, 20C	Sample Measurement								Daily		
PARM Code 80082 G Mon. Site No. 08F-1	Sample Measurement						169	mg/L	6	EVERY TWO WEEKS	C- non-FPL
	Sample Measurement				Report (3-Mo. Avg.)			mg/L	Every Two Weeks	4 from FPL	

PAGE 03

GARTH A

0135251030

15:31 09/16/2006

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD FROM SEPT 1 2006 To

PERMIT NUMBER: FLA014998  
 SEPT 30 2006

PAGE 04

GARTH A

09/15/2005 11:31 8136261030

Parameter	Sample Measurement Point	Quantity or Loading		Units	Quantity or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
SMALL, Total Suspended Solids (TSS) (g/L)	Sample Measurement Point				266.5			mg/L	6	Every Two Weeks	2-Hour BPT
Percent Capacity, (FMADP/Permitted Capacity) x 100	Sample Measurement Point				70.7			PER CENT	6	MONTHLY	CALCULATED
	Sample Measurement Point									MONTHLY	CALCULATED
	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										
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	Sample Measurement Point										
	Sample Measurement Point										
	Sample Measurement Point										

DEP Form 62-620.910(10), Effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA014498  
From: SEPT. 1 2006 To: SEPT. 30 2006

Facility: Eagle Ridge WWTTP

Code	CIQDS (MGA)	Fecal Coliform Bacteria (N/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MGA)	TSS (MGA)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Shif	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	FLW-1	FLW-2	FLW-3	FLW-4
1			7.02	6.92	4.1		2.6	.216	⊖	-0.039	.255
2			7.00	6.92	3.0		1.0	.232	.509	-0.019	.250
3			7.11	6.94	3.0		2.8	.227	⊖	-0.015	.252
4			6.95	6.89	2.5		0.5	.252	⊖	0.018	.234
5			6.93	6.84	4.5	3.1	0.2	.202	⊖	-0.001	.203
6	200		6.95	6.62	2.4	0.6	1.3	.230	⊖	-0.032	.292
7			6.99	6.89	2.4	0.6	0.8	.811	⊖	-0.027	.234
8			6.78	6.68	3.4	0.6	10.0	.207	.597	0.465	.134
9			6.84	6.73	1.6		0.2	.252	.583	0.276	.307
10			6.82	6.70	1.4		0.2	.221	.584	0.351	.233
11			6.98	6.96	2.5	0.6	1.5	.232	.409	0.182	.227
12			7.16	7.10	1.4	0.6	0.4	.225	.072	-0.191	.263
13			7.18	7.12	2.4	0.6	0.5	.219	.338	0.070	.248
14			7.20	7.16	2.5	0.6	1.0	.222	.152	-0.115	.267
15			7.16	7.11	2.1		0.8	.207	.308	0.071	.237
16			7.14	7.07	1.7		0.4	.236	⊖	0.054	.183
17			7.02	6.94	1.6		0.2	.263	⊖	0.008	.265
18			7.14	6.97	3.6	0.6	0.4	.269	⊖	-0.004	.213
19			7.50	7.27	3.7	0.6	0.8	.223	⊖	-0.050	.273
20			7.19	6.99	4.1	0.6	0.2	.287	.254	⊖	.287
21	200		7.36	7.24	3.1	1.0	0.6	.219	.254	-0.072	.291
22			7.39	7.27	3.0		0.7	.205	⊖	-0.036	.241
23			7.51	7.33	5.0		1.4	.234	⊖	0.063	.173
24			7.47	7.37	4.5		2.0	.254	.024	0.012	.242
25			7.11	6.93	4.5	2.1	0.6	.211	.440	-0.041	.272
26			7.09	6.90	4.0	0.6	0.9	.202	⊖	-0.020	.222
27			7.12	6.91	5.0	0.6	3.0	.213	⊖	0.123	.090
28			7.18	7.01	1.5	0.6	1.0	.222	⊖	-0.017	.234
29			7.11	6.94	4.8		1.0	.184	⊖	-0.004	.190
30			7.13	7.03	3.4		0.5	.228	⊖	-0.032	.240
31											
Total	400	16	213.5	203.7	91.7	14.0	27.7	6.779	4.52	0.957	7.06
Mo. Avg.	200	1	7.11	6.75	3.0	0.97	1.25	.225	0.150	0.031	0.235

PLANT STAFF:  
 Day Shift Operator: Class: A Certificate No: 8085 Name: ED GOLSMBIESKI  
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator: Class: C Certificate No: 7043 Name: MAX RADCLIFF



**DAILY SAMPLE RESULTS - PART B**

Permit Number:  
Monitoring Method

FLA: 214498  
From: SEPT 1 2006 To: SEPT 30 2006

Facility: Eagle Ridge WWTP

Code	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
Mon. Size	NR-1	NR-1	OTH-1	OTH-3
1			19.5	17.5
2			17.0	17.3
3			17.7	17.3
4			18.5	17.3
5			20.7	17.1
6	178	216	20.7	17.3
7			21.7	17.3
8			21.7	17.1
9			19.5	17.1
10			19.5	17.1
11			18.5	17.3
12			16.7	17.7
13			16.9	17.1
14			16.1	16.9
15			17.7	16.7
16			17.3	16.5
17			17.1	16.5
18			17.7	16.6
19			21.2	17.1
20			21.7	16.9
21	160	197	21.7	16.7
22			21.7	16.3
23			18.8	16.3
24			16.3	16.3
25			16.7	16.3
26			15.5	16.3
27			15.9	16.3
28			16.3	16.9
29			16.5	16.7
30			16.7	17.1
31				
Total	338	413		
Mo. Avg.	169	206.5		

**PLANT STAFFING**

Day Shift Operator      Class: A      Certificate No: 80 85      Name: ED GOLINSKI

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Nights Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 9043      Name: MAX RAOCLIF

DEP Form 62-4 (0.910)(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Unifac, Inc. of Eagle Ridge  
 MAILING ADDRESS: 200 Woodlandfield Ave.

PERMIT NUMBER: FLA014498

LIMIT: None  
 CLASS SIZE: NEA

DISCHARGE: Domestic  
 CHARACTER: Domestic

FACILITY: Eagle Ridge WWTP  
 LOCATION: Avista Way  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: Including Inflow

CITY/ST: Fort Myers, FL

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD: From OCT 1 2006 To OCT 31 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		(3-Mo. Avg.)	(90-Day Avg.)		(3-Mo. Avg.)	(90-Day Avg.)				
Flow, in. overflow or thru treatment plant	Sample Measurement	249	217	MGD				0		
PARM Code 0000 Mon. Site No. NEA-1	Flow Measurement									
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.0		MG/L	0	EVERY TWO WEEKS	8-Hour FRC
PARM Code 0001 Mon. Site No. NEA-1	Sample Measurement				20.0 (90-Day Avg.)		MG/L		Every Two Weeks	8-Hour FRC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	5.0	MG/L	0	EVERY TWO WEEKS	8-Hour FRC
PARM Code 0002 Mon. Site No. NEA-1	Sample Measurement				30.0 (90-Day Avg.)	60.0 (90-Day Avg.)	MG/L		Every Two Weeks	8-Hour FRC
Solids, Total Suspended	Sample Measurement				1.1		MG/L	0	DAILY	GRAB
PARM Code 0003 Mon. Site No. NEA-1	Sample Measurement				5.0 (90-Day Avg.)		MG/L		Daily	GRAB
pH	Sample Measurement				6.89	7.46		0	CONTINUOUS	GRAB
PARM Code 0040 Mon. Site No. NEA-1	Sample Measurement				6.8 (90-Day Avg.)	8.5 (90-Day Avg.)	SI	54	Continuous	Monitor
Coliforms, Fecal	Sample Measurement				1	1		0	DAILY	GRAB
PARM Code 7005 Mon. Site No. NEA-1	Sample Measurement				None Detect (75%)	25 (90-Day Avg.)	CF/100ML	0	Daily	GRAB

I certify under penalty of law that this document and all information submitted hereon are true and accurate 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 (F/M/Y)
MAX RADCLIFF LMO OPERATOR	<i>Max Radcliff</i>	339 561-2713	06/11/15

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

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

FILE COPY

(67)

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014499

MONITORING PERIOD From: OCT 1 2006 To: OCT 31 2006

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Chlorine, Free	Sample Measurement						100/AL	5	DAILY	GRAB
PARM Code 9004 Mon Site No. FLOW-1	Sample Measurement				Min (Avg)	Max (Avg)			Daily	Grab
Total Suspended Solids (For Identification)	Sample Measurement				2.0		MG/L	5	CONTINUOUS	METER
PARM Code 9005 Mon Site No. FFA-1	Sample Measurement				1.0		MG/L		Continuous	Meter
Turbidity	Sample Measurement						NTC		CONTINUOUS	METER
PARM Code 9006 Mon Site No. FFA-1	Sample Measurement						NTU		Continuous	Meter
Flow	Sample Measurement	227	249	MGD				5	SAMPLES/WK	Flow Meter TOTALIZERS
PARM Code 9008 Mon Site No. FLOW-1	Sample Measurement	1443	Report (3-Mo Avg)	MGD					5 Times/Wk	Flow meter and totalizer
Flow	Sample Measurement		.049	MGD				5	DAILY	METER
PARM Code 9010 Mon Site No. FLOW-2	Sample Measurement		Report (3-Mo Avg)	MGD					Daily	Meter
Flow	Sample Measurement		.123	MGD				5	DAILY	METER
PARM Code 9030 Mon Site No. FLOW-3	Sample Measurement		Report (3-Mo Avg)	MGD					Daily	Meter
Flow	Sample Measurement		.230	MGD				5	DAILY	METER
PARM Code 9050 Mon Site No. FLOW-4	Sample Measurement		Report (3-Mo Avg)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	21.7		FEET				5	DAILY	METER
PARM Code 9245 Mon Site No. C11E-1	Sample Measurement		Report (3-Mo Avg)	FEET					Daily	
Water Level Relative to MSL	Sample Measurement	14.1		FEET				5	DAILY	METER
PARM Code 9246 Mon Site No. C11E-2	Sample Measurement		Report (3-Mo Avg)	FEET					Daily	
BOD, Continuous 5 day, 20C	Sample Measurement				2055		MG/L	5	EVERY TWO WEEKS	4-hr GPO
PARM Code 9092 Mon Site No. DP-1	Sample Measurement				Report (3-Mo Avg)		MG/L		Every Two Weeks	4-hr GPO

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 09/16/2005 11:31 6136261030  
 EAGLE RIDGE  
 GARTH A

FACILITY: Eagle Ridge WWT

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD FROM: OCT 1 2004 To OCT 31 2004  
 PERMIT NUMBER: FLA014492

Parameter	Sample Management	Quantity or Loading		Units	Quality or Concentration		Units	Min. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Management				0.63		MG/L	0	EVERY TWO WEEKS	8-hour FFC
PARM Code 0012b	Sample Management				71.3		PER CENT	0	MONTHLY	CALCULATED
PARM Code 0012b	Sample Management						PER CENT		Monthly	Calculated

Permit Number:  
Monitoring Period

RLA#14488  
From: OCT 1 2006

DAILY SAMPLE RESULTS - PART B

To: OCT 31 2006

Facility: Eagle Ridge WWTP

Code Mon. Site	TSB (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
0082 S-1	00120 IN-1	02441 OTH-1	02441 OTH-2
1		16.9	17.2
2		17.2	16.7
3		16.7	17.0
4		18.3	16.9
5	225	17.7	16.9
6	357	18.7	16.8
7		20.3	16.7
8		17.7	16.2
9		18.1	18.2
10		21.7	17.3
11		20.7	17.2
12		18.2	17.0
13		17.0	16.7
14		17.5	16.7
15		16.8	16.9
16		16.8	17.3
17		21.0	17.1
18	186	19.0	16.9
19	199	16.8	17.5
20		17.2	17.7
21		17.6	17.2
22		17.4	16.7
23		17.6	16.1
24		17.2	16.7
25		16.8	17.1
26		17.0	17.3
27		17.7	17.3
28		16.7	17.1
29		16.9	17.4
30		17.9	17.0
31		17.6	17.3
Total	411	556	531.1
Mo. Avg	205.5	278	17.4

PLANT STAFFING

Day Shift Operator  
Evening Shift Operator  
Night Shift Operator  
Lead Operator

Class: A Certificate No: 8285 Name: ED GOLEM BIKSKI  
 Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: C Certificate No: 5043 Name: MAX RADCLIFF

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Period

FLA614-008  
From: OCT 1 2006 To: OCT 31 2006

Facility: Eagle Ridge WWT

Code Mon. Site	CIPODS (MGL)	Permit Concentration (MGL)	pH (Max)	pH (Min)	TSS (Per Dist. Act.) (MGL)	TSS (MGL)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
	0000 FLW-1	0000 FLW-1	0000 FLW-1	0000 FLW-1	0000 FLW-1	0000 FLW-1	0000 FLW-1	0000 FLW-1	0000 FLW-2	0000 FLW-3	0000 FLW-4
1			7.23	6.94	3.2		0.2	.247	.049	.529	.198
2		1	7.21	7.03	5.0	0.6	0.4	.194	.096	.422	.290
3		1	7.27	7.03	3.6	0.6	0.6	.211	.031	0	.242
4	200	1	7.29	7.13	3.6	0.6	0.7	.208	.035	.229	.243
5		1	7.20	7.11	4.1	0.6	0.9	.211	.035	0	.244
6			7.20	7.12	5.0		0.7	.202	.035	0	.237
7			7.24	7.08	5.0		0.5	.232	.082	0	.150
8			7.11	6.92	4.0		0.8	.224	.008	0	.232
9		1	7.12	7.08	5.0	0.6	0.7	.178	.027	0	.205
10		1	7.44	7.31	5.0	0.6	0.9	.217	.018	.449	.199
11		1	7.22	7.16	4.1	0.6	0.6	.244	.018	.943	.262
12		1	7.18	7.02	4.7	0.6	0.6	.218	.043	0	.243
13			7.21	7.10	4.4		0.5	.221	.013	0	.234
14			7.31	7.17	3.4		0.4	.250	.001	.031	.231
15			7.24	7.20	3.5		0.7	.253	.023	0	.230
16		1	6.95	6.89	5.0	0.6	1.0	.205	.013	0	.192
17		1	7.06	6.94	5.0	0.8	0.9	.214	.003	0	.213
18	200	1	7.21	7.06	3.6	0.6	0.7	.235	.020	.467	.215
19		1	7.19	6.99	5.0	0.6	0.1	.229	.013	0	.216
20			7.03	6.98	2.0		0.1	.218	.023	.031	.195
21			7.27	7.09	3.0		0.1	.251	.062	.005	.189
22			7.12	7.07	3.4		0.1	.267	.006	.021	.273
23		1	7.17	7.09	5.0	1.1	0.1	.203	.029	0	.232
24		1	7.29	7.16	5.0	0.6	0.8	.218	.021	.286	.197
25		1	7.30	7.18	5.0	0.6	0.4	.220	.009	.267	.211
26		1	7.23	7.09	5.0	0.6	0.4	.227	.013	.035	.214
27			7.14	7.03	5.0		1.4	.226	.001	.684	.225
28			7.29	7.08	3.0		1.0	.285	.009	0	.274
29			7.21	7.05	5.0		0.3	.275	.044	0	.231
30		1	7.29	7.02	4.8	0.6	0.4	.224	.022	.346	.214
31		1	7.24	7.02	5.0	0.6	0.3	.235	.008	0	.207
Total	400	18	223.52	219.18	133.4	11.5	17.5	7.046	0.145	4.947	6.982
MO. AVG.	200	1	7.21	7.07	4.30	0.63	0.56	0.227	.0046	0.159	0.225

PLANT STAFFING:  
Day Shift Operator:

Class: A Certificate No: 8285 Name: ED GOLEMBIJSKI

Evening Shift Operator:

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

Night Shift Operator:

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

Lead Operator:

Class: C Certificate No: 9043 Name: MAX RAYCUFF

EAGLE RIDGE WASTEWATER SAMPLES - 2005														
PERMIT REQUIREMENTS			DATE COLLECTED											SAMPLERS SIGNATURE
SAMPLE	LOCATION	FREQ	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	
TSS	INF-1	EVERY, 2 WEEKS						X	X	X	X			
CBOD	INF-1	EVERY, 2 WEEKS						X	X	X	X			
TSS	EPA-1	4 DAY/BIWEEK						X	X	X	X			
PH	EPA-1	Daily						X	X	X	X			
FECAL	EPA-1	4 DAY/BIWEEK						X	X	X	X			
SLUDGE*		ANNUAL												
MONITORING WELLS		QUARTERLY						X				X		

*MAX RUTDORF*

**MONITORING LOCATIONS**  
 INF-1 = INFLUENT Pumped from LIR Station to Surge Tank Prior to Side Stream Mixing  
 EPA-1 = In the Mixing Basin for the Two OCC and Prior to the Percolation Ponds  
 PH-1 = TURBIDITY - Sample Point in Operators Office  
 SLUDGE\* - GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**  
 INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EPA-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EPA-1, FECAL = GRAB  
 EPA-1, TSS = GRAB  
 EPA-1, PH = GRAB

**SPECIAL CONDITIONS:**  
 DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**  
 JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMIANNUAL:**  
 JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**  
 JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006. Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY.  
 THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE EAGLE RIDGE WWTF.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

FILE COPY

PERMITTEE NAME: **UMBRELLA, Inc. of Eagle Ridge**  
 MAILING ADDRESS: **208 Woodlandside Ave.  
 Altamonte Springs, FL 32714**  
 FACILITY: **Eagle Ridge WWTP**  
 LOCATION: **Asheby Way  
 Fort Myers, FL 39912**  
 CITY/ST/CTV: **FL**

PERMIT NUMBER: **FLA014498**  
 LIMIT: **None**  
 CLASS SIZE: **N/A**  
 MONITORING GROUP NUMBER: **R-001**  
 MONITORING GROUP DESC: **Including Inflow**  
 NO DISCHARGE FROM SITE   
 MONITORING PERIOD: **From NOV 1 2004 To NOV 30 2004**

REGULATORY PROGRAM: **Discharge**

Parameter	Sample Management	Quantity or Loading		Units	Quantity or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
		(D-Min. Avg.)	(D-Max. Avg.)		(Min.)	(Max.)				
Flow, in cfm at or close to treatment plant	Sample Management	232	346	mbd				6		
PARM Code 0001 Min. Site No. 02A-1	Permit Requirement	0.05	0.05	(Min.)						
BOD, Carbonaceous 5 day, 20C	Sample Management				2.0		mg/L	6	EVERY TWO WEEKS	F-100/FK
PARM Code 0002 Min. Site No. 02A-1	Permit Requirement				20.0		MG/L		Every Two Weeks	Other FPC
BOD, Carbonaceous 5 day, 20C	Sample Management				2.0	2.0	mg/L	6	EVERY TWO WEEKS	F-100/FK
PARM Code 0002 Min. Site No. 02A-1	Permit Requirement				20.0	20.0	MG/L		Every Two Weeks	Other FPC
Solids, Total Suspended	Sample Management				0.4		mg/L	6	DAILY	GRAB
PARM Code 0003 Min. Site No. 02B-1	Permit Requirement				5.0		MG/L		Daily	GRAB
pH	Sample Management				6.90	7.56	54	6	CONTINUOUS	METER
PARM Code 0040 Min. Site No. 02A-1	Permit Requirement				6.0	8.5	50		Continuous	Meter
Coliform, Fecal	Sample Management				1	5	100ml	6	DAILY	GRAB
PARM Code 7485 Min. Site No. 02A-1	Permit Requirement				Non Detect	25	100ml		Daily	GRAB

I certify under penalty of law that this document and all other documents prepared under any provision or requirement 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 (MM/DD/YY)
MAX RADCLIFF LEAD OPERATOR	<i>Max Radcliff</i>	279 561 2717	04-12-18

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attached logs):



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: B-601  
MONITORING PERIOD From 10/1/2004 To 10/30/2004

PERMIT NUMBER: FLA014498  
10/30/2004

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Compliance
Solids, Total Suspended PARK Code 0210 Mon. No. 0210			179.6		1	EVERY TWO WEEKS	Below FRC
Percent Capacity, REMAIN (Permitted Capacity) x 100 PARK Code 0210 Mon. No. 0210			77.3%		1	MONTHLY	CALCULATED

DEP Form GZ-520.910(10), Effective November 29, 1994

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: NOV 1 2004 To: NOV 30 2004

PERMIT NUMBER: FLA014408  
 NOV 30 2004

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration		Units	No. Fr.	Frequency of Analysis	Sample Type
Chlorine, Free	Sample Measurement									
PARM Code 90003 Mon. Site No. 024-1	Flow				1	5	100ml	0	DAILY	GRAB
Total Dissolved Chlorine (For Chlorination)	Sample Measurement				None Detect	25	mg/L		Daily	Grab
PARM Code 90040 Mon. Site No. 024-1	Flow				1.0		mg/L	0	CONTINUOUS	METER
Turbidity	Sample Measurement				1.0		NTU	0	CONTINUOUS	METER
PARM Code 80070 Mon. Site No. 024-1	Flow						NTU	0	CONTINUOUS	METER
PARM Code 50001 Mon. Site No. 024-1	Flow	246	232	MGD				0	5 DAYS/WEEK	FLOWMETER AND TOTALIZERS
PARM Code 50020 Mon. Site No. 024-1	Flow		.055	MGD				0	5 DAYS/WEEK	Flow meter's pool controller
PARM Code 80030 Mon. Site No. 024-1	Flow		.101	MGD				0	DAILY	METER
PARM Code 80030 Mon. Site No. 024-1	Flow		.231	MGD				0	DAILY	METER
Water Level Relative to MSL	Sample Measurement	20.9		FEET				0	DAILY	METER
PARM Code 82545 Mon. Site No. 024-1	Water Level Relative to MSL	20.9		FEET				0	DAILY	
PARM Code 82545 Mon. Site No. 024-1	Water Level Relative to MSL	20.3		FEET				0	DAILY	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				231.3		mg/L	0	DAILY	
PARM Code 80082 Mon. Site No. 024-1	Sample Measurement				231.3		mg/L	0	DAILY	
	Sample Measurement							0	VERY LOW WEEKLY	FLOWMETER
	Sample Measurement							0	DAILY	FLOWMETER

DEP Form G-09910(10), Effective November 29, 1994

DAILY SAMPLE RESULTS - PART B

Permit Number:   
 Monitoring Period:

FLA014496   
 From: NOV 1 2006 To: NOV 30 2006

Facility: Eagle Ridge W/WTP

Comp. Design	ClOOS (MG/L)	Feed Coliform Bacteria (M/100ML)	pH (Max)	pH (Min)	TBC (Per Dist./Dist.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD) FLW-1	Flow (MGD) FLW-2	Flow (MGD) FLW-3	Flow (MGD) FLW-4
1	200	/	7.13	7.08	5.0	0.6	0.5	.234	-.017	.092	.451
2		/	7.16	7.01	5.0	0.6	0.7	.233	-.048	0	.261
3			7.43	7.18	5.0		0.9	.237	-.039	0	.274
4			7.40	7.09	4.8		0.3	.241	-.036	0	.297
5			7.24	7.02	5.0		0.4	.254	-.014	0	.272
6			7.32	7.11	5.0	0.6	0.7	.182	-.063	0	.245
7		/	7.56	7.18	5.0	0.6	0.4	.261	.014	0	.247
8		/	7.84	7.06	5.0	0.6	0.6	.273	-.008	.006	.265
9		/	7.31	7.07	3.7	0.6	3.0	.253	-.021	0	.274
10		/	7.53	7.17	3.2		0.4	.237	-.009	0	.246
11			7.49	7.22	2.7		0.4	.270	.016	.272	.260
12			7.34	7.15	1.0		0.3	.291	.043	0	.248
13		/	7.29	7.12	3.9	0.6	0.7	.207	-.022	0	.229
14		/	7.51	7.18	1.7	0.6	0.6	.242	-.022	0	.265
15	300	/	7.40	7.12	5.0	0.6	0.5	.249	.012	.449	.277
16		/	7.07	6.94	5.0	0.6	0.6	.257	-.018	.120	.239
17			7.39	7.06	5.0		0.7	.232	.026	.331	.200
18			7.29	7.00	5.0		1.0	.269	.049	.222	.230
19			7.23	6.98	5.0		0.9	.209	-.013	.443	.222
20		/	7.29	7.14	5.0	0.6	0.4	.222	.040	.021	.182
21		/	7.32	6.98	5.0	0.4	0.4	.249	.047	0	.202
22		/	7.21	7.06	5.0	0.6	0.3	.243	.029	0	.214
23			7.18	7.02	5.0		0.7	.254	.046	0	.208
24		/	7.28	7.11	5.0	0.6	0.5	.263	.032	0	.241
25			7.36	7.09	5.0		0.9	.272	.057	.539	.215
26			7.42	7.02	2.3		1.0	.275	.049	.495	.225
27		/	7.22	7.00	3.3	0.6	0.6	.223	.022	0	.201
28		/	7.31	7.08	3.6	0.6	7.5	.245	.055	0	.190
29		/	7.01	6.98	1.4	0.6	0.6	.234	.038	.474	.186
30	300	/	7.22	6.92	1.6	0.4	0.6	.241	.039	0	.202
31											
Total	1000	19	219.93	212.12	122.4	10.9	37.8	7.38	.339	3.51	7.057
Avg. Avg.	200	1	7.29	7.07	4.08	0.6	0.92	0.246	0.011	0.113	0.235

PLANT STAFFING:   
 Day Shift Operator: Class: A Certificate No: 9385 Name: ED GOLEMBIJSKI   
 Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_   
 Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_   
 Lead Operator: Class: C Certificate No: 9043 Name: MAX RADCLIFF

DAILY SAMPLE RESULTS - PART B

Permit Number:  
Monitoring Interval

FLA)14499  
From: NOV 1 2006

To: NOV 30 2006

Facility: Eagle Ridge WWT

Code Mon. Sam.	CBOD5 (MGL)	TSS (MGL)	Water Level Relative to MGL (FBET)	Water Level Relative to MGL (FBET)
1	195	276	19.7	19.1
2			19.7	19.1
3			19.3	18.9
4			19.7	18.7
5			18.9	18.7
6			19.5	18.3
7			19.7	18.5
8			18.7	18.9
9			19.7	18.9
10			18.7	18.9
11			19.7	18.9
12			19.5	18.7
13			19.1	18.1
14			18.5	18.5
15	270	120	18.3	18.3
16			18.7	18.7
17			19.1	18.7
18			19.1	18.7
19			18.9	18.5
20			19.1	18.7
21			20.7	19.1
22			20.7	19.1
23			20.9	19.5
24			18.9	19.7
25			19.1	20.3
26			19.3	20.1
27			18.3	20.1
28			20.7	19.9
29			22.7	18.1
30	199	143	20.7	19.7
31				
Total	664	539	583.6	570.4
No. Avg	22.3	179.6	19.4	190.0

PLANT STAFFING

Day Shift Operator

Class: A Certificate No: 8285 Name: ED GOLEMBILSKI

Evening Shift Operator

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

Night Shift Operator

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

Lead Operator

Class: C Certificate No: 9043 Name: MAX PAXCLIFFE

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge

PERMIT NUMBER: FLA014498

MAILING ADDRESS: 200 Weathersfield Ave.  
Altamonte Springs, FL 32714

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Eagle Ridge WWTP  
LOCATION: Aeries Way  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12-1-06 To: 12-31-06

FILE COPY

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No.	Sample Measurement	0.248	0.241	mgd					0		
	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD							
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				20.0			MG/L	0	Every Two Wk	8-hour FPC
	Permit Requirement				20.0 (Ar.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				30.0	60.0		MG/L	0	Every Two WK	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 B Mon.Site No. EFB-1	Sample Measurement				1.1			MG/L	0	Daily	Grab
	Permit Requirement				5.0 (Max.)			MG/L		Daily	Grab
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				6.97	7.44		SU	0	Continuous	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				1	1		#/100ML	0	Daily	Grab
	Permit Requirement				Non Detect (75%)	25 (Max)		#/100ML		Daily	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 (YYMMDD)

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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 12-1-06  
 To: 12-31-06

PERMIT NUMBER: FLA014498

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1	1	#/100ML	0	Daily	Grab
	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		Daily	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.2		MG/L	0	Continuous	Meter
	Permit Requirement				1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement						NTU	0	Continuous	Meter
	Permit Requirement						NTU		Continuous	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	0.241	0.248	Mgd				0	5 Days /Week	Flow Meters Totalizers
	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement		.021	MGD				0	Daily	Meter
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-3	Sample Measurement		.114	MGD				0	Daily	Meter
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-4	Sample Measurement		.219	MGD				0	Daily	Meter
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL PARM Code 82545 P Mon.Site No. OTH-1	Sample Measurement	23.7		FEET				0	Daily	
	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL PARM Code 82545 Q Mon.Site No. OTH-2	Sample Measurement	20.0		FEET				0	Daily	
	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				320.5		MG/L	0	Every Two Weeks	8-hour Ipe
	Permit Requirement				Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hour FPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 12-1-06 To: 12-31-06

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 No. INF-1	Sample Measurement			.241	MG/L	0	Every Two Weeks	8-hour PPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour PPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			76%	Percent	0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)	PERCENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1		1	7.17	7.02	1.3		1.0	.231	.009	.374	.222
2			7.36	7.08	1.8		1.0	.271	.046	.535	.225
3		1	7.19	6.94	1.4		0.8	.277	.064	0	.213
4			7.26	7.06	1.6	0.8	0.8	.226	.028	0	.198
5		1	7.26	7.02	5.0	0.6	0.4	.230	.036	0	.194
6		1	7.30	6.99	4.0	0.6	0.2	.230	.015	0	.215
7		1	7.31	7.03	1.6	0.6	0.4	.240	.020	0	.220
8			7.29	7.00	1.7		0.6	.232	.022	0	.210
9			7.29	7.00	1.9		0.2	.266	.050	0	.216
10			7.31	7.07	2.0		0.7	.260	.064	0	.196
11		1	7.29	6.97	1.0	0.6	0.2	.188	.011	0	.177
12		1	7.43	7.13	2.1	0.6	0.2	.245	.024	0	.221
13	200	1	7.31	7.04	1.3	0.6	0.2	.231	.016	0	.215
14		1	7.29	7.04	5.0	0.9	0.2	.230	.008	0	.222
15			7.32	7.05	5.0		0.3	.227	.004	0	.223
16			7.41	7.09	3.1		0.3	.250	.044	0	.206
17			7.34	7.01	2.5		0.5	.262	.057	0	.205
18		1	7.44	7.12	5.0	0.6	0.4	.225	.029	0	.196
19		1	7.44	7.08	5.0	0.6	0.3	.229	.043	0	.186
20		1	7.40	7.02	3.7	0.6	1.8	.218	.031	0	.187
21		1	7.39	7.13	3.7	0.6	0.8	.190	(.001)	0	.191
22			7.42	7.06	5.0		0.6	.256	.053	0	.203
23			7.38	7.08	1.7		0.6	.243	(.054)	0	.297
24			7.40	7.11	2.0		0.3	.270	.160	0	.110
25			7.41	7.14	5.0		0.6	.255	.169	0	.086
26		1	7.22	6.99	1.2	1.0	3.0	.247	.037	.136	.210
27	200	1	7.29	7.15	1.8	1.1	2.8	.247	.057	.208	.190
28		1	7.20	7.11	5.0	0.6	0.7	.243	.093	.277	.150
29		1	7.18	7.12	1.3	1.0	0.9	.246	.057	.335	.189
30		1	7.22	7.03	1.6		1.0	.256	.062	.254	.194
31			7.18	7.07	2.5		0.4	.253	.069	.074	.184
<b>Total</b>	<b>400</b>	<b>18</b>	<b>226.70</b>	<b>218.75</b>	<b>86.8</b>	<b>11.4</b>	<b>22.2</b>	<b>7.474</b>	<b>1.438</b>	<b>2.193</b>	<b>6.151</b>
<b>Mo. Avg.</b>	<b>200</b>	<b>1</b>	<b>7.31</b>	<b>7.05</b>	<b>2.8</b>	<b>.71</b>	<b>.72</b>	<b>.241</b>	<b>.046</b>	<b>.07</b>	<b>.198</b>

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   E. Golembieski  

Evening Shift Operator      Class:             Certificate No:             Name:       

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   C        Certificate No:   9043        Name:   M. Rudcliff



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period: From: 12-1-06

To:

	C BOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			20.5	19.4						
2			19.0	19.2						
3			18.2	17.7						
4			18.2	17.8						
5			22.7	18.2						
6			22.7	18.4						
7			23.2	18.5						
8			23.2	18.5						
9			21.4	18.7						
10			19.0	18.7						
11			19.8	19.0						
12			21.4	19.0						
13	377	222	22.4	19.4						
14			21.4	19.2						
15			23.7	18.9						
16			22.4	18.9						
17			18.4	18.2						
18			18.2	17.7						
19			20.7	17.7						
20			18.7	17.8						
21			18.7	17.8						
22			20.7	17.8						
23			21.7	17.8						
24			23.7	18.0						
25			22.6	19.1						
26			23.7	19.0						
27	264	270	23.7	19.0						
28			23.7	18.9						
29			18.7	18.9						
30			20.7	18.9						
31			19.7	20.0						
<b>Total</b>	641	492	655.6	558.1						
<b>Mo. Avg.</b>	320.5	246	21.1	18.0						

**PLANT STAFFING:**

 Day Shift Operator      Class:   A        Certificate No:   8285        Name:   E. Golembieski  

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

 id Operator      Class:   C        Certificate No:   9043        Name:   M. Radcliff

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

**GROUND WATER MONITORING ) LL REPORT - PART D**

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

# GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundary Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

**2006**

**CROSS CREEK WWTP**

**25.30.440 (4)  
OPERATIONS REPORTS**

FILE COPY

674

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2544, Fort Myers, FL 33902-2549

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Cross Creek WWTP  
 LOCATION: 13059 Cross Creek Blvd.  
 Fort Myers, FL 33912  
 COUNTY: Lee

PERMIT NUMBER: FLA014505  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

REPORT GROUP: Monthly Domestic

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From JAN 1-06 To JAN 31-06

03/26/2006 08:11

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EAGLE RIDGE

PAGE 02/04

PAGE 02

GARTH A

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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in ccs/d at this treatment plant	Sample Measurement	0.103				0		
FARM Code 50050 Mon Site No.	Permit Requirement	0.24 (Mo.Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour PPC
FARM Code 80082 Mon Site No. EPA-1	Permit Requirement			20.0 (An.Avg.)	MGL		Every Two Weeks	8-hour PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour PPC
FARM Code 80082 Mon Site No. EPA-1	Permit Requirement			Report (Mo.Avg.)	MGL		Every Two Weeks	8-hour PPC
Solids, Total Suspended	Sample Measurement			5.2		0	4 DAYS/ WEEK	GRAB
FARM Code 00530 Mon Site No. EPA-1	Permit Requirement			5.0 (Max.)	MGL		4 Days/Week	Grab
pH	Sample Measurement			6.32		0	5 DAYS/ WEEK	GRAB
FARM Code 00400 Mon Site No. EPA-1	Permit Requirement			6.0 (Min.)	SU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1		0	4 DAYS/ WEEK	GRAB
FARM Code 74055 Mon Site No. EPA-1	Permit Requirement			14 (An.Avg.)	#/100ML		4 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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/02/15

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): ON JAN 4, 2006 A EFFLUENT TSS SAMPLE OF 5.2 mg/L OCCURRED. RESAMPLE WAS TAKEN ON JAN 7<sup>th</sup> 2006 RESULTING IN A TSS OF 0.6 mg/L. THIS EXCURSION WE BELIEVE WAS A RESULT OF SAMPLE BEING TAKEN DURING BACKWASH CYCLE OR LAB SAMPLE ERROR. TURBID LEVELS ON JAN 4<sup>th</sup> 2006 INDICATE GOOD QUALITY OF EFFLUENT.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLAD14505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From

JAN 1-06

To

JAN 31-06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Conform, fecal	Sample Measurement				< 1	< 1	< 1		0	4 DAYS WEEK	CORAB
PARM Code 74035 Mon. Site No. BPA-1	Permit Requirement				14 (Mg./person)	43 (Mg.)	86 (lb./day)	MGDL		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0	CONTINUOUS	METER
PARM Code 50080 Mon. Site No. EPA-1	Permit Requirement				1.0 (Mg.)			MGL		Continuous	Meter
Turbidity	Sample Measurement				0.8	1.6	1.2		0	CONTINUOUS	METER
PARM Code 00070 Mon. Site No. SRB-1	Permit Requirement				(MIN)	(MAX)	(MO. AVG)	NTU		Continuous	Meter
Flow	Sample Measurement	0.103							0	5 DAYS WEEK	FLOW METER TOTALIZER
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	(Mg./day)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.103	0.084						0	5 DAYS WEEK	FLOW METER TOTALIZER
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMAD)/Permitted Capacity) x 100	Sample Measurement				0.103				41%	MONTHLY	CALCULATED
PARM Code 00380 Mon. Site No.	Permit Requirement				Report (Mo. Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.08				0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082 Mon. Site No. INR-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				184				0	EVERY TWO WEEKS	8-hour FPC
PARM Code 00530 Mon. Site No. INP-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

PAGE 03

GARTH A

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EAGLE RIDGE

PAGE 03/04



DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number: PLAD14503

Facility: Cross Creek WWTP

Monitoring Period

From: JAN-1-06 To: JAN-31-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Distinct.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74019	00400	30060	00530	00070	30030	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1			6.54	2.4		1.2	.092		
2			6.77	2.2		1.2	.101		
3		< 1	6.54	2.6	0.6	1.4	.094		
4		< 1	6.44	1.8	5.2	1.5	.088		
5		< 1	6.38	2.2	0.6	1.6	.100		
6		< 1	6.32	2.9	2.4	1.4	.099		
7			6.40	2.4	0.6	1.2	.103		
8			6.34	3.7		1.2	.097		
9		< 1	6.35	2.3	0.6	1.4	.099		
10		< 1	6.42	2.2	1.4	1.3	.102		
11	2	< 1	6.34	1.8	1.3	1.1	.095	115	192
12		< 1	6.50	2.3	1.6	1.4	.109		
13			6.58	1.2		1.2	.103		
14			6.96	1.1		1.3	.125		
15			7.05	1.3		1.0	.104		
16		< 1	7.01	3.4	0.7	1.1	.110		
17		< 1	6.98	1.9	0.6	1.1	.103		
18		< 1	6.90	1.6	0.8	1.2	.116		
19		< 1	6.79	1.9	0.6	1.2	.100		
20			6.84	1.4		1.1	.097		
21			6.82	1.5		1.2	.099		
22			6.45	1.6		1.0	.101		
23		< 1	6.67	1.9	0.6	0.9	.100		
24		< 1	6.59	5.0	0.6	0.8	.094		
25	2	< 1	6.68	3.8	0.7	0.8	.097	100	175
26		< 1	6.67	2.9	0.6	1.0	.105		
27			6.58	1.9		1.0	.117		
28			6.58	1.6		1.1	.115		
29			6.62	1.4		1.3	.098		
30		< 1	6.71	2.6	1.3	1.2	.118		
31		< 1	6.61	1.6	1.0	1.0	.118		
Total							3.199		
Mo. Avg.	2	< 1	6.62	2.2	1.1	1.2	.103	108	184

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: C Certificate No: 8922 Name: ISMAEL GARCIA

### CROSS CREEK WASTEWATER SAMPLES - 2006

FDEP REQUIREMENTS			DATE COLLECTED												SAMPLER'S SIGNATURE
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
TSS	IMP-1	EVERY 24HRS	✓												
CSOD	IMP-1	EVERY 24HRS	✓												
TSS	EFF-1	1 DAY/PERK	✓												
CSOD	EFF-1	EVERY 24HRS	✓												
pH	EFF-1	Daily	✓												
FECAL	EFF-1	4 DAY/PERK	✓												
SLUDGE*		ANNUAL													
MONITORING WELLS		QUARTERLY													

**MONITORING LOCATIONS**

- IMP-1 = Influent Pumped from Lift Station to Barge Tank Prior to Effluent Mixing
- EFF-1 = Outlet Well of CHLORINE CONTACT CHAMBER Prior to Reuse Storage
- EFF-2 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION
- SLUDGE\* = GRAB SAMPLES FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**

- IMP-1, TSS/CSOD = 8-HOUR FLOW PROPORTIONED COMPOSITE
- EFF-1, CSOD = 8-HOUR FLOW PROPORTIONED COMPOSITE
- EFF-1, FECAL = GRAB
- EFF-1, TSS = GRAB
- EFF-1, pH = GRAB

**SPECIAL CONDITIONS**

OMN ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**

- JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005
- APR. 1, 2005 - JUN. 30, 2005 - DUE JULY 28, 2005
- JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005
- OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMI-ANNUAL:**

MAY 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**

JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006, Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.

FILE COPY

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL 33902-2549

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 200 Weatherfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014525

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 1305D Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From Feb 1-06 To Feb 28-06

6/4

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in cwhr in or thru treatment plant	Sample Measurement	0.115				0		
PARM Code 5005D	Permit Requirement	0.24	MGD					
Mon Site No.	Sample Measurement	(Mo. Avg.)						
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 800E2	Permit Requirement			20.0	MGL		Every Two Weeks	8-hour FPC
Mon Site No. EPA-J	Sample Measurement			(An. Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 800E2	Permit Requirement			Report	MGL		Every Two Weeks	8-hour FPC
Mon Site No. EPA-I	Sample Measurement			(No. Avg.)				
Solids, Total Suspended	Sample Measurement			1.1		0	4 DAYS/ WEEK	GRAB
PARM Code G8530	Permit Requirement			5.0	MGL		4 Days/Week	Grab
Mon Site No. EPB-1	Sample Measurement			(Max.)				
pH	Sample Measurement			6.25		0	5 DAYS/ WEEK	GRAB
PARM Code U0400	Permit Requirement			6.0	STU		5 Days/Week	Grab
Mon Site No. EPA-J	Sample Measurement			6.69				
Coliform, Fecal	Sample Measurement			< 1		0	4 DAYS/ WEEK	GRAB
PARM Code 74055	Permit Requirement			14	F100M/L		4 Days/Week	Grab
Mon Site No. EPA-J	Sample Measurement			(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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/03/13

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

PAGE 02

GARTH A

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EAGLE RIDGE

PAGE 01/05

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLAD14505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From

FEB 1-06

To

FEB 28-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
				< 1	< 1	< 1				
Coliform, Fecal PARM Code 74055 Mon. Site No. EPA-1	Sample Measurement			< 1	< 1	< 1	#/DOWL	0	4 DAYS WEEK	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon. Site No. EPA-1	Sample Measurement			1.0			MGL	0	CONTINUOUS	METER
Turbidity PARM Code 60070 Mon. Site No. EPA-1	Sample Measurement			0.6	1.3	0.9	NTU	0	CONTINUOUS	METER
Flow PARM Code 50060 Mon. Site No. FLW-1	Sample Measurement	0.109	MGD					0	5 DAYS WEEK	FLOW METER TOTALIZER
Flow PARM Code 50060 Mon. Site No. FLW-1	Sample Measurement	0.115	MGD	0.098				0	5 DAYS WEEK	FLOW METER TOTALIZER
Percent Capacity, (TMADP/Permitted Capacity) x 100 PARM Code 00980 Mon. Site No.	Sample Measurement			0.115			PER-CENT	0	MONTHLY	CALCULATED
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. INF-1	Sample Measurement			101			MGL	0	EVERY TWO WEEKS	8-hour PPC
Solids, Total Suspended PARM Code 00530 Mon. Site No. INF-1	Sample Measurement			156			MGL	0	EVERY TWO WEEKS	8-hour PPC

DAILY SAMPLE RESULTS - PART B DATA

Permit Number: FLA014503  
Monitoring Period: From: FEB 1-06 To: FEB 28-06

Facility: Cross Creek WWTP

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	PLW-1	INF-1	INF-1
1		< 1	6.37	1.9	0.6	0.9	.100		
2		< 1	6.35	2.5	0.6	1.1	.107		
3			6.33	1.9		1.0	.115		
4			6.25	2.5		1.2	.122		
5			6.30	1.6		1.1	.117		
6			6.29	2.0		1.0	.123		
7		< 1	6.35	4.7	0.8	1.2	.114		
8	Z	< 1	6.42	1.7	1.1	1.3	.134	98	154
9		< 1	6.50	1.5	0.9	1.1	.117		
10		< 1	6.39	1.6	0.9	1.2	.114		
11			6.43	1.6		1.3	.118		
12			6.50	1.6		1.2	.132		
13		< 1	6.51	1.8	0.8	0.9	.136		
14		< 1	6.58	2.0	0.8	0.6	.125		
15		< 1	6.50	1.6	1.1	1.0	.118		
16		< 1	6.44	1.7	0.6	1.1	.112		
17			6.51	2.2		1.0	.106		
18			6.47	1.7		0.9	.106		
19			6.37	1.6		0.8	.105		
20		< 1	6.48	1.5	0.6	0.6	.114		
21		< 1	6.61	1.3	0.6	0.6	.111		
22	Z	< 1	6.69	2.6	0.6	0.8	.111	103	157
23		< 1	6.64	2.0	0.9	1.0	.111		
24			6.57	2.7		0.7	.104		
25			6.39	2.4		0.6	.116		
26			6.46	2.0		0.6	.113		
27		< 1	6.47	1.0	0.6	0.8	.112		
28		< 1	6.41	1.5	0.6	0.7	.103		
29									
30									
31									
Total							3.221		
Mo. AVG	Z	< 1	6.45	2.0	0.8	0.9	.115	101	156

PLANT STAFFING:  
Day Shift Operator  
Evening Shift Operator  
Night Shift Operator  
Lead Operator

Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Class: C Certificate No: 8922 Name: ISMAEL GARCIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL 33902-2549

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: MARCH 1-06 To: MARCH 31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow in conduit or thru treatment plant PARM Code 50050 Mon Site No.	Sample Measurement	0.106				0		
	Permit Requirement	0.24 (Mo. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon Site No. BFA-1	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
	Permit Requirement			20.0 (Mo. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon Site No. BFA-1	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
	Permit Requirement			Report (Mo. Avg.) 80.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids Total Suspended PARM Code 00530 Mon Site No. BFB-1	Sample Measurement			0.8		0	4 DAYS/ WEEK	GRAB
	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH PARM Code 00400 Mon Site No. BFA-1	Sample Measurement			6.37		0	5 DAYS/ WEEK	GRAB
	Permit Requirement			6.0 (Min.) 8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Mon Site No. BFA-1	Sample Measurement			< 1		0	4 DAYS/ WEEK	GRAB
	Permit Requirement			14 (Mo. Avg.)	CF/100ML		4 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 (MM/YY/AMM)

Ismael Garcia

*[Signature]*

239-561-2713

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

PAGE 02/05

EAGLE RIDGE

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**CROSS CREEK  
WASTEWATER SAMPLES - 2005**

PERMIT REQUIREMENTS			DATE COLLECTED												SAMPLERS SIGNATURE	
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC		
TSS	INF-1	EVERY, 24HRS			✓											<i>A. Gamm</i>
CBOD	INF-1	EVERY, 24HRS			✓											<i>A. Gamm</i>
TSS	EPT-1	4 DRYWET			✓											<i>A. Gamm</i>
CBOD	EPT-1	EVERY, 24HRS			✓											<i>A. Gamm</i>
pH	EPT-1	Daily			✓											<i>A. Gamm</i>
FECAL	EPT-1	4 DRYWET			✓											<i>A. Gamm</i>
SLUDGE*		ANNUAL														<i>A. Gamm</i>
MONITORING WELLS		QUARTERLY														

**MONITORING LOCATIONS**

INF-1 = EFFLUENT Pumped from Lift Station to Surge Tank Prior to Side Stream Mixing  
 EPT-1 = Outlet Well of CHLORINE CONTACT CHAMBER Prior to Resuspension Storage  
 PFT-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE\* - SLUDGE SAMPLES FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**

INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EPT-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EPT-1, FECAL = GRAB  
 EPT-1, TSS = GRAB  
 EPT-1, pH = GRAB

**SPECIAL CONDITIONS:**

DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**

JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMIANNUAL:**

JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**

JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006, Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY.  
 THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.



DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number: FLAD14505

Facility: Cross Creek WWTP

Monitoring Period: From: MARCH 1-06 To: MARCH 31-06

Code	CRODS (MGL)	Focal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Defaect.) (MGL)	TSS (MGL)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MGL)	TSS (MGL)
Mon Site	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	FLW-1	INF-1	INF-1
1		< 1	6.50	1.3	0.6	1.0	.107		
2		< 1	6.57	1.4	0.6	0.8	.107		
3			6.56	2.6		1.0	.100		
4			6.49	3.0		0.7	.103		
5			6.51	5.0		0.6	.101		
6		< 1	6.53	2.9	0.6	0.8	.109		
7		< 1	6.61	2.0	0.6	0.6	.106		
8	Z	< 1	6.52	3.0	0.6	1.0	.104	161	266
9		< 1	6.60	1.4	0.6	1.0	.101		
10			6.69	1.9		0.4	.095		
11			6.65	1.6		0.8	.107		
12			6.37	6.2		0.6	.099		
13		< 1	6.44	2.8	0.6	0.6	.107		
14		< 1	6.65	3.2	0.6	0.8	.102		
15		< 1	6.59	2.6	0.6	0.6	.105		
16		< 1	6.63	4.8	0.6	0.4	.103		
17			6.71	5.0		0.4	.102		
18			6.73	5.0		0.4	.110		
19			6.65	5.0		0.4	.102		
20		< 1	6.67	2.2	0.6	0.9	.114		
21		< 1	6.71	1.6	0.8	1.0	.101		
22	Z	< 1	6.75	2.0	0.6	1.0	.107	86	140
23		< 1	6.67	1.8	0.6	1.1	.102		
24			6.71	1.8		0.6	.115		
25			6.48	1.6		0.4	.117		
26			6.52	1.4		0.8	.115		
27		< 1	6.68	1.5	0.7	1.0	.116		
28		< 1	6.73	1.2	0.8	1.0	.109		
29		< 1	6.72	1.1	0.6	1.1	.103		
30		< 1	6.75	1.0	0.6	0.4	.104		
31			6.81	1.2		0.3	.105		
Total							3.278		
Av. Avg	Z	< 1	6.62	2.4	0.6	0.7	.106	124	203

LAB STAFFING:

Day Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator: Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART 1

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

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

PERMIT NUMBER: FLAD14505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: APRIL 1-06 To: APRIL 30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Mon. Site No. I	Sample Measurement	0.083				0		
	Permit Requirement	0.24 (Mo. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EPA-1 Y	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
	Permit Requirement			20.0 (An. Avg.)	MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EPA-1 I	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
	Permit Requirement			Report 60.0 (Mo. Avg.) (Max.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFB-1 I	Sample Measurement			0.7		0	4 DAYS/ WEEK	GRAB
	Permit Requirement			5.0 (Max.)	MGL		4 Days/Week	Grab
pH PARM Code 00400 Mon. Site No. EPA-1 I	Sample Measurement			6.27		0	5 DAYS/ WEEK	GRAB
	Permit Requirement			6.0 (Min.)	8.5 (Max.)	STI	5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EPA-1 Y	Sample Measurement			<		0	4 DAYS/ WEEK	GRAB
	Permit Requirement			14 (An. Avg.)	#/100ML		4 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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/05/15

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

ON APRIL 27<sup>th</sup> 2006 PLANT WAS SHUT DOWN AND CLARIFIER DRAINED FOR FLIGHT CHAIN REPAIR. INFLUENT FLOW WAS STORED IN SURGE TANK. NO EFFLUENT FLOW ON APRIL 27<sup>th</sup>, 2006. PLANT WAS BACK ON LINE ON APRIL 28<sup>th</sup>, 2006.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER R-001

MONITORING PERIOD

From:

April 1-06

To

April 30-06

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Cofiform, Fecal	Sample Measurement			< 1	< 1	< 1		0	4 DAYS WEEK	GRAB	
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement			14 (Mo. Median)	43 (90%)	86 (Max.)	#/100ML		4 Days/Week	Grab	
Total Residual Chlorine (for Disinfection)	Sample Measurement			1.1				0	CONTINUOUS	METER	
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			1.0 (Min.)			MGR.		Continuous	Meter	
Turbidity	Sample Measurement			0.2	1.1	0.6		0	CONTINUOUS	METER	
PARM Code 00070 1 Mon. Site No. EPB-1	Permit Requirement			(MIN)	(MAX)	(MO. AVG)	NFU		Continuous	Meter	
Flow	Sample Measurement	0.102						0	5 DAYS WEEK	FLOW METER TOTALIZER	
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.285 (Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers	
Flow	Sample Measurement	0.083	0.101					0	5 DAYS WEEK	FLOW METER TOTALIZER	
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Flow meters and totalizers	
Percent Capacity, (FMADR/Permitted Capacity) x 100	Sample Measurement			0.083				33%	0	MONTHLY	CALCULATED
PARM Code 00180 Mon. Site No.	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated	
ROD, Carbonaceous 5 day, 20C	Sample Measurement			235				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC	
Sulfide, Total Suspended	Sample Measurement			211				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC	
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

PAGE 07/08

EAGLE RIDGE

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DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period

From: April 1-06 To: April 30-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Circle	80082	74035	00400	50000	00530	00070	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EPA-1	EPA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1			6.80	5.0		0.2	.093		
2			6.75	5.0		0.3	.095		
3		< 1	6.77	3.0	0.6	0.6	.103		
4		< 1	6.62	4.0	0.6	0.4	.094		
5	2	< 1	6.59	2.2	0.6	0.4	.096	145	157
6		< 1	6.64	2.9	0.6	0.8	.093		
7			6.56	2.0		1.0	.087		
8			6.55	2.5		0.9	.084		
9			6.69	2.1		1.1	.082		
10		< 1	6.52	1.5	0.6	0.8	.087		
11		< 1	6.56	1.9	0.6	0.8	.090		
12		< 1	6.40	5.0	0.7	0.2	.080		
13		< 1	6.51	4.0	0.6	0.2	.081		
14			6.27	5.0		0.2	.083		
15			6.32	5.0		0.6	.084		
16			6.35	1.6		0.6	.080		
17		< 1	6.42	2.8	0.6	0.8	.089		
18		< 1	6.50	4.1	0.6	0.6	.081		
19	2	< 1	6.62	3.1	0.6	0.5	.082	324	264
20		< 1	6.67	2.0	0.6	0.4	.078		
21			6.68	2.5		0.4	.080		
22			6.67	2.5		0.5	.079		
23			6.65	2.1		0.6	.077		
24		< 1	6.59	1.8	0.6	0.6	.076		
25		< 1	6.68	1.8	0.6	0.8	.073		
26		< 1	6.59	1.1	0.6	0.8	.071		
27							.073		
28		< 1	6.77	1.1	0.7	0.4	.071		
29			6.68	1.5		0.6	.072		
30			6.66	1.5		0.8	.068		
31									
Total							2.482		
Mo. Avg.	2	< 1	6.59	2.8	0.6	0.6	0.083	235	211

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: C Certificate No: 8922 Name: Ismael Garcia

### CROSS CREEK WASTEWATER SAMPLES - 2005

PERMIT REQUIREMENTS			DATE COLLECTED												SAMPLERS SIGNATURE
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
TSS	INF-1	EVERY, 2WKS				✓									<i>of Coran</i>
CBOD	INF-1	EVERY, 2WKS				✓									<i>of Coran</i>
TSS	EFF-1	4 DAYS/WEK				✓									<i>of Coran</i>
CBOD	EFF-1	EVERY, 2WKS				✓									<i>of Coran</i>
pH	EFF-1	Daily				✓									
FECAL	EFF-1	4 DAYS/WEK				✓									
SLUDGE*		ANNUAL													
MONITORING WELLS		QUARTERLY													

**MONITORING LOCATIONS**

INF-1 = INFLUENT Pumped from LRT Station to Surge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet Weir of CHLORINE CONTACT CHAMBER Prior to Resue Storage  
 PFI-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE\* = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**

INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, FECAL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, pH = GRAB

**SPECIAL CONDITIONS:**

DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**

JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMIANNUAL:**

JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**

JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006, Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY.  
 THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report for: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL 33902-2549

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 200 Weatherfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: April 1-06 To: April 30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.083				0		
PARM Code 50050	Permit Requirement	0.24 (Mo. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-HOUR FPC
PARM Code 80082	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-HOUR FPC
PARM Code 80082	Permit Requirement			Report (Mo. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.7		0	4 DAYS/ WEEK	GRAB
PARM Code 08530	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.27		0	5 DAYS/ WEEK	GRAB
PARM Code 00400	Permit Requirement			6.0 (Min.)	SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1		0	4 DAYS/ WEEK	GRAB
PARM Code 74055	Permit Requirement			14 (An. Avg.)	#/100ML		4 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 (YYMMDD)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/05/15

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

ON APRIL 27<sup>th</sup> 2006 PLANT WAS SHUT DOWN AND CLARIFIER DRAINED FOR FLIGHT CHAIN REPAIR. INFLUENT FLOW WAS STORED IN SURGE TANK. NO EFFLUENT FLOW ON APRIL 27<sup>th</sup>, 2006. PLANT WAS BACK ON LINE ON APRIL 28<sup>th</sup>, 2006.

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER R-001

MONITORING PERIOD

From

April 1-06

To

April 30-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 I Mon. Site No. EPA-1	Sample Measurement				< 1	< 1	< 1		0	4 DAYS WEEK	CORAB
	Permit Requirement				14 (Mo. Median)	45 (90%)	86 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon. Site No. EPA-1	Sample Measurement				1.1				0	CONTINUOUS	METER
	Permit Requirement				1.0 (Min.)			MGL		Continuous	Meter
Turbidity PARM Code 60070 I Mon. Site No. EFB-1	Sample Measurement				0.2	1.1	0.6		0	CONTINUOUS	METER
	Permit Requirement				(MIN)	(MAX)	(MD AVG)	NFU		Continuous	Meter
Flow PARM Code 50050 Y Mon. Site No. FLW-1	Sample Measurement	0.102							0	5 DAYS WEEK	FLOW METER TOTALIZER
	Permit Requirement	1.249 (All Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 P Mon. Site No. FLW-1	Sample Measurement	0.083	0.101						0	5 DAYS WEEK	FLOW METER TOTALIZER
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00380 Mon. Site No.	Sample Measurement				0.083			33%	0	MONTHLY	CALCULATED
	Permit Requirement				Report (Mo. Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INP-1	Sample Measurement				235				0	EVERY TWO WEEKS	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INP-1	Sample Measurement				211				0	EVERY TWO WEEKS	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number FLA014505

Facility: Cross Creek WWTP

Monitoring Period

From: April 1-06 To: April 30-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SI)	TRC (For Disinfect) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)		
Code	80082	74055	00400	50060	00530	00070	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1		
1			6.80	5.0		0.2	.093				
2			6.75	5.0		0.3	.095				
3		< 1	6.77	3.0	0.6	0.6	.103				
4		< 1	6.62	4.0	0.6	0.4	.094				
5	2	< 1	6.59	2.2	0.6	0.4	.096	145	157		
6		< 1	6.64	2.9	0.6	0.8	.093				
7			6.56	2.0		1.0	.087				
8			6.55	2.5		0.9	.084				
9			6.69	2.1		1.1	.082				
10		< 1	6.52	1.5	0.6	0.8	.087				
11		< 1	6.56	1.9	0.6	0.8	.090				
12		< 1	6.40	5.0	0.7	0.2	.080				
13		< 1	6.51	4.0	0.6	0.2	.081				
14			6.27	5.0		0.2	.083				
15			6.32	5.0		0.6	.084				
16			6.35	1.6		0.6	.080				
17		< 1	6.42	2.8	0.6	0.8	.089				
18		< 1	6.50	4.1	0.6	0.6	.081				
19	2	< 1	6.62	3.1	0.6	0.5	.082	324	264		
20		< 1	6.67	2.0	0.6	0.4	.078				
21			6.68	2.5		0.4	.080				
22			6.67	2.5		0.5	.079				
23			6.65	2.1		0.6	.077				
24		< 1	6.59	1.8	0.6	0.6	.076				
25		< 1	6.68	1.8	0.6	0.8	.078				
26		< 1	6.59	1.1	0.6	0.8	.071				
27							.073				
28		< 1	6.77	1.1	0.7	0.4	.071				
29			6.68	1.5		0.6	.072				
30			6.66	1.5		0.8	.068				
31											
Total							2.482				
Mo. Avg.	2	< 1	6.59	2.8	0.6	0.6	0.083	235	211		

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: C Certificate No: 8922 Name: Ismael GARCIA



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL 33902-2549

FILE COPY

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
LOCATION: 13050 Cross Creek Blvd.  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: MAY 1-06 To: MAY 31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Mon. Site No.	Sample Measurement Permit Requirement	0.054 0.24 (Mo. Avg.)				0		
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EPA-1	Sample Measurement Permit Requirement			2 20.0 (An. Avg.)		0	EVERY TWO WEEKS	8-hour FPC 8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EPA-1	Sample Measurement Permit Requirement			2 Report (Mo. Avg.)	60.0 (Max.)	0	EVERY TWO WEEKS	8-hour FPC 8-hour FPC
Solids, Total Suspended PARM Code 00530 Mon. Site No. EPA-1	Sample Measurement Permit Requirement			1.7 5.0 (Max.)		0	4 DAYS / WEEK	GRAB Grab
pH PARM Code 00400 Mon. Site No. EPA-1	Sample Measurement Permit Requirement			6.41 6.0 (Min.)	6.74 8.5 (Max.)	0	5 DAYS / WEEK	GRAB Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EPA-1	Sample Measurement Permit Requirement			< 1 14 (An. Avg.)		0	4 DAYS / WEEK	GRAB 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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/06/19

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): THE MAY 18<sup>th</sup>, 2006 INF COMPOSITE SAMPLE RESULTS < 49 (NO DEPLETION) RESAMPLE WAS TAKEN ON MAY 25<sup>th</sup> RESULTING IN 170 ms/L

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLAD14505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From

MAY 1-06

To

MAY 31-06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality of Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
					< 1	< 1	< 1					
Cotiform. Fecal	Sample Measurement				< 1	< 1	< 1		0	4 DAYS WEEK	CORAB	
PARM Code 74055 Mon Site No. EPA-1	Permit Requirement				14 (Mo. Median)	45 (90%)	85 (Max.)	#/100ML		4 Days/Week	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0	CONTINUOUS	METER	
PARM Code 50060 Mon Site No. EPA-1	Permit Requirement				1.0 (Min.)			MCL		Continuous	Meter	
Turbidity	Sample Measurement				0.4	1.8	1.1		0	CONTINUOUS	METER	
PARM Code 80070 Mon Site No. EPA-1	Permit Requirement				(MIN)	(MAX)	(MO AVG)	NTU		Continuous	Meter	
Flow	Sample Measurement	0.092							0	5 DAYS WEEK	FLOWMETER TOTALIZER	
PARM Code 50050 Mon Site No. FLW-1	Permit Requirement	0.288 (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers	
Flow	Sample Measurement	0.054	0.081						0	5 DAYS WEEK	FLOWMETER TOTALIZER	
PARM Code 50050 Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers	
Percent Capacity, (IMAD)/Permitted Capacity) x 100	Sample Measurement				0.054				22%	0	MONTHLY	CALCULATED
PARM Code 00180 Mon Site No.	Permit Requirement				Report (Mo. Total) %				PER. CNT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				140				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 80082 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC	
Solids, Total Suspended	Sample Measurement				194				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 00530 Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MG/L		Every Two Weeks	8-hour FPC	
	Sample Measurement											
	Permit Requirement											

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DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number FLAD14505

Facility: Cross Creek WWTP

Monitoring Period From MAY 1-06 To MAY 31-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)		
Code	80082	74055	00400	50060	00530	00070	50050	80082	00530		
Mon. Site	EPA-1	EFA-1	EFA-1	EFA-1	EPB-1	BFB-1	FLW-1	INF-1	INF-1		
1		< 1	6.61	1.2	0.6	0.8	.066				
2		< 1	6.52	3.9	0.6	1.0	.063				
3	Z	< 1	6.56	2.0	0.6	1.0	.060	109	142		
4		< 1	6.49	2.0	0.6	1.1	.062				
5			6.47	2.7		1.3	.060				
6			6.44	1.1		1.2	.061				
7			6.46	2.1		1.6	.062				
8		< 1	6.42	3.4	0.8	1.7	.059				
9		< 1	6.42	1.1	0.6	1.8	.057				
10		< 1	6.46	2.0	0.6	1.6	.053				
11		< 1	6.53	2.0	0.6	1.8	.052				
12			6.64	3.0		1.6	.050				
13			6.62	1.8		1.2	.056				
14			6.41	1.1		1.4	.053				
15		< 1	6.55	1.1	0.8	1.4	.056				
16		< 1	6.52	1.7	0.6	1.2	.060				
17		< 1	6.49	1.1	1.4	1.0	.060				
18	Z	< 1	6.57	2.6	0.6	0.8	.056	< 49	189		
19			6.60	5.0		0.6	.051				
20			6.58	4.0		0.5	.059				
21			6.63	2.0		0.4	.056				
22		< 1	6.71	1.4	0.7	0.8	.049				
23		< 1	6.74	2.8	1.7	1.0	.047				
24		< 1	6.68	2.0	0.6	0.8	.046				
25		< 1	6.67	1.6	0.6	0.8	.045	170	250		
26			6.66	1.5		0.8	.046				
27			6.67	1.8		0.9	.044				
28			6.64	1.6		1.0	.045				
29			6.65	1.9		0.8	.047				
30		< 1	6.62	1.4	0.6	1.0	.045				
31		< 1	6.53	2.9	0.6	0.8	.046				
Total							1.672				
Mo. Avg.	Z	< 1	6.57	2.1	0.7	1.1	0.054	140	194		

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: C Certificate No: 8922 Name: ISMAEL GARCIA

674

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

FILE COPY

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

PERMIT NUMBER: FLA014505

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Lee

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: June 1-06 To: June 30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.045				0		
PARM Code 50050 Mon. Site No.	Permit Requirement	0.24 (Max. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-HOUR FPC
PARM Code 80082 Mon. Site No. EPA-I	Permit Requirement			20.0 (Max. Avg.)	MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-HOUR FPC
PARM Code 80082 Mon. Site No. EPA-I	Permit Requirement			Report (Max. Avg.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.6		0	4 DAYS / WEEK	GRAB
PARM Code 09530 Mon. Site No. EFB-I	Permit Requirement			5.0 (Max.)	MGL		4 Days/Week	Grab
pH	Sample Measurement			6.53		0	5 DAYS / WEEK	GRAB
PARM Code 00400 Mon. Site No. EPA-I	Permit Requirement			6.0 (Min.)	SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1		0	4 DAYS / WEEK	GRAB
PARM Code 74055 Mon. Site No. EPA-I	Permit Requirement			14 (Max. Avg.)	#/100ml		4 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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/07/17

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

PAGE 02/11

EAGLE RIDGE

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07/27/2006



DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number

FLA014505

Facility: Cross Creek WWTP

Monitoring Period

From: June 1-06

To: June 30-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)		
Code	B0082	74055	00400	50060	00530	00070	50050	80082	00530		
Mon. Site	BFA-1	EPA-1	EPA-1	EPA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1		
1	2	<1	6.55	2.5	0.6	0.8	.045	244	184		
2		<1	6.53	2.4	0.6	0.9	.039				
3			6.62	1.6		0.8	.043				
4			6.59	2.4		0.6	.049				
5		<1	6.57	2.4	0.6	0.6	.047				
6		<1	6.67	2.0	0.6	0.6	.041				
7		<1	6.61	1.0	0.6	0.6	.047				
8		<1	6.53	1.1	0.6	0.6	.047				
9			6.55	1.1		0.5	.048				
10			6.57	1.6		0.4	.043				
11			6.58	3.9		0.4	.045				
12		<1	6.60	1.1	0.6	0.4	.045				
13		<1	6.57	1.5	0.6	0.5	.046				
14	2	<1	6.67	1.5	0.6	0.8	.041	239	132		
15		<1	6.65	1.2	0.6	0.4	.040				
16			6.71	2.1		0.4	.042				
17			6.68	1.5		0.4	.044				
18			6.70	1.2		0.4	.043				
19		<1	6.67	2.0	0.6	0.7	.045				
20		<1	6.75	3.1	0.6	1.0	.047				
21		<1	6.69	1.1	0.6	1.0	.050				
22		<1	6.67	1.6	0.6	0.8	.048				
23			6.67	3.0		0.4	.046				
24			6.65	1.0		0.4	.048				
25			6.68	1.5		0.3	.052				
26		<1	6.59	2.3	0.6	0.5	.049				
27		<1	6.64	2.6	0.6	0.6	.044				
28	2	<1	6.65	2.1	0.6	0.6	.042	154	171		
29		<1	6.60	1.5	0.6	1.0	.044				
30			6.57	1.4		0.6	.042				
31											
Total							1.352				
Mo. Avg.	2	<1	6.63	1.8	0.6	0.6	0.045	212	162		

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: C Certificate No: 8922 Name: ISMAEL GARCIA

## CROSS CREEK WASTEWATER SAMPLES - 2005

PERMIT REQUIREMENTS			DATE COLLECTED												SAMPLERS SIGNATURE
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
TSS	INF-1	EVERY 2-HRS						✓							<i>A Logan</i>
CBOD	INF-1	EVERY 2-HRS						✓							<i>A Logan</i>
TSS	EFF-1	4 DAYS/WEEK						✓							<i>A Logan</i>
CBOD	EFF-1	EVERY 2-HRS						✓							<i>A Logan</i>
pH	EFF-1	Daily						✓							<i>A Logan</i>
FECAL	EFF-1	4 DAYS/WEEK						✓							<i>A Logan</i>
SLUDGE		ANNUAL													<i>A Logan</i>
MONITORING WELLS		QUARTERLY													

### MONITORING LOCATIONS

INF-1 = INFLUENT Pumped from Lift Station to Surge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet West of CHLORINE CONTACT CHAMBER Prior to Basin Storage  
 PFT-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLE FOR METALS

### SAMPLE TYPE

INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, FECAL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, pH = GRAB

### SPECIAL CONDITIONS:

DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

### QUARTERLY SAMPLING:

JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

### SEMI-ANNUAL:

JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

### ANNUAL:

JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006. Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY.  
 THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

674

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

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

PERMIT NUMBER

FLA01-005

FILE COPY

LIMIT:  
 CLASS SIZE:

Final  
 N/A

REPORT  
 GROUP:

Monthly  
 Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER:  
 MONITORING GROUP DESC:

R-001  
 including Inflow

COUNTY: Lee

NO DISCHARGE FROM SITE

MONITORING PERIOD From: July 1-06 To: July 31-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in cubic ft for treatment plant	Sample Measurement	0.047				0		
PARM Code 50050	Permit Requirement	0.24 (Mo. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082	Permit Requirement			Report (Mo. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			0.9		0	4 DAYS/ WEEK	GRAB
PARM Code 00530	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.60		0	5 DAYS/ WEEK	GRAB
PARM Code 00400	Permit Requirement			6.0 (Min.)	SD		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement			< 1		0	4 DAYS/ WEEK	GRAB
PARM Code 74055	Permit Requirement			14 (An. Avg.)	*/100ML		4 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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/08/15

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

18/16/2006 11:13

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EAGLE RIDGE

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DISCHARGE MONITORING REPORT - PART A (CONTINUED)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From July 1-06 To July 31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement				< 1	< 1	< 1		0	4 DAYS WEEK	GRAB	
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				14 (Mo. Median)	43 (90%)	86 (Max.)	#100ML		4 Days/Week	Grab	
Total Residual Chlorine (for Disinfection)	Sample Measurement				1.0				0	CONTINUOUS	METER	
PARM Code 50060 Mon. Site No. EPA-1	Permit Requirement				1.0 (Min.)			MGL		Continuous	Meter	
Turbidity	Sample Measurement				0.3	1.6	0.8		0	CONTINUOUS	METER	
PARM Code 60070 Mon. Site No. EFB-1	Permit Requirement				(MIN)	(MAX)	(MO AVG)	NTU		Continuous	Meter	
Flow	Sample Measurement	0.079							0	5 DAYS WEEK	FLOW METER TOTALIZER	
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.079 (Mo. Avg.)		MGD						5 Days/Week	Flow meters and totalizers	
Flow	Sample Measurement	0.047	0.049						0	5 DAYS WEEK	FLOW METER TOTALIZER	
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers	
Percent Capacity (TMAD/Permitted Capacity) x 100	Sample Measurement				0.047				19%	0	MONTHLY	CALCULATED
PARM Code 00180 Mon. Site No.	Permit Requirement				Report (Mo. Total)				PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				74				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 30082 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC	
Solids, Total Suspended	Sample Measurement				150				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

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EAGLE RIDGE

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CROSS CREEK WASTEWATER SAMPLES - 2006															
PERMIT REQUIREMENTS			DATE COLLECTED										SAMPLERS SIGNATURE		
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
TSS	INF-1	EVERY, 3-WKS							✓						<i>J. Coan</i>
COD	INF-1	EVERY, 3-WKS							✓						<i>J. Coan</i>
TSS	EFF-1	4 DAYS/WEEK							✓						<i>J. Coan</i>
COD	EFF-1	EVERY, 2-WKS							✓						<i>J. Coan</i>
PH	EFF-1	Daily							✓						<i>J. Coan</i>
PCAL	EFF-1	4 DAYS/WEEK							✓						<i>J. Coan</i>
SLUDGE <sup>1</sup>		ANNUAL													
MONITORING WELLS		QUARTERLY													

**MONITORING LOCATIONS**  
 INF-1 = INFLUENT Pumped from Lift Station to Surge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet West of CHLORINE CONTACT CHAMBER Prior to Reuse Storage  
 PFI-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE<sup>1</sup> - GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**  
 INF-1, TSS/COD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, COD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, PCAL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, PH = GRAB

**SPECIAL CONDITIONS:**  
 DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**  
 JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMI-ANNUAL:**  
 JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**  
 JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006, Refer to permit for sample types.

**QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.**

DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number

FLA014505

Facility

Cross Creek WWTP

Monitoring Period

From: July 1-06

To: July 31-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)		
Code	80082	74055	00400	50060	00530	00070	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1		
1			6.69	1.5		1.1	.046				
2			6.63	1.4		1.2	.053				
3		< 1	6.71	1.0	0.6	0.5	.046				
4			6.71	4.5		0.3	.049				
5		< 1	6.75	1.6	0.6	0.4	.046				
6		< 1	6.77	1.0	0.6	0.4	.050				
7		< 1	6.74	1.4	0.6	0.4	.054				
8			6.75	2.4		0.4	.051				
9			6.76	2.0		0.4	.053				
10		< 1	6.69	2.0	0.6	0.6	.051				
11		< 1	6.71	1.0	0.6	1.0	.048				
12	2	< 1	6.69	2.6	0.6	0.5	.049	50	130		
13		< 1	6.72	2.5	0.6	0.6	.048				
14			6.70	1.9		0.6	.053				
15			6.77	1.9		0.6	.053				
16			6.68	1.8		0.9	.050				
17			6.72	1.9	0.6	1.0	.048				
18			6.72	1.4	0.6	0.8	.048				
19			6.73	3.2	0.6	1.0	.047				
20			6.68	3.2	0.9	1.1	.049				
21			6.70	2.0		1.2	.040				
22			6.72	2.8		1.6	.045				
23			6.70	2.0		1.1	.051				
24	2	< 1	6.72	1.9	0.6	0.8	.046	97	170		
25		< 1	6.66	1.8	0.6	0.6	.040				
26		< 1	6.71	2.0	0.7	0.7	.041				
27		< 1	6.82	2.0	0.6	0.6	.041				
28			6.77	1.8		1.3	.044				
29			6.78	1.4		0.9	.040				
30			6.72	1.4		0.9	.044				
31		< 1	6.60	1.0	0.6	1.0	.041				
Total							1.465				
Mo. Avg	2	< 1	6.72	1.9	0.6	0.8	0.047	74	150		

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: C Certificate No: 8922 Name: ISMAEL GARCIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

674

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL 33902-2549

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 100 Weathersfield Ave.  
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014305

FILE COPY

FACILITY LOCATION: Cross Creek WWTP  
 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Lee

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: Aug 1-06 To: Aug 31-06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Permit Requirement	Sample Measurement		Permit Requirement	Sample Measurement	Permit Requirement				
Flow, in cubic ft. thru treatment plant PARM Code 56050 Mon. Site No. I	0.041	0.24 (Mo. Avg.)		MGD				0			
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EFA-1 Y					2	20.0 (An. Avg.)		0	Every Two Weeks	8-hour FPC	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EFA-1					2	60.0 (Max.)		0	Every Two Weeks	8-hour FPC	8-hour FPC
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFB-1					0.9	3.0 (Max.)		0	4 DAYS/ WEEK	GRAB	Grab
pH PARM Code 00400 Mon. Site No. EFA-1					6.62	6.96		0	4 DAYS/ WEEK	GRAB	Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1 Y					< 1	14 (An. Avg.)		0	4 DAYS/ WEEK	GRAB	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 <b>ISMAEL GARCIA</b>	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT <i>Ismael Garcia</i>	TELEPHONE NO 239-561-2713	DATE (YY/MM/DD) 06/09/15
---	--	------------------------------	-----------------------------

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

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLAD 4505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From:

Aug 1-06

To:

Aug 31-06

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				< 1	< 1	< 1		0	4 DAYS	CORAB
PARM Code 74035 Mon. Site No. BFA-1	Permit Requirement				14 (Mo. Median)	43 (90%)	86 (Max.)	3/100ML		4 Day/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0				0	CONTINUOUS	METER
PARM Code 50060 Mon. Site No. BFA-1	Permit Requirement				1.0 (Min.)			MGL		Continuous	Meter
Turbidity	Sample Measurement				0.2	1.1	0.6		0	CONTINUOUS	METER
PARM Code 60070 Mon. Site No. BFB-1	Permit Requirement				(MIN)	(MAX)	(MO. AVG)	NTP		Continuous	Meter
Flow	Sample Measurement	0.075							0	5 DAYS	FLOWMETER
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.249 (3-Mo. Avg.)		MGD						5 Days/Week	TOTALIZER
Flow	Sample Measurement	0.041	0.041						0	5 DAYS	FLOWMETER
PARM Code 50030 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	TOTALIZER
Percent Capacity. (TMADP/Permitted Capacity) x 100	Sample Measurement				0.041			167	0	MONTHLY	CALCULATED
PARM Code 00180 Mon. Site No.	Permit Requirement				Report (Mo. Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement				130				0	EVERY TWO	8-hour EPC
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Weeks	8-hour EPC
Solids, Total Suspended	Sample Measurement				167				0	EVERY TWO	8-hour EPC
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Weeks	8-hour EPC
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

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EAGLE RIDGE

PAGE 08/14

### CROSS CREEK WASTEWATER SAMPLES - 2006

PERMIT REQUIREMENTS			DATE COLLECTED												SAMPLERS SIGNATURE
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
TSS	INF-1	EVERY, 2-WKS									✓				<i>J. Coan</i> <i>J. Coan</i> <i>J. Coan</i> <i>J. Coan</i> <i>J. Coan</i> <i>J. Coan</i>
CBOD	INF-1	EVERY, 2-WKS									✓				
TSS	EFF-1	4 DAYS/WEEK									✓				
CBOD	EFF-1	EVERY, 2-WKS									✓				
pH	EFF-1	Daily									✓				
FECAL	EFF-1	4 DAYS/WEEK									✓				
SLUDGE		ANNUAL													<i>SANDERS LAB</i>
MONITORING WELLS		QUARTERLY									✓				

**MONITORING LOCATIONS**

INF-1 = EFFLUENT Pumped from Lift Station to Sludge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet Weir of CHLORINE CONTACT CHAMBER Prior to Reuse Storage  
 EFF-2 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**

INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-2, FECAL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, pH = GRAB

**SPECIAL CONDITIONS:**

DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**

JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMIANNUAL:**

JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**

JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006, Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.

DAILY SAMPLE RESULTS - PART B DRAFT

Report Number: PLAD14505

Facility: Cross Creek WWTP

Monitoring Period

From: Aug 1-06

To: Aug 31-06

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (Free Disinfect) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1		<1	6.62	1.4	0.6	0.8	.042		
2		<1	6.70	1.0	0.6	0.8	.037		
3		<1	6.71	2.2	0.6	0.6	.041		
4			6.78	2.8		0.6	.041		
5			6.82	2.8		0.6	.044		
6			6.79	3.5		0.6	.044		
7		<1	6.86	3.6	0.6	0.6	.046		
8		<1	6.90	3.6	0.6	0.5	.044		
9	Z	<1	6.88	3.3	0.6	0.6	.038	104	202
10		<1	6.86	1.6	0.6	0.6	.038		
11			6.89	2.4		0.8	.034		
12			6.84	2.8		1.0	.038		
13			6.85	1.6		0.9	.037		
14		<1	6.90	1.7	0.6	0.8	.041		
15		<1	6.84	3.5	0.6	0.6	.041		
16		<1	6.89	4.5	0.6	0.5	.041		
17		<1	6.93	2.2	0.6	0.4	.037		
18			6.96	1.0		1.1	.037		
19			6.94	2.7		0.4	.042		
20			6.92	2.4		0.4	.047		
21		<1	6.90	1.4	0.6	0.4	.053		
22		<1	6.88	1.1	0.6	0.8	.044		
23	Z	<1	6.86	1.4	0.9	0.4	.037		
24		<1	6.77	3.5	0.6	0.4	.040	156	131
25			6.85	3.9		0.2	.041		
26			6.85	2.0		0.3	.044		
27			6.80	2.2		0.2	.043		
28		<1	6.87	2.3	0.6	0.3	.032		
29		<1	6.82	1.1	0.9	0.6	.040		
30		<1	6.84	1.0	0.6	1.0	.044		
31		<1	6.90	5.0	0.6	1.1	.042		
Total							6.270		
Mo. Avg.	Z	<1		2.4	0.6	0.6	0.041	130	167

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: C Certificate No: 8922 Name: ISMAEL GARCIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

074

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2540

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

**FILE COPY**

PERMIT NUMBER: FLA014505

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

COUNTY: Lee

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: SEPT 1-06 To: SEPT 30-06

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.046								
PARM Code 50050	Permit Requirement	0.24		MGD				0		
Mon. Site No.		(Mo. Avg.)								
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082	Permit Requirement				20.0		MG/L		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1					(An. Avg.)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082	Permit Requirement				Report (Mo. Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Mon. Site No. EFA-1										
Solids, Total Suspended	Sample Measurement				1.3			0	4 DAYS / WEEK	GRAB
PARM Code 00530	Permit Requirement				5.0		MG/L		4 Days/Week	GRAB
Mon. Site No. EFB-1					(Max.)					
pH	Sample Measurement				6.76	6.96		0	5 DAYS / WEEK	GRAB
PARM Code 00400	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		5 Days/Week	GRAB
Mon. Site No. EFA-1										
Coliform, Fecal	Sample Measurement				< 1			0	4 DAYS / WEEK	GRAB
PARM Code 74055	Permit Requirement				14		#/100ML		4 Days/Week	GRAB
Mon. Site No. EFA-1					(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 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)
Ismael Garcia	<i>Ismael Garcia</i>	239-561-2713	06/16

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

PAGE 03/14

EAGLE RIDGE

12395611263

10/16/2006 11:13



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From: Sept 1-06 To: Sept 30-06

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			< 1	< 1	< 1		0	4 DAYS WEEK	CORAB
PARM Code 74055 I Mon. Site No. EPA-1	Permit Requirement			14 (No. Median)	43 (90%)	86 (Max.)	#/100ML		4 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0				0	CONTINUOUS	METER
PARM Code 50060 A Mon. Site No. EPA-1	Permit Requirement			1.0 (Min.)			MGL		Continuous	Meter
Turbidity	Sample Measurement			0.4	1.2	0.8		0	CONTINUOUS	METER
PARM Code 00070 I Mon. Site No. EFB-7	Permit Requirement			(MIN)	(MAX)	(MO. AVG)	NTU		Continuous	Meter
Flow	Sample Measurement	0.071						0	5 DAYS WEEK	FLOW METER TOTALIZER
PARM Code 50050 Y Mon. Site No. FLW-1	Permit Requirement	0.249 (Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.046	0.045					0	5 DAYS WEEK	FLOW METER TOTALIZER
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement			0.046				18%	MONTHLY	CALCULATED
PARM Code 00180 Mon. Site No.	Permit Requirement			Report (Mo. Total)			PER-CENT		Monthly	Calculated
BOD, Carbonaceous 5 day, 20C	Sample Measurement			81				0	EVERY TWO WEEKS	B-HOUR FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			139				0	EVERY TWO WEEKS	B-HOUR FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement			Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

## CROSS CREEK WASTEWATER SAMPLES - 2005

PERMIT REQUIREMENTS			DATE COLLECTED												SAMPLERS SIGNATURE
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
TSS	INF-1	EVERY, 2WKS										✓			<i>J. Casin</i>
CBOD	INF-1	EVERY, 2WKS										✓			
TSS	EFF-1	4 DAYS/WEEK										✓			<i>J. Casin</i>
CBOD	EFF-1	EVERY, 2WKS										✓			
pH	EFF-1	Daily										✓			<i>J. Casin</i>
FECAL	EFF-1	4 DAYS/WEEK										✓			
SLUDGE <sup>1</sup>		ANNUAL													<i>J. Casin</i>
MONITORING WELLS		QUARTERLY													

**MONITORING LOCATIONS**  
 INF-1 = INFLUENT Pumped from Lift Station to Surge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet Weir of CHLORINE CONTACT CHAMBER Prior to Resue Storage  
 PFI-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE<sup>1</sup> = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**  
 INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, FECAL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, pH = GRAB

**SPECIAL CONDITIONS:**  
 DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**  
 JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMIANNUAL:**  
 JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**  
 JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006. Refer to permit for sample types.

**QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.**

DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number FLA014505

Facility: Cross Creek WWTP

Monitoring Period

From Sept 1-06 To Sept 30-06

Code	CBOD5 (MG/L)	Fecul Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1
1			6.93	1.7		0.4	.040		
2			6.88	2.8		0.6	.044		
3			6.76	4.2		0.6	.045		
4			6.94	4.2		0.4	.048		
5		< 1	6.91	3.4	0.6	0.6	.040		
6		< 1	6.89	1.0	0.6	0.6	.051		
7	Z	< 1	6.82	1.2	0.6	0.5	.048	79	155
8		< 1	6.85	1.1	0.6	0.6	.047		
9			6.86	1.0		0.8	.044		
10			6.86	1.0		0.7	.045		
11		< 1	6.80	2.0	0.6	1.0	.048		
12		< 1	6.90	5.0	0.6	0.4	.043		
13		< 1	6.94	3.4	0.6	1.0	.044		
14		< 1	6.89	3.6	0.6	0.6	.043		
15			6.94	2.6		1.2	.042		
16			6.83	1.7		1.2	.053		
17			6.85	2.2		1.0	.050		
18		< 1	6.90	1.9	1.1	1.0	.048		
19		< 1	6.92	1.9	1.3	0.9	.044		
20	Z	< 1	6.94	2.5	0.6	0.8	.046	83	122
21		< 1	6.96	2.0	0.6	1.1	.045		
22			6.90	1.0		1.0	.047		
23			6.82	1.5		0.6	.047		
24			6.79	3.0		1.0	.046		
25		< 1	6.94	1.5	0.6	0.8	.047		
26		< 1	6.88	1.6	0.6	0.6	.044		
27		< 1	6.89	3.2	0.6	0.6	.046		
28		< 1	6.85	1.5	0.6	1.0	.047		
29			6.80	1.5		1.0	.048		
30			6.83	1.5		0.8	.047		
31									
Total							1.377		
Mo. Avg.	Z	< 1	6.88	2.2	0.7	0.8	0.046	81	139

PLANT STAFFING

Day Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Plant Operator Class: C Certificate No: 8922 Name: ISMAEL GARCIA

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

REPORT GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: OCT 1-06 To: OCT 31-06

**FILE COPY**

1074

Parameter	Sample Measurement	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 Mon. Site No.	0.061 0.24 (Mo. Avg.)		MGD			0		
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EFA-1	2 20.0 (An. Avg.)				MG/L	0	EVERY TWO WEEKS Every Two Weeks	8-hour FPC 8-hour PPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Mon. Site No. EFA-1	2 Report (Mo. Avg.)			2 60.0 (Max.)	MG/L	0	EVERY TWO WEEKS Every Two Weeks	8-hour FPC 8-hour PPC
Solids, Total Suspended PARM Code 00530 Mon. Site No. EFB-1	0.8 5.0 (Max.)				MG/L	0	4 DAYS / WEEK 4 Days/Week	GRAB Grab
pH PARM Code 00400 Mon. Site No. EFA-1	6.73 6.0 (Min.)			6.94 8.5 (Max.)	SU	0	5 DAYS / WEEK 5 Days/Week	GRAB Grab
Coliform, Fecal PARM Code 74055 Mon. Site No. EFA-1	< 1 14 (An. Avg.)				#/100ML	0	4 DAYS / WEEK 4 Days/Week	GRAB 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)
ISMAEL GARCIA	<i>Ismael Garcia</i>	239-561-2713	06/10/15

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

PAGE 02/05

EAGLE RIDGE

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11/14/2006



DAILY SAMPLE RESULTS - PART B DRAFT

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period

From: OCT-06

To: OCT-31-06

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)		
Code	80082	74055	00400	50060	00530	00070	50050	80082	00530		
Mon. Site	EPA-1	EFA-1	BFA-1	EFA-1	EPB-1	BPB-1	FLW-1	INF-1	INF-1		
1			6.73	1.0		1.0	.049				
2		< 1	6.79	1.1	0.6	1.0	.050				
3		< 1	6.86	2.1	0.6	0.8	.045				
4	2	< 1	6.88	1.1	0.6	0.6	.046	85	107		
5		< 1	6.91	1.4	0.6	0.6	.045				
6			6.85	1.9		0.4	.045				
7			6.87	1.9		0.7	.052				
8			6.89	1.1		0.8	.053				
9		< 1	6.94	1.4	0.6	0.6	.056				
10		< 1	6.87	2.4	0.6	0.4	.065				
11		< 1	6.89	1.6	0.6	0.4	.060				
12		< 1	6.80	2.0	0.6	0.6	.059				
13			6.86	1.5		0.6	.056				
14			6.89	1.5		0.5	.062				
15			6.87	1.0		0.6	.058				
16		< 1	6.88	1.1	0.8	0.8	.067				
17		< 1	6.94	2.1	0.6	0.6	.063				
18	2	< 1	6.83	2.1	0.6	0.4	.066	66	140		
19		< 1	6.86	1.8	0.6	0.4	.067				
20			6.85	2.6		0.5	.066				
21			6.88	2.6		0.5	.065				
22			6.84	2.0		0.8	.065				
23		< 1	6.92	1.2	0.6	0.6	.065				
24		< 1	6.90	1.4	0.6	0.5	.064				
25		< 1	6.81	3.0	0.6	0.6	.059				
26		< 1	6.75	2.5	0.6	0.4	.062				
27			6.81	3.0		0.6	.064				
28			6.79	3.0		0.5	.079				
29			6.89	2.5		0.4	.076				
30		< 1	6.84	1.5	0.6	0.8	.078				
31		< 1	6.84	1.6	0.6	0.6	.073				
Total							1.880				
Mo. Avg	2	< 1	6.86	1.9	0.6	0.6	0.061	76	124		

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:

C

8922

ISMAEL GARCIA

CROSS CREEK WASTEWATER SAMPLES - 2005														
PERMIT REQUIREMENTS			DATE COLLECTED										SAMPLERS SIGNATURE	
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT		NOV
TSS	INF-1	EVERY, 2WKS												
CBOD	INF-1	EVERY, 2WKS												
TSS	EFF-1	4 DAYS/WEEK												
CBOD	EFF-1	EVERY, 2WKS												
pH	EFF-1	Daily												
FECAL	EFF-1	4 DAYS/WEEK												
SLUDGE <sup>1</sup>		ANNUAL												
MONITORING WELLS		QUARTERLY												

**MONITORING LOCATIONS**  
 INF-1 = EFFLUENT Pumped from Lift Station to Surge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet Weir of CHLORINE CONTACT CHAMBER Prior to Reuse Storage  
 PFI-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE\* = GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**  
 INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, FECAL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, pH = GRAB

**SPECIAL CONDITIONS:**  
 DMR ARE DUE TO FDEP NO LATER THAN THE 28TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**  
 JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMIANNUAL:**  
 JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**  
 JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006, Refer to permit for sample types.

**QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.**

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART

FILE COPY

When Completed mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: NOV 1-06 To: NOV 30-06

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.080				0		
PARM Code 50050	Permit Requirement	0.24 (Mo. Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082	Permit Requirement			20.0 (An. Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	EVERY TWO WEEKS	8-hour FPC
PARM Code 80082	Permit Requirement			Report 60.0 (Max.) (Mo. Avg.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement			2.6		0	4 DAYS/ WEEK	GRAB
PARM Code 00530	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.48		0	5 DAYS/ WEEK	GRAB
PARM Code 00400	Permit Requirement			6.0 (Min.)			5 (Days/Week)	Grab
Coliform, Fecal	Sample Measurement			< 1		0	4 DAYS/ WEEK	GRAB
PARM Code 74055	Permit Requirement			14 (An. Avg.)	#100ML		4 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)
Ismael Garcia	<i>Ismael Garcia</i>	239-561-2713	06/12/15

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

PAGE 08/10

EAGLE RIDGE

12395611263

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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Cross Creek WWTP

PERMIT NUMBER: FLA014505

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD

From:

Nov 1-06

To:

Nov 30-06

Parameter	Sample Measurement	Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement				< 1	< 1	< 1		0	4 DAYS WEEK	COBAB	
PARM Code 74055 Mon. Site No. EPA-1	Permit Requirement				14 (Mo. Median)	43 (90%)	80 (Max.)	#/100ML		4 Days/Week	Grab	
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2				0	CONTINUOUS	METER	
PARM Code 50050 Mon. Site No. EPA-1	Permit Requirement				1.0 (Min.)			MGL		Continuous	Meter	
Turbidity	Sample Measurement				0.2	1.0	0.5		0	CONTINUOUS	METER	
PARM Code 00070 Mon. Site No. EPA-1	Permit Requirement				(MIN)	(MAX)	(MO. AVG)	NTU		Continuous	Meter	
Flow	Sample Measurement	0.071							0	5 DAYS WEEK	FLOW METER TOTALIZER	
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	0.249 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers	
Flow	Sample Measurement	0.080	0.062						0	5 DAYS WEEK	FLOW METER TOTALIZER	
PARM Code 50050 Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers	
Percent Capacity. (TMADF/Permitted Capacity) x 100	Sample Measurement				0.080				32%	0	MONTHLY	CALCULATED
PARM Code 00180 Mon. Site No.	Permit Requirement				Report (Mo. Total)			PER-CENT		Monthly	Calculated	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				133				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 80082 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC	
Solids, Total Suspended	Sample Measurement				174				0	EVERY TWO WEEKS	8-hour FPC	
PARM Code 00530 Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			MGL		Every Two Weeks	8-hour FPC	
	Sample Measurement											
	Permit Requirement											
	Sample Measurement											
	Permit Requirement											

PAGE 09/10

EAGLE RIDGE

12395611263

12/18/2006 11:13

Permit Number: FLA014505

DAILY SAMPLE RESULTS - PART B DRAFT

Monitoring Period

From: Nov 1-06 To: Nov 30-06

Facility: Cross Creek WWTP

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Mon. Site	EPA-1	BFA-1	EPA-1	EPA-1	BFB-1	EFB-1	50050	80082	00530
1	2	< 1	6.77	2.0	0.6	0.4	.068	79	168
2		< 1	6.70	4.2	0.6	0.4	.067		
3			6.79	1.8		0.2	.073		
4			6.80	1.4		0.6	.080		
5			6.77	1.6		0.6	.081		
6		< 1	6.72	1.6	0.6	0.4	.079		
7		< 1	6.65	1.7	0.6	0.4	.077		
8		< 1	6.64	1.3	0.6	0.4	.080		
9		< 1	6.71	2.3	0.6	0.3	.082		
10			6.63	1.5		0.4	.087		
11			6.69	1.7		0.3	.077		
12			6.48	1.3		0.8	.082		
13		< 1	6.54	2.0	0.8	0.4	.086		
14		< 1	6.61	1.2	2.6	0.4	.078		
15	2	< 1	6.54	2.0	0.6	0.4	.076	167	185
16		< 1	6.55	2.3	0.6	0.4	.085		
17			6.60	1.8		0.3	.081		
18			6.61	2.6		0.4	.082		
19			6.52	1.5		0.8	.081		
20		< 1	6.69	2.3	0.6	0.4	.086		
21		< 1	6.63	1.8	0.6	0.4	.082		
22		< 1	6.71	2.9	0.6	0.5	.085		
23			6.74	2.1		0.4	.085		
24		< 1	6.80	2.1	0.6	0.8	.082		
25			6.76	1.5		0.9	.082		
26			6.55	2.3		1.0	.080		
27		< 1	6.72	1.5	0.6	0.5	.082		
28		< 1	6.70	3.0	0.6	0.4	.081		
29	Z	< 1	6.65	1.5	0.6	0.6	.076	153	170
30		< 1	6.68	2.2	0.6	0.4	.076		
31									
Total									
Avg.	2	< 1	6.67	2.0	0.7	0.5	0.080	133	174

PLANT STAFFING:

Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Operator Class: C Certificate No: 8922 Name: ISMAEL GARCIA

UNK111 P

DIJ02010JD

DIJ02010JD

CROSS CREEK WASTEWATER SAMPLES - 2005														
PERMIT REQUIREMENTS			DATE COLLECTED											SAMPLERS SIGNATURE
SAMPLE	LOCATION	FREQUENCY	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
TSS	INF-1	EVERY 3 WKS											X	
CBOD	INF-1	EVERY 3 WKS											X	
TSS	EFF-1	4 DAY WEEK											X	
CBOD	EFF-1	EVERY 3 WKS											X	
pH	EFF-1	DAILY											X	
FECAL	EFF-1	4 DAY WEEK											X	
SLUDGE		ANNUAL												
MONITORING WELLS		QUARTERLY												

*Mark Radey*

**MONITORING LOCATIONS**  
 INF-1 = INFILTRANT Pumped from LIT Station to Surge Tank Prior to Side Stream Mixing  
 EFF-1 = Outlet Well of ONSHORE CONTACT CHAMBER Prior to Reuse Storage  
 PH-1 = TURBIDITY - AFTER EFFLUENT FILTER PRIOR TO DISINFECTION  
 SLUDGE - GRAB SAMPLE FOR PATHOGENS AND VOLATILE SOLIDS. COMPOSITE SAMPLES FOR METALS

**SAMPLE TYPE**  
 INF-1, TSS/CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, CBOD = 8-HOUR FLOW PROPORTIONED COMPOSITE  
 EFF-1, FECHL = GRAB  
 EFF-1, TSS = GRAB  
 EFF-1, pH = GRAB

**SPECIAL CONDITIONS:**  
 DMR ARE DUE TO FDEP NO LATER THAN THE 25TH OF EACH MONTH FOLLOWING THE MONITORED MONTH.

**QUARTERLY SAMPLING:**  
 JAN. 1, 2005 - MAR. 31, 2005 - DUE APRIL 28, 2005  
 APR. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005  
 JUL. 1, 2005 - SEPT. 30, 2005 - DUE OCTOBER 28, 2005  
 OCT. 1, 2005 - DEC. 31, 2005 - DUE JANUARY 28, 2006

**SEMI-ANNUAL:**  
 JAN. 1, 2005 - JUNE 30, 2005 - DUE JULY 28, 2005. JULY 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006

**ANNUAL:**  
 JAN. 1, 2005 - DECEMBER 31, 2005 - DUE JANUARY 28, 2006. Refer to permit for sample types.

QUARTERLY MONITORING WELL SAMPLES ARE COLLECTED AND SUBMITTED TO FDEP BY SANDERS LABORATORY. THE LEAD OPERATOR IS TO ENSURE THIS IS COMPLETED AND FILE THE RECORDS AT THE CROSS CREEK WWTF.

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

674

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

**FILE COPY**

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: \_DEC 1  
 2006 \_\_\_\_\_ To: \_DEC 31  
 2006 \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			1.3		0		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH	Sample Measurement			6.45	6.76	0		
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				< 1	0		
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)	#/100ML	4 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)
Ismael Garcia		239 561 2713	07/01/15

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: \_DEC 1  
 2006  
 To \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 DEC 31  
 2006 \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0		0		
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement			1.0		0		
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement			(Max)	NTU		Continuous	Meter
Flow	Sample Measurement	0.058				0		
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.077				0		
PARM Code 50050 P Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.000				0		
PARM Code 50050 Q Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.128				0		
PARM Code 50050 R Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.072				0		
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.079	0.073			0		
PARM Code 50050 S Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD			5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			0.073	29%	0		
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement			Report	PER-CENT		Monthly	Calculated

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: DEC 1  
 To: 2006 \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 DEC 31  
 2006 \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			140				0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			203				0		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505      Facility: Cross Creek WWTP  
 Monitoring Period: From: DEC 1 2006      To: DEC 31 2006

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1			6.69	1.5		0.4	0.079	32%	0.079	0.076	0.000
2			6.74	2.9		0.4	0.078	31%	0.078	0.077	0.000
3			6.67	1.4		0.5	0.073	29%	0.073	0.071	0.000
4		<1	6.74	1.9	0.6	0.8	0.081	33%	0.081	0.079	0.000
5		<1	6.73	1.1	0.6	0.5	0.079	32%	0.079	0.077	0.000
6		<1	6.65	3.4	0.7	0.9	0.074	30%	0.074	0.072	0.000
7		<1	6.64	1.5	0.6	0.8	0.072	29%	0.072	0.069	0.000
8			6.59	1.7		1.0	0.081	33%	0.081	0.079	0.000
9			6.54	1.9		0.9	0.078	31%	0.078	0.077	0.000
10			6.45	1.41		0.8	0.076	30%	0.076	0.075	0.000
11		<1	6.76	2.0	0.6	1.0	0.078	31%	0.078	0.076	0.000
12		<1	6.75	2.3	0.6	0.6	0.083	33%	0.083	0.082	0.000
13	2	<1	6.68	1.7	0.6	0.6	0.077	31%	0.077	0.076	0.000
14		<1	6.61	2.0	0.6	0.6	0.077	31%	0.077	0.076	0.000
15			6.67	2.4		0.2	0.070	28%	0.012	0.068	0.000
16			6.60	1.8		0.3	0.090	36%	0.011	0.089	0.000
17			6.63	1.8		0.3	0.073	29%	0.000	0.072	0.000
18		<1	6.63	2.3	0.6	0.3	0.086	35%	0.086	0.084	0.000
19		<1	6.59	3.0	0.6	0.4	0.074	30%	0.074	0.072	0.000
20		<1	6.57	1.0	0.6	0.5	0.069	28%	0.069	0.068	0.000
21		<1	6.70	1.0	0.6	0.6	0.066	27%	0.066	0.065	0.000
22			6.62	1.0		0.4	0.072	29%	0.72	0.070	0.000
23			6.58	1.0		0.8	0.071	29%	0.006	0.070	0.000
24			6.62	1.3		0.6	0.069	28%	0.012	0.067	0.000
25			6.69	1.1		0.8	0.085	34%	0.012	0.082	0.000
26		<1	6.60	1.2	0.8	0.8	0.087	35%	0.000	0.085	0.000
27		<1	6.70	1.2	1.3	0.6	0.090	36%	0.004	0.089	0.000
28	2	<1	6.68	1.5	0.6	0.4	0.089	36%	0.000	0.088	0.000
29		<1	6.68	1.3	0.6	0.4	0.092	37%	0.092	0.090	0.000
30			6.65	1.1		0.6	0.092	37%	0.092	0.089	0.000
31			6.72	1.4		0.8	0.092	37%	0.092	0.090	0.000
Total							2.453		1.786	2.400	0.000
Mo. Avg.	2	<1	6.65	1.7	0.7	0.6	0.079	34%	0.058	0.077	0.000

**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: C      Certificate No: 0008922      Name: Ismael Garcia

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: DEC 1 2006 To: DEC 31  
 2006

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)								
Code	50050	30082	00530								
Mon. Site	FLW-5	INF-1	INF-1								
1	0.245										
2	0.178										
3	0.257										
4	0.163										
5	0.261										
6	0.162										
7	0.257										
8	0.164										
9	0.242										
10	0.065										
11	0.307										
12	0.242										
13	0.182	99	181								
14	0.097										
15	0.012										
16	0.011										
17	0.000										
18	0.129										
19	0.128										
20	0.144										
21	0.104										
22	0.159										
23	0.1006										
24	0.012										
25	0.012										
26	0.000										
27	0.004										
28	0.000	180	224								
29	0.152										
30	0.119										
31	0.159										
Total	3.973										
Mo. Avg	0.128	140	203								

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: C Certificate No: 0008922 Name: Ismael Garcia



## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: C-C-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well, Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: **Lee**  
 Facility Name: **Cross Creek WWTP**  
 Permit Number: **FLA014505**

Monitoring Well ID: **MWC-21359**  
 Well Type: **Compliance**  
 Description: **CC-3 Compliance Well. Located near**

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

**2007**

**25.30.440 (4)  
OPERATIONS REPORTS**

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

(67)

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: \_\_\_\_\_  
 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeries Way  
 Fort Myers, FL 33912  
 COUNTY: Lee

PERMIT NUMBER: FLA014498  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent  
 NO DISCHARGE FROM SITE:

REPORT: \_\_\_\_\_  
 GROUP: \_\_\_\_\_

**FILE COPY**

MONITORING PERIOD From: Jan 01-07 To: \_\_\_\_\_  
 Jan-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 I Mon.Site No.	Sample Measurement	0.248	0.248	mgd				0		
	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				20.0			0		
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				30.0	60.0		0		
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 B Mon.Site No. EFB-1	Sample Measurement				4.7			0		
	Permit Requirement				5.0 (Max.)		MG/L		Daily	Grab
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				6.74	7.69		0		
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				1	1		0		
	Permit Requirement				Non Detect (75%)	25 (Max)	#/100ML		Daily	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)
		1-800-272-1919	07 / 01 / 16

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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: Jan 01-07 To: Jan 31-07

PERMIT NUMBER: FLA014498

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1		0		
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.2				0		
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement							0		
PARM Code 00070 B Mon.Site No. EPB-1	Permit Requirement						NTU		Continuous	Meter
Flow	Sample Measurement	0.248	0.248					0		
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		.019					0		
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.047					0		
PARM Code 50050 R Mon.Site No. FLW-3	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.226					0		
PARM Code 50050 S Mon.Site No. FLW-4	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	23.7						0		
PARM Code 82545 P Mon.Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	19.4						0		
PARM Code 82545 Q Mon.Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				309.5			0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: Jan 01-07 To \_\_\_\_\_  
 Jan 31-07

PERMIT NUMBER: FLA014498

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			.296		0		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MGL		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			76 %		0		
PARM Code 00180 Mon.Site No.	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498  
 Monitoring Period: From: 1-1-07 To: 1-31-07

Facility: Eagle Ridge WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1			7.23	7.01	1.9		0.4	.231	0	.651	.169
2		1	7.22	7.05	1.7	0.6	0.4	.256	0	0	.173
3		1	7.35	7.05	5.0	0.6	1.4	.220	0	.650	.171
4		1	7.22	7.13	1.6	0.6	0.4	.245	0	0	.171
5		1	7.69	7.24	5.0	0.6	0.2	.243	0	.300	.194
6			7.21	7.01	2.4		1.0	.265	0	.501	.202
7			7.26	7.09	1.5		0.2	.272	0	.047	.204
8		1	7.31	7.16	2.2	0.6	1.2	.214	0	0	.208
9		1	7.48	7.22	5.0	0.6	0.5	.238	0	.150	.067
10	200	1	7.08	6.87	3.2	1.2	1.2	.227	0	.252	.241
11		1	7.13	6.98	5.0	0.9	1.0	.238	0	.524	.235
12			7.23	6.99	5.0		0.8	.230	0	.185	.228
13			7.34	7.05	5.0		1.3	.262	0	.222	.240
14			7.19	6.94	5.0		1.5	.267	0	.010	.226
15		1	7.18	6.91	5.0	1.9	2.2	.236	0	.260	.227
16		1	7.03	6.99	2.2	0.6	1.2	.240	0	.534	.249
17		1	6.78	6.74	5.0	0.8	1.2	.240	0	.534	.239
18		1	6.92	6.81	1.0	0.9	0.8	.249	0	0	.246
19			7.19	6.99	1.0		0.4	.227	0	0	.232
20			7.00	6.87	4.0		0.8	.262	0	0	.292
21			7.04	6.89	3.0		1.0	.275	0	.192	.369
22		1	6.94	6.86	3.9	0.9	0.9	.260	0	.225	.265
23		1	7.14	7.02	4.5	1.1	0.2	.243	0	.512	.355
24	200	1	7.11	6.81	5.0	1.5	1.0	.239	0	0	.310
25		1	7.07	6.93	2.5	4.7	1.5	.257	0	0	.296
26			7.09	6.89	5.0	1.4	1.5	.238	0	0	.265
27			7.00	6.93	4.1		1.2	.259	0	0	.274
28			7.07	6.89	4.0		0.3	.293	0	.195	.301
29		1	7.17	6.93	2.5	1.5	1.5	.263	0	.437	.286
30		1	7.09	6.89	5.0	1.2	0.8	.191	0	.400	.269
31		1	7.18	7.03	1.4	2.0	2.0	.291	0	0	.240
Total	400	19	221.94	216.17	108.6	24.2	30.0	7671	0	6.781	7.669
Mo. Avg.	200	1	7.16	6.97	3.50	1.21	0.97	.248	0	.21	.247

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   E. Golembieski  

Evening Shift Operator      Class:                 Certificate No:                 Name:                   

Night Shift Operator      Class:                 Certificate No:                 Name:                   

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



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498 Facility: Eagle Ridge WWTP  
 Monitoring Period: From: 1-01-07 To: 1-31-07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			19.0	18.7						
2			23.7	18.7						
3			21.7	18.7						
4			21.0	18.9						
5			20.7	18.7						
6			20.7	18.4						
7			18.5	18.2						
8			17.8	18.0						
9			22.7	17.7						
10	319	252	22.7	18.2						
11			22.2	17.3						
12			18.7	17.3						
13			18.0	17.3						
14			18.4	17.5						
15			18.5	17.8						
16			18.5	17.7						
17			18.5	17.7						
18			16.7	17.7						
19			21.7	17.7						
20			21.4	17.7						
21			21.8	17.7						
22			20.0	17.5						
23			18.7	17.5						
24	300	340	17.7	17.4						
25			17.7	17.6						
26			17.5	18.4						
27			17.3	20.0						
28			17.3	20.0						
29			17.5	19.5						
30			17.7	19.2						
31			18.0	19.4						
<b>Total</b>	<b>619</b>	<b>592</b>	<b>550.2</b>	<b>564.1</b>						
<b>Mo. Avg.</b>	<b>309.5</b>	<b>296</b>	<b>17.7</b>	<b>18.2</b>						

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   E. Golembieski  

Evening Shift Operator      Class:             Certificate No:             Name:       

Night Shift Operator      Class:             Certificate No:             Name:       

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

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)
		1-800-272-1919	07/01/16

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400	pH	6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

673

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: \_\_\_\_\_  
 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeries Way  
 Fort Myers, FL 33912

PERMIT NUMBER: FLA014498  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 2-1-07 To 2-28-07

**FILE COPY**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.249	0.259	mgd				0		
PARM Code 50050 I	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						
Mon.Site No.										
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		Mg/L	0	Every Two WK	8-hr 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				2	2	MGL	0	Every Two WK	8-hour FPC
PARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1										
Solids, Total Suspended	Sample Measurement				3.1			0	Daily	Grab
PARM Code 00530 B	Permit Requirement				5.0 (Max.)		MG/L		Daily	Grab
Mon.Site No. EFB-1										
pH	Sample Measurement				6.14	7.18		0	Continuous	Meter
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Mon.Site No. EFA-1										
Coliform, Fecal	Sample Measurement				1	1		0	Daily	Meter
PARM Code 74055 Y	Permit Requirement				Non Detect (75%)	25 (Max)	#/100ML		Daily	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)
		1-800-272-1919	07/03/12

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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 2-1-07 To: \_\_\_\_\_

2-28-07 \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1	1		0	Daily	Grab
	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		Daily	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			0	Continuous	Meter
	Permit Requirement				1.0 (Min.)		MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement								Continuous	Meter
	Permit Requirement						NTU		Continuous	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	0.249	0.259					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement		.015					0	Daily	Meter
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-3	Sample Measurement		.147					0	Daily	Meter
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-4	Sample Measurement		.216					0	Daily	Meter
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL PARM Code 82545 P Mon.Site No. OTH-1	Sample Measurement	24.8						0	Daily	
	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL PARM Code 82545 Q Mon.Site No. OTH-2	Sample Measurement	20.9						0	Daily	
	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				286.5			0	Every Two weeks	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 2-1-07 To: \_\_\_\_\_

2-28-07 \_\_\_\_\_

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 No. INF-1	Sample Measurement			274.0		0	Every Two weeks	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			76 %		0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period:

From: 2-1-07

To: 2-28-07

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1		1	6.98	6.72	1.0	2.1	1.5	.260	0	0	.173
2			6.84	6.70	1.0		1.8	.244	0	0	.185
3			6.82	6.65	1.4		1.0	.278	0	.370	.289
4			7.12	6.89	1.5		1.6	.293	0	.151	.308
5		1	6.98	6.58	5.0	0.8	1.2	.263	0	0	.265
6		1	7.03	6.88	2.5	1.1	1.6	.269	0	.217	.314
7	2	1	6.97	6.82	3.0	3.0	1.0	.233	0	.429	.243
8		1	7.18	6.94	2.2	3.1	2.2	.245	0	.420	.256
9			6.99	6.74	1.9		0.6	.248	0	0	.260
10			6.92	6.86	1.6		0.6	.276	0	.488	.285
11			7.06	6.93	4.0		2.3	.297	0	.353	.309
12		1	7.09	6.81	4.1	0.6	2.2	.246	0	0	.168
13		1	7.04	6.89	5.0	1.5	0.6	.256	0	0	.176
14		1	6.92	6.67	5.0	1.3	0.6	.240	0	0	.163
15		1	6.91	6.57	5.0	2.0	0.4	.253	0	0	.165
16			6.78	6.18	5.0		0.5	.244	0	0	.147
17			6.76	6.14	3.1		0.7	.262	0	0	.276
18			6.81	6.26	5.0		1.0	.288	0	.296	.207
19		1	7.06	6.77	1.1	2.5	1.0	.272	0	.451	.298
20		1	6.98	6.64	2.3	0.6	1.6	.244	0	0	.127
21	2	1	6.87	6.62	5.0	0.6	0.5	.242	0	.124	.186
22		1	6.95	6.81	5.0	0.8	2.0	.256	0	.789	.120
23			6.89	6.75	5.0		1.1	.234	0	.100	.147
24			6.95	6.71	5.0		0.2	.252	0	.147	.101
25			7.02	6.78	2.4		1.4	.281	0	0	.148
26		1	6.72	6.69	3.5	1.5	0.8	.260	0	0	.174
27		1	6.92	6.73	5.0	0.9	1.1	.253	0	0	.131
28		1	6.89	6.69	5.0	1.1	1.0	.262	0	0	.142
29											
30											
31											
Total	4	16	194.45	187.41	96.6	23.5	32.1	7251	0	4.335	5.763
Mo. Avg	2	1	6.94	6.69	3.45	.84	1.14	.259	0	.154	.205

**PLANT STAFFING:**

Day Shift Operator	Class: <u>  A  </u>	Certificate No: <u>  8285  </u>	Name: <u>  E. Golembieski  </u>
Evening Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>  C  </u>	Certificate No: <u>  6394  </u>	Name: <u>  M.S. Stewart  </u>

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498      Facility: Eagle Ridge WWTP  
 Monitoring Period: From: 2-1-07      To: 2-28-07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			17.9	20.0						
2			23.3	17.3						
3			22.9	17.4						
4			19.1	20.9						
5			18.9	18.7						
6			19.1	19.0						
7	283	216	19.1	19.5						
8			18.3	19.4						
9			17.5	18.4						
10			17.4	18.3						
11			17.7	18.5						
12			18.2	18.3						
13			18.7	18.3						
14			18.8	18.7						
15			19.0	16.9						
16			23.0	19.4						
17			24.7	19.4						
18			24.8	20.0						
19			24.5	20.1						
20			23.7	19.7						
21	290	332	20.2	19.8						
22			17.5	19.8						
23			17.3	19.7						
24			18.5	17.3						
25			18.3	18.2						
26			18.5	18.7						
27			18.3	18.8						
28			19.0	16.9						
29										
30										
31										
Total	573	548	554.2	527.4						
Mo. Avg.	286.5	274.0	19.8	18.8						

PLANT STAFFING:  
 Day Shift Operator      Class:   A        Certificate No:   8285        Name:   E. Golembieski    
 Evening Shift Operator      Class:                 Certificate No:                 Name:             
 Night Shift Operator      Class:                 Certificate No:                 Name:             
 Lead Operator      Class:   C        Certificate No:   6394        Name:   M.S. Stewart

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FBET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: \_\_\_\_\_  
 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeries Way  
 Fort Myers, FL 33912

PERMIT NUMBER: FLA014498  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

REPORT: Monthly  
 GROUP: Domestic

**FILE COPY**

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 3-1-07 \_\_\_\_\_  
 To 3-31-07 \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No.	Sample Measurement	0.245	0.245	MGD				0		
	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				2		MG/L	0	Every Two WK	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 A Mon.Site No. EFA-1	Sample Measurement				2	2	MG/L	0	Every Two WK	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 B Mon.Site No. EFB-1	Sample Measurement				3.5		MG/L	0	Daily	Grab
	Permit Requirement				5.0 (Max.)		MG/L		Daily	Grab
pH PARM Code 00400 A Mon.Site No. EFA-1	Sample Measurement				6.41	6.99	SU	0	Continuouss	Meter
	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement				1	1	#100ML	0	Daily	Grab
	Permit Requirement				Non Detect (75%)	25 (Max)	#100ML		Daily	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)
M. Scott Stewart / Area Manager		1-800-272-1919	07/04/24

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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 3-1-07  
To 3-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1	# 100MI	0	Daily	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		3.2				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						NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement						NTU		Continuous	Meter
Flow	Sample Measurement	0.245	0.245					0	5 Day/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0					0	Daily	Meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.014					0	Daily	Meter
PARM Code 50050 R Mon.Site No. FLW-3	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.202					0	Daily	Meter
PARM Code 50050 S Mon.Site No. FLW-4	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	23.7						0	Daily	
PARM Code 82545 P Mon.Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	21.1						0	Daily	
PARM Code 82545 Q Mon.Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				278		MG/L	0	Every Two WK	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



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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 3-1-07  
To 3-31-07

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 No. INF-1	Sample Measurement				280.0			MG/L	0	Every Two WK	8-hour FPC
	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement				76%			Percent	0	Monthly	Calculated
	Permit Requirement				Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement										

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period: From: 3-1-07

To: 3-31-

07

	COD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1		1	6.65	6.48	5.0	0.6	.05	.220	0	0	.125
2			6.60	6.41	5.0		.04	.241	0	0	.134
3			6.73	6.44	5.0		.02	.258	0	0	.130
4			6.76	6.51	5.0		1.1	.283	0	0	.138
5		1	6.78	6.63	5.0	1.4	2.1	.227	0	0	.119
6		1	6.97	6.73	5.0	1.0	1.2	.277	0	0	.121
7	2	1	6.89	6.67	5.0	1.8	1.0	.243	0	0	.087
8		1	7.16	6.90	5.0	1.7	.05	.236	0	0	.086
9			7.12	6.87	5.0		.06	.219	0	0	.105
10			7.17	6.91	5.0		1.0	.262	0	0	.117
11			7.12	6.87	5.0		.03	.279	0	0	.152
12		1	7.21	6.96	5.0	0.6	.06	.244	0	.096	.129
13		1	6.93	6.87	5.0	0.6	.04	.240	0	.083	.126
14		1	7.06	6.78	5.0	3.5	.08	.240	0	.061	.138
15		1	6.99	6.69	5.0	1.0	.09	.244	0	.240	.141
16			6.78	6.66	5.0		.06	.226	0	.240	.132
17			6.82	6.61	5.0		.03	.264	0	.240	.163
18			6.90	6.69	5.0		1.0	.275	0	.008	.185
19		1	6.98	6.73	5.0	2.6	.07	.193	0	.006	.132
20		1	7.16	6.98	5.0	2.7	.07	.281	0	.512	.168
21	2	1	7.07	6.84	5.0	0.6	1.1	.242	0	.512	.147
22		1	7.02	6.85	5.0	0.6	.07	.239	0	0	.162
23			7.18	6.92	5.0		.06	.228	0	0	.204
24			7.09	6.89	5.0		1.0	.263	0	0	.224
25			7.17	6.83	5.0		.08	.266	0	.185	.225
26		1	7.07	6.99	5.0	1.4	.08	.253	0	.506	.223
27		1	7.04	6.95	3.4	0.6	.08	.230	0	.548	.196
28		1	7.10	6.82	5.0	1.7	.07	.217	0	0	.146
29		1	7.12	6.90	3.2	1.2	.09	.253	0	0	.254
30			6.94	6.81	5.0		.08	.226	0	0	.209
31			6.91	6.83	5.0		.04	.215	0	0	.179
<b>Total</b>	<b>4</b>	<b>17</b>	<b>216.49</b>	<b>210.02</b>	<b>151.6</b>	<b>23.6</b>	<b>23.5</b>	<b>7584</b>	<b>0</b>	<b>3.239</b>	<b>4.797</b>
<b>Mo. Avg</b>	<b>2</b>	<b>1</b>	<b>6.98</b>	<b>6.77</b>	<b>4.89</b>	<b>.76</b>	<b>.75</b>	<b>.245</b>	<b>0</b>	<b>.104</b>	<b>.155</b>

**PLANT STAFFING:**

Day Shift Operator      Class: A      Certificate No: 8285      Name: Ed Golembieski

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 0010013      Name: Michael . A. DiDonato

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period From: 3-1-07

To: 3-31-

07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)							
Code	80082	00530	82545	82545							
Mon. Site	INF-1	INF-1	OTH-1	OTH-2							
1			22.7	19.4							
2			23.7	19.2							
3			22.6	19.8							
4			17.4	19.2							
5			17.7	19.4							
6			19.5	18.5							
7	111	172	18.8	19.4							
8			19.4	19.4							
9			18.0	19.3							
10			18.3	19.4							
11			19.2	20.9							
12			18.2	21.1							
13			18.1	21.1							
14			18.3	19.9							
15			18.8	19.4							
16			18.4	19.2							
17			21.8	19.4							
18			20.8	19.0							
19			19.9	19.9							
20			19.9	20.2							
21	167	188	19.4	20.3							
22			20.3	19.1							
23			20.8	19.1							
24			21.0	19.2							
25			21.2	19.4							
26			21.7	19.2							
27			21.9	19.4							
28			17.4	18.3							
29			18.3	17.9							
30			19.4	17.7							
31			22.7	17.9							
Total	278	360	615.5	600.6							
Mo. Avg	139.0	180.0	19.8	19.3							

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

                                    Class:             Certificate No:             Name:       

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator              Class:   C        Certificate No:   0010013        Name:   Michael A. DiDonato

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)
		1-800-272-1919	07/04/24

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

673

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeries Way  
 Fort Myers, FL 33912

PERMIT NUMBER: FLA014498  
 LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

REPORT: Monthly  
 GROUP: Domestic

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 4-1-07  
 To 4-30-07

**FILE COPY**

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	.240	.226	MGD				0		
PARM Code 50050 1	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2		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				2	2	MG/L	0	Every two weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				5.6		MG/L	3	Daily	Grab
PARM Code 00530 B	Permit Requirement				5.0 (Max.)		MG/L		Daily	Grab
pH	Sample Measurement				6.74	7.18	SU	0	Continuous	Meter
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	2	#/100ML	0	Daily	Grab
PARM Code 74055 Y	Permit Requirement				Non Detect (75%)	25 (Max)	#/100ML		Daily	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)
M. Scott Stewart / Area Manager		1-800-272-1919	07/05/23

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



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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 4-1-07  
To 4-30-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	2	#100ML	0	Daily	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#100ML		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.5				MGL	0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement		1.0 (Min.)				MGL		Continuous	Meter
Turbidity	Sample Measurement						NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement						NTU		Continuous	Meter
Flow	Sample Measurement	0.226	0.240					0	5 Days / Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0					0	Daily	Meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		130					0	Daily	Meter
PARM Code 50050 R Mon.Site No. FLW-3	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		199					0	Daily	Meter
PARM Code 50050 S Mon.Site No. FLW-4	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	24.6						0	Daily	
PARM Code 82545 P Mon.Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	19.2						0	Daily	
PARM Code 82545 Q Mon.Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				160.5		MGL	0	Every two Weeks	
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MGL		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 4-1-07  
 To 4-30-07

PERMIT NUMBER: FLA014498

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 No. INF-1	Sample Measurement			216.0	MG/L	0	Every two weeks	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			76%	PERCENT	0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)	PERCENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period From: 4-1-07 To: 4-30-07

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1			7.08	6.84	5.0		0.8	.290	0	0	.238
2		1	7.19	6.81	5.0	0.6	0.9	.241	0	0	.215
3		1	7.15	6.86	5.0	0.6	1.1	.236	0	0	.224
4	2	1	7.02	6.88	5.0	0.6	1.4	.036	0	.630	.236
5		1	6.96	6.90	5.0	0.6	1.2	.218	0	0	.293
6			6.91	6.87	5.0		1.0	.240	0	0	.261
7			6.94	6.90	5.0		1.4	.241	0	.680	.284
8			7.18	6.85	5.0		0.4	.255	0	0	.273
9		1	6.93	6.81	5.0	5.6 / 5.2	0.9	.224	0	0	.247
10		1	6.91	6.82	5.0	4.3 / 0.6	1.2	.227	0	.409	.246
11		1	6.87	6.76	5.0	4.2	1.2	.228	0	0	.248
12		2	6.80	6.74	5.0	0.6	1.3	.241	0	0	.217
13			6.94	6.90	5.0		1.2	.215	0	0	.261
14			6.80	6.86	5.0		0.8	.225	0	0	.246
15			7.12	6.83	5.0		0.3	.273	0	.477	.281
16		1	7.18	6.96	5.0	0.6	1.0	.228	0	0	.244
17		1	7.10	6.90	5.0	0.7	1.2	.230	0	0	.227
18		1	6.99	6.87	5.0	0.7	1.0	.224	0	0	.252
19		1	7.00	6.90	5.0	0.6	1.2	.212	0	.906	.192
20			6.97	6.94	5.0		1.1	.220	0	0	.227
21			6.94	6.88	5.0		1.5	.238	0	0	.246
22	2		6.97	6.87	5.0		1.2	.242	0	0	.250
23		1	7.17	7.02	5.0	0.8	1.4	.207	0	.541	.222
24		1	7.19	6.92	5.0	1.2	2.0	.220	0	.337	.082
25			7.06	6.83	5.0		0.5	.209	0	0	.220
26		1	7.24	6.94	5.0	1.2	1.4	.255	0	0	.256
27		1	7.04	6.97	5.0	0.7	1.3	.230	0	0	.232
28			7.10	6.86	3.1		1.2	.226	0	0	.230
29			7.18	6.97	2.5		1.4	.252	0	0	.259
30		1	7.04	6.93	3.2	1.1	1.5	.207	0	0	.225
31											
<b>Total</b>	4	18	213.97	206.39	143.8	20.6	143.8	.6790	0	.3980	.7134
<b>Mo. Avg</b>	2	1	6.90	6.87	4.79	1.08	4.79	.226	0	.133	.238

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   3285        Name:   Ed Golembieski  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   C        Certificate No:   0010013        Name:   Michael A. DiDonato

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498 Facility: Eagle Ridge WWTP  
 Monitoring Period: From: 4-1-07 To: 4-30-07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00330	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			17.5	17.5						
2			16.7	17.5						
3			18.2	18.2						
4	171	164	18.7	18.8						
5			19.9	16.9						
6			21.2	18.0						
7			24.5	18.2						
8			24.6	18.5						
9			23.9	18.4						
10			23.9	18.6						
11			23.9	19.1						
12			16.8	19.2						
13			18.2	17.5						
14			16.7	18.2						
15			20.8	18.2						
16			18.8	18.7						
17			19.0	18.7						
18			21.0	18.7						
19			19.1	18.7						
20			19.0	18.7						
21			20.7	18.7						
22	150	268	20.8	18.7						
23			18.8	18.4						
24			20.4	18.7						
25			21.7	18.9						
26			22.2	18.9						
27			21.7	18.9						
28			23.6	19.2						
29			23.8	19.2						
30			22.5	19.2						
31										
<b>Total</b>	321	432	618.6	574.3						
<b>Mo. Avg</b>	160.5	216	20.6	19.1						

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski    
 Evening Shift Operator      Class:             Certificate No:             Name:         
 Night Shift Operator      Class:             Certificate No:             Name:         
 Lead Operator      Class:   C        Certificate No:   0010013        Name:   Michael A. DiDonato

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):



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

03

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
MAILING ADDRESS: \_\_\_\_\_

PERMIT NUMBER: FLA014498

200 Weathersfield Ave.  
Altamonte Springs, FL 32714

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Eagle Ridge WWTP  
LOCATION: Aeries Way  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: , including Influent

**FILE COPY**

COUNTY: Lee

NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: 5-1-07 To: 5-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.227	0.210	MGD					0		
PARM Code 50050 1	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD							
Mon.Site No.											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			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
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				0.7			MG/L	0	Daily	Grab
PARM Code 00530 B	Permit Requirement				5.0 (Max.)			MG/L		Daily	Grab
Mon.Site No. EFB-1											
pH	Sample Measurement				6.79	7.17		SU	0	Continuous	Meter
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				1	1		#100ML	0	Daily	Grab
PARM Code 74055 Y	Permit Requirement				Non Detect (75%)	25 (Max)		#100ML		Daily	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)
M. Scott Stewart/ Area Manager		1-800-272-1919	07/05/21

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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 5-1-07

To: 5-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1	#100ML	0	Daily	Grab
PARM Code 74055 A Mon.Site No. EPA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2		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						NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement						NTU		Continuous	Meter
Flow	Sample Measurement	0.227	0.210	MGD				0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0					0	Daily	Meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.129					0	Daily	Meter
PARM Code 50050 R Mon.Site No. FLW-3	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.201					0	Daily	Meter
PARM Code 50050 S Mon.Site No. FLW-4	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	23.5						0	Daily	
PARM Code 82545 P Mon.Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	19.0						0	Daily	
PARM Code 82545 Q Mon.Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				160.0		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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 5-1-07  
 To 5-31-07

PERMIT NUMBER: FLA014498

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 No. INF-1	Sample Measurement			187.0	MG/L	0	Every Two Weeks	8- hour FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			76 %	Percent	0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period  
07

From: 5-1-07 To: 5-31-

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1		1	6.92	6.82	3.5	0.7	0.6	.211	0	0	.220
2		1	7.05	6.78	1.4		1.8	.207	0	0	.190
3		1	7.17	7.01	2.6		2.1	.196	0	.002	.200
4			7.12	7.04	5.0		0.7	.196	0	.583	.209
5			7.02	7.01	5.0		0.2	.212	0	.312	.232
6	2		7.07	6.79	4.8		0.2	.254	0	.284	.260
7		1	7.09	6.91	5.0	0.6	0.4	.216	0	0	.228
8		1	7.01	6.92	5.0	0.6	0.2	.222	0	0	.227
9		1	7.13	6.84	1.2	0.6	0.6	.205	0	0	.229
10		1	7.04	6.90	2.2	0.6	0.9	.219	0	.041	.219
11			7.17	6.96	2.6		0.7	.207	0	0	.202
12			7.04	7.01	2.0		0.2	.209	0	.283	.220
13			7.12	6.89	3.1		0.2	.257	0	0	.268
14		1	7.12	7.03	5.0	0.6	0.4	.204	0	0	.221
15	2	1	7.00	6.88	4.5	0.6	0.6	.210	0	.436	.224
16		1	7.18	6.96	3.2	0.6	0.2	.212	0	0	.224
17		1	7.12	7.01	4.4	0.6	1.6	.216	0	.238	.225
18			7.06	7.02	2.4		1.1	.209	0	.232	.192
19			7.02	6.94	4.6		0.4	.211	0	.192	.219
20			7.10	6.97	5.0		0.3	.234	0	.189	.234
21		1	7.06	6.88	5.0	0.6	0.4	.204	0	.004	.215
22		1	7.11	6.98	4.1	0.6	0.5	.185	0	.219	.198
23		1	7.02	6.94	3.8	0.6	0.4	.201	0	0	.192
24		1	7.14	7.07	3.6	0.6	0.3	.180	0	.442	.195
25			7.07	6.97	3.7		0.4	.191	0	.192	.194
26			7.09	6.86	4.2		0.9	.204	0	.191	.210
27			7.11	6.90	4.6		0.6	.207	0	.195	.207
28			7.02	6.85	3.6		0.5	.221	0	.141	.221
29			7.07	7.01	5.0		0.4	.220	0	.017	.267
30			7.08	6.94	5.0		0.7	.203	0	.287	.246
31			7.01	6.89	5.0		0.4	.191	0	.171	.207
<b>Total</b>	<b>4</b>	<b>15</b>	<b>219.33</b>	<b>214.98</b>	<b>120.1</b>	<b>7.9</b>	<b>18.9</b>	<b>6514</b>	<b>0</b>	<b>4651</b>	<b>6571</b>
<b>Mo. Avg</b>	<b>2</b>	<b>1</b>	<b>7.07</b>	<b>6.93</b>	<b>3.87</b>	<b>.61</b>	<b>.60</b>	<b>.210</b>	<b>0</b>	<b>.150</b>	<b>.211</b>

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

Evening Shift Operator      Class:                 Certificate No:                 Name:                           

Night Shift Operator      Class:                 Certificate No:                 Name:                           

Lead Operator      Class:   C        Certificate No:   0010013        Name:   Michael A. DiDonato

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498 Facility: Eagle Ridge WWTP  
 Monitoring Period From: 5-1-07 To: 5-31-  
07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			20.3	19.0						
2			21.3	19.0						
3			21.3	19.0						
4			22.7	19.0						
5			19.2	18.6						
6	169	162	17.7	18.3						
7			17.8	18.3						
8			18.4	18.3						
9			20.6	18.3						
10			22.2	18.3						
11			23.5	18.3						
12			23.1	18.3						
13			22.5	18.2						
14			23.0	18.2						
15	163	212	21.7	18.2						
16			22.0	18.2						
17			22.0	18.2						
18			22.8	18.2						
19			21.8	18.2						
20			20.8	18.2						
21			20.8	18.2						
22			22.0	18.2						
23			22.7	18.5						
24			20.7	18.5						
25			20.7	18.5						
26			21.7	18.5						
27			22.1	18.5						
28			21.2	18.5						
29			19.0	18.5						
30			17.8	18.1						
31			21.3	18.3						
<b>Total</b>	332	374	609.1	570.6						
Mo. Avg.	166.0	187.0	19.6	18.4						

PLANT STAFFING:  
 Day Shift Operator Class: A Certificate No: 8285 Name: Ed Golembieski  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: C Certificate No: 0010013 Name: Michael A. DiDonato

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):



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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014498

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeries Way  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 6-1-07 To: 6-30-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.212	0.201	MGD					0		
PARM Code 50050 I Mon.Site No.	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD							
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			MG/L	0	Every Two wks	8-hour FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		MG/L	0	Every Two wks	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				3.7			MG/L	0	Daily	Grab
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		Daily	Grab
pH	Sample Measurement				6.83	7.26		SU	0	Continuous	Meter
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1		#100ML	0	Daily	Grab
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max)		#100ML		Daily	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)
M. Scott Stewart / Area Manager		1-800-272-1919	07/07/19

