Pine Ridge Management Corporation P.O Box 307 Lake Placid, FL 33862 Phone 863-699-1582 Fax 863-260-0583 11 ASR 12 AL 6:34

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.

- 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 02450 APR 13 = FPSC-COMMISSION CLERK

## Page -2-

- 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 J. Hadsden Virginia I. Gadsden

President



2. -

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



See page 4 for instructions.

	General Information I	ior the stonth	/ Year of: January 2010										
A.	Public Water System (P	WS) Informati	ion										
	<b>PWS Name: Pineridge</b>	Park						PWS Identification N	umber: 4471110				
	PWS Type:	Community	Non-Transient Non-Com	munity	Transie	nt Non-Community	Cons	secutive					
	Number of Service Cor	nnections at Er	nd of Month: 1			<b>Total Population Ser</b>	rved at End	l of Month:					
	PWS Owner: Pineridge	e Management	Corp										
	Contact Person: Virgin	iia Gadson				Contact Person's Title: owner							
	Contact Person's Mailin	ng Address: Po	D Box 307			City: Lake Placid State: Fl Zip Code: 33862							
i	Contact Person's Telep	hone Number:	863-699-1582			Contact Person's Fax Number:							
	Contact Person's E-Ma												
B.	Water Treatment Plant												
	Plant Name: Pineridge							Plant Telephone Num					
	Plant Address: NE 24th					City: Okeechobee		State: Fl	Zip Code: 34974				
	Type of Water Treated		Raw Ground Water		I Finished V	Vater			· · · · · · · · · · · · · · · · · · ·				
			Capacity of Plant, gallons per	day: 20,000				<u> </u>					
	Plant Category (per su	bsection 62-69	9.310(4), F.A.C.): IV			Plant Class (per subsection 62-699.310(4), F.A.C.): D							
	Licensed Operators		Name	Lic	ense Class	License Number		Day(s)/Shift	(s) Worked				
	Lead/Chief Operator:	James C. Wittec	k		C	12687	·····	D	i				
	Other Operators:	James F. Wittech	<u>د</u>					Trai	nee				
		Kevin Moscrip						Trai	nee				
		·				· · · · · · · · · · · · · · · · · · ·							
		1				1							

### **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.

Jund Witter	James C. Witteck	12687
Jan Start Start	Printed or Typed Name	License Number DOCUMENT NUMBER-DATE
DEP Form 62-555 900(3)Alternate	Page 1	02450 APR 13 =
		FPSC-COMMISSION CLERK

PWS Identification Number: 4471110

4

. .

Plant Name: Pineridge Park

111. Daily Data for the Month/Year of: January 2010														
Mean	Means of Achieving Four-Log Virus Inactivation/Removal: * 🔲 Free Chlorine 🗌 Chlorine Dioxide 🔲 Ozone 🖾 Combined Chlorine (Chloramines)													
$\Box u$	traviolet	Radiatic	on Ot	her (Describ	pe):						·			
					istribution Syst	em 🛛 🕅	Free Chle	orine		nhined C	hlorine (	Thlorami	nes)	Chlorine Dioxide
<u>- 'ype</u>					T Calculations, or									
활동망	Davia				<u> </u>	CT Calcul		<u> </u>		<u></u>	a superior and the second s	Dose		
	Days Plant				T		Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or		같은 이번에 가지? 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1				Disinfectant	
	Visited				Concentration	(T) at C	at First		양양감감		Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,		Water, if		mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	the second s	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation Meter Out, Still Broken
1	X	24 24						. <u>.</u>		<u> </u>			<u> </u>	Meter Out, Still Broken
$\frac{2}{3}$	$\frac{\Lambda}{X}$	24									+		0.9	
4		24				ł		<u>+</u>	<u> </u>				0.9	
5		24						<u> </u>					0.7	
6		24			+	<u> </u>		†		+···	+		1.0	
7	X	24				1	<u> </u>	†	t				0.9	
8	X	24				[		1					0.8	
9		24											0.9	
10	X	_24											1.0	
11		24				·····				ļ	<u></u>		1.0	
12		24							ļ	ļ				
13		24			·						ļ		1.0	
14	<u> </u>	24 24											0.7	
15 16	X	24							+				1.4	
17	X	24			+		<u> </u>	+		+			0.9	
18	<u> </u>	24						+	<u>+</u>		+		0.9	
19	X	24			+		····	1	+				0.7	······································
20		24						1				<u>+</u>	0.8	
21	X	24											0.9	
22		24											0.7	
23	ļ	24												
24	X	24	L	ļ			<u></u>		L	ļ			1.1	
25		24						4	ļ	<u> </u>	ļ		0.8	
26		24					<u> </u>			·			1.1	
27 28	X X	24 24	+				ļ	+	+	+		+	0.9	
28	<u> </u>	24					<u> </u>			+			0.7	
30		24	+						<u> </u>					
31		24	1			+		+	+					
Total		1	0		1	J	L		L		1	L		<u> </u>
Avera	<i>le</i>		j	1										
Maxin			0	1										



See page 4 for instructions.

1.	1. General Information for the Month/Year of: February 2010													
A. ]	Public Water System (P	WS) Information	n											
[	<b>PWS Name: Pineridge</b>	Park						PWS Identification Nur	nber: 4471110					
	PWS Type: 🛛 🖸 C	Community	Non-Transient Non-Con	nmunity	Transier	nt Non-Community	Coi	nsecutive						
	Number of Service Cor					<b>Total Population S</b>	erved at Er	nd of Month:						
	PWS Owner: Pineridge		lorp											
ļ		tact Person: Virginia Gadson Contact Person's Title: owner												
Contact Person's Mailing Address: Po Box 307       City: Lake Placid       State: Fl       Zip Code: 33														
ŀ	Contact Person's Telephone Number: 863-699-1582 Contact Person's Fax Number:													
	Contact Person's E-Mail Address:													
	Water Treatment Plant Information													
-	Plant Name: Pineridge							Plant Telephone Numb	the second se					
	Plant Address: NE 24th				1	City: Okeechobee		State: Fl	Zip Code: 34974					
-	Type of Water Treated	and the second sec	Raw Ground Water		hased Finished W	Vater								
-			pacity of Plant, gallons per	day: 20	,000	Dlass Olass (	1							
	Plant Category (per sul	osection 62-699.			Lizenza Class		bsection 6.	2-699.310(4), F.A.C.): D						
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift(s	) worked					
	Lead/Chief Operator:				C	12687		D						
	Other Operators:	James F. Witteck	······					Traine						
		Kevin Moscrip						Traine						
			···- · · · · · · · · · · · · · · · · ·											
							·							
				<u></u>			••• •• <u>-</u> ••	···· · · · · · · · · · · · · · · · · ·						
					·····									

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Camed Witterk 3/07/10

James C. Witteck Printed or Typed Name  $\frac{12687}{\text{License Number}} \times \text{NUMBER-DATE} \\ 02450 \text{ APR } \text{I3} =$ 

PWS Identification Number: 4471110

Plant Name: Pineridge Park

HI. D	aity Da	ita for <u>th</u>	e Month/Ye	ar of: Febr	ruary 2010									
					on/Removal: *	Free	Chlorine		Chlorine	Dioxide	Пс	zone	Combir	ned Chlorine (Chloramines)
		t Radiatio		her (Describ										,
					istribution Syst	am: M	Free Chl	arina		nbined C	hloring (	Chlorami	nes)	Chlorine Dioxide
Type	JI DISIN	Tectant K			T Calculations, or									
				<u>C</u>	r calculations, or	CT Calcul	ations	Jui-Log	vilus macuv	anon, n Aj		Dose		
	Days				F		[	<u> </u>	[	T				
	Plant Staffed				Lanuat Desidual	Disinfratant	Lowest CT Provided						Lowest Residual	
	or				Lowest Residual Disinfectant	Disinfectant Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First	1			Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	Operation	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	
1		24			ļ			ļ			ļ		1.4	Broken Meter
2	X	24			<u> </u>	<u> </u>				<b> </b>			0.9	
3	X	24											0.9	
4		24			ļ	l							0.9	
5		24				+		<u> </u>	<u> </u>	<u> </u>			1.0	
6	v	24 24			+	+	· · · · · · · · · · · · · · · · · · ·			<u> </u>	+		1.0 0.9	
8	$\frac{X}{X}$	24					+				ļ		0.9	
9	<u> </u>	24				+	<u>+</u>	+			<u> </u>	1	0.8	
10	X	24					+	+					1.0	
11	<u> </u>	24				+	<u> </u>	+	+	+			1.0	
12		24		+					<u> </u>			+		
13	<u> </u>	24				+			+	+			1.0	
14	X	24					1	1	1	1	1		0.7	
15		24		1				1		1			1.4	
16	X	24	1	1									1.2	
17	X	24											0.9	
18		24											0.8	
19	X	24											0.7	· · · · · · · · · · · · · · · · · · ·
20		24										ļ	0.8	
21	<u>X</u>	24											0.9	
22		24				<b>_</b>						ļ	1.7	
23		24		ļ					l					
24	x	24							· · · · · · · · · · · · · · · · · · ·				1.1	
25		24		·				+				<u> </u>	0.8	
26		24						+	+	+	+	+	1.1	
27	X	24				+	+		-				0.9	
28	X	24						+					0.7	
29	1	24									+			
31		24	+	+					+				+	
Total	1		0		<u></u>	····					-l	1		
	76	··· <b>···</b> ······························		-										
	Average 0			1										

 Maximum
 0

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



See page 4 for instructions.

al Information for the Month/Vear of March 2010



	Ocheral information i	of the month	i var off										
	Public Water System (P												
[	PWS Name: Pineridge	Park				PWS Id	entification Num	ber: 4471110					
Ì			Non-Transient Non-Community	Transier	nt Non-Community	Consecutive							
	Number of Service Con		d of Month: 1		<b>Total Population Ser</b>	ved at End of Mo	nth:						
	PWS Owner: Pineridge												
	Contact Person: Virgin	inia Gadson Contact Person's Title: owner											
	Contact Person's Maili		Box 307		City: Lake Placid	Zip Code: 33862							
	Contact Person's Telep				Contact Person's Fax	k Number:							
		Person's E-Mail Address:											
В.	Water Treatment Plant Information												
	Plant Name: Pineridge	elephone Number	: 772-785-6303										
	Plant Address: NE 24 <sup>th</sup>	h			City: Okeechobee	State: F	1	Zip Code: 34974					
	Type of Water Treated	i by Plant:	🛛 Raw Ground Water 🛛 🗌 Purch	nased Finished V	Water								
	Permitted Maximum D	Day Operating C	apacity of Plant, gallons per day: 20,	,000									
	Plant Category (per su	bsection 62-69	0.310(4), F.A.C.): IV		Plant Class (per sub	section 62-699.31	0(4), F.A.C.): D						
	Licensed Operators		Name	License Class	License Number		Day(s)/Shift(s)	Worked					
	Lead/Chief Operator:	James C. Witteck		С	12687		D						
	Other Operators:	James F. Witteck					Trainee						
	Conter operations.	Kevin Moscrip					Trainee						

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

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June Withers	James C. Witteck	License Number
	Printed or Typed Name	License Number $02450 \text{ APR } 13 =$
DEP Form 62-555 900(3)Alternate	Page 1	FPSC-COMMISSION CLERK

### MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Diant Nama: Dinanidan Davis

PWS Identification Number: 4471110

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1 11 5	ws identification Number, 4471110 Frank Value, FineFluge Faix													
III. Daily Data for the Month/Year of: March 2010														
					on/Removal: *	Free	Chlorine		Chlorine	Diovide		)zone	X Combin	ed Chlorine (Chloramines)
		t Radiatic		ner (Describ			Cinorine	لــــا	Chlorine	Dioxiae		2011		ed Chiorine (Chiorannies)
					stribution Syste		Free Chlo	rina		nbined C	hloring (	Chlorer		Chlaring Disvide
Type		lectain K			r Calculations, or I		FILE CHIC			nomed C	niorine (	Chiorami	nes)	Chlorine Dioxide
			[ 20 20 20 20 20 20 20 20 20 20 20 20 20	<u> </u>	T Calculations, of	CT Calcul	nonstrate ru	un-Log	virus mactiv	ation, if Ap	UV	Daca		
	Days					Ci Calcul	and the second second second				UV	DOSE		
	Plant Staffed		경험 동생의		Lowest Residual	Dillip	Lowest CT					는 것은 아파로 그리고 가지 않는	Lowest	2015년 - 2017년 7월 18일 - 2월 2015년 19월 18일 - 2월 2017년 18일 - 2월 2017년 18일 - 2월 2017년 18일 - 2월 2017년 18일 - 2월 2017년 19월 21년 - 2월 21일 - 2월
	or				Disinfectant	Disinfectant Contact Time	Provided Before or						Residual Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required.	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if		mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
1	v	<u>24</u> 24										[ 		
2	$\frac{X}{X}$	24											1.0	NO Meter
4	<u>^</u>	24											0.8	
5	X	24	<u>├</u>		+								<u>1.1</u> 0.8	
6		24			<u>+</u>								1.0	·····
7	X	24	tt										0.8	
8	X	24											0.9	
9		24												
10	X	24											0.9	
11		24											1.0	
12		24											0.8	
13	<u>X</u>	24											0.9	
14		24											1.0	
<u>15</u> 16	X	24 24						· · · · · · · · · · · · · · · · · · ·		<u> </u>			0.7	
10	X	24	<u>}</u>		+			<u> </u>					1.1	
18		24			+								1.5	
19	X	24	18500		+								0.9	
20	X	24	18000	······									1.3	······································
21	1	24	15200		1									
22	X	24	15200										1.3	
23		24	15000					1					1.4	
24	X	24	16100										1.8	
25		24	19900										1.4	
26		24	13720										1.0	
27	X	24	13680						ļ	<b> </b>			1.2	
28		24	15950											
<u>29</u> 30	<u>X</u>	24	15950 16900				ļ						0.9	
30	x	24	18300										0.8	
Total	<b></b>	<u> </u>	212,400			l	L	I	I	J	L	L	0.7	
Averag	e	and the second	16,338											
Maxim	um		19,900											



See page 4 for instructions.

1.	<b>General Information</b>	for the Month/Year of: April 2010									
Α.	Public Water System (F	PWS) Information									
	PWS Name: Pineridge				PWS Identification Nu	umber: 4471110					
		Community Non-Transient Non-Community	Transie	nt Non-Community	Consecutive						
		onnections at End of Month: 1		Total Population Served at End of Month:							
	PWS Owner: Pineridg			r							
	Contact Person: Virgir			Contact Person's Title: ow							
		ing Address: Po Box 307		City: Lake Placid State: Fl Zip Code: 33862							
		phone Number: 863-699-1582		Contact Person's Fax Number:							
D	Contact Person's E-Mail Address: B. Water Treatment Plant Information										
<i>В</i> .	Plant Name: Pineridge					772 785 (202					
	Plant Address: NE 24 <sup>th</sup>			City: Okeechobee	Plant Telephone Num						
	Type of Water Treated		hased Finished V		State: Fl	Zip Code: 34974					
		Day Operating Capacity of Plant, gallons per day: 20		water							
		bsection 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		Day(s)/Shift(						
	Lead/Chief Operator:	James C. Witteck	С	12687	D						
	Other Operators:	James F. Witteck			Trainee						
		Kevin Moscrip			Train	iee					
			<u> </u>								

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Conned Witters

James C. Witteck

Printed or Typed Name

12687 License Number 02450 APR 13 =

1	PWS Identification Number: 4471110
	UN/S Identitiantian Alumbar /I/E/

. .

Plant Name: Pineridge Park

	HI. 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)													
		t Radiatio		her (Descrit			Chiorine	L	J Chiornic	Dioxide		72011C		eu Chlorine (Chlorannies)
					istribution Syst		Free Chlo			nbined C	hlaring (	Chloromi	nac) []	Chlorine Dioxide
Type					T Calculations, or							Cinoralin		
k san tin t Na san a		il stati Statistica -		a sa ang ang ang ang ang ang ang ang ang an	<u>I Calculations, or</u>	CT Calcul		Jui-LOg	vitus macin	anon, n Aj		Dose		
1200 PC	Days Plant				6		r ( i i i i i i i i i i i i i i i i i i						Lowest	
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided		말감을 감독				Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
12,32	Visited				Concentration	(T) at C	at First					Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.			Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator (Diago	Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,		Point in	Conditions, Repair or Maintenance Work that
the Month	(Place "X")	Plant in Operation	Water Produced, gal	Peak Flow Rate, gpd	During Peak Flow, mg/L	Peak Flow, minutes	Peak Flow, mg-min/L	Water, °C	Water, if Applicable	Required,	mW- sec/cm <sup>2</sup>	niW- sec/cm <sup>2</sup>	Distribution System, mg/L	Involves Taking Water System Components Out of Operation
1	<u></u>	24	20600	Rate, gpu	T IOW, IUg/L	nundies	ng-nn#L		Applicable	mg-muvr	sec/em	SC(/CIII	0.9	Out of Operation
2	X	24	15000							+		1	0.8	
3	X	24	14600		<u> </u>						+	1	0.9	
4		24	15950						<u></u>	1	1	1	1	
5		24	15950										1.0	
6	X	24	18000										0.9	
7	X	24	16800										1.1	
8		24	18700								L		1.1	
9		24	17430										0.9	
10	X	24	17270							<u> </u>			1.0	
11		24 24	15200 15200					<u> </u>					0.9	 
12	<u>^</u>	24	16000		<u> </u>			+				<u> </u>	1.4	
14	X	24	14300		+								1.4	
15		24	21300				····				1	+	1.1	• • • • • • • • • • • • • • • • • • •
16		24	14580					1			1		1.0	
17	X	24	14420								1		1.2	
18		24	16800											
19	X	24	16800										10	
20		24	16100										0.8	
21	X	24	11700										0.6	
22		24	18600					ļ					1.0	
23	X	24 24	13580 13520			<u> </u>							0.7	
24	<u> </u>	24	13320				<u> </u>			+			0.9	
26	X	24	14200					+					0.7	
27	<u> </u>	24	16200					+					0.7	
28		24	19700						1			· · · · · · · ·	0.6	
29		24	30700									1	0.9	
30	X	24	13080		1	<b>*</b> · · · · · · · · · · · · · · · · · · ·	1						0.9	
31		24					· ·							
Total			496,480											
Avera			16,549											
Maxin	um		30,700											

0-	DRINKING WATER BACTERIOLO	GICAL SAI	A MPLE C	OLLEC	CTION A	ND LABORAT	ORY F	REPOR	! <b>T</b>					
FLDOH	LOWERS CHEMICAL LABORATORIES LABORATORIES FCL-Sout FCL-Sout FCL-Sout		Lab Receipt Date & Time $\frac{1}{20}$ $\frac{1}{20}$											
	. Mereantile PL, Suite 111 • Port St. Lucie, FL - 93 0006 • Fax: 772-343-8089	_ 34986		4	Analysis Da	ite & Time:	4-2	2-10	$\frac{2}{2}$	45.0				
	Requested: sent / Absent Standard Coliform Test Name PINERIOGE PARK			Sample Acceptance Criteria: Sample Preservation										
System A City System or	ddress ROUTE 70 KEECHOBEE Owner's Phone #			ax #	0. 445 12-562	-14			_					
				Co	ollector's Pl	none # <u>772</u> -	215	- 89	65					
	Supr iy (check only one)         inity Water System         Use System         Bottled Water		Swimmin	g Pool		Transient No								
	for Sampling: (check only one)/ Routine Con		Repeat			Main Clearan				Other				
Sample			Present A	A = Colife	orms Are A	bsent TNTC = 1	````							
	To be completed by collector	of sample	1	1	T 7	To be completed by lab								
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfec Res'd (mg/L)	t pH	Fecal Coliform:		-MF or E. o	coli Colita Fecal or E.	-				
	Well #2	12"	R	O	7.2	1714770		A	F#F		Æ			
	817 NE 28TH TER.	12208	Ň	,9	7.3	1 Aug	d.	Â						
	715 NE 29TH ALE	12,57	D	.7	7.3	Du3	Ŷ	A			X			
commur.i	of the infectant residuals for routine and repeat sand the infectant residuals for routine and repeat sand the infection of the infection o			\$		fined in Florida Admini e performed in acco				1				
Person p A certifie		Other:				y lab of positive resu y lab of positive resu								
			La	l Ib Signat	ture:		>							
Nam	e and Mailing Address of Person to Reco													
	TOWNS	[		plete Coll	DEP/DOH ection Information		LY							
	WITTECK			] Repea ] Repla	at Sample cement S	s Required amples Require	d							
				-	DEP/DOH:									
				DEP/DOH Reviewing Official:										

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw: N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) DropBox/FCl.folder/TColiFormFCLS0706.doc Revised 01/04



See page 4 for instructions.

I. General Information	for the Month/Year of: May 2010				
A. Public Water System (P					
PWS Name: Pineridge			······································	PWS Identification N	umber: 4471110
	Community 🗌 Non-Transient Non-Co	mmunity 🗌 Transier	nt Non-Community	Consecutive	
Number of Service Co	nnections at End of Month: 1		<b>Total Population Se</b>	erved at End of Month:	
PWS Owner: Pineridge	e Management Corp				
Contact Person: Virgin			Contact Person's Ti	tle: owner	
	ng Address: Po Box 307		City: Lake Placid	State: Fl	Zip Code: 33862
	phone Number: 863-699-1582		Contact Person's Fa	IX Number:	······································
Contact Person's E-Ma			·		
B. Water Treatment Plant		· · · · · · · · · · · · · · · · · · ·	······		
Plant Name: Pineridge				Plant Telephone Num	
Plant Address: NE 24th			City: Okeechobee	State: Fl	Zip Code: 34974
Type of Water Treated		Purchased Finished V	Vater		
	Day Operating Capacity of Plant, gallons pe	r day: 20,000	I		
	bsection 62-699.310(4), F.A.C.): IV			osection 62-699.310(4), F.A.C.):	
Licensed Operators	Name	License Class	License Number	Day(s)/Shift	(s) Worked
Lead/Chief Operator:	James C. Witteck	С	12687	D	)
Other Operators:					······································
	l				· · · · · · · · · · · · · · · · · · ·

#### **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. 1 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.

and Witter.

James C. Witteck

Printed or Typed Name

126870CUMENT NUMBER-DATE License Number 02450 APR 13 =

## MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: Diparidge Park

PWS Identification Number: 4471110

· . . .

1 1 10	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 🗌 Ozonc 🗌 Combined Chlorine (Chloramines)														
ΠU	Ultraviolet Radiation Other (Describe):													
						em: 🔽	Free Chl	orine		mbined C	'hloring (	Chlorami		Chlorine Dioxide
					T Calculations, or	LIV Dose to De				nomed C	morne (	Chioranni		
	D					CT Calcul		our-Log	virus macuv	vation, il A		Dose		
	Days Plant				Ter hander erer	Ci calcu					UY	Dose		
	Staffed				Lowest Residual	Disinfectant	Lowest CT Provided		[14] 이 가지 않는 것이 가지 않는 것이 가지 않는 것이 가지 않는 것이 같이 다. 같이 가지 않는 것이 같이 같이 하는 것이 하는 것이 하는 것이 하는 것이 같이 하는 것이 하는 것이 하는 것이 하는 한				Lowest Residual	, 이 가슴이 가슴이 가를 갖추려 물가 물건을 통하였다
	or				Disinfectant	Contact Time	Before or				1.20.20		Disinfectant	
	Visited	an News			Concentration	(T) at C	at First	1993년	San Bolyan		Lowest	Minimum		
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of		Hours	of Finished		First Customer	Point During	During	of	pH of	СТ	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")		Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
2	X	24	13020										1.0	
3	X	24	17100											
4	<u>^</u>	24	19450		+								0.7	· · · · · · · · · · · · · · · · · · ·
5	X	24	19450		+								0.6	
6		24	20800		+								0.8	
7		24	16080		1								1.0	
8	X	24	16020										0.9	
9		24	20000							1			1.0	
10	X	24	19900								1		1.1	
<u>11 -</u>		24	16000										10	
12	X	24	21200										0.7	
13		24 24	16100										0.9	
14	X	24	16100 20000											
16	<u>^</u>	24	19100										0.9	
10	X	24	19100		+								0.7	
18		24	14200										0.8	
19	X	24	14370										1.1	
20		24	13400					t					1.0	· · · · · · · · · · · · · · · · · · ·
21		24	14200							-			0.9	
22	X	24	14370							1			1.0	
23		24	13400										0.9	
24		24	14200										0.7	
25		24	17100										0.5	
26	<u>X</u>	24	17400										0.7	
27		24	18700										0.9	
28	X	24 24	13330 13270										1.0	
30		24	13270										1.0	
31	X	24	13500										0.0	
Total		1	506,790		1	1		L	J		L		0.9	1
Averag	e		16,348											
Maxim		an de	21,200	1										



See page 4 for instructions.

