

Pine Ridge Management Corporation
P.O Box 307
Lake Placid, FL 33862
Phone 863-699-1582
Fax 863-260-0583

REGISTRATION CENTER
11 APR 13 AM 9:04

April 9, 2011

Robert Simpson
Engineering Specialist
Florida Public Service Commission

RE: Docket No. 110042-WS

Dear Mr. Simpson:

In answer to your letter of March 4, 2011, I will just go through the inquiries one by one.

1. I could not find any recent hard copy permits of any kind in my files. The last I found was 1998. I assume that they are electronically filed somewhere with the state. I found ID No.'s. but don't know what to do with them.
South Florida Water Management District: ID. No. 4471110
Consumptive Use Permit: #47-00480-W
Sewer Facility: ID No. FLA 013928
2. I have all copies of the Discharge Monitoring Reports from January 1, 2010 to December 31, 2010 (test year) enclosed but I see that you also wanted January & February of 2011 which I have not yet received from my operator. His secretary comes into his office once or twice a week and as soon as I get in touch with her I will have her E mail them to you.
3. I have all copies of Monthly Operating Reports for test year enclosed but not January & February of 2011. I will have her send them as well.
4. My operator will be sending you these reports.
5. My operator will be sending you these reports.
6. Enclosed
7. Enclosed
8. We had a difficult leak in one of the manhole systems for years but have finally repaired it. Hope it took care of most of it.
9. Enclosed

DOCUMENT NUMBER-DATE
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10. Most complaints come by way of murmuring, nothing is ever formalized by writing or phone calls. When we changed from gas chlorine to liquid chlorine the murmuring seemed to subside substantially. I even got a compliment. I do get complaints by phone when there is disruption of service but it is an emergency and is taken care of immediately.
11. Enclosed
12. Enclosed
13. Enclosed
14. Enclosed
15. Please see Item 6.
16. There are 5 small businesses in the strip mall that we serve. Two are now vacant. The others are Bill's Mini-Mart/ Gas Station, Caldwell TV and Trends Beauty Shop.

Sincerely,



Virginia G. Gadsden
President



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

COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: Fl Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: Fl Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck

Printed or Typed Name

12687

License Number

DOCUMENT NUMBER-DATE

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

PWS Identification Number: 4471110 Plant Name: Pineridge Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24												1.4	Meter Out, Still Broken
2	X	24												0.9	
3	X	24												0.9	
4		24												0.9	
5		24													
6		24												1.0	
7	X	24												0.9	
8	X	24												0.8	
9		24												0.9	
10	X	24												1.0	
11		24												1.0	
12		24													
13		24												1.0	
14	X	24												0.7	
15		24												1.4	
16	X	24												1.2	
17	X	24												0.9	
18		24												0.8	
19	X	24												0.7	
20		24												0.8	
21	X	24												0.9	
22		24												0.7	
23		24													
24	X	24												1.1	
25		24												0.8	
26		24												1.1	
27	X	24												0.9	
28	X	24												0.7	
29		24													
30		24													
31		24													
Total			0												
Average															
Maximum			0												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck
3/07/10

James C. Witteck
Printed or Typed Name

12687
License Number

DOCUMENT NUMBER-DATE

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²		
1		24											1.4	Broken Meter
2	X	24											0.9	
3	X	24											0.9	
4		24											0.9	
5		24												
6		24											1.0	
7	X	24											0.9	
8	X	24											0.8	
9		24											0.9	
10	X	24											1.0	
11		24											1.0	
12		24												
13		24											1.0	
14	X	24											0.7	
15		24											1.4	
16	X	24											1.2	
17	X	24											0.9	
18		24											0.8	
19	X	24											0.7	
20		24											0.8	
21	X	24											0.9	
22		24											1.7	
23		24												
24	X	24											1.1	
25		24											0.8	
26		24											1.1	
27	X	24											0.9	
28	X	24											0.7	
29		24												
30		24												
31		24												
Total			0											
Average														
Maximum			0											

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



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

COPY

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303	
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D	

Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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James C. Witteck
James C. Witteck
12687
DOCUMENT NUMBER-DATE

Printed or Typed Name
License Number
02450 APR 13 =

FPSC-COMMISSION CLERK

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24													
2	X	24												1.0	NO Meter
3	X	24												0.8	
4		24												1.1	
5	X	24												0.8	
6		24												1.0	
7	X	24												0.8	
8	X	24												0.9	
9		24													
10	X	24												0.9	
11		24												1.0	
12		24												0.8	
13	X	24												0.9	
14		24												1.0	
15	X	24												0.7	
16		24												1.1	
17	X	24												1.5	
18		24												1.4	
19	X	24	18500											0.9	
20	X	24	18000											1.3	
21		24	15200												
22	X	24	15200											1.3	
23		24	15000											1.4	
24	X	24	16100											1.8	
25		24	19900											1.4	
26		24	13720											1.0	
27	X	24	13680											1.2	
28		24	15950												
29	X	24	15950											0.9	
30		24	16900											0.8	
31	x	24	18300											0.7	
Total			212,400												
Average			16,338												
Maximum			19,900												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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James C. Witteck
Printed or Typed Name

12687
License Number

~~DOCUMENT NUMBER - DATE~~

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1		24	20600												0.9	
2	X	24	15000												0.8	
3	X	24	14600												0.9	
4		24	15950													
5		24	15950												1.0	
6	X	24	18000												0.9	
7	X	24	16800												1.1	
8		24	18700												1.1	
9		24	17430												0.9	
10	X	24	17270												1.0	
11		24	15200													
12	X	24	15200												0.9	
13		24	16000												1.4	
14	X	24	14300												1.5	
15		24	21300												1.1	
16		24	14580												1.0	
17	X	24	14420												1.2	
18		24	16800													
19	X	24	16800												1.0	
20		24	16100												0.8	
21	X	24	11700												0.6	
22		24	18600												1.0	
23		24	13580												0.7	
24	X	24	13520												0.9	
25		24	14200													
26	X	24	14200												0.7	
27		24	16200												0.6	
28		24	19700												0.6	
29		24	30700												0.9	
30	X	24	13080												0.9	
31		24														
Total			496,480													
Average			16,549													
Maximum			30,700													

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

DRINKING WATER BACTERIOLOGICAL SAMPLE COLLECTION AND LABORATORY REPORT



FCL-South

FLDOH Lab Certification #E86562
 West Park Industrial Plaza
 571 N.W. Merrittville Pl., Suite 111 • Port St. Lucie, FL 34986
 Bus: 772-343-0006 • Fax: 772-343-8089

Analysis Requested:

- Present / Absent Standard Coliform Test
- HPC

System Name RIVERIDGE PARK

System Address ROUTE 70

City OKEECHOBEE

System or Owner's Phone # _____

Collector JIM WITTECK

Lab Receipt Date & Time: 4/20/10 12:00

Analysis Date & Time: 4-20-10 (2) 2:10P

Sample Acceptance Criteria:
 Sample Preservation On Ice Not On Ice _____ °C
 Disinfectant Check Not Detected _____ mg/L

PWS I.D. 4471110

Fax # 772-562-1460

Collector's Phone # 772-215-8965

Type of Supply (check only one)

- Community Water System
- Limited Use System
- Bottled Water
- Non-Transient Non-community Water System
- Private Well
- Swimming Pool
- Transient Non-community Water System
- Other _____

Reason for Sampling: (check only one) Routine Compliance Repeat Replacement Main Clearance Well Survey Other _____

Sample Collection Date: 4/19/10 P = Coliforms Are Present A = Coliforms Are Absent TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab						
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Total Coliform:	Fecal Coliform:	Lab Sample Number	Non Coliform	Total Coliform	Fecal or E. coli	Q ²
	WELL #2	12 ⁴⁵	R	0	7.2	<input checked="" type="checkbox"/> SM 9222B-MF or <input checked="" type="checkbox"/> Colitag	<input type="checkbox"/> SM 9221E-MF or E. coli <input type="checkbox"/> Colitag	1214730w		A	A	
	817 NE 28TH TER.	12:20P	D	.9	7.3			DW2	Q	A		
	715 NE 29TH AVE	12:15P	D	.7	7.3			DW3	Q	A		

Average of disinfectant residuals for routine and repeat samples. (Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.)

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²Defined in Florida Administrative Code Rule 62-160, Table 1
 All tests are performed in accordance with NELAC standards.

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing analysis is 12687
 A certified operator (# _____) Employed by a certified lab
 Supervised by a cert operator (# _____) Employed by DEP or DOH

Date PWS notified by lab of positive results: _____

Date State notified by lab of positive results: _____

Lab Signature: _____

Title: _____

Name and Mailing Address of Person to Receive Report

JCWUS
 WITTECK

DEP/DOH USE ONLY

- Satisfactory
- Incomplete Collection Information
- Repeat Samples Required
- Replacement Samples Required _____

Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:				

II. Certification by Lead/Chief Operator

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

James C. Witteck
Printed or Typed Name

12687
DOCUMENT NUMBER-DATE
License Number
02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*								Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations				UV Dose					
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²		
1	X	24	13020									1.0	
2		24	17100									0.7	
3	X	24	17100									0.6	
4		24	19450									0.8	
5	X	24	19450									1.0	
6		24	20800									0.9	
7		24	16080									1.0	
8	X	24	16020									1.1	
9		24	20000									1.0	
10	X	24	19900									1.0	
11		24	16000									0.7	
12	X	24	21200									0.9	
13		24	16100									0.9	
14		24	16100									0.9	
15	X	24	20000									0.7	
16		24	19100									0.8	
17	X	24	14200									1.1	
18		24	14430									1.1	
19	X	24	14370									1.3	
20		24	13400									1.0	
21		24	14200									0.9	
22	X	24	14370									1.0	
23		24	13400									0.9	
24		24	14200									0.7	
25		24	17100									0.5	
26	X	24	17400									0.7	
27		24	18700									0.9	
28		24	13330									1.0	
29	X	24	13270									1.0	
30		24	13500									1.0	
31	X	24	13500									0.9	
Total			506,790										
Average			16,348										
Maximum			21,200										

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

_____ Printed or Typed Name	James C. Witteck _____ License Number	12687 _____ DOCUMENT NUMBER-DATE
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02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	25000											1.0	
2	X	24	25000											1.4	
3		24	16100											1.1	
4		24	22000											1.0	
5	X	24	4500											0.9	
6		24	15400												
7	X	24	15400											0.7	
8		24	21000											1.0	
9	X	24	15300											0.9	
10		24	26600											0.8	
11	X	24	15000											0.9	
12		24	13300											0.8	
13		24	15000												
14	X	24	17000											1.3	
15		24	16000											0.9	
16	X	24	15300											1.1	
17		24	20400											1.1	
18		24	13120											1.0	
19	X	24	12980											1.2	
20		24	15800											1.0	
21	X	24	15900											0.8	
22		24	18000											0.7	
23	X	24	17400											0.8	
24		24	22600											0.9	
25		24	16480											0.9	
26		24	16420											1.0	
27		24	16050												
28	X	24	16550											0.7	
29	X	24	17000											0.5	
30		24	17000											0.6	
31		24													
Total			513,600												
Average			17,120												
Maximum			26,600												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck
 Printed or Typed Name

12687
 License Number DOCUMENT NUMBER-DATE

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

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

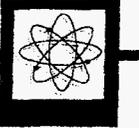
Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation	
				CT Calculations					UV Dose							
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²				
1	X	24	18300												0.8	
2		24	11450													
3	X	24	11450												0.9	
4		24	17000												0.7	
5	X	24	14600												0.8	
6	X	24	15000												0.7	
7	X	24	14900												0.8	
8		24	18300												0.7	
9	X	24	14550												0.9	
10		24	14550												1.0	
11		24	17100													
12	X	24	17100												1.1	
13		24	15100												1.2	
14	X	24	16400												1.0	
15		24	21600												0.8	
16		24	17980												1.0	
17	X	24	17920												0.8	
18		24	19800													
19	X	24	20200												1.3	
20		24	21200												1.4	
21	X	24	22000												1.0	
22		24	17220												0.9	
23		24	17180												1.0	
24	X	24	17550												1.1	
25		24	17550													
26	X	24	21400												1.8	
27		24	17700												1.5	
28		24	19700												1.6	
29		24	16630												1.4	
30		24	16370												1.1	
31		24	16370												0.9	
Total			534,170													
Average			17,231													
Maximum			22,000													

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT
(62-550.730 Reporting Format Effective 01/95, Revised 02/2010)

FLOWERS

**CHEMICAL
LABORATORIES
INCORPORATED**



571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089
FLDOH Lab Certification #E86562

Report Number: _____ Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

- Total Coliform/*E. coli* Total Coliform/Fecal Enterococci
 Coliphage HPC Other: _____

FAXED
7/30

Lab Receipt Date & Time: 7/12/95
Analysis Date & Time: 7-12-95 @ 3:27P
Sample Acceptance Criteria: 2-35P
Sample Preservation: On Ice Not On Ice _____ °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements: _____

Public Water System (PWS) Name: PINERIDGE PARK

PWS I.D. # 4471110

PWS Address: RT 70

City: OKECHOBEE

PWS or PWS Owner's Phone # _____

Fax # 772-562-1460

Collector: JIM WITTECK

Collector's Phone # 772-215-8965

Type of Supply (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other _____

Sample Collection Date: 7/11/10

A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Method: <input checked="" type="checkbox"/> SM 9222B-MF <input checked="" type="checkbox"/> COLTAG <input type="checkbox"/> EPA1600	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q ²	Lab Stamp
	WELL # 3	8 ^{AM}	R	0	7.2		A	A			1275410W1
	588 NE 28 TH AVE	8:00 ^{AM}	D	1.3	7.3		A	A			DW2
	715 NE 29 TH AVE	8:20 ^{AM}	D	1.2	7.3		A	A			DW3
				1.3							

Average of disinfectant residuals for distribution routine and repeat samples²:

²Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
Free chlorine or Total chlorine (circle one).

Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is: Employed by DEP or DOH
 A certified operator # 12687 Employed by a certified lab
 Supervised by cert. operator # _____ Authorized representative of water supplier

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

Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____

Lab Signature: _____

Title: Technical Director or Lab Designee

DEP/DOH USE ONLY

- Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required

Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

Name and Mailing Address of Person to Receive Report
JCWUS
JIM WITTECK



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck
 Printed or Typed Name 12687

LICENSE NUMBER - DATE

02450 APR 13 =

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

PWS Identification Number: 4471110 Plant Name: Pineridge Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1		24	17050												
2	X	24	17050											1.0	
3		24	21000											0.8	
4	X	24	22000											0.9	
5		24	19900											1.0	
6		24	17710											1.1	
7	X	24	17590											1.0	
8		24	19050												
9	X	24	19050											1.1	
10		24	18000											1.0	
11	X	24	18300											0.9	
12		24	23800											1.1	
13		24	13090											0.9	
14	X	24	13010											1.0	
15		24	19200											0.9	
16	X	24	19600											0.8	
17		24	18350												
18	X	24	18350											0.9	
19		24	19300											1.0	
20		24	16230											0.8	
21	X	24	16170											1.0	
22		24	14100											1.0	
23	X	24	14600											0.6	
24		24	11800											0.7	
25	X	24	13600											0.8	
26		24	17600											0.7	
27		24	15550											1.0	
28	X	24	15250											0.9	
29		24	18550												
30	X	24	18550											1.3	
31		24	17200											1.3	
Total			540,600												
Average			17,438												
Maximum			23,800												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck
Printed or Typed Name

12687
License Number DOCUMENT NUMBER-DATE

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	18400											1.1	
2		24	20500											1.1	
3	X	24	17400											1.0	
4		24	15500											1.3	
5		24	13150												
6	X	24	13150											1.1	
7		24	14900											1.2	
8	X	24	16700											1.1	
9		24	18700											1.0	
10		24	13790											0.9	
11	X	24	13710											1.0	
12		24	17000											1.3	
13	X	24	14960											1.4	
14		24	17000											1.3	
15	X	24	18000											1.4	
16		24	21100											1.0	
17		24	14050											0.9	
18	X	24	14050											1.1	
19		24	16900												
20	X	24	16900											1.1	
21		24	16900											1.2	
22	X	24	17300											1.4	
23		24	17800											0.9	
24		24	16300											0.8	
25	X	24	16000											1.0	
26		24	16900												
27	X	24	16900											1.4	
28		24	16000											1.1	
29	X	24	15700											1.5	
30		24	20200											0.8	
31		24													
Total			495,860												
Average			16,528												
Maximum			21,100												

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

Work Order 4-13-10 1-2011

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT



571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Report Number: 132673 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

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

PLEASE FAX

Lab Receipt Date & Time: 9/15 1115
Analysis Date & Time: 9-15-10
Sample Acceptance Criteria:
Sample Preservation: On Ice Not On Ice 26 °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: PINE RIDGE PARK
PWS Address: RT 70
PWS or PWS Operator's Phone #: _____
Collector: JIM WITTECK

PWS I.D.# 4471110
City: OKEECHOBEE
Fax #: 772-562-1460
Collector's Phone #: 772-215-8965

Type of Supply (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other _____

Sample Collection Date: 9/14/10 A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

Table with columns: Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Method, Non Coliform, Total Coliform, Fecal, E. coli, Enterococci, Q*, Lab Site. Includes handwritten entries for wells #3, 2701 NE 8th St, and 715 NE 29th Ave.

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

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report issued: _____

Name and Mailing Address of Person to Receive Report
JCWWS JIM WITTECK

Lab Signature: _____
Title: Technical Director or Lab Designee
DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

Order To be done 9-15-10 9:50AM

TRAINING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT



PLEASE FAX 9/29/10

571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Report Number: 132673 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

- Total Coliform/E. coli Total Coliform/Fecal Enterococci Coliphage HPC Other

Lab Receipt Date & Time 9/15 1115

Analysis Date & Time: 9-15-10 3:45P 3:10P

Sample Acceptance Criteria: Sample Preservation: On Ice Not On Ice 26 C Disinfectant Check: Not Detected mg/L

This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: PINE RIDGE PARK

PWS Address: RT 70

PWS or PWS Operator's Phone #: JIM WITTECK

PWS I.D. 4471110

City OKEECHOBEE

Fax # 772-562-1460

Collector's Phone # 772-215-8965

Type of Supply (check only one)

- Community Water System Limited Use System Bottled Water Non-Transient Non-community Water System Private Well Swimming Pool Transient Non-community Water System Other

Reason for Sampling: (check all that apply)

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

Sample Collection Date: 9/14/10

A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

Table with columns: Sample Number, Sample Point (Location or Specific Address), Collection Time, Sample Type, Disinfect Res'd (mg/L), pH, Method, Non Coliform, Total Coliform, Fecal, E. coli Enterococci, Q, Lab Site. Includes handwritten data for Well # 3 at 2701 NE 8th St and 715 NE 29th Ave.