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

**FILE COPY**

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 6-1-07 \_\_\_\_\_  
 To 07 \_\_\_\_\_

PERMIT NUMBER: FLA014498  
 6-30-  
 07 \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1	#100ML	0	Daily	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#100ML		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.5		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						NTU	0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement						NTU		Continuous	Meter
Flow	Sample Measurement	0.212	0.201					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		.....0.....					0	Daily	Meter
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.151					0	Daily	Meter
PARM Code 50050 R Mon.Site No. FLW-3	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.215					0	Daily	Meter
PARM Code 50050 S Mon.Site No. FLW-4	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	23.5						0	Daily	
PARM Code 82545 P Mon.Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	19.6						0	Daily	
PARM Code 82545 Q Mon.Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				191.0			0	Every Two Wks	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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 6-1-07  
 To: \_\_\_\_\_

PERMIT NUMBER: FLA014498  
 6-30-  
 07 \_\_\_\_\_

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 No. INF-1	Sample Measurement			241.0	MG/L	0	Every Two Wks	8-hour FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			76 %	PERCENT	0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)	PERCENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498  
 Monitoring Period: From: 6-1-07 To: 6-30-  
07

Facility: Eagle Ridge WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1		1	7.04	6.90	4.8	0.6	0.7	.212	0	.138	.170
2			6.96	6.92	5.0		0.4	.237	0	.014	.305
3			6.98	6.91	5.0		1.5	.238	0	.033	.242
4		1	7.04	6.93	5.0	0.6	1.0	.186	0	.274	.199
5		1	6.94	6.90	5.0	0.6	0.4	.193	0	.322	.188
6		1	7.07	6.92	2.5	0.6	0.5	.192	0	0	.159
7		1	7.12	7.01	1.5	0.6	0.5	.196	0	.114	.197
8			7.14	7.06	4.4		0.4	.209	0	0	.227
9			7.16	7.04	3.9		0.2	.188	0	.250	.235
10			7.12	6.89	5.0		1.6	.253	0	.189	.245
11		1	7.15	6.96	4.0	0.6	0.6	.177	0	.200	.052
12	2	1	7.10	7.01	4.2	0.6	0.5	.184	0	.184	.202
13		1	7.11	7.02	4.3	0.6	0.4	.191	0	0	.205
14		1	7.22	6.97	3.5	1.0	0.4	.198	0	.176	.207
15			7.12	6.94	5.0		0.6	.193	0	0	.207
16			7.18	6.90	5.0		1.2	.193	0	0	.132
17			7.24	7.10	5.0		0.7	.257	0	0	.230
18		1	7.18	7.07	4.0	0.6	0.2	.197	0	0	.250
19		1	6.93	7.09	2.6	0.6	0.2	.199	0	.588	.205
20		1	6.94	6.97	3.7	0.6	0.2	.194	0	.414	.242
21		1	6.91	6.89	5.0	0.6	0.6	.200	0	.525	.247
22			7.07	6.85	5.0		0.4	.185	0	.120	.210
23			7.26	6.83	1.6		0.2	.189	0	.283	.168
24			7.07	6.87	1.5		0.2	.215	0	.373	.193
25		1	7.26	6.93	2.6	1.7	0.8	.172	0	.299	.174
26	2	1	7.07	6.89	2.0	0.6	1.0	.189	0	0	.138
27		1	7.24	6.98	5.0	0.7	1.0	.191	0	0	.129
28		1	7.01	6.98	5.0	3.7	0.1	.191	0	.342	.178
29			7.04	6.84	5.0		0.1	.199	0	0	.218
30			7.12	6.91	5.0		0.4	.218	0	.305	.159
31											
<b>Total</b>	4	17	227.10	208.48	119.5	14.9	16.2	6036	0	5143	5913
<b>Mo. Avg</b>	2	1	7.56	6.95	3.98	0.9	.54	.201	0	.171	.197

**PLANT STAFFING:**

Day Shift Operator      Class: A      Certificate No: 8285      Name: Ed Golembieski

Evening Shift Operator      Class: C      Certificate No: 00133850      Name: Mike Monat 4 days

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: C      Certificate No: 0010013      Name: Mike DiDonato 6 days

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498 Facility: Eagle Ridge WWTP  
 Monitoring Period From: 6-1-07 To: 6-30-07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			20.3	18.5						
2			22.8	18.5						
3			23.5	18.5						
4			22.5	18.5						
5			23.7	18.5						
6			22.4	18.5						
7			22.2	18.5						
8			22.8	18.5						
9			22.5	18.5						
10			22.5	18.8						
11			20.9	18.8						
12	208	304	21.7	18.8						
13			20.6	18.8						
14			21.8	18.8						
15			23.1	18.8						
16			23.0	18.9						
17			23.1	18.9						
18			23.1	21.7						
19			23.0	21.4						
20			22.0	21.3						
21			22.8	19.3						
22			23.1	19.3						
23			23.1	19.0						
24			23.0	18.9						
25			23.1	18.8						
26	174	178	21.2	19.2						
27			23.0	19.1						
28			23.2	19.4						
29			23.1	19.1						
30			22.1	19.6						
31										
Total	382	482	629.1	554.1						
Mo. Avg.	191	241	20.9	18.5						

PLANT STAFFING:

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

Evening Shift Operator      Class:   C        Certificate No:   0013850        Name:   Mike Monat 4 days  

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:   C        Certificate No:   0010013        Name:   Mike DiDonate 6 days

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):



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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/H/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400	pH	6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
MAILING ADDRESS: \_\_\_\_\_

PERMIT NUMBER: FLA014498

200 Weathersfield Ave.  
Altamonte Springs, FL 32714  
Eagle Ridge WWTP  
Aeries Way  
Fort Myers, FL 33912

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY:  
LOCATION:

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 7-1-07 To 7-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	0.205	0.206	MGD					0		
PARM Code 50050 I	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD							
Mon.Site No.											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			MG/L	0	Every Two wks	8-hour FP
PARM Code 80082 Y	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hour FP
Mon.Site No. EFA-1											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		MG/L	0	Every Two wks	8-hour FP
PARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FP
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement				3.2			MG/L	0	Every Two wks	Grab
PARM Code 00530 B	Permit Requirement				5.0 (Max.)			MG/L		Daily	Grab
Mon.Site No. EFB-1											
pH	Sample Measurement				6.59	7.34		SU	0	Continuous	Meter
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Continuous	Meter
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				1	1		#100ML	0	Daily	Grab
PARM Code 74055 Y	Permit Requirement				Non Detect (75%)	25 (Max)		#100ML		Daily	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)
M.Scott Stewart / Area Manager		1-800-272-1919	

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

**FILE COPY**

673

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 7-1-07

To: 7-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1	#100ML	0	Daily	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#100ML		Daily	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0		MGL	0	Continuous	
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement				1.0 (Min.)		MGL		Continuous	Meter
Turbidity	Sample Measurement						NTU	0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement						NTU		Continuous	Meter
Flow	Sample Measurement	0.206	0.205	MGD				0	5 Days/Week	Flow meters totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.443 (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0	MGD				0	Daily	Meter
PARM Code 50050 Q Mon. Site No. FLW-2	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.163					0	Daily	Meter
PARM Code 50050 R Mon. Site No. FLW-3	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.210					0	Daily	Meter
PARM Code 50050 S Mon. Site No. FLW-4	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	19.1						0	Daily	
PARM Code 82545 P Mon. Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	20.2						0	Daily	
PARM Code 82545 Q Mon. Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				136.5		MGL	0	Every Two wks	8-hour FP
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MGL		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 7-1-07  
To 7-31-07

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 No. INF-1	Sample Measurement			111.5'	MG/L	0	Every Two wks	8-hour FP
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FP
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			76 %	Percent	0	Monthly	Calculated
	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period

From: 7-1-07

To: 7-31-07

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1			7.18	6.89	5.0		2.0	.214	0	.306	.283
2		1	7.11	6.97	4.8	0.6	0.1	.193	0	0	.262
3		1	6.98	6.73	3.0	0.6	0.1	.188	0	.410	.249
4			6.97	6.81	3.6		0.1	.219	0	0	.284
5		1	7.03	6.83	5.0	0.6	0.3	.199	0	.186	.226
6		1	6.89	6.79	2.0	0.6	1.9	.198	0	0	.220
7			7.18	6.91	1.5		1.0	.216	0	.186	.230
8			7.11	6.87	1.6		0.8	.223	0	.066	.238
9		1	6.67	6.59	4.7	0.8	1.0	.223	0	.400	.240
10		1	6.79	6.71	3.5	0.6	1.6	.210	0	.277	.230
11	2	1	6.87	6.82	2.4	0.8	0.6	.203	0	.230	.222
12		1	7.07	6.81	5.0	0.6	1.3	.196	0	.131	.208
13			6.93	6.77	4.1		1.5	.201	0	.198	.212
14			6.87	6.73	2.2		2.0	.207	0	.185	.221
15			6.94	6.81	3.0		2.2	.228	0	.199	.241
16		1	6.88	6.74	3.9	3.2	1.2	.206	0	.193	.220
17		1	6.89	6.83	5.0	0.6	1.7	.192	0	.023	.182
18		1	7.01	6.89	5.0	0.6	0.8	.193	0	.075	.210
19		1	7.18	6.93	5.0	0.6	0.7	.203	0	0	.215
20			6.91	6.79	4.8		0.7	.189	0	.291	.201
21			7.02	6.83	3.5		0.7	.205	0	.189	.217
22			6.99	6.87	2.5		0.3	.223	0	.209	.232
23	2	1	7.11	6.91	2.5	0.6	0.2	.199	0	.123	.212
24		1	7.07	6.96	1.5	0.6	0.2	.195	0	.205	.254
25		1	6.91	6.73	1.0	0.6	0.4	.185	0	.252	.180
26		1	6.90	6.71	5.0	0.6	0.6	.214	0	.197	.284
27			6.98	6.69	5.0		0.3	.219	0	.204	.238
28			7.08	6.72	3.6		0.3	.210	0	.116	.230
29			6.97	6.83	5.0		0.7	.231	0	.131	.241
30		1	7.34	7.08	5.0	0.7	0.7	.232	0	.105	.249
31		1	7.06	7.06	5.0	0.8	0.8	.200	0	.105	.219
Total	4	18	216.98	211.61	114.7	14.1	26.8	6414	0	5192	6950
Mo. Avg.	2	1	6.99	6.82	3.7	0.8	0.9	.206	0	.167	.224

PLANT STAFFING:

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

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: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period

From: 7-1-07 To: 7-31-

07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			19.1	20.2						
2			18.7	19.9						
3			18.8	19.2						
4			18.7	19.0						
5			18.6	19.2						
6			18.6	19.1						
7			18.5	18.7						
8			18.5	18.7						
9			18.7	18.5						
10			18.7	18.5						
11	88	72.0	18.7	18.7						
12			18.3	18.7						
13			18.8	18.5						
14			18.9	18.7						
15			18.7	18.4						
16			18.5	18.6						
17			18.6	18.4						
18			18.8	18.7						
19			18.9	18.8						
20			19.0	19.0						
21			18.6	18.7						
22			19.0	18.8						
23	185	151	18.6	19.0						
24			19.0	18.7						
25			18.9	18.7						
26			18.6	18.7						
27			19.1	18.7						
28			18.9	19.0						
29			19.1	19.0						
30			19.2	18.8						
31			19.2	18.8						
Total	273	223	583.8	585.2						
Mo. Avg.	136.5	111.5	18.8	18.9						

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

Evening Shift Operator      Class:             Certificate No:             Name:       

Night Shift Operator      Class:             Certificate No:             Name:       

Lead Operator      Class:             Certificate No:             Name:

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):



## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundary Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS:

PERMIT NUMBER: FLA014498

200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 Eagle Ridge WWTP  
 Aeries Way  
 Fort Myers, FL 33912

LIMIT: Final  
 CLASS SIZE: N/A  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

REPORT: Monthly  
 GROUP: Domestic

FACILITY:  
 LOCATION:

COUNTY: Lec

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 8/1/07 To 8/31/07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	.225	220					0		Daily	
PARM Code 50050 Mon.Site No.	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD						Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			0			
PARM Code 80082 Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L			Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0			
PARM Code 80082 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				.6			0		4-days-week	
PARM Code 00530 Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)		MG/L			4-days-week	Grab
pH	Sample Measurement				6.60	7.38		0		Daily	
PARM Code 00400 Mon.Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SI			Daily	Meter
Coliform, Fecal	Sample Measurement				1	1		0		4-days-week	
PARM Code 74055 Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max)	#/100ML			4-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)
N. Pantelias Lead operator		(800) 272-1919	8-18-07

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

673

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA01449R

MONITORING PERIOD From: 8-1-07

To 8-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 A Mon.Site No. EFA-1	Sample Measurement				1	1		0	4-Days-Week	
	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		4-days-week	Grah
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0			0		
	Permit Requirement				1.0 (Min.)		MGL		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				2.4			0		
	Permit Requirement				MAX		NTU		Continuous	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement	.220	.210					0		
	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					7 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement		0					0	7 Days/Week	
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-3	Sample Measurement		164					0		
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-4	Sample Measurement		231					0		
	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL PARM Code 82545 P Mon.Site No. OTH-1	Sample Measurement	36						0		
	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL PARM Code 82545 Q Mon.Site No. OTH-2	Sample Measurement	40						0		
	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement				251			0		
	Permit Requirement				Report (Mo.Avg.)		MGL		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 8-1-07

To 8-31-07

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 No. INF-1	Sample Measurement			116		0		
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No.	Sample Measurement			50%		0		
	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period From: 8/1/07 To: 8/31/07

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1		1	7.26	7.03	5.0	0.6	0.9	.230	0	0	.248
2		1	7.14	7.08	5.0	0.6	0.3	.224	0	.252	.240
3		1	7.11	6.99	5.0	0.6	1.0	.186	0	.260	.205
4			7.38	7.35	5.0		1.2	.210	0	.014	.226
5			7.17	6.91	5.0		1.4	.227	0	.018	.245
6		1	7.03	6.93	5.0	0.6	1.0	.240	0	.022	.249
7	2	1	7.14	6.94	5.0	0.6	1.1	.194	0	.241	.190
8		1	7.16	6.97	5.0	0.6	0.9	.216	0	.241	.221
9		1	7.12	7.04	5.0	0.6	0.6	.205	0	.159	.225
10			7.21	7.14	5.0		0.3	.211	0	.110	.244
11			7.14	7.06	3.2		1.0	.227	0	.110	.244
12			7.07	6.87	5.0		0.2	.285	0	.178	.301
13			7.15	6.93	5.0		0.2	.165	0	.145	.193
14		1	7.03	6.85	1.0	0.6	2.5	.261	0	.075	.300
15		1	7.01	6.91	2.6	0.6	1.0	.203	0	.296	.220
16		1	7.01	6.79	5.0	0.6	0.3	.219	0	.234	.238
17		1	7.21	6.77	5.0	0.6	0.3	.206	0	.147	.211
18			7.19	6.98	1.9		0.3	.225	0	.152	.247
19			6.97	6.83	4.7		0.4	.248	0	.221	.253
20		1	7.06	6.89	5.0	0.6	0.4	.201	0	.278	.214
21		1	6.84	6.61	3.2	0.6	0.4	.216	0	.297	.208
22	2	1	7.00	6.75	1.6	0.6	0.2	.204	0	.176	.224
23		1	6.83	6.66	1.7	0.6	0.2	.222	0	.185	.348
24			6.92	6.68	3.8		0.4	.223	0	.136	.143
25			6.99	6.60	3.6		1.0	.232	0	.144	.234
26			7.04	6.71	2.0		0.3	.269	0	.175	.276
27		1	6.89	6.63	3.7	0.6	0.9	.197	0	.157	.211
28		1	7.29	7.21	1.6	0.6	1.0	.202	0	.136	.216
29		1	6.83	6.67	1.0	0.6	1.1	.206	0	.200	.070
30		1	7.01	6.89	1.8	0.6	2.4	.293	0	.187	.272
31			7.08	6.94	3.8		1.1	.191	0	.189	.245
Total	4	19	219.28	213.61	116.2	10.8	24.3	6.838	0	5.108	7.161
Mo. Avg.	2	1	7.07	6.89	3.74	0.6	.78	.220	0	.164	.231

PLANT STAFFING:

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   B        Certificate No:   9261        Name:   Nick Pantelias

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498 Facility: Eagle Ridge WWTP  
 Monitoring Period: From: 8/1/07 To: 8/31/07

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			19.2	19.1						
2			19.3	19.1						
3			19.3	19.2						
4			19.1	19.2						
5			19.3	18.7						
6			19.7	18.5						
7	127	54	19.5	19.0						
8			19.6	19.5						
9			19.5	19.3						
10			19.5	19.3						
11			19.3	19.2						
12			19.0	18.9						
13			18.7	18.8						
14			18.7	18.8						
15			19.3	19.2						
16			19.2	19.3						
17			19.2	19.3						
18			19.0	19.3						
19			18.7	19.7						
20			19.2	19.7						
21			19.2	19.5						
22	124	179	19.2	19.3						
23			18.7	19.2						
24			19.0	18.9						
25			19.0	19.0						
26			18.8	18.8						
27			19.1	18.7						
28			19.2	18.9						
29			19.2	19.0						
30			19.2	19.5						
31			19.2	20.0						
Total	251	233	671.0	593.9						
Mo. Avg	125	116	21.6	19.1						

**PLANT STAFFING:**

Day Shift Operator      Class: A      Certificate No: 8285      Name: Ed Golembieski

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: B      Certificate No: 9261      Name: Nick Pantelias



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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge	PERMIT NUMBER: FLA014498		
MAILING ADDRESS: 200 Weathersfield Ave. Altamonte Springs, FL 32714	LIMIT: Final	REPORT: Monthly	
FACILITY: Eagle Ridge WWTP	CLASS SIZE: N/A	GROUP: Domestic	
LOCATION: Aeries Way Fort Myers, FL 33912	MONITORING GROUP NUMBER: R-001		
	MONITORING GROUP DESC: including Influent		
COUNTY: Lec	NO DISCHARGE FROM SITE: <input type="checkbox"/>		
	MONITORING PERIOD From: 9-1-07 To 9-30-07		

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	236	273						0	Daily	
PARM Code 50050 I	Permit Requirement	0.433 (3-Mo.Avg.)	Report (Mo.Avg.)	MGD							
Mon.Site No.											
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2				0		
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				2	2			0		
PARM Code 80082 A	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hour FPC
Mon.Site No. EFA-1											
Solids, Total Suspended	Sample Measurement								0		
PARM Code 00530 B	Permit Requirement				5.0 (Max.)			MG/L		4-days-week	Grab
Mon.Site No. EFB-1											
pH	Sample Measurement				6.83	8.15			0		
PARM Code 00400 A	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SU		Daily	Meter
Mon.Site No. EFA-1											
Coliform, Fecal	Sample Measurement				1	1			0		
PARM Code 74055 Y	Permit Requirement				Non Detect (75%)	25 (Max)		#/100ML		4-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)
Nick Pantelias Lead operator		(800)272-1919	9-5-07

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

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 9-1-07  
 To: 9-30-07

PERMIT NUMBER: FLA014498

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1		0		
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		4-days-week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			0		
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						NTU		Continuous	Meter
Flow	Sample Measurement	.206	.273					0		
PARM Code 50050 P Mon.Site No. FLW-1	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					7 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0					0		
PARM Code 50050 Q Mon.Site No. FLW-2	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		121					0		
PARM Code 50050 R Mon.Site No. FLW-3	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		218					0		
PARM Code 50050 S Mon.Site No. FLW-4	Permit Requirement		Report (3-Mo.Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	34						0		
PARM Code 82545 P Mon.Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	28						0		
PARM Code 82545 Q Mon.Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				172			0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement				Report (Mo.Avg.)		MG/L		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014498

MONITORING PERIOD From: 9-1-07  
To 9-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			145		0		
PARM Code 00530 G <sup>3</sup> 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			47		0		
PARM Code 00180 Mon.Site No.	Permit Requirement			Report (Mo.Total)	PER-CENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period

From: 9-1-07

To: 9-30-07

9

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1			6.91	6.83	1.4		.8	.204	0	.189	.215
2			7.25	6.97	1.1		.6	.213	0	.196	.224
3			6.87	6.72	2.8		1.1	.236	0	.102	.250
4		1	8.15	7.12	2.8		1.1	.194	0	0	.209
5	2.0	1	7.54	7.49	5.0		.7	.196	0	0	.205
6		1	7.24	7.19	5.0		1.2	.196	0	0	.207
7		1	7.11	6.91	5.0		1.9	.194	0	.084	.211
8			7.86	7.75	4.5		.7	.219	0	.834	.244
9			7.19	6.84	3.8		2.1	.236	0	.524	.243
10		1	7.11	6.89	4.3		.9	.201	0	.006	.213
11		1	7.19	7.07	5.0		.3	.198	0	0	.210
12		1	7.14	7.03	5.0		.9	.194	0	0	.208
13		1	7.09	7.05	5.0		1.0	.200	0	0	.217
14			7.27	7.16	3.5		.20	.187	0	0	.201
15			7.13	7.12	3.3		1.0	.208	0	0	.221
16			7.07	6.93	3.7		1.5	.239	0	0	.241
17		1	7.02	6.87	5.0		1.2	.188	0	.351	.206
18	2.0	1	7.15	7.09	5.0		1.4	.200	0	0	.209
19		1	7.02	6.88	4.2		.90	.186	0	0	.208
20		1	7.14	7.05	5.0		1.2	.205	0	0	.226
21			7.40	7.17	4.0		1.0	.209	0	.450	.224
22			7.16	7.09	3.0		2.0	.212	0	.351	.222
23			7.04	6.92	1.0		2.0	.238	0	.317	.247
24		1	7.12	6.93	5.0		.6	.197	0	0	.211
25		1	7.90	7.16	5.0		.3	.194	0	0	.205
26		1	7.19	7.09	5.0		1.9	.173	0	0	.180
27		1	7.20	7.15	5.0		1.6	.215	0	0	.222
28			7.07	6.99	3.8		1.1	.195	0	0	.204
29			7.10	7.03	1.5		2.0	.211	0	.249	.222
30			6.94	6.83	1.8		2.2	.242	0	0	.249
31									0		
<b>Total</b>	4.0	16	219.51	211.3	115.5		37.4	6180	0	3.653	6.554
<b>Mo. Avg</b>	2.0	1	7.31	7.04	3.85		1.24	.206	0	.121	.218

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No:   8285        Name:   Ed Golembieski  

Evening Shift Operator      Class:                 Certificate No:                 Name:           

Night Shift Operator      Class:                 Certificate No:                 Name:           

Lead Operator      Class:   B        Certificate No:   9261        Name:   Nick Pantelias



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period

From: 9-1-07

To: 9-30-07

Code	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Mon. Site	80082	00530	82545	82545						
	INF-1	INF-1	OTH-1	OTH-2						
1			19.0	18.5						
2			18.9	18.7						
3			19.0	19.0						
4			19.2	19.0						
5	176	109	19.3	19.0						
6			19.5	19.0						
7			19.0	18.8						
8			17.7	19.2						
9			17.5	18.7						
10			17.1	18.3						
11			17.5	18.3						
12			17.5	18.3						
13			17.5	18.3						
14			19.0	18.5						
15			19.0	18.3						
16			18.7	18.2						
17			19.0	18.2						
18	168	181	19.0	18.3						
19			19.0	19.0						
20			19.0	19.0						
21			19.0	19.0						
22			18.8	19.0						
23			18.7	18.2						
24			18.5	18.2						
25			18.3	18.2						
26			18.3	18.0						
27			19.0	18.3						
28			19.0	18.3						
29			19.0	18.3						
30			18.8	18.3						
31										
<b>Total</b>	344	290	521	537						
<b>Mo. Avg</b>	172	145	17.3	17.9						

**PLANT STAFFING:**

Day Shift Operator	Class: <u>  A  </u>	Certificate No: <u>  8285  </u>	Name: <u>  Ed Golembieski  </u>
Evening Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Night Shift Operator	Class: <u>          </u>	Certificate No: <u>          </u>	Name: <u>                  </u>
Lead Operator	Class: <u>  B  </u>	Certificate No: <u>  9261  </u>	Name: <u>  Nick Pantelias  </u>

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWB-21349  
 Well Type: Background  
 Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: **Lee**  
 Facility Name: **Eagle Ridge WWTP**  
 Permit Number: **FLA014498**

Monitoring Well ID: **MWI-21348**  
 Well Type: **Intermediate**  
 Description: **ER-2 Intermediate Well**

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge PERMIT NUMBER: FLA014498  
 MAILING ADDRESS: 200 Weatherfield Ave. Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP LIMIT: Final REPORT: Monthly  
 LOCATION: Aeries Way Fort Myers, FL 33912 CLASS SIZE: N/A GROUP: Domestic  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent  
 COUNTY: Lee NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 10-1-07 To 10-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	209	203					0		Daily	
PARM Code 50050 Mon. Site No.	Permit Requirement	0.433 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD							
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			0			
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20.0 (Ar. Avg.)			MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0			
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				.6			0			
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)			MGL		4-days-week	Grab
pH	Sample Measurement				6.44	7.19		0			
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		SD		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1		0			
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max)		#/100ML		4-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 (YYMMDD)
Nick Pantelias Lead operator		(800)272-1910	10 09 07

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

PAGE 01/01

EAGLE RIDGE

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623

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

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

PERMITTEE NAME: Unifitas, Inc. of Eagle Ridge  
 MAILING ADDRESS: \_\_\_\_\_

PERMIT NUMBER: FLA014498

200 Weatherfield Ave.  
 Altamonte Springs, FL 32714

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Eagle Ridge WWTP  
 LOCATION: Aertes Way  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: 10-1-07

Total 0-31-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	209	203					0	Daily	
PARM Code 50050 Mon. Site No. 1	Permit Requirement	0.433 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			0		
PARM Code 80082 Mon. Site No. FFA-1	Permit Requirement				20.0 (An. Avg.)		MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0		
PARM Code 80082 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				6			0		
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		MG/L		4-days-week	Grab
pH	Sample Measurement				6.44	7.19		0		
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1		0		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max)	#/100ML		4-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 (YYMMDD)
Nick Pantelias Lead operator		(800)272-1919	10-09-07

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

FACILITY: Eagle Ridge WWTP

DISCHARGE MONITORING REPORT - PART A (Continued)

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 10-1-07  
 To 10-31-07

PERMIT NUMBER FLA014498

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/CONL		1-days-week	Grahn
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.0					0		
PARM Code 56060 A Mon. Site No. EFA-1	Permit Requirement		1.0 (Min.)				MG/L		Continuous	Meter
Turbidity	Sample Measurement						NTU		Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement									
Flow	Sample Measurement	.203	.209					0		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.443 (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					7 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0					0		
PARM Code 50050 Q Mon. Site No. FLW-2	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.096					0		
PARM Code 50050 R Mon. Site No. FLW-3	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		.221					0		
PARM Code 50050 S Mon. Site No. FLW-4	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	20.5							Daily	Meter
PARM Code 82545 P Mon. Site No. OTH-1	Permit Requirement	report (Max.)		FEET				0		
Water Level Relative to MSL	Sample Measurement	20.5							Daily	
PARM Code 82545 Q Mon. Site No. OTH-2	Permit Requirement	report (Max.)		FEET				0		
BOD, Carboaceous 5 day, 20C	Sample Measurement								Daily	
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				171			0		
					Report (Mo. Avg.)		MG/L		Every Two Weeks	3-hour FPC

See Part B



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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 10-1-07 to 10-31-07

PERMIT NUMBER: RI A01498

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 No. INF-1	Sample Measurement			176		0		
	Permit Requirement			Report (Mo. Avg.)	MGL		Every Two Weeks	8-hour EPC
Percent Capacity, (TMADP/Permitted Capacity) x 100 PARM Code 00180 Mon. Site No.	Sample Measurement			48		0		
	Permit Requirement			Report (Mo. Total)	PERCENT		Monthly	Calculated
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

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**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498 Facility: Eagle Ridge WWTP  
 Monitoring Period: From: 10-1-07 To: 10-31-07

Code	CHOD5 (MG/L)	Fecul Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	EPA-1	FLW-1	FLW-2	FLW-3	FLW-1
1		1	6.89	6.81	4.5		2.2	221	0	0	231
2	2.0	1	6.99	6.93	1.8		1.0	196	0	0	204
3		1	7.14	7.05	5.0		1.8	200	0	0	210
4		1	7.21	7.17	4.5		1.7	199	0	0	210
5			7.21	7.18	3.1		.70	204	0	0	209
6			7.22	7.14	2.8		2.49	197	0	0	211
7		1	6.67	6.44	5.0		1.5	244	0	0	242
8		1	6.72	6.51	4.7		1.2	196	0	0	211
9		1	8.02	7.80	5.0		1.8	206	0	0	215
10		1	6.85	6.79	3.2		.90	183	0	0	200
11			7.01	6.89	2.5		2.0	214	0	0	210
12			7.14	7.08	5.0		.40	202	0	0	191
13			7.16	7.09	4.7		1.5	210	0	0	192
14		1	6.79	6.68	5.0		2.5	203	0	0	246
15		1	6.89	6.71	2.7		2.5	207	0	334	201
16	2.0	1	7.14	6.97	4.5		2.0	191	0	376	214
17		1	6.93	6.81	1.6		2.0	214	0	.007	236
18			7.11	6.93	1.9		.40	207	0	0	218
19			7.19	7.11	2.2		.60	209	0	0	211
20			7.08	6.93	1.5		1.0	225	0	0	253
21		1	6.97	6.77	2.5		.60	260	0	.018	260
22		1	6.87	6.58	1.8		1.5	197	0	.282	199
23		1	6.91	6.61	1.0		1.1	201	0	275	201
24		1	7.09	6.87	5.0		.90	262	0	275	214
25			7.01	6.84	3.0		.40	148	0	0	212
26			7.17	7.03	2.2		.90	202	0	203	223
27			7.08	6.87	2.1		.30	217	0	0	250
28		1	7.02	6.94	3.5		.30	202	0	0	222
29		1	6.93	6.81	5.0		.40	249	0	290	230
30		1	7.19	6.93	5.0		.50	291	0	337	220
31	2.0	1	7.11	6.91	5.0		.40	212	0	387	220
Total	6.0	16	211.8	200.0	108.2		37.49	6,479	0	3,004	6,876
Mo. Avg	2.0	1	6.83	6.46	3.49		1.20	209	0	096	221

*Done*  
*6,780*  
*.21*

PLANT STAFFING:  
 Day Shift Operator Class: A Certificate No: 8258 Name: Ed Gokubieski  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: B Certificate No: 9261 Name: Nick Pantelus

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA01498 Facility: Eagle Ridge WWTP  
 Monitoring Period: From 10-1-07 To 10-31-07

	COD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)						
Code	80082	00530	82545	82545						
Mon. Site	INF-1	INF-1	OTH-1	OTH-2						
1			18.7	18.5						
2	164	197	18.8	18.3						
3			18.7	17.5						
4			18.7	18.3						
5			18.7	18.3						
6			18.7	18.3						
7			18.7	18.3						
8			18.9	18.4						
9			17.1	18.3						
10			17.5	18.3						
11			17.5	18.8						
12			18.7	18.1						
13			18.7	18.7						
14			19.4	19.0						
15			20.5	19.1						
16	178	183	20.4	19.2						
17			18.7	19.2						
18			17.9	18.7						
19			17.5	18.7						
20			17.5	18.7						
21			17.7	18.9						
22			19.0	20.0						
23			19.0	19.8						
24			19.0	19.6						
25			18.7	19.2						
26			18.7	19.2						
27			18.7	19.2						
28			18.7	19.4						
29			18.8	19.7						
30			18.8	19.7						
31	172	149	18.7	19.7						
Total	514	529	558	548						
Mo. Avg.	171	176	18.01	17.70						

PLANT STAFFING

Day Shift Operator      Class: A      Certificate No: 8285      Name: Ed Golembieski

Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_

Lead Operator      Class: B      Certificate No: 9261      Name: Nick Pantellis

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

67  
12-18-07 2:00 PM

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

PERMITTEE NAME: Utilities, Inc. of Eagle Ridge  
 MAILING ADDRESS: 200 Weathersfield Ave.  
 Altamonte Springs, FL 32714  
 FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeres Way  
 Fort Myers, FL 33912  
 COUNTY: Lee

PERMIT NUMBER: FLA014498  
 LIMIT: Final  
 CLASS SIZE: N/A  
 REPORT GROUP: Monthly Domestic  
 MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent  
 NO DISCHARGE FROM SITE:  11-1-07  
 MONITORING PERIOD From: To

11-30-07  
 To

12/11/2007 11:56

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EAGLE RIDGE

PAGE 01

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	208	217							
PARM Code 50050 Mon. Site No.	Permit Requirement	0.433 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD						
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0					
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement				20.0 (An. Avg.)		MGL		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0	2.0		0		
PARM Code 80082 Mon. Site No. EPA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MGL		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				0.6			0		
PARM Code 00530 Mon. Site No. EFB-1	Permit Requirement				5.0 (Max.)		MGL		4 days a week	Grab
pH	Sample Measurement				6.74	7.15		0		
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1		0		
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		4 days a 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)
Nick Pantelias Lead operator		(300) 2721919	12-10-07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA014408

MONITORING PERIOD From: 11-1-07 To 11-30-07

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EAGLE RIDGE

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Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1		0		
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	#/100ML		4 days a week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.1					0		
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement		1.0 (Min.)				MGL		Continuous	Meter
Turbidity	Sample Measurement						NTU		Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement									
Flow	Sample Measurement	317	208					0		
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.443 (Mo. Avg.)	Report (3-Mo. Avg.)	MGD					7 Days/Week	Flow meters and totalizers
Flow	Sample Measurement		0					0		
PARM Code 50050 Q Mon. Site No. FLW-2	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		079					0		
PARM Code 50050 R Mon. Site No. FLW-3	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Flow	Sample Measurement		227					0		
PARM Code 50050 S Mon. Site No. FLW-4	Permit Requirement		Report (3-Mo. Avg.)	MGD					Daily	Meter
Water Level Relative to MSL	Sample Measurement	32.0						0		
PARM Code 82545 P Mon. Site No. OTH-1	Permit Requirement	report (Max.)		FEET					Daily	
Water Level Relative to MSL	Sample Measurement	50.1						0		
PARM Code 82545 Q Mon. Site No. OTH-2	Permit Requirement	report (Max.)		FEET					Daily	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				88.5			0		
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MGL		Every Two Weeks	8-hour FPC

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

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013498

MONITORING PERIOD From: 11-1-07 To: 11-30-07

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 No. INF-1	Sample Measurement			130				0		
	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	3-hour FPC
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00189 Mon.Site No.	Sample Measurement			48				0		
	Permit Requirement			Report (Mo.Total)			PER-CENT		Monthly	Calculated
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

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EAGLE RIDGE

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**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498  
Monitoring Period: From 11-1-07

Facility: Eagle Ridge WWTP

To: 11-30-07

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (V.G/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	50050 FLW-2	50050 FLW-3	50050 FLW-4
1			7.12	6.93	1.1		40	208	0	322	218
2			7.08	6.92	1.1		30	193	0	243	213
3			7.01	6.84	5.0		20	231	0	272	251
4			6.93	6.89	5.0		2.4	237	0	008	254
5			6.80	6.74	5.0		80	187	0	022	206
6			7.04	6.97	1.9		50	209	0	313	196
7			7.04	7.03	1.8		1.2	219	0	0	221
8			7.17	7.13	5.0		1.8	205	0	0	213
9			7.09	6.97	2.4		1.2	224	0	283	212
10			7.13	7.05	2.5		1.0	214	0	060	217
11			7.02	6.87	2.4		2.5	252	0	099	232
12			7.01	6.93	2.4		2.7	198	0	051	240
13			7.08	6.97	3.9		2.4	207	0	091	205
14	2.0		6.99	6.81	4.0		2.5	216	0	306	236
15			7.04	6.86	5.0		1.0	200	0	0	209
16			7.10	6.91	4.2		1.3	197	0	0	203
17			7.16	6.97	3.6		50	226	0	0	262
18			7.09	6.93	4.6		50	236	0	001	246
19			6.89	6.84	4.8		90	225	0	001	235
20			6.94	6.81	5.0		1.8	225	0	0	235
21			6.95	6.74	5.0		70	192	0	0	215
22			7.04	6.93	5.0		2.0	249	0	0	259
23			7.14	7.05	3.8		1.0	214	0	0	230
24			7.09	7.02	2.7		2.5	225	0	0	218
25			7.12	6.93	2.5		3.0	254	0	0	238
26			7.10	6.97	3.5		2.9	245	0	092	265
27			7.15	7.03	3.5		2.9	219	0	108	233
28			6.99	6.88	3.2		1.0	203	0	108	227
29	2.0		7.12	7.08	1.6		50	207	0	0	227
30			7.14	6.99	5.0		40	203	0	0	216
31											
Total	4.0	18	211.6	207.9	106.5		42.80	6,520	0	2,379	6,822
Mo. Avg	2.0	1	7.05	6.93	3.55		1.48	217	0	079	227

PLANT STAFFING:  
 Day Shift Operator      Class: A      Certificate No: 8285      Name: Ed Golembieski  
 Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: B      Certificate No: 9261      Name: Nick Panielias

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498  
 Monitoring Period: From: 11-1-07 To: 11-30-07

Facility: Eagle Ridge WWTP

	CODS (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)
Codic	80082	00530	82545	82545
Mon. Site	INF-1	INF-1	OTH-1	OTH-2
1			27.8	50.1
2			20.8	47.1
3			13.9	41.7
4			22.2	44.5
5			27.8	45.9
6			27.8	41.7
7			27.8	34.7
8			27.8	27.8
9			13.9	27.8
10			13.9	27.8
11			16.7	32.6
12			16.7	30.6
13			27.8	27.8
14	64	109	27.8	20.8
15			30.6	27.8
16			27.8	25.0
17			27.8	13.9
18			30.6	19.4
19			26.4	16.7
20			27.8	19.4
21			36.1	23.6
22			34.7	20.8
23			27.8	20.8
24			27.8	13.9
25			23.6	15.3
26			32.0	19.4
27			25.0	19.4
28			20.8	20.8
29	136	151	13.9	20.8
30			13.9	27.8
31				
Total	200	206	739.3	679.9
Mo. Avg	100	130	24.64	22.66

PLAN 1 STAFFING:  
 Day Shift Operator      Class: A      Certificate No: 8285      Name: Ed Golcembieski  
 Evening Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_      Certificate No: \_\_\_\_\_      Name: \_\_\_\_\_  
 Lead Operator      Class: B      Certificate No: 9261      Name: Nick Pantelins



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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA014498

**FILE COPY**

LIMIT: Final  
 CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Eagle Ridge WWTP  
 LOCATION: Aeries Way  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: 12-1-07  
 To 12-31-07

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EAGLE RIDGE

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01/23/2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant	Sample Measurement	214	222				MGD	0	7 days/week	Meter
PARM Code 50050 Mon. Site No.	Permit Requirement	0.433 (3-Mo. Avg.)	Report (Mo. Avg.)	MGD			MGD	0	7 days/week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.0		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)		MG/L	0	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.2		MG/L	0	Every Two Weeks	8-hour FPC
PARM Code 80082 Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)	MG/L	0	Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement				2.5		MG/L	0	4/ days a week	Grab
PARM Code 00530 Mon. Site No. EFR-1	Permit Requirement				5.0 (Max.)		MG/L	0	4/ days a week	Grab
pH	Sample Measurement				6.37	7.19	SI	0	Continuous	Meter
PARM Code 00400 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)	SI	0	Continuous	Meter
Coliform, Fecal	Sample Measurement				1	1	#100ML	0	4/ days a week	Grab
PARM Code 74055 Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max)	#100ML	0	4/ days a 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)
Nick Pantelias, Lead operator		(800) 272-1919	1-15-08

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 12-1-07 To 12-31-07

PERMIT NUMBER: FLA014498

PAGE 02/05

EAGLE RIDGE

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Parameter	Sample Measurement / Permit Requirement	Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1	1		0	4-days-week	Grab
PARM Code 74055 A Mon. Site No. EFA-1	Permit Requirement				Non Detect (75%)	25 (Max.)	M/100ML	0	4-days-week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.0				0	Continuous	Meter
PARM Code 50060 A Mon. Site No. EFA-1	Permit Requirement			1.0 (Min.)			MGL	0	Continuous	Meter
Turbidity	Sample Measurement			2.5				0	Continuous	Meter
PARM Code 00070 B Mon. Site No. EFB-1	Permit Requirement			max			NTU	0	Continuous	Meter
Flow	Sample Measurement	222	214	MGD				0	7 Days/Week	Meter
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.443 (Mo. Avg.)	Report (3-Mo. Avg.)	MGD				0	7 Days/Week	Meter
Flow	Sample Measurement		0	MGD				0	Daily	Meter
PARM Code 50050 Q Mon. Site No. FLW-2	Permit Requirement		Report (3-Mo. Avg.)	MGD				0	Daily	Meter
Flow	Sample Measurement		229	MGD				0	Daily	Meter
PARM Code 50050 R Mon. Site No. FLW-3	Permit Requirement		Report (3-Mo. Avg.)	MGD				0	Daily	Meter
Flow	Sample Measurement		226	MGD				0	Daily	Meter
PARM Code 50050 S Mon. Site No. FLW-4	Permit Requirement		Report (3-Mo. Avg.)	MGD				0	Daily	Staffgauge
Water Level Relative to MSL	Sample Measurement	18		MGD				0	Daily	Staffgauge
PARM Code 82545 P Mon. Site No. OTH-1	Permit Requirement	report (Max.)		FEET				0	Daily	Staffgauge
Water Level Relative to MSL	Sample Measurement	24		FEET				0	Daily	Staffgauge
PARM Code 82545 Q Mon. Site No. OTH-2	Permit Requirement	report (Max.)		FEET				0	EveryTwoWeeks	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				201			0	EveryTwoWeeks	8-hour TPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)		MGL	0	EveryTwoWeeks	8-hour TPC

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY Eagle Ridge WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: 12-1-07 To: 12-31-07

PERMIT NUMBER: HA6014498

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EAGLE RIDGE

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Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement			187.5	MG/L	0	Every Two Weeks	8-hour BPC
PARM Code 00530 G	Permit Requirement			Report (Mo. Avg.)	MG/L	0	Every Two Weeks	8-hour BPC
Mon. Site No. INF-1	Sample Measurement			49%	PERCENT	0	Monthly	Calculated
Percent Capacity, (TMADH/Permitted Capacity) x 100	Permit Requirement			Report (Mo. Total)	PERCENT	0	Monthly	Calculated
PARM Code 00180	Sample Measurement							
Mon. Site No.	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498  
 Monitoring Period: From: 12-1-07 To: 12-31-07

Facility: Eagle Ridge WWTP

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	50050 FLW-2	50050 FLW-3	50050 FLW-4
1			6.99	7.14	1.0		.6	257	0	210	251
2			6.81	6.93	2.5		1.7	235	0	100	238
3		1	6.87	7.02	2.5	0.6	2.0	207	0	102	212
4		1	6.93	7.10	2.4	0.6	.9	227	0	101	239
5		1	6.91	7.08	5.0	0.6	2.5	207	0	185	199
6		1	6.83	6.92	5.0	0.6	2.0	196	0	185	217
7			6.90	7.19	5.0		2.5	208	0	0	216
8			6.90	7.04	5.0		2.5	230	0	1002	239
9			6.88	7.10	5.0		.3	232	0	125	245
10		1	6.81	6.89	5.0	0.6	.9	215	0	194	238
11		1	6.83	7.02	5.0	0.6	1.0	221	0	0	234
12		1	6.87	7.12	5.0	0.6	1.1	210	0	267	227
13	2.0	1	7.01	7.10	1.8	0.6	1.0	224	0	207	231
14			6.37	6.78	5.0		1.1	198	0	0.244	222
15			6.49	6.85	3.0		.7	292	0	001	259
16			6.57	6.76	5.0		.9	200	0	285	238
17		1	6.63	6.81	5.0	0.6	2.0	193	0	0	245
18		1	6.77	7.05	5.0	0.6	.4	217	0	0	228
19		1	6.91	7.04	2.5	3.7	1.0	214	0	513	232
20			6.93	6.98	5.0	0.6	1.1	226	0	261	237
21			6.99	7.03	2.3		1.8	202	0	233	226
22			7.11	7.14	1.0		1.0	233	0	148	247
23			6.83	6.95	5.0		2.0	154	0	0	229
24		1	6.59	6.82	5.0	1.9	2.0	260	0	0	219
25			6.50	6.82	2.8		2.5	253	0	0	262
26		1	6.88	7.05	5.0	0.6	1.8	227	0	0	251
27		1	6.79	7.07	5.0	0.6	1.5	223	0	0	245
28		1	6.87	7.02	1.5	0.6	1.0	218	0	0	217
29	2.0		6.82	7.18	4.8	0.6	1.2	216	0	280	236
30			6.77	6.93	5.0		2.0	239	0	228	263
31		1	6.83	6.91	5.0	1.5	.9	225	0	0	268
Total	4.0	16	211.19	216.84	123.1	16.1	43.9	6.886	0	3.371	2237.304
No. Avg	2.0	1	6.81	6.99	3.97	0.51	1.41	222	0	0.124	228

**PLANT STAFFING:**

Day Shift Operator Class: A Certificate No: 8285 Name: Ed Golembieski  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lab Operator Class: B Certificate No: 9261 Name: Nick Pantelias