	General Information f								
A. I	Public Water System (P'	WS) Informatio	n						
	PWS Name: Pineridge	Park						PWS Identification Nu	mber: 4471110
		Community	Non-Transient Non-C	Community	Transier	nt Non-Community	and the second se	nsecutive	
	Number of Service Con					Total Population S	erved at Er	nd of Month:	
	PWS Owner: Pineridge		Corp						
	Contact Person: Virgin					Contact Person's T	itle: owner		7: 0.1.0000
ļ	Contact Person's Mailin					City: Lake Placid		State: Fl	Zip Code: 33862
	Contact Person's Telep		863-699-1582			Contact Person's Fa	ax Number		
_ [	Contact Person's E-Ma	the second s							
B. '	Water Treatment Plant I							DI (TI)	772 785 (202
	Plant Name: Pineridge							Plant Telephone Numb	
	Plant Address: NE 24th	and the second se	1		1 57 1 1 1 1	City: Okeechobee		State: Fl	Zip Code: 34974
	Type of Water Treated		Raw Ground Water		hased Finished V	Vater			
		the second se	apacity of Plant, gallons	per day: 20	,000		handler (C	(00 210(4) E A C). F	
	Plant Category (per sul	bsection 62-699			License Class	the second se	bsection 64	2-699.310(4), F.A.C.): [	
	Licensed Operators		Name			License Number		Day(s)/Shift(s	s) worked
	Lead/Chief Operator:	James C. Witteck			С	12687		D	
	Other Operators:	James F. Witteck						Traine	
		Kevin Moscrip						11810	ce
								anger and a second s	· · · · · · · · · · · · · · · · · · ·

## 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.

ComedWitterk

James C. Witteck Printed or Typed Name 12687

License NUMBER-DATE

02450 APR 13 =

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)														
		t Radiatio		her (Describ										
Type	of Disin	fectant R	esidual Main	tained in Di	stribution Syst	em: 🛛 🖂	Free Chle	orine	Co	mbined C	hlorine (	Chlorami	nes)	Chlorine Dioxide
				C	Γ Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	ation, if Ap	plicable*			
	Days					CT Calcul	ations				UV	Dose	]	
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.			Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator (Place	Hours Plant in	of Finished Water	Desta Elsas	First Customer	Point During	During	of	pH of	CT	UV Dose,		Point in	Conditions; Repair or Maintenance Work that
the Month	(Flace "X")	Operation		Peak Flow Rate, gpd	During Peak	Peak Flow, minutes	Peak Flow,	Water,		Required,	mW- sec/cm <sup>2</sup>	mW- sec/cm <sup>2</sup>	Distribution	Involves Taking Water System Components Out of Operation
1	<u></u>	24	25000	Kale, gpu	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm-	sec/cm <sup>-</sup>	System, mg/L 1.0	Out of Operation
$\frac{1}{2}$	x	24	25000		i					·	l		1.0	<u> </u>
3		24	16100										1.4	
4		24	22000										1.0	
5	x	24	4500		t	1				1		h	0.9	**************************************
6		24	15400		·	+		<u> </u>		1		<u> </u>		
7	X	24	15400							<u>†</u>	<u>├~~~~</u>	<u> </u>	0.7	······································
8		24	21000			1				1			1.0	
9	X	24	15300						1	1	[		0.9	
10		24	26600								t		0.8	
11	X	24	15000										0.9	
12		24 -	13300										0.8	
13		24	15000											
14	X	24	17000					1					1.3	
15	ļ	24	16000	ļ					ļ	ļ			0.9	
16	X	24	15300			· · · · · · · · · · · · · · · · · · ·		ļ	ļ		<u> </u>	ļ	1.1	
17		24	20400			ļ		ļ			ļ	ļ	1.1	· · · · · · · · · · · · · · · · · · ·
18		24	13120	<u> </u>	+	+					ļ	<b> </b>	1.0	
<u>19</u> 20	X	24	12980 15800	<u> </u>	+	<u> </u>			<u> </u>				1.2	
20	x	24	15900							<u> </u>	<u> </u>		1.0 0.8	
22	<u> </u>	24	13900		+	1	<u> </u>	<u> </u>	<u>+</u>	┼────	<u> </u>	<u> </u>	0.8	
23	x	24	17400		+	·	<u> </u>	ł					0.7	
24		24	22600	<u>+</u>	·				<u>├</u>	+	+	+	0.8	
25		24	16480	<u> </u>	1				<u> </u>	+	+	<del> </del>	0.9	
26	<u> </u>	24	16420	<u> </u>		· · · · · · · · · · · · · · · · · · ·				+		<u> </u>	1.0	
27		24	16050	<u> </u>				1	<u> </u>			+		
28	X	24	16550	1	1	1			1	1	<u> </u>		0.7	
29	X	24	17000	1.		1	1		<u> </u>		1		0.5	
30		24	17000	1					1	1	1	1	0.6	
31		24												
Total			513,600											
Avera			17,120											
Maxin	111571		26 600											



See page 4 for instructions.

I. General Information	for the Month/Year of: July 2010			······································	
A. Public Water System (I	2WS) Information				
PWS Name: Pineridge				PWS Identification Nu	mber: 4471110
	Community Non-Transient Non-Community	/ Transie	nt Non-Community	Consecutive	
······································	onnections at End of Month: 1		<b>Total Population Serve</b>	d at End of Month:	
PWS Owner: Pineridg					
Contact Person: Virgin			Contact Person's Title:		
	ing Address: Po Box 307		City: Lake Placid	State: Fl	Zip Code: 33862
	phone Number: 863-699-1582		Contact Person's Fax N	lumber:	
Contact Person's E-Ma				· · · · · · · · · · · · · · · · · · ·	
B. Water Treatment Plant			· · · · · · · · · · · · · · · · · · ·		
Plant Name: Pineridge				Plant Telephone Numb	······································
Plant Address: NE 24			City: Okeechobee	State: Fl	Zip Code: 34974
Type of Water Treated		hased Finished V	Water		
Permitted Maximum L	Day Operating Capacity of Plant, gallons per day: 20	0,000			
	ubsection 62-699.310(4), F.A.C.): 1V			tion 62-699.310(4), F.A.C.): [	
Licensed Operators	Name James C. Witteck	License Class		Day(s)/Shift(	s) Worked
Lead/Chief Operator:	James F. Witteck	<u> </u>	12687	D	
Other Operators:	Kevin Moscrip			Train	
		+		Train	ee
	·	+		· · · · · · · · · · · · · · · · · · ·	
				·····	
	4				

## 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.

Jame Mitterks	James C. Witteck	12687
	Printed or Typed Name	License NumBERCUMENT NUMBER-DATE
		02450 APR 13 =

PWS	Identific	ation Nu	mber: 44711	10		Plant Nar	ne: Pineri	dge Pai	rk					
	N. (I., D.	An Court	- NA Alb / N/	an of tal	2010				· · · · · · · · · · · · · · · · · · ·					
			e Month/Ye				Chile '		CH	D:!1			Mont	ed Chlorine (Chloramines)
					on/Removal: *	L] Free	Chlorine		Chlorine	Dioxide		)zone		ed Chlorine (Chlorannies)
		t Radiatic		her (Descrit										
Type	of Disin	fectant R	esidual Main	tained in D	istribution Syst	em: 🛛 🖂	Free Chlo	orine		mbined C		Chlorami	nes)	Chlorine Dioxide
				<u> </u>	T Calculations, or	UV Dose, to De	monstrate F	our-Log	Virus Inactiv	vation, if Aj	pplicable*	-		
	Days				1	CT Calcul	C. C. Applein, M. L. Changer, Letter, Sp.		lines F	T	UV	Dose	Contraction of	
	Plant				and a second		Lowest CT			P. C.			Lowest	and a second
	Staffed				Lowest Residual	「「「「「「「」」」」」「「「」」」」」」」」」」」」」」」」」」」」」」	Provided						Residual Disinfectant	
	or Visited				Disinfectant Concentration	Contact Time (T) at C	Before or at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	Survey and some	And the second second second second	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
	X	24	18300					ļ	<u> </u>			<u> </u>	0.8	
23	X	24	11450 11450										0.9	
<u> </u>	- <u>x</u>	24	17000									+	0.9	
5	X	24	14600										0.8	
6	X	24	15000		1								0.7	
7	X	24	14900			1		1			1		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			1.1	
13		24	15100					+					1.2	
14 15	X	24	16400 21600							+		+	0.8	
15		24	17980							+			1.0	
17	X	24	17920					+	1				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 25	X	24	17550			+							1.1	
25	x	24 24	17550 21400					+					1.8	
20	<u>^</u>	24	17700										1.5	
28		24	19700		-			+				1	1.6	
29		24	16630					1					1.4	
30		24	16370	<u> </u>				1					1.1	
31		24	16370										0.9	
Total		19	534,170											
Avera	0e		17 231											

 Average
 17,231

 Maximum
 22,000

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

. . . .

	に記述KING WATER MICROBIAL SAMPLE C & LABORATORY REPORT FORM (62-550.730 Reporting Format Effective 01/95. Revised 02	N				Z	XE		pe	2	
100	CHEMICAL LABORATORIES	\$			L	ıb f	Receipt I	Date & T	ime: <u>KM</u>	8	5 1200
	NW Mercantile Place, Suite 111, Port St. Luc ne: 772-343-8006 Fax: 772-343-8089	cie FL 3498	86				is Date & e Acceptai	Time:	<u>§-5</u> a:	-10	23.01
FLD	OH Lab Certification #E86562				Sar	nple	Preservatio		e 🗌 Not On id	œ 😰_	Lla °C
Rep	ort Number:2959	ocontract Lat	DID:						failowing NELA		
	ysis Requested: (check all that apply then circl Call Coliform/E. coli [] Total Coliform/Feca			n below)							
[] C	Coliphage 🗍 HPC 🗋 Other:		<b>}</b>		L				<u>-</u>		J
	Water System (PWS) Name: HINERIC dc 985 RT 70	19E Y.	ARK					44	211		2.
PWS or	PV S Owner's Phone #			Fax #		_					215
	or Jim WITTECK			·····	Colle	ecto	r's Phone	# <u>772</u>	-215-	- 87	65
Comm	f Sopply (check only one) nunity Water SystemNon-Trans d Use SystemBottled WaterPrivate We			Water Sys			Transi	ent Non-c	ommunity Wa	iter Sys	stem
	for Sampling: (check all that apply)			g, v							
·	tributionRoutine 🔲 Distribution Repeat 🗌 Ra										
	arance 🔲 Replacement (also check type of same	ole being rep	laced) [	Boil Wa	ter Noti	ice	Other			······	······
Sample	Collection Date: 8/4/10	A = A	\bsent,	P = Prese	ent, C	= C	onfluent	$\sim$			rous To Count
	To be completed by collector	of sample	T	· · · · · ·	<b>.</b>	<b>1</b> 1			be completed		
						s (	i Mothod I	S CM OTTO	ME WY CON	C + C	C condean
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type	Disinfect Res'd (mg/L)	рΗ		Nethod: ( Non Coliform	SW 92228 Total Coliform	ME E COLI Fecal, E. coli Enterococci		EPA1600     Lab Sc (かし)
				Res'd	рн 7.1	12	Non	Total	Fecal, E. coli		T
	(Location or Specific Address) WEII # 4 2865 NE 1177 LN	Time 11 11 11 22,4-		Res'd	рн 7.1. 7.3	(2)	Non	Total	Fecal, E. coli		Lab Sc mic.
		Time A-		Res'd	7.1.	(2)	Non	Total	Fecal, E. coli		Lab St mol
	(Location or Specific Address) WEII # 4 2865 NE 1177 LN	Time 11 11 11 22,4-		Res'd (mg/L)	7.1.	(2) (2)	Non	Total	Fecal, E. coli		Lab Sc And DW 1 DW 2
	(Location or Specific Address) WEII # 4 2865 NE 1177 LN	Time 11 11 11 22,4-		Res'd (mg/L)	7.1.	(2)	Non	Total	Fecal, E. coli		Lab Sc And DW 1 DW 2
	(Location or Specific Address) WEII # 4 2865 NE 1177 LN	Time 11 11 11 22,4-		Res'd (mg/L)	7.1.	12	Non	Total	Fecal, E. coli		Lab Sc And DW 1 DW 2
	(Location or Specific Address) WEII # 4 2865 NE 1177 LN	Time 11 11 11 22,4-		Res'd (mg/L)	7.1.		Non	Total	Fecal, E. coli		Lab Sc And DW 1 DW 2
Average o	(Location or Specific Address) WEII # 4 2805 NE 1174 L.M. 817 NE 2874 TER. of disinf, ctant residuals for distribution routine and repeat	Time 11 122.1- 11 122.1- 11 120.1- 11 120.1-		Res'd (mg/) 0 1,7 1,0	7.1			Total Coliform A A		Q*	Lab St Mel
Average o	(Location or Specific Address) WEII # 4 2805 NE 1174 L.M. 817 NE 28 <sup>TH</sup> TER. of disinf-ctant residuals for distribution routine and repeat or community and non-transient non-community systems serving population or community and non-transient non-community systems serving population	Time 11 22.4- 12.4- 12.4- 12.6.4-		Res'd (mg/L) 0 1,7 1,0 1,0	7.1. 7.3 7.2 otherwist	the n	Non Coliform	s are perform	med in accorda	Q*	Lab St Mel
Average O <sup>5</sup> Complete fo 4,900. Do ne	(Location or Specific Address) WEII # 4 2805 NE 1174 L.M. 817 NE 28 <sup>TH</sup> TER. of disinfr.ctant residuals for distribution routine and repeat or community and non-transient non-community systems serving population or include raw or plant samples in the average Free chlorine or fotal chlorine Carcle one	Time		Res'd (mg/L) 0 1.7 1.7 1.0 1.4 Unless standar Date & tim	7.1 7.3 7.2 otherwist ds, and te e PWS e DEP/C	the n notifi 20H	Non Coliform	s are performed and the formed and t	med in accorda	Q <sup>4</sup>	Lab St Mill DW 1 DW 2 DW 3
Average of <sup>3</sup> Complete for 4,900. Do no Disinfectal Person pe	(Location or Specific Address) WEII # 4 2 805 NE 1177 LAN 817 NE 2 874 TER. of disinfectant residuals for distribution routine and repeat or community and non-transient non-community systems serving population or include raw or plant samples in the average Free childrine or total chlorine (arcle one nt Residual Analysis Method: DPD Colorimetric Ott forming disinfectant analysis/s: Employed by DEP or	Time	Type <sup>1</sup>	Res'd (mg/L)	7.1. 7.3 7.2 7.2 ds, and t e PWS i e DEP/C	the n notifi DOH d:	Non Coliform	s are performed and the formed and t	med in accorda	Q <sup>4</sup>	Lab St Mill DW 1 DW 2 DW 3
Average of Complete for 4,900. Do no Disinfectaa Person pe Supervise Nam	(Location or Specific Address) WEII # 4 2865 NE 1177 LAN 817 NE 287 TEPL. State of disinfectant residuals for distribution routine and repeat or community and non-transient non-community systems serving population or include raw or plant samples in the average Free chlorine or total chlorine (circle one nt Residual Analysis Method: MDPD Colorimetric Ott red operator # 12687 Employed by DEP or ed operator # 12687 Employed by a ce ad by curt operator # Authorized represent Authorized represent and Mailing Address of Person to Reco	Time Time Time Time Tome Tome Samples <sup>5</sup> : The sup to and inclusion ther: DOH entified (ab tab) ceive Repo	Type <sup>1</sup> D D ding ppiier	Res'd (mg/L)	7.1 7.3 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2	the notifi DOH d:	Non Coliform	s are performed and the formed and t	recal, E. coli Enterococci // / / / / / / / / / / / / / / / / /	Q <sup>4</sup>	Lab St Mill DW 1 DW 2 DW 3
Average of Complete for 4,900. Do no Disinfectaa Person pe Supervise Nam	(Location or Specific Address) WEII # 4 2 805 NE 11774 L.M. 817 NE 2 874 TERE. state of disinfe ctant residuals for distribution routine and repeat or community and non-ransient non-community systems serving population for include raw or plant samples in the average Free chlorine or otal chlorine (arcle one nt Residual Analysis Method: MDPD Colorimetric Orcle one nt Residual Analysis Method: MDPD Colorimetric Orcle one and the average of the	Time Time Time Time Tome Tome Samples <sup>5</sup> : The sup to and inclusion ther: DOH entified (ab tab) ceive Repo	Type <sup>1</sup> D D ding ppiier	Res'd (mg/L)	7.1. 7.3 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2	the n notifi DOH d: al Dia Dry te C amp	Non Coliform	Total Coliform A A A A A A A A A A A A A A A A A A A	recal, E. coli Enterococci A med in accorda samples. suits: ve results: ge DEP/E	Q <sup>4</sup>	Lab St Mill DW 1 DW 2 DW 3
Average of Complete for 4,900. Do no Disinfectaa Person pe Supervise Nam	(Location or Specific Address) WEII # 4 2865 NE 1177 LAN 817 NE 287 TEPL. State of disinfectant residuals for distribution routine and repeat or community and non-transient non-community systems serving population or include raw or plant samples in the average Free chlorine or total chlorine (circle one nt Residual Analysis Method: MDPD Colorimetric Ott red operator # 12687 Employed by DEP or ed operator # 12687 Employed by a ce ad by curt operator # Authorized represent Authorized represent and Mailing Address of Person to Reco	Time Time Time Time Tome Tome Samples <sup>5</sup> : The sup to and inclusion ther: DOH entified (ab tab) ceive Repo	Type <sup>1</sup> D D ding ppiier	Res'd (mg/L)	7.2 7.3 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2 7.2	the n notifi DOH d: al Dit al Dit Dry te C amp	Non Coliform	Total Coliform	recal, E. coli Enterococci A med in accorda samples. suits: ve results: ge DEP/E	Q <sup>4</sup>	Lab Sc mul

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) <sup>4</sup>Defined in Florida Administrative Code Rule 62-160, Table 1 DropBox:FCL folder:TColiFormSouth2010.doc Page 1 of 1

LOGINALING WATER MICROBIAL SAMPLE CO & LABORATORY REPORT FORMA (02-550/30 Reporting Formate Effective 0/195. Revised 027	T	4						$\frac{\mathbb{A}}{30}$		$\overline{D}$	
FLOWERS CHEMICAL LABORATORIES	3			La	ab Re	eceipt I	Date & T		27	/12 9	55
571 NW Mercantile Place, Suite 111, Port St. Luci Phone: 772-343-8006 Fax: 772-343-8089	ie FL 3498	36				Date & Accepta	Time:	7-12-0 a	6	3:30p 2:35f	
FLDOH Lab Certification #E86562								e ⊟NotOnic etected □			
Report Number:Sub				This	s samp	le does n	not meet the	following NELA	C requi	rements:	
Analysis Requested: (check all that apply then circle Total Coliform/ E. coli D Total Coliform/Feca			n below)				<u> </u>				
Coliphage HPC Other:		<u></u>		L				, <u></u> ,,,,,			-1
Public Water System (PWS) Name: PINCRI PWS Adves RT 70	OGE	PAS	<u>ek</u>		WS I		44 20Ho	ZII	10	2.	
PWS or Pero Comer's Phone #			Fax#_		22	-56	2-14	60			
				Colle	ector'	s Phone	#_77.	2-215	-8	965	-
Type of Supply (check only one)         Community Water System         Limited Use System         Bottled Water			Water Sys					ommunity Wat	er Sys	stern	
Reason for Sampling: (check all that apply)		<u> </u>	,		L						
X DistributionRoutine Distribution Repeat Rav	v (triggered	or asses	sment) 🗌	Raw (	(trigge	ered or a	ssessmer	nt) additional	] We	ell Survey	
Clearance C Replacement (also check type of sample	le being repl	laced)	] Boil Wa	ter Noti	ice [	Other	۲		·····		-
Sample Collection Date: 7/11/10	A = A	Absent,	P = Prese	int, C	= Co	nfluent	Growth,	TNTC = Too	Nume	rous To Cou	nt
							<u> </u>				
To be completed by collector o	of sample	· · · · · · · · · · · · · · · · · · ·		<del></del>	т г <sup></sup>			be completed			
Sample Sample Point Number (Location or Specific Address)	Collection	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	рН	1 F	Method:   Non Caliform		Fecal, E. coli Enterococci		EPA1600	
Sample Sample Point	Collection		Res'd	pН		Non	SM 92228	Fecal, E. coli	AG	EPA1600	
Sample Sample Point	Collection Time		Res'd (mg/L)	рН 101 73		Non	SM 92228	Fecal, E. coli	AG	EPA1600	DWI NW2
Sample Sample Point	Collection		Res'd (mg/L)	<b>2</b> 73		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	DWI JW2
Sample Sample Point	Collection Time SIM SICA	Type <sup>1</sup> R D	Res'd (mg/L)	pH 73 7.3		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	Dw1 202 w3
Sample Sample Point	Collection Time SIM SICA	Type <sup>1</sup> R D	Res'd (mg/L)	<b>2</b> 73		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	DWI JW2
Sample Sample Point	Collection Time SIM SICA	Type <sup>1</sup> R D	Res'd (mg/L)	<b>2</b> 73		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	DWI JW2
Sample Sample Point	Collection Time SIM SICA	Type <sup>1</sup> R D	Res'd (mg/L)	<b>2</b> 73		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	DWI JW2
Sample Sample Point	Collection Time SIM SICA	Type <sup>1</sup> R D	Res'd (mg/) 0 1.3 1.2	<b>2</b> 73		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	DWI JW2
Sample Number Sample Point (Location or Specific Address) WEII # 3 588 NE 28TH AUE 75 NE 29TH AUE	Collection Time 8 <sup>1</sup> Sto A 8 <sup>20</sup> A	Type <sup>1</sup> R D	Res'd (mg/L)	<b>2</b> 73		Non	SM 92228	Fecal, E. coli	AG	□ EPA1600 Lab S: p.c [2754]	DWI JW2
Sample Sample Point	Collection Time 8 <sup>1</sup> /- 8 <sup>2</sup> 0 <sup>4</sup> /- samples <sup>5</sup> : ns up to and inclu		Res'd (mg/L) D 1.3 1.2 1.2 1.3 Unless standar	73 7.3 7.3 otherwis	Z. RO	Non Caliform	SSM 92228 Total Coliform	ME Coun Fecal, E. coli Enterococci A med in accordance e samples.	AG Q <sup>4</sup>	□ EPA1600 Lab St	DWI JW2
Sample Number       Sample Point (Location or Specific Address)         WEI/ #3         588 NE28TH AUE         588 NE28TH AUE         75 NE29TH AUE         76 NE29TH AUE         77 NE29TH AUE         76 NE29TH AUE         77 NE29TH AUE	Collection Time States States Samples <sup>5</sup> : ms up to and inclu	Type <sup>1</sup> R D D	Res'd (mg/L) D 1.3 1.2 1.2 1.3 Unless standar Date & tim	73 7.3 7.3 otherwis ds, and e PWS e DEP/0	Z. K	Non Caliform	SSM 92228 Total Coliform	med in accordar e samples. ssufts:	AG Q <sup>4</sup>	□ EPA1600 Lab Sc. pro 127541 ↓ D ↓ D	DWI JW2
Sample Number       Sample Point (Location or Specific Address)         WEIL # 3         SS8 NE28TH AUE         SS8 NE29TH AUE         SVE 2.9TH AUE         NE 2.9TH AUE         Source	Collection Time States States Samples <sup>5</sup> : ms up to and inclu	Type <sup>1</sup> R D D	Res'd (mg/L) D 1.3 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 Date & tim Date & tim Date & tim Date Repo	73 7.3 7.3 otherwis ds, and e PWS e DEP/t rt Issue	Z. K	Non Caliform	S are perfor e only to the of positive re tab of positi	med in accordar e samples. ssufts:	AG Q <sup>4</sup>	□ EPA1600 Lab Sc. pro 127541 ↓ D ↓ D	DWI JW2
Sample Number       Sample Point (Location or Specific Address)         WEI/ #3         588 NE28TH AUE         588 NE28TH AUE         75 NE29TH AUE         76 NE29TH AUE         77 NE29TH AUE         76 NE29TH AUE         77 NE29TH AUE	Collection Time State Stock S20 A Samples <sup>5</sup> : ns up to and inclu	Type <sup>1</sup> R D D	Res'd (mg/L) D 1.3 1.2 1.2 1.3 Unless standan Date & tim Date & tim Date & tim Date & tim Date & tim Date & tim	73 7.3 7.3 otherwist ds, and e PWS e DEP/I rt Issue nature:	z. k2 	Non Caliform	S are perfor e only to the of positive re tab of positi	med in accordar e samples. esults:	AG Q <sup>4</sup>	□ EPA1600 Lab Sc. pro 127541 ↓ D ↓ D	DWI JW2
Sample Number       Sample Point (Location or Specific Address)         WEIL ## 3         SS8 NE28TH AUE         SS8 NE28TH AUE         NE 2.9TH AUE         NE 2.9TH AUE         NE 2.9TH AUE         Somplete for community and non-transient non-community systems serving population 4,900. Do not include raw or plant samples in the period. Free chlorine of Total chlorine (circle one)         Disinfectant Residual Analysis Method:       DPD Colorimetric         Other performing disinfectant analysis is:       Employed by DEP or A certified oper::tor # 12.6 ST         Supervised by c-in operator #       Authorized represent         Name and Mailing Address of Person to Rec	Collection Time State Stock S20 A Samples <sup>5</sup> : ns up to and inclu	Type <sup>1</sup> R D D	Res'd (mg/L) D 1.3 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2 1.2	7.3 7.3 7.3 otherwist ds, and e PWS e DEP/I rt Issue hature: echnica	z. k2 v	Non Caliform	ts are performed by the positive re- lab of positive re- lab of positive re-	ME Coun Fecal, E. coli Enterococci A A A A A A A A A A A A A A A A A A	AG Q <sup>4</sup>	□ EPA1600 Lab Sc. pro 127541 ↓ D ↓ D	DWI JW2
Sample Number       Sample Point (Location or Specific Address)         WEIL ## 3         588 NE 28 <sup>TH</sup> AUE         75 NE 29 <sup>TH</sup> AUE         75 NE 29 <sup>TH</sup> AUE         76 NE 29 <sup>TH</sup> AUE     <	Collection Time 8 1-4 8 20 4- 8 20 4- 8 20 4- samples <sup>5</sup> : ms up to and inclu mer: DOH DOH Triffed fab ative of water su	Type <sup>1</sup> R D D	Res'd (mg/L)	7.3 7.3 7.3 7.3 e DEP/t rt Issue nature: <u>echnica</u> tisfacto comple peat S	se note the real notifie DOH n d:	Non Californ	ts are performed by the two of positive related of positive relate	ME Count Fecal, E. coli Enterococci IA med in accordance e samples. esults:	AG Q <sup>4</sup>	□ EPA1600 Lab Si p.c 127541 ↓ D	DWI JW2
Sample Number       Sample Point (Location or Specific Address)         WEIL       #         538       NE 28 <sup>TH</sup> 538       NE 29 <sup>TH</sup> 75       NE 29 <sup>TH</sup> Average of disinfectant residuals for distribution routine and repeat s         *Complete for community and non-transient non-community systems serving population 4.900. Do not include raw or plant samples in the persons.         Pree chlorine of Total chlorine (circle one)         Disinfectant Residual Analysis Method:         DPD Colorimetric         Oth         Person performing disinfectant analysis is:         Employed by DEP or A certified operator #         Authorized represent         Name and Mailing Address of Person to Recommunity	Collection Time 8 1-4 8 20 4- 8 20 4- 8 20 4- samples <sup>5</sup> : ms up to and inclu mer: DOH DOH Triffed fab ative of water su	Type <sup>1</sup> R D D	Res'd (mg/L)	7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3	z. k2 z. k2 z, k2 z, k2 z, k2	Non Caliform	ts are performed by to the of positive related	ME Count Fecal, E. coli Enterococci A A A A A A A A A A A A A A A A A A	AG Q <sup>4</sup>	□ EPA1600 Lab Si p.c 127541 ↓ D	DWI JW2

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



See page 4 for instructions.

			ear of: August 2010					
Α.	Public Water System (F		1					
	PWS Name: Pineridge					PWS I	dentification Nu	umber: 4471110
		Community [	Non-Transient Non-Communi	ty 🗌 Transie	nt Non-Community	Consecutiv	e	
	Number of Service Co			······································	Total Population S	Served at End of Mo	onth:	
I	PWS Owner: Pineridg		orp		T			
	Contact Person: Virgir				Contact Person's T	itle: owner		
	Contact Person's Maili				City: Lake Placid		State: Fl	Zip Code: 33862
	Contact Person's Teler		63-699-1582		Contact Person's F	ax Number:		
-	Contact Person's E-Ma			·····				
В.	Water Treatment Plant							
	Plant Name: Pineridge				· · · · · · · · · · · · · · · · · · ·	······································		ber: 772-785-6303
	Plant Address: NE 24th				City: Okeechobee	State: I	-1	Zip Code: 34974
1	Type of Water Treated			rchased Finished V	Water			
			pacity of Plant, gallons per day: 2	20,000				
	Plant Category (per su	bsection 62-699.			Plant Class (per su	bsection 62-699.3		
	Licensed Operators		Name	License Class	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		Day(s)/Shift(	s) Worked
	Lead/Chief Operator:			C	12687		D	
	Other Operators:	James F. Witteck					Train	
		Kevin Moscrip				· · · · · · · · · · · · · · · · · · ·	Train	ee
						· · · · · · · · · · · · · · · · · · ·		
		ļ						

## 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.

Junel	tterks
Ų	

James C. Witteck

Printed or Typed Name

12687

LOGOGANNUMPORUMBER-DATE

02450 APR 13 =

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)													
				her (Describ										
Type	of Disin	fectant R	esidual Main		istribution Syst		Free Chlo	orine				Chlorami	nes) 🔲	Chlorine Dioxide
				C	T Calculations, or	UV Dose, to De	monstrate Fo	our-Log	Virus Inactiv	ation, if Ap	oplicable*			
	Days					CT Calcul	ations				UV	Dose		
	Plant						Lowest CT			1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1			Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
	Visited				Concentration	(T) at C	at First					Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating	UV Dose	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions, Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if		mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	the second state of the second se	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
		24	17050										1.0	
2	X	24 24	17050 21000			<u> </u>		<u> </u>					<u> </u>	
4	v	24	21000		· · · · · · · · · · · · · · · · · · ·					<u> </u>			0.8	
4	X	24	19900					<u>}</u>					1.0	
6		24	17710								+		1.0	
7	X	24	17590		+								1.0	
8		24	19050		+			<u> </u>			<u> </u>	<u> </u>	1.0	
9	X	24	19050			<u> </u>		<u> </u>					1.1	
10		24	18000										1.0	
11	X	24	18300		1			t			1	<u> </u>	0.9	
12		24	23800								1		1.1	
13		24	13090			1					1		0.9	
14	·X	24	13010					<u> </u>					1.0	
15		24	19200									1	0.9	
16	X	24	19600			· · · ·							0.8	
17		24	18350											
18	X	24	18350					L		<u> </u>			0.9	
19		24	19300					ļ					1.0	
20		24	16230					ļ					0.8	
21	<u> </u>	24	16170		4								1.0	
22		24	14100										1.0	
23	<u> </u>	24	14600										0.6	
24		24	11800										0.7	
25	X	24 24	13600										0.8	
26 27			17600			+		<u> </u>				<b> </b>	0.7	
27	V	24	15550			+		+					1.0	
	<u>X</u>	24	15250										0.9	
29 30	v	24	18550			+							1.2	
30	<u> </u>	24	18550 17200										1.3	
Total	1	124	540,600		-L	.1			1		1	1	1.3	4
			17,438											
Avera	ie ium		23,800	-										
THAT	APRIL 1		25,000											



See page 4 for instructions.