Average of disinfectant residuals for distribution routine and repeat samples: Disinfectant Residual Analysis Method: DPD Colorimetric Person performing disinfectant analysis is: A certified operator # 12687

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

Date & time PWS notified by lab of positive results: Date & time DEP/DOH notified by lab of positive results: Date Report Issued:

Lab Signature: [Signature]

Title: Technical Director or Lab Designee

Name and Mailing Address of Person to Receive Report: JCWWS JIM WITTECK

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck 11/8/10

James C. Witteck
Printed or Typed Name

12687
DOCUMENT NUMBER - DATE

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions, Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	14200											0.9	
2	X	24	14200											1.0	
3		24	17900												
4	X	24	17900											1.6	
5	X	24	20000											1.4	
6		24	16200											1.7	
7		24	27900											1.1	
8	X	24	14930											0.9	
9		24	14870											1.0	
10	X	24	23100											1.1	
11		24	24300											1.3	
12		24	14000											1.7	
13	X	24	16000											2.1	
14		24	22700											1.2	
15	X	24													OPERATOR CALL OUT
16		24													
17		24	20000											1.3	
18	X	24	19900											1.5	
19		24	25000											1.0	
20	X	24	24200											1.1	
21		24	20300											0.9	
22		24	18010											1.0	
23	X	24	17790											0.8	
24		24	19000											0.7	
25	X	24	22000											0.8	
26		24	22800											0.9	
27	X	24	24100											1.1	
28		24	26700											0.8	
29		24	21100												
30	X	24	21100											1.0	
31		24	20900												
Total			581,100												
Average			20,037												
Maximum			27,900												

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

DRINKING WATER MICROBIAL SAMPLE COLLECTION
& LABORATORY REPORT FORMAT
(62-550.730 Reporting Format Effective 01/95, Revised 02/2010)

FAXED
OCT 29 2010



571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Report Number: 135209 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)

- Total Coliform/*E. coli* Total Coliform/Fecal Enterococci
 Coliphage HPC Other: _____

Lab Receipt Date & Time: 9 AM 10/19 915
Analysis Date & Time: 10-19-10 @ 4:10P (2) 2:50P
Sample Acceptance Criteria: _____
Sample Preservation: On Ice Not On Ice 26 °C
Disinfectant Check: Not Detected _____ mg/L
This sample does not meet the following NELAC requirements: _____

Public Water System (PWS) Name: PINE RIDGE PARK

PWS I.D. # 4471110

PWS Address: RT 70

City: OKECHOBEE

PWS or PWS Owner's Phone # _____

Fax # _____

Collector: JIM WITTECK

Collector's Phone # 772-215-8965

Type of Supply (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other _____

Sample Collection Date: 10/18/10

A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Method: <input checked="" type="checkbox"/> SM 9222B-MF <input checked="" type="checkbox"/> COLITAG <input type="checkbox"/> EPA1600	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q ²	Lab Site
	WELL # 4	12 ^N	R	0				A	A		DW1 (2)
	588 NE 28 TH AVE.	1210 ^P	D	1.5			A	A			DW2 (2)
	823 NE 30 TH AVE.	1215 ^P	D	1.8			A	A			DW3 (2)
					1.7						

Average of disinfectant residuals for distribution routine and repeat samples³:
³Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
Free chlorine or Total chlorine (circle one).
Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
Person performing disinfectant analysis is: Employed by DEP or DOH Employed by a certified lab
 A certified operator # 12657 Supervised by cert operator # _____ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
Date & time PWS notified by lab of positive results: _____
Date & time DEP/DOH notified by lab of positive results: _____
Date Report Issued: _____

Name and Mailing Address of Person to Receive Report
JCWWS JIM WITTECK

Lab Signature: _____
Title: Technical Director or Lab Designee
DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
Date Reviewed by DEP/DOH: _____
DEP/DOH Reviewing Official: _____

¹DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.)
²Defined in Florida Administrative Code Rule 62-160, Table 1
DropBox:FCL folder:TColiFormSouth2010.doc Page 1 of 1



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303		
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974	
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water				
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000				
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D		
Licensed Operators	Name	License Class	License Number	Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687	D
Other Operators:	James F. Witteck			Trainee
	Kevin Moscrip			Trainee

II. Certification by Lead/Chief Operator

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

11/13/10
James C. Witteck
12687

Printed or Typed Name
License Number
DOCUMENT NUMBER-DATE

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	20900											1.7	
2		24	20900											0.9	
3	X	24	20900											0.4	
4		24	20900											1.3	
5	X	24	20900											0.9	
6		24	20900											1.2	
7		24	20400												
8	X	24	20400											2.0	
9		24	26000											2.6	
10	X	24	25600											2.7	
11		24	20000											2.4	
12		24	25000											1.7	
13	X	24	29000											1.9	
14		24	21600											1.6	
15	X	24	16900											1.7	
16		24	29100											1.6	
17	X	24	28400											1.5	
18		24	31500											1.3	
19		24	22740											1.5	
20	X	24	22660											1.2	
21		24	30700											0.9	
22	X	24	28900											1.0	
23		24	27700											0.6	
24	X	24	27900											0.4	
25		24	27200											0.8	
26	X	24	27630											0.9	
27		24	27570											1.0	
28		24	26000												
29	X	24	26000											0.7	
30		24	14600											0.8	
31		24													
Total			728,900												
Average			24,296												
Maximum			31,500												

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



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

See page 4 for instructions.

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

A. Public Water System (PWS) Information

PWS Name: Pineridge Park		PWS Identification Number: 4471110	
PWS Type: <input checked="" type="checkbox"/> Community <input type="checkbox"/> Non-Transient Non-Community <input type="checkbox"/> Transient Non-Community <input type="checkbox"/> Consecutive			
Number of Service Connections at End of Month: 1		Total Population Served at End of Month:	
PWS Owner: Pineridge Management Corp			
Contact Person: Virginia Gadson		Contact Person's Title: owner	
Contact Person's Mailing Address: Po Box 307		City: Lake Placid	State: FL Zip Code: 33862
Contact Person's Telephone Number: 863-699-1582		Contact Person's Fax Number:	
Contact Person's E-Mail Address:			

B. Water Treatment Plant Information

Plant Name: Pineridge Park		Plant Telephone Number: 772-785-6303	
Plant Address: NE 24 th		City: Okeechobee	State: FL Zip Code: 34974
Type of Water Treated by Plant: <input checked="" type="checkbox"/> Raw Ground Water <input type="checkbox"/> Purchased Finished Water			
Permitted Maximum Day Operating Capacity of Plant, gallons per day: 20,000			
Plant Category (per subsection 62-699.310(4), F.A.C.): IV		Plant Class (per subsection 62-699.310(4), F.A.C.): D	
Licensed Operators	Name	License Class	License Number Day(s)/Shift(s) Worked
Lead/Chief Operator:	James C. Witteck	C	12687 D
Other Operators:	James F. Witteck		Trainee
	Kevin Moscrip		Trainee

II. Certification by Lead/Chief Operator

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

James C. Witteck
Printed or Typed Name

12687
License Number DOCUMENT NUMBER-DATE

02450 APR 13 =

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

PWS Identification Number: 4471110

Plant Name: Pineridge Park

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

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

Ultraviolet Radiation Other (Describe):

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

Day of the Month	Days Plant Staffed or Visited by Operator (Place "X")	Hours Plant in Operation	Net Quantity of Finished Water Produced, gal	CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*										Lowest Residual Disinfectant Concentration at Remote Point in Distribution System, mg/L	Emergency or Abnormal Operating Conditions; Repair or Maintenance Work that Involves Taking Water System Components Out of Operation
				CT Calculations					UV Dose						
				Peak Flow Rate, gpd	Lowest Residual Disinfectant Concentration (C) Before or at First Customer During Peak Flow, mg/L	Disinfectant Contact Time (T) at C Measurement Point During Peak Flow, minutes	Lowest CT Provided Before or at First Customer During Peak Flow, mg-min/L	Temp. of Water, °C	pH of Water, if Applicable	Minimum CT Required, mg-min/L	Lowest Operating UV Dose, mW-sec/cm ²	Minimum UV Dose Required, mW-sec/cm ²			
1	X	24	14600											0.4	
2		24	21200											0.6	
3		24	16000											0.9	
4	X	24	15500											1.0	
5		24	18150												
6		24	18150											0.9	
7	X	24	18700											0.7	
8		24	18900											1.0	
9	X	24	20300											1.1	
10		24	17230											1.0	
11		24	16870											1.3	
12	X	24	18100											1.1	
13		24	18300											0.9	
14	X	24	18200											1.0	
15		24	18300											1.1	
16	X	24	23900											1.2	
17		24	20000											1.5	
18	X	24	21500											1.3	
19	X	24	15650												
20		24	15650											1.4	
21		24	15500											1.5	
22	X	24	12900											1.5	
23		24	24900											1.1	
24	X	24	13400											1.4	
25		24	15500												
26	X	24	15500											1.	
27	X	24	12500											1.1	
28	X	24	12400											1.4	
29		24	21900											1.5	
30	X	24	21400											1.0	
31		24	19230											1.2	
Total			550,330												
Average			17,752												
Maximum			24,900												

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



Jack Long, Director
Southeast District Office

Florida Department of Environmental Protection

Southeast District Office
400 N. Congress Avenue, Suite 200
West Palm Beach, FL 33401
(561) 681-6600

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Mimi A. Drew
Secretary

SEP 29 2010

Mrs. Virginia Gadsen
Pine Ridge Park
P.O. Box 307
Lake Placid, FL 33862

*#Item
6*

Notice of Noncompliance

PW-Okeechobee County
Pine Ridge Park
Public Water System
PWSID 4471110

Ref: Routine Inspection

Dear Mrs. Gadsen:

The Department would like to thank James Witteck for his assistance in the routine inspection of the above public water system on September 16, 2010. During the inspection and a review of the files, several deficiencies were identified:

1. There was no documentation available to show that the hydro tank has been examined for structural and coating integrity as required by Chapter 62-555, Florida Administrative Code (F.A.C.). The requirement to have tanks inspected every five years by personnel under responsible charge of a Florida-registered Professional Engineer (P.E.) went into effect in 2003; the first inspection should have been completed by August, 2008. By November 1, 2010, please provide either a copy of the inspection report, signed and sealed by a P.E., or a copy of a contract with a company for the work to be done within 60 days. Failure to provide documentation that the tank has been inspected or will be inspected in a timely manner may result in enforcement with penalties.
2. Well pump #1 was missing during the inspection. Please replace it.
3. Provide all wells with down-facing taps. Some well taps were not down-facing.
4. Anti-siphon protection is required on the hypochlorite pump. Please provide the three-way valve.
5. Significant amounts of algae were growing in the sight tube on the hydropneumatic tank. Please convert the system temporarily to free chlorine to kill the algae and flush the tank to keep the algae from being distributed to the system customers. You may wish to use the appearance of algae in the sight tube

"More Protection, Less Process"
www.dep.state.fl.us

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

Mrs. Virginia Gadsen
Pine Ridge Park
Page 2

as an indicator that the distribution system should be converted to free chlorine temporarily.

Please respond in writing by **November 1, 2010**, with documentation that the noted deficiencies have been corrected, or with a corrective action plan. If you have any questions regarding the inspection, please contact Jerry Toney at (772)398-2806 ext. 120 or via email at Jerry.Toney@dep.state.fl.us.

Sincerely,



Jose Calas, P.E.
SED Drinking Water Program Manager

JC/^{MO}MO/JT

cc: Jim Witteck, Certified Operator, jcwitteckutilites@comcast.net

PWS COMPLIANCE INSPECTION CHECKLIST

System	Pine Ridge Park			PWS ID#	4471110
Type	<u>Community</u>			Date	9/16/2010
Inspector	J. Toney			Owner	Mrs. Virginia Gadsen
Population	225	Connections	150		

Yes	No	NA	Description	Comments
	X		Well(s) meet sanitary setbacks	Next to road
X			Well pad satisfactory	
		X	Sanitary seal satisfactory	
	X		Raw sample tap satisfactory	Some were not downfacing.
X			Check valve satisfactory	
X			Chlorine residual satisfactory	Chlorine residual ~1.5
X			Chlorinator in satisfactory condition	
X			Chemical safety measures adequate	
		X	Loss of chlorine alarm satisfactory	
		X	Chlorine cylinders auto switch over adequate	
X			Approved chemicals are in use	
X			Flow meter installed	
	X		All equipment maintained	Pump #1 has been removed
X			Is housekeeping acceptable	
		X	Is auxiliary power provided	
X			Is the area secured	
X			Is operator coverage adequate	Operator coverage 3 days/week
X			In compliance with all 1° MCLs	
X			In compliance with all M/R req.	

Other	Anti-siphon protection needed on hypochlorite pump
Comments	Algae in hydro sight tube means a chlorine free burn is advisable. The hydro tank apparently has never been inspected for structural integrity.



120 38 Court
Vero Beach, Florida 32968

(772) 215-8965
(772) 562-1460
jcwitteckutilities@comcast.net

October 15 2010

Pine Ridge Park

PWS #4471110

During the past year the drinking water facility for the Pine Ridge Park community has been applying ammonia to its drinking water to resolve the disinfection byproducts testing that this facility has not been able to pass in previous years. We are pleased to inform residents that we have been reduced to annual sampling. The treatment we are now using is referred to as chloramination meaning Ammonia and Chlorine are used to disinfect the water. While this treatment has reduced the levels of disinfection byproducts in the water, it means that we will need to switch back to "free chlorine" for several days once a year to keep the distribution pipes clean.

During these days of applying free chlorine, you may experience a **slight chlorine odor, color change and possibly some cloudiness of the water as increased flushing of the system may stir up particulate matter**. Consumers with **compromised immune systems, tropical fish aquariums or dialysis patients may seek alternate water sources**. We will be changing from chloramination to free chlorine for a short period every year and will notify you accordingly.

START DATE November 1 2010

END DATE December 1 2010

We apologize for any inconveniences and appreciate your cooperation during this annual treatment adjustment.

Thank You

Jim Witteck
772-215-8965

POLSTON ENGINEERING, Inc.

PROFESSIONAL ENGINEERING CONSULTANTS
ENVIRONMENTAL SOIL SCIENTIST

LAND PLANNING
DESIGN
SOIL SCIENCE
ROADS
WATER
WASTE WATER

P.O. BOX 588, SEBRING, FLORIDA 33871-0588 * (863) 385-5564 * FAX (863) 385-2462

November 5, 2010

Florida Department of Environmental Protection
Southeast District Office
Drinking Water Department
400 North Congress Avenue, Suite 200
West Palm Beach, Florida 33401

Re: Pine Ridge Park
500 Gallon Hydropneumatic Tank

To Whom It May Concern:

The approximate 500 gallon steel hydropneumatic tank located at Pine Ridge Park, 2900 NE 8th Street in Okeechobee was inspected by personnel under my supervision. The interior of the tank is badly corroded and in the process of failing, therefore I am unable to certify to DEP that the tank is fit for duty for a full five years. However it is my opinion that the tank is in a good enough condition, especially if operated at the minimum pressure necessary, that a one year extension can be granted so that the owners can budget for the replacement of the tank. It is my recommendation that an extension until November 30, 2011 be granted and that the tank be replaced by that date.

If you have any questions or need any additional information, please let me know.

Sincerely,



Roger Dale Polston, FL PE #33222
Polston Engineering, Inc. BPE CA #5684

Pine Ridge Management Corporation
P.O Box 307
Lake Placid, FL 33862
Phone 863-699-1582

NOTICE TO ALL WATER CUSTOMERS

Please be advised that on THURSDAY, NOVEMBER 4, 2010 water service will be discontinued between the hours of 9:00 A.M. and 1:00 P.M. for routine inspection and cleaning of the water tank. Service will continue as soon as possible.

This is also a THREE DAY BOIL WATER NOTICE (unless you hear from us further) because of above work. We are sorry for any inconvenience but these things need to be done periodically for safety and quality. If there are any questions, please call.

Sincerely,

James A. Gadsden
General Manager

Pine Ridge Park
P.O Box 307
Lake Placid, FL 33862
Phone 863-699-1582
Fax 863-260-0583

November 15, 2010

Jerry Toney
Florida Department of
Environmental Protection
Southeast District Office
400 N. Congress Ave., Suite 200
West Palm Beach, FL 33401

Ref: Notice of Noncompliance
Public Water System PWSID 4471110

Dear Mr. Toney,

Thank you for your assistance and granting us more time to address the deficiencies found in your inspection.

1. The hydro tank was inspected and a copy of the report is enclosed.
2. Well pump #1 has been replaced.
3. Well taps are now down-facing.
4. The three-way valve has been provided on the hypochlorite pump.
5. The algae problem has been taken care of. We had just sent the notices when your inspection took place. Enclosed is a copy.

Please let us know if you accept the recommendation of the engineer, Mr. Polston.

Sincerely,

Virginia L. Gadsden, Owner

Pine Ridge Management Corporation
P.O Box 307
Lake Placid, FL 33862
Phone 863-699-1582
Fax 863-260-0583

Item
No. 7

April 9, 2011

Dear Mr. Simpson,

In reference to Item No. 7 and your inquiry about what steps I've taken to respond to problems with the flow meter. We had a meeting with DEP at Palm Beach on February 9, 2011. Enclosed is a list of things they wanted done and they have been completed. As for the flow meter itself, it was always our understanding that it might not be necessary to install it because of other things that were done. The DEP officials agreed on that point but more data has to be collected over time.

Sincerely,

Virginia L. Gadsden
President

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK



DEPARTMENT OF ENVIRONMENTAL PROTECTION
MEETING ATTENDANCE

DATE 2-9-11

COMPANIES Pine Ridge Park

AGENCIES FDEP/SED

NAME	TITLE	REPRESENTING	PHONE
Jeff Christian	ES	FDEP	772-380-1265
Jim Gadsden		Pine Ridge	863 441 4107
Virginia Gadsden		Pine Ridge	863-699-1582
Jim Witteck		PRP	772-215-8965
Lisa M. Self	Envir. Supervisor II	FDEP	561-681-6699
Micenna Houser	ENVR. MGR.	FDEP	561-681-6698
ACTIONS REQUIRED:			
1. CONTINUE TO MONITOR EFFLUENT FLOW, RAINFALL AND POND LEVEL FOR + PROVIDE MONTHLY REPORTS			
2. LETTER OF EXPLANATION FOR ITEMS ALREADY CHANGED (I.E. INF. PUMP) + THE IMPACT FOR IMPROVING OPERATION - <u>DUE N.L.T. 3/25/11</u> *			
+ DATE OF INF PUMP INSTALLATION			
+ PHOTOS OF POND			
+ INFO ON BASIN CLEANING (WHEN?)			



