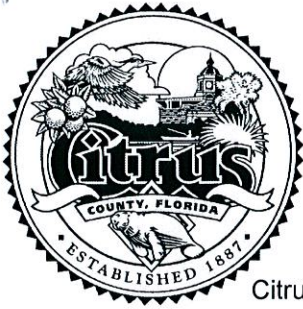


SWIFT 150906



**Board of County Commissioners  
DEPARTMENT OF PUBLIC WORKS  
SOLID WASTE MANAGEMENT DIVISION**

P.O. Box 340, Lecanto, Florida 34460

Telephone: (352) 527-7670 FAX: (352) 527-7672

email: [landfillinfo@bocc.citrus.fl.us](mailto:landfillinfo@bocc.citrus.fl.us)

TDD Telephone 527-5303

Citrus Springs/Dunnellon/Inglis/Yankeetown area Toll Free (352) 489-2120

September 6, 2010

Dept. Of Environmental Protection

OCT 08 2010

Southwest District

Mr. John Morris,  
Florida Department of  
Environmental Protection  
13051 N Telecom Pkwy  
Temple Terrace, FL 33637-0926

**RE: WEEKLY LEACHATE MONITORING REPORT FOR CITRUS COUNTY CENTRAL  
LANDFILL 60 AND 80 ACRE SITES - PERMIT NO. 21375-008-SO/01**

Dear Mr. Morris:

Enclosed please find the quarterly Operator's Reports for the months of July, August and September, 2010.

The monthly analytical reports are now included with the quarterly report submitted by SCS Engineers for the Landfill. The attached summary is included for reference.

Should further information or clarification be necessary, please do not hesitate to contact me.

Sincerely,

T. Casey Stephens  
Director, Division of  
Solid Waste Management

CC: Ken Frink Director, Department of Public Works (w/xls sheet)  
Susan Pelz, Florida Department of Environmental Protection (w/xls sheet)

CITRUS COUNTY CENTRAL LANDFILL  
WEEKLY LEACHATE MONITORING

SAC Laboratories		MAXIMUM CONTAMINANT LEVEL BY PERMIT			
Results		20	10	20	
		CBOD		SUSPENDED	
DATE	<	5 day MG/L	< NITRATE MG/L	< SOLIDS MG/L	MG/L
7/13/10		1.85	4.2	<	1.0
8/4/10		1.92	1.65		2.5
9/15/10		3.45	6.02		1.5

cjw

## CITRUS COUNTY CENTRAL LANDFILL

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

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHWEST DISTRICT

Solid Waste Section, 3805 Coconut Palm Drive Tampa, FL 33619-8218

PERMITTEE NAME: Citrus County Board Of County Commissioners  
 MAILING ADDRESS: P.O. Box 340  
 Lecanto, FL 34460

PERMIT NUMBER: 21375-008-SO/01  
 WACS FACILITY ID NUMBER: SWD/09/039859  
 TEST SITE ID NUMBER: WACS 175  
 MONITORING PERIOD:

FACILITY: Central Landfill Leachate Plant  
 LOCATION: 230 W. Gulf to Lake Hwy  
 Lecanto, FL 34461  
 COUNTY: Citrus

From: 9/1

To: 09/30/2010

CLASS SIZE: 1-C

REPORT: Quarterly


GROUP: Solid Waste

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow, in conduit or thru treatment plant	Sample Measurement	0.009		MGD						
PARM Code 50053	Permit Requirement	Report Mon. AVG.	.030 (3) Month Rolling Average	MGD					Daily	Metered
C OD. 5 day 20 degree C	Sample Measurement					3.5				
PARM Code 80082	Permit Requirement					20 (Mo. Avg.)			Weekly	Grab
Total Suspended Solids	Sample Measurement					1.5				
PARM Code 900201	Permit Requirement					20 (Mo. Avg.)			Weekly	Grab
Nitrate (as N)	Sample Measurement						6.0			
PARM Code 071850	Permit Requirement					10.0 (Mo. Avg.)			Weekly	Grab
pH	Sample Measurement				7.7		8.5			
PARM Code 00500	Permit Requirement				6.5 Min.		8.5 Max.		Daily	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information,

Gerald Nusbaum Utility Operator II

Name/Title of Principal Executive Officer	B/14117	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (include area code)	Date (mm/dd/yy)
Gary Loggins	Utility Operator III C/13057		(352)527-7670	10/05/10

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

\* Rolling Annual Average is the average of the current month's average and the preceding 11 monthly averages.