I. (	General Information f	for the Month/Year of: September 2010			······································							
A. <u>I</u>	Public Water System (P	PWS) Information										
	PWS Name: Pineridge	Park			PWS Identification Nu	mber: 4471110						
		Community Non-Transient Non-Community	Transie	nt Non-Community	Consecutive							
- F		nnections at End of Month: 1		<b>Total Population Served</b>	at End of Month:							
ļ	PWS Owner: Pineridge Management Corp											
ļ	Contact Person: Virginia Gadson Contact Person's Title: owner											
		ng 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-Ma											
r	Water Treatment Plant											
	Plant Name: Pineridge		·		Plant Telephone Numb							
Ļ	Plant Address: NE 24th				ty: Okeechobee State: Fl Zip Code: 3							
-	Type of Water Treated		hased Finished V	Water								
ŀ		Day Operating Capacity of Plant, gallons per day: 20	,000									
		bsection 62-699.310(4), F.A.C.): IV	1		ion 62-699.310(4), F.A.C.): E	and the second						
	Licensed Operators	Name	License Class		Day(s)/Shift(s	s) Worked						
	Lead/Chief Operator:		С	12687	D							
	Other Operators:	James F. Witteck	 		Traine							
		Kevin Moscrip			Traine	e						
(												

### **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 Witters

James C. Witteck

12687

Printed or Typed Name

License Number MENT NUMBER - DATE

02450 APR 13 =

## MONTHLY OPERATION REPORT FOR PWSs TREATING RAW GROUND WATER OR PURCHASED FINISHED WATER Plant Name: Pineridge Park

PWS Identification Number: 4471110

		to fou th	o Monah /V a	C C	2010									
					tember 2010		Chloring		Chloning	D'i.i.			Man	- I Chloring (Chlorenings)
Mean	or Acn	t Radiatio	our-Log Viru	s Inactivatio	on/Removal: *	L] Free	Chlorine		Chlorine	Dioxide		)zone		ed Chlorine (Chloramines)
				her (Descrit	<u>5e):</u>	<b>K</b> 7	a at t					~	·····	
Type	of Disin	fectant R	esidual Main	itained in D	istribution Syst	em: 🛛 🖂	Free Chlo			nbined C		Chlorami	nes)	Chlorine Dioxide
				<u> </u>	T Calculations, or			our-Log	Virus Inactiv	ation, if Ap				
	Days				1	CT Calcul		r		r i i i i i i i i i i i i i i i i i i i	<u>UV</u>	Dose		
	Plant						Lowest CT						Lowest	
	Staffed or				Lowest Residual Disinfectant	Disinfectant Contact Time	Provided Before or						Residual Disinfectant	
	Visited				Concentration	(T) at C	at First				Lowest	Minimum	Concentration	
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.		Minimum	Operating		at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	"X")	a second seco	Produced, gal	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
$\frac{1}{2}$	<u>X</u>	24	18400										1.1	
$\frac{2}{3}$	X	24	20500 17400		+						<u> </u>		1.1	
4		24	17400		+			<u> </u>					1.0	
5	·	24	13150								<u> </u>		1.5	
6	X	24	13150				,						1.1	· · · · · · · · · · · · · · · · · · ·
7		24	14900									+	1.2	
8	X	24	16700		1			<u> </u>					1.1	
9		24	18700					<u> </u>		1	<u> </u>	1	1.0	
10		24	13790			1							0.9	
11	X	24	13710										1.0	
12		24	17000										1.3	
13	X	24	14960			L				ļ			1.4	
14		24	17000							ļ	ļ		1.3	
15	<u> </u>	24	18000 21100					ļ	<u> </u>	l		<u> </u>	1.4	
<u>16</u> 17		24	14050					<u> </u>			+		1.0 0.9	
18	X	24	14050	ļ				<u> </u>					1.1	
19		24	16900					<u>+</u>		+		+	1.1	
20	X	24	16900								+	+	1.1	
21		24	16900							1		1	1.1	· · · · · · · · · · · · · · · · · · ·
22	X	24	17300					1	1		1		1.4	
23		24	17800										0.9	
24		24	16300										0.8	
25	X	24	16000										1.0	
26		24	16900									<u> </u>		
27	X	24	16900								+		1.4	
28 29	v	24	16000										1.1	
30	X	24 24	15700			+							1.5	
30		24	20200										0.8	
Total		1 24	495,860			1	l	L	1	1		1		
Averag	e		16,528											
Maxim			21,100											

	Wait Taland 4-13	-10 1	1.32						-			
•	LIREX AING WATER MICROBIAL SAMPLE CO & LABORATORY REPORT FORMA	DLLECTION		PIEASE								
									f	197		
)) alama	CHEMICAL LABORATORIES	-			La	ЬR	eceipt D	ate & Ti	ine <u>Kin</u> 9	/is	- 1115 2:470	
	W Mercantile Place, Suite 111, Port St. Luc e: 772-343-8006 Fax: 772-343-8089	ie FL 3498	6		Analysis Date & Time: 9 -15-0 6 3:00 P Sample Acceptance Criteria:							
	DH Lab Certification #E86562 ort Number: <u>32673</u> sub	contract ( ab	¥(3)		Sumple Preservation: 196 los O Not On los 10C Disinfectant Check 3 Not Detected Tmg/L							
Алаіу	vsis Requested: (check all that apply then circle val Coliform/E. col/	e appropriate		This	sam	ple does no	ot meet the	following NELAC	C requir	ements:		
	oliphage 🗌 HPC 🗌 Other:	_										
Public V PWS Ad PWS or F	Nater System (PWS) Name: P(NER)dg	pe PA	RK	Fax #	Cit	ty (	Ketel	+ 4-7 1460	E		<u> </u>	
Collector	- JIM WILLEUR				_ Colle	ecto	's Phone	# <u>772</u>	- 215-	01	05	
	Supply (check only one)						<b></b>					
Comm	unity Water System INon-Trans			Nater Sys nming Pod			Other	ent Non-co	ommunity Wate	er Sys	tem	
_	for Sampling: (check all that apply)											
	ributionRoutine 🗌 Distribution Repeat 🗍 Ra											
Clea	ance 🔲 Replacement (also check type of samp	we being repl	aced) [	Boil Wat	ier Noti	cé	🗌 Other					
Same!	Collection Date: 9/14/10	A							THEF	Nume	rous To Count	
Sample	conection bate. 77 7 7.0	A = A	bsent,	P = Prese	ал, С	= Ç	onfluent (	Growth,	INIC = 100			
Sample	To be completed by collector		Absent,	P = Prese	1		(	70	be completed	by lat	)	
Sample	To be completed by collector Sample Point		Sample	Disinfect Res'd	pH		Method:		be completed	by lat	) 	
<b></b>	To be completed by collector	of sample Collection	Sample	Disinfect	1		(	1 To	De completed	by lat	)	
Sample	To be completed by collector Sample Point	of sample Collection Time	Sample	Disinfect Res'd	pH	0	Method:		be completed	by lat	EPA1500	
Sample	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time 12.N 12.01	Sample	Disinfect Res'd (mg/L) 0 1.5	pH 7.1	E E E	Method:		be completed	by lat	EPA1500	
Sample	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time	Sample	Disinfect Res'd (mg/L)	pH 7.1	C) Q	Method:		be completed	by lat	EPA1500	
Sample	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time 12.N 12.01	Sample	Disinfect Res'd (mg/L) 0 1.5	pH 7.1	E Q	Method:		be completed	by lat	EPA1500	
Sample	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time 12.N 12.01	Sample	Disinfect Res'd (mg/L) 0 1.5	pH 7.1	6 8	Method:		be completed	by lat	EPA1500	
Sample	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time 12.N 12.01	Sample	Disinfect Res'd (mg/L) 0 1.5	pH 7.1	e e	Method:		be completed	by lat	EPA1500	
Sample	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time 12.N 12.01	Sample	Disinfect Res'd (mg/L) 0 1.5	pH 7.1	000	Method:		be completed	by lat	EPA1500	
Sample Number	To be completed by collector Sample Point (Location or Specific Address)	of sample Collection Time 12. N 12.0P 12.30P	Sample	Disinfect Ree'a (mg/L) 0 1.5 1.3 1.3	рн 7.1 7.3 7.3	e e	Method: I Non Californ	To Tool Control Control A	be completed MF(2)COLT Frecal, E coll Entrococc	by late	□ EPA1500 Lab St (ph DW   DW 2_ DW 3	
Somple Number	To be completed by collector Sample Point (Location or Specific Address) WET # 3 2-761, NE 8TH ST. 715 NE 29 <sup>TH</sup> AVE of disinfectant residuals for distribution routine and repeat st community and are transient one scannaity and repeat	collection Time 12. N 12.0P 12.30P	Sample Type' R D	Disinfect Ree'd (mg/J) 1,5 1,5 1,3 1,4 1,4 Unicss	pH 7.1 7.3 7.3		Method: I Caliform	To Tool Control Control A	be completed MF ( SECOLD Fessi, E. coli Fressi, E. col	by late	□ EPA1500 Lab St (ph DW   DW 2_ DW 3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) WET # 3 2-761, N.E. 8TH ST. 715 NE 29 <sup>44</sup> AVE of disinfectant residuals for distribution routine and repeat st continuoity and save transient non-community systems erring populat i. include raw or plan samples in the weeks. Free chlorine & Total chloringe (circle one re Backfurd Acalustis Method: DEPE Coloring (circle one	of sample Collection Time 12. N 12.0P 12.30P 12.30P 12.30P 12.30P	Sample Type' R D	Disinfect Ree'd (mg/L) 0 1.5 1.5 1.3 1.4 1.4 Unicss standar Date & tin	pH 7.1 7.3 7.3 7.3 7.3		Method: I Non Coliform	Total Control	The completed MF ( Dicoun Fective E coll Entercocc A and in accordance e samples. reutes:	by lat	Lab St Iphin- DW1 DW2 DW3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) $\frac{1}{10} \frac{1}{10} \frac{1}{1$	Collection Time 12. N 12.01 12.301 13.301 13	Sample Type' R D	Disinfect Ree'd (mg/L) 0 1.5 1.5 1.3 1.4 1.4 Unicss standar Date & tin	pH 7.1 7.3 7.3 7.3 7.3 7.3 0 5, and ne PWS ne DEP/		Method: I Non Colliform	Total Control	be completed MF ( Dicour Feesi, E coli Freezi, E coli A Freezi, E coli Freezi, E coli Fr	by lat	Lab St Iphin- DW1 DW2 DW3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) W/E/I # 3 2.76/, $WE$ 8 <sup>TH</sup> ST. 7//S NE 29 <sup>TH</sup> AVE of disinfectant residuals for distribution routine and repost to community and upon transient non-community externs erving populate c. include ray or plant samples in the entipy Free chlorine or Total chlorine (circle one mit Residual Analysis Mothod: 250PD Colorimetric $\Box$ O reforming disinfectant analysis in: Employeed by DEP	Collection Time 12. N 12.01 12.301 13.301 13	Sample Type' R D	Disinfect Ree'd (mg/L) 0 1.5 1.3 1.3 1.4 Unless stander Date & tin Date Repu	pH 7.1 7.3 7.3 7.3 7.3 7.3 0 therwise tots, and the PWS the DEP/ ort Issue		Method: I Non Colliform	Total Contornal Control A A A A A A A A A A A A A A A A A A A	The completed MF ( Dicoun Fective E coll Entercocc A and in accordance e samples. reutes:	by lat	Lab St Iphin- DW1 DW2 DW3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) WET # 3 $2.761, NE 8T^{H} ST.$ $715 NE 29^{44} AVE$ of disinfectant residuals for distribution routine and repeat of disinfectant residuals for distribution routine and repeat include rave of plant samples in Bearding Free chlorine of Total chlorine (circle one int Residual Analysis Mothod: DDPD Colorimetric DDP efforming disinfectant analysis is: Demployed by DDP of ed operator # 268 - Demployed represent Authorized represent	Collection Time 12. N 12.101 12.301 1	Sample Type' D D oding	Disinfect Ree'd (mg/L) D 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5 1,5	pH 7.1 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3	C C C C C C C C C C C C C C C C C C C	Method: I Non Colliorm	Total Control Control A A A A A A A A A A A A A A A A A A A	med in accorda	by lat	Lab St Iphin- DW1 DW2 DW3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) $\frac{1}{10} \frac{1}{10} \frac{1}{1$	collection Time Collection Time 12. N 12.101 12.301	Sample Type' D D oding	Disinfect Ree'd (mg/L)	pH 7.1 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3	Server all D Server all D Server	Method: I Non Colliform	Total Contorna Control	be completed MF ( Dicoun Fective cool Frequence A Frequence	by lat:	Lab St Iphin- DW1 DW2 DW3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) <u>U/E// # 3</u> 2-76/, <u>N.E. 8TH</u> ST. <u>7/S NE 29<sup>44</sup> AVE</u> of disinfectant residuals for distribution routine and ropcal to community and rate transient non-community systems entring population include rate or plant samples in the westport Free chlorine of Total chlorine (circle one mit Residual Analysis Mothod: SPPD Colorimetric OD reforming disinfectant analysis is: Employed by DEP of ed operator # <u>266 P</u> Employed by DEP of ed operator # <u>266 P</u> Colorimetric OD From the source operator # <u>266 P</u> Colorimetrice OD From the source operator # <u>266 P</u> Colorimetrice OD Colorimetrice operator # <u>266 P</u> Colorimetrice OD Colorimetrice OD Colorimetrice OD Colorimetrice OD Colorimetrice OD P Colorimetrice	collection Time Collection Time 12. N 12.101 12.301	Sample Type' D D oding	Disinfect Ree'd (mg/L) D L.S L.S L.S L.S Unicss standar Date & tm Date & tm	pH 7.1 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3 7.3	se not the not all D sory ste ( Sammer	Method: I Nation Californ Californ Californ Californ Collection Inotified by Collection Inotified by Collection Inotified Rec	To Tool Conformation Conformati	be completed MF ( Dicoun Fective cool Frequence A Frequence	by lat:	Dw 1 Dw 2 Dw 3	
Sample Number	To be completed by collector Sample Point (Location or Specific Address) <u>U/E// # 3</u> 2-76/, <u>N.E. 8TH</u> ST. <u>7/S NE 29<sup>44</sup> AVE</u> of disinfectant residuals for distribution routine and ropcal to community and rate transient non-community systems entring population include rate or plant samples in the westport Free chlorine of Total chlorine (circle one mit Residual Analysis Mothod: SPPD Colorimetric OD reforming disinfectant analysis is: Employed by DEP of ed operator # <u>266 P</u> Employed by DEP of ed operator # <u>266 P</u> Colorimetric OD From the source operator # <u>266 P</u> Colorimetrice OD From the source operator # <u>266 P</u> Colorimetrice OD Colorimetrice operator # <u>266 P</u> Colorimetrice OD Colorimetrice OD Colorimetrice OD Colorimetrice OD Colorimetrice OD P Colorimetrice	collection Time Collection Time 12. N 12.101 12.301	Sample Type' D D oding	Disinfect Ree'd (mg/L) D L.S L.3 L.3 Unless stander Date & tm Date & tm Date & tm Date & tm Date	otherwise rts, and ne PWS ne DEP/ ort Issue rechnic complet splaces evewed	se not the not ad:	Method: I Nation Conorm Con	ts are performed to any other tab Design h Informat quired es Required	be completed MF ( Dicoun Fective cool Frequence A Frequence	by lat	Dw 1 Dw 2 Dw 3	

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Rew; N = Entry to Distribution; P = Plant Tap; S = Special (clearance, etc.) <sup>1</sup>Defined a Florida Adjunitizative Cede Rule 62-160, Table 1 DropBox:FCL folder: TCol/FormSouth2010.doc Page 1 of 1 Defined in Florida Adammistrative Code Rule 62-160, Table 1

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Omil 1	To laure 9-15	-107	152	An					_		
& LABOR	R MICROBIAL SAMPLE CO RATORY REPORT FORMA Reporting Format Effective 01/95, Revised 02/2	T				X	Er	$\mathcal{D}^{n}$	PIER	AS AX	E
<u> </u>		3			7+2 Lal	<del>9/</del> 6 R	eceipt D	ate & Ti	ne:Km 9	1/15	- 1115
571 NW Mercantile Place	ORATORIES	ie Fl 3498	6				s Date & T	G	-15-10		3:00
Phone: 772-343-8006 F			-		San	ple	Acceptan	ce Criteria			
FLDOH Lab Certification									□ Not On Ice tected □		°C mg/L
Report Number:	32673_sub	contract Lab	ID:		This	sam	ple does no	it meet the t	ollowing NELAC	; requir	ements:
Analysis Requested: (cf.	neck all that apply then circle i Total Coliform/Feca			1 below)							
Coliphage HPC	Other:				h						
Public Water System (PW PWS Address RT PWS or P\ 3 ( mer's Phone #	70 '	re Pa	RK	Fax # _	Cit	y C	I.D. G	+ 4 7 1+0 BE		1 C	2] ·
Collector:		-		-	_ Colle	ector	's Phone	# 772	- 215-	89	65
Type of Supply (check only											
Community Water System	Non-Trans			Nater Sys nming Poo			Transie	ent Non-co	ommunity Wat	er Sys	tem
Reason for Sampling: (che				. —	_ /						
DistributionRoutine C Clearance Replacement											
	alutio			-							rous To Count
Sample Collection Date: 7	be completed by collector		bsent,	r - Prese	an, c	~ U		<u> </u>	be completed		
	Imple Point	Collection	Sample	Disinfect	pН		Method:		MF COLIT		EPA1600
	r Specific Address)	Time	Type <sup>1</sup>	Res'd (mg/L)	pri		Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q	Lab Se appeal
WEI	# 3	12N	R	0	7.1	2	)	A	H		DWI
2.761. N.	E. STH ST.	12:08	D	1,5	7.3		$\mathcal{O}$	A			Dw2
715 N	E 2.9TH AVE	1230P	D	1.3	7.3	a	U	A			Dw3
	<u> </u>						C	<del>,</del> (			
		1									
				14							
Average of disinfectant residuals for	or distribution routine and repeat	t samples <sup>5</sup> :		1/0/000	othopui		tod all tes	r am nerfa	med in accorda	nce wit	h NELAC
<sup>5</sup> Complete for community and non-transient 4,900. Do not include raw or plant samples i Free chlorine	non-community systems serving population in the average. e or Total chlorine (circle one		ıding	standa	rds, and	the	results relat	e only to the	e samples.		
Disinfectant Residual Analysis Meti Person performing disinfectant ana A certified operator # / 2.6.5	alysis is: DEmployed by DEP o	or DOH certified lab		Date & tin Date Rep			-	lab of posit	ive results:		
Supervised by crat operator #				Lab Sig	nature				$\geq$		I
	dress of Person to Re		ort	Title: 1	echnic	al D	irector or	ab Desig			
Jewes	Jim WiTT.	éck			epeat S	ete i San	Collection	n Informa juired es Requi	tion	JOH U	JSE ONLY
				Date R	eviewed	l by l	DEP/DOH:				

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

 4
 Defined in Florida Administrative Code Rule 62-160, Table 1

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 Page 1 of 1

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See page 4 for instructions.

Ι.	General Information	for the Month/Y	ear of: October 2010									
A.	Public Water System (P	WS) Information	n									
	PWS Name: Pineridge	Park						<b>PWS Identification Nur</b>	nber: 4471110			
			Non-Transient Non-Com	munity	Transier	nt Non-Community	Con	secutive				
ļ	Number of Service Co					Total Population Ser	rved at En	d of Month:				
	PWS Owner: Pineridge Management Corp											
	Contact Person: Virgin					Contact Person's Tit	le: owner					
	Contact Person's Maili					City: Lake Placid		State: Fl	Zip Code: 33862			
	Contact Person's Telep		63-699-1582	Contact Person's Fax	<u>k Number</u> :	<b>.</b>						
	Contact Person's E-Ma							······································				
В. <sub>1</sub>	Water Treatment Plant						·					
	Plant Name: Pineridge							Plant Telephone Numb				
ļ	Plant Address: NE 24th					City: Okeechobee		State: Fl	Zip Code: 34974			
ļ	Type of Water Treated		Raw Ground Water		sed Finished V	Vater	·····	······································				
			pacity of Plant, gallons per	day: 20,00	00							
	Plant Category (per su	bsection 62-699.			•		section 62	-699.310(4), F.A.C.): D				
	Licensed Operators		Name	1	license Class	License Number		Day(s)/Shift(s	) Worked			
	Lead/Chief Operator:	· · · · · · · · · · · · · · · · · · ·			С	12687		D				
	Other Operators:	James F. Witteck						Traine				
		Kevin Moscrip						Traine	e			
		<u> </u>										
1						1						

## 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.

018/10	James C. Witteck	12687
11.21.0	Printed or Typed Name	QQCdubentumberMBER-DATE
		02450 APR 13 =
te	Page 1	

- June Clitteek

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: *													
Ultraviolet Radiation Other (Describe):	ne (chiorannies)												
Type of Disinfectant Residual Maintained in Distribution System: 🛛 Free Chlorine 🗌 Combined Chlorine (Chloramines) 🗌 Chlorine E	Diavida												
CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*	Dioxide												
Plant Lowest CT Lowest	승규가 감독을 통하게 한 것을 수 있다.												
Staffed Lowest Residual Disinfectant Provided Residual													
or         Disinfectant         Contact Time         Before or         Disinfectant         Disinfectant           Visited         Concentration         (T) at C         at First         Lowest         Minimum         Concentration													
	gency or Abnormal Operating												
[] 이 가는 것은 것을 가지 않는 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있는 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 하는 것을 수 있는 것 같이 같이 같이 않는 것을 수 있는 것을 것을 수 있는 것을 것을 수 있다. 것을 것을 것을 것을 것을 수 있는 것을 것을 수 있는 것을 것을 것을 수 있는 것을 것을 것을 것을 수 있는 것을 수 있는 것을 수 있는 것을 수 있다. 것을 것을 것을 것을 것 같이 것을 것을 것 같이 같이 같이 않는 것을 것을 것 같이 않았다. 것을 것 같이 것을 것 같이 것 같이 않았는 것을 것 같이 않았다. 것을 것 같이 것 같이 것 같이 것 같이 않았다. 것을 것 같이 것 같이 것 같이 것 같이 같이 것 같이 않았다. 것 같이 것 같	Repair or Maintenance Work that												
the (Place Plant in Water Peak Flow During Peak Peak Flow, Peak Flow, Water, Water, if Required mW- Distribution Involves T	Faking Water System Components												
Month "X") Operation Produced, gal Rate, gpd Flow, mg/L minutes mg-min/L °C Applicable mg-min/L sec/cm <sup>2</sup> sec/cm <sup>2</sup> System, mg/L	Out of Operation												
1 X 24 14200 0.9													
2 X 24 14200 1.0													
3 24 17900													
4 X 24 17900 1.6													
X         24         20000         1.4													
6 24 16200 1.7													
8         X         24         14930         0.9           9         24         14870         1.0         1.0													
10         X         24         23100         1.1           11         24         24300         1.3         1.3													
$\begin{array}{c c c c c c c c c c c c c c c c c c c $													
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$													
14 24 22700 <u>1.2</u>													
	OR CALL OUT												
<b>16</b> 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         0.8													
30         X         24         21100         1.0           31         24         20900         1.0         1.0													
31         24         2050           Total         581,100													
Average 20,037													
Maximum 27,900													