Florida Department of Environmental Protection

Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952
(772)380-1260

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr
Secretary

FEB 11 2011

Ms. Virginia Gadsden, Owner
Pine Ridge Park
Post Box 307
Lake Placid, FL 33862-0307

DW - Okeechobee County
Pine Ridge Park WWTF
Facility #: FLA013928

Re: Compliance Evaluation Inspection (CEI)

Dear Ms. Gadsden:

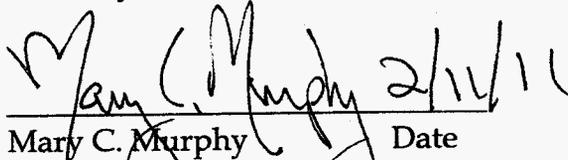
On July 16, 2010, a Department representative conducted a CEI at the Pine Ridge Park WWTF, located on Northeast 24th Avenue, Okeechobee, Florida. The purpose of the CEI was to determine if the facility is operating in accordance with permit requirements.

The overall compliance rating given for this inspection is "Significant Out of Compliance" due to the deficiencies identified in the compliance evaluation areas of Compliance Schedule and Flow Measurement. Please reference the attached inspection report for details.

Please note that a Warning Letter will be forthcoming in the near future for the deficiencies specifically identified in the attached inspection report.

The Department requests that you respond within fifteen (15) days of receipt of this notice with documentation that the deficiencies have been corrected or with a plan for achieving compliance. Please note that this letter and report, being part of the Department's investigation, is preliminary to agency action in accordance with Section 120.57(5), Florida Statutes. If you have any questions, please contact **Jeff Christian** at jeff.christian@dep.state.fl.us or at (772)380-1265.

Sincerely,



Mary C. Murphy Date
Environmental Administrator
Florida Department of Environmental Protection
Southeast District Branch Office

MCM/JC
Enclosure

Ec: Michael Hambor, Environmental Manager, Water Facilities
Compliance/Enforcement, DEP/WPB, michael.hambor@dep.state.fl.us
Jim Witteck, Operator, jcwitteckutilities@comcast.net

had been exceeded, representatives of the Department determined that the delay was acceptable and enforcement was not pursued by the Department for the late submittal date.

- A letter dated April 24, 2008, from the Department sent to the Permittee, stated that the Department would consider the Report complete if the Permittee accepted a completion date of January 1, 2009 for the recommended improvements. If another completion date was desired, the Permittee had until June 1, 2008, to submit a final Report with justification for some other compliance date.

The following deficiency was noted:

- a) The Permittee did not request an alternative desired compliance date and has failed to complete the recommended improvements. Therefore, due to default, the compliance date for the items referenced in the Engineering Evaluation were due by January 1, 2009, as initially specified by the Department. As stated in the letter from the Department dated April 24, 2008, the compliance completion date became an enforceable item in the permit.

3) Laboratory: Not evaluated

4) Sampling: In Compliance

The following items were noted:

- Influent and effluent samples are collected just prior to the aeration basin and just prior to effluent disposal, respectively.
- No deficiencies were noted.

5) Records and Reports: In Compliance

The following items were noted:

- The monthly Discharge Monitoring Reports are being received by the Department.

- The daily Operation and Maintenance logbook was present on site and appeared to be complete.
- No deficiencies were noted.

6) Facility Site Review: In Compliance

The following items were noted:

- The on site lift station appeared to be equipped with two functional pumps.
- Sodium hypochlorite solution, a dosing pump and tubing is the method used for disinfection.
- The facility appeared to be equipped with two functional blowers. The blowers are covered for protection from the weather.
- The potable water supply line is equipped with a backflow prevention device.
- The fence around the facility site appeared to be in satisfactory condition and the gate is normally locked.
- No deficiencies were noted.

7) Flow Measurement: Out of Compliance

The following items were noted:

- Flow measurement is accomplished with elapsed time meters on the lift station pumps. The meters were last calibrated on April 28, 2010.

The following deficiency was noted:

1. An effluent flow meter was not installed as required by Section VI., Compliance Schedule, of the domestic wastewater operating permit as well as discontinue the flow measurement using lift station run times as of January 1, 2009.

8) Operation and Maintenance: In Compliance

The following items were noted:

- The aeration basins appeared to be receiving sufficient air and the mixed liquor appeared thin with limited food available. No abnormal odor was noted.
- The clarifier appeared to be settling properly.
- The chlorine dosing pump and tubing appeared to be in satisfactory condition. The plant was receiving chlorine. The on site chlorine supply appeared to be satisfactory.
- The level of the digester appeared satisfactory.
- No deficiencies were noted.

9) Effluent Quality: In Compliance

The following items were noted:

- The effluent appeared slightly tannic colored and some solids were present.
- No deficiencies were noted.

10) Effluent Disposal: In Compliance

The following items were noted:

- Effluent disposal is accomplished with a single percolation pond.
- The level of the pond was approximately 18 inches below the top of the berm.
- The interior of the pond will soon be in need of vegetative maintenance.
- Rain occurred on the night prior to the inspection of the facility and the investigation of the seeping percolation pond complaint. Ponding of water was observed behind the strip mall and the toe of the pond berm was damp. Ponding was observed on the road adjacent to the facility and residents yards were all damp. The ditch west of the treatment plant and furthest away from the percolation pond contained standing water. The ditch just east and abutting the berm of the percolation pond was only damp. Due to the recent

rains and ponding of water, and damp areas adjacent to the facility, seepage of the pond could not definitively be determined.

- No deficiencies were noted.

11) Residuals Management: Not Evaluated

12) Groundwater: Not Evaluated

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility PINE RIDGE PARK WWTF N E 24 TH AVENUE OKEECHOBEE	WAFR ID: FLA013928	County OKEECHOBEE Phone	Entry Date/Time 7-16-2010 @ 0910 @ Exit Date/Time 7-16-2010
Name(s) of Field Representatives(s)	Title	Phone	
NONE			
Name and Address of Permittee or Designated Representative MS. VIRGINIA GADSDEN POST OFFICE BOX 307 LAKE PLACID, FL 33962-0307	Title OWNER	Phone	@ Operator Certification #

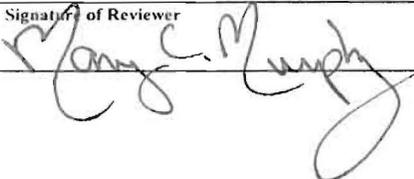
Inspection Type	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	Samples Taken(Y/N): N	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N	@ Log book Volume :	@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE or Blank = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF-MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT DISPOSAL
IC	1 ♦ Permit	/	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
SC	2 ♦ Compliance Schedules	IC	4 Sampling	NC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	/	11. Residuals/Sludge
	13 Other					/	12. Groundwater

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input type="checkbox"/> Out-Of-Compliance	<input checked="" type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions:			

Name(s) and Signature(s) of Inspector(s) JEFF CHRISTIAN	District Office/Phone Number SEDB/772-398-2806	Date 7-16-2010
@ Signature of Reviewer 	District Office/Phone Number SEDB/772-398-2806	Date 2/11/11

Compliance Evaluation Inspection

Pine Ridge Park
Wastewater Treatment Facility, Okeechobee County
Facility #: FLA013928

Introduction

On July 16, 2010, a representative of the Florida Department of Environmental Protection (FDEP) conducted an inspection at the Pine Ridge Park Wastewater Treatment Facility, located at Northeast 24th Avenue, Okeechobee, Florida. The purpose of the inspection was in response to a complaint the Department received on July 15, 2010, of the percolation pond seeping and to determine if the facility is operating in accordance with permit requirements.

The following individuals were present during the inspection:

<u>Name</u>	<u>Organization</u>	<u>Telephone</u>
Jeff Christian, Environmental Specialist	Florida Department of Environmental Protection	(772)398-2806 x123

Field Evaluation

The facility compliance evaluation areas of the attached Wastewater Compliance Inspection Report form are discussed in this report.

1) Permit: In Compliance

The following items were noted:

- The facility's domestic wastewater operating permit is current and will expire on August 28, 2012.
- No deficiencies were noted.

2) Compliance Schedule: Significant Out of Compliance

The following items were noted:

- The Department received the Engineering Evaluation on February 19, 2008, that was required by Section VI., Schedules, of the permit. The Evaluation submittal due date was on January 1, 2008. Although the date of submittal



Florida Department of Environmental Protection

Port St. Lucie Branch Office
1801 SE Hillmoor Drive, Suite C-204
Port St. Lucie, FL 34952
(772)380-1260

Rick Scott
Governor

Jennifer Carroll
Lt. Governor

Herschel T. Vinyard Jr.
Secretary

FEB 15 2011

7006 2766 0005 5726 2618

Certified Mail

Return Receipt Requested

WARNING LETTER

Ms. Virginia L. Gadsden, President
Pine Ridge Management Corporation
PO Box 307
Lake Placid, FL 33852

WL11-0006-DW47SED
Pine Ridge Park WWTF
Facility #: FLA013928

Dear Ms. Gadsden:

The purpose of this letter is to advise you of possible violations of law for which you may be responsible, and to seek your cooperation in resolving the matter. A facility inspection and review of the Department's files indicate that violations of Florida Statutes and Rules may exist at the above-described location. Department of Environmental Protection personnel observed the following:

1. An effluent flow meter was not installed as required by Section VI., Compliance Schedule, of the domestic operating permit.
2. Continuous daily rainfall totals and monitoring of the percolation pond level was not implemented on January 1, 2009, as required by the permit.

Rule 62-620.300(5) states that "a permitted wastewater facility or activity shall not be operated, maintained, constructed, expanded, or modified in a manner that is inconsistent with the terms of the permit".

Chapters 373 and 403, Florida Statutes, provide that it is a violation to fail to obtain any required permit or to violate or fail to comply with any rule, regulation, order, permit, or certification adopted or issued by the Department pursuant to its lawful authority.

Any activities at these facilities that may be contributing to violations of the above described statutes or rules should be ceased.

Violations of Florida Statutes or administrative rules may result in liability for damages and restoration, and the judicial imposition of civil penalties up to \$10,000 per violation per day, pursuant to Sections 403.141 and 403.161, Florida Statutes.

You are requested to contact **Jeff Christian** at (772) 380-1265 or by email at jeff.christian@dep.state.fl.us within fifteen (15) days of receipt of this Warning Letter to arrange a meeting to discuss this matter. The Department is interested in reviewing any facts you may have that will assist in determining whether any violations have occurred. You may bring anyone with you to the meeting that you feel could help resolve this matter.

Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5) Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,



Kevin Claridge
Assistant District Director
Southeast District

02/19/11
Date

KC/lab/mt/jc

cc: Michael Hambor, Environmental Manager, Water Facilities Compliance/Enforcement,
DEP/WPB, michael.hambor@dep.state.fl.us
Jim Witteck, Operator, jcwitteckutilities@comcast.net

120 38 Court
Vero Beach, Florida 32969

(772) 215-8965
(772) 562-1460

jcwittec utilities@comcast.net



February 23, 2011

Ref: Pine Ridge Park

Attn: Mr. Christian.
Mr. Theil

MRS.
G.
THIS WAS WHAT I
WOULD SUBMIT TO DEP.
IS IT OK WITH
YOU?
JIM W.

Please be advised that the facility owners at Pine Ridge Park are in process of purchasing an effluent meter for the waste water plant, and we have been accumulating rainfall, pond level and flow data for examination by consulting firm and or engineer. I spoke with Mr. Theil and will be presenting him with the data collected. The lift station pumps have been sized correctly and by passes closed. They have been calibrated annually. We realize we are late addressing these issues but the owners have had several items that had to be addressed I.E. storage tank inspection (drinking water) and during these difficult times one must choose which items are to be executed. Upon discussion with Mr. Spurge, he would like to accumulate more data for the pond evaluation and seems to believe the flow meter would not be so critical due to the fact that we have made the above corrections to the lift station and the flows are calibrated regularly. We will be submitting several more months of data and contacting him to see if more data will be needed.

Please call me if you have questions or need to discuss an issue.

Thank you,

James C. Witteck

Item No 9

UTILITY NAME: Pine Ridge Management Corporation

YEAR OF REPORT
DECEMBER 31,

SYSTEM NAME: Water Plant

PUMPING AND PURCHASED WATER STATISTICS

(a)	Water Purchased For Resale (Omit 000's) (b)	Finished Water From Wells (Omit 000's) (c)	Recorded Accounted For Loss Through Line Flushing Etc. (Omit 000's) (d)	Total Water Pumped And Purchased (Omit 000's) [(b)+(c)-(d)] (e)	Water Sold To Customers (Omit 000's) (f)
January <u>2010</u>					1,675,569
February					
March					
April					
May					
June					
July <u>2010</u>					1,578,307
August					
September					
October					
November					
December					
Jan, 2011					2,049,043
Total for Year					

If water is purchased for resale, indicate the following:
Vendor NA
Point of delivery _____

If water is sold to other water utilities for redistribution, list names of such utilities below:
NA

Meters are read around January & July - twice a year.
Figures are actual (No 000's have been omitted)

Pine Ridge Management Corporation
P.O. Box 307
Lake Placid, FL 33862
Phone 863-699-1582
Fax 863-260-0583

Item

11

Description of Sewer Plant:

The sewer plant shares land with Pine Ridge Mobile Home Park. When it was developed, it was all one business. No physical address. There is a pond and all treatment facilities located behind the strip mall. There are pumps and a lift station, a digester, chemical tank and delivery system, a roof covering all.

Description of Water Plant:

The water plant sits on a small lot, 2900 NE 8th Street, Okeechobee, FL 34972. There is a small building and the hydro tank and pumps are inside. Large wall of electrical in there as well. Outside is the covered aerator and storage tank. Also is a covered area where small tanks of ammonia is stored and distributed. There are 4 wells with their pumps.

That is the best I can do. If more is needed, my son will have to help.

Sincerely,

Virginia L. Gadsden, Owner

PR & Sewer Plant

Property ID Number
1-14-37-35-0060-00010-0010

Water Plant
Property ID Number
1-14-37-35-0070-00080-0010



NE 30th Ave

30	45'	45'	45'	45'	50'
37	38	39	40	41	42
3017	3033	3051	3067	3073	3085

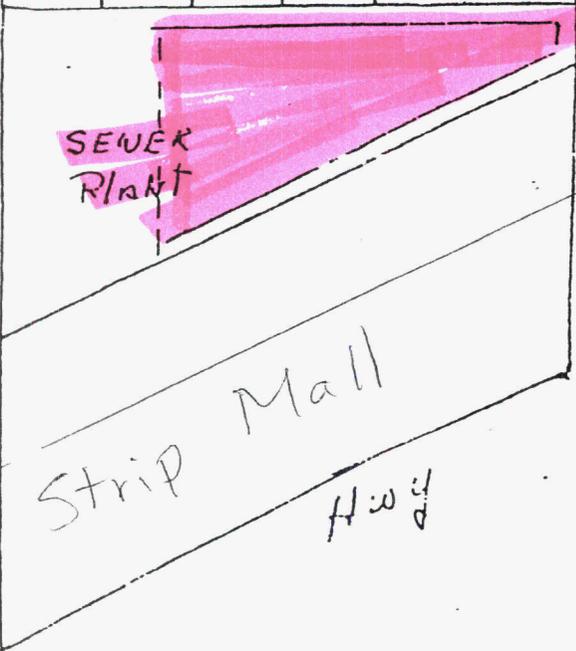
7th Lane

25	26	27	28	29	30
3016	3032	3050	3066	3072	3084

13	14	15	16	17	18
3017	3033	3051	3067	3073	3085

7th St.

1	2	3	4	5	6
3016	3032	3050	3066	3072	3084



47.5	45'	45'	45'	45'	47.5
43	44	45	46	47	48
3117	3133	3151	3167	3173	3185

7th Lane

31	32	33	34	35	36
3116	3132	3150	3166	3172	3184

19	20	21	22	23	24
3117	3133	3151	3167	3173	3185

7th St

7	8	9	10	11	12
3116	3132	3150	3166		

1A	2A	3A	4A	5A	6A
----	----	----	----	----	----

JASON Lane

70 E

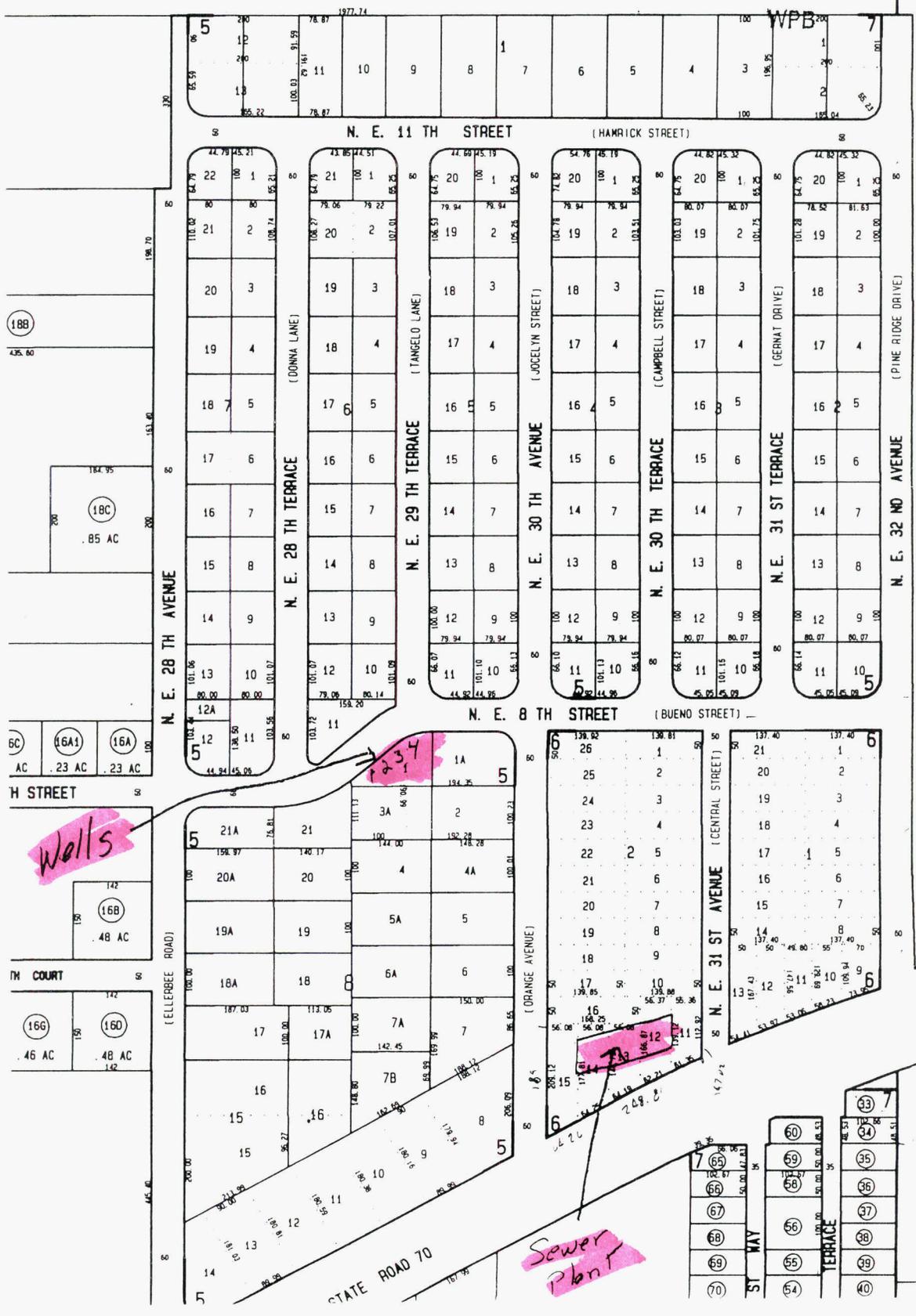
Mobile Home
PINE RIDGE PARK

Water Plant

Property ID No:
1-14-37-35-0070-00080-0010

Pine Ridge

ORIGINAL SUBMITTAL
JUN 10 1993



Pine Ridge MHP

Leonel Avalos
3116 NE 7th Lane
Okeechobee, FL 34972

Martha Barnicoat
1651 Mentor Ave #2405
Painsville, OH 44077
*3017 NE 7th Lane
Okeechobee, FL 34972*

Michael Blair
3073 NE 7th Lane
Okeechobee, FL 34972

Jerry Breeden
3066 NE 7th Lane
Okeechobee, FL 34972

Bill Brown
3033 NE 7th Street
Okeechobee, FL 34972

Item.

