

# Board of County Commissioners

## Department of Technical Services

1300 South Lecanto Highway - P.O. Box 440  
Lecanto, Florida 34460-0440

(904) 746-2694 Fax (904) 746-3368

Reply To:

June 13, 1995

Utilities Division

**RECEIVED**  
JUN 19 1995

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility.

As you will notice there are no effluent flows from this treatment facility. All leachate generated is being transported off-site to other treatment facilities as per D.E.P. correspondence dated September 1, 1994.

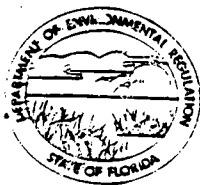
This report is for the month of May, 1995.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Donor	Donor's Wastewater Treatment Plant
Form Title	Monthly Operating Report
Effective Date	July 1, 1995
DER Application No.	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

**RECEIVED**  
JUN 19 1995

### Part I - Instructions

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-601.900(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-601.900m  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

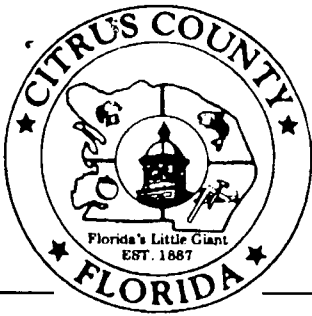
- (1) Month May Year 1995
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Central LANDFILL  
leachate PLANT
- (4) Plant Address SR 44 3 miles  
E. Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number (904) 746-2694
- (8) Permit Number S009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator James Conley Signature \_\_\_\_\_ Cert. No. 9016

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	000
(17) Permitted capacity	mgd	-	036
(18) Three-month average daily flow	mgd	-	000
(19) Percent of permitted capacity	%	-	0%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	0*
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	
(22) TSS Effluent	mg/L	900201	0*
(23) TSS Effluent	lbs/day	-	
(24) Minimum pH		-	0*
(25) Maximum pH		-	0*
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	0*
(29) Nitrate	mg/L	071850	0*
(30) Total Phosphorus	mg/L	000665	0*
(31) Minimum Chlorine Residual	mg/L	-	0*
(32) Maximum Chlorine Residual	mg/L	-	0*
(33) Other Effluent Parameters			
Chloride			0*
Sodium			0*
TDS			0*
COD			0*
Total Nitrogen			0*

\*= No ETK







# Board of County Commissioners

## Department of Technical Services

1300 South Lecanto Highway - P.O. Box 440  
Lecanto, Florida 34460-0440

(904) 746-2694 Fax (904) 746-3368

Reply To:

May 18, 1995

Utilities Division

**RECEIVED**  
MAY 22 1995

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility.

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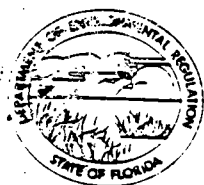
This report is for the month of April, 1995.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

**RECEIVED**  
MAY 22 1995

### Part I - Instructions

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
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DER Form 17-601.900(1)  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

(1) Month April Year 1995  
 (2) Plant's DER Identification Number 400900086  
 (3) Plant Name Landfill Leachate Plant  
 (4) Plant Address SR 44 3 miles E. Lecanto  
 (5) City Lecanto  
 (6) County Citrus  
 (7) Phone Number (904) 746-2694  
 (8) Permit Number 5009-187229  
 (9) Plant Type I-C  
 (10) Test Site Identification Number N/A  
 (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number  
 (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A  
 (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable  
 (14) Cumulative Days of Wet Weather Discharge N/A  
 (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
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 Lead Operator James Conley Signature \_\_\_\_\_ Cert. No. 9016

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.000*
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.000
(19) Percent of permitted capacity	%	—	0*
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	0*
(25) Maximum pH		—	0*
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0*
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
Chloride			0*
Sodium			0*
TDS			0*





CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:  
**RECEIVED**  
APR 26 1995  
Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

April 20, 1995

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

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This report is for the month of March, 1995.

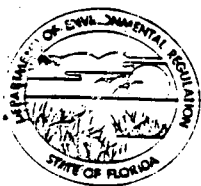
Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

- (1) Enter the month and the year of this report.
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- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
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- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-601.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
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DER Form 17-601.900(m)  
 Sewage Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

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 (6) County Citrus  
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 (9) Plant Type I-C  
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 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
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 Lead Operator James Carley Signature CA016 Cert. No.