*7.304*  
*228*  
*1-23-08 Error t*  
*Scott S.*  
*7.304 is correct*  
*228*

*AD*

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014498  
 Monitoring Period From: 12-1-07 To: 12-31-07

Facility: Eagle Ridge WWTP

	CBOD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)																	
Code	80082	00530	82545	82545																	
Mon. Site	INF-1	INF-1	OTH-1	OTH-2																	
1			19.4	27.8																	
2			11.1	29.2																	
3			12.5	33.4																	
4			9.7	27.8																	
5			8.3	26.4																	
6			5.5	8.3																	
7			5.5	5.5																	
8			6.9	12.5																	
9			11.1	12.5																	
10			13.9	8.3																	
11			11.1	8.3																	
12			11.1	8.3																	
13	266	224	9.7	13.9																	
14			8.3	8.3																	
15			20.8	8.3																	
16			22.2	8.3																	
17			25.0	11.1																	
18			25.0	13.9																	
19			25.0	13.9																	
20			20.8	13.9																	
21			20.8	13.9																	
22			13.9	13.9																	
23			11.1	19.4																	
24			9.7	20.8																	
25			13.9	22.8																	
26			13.9	22.8																	
27			17.9	17.9																	
28			13.9	11.1																	
29	136	151	13.9	8.3																	
30			7.9	18.0																	
31			14.4	7.4																	
Total	462	375	434.2	476.5																	
No. Avg	201	187.5	14.0	15.3																	

**PLANT STAFFING:**

Day Shift Operator      Class:   A        Certificate No.   8285        Name:   Ed Golembieski  

Evening Shift Operator      Class:                 Certificate No.                 Name:                   

Night Shift Operator      Class:                 Certificate No.                 Name:                   

Plant Operator      Class:   B        Certificate No.   9261        Name:   Nick Panichas

**2007**

**CROSS CREEK WWTP**

**25.30.440 (4)  
OPERATIONS REPORTS**

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

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

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

PERMIT NUMBER: FLA014505  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: JAN-1-2007 To JAN-31-2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement	87			2				0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2			0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.7				0		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.64	6.90			0		
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						< 1		0		
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						25 (Max.)	#100ML		4 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)
ISMAEL GARCIA		239/561/2713	07/02/16

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JAN-1-2007 To: 2007

PERMIT NUMBER: FLA014505  
 JAN-31-

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 Mon.Site No. EFA-1	A			1.0		0		
		Sample Measurement						
		Permit Requirement		1.0 (Min.)			Continuous	Meter
Turbidity PARM Code 00070 Mon.Site No. EFB-1	B			1.0		0		
		Sample Measurement						
		Permit Requirement		(Max)			Continuous	Meter
Flow PARM Code 50050 Mon.Site No. FLW-2	I	0.091				0		
		Sample Measurement			MGD			
		Permit Requirement	Report (Mo.Avg.)				5 Days/Week	Meter
Flow PARM Code 50050 Mon.Site No. FLW-3	P	0.107				0		
		Sample Measurement			MGD			
		Permit Requirement	Report (Mo.Avg.)				5 Days/Week	Meter
Flow PARM Code 50050 Mon.Site No. FLW-4	Q	0.000				0		
		Sample Measurement			MGD			
		Permit Requirement	Report (Mo.Avg.)				5 Days/Week	Meter
Flow PARM Code 50050 Mon.Site No. FLW-5	R	0.123				0		
		Sample Measurement			MGD			
		Permit Requirement	Report (Mo.Avg.)				5 Days/Week	Meter
Flow PARM Code 50050 Mon.Site No. FLW-1	Y	0.072				0		
		Sample Measurement			MGD			
		Permit Requirement	Report (An.Avg.)				5 Days/Week	Flow Totalizer
Flow PARM Code 50050 Mon.Site No. FLW-1	S	0.108	0.089			0		
		Sample Measurement			MGD			
		Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)			5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 Mon.Site No. FLW-1	I			0.089		36%	0	
		Sample Measurement						
		Permit Requirement		Report		PER-CENT	Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JAN-1-2007  
 To: \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 JAN-31-2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			142		0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			173		0		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period  
2007

From: JAN-1-2007

To: JAN-31-

	COD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1			6.77	1.0		0.6	0.102	41%	0.102	0.102	0.000
2		< 1	6.76	1.6	0.7	0.6	0.097	39%	0.099	0.099	0.000
3		< 1	6.71	1.9	0.6	0.4	0.098	39%	0.100	0.100	0.000
4		< 1	6.80	3.5	0.6	0.8	0.094	38%	0.092	0.092	0.000
5		< 1	6.78	2.7	0.6	0.4	0.101	41%	0.100	0.100	0.000
6			6.73	4.6		0.4	0.101	41%	0.102	0.102	0.000
7			6.76	3.4		1.0	0.095	38%	0.095	0.095	0.000
8		< 1	6.89	1.2	0.6	0.4	0.104	42%	0.041	0.104	0.000
9		< 1	6.86	1.1	0.6	0.8	0.103	41%	0.102	0.102	0.000
10	2	< 1	6.89	1.4	0.6	0.4	0.100	40%	0.101	0.101	0.000
11		< 1	6.88	2.5	0.6	0.4	0.107	43%	0.105	0.105	0.000
12			6.80	2.2		0.8	0.109	44%	0.108	0.108	0.000
13			6.64	3.4		1.0	0.110	44%	0.109	0.109	0.000
14			6.74	3.0		1.0	0.105	42%	0.105	0.105	0.000
15		< 1	6.81	2.0	0.6	0.4	0.109	44%	0.109	0.109	0.000
16		< 1	6.79	1.0	0.6	0.4	0.107	43%	0.105	0.105	0.000
17		< 1	6.77	2.0	0.6	0.4	0.105	42%	0.106	0.106	0.000
18		< 1	6.75	1.1	0.6	0.4	0.110	44%	0.111	0.111	0.000
19			6.73	1.3		0.8	0.110	45%	0.111	0.111	0.000
20			6.79	1.0		0.4	0.114	46%	0.114	0.114	0.000
21			6.75	1.2		0.4	0.109	44%	0.108	0.108	0.000
22		< 1	6.73	1.2	0.6	0.3	0.123	49%	0.120	0.120	0.000
23		< 1	6.80	3.6	0.6	0.3	0.109	44%	0.110	0.110	0.000
24	2	< 1	6.83	3.2	0.6	0.5	0.112	45%	0.113	0.113	0.000
25		< 1	6.85	4.0	0.6	0.4	0.117	47%	0.007	0.115	0.000
26			6.90	1.3		0.6	0.118	47%	0.000	0.119	0.000
27			6.86	1.2		0.6	0.110	45%	0.000	0.109	0.000
28			6.80	1.0		0.4	0.111	45%	0.007	0.110	0.000
29		< 1	6.87	2.6	0.6	0.5	0.124	50%	0.123	0.123	0.000
30		< 1	6.92	5.0	0.6	1.0	0.114	46%	0.115	0.115	0.000
31		< 1	6.89	5.0	0.6	0.4	0.107	43%	0.105	0.105	0.000
Total											
Mo. Avg	2	< 1	6.80	2.3	0.6	0.6	0.108	43%	0.091	0.107	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period From: JAN-1-22207 To: JAN-31-  
 2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)									
Code	50050	80082	00530									
Mon. Site	FLW-5	INF-1	INF-1									
1	0.115											
2	0.158											
3	0.119											
4	0.151											
5	0.116											
6	0.155											
7	0.116											
8	0.041											
9	0.135											
10	0.151	110	190									
11	0.111											
12	0.151											
13	0.138											
14	0.135											
15	0.135											
16	0.143											
17	0.141											
18	0.136											
19	0.142											
20	0.139											
21	0.143											
22	0.135											
23	0.145											
24	0.145		173	156								
25	0.007											
26	0.000											
27	0.000											
28	0.007											
29	0.162											
30	0.288											
31	0.168											
<b>Total</b>												
<b>Mo. Avg</b>	0.123		142	173								

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

**FILE COPY**

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: JAN-1-2007 To JAN-31-2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement	87			2				0		
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2			0		
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				0.7				0		
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement				5.0 (Max.)			MG/L		4 Days/Week	Grab
pH	Sample Measurement				6.64	6.90			0		
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					< 1			0		
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)		#/100ML		4 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)
ISMAEL GARCIA		239/561/2713	07/02/16

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JAN-1-2007 To: JAN-31-2007

PERMIT NUMBER: FLA014505

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			0		
PARM Code 50060 Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)		MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.0			0		
PARM Code 00070 Mon.Site No. EFB-1	Permit Requirement				(Max)		NTU		Continuous	Meter
Flow	Sample Measurement	0.091						0		
PARM Code 50050 Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.107						0		
PARM Code 50050 Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.000						0		
PARM Code 50050 Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.123						0		
PARM Code 50050 Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)		MGD					5 Days/Week	Meter
Flow	Sample Measurement	0.072						0		
PARM Code 50050 Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)		MGD					5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.108	0.089					0		
PARM Code 50050 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				0.089		36%	0		
PARM Code 00180 Mon.Site No. FLW-1	Permit Requirement				Report		PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JAN-1-2007  
 To: \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 JAN-31-2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			142		0		
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MGA.		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			173		0		
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: From: JAN-1-2007 To: JAN-31-  
 2007

Facility: Cross Creek WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1			6.77	1.0		0.6	0.102	41%	0.102	0.102	0.000
2		< 1	6.76	1.6	0.7	0.6	0.097	39%	0.099	0.099	0.000
3		< 1	6.71	1.9	0.6	0.4	0.098	39%	0.100	0.100	0.000
4		< 1	6.80	3.5	0.6	0.8	0.094	38%	0.092	0.092	0.000
5		< 1	6.78	2.7	0.6	0.4	0.101	41%	0.100	0.100	0.000
6			6.73	4.6		0.4	0.101	41%	0.102	0.102	0.000
7			6.76	3.4		1.0	0.095	38%	0.095	0.095	0.000
8		< 1	6.89	1.2	0.6	0.4	0.104	42%	0.041	0.104	0.000
9		< 1	6.86	1.1	0.6	0.8	0.103	41%	0.102	0.102	0.000
10	2	< 1	6.89	1.4	0.6	0.4	0.100	40%	0.101	0.101	0.000
11		< 1	6.88	2.5	0.6	0.4	0.107	43%	0.105	0.105	0.000
12			6.80	2.2		0.8	0.109	44%	0.108	0.108	0.000
13			6.64	3.4		1.0	0.110	44%	0.109	0.109	0.000
14			6.74	3.0		1.0	0.105	42%	0.105	0.105	0.000
15		< 1	6.81	2.0	0.6	0.4	0.109	44%	0.109	0.109	0.000
16		< 1	6.79	1.0	0.6	0.4	0.107	43%	0.105	0.105	0.000
17		< 1	6.77	2.0	0.6	0.4	0.105	42%	0.106	0.106	0.000
18		< 1	6.75	1.1	0.6	0.4	0.110	44%	0.111	0.111	0.000
19			6.73	1.3		0.8	0.110	45%	0.111	0.111	0.000
20			6.79	1.0		0.4	0.114	46%	0.114	0.114	0.000
21			6.75	1.2		0.4	0.109	44%	0.108	0.108	0.000
22		< 1	6.73	1.2	0.6	0.3	0.123	49%	0.120	0.120	0.000
23		< 1	6.80	3.6	0.6	0.3	0.109	44%	0.110	0.110	0.000
24	2	< 1	6.83	3.2	0.6	0.5	0.112	45%	0.113	0.113	0.000
25		< 1	6.85	4.0	0.6	0.4	0.117	47%	0.007	0.115	0.000
26			6.90	1.3		0.6	0.118	47%	0.000	0.119	0.000
27			6.86	1.2		0.6	0.110	45%	0.000	0.109	0.000
28			6.80	1.0		0.4	0.111	45%	0.007	0.110	0.000
29		< 1	6.87	2.6	0.6	0.5	0.124	50%	0.123	0.123	0.000
30		< 1	6.92	5.0	0.6	1.0	0.114	46%	0.115	0.115	0.000
31		< 1	6.89	5.0	0.6	0.4	0.107	43%	0.105	0.105	0.000
Total											
Mo. Avg.	2	< 1	6.80	2.3	0.6	0.6	0.108	43%	0.091	0.107	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: JAN-1-22207 To: JAN-31-  
 2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)								
Code	50050	80082	00530								
Mon. Site	FLW-5	INF-1	INF-1								
1	0.115										
2	0.158										
3	0.119										
4	0.151										
5	0.116										
6	0.155										
7	0.116										
8	0.041										
9	0.135										
10	0.151	110	190								
11	0.111										
12	0.151										
13	0.138										
14	0.135										
15	0.135										
16	0.143										
17	0.141										
18	0.136										
19	0.142										
20	0.139										
21	0.143										
22	0.135										
23	0.145										
24	0.145	173	156								
25	0.007										
26	0.000										
27	0.000										
28	0.007										
29	0.162										
30	0.288										
31	0.168										
Total											
Mo. Avg.	0.123	142	173								

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Head Operator      Class: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: **Lee**  
 Facility Name: **Cross Creek WWTP**  
 Permit Number: **FLA014505**

Monitoring Well ID: **MWB-21361**  
 Well Type: **Background**  
 Description: **CC-1 Background Well Location to be**

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located nca

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

6/1

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FILE COPY

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: FEB - 1 - 2007 To: FEB -28 -2007

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement	87			2			0	Every two weeks	8-hr-lpc
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0	Every two weeks	8-hr-lpc
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement				1.0			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				6.65	6.99		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
Coliform, Fecal	Sample Measurement					< 1		0	4 Days/week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML		4 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)

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

**DISCHARGE MONITORING RI T - PART A (Continued)**

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: FEB - 1 -  
 2007  
 To \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 \_FEB - 28 -  
 2007 \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0				0	Continuous	Meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MGL		Continuous	Meter
Turbidity	Sample Measurement				1.2				0	Continuous	Meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow	Sample Measurement	0.079							0	Continuous	Meter
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.120							0	Continuous	Meter
PARM Code 50050 P Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.000							0	Continuous	Meter
PARM Code 50050 Q Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.094							0	Continuous	Meter
PARM Code 50050 R Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.073							0	Continuous	Flow Totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.121	0.103						0	Continuous	Flow Totalizer
PARM Code 50050 S Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				0.103				0	Monthly	Calculated
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: FEB - 1 - 2007  
 To: \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 FEB - 28 - 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			147		0	Every Two Weeks	8-hr-fpc
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MGI/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			154		0	Every Two Weeks	8-hr-fpc
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MGI/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: 2007

From: FEB - 1 - 2007

To: FEB - 28 -

Facility: Cross Creek WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity. (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1		< 1	6.94	5.0	0.6	0.4	0.112	45 %	0.110	0.110	0.000
2			6.92	5.0		0.6	0.113	45 %	0.112	0.112	0.000
3			6.95	5.0		0.7	0.116	47 %	0.115	0.115	0.000
4			6.89	5.0		0.8	0.114	46 %	0.025	0.114	0.000
5		< 1	6.88	5.0	0.6	0.6	0.124	50 %	0.010	0.123	0.000
6		< 1	6.96	5.0	0.6	0.8	0.121	49 %	0.013	0.120	0.000
7	2	< 1	6.99	3.4	0.6	0.8	0.117	47 %	0.117	0.117	0.000
8		< 1	6.91	2.6	0.6	0.6	0.123	49 %	0.118	0.120	0.000
9			6.94	1.3		0.4	0.120	48 %	0.120	0.120	0.000
10			6.89	4.6		0.4	0.125	50 %	0.120	0.123	0.000
11			6.85	4.8		0.4	0.116	47 %	0.118	0.118	0.000
12		< 1	6.88	3.5	0.6	0.6	0.132	53 %	0.016	0.135	0.000
13		< 1	6.88	2.8	0.6	0.6	0.119	48 %	0.023	0.117	0.000
14		< 1	6.95	2.6	0.6	0.4	0.120	48 %	0.000	0.119	0.000
15		< 1	6.98	3.5	0.6	0.6	0.131	53 %	0.000	0.129	0.000
16			6.90	3.6		0.6	0.125	50 %	0.000	0.125	0.000
17			6.84	3.7		0.5	0.126	51 %	0.000	0.124	0.000
18			6.79	3.8		0.8	0.131	53 %	0.000	0.130	0.000
19		< 1	6.73	2.8	0.6	1.0	0.124	50 %	0.122	0.122	0.000
20		< 1	6.84	1.0	0.6	0.8	0.119	48 %	0.117	0.117	0.000
21	2	< 1	6.84	3.0	0.6	0.8	0.120	48 %	0.029	0.117	0.000
22		< 1	6.85	2.1	0.6	0.8	0.122	49 %	0.120	0.120	0.000
23			6.75	1.9		0.6	0.122	49 %	0.111	0.121	0.000
24			6.65	1.5		0.9	0.126	51 %	0.125	0.125	0.000
25			6.71	1.0		1.2	0.117	47 %	0.115	0.115	0.000
26		< 1	6.80	1.2	1.0	1.0	0.127	51 %	0.124	0.124	0.000
27		< 1	6.88	1.1	0.8	1.2	0.119	48 %	0.110	0.110	0.000
28		< 1	6.94	1.5	0.8	0.8	0.118	47 %	0.124	0.124	0.000
29											
30											
31											
Total							3.399		2.214	3.366	
Mo. Avg	2	< 1	6.87	3.1	0.6	0.7	0.121	49 %	0.079	0.120	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: FEB - 1 - 2007 To: FEB - 28 - 2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)										
Code	50050	80082	00530										
Mon. Site	FLW-5	INF-1	INF-1										
1	0.128												
2	0.169												
3	0.131												
4	0.025												
5	0.010												
6	0.013												
7	0.191	185	140										
8	0.118												
9	0.166												
10	0.120												
11	0.137												
12	0.016												
13	0.023												
14	0.000												
15	0.000												
16	0.000												
17	0.000												
18	0.000												
19	0.140												
20	0.138												
21	0.029	109	168										
22	0.176												
23	0.111												
24	0.168												
25	0.118												
26	0.162												
27	0.188												
28	0.164												
29													
30													
31													
Total	2.641												
Mo. Avg	0.094	147	154										

PLANT STAFFING:  
 Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 ad Operator      Class: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

When Completed mail this report to: Department of Environmental Protection, South District, Florida Department of Environmental Protection, P O Box 2540, Ft. Myers, FL 33902-2540

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

**FILE COPY**

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lec

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: MAR -1 - MAR -31 -  
 07 \_\_\_\_\_ To 07 \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2		0	Every two weeks	8-hr fpc
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2	0	Every two weeks	8-hr 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-hr. FPC
Solids, Total Suspended	Sample Measurement			1.3		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			6.87	7.10	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
Coliform, Fecal	Sample Measurement				< 1	0	4 days /week	grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement				25 (Max.)	#/100ML	4 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)
Ismael Garcia		239-561-2713	07 / 04 / 16

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: MAR -1 - 07 To 07

PERMIT NUMBER: FLA014505  
 MAR -31 - 07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.1		0	continuous	meter
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity	Sample Measurement			2.0		0	continuous	meter
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement			(Max)	NTU		Continuous	Meter
Flow	Sample Measurement	0.105				0	5 days/week	meter
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.113				0	5days/week	meter
PARM Code 50050 P Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.000				0	5days/week	meter
PARM Code 50050 Q Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.164				0	5days/week	meter
PARM Code 50050 R Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter
Flow	Sample Measurement	0.072				0	5days/week	Flow totalizer
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.115	0.115			0	5days/week	Flow totalizer
PARM Code 50050 S Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD			5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement			0.115	46%	0	monthly	calculated
PARM Code 00180 1 Mon.Site No. FLW-1	Permit Requirement			Report	PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: MAR - 1 - 07 To: MAR - 31 - 07

PERMIT NUMBER: FLA014505  
 MAR - 31 - 07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			85		0	Every two weeks	8-hr-fpc
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			164		0	Every two weeks	8-hr-fpc
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period: From: MAR -1-07

To: MAR -31-

07

	COD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code Mon. Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	00180 FLW-1	50050 FLW-2	50050 FLW-3	50050 FLW-4
1		< 1	6.99	2.6	0.6	0.8	0.120	48 %	0.114	0.118	0.000
2			6.99	2.5		0.8	0.117	47 %	0.114	0.114	0.000
3			6.99	3.1		1.1	0.126	51 %	0.114	0.125	0.000
4			6.88	3.2		1.0	0.120	48 %	0.118	0.118	0.000
5		< 1	6.94	2.1	0.6	1.2	0.125	50 %	0.120	0.121	0.000
6	2	< 1	6.91	2.5	1.3	2.0	0.121	49 %	0.118	0.118	0.000
7		< 1	6.89	1.2	0.8	1.8	0.120	48 %	0.118	0.118	0.000
8		< 1	7.01	1.2	0.6	1.0	0.124	50 %	0.121	0.121	0.000
9			6.98	3.3		0.6	0.118	47 %	0.117	0.117	0.000
10			6.97	3.8		0.6	0.119	48%	0.006	0.117	0.000
11			6.89	3.3		0.8	0.113	45 %	0.110	0.110	0.000
12		< 1	6.96	3.3	0.6	0.6	0.123	49 %	0.120	0.120	0.000
13		< 1	6.91	2.1	0.6	0.4	0.117	47 %	0.115	0.115	0.000
14		< 1	6.99	1.6	0.6	0.4	0.113	45 %	0.110	0.110	0.000
15		< 1	6.91	1.6	0.6	1.0	0.117	47 %	0.114	0.114	0.000
16			6.93	2.3		0.8	0.112	45 %	0.110	0.110	0.000
17			6.93	1.9		0.4	0.126	51 %	0.124	0.124	0.000
18			6.87	2.3		0.4	0.120	48 %	0.117	0.117	0.000
19		< 1	6.94	1.1	0.6	0.8	0.121	49 %	0.117	0.117	0.000
20		< 1	7.00	1.5	0.6	0.6	0.113	45 %	0.111	0.111	0.000
21	2	< 1	6.98	1.6	0.6	0.6	0.108	43 %	0.106	0.106	0.000
22		< 1	6.98	2.0	0.6	0.4	0.111	44 %	0.108	0.108	0.000
23			6.95	1.8		0.6	0.111	44 %	0.109	0.109	0.000
24			6.87	2.1		0.6	0.112	45 %	0.007	0.108	0.000
25			6.92	2.0		0.4	0.112	45 %	0.109	0.109	0.000
26		< 1	6.97	1.5	0.6	0.5	0.114	46 %	0.109	0.109	0.000
27		< 1	7.03	2.9	0.9	0.6	0.109	44 %	0.110	0.110	0.000
28		< 1	7.09	2.5	0.6	0.6	0.104	42 %	0.102	0.102	0.000
29		< 1	7.05	2.9	0.7	0.4	0.102	41 %	0.100	0.100	0.000
30			7.10	3.0		0.4	0.103	41 %	0.100	0.100	0.000
31			7.02	3.6		0.4	0.103	41 %	0.101	0.101	0.000
Total							3.574		3.269	3.497	
Mo. Avg.	2	< 1	6.96	2.3	0.7	0.7	0.115	46 %	0.105	0.113	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505      Facility: Cross Creek WWTP  
 Monitoring Period: From: MAR-1-07      To: MAR-31-07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)							
Code	50050	80082	00530							
Mon. Site	FLW-5	INF-1	INF-1							
1	0.114									
2	0.166									
3	0.114									
4	0.168									
5	0.120									
6	0.209									
7	0.143	163	168							
8	0.177									
9	0.157									
10	0.006									
11	0.232									
12	0.178									
13	0.134									
14	0.249									
15	0.209									
16	0.118									
17	0.130									
18	0.140									
19	0.176									
20	0.169									
21	0.224	7	160							
22	0.134									
23	0.224									
24	0.007									
25	0.228									
26	0.153									
27	0.230									
28	0.200									
29	0.202									
30	0.184									
31	0.192									
Total	5.087									
Mo. Avg.	0.164	85	164							

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: C      Certificate No: 0008922      Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well, Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

07

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: **FILE COPY**  
 GROUP: Monthly Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: APRIL-1-07 To: APRIL-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2				0	Every Two Weeks	8-hr FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2			0	Every Two Weeks	8-hr 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-hr. FPC
Solids, Total Suspended	Sample Measurement			0.9				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			6.72	7.16			0	5 Days/Week	Grab
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)		SI		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement					< 1		0	4Days/Week	Grab
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML		4 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)
ISMAEL GARCIA		239-561-2713	04/05/15

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: APRIL-1-07 To: APRIL-30-07

PERMIT NUMBER: FLA014505

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement								0	Continuous	Meter
PARM Code 50060 Mon.Site No. EFA-1	A Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.3				0	Continuous	Meter
PARM Code 00070 Mon.Site No. EFB-1	B Permit Requirement				(Max)			NTU		Continuous	Meter
Flow	Sample Measurement	0.077							0	5Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-2	I Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.082							0	5Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-3	P Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.000							0	5Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-4	Q Permit Requirement			MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.170							0	5Days/Week	Meter
PARM Code 50050 Mon.Site No. FLW-5	R Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.080							0	5Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	Y Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.084	0.107						0	5 Days/Week	Flow Totalizer
PARM Code 50050 Mon.Site No. FLW-1	S Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							43 %	0	Monthly	Calculated
PARM Code 00180 Mon.Site No. FLW-1	I Permit Requirement				Report			PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: APRIL-1-07 To 07

PERMIT NUMBER: FLA014505  
 APRIL-30-07

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement			88		0	Every Two Weeks	8-hr. FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon.Site No. INF-1	Sample Measurement			161		0	Every Two Weeks	8-hr. FPCa
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: From APRIL-1-07 To: APRIL-30-07

Facility: Cross Creek WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code Mon. Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	00180 FLW-1	50050 FLW-2	50050 FLW-3	50050 FLW-4
1			7.12	2.5		0.6	0.100	40 %	0.098	0.098	0.000
2		< 1	7.16	1.9	0.6	0.6	0.105	42 %	0.100	0.100	0.000
3		< 1	7.11	2.8	0.6	0.6	0.096	39 %	0.094	0.094	0.000
4	2	< 1	7.03	1.4	0.6	0.6	0.094	38 %	0.093	0.093	0.000
5		< 1	6.98	2.0	0.6	0.6	0.092	37 %	0.090	0.090	0.000
6			7.04	1.1		0.4	0.097	39 %	0.095	0.095	0.000
7			7.13	1.1		0.9	0.110	44 %	0.108	0.108	0.000
8			6.98	3.2		0.8	0.098	39 %	0.096	0.096	0.000
9		< 1	7.03	3.1	0.6	0.6	0.099	40 %	0.096	0.096	0.000
10		< 1	6.93	3.2	0.6	0.6	0.101	41 %	0.103	0.103	0.000
11		< 1	6.95	3.6	0.6	0.8	0.089	36 %	0.087	0.087	0.000
12		< 1	6.90	2.0	0.6	0.6	0.090	36 %	0.000	0.087	0.000
13			6.87	4.4		0.8	0.088	35 %	0.086	0.086	0.000
14			6.88	3.6		1.3	0.090	36 %	0.088	0.088	0.000
15			6.91	4.4		0.8	0.085	34 %	0.086	0.086	0.000
16		< 1	7.01	2.5	0.9	0.2	0.085	34 %	0.000	0.083	0.000
17		< 1	6.94	2.4	0.7	0.4	0.076	31 %	0.075	0.075	0.000
18	2	< 1	6.97	2.2	0.6	0.8	0.075	30 %	0.074	0.074	0.000
19		< 1	6.97	3.4	0.6	0.6	0.078	31 %	0.077	0.077	0.000
20			6.90	3.2		0.8	0.075	30 %	0.074	0.074	0.000
21			6.88	3.4		1.0	0.072	29 %	0.070	0.070	0.000
22			6.87	5.0		0.8	0.072	29 %	0.070	0.070	0.000
23		< 1	6.89	3.5	0.6	1.0	0.076	31 %	0.074	0.074	0.000
24		< 1	6.90	3.4	0.6	0.6	0.072	29 %	0.070	0.070	0.000
25		< 1	6.84	2.5	0.6	0.8	0.070	28 %	0.068	0.068	0.000
26		< 1	6.85	2.6	0.6	1.0	0.069	28 %	0.068	0.068	0.000
27			6.85	2.8		1.2	0.070	28 %	0.069	0.069	0.000
28			6.92	1.6		0.7	0.068	27 %	0.066	0.066	0.000
29			6.72	2.4		1.0	0.061	24 %	0.060	0.060	0.000
30		< 1	6.79	1.1	0.6	1.2	0.061	24 %	0.060	0.060	0.000
31											
Total							2.514		2.295	2.465	
Mo. Avg	2	< 1	6.94	2.7	0.7	0.8	0.084	34 %	0.077	0.082	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: APRIL-1-07 To: APRIL-30-07

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)								
Code	50050	80082	00530								
Mon. Site	FLW-5	INF-1	INF-1								
1	0.195										
2	0.204										
3	0.219										
4	0.186	134	167								
5	0.191										
6	0.205										
7	0.224										
8	0.200										
9	0.197										
10	0.251										
11	0.157										
12	0.000										
13	0.172										
14	0.177										
15	0.138										
16	0.000										
17	0.158										
18	0.180	41	154								
19	0.171										
20	0.170										
21	0.165										
22	0.174										
23	0.165										
24	0.170										
25	0.149										
26	0.198										
27	0.145										
28	0.201										
29	0.153										
30	0.198										
31											
Total	5.113										
Mo. Avg.	0.170	88	161								

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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MW1-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic  
**FILE COPY**

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From:    MAY -1 -    MAY-31-  
 2007 To 2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2			0	EVERY TWO WEEKS	8-HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2		0	EVERY TWO WEEKS	8-HR 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-hr. FPC
Solids, Total Suspended	Sample Measurement			0.8			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			6.72	6.94		0	5 DAYS/WEEK	GRAB
PARM Code 00400 A Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	STU		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement						0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML	4 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)
ISMAEL GARCIA		239-561-2713	07/06/19

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From:    MAY -1-  
 2007 \_\_\_\_\_  
 To \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 \_\_\_\_\_ MAY-31-  
 2007 \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.0				0	CONTINUOUS	METER
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				1.2				0	CONTINUOUS	METER
	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.041							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-3	Sample Measurement	0.046							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Q Mon.Site No. FLW-4	Sample Measurement	0.000							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-5	Sample Measurement	0.160							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Y Mon.Site No. FLW-1	Sample Measurement	0.077							0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 S Mon.Site No. FLW-1	Sample Measurement	0.047	0.082						0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement							33%	0	MONTHLY	CALCULATED
	Permit Requirement				Report			PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From:   MAY -1-    
 2007  
 To: \_\_\_\_\_

PERMIT NUMBER: FLA014505  
  MAY-31-    
 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			145				0	EVERY TWO WEEKS	8-HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			171				0	EVERY TWO WEEKS	8-HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MGL		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: MAY-1-2007 To: MAY-31-2007

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1		< 1	6.86	1.7	0.6	1.0	0.059	24%	0.058	0.058	0.000
2	2	< 1	6.90	3.2	0.6	1.0	0.055	22%	0.053	0.053	0.000
3		< 1	6.94	4.4	0.6	0.8	0.055	22%	0.054	0.054	0.000
4			6.80	3.4		0.6	0.056	22%	0.054	0.054	0.000
5			6.84	3.6		0.8	0.054	22%	0.000	0.053	0.000
6			6.78	2.8		0.6	0.054	22%	0.053	0.053	0.000
7		< 1	6.75	4.1	0.6	0.6	0.055	22%	0.053	0.053	0.000
8		< 1	6.77	1.3	0.6	0.8	0.051	20%	0.050	0.050	0.000
9		< 1	6.80	2.7	0.6	1.0	0.048	19%	0.047	0.047	0.000
10		< 1	6.84	2.8	0.6	1.0	0.050	20%	0.048	0.048	0.000
11			6.76	1.5		0.9	0.048	19%	0.047	0.047	0.000
12			6.72	1.5		0.9	0.048	19%	0.047	0.047	0.000
13			6.68	1.2		1.0	0.047	19%	0.046	0.046	0.000
14		< 1	6.81	3.7	0.6	1.0	0.052	21%	0.000	0.051	0.000
15		< 1	6.82	1.8	0.6	1.0	0.048	19%	0.000	0.047	0.000
16	2	< 1	6.86	1.3	0.6	0.8	0.046	18%	0.045	0.045	0.000
17		< 1	6.90	1.5	0.6	0.8	0.047	19%	0.046	0.046	0.000
18			6.81	1.1		0.8	0.046	18%	0.044	0.044	0.000
19			6.82	1.0		0.8	0.045	18%	0.040	0.040	0.000
20			6.84	2.7		0.8	0.046	18%	0.046	0.046	0.000
21		< 1	6.80	3.2	0.6	1.2	0.045	18%	0.041	0.041	0.000
22		< 1	6.80	4.2	0.6	0.9	0.042	17%	0.041	0.041	0.000
23		< 1	6.83	1.7	0.6	0.8	0.042	17%	0.041	0.041	0.000
24		< 1	6.79	2.6	0.8	1.0	0.040	16%	0.038	0.038	0.000
25			6.82	2.0		1.0	0.040	16%	0.039	0.039	0.000
26			6.78	1.6		1.0	0.039	16%	0.038	0.038	0.000
27			6.86	5.0		1.2	0.038	15%	0.037	0.037	0.000
28			6.80	3.3		1.0	0.041	16%	0.040	0.040	0.000
29		< 1	6.74	1.7	0.6	0.8	0.043	17%	0.041	0.041	0.000
30	2	< 1	6.77	3.3	0.6	0.8	0.038	15%	0.037	0.037	0.000
31		< 1	6.81	3.4	0.7	0.9	0.038	15%	0.036	0.036	0.000
Total							1.456		1.260	1.411	
Mo. Avg.	2	< 1	6.81	2.6	0.6	0.9	0.047	19%	0.041	0.046	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: MAY-1-2007 To: MAY-31-2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)							
Code	50050	80082	00530							
Mon. Site	FLW-5	INF-1	INF-1							
1	0.148									
2	0.177	153	96							
3	0.184									
4	0.188									
5	0.000									
6	0.137									
7	0.187									
8	0.188									
9	0.164									
10	0.159									
11	0.195									
12	0.139									
13	0.179									
14	0.000									
15	0.000									
16	0.163	128	133							
17	0.133									
18	0.204									
19	0.178									
20	0.146									
21	0.210									
22	0.177									
23	0.187									
24	0.190									
25	0.247									
26	0.189									
27	0.184									
28	0.197									
29	0.173									
30	0.169	154	284							
31	0.167									
Total	4.959									
Mo. Avg.	0.160	145	171							

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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: JUNE -1-07 To JUNE -30-07

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			0	EVERY TWO WEEKS	8HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0	EVERY TWO WEEKS	8 HR 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-hr. FPC
Solids, Total Suspended	Sample Measurement				0.8			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				6.71	7.02		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
Coliform, Fecal	Sample Measurement							0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML		4 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)
ISMAEL GARCIA		239-561-2713	07/07/20

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

**FILE COPY**

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JUNE-1-07 To 07

PERMIT NUMBER: FLA014505  
 JUNE-30-

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0				0	CONTINUOUS	METER
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MGL		Continuous	Meter
Turbidity	Sample Measurement				1.5				0	CONTINUOUS	METER
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow	Sample Measurement	0.032							0	5DAYS/WEEK	METER
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.040							0	5DAYS/WEEK	METER
PARM Code 50050 P Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.000							0	5DAYS/WEEK	METER
PARM Code 50050 Q Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.121							0	5DAYS/WEEK	METER
PARM Code 50050 R Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.073							0	5DAYS/WEEK	FLOW TOTALIZER
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.041	0.057						0	5DAYS/WEEK	FLOW TOTALIZER
PARM Code 50050 S Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement							23%	0	MONTHLY	CALCULATED
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JUNE-1-07 To 07

PERMIT NUMBER: FLA014505  
 JUNE-30-

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			110		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			184		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period  
07

From: JUNE-1-07

To: JUNE-30-

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1		<1	6.82	2.7	0.8	0.8	0.046	18%	0.000	0.048	0.000
2			6.83	1.6		0.6	0.042	17%	0.000	0.041	0.000
3			6.97	3.5		1.1	0.041	16%	0.040	0.040	0.000
4		<1	7.02	2.0	0.8	1.2	0.041	16%	0.041	0.041	0.000
5		<1	6.92	1.5	0.8	0.6	0.035	14%	0.034	0.034	0.000
6		<1	6.85	1.5	0.6	1.0	0.037	15%	0.035	0.035	0.000
7		<1	6.93	1.3	0.6	1.1	0.039	16%	0.038	0.038	0.000
8			6.96	3.5		0.8	0.042	17%	0.020	0.042	0.000
9			6.94	3.0		0.9	0.043	17%	0.013	0.042	0.000
10			6.95	4.0		0.8	0.043	17%	0.041	0.041	0.000
11		<1	6.99	3.2	0.6	1.2	0.041	16%	0.040	0.040	0.000
12		<1	7.01	3.1	0.6	1.1	0.035	14%	0.000	0.035	0.000
13	2	<1	6.99	2.0	0.6	1.4	0.038	15%	0.036	0.036	0.000
14		<1	7.01	1.4	0.6	1.5	0.045	18%	0.044	0.044	0.000
15			6.97	1.1		1.0	0.042	17%	0.042	0.042	0.000
16			6.99	2.2		1.5	0.039	16%	0.032	0.039	0.000
17			6.96	2.6		0.8	0.044	18%	0.009	0.046	0.000
18		<1	6.80	3.5	0.8	1.0	0.039	16%	0.037	0.039	0.000
19		<1	6.84	3.4	0.6	0.8	0.037	15%	0.036	0.036	0.000
20		<1	6.84	1.7	0.6	0.8	0.038	15%	0.036	0.036	0.000
21		<1	6.86	3.4	0.6	0.6	0.046	18%	0.044	0.044	0.000
22			6.84	1.3		0.4	0.037	15%	0.036	0.036	0.000
23			6.88	2.1		0.8	0.039	16%	0.039	0.039	0.000
24			6.89	1.4		0.6	0.040	16%	0.040	0.040	0.000
25		<1	6.87	4.2	0.6	0.6	0.044	18%	0.043	0.043	0.000
26		<1	6.80	1.4	0.6	1.0	0.047	19%	0.045	0.045	0.000
27	2	<1	6.77	1.1	0.6	1.0	0.048	19%	0.047	0.047	0.000
28		<1	6.81	1.1	0.8	1.0	0.047	19%	0.046	0.046	0.000
29			6.79	1.1		0.9	0.044	18%	0.043	0.043	0.000
30			6.71	1.5		0.5	0.041	16%	0.010	0.041	0.000
31											
Total							1.240		0.967	1.219	
Mo. Avg.	2	<1	6.89	2.2	0.7	0.9	0.041	16%	0.032	0.040	0.000

**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: C      Certificate No: 0008922      Name: ISMAEL GARCIA

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: JUNE-1-07 To: JUNE-30-07

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)						
Mon. Site	50050 FLW-5	80082 INF-1	00530 INF-1						
1	0.000								
2	0.000								
3	0.171								
4	0.176								
5	0.212								
6	0.135								
7	0.175								
8	0.020								
9	0.013								
10	0.194								
11	0.355								
12	0.000								
13	0.216	99	176						
14	0.162								
15	0.115								
16	0.032								
17	0.009								
18	0.037								
19	0.101								
20	0.203								
21	0.155								
22	0.130								
23	0.168								
24	0.066								
25	0.219								
26	0.109								
27	0.141	120	192						
28	0.082								
29	0.225								
30	0.010								
31									
<b>Total</b>	3.631								
<b>Mo. Avg.</b>	0.121	110	184						

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: JULY 1- 2007 To: JULY 31- 2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2			0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2		0	EVERY TWO WEEKS	8 HR 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-hr. FPC
Solids, Total Suspended	Sample Measurement			1.5			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			6.75	7.08		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
Coliform, Fecal	Sample Measurement					< 1	0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML	4 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)
ISMAEL GARCIA		239-561-2713	07/08/20

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

**FILE COPY**

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**DISCHARGE MONITORING R. PART A (Continued)**

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JULY 1-  
 2007 To 2007

PERMIT NUMBER: FLA014505  
 JULY 31-

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.1				0	CONTINUOUS	METER
PARM Code 50060 A Mon.Site No. EFA-1	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity	Sample Measurement				1.2				0	CONTINUOUS	METER
PARM Code 00070 B Mon.Site No. EFB-1	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow	Sample Measurement	0.039							0	5 DAYS/WEEK	METER
PARM Code 50050 I Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.040							0	5 DAYS/WEEK	METER
PARM Code 50050 P Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.000							0	5 DAYS/WEEK	METER
PARM Code 50050 Q Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.085							0	5 DAYS/WEEK	METER
PARM Code 50050 R Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow	Sample Measurement	0.082							0	5 DAYS/WEEK	FLOW TOTALIZER
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow	Sample Measurement	0.041	0.043						0	5 DAYS/WEEK	FLOW TOTALIZER
PARM Code 50050 S Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100	Sample Measurement				0.043			17 %	0	MONTHLY	CALCULATED
PARM Code 00180 I Mon.Site No. FLW-1	Permit Requirement				Report			PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: JULY 1-  
 2007 To 2007

PERMIT NUMBER: FLA014505  
 JULY 31-

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			100				0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			167				0	EVERY TWO WEEKS	8 HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: From: JULY 1-2007 To: JULY 31-2007

Facility: Cross Creek WWTP

Code	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Mon. Site	80082 EFA-1	74055 EFA-1	00400 EFA-1	50060 EFA-1	00530 EFB-1	00070 EFB-1	50050 FLW-1	00180 FLW-1	50050 FLW-2	50050 FLW-3	50050 FLW-4
1			6.75	3.2		0.4	0.043	17 %	0.043	0.043	0.000
2		< 1	6.75	2.0	0.6	0.4	0.041	16 %	0.040	0.040	0.000
3		< 1	6.84	5.0	0.6	0.4	0.040	16 %	0.004	0.041	0.000
4			6.88	3.0		0.4	0.042	17 %	0.012	0.041	0.000
5		< 1	6.94	1.6	0.6	0.4	0.041	16 %	0.006	0.040	0.000
6		< 1	6.96	2.7	0.6	0.6	0.041	16 %	0.139	0.039	0.000
7			6.92	2.6		0.4	0.042	17 %	0.040	0.040	0.000
8			6.89	1.1		1.0	0.042	17 %	0.041	0.041	0.000
9		< 1	6.90	3.6	0.8	1.0	0.044	18 %	0.042	0.042	0.000
10		< 1	6.97	2.2	0.6	0.4	0.040	16 %	0.040	0.040	0.000
11	2	< 1	7.03	1.7	0.6	0.6	0.038	15 %	0.037	0.037	0.000
12		< 1	7.05	2.4	0.6	0.6	0.040	16 %	0.039	0.039	0.000
13			7.05	3.2		0.4	0.038	15 %	0.037	0.037	0.000
14			7.01	1.9		0.4	0.040	16 %	0.040	0.040	0.000
15			6.99	1.7		1.0	0.043	17 %	0.006	0.044	0.000
16		< 1	7.08	1.4	0.6	1.0	0.046	18 %	0.025	0.046	0.000
17		< 1	6.95	1.9	0.6	1.0	0.039	16 %	0.063	0.042	0.000
18		< 1	6.97	2.0	0.6	1.1	0.040	17 %	0.040	0.040	0.000
19		< 1	6.90	2.6	0.6	1.0	0.043	17 %	0.008	0.042	0.000
20			6.92	2.1		1.0	0.040	16 %	0.015	0.041	0.000
21			6.89	1.4		1.1	0.042	17 %	0.100	0.040	0.000
22			6.92	4.4		0.5	0.045	18 %	0.007	0.044	0.000
23		< 1	6.94	3.6	1.5	0.6	0.043	17 %	0.007	0.041	0.000
24	2	< 1	7.05	2.9	0.7	1.2	0.038	15 %	0.010	0.040	0.000
25		< 1	6.99	2.7	0.6	0.8	0.041	16 %	0.014	0.041	0.000
26		< 1	6.98	1.6	1.0	0.6	0.039	16 %	0.165	0.037	0.000
27			7.01	3.4		0.7	0.042	17 %	0.008	0.040	0.000
28			6.78	2.5		0.4	0.041	16 %	0.005	0.042	0.000
29			6.88	2.0		1.1	0.043	17 %	0.110	0.041	0.000
30		< 1	6.97	4.5	1.0	0.8	0.041	16 %	0.021	0.040	0.000
31		< 1	7.02	1.5	0.6	1.0	0.040	16 %	0.060	0.041	0.000
Total							1.278		1.224	1.262	
Mo. Avg.	2	< 1	6.94	2.5	0.7	0.7	0.041	16 %	0.039	0.040	0.000

**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: C      Certificate No: 0008922      Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: From: JULY 1, 2007 To: JULY 31, 2007

Facility: Cross Creek WWTP

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)										
Code	50050	80082	00530										
Mon. Site	FLW-5	INF-1	INF-1										
1	0.162												
2	0.118												
3	0.004												
4	0.012												
5	0.006												
6	0.220												
7	0.097												
8	0.155												
9	0.128												
10	0.161												
11	0.168	79	165										
12	0.156												
13	0.187												
14	0.177												
15	0.006												
16	0.025												
17	0.160												
18	0.138												
19	0.008												
20	0.015												
21	0.127												
22	0.007												
23	0.007												
24	0.010	122	169										
25	0.014												
26	0.149												
27	0.008												
28	0.005												
29	0.095												
30	0.021												
31	0.086												
Total	2.632												
Mo. Avg	0.085	100	167										