Jeanette Butler
3173 NE 7th Street
Okeechobee, FL 34972

Nancy Christopher
3167 NE 7th Street
Okeechobee, FL 34972

Sandra Cope
3067 NE 7th Street
Okeechobee, FL 34972

12 + 13

Carolyn Duckworth
3116 NE 7th Street
Okeechobee, FL 34972

Joyce Frend
PO Box 3041
Okeechobee, FL 34973-3041
*2 Jason Lane
Okeechobee, FL 34972*

Norman Gerren
PO Box 514
Okeechobee, FL 34973
*3016 NE 7th Lane
Okeechobee, FL 34972*

Richard Green
3185 NE 7th Street
Okeechobee, FL 34972

Wayne Green
3016 NE 7th Street
Okeechobee, FL 34972

Olivia Guerrero
3085 NE 7th Lane
Okeechobee, FL 34972

Ruben Guerrero
C/O Ruby G. Fallas
4122 Brantley Circle
Rockledge, FL 32955
*3184 NE 7th Lane
Okeechobee, FL 34972*

empty Hale
3150 NE 7th Lane
Okeechobee, FL 34972

Hugh D. Harkins
3050 NE 7th Street
Okeechobee, FL 34972

Linda Herring
3032 NE 7th Lane
Okeechobee, FL 34972

Darol Jameson
3132 NE 7th Lane
Okeechobee, FL 34972

W. T. Jay
3117 NE 7th Street
Okeechobee, FL 34972

Calle B. Jordan
3 Jason Lane
Okeechobee, FL 34972

Joan Krallman
1 Jason Lane
Okeechobee, FL 34972

empty Ledferd
3032 NE 7th Street
Okeechobee, FL 34972

Richard Lewis
4 Jason Lane
Okeechobee, FL 34972

Phillip K. Martin
3166 NE 7th Lane
Okeechobee, FL 34972

Carl McDonald
5 Jason Lane
Okeechobee, FL 34972

empty McLean
3185 NE 7th Lane
Okeechobee, FL 34972

Eleanor Milke
3084 NE 7th Street
Okeechobee, FL 34972

Bill Patchin
3017 NE 7th Street
Okeechobee, FL 34972

Donna R. Patton
3051 NE 7th Street
Okeechobee, FL 34972

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

Robert Sauter
3072 NE 7th Street
Okeechobee, FL 34972

Thomas Sisk
3150 NE 7th Street
Okeechobee, FL 34972

Dean Sliker
PO Box 2172
Okeechobee, FL 34973
3166 NE 7th Street
Okeechobee, FL 34972

empty Smith
3066 NE 7th Street
Okeechobee, FL 34972

empty lot Spurlock
PO Box 352
Okeechobee, FL 34973

Marlene VanLaningham
6 Jason Lane
Okeechobee, FL 34972

Clyde Vermillion
3133 NE 7th Street
Okeechobee, FL 34972

Meryle R. Vermillion
3151 NE 7th Street
Okeechobee, FL 34972

Chester Webb
3033 NE 7th Lane
Okeechobee, FL 34972

Gary White
3050 NE 7th Lane
Okeechobee, FL 34972

David Wilbur
3151 NE 7th Lane
Okeechobee, FL 34972

Steve Wood
3084 NE 7th Lane
Okeechobee, FL 34972

Empty

3051 NE 7th Lane
3067 NE 7th Lane
3133 NE 7th Lane
3150 NE 7th Lane
~~3173 NE 7th Lane~~
3185 NE 7th Lane

Vacant Lot

3072 NE 7th Lane
3117 NE 7th Lane
3167 NE 7th Lane
3172 NE 7th Lane
3173 NE 7th Lane

Empty

3066 NE 7th Street

Vacant Lot

3093 NE 7th Street
3085 NE 7th Street
3132 NE 7th Street

water/sewer Customers other than Pine Ridge MHP

LeRoy Alexander
708 NE 28th Ave
Okeechobee, FL 34972

Joe Baker
Big Lake Holdings
1410 S. Parrott Ave. #C
Okeechobee, FL 34972
715 NE 29th Ave
Okeechobee, FL 34972

Curtis Bishop
714 NE 29th Ave.
Okeechobee, FL 34972

Sid Bishop
676 NE 28th Ave.
Okeechobee, FL 34972

William Brady
587 NE 29th Ave.
Okeechobee, FL 34972

William Carden
745 NE 30th Ave.
Okeechobee, FL 34972

Frances S. Collier
646 NE 28th Ave.
Okeechobee, FL 34972

Owen Cossaboon
c/o Sharon Casteel
196 NW 144th Dr.
Okeechobee, FL 34972
822 NE 28th Ave
Okeechobee, FL 34972

empty Dailey
2862 NE 5th Trail
Okeechobee, FL 34972

Cindy S. Davis
681 NE 29th Ave.
Okeechobee, FL 34972

Thomas Derry
852 NE 28th Ave.
Okeechobee, FL 34972

Luz A. Diaz
2921 NE 5th Trail
Okeechobee, FL 34972

Robert Elliott
5735 SE 30th Parkway
Okeechobee, FL 34972
1106 NE 28th Ave
Okeechobee, FL 34972

Robert Elliott
5735 SE 30th Parkway
Okeechobee, FL 34972
937 NE 29th Terrace
Okeechobee, FL 34972

Gray English
2861 NE 5th Trail
Okeechobee, FL 34972

Jay T. Huffman Enterprises
PO Box 1015
Okeechobee, FL 34973
853 NE 28th Terrace
Okeechobee, FL 34972

Ali Estrada
7754 NW 89th CT
Okeechobee, FL 34972-7330
1072 NE 28th Ave.
Okeechobee, FL 34972

Ted N. Fodczuk
2941 NE 5th Trail
Okeechobee, FL 34972

Daniel Fussell;
2901 NE 5th Trail
Okeechobee, FL 34972

Greg Gernat
588 NE 28th Terrace
Okeechobee, FL 34972

Ruben Guerrero, Jr.
2800 NE 5th Trail
Okeechobee, FL 34972

Otto Gustafson
651 NE 29th Ave.
Okeechobee, FL 34972

Larry Gutierrez
1072 NE 28th Ave.
Okeechobee, FL 34972

Joseph Haney
651 NE 30th Ave.
Okeechobee, FL 34972

Megan Hardy
810 NE 28th Ave.
Okeechobee, FL 34972

Douglas Hawes
973 NE 29th Terrace
Okeechobee, FL 34972

Mike Hedges
PO Box 2651
Okeechobee, FL 34973
972 NE 28th Ave
Okeechobee, FL 34972

Ronald Heise
2982 NE 5th Trail
Okeechobee, FL 34972

Dorothy Hiscock
2961 NE 5th Trail
Okeechobee, FL 34972

LaVerne Holbrook
822 NE 29th Terrace
Okeechobee, FL 34972

Lynn S. Huddle
618 NE 28th Ave.
Okeechobee, FL 34972

Rocky Huddleston
852 NE 28th Terrace
Okeechobee, FL 34972

Daniel T. Hunt
2821 NE 5th Trail
Okeechobee, FL 34972

Kenneth D. Hunter
1037 NE 29th Terrace
Okeechobee, FL 34972

William Jodun
622 NE 29th Ave.
Okeechobee, FL 34972

James Johnson
682 NE 29th Ave.
Okeechobee, FL 34972

Donald C. Jones
2922 NE 5th Trail
Okeechobee, FL 34972

Epifanio F. Juarez
1308 SE 8th Ave.
Okeechobee, FL 34974
*1036 NE 28th Terrace
Okeechobee, FL 34972*

Samuel Keck
2991 NE 5th Trail
Okeechobee, FL 34972

William Kellam, Jr. *empty*
(deceased contact Curtis Khuth)
1071 NE 28th Terrace
Okeechobee, FL 34972

Verna A. Keller
1105 NE 28th Terrace
Okeechobee, FL 34972

Jack Kemp
810 NE 28th Terrace
Okeechobee, FL 34972

Lorene Landrum
2998 NE 5th Trail
Okeechobee, FL 34972

David Lowe
661 NE 29th Ave.
Okeechobee, FL 34972

Robert Lyons
1037 NE 28th Terrace
Okeechobee, FL 34972

Janet C. Martin
PO Box 19
Okeechobee, FL 34973
*2842 NE 5th Trail
Okeechobee, FL 34972*

Justina Martinez
2801 NE 5th Trail
Okeechobee, FL 34972

George Mason
775 NE 30th Ave.
Okeechobee, FL 34972

empty McLean, Jr.
2881 NE 5th Trail
Okeechobee, FL 34972

Clyrene McSwain *empty*
deceased contact M. Nunez
877 NE 28th Terrace
Okeechobee, FL 34972

James Mendolera
822 NE 28th Terrace
Okeechobee, FL 34972

Lorell Alicea Miranda
Geraldo Colon Tirado
1106 NE 28th Terrace
Okeechobee, FL 34972

Marivel Mungaray
1036 NE 28th Ave.
Okeechobee, FL 34972

Cassie N. Murphy
907 NE 29th Terrace
Okeechobee, FL 34972

Mario Nunez
907 NE 28th Terrace
Okeechobee, FL 34972

Tomas Nunez
2942 NE 5th Trail
Okeechobee, FL 34972

vacant lot Ohotnicky
1006 NE 28th Terrace
Okeechobee, FL 34972

vacant lot Patel
1007 NE 29th Terrace
Okeechobee, FL 34972

John W. Pettit
756 NE 28th Ave.
Okeechobee, FL 34972

Kenneth Pilgrim
906 NE 28th Terrace
Okeechobee, FL 34972

Raymond Receveur
2822 NE 5th Trail
Okeechobee, FL 34972

William Reinert
120 SE Lonita Street
Stuart, FL 34994
853 NE 29th Terrace
Okeechobee, FL 34972

Maretta Rockwell
823 NE 29th Terrace
Okeechobee, FL 34972

Raymond Romundo
817 NE 28th Terrace
Okeechobee, FL 34972

Korey Lee Sallette
972 NE 28th Terrace
Okeechobee, FL 34972

Fidencio Santamaria
705 NE 30th Ave.
Okeechobee, FL 34972

Roger Shutt
744 NE 29th Ave.
Okeechobee, FL 34972

Howard V. Sims
652 NE 29th Ave.
Okeechobee, FL 34972

Richard Smith
715 NE 30th Ave.
Okeechobee, FL 34972

Mike J. Spaw
Cathy Crum
2981 NE 5th Trail
Okeechobee, FL 34972

Don Stewart
2962 NE 5th Trail
Okeechobee, FL 34972

Ronald Stewart
2999 NE 5th Trail
Okeechobee, FL 34972

Steven Stout
2900 NE 5th Trail
Okeechobee, FL 34972

Victor Talavera
936 NE 28th Ave.
Okeechobee, FL 34972

Betty Tremble
876 NE 28th Terrace
Okeechobee, FL 34972

Shirley Tripp
2841 NE 5th Trail
Okeechobee, FL 34972

Perpetuo Valles
1007 NE 28th Terrace
Okeechobee, FL 34972

Scott Vidal
1105 NE 29th Terrace
Okeechobee, FL 34972

Lucellia Wheaton
1073 NE 29th Terrace
Okeechobee, FL 34972

Lloyd Wilbur
2 Eastbrook Rd.
Franklin, ME 04634
877 NE 29th Terrace
Okeechobee, FL 34972

Joseph Wojtanoski
588 NE 29th Ave.
Okeechobee, FL 34972

Sterling Wyand
NO MAIL
621 NE 30th Ave.
Okeechobee FL 34972

Harry Zimmerman
823 NE 28th Terrace
Okeechobee, FL 34972

Additional

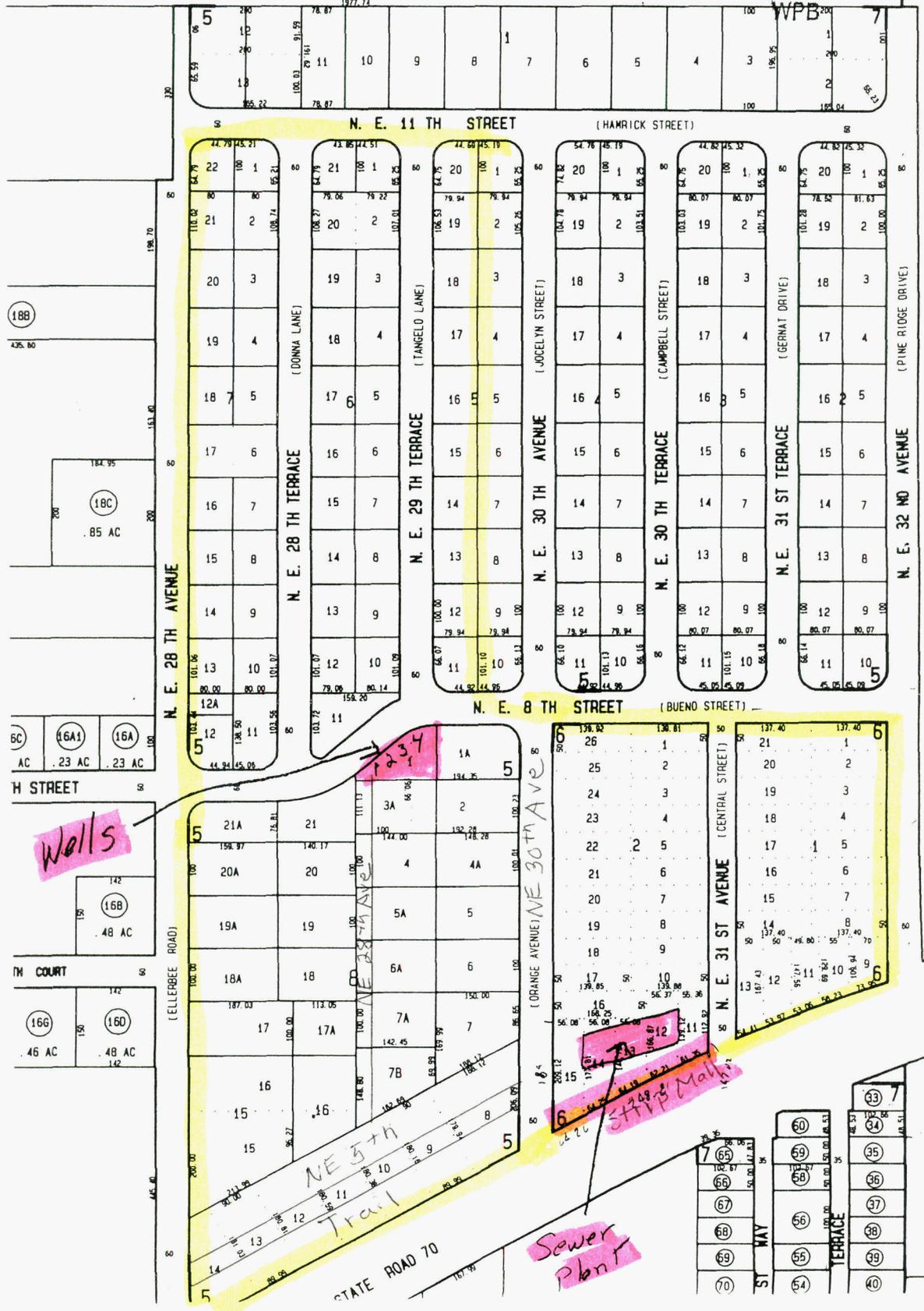
Empty
973 NE 28th Terrace

Vacant lot
1006 NE 28th Terrace
1007 NE 28th Terrace
1006 NE 28th Ave

Water/sewer Customers
are within yellow boundaries

Pine Ridge

ORIGINAL SUBMITTAL
JUN 10 1999



Sewer Repairs 2010

Unclog RAS line	50.00	June
Re-install new pump	150.00	July

Water Repairs 2010

2 in Sensus Rebuilt PD Meter	367.92	January
Rental of small equipment for repair of manhole system	225.00	May

rest of repairs are small things, odds and ends

Item

14

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

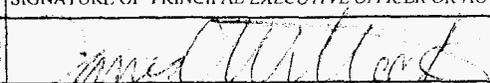
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: January 1, 2010 To: January 31, 2010

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 U	MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0U	MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	1 Permit Requirement		Report (Mo.Avg.) 60.0 (Max.)	MG/L		Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		1.6	MG/L		Monthly	Grab
PARM Code 00665 Mon.Site No.	1 Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.7	MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No.	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.7	MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No.	1 Permit Requirement		Report (Mo.Avg.) 60.0 (Max.)	MG/L		Monthly	Grab
pH	Sample Measurement		7.1 7.4	SU		5 Days/Week	Grab
PARM Code 00400 Mon.Site No.	1 Permit Requirement		6.0 (Min.) 8.5 (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	2/25/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-091

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: January 1, 2010

TO: January 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.00	U		#/100ML		Monthly	Grab
PARM Code 74055 Y Mon.Site No.	Permit Requirement		200	(An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.00	U		#/100ML		Monthly	Grab
PARM Code 74055 I Mon.Site No.	Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5			MG/L		5 Days/Week	grab
PARM Code 50060 I Mon.Site No.	Permit Requirement		0.5	(Min.)		MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		2.3			MG/L		Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	.024						5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)		MGD				5 Days/Week	Meter
Flow	Sample Measurement	.023	.024					5 Days/ Week	Meter
PARM Code 50050 G Mon.Site No. INF-01	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		190			MG/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		160			MG/L		Monthly	Grab
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					Percent		Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement		Report			PER-CENT		Monthly	Calculated
	Sample Measurement								
	Permit Requirement								

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
 Monitoring Period: From: January 1, 2010

To: January 31, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620		
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
1		.018		1.2		7.3					
2		.024		1.4		7.2					
3		.029									
4		.028		0.8		7.3					
5		.024									
6		.025		1.2		7.3					
7		.021		2.2		7.4					
8		.021		1.8		7.2					
9		.019		1.2		7.3					
10		.031									
11		.028		2.0		7.4					
12		.026									
13		.023		2.2		7.3					
14		.023		1.4		7.2					
15		.022		1.2		7.3					
16		.021		1.8		7.2					
17		.045									
18		.025		1.2		7.3					
19	190	.029	160		1.0 U		2.0 U	3.7	2.3	1.6	0.0022 U
20		.020		1.4		7.2					
21		.033		1.0		7.3					
22		.025		1.2		7.2					
23		.018		1.4		7.1					
24		.022									
25		.033		2.0		7.3					
26		.018									
27		.021		2.2		7.3					
28		.021		1.8		7.2					
29		.021		1.4		7.2					
30		.015		1.2		7.2					
31											
Total		0.729		33.2		159.7					
Mo. Avg		0.024		1.5		7.3					

PLANT SUPERVISOR:

Day Shift Operator Class: A Certificate No: 8192 Name: Mark Rowan

Evening Shift Operator Class: Certificate No: Trainee Name: James F. Witteck

Night Shift Operator Class: Certificate No: Trainee Name: Kevin Moscrip

Lead Operator Class: D Certificate No: 6987 Name: James C. Witteck

HBEL, Inc.