Parameter	Units	STORET Code	Value
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(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	mgd	-	0
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(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
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(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	-	N/A
(24) Minimum pH		-	0x
(25) Maximum pH		-	0x
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0x
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	N/A
(32) Maximum Chlorine Residual	mg/L	-	N/A
(33) Other Effluent Parameters			N/A
Chloride			0x
Sodium			0x
TDS			0x

\* Due to No Effluent







CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

March 9, 1995

Utilities Division

**RECEIVED**  
**MAR 16 1995**  
Department of Environmental Protection  
BY \_\_\_\_\_  
SOUTHWEST DISTRICT

Dept. of Environmental Protection  
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Director of Utilities

RH:ckn

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Domestic Wastewater Treatment Plant	
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### Monthly Operating Report

#### Part I - Instructions

**RECEIVED**  
MAR 16 1995  
Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-C10.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.900(1)  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. \_\_\_\_\_  
 Filed in by DER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

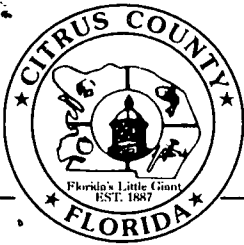
## Part II - General Information

(1) Month February Year 1995  
 (2) Plant's DER Identification Number 40090086  
 (3) Plant Name Landfill Leachate Plant  
 (4) Plant Address SR 44 3 miles  
E. Lecanto  
 (5) City Lecanto  
 (6) County Citrus  
 (7) Phone Number (904) 746-2694  
 (8) Permit Number S009-187229  
 (9) Plant Type I-C  
 (10) Test Site Identification Number N/A  
 (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number  
 (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A  
 (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable  
 (14) Cumulative Days of Wet Weather Discharge N/A  
 (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator James Cullen C9016  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0000
(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	mgd	-	.008
(19) Percent of permitted capacity	%	-	27%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	-	N/A
(24) Minimum pH		-	0*
(25) Maximum pH		-	0*
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0*
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	N/A
(32) Maximum Chlorine Residual	mg/L	-	N/A
(33) Other Effluent Parameters			N/A
Chloride			0*
Sodium			0*
TDS			0*

\* = plant off-line No Effluent





CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:  
**RECEIVED**  
FEB 23 1995

Department of Environmental Protection  
Utilities Division  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

February 16, 1995

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility.

As you will notice there are no effluent flows from this treatment facility. All leachate generated is being transported off-site to other treatment facilities as per D.E.P. correspondence dated September 1, 1994.

This report is for the month of January, 1995.

Sincerely,

  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments

DER Form 17-501.500(1)  
 Orange Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

**RECEIVED**  
 FEB 23 1995  
 Department of Environmental Protection  
 BY SOUTHWEST DISTRICT

(1) Month January Year 1995  
 (2) Plant's DER Identification Number 40090086  
 (3) Plant Name Landfill Leachate Plant  
 (4) Plant Address SR 44 3 miles E Lecanto  
 (5) City Lecanto  
 (6) County Citrus  
 (7) Phone Number (904) 746-2694  
 (8) Permit Number 5009-187229  
 (9) Plant Type I-C  
 (10) Test Site Identification Number N/A  
 (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number  
 (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A  
 (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable  
 (14) Cumulative Days of Wet Weather Discharge N/A  
 (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator James Conley Signature C9016 Cert. No.

Parameter	Units	STORE Code	Value
(16) Monthly average daily flow	mgd	050053	0.000*
(17) Permitted capacity	mgd	-	0.030
(18) Three-month average daily flow	mgd	-	0.015
(19) Percent of permitted capacity	%	-	50 %
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	-	N/A
(24) Minimum pH		-	0*
(25) Maximum pH		-	0*
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	0*
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	N/A
(32) Maximum Chlorine Residual	mg/L	-	N/A
(33) Other Effluent Parameters			N/A
Chloride			0*
Sodium			0*
TDS			0*

\* = plant off-line no EFFLUENT



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

#### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
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- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
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- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
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- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.