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: including Influent

COUNTY: Lec

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: AUGUST 1 - AUGUST 31 - 2007 To: 2007 \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2			0	EVERY TWO WEEKS	8HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2		0	EVERY TWO WEEKS	8 HR 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-hr. FPC
Solids, Total Suspended	Sample Measurement				1.7			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				6.72	7.14		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
Coliform, Fecal	Sample Measurement					< 1		0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML		4 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)
ISMAEL GARCIA		239-561-2713	07/07/20

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

074

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: AUGUST 1-  
 2007  
 To \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 AUGUST 31-  
 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.2				0	CONTINUOUS	METER
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				1.1				0	CONTINUOUS	METER
	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.035							0	5DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-3	Sample Measurement	0.040							0	5DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Q Mon.Site No. FLW-4	Sample Measurement	0.000							0	5DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-5	Sample Measurement	0.074							0	5DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Y Mon.Site No. FLW-1	Sample Measurement	0.072							0	5DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 S Mon.Site No. FLW-1	Sample Measurement	0.040	0.041						0	5DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement							16 %	0	MONTHLY	CALCULATED
	Permit Requirement				Report			PER-CENT		Monthly	Calculated



**DISCHARGE MONITORING R. RT - PART A (Continued)**

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: AUGUST 1-2007

PERMIT NUMBER: FLA014505  
 AUGUST 31-2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement			90		0	EVERY TWO WEEKS	8 HR FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement			200		0	EVERY TWO WEEKS	8 HR FPC
	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period From: AUGUST 1-2007 To: \_\_\_\_\_  
AUGUST 31-2007

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1		< 1	7.04	1.4	0.6	0.8	0.042	17%	0.002	0.043	0.000
2		< 1	6.92	1.2	0.6	1.0	0.042	17%	0.000	0.041	0.000
3			7.01	1.4		1.0	0.042	17%	0.126	0.044	0.000
4			7.14	1.8		0.6	0.039	16%	0.055	0.040	0.000
5			7.02	1.3		0.6	0.044	18%	0.042	0.042	0.000
6		<1	6.94	1.5	0.6	0.4	0.039	16%	0.125	0.039	0.000
7		<1	6.98	1.6	0.6	0.4	0.042	17%	0.043	0.043	0.000
8	2	< 1	6.90	1.7	0.6	0.6	0.044	18%	0.000	0.046	0.000
9		< 1	6.85	1.7	0.6	0.4	0.040	16%	0.059	0.040	0.000
10			6.82	3.5		0.6	0.043	17%	0.042	0.042	0.000
11			6.87	3.2		0.4	0.048	19%	0.046	0.046	0.000
12			6.83	3.5		0.4	0.038	15%	0.000	0.038	0.000
13		<1	7.00	3.0	0.6	0.4	0.038	15%	0.040	0.040	0.000
14		<1	7.02	2.9	0.7	0.4	0.045	18%	0.000	0.050	0.000
15		< 1	6.89	3.7	0.6	0.4	0.039	16%	0.000	0.038	0.000
16		< 1	6.90	3.2	0.6	0.4	0.035	14%	0.036	0.036	0.000
17			6.85	1.6		0.5	0.038	15%	0.040	0.040	0.000
18			6.85	3.2		0.4	0.036	14%	0.035	0.035	0.000
19			6.87	3.4		0.6	0.039	16%	0.037	0.037	0.000
20		<1	6.84	3.6	1.7	0.6	0.036	14%	0.036	0.036	0.000
21		<1	6.79	1.2	0.6	0.6	0.034	14%	0.036	0.036	0.000
22	2	< 1	6.77	2.5	0.6	1.0	0.035	14%	0.034	0.034	0.000
23		< 1	6.72	1.3	0.6	0.8	0.038	15%	0.037	0.037	0.000
24			6.73	3.1		1.1	0.041	16%	0.000	0.040	0.000
25			6.72	4.6		1.0	0.039	16%	0.000	0.040	0.000
26			6.74	3.0		0.9	0.041	16%	0.000	0.041	0.000
27		<1	6.75	3.5	0.6	0.6	0.042	17%	0.000	0.038	0.000
28		<1	6.81	3.2	0.6	0.4	0.038	15%	0.000	0.040	0.000
29		<1	6.81	4.0	0.6	0.3	0.036	14%	0.114	0.034	0.000
30		<1	6.80	1.5	0.6	0.4	0.036	14%	0.060	0.035	0.000
31			6.88	2.0		0.6	0.041	16%	0.042	0.042	
Total							1.230		1.087	1.233	
Mo. Avg	2	<1	6.87	2.5	0.7	0.6	0.040	16%	0.035	0.040	0.000

**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: C      Certificate No: 0008922      Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period From: AUGUST 1-2007

To: AUGUST 1-2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)							
Code	50050	80082	00530							
Mon. Site	FLW-5	INF-1	INF-1							
1	0.002									
2	0.000									
3	0.152									
4	0.055									
5	0.156									
6	0.086									
7	0.152									
8	0.000	56	220							
9	0.059									
10	0.147									
11	0.116									
12	0.000									
13	0.039									
14	0.000									
15	0.000									
16	0.106									
17	0.012									
18	0.146									
19	0.077									
20	0.175									
21	0.087									
22	0.216	124	179							
23	0.137									
24	0.000									
25	0.000									
26	0.000									
27	0.000									
28	0.000									
29	0.114									
30	0.060									
31	0.195									
Total	2.289									
Mo. Avg.	0.074	90	200							

**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: C      Certificate No: 0008922      Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

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

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

PERMIT NUMBER: FLA014505  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: SEPT 1- 2007 To: SEPT 30- 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2				0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement				20.0 (An.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2	2			0	EVERY TWO WEEKS	8 HR 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-hr. FPC
Solids, Total Suspended	Sample Measurement				0.9				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				6.76	7.21			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
Coliform, Fecal	Sample Measurement						< 1		0	4 DAYS /WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement						25 (Max.)	#/100ML		4 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)
ISMAEL GARCIA		239-561-2713	07/08/20

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

**FILE COPY**

674

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: SEPT 1-  
 2007 To 2007

PERMIT NUMBER: FLA014505  
 SEPT30-

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Total Residual Chlorine (For Disinfection)				1.1		0	CONTINUOUS	METER	
PARM Code 50060 A	Sample Measurement								
Mon.Site No. EFA-1	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter	
Turbidity				1.4		0	CONTINUOUS	METER	
PARM Code 00070 B	Sample Measurement								
Mon.Site No. EFB-1	Permit Requirement			(Max)	NTU		Continuous	Meter	
Flow		0.035				0	5 DAYS/WEEK	METER	
PARM Code 50050 I	Sample Measurement								
Mon.Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter	
Flow		0.038				0	5 DAYS/WEEK	METER	
PARM Code 50050 P	Sample Measurement								
Mon.Site No. FLW-3	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter	
Flow		0.000				0	5 DAYS/WEEK	METER	
PARM Code 50050 Q	Sample Measurement								
Mon.Site No. FLW-4	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter	
Flow		0.085				0	5 DAYS/WEEK	METER	
PARM Code 50050 R	Sample Measurement								
Mon.Site No. FLW-5	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Meter	
Flow		0.079				0	5 DAYS/WEEK	FLOW TOTALIZER	
PARM Code 50050 Y	Sample Measurement								
Mon.Site No. FLW-1	Permit Requirement	0.249 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer	
Flow		0.039	0.040			0	5 DAYS/WEEK	FLOW TOTALIZER	
PARM Code 50050 S	Sample Measurement								
Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD			5 Days/Week	Flow Totalizer	
Percent Capacity, (TMADF/Permitted Capacity) x 100				0.040		16 %	0	MONTHLY	CALCULATED
PARM Code 00180 1	Sample Measurement								
Mon.Site No. FLW-1	Permit Requirement			Report	PER-CENT		Monthly	Calculated	



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: SEPT 1- 2007 To: SEPT 30- 2007

PERMIT NUMBER: FLA014505

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			175		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			97		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: SEPT 1-2007 To: SEPT 30-  
 2007

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	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity. (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1			6.92	2.6		0.5	0.040	16 %	0.039	0.039	0.000
2			6.94	2.3		0.4	0.041	16 %	0.042	0.042	0.000
3			6.87	1.8		0.4	0.043	17 %	0.040	0.040	0.000
4		< 1	6.96	1.3	0.6	0.6	0.040	16 %	0.040	0.040	0.000
5	2	< 1	6.93	1.7	0.6	0.6	0.038	15 %	0.039	0.039	0.000
6		< 1	6.93	1.5	0.6	0.6	0.039	16 %	0.041	0.041	0.000
7		< 1	6.86	2.1	0.6	0.7	0.039	16 %	0.039	0.039	0.000
8			7.21	5.0		0.8	0.037	15 %	0.037	0.037	0.000
9			6.98	1.2		1.3	0.040	16 %	0.038	0.038	0.000
10		< 1	7.04	1.3	0.6	1.0	0.038	15 %	0.039	0.039	0.000
11		< 1	7.00	3.3	0.6	0.8	0.041	16 %	0.040	0.040	0.000
12		< 1	7.02	3.7	0.6	0.6	0.034	14 %	0.036	0.036	0.000
13		< 1	7.07	3.6	0.6	0.8	0.041	16%	0.042	0.042	0.000
14			7.00	3.0		1.4	0.037	15 %	0.007	0.036	0.000
15			6.76	2.1		1.0	0.038	15 %	0.000	0.036	0.000
16			6.81	1.5		1.1	0.039	16 %	0.004	0.038	0.000
17		< 1	6.77	1.3	0.8	1.0	0.036	14 %	0.099	0.035	0.000
18		< 1	6.77	1.6	0.6	1.0	0.033	13 %	0.034	0.034	0.000
19	2	< 1	6.89	1.5	0.6	1.1	0.035	14 %	0.000	0.035	0.000
20		< 1	6.93	1.4	0.6	1.2	0.038	15 %	0.026	0.037	0.000
21			6.82	1.6		1.0	0.038	15 %	0.000	0.039	0.000
22			6.84	3.5		0.9	0.040	16 %	0.000	0.038	0.000
23			6.87	1.4		1.0	0.036	14 %	0.00	0.036	0.000
24		< 1	6.80	1.1	0.9	1.0	0.042	17%	0.000	0.041	0.000
25		< 1	6.77	2.0	0.6	0.6	0.041	16 %	0.000	0.040	0.000
26		< 1	6.79	1.6	0.6	0.6	0.039	16 %	0.000	0.038	0.000
27		< 1	6.78	2.0	0.7	0.8	0.039	16 %	0.053	0.039	0.000
28			6.80	2.4		1.1	0.042	17 %	0.192	0.042	0.000
29			6.83	2.8		1.2	0.040	16 %	0.000	0.038	0.000
30			6.83	2.7		0.6	0.042	17 %	0.111	0.040	0.000
31											
Total							1.166		1.038	1.154	
Mo. Avg.	2	< 1	6.89	2.2	0.6	0.9	0.039	16 %	0.035	0.038	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period From: SEPT 1-2007 To: SEPT 30-  
 2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)								
Code	50050	80082	00530								
Mon. Site	FLW-5	INF-1	INF-1								
1	0.083										
2	0.176										
3	0.074										
4	0.162										
5	0.208	125	78								
6	0.194										
7	0.232										
8	0.120										
9	0.180										
10	0.094										
11	0.170										
12	0.091										
13	0.163										
14	0.007										
15	0.000										
16	0.004										
17	0.168										
18	0.127										
19	0.000	225	115								
20	0.026										
21	0.000										
22	0.000										
23	0.000										
24	0.000										
25	0.000										
26	0.000										
27	0.053										
28	0.192										
29	0.000										
30	0.148										
31											
Total	2.672										
Mo. Avg	0.089	175	97								

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA014505  
 LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
 MONITORING PERIOD From: OCT 1-2007 OCT 31-2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2			0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 ✓ (An.Avg.)		MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2		0	EVERY TWO WEEKS	8 HR 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-hr. FPC
Solids, Total Suspended	Sample Measurement			0.8 ✓			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			6.63 ✓	6.91 ✓		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
Coliform, Fecal	Sample Measurement						0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					25 (Max.)	#/100ML	4 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)
ISMAEL GARCIA		239-561-2713	07/08/20

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: OCT 1-2007 To: 2007

PERMIT NUMBER: FLA014505  
 OCT 31-

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.1				0	CONTINUOUS	METER
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				1.6				0	CONTINUOUS	METER
	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.051							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-3	Sample Measurement	0.049							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Q Mon.Site No. FLW-4	Sample Measurement	0.000							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-5	Sample Measurement	0.111							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Y Mon.Site No. FLW-1	Sample Measurement	0.076							0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 S Mon.Site No. FLW-1	Sample Measurement	0.050	0.043						0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 1 Mon.Site No. FLW-1	Sample Measurement				0.043			17 %	0	MONTHLY	CALCULATED
	Permit Requirement				Report			PER-CENT		Monthly	Calculated



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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: OCT 1-  
 2007 To

PERMIT NUMBER: FLA014505  
 OCT 30-  
 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			94		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			185		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							
	Sample Measurement							
	Permit Requirement							

**DAILY SAMPLE RESULTS - PART B**

Permit Number: **FLA014505**  
 Monitoring Period: From: OCT 1-2007 To: OCT 31-  
 2007

Facility: **Cross Creek WWTP**

Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1		< 1	6.78	3.0	0.6	1.0	0.042	17 %	0.096	0.041	0.000
2		< 1	6.84	1.5	0.6	1.1	0.041	16 %	0.011	0.041	0.000
3	2	< 1	6.76	2.8	0.7	1.0	0.038	15 %	0.000	0.036	0.000
4		< 1	6.70	1.9	0.6	0.8	0.042	17 %	0.000	0.040	0.000
5			6.64	2.5		0.8	0.045	18 %	0.000	0.044	0.000
6			6.74	1.8		0.7	0.046	18 %	0.000	0.045	0.000
7			6.63	1.8		1.2	0.045	18 %	0.018	0.045	0.000
8		< 1	6.77	1.7	0.6	1.0	0.048	19 %	0.000	0.046	0.000
9		< 1	6.79	1.8	0.6	1.0	0.042	17 %	0.192	0.041	0.000
10		< 1	6.84	1.9	0.8	0.8	0.048	19 %	0.127	0.045	0.000
11		< 1	6.91	2.3	0.6	1.0	0.044	18 %	0.077	0.042	0.000
12			6.81	1.5		1.6	0.043	17 %	0.040	0.040	0.000
13			6.71	2.4		1.2	0.048	19%	0.047	0.047	0.000
14			6.80	1.1		0.8	0.049	20 %	0.049	0.049	0.000
15		< 1	6.85	1.1	0.6	1.0	0.048	19 %	0.046	0.046	0.000
16		< 1	6.89	1.7	0.6	0.8	0.048	19 %	0.047	0.047	0.000
17	2	< 1	6.80	1.1	0.6	0.8	0.050	20 %	0.051	0.051	0.000
18		< 1	6.87	1.5	0.8	0.8	0.049	20 %	0.048	0.048	0.000
19			6.85	1.6		0.8	0.053	21 %	0.053	0.053	0.000
20			6.84	2.4		1.0	0.057	23 %	0.058	0.058	0.000
21			6.84	1.3		1.0	0.057	23 %	0.000	0.055	0.000
22		< 1	6.76	2.1	0.6	1.2	0.057	23 %	0.111	0.056	0.000
23		< 1	6.72	2.8	0.6	1.2	0.051	20 %	0.048	0.048	0.000
24		< 1	6.74	1.1	0.6	1.0	0.050	20%	0.052	0.052	0.000
25		< 1	6.88	3.5	0.6	1.1	0.058	23 %	0.055	0.055	0.000
26			6.74	5.0		0.8	0.056	22 %	0.055	0.055	0.000
27			6.76	5.0		0.7	0.060	24 %	0.061	0.061	0.000
28			6.73	2.5		0.8	0.058	23 %	0.055	0.055	0.000
29		< 1	6.91	1.5	0.6	1.1	0.064	26 %	0.063	0.063	0.000
30	2	< 1	6.89	3.4	0.6	0.5	0.060	24 %	0.057	0.057	0.000
31		< 1	6.89	4.0	0.6	0.8	0.062	25%	0.060	0.060	
Total							1.559		1.577	1.522	
Mo. Avg.	2	< 1	6.80	2.2	0.6	0.9	0.050	20 %	0.051	0.049	0.000

*12-3-07 Entel DMR*

PLANT STAFFING:  
 Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 End Operator      Class: C Certificate No: 0008922 Name: ISMAEL GARCIA

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: From: OCT 1-2007  
 2007

Facility: Cross Creek WWTP

To: OCT 31-

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)										
Code	50050	80082	00530										
Mon. Site	FLW-5	INF-1	INF-1										
1	0.096												
2	0.011												
3	0.000	76	170										
4	0.000												
5	0.000												
6	0.000												
7	0.018												
8	0.000												
9	0.192												
10	0.127												
11	0.168												
12	0.135												
13	0.149												
14	0.088												
15	0.177												
16	0.119												
17	0.234	129	184										
18	0.114												
19	0.179												
20	0.093												
21	0.000												
22	0.204												
23	0.156												
24	0.208												
25	0.089												
26	0.197												
27	0.096												
28	0.174												
29	0.113												
30	0.152	76	202										
31	0.137												
Total	3.426	94	185										
Mo. Avg	0.111	175	97										

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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT TABLE

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

1.07  
Initial  
SMA

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
CLASS SIZE: N/A

REPORT: Monthly  
GROUP: Domestic

FACILITY: Cross Creek WWTP  
LOCATION: 13050 Cross Creek Blvd.  
Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:   
MONITORING PERIOD From: NOV -1- 2007 To NOV -30- 2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2			0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		MGT.		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2		0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MGT.		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			2.5			0	4 DAYS/WEEK	GRAB
PARM Code 00530 B Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)		MGT.		4 Days/Week	Grab
pH	Sample Measurement			6.58	6.86		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
Coliform, Fecal	Sample Measurement						0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					#/100ML		4 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)
ISMAEL GARCIA		239-768-3334	07/12/20

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: NOV -1- 2007 To 2007

PERMIT NUMBER: FLA014505  
 NOV -30-

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement				1.1				0	CONTINUOUS	METER
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement				2.5				0	CONTINUOUS	METER
	Permit Requirement				(Max)			NTU		Continuous	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.066							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-3	Sample Measurement	0.068							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Q Mon.Site No. FLW-4	Sample Measurement	0.000							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-5	Sample Measurement	0.119							0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Meter
Flow PARM Code 50050 Y Mon.Site No. FLW-1	Sample Measurement	0.063							0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	0.249 (An.Avg.)		MGD						5 Days/Week	Flow Totalizer
Flow PARM Code 50050 S Mon.Site No. FLW-1	Sample Measurement	0.070	0.053						0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow Totalizer
Percent Capacity, (TMADP/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement				0.053			21 %	0	MONTHLY	CALCULATED
	Permit Requirement				Report			PER-CENT		Monthly	Calculated



DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: NOV -1- 2007 To 2007

PERMIT NUMBER: FLA014505  
 NOV -30-

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			101				0	EVERY TWO WEEKS	8 HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MG/l		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			163				0	EVERY TWO WEEKS	8 HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MG/l		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: 2007

From: NOV -1-2007

To: NOV -30-

Facility: Cross Creek WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1		<1	6.71	2.5	0.6	0.6	0.061	24 %	0.060	0.060	0.000
2			6.73	1.1		1.0	0.068	27 %	0.067	0.067	0.000
3			6.70	2.0		0.6	0.070	28 %	0.068	0.068	0.000
4			6.68	1.1		2.0	0.063	25 %	0.062	0.062	0.000
5		<1	6.69	1.4	2.5	1.8	0.069	28 %	0.065	0.069	0.000
6		<1	6.62	2.8	1.9	1.0	0.073	29 %	0.074	0.070	0.000
7		<1	6.78	5.0	0.6	1.0	0.073	29 %	0.070	0.070	0.000
8		<1	6.80	5.0	1.3	0.8	0.071	29 %	0.071	0.071	0.000
9			6.70	3.4		0.8	0.071	29 %	0.068	0.068	0.000
10			6.81	1.5		0.6	0.075	30 %	0.073	0.073	0.000
11			6.72	1.4		0.4	0.067	27 %	0.066	0.066	0.000
12		<1	6.78	5.0	0.6	0.4	0.071	29 %	0.069	0.069	0.000
13		<1	6.69	1.1	0.6	0.6	0.071	29 %	0.070	0.070	0.000
14		<1	6.73	5.0	1.3	0.6	0.067	27 %	0.066	0.066	0.000
15	2	<1	6.73	2.6	0.6	1.0	0.067	27 %	0.064	0.064	0.000
16			6.75	2.8		0.5	0.075	30 %	0.073	0.073	0.000
17			6.83	1.1		0.6	0.072	29 %	0.070	0.070	0.000
18			6.90	1.1		0.6	0.067	27 %	0.066	0.066	0.000
19		<1	6.86	3.4	0.6	0.4	0.071	29 %	0.072	0.072	0.000
20		<1	6.82	3.4	0.6	0.4	0.069	28 %	0.068	0.068	0.000
21		<1	6.82	5.0	0.6	0.4	0.067	27 %	0.065	0.065	0.000
22		<1	6.83	5.0	0.6	0.2	0.072	29 %	0.070	0.071	0.000
23			6.79	2.8		0.2	0.077	31 %	0.075	0.074	0.000
24			6.58	3.5		0.3	0.071	29 %	0.067	0.071	0.000
25			6.74	3.5		0.4	0.069	28 %	0.067	0.067	0.000
26		<1	6.83	1.1	0.6	0.4	0.069	28 %	0.068	0.068	0.000
27		<1	6.78	3.4	0.6	0.3	0.070	28 %	0.056	0.067	0.000
28	2	<1	6.77	3.4	0.6	0.3	0.065	26 %	0.080	0.065	0.000
29		<1	6.71	3.5	0.6	0.3	0.066	27 %	0.056	0.064	0.000
30			6.76	4.9		0.3	0.069	28 %	0.007	0.068	0.000
31											
Total							2.086		1.973	2.042	0.000
Mo. Avg.	2	<1	6.75	3.0	0.9	0.6	0.070	28 %	0.066	0.068	0.000

12-18-07

**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: C      Certificate No: 0008922      Name: ISMAEL GARCIA

### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014505 Facility: Cross Creek WWTP  
 Monitoring Period: From: NOV - 1-2007 To: NOV - 30-2007

Code	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)						
Mon. Site	50050 FLW-5	80082 INF-1	00530 INF-1						
1	0.121								
2	0.145								
3	0.123								
4	0.078								
5	0.065								
6	0.142								
7	0.168								
8	0.164								
9	0.179								
10	0.180								
11	0.113								
12	0.174								
13	0.126								
14	0.234								
15	0.100	114	133						
16	0.112								
17	0.085								
18	0.072								
19	0.127								
20	0.079								
21	0.181								
22	0.070								
23	0.181								
24	0.067								
25	0.075								
26	0.123								
27	0.056								
28	0.179	88	192						
29	0.056								
30	0.007								
31									
<b>Total</b>	3.582								
<b>Mo. Avg.</b>	0.119	101	163						

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

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

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

FILE COPY

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: DEC - 1 -  
 2007 To: DEC - 31 -  
 2007

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2			0	EVERY TWO WEEKS	8-HR UPC
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)		MG/L		Every Two Weeks	8-hr, UPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			2	2		0	EVERY TWO WEEKS	8-HR UPC
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hr, UPC
Solids, Total Suspended	Sample Measurement			0.6			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			6.63	6.96		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
Coliform, Fecal	Sample Measurement						0	4 DAYS/WEEK	GRAB
PARM Code 74055 A Mon.Site No. EFA-1	Permit Requirement					#/100ML		4 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)

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

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

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: DEC - 1  
 2007 To 2007

PERMIT NUMBER: FLA014505  
 DEC - 31

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement			1.4		0	CONTINUOUS	METER
	Permit Requirement			1.0 (Min.)	MG/L		Continuous	Meter
Turbidity PARM Code 00070 B Mon.Site No. EFB-1	Sample Measurement			0.8		0	CONTINUOUS	METER
	Permit Requirement			(Max)	NTU		Continuous	Meter
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.058				0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)			MGD		5 Days/Week	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-3	Sample Measurement	0.064				0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)			MGD		5 Days/Week	Meter
Flow PARM Code 50050 Q Mon.Site No. FLW-4	Sample Measurement	0.000				0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)			MGD		5 Days/Week	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-5	Sample Measurement	0.068				0	5 DAYS/WEEK	METER
	Permit Requirement	Report (Mo.Avg.)			MGD		5 Days/Week	Meter
Flow PARM Code 50050 Y Mon.Site No. FLW-1	Sample Measurement	0.068				0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	0.249 (An.Avg.)			MGD		5 Days/Week	Flow Totalizer
Flow PARM Code 50050 S Mon.Site No. FLW-1	Sample Measurement	0.065	0.062			0	5 DAYS/WEEK	FLOW TOTALIZER
	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)		MGD		5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/Permitted Capacity) x 100 PARM Code 00180 I Mon.Site No. FLW-1	Sample Measurement			0.062		25%	MONTHLY	CALCULATED
	Permit Requirement			Report		PERCENT	Monthly	Calculated

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Cross Creek WWTP

MONITORING GROUP NUMBER: R-001  
 MONITORING PERIOD From: DEC - 1 - 2007  
 To: \_\_\_\_\_

PERMIT NUMBER: FLA014505  
 DEC - 31 - 2007

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			148				0	EVERY TWO WEEKS	8-HR FPC
PARM Code 80082 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MGT.		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement			226				0	EVERY TWO WEEKS	8-HR FPC
PARM Code 00530 G Mon.Site No. INF-1	Permit Requirement			Report (Mo.Avg.)			MGT.		Every Two Weeks	8-hr. FPC
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									
	Sample Measurement									
	Permit Requirement									

**DAILY SAMPLE RESULTS - PART B**

Permit Number: FLA014505  
 Monitoring Period: 2007 -

From: DEC - 1 - 2007

To: DEC -31 -

Facility: Cross Creek WWTP

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Percent Capacity, (TMADF/Permitted Capacity) x 100 (PERCENT)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	50060	00530	00070	50050	00180	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-1	FLW-2	FLW-3	FLW-4
1			6.45	1.4		0.2	0.066	27 %	0.065	0.065	0.000
2			6.77	2.1		0.6	0.063	25 %	0.060	0.062	0.000
3		< 1	6.81	3.5	0.6	0.4	0.064	26 %	0.062	0.062	0.000
4		< 1	6.88	1.5	0.6	0.6	0.067	27 %	0.052	0.066	0.000
5		< 1	6.85	3.5	0.6	0.4	0.060	24 %	0.093	0.060	0.000
6		< 1	6.92	5.0	0.6	0.4	0.062	25 %	0.054	0.060	0.000
7			6.96	2.0		0.2	0.065	26 %	0.113	0.063	0.000
8			6.64	5.0		0.2	0.065	26 %	0.050	0.062	0.000
9			6.92	5.0		0.2	0.064	26 %	0.050	0.063	0.000
10		< 1	6.82	3.8	0.6	0.2	0.067	27 %	0.092	0.066	0.000
11		< 1	6.81	3.4	0.6	0.3	0.064	26 %	0.050	0.062	0.000
12	2	< 1	6.76	3.4	0.6	0.3	0.063	25 %	0.076	0.064	0.000
13		< 1	6.74	5.0	0.6	0.3	0.061	24 %	0.051	0.061	0.000
14			6.80	4.0		0.3	0.064	26 %	0.040	0.063	0.000
15			6.64	3.5		0.3	0.059	24 %	0.000	0.059	0.000
16			6.63	3.8		0.4	0.067	27 %	0.000	0.063	0.000
17		< 1	6.71	2.7	0.6	0.4	0.067	27 %	0.029	0.070	0.000
18		< 1	6.80	5.0	0.6	0.3	0.055	22 %	0.066	0.054	0.000
19		< 1	6.85	2.9	0.6	0.4	0.056	22 %	0.124	0.053	0.000
20		< 1	6.90	2.6	0.6	0.3	0.059	24 %	0.057	0.060	0.000
21			6.80	2.8		0.3	0.064	26 %	0.000	0.062	0.000
22			6.84	3.4		0.3	0.064	26 %	0.059	0.062	0.000
23			6.85	3.5		0.2	0.062	25 %	0.063	0.063	0.000
24		< 1	6.80	2.3	0.6	0.2	0.064	26 %	0.000	0.064	0.000
25			6.77	5.0		0.2	0.065	26 %	0.130	0.063	0.000
26	2	< 1	6.81	5.0	0.6	0.2	0.062	25 %	0.060	0.060	0.000
27		< 1	6.84	5.0	0.6	0.3	0.066	27 %	0.062	0.062	0.000
28		< 1	6.77	3.4	0.6	0.2	0.077	31 %	0.075	0.075	0.000
29			6.80	5.0		0.8	0.072	29 %	0.060	0.071	0.000
30			6.68	5.0		0.4	0.074	30 %	0.058	0.075	0.000
31		< 1	6.65	3.5	0.6	0.3	0.077	31 %	0.035	0.074	0.000
Total							2.005		1.786	1.969	
Mo. Avg.	2	< 1	6.78	3.6	0.6	0.3	0.065	26 %	0.058	0.064	0.000

**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: C Certificate No: 0008922 Name: ISMAEL GARCIA



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014505      Facility: Cross Creek WWTP  
 Monitoring Period: From: DEC - 1 - 2007      To: DEC - 31 - 2007

	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)							
Code	50050	80082	00530							
Mon. Site	FLW-5	INF-1	INF-1							
1	0.070									
2	0.060									
3	0.106									
4	0.052									
5	0.138									
6	0.054									
7	0.113									
8	0.050									
9	0.050									
10	0.096									
11	0.050									
12	0.129	114	190							
13	0.051									
14	0.040									
15	0.000									
16	0.000									
17	0.029									
18	0.066									
19	0.124									
20	0.057									
21	0.000									
22	0.059									
23	0.063									
24	0.000									
25	0.172									
26	0.085	182	262							
27	0.065									
28	0.169									
29	0.060									
30	0.058									
31	0.035									
Total	2.101									
Mo. Avg.	0.068	148	226							

PLANT STAFFING:

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Head Operator      Class: C Certificate No: 0008922 Name: ISMAEL GARCIA

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (I/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Grab	Quarterly				
Cotiform, Fecal	74055		Report	#/100ML	Grab	Quarterly				
pH	00400		Report	SU	In-situ	Quarterly				
Sulfate, Total	00945		Report	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well, Located near

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	In-situ	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Grab	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Grab	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Grab	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Grab	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Grab	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Grab	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Grab	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Grab	Quarterly				
pH	00400		6.5 to 8.5	SU	In-situ	Quarterly				
Sulfate, Total	00945		250	MG/L	Grab	Quarterly				
Turbidity	00070		Report	NTU	Grab	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

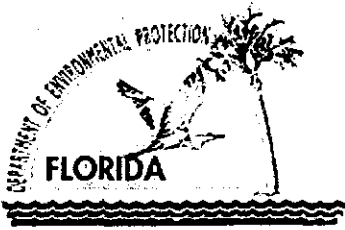
**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (5)  
INSPECTION REPORTS**

**Test Year Ended December 31, 2007**



Jeb Bush  
Governor

# Department of Environmental Protection

South District  
P.O. Box 2549  
Fort Myers, Florida 33902-2549  
Ph. (239) 332-6975  
Fax (239) 332-6969

Colleen M. Castille  
Secretary

CC: MD  
RR  
W

September 20, 2005

Mr. Patrick C. Flynn  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714-4027

*Rec'd via mail sent a copy to  
to Dept of Env. P.S. to fix  
or replace the pipe.*

RE: Lee County DW  
Eagle Ridge WWTP  
FLA014498

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on September 13, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

- 1. The influent pipes to both aeration tanks were rusted and in need of repair or replacement.** Florida Administrative Code (F.A.C.) Rule 62-600.410(6) which requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.
- 2. The north influent line has rusted through possibly allowing influent wastewater to discharge outside the tank.** F.A.C. Rule 62-600.740(2)(a) which states that the release or disposal of excreta, sewage, or other wastewaters or domestic wastewater residuals without providing proper treatment is prohibited.



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

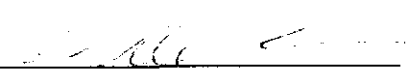
**Please notify the Department in writing within 15 days as to what actions you intend to take in order to address these deficiencies.**

Continued . . .

Mr: Flynn  
September 20, 2005  
Page 2 of 2

If you have any questions, please do not hesitate to contact **EJ Jackson** at (239) 332-6975, ext. 166. Your cooperation is appreciated.

Sincerely,

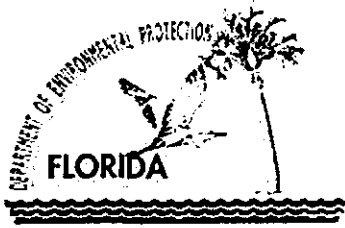


---

Keith Kleinmann  
Environmental Manager

KK/EJ/mv

cc: Max Radcliff, Operator  
Allen Slater, FRWA ([allen.slater@frwa.net](mailto:allen.slater@frwa.net))



Jeb Bush  
Governor

# Department of Environmental Protection

South District  
P.O. Box 2549  
Fort Myers, Florida 33902-2549  
Ph. (239) 332-6975  
Fax (239) 332-6969

Colleen M. Castille  
Secretary

ORIG: MD W  
CC: PF, RR

September 26, 2005

Mr. Patrick C. Flynn  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714-4027

RE: Lee County-DW  
Eagle Ridge WWTP  
FLA014498

Dear Mr. Flynn:

A file review and a field inspection of the above referenced WWTP on September 13, 2005 indicate that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. Department personnel observed the following:

**During the inspection, it was observed that lift Station #4, located at the corner of Eagles Lookout and Eagles Flight, was full of grease and in need maintenance.** Florida Administrative Code (F.A.C.) Rule 62-604.500 (3) requires that all equipment necessary for the collection/transmission of domestic wastewater, including equipment provided pursuant to subsection 62-604.400(2), F.A.C., shall be maintained so as to function as intended. F. A. C. Rule 62-604.500 (2) requires that all collection/transmission systems shall be operated and maintained so as to provide uninterrupted service as required by this rule.

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

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

Continued . . .

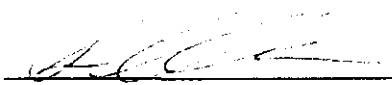
"More Protection, Less Process"



Mr. Flynn  
September 26, 2005  
Page 2 of 2

If you have any questions, please do not hesitate to contact **EJ Jackson** at (239) 332-6975, ext. 166. Your cooperation is appreciated.

Sincerely,



---

Keith Kleinmann  
Environmental Manager

KK/EJ/mv

cc: Max Radcliff, Operator  
Allen Slater, FRWA ([allen.slater@frwa.net](mailto:allen.slater@frwa.net))  
Vince Nierste, Director Homeowners Assoc.,  
Richard Ferriola  
Rodney Ford

**UTILITIES, INC. OF EAGLE RIDGE**

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

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

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

October 7, 2005

Ms. Elin "EJ" Jackson  
Acting Director of District Management  
Department of Environmental Protection  
South District  
P.O. Box 2549  
Fort Meyers, Florida 33902-2549

Re: Field Investigation  
Eagle Ridge WWTP  
FLA014498

Dear Ms. Jackson:

Please find listed below the response concerning the compliance investigation conducted by your Department personnel on September 13, 2005.

STATEMENT: During the inspection, it was observed that Lift Station #4, located at the corner of Eagles Lookout and Eagles Flight, was full of grease and in need of maintenance.

RESPONSE: Utilities, Inc. of Eagle Ridge cleaned the lift station on October 6, 2005. The station is functioning as intended in accordance with Florida Administrative Codes (FACs) 62-604.400(2), 62-604.500 (2) and 62-604.500(3).

Very truly yours,  
UTILITIES, INC. OF EAGLE RIDGE

Richard W. Retz  
Assistant Operations Manager

ec: Michael Dunn  
Patrick Flynn

cc: Scott Stewart

## UTILITIES, INC. OF EAGLE RIDGE

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

CORPORATE OFFICES:  
2335 Sanders Road  
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Florida: 800-272-1919  
Fax: 407-869-6961  
[florida@utilitiesinc-usa.com](mailto:florida@utilitiesinc-usa.com)

September 26, 2005

Mr. Keith Kleinmann  
Environmental Manager  
Department of Environmental Protection  
South District  
P.O. Box 2549  
Fort Myers, Florida 33902-2549

Re: Field Inspection Report  
Eagle Ridge WWTP  
FLA014498

Dear Mr. Kleinmann:

I received your letter dated September 20, 2005 concerning the influent pipes noted during the inspection of the Eagle Ridge WWTP. I have directed the Area Manager, Scott Stewart to obtain quotes to make the necessary repairs or replacement of the pipes to the north influent line and both aeration tanks. When a satisfactory quote is approved we will commence with the repairs. We are prioritizing this project.

I will contact you concerning the progress or completion of the projects. If you have any questions, please contact me at 407-468-3268 or by email at [r.retz@utilitiesinc-usa.com](mailto:r.retz@utilitiesinc-usa.com).

Very Truly Yours  
UTILITIES, INC. OF EAGLE RIDGE

Richard W. Retz  
Assistant Operations Manager

Ec: Michael T. Dunn, P.E.  
Patrick Flynn

# UTILITIES, INC. OF EAGLE RIDGE

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

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

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

March 14, 2002

Richard W. Cantrell  
Director of District Management  
Florida Department of Environmental Protection  
South District  
P.O. Box 2549  
Fort Myers, Florida 33902-2549

Re: Lee County – DW  
Cross Creek WWTP  
FLA014505

Dear Mr. Cantrell:

This letter is in response to the Department's letter of February 1, 2002, regarding a field inspection of the above referenced facility on January 14, 2002.

On Monday, January 14, 2002 chlorinated effluent was found to have overflowed the two filters at the Cross Creek WWTP due to operator error. Upon arrival at the WWTP on Monday morning, our lead operator, Izzy Garcia, stopped the overflow from occurring and then notified both FDEP at the South District office and our Cross Creek Area Manager, Bill Coates. In response to the call, Elin "EJ" Jackson of FDEP inspected the plant. Listed below are the points raised by the Department in the letter of February 1<sup>st</sup>, 2002, and our proposed course of action.

***Issue #1.: During the inspection Department personnel found evidence that the facility had overflowed into an onsite stormwater pond. Department personnel observed standing water in the area of the spill. Department conversation with the golf course maintenance personnel indicated that "the alarm light had been on and the overflow had been occurring on January 13, 2002". The golf course maintenance personnel noticed the alarm light still on the morning of January 14, the area was flooded, and effluent was flowing into the golf course lake.***

## **Response:**

At Cross Creek, all of the plant flow is split equally between Filters #1 and #2 by means of a splitter box. Because the plant's effluent meter is located on the discharge manifold of Filter #1's transfer pumps, the flow meter does not measure flow discharged from Filter #2's transfer pumps. Under normal

Richard W. Cantrell  
Florida Department of Environmental Protection  
Re: Lee County – DW  
Cross Creek WWTP  
FLA014505

conditions, a connecting pipe between Filter #1 and #2 is open to allow effluent from Filter #2 to flow into the transfer tank of Filter #1 where it is pumped to the reuse water storage tank. In this way, 100% of the plant flow is accurately metered.

Our operator, Tony Tritto, found one of two effluent transfer pumps in Filter #1 not working when he arrived at the plant on Sunday morning, 1/13/02. The one remaining pump could not keep up with the heavy morning flow causing the two filters to slowly back up. Instead of simply putting the transfer pumps in Filter #2 in service temporarily until the bad pump was replaced, he directed all of the plant flow to Filter #2 and isolated it from Filter #1. He also failed to notify Izzy Garcia, the lead operator, of the situation and ask for guidance or help. As a result, the plant flow backed up in the filter, overflowed into the mudwell, and was pumped back to the surge tank. Eventually, the surge tank level rose high enough to trigger an alarm light.

Once the surge tank filled completely, the water level reached the overflow pipe to the aeration tank. At that point, with no water leaving the plant, the filter began overflowing to the ground. Based on the average daily flow through the plant during the previous 7-day period (102,000 gpd) and comparing that volume to the average daily flow from 1/13-15/02 (79,000 gpd), an estimated 69,000 gallons spilled onto the ground. The majority of the effluent percolated into the soil. Very little appears to have flowed into the golf course irrigation pond that appears to be isolated from the stormwater drainage system. The effluent that overflowed was fully treated in the plant. A portion of the flow was filtered and chlorinated.

When Izzy Garcia arrived at the plant, he did not observe water flowing into the lake. At least a portion of the standing water observed by Department personnel was due to a heavy rain on Sunday.

**Course of Action:**

- We have installed a high-level alarm float in one of the effluent transfer tanks and connected it to our monitoring equipment.
- We have reset the pump control floats to a lower level to allow maximum use of the surge tank volume.
- We have installed a high level alarm float in the golf course mixing well to provide notice if the Bermad control valve or butterfly valve on the reuse transfer line fail to act properly.
- We have made repairs to the high-level alarm circuit in the surge tank so that a remote signal will be generated, not just a local alarm.
- We propose to install long-range telemetry equipment as furnished by C&A Systems. This will provide a higher level of reliability than the present autodialler system. This will take approximately two weeks once the equipment is ordered.
- We have repaired the Filter #2 transfer pump discharge header to connect with Filter #1 header.
- We propose to modify the operating protocol to have both pairs of transfer pumps operational and on line. This will provide adequate pumping capacity at maximum plant flow rate with one or two pumps out of service. A revised protocol will be submitted to the Department by 4/1/02.

Richard W. Cantrell  
Florida Department of Environmental Protection  
Re: Lee County – DW  
Cross Creek WWTP  
FLA014505

***Issue #2. The autodialler failed to notify operating personnel of a power outage that caused the facility overflow to occur.***

**Response:**

The plant did not experience a power outage. One of two transfer pumps burned up and the remaining pump was unable to keep up with the plant flow. If a power outage had occurred, the standby generator would have started and provided emergency power.

The chlorine residual never dropped below the minimum level of 1.0 mg/L because the disinfection system continued to operate normally.

There is no high-level alarm float in the effluent transfer tank. The plant's operating protocol did not require that a high level alarm be installed in that location. Therefore, the autodialler was not at fault. No alarm signals were ever generated by any of the alarm circuits monitored by the autodialler.

**Course of Action:**

- We propose to install C&A Systems' long-range telemetry equipment as described above and connect all alarm circuits to it. This will decrease the response time when alarms occur. It will also provide a daily check of the communications pathway to insure that an alarm signal will be received and an operator contacted. (See above)
- We propose to modify the Cross Creek Operating Protocol to take into account the above changes to the monitoring system and submit to DEP for review and approval. (See above)

***Issue #3 .The plant's alarm setpoints were found to be different than the setpoints described in the plant operating protocol.***

**Response:**

The 1997 plant protocol requires that the turbidity alarm setpoint be set at 3.0 NTU. The operator had set the alarm at 2.5 NTU. The lower the NTU value the lower the concentration of suspended solids in the effluent and the more effective is the disinfection process. This is critical when operating a high-level disinfection system and delivering effluent for public access reuse. In effect, by setting the alarm level at 2.5 NTU, the operator would be notified sooner than required of a plant upset condition. The plant protocol requires that the chlorine residual alarm setpoint be 1.5 mg/L. The operator had mistakenly set it at 1.0 mg/L, which is the minimum concentration allowed by the plant operating permit.

The 1997 operating protocol was written when the previous utility owner used a contract operations service to run the plant. As a result of not having an operator either on site or in the area for more than the minimal amount of time required for permit compliance, the protocol assumes that the operator will most likely not be present when alarms occur. When either setpoint is in alarm condition, plant flow is automatically diverted to substandard storage tanks. The operator must manually reset the diversion valves after the alarm is cleared before effluent can enter the reuse storage tank.

Richard W. Cantrell  
Florida Department of Environmental Protection  
Re: Lee County – DW  
Cross Creek WWTP  
FLA014505

In an effort to minimize after-hours operator callouts and the resulting overtime, the autodialler was set to divert at 1.5 mg/L of residual chlorine but not dial out unless the residual dipped below 1.0 mg/L.

**Course of Action:**

- We have reset the turbidity alarm setpoint and diversion setpoint to 3.0 NTU and reset the chlorine residual alarm setpoint to 1.5 mg/L.
- We propose to revise the operating protocol to reflect the presence of a full time operator at either Cross Creek or Eagle Ridge WWTP's.
- We propose that the effluent be automatically diverted at 1.5 mg/L but an alarm generated only when the residual drops below 1.2 mg/L.

A meeting with Keith Kleinmann and EJ Jackson is scheduled for 10:30 AM, Wednesday, March 20, 2002 in the DEP-Ft. Myers office. Planning to be in attendance will be myself, Patrick Flynn (*Regional Manager*), and Bill Coates (*Area Manager*). Tony Tritto (*Operator*) no longer works for us and has not returned our phone calls to explain his actions.

Please be assured that the operations staff and management of our Cross Creek facility are, and will be making every effort to correct and address the matters contained in the Warning Letter of February 1, 2002.

In the interim if you should have any questions, please contact Patrick Flynn or myself. Thank you for your time and assistance.