2340 SW Poma Drive, Palm City, FL 34990
 Phone: (772) 320-0091 Fax: (772) 320-0145

CERTIFICATE OF ANALYSIS

[2036914]

Client: JC Witteck Utilities

Workorder ID: Pineridge Park Monthly WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2036914001					Sampled: 01/19/10 7:50		Received: 01/19/10 12:20			
Sample ID: Influent Grab					Matrix: Water					
Results reported on Wet Weight Basis										
Total Suspended Solids		160	mg/L	14	SM2540 D	WCGE32038		01/20/10 14:15	TCL	E96080
CBOD5		190	mg/L	2.0	SM5210 B	WCGE32036		01/19/10 16:10	TCL	E96080
Laboratory ID: 2036914002					Sampled: 01/19/10 7:55		Received: 01/19/10 12:20			
Sample ID: Effluent Grab					Matrix: Water					
Results reported on Wet Weight Basis										
Nitrate as N		2.3	mg/L	0.0030	EPA 300.0	IC8261		01/19/10 16:06	JL	E96080
Nitrite as N		0.0022U	mg/L	0.0022	EPA 300.0	IC8261		01/19/10 16:06	JL	E96080
Total Kjeldahl Nitrogen		0.86	mg/L	0.045	EPA 351.2	AUTO17936	01/20/10 9:05	01/20/10 14:31	DM	E96080
Total Nitrogen		3.2	mg/L	0.048	EPA 351.2	CALC5733		01/21/10 9:01	DH	E96080
Total Phosphorus as P		1.6	mg/L	0.12	EPA 365.4	AUTO17934	01/20/10 9:05	01/20/10 14:46	DM	E96080
Total Suspended Solids		3.7	mg/L	0.7	SM2540 D	WCGE32038		01/20/10 14:15	TCL	E96080
CBOD5		2.0U	mg/L	2.0	SM5210 B	WCGE32036		01/19/10 16:10	TCL	E96080
Fecal Coliform		1.0U	CFU/100mL	1.0	SM9222 D	MICR14075		01/19/10 13:50	SP	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL. 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: February 1, 2010 To February 28, 2010

COPY

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.33	MG/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No.	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.33	MG/L		Monthly	Grab
PARM Code 80082 I Mon.Site No.	Permit Requirement		Report (Mo.Avg.)	MG/L		Monthly	Grab
			60.0 (Max.)				
Phosphorus, Total (as P)	Sample Measurement		1.31	MG/L		Monthly	Grab
PARM Code 00665 I Mon.Site No.	Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.40	MG/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No.	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.40	MG/L		Monthly	Grab
PARM Code 00530 I Mon.Site No.	Permit Requirement		Report (Mo.Avg.)	MG/L		Monthly	Grab
			60.0 (Max.)				
pH	Sample Measurement		7.2	SU		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.	Permit Requirement		6.0 (Min.)	SU		5 Days/Week	Grab
			8.5 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	3/24/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: February 1, 2010

TO: February 28, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement		1.00 U		#/100ML	Monthly	Grab	
PARM Code 74055 Mon.Site No.	Y Permit Requirement		200 (An.Avg.)		#/100ML	Monthly	Grab	
Coliform, Fecal	Sample Measurement		1.00 U		#/100ML	Monthly	Grab	
PARM Code 74055 Mon.Site No.	1 Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.5		MG/L	5 Days/Week	grab	
PARM Code 50060 Mon.Site No.	1 Permit Requirement		0.5 (Min.)		MG/L	5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.450		MG/L	Monthly	Grab	
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)		MG/L	Monthly	Grab	
Flow	Sample Measurement	.024				5 Days/ Week	Meter	
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)	MGD			5 Days/Week	Meter	
Flow	Sample Measurement	.024 .024				5 Days/ Week	Meter	
PARM Code 50050 Mon.Site No. INF-01	G Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD		5 Days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		210		MG/L	Monthly	Grab	
PARM Code 80082 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)		MG/L	Monthly	Grab	
Solids, Total Suspended	Sample Measurement		190		MG/L	Monthly	Grab	
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)		MG/L	Monthly	Grab	
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				Percent	Monthly	Calculated	
PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement		Report		PER-CENT	Monthly	Calculated	
	Sample Measurement Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
 Monitoring Period: From: February 1, 2010

To: February 28, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620		
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
1		.055		1.6		7.2					
2		.023									
3		.024		2.1		7.3					
4		.021		1.4		7.2					
5		.020		1.2		7.3					
6		.022		1.0		7.2					
7		.021									
8	210	.021	190	1.4	1.00 U	7.2	5.33	4.40	0.450	1.31	0.370
9		.023									
10		.023		2.0		7.3					
11		.021		2.2		7.3					
12		.021		2.0		7.3					
13		.028		1.4		7.2					
14		.024									
15		.024		1.2		7.2					
16		.018									
17		.018		0.7		7.3					
18		.025		1.0		7.2					
19		.022		1.2		7.2					
20		.018		0.9		7.2					
21		.027									
22		.026		1.1		7.3					
23		.026									
24		.026		2.2		7.4					
25		.032		2.0		7.3					
26		.026		1.8		7.3					
27		.018									
28		.017		1.2		7.3					
29											
30											
31											
Total		0.67		29.6		145.2					
Mo. Avg.		.024		1.5		7.3					

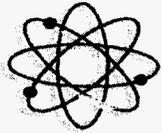
PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 8192 Name: Mark Rowan

Evening Shift Operator Class: Certificate No: Trainee Name: James F. Witteck

Night Shift Operator Class: Certificate No: Trainee Name: Kevin Moscrip

•Lead Operator Class: D Certificate No: 6987 Name: James C. Witteck



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597
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3980 Overseas Hwy Suite 103, Marathon FL 33050

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Phone: 772-343-8006 / Fax: 772-343-8089
Phone: 904-973-6878 / Fax: 850-273-6878
Phone: 305-743-8598 / Fax: 305-743-8598

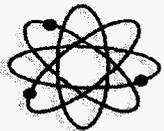
E83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Feb 8, 2010
Feb 16, 2010; Invoice: 116205

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
116205WW1	02/08/10 09:25 AM	Influent	CBOD5day	210	mg/L	1.00	2.00	2.00	10144215	SM5210 B	36-83-3	02/09/10 01:30 PM
			TSS	190	mg/L	1.00	1.00	2.00	10144303	SM2540 D	E1642818	02/10/10
116205WW2	02/08/10 09:30 AM	Effluent	Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10143881	SM9222 D	E761792	02/08/10 01:30 PM
			CBOD5day	5.33	mg/L	1.00	2.00	2.00	10144215	SM5210 B	36-83-3	02/09/10 01:30 PM
			TSS	4.40	mg/L	1.00	1.00	2.00	10144303	SM2540 D	E1642818	02/10/10



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Phone: 305-743-8598 / Fax: 305-743-8598

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

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pineridge Park
Date Sampled: Feb 8, 2010
Feb 17, 2010; Invoice: 116267

Analysis Report

Lab #:	Sampled:	Desc:	DF	MDL	PQL	QC Batch	Method	CAS #	Analized
116267WW1	02/08/10 09:30 AM	EFF	0				TotNit	17778-88-0	
Parameter	Result	Units							
Total Nitrogen(as N)	40.1		1.00	0.0100	0.0200	10143865	EPA353.2	14797-55-8	02/09/10 01:49 PM
Nitrate(as N)	0.450	mg/L	1.00	0.0200	0.0400	10143865	EPA353.2	14797-65-0	02/09/10 01:49 PM
Nitrite(as N)	0.370	mg/L	1.00	0.0400	0.0800	10144371	EPA365.4	7723-14-0	02/17/10
Total Phosphorous(as P)	1.31	mg/L	20.0	4.00	8.00	10144375	EPA351.2	7727-37-9	02/17/10
TKN(as N)	39.3	mg/L							

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COPY

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: March 1, 2010 To: March 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.54	MG/L		Monthly	Grab
PARM Code 80082	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		5.54	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		5.54	MG/L		Monthly	Grab
PARM Code 80082	1 Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon.Site No.	Sample Measurement		2.11	MG/L		Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		2.11	MG/L		Monthly	Grab
PARM Code 00665	1 Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		4.80	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.80	MG/L		Monthly	Grab
PARM Code 00530	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		4.80	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.80	MG/L		Monthly	Grab
PARM Code 00530	1 Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon.Site No.	Sample Measurement		7.2	SU		5 Days/Week	Grab
pH	Sample Measurement		7.2	SU		5 Days/Week	Grab
PARM Code 00400	1 Permit Requirement		6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Mon.Site No.	Sample Measurement		6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	4/30/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: March 1, 2010

TO: March 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement		1.00 U		#/100ML	Monthly	Grab	
PARM Code 74055 Mon.Site No.	Y Permit Requirement		200 (An.Avg.)		#/100ML	Monthly	Grab	
Coliform, Fecal	Sample Measurement		1.00 U		#/100ML	Monthly	Grab	
PARM Code 74055 Mon.Site No.	I Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.6		MG/L	5 Days/Week	grab	
PARM Code 50060 Mon.Site No.	I Permit Requirement		0.5 (Min.)		MG/L	5 Days/Week	Grab	
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.177		MG/L	Monthly	Grab	
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)		MG/L	Monthly	Grab	
Flow	Sample Measurement	.033				5 Days/ Week	Meter	
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)		MGD		5 Days/Week	Meter	
Flow	Sample Measurement	.033	.033			5 Days/ Week	Meter	
PARM Code 50050 Mon.Site No. INF-01	G Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD		5 Days/Week	Meter	
BOD, Carbonaceous 5 day, 20C	Sample Measurement		168		MG/L	Monthly	Grab	
PARM Code 80082 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)		MG/L	Monthly	Grab	
Solids, Total Suspended	Sample Measurement		120		MG/L	Monthly	Grab	
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)		MG/L	Monthly	Grab	
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement				Percent	Monthly	Calculated	
PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement		Report		PER-CENT	Monthly	Calculated	
	Sample Measurement							
	Permit Requirement							

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
 Monitoring Period: From: March 1, 2010

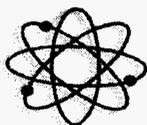
To: March 31, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620		
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
1		.046		2.2		7.3					
2		.030									
3		.029		1.6		7.2					
4		.033		1.2		7.2					
5		.044		2.2		7.3					
6		.028		1.4		7.2					
7		.014									
8		.039		1.8		7.3					
9		.010									
10		.017		1.2		7.2					
11	168	.041	120	2.0	1.00 U	7.3	5.54	4.80	0.177	2.11	0.225
12		.039		1.0		7.2					
13		.097		1.0		7.4					
14		.036									
15		.043		2.4		7.5					
16		.028									
17		.048		1.2		7.3					
18		.024		0.9		7.2					
19		.032		1.1		7.2					
20		.024		0.9		7.2					
21		.020									
22		.058		0.8		7.3					
23		.030									
24		.029		3.5		7.4					
25		.027		2.2		7.3					
26		.025		1.8		7.2					
27		.024		1.4		7.3					
28		.035									
29		.035		2.0		7.2					
30		.012									
31		.013		1.8		7.3					
Total		1.01		35.6		160					
Mo. Avg.		.033		1.6		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>



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Phone: 305-743-8598 / Fax: 305-743-8598

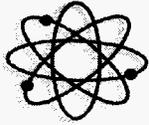
E83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Mar 11, 2010
Mar 24, 2010; Invoice: 118658

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
118658WW1	03/11/10 08:00 AM	Influent	CBOD5day	168	mg/L	1.00	2.00	2.00	10145964	SM5210 B	36-83-3	03/12/10 11:30 AM
			TSS	120	mg/L	1.00	1.00	2.00	10146477	SM2540 D	E1642818	03/17/10
118658WW2	03/11/10 08:20 AM	Effluent	Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10145947	SM9222 D	E761792	03/11/10 01:30 PM
			CBOD5day	5.54	mg/L	1.00	2.00	2.00	10145964	SM5210 B	36-83-3	03/12/10 11:30 AM
			TSS	4.80	mg/L	1.00	1.00	2.00	10146477	SM2540 D	E1642818	03/17/10



FLOWERS CHEMICAL LABORATORIES INC.

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Phone: 305-743-8598 / Fax: 305-743-8598

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

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Mar 11, 2010
Mar 19, 2010; Invoice: 118708

Analysis Report

Lab #:	Sampled:	Desc:	EFF	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
118708WW1	03/11/10 08:20 AM	EFF		0				TotNit	17778-88-0	
Parameter	Result	Units								
Total Nitrogen(as N)	11.2		1.00	0.0100	0.0200	10145807	EPA353.2	14797-55-8	03/12/10	06:33 PM
Nitrate(as N)	0.177	mg/L	1.00	0.0200	0.0400	10145807	EPA353.2	14797-65-0	03/12/10	06:33 PM
Nitrite(as N)	0.225	mg/L	1.00	0.0400	0.0800	10146423	EPA365.4	7723-14-0	03/18/10	
Total Phosphorous(as P)	2.11	mg/L	4.00	0.800	1.60	10146425	EPA351.2	7727-37-9	03/18/10	
TKN(as N)	10.8	mg/L								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation	PERMIT NUMBER: FLA013928	LIMIT: Final	REPORT: Monthly
MAILING ADDRESS: Post Office Box 307 Lake Placid, FL 33862		CLASS SIZE: N/A	GROUP: Domestic
FACILITY: Pine Ridge Park Wastewater Treatment Facility	MONITORING GROUP NUMBER: R-001		
LOCATION: Northeast 24th Avenue Okeechobee, FL 34974	MONITORING GROUP DESC: Effluent disposal, including influent		
COUNTY: Okeechobee	NO DISCHARGE FROM SITE: <input type="checkbox"/>		
	MONITORING PERIOD From: April 1, 2010 To: April 30, 2010		

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.70	MGL		Monthly	Grab
PARM Code 80082 Y Mon.Site No.	Permit Requirement		20.0 (An.Avg.)	MGL		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.70	MGL		Monthly	Grab
PARM Code 80082 1 Mon.Site No.	Permit Requirement		Report (Mo.Avg.)	MGL		Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		3.00	MGL		Monthly	Grab
PARM Code 00665 1 Mon.Site No.	Permit Requirement		Report (Max.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.00	MGL		Monthly	Grab
PARM Code 00530 Y Mon.Site No.	Permit Requirement		20.0 (An.Avg.)	MGL		Monthly	Grab
Solids, Total Suspended	Sample Measurement		5.00	MGL		Monthly	Grab
PARM Code 00530 1 Mon.Site No.	Permit Requirement		Report (Mo.Avg.)	MGL		Monthly	Grab
pH	Sample Measurement		7.2	SU		5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No.	Permit Requirement		6.0 (Min.)	SU		5 Days/Week	Grab
			8.5 (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	

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

DOCUMENT NUMBER-DATE
02450 APR 13 =
FPSC-COMMISSION CL FRK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: April 1, 2010

TO: April 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample		1.00 U		#/100ML	Monthly	Grab
PARM Code 74055 Y	Permit		200		#/100ML	Monthly	Grab
Mon.Site No.	Requirement		(An.Avg.)				
Coliform, Fecal	Sample		1.00 U		#/100ML	Monthly	Grab
	Measurement						
PARM Code 74055 1	Permit		Report	Report	800	Monthly	Grab
Mon.Site No.	Requirement		(Mo.Median)	(Weekly)	(Max.)		
Total Residual Chlorine (For Disinfection)	Sample		1.7		MG/L	5 Days/Week	grab
	Measurement						
PARM Code 50060 1	Permit		0.5		MG/L	5 Days/Week	Grab
Mon.Site No.	Requirement		(Min.)				
Nitrogen, Nitrate, Total (as N)	Sample		2.80		MG/L	Monthly	Grab
	Measurement						
PARM Code 00620	Permit		Report		MG/L	Monthly	Grab
Mon.Site No.	Requirement		(Max.)				
Flow	Sample	.028				5 Days/ Week	Meter
	Measurement						
PARM Code 50050	Permit	0.02		MGD		5 Days/Week	Meter
Mon.Site No. INF-01	Requirement	(An.Avg.)					
Flow	Sample	.031	.028			5 Days/ Week	Meter
	Measurement						
PARM Code 50050 G	Permit	Report	Report	MGD		5 Days/Week	Meter
Mon.Site No. INF-01	Requirement	(3-Mo. Avg.)	(Mo. Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample		166		MG/L	Monthly	Grab
	Measurement						
PARM Code 80082 G	Permit		Report		MG/L	Monthly	Grab
Mon.Site No. INF-01	Requirement		(Mo.Avg.)				
Solids, Total Suspended	Sample		104		MG/L	Monthly	Grab
	Measurement						
PARM Code 00530 G	Permit		Report		MG/L	Monthly	Grab
Mon.Site No. INF-01	Requirement		(Mo.Avg.)				
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample				Percent	Monthly	Calculated
	Measurement						
PARM Code 00180 P	Permit		Report		PER-CENT	Monthly	Calculated
Mon.Site No. OTH-01	Requirement						
	Sample						
	Measurement						
	Permit						
	Requirement						

