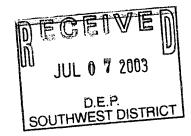


# BOARD OF COUNTY COMMOSIONERS DEPARTMENT OF PUBLIC WORKS SOLID WASTE MANAGEMENT DIVISION

P.O. Box 340, Lecanto, Florida 34460 (352) 527-7670 FAX (352) 527-7672 Citrus Springs/Dunnellon area Toll Free # (352) 489-2120

July 3, 2003

Mr. John Morris Environmental Specialist III Dept. Of Environmental Protection 3804 Coconut Palm Drive Tampa, FI 33619-8318



RE: WEEKLY AND QUARTERLY LEACHATE MONITORING REPORT FOR CITRUS COUNTY CENTRAL LANDFILL 60 AND 80 ACRE SITES - PERMIT NO. 21375-003-SO

Dear Mr. Morris:

Enclosed please find the following leachate monitoring results for the Citrus County Central Landfill site, together with the Operator's monthly reports covering the quarterly period April 2003 through June 2003:

- 1) Weekly effluent analytical results: There were no exceedences of permit limits for this time period.
- 2) **Quarterly effluent analytical results:** To be forwarded by Jones, Edmunds and Associates under separate cover letter.

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

Sincerely,

Susan J. Metcalfe Director, Division of

Solid Waste Management

SJM:CJW:cjw/Shared:LeachateFiles/DEPLetters(CW)/Morrislea4.7.03.doc

CC: Tom Dick, Assistant Director, Dept. Public Works w/xls.sheet

Kim Ford, P.E., Department of Environmental Protection w/xls.sheet

## CITRUS COUNTY CENTRAL LANDFILL WEEKLY LEACHATE MONITORING

SAC				
Laboratories	MAX	IMUM CONTAMINAN	IT LEVEL BY PERMIT	
Results	20	10	20	
,	CBOD	<i>i</i>	SUSPENDED	
DATE	< 5 day	MG/L < NITRATE	MG/L < SOLIDS	MG/L
10000				
4/2/03	2.08	0.59	. 1	
4/9/03	2.11	0.38	7.5	
4/16/03	2.99	0.3	. 6	
4/23/03	3.18	1.5	4	
4/30/03	3.87	0.83	8.5	
5/7/03	6.45	1.9	. 4	
· 5/14/03	3.03	1.9	8.5	
5/21/03	2.16	0.59	. 1.5	
5/28/03	2.74	0.39	12.5	
6/4/03	1.74	0.24	9	
6/11/03	1.95	0.43	3.5	
6/18/03	2.11	< 0.1	8	
6/25/03	1.76	0.23	4	
***************************************				

cjw

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

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHWEST DISTRICT

Solid Waste Section, 3804 Coconut Palm Drive Tampa, FL 33619-8218

PERMITTEE NAME: MAILING ADDRESS:

Citrus County Board Of County Commissioners

P.O. Box 340

Lecanto, FL 34460

Central Landfill Leachate Plant

230 W. Gulf to Lake Hwy Lecanto, FL 34461

**COUNTY: Citrus** 

FACILITY:

LOCATION:

PERMIT NUMBER:

21375-003-SO SWD/09/039859 WACS 175

WACS FACILTY ID NUMBER: TEST SITE ID NUMBER: MONITORING PERIOD:

From: 4/1

To:

4/30/2003

CLASS SIZE: 1-C

REPORT: GROUP: Quarterly Solid Waste

Please read instructions before completing this form.