A-1

**DAILY SAMPLE RESULTS - PART B**

Daily Flow % of Permitted Capacity:	30.0%
-------------------------------------	-------



## CITRUS COUNTY CENTRAL LANDFILL

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

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHWEST DISTRICT

Solid Waste Section, 3805 Coconut Palm Drive Tampa, FL 33619-8218

PERMITTEE NAME: Citrus County Board Of County Commissioners  
 MAILING ADDRESS: P.O. Box 340  
 Lecanto, FL 34460

PERMIT NUMBER: 21375-008-SO/01  
 WACS FACILITY ID NUMBER: SWD/09/039859  
 TEST SITE ID NUMBER: WACS 175  
 MONITORING PERIOD:


FACILITY: Central Landfill Leachate Plant  
 LOCATION: 230 W. Gulf to Lake Hwy  
 Lecanto, FL 34461  
 COUNTY: Citrus

From: 8/1 To: 08/31/2010  
 CLASS SIZE: 1-C  
 REPORT: Quarterly  
 GROUP: Solid Waste

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow, in conduit or thru treatment plant	Sample Measurement	0.010		MGD						
PARM Code 50053	Permit Requirement	Report Mon. AVG.	.030 (3) Month Rolling Average	MGD					Daily	Metered
C OD, 5 day 20 degree C	Sample Measurement					1.9				
PARM Code 80082	Permit Requirement					20 (Mo. Avg.)			Weekly	Grab
Total Suspended Solids	Sample Measurement					2.5				
PARM Code 900201	Permit Requirement					20 (Mo. Avg.)			Weekly	Grab
Nitrate (as N)	Sample Measurement						1.7			
PARM Code 071850	Permit Requirement					10.0 (Mo. Avg.)			Weekly	Grab
pH	Sample Measurement				7.5		8.5			
PARM Code 00500	Permit Requirement				6.5 Min.		8.5 Max.		Daily	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (include area code)	Date (mm/dd/yy)
Gerald Nusbaum Utility Operator II B/14117		(352)527-7670	09/07/10

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

\* Rolling Annual Average is the average of the current month's average and the preceding 11 monthly averages.

A-1

**DAILY SAMPLE RESULTS - PART B**

30.0%

09/07/2010  
12:26 PM

## CITRUS COUNTY CENTRAL LANDFILL

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

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHWEST DISTRICT

Solid Waste Section, 3805 Coconut Palm Drive Tampa, FL 33619-8218

PERMITTEE NAME: Citrus County Board Of County Commissioners  
 MAILING ADDRESS: P.O. Box 340  
 Lecanto, FL 34460

PERMIT NUMBER: 21375-008-SO/01  
 WACS FACILITY ID NUMBER: SWD/09/039859  
 TEST SITE ID NUMBER: WACS 175  
 MONITORING PERIOD:

FACILITY: Central Landfill Leachate Plant  
 LOCATION: 230 W. Gulf to Lake Hwy  
 Lecanto, FL 34461  
 COUNTY: Citrus

From: 7/1

To: 07/31/2010

CLASS SIZE: 1-C

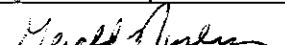
REPORT: Quarterly

GROUP: Solid Waste

Please read instructions before completing this form.

Parameter		Quantity or Loading			Quality or Concentration			No. Ex	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.			
Flow, in conduit or thru treatment plant	Sample Measurement	0.008		MGD						
PARM Code 50053	Permit Requirement	Report Mon. AVG.	.030 (3) Month Rolling Average	MGD					Daily	Metered
C OD, 5 day 20 degree C	Sample Measurement					1.9				
PARM Code 80082	Permit Requirement					20 (Mo. Avg.)			Weekly	Grab
Total Suspended Solids	Sample Measurement					1.0				
PARM Code 900201	Permit Requirement					20 (Mo. Avg.)			Weekly	Grab
Nitrate (as N)	Sample Measurement						4.2			
PARM Code 071850	Permit Requirement					10.0 (Mo. Avg.)			Weekly	Grab
pH	Sample Measurement				7.6		8.5			
PARM Code 00500	Permit Requirement				6.5 Min.		8.5 Max.		Daily	Grab

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

Name/Title of Principal Executive Officer or Authorized Agent	Signature of Principal Executive Officer or Authorized Agent	Telephone No. (include area code)	Date (mm/dd/yy)
Gerald Nusbaum Utility Operator II B/14117		(352)527-7670	08/09/10

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

\* Rolling Annual Average is the average of the current month's average and the preceding 11 monthly averages.

A-1

## DAILY SAMPLE RESULTS - PART B

PERMIT NUMBER: 21375-008-SO/01

Month/Year: 7/10

Three-month Average Daily Flow:

0.008

Daily Flow % of Permitted Capacity:

26.7%

PLANT STAFFING:	Day Shift Operator	Class: B	Certificate No.: 14117	Name: Gerald Nusbaum
	Evening Shift Operator	Class:	Certificate No.:	Name:
	Night Shift Operator	Class:	Certificate No.:	Name:
	Lead Operator	Class: B	Certificate No.: 13057	Name: Gary Loggins

Perc. Pond

Limited Wet Weather Discharge Activated :

No:

Yes:

Not applicable: ☒ X

\* Attach additional sheets if necessary to list all certified operators.