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
 Monitoring Period: From: April 1, 2010

To: April 30, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620		
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
1		.027		2.0		7.3					
2		.023		1.4		7.2					
3		.028									
4		.028		1.3		7.3					
5		.033		1.2		7.3					
6		.024									
7		.024		2.0		7.3					
8		.018		1.4		7.2					
9		.029		2.2		7.3					
10		.019									
11		.019		1.2		7.4					
12		.028		1.6		7.3					
13		.017									
14		.018		2.0		7.3					
15	166	.021	104	2.2	1.00 U	7.2	3.70	5.00	2.80	3.00	0.0284 I
16		.019		1.2		7.3					
17		.015		2.4		7.4					
18		.010									
19		.044		1.6		7.3					
20		.023									
21		.024		2.0		7.3					
22		.028		1.4		7.3					
23		.038		1.8		7.3					
24		.033									
25		.033		2.2		7.4					
26		.055		1.2		7.3					
27		.034									
28		.067		1.8		7.2					
29		.028		1.2		7.2					
30		.025		2.2		7.4					
31											
Total		0.832		37.5		160.5					
Mo. Avg.		0.028		1.7		7.3					

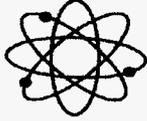
PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 8192 Name: Mark Rowan

Evening Shift Operator Class: Certificate No: Trainee Name: James F. Witteck

Night Shift Operator Class: Certificate No: Trainee Name: Kevin Moscrip

Lead Operator Class: D Certificate No: 6987 Name: James C. Witteck



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597
571 NW Mercantile Pl, Suite 111, Port St. Lucie FL 34986
P.O. Box 1200, Madison FL 32341
3980 Overseas Hwy Suite 103, Marathon FL 33050

Phone: 407-339-5984 / Fax: 407-260-6110
Phone: 772-343-8006 / Fax: 772-343-8039
Phone: 850-973-6878 / Fax: 850-973-6878
Phone: 305-743-8598 / Fax: 305-743-8590

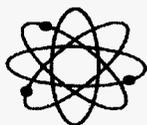
E83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Apr 15, 2010
Apr 26, 2010; Invoice: 121222

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
121222WW1	04/15/10 08:00 AM	Influent	CBOD5day	166	mg/L	1.00	2.00	2.00	10148548	SM5210 B	36-83-3	04/16/10 10:00 AM
			TSS	104	mg/L	1.00	1.00	2.00	10148718	SM2540 D	E1642818	04/20/10
121222WW2	04/15/10 08:10 AM	Effluent	Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10148325	SM9222 D	E761792	04/15/10 01:40 PM
			CBOD5day	3.70	mg/L	1.00	2.00	2.00	10148548	SM5210 B	36-83-3	04/16/10 10:00 AM
			TSS	44.4	mg/L	1.00	1.00	2.00	10148718	SM2540 D	E1642818	04/20/10



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

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

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Apr 15, 2010
Apr 22, 2010; Invoice: 121330

Analysis Report

Lab #:	Sampled:	Desc:	EFF	DF	MDL	PQL	QC Batch	Method	CAS #	Analized
121330WW1	04/15/10 08:15 AM	EFF		0				TotNit	17778-88-0	
Parameter	Result	Units								
Total Nitrogen(as N)	5.48		1.00	0.0100	0.0200	10148088	EPA353.2	14797-55-8	04/16/10	01:29 PM
Nitrate(as N)	2.80	mg/L	1.00	0.0200	0.0400	10148088	EPA353.2	14797-65-0	04/16/10	01:29 PM
Nitrite(as N)	0.0284	mg/L	1.00	0.0400	0.0800	10148475	EPA365.4	7723-14-0	04/22/10	
Total Phosphorous(as P)	3.00	mg/L	1.00	0.200	0.400	10148477	EPA351.2	7727-37-9	04/22/10	
TKN(as N)	2.65	mg/L								

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

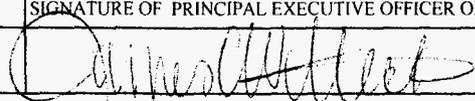
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: May 1, 2010 To May 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.4	MG/L		Monthly	Grab
PARM Code 80082	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		4.4	MG/L		Monthly	Grab
PARM Code 80082	1 Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Phosphorus, Total (as P)	Sample Measurement		8.1	MG/L		Monthly	Grab
PARM Code 00665	1 Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		3.8	MG/L		Monthly	Grab
PARM Code 00530	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		3.8	MG/L		Monthly	Grab
PARM Code 00530	1 Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
pH	Sample Measurement		7.2 7.4	SU		5 Days/Week	Grab
PARM Code 00400	1 Permit Requirement		6.0 8.5 (Min.) (Max.)	SU		5 Days/Week	Grab
Mon.Site No.							

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)
James C. Witteck		(772) 215-8965	6/25/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: May 1, 2010

TO: May 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1.00	U		#/100ML		Monthly	Grab
PARM Code 74055	Y Permit			200			#/100ML		Monthly	Grab
Mon.Site No.	Requirement			(An.Avg.)						
Coliform, Fecal	Sample Measurement			1.00	U		#/100ML		Monthly	Grab
PARM Code 74055	1 Permit			Report	Report	800	#/100ML		Monthly	Grab
Mon.Site No.	Requirement			(Mo.Median)	(Weekly)	(Max.)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.1			MG/L		5 Days/Week	grab
PARM Code 50060	1 Permit			0.5			MG/L		5 Days/Week	Grab
Mon.Site No.	Requirement			(Min.)						
Nitrogen, Nitrate, Total (as N)	Sample Measurement			3.6			MG/L		Monthly	Grab
PARM Code 00620	Permit			Report			MG/L		Monthly	Grab
Mon.Site No.	Requirement			(Max.)						
Flow	Sample Measurement	.019							5 Days/ Week	Meter
PARM Code 50050	Permit	0.02	MGD						5 Days/Week	Meter
Mon.Site No. INF-01	Requirement	(An.Avg.)								
Flow	Sample Measurement	.026	.019						5 Days/ Week	Meter
PARM Code 50050	G Permit	Report	Report	MGD					5 Days/Week	Meter
Mon.Site No. INF-01	Requirement	(3-Mo. Avg.)	(Mo. Avg.)							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			210			MG/L		Monthly	Grab
PARM Code 80082	G Permit			Report			MG/L		Monthly	Grab
Mon.Site No. INF-01	Requirement			(Mo.Avg.)						
Solids, Total Suspended	Sample Measurement			110			MG/L		Monthly	Grab
PARM Code 00530	G Permit			Report			MG/L		Monthly	Grab
Mon.Site No. INF-01	Requirement			(Mo.Avg.)						
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement						Percent		Monthly	Calculated
PARM Code 00180	P Permit			Report			PER-CENT		Monthly	Calculated
Mon.Site No. OTH-01	Requirement									
	Sample Measurement									
	Permit Requirement									

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA013928
From: May 1, 2010

To: May 31, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620		
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
1		.023									
2		.023		2.4		7.4					
3		.028		2.2		7.3					
4		.022									
5		.026		1.8		7.3					
6		.023		1.4		7.3					
7		.017		2.0		7.3					
8		.017									
9		.018		2.2		7.3					
10		.020		3.0		7.4					
11		.020									
12		.021		2.2		7.3					
13		.024		2.4		7.3					
14		.028		0.8		7.2					
15		.013		2.2		7.4					
16		.017									
17		.017		2.4		7.3					
18	210	.016	110		1.00U		4.4	3.8	3.6	8.1	0.0022U
19		.016		1.4		7.2					
20		.014		1.0		7.3					
21		.018		3.0		7.4					
22		.013		2.6		7.4					
23		.028									
24		.014		2.2		7.3					
25		.014									
26		.017		1.2		7.2					
27		.014		3.5		7.4					
28		.014		3.0		7.4					
29		.012									
30		.026		1.2		7.3					
31		.017		2.2		7.3					
Total		0.59		46.3		161					
Mo. Avg.		.019		2.1		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u>A</u>	Certificate No: <u>8192</u>	Name: <u>Mark Rowan</u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u>Trainee</u>	Name: <u>James F. Witteck</u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u>Trainee</u>	Name: <u>Kevin Moscrip</u>
Lead Operator	Class: <u>D</u>	Certificate No: <u>6987</u>	Name: <u>James C. Witteck</u>

HBEL, Inc.

2340 SW Poma Drive, Palm City FL 34990
 Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[20384+2]

Client: JC Witteck Utilities

Workorder ID: Pineridge Park Monthly WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2038442001					Sampled: 05/18/10 9:30 Received: 05/18/10 11:40 Matrix: Water Results reported on Wet Weight Basis					
Sample ID: Influent Grab										
Total Suspended Solids		110	mg/L	14	SM2540 D	WCGE32534		05/19/10 17:00	TCL	E96080
CBOD5		210	mg/L	2.0	SM5210 B	WCGE32526		05/18/10 16:38	TCL	E96080
Laboratory ID: 2038442002					Sampled: 05/18/10 10:00 Received: 05/18/10 11:40 Matrix: Water Results reported on Wet Weight Basis					
Sample ID: Effluent Grab										
Nitrate as N		3.6	mg/L	0.0030	EPA 300.0	IC8391		05/18/10 14:57	JL	E96080
Nitrite as N		0.0022U	mg/L	0.0022	EPA 300.0	IC8391		05/18/10 14:57	JL	E96080
Total Kjeldahl Nitrogen		2.3	mg/L	0.090	EPA 351.2	AUTO18295	05/24/10 11:00	05/24/10 15:34	JL	E96080
Total Nitrogen		5.8	mg/L	0.048	EPA 351.2	CALC5782		05/25/10 11:53	DH	E96080
Total Phosphorus as P		8.1	mg/L	0.12	EPA 365.4	AUTO18296	05/24/10 11:00	05/24/10 15:31	JL	E96080
Total Suspended Solids		3.8	mg/L	0.7	SM2540 D	WCGE32534		05/19/10 17:00	TCL	E96080
CBOD5		4.4	mg/L	2.0	SM5210 B	WCGE32526		05/18/10 16:38	TCL	E96080
Fecal Coliform		1.0U	CFU/100mL	1.0	SM9222 D	MICR14386		05/18/10 12:10	SP	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

2340 SW Poma Drive
 Palm City, FL 34990
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:

MONITORING PERIOD From: June 1, 2010 To: June 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.52	MG/L		Monthly	Grab
PARM Code 80082 Y	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		3.52	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		3.52	MG/L		Monthly	Grab
PARM Code 80082 1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon.Site No.	Sample Measurement		2.58	MG/L		Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		2.58	MG/L		Monthly	Grab
PARM Code 00665 1	Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		8.80	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		8.80	MG/L		Monthly	Grab
PARM Code 00530 Y	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		8.80	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		8.80	MG/L		Monthly	Grab
PARM Code 00530 1	Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Mon.Site No.	Sample Measurement		7.2	SU		5 Days/Week	Grab
pH	Sample Measurement		7.2	SU		5 Days/Week	Grab
PARM Code 00400 1	Permit Requirement		6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab
Mon.Site No.	Sample Measurement		7.2	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	7/27/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: June 1, 2010

TO: June 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	Y Permit Requirement		200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	1 Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0			MG/L		5 Days/Week	grab
PARM Code 50060 Mon.Site No.	1 Permit Requirement		0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.488			MG/L		Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	.019						5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)		MGD				5 Days/Week	Meter
Flow	Sample Measurement	.021	.019					5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	G Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		207			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		50.0			MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement					Percent		Monthly	Calculated
PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement		Report			PER-CENT		Monthly	Calculated
	Sample Measurement Permit Requirement								

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA013928
 Monitoring Period: From: June 1, 2010

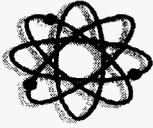
To: June 30, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

Code	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrite as N, Total
Mon. Site	80082	50050	00530	50060	74055	00400	80082	00530	00620		
	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
1		.025									
2		.024		2.4		7.4					
3		.026		2.0		7.3					
4		.020		2.8		7.4					
5		.011									
6		.010		2.4		7.2					
7		.029		2.0		7.3					
8		.020									
9		.020		1.8		7.2					
10		.020		1.2		7.2					
11		.014		2.2		7.3					
12		.025		2.7		7.3					
13		.012									
14		.039		0.9		7.2					
15		.015									
16		.016		3.5		7.4					
17	207	.015	50.0	0.8	1.00 U	7.3	3.52	8.80	0.488	2.58	0.552
18		.025		2.4		7.3					
19		.017		1.1		7.2					
20		.015									
21		.015		2.8		7.4					
22		.015									
23		.035		2.4		7.3					
24		.016		1.2		7.2					
25		.018		2.0		7.3					
26		.018		1.0		7.2					
27		.018									
28		.015		2.4		7.3					
29		.012									
30		.012		2.0		7.3					
31											
Total		0.572		42		153					
Mo. Avg.		0.019		2.0		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597
571 NW Mercantile Pl. Suite 111, Port St. Lucie FL 34986
P.O. Box 1200, Madison FL 32341
3980 Overseas Hwy Suite 103, Marathon FL 33050

Phone: 407-339-5984 / Fax: 407-260-6110
Phone: 772-343-8006 / Fax: 772-343-8089
Phone: 850-973-6878 / Fax: 850-973-6878
Phone: 305-743-8598 / Fax: 305-743-8598

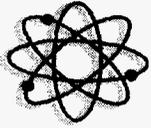
E83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pineridge Park
Date Sampled: Jun 17, 2010
Jun 24, 2010; Invoice: 125852

Analysis Report

Lab #:	Sampled:	Desc:	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
125852WW1	06/17/10 07:00 AM	Effluent							
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Total Nitrogen(as N)	14.1		0				TotNit	17778-88-0	
Nitrate(as N)	0.488	mg/L	1.00	0.0100	0.0200	10152246	EPA353.2	14797-55-8	06/18/10 12:02 PM
Nitrite(as N)	0.552	mg/L	1.00	0.0200	0.0400	10152246	EPA353.2	14797-65-0	06/18/10 12:02 PM
Total Phosphorous(as P)	2.58	mg/L	1.00	0.0400	0.0800	10152574	EPA365.4	7723-14-0	06/23/10
TKN(as N)	13.3	mg/L	4.00	0.800	1.60	10152720	EPA351.2	7727-37-9	06/23/10



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

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

Jim Witteck
120 38th Court
Vero Beach, FL 32968

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Jun 17, 2010
Jun 29, 2010; Invoice: 125724

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
125724WW1	06/17/10 07:10 AM	Influent	CBOD5day	207	mg/L	1.00	2.00	2.00	10152524	SM5210 B	36-83-3	06/17/10 02:00 PM
			TSS	50.0	mg/L	1.00	1.00	2.00	10152907	SM2540 D	E1642818	06/22/10
125724WW2	06/17/10 07:00 AM	Effluent	Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10152275	SM9222 D	E761792	06/17/10 11:20 AM
			CBOD5day	3.52	mg/L	1.00	2.00	2.00	10152524	SM5210 B	36-83-3	06/17/10 02:00 PM
			TSS	8.80	mg/L	1.00	1.00	2.00	10152907	SM2540 D	E1642818	06/22/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

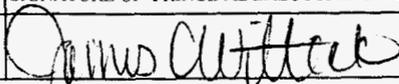
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: July 1, 2010 To: July 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0U	MG/L		Monthly	Grab
PARM Code 80082	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.0U	MG/L		Monthly	Grab
PARM Code 80082	1 Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Phosphorus, Total (as P)	Sample Measurement		1.5	MG/L		Monthly	Grab
PARM Code 00665	1 Permit Requirement		Report 60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		2.1	MG/L		Monthly	Grab
PARM Code 00530	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		2.1	MG/L		Monthly	Grab
PARM Code 00530	1 Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
pH	Sample Measurement		7.2 7.4	SU		5 Days/Week	Grab
PARM Code 00400	1 Permit Requirement		6.0 8.5 (Min.) (Max.)	SU		5 Days/Week	Grab
Mon.Site No.							

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)
James C. Witteck		(772) 215-8965	8/27/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: July 1, 2010

TO: July 31, 2010

Parameter		Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1.00			#/100ML		Monthly	Grab
PARM Code 74055	Y Permit Requirement			200			#/100ML		Monthly	Grab
Mon.Site No.				(An.Avg.)						
Coliform, Fecal	Sample Measurement			1.00			#/100ML		Monthly	Grab
PARM Code 74055	1 Permit Requirement			Report	Report	800	#/100ML		Monthly	Grab
Mon.Site No.				(Mo.Median)	(Weekly)	(Max.)				
Total Residual Chlorine (For Disinfection)	Sample Measurement			1.9			MG/L		5 Days/Week	grab
PARM Code 50060	1 Permit Requirement			0.5			MG/L		5 Days/Week	Grab
Mon.Site No.				(Min.)						
Nitrogen, Nitrate, Total (as N)	Sample Measurement			0.16			MG/L		Monthly	Grab
PARM Code 00620	Permit Requirement			Report			MG/L		Monthly	Grab
Mon.Site No.				(Max.)						
Nitrogen, Total (as N)	Sample Measurement			14			MG/L		Monthly	Grab
PARM Code 00600	Permit Requirement			Report			MG/L		Monthly	Grab
Mon. Site No. EFA-01				(Max.)						
Flow	Sample Measurement	.017							5 Days/ Week	Meter
PARM Code 50050	Permit Requirement	0.02	MGD						5 Days/Week	Meter
Mon.Site No. INF-01		(An.Avg.)								
Flow	Sample Measurement	.019	.017						5 Days/ Week	Meter
PARM Code 50050	G Permit Requirement	Report	Report	MGD					5 Days/Week	Meter
Mon.Site No. INF-01		(3-Mo. Avg.)	(Mo. Avg.)							
BOD, Carbonaceous 5 day, 20C	Sample Measurement			190			MG/L		Monthly	Grab
PARM Code 80082	G Permit Requirement			Report			MG/L		Monthly	Grab
Mon.Site No. INF-01				(Mo.Avg.)						
Solids, Total Suspended	Sample Measurement			180			MG/L		Monthly	Grab
PARM Code 00530	G Permit Requirement			Report			MG/L		Monthly	Grab
Mon.Site No. INF-01				(Mo.Avg.)						
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement			85			Percent		Monthly	Calculated
PARM Code 00180	P Permit Requirement			Report (0.02)			PER-CENT		Monthly	Calculated
Mon.Site No. OTH-01										

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
Monitoring Period: From: July 1, 2010

To: July 30, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrogen, Total (mg/L)
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	00665	00600
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	EFA-01
1		.012		2.4		7.3					
2		.008		2.2		7.2					
3		.019		1.6		7.2					
4		.014									
5		.014									
6		.014		2.4		7.3					
7		.023		2.0		7.2					
8		.012		2.4		7.3					
9		.018		1.2		7.2					
10		.014		2.0		7.3					
11		.015									
12		.015		1.0		7.2					
13		.015									
14		.013		2.2		7.3					
15	190	.024	180	2.0	1.0 U	7.3	2.0 U	2.1	0.16	1.5	14
16		.016		2.2		7.2					
17		.018		1.8		7.2					
18		.022									
19		.021		2.4		7.3					
20		.017									
21		.017		2.2		7.4					
22		.009		3.0		7.4					
23		.033		2.4		7.3					
24		.011		1.6		7.2					
25		.023									
26		.023		1.2		7.2					
27		.016									
28		.016		1.8		7.3					
29		.018		1.0		7.2					
30		.015		0.9		7.1					
31		.014		2.2		7.3					
Total		0.519		44.1		166.9					
Mo. Avg.		0.017		1.9		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>

HBEL, Inc.