							I lease I cau IIIs	tructions before	completing this	5 101 111.	
Parameter			Quantity or Loadi	ng	Qua	lity or Concentra		No. Ex	Frequency of Analysis	Sample Type	
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			
Flow, in conduit or thru treatment plant	Sample Measurement	0.007		MGD		3					
PARM Code 50053	Permit Requirement	Report Mon AVG.	.030 (3) Month Rolling Averag	MGD						Daily	Metered
CBOD, 5 day 20 degree C	Sample Measurement					2.8		mg/L			
PARM Code 80082	Permit Requirement		813	10 mg 10 mg 10 mg 10 mg		20 (Mo. Avg.)		mg/L		Weekly	Grab
Total Suspended Solids	Sample Measurement					5.4		mg/L			
PARM Code 900201	Permit Requirement	14.4		14		20 (Mo. Avg.)		mg/L		Weekly	Grab
Nitrate (as N)	Sample Measurement					0.7		mg/L			
PARM Code 071850	Permit Requirement					10.0 (Mo. Avg.)		mg/L		Weekly	Grab
рН	Sample Measurement	,			7.6		8.3	S.U.			
PARM Code 00400	Permit Requirement				6.5 Min:		8.5 Max.	S.U.		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

COMMENT AND EXPLANATION OF ANY VIOLATONS (Reference all attatchments

A-1

<sup>\*</sup> Rolling Annual Average is the average of the current month's average and the preceding 11 monthly averages

#### DAILY SAMPLE RESULTS - PART B

Facility: Central Landfill Leachate Plant

PERMIT NUMBER:				mate a n																	erage Dail			0.007							
Month/Year:	T	<del></del>			· .	r		<u> </u>		T	<del></del>								·		mitted Ca	,		23.0%				1 -0		-	1 21
Days of the Month	1 .	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0.005	0.020	0.008	0.007	0.000	NR	0.016	0.002	0.013	0.000	0.011	0.000	NR	0.011	0.008	0,000	0.003	0.008	0.009	NR	0.017	0.007	0.008	0.000	0.015	0.016	NR	0.000	0.000	0.015	0.000
PARM Code 50053								L																							
CBOD5 Effluent (mg/L as O2)	1	2.1			}	1	1	1	2.1		1	1				3.0	\	1			1		3.2	1		<b>\</b>	1			3.9	<b>\</b> '
PARM Code 80082																															
TSS Effluent (mg/L)		1.0					1	İ	7.5							6.0		1					4.0							8.5	'
PARM Code 900201	ļ							L														3			<u> </u>					_	<u> </u>
Nitrate (as N) (mg/L)		0.6					i		0.4		ļ	l	1			0.3	1	ĺ				1	1.5		l					0.8	'
PARM Code 071850							İ						l	l	l																
pH Effuent (standard units)	7.9	7.9	8.0	8.0	8.0		7.9	7.9	7.8	7.8	7.6	7.9		7.9	8.0	7.6	7.7	7.7	8.3		8.1	7.7	7.7	7.7	7.6	7.9		8.0	8.1	7.9	'
PARM Code 00400																															L
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PLANT STAFFING:

Day Shift Operator **Evening Shift Operator** 

Class: C Class:

Certificate No.:

8197

Name: James Brunswick

Certificate No.:

Name: Name:

Night Shift Operator Lead Operator

Class: Class: C Certificate No.: Certificate No.:

8197

Type of Effluent Disposal or Reclaimed Water Reuse:

No:

Perc. Pond

Name: James Brunswick

Limited Wet Weather Discharge Activated :

Yes:

Not applicable: X

<sup>\*</sup> Attatch additional sheets if necessary to list all certified operators.

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

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHWEST DISTRICT

Solid Waste Section, 3804 Coconut Palm Drive Tampa, FL 33619-8218

PERMITTEE NAME:

Citrus County Board Of County Commissioners

PERMIT NUMBER: WACS FACILTY ID NUMBER: 21375-003-SO SWD/09/039859

MAILING ADDRESS: P.O. Box 340

Lecanto, FL 34460

TEST SITE ID NUMBER: MONITORING PERIOD:

From:

**WACS 175** 

To:

FACILITY:

Central Landfill Leachate Plant

CLASS SIZE:

5/1 1-C 5/31/2003

LOCATION:

230 W. Gulf to Lake Hwy

Lecanto, FL 34461

REPORT:

**COUNTY: Citrus** 

GROUP:

Quarterly

Solid Waste Please read instructions before completing this form

							Please read ins	tructions before	completing this	torin.	
Parameter		Q	uantity or Loadi	ng		lity or Concentr	ation		No. Ex	Frequency of Analysis	Sample Type
		Avg.	Max.	Units	Min.	Avg.	Max.	Units			1
Flow, in conduit or thru treatment plant	Sample Measurement	0.006		MGD							
PARM Code 50053		Report Mon: AVG.	.030 (3) Month Rolling Average							Daily	Metered
CBOD, 5 day 20 degree C	Sample Measurement					3.6		mg/L	_		
PARM Code 80082	Permit Requirement					20 (Mo. Avg.)		mg/L		Weekly	Grab
Total Suspended Solids	Sample Measurement	·				6.6		mg/L			
PARM Code 900201	Permit Requirement					20 (Mo. Avg.)		mg/L		Weekly	Grab
Nitrate (as N)	Sample Measurement					2.1		mg/L			
PARM Code 071850	Permit Requirement					10.0 (Mo. Avg.)		mg/L		Weekly	Grab
рН	Sample Measurement				7.2		8.1	S.U.			
PARM Code 00400	Permit Requirement				6.5 Min.		8.5 Max:	S,U.		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

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Name/Title of Pricinpal Exe	cutive Officer or Authorized Agent	Signature	of Principal Execu	tive Officer or Authorized Agent	Telephone No. (include area code)	Date (yy/mm/dd)	
James Brunswick	Utility Operator II		10		(352)527-7670	04/01/03	
	C-8197	770	Lem	mund			
COMMENT AND EVEL ANATION	A CHARLES OF A CHARLES OF A CHARLES			1			

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

#### DAILY SAMPLE RESULTS - PART B

Facility: Central Landfill Leachate Plant

PERMIT NUMBER: 21375-003-SO

Three-month Average Daily Flow:

0.007

Month/Year:	5/03																	Dai	ly Flow	% of Pen	nitted Ca	pacity:		23.3%							
Days of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	.15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31
Flow (MGD)	0.001	0.015	0.000	NR	0.015	0.003	0.011	0.000	0.015	0.003	NR	0.012	0.006	0.007	0.000	0.002	0.005	NR	0.004	0.017	0.000	0.007	0.003	NR	NR	0.011	0.013	0.005	0.006	0.000	0.007
PARM Code 50053																			]								l			<u> </u>	
CBOD5 Effluent (mg/L as O2)							6.5							3.0							2.1							2.7		, , , , , , , , , , , , , , , , , , ,	
PARM Code 80082		1		l	1		1						l				l		<u> </u>	l	l			:						l'	
TSS Effluent (mg/L)							4.0							8.5				1			1.5							12.5			
PARM Code 900201		ĺ		l	ļ								Ì										ŀ		1	1					
Nitrate (as N) (mg/L)							1.9							1.9	-						0.6							3.9			
PARM Code 071850								ļ								1			1		1			}						( '	i
pH Effuent (standard units)	7.6	7.7	8.0		8.0	7.8	7.7	8.0	8.0	7.9		8.1	7.6	7.6	7.8	7.5	7.7	İ	7.8	7.6	7.4	7.8	7.2	8.0	1	7.7	7.6	7.7	7.7	7.7	7.6
PARM Code 00400					1							l							1			1								'	
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																					-										

PLANT STAFFING:

Day Shift Operator

Class: C Class:

Class: C

Certificate No.:

8197

Name: James Brunswick

Evening Shift Operator Night Shift Operator

Class:

Certificate No .: Certificate No.: Name:

Name:

Lead Operator

No:

Perc. Pond

Certificate No.:

8197

Name: James Brunswick

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated :

Yes:

Not applicable: X

<sup>\*</sup> Attatch additional sheets if necessary to list all certified operators.