Sincerely,

Donald Rasmussen  
Vice President

DR/jkw

ec: Patrick Flynn  
Bill Coates  
Susan Fortino

**Utilities, Inc. of Eagle Ridge**

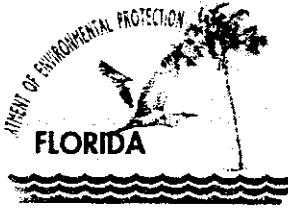
**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (6)  
PERMITS**

**Test Year Ended December 31, 2007**





Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

## STATE OF FLORIDA NOTICE OF PERMIT ISSUANCE

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

In the Matter of an Application  
for Permit by:

Utilities, Inc. of Eagle Ridge  
Mr. Patrick C. Flynn, Regional Director  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

Lee County - DW  
Eagle Ridge WWTP  
Permit No: FLA014498  
DEP File No: FLA014498-004-DW2P  
Caloosahatchee to Lee Coast EMA

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

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

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

A petition must contain the following information:

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

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

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

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

The agreement to mediate must include the following:

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

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

Utilities, Inc. of Eagle Ridge  
PA File Number: FLA014498-004-DW2P

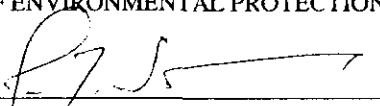
and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

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

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

  
Richard W. Cantrell  
Director of  
District Management


CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed by certified mail before the close of business on October 15, 2003 to the listed persons.

Clerk Stamp.

FILING AND ACKNOWLEDGMENT

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

 10-15-03  
(Clerk) (Date)

RWC/MHR/cap/jli

Copies furnished to:

Keith Kleinmann, FDEP  
David Weber, P.E.



Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Utilities, Inc. of Eagle Ridge

**PERMIT NUMBER:**

FLA014498

**PA FILE NUMBER:**

FLA014498-004-DW2P

**ISSUANCE DATE:**

October 15, 2003

**EXPIRATION DATE:**

October 14, 2008

**RESPONSIBLE AUTHORITY:**

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

(407) 869-1919

**FACILITY:**

Eagle Ridge WWTP  
Aeries Way  
Fort Myers, FL 33912  
Lee County  
Latitude: 26° 29' 34" N Longitude: 81° 50' 45" W

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

**TREATMENT FACILITIES:**

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

**REUSE:**

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

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

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

PERMIT NUMBER: FLA014498  
 PARALLEL NUMBER: FLA014498-004-DW2P

**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Reuse and Land Application Systems**

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

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

FACILITY: Eagle Ridge WWTP  
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 Altamonte Springs, FL 32714

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

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

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

PERMIT NUMBER: FLA014498  
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**B. Other Limitations and Monitoring and Reporting Requirements**

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

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

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

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

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

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

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



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

PERMIT NUMBER: FLA014498  
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REPORT Type	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 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Semiannual	January 1 – June 30 July 1 – December 31	July 28 January 28
Annual	January 1 – December 31	January 28

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

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

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

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

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

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

## II. RESIDUALS MANAGEMENT REQUIREMENTS

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

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

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

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

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

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

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

FACILITY: Eagle Ridge WWTP  
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 200 Weathersfield Ave.  
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 PA FILE NUMBER: FLA014498-004-DW2P

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

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

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

Eagle Ridge WWTP

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

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

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

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

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

### III. GROUND WATER REQUIREMENTS

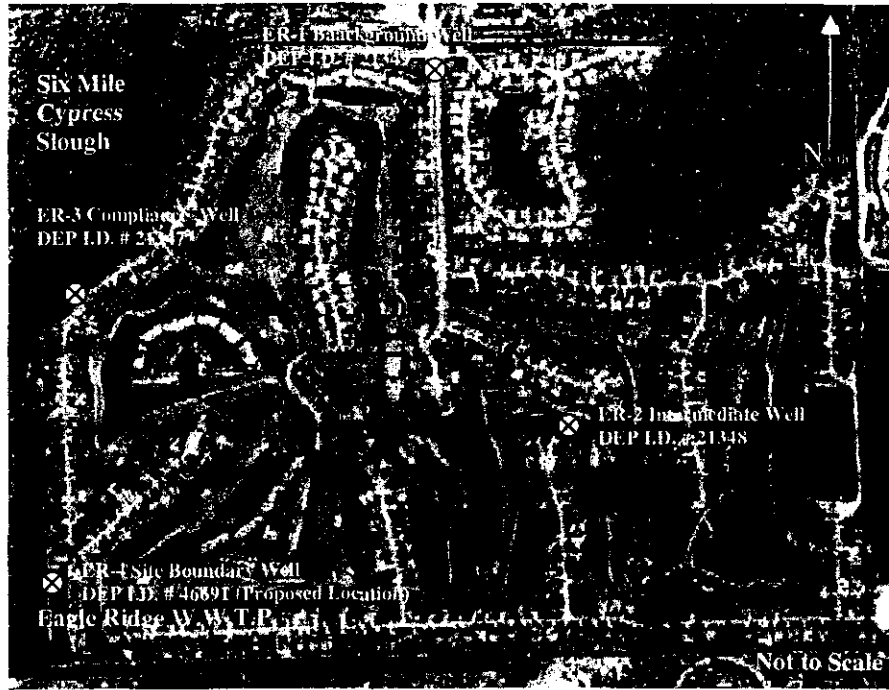
#### Construction Requirements

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

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



**Operational Requirements**

- 5 For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the shallow water table aquifer. For other users, the zone of discharge shall extend horizontally to the boundary of the general service area identified in the attached map and vertically to the base of the surficial aquifer. [62-520.200(23)] [62-522.400 and 62-522.410]
- 6 The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
- 7 During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.463, ]
- 8 The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.8. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-21349	ER-1 Background Well.	15.0	Surficial	Existing
MWI-21348	ER-2 Intermediate Well	15.0	Surficial	Existing
MWC-21347	ER-3 Compliance Well	15.0	Surficial	Existing
MWC-46691	ER-4 Site Boundary Well		Surficial	New

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MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

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

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

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

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

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

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

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

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

#### IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

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

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

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7. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*
8. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*
9. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*
10. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*
11. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468 & 62-610.469]*
12. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6)]*
13. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 & 62-610.464]*
14. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

## V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:  
  
A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a C, or higher.  
  
*[62-620.630(3)] [62-699.310] [62-610.462]*
2. A certified operator shall be on call during periods the plant is unattended. *[62-699.311(1), 5-20-92]*
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*

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

[62-620.350]

**VI. SCHEDULES**

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

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



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

[62-600.735(1)]

**VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS**

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

**VIII. OTHER SPECIFIC CONDITIONS**

1. Prior to placing the modified portions of the existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2), 12-24-96]
2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. [62-620.630(7), 12-24-96]
3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5)]
4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]
5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]

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8. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in treatment plant discharges having temperatures above 40°C.

*[62-604.130(4)]*

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

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

*[62-620.625(2)]*

#### **IX. GENERAL CONDITIONS**

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

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4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or

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

12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply

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

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

*[62-620.610(18)]*

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*

20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- a. The following shall be included as information which must be reported within 24 hours under this condition:

1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
4. Any unauthorized discharge to surface or ground waters.

- b. Oral reports as required by this subsection shall be provided as follows:

1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 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;

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

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

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

*[62-620.610(20)]*

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

22. Bypass Provisions.

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

*[62-620.610(22)]*

23. Upset Provisions

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

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

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

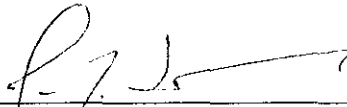
3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
  4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
  - c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

{62-620.610(23)}

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION

  
Richard W. Cantrell  
Director of  
District Management

DATE: October 15, 2002

RWC/MHR/cap/jli

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

When Completed, Mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME:	Utilities, Inc. of Eagle Ridge	PERMIT NUMBER:	FLA014498	REPORT:	Monthly
MAILING ADDRESS:	200 Weathersfield Ave. Altamonte Springs, FL 32714	LIMIT:	Final	GROUP:	Domestic
FACILITY:	Eagle Ridge WWTP	CLASS SIZE:	N/A		
LOCATION:	Aeries Way Fort Myers, FL 33912	MONITORING GROUP NUMBER:	R-001		
		MONITORING GROUP DESC:	including Influent		
COUNTY:	Lee	NO DISCHARGE FROM SITE:	<input type="checkbox"/>		
		MONITORING PERIOD	From: _____ To _____		

Parameter		Quantity or Loading	Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement								
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								
PARM Code 80082 I Mon.Site No. EFA-1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended	Sample Measurement								
PARM Code 00530 I Mon.Site No. EFB-1	Permit Requirement			5.0 (Max.)		MG/L		Daily	Grab
pH	Sample Measurement								
PARM Code 00400 I Mon.Site No. EFA-1	Permit Requirement			6.0 (Min.)	8.5 (Max.)	SU		Continuous	Meter
Coliform, Fecal	Sample Measurement								
PARM Code 74055 Y Mon.Site No. EFA-1	Permit Requirement			14 (An.Avg.)		#/100ML		Daily	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)

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



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

FACILITY NAME: Eagle Ridge WWTP

PERMIT NUMBER: FLA014498

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal PARM Code 74055 1 Mon.Site No. EFA-1	Sample Measurement										
	Permit Requirement				14 (Mo.Median)	43 (90%)	86 (Max.)	#/100ML		Daily	Grab
Total Residual Chlorine (For Disinfection) PARM Code 50060 A Mon.Site No. EFA-1	Sample Measurement										
	Permit Requirement				1.0 (Min.)			MG/L		Continuous	Meter
Turbidity PARM Code 00070 1 Mon.Site No. EFB-1	Sample Measurement										
	Permit Requirement							NTU		Continuous	Meter
Flow PARM Code 50050 P Mon.Site No. FLW-1	Sample Measurement										
	Permit Requirement	0.443 (Mo.Avg.)	Report (3-Mo.Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 Q Mon.Site No. FLW-2	Sample Measurement										
	Permit Requirement		Report	MGD						Daily	Meter
Flow PARM Code 50050 R Mon.Site No. FLW-3	Sample Measurement										
	Permit Requirement		Report	MGD						Daily	Meter
Flow PARM Code 50050 S Mon.Site No. FLW-4	Sample Measurement										
	Permit Requirement		Report	MGD						Daily	Meter
Water Level Relative to MSL PARM Code 82545 1 Mon.Site No. OTH-1	Sample Measurement										
	Permit Requirement	report (Max.)		FEET						Daily	Read Staff Gage
Water Level Relative to MSL PARM Code 82545 P Mon.Site No. OTH-2	Sample Measurement										
	Permit Requirement	report (Max.)		FEET						Daily	Read Staff Gage
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon.Site No. INF-1	Sample Measurement										
	Permit Requirement				Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hour FPC



### DAILY SAMPLE RESULTS - PART B

Permit Number: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (Max)	pH (Min)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	Flow (MGD)	Flow (MGD)	Flow (MGD)
Code	80082	74055	00400	00400	50060	00530	00070	50050	50050	50050	50050
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	FLW-2	FLW-3	FLW-4
1											
2											
3											
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24											
25											
26											
27											
28											
29											
30											
31											
<b>Total</b>											
<b>Mo. Avg.</b>											

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: FLA014498

Facility: Eagle Ridge WWTP

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

	COD5 (MG/L)	TSS (MG/L)	Water Level Relative to MSL (FEET)	Water Level Relative to MSL (FEET)									
Code	80082	00530	82545	82545									
Mon. Site	INF-1	INF-1	OTH-1	OTH-2									
1													
2													
3													
4													
5													
6													
7													
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28													
29													
30													
31													
Total													
Mo. Avg													

PLANT STAFFING:

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

:      Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

Lead Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_

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

County:  
Facility Name:  
Permit Number:

Lee  
Eagle Ridge WWTP  
FLA014498

Monitoring Well ID: MWB-21349  
Well Type: Background  
Description: ER-1 Background Well.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWI-21348  
 Well Type: Intermediate  
 Description: ER-2 Intermediate Well

Monitoring Period: Front: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling? \_\_\_ Yes \_\_\_ No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		Report	#/100ML	Single Sample	Quarterly				
pH	00400		Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945		Report	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-21347  
 Well Type: Compliance  
 Description: ER-3 Compliance Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Eagle Ridge WWTP  
 Permit Number: FLA014498

Monitoring Well ID: MWC-46691  
 Well Type: Compliance  
 Description: ER-4 Site Boundry Well

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545		Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620		10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295		500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978		50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940		250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113		5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118		100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114		15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055		4	#/100ML	Single Sample	Quarterly				
pH	00400		6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945		250	MG/L	Single Sample	Quarterly				
Turbidity	00070		Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):



## INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

The DMR consists of four parts--A, B, C, 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 data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.860, F.A.C. Part D is used for reporting ground water monitoring well data.

Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be 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 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 blanks in the header 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. If there was no discharge of effluent for a particular outfall, reuse, or land application system and the DMR 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. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.).

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. 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 - DATA - AMPLE RESULTS

**Month/Year:** Enter the month and year during which the data on this report were collected and analyzed.

**Three-month Average Daily Flow:** Calculate and enter the three-month average daily flow to the treatment facility.

**(TMADF/Permitted Capacity) x 100:** Divide the three-month average daily flow by the permitted capacity of the treatment facility, multiply by 100, and enter this value.

**Daily Monitoring Results:** Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated.

**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.

**Type of Effluent Disposal or Reclaimed Water Reuse:** Enter the type of effluent disposal or reclaimed water reuse (e.g. surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, underground injection).

**Limited Wet Weather Discharge Activated:** If this plant does not have a limited wet weather discharge permitted under the provision of Rule 62-610.860, F.A.C., check 'Not Applicable.' If the plant activated the wet weather discharge during the reporting month, check 'Yes' and attach PART C - LIMITED WET WEATHER DISCHARGE.

## PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.860, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

**Month/Year:** Enter the month and year during which the data on this report were collected and analyzed.

**Rainfall Information:** Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. 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.

**Date:** Enter the date on which the discharge occurred.

**Duration of Discharge:** Enter the number of hours, to the nearest 0.1 of an hour (0.1 hr. = 6 min.) during each day of discharge that reclaimed water was actually discharged to surface waters.

**Gallons Discharged:** Enter the quantity in millions of gallons of reclaimed water discharged during the period shown in duration of discharge. Show the units as millions of gallons (mg), accurate to the nearest 0.01.

**Average Discharge Flow Rate:** Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Average Upstream Flow Rate:** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration 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.

**Stream Dilution Factor:** Enter the actual stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the average upstream flow rate by the average discharge flow rate.

**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.

**Total P:** Enter the cumulative number of days since January 1 of the current year during which the limited wet weather discharge was activated divided by the total number of days since January 1 of the current year multiplied by 100%.

**Reason for Discharge:** Provide a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

## 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.

**Sampling Methods:** 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).

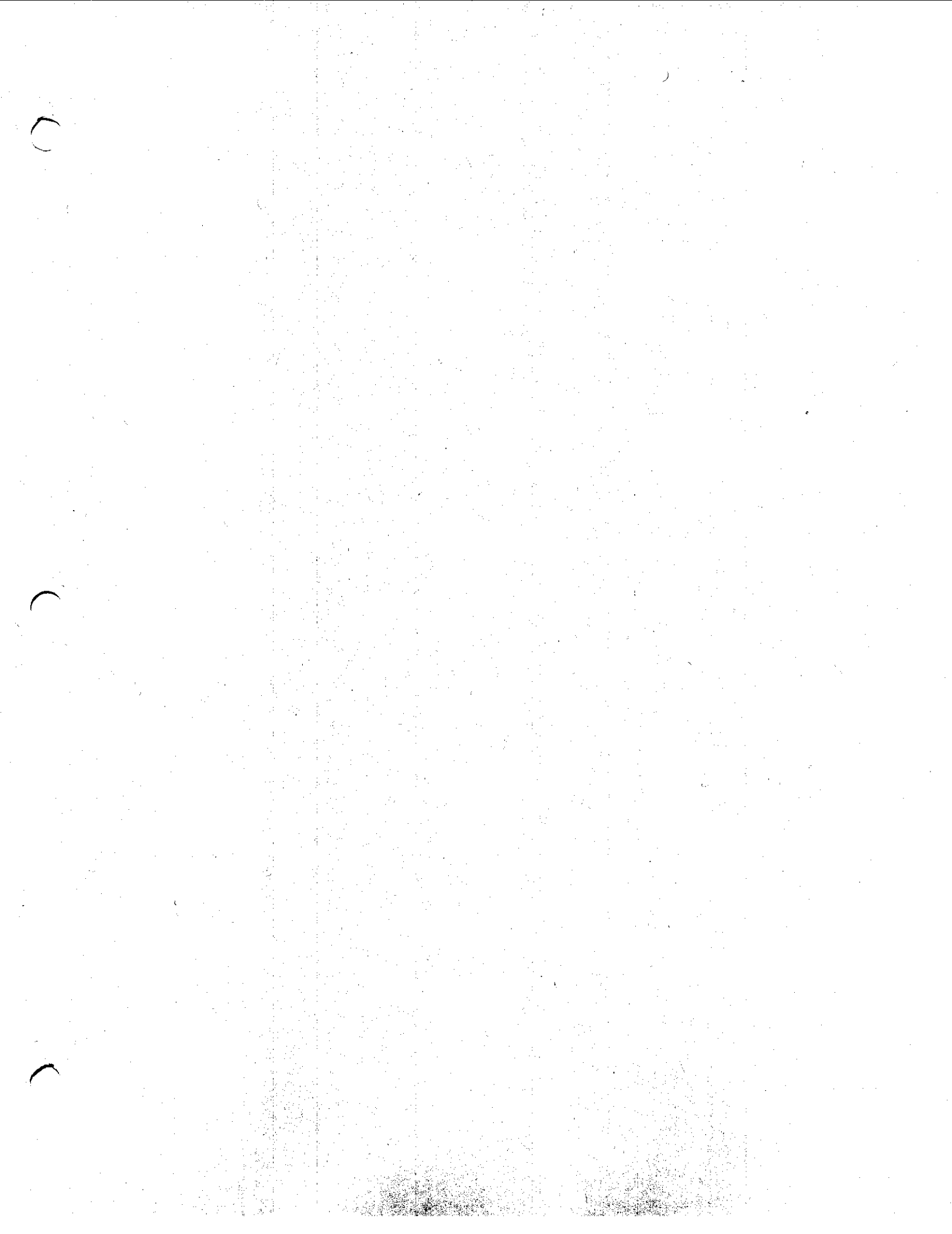
**Preservatives Added:** State what preservatives were added to the sample.

**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.

**Analysis Result/Units:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Enter the units associated with the results of the analysis.

**Detection Limits/Units:** Record the detection limits of the analytical methods used and the units associated with them.

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





Jeb Bush  
Governor

# Department of Environmental Protection

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

OCT 17 2003

David B. Struhs  
Secretary

## STATE OF FLORIDA NOTICE OF PERMIT ISSUANCE

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

In the Matter of an Application  
for Permit by:

Utilities, Inc. of Eagle Ridge  
Mr. Patrick C. Flynn, Regional Director  
200 Weathersfield Avenue  
Altamonte Springs, FL 32714

Lee County - DW  
Cross Creek WWTP  
Permit No: FLA014505  
DEP File No: FLA014505-003-DW2P  
Caloosahatchee to Lee Coast EMA

Enclosed is Permit Number FLA014505 to operate the referenced wastewater treatment plant and reclaimed water system issued pursuant to Section 403 087, Florida Statutes.

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

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

A petition must contain the following information:

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

Permit Review

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

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

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

*The agreement to mediate must include the following:*

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

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





Jeb Bush  
Governor

# Department of Environmental Protection

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

David B. Struhs  
Secretary

## STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

**PERMITTEE:**

Utilities, Inc. of Eagle Ridge

**PERMIT NUMBER:**

FLA014505

**PA FILE NUMBER:**

FLA014505-003-DW2P

**ISSUANCE DATE:**

October 15, 2003

**EXPIRATION DATE:**

October 14, 2008

**RESPONSIBLE AUTHORITY:**

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

(404) 869-1919

**FACILITY:**

Cross Creek WWTP  
13050 Cross Creek Blvd.  
Fort Myers, FL 33912  
Lee County  
Latitude: 26° 33' 12" N Longitude: 81° 49' 46" W

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

**TREATMENT FACILITIES:**

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

**REUSE:**

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

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

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

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

**I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS**

**A. Reuse and Land Application Systems**

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

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



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

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

FACILITY: Cross Creek WWTP  
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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 the influent, identified as WAFR I.D. Number R001, monitored by the permittee as specified below:

Parameter	Units	Max/Min	Limitations				Monitoring Requirements				Notes
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number		
Flow ( Influent Flow )	MGD	Maximum	0.249	-	-	-	5 Days/Week	Recording flow meter and totalizer	FLW-1	See Cond. I.B.4	
Flow (To Golf Course mixing box for golf course irrigation )	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meter and totalizer	FLW-2	See Cond. I.B.4	
Flow (Reclaimed water to reuse storage)	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meters with totalizer (estimated from duration of flow/day)	FLW-3	See Cond. I.B.4	
Flow (Effluent water to reject storage)	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meters with totalizers(estimated from duration of flow/day)	FLW-4	See Cond. I.B.4	
Golf Course irrigation water.	MGD	Maximum	-	Report	-	Report	5 Days/Week	Flow meter with totalizer	FLW-5	See Cond. I.B.4	
Percent Capacity, (TMADF/Permitted Capacity) x 100	PERCENT	Maximum	-	Report (Mo.Total)	-	-	Monthly	Calculated	-	-	
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3	
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3	

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

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

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

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

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

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

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

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

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

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

FACILITY: Cross Creek WWTP  
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 Altamonte Springs, FL 32714

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**I. RESIDUALS MANAGEMENT REQUIREMENTS**

1. The method of residuals use or disposal by this facility is transport to Appalachian Material Services RMF or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]

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

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

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

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Selenium	100 mg/kg dry weight	89.3 pounds/acre
Zinc	7500 mg/kg dry weight	2500 pounds/acre
pH	(Report only) standard units	Not applicable
Total Solids	(Report only) %	Not applicable

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

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

**Cross Creek WWTP**

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

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

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

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

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

**III. GROUND WATER REQUIREMENTS**

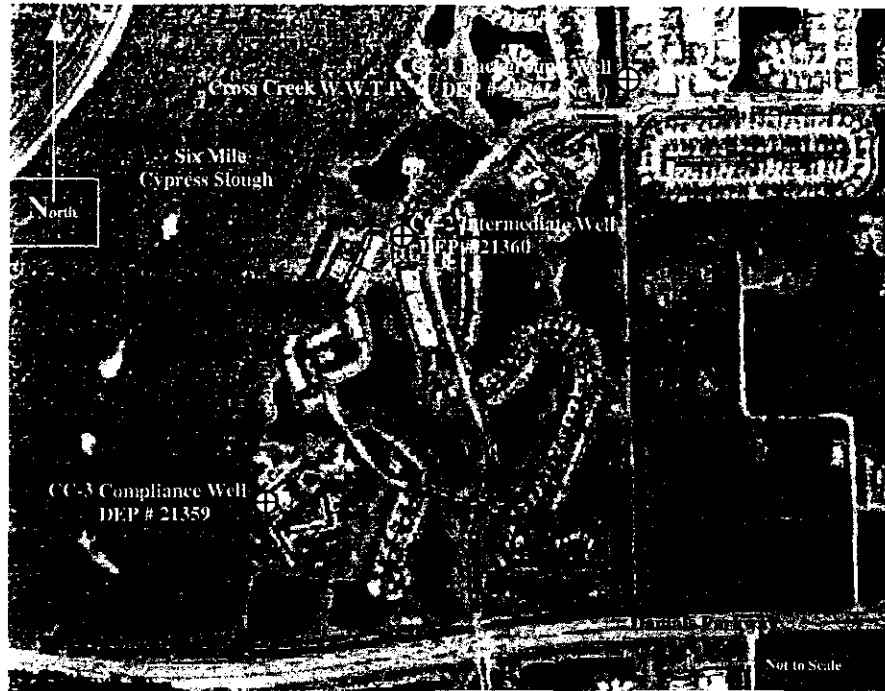
**Construction Requirements**

1. The permittee shall give at least 72-hours notice to the Department's South District Office, prior to the installation of the monitoring well detailed in this permit. [62-4.070]
2. Prior to construction of the new ground water monitoring well, a soil boring shall be made at the new monitoring well location in order to establish the well depth and screen interval. [62-522.900(3)]
3. Within 60 days after installation of a the new monitoring well, the permittee shall submit to the Department's South District Office detailed information on the well's location and construction on DEP Form(s) 62-522.900(3), Monitor Well Completion Report. [62-522.600.]. Initial characterization of the newly installed background monitoring well CC-1 (21361) shall consist of the Primary and Secondary drinking water standards identified in 62-550.310 and 62-550.320 and submitted to Department with the Well Completion Report.

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



**Operational Requirements**

5. For the Part III Public Access system, all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. For major users of reclaimed water (i.e., using 0.1 MGD or more), the zone of discharge shall extend horizontally 100 feet from the application site or to user's site property line, whichever is less, and vertically to the base of the shallow water table aquifer [62-520.200(23)] [62-522.400 and 62-522.410]
6. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
7. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.463, ]
8. The following monitoring wells shall be sampled in accordance with the monitoring frequencies specified in Permit Condition III.8. for Reuse System R-001. Quarterly sampling must be reasonably spaced to be representative of potentially changing conditions.

Monitoring Well ID	Alternate Well Name and/or Description of Monitoring Location	Depth (Feet)	Aquifer Monitored	New or Existing
MWB-21361	CC-1 Background Well. Location to be determined.		Surficial	New
MWI-21360	CC-2 Intermediate Well. Located near tennis courts.	15.0	Surficial	existing
MWC-21359	CC-3 Compliance Well. Located in northwest corner.	15.0	Surficial	existing

MWB = Background; MWI = Intermediate; MWC = Compliance

[62-522.600][62-610.463]

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

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

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

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

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

16. If any monitoring well becomes damaged or cannot be sampled for some reason, the permittee shall notify the Department's South District Office immediately and a written report shall follow within seven days detailing the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's South District Office. *[62-522.600][62-4.070(3)]*
17. The Permittee shall provide verbal notice to the Department's South District Office as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall



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detail these measures to the Department's South District Office in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]

**IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS**

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

1. This reuse system includes the following major users (i.e., using 0.1 MGD or more of reclaimed water):

User Name	User Type	Capacity (MGD)	Acreage
Cross Creek Country Club Golf Course	Golf Course	0.249	60acres

[62-610.800(5)][62-620.630(10)(b)]

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

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7. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. *[62-610.471(1), (2), (5), and (7)]*
8. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. *[62-610.469(4)]*
9. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. *[62-610.471(6)]*
10. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. *[62-610.471(8)]*
11. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. *[62-610.468(2)]*
12. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. *[62-610.468 & 62-610.469]*
13. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. *[62-610.468(6)]*
14. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. *[62-610.414 & 62-610.464]*
15. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. *[62-610.800(9)]*

## V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category III, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:  
  
A Class C or higher operator 6 hours/day for 7 days/week. The lead operator must be a C, or higher.  
  
*[62-620.630(3)] [62-699.310] [62-610.462]*
2. A certified operator shall be on call during periods the plant is unattended. *[62-699.311(1), 5-20-92]*
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. *[62-600.405(5)]*

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4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. *[62-600.735(1)]*
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
  - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
  - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
  - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
  - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
  - e. A copy of the current permit;
  - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;
  - g. A copy of the facility record drawings;
  - h. Copies of the licenses of the current certified operators; and
  - i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

*[62-620.350]*

**VI. SCHEDULES**

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

Corrective Action		Completion Date
1	The submitted protocol for this permit application needs to be revised. The revised operational protocol is to be submitted to compliance/enforcement for review, exercise of and final approval. During the interim, the set point for the turbidity meter is 2.5 NTUs at which point reuse water is to be diverted to reject storage. Set point for chlorine residual is 1.5mg/L.	90 Days after issuance date of permit.
2	Replace gas chlorine with sodium hypochlorite.	180 days after issuance date of permit.

*[62-600.735(1)]*

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## VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

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

## VIII. OTHER SPECIFIC CONDITIONS

1. Prior to placing the modified portions of the existing facilities into operation or any individual unit processes into operation, for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. *[62-620.630(2), 12-24-96]*
2. Within six months after a facility is placed in operation, the permittee shall provide written certification to the Department on Form 62-620.910(13) that record drawings pursuant to Chapter 62-600, F.A.C., and that an operation and maintenance manual pursuant to Chapters 62-600 and 62-610, F.A.C., as applicable, are available at the location specified on the form. *[62-620.630(7), 12-24-96]*
3. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. *[62-620.410(5)]*
4. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. *[62-610.850(1)(a) and (2)(a)][62-640.700(2)(b)]*
5. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. *[62-600.410(8) and 62-640.400(6)]*
6. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. *[62-604.130(3)]*
7. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. *[62-604.550] [62-620.610(20)]*
8. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
  - a. Which may cause fire or explosion hazards; or
  - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or
  - c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
  - d. Which result in treatment plant discharges having temperatures above 40°C.

*[62-604.130(4)]*

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

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

*[62-620.625(2)]*

#### IX. GENERAL CONDITIONS

1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. *[62-620.610(1)]*
2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. *[62-620.610(2)]*
3. As provided in Subsection 403.087(6), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. *[62-620.610(3)]*
4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. *[62-620.610(4)]*
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. *[62-620.610(5)]*
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. *[62-620.610(6)]*

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7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
  - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
  - b. Have access to and copy any records that shall be kept under the conditions of this permit;
  - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
  - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]
12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. [62-620.610(12)]
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. [62-620.610(13)]
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. [62-620.610(14)]

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15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
  - a. A description of the anticipated noncompliance;
  - b. The period of the anticipated noncompliance, including dates and times; and
  - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
  - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10).
  - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
  - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
  - d. Any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E-1, F.A.C., where such certification is required by Rule 62-160.300, F.A.C. The laboratory must be certified for any specific method and analyte combination that is used to comply with this permit. For domestic wastewater facilities, the on-site test procedures specified in Rule 62-160.300(4), F.A.C., shall be performed by a laboratory certified test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
  - e. Field activities including on-site tests and sample collection, whether performed by a laboratory or a certified operator, must follow the applicable procedures described in DEP-SOP-001/01 (January 2002). Alternate field procedures and laboratory methods may be used where they have been approved according to the requirements of Rules 62-160.220, and 62-160.330, F.A.C.*[62-620.610(18)]*
19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. *[62-620.610(19)]*
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances.

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The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.

- a. The following shall be included as information which must be reported within 24 hours under this condition:
  1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
  2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
  3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
  4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
  1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
    - a) Name, address, and telephone number of person reporting;
    - b) Name, address, and telephone number of permittee or responsible person for the discharge;
    - c) Date and time of the discharge and status of discharge (ongoing or ceased);
    - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
    - e) Estimated amount of the discharge;
    - f) Location or address of the discharge;
    - g) Source and cause of the discharge;
    - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
    - i) Description of area affected by the discharge, including name of water body affected, if any; and
    - j) Other persons or agencies contacted.
  2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.
- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

*[62-620.610(20)]*

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



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

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

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

*{62-620.610(22)}*

### 23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
  1. An upset occurred and that the permittee can identify the cause(s) of the upset;
  2. The permitted facility was at the time being properly operated;
  3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
  4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

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

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

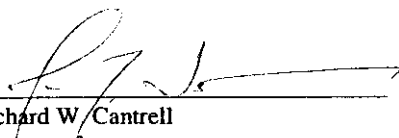
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

{62-620.610(23)}

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

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT  
OF ENVIRONMENTAL PROTECTION



Richard W. Cantrell  
Director of  
District Management

DATE: October 15, 2003

RWC/MHR/cap

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

When Completed, Mail this report to: Department of Environmental Protection, South District, Post Office Box 2549, Fort Myers, FL, 33902-2549

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

PERMIT NUMBER: FLA014505

LIMIT: Final  
 CLASS SIZE: N/A

REPORT: Monthly  
 GROUP: Domestic

FACILITY: Cross Creek WWTP  
 LOCATION: 13050 Cross Creek Blvd.  
 Fort Myers, FL 33912

MONITORING GROUP NUMBER: R-001  
 MONITORING GROUP DESC: , including Influent

COUNTY: Lee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: \_\_\_\_\_ To: \_\_\_\_\_

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow, in conduit or thru treatment plant PARM Code 50050 1 Mon.Site No.	Sample Measurement							
	Permit Requirement	0.24 (Mo.Avg.)	MGD					
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement							
	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement							
	Permit Requirement			Report (Mo.Avg.) 60.0 (Max.)	MG/L		Every Two Weeks	8-hour FPC
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFB-1	Sample Measurement							
	Permit Requirement			5.0 (Max.)	MG/L		4 Days/Week	Grab
pH PARM Code 00400 1 Mon.Site No. EFA-1	Sample Measurement							
	Permit Requirement			6.0 (Min.) 8.5 (Max.)	SU		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon.Site No. EFA-1	Sample Measurement							
	Permit Requirement			14 (An.Avg.)	#/100ML		4 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)

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



**DAILY SAMPLE RESULTS - PART B DRAFT**

Permit Number: FLA014505

Facility: Cross Creek WWTP

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

	COD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	TRC (For Disinfect.) (MG/L)	TSS (MG/L)	Turbidity (NTU)	Flow (MGD)	COD5 (MG/L)	TSS (MG/L)		
Code	80082	74055	00400	50060	00530	00070	50050	80082	00530		
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFB-1	EFB-1	FLW-1	INF-1	INF-1		
1											
2											
3											
4											
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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: \_\_\_\_\_

## GROUND WATER MONITORING WELL REPORT - PART D

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWB-21361  
 Well Type: Background  
 Description: CC-1 Background Well Location to be determined.

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	draft	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	draft	Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295	draft	Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978	draft	Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940	draft	Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113	draft	Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118	draft	Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114	draft	Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	draft	Report	#/100ML	Single Sample	Quarterly				
pH	00400	draft	Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945	draft	Report	MG/L	Single Sample	Quarterly				
Turbidity	00070	draft	Report	NTU	Single Sample	Quarterly				

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)

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lec  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWI-21360  
 Well Type: Intermediate  
 Description: CC-2 Intermediate Well. Located in the Tennis Cour

Monitoring Period From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	draft	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	draft	Report	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295	draft	Report	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978	draft	Report	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940	draft	Report	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113	draft	Report	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118	draft	Report	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114	draft	Report	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	draft	Report	#/100ML	Single Sample	Quarterly				
pH	00400	draft	Report	SU	Single Sample	Quarterly				
Sulfate, Total	00945	draft	Report	MG/L	Single Sample	Quarterly				
Turbidity	00070	draft	Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):

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

County: Lee  
 Facility Name: Cross Creek WWTP  
 Permit Number: FLA014505

Monitoring Well ID: MWC-21359  
 Well Type: Compliance  
 Description: CC-3 Compliance Well. Located near the Northwest

Monitoring Period: From: \_\_\_\_\_ To: \_\_\_\_\_

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

Was the well purged before sampling?  Yes  No

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

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Statistical Base Code	Monitoring Frequency	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NGVD	82545	draft	Report	FEET	Single Sample	Quarterly				
Nitrogen, Nitrate, Total (as N)	00620	draft	10	MG/L	Single Sample	Quarterly				
Solids, Total Dissolved (TDS)	70295	draft	500	MG/L	Single Sample	Quarterly				
Arsenic, Total Recoverable	00978	draft	50	UG/L	Single Sample	Quarterly				
Chloride (as Cl)	00940	draft	250	MG/L	Single Sample	Quarterly				
Cadmium, Total Recoverable	01113	draft	5	UG/L	Single Sample	Quarterly				
Chromium, Total Recoverable	01118	draft	100	UG/L	Single Sample	Quarterly				
Lead, Total Recoverable	01114	draft	15	UG/L	Single Sample	Quarterly				
Coliform, Fecal	74055	draft	4	#/100ML	Single Sample	Quarterly				
pH	00400	draft	6.5 to 8.5	SU	Single Sample	Quarterly				
Sulfate, Total	00945	draft	250	MG/L	Single Sample	Quarterly				
Turbidity	00070	draft	Report	NTU	Single Sample	Quarterly				

COMMENTS AND EXPLANATION (Reference all attachments here):



## INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

The DMR consists of four parts--A, B, C, 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 data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part C is only applicable for domestic wastewater facilities with limited wet weather discharges permitted under Chapter 62-610.860, F.A.C. Part D is used for reporting ground water monitoring well data.

Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be typed or printed in ink.

In addition to filling in numerical results on various parts of the DMR, the following codes should be used and an explanation provided where appropriate. Note: Codes used by the lab for raw data may be 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 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 blanks in the header 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. If there was no discharge of effluent for a particular outfall, reuse, or land application system and the DMR 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. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.).

**No. Ex.:** Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter. 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

**Month/Year:** Enter the month and year during which the data on this report were collected and analyzed.

**Three-month Average Daily Flow:** Calculate and enter the three-month average daily flow to the treatment facility.

**(TMADF/Permitted Capacity) x 100:** Divide the three-month average daily flow by the permitted capacity of the treatment facility, multiply by 100, and enter this value.

**Daily Monitoring Results:** Record the results of daily monitoring for the parameters required to be sampled by your permit. Record the data in the units indicated.

**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.

**Type of Effluent Disposal or Reclaimed Water Reuse:** Enter the type of effluent disposal or reclaimed water reuse (e.g. surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, underground injection).

**Limited Wet Weather Discharge Activated:** If this plant does not have a limited wet weather discharge permitted under the provision of Rule 62-610.860, F.A.C., check 'Not Applicable.' If the plant activated the wet weather discharge during the reporting month, check 'Yes' and attach PART C - LIMITED WET WEATHER DISCHARGE.

## PART C - LIMITED WET WEATHER DISCHARGE

This part is to be completed and submitted each month reclaimed water or effluent is discharged by a limited wet weather discharge permitted under Rule 62-610.860, F.A.C. For months with no discharge, Part C need not be submitted. All information is to be provided for each day on which the limited wet weather discharge was activated.

**Month/Year:** Enter the month and year during which the data on this report were collected and analyzed.

**Rainfall Information:** Enter the name and location of the rainfall gauging station, the source of climatological (normal rainfall) data, the cumulative rainfall for the average rainfall year, and the cumulative rainfall to date for this calendar year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which falls during an average rainfall year from January through the month for which this part contains data. 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.

**Date:** Enter the date on which the discharge occurred.

**Duration of Discharge:** Enter the number of hours, to the nearest 0.1 of an hour (0.1 hr. = 6 min.) during each day of discharge that reclaimed water was actually discharged to surface waters.

**Gallons Discharged:** Enter the quantity in millions of gallons of reclaimed water discharged during the period shown in duration of discharge. Show the units as millions of gallons (mg), accurate to the nearest 0.01.

**Average Discharge Flow Rate:** Divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

**Average Upstream Flow Rate:** Enter the average flow rate in the receiving stream upstream from the point of discharge for the period shown in duration 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.

**Stream Dilution Factor:** Enter the actual stream dilution ratio accurate to the nearest 0.1. To calculate the factor, divide the average upstream flow rate by the average discharge flow rate.

**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.

**Total P:** Enter the cumulative number of days since January 1 of the current year during which the limited wet weather discharge was activated divided by the total number of days since January 1 of the current year multiplied by 100%.

**Reason for Discharge:** Provide a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

## 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.

**Sampling Methods:** 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).

**Preservatives Added:** State what preservatives were added to the sample.

**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.

**Analysis Result/Units:** Record the results of the analysis. If the result was below the minimum detection limit, indicate that. Enter the units associated with the results of the analysis.

**Detection Limits/Units:** Record the detection limits of the analytical methods used and the units associated with them.

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

**674 - Cross Creek**  
DMR Permit Due Dates

<b>Permit Number:</b> FLA014505 <b>Issuance Date:</b> 10/15/03 <b>Expiration Date:</b> 10/14/08 <b>Renewal Date:</b> 4/17/08
---

<b>ITEM:</b>	<b>Due Date</b>	<b>Completed</b>	<b>Form/Rule</b>
Application for Permit Renewal	4/17/08		
DMR	28th Day / Month		Form 62-620.910(10)
Reclaimed Water/Effluent Analysis Report	January 28th		Form 62-601.900(4)
Annual Report of Reclaimed Water Utilization	January 28th		Form 62.300(4)(a)2
Annual Summary of Residuals	February 19th		Form 62-640.210(2)(b)
Ground Water Monitoring Quarterly Report	Apr / July / Oct / Jan 28th		Form 62-620.910(10)-Part D
Updated Capacity Analysis Report	4/17/08		Rule 62-600.405, FAC
Operation & Maintenance Performance Rpt.	4/17/08		Rule 62-600.735, FAC
<b>CONSTRUCTION</b>	<b>Due Date</b>	<b>Completed</b>	
Operating Protocol	1/13/04		
Conversion to sodium hypochlorite	4/12/04		

**Correspond to:**  
 FL Dept. of Environmental Protection  
 South District Office  
 2295 Victoria Ave, Suite 364  
 Ft. Myers, FL 33901-3884  
 Phone: 941-332-6975 Fax: 941-332-6969  
 Mel Reinhart, Permit Writer

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (7)  
NOTICES**

**Test Year Ended December 31, 2007**

## UTILITIES, INC. OF EAGLE RIDGE

AN AFFILIATE OF UTILITIES, INC.

200 WEATHERSFIELD AVENUE  
ALTAMONTE SPRINGS, FLORIDA 32714

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

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

August 2, 2006

Ms. Laura M. Comer  
Pollution Prevention Coordinator  
FDEP - South District  
2295 Victoria Ave.  
Ft. Myers, FL 33902-2549

RE: Eagle Ridge WWTF  
P2 Plan for OGC File # 05-2747-36-DW

Dear Ms. Comer:

Enclosed please find copies of the invoice and check for the above referenced Pollution Prevention Project as settlement for the above referenced Consent Order.

As stated in the plan, the Sandalhaven WWTF EQ pumps, piping and Variable Frequency Drive Units were installed and placed in operation on July 12, 2006.

We hope this satisfies the conditions of the Eagle Ridge WWTF Consent Order, and respectfully request that the Consent Order be terminated.

If you should have any questions or require further information, please do not hesitate to call me at (407) 869-8588, ext. 234.

Sincerely,

UTILITIES, INC. OF EAGLE RIDGE

  
Scotty L. Haws  
Regional Compliance Manager

EC: Patrick C. Flynn, Regional Director  
Scott Stewart, Area Manager

273 3 15

**REXEL**

Electrical & Datacom Products

Fed-ID: 64-0283323  
7260 15th St. East, Sarasota, FL 34243-3276  
(941) 360-8298

UN 27 006  
UTILITIES, INC.

INVOICE TO:

UTILITIES INC OF FLORIDA  
200 WEATHERSFIELD AVE  
ALTAMONTE SPRINGS FL 32714-4099

SHIP TO: 27-10000-000-00  
Utilities Inc. Of Florida  
Shop  
200 Weathersfield Ave.  
Altamonte Spri, FL 32714-0000

9600027



(Standard Terms and Conditions of Sale as stated on our credit application and / or quotation apply to this invoice.)

LINE	SHIPPED	BACKORD	DESCRIPTION	PRICE	UM	EXTENDED
001	1		2 NEW VFDS AND PANELS	31996.78	E	31996.78
002			VARIABLE FREQUENCY DRIVE UNITS			
003			PIPE AND PUMPS ID#251			
004			SANDALHAVEN EQ TANK			

*10 5 11 10 11 0 21 2011*

Revel

(Please fold before separation)

**ORIGINAL INVOICE**

PAGE: 1 of 1  
INVOICE NO: 27-056215  
INVOICE DATE: 06/23/2006  
CUSTOMER NO: 27-10000-

P.O #: Rick Retz Id#251  
JOB:  
REC'D BY:  
SHIPPED DATE: 06/23/2006  
SHIP VIA: Service Work Pa  
TYPE: Repair  
REF NO:

IF PAID BY: 07/10/2006  
YOU MAY DEDUCT: .00

A late charge consistent with state law will be assessed on all past due acc

REMIT TO:  
Rexel  
Dept At 40191  
Atlanta, GA 31192-0191

SUBTOTAL: 3199.  
FREIGHT:  
TAX:  
TOTAL: 3199.

**REXEL**

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Revel

**DUPLICATE INVOICE**

PAGE: 1 of 1  
INVOICE NO: 27-056215  
INVOICE DATE: 06/23/2006  
CUSTOMER NO: 27-10000-00

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IF PAID BY: 07/10/2006  
YOU MAY DEDUCT: .00

A late charge consistent with state law will be assessed on all past due acc

REMIT TO:  
Rexel  
Dept At 40191  
Atlanta, GA 31192-0191

SUBTOTAL: 31996.7  
FREIGHT: .0  
TAX: .0  
TOTAL: 31996.7

**WATER SERVICE CORP.**

DISBURSING ACCOUNT OF  
UTILITIES INCORPORATED  
2335 SANDERS ROAD  
NORTHBROOK, IL 60062

BANK ONE COLUMBUS, NA  
Circleville and Williamsport, Ohio Offices

NOT VALID  
AFTER 90 DAYS

56-1544  
441

NO. 588864

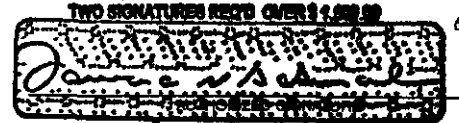
DATE 07/20/06 NET AMOUNT \*\*\$31,996.7

PAY \*\*\*\* THIRTY ONE THOUSAND NINE HUNDRED NINETY SIX AND 78/100 \*\*\*\* DOLLARS.