2340 SW Poma Drive, Palm City FL 34990
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2039154]

Client: JC Witteck Utilities

Workorder ID: Pine Ridge Park

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2039154001						Sampled: 07/15/10 9:00		Received: 07/15/10 16:00		
Sample ID: Influent Grab (07/15/10)						Matrix: Water		Results reported on Wet Weight Basis		
Total Suspended Solids		180	mg/L	14	SM2540 D	WCGE32766		07/19/10 8:50	TCL	E96080
CBOD5		190	mg/L	2.0	SM5210 B	WCGE32771		07/16/10 17:00	TCL	E96080
Laboratory ID: 2039154002						Sampled: 07/15/10 9:20		Received: 07/15/10 16:00		
Sample ID: Effluent Grab (07/15/10)						Matrix: Water		Results reported on Wet Weight Basis		
Nitrate as N		0.16	mg/L	0.0030	EPA 300.0	IC8461		07/16/10 9:41	JL	E96080
Nitrite as N		0.16	mg/L	0.0022	EPA 300.0	IC8461		07/16/10 9:41	JL	E96080
Total Kjeldahl Nitrogen		14	mg/L	0.45	EPA 351.2	AUTO18506	07/21/10 12:15	07/21/10 17:12	JL	E96080
Total Nitrogen		14	mg/L	0.048	EPA 351.2	CALC5812		07/23/10 15:49	DH	E96080
Total Phosphorus as P		1.5	mg/L	0.12	EPA 365.4	AUTO18507	07/21/10 12:15	07/21/10 17:11	JL	E96080
Total Suspended Solids		2.1	mg/L	0.7	SM2540 D	WCGE32766		07/19/10 8:50	TCL	E96080
CBOD5		2.0U	mg/L	2.0	SM5210 B	WCGE32771		07/16/10 17:00	TCL	E96080
Fecal Coliform		1.0U	CFU/100mL	1.0	SM9222 D	MICR14526		07/15/10 16:35	SP	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

2340 SW Poma Drive
Palm City, FL 34990
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

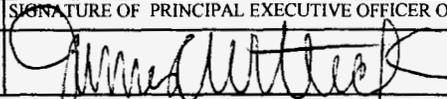
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: August 1, 2010 To August 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.28	MG/L		Monthly	Grab
PARM Code 80082 Y	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		2.28	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.28	MG/L		Monthly	Grab
PARM Code 80082 1	Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		2.28	MG/L		Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		2.28	MG/L		Monthly	Grab
PARM Code 00665 1	Permit Requirement		Report 60.0 (Max.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		4.80	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.80	MG/L		Monthly	Grab
PARM Code 00530 Y	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		4.80	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		4.80	MG/L		Monthly	Grab
PARM Code 00530 1	Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		7.2 7.4	SU		5 Days/Week	Grab
pH	Sample Measurement		7.2 7.4	SU		5 Days/Week	Grab
PARM Code 00400 1	Permit Requirement		6.0 8.5 (Min.) (Max.)	SU		5 Days/Week	Grab
Mon.Site No.	Sample Measurement		6.0 8.5 (Min.) (Max.)	SU		5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	9/20/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: August 1, 2010

TO: August 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	Y Permit Requirement		200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	I Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		2.0			MG/L		5 Days/Week	grab
PARM Code 50060 Mon.Site No.	I Permit Requirement		0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.566			MG/L		Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)			MG/L		Monthly	Grab
Nitrogen, Total (as N)	Sample Measurement		22.4			MG/L		Monthly	Grab
PARM Code 00600 Mon. Site No. EFA-01	Permit Requirement		Report (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	.013						5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)			MGD			5 Days/Week	Meter
Flow	Sample Measurement	.016	.013					5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	G Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)		MGD			5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		262			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		144			MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		65			Percent		Monthly	Calculated
PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement		Report (0.02)			PER-CENT		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
Monitoring Period: From: August 1, 2010

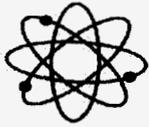
To: August 30, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrogen, Total (mg/L)
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	00665	00600
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	EFA-01
1		.016									
2		.016		1.0		7.2					
3		.012									
4		.013		2.4		7.3					
5		.012		2.0		7.3					
6		.017		2.4		7.3					
7		.012		2.6		7.4					
8		.016									
9		.017		2.0		7.2					
10	262	.016	144		1.00 U		262	144	0.566	2.28	22.4
11		.016		1.8		7.3					
12		.015		2.2		7.4					
13		.011		2.0		7.4					
14		.013									
15		.013									
16		.014		1.4		7.3					
17		.015									
18		.017		2.2		7.4					
19		.010		2.0		7.4					
20		.013		1.4		7.4					
21		.012									
22		.013		1.6		7.3					
23		.015		2.0		7.3					
24		.013									
25		.014		2.2		7.3					
26		.011		2.0		7.3					
27		.011		1.4		7.2					
28		.013		2.4		7.4					
29		.015									
30		.016		2.0		7.3					
31											
Total		0.417		39		146.4					
Mo. Avg.		0.013		2.0		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597
571 NW Mercantile Pl. Suite 111, Port St. Lucie FL 34986
P.O. Box 1200, Madison FL 32341
3980 Overseas Hwy Suite 103, Marathon FL 33050

Phone: 407-339-5984 / Fax: 407-260-6110
Phone: 772-343-8006 / Fax: 772-343-8089
Phone: 850-973-6878 / Fax: 850-973-6878
Phone: 305-743-8598 / Fax: 305-743-8598

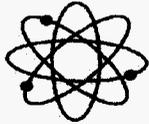
F83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
P.O. Box 650877
Vero Beach, FL 32965

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Aug 10, 2010
Aug 19, 2010; Invoice: 129868

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
129868WW1	08/10/10 08:45 AM	Influent	CBOD5day	262	mg/L	1.00	2.00	2.00	10156362	SM5210 B	36-83-3	08/11/10 12:00 PM
			TSS	144	mg/L	1.00	1.00	2.00	10156493	SM2540 D	E1642818	08/11/10
129868WW2	08/10/10 09:00 AM	Effluent	Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10156169	SM9222 D	E761792	08/10/10 01:20 PM
			CBOD5day	2.28	mg/L	1.00	2.00	2.00	10156362	SM5210 B	36-83-3	08/11/10 12:00 PM
			TSS	4.80	mg/L	1.00	1.00	2.00	10156493	SM2540 D	E1642818	08/11/10



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Phone: 305-743-8598 / Fax: 305-743-8598

F83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
P.O. Box 650877
Vero Beach, FL 32965

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Aug 10, 2010
Aug 13, 2010; Invoice: 129921

Analysis Report

Lab #: 129921WW1 Sampled: 08/10/10 09:00 AM Desc: EFF

Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analized
Total Nitrogen(as N)	22.4		0				TotNit	17778-88-0	
Nitrate(as N)	0.566	mg/L	1.00	0.0100	0.0200	10156007	EPA353.2	14797-55-8	08/11/10 12:04 PM
Nitrite(as N)	0.124	mg/L	1.00	0.0200	0.0400	10156007	EPA353.2	14797-65-0	08/11/10 12:04 PM
TKN(as N)	21.7	mg/L	12.0	2.40	4.80	10156090	EPA351.2	7727-37-9	08/12/10
Total Phosphorous(as P)	2.28	mg/L	1.00	0.0400	0.0800	10156091	EPA365.4	7723-14-0	08/12/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

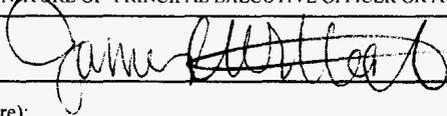
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: September 1, 2010 To September 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		12	MG/L		Monthly	Grab
PARM Code 80082 Y Mon.Site No.	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		12	MG/L		Monthly	Grab
PARM Code 80082 1 Mon.Site No.	Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		4.2	MG/L		Monthly	Grab
PARM Code 00665 1 Mon.Site No.	Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.6	MG/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No.	Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		3.6	MG/L		Monthly	Grab
PARM Code 00530 1 Mon.Site No.	Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement		7.2	7.4	SU	5 Days/Week	Grab
PARM Code 00400 1 Mon.Site No.	Permit Requirement		6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	10/27/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: September 1, 2010

TO: September 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.00 U			Monthly	Grab
PARM Code 74055 Mon.Site No.	Y Permit Requirement		200 (An.Avg.)			Monthly	Grab
Coliform, Fecal	Sample Measurement		1.00 U			Monthly	Grab
PARM Code 74055 Mon.Site No.	I Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.8			5 Days/Week	grab
PARM Code 50060 Mon.Site No.	I Permit Requirement		0.5 (Min.)			5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.29			Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)			Monthly	Grab
Nitrogen, Total (as N)	Sample Measurement		13			Monthly	Grab
PARM Code 00600 Mon. Site No. EFA-01	Permit Requirement		Report (Max.)			Monthly	Grab
Flow	Sample Measurement	.019				5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)		MGD		5 Days/Week	Meter
Flow	Sample Measurement	.016	.019			5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	G Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD		5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		110			Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			Monthly	Grab
Solids, Total Suspended	Sample Measurement		120			Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		95			Monthly	Calculated
PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement		Report (0.02)			Monthly	Calculated
					PER-CENT		

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
 Monitoring Period: From: September 1, 2010

To: September 30, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrogen, Total (mg/L)
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	00665	00600
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	EFA-01
1		.026		1.2		7.3					
2		.011		1.8		7.2					
3		.011		2.0		7.3					
4		.006									
5		.006									
6		.005		1.0		7.3					
7		.035									
8		.034		1.4		7.4					
9	110	.023	120	2.0	1.0 U	7.3	12	3.6	0.29	4.2	13
10		.024		1.6		7.2					
11		.023		2.4		7.3					
12		.016									
13		.016		2.2		7.3					
14		.025									
15		.024		1.3		7.2					
16		.034		2.0		7.3					
17		.019		2.2		7.3					
18		.015									
19		.015		2.4		7.3					
20		.022		1.6		7.2					
21		.025									
22		.026		2.4		7.3					
23		.012		2.0		7.3					
24		.018		1.8		7.2					
25		.014		2.0		7.3					
26		.018									
27		.019		2.2		7.4					
28		.017									
29		.017		2.0		7.3					
30		.022		1.2		7.2					
31											
Total		0.578		38.7		152.9					
Mo. Avg.		0.019		1.8		7.3					

PLANT STAFFING:

Day Shift Operator Class: A Certificate No: 8192 Name: Mark Rowan

Evening Shift Operator Class: Certificate No: Trainee Name: James F. Witteck

Night Shift Operator Class: Certificate No: Trainee Name: Kevin Moscrip

Lead Operator Class: D Certificate No: 6987 Name: James C. Witteck

HBEL, Inc.

2340 SW Poma Drive, Palm City FL 34990
 Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2040058]

Client: JC Witteck Utilities

Workorder ID: Pineridge Park Monthly WW

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2040058001					Sampled: 09/09/10 10:00 Received: 09/09/10 10:50 Matrix: Water Results reported on Wet Weight Basis					
Total Suspended Solids		120	mg/L	7.0	SM2540 D	WCGE33012		09/10/10 17:00	TCL	E96080
CBOD5		110	mg/L	2.0	SM5210 B	WCGE33004		09/9/10 15:35	TCL	E96080
Laboratory ID: 2040058002					Sampled: 09/09/10 10:15 Received: 09/09/10 10:50 Matrix: Water Results reported on Wet Weight Basis					
Nitrate as N		0.29	mg/L	0.0030	EPA 300.0	IC8519		09/9/10 18:11	JL	E96080
Nitrite as N		0.23	mg/L	0.0022	EPA 300.0	IC8519		09/9/10 18:11	JL	E96080
Total Kjeldahl Nitrogen		13	mg/L	0.45	EPA 351.2	AUTO18671	09/10/10 10:45	09/10/10 16:21	JL	E96080
Total Nitrogen		13	mg/L	0.048	EPA 351.2	CALC5832		09/15/10 8:22	DH	E96080
Total Phosphorus as P		4.2	mg/L	0.12	EPA 365.4	AUTO18672	09/10/10 10:45	09/10/10 17:14	JL	E96080
Total Suspended Solids		3.6	mg/L	0.7	SM2540 D	WCGE33012		09/10/10 17:00	TCL	E96080
CBOD5		12	mg/L	2.0	SM5210 B	WCGE33004		09/9/10 15:35	TCL	E96080
Fecal Coliform		1.0U	CFU/100mL	1.0	SM9222 D	MICR14682		09/9/10 12:55	SP	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
 Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

2340 SW Poma Drive
 Palm City, FL 34990
 FDOH # E96080

4155 St. Johns Pkwy Suite 1300
 Sanford, FL 32771
 FDOH # E83509



DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

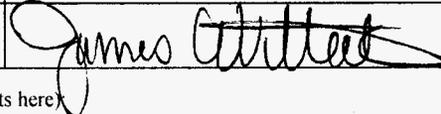
MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: October 1, 2010 To: October 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.00 U	MG/L		Monthly	Grab
PARM Code 80082	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.							
BOD, Carbonaceous 5 day, 20C	Sample Measurement		2.00 U	MG/L		Monthly	Grab
PARM Code 80082	1 Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Phosphorus, Total (as P)	Sample Measurement		0.299	MG/L		Monthly	Grab
PARM Code 00665	1 Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		1.60 l	MG/L		Monthly	Grab
PARM Code 00530	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		1.60 i	MG/L		Monthly	Grab
PARM Code 00530	1 Permit Requirement		Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
pH	Sample Measurement		7.2 7.4	SU		5 Days/Week	Grab
PARM Code 00400	1 Permit Requirement		6.0 8.5 (Min.) (Max.)	SU		5 Days/Week	Grab
Mon.Site No.							

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)
James C. Witteck		(772) 215-8965	11/23/10

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

DOCUMENT NUMBER-DATE
 02450 APR 13 =
 FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: October 1, 2010

TO: October 31, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Y	Permit Requirement		200			#/100ML		Monthly	Grab
Mon.Site No.	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML		Monthly	Grab
PARM Code 74055 1	Permit Requirement		1.9			MG/L		5 Days/Week	grab
Mon.Site No.	Sample Measurement		0.5			MG/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Permit Requirement		0.516			MG/L		Monthly	Grab
PARM Code 50060 1	Permit Requirement		6.34			MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		6.34			MG/L		Monthly	Grab
Nitrogen, Nitrate, Total (as N)	Permit Requirement		6.34			MG/L		Monthly	Grab
PARM Code 00620	Permit Requirement		6.34			MG/L		Monthly	Grab
Mon.Site No.	Sample Measurement		6.34			MG/L		Monthly	Grab
Nitrogen, Total (as N)	Permit Requirement		6.34			MG/L		Monthly	Grab
PARM Code 00600	Permit Requirement		6.34			MG/L		Monthly	Grab
Mon. Site No. EFA-01	Sample Measurement	.017						5 Days/ Week	Meter
Flow	Permit Requirement	0.02	MGD					5 Days/Week	Meter
PARM Code 50050	Permit Requirement	(An.Avg.)						5 Days/ Week	Meter
Mon.Site No. INF-01	Sample Measurement	.017	.017					5 Days/ Week	Meter
Flow	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
PARM Code 50050 G	Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
Mon.Site No. INF-01	Sample Measurement		144			MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		144			MG/L		Monthly	Grab
PARM Code 80082 G	Permit Requirement		74.0			MG/L		Monthly	Grab
Mon.Site No. INF-01	Sample Measurement		74.0			MG/L		Monthly	Grab
Solids, Total Suspended	Permit Requirement		74.0			MG/L		Monthly	Grab
PARM Code 00530 G	Permit Requirement		85			Percent		Monthly	Calculated
Mon.Site No. INF-01	Sample Measurement		85			Percent		Monthly	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x 100	Permit Requirement		85			Percent		Monthly	Calculated
PARM Code 00180 P	Permit Requirement		Report (0.02)			PER-CENT		Monthly	Calculated
Mon.Site No. OTH-01	Permit Requirement		Report (0.02)			PER-CENT		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA013928
 Monitoring Period: From: October 1, 2010

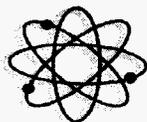
To: October 31, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrogen, Total (mg/L)
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	00665	00600
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	EFA-01
1		.017		1.8		7.3					
2		.014		2.0		7.3					
3		.018									
4		.018		1.4		7.2					
5		.016									
6		.017		1.2		7.3					
7		.020		2.0		7.4					
8		.012		2.2		7.3					
9		.012		2.4		7.3					
10		.017									
11		.016		1.8		7.2					
12	144	.015	74.0		1.00 U		2.00 U	1.60 I	6.34	0.299	6.34
13		.014		2.2		7.3					
14		.014		2.0		7.3					
15		.015		1.4		7.2					
16		.014		1.8		7.3					
17		.022									
18		.023		2.0		7.2					
19		.020									
20		.020		1.2		7.2					
21		.015		2.2		7.4					
22		.020		1.4		7.3					
23		.016									
24		.016									
25		.017		1.7		7.2					
26		.020									
27		.019		2.0		7.3					
28		.014		2.2		7.4					
29		.015		1.8		7.3					
30		.018		2.4		7.4					
31											
Total		0.504		39.1		153.1					
Mo. Avg.		0.017		1.9		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597
571 NW Mercantile Pl. Suite 111, Port St. Lucie FL 34986
P.O. Box 1200, Madison FL 32341
3980 Overseas Hwy Suite 103, Marathon FL 33050

Phone: 407-339-5984 / Fax: 407-260-6110
Phone: 772-343-8006 / Fax: 772-343-8089
Phone: 850-973-6878 / Fax: 850-973-6878
Phone: 305-743-8598 / Fax: 305-743-8598

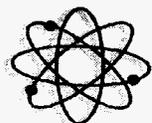
E83018 (Main Lab)
E86562 (South Lab)
E82405 (North Lab)
E35834 (Keys Lab)

Jim Witteck
P.O. Box 650877
Vero Beach, FL 32965

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Oct 12, 2010
Oct 25, 2010; Invoice: 134715

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
134715WW1	10/12/10 10:20 AM	Influent	CBOD5day	144	mg/L	1.00	2.00	2.00	10160386	SM5210 B	36-83-3	10/13/10 01:30 PM
			TSS	74.0	mg/L	1.00	1.00	2.00	10160769	SM2540 D	E1642818	10/18/10
134715WW2	10/12/10 10:00 AM	Effluent	Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10160092	SM9222 D	E761792	10/12/10 01:20 PM
			CBOD5day	2.00 U	mg/L	1.00	2.00	2.00	10160386	SM5210 B	36-83-3	10/13/10 01:30 PM
			TSS	1.60 I	mg/L	1.00	1.00	2.00	10160769	SM2540 D	E1642818	10/18/10



FLOWERS CHEMICAL LABORATORIES INC.