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

WHEN COMPLETED MAIL THIS REPORT TO:

DEPARTMENT OF ENVIRONMENTAL PROTECTION SOUTHWEST DISTRICT

Solid Waste Section, 3804 Coconut Palm Drive Tampa, FL 33619-8218

PERMITTEE NAME: MAILING ADDRESS: Citrus County Board Of County Commissioners

P.O. Box 340

Lecanto, FL 34460

PERMIT NUMBER:

21375-003-SO

WACS FACILTY ID NUMBER: TEST SITE ID NUMBER:

SWD/09/039859 **WACS 175** 

MONITORING PERIOD:

From:

To:

6/30/2003

FACILITY: LOCATION: Central Landfill Leachate Plant

230 W. Gulf to Lake Hwy

Lecanto, FL 34461

CLASS SIZE: REPORT:

Quarterly

6/1

1-C

GROUP:

Solid Waste

COUNTY: Citrus

Please read instructions before completing this form. Parameter Frequency Quantity or Loading Quality or Concentration No. Sample of Ex Analysis Type Units Min. Avg. Max. Avg. Max. Units Flow, in conduit or thru treatment plant Sample 0.013 MGD Measurement PARM Code 50053 .030 (3) Month Permit Report MGD Daily Metered Rolling Average Requirement Mon AVG. CBOD, 5 day 20 degree C Sample 1.9 mg/L Measurement PARM Code 80082 20 Permit Weekly mg/L Grab Requirement (Mo. Avg.) Total Suspended Solids Sample 6.1 mg/L Measurement PARM Code 900201 Permit 20 Weekly Grab mg/L Requirement (Mo. Avg.) Nitrate (as N) Sample 0.3 mg/L Measurement PARM Code 071850 10.0 Weekly Grab Permit mg/L Requirement (Mo. Avg.) pН Sample S.U. Measurement PARM Code 00400 S.U. Daily Min. Requirement Max.

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 Pricinpal Executive Officer or Authorized Agent | Signature of Principal Executive Officer or Authorized Agent Telephone No. (include area code) Date (yy/mm/dd) James Brunswick **Utility Operator II** (352)527-7670 04/01/03 C-8197 COMMENT AND EXPLANATION OF ANY VIOLATONS (Reference all attatch

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

DAILY SAMPLE RESULTS - PART B

Facility: Central Landfill Leachate Plant

PERMIT NUMBER: 21375-003-SO Three-month Average Daily Flow: 0.009 Month/Year: 6/03 Daily Flow % of Permitted Capacity: 39.0% Days of the Month 2 4 5 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 Flow (MGD) NR 0.011 0.007 0.009 0.008 0.007 0.004 NR 0.000 0.013 0,004 0.005 0.011 0:010 NR 0.029 0.008 0.015 0.011 0.013 0.019 NR 0.054 0.025 0.021 0.026 0.023 0.015 NR 0.042 0.000 PARM Code 50053 CBOD5 Effluent (mg/L as O2) 1.7 2.0 2.1 PARM Code 80082 TSS Effluent (mg/L) 9.0 3.5 8.0 4.0 PARM Code 900201 Nitrate (as N) (mg/L) 0.2 0.4 0.1 0.2 PARM Code 071850 pH Effuent (standard units) 7.7 7.6 7.6 7.9 7.6 7.4 7,6 7.5 7.5 7.5 7.5 7.8 7.8 7.9 7.8 7.8 8.0 7.6 7.9 8.0 7,3 7,8 PARM Code 00400

PLANT STAFFING:

Day Shift Operator

Class: C

8197 Name: James Brunswick

Name:

Evening Shift Operator Night Shift Operator

Class:

Certificate No.: Certificate No.:

Lead Operator

Class: Class: C Certificate No.: Certificate No.:

Name:

Perc. Pond

8197

Name: James Brunswick

Type of Effluent Disposal or Reclaimed Water Reuse: Limited Wet Weather Discharge Activated :

Not applicable: X

<sup>\*</sup> Attatch additional sheets if necessary to list all certified operators.