22		TORY REPO	DRT FORMA	r						•				
a dan seria da seria	(62-350,730 Re						La	b R	eceipt E	ate & T	ime: <u>KM</u>	10	19 4	15
Phone: 77 FLDOH La	ercantile Place, 2-343-8006 Fa b Certification #	x: 772-343-	-8089 G				San San	nple 1ple F	, reservatio	nce Criteri	<u>10-19-</u> æ: e □ Not On Ice etected □		2) Z.	501
Total C	Requested: (che Coliform/ <i>E. coli</i> [	] Total Co	ply then circle		selection	n below)	This	sam	ple does n	ot meet the	following NELAC	C require	ements:	
Public Water	vner's Phone #	$\overline{O}$	NERIO K	ηĘ 	Pat	2 <u>¥_</u> Fax#_	Cit		OKEZ	↓ ↓ =c.H04 # 772	711 BEE 2-215-	1 C 896	, 5-	
Community	bly (check only or Water System System Bottle Sampling: (chec EnRoutine Dis Replacemen Section Date:	ed Water [ k all that apply stribution Re t (also check;	peat 🔲 Raw	l r (triggered o e being repl	Swir or assess aced)	nming Poo sment) [] ] Boil Wat	) Raw ( er Noti	ce [	Other	ssessmer	ommunity Wat	_] Weł	l Survey	 unt
	Tot	e completed	by collector of	foomala						<u> </u>				
the second se		····	by conactor o	r sample							be completed			
Sample Number	Sam (Location or S	ple Point Specific Addre		Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pН	]	Non	Total	Fecal, E. coli		EPA1600	
		•		Collection		Res'd	pН			SM 92228	LMIF COLD	FAG [	EPA1600	
		•		Collection Time		Res'd (mg/L)	pH		Non	Total	Fecal, E. coli	FAG [	EPA1600	D
		•	255)	Collection Time		Res'd (mg/L)	pH		Non	Total	Fecal, E. coli	FAG [	Lab Si s	D
		•	AVE.	Collection Time 12 N 1210 P		Res'd (mg/L)	рН		Non	Total	Fecal, E. coli	FAG [	Lab Si si DWI DWZ	D
		•	AVE.	Collection Time 12 N 1210 P		Res'd (mg/L)	рН		Non	Total	Fecal, E. coli	FAG [	Lab Si s DWI DWZ	D
		•	AVE.	Collection Time 12 N 1210 P		Res'd (mg/L)	pH		Non	Total	Fecal, E. coli	FAG [	Lab Si s DWI DWZ	D
		•	AVE.	Collection Time 12 N 1210 P		Resid (mg/l) 0 1.5 1.8	рН		Non	Total	Fecal, E. coli	FAG [	Lab Si s DWI DWZ	D
Number       S       S       Average of disinf       *Complete for commutation       4.900. Do not include       Disinfectant Resident	(Location or S WE// 588 NE 23 NE 23 NE rectant residuals for c anity and uon-transient non raw or plant samples in t Free chlorine c idual Analysis Metho ng disinfectant analysis rator # 288	istribution routi a generation for the formation of the f	AVE AVE AVE ine and repeat s rs serving population recircle one)	Collection Time 12 N 1210 P 1215 P 1215 P 1215 P 1215 P 1215 P 1215 P	Type <sup>1</sup> R D D	Res'd (mg/L) 0 1,5 1,8 1,7 Unless standar Date & tim	otherwis ds, and e PWS e DEP/t	the n notifi DOH	ted, all tes asults related by lab on notified by	ts are perfo	Fecal, E. coli Enterpococci	rAG [ Q'	EPA1600 Lab Sc s DWI DW Z DW 7	D
Number	(Location or S WE// 588 NE 23 NE 23 NE rectant residuals for c anity and uon-transient non raw or plant samples in to Free chlorine c idual Analysis Metho ig disinfectant analysis ator #	istribution routi a generation for the formation of the f	AVE AVE AVE AVE ine and repeat s rs serving population repeated by DEP or mployed by DEP or mployed by a ce thorized represent	Collection Time 12 N 12 IO P 12 IS P	Type <sup>1</sup> R D D	Res'd (mg/L) 0 1,5 1,8 1,8 1,7 Unless standar Date & tim Date & tim Date & tim Date & tim Date Sign	otherwise ds, and e PWS e DEP/I rrt Issue	the n notifi DOH	Non Coliform	ts are performed as the positive re-	rmed in accordance samples.	rAG [ Q'	EPA1600 Lab Sc s DWI DW Z DW 7	D
Number	(Location or S WE// 588 NE 23 NE 23 NE rectant residuals for c anity and uon-transient non raw or plant samples in t Free chlorine c idual Analysis Metho ng disinfectant analysis rator # 288	istribution routi a consumity system a consumity system of total chlorin a comparison of total chlorin a comparison a comp	AVE AVE AVE AVE ine and repeat s rs serving population repeated by DEP or mployed by DEP or mployed by a ce thorized represent son to Rec	Collection Time 12 N 12 IOP 12 ISP 12	Type <sup>1</sup> R D D	Res'd (mg/L) O I,5 I,8 I,7 Unless standar Date & tim Date Repo Lab Sigu Titte: T Re Re Date Re	otherwise ds, and e PWS e DEP/In rt Issue nature: echnica tisfacte omple peat S placer	the n notified DOH ed: al Die ory ste C Samen by D	ted, all tes asults related by lab of notified by cector or Collection ples Red	ts are performed by the formation of positive reportion of positiv	rmed in accordance samples. esuits: inee DEP/C	rAG Q	EPA1600 Lab Sc s DWI DW Z DW 7	D

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance); C = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Pap; S = Special (Gearance, etc. <sup>4</sup>Defined in Florida Administrative Code Rule 62-160, Table ! DropBox:FCL folder:TColiFormSouth2010.doc Page 1 of 1



See page 4 for instructions.

Ι.	General Information	for the Month/Year of:	November 2010				
۹. ا	Public Water System (P	WS) Information					
	PWS Name: Pineridge					PWS Identification Num	ber: 4471110
ł			Fransient Non-Community	Transie	nt Non-Community	Consecutive	
-		nnections at End of Mont	h: 1		Total Population Se	rved at End of Month:	
	PWS Owner: Pineridge		· · · · · · · · · · · · · · · · · · ·				
	Contact Person: Virgin				Contact Person's Tit	······································	
ļ		ng Address: Po Box 307			City: Lake Placid	State: Fl	Zip Code: 33862
		hone Number: 863-699-1	1582		Contact Person's Fa	x Number:	
	Contact Person's E-Ma						
B. ˈ	Water Treatment Plant						
	Plant Name: Pineridge					Plant Telephone Numbe	
ļ	Plant Address: NE 24 <sup>th</sup>				City: Okeechobee	State: Fl	Zip Code: 34974
	Type of Water Treated			nased Finished V	Vater		
ļ			f Plant, gallons per day: 20	,000			
		bsection 62-699.310(4), 1	A CARD AND A CARD AND A CARD A CA			osection 62-699.310(4), F.A.C.): D	
	Licensed Operators		ame	License Class	License Number	Day(s)/Shift(s)	Worked
	Lead/Chief Operator:	James C. Witteck		С	12687	D	
	Other Operators:	James F. Witteck				Trainee	
		Kevin Moscrip				Trainee	

### II. Certification by Lead/Chief Operator

12/8/10

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.

June Clitters

James C. Witteck

Printed or Typed Name

12687

License Number NUMBER-DATE

02450 APR 13 =

PWS Identification Number: 4471110       Plant Name: Pineridge Park														
III. Daily Data for the Month/Year of: November 2010														
Mean	s of Ach		our-Log Viru		on/Removal: *	Free []	Chlorine		Chlorine	Dioxide		)zone	Combin	ed Chlorine (Chloramines)
					istribution Syst	em: 🛛	Free Chl	orine	Co	mbined C	hlorine (	Chlorami	nes)	Chlorine Dioxide
					T Calculations, or	UV Dose, to De	monstrate F				oplicable*	430 S		
	Days				<u> </u>	CT Calcul	ations	1		<b>.</b>	UV	Dose		
	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	1 20 10 10 10 10 10 10 10 10 10 10 10 10 10	Provided						Residual	
	or Visited				Disinfectant Concentration	Contact Time	Before or						Disinfectant Concentration	
	by		Net Quantity		(C) Before or at	(T) at C Measurement	at First Customer	Temp.		Minimum	Lowest Operating	Minimum	at Remote	Emergency or Abnormal Operating
Day of	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose.	Required,	Point in	Conditions; Repair or Maintenance Work that
the	(Place	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,	Water, if	Required,	mW-	mW-	Distribution	Involves Taking Water System Components
Month	<u>-'X'')</u> X	24	Produced, gal 20900	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm <sup>2</sup>	System, mg/L	Out of Operation
$\frac{1}{2}$		24	20900					·			1		<u>1.7</u> 0.9	
$\frac{1}{3}$	X	24	20900		+ - ·····			<u> </u>					0.9	
4		24	20900		· · · · · · · · · · · · · · · · · · ·						<u> </u>		1.3	
5	X	24	20900					1					0.9	
6		24	20900										1.2	
7		24	20400											
8	<u>X</u>	24	20400	·									2.0	
9 10	X	24 24	26000 25600										2.6	
10	<u>^</u>	24	20000							<u> </u>			2.1	
12		24	25000		+			1		1	1	}	1.7	
13	X	24	29000								1		1.9	
14		24	21600										1.6	
15	<u>X</u>	24	16900		ļ								1.7	
16		24	29100							·		L	1.6	
17	<u> </u>	24	28400		<u>+</u>					ļ	ļ	ļ	1.5	
19		24	<u>31500</u> 22740		+			+		+			1.3	
20	X	24	22660		+					<u>}</u>			1.3	
21		24	30700					ł				+	0.9	
22	X	24	28900										1.0	
23	ļ	24	27700										0.6	
24	<u> </u>	24	27900					+	 			ļ	0.4	
25 26	X	24 24	27200 27630		+			·		+			0.8	
20	<u>A</u>	24	27630		+			<u> </u>		<u> </u>		<u> </u>	0.9	
28		24	26000			· · · · · · · · · · · · · · · · · · ·					1		1.0	·····
29	X	24	26000								1		0.7	
30		24	14600		1			1	<u> </u>				0.8	
31		24												
Total	<u>.</u>		728,900											
Averag			24,296											
		2.0000000000000000000000000000000000000	3 11 3047											

					F	2/	CÁ	Se	FF		1	
	LEMKING WATER MICROBIAL SAMPLE CO				T	Ŧ				۲/	•	
	& LABORATORY REPORT FORMA (f2-550.750 Reporting Format Effective 01/95. Revised 02/2	010)										
	FLOWERS A	3								 i /		L
	CHEMICAL LABORATORIES				La	b R	eceipt D	ate & Ti	me: <u>/1//</u> > /1-15-10	<u></u>	15-6 9A 3:45P	F L
	W Mercantile Place, Suite 111, Port St. Luci e: 772-343-8006 Fax: 772-343-8089	e FL 3498	6				s Date & T Acceptan	îme: ce Criteria		ie	54:30	Ρ
FLDO	H Lab Certification #E86562				San	nple F	Preservation		tected		L6°C ma/L	
Repo	rt Number: 3718	contract Lab	ID:		1				allowing NELAC			
	e > Fac <b>quested:</b> (check all that apply then circle otal Coliform/ <i>E. coli</i> D Total Coliform/Feca			1 below)								
	oliphage 🔲 HPC 🔲 Other:				L						l	
Public V PWS Ad	Vater System (PWS) Name: PINERId drass PT : 70 V S Civner's Phone #	9E F	ARK	Fax #	P 	ws	I.D. [ 0¥6	+ 4 - ECHO	711 BEE	10	<b>)</b>	
Collector	J'M WITTECK			1 ax #	Colle	ector	r's Phone	# 772	-215-5	296	,5	
	Supply (check only one)				-				-			
Comm Limited	unity Water System		nmunity I	Water Syst nming Poc	em I		Transie	ent Non-co	ommunity Wate	er Syst	tem	
	for Sampling: (check all that apply)			_								
	ibutionRoutine 🗋 Distribution Repeat 🗌 Ray											
	rance Replacement (also check type of samp										rous To Count	
Sample	Collection Date: <u>II [74 [70</u>		bsent,	P = Prese	nt, C	= C		· · · · ·	be pompleted			7
	To be completed by collector o Sample Point	1	Samelo	Disinfect		1 1	Method: [					-
Sample Number	(Location or Specific Address)	Collection Time	Sample Type	Res'd (mg/L)	рН		Non Coliform	Total Coliform	Fecal, E. coli Enterococci	Q*	Lab Sc (piu)	]_\
	WE11 # 2	2.M	R	0				A	<i>H</i>		DWI	P
	2805 NE 11TH LN,	220P	D	1.9			$\phi$	A			Dwz	()
	823 NE JOTH AVE.	230P	D	1.7			Q	Æ			Dw3	
							. C					
												_
				1.8								
	f disinfectant residuals for distribution routine and repeat			Unless	otherwi	ise no	oted, all tes	ts are perfo	med in accordar	nce with	h NELAC	
<sup>2</sup> Complete fo 4,900. Do no	r community and con-manslems on-community systems serving population of includer aw or plant samples in the average. Free chlorine or Total chlorine (circle one	ons up to and mell	liding	standar	ds, and	t the r	results relat	e only to th	e samples.			
Disinfecta			-				•	f positive re lab of posit	ive results:			
A certif	th Residual Analysis Method: DOPD Colorimetric □Cr Iforming disinfectant analysis fs: □Employed by DEP or 'op_ator #2Cr or Lauthonzed represent	ertified lab lative of water s	upplier	Date Repo	rt Issue	ed: _		~	<u></u>		ana da se a desta de la de	
				Lab Sig	nature	:		~	>			1
Nan	ne and Mailing Address of Person to Re	ceive Rep	ort	Title: T	echnic	al D	irector or	ab Desig		ОНЦ	ISE ONLY	
-	Jewus Jim U	)iTTEC	K	Inc Re Re Re	peat s place	ete ( Sam mer	Collection aples Rec at Sample	n Informa quired es Requir	tion		OL ONLY	
						-	DEP/DOH:					
IDED Same	e Type Codes: D = Distribution (Routine Compliance);	C = Reneat or	Check:	R = Raw; N	= Entr	y to I	Distribution	P = Plant	Tap; S = Speci	ial (clea	arance, etc.)	

<sup>1</sup>DEP Sample Type Codes: D = Distribution (Routine Compliance <sup>4</sup>Defined in Florida Administrative Code Rule 62-160, Table 1 = Repeat or Check; R = Raw; N = Entry to Distribution; P = Plant Tap; S = Special (clearan DropBox:FCL folder:TColiFormSouth2010.doc Page 1 of 1



See page 4 for instructions.

Ι.	<b>General Information f</b>	or the Month/Y	ear of: December 2010	00					
<b>A</b> . ]	Public Water System (P	WS) Information	l						
[	<b>PWS Name: Pineridge</b>	Park						<b>PWS Identification Num</b>	mber: 4471110
	PWS Type: 🛛 🖸	Community	Non-Transient Non-Co	ommunity	Transier	nt Non-Community	Cor	secutive	
	Number of Service Con	nnections at End	of Month: 1			Total Population S	erved at Er	nd of Month:	
	PWS Owner: Pineridge		orp			·····			
	Contact Person: Virgin	and the second division and the second se		·····		Contact Person's T	itle: owner	and the second se	
	Contact Person's Mailin					City: Lake Placid		State: Fl	Zip Code: 33862
	Contact Person's Telep		63-699-1582			Contact Person's F	ax Number		
	Contact Person's E-Ma								
В.	Water Treatment Plant			·					
	Plant Name: Pineridge		·					Plant Telephone Numb	
	Plant Address: NE 24th					City: Okeechobee		State: Fl	Zip Code: 34974
	Type of Water Treated		Raw Ground Water	THE REAL PROPERTY AND ADDRESS OF	nased Finished V	Vater			
		the second s	pacity of Plant, gallons pe	er day: 20	,000				
	Plant Category (per sul	bsection 62-699.3				and the second state of th	bsection 62	2-699.310(4), F.A.C.): E	A DESCRIPTION OF THE OWNER OWNER
	Licensed Operators		Name		License Class	License Number		Day(s)/Shift(s	s) Worked
	Lead/Chief Operator:	James C. Witteck			C	12687		D	
	Other Operators:	James F. Witteck						Traine	and the second
		Kevin Moscrip						Traine	ee
									······································

### 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.

muschitterk

James C. Witteck

Printed or Typed Name

 $\frac{12687}{\text{License Number Number Number Number OATE}} 02450 \text{ APR } 13 =$ 

#### - +

## 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														
					on/Removal: *	Free	Chlorine		Chlorine	Dioxide		zone	Combir	ned Chlorine (Chloramines)
Ultraviolet Radiation Other (Describe):														
Type	of Disin	fectant R	esidual Main	tained in Di	stribution Syst	em: 🛛	Free Chlo	orine	Cor	nbined C	hlorine (	Chlorami	nes)	Chlorine Dioxide
					CT Calculations, or UV Dose, to Demonstrate Four-Log Virus Inactivation, if Applicable*									
	Days	:			CT Calculations					UV	Dose	]		
1	Plant						Lowest CT						Lowest	
	Staffed				Lowest Residual	Disinfectant	Provided						Residual	
	or				Disinfectant	Contact Time	Before or						Disinfectant	
l	Visited				Concentration	(T) at C	at First					Minimum		
	by		Net Quantity		(C) Before or at	Measurement	Customer	Temp.			Operating	UV Dose	at Remote	Emergency or Abnormal Operating
	Operator	Hours	of Finished		First Customer	Point During	During	of	pH of	CT	UV Dose,	Required,	Point in	Conditions; Repair or Maintenance Work that
the Month	(Place "X")	Plant in	Water	Peak Flow	During Peak	Peak Flow,	Peak Flow,	Water,		Required,	mW-	mW- sec/cm <sup>2</sup>	Distribution	Involves Taking Water System Components Out of Operation
IVIOIIIII	X X	24	Produced, gal 14600	Rate, gpd	Flow, mg/L	minutes	mg-min/L	°C	Applicable	mg-min/L	sec/cm <sup>2</sup>	sec/cm-	System, mg/L 0.4	Out of Operation
$\frac{1}{2}$	<u> </u>	24	21200	·					<u> </u>	<u> </u>	ł		0.4	
$\frac{2}{3}$		24	16000										0.0	
4	x	24	15500										1.0	
5	<u> </u>	24	18150			+							1.0	
6	}	24	18150		<u>+</u>			<u> </u>	<u> </u>	<u> </u>	<u> </u>		0.9	
7	X	24	18700		+			<u> </u>		+	+		0.7	
8		24	18900		1			<u> </u>		<u> </u>	<u> </u>	<u> </u>	1.0	
9	x	24	20300			<u> </u>							1.1	
10	<u> </u>	24	17230		+					·			1.0	
11		24	16870					1			1		1.3	
12	X	24	18100							1			1.1	
13		24	18300		1					1	1	<u> </u>	0.9	
14	X	24	18200			1		1		1			1.0	
15		24	18300					1	1				1.1	
16	X	24	23900										1.2	
17		24	20000										1.5	
18	X	24	21500										1.3	
19	X	24	15650											
20	<u> </u>	24	15650							ļ	ļ	L	1.4	
21		24	15500									1	1.5	
22	X	24	12900	L					ļ	<u> </u>	<u> </u>		1.5	
23		24	24900										1.1	
24	X	24	13400			+						Ļ	1.4	
25		24	15500	<u></u>	+		<u></u>					ļ		
26	X	24	15500				<u> </u>	+		<u> </u>	<u> </u>	ļ	1.	
27	X X	24	12500					+		+			1.1	
28		24	12400							+			1.4	· · · · · · · · · · · · · · · · · · ·
29	v	24	21900							+			1.5	
<u>30</u> 31	X	24 24	<u>21400</u> 19230	+		+			+			<b> </b>	1.0	
Total	1	24	550,330	· · · · · · · · · · · · · · · · · · ·	1	1	1	1	1	1	1	L	1.2	
Average 17,752														
Maxir	·		24,900	-										
INIGYI	uuu		27,300	1										



Jack Long, Director Southeast District Office

SEP 29 2010

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

# 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

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

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02450 APR 13 =

FPSC-COMMISSION CLERK

Mrs. Virginia Gadsen Pine Ridge Park Page 2

-12

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

Please respond in writing by <u>November 1, 2010</u>, 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 <u>Jerry.Toney@dep.state.fl.us</u>.

Sincerely,

José Calas, P.E. SED Drinking Water Program Manager JC/MO/JT

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

# PWS COMPLIANCE INSPECTION CHECKLIST

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

Yes	No NA		Description	Comments			
	Х		Well(s) meet sanitary setbacks	Next to road			
Х			Well pad satisfactory		-		
		X	Sanitary seal satisfactory				
	Х		Raw sample tap satisfactory	Some were not downfacing.			
X			Check valve satisfactory				
		$f_{1} \approx f_{2}^{2}$		an an Charles - March 194			
X			Chlorine residual satisfactory	Chlorine residual	~1.5		
X			Chlorinator in satisfactory condition				
Х			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 r	removed		
X		a series a series and a series of the series	Is housekeeping acceptable				
		X	Is auxiliary power provided				
Х			Is the area secured				
X			Is operator coverage adequate	Operator coverage	3 days/week		
Х			In compliance with all 1° MCLs				
X		1000	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
Comments	apparently has never been inspected for structural integrity.

120 38 Court Vero Beach, Florida 32968

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

# J.C. WITTECK UTILITY SERVICES

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 <u>slight chlorine</u> <u>odor, color change and possibly some cloudiness of the water as increased</u> <u>flushing of the system may stir up particulate matter</u>, 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 8<sup>th</sup> 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 as 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 THURSDSAY, 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



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 <u>Pine Ridge Park</u> AGENCIES <u>FOEP/SED</u>

NAME	TITLE	REPRESENTING	PHONE
JEFF Christian	ES	FDEP	772-380-1265
Jim Gadsden		Pine Ridge	863 441 410 7
Virginia Gadsden		Pine Ridge	863-699-158
Jim WITTECK		PRP	772-215-8965
Lisa M. Self	Envir. Supervisor II	FDEP	561-681-6699
Mierona Homase	ENUR. MNBR.	Fap	50-001-66-98
			· · · · · ·
		· · · · · · · · · · · · · · · · · · ·	
ACTIONS REQUIRE	D:		
1. CONTINUE TO	MONTOR EFF	ELEAT FLOW, ROM	VFROLL
AND POND 6	ever the + 1	ROUDE MONTHLY	REPORTS
2. LETTER OF EX	ADNATION FOR	ITEMS ALREDDY	
		+ PHE IMPROT E	
IMAROVING OF	ERADON - (De	LE N.L.T. 3/25/	
	NE PUMP INST		
+ PHOFOS OF ;	DONS		
+ INFO ON B.	ISIN CLERING DUE	(auter?)	

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# 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 1 1 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 24<sup>th</sup> 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.

"More Protection, Less Process" www.dep.state.fl.us Pine Ridge Park WWTF Facility #: FLA013928 Page 2 of 2

Sincerely,

2m

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, <u>michael.hambor@dep.state.fl.us</u> Jim Witteck, Operator, <u>jcwitteckutilities@comcast.net</u> 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. Pine Ridge Park WWTF Facility #: FLA013928 Page 4 of 6

- 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:

 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.

1000

# 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

# WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

			TY AND INSP				KWATION		@ = Optional	
Nam	e and Physical Location of Facility		WAFR ID:				County	1	Entry Date/Time	
PINE	ERIDGE PARK WWTF		FLA013928				OKEECHOBEE	5	7-16-2010 @ 0910	
ΝĿ	24 <sup>116</sup> AVENUE						Phone	(	@ Exit Date/Time	
OKE	ECHOBEE							5	7-16-2010	
Nam	e(s) of Field Representatives(s)		Title						Phone	
NON	· · ·									
Nam	e and Address of Permittee or Design	ated R	epresentative	Title	e		Phone	(	a) Operator Certification #	
MS.	VIRGINIA GADSDEN									
POST	T OFFICE BOX 307									
LAK	E PLACID, FL 33962-0307									
			and period	OW	NER					
laspe	ection Type C E I	Sampl	es Taken(Y/N): N		@ 9	Sample ID#:		Si	amples Split (Y/N):	
$\boxtimes$	Domestic 🗌 Indu	strial	Were Photos Ta	aken(Y/N)	): N		@ Log book Volu	me :	@ Page	
-10	C = In Compliance: NC = Out Significant Non-Compliance					Complian				
10	1 • Permit	1	3. Laboratory		IC	6 Eaci	lity Site Review	IC	9. ♦ Effluent Quality	
SC	2 Compliance Schedules	10	4 Sampling		NC		Measurement	IC	10. • Effluent Disposal	
		IC	5. • Records & Reports		IC		8. • Operation & / 11. Residu Maintenance			
	13 Other							/	12. Groundwater	
Facil	ity and/or Order Compliance Status:		In-Compliance	Out-C	Df-Comp	liance	Significant	t-Out-Of-C	ompliance	
Reco	mmended Actions:									
Nam	e(s) and Signature(s) of Inspector(s)						District Office/Phon	e Number	Date	
JEFF	CHRISTIAN						SEDB/772-398-2806	i	7-16-2010	
							c.		,	
(ų S	Signature of Reviewer	1			_		District Office/Phon	e Number	Date	
1	( and I'll	noh	\				SEDB/772-398-2806	i	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 24<sup>th</sup> 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:

Name	Organization	<u>Telephone</u>
Jeff Christian, Environmental	Florida Department of	(772)398-2806
Specialist	Environmental Protection	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 1 5 2011 700L 27L0 0005 572L 2LL8 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.

"More Protection, Less Process" www.dep.state.fl.us You are requested to contact **Jeff Christian** at (772) **380-1265** or by email at <u>jeff.christian@dep.state.fl.us</u> 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.

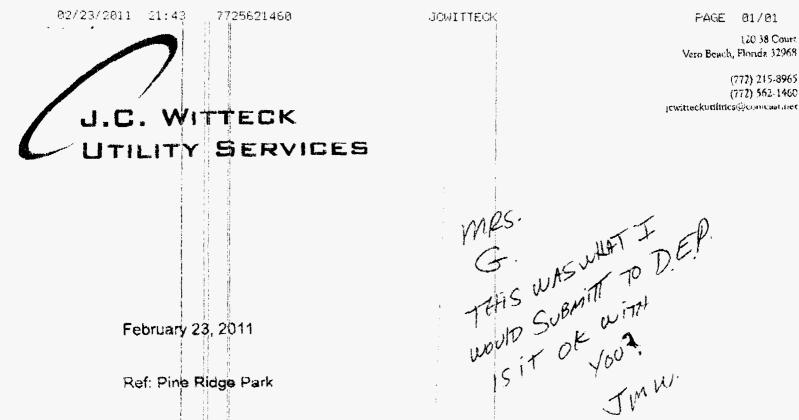
Please be advised that this Warning Letter is part of an agency investigation, preliminary to agency action in accordance with Section 120.57(5) Florida Statutes. We look forward to your cooperation in completing the investigation and resolution of this matter.