**Orlando Laboratories, Inc.**

P.O. Box 149127, Orlando, FL 32814  
 (407) 896-6645 FAX (407) 898-6588

- *Cellar* -  
*Some-lexical*  
*Influent* -  
*Leachate*

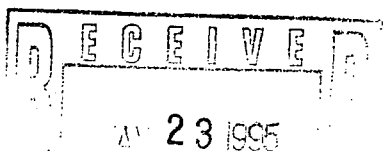
## REPORT OF ANALYSIS

Citrus County  
 Department of Solid Waste  
 P. O. Box 340  
 Lecanto, FL 34460-0340  
 Attn: Cathy Winter

Work Order # : 95-01-020  
 Date Received: 01/03/95  
 Date Reported: 01/16/95  
 OLI Contact: J\_BEATO

Work ID: Leachate Weekly Tank #1  
 Samples collected by: OLI Field Team  
 Total Samples: 3

<u>Sample Identification</u>	<u>Description of Analysis</u>	<u>Description of Analysis</u>
01A Leachate Tank #1	Field Data for DER Samples GC/MS Vol Organics:Appx I Chloride Inorganic Chemical (ICAP) Inorganic Chemical (Hg) Nitrogen, Ammonia Total Dissolved Solids	EDB/DBCP in Water Bicarbonate Cobalt Inorganic Chemical (ICAP) Secondary Chemical (ICAP) Nitrogen, Nitrate Vanadium
01B Leachate Tank #1	Field Data for DER Samples BOD 5 Day Nitrogen, Ammonium Total Suspended Solids	Alkalinity Chemical Oxygen Demand Nitrogen, Total Kjeldahl
03A Method Blank	Field Data for DER Samples GC/MS Vol Organics:Appx I QC for Microbiology	EDB/DBCP in Water QC for Metals QC for Wet Chemistry



Respectfully Submitted,  
 ORLANDO LABORATORIES, INC.

Eric Malarek  
 LABORATORY DIRECTOR

Sharon Kunsman  
 QUALITY CONTROL

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS # : 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE TANK 1

Sample Date: 01/03/95  
Well type: ☐ Background  
☐ Site Boundary  
☐ Intermediate  
☐ Compliance  
☒ Other

Classification of Groundwater: NA  
Well Developed Prior to  
Sample Collection (Yes/No) NA

Ground Water Elevation: (above MSL) NA

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
00400	Field pH	Grab	EPA_150_1	6.89	Units	UNF	NA
00010	Temperature	Grab	EPA_170_1	19.6	^C	UNF	NA
00094	Conductivity	Grab	EPA_120_1	182	umhos/cm	UNF	NA
77651	EDB	Grab	EPA_504	<0.02	ug/l	UNF	Na2S2O3
38760	DBCP	Grab	EPA_504	<0.02	ug/l	UNF	Na2S2O3
81552	Acetone	Grab	EPA 8260	<50	ug/l	UNF	HCl
34215	Acrylonitrile	Grab	EPA 8260	<40	ug/l	UNF	HCl
78124	Benzene	Grab	EPA 8260	<5	ug/l	UNF	HCl
73085	Bromochloromethane	Grab	EPA 8260	<25	ug/l	UNF	HCl
32101	Bromodichloromethane	Grab	EPA 8260	<3.0	ug/l	UNF	HCl
32104	Bromoform	Grab	EPA 8260	<20	ug/l	UNF	HCl
77041	Carbon disulfide	Grab	EPA 8260	<25	ug/l	UNF	HCl
32102	Carbon tetrachloride	Grab	EPA 8260	<15	ug/l	UNF	HCl
34301	Chlorobenzene	Grab	EPA 8260	<25	ug/l	UNF	HCl
34311	Chloroethane	Grab	EPA 8260	<50	ug/l	UNF	HCl
32106	Chloroform	Grab	EPA 8260	<25	ug/l	UNF	HCl
32105	Dibromochloromethane	Grab	EPA 8260	<5	ug/l	UNF	HCl
34536	1,2-Dichlorobenzene	Grab	EPA 8260	<25	ug/l	UNF	HCl
34571	1,4-Dichlorobenzene	Grab	EPA 8260	<25	ug/l	UNF	HCl
77268	t-1,4-Dichloro-2-butene	Grab	EPA 8260	<250	ug/l	UNF	HCl
34496	1,1-Dichloroethane	Grab	EPA 8260	<25	ug/l	UNF	HCl
34531	1,2-Dichloroethane	Grab	EPA 8260	<15	ug/l	UNF	HCl
34501	1,1-Dichloroethylene	Grab	EPA 8260	<25	ug/l	UNF	HCl
81686	c-1,2-Dichloroethylene	Grab	EPA 8260	<25	ug/l	UNF	HCl
34546	t-1,2-Dichloroethylene	Grab	EPA 8260	<25	ug/l	UNF	HCl
34541	1,2-Dichloropropane	Grab	EPA 8260	<25	ug/l	UNF	HCl
34704	c-1,3-Dichloropropene	Grab	EPA 8260	<5	ug/l	UNF	HCl
34699	t-1,3-Dichloropropene	Grab	EPA 8260	<5	ug/l	UNF	HCl
34371	Ethylbenzene	Grab	EPA 8260	45	ug/l	UNF	HCl
77103	2-Hexanone	Grab	EPA 8260	<50	ug/l	UNF	HCl
34413	Methyl bromide	Grab	EPA 8260	<50	ug/l	UNF	HCl
34418	Methyl chloride	Grab	EPA 8260	<14	ug/l	UNF	HCl
81595	Methyl ethyl ketone	Grab	EPA 8260	<50	ug/l	UNF	HCl