**Client** 

CITRUS COUNTY UTILITIES

Sample Number E031220

**Project** 

LEACHATE PLANT

Date/Time Sampled 6/25/03

1000 HRS

Sample Description

Method

SM5210-B

SM2540-D

SM4500-NO3-E

**WWTP/EFF** 

mg/L

Date/Time Received 6/25/03

Invoice Number 5779

1200 HRS

6/25/03

1350 HRS

CK

F03-03 1220

**Analytes** 

**CBOD** 

TSS

**NITRATE** 

0.23

RII)=	- 03-6-5			`
Units	Results	MDL mg/L	Analyst	Analysis Date/Time
mg/L	1.76	0.5 mg/L	LP	6/26/03 1415 HRS
mg/L	4.0	1.0 mg/L	СK	6/26/03 0900 HRS

0.10 mg/L

LKOW: 2UC-FUB-

HOMOSASSA FL 34446 5376 S SUNCOAST BOULEVARD 352.621.3513

> : .ON =NOH9 904 621 3514

Client

CITRUS COUNTY UTILITIES

Sample Number

E031183

**Project** 

LEACHATE LANDFILL

Date/Time Sampled 6/18/03

1105 HRS

Project No

50120

Date/Time Received 6/18/03

1140 HRS

Sample Description

WWTEINF

Invoice Number 5779

T03-031183

3 RIN=03-6-3

103-0311	83 KII	- 05-4	, - a	•		
Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	150.0	0.5 mg/L	LP	6/18/03 1400 HRS
SM2540-D	TSS	mg/L	20.0	1.0 mg/L	СК	6/20/03 0915 HRS
E03-031183	R115=	03-6-	4	Date/Time Sampled	6/18/03	1100 HRS
Sample Description	o <i>n</i> W	WTP/EFF	•	Date/Time Received	6/18/03	1140 HRS
Method	Analytes	Units	Results	% Removal MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	2.11	98.59% 0.5 mg/L	LP	6/18/03 1400 HRS
SM2540-D	TSS	mg/L	8.0	60.0% 1.0 mg/L	СК	6/20/03 0915 HRS
SM4500-NO3-E	NITRATE	mg/L	<0.10	0.10 mg/L	СК	6/19/03 1100 HRS

AMMONIA SUB TO ADVANCED ENVIRONMENTAL LABORATORIES DHRS CERT IFICATION #E84589/E82574

Sally Chun Carrello /Laboratory Manager

Client

CITRUS COUNTY UTILITIES

Sample Number E031068

Project

LEACHATE PLANT

Date/Time Sampled 6/4/03

Invoice Number 5779

1000 HRS

Sample Description

WWTP/EFF

Date/Time Received 6/4/03

1115 HRS

E03-031068 R

RIN=03-6-

EUS-03	1008	KII)-	03-6-1			
Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	1.74	0.5 mg/L	LP ~~	6/4/03 1230 HRS
SM2540-D	TSS	mg/L	9.0	1.0 mg/L	СК	6/5/03 1015 HRS
SM4500-NO3-E	NITRATE	mg/L	0.24	0.10 mg/L	СК	6/4/03 1350 HRS

Client

CITRUS COUNTY UTILITIES

Sample Number E031145

Project

LEACHATE PLANT

Date/Time Sampled 6/11/03

1130 HRS

Sample Description

Date/Time Received 6/11/03

**Invoice Number** 5779

1435 HRS

RIN = 13-1-7 F03-131145

	779	1011	0562			
Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	1.95	0.5 mg/L	LP	6/12/03 1330 HRS
SM2540-D	TSS	mg/L	3.5	1.0 mg/L	СК	6/12/03 0930 HRS
SM4500-NO3-E	NITRATE	mg/L	0.43	0.10 mg/L	СК	6/12/03 1330 HRS