Sincerely,

Kevin Claridge Assistant District Director Southeast District

KC/lab/mih/jc

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



Ref: Pine Ridge Park

Attn: Mrl Christian. Mr. Theil

Please be advised that the facility owners at Pine Ridge Park are in process of purchasing an offluent meter for the waste water plant, and we have been accumulating fainfall, 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 A	10 7)
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 2010 February March April May June July 2010 August September October November December Jan, 2011 Total for Year					1,675,569 
If water is purchased fo Vendor Point of delivery If water is sold to other		distribution, list nar			

Meters are read around January 4 July - twice a year. Figures are actual (No coos have been omitted) Pine Ridge Management Corporation P.O. Box 307 Lake Placid, FL 33862 Phone 863-699-1582 Fax 863-260-0583

Item

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 8<sup>th</sup> 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

Sewer Plant 4 Property 10 Number 1-14-37-35-0060-00010-0010 Water Plant Property 10 Number 1-14-37-35-0070-00080-0010 N/ 47.5 4500046 45 415 30' 43 45' 45 45 50 47 430 48 5 44 45 39 40 42 41 38 37 3173 3185 315/ 3167 3133 30 33 3051 3067 3073 30 85 3117 3017 3 7 74 7 Th ane Place and 35 36 95 32 33 34 29 27 28 26 30 25 2 3132 3150 3166 3172 3184 3016 3032 3050 3066 3072 3084 3116 TTI 30 Th 18 21 22 23 24 205 20 17: 19 16 15 20 14 13 3133 3151 3167 31 73 3185 3017 3033 305/ 3067 3073 3084 3117 10 7Th ST. 51 7 Ave 701 67 8 acant 2 % 9 4 to 7 eso, 5 3 6 10 0, 3116 3132 3150 3166 3016 3032 3050 3066 3092 3084 12 62. 6A 5A 4A 3.17 2A 1A SEWER LANC JASON RINAT 70 E Strip Mall Mobile Home Hi wift PINE Ridge PARK



Leonel Avalos 3116 NE 7th Lane Okeechobee, FL 34972

Jerry Breeden 3066 NE 7th Lane Okeechobee, FL 34972

Nancy Christopher 3167 NE 7th Street Okeechobee, FL 34972

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

Wayne Green 3016 NE 7th Street Okeechobee, FL 34972

empty Hale 3150 NE 7th Lane Okeechobee, FL 34972

Darol Jameson 3132 NE 7th Lane Okeechobee, FL 34972

Joan Krallman 1 Jason Lane Okeechobee, FL 34972

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

Eleanor Milke 3084 NE 7th Street Okeechobee, FL 34972

# Pine Ridge MHY

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

Bill Brown 3033 NE 7th Street Okeechobee, FL 34972 Michael Blair 3073 NE 7th Lane Okeechobee, FL 34972

Jeanette Butler 3173 NE 7th Street Okeechobee, FL 34972

Carolyn Duckworth

3116 NE 7th Street

Okeechobee, FL 34972

12 + 13

Item.

Sandra Cope 3067 NE 7th Street Okeechobee, FL 34972

Norman Gerren PO Box 514 Okeechobee, FL 34973 3016 NE 7471 Lane Okeechobee, FL 34972

Olivia Guerrero 3085 NE 7th Lane Okeechobee, FL 34972

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

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

empty Ledferd 3032 NE 7th Street Okeechobee, FL 34972

Carl McDonald 5 Jason Lane Okeechobee, FL 34972

Bill Patchin 3017 NE 7th Street Okeechobee, FL 34972 Richard Green 3185 NE 7th Street Okeechobee, FL 34972

Ruben Guerrero C/O Ruby G. Fallas 4122 Brantley Circle Rockledge, FL 32955 3184 NE MARCA OKeecho bee, FL 34912

Linda Herring 3032 NE 7th Lane Okeechobee, FL 34972

Calle B. Jordan 3 Jason Lane Okeechobee, FL 34972

Richard Lewis 4 Jason Lane Okeechobee, FL 34972

empty McLean 3185 NE 7th Lane 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

empty Smith 3066 NE 7th Street Okeechobee, FL 34972

Clyde Vermillion 3133 NE 7th Street Okeechobee, FL 34972

Gary White 3050 NE 7th Lane Okeechobee, FL 34972 Thomas Sisk 3150 NE 7th Street Okeechobee, FL 34972

empty lot Spurlock PO Box 352 Okeechobee, FL 34973

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

David Wilbur 3151 NE 7th Lane Okeechobee, FL 34972 Dean Sliker PO Box 2172 Okeechaobee, FL 34973 3166 NE 7th Street O Kee cho bee, FL 34972

Marlene VanLaningham 6 Jason Lane Okeechobee, FL 34972

Chester Webb 3033 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 9th Lane 3170 NE 9th Lane 3185 NE 9th Lane

Vacant Lot

3072	NE 7th Lane
3117	NE 7th Lane
3167	NE 7th Lane
3172	NE 7th Lane
2173	NE 7th Lane

Empty

3066 NE 7th Street

Vacant Lot 3073 NE 7+0 Street 3085 NE 7+0 Street 3132 NE 7+0 Street

4 Sewer Plant PR Property 10 Number 1-14-37-35-0060-00010-0010 Water Plant Property 10 Number 1-14-37-35-0070-00080-0010 47.5 50 43 01 46 47 37 **3**8 40 42 398 41 **43** 44<sup>2</sup> 45 3017 3151 3167 3172 30333051 3085 3/33 3/85 B067 B073 3117 7 11 7 Th 3 ne 152 SG 32 33 34 25 26 27 292 28 38 36 95 30 ≻ 3016 3032 3050 3066 3072 3084 M 3116 3132 3150 3166 317 3184 30 Th 18 172 15 16 22 23 24 14 19 13 20 21 3017 3033 305/ 3067 3073 3085 3117 3133 3151 3167 31 23 3185 Ave 57. 5 T 67' 70 Butu 3 3 5 6 ૭ 7 10 30 3016 3032 3050 3066 3072 3084 3116 3132 350 3166 62 6A 5R 4A 3.17 2.4 /A SEWER JASON LANC PINAT 70 E Strip Mall Mobile Home h w H PINE Ridge PARK

water/sewer Customers other than Pine Ridge MHP

LeRoy Alexander 708 NE 28th Ave Okeechobee, FL 34972

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

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

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

Robert Elliott 5735 SE 30th Parkway Okeechobee, FL 34972 1106 NE 28th Aue Okeecho bee, FL 34972

Jay T. Huffman Enterprises PO Box 1015 Okeechobee, FL 34973 853 NE 28+9 Terrace O Reechobee, FL 34972

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

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

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

Ronald Heise 2982 NE 5th Trail Okeechobee, FL 34972 Joe Baker Big Lake Holdings 1410 S. Parrott Ave. #C Okeechobee, FL 34972 715 NE 29th Ave Okeechobee, FL 34972

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

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

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

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

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

Greg Gernat 588 NE 28th Terrace Okeechobee, FL 34972

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

Douglas Hawes 973 NE 29th Terrace Okeechobee, FL 34972

Dorothy Hiscock 2961 NE 5th Trail Okeechobee, FL 34972 Curtis Bishop 714 NE 29th Ave. Okeechobee, FL 34972

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

empty Dailey 2862 NE 5th Trail Okeechobee, FL 34972

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

Gray English 2861 NE 5th Trail Okeechobee, FL 34972

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

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

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

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

LaVerne Holbrook 822 NE 29th Terrace Okeechobee, FL 34972 Lynn S. Huddle 618 NE 28th Ave. Okeechobee, FL 34972

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

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

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

Lorene Landrum 2998 NE 5th Trail Okeechobee, FL 34972

Janet C. Martin PO Box 19 Okeechobee, FL 34973 2842 NE 5th Trail Okeechobee, FL 34977

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

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

Mario Nunez 907 NE 28th Terrace Okeechobee, FL 34972

vacant lot Patel 1007 NE 29th Terrace Okeechobee, FL 34972 Rocky Huddleston 852 NE 28th Terrace Okeechobee, FL 34972

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

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

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

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

Justina Martinez 2801 NE 5th Trail Okeechobee, FL 34972

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

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

Tomas Nunez 2942 NE 5th Trail Okeechobee, FL 34972

John W. Pettit 756 NE 28th Ave. Okeechobee, FL 34972 Daniel T. Hunt 2821 NE 5th Trail Okeechobee, FL 34972

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

Samuel Keck 2991 NE 5th Trail Okeechobee, FL 34972

Jack Kemp 810 NE 28th Terrace Okeechobee, FL 34972

Robert Lyons 1037 NE 28th Terrace Okeechobee, FL 34972

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

James Mendolera 822 NE 28th Terrace Okeechobee, FL 34972

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

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

Kenneth Pilgrim 906 NE 28th Terrace Okeechobee, FL 34972 Raymond Receveur 2822 NE 5th Trail Okeechobee, FL 34972

Raymond Romundo 817 NE 28th Terrace Okeechobee, FL 34972

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

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

Steven Stout 2900 NE 5th Trail Okeechobee, FL 34972

Shirley Tripp 2841 NE 5th Trail Okeechobee, FL 34972

Lucellia Wheaton 1073 NE 29th Terrace Okeechobee, FL 34972

Sterling Wyand NO MAIL 621 NE 3oth Ave. Okeechobee FL 34972 William Reinert 120 SE Lonita Street Stuart, FL 34994 353 NE 29<sup>th</sup> Fervace Okeechobee, FL 34972

•

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

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

Don Stewart 2962 NE 5th Trail Okeechobee, FL 34972

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

Perpetuo Valles 1007 NE 28th Terrace Okeechobee, FL 34972

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

Harry Zimmerman 823 NE 28th Terrace Okeechobee, FL 34972

Additional.

Empty 973 NE 28th Terrace

Maretta Rockwell 823 NE 29th Terrace Okeechobee, FL 34972

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

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

Ronald Stewart 2999 NE 5th Trail Okeechobee, FL 34972

Betty Tremble 876 NE 28th Terrace Okeechobee, FL 34972

Scott Vidal 1105 NE 29th Terrace Okeechobee, FL 34972

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

ce 1006 NE 28th Terrace 1007 NE 28th Terrace 1006 NE 28th Ave



# 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

When Completed mail th	nis report	to: Department of E	invironmental Protection, Southea	ast District.	400 North Congress Aven	ue, sune 200, we	St I ann Deach, I	1, 33401			
PERMITTEE NAME: MAILING ADDRESS:	Pine Ridg Post Offic	e Conagement Corp to Box 307	poration	PERMI	TIMMBER	FLA013928					
		id, ، ال 33862		LIMIT: CLASS	SIZE:	Final N/A		REP: ' GROU		Monthly Domestic	
FACILITY: LOCATION:	Northeast	ge Park Wastewater 7 24th Avenue pee, FL 34974	Treatment Facility		ORING GROUP NUMBI ORING GROUP DESC:		osal, including in	nfluent			
COUNTY:	Okeechol	nee			CHARGE FROM SITE: ORING PERIOD Fro	m: January 1, 20	)10 T	o Jan	uary 31, 20	10	
Parameter	<u></u>		Quantity or Loading	Units	s Qualit	y or Concentra	ation	Unit	s No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 d	ay, 20C	Sample Measurement			2.0 U			MG/		Monthly	Grab
	<b>Y</b> a 1 1	Permit			20.0			MG/	L <sub>end</sub> and a	Monthly	Grab
Mon.Site No. BOD, Carbonaceous 5 d	lay, 20C	Requirement Sample			(An.Avg.) 2.0U			MG/	L	Monthly	Grab
PARM Code 80082 Mon.Site No.	1	Measurement 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	1	Permit			Report			MG/	L	Monthly	Grab
Mon.Site No. Solids, Total Suspended	İ	Requirement Sample Measurement			(Max.) 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	1	Sample Measurement			3.7			MG/	Ľ	Monthly	Grab
PARM Code 00530 Mon.Site No.	1	Permit Requirement			Report (Mo.Avg.)	60.0 (Max.)		MG	Ĺ	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	l j	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	mined Wittent	(772) 215-8965	517264

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

DOCUMENT NUMBER - DATE

02450 APR 13 =

#### DED Form 62-620 910(10). Effective January 29, 1994

# **FPSC-COMMISSION CLERK**

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

FACILITY:	Pine Ridg	e Park Wastewater	Treatment Facilit	y	MONITOR	MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: January 1 2010				PERMIT NUMBER: FLA013928 TO: January 31, 2010			
					MONITOR								
Parameter			Quantity o	r Loading	Units	Q	ality or Concentration	ation	Units	No. Ex.	Frequency of Analysis	S mple Type	
Coliform, Fecal		Sample Measurement				1.00 U			#/100ML	DA.	Monthly	Grab	
PARM Code 74055	<i>с</i> .	Permit				200			#/100ML		Monthly	Grab	
Mon.Site No. Coliform, Fecal		Requirement Sample Measurement				(An.Avg.) 1.00 U			#/100ML		Monthly	Grab	
PARM Code 74055		Permit				Report	Report	800	#/100ML		Monthly	Grab	
Mon.Site No. Total Residual Chlorine (	For	Requirement Sample				(Mo.Median) 1.5	(Weekly)	(Max.)	MG/L		5 Days/Week	gradb	
Disinfection) PARM Code 50060	1	Measurement Permit				0.5			MG/L		5 Days/Week	Grab	
Mon.Site No. Nitrogen, Nitrate, Total (a	as N)	Requirement Sample				(Min.) 2.3			MG/L		Monthly	Grab	
PARM Code 00620		Measurement Permit				Report			MG/L		Monthly	Grab	
Mon.Site No.		Requirement Sample	.024			(Max.)					5 Days/ Week	Meter	
PARM Code 50050		Measurement Permit	0.02		MGD						5 Days/Week	Meter	
Mon.Site No. INF-01 Flow		Requirement Sample	(An.Avg.) .023	.024							5 Days/ Week	Meter	
PARM Code 50050 Mon.Site No. INF-01	G	Measurement Permit Requirement	Report (3-Mo. Avg.)	Report (Mo: Avg.)	MGD						5 Days/Week	Meter	
BOD, Carbonaceous 5 d	lay, 20C	Sample Measurement				190			MG/L		Monthly	Grab	
PARM Code 80082 Mon.Site No. INE-01	G	Permit Requirement				Report (Mo.Avg.)			MG/L		Monthly	Grab	
Solids, Total Suspended	l	Sample Measurement				160			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 Cap 100	acity) x	Sample Measurement				(110.108.)			Percent		Monthly	Calculated	
PARM Code 00180 Mon.Site No. OTH-01	Р	Permit Requirement Sample				Report			PER- CENT		Monthly	Calculated	
		Measurement Permit Requirement											

Permit Number:	FLA013928		DAILY S	AMPLE RE	ESULTS - I		Pine Ridge Park	Wastewater Tre	atment Facilit	v
Monitoring Period			To:	January 31, 20	10					,
CBOE (MG/I		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)	Phosporous (as P)	Nitrite as Total
Code 8008 Mon. Site INF-0		00530	50060	74055	00400	80082	00530	00620		
1	.018	INF-01	EFA-1 1.2	EFA-1	EFA-1 7.3	EFA-1	EFA-1	EFA-1	EFF	EFF
2	.024		1.4	1	7.2	+				
3	.029				1	+	+			
4	.028		0.8		7.3					
5	.024	1		1						
6	.025		1.2	†	7.3					
7	.021		2.2		7.4	1				
8	.021		1.8		7.2					
9	.019		1.2		7.3					
10	.031					1				
11	.028		2.0		7.4	1	1			
12	.026					1	1			
13	.023		2.2		7.3	1				
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					
o. Avg.	0.024		1.5		7.3					
ANT STEEPEdG: y Shift Guarator	Class:	A C	Certificate No:	8192	Na	me: Mark	c Rowan			
ening Shift Operator	r Class:	(	Certificate No:	Trainee	Na	me: Jame	s F. Witteck			
ght Shift Operator	Class:		Certificate No:	Trainee			n Moscrip			
ad Operator	Class		ertificate No	6987			s C. Witteck			

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

Night Shift Operator Lead Operator

,

1

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

## **DAILY SAMPLE RESULTS - PART B**

# HBEL, Inc.

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

#### Client: JC Witteck Utilities

# **CERTIFICATE OF ANALYSIS**

[2036914]

Client: JC Witteck Utilities Wor				orkorder ID:	Pineridge P	ark Mont	hly WW			
Paramsian	Qualifie	r Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: 2036914001 Sample ID: Influent Grab					Sampled: 01/ Matrix: Water	12:20 Basis				
Total Suspended Sc	olids	160	mg/L	14	SM2540 D	WCGE32038		01/20/10 14:15		E96080
CBOD5		190	mg/L	2.0	SM5210 B	WCGE32036		01/19/10 16:10	TCL	E96080
Laboratory ID: 2036914002 Sample ID: Effluent Grab				Sampled: 01/19/10 7:55 Received: 01/19/10 12:20 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 Nitrog	en	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	sР	1.6	mg/L	0.12	EPA 365.4	AUT017934	01/20/10 9:05	01/20/10 14:46	DM	E96080
Total Suspended So	lids	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

I = Analyte detected between the Laboratory Method Detection Limit and Laboratory Reporting Limit <sup>1</sup>Resu Culifiers: U = Not Detected 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

Printed: 1/25/2010

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



 $\left( \right)$ 

#### 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

PERMITTEF NAME:	Pine Ridge * 'magement Corporation Post Office Hox 307			PERMIT NUMBER	FLA013928		
MAILING ADDRESS:	Lake Place 1, 33862		LIMIT: CLASS SIZE:	Final N/A	REFORT: GROUP:	Monthly Domestic	
FACILITY:       Pine Ridge Park Wastewater Treatment Facility         LOCATION:       Northeast 24th Avenue         Okeechobee, FL 34974			MONITORING GROU MONITORING GROU		luding influent	COP	
COUNTY:	Okeechobee			NO DISCHARGE FRO MONITORING PERIO			
Parameter			Quantity or Loading	Units	Quality or Concentration	Units No Ex	
BOD, Carbonaceous 5 d	lay, 20C	Sample Measurement		5.3.	3	MG/L	Monthly Grab
PARM Code 80082 Mon.Site No. BOD, Carbonaceous 5 c	Y lay, 20C	Permit Requirement Sample		20. (An.A 5.3	vg.) <sup>an</sup> a state of the state	MG/L MG/L	Monthly Grab Monthly Grab
PARM Code 80082 Mon Site No.	1	Measurement Permit Requirement		Repo (Mo.A		MG/L	Monthly Grab
Phosphorus, Total (as P	)	Sample Measurement		1.3	1	MG/L	Monthly Grab
PARM Code 00665 Mon.Site No. Solids, Total Suspended	1' <sub>10</sub> 1 1 1 1 2 2 1 1	Permit Requirement Sample Measurement		Repo (Ma: 4.4	$\mathbf{c}$ ) is the set of the set o	MG/L MG/L	Monthly Grab
PARM Code 00530 Mon.Site No. Solids, Total Suspended	Y 1	Permit Requirement Sample Measurement		20. (An.A 4.4	vg.)	MG/L MG/L	Monthly Grab Monthly Grab
PARM Code 00530 Mon.Site No. pH		Permit Requirement Sample		Rep (Mo.A 7.2		MG/L SU	Monthly Grab 5 Days/Week Grab
PARM Code 00400 Mon Site No	1	Measurement Permit Requirement		6.( (Min		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	Crumes (Untitedes	(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 Wastewate	MONITORIN	MONITORING GROUP NUMBER: R-001				PERMIT NUMBER: FLA013928			
			MONITORIN	G PERIOD	From: February	1, 2010	TO: Febru	ary 28,	2010	
Parameter	· · · · · · · · · · · · · · · · · · ·	Quantity of Loading	Units	Qua	lity or Con-	tration	Units	No. Ex.	Frequency of Analysis	Sumple Type
Coliform, Fecal	Sample Measurement			1.00 U			#/100ML	LX.	Monthly	Grab
PARM Code 74055	Y Permit			200			#/100ML		Monthly	Grab
Mon.Site No. Coliform, Fecal	Requirement Sample Measurement			(An.Avg.) 1.00 U			#/100ML		Monthly	Grab
PARM Code 74055	1 Permit			Report	Report	800	#/100ML		Monthly	Grab
Mon.Site No. Total Residual Chlorine				(Mo.Median) 1.5	(Weekly)	(Max.)	MG/L		5 Days/Week	gradb
Disinfection) PARM Code 50060	Measurement 1 Permit			0.5		en de la tradición de la composición de	MG/L		5 Days/Week	Grab
Mon.Site No. Nitrogen, Nitrate, Total	Requirement			(Min.) 0.450			MG/L		Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement			Report (Max.)			MG/L		Monthly	Grab
Flow	Sample	.024							5 Days/ Week	Meter
PARM Code 50050 Mon Site No. INF-01	Measurement Permit Requirement	0.02 (An.Avg.)	MGD	a Sana ang ang ang ang ang ang ang ang ang					5 Days/Week	Meter
Flow	Sample	.024 .024							5 Days/ Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Measurement G Permit Requirement	Report Report (3-Mo. Avg.) (Mo. Avg.)	MGD						5 Days/Week	Meter
BOD, Carbonaceous 5				210	•		MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No. INF-01	Measurement G Permit Requirement			Report (Mo.Avg.)			MG/L		Monthly	Grab
Solids, Total Suspende	ed Sample			190			MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No. INF-01	G Permit Requirement			Report (Mo.Avg.)			MGA.		Monthly	Grab
Percent Capacity, (TMADF/Permitted Ca	Sample						Percent		Monthly	Calculated
100 PARM Code 00180 Mon.Site No. OTH-01	P Permit Requirement Sample			Report			PER- CENT		Monthly	Calculated
	Measurement Permit Requirement						:			

#### DAILY SAMPLE RESULTS - PART B Facility:

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

To: February 28, 2010

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)	Phosporous (as P)	Nitrite as N, Total
Code	80082 INF-01	50050 INF-01	00530 INF-01	50060 EFA-1	74055 EFA-1	00400 EFA-1	80082 EFA-1	00530 EFA-1	00620 EFA-1	EFF	EFF
Mon. Site	INF-01	.055	INF-01	1.6	EFA-1	7.2	EFA-1	EFA-I	EFA-I	EFF	EFF
2		.023		1.0		7.2					
3		.024		2.1		7.3					
4		.021		1.4		7.2		1			
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	The second state of the se				

#### PLANT STAFFING:

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



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 42-339-5984 / Fax: 407-260-6110 Phone 47: 343-8006 / Fax: 772-343-8089 Phone: 973-6878 / Fax: 850: 23-6878 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

Lab #: 116205WW1 Sampled: 0 Parameter CBOD5day TSS	<b>Result</b> 210	Units mg/L		MDL	<b>PQL</b> 2.00 2.00	<b>QC Batch</b> 10144215 10144303	<b>Method</b> SM5210 B SM2540 D	<b>CAS #</b> 36-83-3 E1642818	<b>Analyzed</b> 02/09/10 02/10/10	01:30 PM
Lab #: 116205WW2 Sampled: ( Parameter Fecal Coliform CBOD5day TSS	Result		<b>DF</b> 1.00	<b>MDL</b> 1.00 2.00 1.00	<b>PQL</b> 1.00 2.00 2.00	<b>QC Batch</b> 10143881 10144215 10144303	Method SM9222 D SM5210 B SM2540 D	<b>CAS #</b> E761792 36-83-3 E1642818	Analyzed 02/08/10	01:30 PM 01:30 PM



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## FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597 571 NW Mercantile PL Suite 111, Port St. Lucie FL 3498+ 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: 850-973-6875 / 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: Feb 8, 2010 Feb 17, 2010; invoice: 116267

Lab #: 116267WW1 Sampled: 02/08	/10 09:30 AM De	sc: EFF	ار مرد الملحق م						성장 가족의 이상 관계에서 이상 가족한다. 이 이상 가족과 관계를 통해 있는 것이다.
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Total Nitrogen(as N)	40.1		0				TotNit	17778-88-0	
Nitrate(as N)	0.450	mg/L	1.00	0.0100	0.0200	10143865	EPA353.2	14797-55-8	02/09/10 01:49 PM
Nitrite(as N)	0.370	mg/L	1.00	0.0200	0.0400	10143865	EPA353.2	14797-65-0	02/09/10 01:49 PM
Total Phosphorous(as P)	1.31	mg/L	1.00	0.0400	0.0800	10144371	EPA365.4	7723-14-0	02/17/10
TKN(as N)	39.3	mg/L	20.0	4.00	8.00	10144375	EPA351.2	7727-37-9	02/17/10

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: MAILING ADDRESS:	Pine Ridge Management Corporation	PERMIT NUMBER	FLA013928		
MAILING ADDRESS.	Lake Placid, FL 33862	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP;	Monthly Domestic
FACILITY: LOCATION:	Pine Ridge Park Wastewater Treatment Facility Northeast 24th Avenue Okeechobee, FL 34974	MONITORING GROUP NUMBER: MONITORING GROUP DESC:			C C Z
COUNTY:	Okeechobee	NO DISCHARGE FROM SITE:	1		

MONITORING PERIOD From: March 1, 2010

March 31, 2010

То

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 Mon Site No.	Permit Requirement			20.0 (An.Avg.)	MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.54	MG/L		Monthly	Grab
PARM Code 80082 1 Mon.Site No.	Permit Requirement			Report 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
Phosphorus, Total (as P)	Sample			2.11	MG/L		Monthly	Grab
PARM Code 00665 1	Measurement Permit			Report	MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended	Requirement Sample Measurement			(Max.) 4.80	MG/L		Monthly	Grab
PARM Code 00530 Y	Permit			20.0	MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended	Requirement Sample Measurement			(An.Avg.) 4.80	MG/L		Monthly	Grab
PARM Code 00530 1 Mon.Site No.	Permit Requirement			Report60.0(Mo.Avg.)(Max.)	MG/L		Monthly	Grab
рН	Sample Measurement			7.2 7.5	SU		5 Days/Week	Grab
PARM Code 00400 I Mon.Site No.	Permit Requirement			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	Mary Altherit	(772) 215-8965	4935 M