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

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

Jim Witteck
P.O. Box 650877
Vero Beach, FL 32965

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Oct 12, 2010
Oct 20, 2010; Invoice: 134683

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analized
134683WW1	10/12/10 10:00 AM	Effluent	Total Nitrogen(as N)	6.34		0				TotNit	17778-88-0	
			Nitrate(as N)	0.516	mg/L	1.00	0.0100	0.0200	10160141	EPA353.2	14797-55-8	10/13/10 04:10 PM
			Nitrite(as N)	0.212	mg/L	1.00	0.0200	0.0400	10160141	EPA353.2	14797-65-0	10/13/10 04:10 PM
			Total Phosphorous(as P)	0.299	mg/L	1.00	0.0400	0.0800	10160483	EPA365.4	7723-14-0	10/16/10
			TKN(as N)	5.61	mg/L	4.00	0.800	1.60	10160485	EPA351.2	7727-37-9	10/16/10

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FLA013928

LIMIT: Final
 CLASS SIZE: N/A

REPORT: Monthly
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: November 1, 2010 To November 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.2	MG/L		Monthly	Grab
PARM Code 80082 Y	Permit Requirement		20.0	MG/L		Monthly	Grab
Mon.Site No.			(An.Avg.)				
BOD, Carbonaceous 5 day, 20C	Sample Measurement		6.2	MG/L		Monthly	Grab
PARM Code 80082 1	Permit Requirement		Report 60.0	MG/L		Monthly	Grab
Mon.Site No.			(Mo.Avg.) (Max.)				
Phosphorus, Total (as P)	Sample Measurement		3.7	MG/L		Monthly	Grab
PARM Code 00665 1	Permit Requirement		Report (Max.)	MG/L		Monthly	Grab
Mon.Site No.							
Solids, Total Suspended	Sample Measurement		1.2	MG/L		Monthly	Grab
PARM Code 00530 Y	Permit Requirement		20.0	MG/L		Monthly	Grab
Mon.Site No.			(An.Avg.)				
Solids, Total Suspended	Sample Measurement		1.2	MG/L		Monthly	Grab
PARM Code 00530 1	Permit Requirement		Report 60.0	MG/L		Monthly	Grab
Mon.Site No.			(Mo.Avg.) (Max.)				
pH	Sample Measurement		7.2 7.4	SU		5 Days/Week	Grab
PARM Code 00400 1	Permit Requirement		6.0 8.5	SU		5 Days/Week	Grab
Mon.Site No.			(Min.) (Max.)				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	12/13/10

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: November 1, 2010

TO: November 30, 2010

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	Y Permit Requirement		200 (An.Avg.)			#/100ML		Monthly	Grab
Coliform, Fecal	Sample Measurement		1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	1 Permit Requirement		Report (Mo.Median)	Report (Weekly)	800 (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement		1.9			MG/L		5 Days/Week	grab
PARM Code 50060 Mon.Site No.	1 Permit Requirement		0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement		0.49			MG/L		Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)			MG/L		Monthly	Grab
Nitrogen, Total (as N)	Sample Measurement		11			MG/L		Monthly	Grab
PARM Code 00600 Mon. Site No. EFA-01	Permit Requirement		Report (Max.)			MG/L		Monthly	Grab
Flow	Sample Measurement	.015						5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02 (An.Avg.)	MGD					5 Days/Week	Meter
Flow	Sample Measurement	.016	.015					5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	G Permit Requirement	Report (3-Mo. Avg.)	Report (Mo. Avg.)	MGD				5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement		340			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		180			MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement		Report (Mo.Avg.)			MG/L		Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample Measurement		75			Percent		Monthly	Calculated
PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement		Report (0.02)			PER-CENT		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number:
Monitoring Period

 FLA013928
From: November 1, 2010

To: November 30, 2010

Facility: Pine Ridge Park Wastewater Treatment Facility

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrogen, Total (mg/L)
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	00665	00600
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	EFA-01
1		.044		2.0		7.3					
2		.013									
3		.014		1.6		7.2					
4		.014		2.2		7.3					
5		.012		1.8		7.2					
6		.017									
7		.017		2.4		7.3					
8		.015		1.4		7.2					
9	340	.013	180		1.0 U		6.2	1.2	0.49	3.7	11
10		.014		2.0		7.4					
11		.007		1.8		7.4					
12		.018		1.2		7.2					
13		.012		2.2		7.4					
14		.015									
15		.014		2.0		7.3					
16		.012									
17		.013		2.4		7.3					
18		.014		2.2		7.4					
19		.011		1.6		7.3					
20		.012		2.4		7.4					
21		.014									
22		.017		1.4		7.2					
23		.012									
24		.012		2.0		7.3					
25		.014		1.4		7.3					
26		.013		2.2		7.3					
27		.016		2.0		7.3					
28		.016									
29		.016		1.4		7.2					
30											
31											
Total		0.431		39.6		153.2					
Mo. Avg		0.015		1.9		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>

HBEL, Inc.

2340 SW Poma Drive, Palm City FL 34990
Phone: (772) 465-8584 Fax: (772) 467-1584

CERTIFICATE OF ANALYSIS

[2041053]

Client: JC Witteck Utilities

Workorder ID: Pineridge Park

Parameter	Qualifier	Result ¹	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2041053001					Sampled: 11/09/10 9:30					
Sample ID: Influent Grab					Received: 11/09/10 11:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Total Suspended Solids		180	mg/L	28	SM2540 D	WCGE33263		11/12/10 17:00	TCL	E96080
CBOD5		340	mg/L	2.0	SM5210 B	WCGE33251		11/9/10 17:30	TCL	E96080
Laboratory ID: 2041053002					Sampled: 11/09/10 9:50					
Sample ID: Effluent Grab					Received: 11/09/10 11:00					
					Matrix: Water					
					Results reported on Wet Weight Basis					
Nitrate as N		0.49	mg/L	0.0030	EPA 300.0	IC8587		11/9/10 18:28	JL	E96080
Nitrite as N		0.029	mg/L	0.0022	EPA 300.0	IC8587		11/9/10 18:28	JL	E96080
Total Kjeldahl Nitrogen		10	mg/L	0.45	EPA 351.2	AUTO18779	11/10/10 10:40	11/10/10 16:23	JL	E96080
Total Nitrogen		11	mg/L	0.048	EPA 351.2	CALC5853		11/17/10 10:03	DH	E96080
Total Phosphorus as P		3.7	mg/L	0.058	EPA 365.4	AUTO18780	11/10/10 10:40	11/10/10 17:30	JL	E96080
Total Suspended Solids		1.2	mg/L	0.7	SM2540 D	WCGE33263		11/12/10 17:00	TCL	E96080
CBOD5		6.2	mg/L	2.0	SM5210 B	WCGE33251		11/9/10 17:30	TCL	E96080
Fecal Coliform		1.0U	CFU/100mL	1.0	SM9222 D	MICR14850		11/9/10 12:55	GG	E96080

¹Result Qualifiers: U = Not Detected I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit
Applicable Florida Department of Environmental Protection Qualifiers defined below. Statement of Estimated Uncertainty available upon request.

2340 SW Poma Drive
Palm City, FL 34990
FDOH # E96080

4155 St. Johns Pkwy Suite 1300
Sanford, FL 32771
FDOH # E83509

Printed: 11/23/2010



Page 3 of 4

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Southeast District, 400 North Congress Avenue, Suite 200, West Palm Beach, FL, 33401

PERMITTEE NAME: Pine Ridge Management Corporation
 MAILING ADDRESS: Post Office Box 307
 Lake Placid, FL 33862

PERMIT NUMBER: FL A013928

LIMIT:
 CLASS SIZE: N/A

REPORT:
 GROUP: Domestic

FACILITY: Pine Ridge Park Wastewater Treatment Facility
 LOCATION: Northeast 24th Avenue
 Okeechobee, FL 34974

MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Effluent disposal, including influent

COUNTY: Okeechobee

NO DISCHARGE FROM SITE:
 MONITORING PERIOD From: December 1, 2010 To December 31 2010

Parameter	Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement		19.9	MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		19.9	MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	I Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement		1.34	MG/L		Monthly	Grab
PARM Code 00665 Mon.Site No.	I Permit Requirement		Report (Max.)		MG/L	Monthly	Grab
Solids, Total Suspended	Sample Measurement		9.60	MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No.	Y Permit Requirement		20.0 (An.Avg.)	MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		9.60	MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No.	I Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)	MG/L	Monthly	Grab
pH	Sample Measurement		7.2	SU		5 Days/Week	Grab
PARM Code 00400 Mon.Site No.	I Permit Requirement		6.0 (Min.)	8.5 (Max.)	SU	5 Days/Week	Grab

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck		(772) 215-8965	1/21/11

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

DOCUMENT NUMBER-DATE
 02450 APR 13 =
 FPSC-COMMISSION CLERK

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA013928

MONITORING PERIOD From: December 1, 2010

TO: December 31 2010

Parameter	Quantity or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample		1.00	U		#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	Permit Requirement		200	(An.Avg.)		#/100ML		Monthly	Grab
Coliform, Fecal	Sample		1.00	U		#/100ML		Monthly	Grab
PARM Code 74055 Mon.Site No.	Permit Requirement		Report	Report	800	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample		1.9	(Mo.Median)	(Weekly)	(Max.)	MG/L	5 Days/Week	grab
PARM Code 50060 Mon.Site No.	Permit Requirement		0.5	(Min.)			MG/L	5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample		0.49				MG/L	Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement		Report	(Max.)			MG/L	Monthly	Grab
Nitrogen, Total (as N)	Sample		10.0				MG/L	Monthly	Grab
PARM Code 00600 Mon. Site No. EFA-01	Permit Requirement		Report	(Max.)			MG/L	Monthly	Grab
Flow	Sample	.015						5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	0.02			MGD			5 Days/Week	Meter
Flow	Sample	.015	.015					5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit Requirement	Report	Report	(3-Mo. Avg.)	(Mo. Avg.)	MGD		5 Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample		277				MG/L	Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	Permit Requirement		Report	(Mo.Avg.)			MG/L	Monthly	Grab
Solids, Total Suspended	Sample		186				MG/L	Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	Permit Requirement		Report	(Mo.Avg.)			MG/L	Monthly	Grab
Percent Capacity, (TMADF/Permitted Capacity) x 100	Sample		75				Percent	Monthly	Calculated
PARM Code 00180 Mon.Site No. OTH-01	Permit Requirement		Report	(0.02)			PER-CENT	Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

 Permit Number: FLA013928
 Monitoring Period: From: December 1, 2010

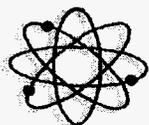
Facility: Pine Ridge Park Wastewater Treatment Facility

To: December 31, 2010

	CBOD5 (MG/L)	Flow (MGD)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Fecal Coliform Bacteria (#/100ML)	pH (SU)	CBOD5 (MG/L)	TSS (MG/L)	Nitrogen, Nitrate, Total (as N) (MG/L)	Phosphorous (as P)	Nitrogen, Total (mg/L)
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	00665	00600
Mon. Site	INF-01	INF-01	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	EFA-01
1		.027		2.4		7.4					
2		.023		2.4		7.3					
3		.018		2.0		7.4					
4		.019		2.4		7.3					
5		.015									
6		.014		2.1		7.3					
7		.013									
8		.014		1.8		7.3					
9		.012		1.4		7.2					
10		.014		2.2		7.3					
11		.012									
12		.012		2.4		7.5					
13	277	.018	186	2.0	1.00 U	7.4	19.9	9.60	0.838	1.34	10.0
14		.014									
15		.013		2.2		7.3					
16		.014		2.1		7.4					
17		.014		2.0		7.4					
18		.017									
19		.017		1.4		7.2					
20		.020		1.0		7.3					
21		.014									
22		.014		1.4		7.3					
23		.013		1.2		7.2					
24		.008		2.0		7.4					
25		.020									
26		.012		1.8		7.2					
27		.012		2.2		7.3					
28		.017									
29		.015		2.0		7.4					
30		.025		1.6		7.3					
31		.012		2.2		7.4					
Total		0.482		44.2		168.5					
Mo. Avg.		0.015		1.9		7.3					

PLANT STAFFING:

Day Shift Operator	Class: <u> A </u>	Certificate No: <u> 8192 </u>	Name: <u> Mark Rowan </u>
Evening Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> James F. Witteck </u>
Night Shift Operator	Class: <u> </u>	Certificate No: <u> Trainee </u>	Name: <u> Kevin Moscrip </u>
Lead Operator	Class: <u> D </u>	Certificate No: <u> 6987 </u>	Name: <u> James C. Witteck </u>



FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 1097, Altamonte Springs FL 32715-0597
571 NW Mercantile Pl. Suite 111, Port St. Lucie FL 34986
P.O. Box 1200, Madison FL 32341
3980 Overseas Hwy Suite 103, Marathon FL 33050

Phone: 407-339-5984 / Fax: 407-260-6110
Phone: 772-343-8006 / Fax: 772-343-8089
Phone: 850-973-6878 / Fax: 850-973-6878
Phone: 305-743-8598 / Fax: 305-743-8598

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

Jim Witteck
P.O. Box 650877
Vero Beach, FL 32965

PO #: n/a
Client Project #: Pine Ridge Park
Date Sampled: Dec 13, 2010
Dec 22, 2010; Invoice: 139166

Analysis Report

Lab #:	Sampled:	Desc:	Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analized
139166WW1	12/13/10 06:45 AM	Influent	CBOD5day	277	mg/L	1.00	2.00	2.00	10164625	SM5210 B	36-83-3	12/14/10 02:30 PM
			TSS	186	mg/L	1.00	1.00	2.00	10164809	SM2540 D	E1642818	12/17/10
139166WW2	12/13/10 06:50 AM	Effluent	Total Nitrogen(as N)	10.00		0				TotNit	17778-88-0	
			Nitrate(as N)	0.838	mg/L	1.00	0.0100	0.0200	10164176	EPA353.2	14797-55-8	12/14/10 07:17 PM
			Nitrite(as N)	0.0412	mg/L	1.00	0.0200	0.0400	10164176	EPA353.2	14797-65-0	12/14/10 07:17 PM
			Total Phosphorous(as P)	1.34	mg/L	1.00	0.0400	0.0800	10164368	EPA365.4	7723-14-0	12/16/10
			TKN(as N)	9.12	mg/L	4.00	0.800	1.60	10164370	EPA351.2	7727-37-9	12/16/10
			Fecal Coliform	1.00 U	cfu/100mL	1.00	1.00	1.00	10164447	SM9222 D	E761792	12/13/10 12:55 PM
			CBOD5day	19.9	mg/L	1.00	2.00	2.00	10164625	SM5210 B	36-83-3	12/14/10 02:30 PM
			TSS	9.60	mg/L	1.00	1.00	2.00	10164809	SM2540 D	E1642818	12/17/10

DRINKING WATER MICROBIAL SAMPLE COLLECTION & LABORATORY REPORT FORMAT

(62-550.730 Reporting Format Effective 01/95, Revised 02/2010)



571 NW Mercantile Place, Suite 111, Port St. Lucie FL 34986
Phone: 772-343-8006 Fax: 772-343-8089

FLDOH Lab Certification #E86562

Report Number: 139161 Subcontract Lab ID: _____

Analysis Requested: (check all that apply then circle appropriate selection below)
 Total Coliform/E. coli Total Coliform/Fecal Enterococci
 Coliphage HPC Other: _____

Lab Receipt Date & Time: Km 12/13 1225
 Analysis Date & Time: 12-13-10 3:50p
 Sample Acceptance Criteria:
 Sample Preservation: On Ice Not On Ice 46 °C
 Disinfectant Check: Not Detected _____ mg/L
 This sample does not meet the following NELAC requirements:

Public Water System (PWS) Name: PINERIDGE PARK

PWS ID # 1471110

PWS Address: RT. 70

City: OKEECHOBEE

PWS or PWS Owner's Phone # _____

Fax # 772-562-1460

Collector: JIM WITTECK

Collector's Phone # 772-215-8965

Type of Supply (check only one)

- Community Water System Non-Transient Non-community Water System Transient Non-community Water System
 Limited Use System Bottled Water Private Well Swimming Pool Other _____

Reason for Sampling: (check all that apply)

- Distribution Routine Distribution Repeat Raw (triggered or assessment) Raw (triggered or assessment) additional Well Survey
 Clearance Replacement (also check type of sample being replaced) Boil Water Notice Other _____

Sample Collection Date: 12/13/10

A = Absent, P = Present, C = Confluent Growth, TNTC = Too Numerous To Count

To be completed by collector of sample						To be completed by lab					
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type ¹	Disinfect Res'd (mg/L)	pH	Method <input checked="" type="checkbox"/> SM 9222B-ME <input checked="" type="checkbox"/> COLITAG <input type="checkbox"/> EPA1600	Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q*	Lab S: ²
	WELL #4	730h	R	0				A	A		DW1 ⁽²⁾
	2805 NE 11TH LN	745h	D	1.0			A	A			DW2 ⁽¹⁾
	2761 NE 8TH ST	750h	D	1.1			A	A			DW3

Average of disinfectant residuals for distribution routine and repeat samples³:
³Complete for community and non-transient non-community systems serving populations up to and including 4,900. Do not include raw or plant samples in the average.
 Free chlorine or Total chlorine (circle one).
 Disinfectant Residual Analysis Method: DPD Colorimetric Other: _____
 Person performing disinfectant analysis is: Employed by DEP or DOH certified operator # 12687 Employed by a certified lab Supervised by cert operator # _____ Authorized representative of water supplier

Unless otherwise noted, all tests are performed in accordance with NELAC standards, and the results relate only to the samples.
 Date & time PWS notified by lab of positive results: _____
 Date & time DEP/DOH notified by lab of positive results: _____
 Date Report Issued: _____

Name and Mailing Address of Person to Receive Report
JCWUS JIM WITTECK

Lab Signature: _____
 Title: Technical Director or Lab Designee
 DEP/DOH USE ONLY
 Satisfactory
 Incomplete Collection Information
 Repeat Samples Required
 Replacement Samples Required
 Date Reviewed by DEP/DOH: _____
 DEP/DOH Reviewing Official: _____