Laboratory Manager

Client

CITRUS COUNTY UTILITIES

Sample Number E030872

Project

LEACHATE PLANT

Date/Time Sampled 5/7/03

0900 HRS

Sample Description

WWTP/EFF

Date/Time Received 5/7/03

Invoice Number 5732

1200 HRS

E03-030872 RIN=03-5-1

Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	6.45	0.5 mg/L	LP	5/07/03 1215 HRS
SM2540-D	TSS	mg/L	4.0	1.0 mg/L	СК	5/08/03 0900 HRS
SM4500-NO3-E	NITRATE	mg/L	1.9	0.10 mg/L	СК	5/07/03 1330 HRS



Saly ann Carrillo
Laboratory Manager

Client

CITRUS COUNTY UTILITIES

Sample Number

E030959

**Project** 

LEACHATE LANDFILL

Date/Time Sampled 5/14/03

0935 HRS

Project No

50120

Date/Time Received 5/14/03

1017 HRS

Sample Description

WWTP/INF /

Invoice Number 5732

I 03-	030959	7 Ril	5=0	3-	J-3	

<u> _L 03 - 03</u>	10909	K11) = 0	3 - 9 - 9			¥ .
Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	165.0	0.5 mg/L	LP	5/14/03 1400 HRS
SM2540-D	TSS	mg/L	49.0	1.0 mg/L	СК	5/15/03 1350 HRS
E03-0309	7590	RIN=03	3-5-2	Date/Time Sampled	5/14/03	0930 HRS
Sample Descripti	,	WTP/EFF		Date/Time Received	5/14/03	1017 HRS
Method	Analytes	Units	Results	% Removal MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	3.03	98.16% 0.5 mg/L	LP	5/14/03 1400 HRS
SM2540-D	TSS	mg/L	8.5	80.3% 1.0 mg/L	СК	5/15/03 1350 HRS
SM4500-NO3-E	NITRATE	mg/L	1.9	0.10 mg/L	СК	5/14/03 1140 HRS

AMMONIA SUB TO ADVANCED ENVIRONMENTAL LABORATORIES DHRS CERT IFICATION #E84589/E82574

Sally Ann Canallo
Laboratory Manager

Client

CITRUS COUNTY UTILITIES

Sample Number E030994

Project

LEACHATE PLANT

Date/Time Sampled 5/21/03

Invoice Number 5732

1000 HRS

Sample Description

WWTP/EFF

Date/Time Received 5/21/03

1100 HRS

E12-13 1904

RID=13-5-4

E03-030	797	KID=0	3-3-4			•
Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	2.16	0.5 mg/L	LP	5/22/03 1400 HRS
SM2540-D	TSS	mg/L	1.5	1.0 mg/L	CK	5/22/03 0915 HRS
SM4500-NO3-E	NITRATE.	mg/L	0.59	0.10 mg/L	CK.	5/21/03 1345 HRS

Client

CITRUS COUNTY UTILITIES

Sample Number E031023

**Project** 

LEACHATE PLANT

Date/Time Sampled 5/28/03

1000 HRS

Sample Description

WWTP/EFF

Date/Time Received 5/28/03

1124 HRS

Invoice Number 5732

E	63-	0	3	j	023	RIN=03-S	5-5

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Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-В	CBOD	mg/L	2.74	0.5 mg/L	LP	5/29/03 1230 HRS
SM2540-D	TSS	mg/L	12.5	1.0 mg/L	СК	5/29/03 0915 HRS
SM4500-NO3-E	NITRATE	mg/L	0.39	0.10 mg/L	СК	5/28/03 1145 HRS