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 Wastewat	ter Treatment Facility	MONITORING GROUP NUMBER: R-001						PERMIT NUMBER: FLA013928				
				MONITORING PERIOD From: March 1, 20			TO: March 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	LA.	Monthly	Grab			
PARM Code 74055 Y				200			#/100ML		Monthly	Grab			
Mon.Site No. Coliform, Fecal	Requirement Sample			(An.Avg.) 1.00 U			#/100ML		Monthly	Grab			
PARM Code 74055 1	Measurement Permit			Report	Report	800	#/100ML		Monthly	Grab			
Mon.Site No. Total Residual Chlorine (F				(Mo.Median) 1.6	(Weekly)	(Max.)	MG/L		5 Days/Week	gradb			
Disinfection) PARM Code 50060 1	Measurement Permit			0.5			MG/L		5 Days/Week	Grab			
Mon.Site No. Nitrogen, Nitrate, Total (as	•			(Min.) 0.177			MG/L		Monthly	Grab			
PARM Code 00620	Measurement Permit			Report			MG/L		Monthly	Grab			
Mon.Site No. Flow	Requirement Sample	.033		(Max.)					5 Days/ Week	Meter			
PARM Code 50050	Measurement Permit	0.02	MGD						5 Days/Week	Meter			
Mon.Site No. INF-01 Flow	Requirement Sample	(An.Avg.) .033 .033							5 Days/ Week	Meter			
PARM Code 50050 G Mon.Site No. INF-01	Measurement Permit Requirement	Report Report (3-Mo. Avg.) (Mo. Avg.)	MGD						5 Days/Week	Meter			
BOD, Carbonaceous 5 day	•			168			MG/L		Monthly	Grab			
PARM Code 80082 G				Report			MG/L		Monthly	Grab			
Mon.Site No. INF-01 Solids, Total Suspended	Requirement Sample			(Mo.Avg.) 120			MG/L		Monthly	Grab			
PARM Code 00530 G				Report			MG/L		Monthly	Grab			
Mon.Site No. INF-01 Percent Capacity, (TMADF/Permitted Capac 100	Requirement Sample ity) x Measurement			(Mo.Avg.)			Percent		Monthly	Calculated			
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement Sample			Report			PER- CENT		Monthly	Calculated			
	Measurement Permit Requirement												

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Permit Monitor	Number: ring Period	FLA013928 From: Marcl	h 1,2010	To: M	arch 31, 2010			Pine Ridge Park	Wastewater Tre	atment 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)	Phosporous (as P)	Nitrite as N, Total
Code Mon. Site	80082 INF-01	50050 INF-01	00530 INF-01	50060 EFA-1	74055 EFA-1	00400 EFA-1	80082 EFA-1	00530 EFA-1	00620 EFA-1	EFF	EFF
I I		.046	1111-01	2.2		7.3			LIAI	EFF	Err
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: Certificate No: 8192 Name: Mark Rowan А Certificate No: Evening Shift Operator Class: Trainee Name: James F. Witteck Night Shift Operator Class: Certificate No: Trainee Name: Kevin Moscrip Lead Operator Class: D Certificate No: 6987 James C. Witteck Name:

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

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#### **DAILY SAMPLE RESULTS - PART B**



### FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597 571 NW Mercantile PL Suite 111, Port St. Lucie FL 34986 PO. 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 #: Pine Ridge Park Date Sampled: Mar 11, 2010 Mar 24, 2010; Invoice: 118658

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



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 #: Pine Ridge Park Date Sampled: Mar 11, 2010 Mar 19, 2010; Invoice: 118708

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

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

-	•	. 0		, _,				
ERMITTEE NAME: Pine Ridge Management Corporation IAILING ADDRESS: Post Office Box 307		PERMIT NUMBER	FLA013928					
		LIMIT	Final	Final N/A			Monthly	
Dake I lac	u, 11.55002						5	5
Pine Ridg	e Park Wastewater Treatment Facility		1.1/2.4		onoer.		Domesti	•
		MONITORING GROUP NUME	MONITORING GROUP NUMBER: R-001					
Okeechob	ee, FL 34974			cluding influe	nt			
Okeechob	ee	NO DISCHARGE FROM SITE:						
				То	April 3	0, 2010		
	Quantity or Loading	Units Qual	ty or Concentration	<u> </u>	Units	No.	Frequency of	Sample Type
						Ex.	Analysis	
, 20C	Sample	3.70			MG/L		Monthly	Grab
	Measurement						·	
	Permit	20.0			MG/L		Monthly	Grab
		(An.Avg.)						
7, 20C	•	3.70			MG/L		Monthly	Grab
		en e	e e se en trans de la		n a amarco.			and the second
					MG/L		Monthly	Grab
	Requirement	(Mo.Avg.)	(Max.)					
	Sample	3.00			MG/L		Monthly	Grab
	Measurement							
		Report			MG/L		Monthly	Grab
							김 사람은 관계를	
		5.00			MG/L		Monthly	Grab
and share					1.07		State and State	and the second
					MG/L		Monthly	Grab
					МСЛ		Monthly	Grab
		5,00			MO/L		Monuny	Grad
		Report	60.0		MG/L		Monthly	Grab
	Requirement		ふきゅうり たいしん たちゅう しんせい たちしょう しゅうした				ivionium y	Ciat
		이 같은 것은 것 같은 것 같은 것 같은 것 같은 것 같은 것 같은 것			SI I		5 Darm/Wash	Creah
	•	1.2	/.4		50		J Days/ week	Grab
tan kasa		60.000	85		SU		5 Dave/Week	Grab
							J Days WOCK	UIAU
,	Post Offic Lake Plac Pine Ridg Northeast Okeechob Okeechob y, 20C	Post Office Box 307 Lake Placid, FL 33862 Pine Ridge Park Wastewater Treatment Facility Northeast 24th Avenue Okeechobee, FL 34974 Okeechobee y, 20C Sample Measurement Permit Requirement Permit Requirement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Sample Measurement Permit Requirement Permit Permit Permit Permit Permit	Post Office Box 307 Lake Placid, FL 33862 Pine Ridge Park Wastewater Treatment Facility Northeast 24th Avenue Okeechobee, FL 34974 Okeechobee Okeechobee NO DISCHARGE FROM SITE: MONITORING GROUP NUME MONITORING FERIOD Fr Quality or Loading Units Quality or Loading Quality or Loading Units Q	Post Office Box 307       Lake Placid, FL 33862       LIMIT:       Final         CLASS SIZE:       N/A         Pine Ridge Park Wastewater Treatment Facility       MONITORING GROUP NUMBER:       R-001         Northeast 24th Avenue       MONITORING GROUP NUMBER:       R-001         Okeechobee       MONITORING GROUP DESC:       Effluent disposal, ir         Okeechobee       NO DISCHARGE FROM SITE:	Post Office Box 307 Lake Placid, FL 33862 LiMIT: Final CLASS SIZE: N/A MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Effluent disposal, including influe Okeechobee Okeechobee No DISCHARGE FROM SITE: MONITORING PERIOD From: April 1, 2010 To Quantity or Loading Units Quality or Concentration Y, 20C Sample Measurement Permit 20.0 Requirement (An, Avg.) y, 20C Sample 3.70 Measurement Permit Repuirement (Mo. Avg.) (Max.) Sample 3.00 Measurement Permit Requirement (Max.) Sample 5.00 Measurement Permit 20.0 Requirement (Max.) Sample 5.00 Measurement 7.2 7.4 Measurement 7.2 7.4 Measurement 7.2 7.4	Post Office Box 307     Lake Placid, FL 33862     LIMIT:     Final     REPORT       Lake Placid, FL 33862     LIMIT:     Final     REPORT       Pine Ridge Park Wastewater Treatment Facility     NOA     GROUP     GROUP       Northeast 24th Avenue     MONITORING GROUP NUMBER:     R-001     MONITORING GROUP DESC:     Effluent disposal, including influent       Okeechobee     NO DISCHARGE FROM SITE:     MONITORING PERIOD     To     April 3       Quantity or Loading     Units     Quality or Concentration     Units       y, 20C     Sample     3.70     MGA.       Measurement     20.0     MGA.       Permit     20.0     MGA.       Requirement     (Mo.Avg.)     (Max.)       Permit     20.0     MGA.       Requirement     (Mo.Avg.)     (Max.)       Permit     Report     60.0       Measurement     5.00     MGA.       Permit     20.0     MGA.       Requirement     (Max.)     MGA.       Permit     Report     60.0     MGA.       Requirement     5.00     MGA.       Permit     20.0     MGA.       Measurement     5.00     MGA.       Permit     Report     60.0       Measurement     5.	Post Office Box 307 Lake Placid, FL 33862     LIMIT: CLASS SIZE:     Final CLASS SIZE:     REPORT: N/A       Pine Ridge Park Wastewater Treatment Facility Northeast 24th Avenue     MONITORING GROUP NUMBER: CLASS SIZE:     R-001 MONITORING GROUP DESC:     REPORT: Effluent disposal, including influent       Okeechobee     NO DISCHARGE FROM SITE: MONITORING PERIOD     To     April 30, 2010       Verechobee     NO DISCHARGE FROM SITE: MONITORING PERIOD     To     April 30, 2010       Verechobee     Quantity or Loading     Units     Quality or Concentration     Units     No. Ex.       v, 20C     Sample     3.70     MG4.     Ex.       Measurement     20.0     MG4.     Ex.       Permit     20.0     MG4.       Requirement     (Ma.Avg.)     MG4.       Permit     Report     60.0     MG4.       Requirement     (Ma.Avg.)     MG4.       Permit     Report     MG4.       Requirement     (Ma.Avg.)     MG4.       Permit     Report     60.0     MG4.       Requirement     20.0     MG4.       Permit     Report     MG4.       Requirement     (Ma.Avg.)     MG4.       Measurement     20.0     MG4.       Requirement     (Ma.Avg.)     MG4.       Requirement     <	Post Office Rox 307     LIMIT:     Final     REPORT:     Monthly       Lake Placid, FL 33862     LIMIT:     Final     REPORT:     Monthly       Pine Ridge Park Wastewater Treatment Facility     MONITORING GROUP NUMBER:     R-001     GROUP:     Dumesti       Northeast 24th Avenue     MONITORING GROUP DESC:     Effluent disposal, including influent     Final     REPORT:     Monthly       Okcechobee     NO DISCHARGE FROM SITE:     MONITORING PERIOD     To     April 30, 2010     Frequency of Analysis       V. 20C     Sample     3.70     Morting     Monthly     Monthly       Requirement     20.0     Mort.     Monthly       Requirement     (An Avg.)     Mort.     Monthly       y. 20C     Sample     3.70     Mort.     Monthly       Requirement     (Mo.Avg.)     (Max.)     Monthly       y. 20C     Sample     3.70     Mort.     Monthly       Requirement     20.0     Mort.     Monthly       Permit     20.0     Mort.     Monthly       Requirement     (Max.)     Mort.     Monthly       Requirement     (Mo.Avg.)     Mort.     Monthly       Requirement     20.0     Mort.     Mort.     Monthly       Requirement     (Mo.Avg.)<

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

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

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

DOCUMENT NUMBER-DATE 02450 APR 13 =

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1,

FACILITY: Pine R	Lidge Park Wastewate	er Treatment Facility	MONITORING GI	ROUP NUMBER: R-001	PERM	IIT NUMBER: FI	.A01 <b>3928</b>	
			MONITORING PE	ERIOD From: April 1,	2010 TO: A	pril 30, 2010		
Parameter	<u></u>	Quantity or Loading	Units	Quality or Conc	entration Uni		quency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement		1	.00 U	#/1001		Ionthly	Grab
PARM Code 74055 Y Mon.Site No. Coliform, Fecal	Permit Requirement Sample Measurement		(A	200 n.Avg.) .00 U	#/1001 #/1001		Aonthly Aonthly	Grab Grab
PARM Code 74055 1 Mon.Site No. Total Residual Chlorine (For Disinfection)	Permit Requirement Sample			Report Report Median) (Weekly 1.7	800 #/1001 (Max.) MG/		Aonthly vays/Week	Grab gradb
PARM Code 50060 1 Mon.Site No. Nitrogen, Nitrate, Total (as N)	Measurement Permit Requirement Sample		(	0.5 Min.) 2.80	MG/		vays/Week Monthly	Grab Grab
PARM Code 00620 Mon Site No. Flow	Measurement Permit Requirement Sample	.028		Report Max.)	MG		Monthly ays/ Week	Grab Meter
PARM Code 50050 Mon.Site No. INF-01 Flow	Measurement Permit Requirement Sample	0.02 (An.Avg.) .031 .028	MGD				Days/Week ays/ Week	Meter Meter
PARM Code 50050 G Mon.Site No. INF-01	Measurement Permit Requirement	Report Report (3-Mo. Avg.) (Mo. Avg.)	MGD			<b>5</b> [	ays/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			166	net provinsi si en en dui sadensa de elemente en MG. MG.	L	Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01 Solids, Total Suspended	Permit Requirement Sample			Report Io.Avg.) 104	MG MG		Monthly Monthly	Grab Grab
PARM Code 00530 G Mon.Site No. INF-01 Percent Capacity,	Measurement Permit Requirement Sample			Report Io.Avg.)	MG Perci		Monthly Monthly	Grab Calculated
(TMADF/Permitted Capacity) x PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement Sample			Report	PEI		Monthly	Calculated
	Measurement Permit Requirement							

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

#### **DAILY SAMPLE RESULTS - PART B**

FLA013928 Permit Number: Monitoring Period

From: April 1, 2010

To: April 30, 2010

Pine Ridge Park Wastewater Treatment Facility 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)	Phosporous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620		
Mon. Site	INF-01	INF-01 .027	INF-01	EFA-1 2.0	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
2		.027		1.4		7.3					+
3		.023		1.7		1.2					
4		.028		1.3		7.3					
5		.033		1.3		7.3	+				+
6		.033		1.2		1.5					
7		.024		2.0	<u> </u>	7.3					
8		.018		1.4		7.2		+			
9		.029		2.2		7.2					
10		.019		2.2		7.5		+			<u> </u>
11		.019		1.2		7.4					ļ
12		.019		1.2		7.4					
13				1.0		1.5					
13		.017		20							
	166	.018	104	2.0	1.00 U	7.3	3.70	5.00	2.80	3.00	0.0 <b>2</b> 84 I
16	100	.021	104	2.2	1.00 0	7.2	3.70	5.00	2.80	3.00	0.02841
17		.019		1.2		7.3					
		.015		2.4		7.4					
18		.010	;								
19	··· · ··	.044		1.6		7.3		ļ			
20		.023									
21		.024		2.0		7.3					
22		.028		1.4		7.3					
23		.038		1.8		7.3					
24		.033				1.54 Material					
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 STA Day Shift Op		Class:		Certificate No:	8192	Na	me: Mark	c Rowan			
Evening Shif	t Operator	Class:		Certificate No:	Trainee	Na	me: Jame	s F. Witteck			
Night Shift C	Operator	Class:		Certificate No:	Trainee	Na	me: <u>Kevi</u>	n Moscrip			
Lead Operato	or	Class:	_D	Certificate No:	6987	Na	me: Jame	s C. Witteck			



P.O. Box 150597. Altamonte Springs FL 32715-0597 571 NW Mercantille PL Suite 111, Port St. Lucie FL 34986 PO. 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 #: Pine Ridge Park Date Sampled: Apr 15, 2010 Apr 26, 2010; Invoice: 121222

Lab #: 121222WW1 Sampled: 04/15/ Parameter CBOD5day TSS	10 08:00 AM Des Result 166 104	sc: Influent Units mg/L mg/L	DF	<b>MDL</b> 2.00 1.00	<b>PQL</b> 2.00 2.00	<b>QC Batch</b> 10148548 10148718	<b>Method</b> SM5210 B SM2540 D	<b>CAS #</b> 36-83-3 E1642818	<b>Anaiyzed</b> 04/16/10 10:00 AM 04/20/10
Lab #: 121222WW2 Sampled: 04/15/	10 08:10 AM Des	c: Effluent							
Parameter	Result	Units	DF	MDL	PQL		Method	CAS #	Analyzed
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



P.O. Box 150597, Altamonte Springs FL 32715-0597 571 NW Mercantille 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 #: Pine Ridge Park Date Sampled: Apr 15, 2010 Apr 22, 2010; Invoice: 121330

Lab #: 121330WW1 Sampled: 04/15/1	0 08:15 AM De	sc: EFF							
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
Total Nitrogen(as N)	5.48		0				TotNit	17778-88-0	
Nitrate(as N)	2.80	mg/L	1.00	0.0100	0.0200	10148088	EPA353.2	14797-55-8	04/16/10 01:29 PM
Nitrite(as N)	0.0284	mg/L	1.00	0.0200	0.0400	10148088	EPA353.2	14797-65-0	04/16/10 01:29 PM
Total Phosphorous(as P)	3.00	mg/L	1.00	0.0400	0.0800	10148475	EPA365.4	7723-14-0	04/22/10
TKN(as N)	2.65	mg/L	1.00	0.200	0.400	10148477	EPA351.2	7727-37-9	04/22/10



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: 305-743-8559 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 29, 2010 May 10, 2010; Invoice: 122240

Lab #: 122240WW1 Sampled:	04/29/10 07:00 AM	Desc: Effluent								
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed	
TSS	5.00	mg/L	1.00	1.00	2.00	10149649	SM2540 D	E1642818	04/30/10	

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

₽E	RMITTEE NAME:	Pine Ridge Management Corporation	PERMIT NUMBER	FLA013928		
M	AILING ADDRESS:	Post Office Box 307				
		Lake Placid, FL 33862	LIMIT:	Final	REPORT:	Monthly
			CLASS SIZE:	N/A	GROUP:	Domestic
FA	CILITY:	Pine Ridge Park Wastewater Treatment Facility				
LC	CATION:	Northeast 24th Avenue	MONITORING GROUP NUMBER:	R-001		
		Okeechobee, FL 34974	MONITORING GROUP DESC:	Effluent disposal, including influen	nt	

COUNTY: Okeechobee

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

May 31, 2010

То

Parameter		Quantity or Loading	Units	Qualit	y or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			4.4		MG/Ł	2	Monthly	Grab
PARM Code 80082 Y Mon.Site No.	Permit Requirement		()	20.0 (n.Avg.)		MG/L		Monthly	Grab
BOD, Carbonaceous 5 day, 20C	Sample Measurement		(*	4.4		MG/L		Monthly	Grab
PARM Code 80082 1 Mon.Site No.	Permit Requirement			Report 10.Avg.)	60.0 (Max.)	MG/L		Monthly	Grab
Phosphorus, Total (as P)	Sample Measurement			8.1		MG/L		Monthly	Grab
PARM Code 00665 1 Mon.Site No.	Permit Requirement			Report (Max.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement			3.8		MG/L		Monthly	Grab
PARM Code 00530 Y Mon.Site No.	Permit Requirement		Ű	20.0 An.Avg.)		MG/L		Monthly	Grab
Solids, Total Suspended	Sample Measurement		(-	3.8		MG/L		Monthly	Grab
PARM Code 00530 1 Mon.Site No.	Permit Requirement			Report Io.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/E	QD)
James C. Witteck	( dimentifiet	(772) 215-8965	6/25	'IQ

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

DOCUMENT NUMBER-DATE 02450 APR 13 =

**FPSC-COMMISSION CLERK** 

<b>4</b> .		I	DISCHARGE	MONITO	RING REPO	RT - PART A (Cont	inued)					
FACILITY: Pir	ne Ridge Park Wastewate	er Treatment Facili	ty	MONITOR	NU GROUP NU	MBER: R-001		PERMIT	NUMBI	ER: FLA013928		
				MONITORING PERIOD From: May 1, 2010				TO: May 31, 2010				
Parameter		Quantity o	r Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type	
Coliform, Fecal	Sample Measurement				1.00 U			#/100ML	цл.	Monthly	Grab	
PARM Code 74055 Y	Permit				200			#/100ML		Monthly	Grab	
Mon.Site No. Coliform, Fecal	Requirement Sample				(An.Avg.) 1.00 U			#/100ML		Monthly	Grab	
PARM Code 74055	Measurement Permit				Report	Report	800	#/100ML		Monthly	Grab	
Mon.Site No. Total Residual Chlorine (For Disinfection)	Requirement Sample				(Mo.Median) 2.1	(Weekly)	(Max.)	MG/L		5 Days/Week	gradb	
PARM Code 50060 1	Measurement Permit				0.5			MG/L		5 Days/Week	Grab	
Mon.Site No. Nitrogen, Nitrate, Total (as N	•				(Min.) 3.6			MG/L		Monthly	Grab	
PARM Code 00620	Measurement Permit				Report			MG/L		Monthly	Grab	
Mon.Site No. Flow	Requirement Sample	.019			(Max.)					5 Days/ Week	Meter	
PARM Code 50050	Measurement Permit	0.02		MGD						5 Days/Week	Meter	
Mon.Site No. INF-01 Flow	Requirement Sample Measurement	(An.Avg.) .026	.019							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, 2	•	χ <u>υ</u>	ζ U		210			MG/L		Monthly	Grab	
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report			MG/L		Monthly	Grab	
Solids, Total Suspended	Sample Measurement				(Mo.Avg.) 110			MG/L		Monthly	Grab	
PARM Code 00530 G Mon.Site No. INF-01	Permit Requirement				Report			MG/L		Monthly	Grab	
Percent Capacity, (TMADF/Permitted Capacity 100	Sample				(Mo.Avg.)			Percent		Monthly	Calculated	
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement Sample Measurement				Report			PER- CENT		Monthly	Calculated	
	Permit Requirement					· · · · · · · · · · · · · · · · · · ·						

#### **DAILY SAMPLE RESULTS - PART B**

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)	Phosporous (as P)	Nitrite as N Total
Code Mon. Site	80082 INF-01	50050 INF-01	00530 INF-01	50060 EFA-1	74055 EFA-1	00400 EFA-1	80082	00530	00620 EFA-1	LEE	EEE
1	101-01	.023				EFA-I	EFA-1	EFA-1	ErA-I	EFF	EFF
2	<u></u>	.023		2.4		7.4					<b>}</b>
3		.028		2.2	· · · · · · · · · · · · · · · · · · ·	7.3	+				<u> </u>
4		.022		+			1				
5		.026		1.8		7.3	1				
6	······	.023		1.4		7.3					1
7		.017		2.0		7.3	1				
8		.017					1				
9		.018		2.2		7.3					
10		.020		3.0		7.4	1				
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					
	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									, <u></u>
30		.026		1.2		7.3					
31		.017		2.2		7.3					
Total		0.59		46.3		161					
Ao. Avg.		.019		2.1		7.3					·······
ANT STA ay Shift Op		Class:	<u>A</u>	Certificate No:	8192	Na	me: Ma	rk Rowan		<b> _</b>	<u> </u>
ening Shift	Operator	Class:		Certificate No:	Trainee	Na	me: Jan	nes F. Witteck			
ght Shift O	perator	Class:		Certificate No:	Trainee			in Moscrip			
ad Operato	-	Class:		Certificate No:	6987	Na		nes C. Witteck			

٠

Permit Number:

Monitoring Period

FLA013928

From: May 1, 2010

# HBEL, Inc.

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

### CERTIFICATE OF ANALYSIS

#### [2038442]

#### Client: JC Witteck Utilities

#### Workorder ID: Pineridge Park Monthly WW

Parameter	Qualifier Resu	1 It Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
Laboratory ID: Sample ID:	2038442001 Influent Grab			Sampled: 05/18/1 Matrix: Water		Received reported on	: 05/18/10 Wet Weight B		
Total Suspended S	olids 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: Sample ID:	2038442002 Effluent Grab			Sampled: 05/18/1 Matrix: Water			: 05/18/10 Wet Weight B		
Nitrate as N	3.6	mg/L	0.0030	EPA 300.0	IC8391		05/18/10 14:57	JL	E96080
Nitrite as N	0.002	2U mg/L	0.0022	EPA 300.0	IC8391		05/18/10 14:57	JL	E96080
Total Kjeldahl Nitrog	gen <b>2.3</b>	mg/L	0.090	EPA 351.2	AUTO18295	05/24/10 11:00	05/24/10 15:34	٦٢	E96080
Total Nitrogen	5.8	mg/L	0.048	EPA 351.2	CALC5782		05/25/10 11:53	DH	E96080
Total Phosphorus a	sP <b>8.1</b>	mg/L	0.12	EPA 365.4	AUT018296	05/24/10 11:00	05/24/10 15:31	JL	E90080
Total Suspended Se	olids 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	TĈL	E96080
Fecal Coliform	1.0U	CFU/100mL	1.0	SM9222 D	MICR14386		05/18/10 12:10	SP	E96080

<sup>1</sup>Result 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

Printed: 5/27/2010

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



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: MAILING ADDRESS;	Pine Rid	ge Management Corporation		PERMIT NUMBER		FLA013928					
		cid, FL 33862		LIMIT:		Final		REPORT	F:	Monthly	
EACH ITY	D' D'I			CLASS SIZE:		N/A		GROUP		Domesti	
FACILITY: LOCATION:	Northeas	ge Park Wastewater Treatmen t 24th Avenue	t Facility	MONITORING GROUP	NUMBER	R-001					
	Okeecho	bee, FL 34974		MONITORING GROUP	DESC:	Effluent disposal, in	cluding influe	ent			
COUNTY:	Okeecho	bee		NO DISCHARGE FROM	4 SITE:	1					
				MONITORING PERIOD	From:	June 1, 2010	То	June 3	0, 2010		
Parameter		Quai	ntity or Loading	Units	Quality	or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 d	ay, 20C	Sample Measurement		3.52				MG/L	B.r.	Monthly	Grab
PARM Code 80082 Mon.Site No.	Y	Permit Requirement		20.0 (An.Avg				MG/L		Monthly	Grab
BOD, Carbonaceous 5 d	ay, 20C	Sample Measurement		3.52	<b>9</b> Halan ( ) - 2 - 3			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.		Permit Requirement		Report		60.0		MG/L		Monthly	Grab
		tike formusko jelo gere jugo bi	방송 관람이 나는 운영	(Mo.Avg	20122	(Max.)					전 : 18 동안은 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 19 1
Phosphorus, Total (as P)		Sample Measurement		2.58				MG/L		Monthly	Grab
PARM Code 00665	1	Permit		Report				MG/L		Monthly	Grab
Mon Site No.		Requirement	일로 가슴도 많아졌을	(Max.)					1 194 Per	가 같이 있는 것이다. 이가 있는 것이다. 같은 것이 같은 것이 같은 것이 같은 것이 같은 것이 같이	
Solids, Total Suspended		Sample Measurement		8.80				MG/L		Monthly	Grab
	Y	Permit	27일 : 20일 : 20 20일 : 20일 : 20g : 20g : 20g 20일 : 20g	20.0		김 아무는 것 같은 것		MG/L		Monthly	Grab
Mon Site No.		Requirement	이 아직 것은 같은 동물감 것	(An.Avg	.)		n Sustan 1933) Tamin Susta			이는 아버지, 방문, 것이다. 그는 바람은 것이 있는 것이다.	
Solids, Total Suspended		Sample Measurement		8.80				MG/L		Monthly	Grab
PARM Code 00530	1 200 4.5.0	Permit		Report		60.0	an a	MG/L		Monthly	Grab
Mon.Site No.		Requirement		(Mo.Avg		(Max.)				wonting	VIEV
pН		Sample	an an an an an an an Ara. An	tany a salituble of 12 states 7.2	ie tean.	7.4		SU		5 Days/Week	Grab
		Measurement									0.10
PARM Code 00400	1	Permit	가 있는 법물을 가 가장 요즘 제품은 것은 것은 것을 했다.	6.0		8.5		SU		5 Days/Week	Grab
Mon.Site No.		Requirement		(Min.)	이 아파니 말한	(Max.)			11. 11. 11. 11. 11. 11. 11. 11. 11. 11.		