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS #: 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE TANK 1

Sample Date: 01/03/95

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
77424	Methyl iodide	Grab	EPA 8260	<50	ug/l	UNF	HCl
78133	4-Methyl-2-pentanone	Grab	EPA 8260	<50	ug/l	UNF	HCl
30217	Methylene bromide	Grab	EPA 8260	<25	ug/l	UNF	HCl
34423	Methylene chloride	Grab	EPA 8260	<25	ug/l	UNF	HCl
77128	Styrene	Grab	EPA 8260	<25	ug/l	UNF	HCl
77562	1,1,1,2-Tetrachloroethane	Grab	EPA 8260	<5	ug/l	UNF	HCl
34516	1,1,2,2-Tetrachloroethane	Grab	EPA 8260	<2.5	ug/l	UNF	HCl
34475	Tetrachloroethylene	Grab	EPA 8260	<15	ug/l	UNF	HCl
78131	Toluene	Grab	EPA 8260	<25	ug/l	UNF	HCl
34506	1,1,1-Trichloroethane	Grab	EPA 8260	<25	ug/l	UNF	HCl
34511	1,1,2-Trichloroethane	Grab	EPA 8260	<25	ug/l	UNF	HCl
39180	Trichloroethylene	Grab	EPA 8260	<15	ug/l	UNF	HCl
34488	Trichlorofluoromethane	Grab	EPA 8260	<25	ug/l	UNF	HCl
77443	1,2,3-Trichloropropane	Grab	EPA 8260	<25	ug/l	UNF	HCl
77057	Vinyl Acetate	Grab	EPA 8260	<50	ug/l	UNF	HCl
39175	Vinyl Chloride	Grab	EPA 8260	<5	ug/l	UNF	HCl
81551	Xylene (total)	Grab	EPA 8260	80	ug/l	UNF	HCl
00440	Bicarbonate	Grab	EPA_SM2320B	2440	mgHC03/l	UNF	NA
00940	Chloride	Grab	EPA_325_2	624	mg/l	UNF	NA
01037	Cobalt	Grab	EPA_200_7	<50	ug/l	UNF	HN03
01007	Barium	Grab	EPA_6010	<100	ug/l	UNF	HN03
01027	Cadmium	Grab	EPA_6010	<5.0	ug/l	UNF	HN03
01034	Chromium	Grab	EPA_6010	<100	ug/l	UNF	HN03
01067	Nickel	Grab	EPA_6010	<100	ug/l	UNF	HN03
00929	Sodium	Grab	EPA_6010	480	mg/l	UNF	HN03
01012	Beryllium	Grab	EPA_6010	<4.0	ug/l	UNF	HN03
01051	Lead	Grab	EPA_6010	<50	ug/l	UNF	HN03
01097	Antimony	Grab	EPA_6010	<6.0	ug/l	UNF	HN03
01059	Thallium	Grab	EPA_7841	<50	ug/l	UNF	HN03
01002	Arsenic	Grab	EPA_6010	<50	ug/l	UNF	HN03
01147	Selenium	Grab	EPA_6010	<50	ug/l	UNF	HN03
71900	Mercury	Grab	EPA_7470	<0.10	ug/l	UNF	HN03
01105	Aluminum	Grab	EPA_6010	<100	ug/l	UNF	HN03

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983

Re: EPA 8260:

Elevated detection limits caused by dilution of sample. Dilution was necessary because of matrix interference.