Client

CITRUS COUNTY UTILITIES

Sample Number E030649

Project

LEACHATE PLANT

Date/Time Sampled 4/2/03

0900 HRS

Sample Description

WWTP/EFF

Date/Time Received 4/2/03

1408 HRS

F03-030649 RIS=03-4-1

**Invoice Number** 5665

Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	2.08	0.5 mg/L	LP	4/2/03 1430 HRS
SM2540-D	TSS	mg/L	1.0	1.0 mg/L	СК	4/3/03 0900 HRS
SM4500-NO3-E	NITRATE	mg/L	0.59	0.10 mg/L	СК	4/3/03 1130 HRS

Client

CITRUS COUNTY UTILITIES

Sample Number

E030715

**Project** 

LEACHATE LANDFILL

Date/Time Sampled 4/9/03

0930 HRS

Project No

50120

Date/Time Received 4/9/03

1130 HRS

Sample Description

WWTP/INF

Invoice Number 5665

I03-03	07156	RIB	03-4-	- ೩

Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	170.0	0.5 mg/L	LP	4/9/02 1400 HRS
SM2540-D	TSS	mg/L	38.0	1.0 mg/L	СК	4/10/03 0900 HRS
E03-0307	15 a RII	>=03-	4 - 7	Date/Time Sampled	4/9/03	0925 HRS
ample Descrip	tion W	WTP/EFF	7 ~	Date/Time Received	4/9/03	1130 HRS

			_			
Method	Analytes	Units	Results	% Removal MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	2.11	98.76% 0.5 mg/L	LP	4/9/02 1400 HRS
SM2540-D	TSS	mg/L	7.5	80.3% 1.0 mg/L	СК	4/10/03 0900 HRS
SM4500-NO3-E	NITRATE	mg/L	0.38	0.10 mg/L	СК	4/9/03 1300 HRS

AMMONIA SUB TO ADVANCED ENVIRONMENTAL LABORATORIES DHRS CERT IFICATION #E84589/E82574

Sally an Carrillo
Laboratory Manager

Client

CITRUS COUNTY UTILITIES

Sample Number E030769

Project

LEACHATE PLANT

Date/Time Sampled 4/16/03

0900 HRS

Sample Description

WWTP/EFF

Date/Time Received 4/16/03

0955 HRS

Invoice Number 5665

E03-030769 RID=03-4-5

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Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	2.99	0.5 mg/L	LP	4/16/03 1430 HRS
SM2540-D	TSS	mg/L	6.0	1.0 mg/L	СК	4/17/03 0900 HRS
SM4500-NO3-E	NITRATE	mg/L	0.30	0.10 mg/L	СК	4/16/03 1030 HRS

Client

CITRUS COUNTY UTILITIES

Sample Number E030796

Project

LEACHATE PLANT

Date/Time Sampled 4/23/03

0910 HRS

Sample Description

WWTP/EFF

Date/Time Received 4/23/03

1050 HRS

Invoice Number 5665

E63-030796 RIN=03-4-6

Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	3.18	0.5 mg/L	LP	4/24/03 1230 HRS
SM2540-D	TSS	mg/L	4.0	1.0 mg/L	СК	4/25/03 0900 HRS
SM4500-NO3-E	NITRATE	mg/L	1.5	0.10 mg/L	СК	4/24/03 0930 HRS

Client

CITRUS COUNTY UTILITIES

Sample Number E030826

Project

LEACHATE PLANT

Date/Time Sampled 4/30/03

0930 HRS

Sample Description

WWTP/EFF

Date/Time Received 4/30/03

1115 HRS

**Invoice Number** 5665

E03-030826 RIN=13-4-7
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	VAC KI	1) - 03	'''			
Method	Analytes	Units	Results	MDL mg/L	Analyst	Analysis Date/Time
SM5210-B	CBOD	mg/L	3.87	0.5 mg/L	LP	5/01/03 0800 HRS
SM2540-D	TSS	mg/L	8.5	1.0 mg/L	СК	5/02/03 0900 HRS
SM4500-NO3-E	NITRATE	mg/L	0.83	0.10 mg/L	СК	5/01/03 0800 HRS