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.

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

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

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

**FPSC-COMMISSION CLERK** 

FACILITY: Pin	ne Ridge Park Wastewater Treatm	ent Facility	MONITORING GROUP	NUMBER: R-001	PERMIT NUN	PERMIT NUMBER: FLA013928			
			MONITORING PERIOD	From: June 1, 2010	TO: June 30, 2010				
Parameter	Qı	antity or Loading	Units	Quality or Concentration	Units No Ex		Sample Type		
Coliform, Fecal	Sample Measurement		1.00 U		#/100ML	Monthly	Grab		
PARM Code 74055 Y	Permit		200	orthe or the order of the second s	#/100ML	Monthly	Grab		
Mon.Site No.	Requirement		(An.Avg.	요즘 전 동네를 사장한 관람들을 걸렸			친구는 그림하는		
Coliform, Fecal	Sample Measurement		1.00 Ŭ		#/100ML	Monthly	Grab		
PARM Code 74055 1	Permit		Report	Report 800	#/100ML	Monthly	Grab		
Mon.Site No.	Requirement		(Mo.Media	- A 1995 - S. 2010 - C. 30 - C. 1997			성 등 방법 않네		
Total Residual Chlorine (For	Sample		2.0	(ivins)	., MG/L	5 Days/Week	gradb		
Disinfection)	Measurement		2.0			<i>c Dujb,</i>	8.400		
PARM Code 50060 1	Permit		0.5		MG/L	5 Days/Week	Grab		
Mon.Site No.	Requirement		(Min.)	방법 영상 결혼은 것을 들었다. 글 밖		J Duys week	Çî û		
Nitrogen, Nitrate, Total (as N	) Sample Measurement	en en Statustan in statusta substatus.	0.488		MG/L	Monthly	Grab		
PARM Code 00620 Mon.Site No.	Permit Requirement		Report (Max.)		MG/L	Monthly	Grab		
Flow	Sample .01 Measurement	19 19	ugune or again an geology, an cons <b>ciences, p</b>	n for en el la tradection de la Répública de la California de la California de la California de la California d		5 Days/ Week	Meter		
PARM Code 50050 Mon.Site No. INF-01	Permit 0.0 Requirement (An.A		MGD			5 Days/Week	Meter		
Flow	Sample .02 Measurement					5 Days/ Week	Meter		
PARM Code 50050 G Mon Site No. INF-01	Permit Rep Requirement (3-Mo.		MGD			5 Days/Week	Meter		
BOD, Carbonaceous 5 day, 2	20C Sample Measurement		207	an an an an Arland a Arland a start an Arland an Arl	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		50.0	/ Long ta takan sering akara da kata	MG/L	Monthly	Grab		
PARM Code 00530 G	Permit		Report		MG/L	Monthly	Grab		
Mon.Site No. INF-01	Requirement		(Mo.Avg						
Percent Capacity,	Sample		digiting and the	🗴 n har waxe kuntoka anto ole dimensi kunto da	Percent	Monthly	Calculated		
TMADF/Permitted Capacity						Womany	Calculated		
PARM Code 00180 P. Mon.Site No. OTH-01	Permit Requirement Sample Measurement		Report		PER- CENT	Monthly	Calculated		
a foi distoria entre da	Permit			en l'anne an ann an thatair an tha an tha	NAME OF A DESCRIPTION	. Estudios en estado	ALC: THE ADDRESS		
	Requirement	승규는 승규는 것이 같아?		하는 이 영양을 많이 관광했다. 말하는 것이다.					

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

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

#### DAILY SAMPLE RESULTS - PART B

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

To: June 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)	Phosporous (as P)	Nitrite as N, Total
Code	80082	50050	00530	50060	74055	00400	80082	00530	00620	E DE	EEE
Mon. Site	INF-01	INF-01 .025	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFF	EFF
2		.023		2.4		7.4		1			
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		1			
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:
D 01'	0.0

1

Day Shift Operator	Class:	<u>A</u>	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



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 Hws 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

Lab #: 125852WW1 Sampled: 06/17	7/10 07:00 AM De	sc: 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	



PO. Box 150597. Altamonte Springs FL 32715-0597 571 NW Mercantile PI, Suite 111, Port St. Lucie FL 34986 PO. 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 #: Pine Ridge Park Date Sampled: Jun 17, 2010 Jun 29, 2010; Invoice: 125724

Lab #: 125724WW1 Sampled: 06/17/1	0 07:10 AM De:	sc: Influent							
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
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
	and a set of the set of the set	ni, ma s <b>econd</b> arian da la secondaria	ang dalah si tangga	676-16- <b>0</b> 70 <b>7</b> 0	and high a mean series		n - Charles and a statement of	mmanus i compressi consta	981.1911-1916 - 1.921-1918-1819-1.0218-1911 - 202011
Lab #: 125724WW2 Sampled: 06/17/1	the second second to be second to be second to the	service relation in device provide reaction				17 관람 중소가			
Parameter	0 07:00 AM De Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
<ol> <li>C. M. Martin, M. Martin, A. Martin, M. M. Martin, M. M. Martin, and M. M. Martin, M Martin, M. Martin, M. M Martin, M. Martin, M.</li></ol>	the second second to be second to be second to the	service relation in device provide reaction	<b>DF</b> 1.00	<b>MDL</b> 1.00	<b>PQL</b> 1.00	QC Batch 10152275	Method SM9222 D	<b>CAS #</b> E761792	Analyzed 06/17/10 11:20 AM
Parameter	Result	Units	1.00						· · · · · · · · · · · · · · · · · · ·

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:		e Management Corporation		PERMIT NUMBER	FLA013928					
MAILING ADDRESS:	Lake Plac	ee Box 307 rid, FL 33862		LIMIT: CLASS SIZE:	Final N/A		REPORT: GROUP:	:	Monthly Domestic	;
FACILITY: LOCATION:	Northeast	e Park Wastewater Treatment Facil 24th Avenue pee, FL 34974	ity	MONITORING GROUP N MONITORING GROUP DI		al, including influ	ent			
COUNTY:	Okeechol	Dec		NO DISCHARGE FROM S MONITORING PERIOD	ITE: From: July 1, 2010	То	July 31	, 2010		
Parameter		Quantity	or Loading	Units Q	uality or Concentrat	ion	Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 d	ay, 20C	Sample		2.0U			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	Y	Measurement Permit		20.0			MG/L		Monthly	Grab
BOD, Carbonaceous 5 d	ay, 20C	Requirement Sample Measurement		(An.Avg.) 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		a (	n en son an stand a specificad.		MG/L		Monthly	Grab
PARM Code 00665	1	Permit		Report			MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended		Requirement Sample Measurement	약산방법: 1.8 - 1283 -	<b>(Max.)</b> 2.1		Actemic Antolaet	MG/L		Monthly	Grab
	Y	Permit		20.0			MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended		Requirement Sample Measurement	알림 관계가 가지? 	(An.Avg.) 2.1	영상 성과 가도 가다. 		MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No.		Permit Requirement		Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
рН		Sample Measurement		7.2	7.4		SU		5 Days/Week	Grab
PARM Code 00400 Mon Site No	<b>1</b>	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	Chimo altitlee	(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

an Alexandre

FACILITY:	Pine Ridge Park Wastewater	Treatment Facility	MONITORING GROUP	NUMBER: R-001	PERMIT NUM	PERMIT NUMBER: FLA013928			
			MONITORING PERIOD	From: July 1, 2010	TO: July 31, 20	10			
Parameter		Quantity or Loading	Units	Quality or Concentration	Units No Ex	A 1	Sample Type		
Coliform, Fecal	Sample Measurement		1.00 U		#/100ML	Monthly	Grab		
PARM Code 74055 Y		使某些性不能是无论的感情的问题。	200	Ben filmen ander Bilden von Althougens – 185	#/100ML	Monthly	Grab		
Mon.Site No.	Requirement	한 것 집 것 같은 것 이 것 같아요.	(An.Avg.)			монину	Giau		
Coliform, Fecal	Sample		1.00 U		#/100ML	Monthly	Grab		
	Measurement		1.00 0			Montiny	Grue		
PARM Code 74055 1	Permit	人名布弗曼尔 医白发色 品牌中心	Report	Report 800	#/100ML	Monthly	Grab		
Mon.Site No.	Requirement		(Mo.Media			(including)			
Total Residual Chlorine (F	or Sample		1.9		MG/L	5 Days/Week	gradb		
Disinfection)	Measurement					e bujo n ten	Breat		
PARM Code 50060 1	Permit		0.5		MG/L	5 Days/Week	Grab		
Mon.Site No.	Requirement		(Min.)	그는 그는 것은 말을 물었다.					
Nitrogen, Nitrate, Total (as			0.16		MG/L	Monthly	Grab		
	Measurement					,			
PARM Code 00620	Permit	김 외학교들의 문화 영향 영향	Report	승규는 말 동안들은 것은 것을 수요. 것은	MG/L	Monthly	Grab		
Mon.Site No.	Requirement	승규는 지지는 것을 몰랐다. 물망하는 것	(Max.)	이는 것이 같은 것이 있는 것은 것 같이 있을까? 것이다. 같은 것 같은 것은 것이 같은 것은 것은 것이 같은 것이 같이 같이 같이 없다.					
Nitrogen, Total (as N)	Sample		14		MG/L	Monthly	Grab		
an a	Measurement								
PARM Code 00600	Permit		Report	양도, 이상 회원 중소한 가슴 소설했는	MG/L	Monthly	Grab		
Mon. Site No. EFA-01	Requirement		(Max.)			그는 그 같은 같은 것			
Flow	Sample	.017				5 Days/ Week	Meter		
and the second second second	Measurement								
PARM Code 50050	Permit	0.02	MGD	슬 좀 그렇는 말 같다. 물로 가지 않는다.		5 Days/Week	Meter		
Mon.Site No. INF-01	Requirement	(An.Avg.)			이 같은 것 같은 것 같아요.				
Flow	Sample	.019 .017		i ng generalyon ing pangang seterah panjang Tang generalyon		5 Days/ Week	Meter		
	Measurement					5 Days/ Week	iviete:		
PARM Code 50050 G		Report	MGD	소 그는 그는 그는 물건을 하지만 하는 것		5 Days/Week	Meter		
Mon.Site No. INF-01		(3-Mo. Avg.) (Mo. Avg.)				5 Dujbi ii cox	1410101		
BOD, Carbonaceous 5 day	, 20C Sample	(e	190		MG/L	Monthly	Grab		
,	Measurement		170			Wolling	Giuo		
PARM Code 80082 G			Report		MG/L	Monthly	Grab		
Mon.Site No. INF-01	Requirement		(Mo.Avg.	삼 만입 것 곳 날린 것 같이 않는		moniny	0.40		
Solids, Total Suspended	Sample		180	<ul> <li>Long to the process are present to a second the present of the prese</li></ul>	MG/L	Monthly	Grab		
	Measurement		100			montiny	Giuo		
ARM Code 00530 G			Report		MG/L	Monthly	Grab		
Mon.Site No. INF-01	Requirement		(Mo.Avg.			······			
Percent Capacity,	Sample		85	<ul> <li>A set of the set of</li></ul>	Percent	Monthly	Calculated		
TMADF/Permitted Capaci 00							Juliuluu		
ARM Code 00180 P	Permit		Report (0.0	2) - Contra Constantin Digenting Astronom	PER-	Monthly	Calculated		
Aon.Site No. OTH-01	Requirement	이상 눈이 집 것은 것이 나는 것은 것을 많다.	Report (o.c		CENT	within	Cuivaratou		

	Number: ring Period	FLA013928 From: July 1	, 2010		30, 2010	JULIS-1		Pine Ridge Park	Wastewater Tre	atment 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 7.3	EFA-1	EFA-1	EFA-1	EFA	EFA-01
2		.012		2.4	· · · · · · · · · · · · · · · · · · ·	7.2					
3	<b></b>	.003		1.6		7.2					
4		.019		1.0							
5	<del></del>	.014					<del>}</del>				
6		.014		2.4		7.3				ļ	
7				2.4		7.2	<u> </u>				
8		.023				7.2		····   ·····			
9		.012		2.4			<u> </u>				
		.018		1.2		7.2					
10		.014		2.0		7.3			ļ		
11		.015					ļ				
12		.015		1.0		7.2	ļ				
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		+		<u> </u>	

#### PLANT STAFFING:

.

Day Shift Operator	Class:	<u>A</u>	Certificate No:	8192	Name:	Mark Rowan
Evening Shift Operator	Class:	<u></u>	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

#### DAILY SAMPLE RESULTS - PART B

## 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	1 Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
	2039154001 Influent Grab (07/1	5/10)		Sampled: 07/15/ Matrix: Water			: 07/15/10 Wet Weight B		
Total Suspended Sc	olids 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
······································	2039154002 Effluent Grab (07/1	5/10)		Sampled: 07/15/ Matrix: Water			: 07/15/10 Wet Weight B		
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 Nitrog	en 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	sP <b>1.5</b>	mg/L	0.12	EPA 365.4	AUTO18507	07/21/10 12:15	07/21/10 17:11	JL	E96080
Total Suspended So	lids 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

<sup>1</sup>Result 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 **# E9**6080 4155 St. Johns Pkwy Suite 1300 Sanford, FL 32771 FDOH # E83509



Printed: 7/27/2010

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

and a support a man	morepor	······································		a de la competition de la general			, ,				
		ge Management Corporati ce Box 307	on	PERMIT NUMBER	FLA01	3928					
	Lake Pla	cid, FL 33862		LIMIT: CLASS SIZE:	Final N/A			REPORT GROUP:		Monthly Domesti	
	Northeas	ge Park Wastewater Treatr t 24th Avenue bee, FL 34974	nent Facility	MONITORING GROUP NU MONITORING GROUP DE		t disposal, including	g influen	t			
COUNTY:	Okeecho	bee		NO DISCHARGE FROM S MONITORING PERIOD	TE: From: August	1, 2010	То	Augus	t 31, 2010	0	
Parameter		Q	Quantity or Loading	Units Q	uality or Conc	centration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 da	ay, 20C	Sample Measurement		2.28				MG/L	23.11	Monthly	Grab
	Y	Permit		20.0				MG/L		Monthly	Grab
Mon.Site No. BOD, Carbonaceous 5 da	ay, 20C	Requirement Sample Measurement		(An.Avg.) 2.28				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		2.28				MG/L		Monthly	Grab
PARM Code 00665	١	Permit Requirement		Report (Max.)				MG/L		Monthly	Grab
Solids, Total Suspended		Sample Measurement		4.80				MG/L		Monthly	Grab
PARM Code 00530	Y	Permit		20.0				MG/L		Monthly	Grab
Solids, Total Suspended		Requirement Sample		(An.Avg.) 4.80				MG/L		Monthly	Grab
PARM Code 00530 Mon.Site No.	ı A	Measurement 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	<b>1</b> (27) (2)	Permit Requirement		6.0 (Min.)	8.5 (Max.)	and a start of the second s		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	SUCHATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
James C. Witteck	Anned Witter	(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** 

2

#### 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	<u></u>	Quantity or Loading	Units	Quality or Concentration	Units	No. F Ex.	requency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement			1.00 U	#/100ML	2011	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 1 Mon.Site No.	Permit Requirement			Report Report 800 (Mo.Median) (Weekly) (Max.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement			2.0 (Weekly) (Wax.)	MG/L	5	Days/Week	gradb
PARM Code 50060 1 Mon.Site No.	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 G Mon.Site No. INF-01	Permit Requirement (3	Report Report -Mo. Avg.) (Mo. Avg.)	MGD			5	Days/Week	Meter
BOD, Carbonaceous 5 day, 20C	Sample Measurement			262	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			144	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			65	Percent		Monthly	Calculated
PARM Code 00180 P Mon Site No. OTH-01	Permit Requirement			Report (0.02)	PER- CENT		Monthly	Calculated

				DAILY SA	AMPLE RE	SULTS - F	PART B				
	Number: ring Period	FLA013928 From: Augu	st 1, 2010	To: A	ugust 30, 2010		Facility:	Pine Ridge Park	Wastewater Tre	atment 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	20600
Mon. Site	INF-01	INF-01 .016	INF-01	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA	FA-01
2		.016		1.0		7.2	1			·	
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		-			1				
9		.017		2.0		7.2	1			<u> </u>	
10	262	.016	144	<u> </u>	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				<u> </u>							
Total		0.417	alana di ci seratu a	39		146.4					
Mo. Avg.		0.013		2.0		7.3					
PLANT STA Day Shift O		Class:	_ <u>A</u>	Certificate No:	8192	Na	me: Mai	k Rowan			
Evening Shi	ift Operator	Class:		Certificate No:	Trainee	Na	me: Jam	es F. Witteck			
Night Shift	Operator	Class:		Certificate No:	Trainee	Na	me: Kev	in Moscrip			

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

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

Lead Operator

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## FLOWERS CHEMICAL LABORATORIES INC.

P.O. Box 150597, Altamonte Springs FL 32715-0597 571 NW Mercantile Pl. Suite 111, Port St. Lucle FL 34986 PO. 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: Aug 10, 2010 Aug 19, 2010; Invoice: 129868

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



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: 805-743-8598 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: Aug 10, 2010 Aug 13, 2010; Invoice: 129921

#### **Analysis Report**

Lab #: 129921WW1 Sampled: 08/	10/10 09:00 AM De	sc: EFF		naraan inta dayaa Ayyah ya Qaayaa					
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
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

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

	ME: Pine Ridge Management Corporation RESS: Post Office Box 307	PERMIT NUMBER	FLA013928		
	Lake Placid, FL 33862	LIMIT: CLASS SIZE:	Final N/A	REPORT: GROUP:	Monthly Domestic
FACILITY	Ding Didge Dark Westquater Treatment Equility				

 FACILITY:
 Pine Ridge Park Wastewater Treatment Facility

 LOCATION:
 Northeast 24th Avenue

 Okcechobee, FL 34974
 MONITORING GROUP NUMBER: R-001

COUNTY: Okeechobee

4;

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	2.11	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			Report60.0(Mo.Avg.)(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 60.0 (Mo.Avg.) (Max.)	MG/L		Monthly	Grab
рН	Sample Measurement			7.2 7.4	SU		5 Days/Week	Grab
PARM Code 00400 1 Mon Site No.	Permit Requirement			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.

James C. Witteck (772) 215-8965 10/27/(C	NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGN	IATU	RE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DAT	E (YY/MN	A/DD)
	James C. Witteck				27	IO

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

DOCUMENT NUMBER-DATE

02450 APR 13 =

**FPSC-COMMISSION CLERK** 

#### 

Pine Ridge Park Wastewater Treatment Facility

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

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: September 1, 2010

TO: September 30, 2010

PERMIT NUMBER: FLA013928

				IGTERROP	Tiom. September 1, 2010					
Parameter		Quantity or Loading	Units	Q	ality 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. Coliform, Fecal	Requirement Sample			(An.Avg.) 1.00 U			#/100ML		Monthly	Grab
PARM Code 74055 1 Mon.Site No.	Measurement Permit			Report		800 (av.)	#/100ML		Monthly	Grab
Total Residual Chlorine (For	Requirement Sample			(Mo.Median) 1.8	(Weekly) (N	Max.)	MG/L		5 Days/Week	gradb
Disinfection) PARM Code 50060 1 Mon.Site No.	Measurement Permit			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Requirement Sample Measurement			0.29			MG/L		Monthly	Grab
PARM Code 00620 Mon.Site No.	Permit Requirement			Report (Max.)			MG/L		Monthly	Grab
Nitrogen, Total (as N)	Sample Measurement			13			MG/L		Monthly	Grab
PARM Code 00600 Mon. Site No. EFA-01	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	.016 .019							5 Days/ Week	Meter
PARM Code 50050 G 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 Measurement			110			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			120			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			95			Percent		Monthly	Calculated
PARM Code 00180 P Mon.Site No. OTH-01	Permit Requirement			Report (0.02)			PER- CENT		Monthly	Calculated

	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/1
Code Mon. Site	80082 INF-01	50050 INF-01	00530 INF-01	50060 EFA-1	74055 EFA-1	00400 EFA-1	80082 EFA-1	00530 EFA-1	00620 EFA-1	00665 EFA	00600 VFA-01
1		.026	141-01	1.2		7.3					
2		.011		1.8		7.2		-			
3		.011		2.0		7.3	1	-			
4		.006		<u>, , , , , , , , , , , , , , , , , , , </u>							
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		1			······································
11		.023		2.4		7.3		1			<u></u>
12		.016		•••••••••••••••••••••••••••••••••••••••							
13		.016		2.2		7.3					<u> </u>
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		1			
21		.025						1			
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									<u> </u>
27		.019		2.2		7.4					
28		.017									
29		.017		2.0		7.3					
30		.022		1.2		7.2				i	
31											
Total		0.578		38.7		152.9					
lo. Avg.		0.019		1.8		7.3		1			

DAILY SAMPLE RESULTS - PART B

Buy Shint Operator	Class.	<u>A</u>	Centificate No.	0192	manne.	
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

#### Client: JC Witteck Utilities

### CERTIFICATE OF ANALYSIS [2040058]

Workorder ID: Pineridge Park Monthly WW

Parameter C	1 Qualifier Result	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lib ID
	058001 ent Grab			Sampled: 09/09/10 Matrix: Water		Received reported on	: 09/09/10 Wet Weight B		
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	E95080
Laboratory ID: 2040 Sample ID: Efflu	Sampled: 09/09/10 Matrix: Water		Received reported on	: 09/09/10 Wet Weight B					
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	JĹ.	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	1.00	CFU/100mL	1.0	SM9222 D	MICR14682		09/9/10 12:55	SP	E96080

<sup>1</sup>Result 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

Printed: 9/15/2010

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



-

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

#### ast District 400 North Congress Avenue Suite 200 West Palm Beach EL 33401 When Constant multiple serves to the De-

when Completed man	uus repor	tio: Department of i	Environmental Protection, Southea	ist District, 400 Nori	n Congress Avenue	e, Suite 200, west Fain I	Scath, FL, J	5401			
PERMITTEE NAME: MAILING ADDRESS:			poration	PERMIT NUME	JER	FLA013928					
	Lake Pla	cid, FL 33862		LIMIT: CLASS SIZE:		Final N/A		REPORT: GROUP:		Monthly Domestic	;
FACILITY: LOCATION:	Northeas	ge Park Wastewater t 24th Avenue bee, FL 34974	Treatment Facility	MONITORING MONITORING	GROUP NUMBER GROUP DESC:	R: R-001 Effluent disposal, incl	uding influe	nt			
COUNTY:	Okeecho	bee		NO DISCHARG MONITORING	E FROM SITE:	] 1: October 1, 2010	То	October	r 31, 201	0	
Parameter			Quantity or Loading	Units	Quality	or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 d	lay, 20C	Sample Measurement			2.00 U			MG/L		Monthly	Grab
	Y	Permit			20.0			MG/L		Monthly	Grab
Mon.Site No. BOD, Carbonaceous 5 c	lay, 20C	Requirement Sample Measurement		lin generating di	(An.Avg.) 2.00 U			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	1	Permit Requirement		n se sense na Relative se serve Relative se serve	Report (Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
Phosphorus, Total (as P	)	Sample Measurement			0.299			MG/L		Monthly	Grab
PARM Code 00665	$\boldsymbol{l}_{i} = \left\{ \boldsymbol{l}_{i} = 1, \dots, n \right\}$	Permit			Report			MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended	i. stali I	Requirement Sample Measurement	ingi kawa ina waka ina kali sa a sing T		(Max.) 1.60 I			MG/L		Monthly	Grab
PARM Code 00530	Y	Permit			20.0			MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended		Requirement Sample Measurement		e pinto esta felició -	(An.Avg.) 1.60 i	n den fan de finder de staat de finder Gebeurgen geneer opgelek in de staat		MG/L		Monthly	Grab
PARM Code 00530	t de la	Permit			Report	60.0		MG/L		Monthly	Grab
Mon Site No.		Requirement		g i të në ë nju	(Mo.Avg.)	(Max.)		SU		5 Dovo/Week	Grab
pH		Sample Measurement			7.2	7.4		30		5 Days/Week	
PARM Code 00400	10 202	Permit			6.0	8.5		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.

6.0

(Min.)

8.5

(Max.)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY	//MM/DE	))
James C. Witteck	James allitteet	(772) 215-8965	11	23	10

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

Permit

Requirement

Mon.Site No.