16947

TO  
THE  
ORDER  
OF

REXEL MADER  
DEPT AT 40191  
ATLANTA GA 31192-0191



*[Handwritten Signature]*  
AUTHORIZED SIGNATURE

⑈588864⑈

16947 REXEL MADER

CHECK NO. 588864

COMPANY NAME	REFERENCE NUMBER	INVOICE DATE	INVOICE NUMBER	NET AMOUNT
UTILITIES INC OF SANDALHAVEN	21939	06/23/06	0000027-056215	31,996
<b>TOTAL</b>				<b>31,996</b>



Florida Department of Environmental Protection

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

cc: SHV  
HW ✓  
File  
6-13-1-10

CERTIFIED MAIL NO.: 7005 3110 0002 9314 3249  
RETURN RECEIPT REQUESTED

RECEIVED

November 15, 2007

NOV 15 2007

Mr. Patrick Flynn  
Vice President  
Utilities Inc. of Eagle Ridge  
200 Weathersfield Ave.  
Altamont Springs, Florida 32714

UTILITIES, INC.

Lee County DW  
Eagle Ridge WWTF  
OGC Case No.: 05-2747-36-DW

Dear Mr. Flynn:

The Department has reviewed the above referenced OGC case and has determined that all conditions of the Consent Order have been satisfactorily completed.

We will close this case and put it in our inactive file.

Your cooperation in resolving the matters of this case is appreciated. **If you have any questions, please contact Keith Kleinmann of this office at (239) 332-6975, ext. 182.**

Sincerely,

Jon M. Iglehart  
Director of  
District Management

JMI/DWF/jl

Cc: Enforcement File  
Mary Wilson, OGC

673 1.10





5. The Department finds that the facility has an on-going problem with odor control at the facility resulting in complaints from the homeowners. Department personnel detected a strong odor at the surge tank during the May 25, 2005 inspection. F.A.C. Rule 62-600.410(8) states that in the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affect the 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 modification of the treatment plant) shall be taken by the permittee. Other corrective action may be required to ensure compliance with the rules of the Department.

6. Having reached a resolution of the matter the Department and the Respondent mutually agree and it is

**ORDERED:**

7. Respondent shall comply with the following corrective actions within the stated time periods:

8. **Within thirty (30) days** after the effective date of this Consent Order, Respondent shall retain the services of a Florida professional engineer for the purpose of:

(a) Studying, recommending, and implementing corrections to the odor control system at the facility. Collection and treatment of gases may be necessary prior to the release of the gases to the environment.

(b) Submit to the Department a schedule of corrections to be made at the facility and a time frame for completions of corrections.

9. In the event of a sale or conveyance of the facility or of the property upon which the facility is located, if all of the requirements of this Consent Order have not been fully satisfied, Respondent shall, at least 30 days prior to the sale or conveyance of the property or facility, (1) notify the Department of such sale or conveyance, (2) provide the name and address of the purchaser, or operator, or person(s) in control of the facility, and (3) provide a copy of this

Consent Order with all attachments to the new owner. The sale or conveyance of the facility, or the property upon which the facility is located shall not relieve the Respondent of the obligations imposed in this Consent Order.

10. **Within thirty (30) days** of the effective date of this Consent Order, Respondent shall pay the Department \$2500 in settlement of the matters addressed in this Consent Order. This amount includes \$500 for costs and expenses incurred by the Department during the investigation of this matter and the preparation and tracking of this Consent Order. The civil penalty is apportioned as follows: \$2000 for the violation of Florida Administrative Code Rule 62-600.410(8). Payment shall be made by cashier's check or money order. The instrument shall be made payable to the "Department of Environmental Protection" P O Box 2549, Fort Myers, Fl. 33902-2459 and shall include thereon the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund".

11. In lieu of making cash payment of \$2000 in civil penalties as set forth in paragraph 10, above, Respondent may elect to off-set this amount by implementing a pollution prevention project, which must be approved by the Department. A pollution prevention project must be either a source reduction, waste minimization, or on-site recycling project. If Respondent chooses to implement a pollution prevention project, Respondent shall notify the Department of its election by certified mail within 15 days of the effective date of this Consent Order. Notwithstanding, payment of the remaining \$500 in costs must be paid within 30 days of the effective date of the Consent Order. If Respondent elects to implement a pollution prevention project, then Respondent shall comply with all of the requirements and time frames in Exhibit I.

12. Respondent agrees to pay the Department stipulated penalties in the amount of \$100 per day for each and every day Respondent fails to timely comply with any of the requirements of Paragraphs 7 and 10 of this Consent Order. A separate stipulated penalty shall be assessed for each violation of this Consent Order. Within 30 days of written demand from the Department, Respondent shall make payment of the appropriate stipulated penalties to "The

Department of Environmental Protection" by cashier's check or money order and shall include thereon the OGC number assigned to this Consent Order and the notation "Ecosystem Management and Restoration Trust Fund." Payment shall be sent to the Department of Environmental Protection, P.O. Box 2549, Fort Myers, FL 33902-2549. The Department may make demands for payment at any time after violations occur. Nothing in this Paragraph shall prevent the Department from filing suit to specifically enforce any terms of this Consent Order. Any penalties assessed under this Paragraph shall be in addition to the settlement sum agreed to in Paragraph 10 of this Consent Order. If the Department is required to file a lawsuit to recover stipulated penalties under this Paragraph, the Department will not be foreclosed from seeking civil penalties for violations of this Consent Order in an amount greater than the stipulated penalties due under this Paragraph.

13. If any event, including administrative or judicial challenges by third parties unrelated to the Respondent, occurs which causes delay or the reasonable likelihood of delay, in complying with the requirements of this Consent Order, Respondent shall have the burden of proving the delay was or will be caused by circumstances beyond the reasonable control of the Respondent and could not have been or cannot be overcome by Respondent's due diligence. Economic circumstances shall not be considered circumstances beyond the control of Respondent, nor shall the failure of a contractor, subcontractor, materialman or other agent (collectively referred to as "contractor") to whom responsibility for performance is delegated to meet contractually imposed deadlines be a cause beyond the control of Respondent, unless the cause of the contractor's late performance was also beyond the contractor's control. Upon occurrence of an event causing delay, or upon becoming aware of a potential for delay, Respondent shall notify the Department orally within 24 hours or by the next working day and shall, within seven calendar days of oral notification to the Department, notify the Department in writing of the anticipated length and cause of the delay, the measures taken or to be taken to prevent or minimize the delay and the timetable by which Respondent intends to implement these

measures. If the parties can agree that the delay or anticipated delay has been or will be caused by circumstances beyond the reasonable control of Respondent, the time for performance hereunder shall be extended for a period equal to the agreed delay resulting from such circumstances. Such agreement shall adopt all reasonable measures necessary to avoid or minimize delay. Failure of Respondent to comply with the notice requirements of this Paragraph in a timely manner shall constitute a waiver of Respondent's right to request an extension of time for compliance with the requirements of this Consent Order.

14. Persons who are not parties to this Consent Order, but whose substantial interests are affected by this Consent Order, have a right, pursuant to Sections 120.569 and 120.57, Florida Statutes, to petition for an administrative hearing on it. The Petition must contain the information set forth below and must be filed (received) at the Department's Office of General Counsel, 3900 Commonwealth Boulevard, MS# 35, Tallahassee, Florida 32399-3000 within 21 days of receipt of this notice. A copy of the Petition must also be mailed at the time of filing to the District Office named above at the address indicated. Failure to file a petition within the 21 days constitutes a waiver of any right such person has to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes.

The petition shall contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department's Consent Order identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Consent Order;
- (c) A statement of how each petitioner's substantial interests are affected by the Consent Order;
- (d) A statement of the material facts disputed by petitioner, if any;

(e) A statement of facts which petitioner contends warrant reversal or modification of the Consent Order;

(f) A statement of which rules or statutes petitioner contends require reversal or modification of the Consent Order;

(g) A statement of the relief sought by petitioner, stating precisely the action petitioner wants the Department to take with respect to the Consent Order.

If a petition is filed, the administrative hearing process is designed to formulate agency action. Accordingly, the Department's final action may be different from the position taken by it in this Notice. Persons whose substantial interests will be affected by any decision of the Department with regard to the subject Consent Order have the right to petition to become a party to the proceeding. The petition must conform to the requirements specified above and be filed (received) within 21 days of receipt of this notice in the Office of General Counsel at the above address of the Department. Failure to petition within the allowed time frame constitutes a waiver of any right such person has to request a hearing under Sections 120.569 and 120.57, Florida Statutes, and to participate as a party to this proceeding. Any subsequent intervention will only be at the approval of the presiding officer upon motion filed pursuant to Rule 28-106.205, Florida Administrative Code.

A person whose substantial interests are affected by the Consent Order may file a timely petition for an administrative hearing under Sections 120.569 and 120.57, Florida Statutes, or may choose to pursue mediation as an alternative remedy under Section 120.573, Florida Statutes, before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for pursuing mediation are set forth below.

Mediation may only take place if the Department and all the parties to the proceeding agree that mediation is appropriate. A person may pursue mediation by reaching a mediation agreement with all parties to the proceeding (which include the Respondent, the Department,

and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Consent Order. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, MS #35, Tallahassee, Florida 32399-3000, within 10 days after the deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

(a) The names, addresses, and telephone numbers of any persons who may attend the mediation;

(b) The name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;

(c) The agreed allocation of the costs and fees associated with the mediation;

(d) The agreement of the parties on the confidentiality of discussions and documents introduced during mediation;

(e) The date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;

(f) The name of each party's representative who shall have authority to settle or recommend settlement; and

(g) Either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this notice of intent or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference.

(h) The signatures of all parties or their authorized representatives.

As provided in Section 120.573, Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, Florida Statutes, for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If

mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within 21 days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, Florida Statutes, remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

15. Respondent shall allow all authorized representatives of the Department access to the property and facility at reasonable times for the purpose of determining compliance with the terms of this Consent Order and the rules and statutes of the Department.

16. All submittals and payments required by this Consent Order to be submitted to the Department shall be sent to the Florida Department of Environmental Protection, 2295 Victoria Ave, P.O. Box 2549, Fort Myers, FL 33902-2549.

17. This Consent Order is a settlement of the Department's civil and administrative authority arising under Florida law to resolve the matters addressed herein. This Consent Order is not a settlement of any criminal liabilities which may arise under Florida law, nor is it a settlement of any violation which may be prosecuted criminally or civilly under federal law.

18 The Department hereby expressly reserves the right to initiate appropriate legal action to prevent or prohibit any violations of applicable statutes, or the rules promulgated thereunder that are not specifically addressed by the terms of this Consent Order, including but not limited to undisclosed releases, contamination or polluting conditions.

19. The terms and conditions set forth in this Consent Order may be enforced in a court of competent jurisdiction pursuant to Sections 120.69 and 403.121, Florida Statutes. Failure to



OGC CASE NUMBER: 05-2747-36-DW

comply with the terms of this Consent Order shall constitute a violation of Section 403.161(1)(b), Florida Statutes.

20. Respondent is fully aware that a violation of the terms of this Consent Order may subject Respondent to judicial imposition of damages, civil penalties up to \$10,000.00 per day per violation, and criminal penalties.

21. Entry of this Consent Order does not relieve Respondent of the need to comply with applicable federal, state or local laws, regulations or ordinances.

22. No modifications of the terms of this Consent Order shall be effective until reduced to writing and executed by both Respondent and the Department.

23. Respondent acknowledges and waives its right to an administrative hearing pursuant to Sections 120.569 and 120.57, Florida Statutes, on the terms of this Consent Order.

Respondent acknowledges its right to appeal the terms of this Consent Order pursuant to Section 120.68, Florida Statutes, and waives that right upon signing this Consent Order.

THIS SPACE LEFT BLANK INTENTIONALLY.

24. This Consent Order is a final order of the Department pursuant to Section 120.52(7), Florida Statutes, and it is final and effective on the date filed with the Clerk of the Department unless a Petition for Administrative Hearing is filed in accordance with Chapter 120, Florida Statutes. Upon the timely filing of a petition this Consent Order will not be effective until further order of the Department.

FOR THE RESPONDENT:

1/30/06  
DATE

*Patrick Flynn*  
~~Richard W. Retz~~ **PATRICK C. FLYNN**  
~~Assistant Operations Manager~~  
REGIONAL DIRECTOR

DONE AND ORDERED this 30<sup>th</sup> day of JANUARY, 2006

In Lee County, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

*Jon M. Iglehaft*  
Jon M. Iglehaft  
Director of  
District Management

**FILING AND ACKNOWLEDGEMENT FILED, on this date, pursuant to §120.52 Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.**

*Jamie L. Ingia*  
Clerk

2-3-06  
Date

**Exhibit I**

**Pollution Prevention Projects**

**I. Introduction**

1. Pollution Prevention (P2) is a process improvement that reduces the amount of pollution that enters the environment by conserving resource (including water, raw materials, chemicals, and energy) use, or by reducing waste (including domestic and industrial wastewater, solid and hazardous waste, and air emissions). A P2 project must reduce pollution or waste within the process beyond what is required by federal, state, or local law, in order to be eligible for civil penalty offset under this Consent Order. For every creditable \$1.00 spent on the Department approved P2 project, the Respondent shall receive a credit of \$1.00 against the portion of the civil penalty that can be offset. Whereas P2 projects are evaluated on the basis of the amount of pollution they eliminate, P2 projects usually have the added benefit of reducing production and disposal costs and regulatory oversight.

2. A P2 project can be classified as source reduction, waste minimization, and on-site recycling. Source reduction provides the greatest P2 benefit, while on-site recycling provides the least. These categories are defined further below.

3. Because P2 projects must be designed to reduce waste at the facility, P2 projects do not include projects that involve off-site recycling. In addition, P2 projects do not involve treatment prior to discharge, or disposal by landfilling or incineration.

**A. Source Reduction**

1. A source reduction project replaces materials or processes that produce pollution with materials or processes that cause less pollution. The ideal situation is to produce goods or services with no pollution. Source reduction has the most benefit for the environment among the P2 project options and usually requires the greatest change in the production process.

**B. Waste Minimization**

1. A waste minimization project reduces the generation of unusable by-products (air emissions, wastewater, or solid or liquid wastes). Waste minimization strategies involve reducing resource use and minimizing waste generation on site that result in a net decrease in the release of chemicals to the environment.

**C. On-Site Recycling**

1. On-site recycling projects reuse materials that are the source of pollution. Process materials are reused directly or indirectly in the original or some other process within the facility.

**II. The P2 Project Approval Process**

1. In order to adequately evaluate the P2 project options, the Department must understand the facility processes, material use, waste streams, options available, projects proposed, and estimated waste and cost savings.

2. The P2 project is typically implemented in a five-step process. First, the Respondent must prepare and obtain the approval of a P2 Opportunity Assessment (Assessment). Second, the Respondent must prepare and obtain the approval of a P2 Project Plan (Project Plan) based upon the findings in the Assessment. Third, the Respondent must construct or implement the approved Project Plan. Fourth, the Respondent must submit a P2 Final Report (Final Report) to the Department that summarizes the P2 modifications or improvements, benefits, and allowable costs. Finally, the Department approves or disapproves the offset of the penalty. All of these steps and the timeframes are discussed in detail below.

**A. The P2 Opportunity Assessment**

1. Within 30 days of the effective date of this Consent Order, the Respondent shall submit an Assessment to the Department for review and approval. The Assessment provides the basis for identifying, comparing, and evaluating P2 opportunities at the facility. The Assessment should be divided into two sections:

a. An audit of current facility practices and their associated waste streams, that shall identify where improvements can be made and provide a baseline for measuring changes, and

b. A complete evaluation of all available options for improvement regardless of their feasibility, a feasibility determination and an environmental determination of acceptable options. These options are then evaluated for economic and technical practicality, and environmental benefit.

2. The Assessment shall include a table by which all the processes can be compared. The table shall include brief descriptions of the processes, P2 options, resources consumed, waste streams, and P2 benefits. The table shall be supplemented by more in-depth descriptions that will allow the Department to evaluate the P2 options for each process. Because the P2 project will be evaluated by the amount of pollutants removed from the environment, the comparative units shall be in weight per unit time or volume per unit time.

Concentrations are not appropriate units. The time unit used to calculate the amount of pollutants removed should be sufficiently large to average out abnormalities. All waste should be considered, including solid and hazardous wastes, wastewater, and air emissions. Raw materials, water, chemicals, and energy use should be similarly examined.

3. The *Current Facility Practices* section of the Assessment shall include:

- a. Location and name of the facility and a brief description of what is done there;
- b. Contact information for personnel who provided information, analysis, background data, or expertise for the Assessment;
- c. Identification and description of processes or operations producing waste streams;
- d. Mass balances that identify and quantify input materials for each process, materials consumed during each process, and waste streams produced from each process;
- e. Simple flow charts or diagrams for each process; and
- f. Supporting documentation such as waste profile sheets.

4. The *Improvement Options Evaluation* section of the Assessment shall include a comprehensive list of the following P2 options and their corresponding considerations for each process that produces a waste stream:

- a. Process Elimination - Can an acceptable product be achieved without this process?
- b. Process Substitution - Can an acceptable product be achieved with a cleaner process?
- c. Input Material Substitution - Can a less polluting chemical or substance be used in the process?
- d. Waste Reduction - Can the process be run with less waste?
- e. In-process Recycling/Reuse - Can used process materials be used instead of virgin materials in the same process?

- f. Out-process Recycling/Reuse - Can used process materials, instead of virgin materials, be reused in another process within the facility?
- g. Waste Segregation - Will the segregation of wastes result in any usable waste products?
- h. Improved Maintenance - Can facility operations be run more efficiently with improved equipment maintenance?
- i. Improved Operational Procedures and/or Scheduling - Will improving facility operational procedures and/or scheduling reduce the generation of waste?
- j. Improved Equipment Layout, Piping and or Automation - Will upgrading facility process equipment reduce the generation of waste?

5. The *Pollution Prevention Opportunity Assessment* section of the Assessment shall also consider and record all P2 options. This consideration shall include:

- a. A description of each process;
- b. A description of any P2 option considered for each process;
- c. The technical feasibility of each P2 option;
- d. The approximate cost of implementing process modifications or changes;
- e. A quantitative description of the materials and wastes to be reduced;
- f. A quantitative description of any waste streams that will increase;
- g. Other benefits such as economic return; and
- h. Supporting documentation such as Material Safety data Sheets (MSDSs), material purchasing and use records, waste stream analytical test results, recycling, treatment or disposal records, or vendor information on proposed new equipment.

6. The Department will review the Assessment and either approve or disapprove with comments. If the Department disapproves the Assessment, the Respondent shall resubmit the Assessment that is responsive to the comments. If after one re-submittal the Assessment is not

approved or if the Respondent does not resubmit, the Respondent shall pay the balance of the allowable amount of the civil penalty in accordance with the Consent Order.

**B. P2 Project Plan**

1. Within 60 days of approval of the Assessment, the Respondent shall submit a detailed P2 Project Plan based on the approved Assessment, particularly section II, Pollution Prevention Opportunity Assessment. The Project Plan shall describe in detail the current operation of the particular process that will be part of the P2 Project. The process description will aid in the P2 Project's design and provide a benchmark for measuring the P2 Project's success. The Project Plan shall include four sections: background information, project description, environmental and economic benefits, and a schedule for implementation.

2. The *Background* section of the Project Plan shall include the following:

- a. Flow diagram of the process;
- b. Mass balance of the process; and
- c. Current operating costs including material procurement, maintenance, operation, utilities, and waste disposal, costs.

3. The *Project Description* section of the Project Plan shall include the following:

- a. Description of process modification;
- b. Any modifications to the flow diagram;
- c. Mass balance for the new process;
- d. Itemized costs of implementing the project including the design, capital equipment, installation, testing, training, and total project cost;
- e. Costs of operating and maintaining the project once it is complete; and
- f. Documentation that supports the costs such as vendor literature and price quotes, research, endorsements:

4. The *Environmental and Economic Benefits* section of the Project Plan shall describe in detail for each material use and waste stream eliminated or reduced, and for each material use and waste stream created or increased:

- a. Type of material or waste;
- b. Mass (weight or volume) reduction/increase in materials and wastes per unit time;
- c. Mass (weight or volume) reduction/increase in materials and wastes per unit of production;
- d. Method of material re-use/waste management;
- e. Expected financial incentives and monetary gains;
- f. Supporting documentation.

5. The *Schedule for Implementation* section of the Project Plan shall contain a brief discussion of the steps necessary to implement the project and expected dates of completion. The schedule shall include milestones, anticipated problems and options, and the project completion date. The implementation should take no longer than six months from approval of the Project Plan.

6. The Department will review the Project Plan and either approve or disapprove with comments. If the Department disapproves the Project Plan, the Respondent shall resubmit a Project Plan that is responsive to the comments. If after one re-submittal the Project Plan is not approved or if the Respondent does not resubmit, the Respondent shall pay the balance of the allowable amount of the civil penalty in accordance with the Consent Order.

C. Implementation of the P2 Project Plan

1. Within 30 days of approval of the P2 Project Plan, the Respondent shall begin implementation of the P2 Project in accordance with the approved schedule.



**D. Progress and Final Reports**

1. Within 90 days of approval of the Project Plan, the Respondent shall submit a progress report to the Department that describes the Respondent's progress in implementing the P2 Project and meeting the requirements in the Project Plan and includes a list of equipment ordered, purchased, and/or installed.

2. Within 180 days of approval of the Project Plan, the Respondent shall submit to the Department a Final Report that includes the following:

a. An update on the information required in the *Environmental and Economic Benefits* section of Project Plan;

b. A description of the methods used to quantify wastes;

c. An expense report, receipts, and other documents itemizing costs expended on preparing and implementing the project, which are described in section E below.

3. The Department shall review the Final Report and determine:

a. Whether the project has been implemented in accordance with the approved P2 Project Plan; and

b. Which expenses apply toward pollution prevention credits.

4. If the P2 Project Plan is approved by the Department and properly implemented, a \$1.00 pollution prevention credit for each \$1.00 spent on applicable costs will be applied against the portion of the civil penalty that can be offset.

**E. Final Accounting and Civil Penalty Offset**

1. The following costs are allowable to offset the allowable amount of the civil penalty:

a. Preparation of the P2 Project;

b. Design of the P2 Project;

c. Installation of equipment for the P2 Project;

d. *Construction of the P2 Project;*

e. Testing of the P2 Project;

- f. Training of staff concerning the implementation of the P2 Project; and
  - g. Capital equipment needed for the P2 Project.
2. The following costs shall not apply toward P2 credit:
- a. Costs incurred in conducting a waste audit;
  - b. Maintenance and operation costs involved in implementing the P2 Project;
  - c. Monitoring and reporting costs;
  - d. Salaries of employees who perform their job duties;
  - e. Costs expended to bring the facility into compliance with current law, rules and regulations;
  - f. Costs associated with a P2 Project that is not implemented;
  - g. Costs associated with a P2 Project that has not been approved by the Department; and
  - h. Legal costs.
3. If any balance remains after the entire P2 credit is applied to the allowable portion of the civil penalty, Respondent shall pay the difference within 30 days of written notification by the Department to the Respondent that the balance is due.
4. The Department may terminate the P2 Project at any time during the development or implementation of it, if the Respondent fails to comply with the requirements in this document, act in good faith in preparing and implementing the project, or develop and implement the P2 Project in a timely manner. The Respondent may terminate the P2 Project at any time during its development or implementation.
5. If the P2 Project is terminated for any reason, Respondent shall pay the full balance of the allowable portion of the civil penalty within 30 days of written demand by the Department.
6. Any public statement, oral or written, in print, film, or other media, made by Respondent making reference to the P2 Project Plan shall include the following language, "This

OGC CASE NUMBER: 05-2747-36-DW

project was undertaken in connection with the Florida Department of Environmental Protection for violations of Florida's environmental laws."

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (8)  
FIELD EMPLOYEES**

**Test Year Ended December 31, 2007**

**EMPLOYEES INVOLVED IN UTILITIES INC. OF EAGLE RIDGE  
AND CROSS CREEK OPERATIONS  
TEST YEAR 2007 (January thru December)**

Patrick Flynn, Regional Director: Oversees all operations and employees in Florida.

Mike Wilson, Regional Manager: Manages operations and employees for all West Coast, North and South Florida operations. Mike Wilson oversees the day-to-day operations within the West Coast, North and South Florida areas.

Tony Wierzbicki, Project Manager: Manages all capital projects, inspects and monitors any developer activities or line extensions within the system.

Scott Stewart, Area Manager: Supervises the day-to-day operations of the facilities in South Florida.

**Current Plant Operation's Employees**

Joe Devers, Lead Operator: Joe holds *Class A drinking water treatment plant operator* and *Class A wastewater treatment plant operator* license(s) and is responsible for overseeing the day-to-day operations of the Eagle Ridge wastewater treatment plant.

Ismael Garcia, Lead Operator: Ismael holds a *Class C wastewater treatment plant operator license* and is responsible for overseeing the day-to-day operations of the Cross Creek wastewater treatment plant.

David Boersma, Operator: David holds a *Class C wastewater treatment plant operator license*. David joined Utilities Inc. of Eagle Ridge in mid August 2008. David is responsible for overseeing the day-to-day operations of the Eagle Ridge and Cross Creek wastewater treatment plants.

**Facilities**

The minimum staffing requirement at the wastewater plant is 6 hours per day, 7 days per week, by a minimum Class C wastewater operator.

**Duties and Responsibilities**

- a) Responsible for performing treatment plant, collection system and transmission system operation and maintenance. Duties are to be completed in a reasonable and professional manner consistent with standard operating practices in order to comply with state and local regulatory rules and requirements. Must perform duties consistent with the protection of the public health and the environment.
- b) Perform responsible, efficient, and effective on-site management and supervision of all system functions.
- c) Submit complete, accurate and timely periodic plant operating reports.
- d) Report to the Permittee and the Department of Environmental Protection any serious plant or system breakdown or condition causing or likely to cause serious, inefficient

or unsafe treatment or discharge of water or wastewater in a manner not authorized by the current permit.

- e) Submit accurate reports relative to treatment plant, collection system, and transmission system operation, including sampling and laboratory analysis.
- f) Maintain an operation and maintenance log for each plant, current to the last operation and maintenance task performed.
- g) Perform required preventative maintenance in conformance with equipment manufacturer recommendations. Repair or replace equipment or distribution and collection system components as needed to keep the facilities operating as permitted.
- h) Perform various service order functions including but not limited to the following: customer complaints; reading and checking meters; cross-connection inspections; installing or repairing the distribution, collection and disposal systems; installation of water meters.
- i) Maintain the visual aesthetics of the facilities in compliance with company standards, including grounds maintenance, fence repairs, site security, lighting fixtures, and general building upkeep.

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**State of Florida**  
**Department of Environmental Protection**

ISSUED: 02/08/2007

LICENSE NO.: 0007431

THE CLASS A WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

**JOE E. DEVERS**

CHARLIE CRIST  
GOVERNOR

**DISPLAY IS REQUIRED BY LAW**

MICHAEL W. SOLE  
SECRETARY

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**State of Florida**  
**Department of Environmental Protection**

ISSUED: 02/13/2007

LICENSE NO.: 0005931

THE CLASS A DRINKING WATER TREATMENT PLANT OPERATOR NAMED BELOW IS LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 04/30/2009

**JOE E. DEVERS**

CHARLIE CRIST  
GOVERNOR

**DISPLAY IS REQUIRED BY LAW**

MICHAEL W. SOLE  
SECRETARY

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State of Florida  
Department of Environmental Protection  
OPERATOR CERTIFICATION PROGRAM  
2600 BLAIR STONE ROAD, M.S. 3506  
TALLAHASSEE, FLORIDA 32399-2400  
(850)245-7500

ISMAEL GARCIA

13235 WHITEHAVEN LANE # 1007  
FORT MYERS, FL 33912

State of Florida  
Department of Environmental Protection  
LICENSE NO.: 0008922      DATE ISSUED: 5/31/2007  
CLASS C WASTEWATER TREATMENT PLANT OPERATOR  
ISMAEL GARCIA  
IS LICENSED UNDER PROVISIONS OF CHAPTER 403, FLORIDA STATUTES  
VALID UNTIL: 4/30/2009

State of Florida  
Department of Environmental Protection

ISSUED: 5/31/2007

LICENSE NO.: 0008922

THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS  
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.

VALID UNTIL: 4/30/2009

ISMAEL GARCIA

CHARLE CRIST

GOVERNOR

GOVERNOR

DISPLAY IS REQUIRED BY LAW

0008922



**State of Florida**

**Department of Environmental Protection**

**ISSUED: 10/26/2007**

**LICENSE NO.: 0014992**

**THE CLASS C WASTEWATER TREATMENT PLANT OPERATOR NAMED BELOW IS  
LICENSED UNDER THE PROVISIONS OF CHAPTER 403, FLORIDA STATUTES.**

**VALID UNTIL: 4/30/2009**

**DAVID ALDEN BOERSMA**

**CHARLIE CRIST**

**MICHAEL W. SOLE**

**GOVERNOR**

**DISPLAY IS REQUIRED BY LAW**

**SECRETARY**

Vehicle Schedule

Company: Utilities, Inc. of Eagle Ridge

Docket No.: 080247-SU

Test Year Ended: December 31, 2007

Vehicle #	Year	Model	Serial Number	Driver	Position	Original Cost	Allocation Method
0310	2003	Chevy C-15	1GCEC14X63Z114613	Devers, Joe	Lead Operator, Eagle Ridge	18,519.00	ERCs
0423	2004	Chevy C-15	1GCEC14V64Z271266	Garcia Jr, Ismael	Lead Operator, Cross Creek	17,229.75	ERCs
0454	2004	Chevy C-15	1GCEC14X94Z335737	Boersma, David	Operator	16,758.63	ERCs
0609	2006	Chevy C-15	2GCEC19VX61115736	Stewart, Malcolm	Area Manager	20,893.71	ERCs
0803	2008	Chevy Colorado	1GCCS19E888113719	Chard, Ronald	Field Supervisor/Cross Connection Control	17,962.31	ERCs
0512	2005	Chevy Tahoe	1GNEC13S8R199267	Flynn, Patrick	Regional Director	37,478.51	ERCs
0729	2007	Chevy Trailblazer	1GNDS13S572108957	Haws, Scotty	Regional Compliance & Safety Manager	29,355.64	ERCs
728	2007	Chevy Trailblazer	1GNDS13S672194103	Wilson, Michael	Regional Manager	28,711.49	ERCs
0701	2007	Chevy Tahoe	1GNFK13007J125498	Yount, Darrin	Operations Director	39,156.49	ERCs
0651	2006	Chevy Tahoe	1GNEK13Z06R130226	Durham, Rick J	Regional Vice President	41,395.09	ERCs
0688	2006	Toyota Highlander	JTEEW21A060032524	Schiopu, Mircea	Mailroom Clerk	35,567.16	ERCs

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (9)  
VEHICLES**

**Test Year Ended December 31, 2007**

**Utilities, Inc. of Eagle Ridge**

**Docket No.: 080247-SU**

**Lee County**

**25.30.440 (10)  
CUSTOMER COMPLAINTS**

**Test Year Ended December 31, 2007**

## UTILITIES INC. OF EAGLE RIDGE - 2007 SERVICE ORDERS

Subdivision: 00673 Route: 673 Service Order #: 181595  
Account # : 006734046502 Customer Name: FREEBORN, AMY B  
Address : 7261 TWIN EAGLE LN Phone#: (239) 223-3124  
Entry Date : 06/11/07 Service Order Type: 36 Operator:  
Comments : CUST COMPLAINING ABOUT CLOGGED SEWER LINE.PLEASE CHK OUT AND  
SPEAK WITH CUSTOMER.

Due Date : 06/12/07 Cust/Comp Resp: COMP  
Resolution Date: 06/12/07  
Resolution : CHECKED LIFT STATION AND MANHOLE - OK. SPOKE WITH CUSTOMER  
AND ADVISED HER TO CALL PLUMBER. ALL OK ON OUR END. CALLED  
6/12 & LEFT CUSTOMER A MESSAGE TO CONTACT US IF SHE STILL HAS  
TROUBLE.  
**MD/LYN**

Subdivision : 00673 Route: 673 Service Order #: 197381  
Account # : 006733606081 Customer Name: MACPEEK, CHARLES  
Address : 7513 CAMERON CIR Phone#: (941) 561-7894  
Entry Date : 07/23/07 Service Order Type: 36 Operator:  
Comments : MR. CALLED DUE TO CLOGGED SEWER. PLEASE CHECK OUR LINE TO INSURE  
IT IS CLEAR AND ADVISE CUSTOMER.

Due Date : 07/23/07 Cust/Comp Resp: COMP  
Resolution Date: 07/23/07  
Resolution : ADVISED CUSTOMER TO CALL A PLUMBER & TO MAKE SURE TO CONTACT  
US WHEN HE ARRIVES AT SITE SO AS THOUGH WE CAN VERIFY WHERE  
THE PROBLEM LIES. CUSTOMER SAYS THAT IF HE CLEANS HIS LINE  
HIS NEIGHBOR GETS FLOODED & VICE VERSA.  
**EG/LYN**

Subdivision : 00673 Route: 673 Service Order #: 198836  
Account # : 006733608362 Customer Name: HETCHLER, TRACI L  
Address : 7706 CAMERON CIR Phone#: (239) 561-9869  
Entry Date : 07/26/07 Service Order Type: 36 Operator:  
Comments : CLOGGED SEWER -IN TWO AREAS IN HOME, SHOWER AND TOILET OF  
DIFFERENT BATHROOM. \*\*TAG WITH FINDINGS\*\*ED WAS INFORMED\*\*  
PAGE TO ED G; 9:05AM

Due Date : 07/26/07 Cust/Comp Resp: COMP  
Resolution Date: 07/26/07  
Resolution : CHECKED OUT N.P.F.  
CUSTOMER WAS HOME RUNNING OK  
**EG/LYN**

Subdivision : 00673 Route: 673 Service Order #: 203594  
Account # : 006734024542 Customer Name: HARRIS, SIDNEY  
Address : 7533 WOODLAND BEND CIR Phone#: (239) 561-3351  
Entry Date : 08/08/07 Service Order Type: 37 Operator:  
Comments : CUSTOMER SAYS THAT THERE IS A FOUL SMELLING (SEWER) ODOR AT THE  
ENTRANCE OF WOODLAND ESTATES, HER COMMUNITY.  
DISPATCHED CALL TO ED G.

## UTILITIES INC. OF EAGLE RIDGE - 2007 SERVICE ORDERS

Due Date : 08/08/07 Cust/Comp Resp: COMP  
Resolution Date: 08/08/07  
Resolution : RESPONDED TO RESIDENCE, FOUND NOTHING UNUSUAL, RESIDENT WAS  
TOLD PERHAPS SMELL IS A DEAD ANIMAL IN VICINITY. X/S CHECKED  
N.P.F.  
**EG/LYN**

Subdivision : 00673 Route: 673 Service Order #: 203616  
Account # : 006733606081 Customer Name: MACPEEK, CHARLES  
Address : 7513 CAMERON CIR Phone#: (941) 561-7894  
Entry Date : 08/08/07 Service Order Type: 40 Operator:  
Comments : CUSTOMER HAD BOTH CABLE AND PHONE LINES SEVERED (THEN TAPED  
TOGETHER FOR A TEMP FIX) BY OUR CONTRACTORS. THERE IS ALSO A LOT  
OF CLEAN UP STILL LEFT TO BE DONE, OUR CONTRACTORS LEFT A LOT  
UNDONE. DISPATCHED TO ED AND SCOTT S. WILL BE OUT IN AM.

Due Date : 08/09/07 Cust/Comp Resp: COMP  
Resolution Date: 08/09/07  
Resolution : CONTRACTOR CALLED FOR REPAIRS TO CABLE AND PHONE LINES.  
(WILL FOLLOW UP) CONTRACTOR TO CUT CLEAN OUT DOWN TO  
GRADE.SOD NO VISABLE DEBRIS ON SITE.  
**SCOTT/LYN**

Subdivision : 00673 Route: 673 Service Order #: 218855  
Account # : 006734074401 Customer Name: KLEIN, STEVEN  
Address : 7664 EAGLES FLIGHT LN Phone#: (239) 768-9369  
Entry Date : 09/19/07 Service Order Type: 36 Operator:  
Comments : CUSTOMER SAYS SEWER IS BACKING UP INTO SHOWER. PLEASE CHECK.  
PAGED IZZY.

Due Date : 09/19/07 Cust/Comp Resp: COMP  
Resolution Date: 09/19/07  
Resolution : MET WITH CUSTOMER AND PLUMBER. DETERMINED BACK-UP IS ON  
CUSTOMER SIDE OF LINE.  
**IZZY/LYN**

Subdivision : 00673 Route: 673 Service Order #: 233231  
Account # : 006733603581 Customer Name: GARBE, GERNULF  
Address : 7851 CAMERON CIR Phone#: (941) 561-3842  
Entry Date : 10/26/07 Service Order Type: 36 Operator:  
Comments : CUST CALLED IN WITH CLOGGED SEWER. PAGE TO NICK P.

Due Date : 10/26/07 Cust/Comp Resp: CUST  
Resolution Date: 10/26/07  
Resolution : TALKED WITH TENANT- AND PLUMBER. BACK UP APPEARS TO BE ON  
TENANTS SIDE.  
**NP/JS**

## UTILITIES INC. OF EAGLE RIDGE - 2007 SERVICE ORDERS

Subdivision : 00673 Route: 673 Service Order #: 235270  
Account # : 006733301031 Customer Name: ALTERRA HEALTHCARE  
Address : 13545 AMERICAN COLONY BLV Phone#: (239) 261-2463  
Entry Date : 11/01/07 Service Order Type: 36 Operator:  
Comments : RAW COMING OUT OUTSIDE OF CENTER-AND PLUMBER SAID IS ON OUR  
SIDE. PAGE TO ED; 3:07PM. PER MICHAEL SISSUM HE PHONED THIS IN  
239-261-2463.

Due Date : 11/01/07 Cust/Comp Resp: COMP  
Resolution Date: 11/01/07  
Resolution : MET WITH MIKE AND INFORMED HIM THAT IT IS NOT OUR PROBLEM PER  
THE COUNTY MAPS.  
**ED/LYN**

Account # : 006734027783 Customer Name: BRAY, TRENA C  
Address : 7654 WOODLAND BEND CIR Phone#: (859) 635-4300  
Entry Date : 11/12/07 Service Order Type: 36 Operator:  
Comments : MS. CALLED DUE TO CLOGGED TOILET AND THE KITCHEN SINK WILL NOT  
DRAIN. CHECK OUT LINE AND MS. WILL CALL BACK FOR YOUR  
FINDINGS.

Due Date : 11/12/07 Cust/Comp Resp: COMP  
Resolution Date: 11/12/07  
Resolution : ALL IS CLEAR ON OUR END. CHECKED MANHOLE, ALL IS OK.  
**ED/LYN**

Subdivision : 00673 Route: 673 Service Order #: 127445  
Account # : 006734029962 Customer Name: HEDGES, E W  
Address : 14541 BALD EAGLE DR Phone#: (941) 466-9319  
Entry Date : 01/02/07 Service Order Type: 35 Operator:  
Comments : CUSTOMER CALLED DUE TO POSSIBLE BROKEN SEWER LINE DEPRESSION IN  
GROUND AS TO WHERE SEWER LINE IS LOCATED 2 TO 3 FT FROM ROAD.  
PAGE TO MAX R

Due Date : 01/02/07 Cust/Comp Resp: COMP  
Resolution Date: 01/02/07  
Resolution : WENT TO SEE CUSTOMER @ 3PM. HOLE IN GROUND IS ON H2O SIDE.  
NOT OURS.  
**MAX/LYN**

Subdivision : 00673 Route: 673 Service Order #: 129559  
Account # : 006730239780 Customer Name: EAGLE RIDGE LAKE  
Address : 14060-70 EAGLE RIDGE LAKES DR Phone#: ( ) -  
Entry Date : 01/09/07 Service Order Type: 36 Operator:  
Comments : CONDO ASSOCIATION LADY CALLED AND STATED THEIR SEWERS WERE  
BACKED UP. PLEASE CHECK. PAGED MAX R.

Due Date : 01/09/07 Cust/Comp Resp: COMP  
Resolution Date: 01/09/07  
Resolution : SPOKE TO A RESIDENT IN EACH UNIT. NEITHER HAVE PROBLEMS.  
**MAX/LYN**

## UTILITIES INC. OF EAGLE RIDGE - 2007 SERVICE ORDERS

Subdivision : 00673 Route: 673 Service Order #: 129622  
Account # : 006734024100 Customer Name: EAGLE RIDGE LAKES  
Address : 13950-60 EAGLE RIDGE LAKES DR 15/16 Phone#: ( ) -  
Entry Date : 01/09/07 Service Order Type: 36 Operator:  
Comments : MANAGEMENT COMPANY CALLED DUE TO SEWER BACK UP FOR UNITS 101  
& 102. PAGED MAX R. PLEASE CHECK OUR SEWER LINE

Due Date : 01/09/07 Cust/Comp Resp: COMP  
Resolution Date: 01/09/07  
Resolution : PALM CITY PLUMBING WILL CAMERA 1-10-07. WE WILL BE ON SITE -  
AS PER TODAY BLOCKAGE WAS ON CUSTOMERS SIDE. AS TO WHAT JOHN  
SAID. HE SAID AS SOON AS HE REACHED PAST THE "Y" IT OPENED  
UP. HE THINKS IT MAY BE ROOTS GROWING INTO PIPES. WE WILL  
SEE TOMORROW.  
**ED/LYN**

Subdivision : 00673 Route: 673 Service Order #: 138797  
Account # : 006734048101 Customer Name: BANNING, JOHN  
Address : 14670 TRIPLE EAGLE CT Phone#: (302) 542-0524  
Entry Date : 02/05/07 Service Order Type: 36 Operator:  
Comments : CUSTOMER'S SON-IN-LAW, CHRIS BICKHART CALLED TO REPORT THAT ALL  
OF THE BATHROOMS ETC. BACKED UP THIS WEEKEND AND OVERFLOWED IN  
HOME. THEY CALLED A PLUMBER WHO OPENED THE CLOG. PLEASE CALL  
CHRIS BICKHART IN THE A.M. AFTER 8 AM @ 302-542-0524 TO  
ESTABLISH A TIME TO MEET ABOUT THE POINT OF CLOG AND SEWER CLEAN  
OUT QUESTIONS. ADVISE OFC ABOUT BACKUP TOO.

Due Date : 02/06/07 Cust/Comp Resp: COMP  
Resolution Date: 02/06/07  
Resolution : TALKED TO CLIENT, TOLD THEM THEY SHOULD HAVE CONTACTED US, SO  
THAT WE COULD HAVE BEEN THERE WHEN PLUMBER WAS LEANING LINE  
OUT. NO VERIFIABLE EVIDENCE AS TO EXACTLY WHERE AND WHAT WAS  
CAUSING BLOCKAGE. CHRIS BICKHART 239-542-8705  
**ED/LYN**

Subdivision : 00673 Route: 673 Service Order #: 143695  
Account # : 006734027001 Customer Name: SCHLEIDER, MAX  
Address : 14516 AERIES WAY DR Phone#: (239) 768-0873  
Entry Date : 02/20/07 Service Order Type: 33 Operator:  
Comments : MR. CALLED BECAUSE WE ARE PUTTING DEEP HOLES IN HIS LAWN WHEN WE  
ARE WORKING ON OUR PUMP STATION. HE SAID THEY ARE "HEAVY RUTS".  
HE WANTS US TO REPAIR THE LAWN.

Due Date : 02/20/07 Cust/Comp Resp: COMP  
Resolution Date: 02/20/07  
Resolution : WILL SPEAK TO SCOTT TO SEE HOW HE WISHES TO REMEDY PROBLEM.  
2/26/07 SOD BOUGHT AND APPLIED TO AFFECTED AREAS OF CONCERN.  
**ED/LYN**

Subdivision : 00673 Route: 673 Service Order #: 144397  
Account # : 006733608283 Customer Name: BAYLY, KAREN R  
Address : 7536 CAMERON CIR Phone#: (239) 209-7258  
Entry Date : 02/21/07 Service Order Type: 36 Operator:  
Comments : 02/21/07 CUSTOMER STATED THAT THE TOILETS IN HER HOME ARE  
OVERFLOWING. SHE WILL HAVE SOMEONE THERE BY 4P.  
PAGED THIS TO ED G



## UTILITIES INC. OF EAGLE RIDGE - 2007 SERVICE ORDERS

Due Date : 02/21/07 Cust/Comp Resp: COMP  
Resolution Date: 02/21/07  
Resolution : CHECKED MH - CLEAR, MET WITH CLIENT. SHE ADVISED ME HER  
COMODE HAD OVERFLOWED AND NO OTHER PROBLEMS WITH ANY OTHER  
DEVICES. FLOWING FREELY. TOLD HER OF OUR POLICIES AND LEFT  
HER WITH OUR 1-800#. ADVISED HER TO CONTACT A PLUMBER.  
**ED/LYN**

Subdivision : 00673 Route: 673 Service Order #: 161975  
Account # : 006730307580 Customer Name: DAVIDSON, ROBERT  
Address : 7821 TWIN EAGLE LN Phone#: (239) 939-7703  
Entry Date : 04/16/07 Service Order Type: 36 Operator:  
Comments : CUSTOMER CALLED THE ANSWERING SERVICE TO REPORT A SEWER BACK UP.  
PLEASES PROVIDE RESOLUTION

Due Date : 04/13/07 Cust/Comp Resp: COMP  
Resolution Date: 04/13/07  
Resolution : FOUND 1 PUMP TRIPPED, RESET OK AND PROBLEM RESOLVED WITH  
CUSTOMER AND AT LIFT STATION.  
**MDD/LYN**