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		Jnits	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.)					Monuty	0.40
Coliform, Fecal	Sample			1.00 U		#,	100ML		Monthly	Grab
PARM Code 74055	Measurement Permit			<b>D</b>			1001		N. d. and Market	Grab
Mon.Site No.	The second s			Report	Report	000	100ML		Monthly	Giau
Total Residual Chlorine (For	Requirement Sample		(1	Mo.Median)	(Weekly)	(Max.)	NOT		C Deve (Weels	aradh
Disinfection)	•			1.9			MG/L		5 Days/Week	gradb
PARM Code 50060 1	Measurement Permit						NOT		C. D (Weight	Grab
Mon.Site No.	and the second			0.5	of an inclusion of a located a		MG/L		5 Days/Week	Urad
Nitrogen, Nitrate, Total (as N)	Requirement			(Min.)						C 1
ivitiogen, ivitiate, i otai (as N)	Sample Measurement			0.516			MG/L		Monthly	Grab
PARM Code 00620	Permit		the charter of	Report			MG/L		Monthly	Grab
Mon.Site No.	Requirement			(Max.)						
Nitrogen, Total (as N)	Sample			6.34			MG/L		Monthly	Grab
	Measurement									
PARM Code 00600	Permit			Report	i engli		MG/L		Monthly	Grab
Mon. Site No. EFA-01	Requirement	a shi ta ƙasar Ita na ƙwallon ƙwallon ƙasar ƙwallon ƙasar ƙwallon ƙwallon ƙasar ƙwallon ƙasar ƙwallon		(Max.)						
Flow	Sample Measurement	.017							5 Days/ Week	Meter
PARM Code 50050	Permit	0.02	MGD						5 Days/Week	Meter
Mon.Site No. INF-01	Requirement		MOD						5 Days/ week	IVICICI
n na har i shi ta 1946 (1916) kata na kun n	Requirement	(An Avg.)								
Flow	Sample Measurement	.017 .017							5 Days/ Week	Meter
PARM Code 50050 G	Permit	Report	MGD						5 Days/Week	Meter
Mon Site No. INF-01	Requirement								5 Days/ WEEK	WICK
BOD, Carbonaceous 5 day, 20C	Sample	(3-Mo. Avg.) (Mo. Avg.)		144			MG/L		Monthly	Grab
bob, carbonaccous 5 day, 200	Measurement			144			WO/L		Monthly	Ulau
PARM Code 80082 G	Permit			Report			MG/L		Monthly	Grab
Mon.Site No. INF-01	Requirement	· · · · · · · · · · · · · · · · · · ·		(Mo.Avg.)						
Solids, Total Suspended	Sample			74.0			MG/L		Monthly	Grab
PARM Code 00530 G	Measurement			<u>_</u> +						
	Permit			Report			MG/L		Monthly	Grab
Mon.Site No. INF-01	Requirement		e destriction de la company	(Mo.Avg.)				1 A		01.1
Percent Capacity,	Sample			85			Percent		Monthly	Calculated
(TMADF/Permitted Capacity) x 100	Measurement									
PARM Code 00180 P	Permit		R	eport (0.02)			PER-		Monthly	Calculated
Mon.Site No. OTH-01	Requirement	가니까? 비밀슬 물자 물통 말 가지.					CENT			

#### DAILY SAMPLE RESULTS - PART B 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
10n. 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			<u> </u>		
3		.018									
4		.018		1.4		7.2					ļ
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	<u></u>	.017									
11		.016		1.8		7.2	† <u>-</u>				
12 14	4	.015	74.0		1.00 U		2.00 U	1.60 1	6.34	0.299	6.34
13	<b></b>	.014		2.2		7.3					f
14		.014		2.0		7.3	<u> </u>		<u></u>		
15		.015		1.4		7.2					<u> </u>
16		.014		1.8		7.3					
17		.022	·								
18		.023		2.0	<u></u>	7.2					<u> </u>
19		.020		2.0		7.2			 		<u> </u>
20		.020		1.2		7.2					<u> </u>
21		.015		2.2		7.4					<u> </u>
22		.020		1.4		7.4					
23		.020		1.4		1.5			<b> </b>		
24	•	.016	- <u></u>								
25	<del></del>	f		1.7							
26		.017		1.7		7.2					
27		.020		2.0							
	····	.019	·	2.0		7.3					
28		.014		2.2		7.4					
29		.015		1.8		7.3					
30		.018		2.4		7.4					
31											<u> </u>
Total		0.504		39.1		153.1					
lo. Avg.		0.017		1.9		7.3					
ANT STAFI		Class:	<u>A</u>	Certificate No:	8192	Na	me: Ma	rk Rowan			
ening Shift (	Operator	Class:		Certificate No:	Trainee	Na	me: Jam	es F. Witteck			
ght Shift Op		Class:		Certificate No:	Trainee	Na		in Moscrip			
ad Operator		Class:		Certificate No:	6987	Na Na		es C. Witteck			



## FLOWERS CHEMICAL LABORATORIES ING.

P.O. Box 150597, Altamonte Springs FL 32715-0597 571 NW Mercantile PI, Suite 111, Port St. Lucie FL 34986 PO: 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: 550-973-6878 / 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 #: 134715WW1 Sa Parameter CBOD5day TSS	ampled: 10/12/10 10:20 AM De Result 144 74.0			<b>MDL</b> 2.00 1.00	<b>PQL</b> 2.00 2.00	<b>QC Batch</b> 10160386 10160769	<b>Method</b> SM5210 B SM2540 D	<b>CAS #</b> 36-83-3 E1642818	Analyzed 10/13/10 01:30 PM 10/18/10	
Lab #: 134715WW2 Sa Parameter Fecal Coliform CBOD5day TSS	ampled: 10/12/10 10:00 AM De Result 1.00 U 2.00 U 1.60 I	esc: Effluent Units cfu/100mL mg/L mg/L	<b>DF</b> 1.00 1.00 1.00	<b>MDL</b> 1.00 2.00 1.00	<b>PQL</b> 1.00 2.00 2.00	QC Batch 10160092 10160386 10160769	Method SM9222 D SM5210 B SM2540 D	<b>CAS #</b> E761792 36-83-3 E1642818	Analyzed 10/12/10 01:20 PM 10/13/10 01:30 PM 10/18/10	



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## FLOWERS CHEMICAL LABORATORIES ING.

PO. Box 150597, Altamonte Springs FL 32715-0597 571 NW Mercantile PL. Suite 111, Port St. Lucie FL 34986 PO. 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: 305-743-8598

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 #: 134683WW1 Sampled: 1	0/12/10 10:00 AM Desc	: Effluent							
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed
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

	Pine Ridge Management Corporation	PERMIT NUMBER	FLA013928		
MAILING ADDRESS:	Lake Placid, FL 33862	LIMIT:	1 that	REPORT:	Monthly Domestic
FACILITY:	Pine Ridge Park Wastewater Treatment Facility	CLASS SIZE:	N/A	GROUP:	Domestic
LOCATION:	Northeast 24th Avenue Okeechobee, FL 34974	MONITORING GROUP NUMBER: MONITORING GROUP DESC:	R-001 Effluent disposal, including influen	nt	

COUNTY: Okeechobee NO DISCHARGE FROM SITE: MONITORING PERIOD From: November 1, 2010

November 30, 2010 Τо

Parameter		Quantity or Loading	uantity or Loading Units Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.2		MG/L	DA.	Monthly	Grab
PARM Code 80082 Y	Permit			20.0		MG/L		Monthly	Grab
Mon.Site No.	Requirement			(An.Avg.)					
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.2		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			3.7		MG/L		Monthly	Grab
PARM Code 00665 1	Measurement Permit			Report		MG/L		Monthly	Grab
Mon.Site No.	Requirement			(Max.)					
Solids, Total Suspended	Sample Measurement			1.2		MG/L		Monthly	Grab
PARM Code 00530 Y	Permit			20.0		MG/L		Monthly	Grab
Mon.Site No. Solids, Total Suspended	Requirement Sample			(An.Avg.) 1.2		MG/L		Monthly	Grab
PARM Code 00530 1 Mon.Site No.	Measurement Permit			Report	60.0	MG/L		Monthly	Grab
	Requirement			(Mo.Avg.)	(Max.)	eu		5 Davie /Wash	Grab
pН	Sample Measurement			7.2	7.4	SU		5 Days/Week	
PARM Code 00400 1	Permit			6.0	8.5	SU		5 Days/Week	Grab
Mon.Site No.	Requirement			(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 (Y)	Y/MM/DD	,
James C. Witteck	Anno Challers	(772) 215-8965	12/	13/1	2

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)

Pine Ridge Park Wastewater Treatment Facility

MONITORING GROUP NUMBER: R-001 MONITORING PERIOD From: November 1, 2010 PERMIT NUMBER: FLA013928

TO: November 30, 2010

Parameter		Quantity o	r Loading	Units	Qual	ity or Concentra	ition	Units	No. Ex.	Frequency of Analysis	Sample Type
Coliform, Fecal	Sample Measurement				1.00 U			#/100ML	LAN.	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. Total Residual Chlorine (For	Requirement Sample				(Mo.Median) 1.9	(Weekly)	(Max.)	MG/L		5 Days/Week	gradb
Disinfection)	Measurement										
PARM Code 50060 1	Permit				0.5			MG/L		5 Days/Week	Grab
Mon.Site No. Nitrogen, Nitrate, Total (as N)	Requirement Sample				(Min.) 0.49			MG/L		Monthly	Grab
PARM Code 00620	Measurement Permit				Report			MG/L		Monthly	Grab
Mon.Site No.	Requirement				(Max.)						<u>a</u> 1
Nitrogen, Total (as N)	Sample Measurement				11			MG/L		Monthly	Grab
PARM Code 00600	Permit				Report			MG/L		Monthly	Grab
Mon. Site No. EFA-01 Flow	Requirement Sample	.015			(Max.)					5 Days/ Week	Meter
	Measurement			MOD						5 Days/Week	Meter
PARM Code 50050 Mon.Site No. INF-01	Permit	0.02		MGD						5 Days/ Week	Weter
	Requirement	(An.Avg.)								C Dana / Wash	Meter
Flow	Sample	.016	.015							5 Days/ Week	IVICICI
PARM Code 50050 G	Measurement Permit	Report	Report	MGD						5 Days/Week	Meter
Mon.Site No. INF-01	Requirement	(3-Mo, Avg.)	(Mo. Avg.)	MOD							
BOD, Carbonaceous 5 day, 20C	Sample	(************************	(************************		340			MG/L		Monthly	Grab
DADM Cada 90092	Measurement				Doret			MG/L		Monthly	Grab
PARM Code 80082 G Mon.Site No. INF-01	Permit Requirement				Report (Mo.Avg.)			WO/L		Mondiny	0.00
Solids, Total Suspended	Sample				(NO.Avg.) 180			MG/L		Monthly	Grab
	Measurement										~ .
PARM Code 00530 G	Permit				Report			MG/L		Monthly	Grab
Mon.Site No. INF-01	Requirement				(Mo.Avg.)			Percent		Monthly	Calculated
Percent Capacity, (TMADF/Permitted Capacity) x	Sample Measurement				75			Feiceill		wonuny	Carculated
100 PARM Code 00180 P Mon.Site No. OTH-01	Permit				Report (0.02)			PER- CENT		Monthly	Calculated

#### DAILY SAMPLE RESULTS - PART B Facility:

Pine Ridge Park Wastewater Treatment Facility

Permit N Monitori	lumber: ing Period	FLA013928 From: Nover	nber 1, 2010	То	: November 30,	2010	Facility:			atment Pacifity	
	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 EFA-1	00400 EFA-1	80082 EFA-1	00530 EFA-1	00620 EFA-1	<u>00665</u> EFA	00600 EFA-01
Mon. Site	INF-01	<u>INF-01</u> .044	INF-01	EFA-1 2.0	EFA-1	7.3				و <u>سون نیز ترجع مح</u> ا	
2		.044									
3		.014		1.6		7.2	1				
		.014		2.2		7.3	+				
5		.012		1.8		7.2					
6		.017					1				
7		.017		2.4		7.3			<u></u>		
8		.015		1.4		7.2	1				
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	1		1		
12		.018		1.2		7.2					
13		.012		2.2		7.4					
14	[	.015		<u> </u>							
15		.014		2.0		7.3					
16		.012					1				1
17		.013		2.4		7.3					
18		.014		2.2		7.4	1				
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	2				
Mo. Avg.		0.015		1.9		7.3					
PLANT ST. Day Shift O		Class:	A	Certificate No:	8192	N	ame: M	lark Rowan			
Evening Sh	ift Operator	Class:		Certificate No:	Trainee	N	ame: Ja	mes F. Witteck			
Vight Shift		Class:		Certificate No:				evin Moscrip			in
Lead Opera		Class:		Certificate No:				mes C. Witteck			

P

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

FLA013928

# HBEL, Inc.

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

#### Client: JC Witteck Utilities

#### Workorder ID: Pineridge Park

r Result 1	Units	Reporting Limit	Method	Laboratory Batch	Prep Date/Time	Analyzed Date/Time	Analyst	Lab ID
							, maiyot	U
ab			Sampled: 11/09/10 Matrix: Water			· 11/09/10 Wet Weight B		
180	mg/L	28	SM2540 D	WCGE33263		11/12/10 17:00	TCL	E96080
340	mg/L	2.0	SM5210 B	WCGE33251		11/9/10 17:30	TCL	E96080
			Sampled: 11/09/10 Matrix: Water					
0.49	mg/L	0.0030	EPA 300.0	IC8587		11/9/10 18:28	JL	E96080
0.029	mg/L	0.0022	EPA 300.0	IC8587		11/9/10 18:28	JL	E96080
10	mg/L	0.45	EPA 351.2	AUT018779	11/10/10 10:40	11/10/10 16:23	JL	E96080
11	mg/L	0.048	EPA 351.2	CALC5853		11/17/10 10:03	DH	E96080
3.7	mg/L	0.058	EPA 365.4	AUTO18780	11/10/10 10:40	11/10/10 17:30	JL	E96080
1.2	mg/L	0.7	SM2540 D	WCGE33263		11/12/10 17:00	TCL	E96080
6.2	mg/L	2.0	SM5210 B	WCGE33251		11/9/10 17:30	TCL	E96080
1.0U	CFU/100mL	1.0	SM9222 D	MICR14850		11/9/10 12:55	GG	E96080
	180 340 2 ab 0.49 0.029 10 11 3.7 1.2 6.2	180         mg/L           340         mg/L           2         mg/L           2         mg/L           0.49         mg/L           0.029         mg/L           10         mg/L           11         mg/L           3.7         mg/L           1.2         mg/L           6.2         mg/L	180         mg/L         28           340         mg/L         2.0           2	180         mg/L         28         SM2540 D           340         mg/L         2.0         SM5210 B           2         Sampled:         11/09/10           7ab         0.49         mg/L         0.0030         EPA 300.0           0.029         mg/L         0.0022         EPA 300.0           10         mg/L         0.45         EPA 351.2           11         mg/L         0.048         EPA 351.2           3.7         mg/L         0.058         EPA 365.4           1.2         mg/L         0.7         SM2540 D           6.2         mg/L         2.0         SM5210 B	180         mg/L         28         SM2540 D         WCGE33263           340         mg/L         2.0         SM5210 B         WCGE33251           2         Sampled:         11/09/10         9:50           7ab         0.0030         EPA 300.0         IC8587           0.49         mg/L         0.0022         EPA 300.0         IC8587           10         mg/L         0.45         EPA 351.2         AUT018779           11         mg/L         0.048         EPA 351.2         CALC5853           3.7         mg/L         0.058         EPA 365.4         AUT018780           1.2         mg/L         0.7         SM2540 D         WCGE33263           6.2         mg/L         2.0         SM5210 B         WCGE33251	180         mg/L         28         SM2540 D         WCGE33263           340         mg/L         2.0         SM5210 B         WCGE33251           2         Sampled:         11/09/10         9:50         Received:           ab         0.09         mg/L         0.0030         EPA 300.0         IC8587           0.029         mg/L         0.0022         EPA 300.0         IC8587           10         mg/L         0.45         EPA 351.2         AUT018779         11/10/10 10:40           11         mg/L         0.058         EPA 365.4         AUT018780         11/10/10 10:40           1.2         mg/L         0.7         SM2540 D         WCGE33263           6.2         mg/L         2.0         SM5210 B         WCGE33251	180         mg/L         28         SM2540 D         WCGE33263         11/12/10 17:00           340         mg/L         2.0         SM5210 B         WCGE33251         11/9/10 17:30           2         Sampled:         11/09/10         9:50         Received:         11/09/10           ab         Matrix:         Water         Results reported on Wet Weight B         0.0030         EPA 300.0         IC8587         11/9/10 18:28           0.029         mg/L         0.0022         EPA 300.0         IC8587         11/9/10 18:28           10         mg/L         0.45         EPA 351.2         AUT018779         11/10/10 10:40         11/10/10 16:23           11         mg/L         0.048         EPA 351.2         CALC5853         11/17/10 10:03           3.7         mg/L         0.058         EPA 365.4         AUT018780         11/10/10 10:40         11/10/10 17:30           1.2         mg/L         0.7         SM2540 D         WCGE33263         11/12/10 17:00           6.2         mg/L         2.0         SM5210 B         WCGE33251         11/9/10 17:30	180         mg/L         28         SM2540 D         WCGE33263         11/12/10 17:00         TCL           340         mg/L         2.0         SM5210 B         WCGE33251         11/9/10 17:30         TCL           2         Sampled:         11/09/10         9:50         Received:         11/09/10         11:00           ab         Matrix:         Water         Results reported on Wet Weight Basis           0.49         mg/L         0.0030         EPA 300.0         IC8587         11/9/10 18:28         JL           0.029         mg/L         0.0022         EPA 300.0         IC8587         11/9/10 18:28         JL           10         mg/L         0.45         EPA 351.2         AUT018779         11/10/10 16:23         JL           11         mg/L         0.048         EPA 351.2         CALC5853         11/17/10 10:03         DH           3.7         mg/L         0.058         EPA 365.4         AUT018760         11/10/10 10:40         11/10/10 17:30         JL           1.2         mg/L         0.7         SM2540 D         WCGE33263         11/12/10 17:00         TCL           6.2         mg/L         2.0         SM5210 B         WCGE33251         11/9/10 17:30         T

<sup>1</sup>Result 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

Printed: 11/23/2010

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



## CERTIFICATE OF ANALYSIS

[2041053]

#### **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

when Completed man i	inis report	to: Departmen	t of Environmental Protection, Souther	ast District, 400 North	Congress Avent	ue, Suite 200, West Palm Be	ach, FL, 3	3401			
	Pine Ridge Management Corporation Post Office Box 307 Lake Placid, FL 33862 Pine Ridge Park Wastewater Treatment Facility Northeast 24th Avenue Okeechobee, FL 34974			PERMIT NUMBER FI A013928							
MALENG ADDRESS.				LIMIT: CLASS SIZE:				REPORT: GROUP:		Moa by Domesti	
FACILITY: LOCATION:				MONITORING G	CLASS SIZE: N/A MONITORING GROUP NUMBER: R-001 MONITORING GROUP DESC: Effluent disposal, includin						Domestie
COUNTY: Okeechobee			NO DISCHARGE MONITORING P		m: December 1, 2010	То	To December 31 2010				
Parameter			Quantity or Loading	Units	Quality	y or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
BOD, Carbonaceous 5 d	lay, 20C	Sample Measurement			19.9			MG/L	DA	Monthly	Grab
PARM Code 80082 Mon.Site No.	Y	Permit Requirement			20.0 An Avg.)			MG/L	n i i M	Monthly	Grab
BOD, Carbonaceous 5 d	lay, 20C	Sample Measurement		1977 - Sept. S. S. S.	19.9			MG/L		Monthly	Grab
PARM Code 80082 Mon.Site No.	n de de Nasione	Permit Requirement		under a la construction de la const	Report Io.Avg.)	60.0 (Max.)		MG/L	is y in 14 Eleve	Monthly	Grab
Phosphorus, Total (as P)	)	Sample Measurement	n an an Araban an Ar	a a filosof é décara com	1.34			MG/L		Monthly	Grab
PARM Code 00665 Mon.Site No.	<b>1</b> 1997 - 1997 - 1997 1997 - 1997 - 1997	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.	Ŷ	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.	1 2),	Permit Requirement			Report Mo.Avg.)	60.0 (Max.)		MG/L		Monthly	Grab
рН		Sample Measurement	· · · · · · · · · · · · · · · · · · ·		7.2	7.4		SU		5 Days/Week	Grab
PARM Code 00400	1 325 34	Permit	나이면 것 같은 사람은 감독으로 많을		6.0	8.5		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.

(Min.)

(Max.)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATUR	E OF PRINCIPAL EXECUT	IVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/N	IM/DD)
James C. Witteck		Marus (Httel	1 mts	(772) 215-8965	1/21	$I_{II}$
		2 * * * * * * * Y 17 12 V				

V

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

Requirement

DOCUMENT NUMBER-DATE

02450 APR 13 =

Mon.Site No.

FPSC-COMMISSION CLERK

#### . • te

### **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 Conce		No. Frequency of Ex. Analysis	Sample Type
Coliform, Fecal Sam	ple isurement	1.00 U	#/100ML	Monthly	Grab
PARM Code 74055 Y Perm Mon.Site No. Requ Coliform, Fecal Sam	nit. A francés de la construcción d uirement de la construcción de la co Iple	200 (An.Avg.) 1.00 U	#/100ML #/100ML	Monthly Monthly	Grab Grab
PARM Code 74055 1 Perm Mon.Site No. Requ Total Residual Chlorine (For Sam	uirement and a state state of the state of t	Report Report (Mo.Median) (Weekly) 1.9	800 #/100ML (Max.) MG/L	Monthly 5 Days/Week	Grab gradb
PARM Code 50060 I Perm	uirement	0.5 (Min.) 0.49	MG/L MG/L	5 Days/Week Monthly	Grab
PARM Code 00620 Pern	uirement	Report (Max.) 10.0	MG/L MG/L	Monthly	Grab
Mea PARM Code 00600 Perm	ssurement nit uirement	Report (Max.)	MG/L	Monthly 5 Days/ Week	Grab
Mea PARM Code 50050 Perm Mon.Site No. INF-01 Req	surement nit 0.02 uirement (An.Avg.)	MGD		5 Days/Week	Meter
PARM Code 50050 G Perr Mon Site No. INF-01 Req	asurement nit Report Report juirement (3-Mo. Avg.) (Mo. Avg.)			5 Days/ Week 5 Days/Week	Meter Meter
PARM Code 80082 G Perm Mon.Site No. INF-01 Reg	asurement	277 Report (Mo.Avg.)	MG/L	Monthly Monthly	Grab Grab
PARM Code 00530 G Pern	asurement	186 Report	MG/L MG/L	Monthly Monthly	Grab Grab
Percent Capacity, Sam	uirement 1ple asurement	(Mo.Avg.) 75	Percent	Monthly	Calculated
PARM Code 00180 P Perm	nit uirement	Report (0.02)	PER- CENT	Monthly	Calculated

#### DAILY SAMPLE RESULTS - PART B Facility:

FLA013928 Permit Number: Monitoring Period

From: December 1, 2010

To: December 31, 2010

Pine Ridge Park Wastewater Treatment Facility

	CBOD5 NIG/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 8 Mon. Site 11	80082 NF-01	50050 INF-01	00530 INF-01	50060 EFA-1	74055 EFA-1	00400 EFA-1	80082 EFA-1	00530 EFA-1	00620 EFA-1	00665 EFA	00600 EFA-01
1		.027		2.4		7.4	1		Î		
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	1				
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	1	.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				<u></u>					
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					
Tota!		0.482		44.2		168.5					
Ao. Avg.		0.015		1.9		7.3					
LANT STAFFIN ay Shift Operato		Class:	<u>A</u> (	Certificate No:	8192	Na	me: Marl	Rowan			
vening Shift Op	perator	Class:	(	Certificate No:	Trainee	Na	me: Jame	s F. Witteck			
ight Shift Opera	ator	Class:	(	Certificate No:	Trainee	Na	me: <u>Kevi</u>	n Moscrip			····

6987 Name:

James C. Witteck

Lead Operator .

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

Class: D Certificate No:



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## FE DWERS CHEMICAL LASS RATORIES INC.

Plione: 407-339-5984 / Fax.....7-260-6110 Phone: 772-343-8006 / Fax: 772-343-8089 Phone: 550 973-6878 / 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 I	Report
------------	--------

Lab #: 139166WW1 Sampled: 1	2/13/10 06:45 AM De	sc: Influent	n Se Se Se Se						an a	
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed	
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	
Lab #: 139166WW2 Sampled: 1	2/13/10 06:50 AM De	sc: Effluent				Rada da	1995년 - 1997년 1997년 - 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 - 1997년 - 1997년 1997년 - 1997년 - 1997년 - 1997년 - 1997년 - 1997년 1997년 - 1997년 - 19970년 - 1997년 - 1977년 - 19			
Parameter	Result	Units	DF	MDL	PQL	QC Batch	Method	CAS #	Analyzed	
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 CO & LABORATORY REPORT FORMAT	r									
	(62-550.730 Reporting Format Effective 01/95, Revised 02/20	10)			r						7
<u>Continued</u>		>		Lab Receipt Date & Time: <u>11112/13</u> 22							
	W Mercantile Place, Suite 111, Port St. Lucie 772-343-8006 Fax: 772-343-8089	Analysis Date & Time: 12-13-10 3:40 Sample Acceptance Criteria:							P		
	H Lab Certification #E86562	Sample Preservation: Portice Districted Not On ice									
Repo	rt Number: 3916					following NELAC	neoutin	mg/L			
	sis Requested: (check all that apply then circle otal Coliform/E. coli Total Coliform/Fecal	i below)									
Co	liphage HPC Other:				L						1
PWS Ad PWS or P	Vater System (PWS) Name: PINER dress70 WS Owner's Phone # JMTECK	IdqE	F7	Fax # 7	City	-562-	4 4 ECH 1460 # 772	711 0BEE 2-215	- 8	2965	-
	Supply (check only one)				-			_		• -	
Comm	unity Water System Non-Transi			Nater Systen		Transie	ent Non-co	ommunity Wate	er Sys	tem	
Reason	for Sampling: (check all that apply)										
X Distr	ibutionRoutine 🗌 Distribution Repeat 🗌 Raw	v (triggered o	or assess	sment) 🗌	Raw (tr	iggered or a	ssessmen	t) additional	] We	Il Survey	
Clear	rance 🔲 Replacement (also check type of sampl	le being repl	aced) 🗌	Boil Wate	er Notic	e 🗌 Other					
Sample	Collection Date: 12/3/10	A = A	bsent,	P = Preser	nt, C=	Confluent	Growth,	TNTC = Too	Nume	rous To Coun	it
	To be completed by collector of	f sample				(	_	becompleted			コ
Sample Number	Sample Point (Location or Specific Address)	Collection Time	Sample Type <sup>1</sup>	Disinfect Res'd (mg/L)	pН	Method Non Coliform	Total Coliform	Fecal, E. coli Enterococci	AG Q <sup>4</sup>	Lab St pic	
	WE 1 #4	7304	R	$\mathcal{O}$			A		<b> </b>	DWI	P
	2805 NE 1177 LN	7452	D	1.0	]	1 Pé	A			DWZ	-10
	2761 NE8# 5TI	7.501	12	1.1		4	Æ			Dw3	-ľ
	· · · · · · · · · · · · · · · · · · ·	ļ									-
J		<b> </b>									-
<b>  </b>											-
											$\neg$
				11						L	
<sup>5</sup> Complete fo	of disinfectant residuals for distribution routine and repeat r community and non-transient non-community systems serving population t include raw or plant samples in the average. Free chlorine of tal chlorine ccircle one	ons up to and incli	uding	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:							
Disinfectant Residual Analysis Method: DPD Colorimetric Other: Person performing disinfectant analysis is: Employed by DEP or DOH A certified operator # Employed by a certified iab Supervised by cert operator # Authorized representative of water supplier					Date & time DEP/DOH notified by lab of positive results: Date Report Issued:						
Name and Mailing Address of Person to Receive Report					Lab Signature:						
JEWUS JIMWITTECK					DEP/DOH USE ONLY    Satisfactory  Incomplete Collection Information  Repeat Samples Required  Replacement Samples Required						
				DEP/DC	)H Revie	by DEP/DOH: wing Official:					
	le Type Codes: D = Distribution (Routine Compliance); ida Administrative Code Rule 62-160, Table 1	C = Repeat or DropBox:FC	Check; CL folder:TC	R = Raw; N coliFormSouth2	= Entry 2010.doc	to Distribution Pa	; P = Plan ige 1 of 1	t Tap; S ≍ Spec	al (cle	arance, etc.)	

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