Order #: 95-01-020-01A  
Client: Citrus County

Orlando Laboratories, Inc.  
Report of Analysis for DER

Page: 4

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS #: 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE TANK 1

Sample Date: 01/03/95

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
01042	Copper	Grab	EPA_6010	<10	ug/l	UNF	HN03
01045	Iron	Grab	EPA_6010	16000	ug/l	UNF	HN03
01055	Manganese	Grab	EPA_6010	210	ug/l	UNF	HN03
01077	Silver	Grab	EPA_6010	<10	ug/l	UNF	HN03
01092	Zinc	Grab	EPA_6010	<50	ug/l	UNF	HN03
00610	Nitrogen, Ammonia	Grab	EPA_350_1	268	mg/l	UNF	H2S04
00620	Nitrogen, Nitrate	Grab	EPA_353_2	0.04	mg/l	UNF	SEE_EAC
70300	Total Dissolved Solids	Grab	EPA_160_1	2280	mg/l	FIL	NA
01087	Vanadium	Grab	EPA_200_7	<50	ug/l	UNF	HN03

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983

Order #: 95-01-020-01B  
Client: Citrus County

Orlando Laboratories, Inc.  
Report of Analysis for DER

Page: 5

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS # : 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE TANK 1

Sample Date: 01/03/95  
Well type: ☐ Background  
☐ Site Boundary  
☐ Intermediate  
☐ Compliance  
☒ Other

Classification of Groundwater: NA  
Well Developed Prior to  
Sample Collection (Yes/No) NA

Ground Water Elevation: (above MSL) NA

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
00400	Field pH	Grab	EPA_150_1	6.89	Units	UNF	NA
00010	Temperature	Grab	EPA_170_1	19.6	^C	UNF	NA
00094	Conductivity	Grab	EPA_120_1	182	umhos/cm	UNF	NA
00410	Alkalinity	Grab	EPA_310_1	2000	mgCaCO3/l	UNF	NA
00310	BOD 5 Day	Grab	SM_5210_B	80	mg/l	UNF	NA
00340	Chemical Oxygen Demand	Grab	EPA_410_4	381	mg/l	UNF	H2S04
83341	Nitrogen, Ammonium	Grab	CALCULATION	267	mg/l	UNF	H2S04
00625	Nitrogen, Total Kjeldahl	Grab	EPA_351_2	268	mg/l	UNF	H2S04
00530	Total Suspended Solids	Grab	EPA_160_2	20.5	mg/l	FIL	NA

BOD: Setup Date/Time: 01/04/95 15:00:00 Read Date/Time: 01/09/95 13:00:00

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983

Citrus County Landfill

PARAMETER MONITORING REPORT  
 (Rule 17-3.402, 17-3.404 - 17-3.406)

GMS # : NA  
 Monitoring Well #: NA  
 Well Name: METHOD BLANK

Sample Date: \_\_\_\_\_  
 Well type: ☐ Background  
                   ☐ Site Boundary  
                   ☐ Intermediate  
                   ☐ Compliance  
                   ☒ Other

Classification of Groundwater: NA  
 Well Developed Prior to  
 Sample Collection (Yes/No) NA

Ground Water Elevation: (above MSL) NA

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
77651	EDB	NA	EPA_504	<0.02	ug/l	UNF	Na2S2O3
38760	DBCP	NA	EPA_504	<0.02	ug/l	UNF	Na2S2O3
81552	Acetone	NA	EPA_8260	<10	ug/l	UNF	HCl
34215	Acrylonitrile	NA	EPA_8260	<8	ug/l	UNF	HCl
78124	Benzene	NA	EPA_8260	<1	ug/l	UNF	HCl
73085	Bromochloromethane	NA	EPA_8260	<5	ug/l	UNF	HCl
32101	Bromodichloromethane	NA	EPA_8260	<0.6	ug/l	UNF	HCl
32104	Bromoform	NA	EPA_8260	<4	ug/l	UNF	HCl
77041	Carbon disulfide	NA	EPA_8260	<5	ug/l	UNF	HCl
32102	Carbon tetrachloride	NA	EPA_8260	<3	ug/l	UNF	HCl
34301	Chlorobenzene	NA	EPA_8260	<5	ug/l	UNF	HCl
34311	Chloroethane	NA	EPA_8260	<10	ug/l	UNF	HCl
32106	Chloroform	NA	EPA_8260	<5	ug/l	UNF	HCl
32105	Dibromochloromethane	NA	EPA_8260	<1	ug/l	UNF	HCl
34536	1,2-Dichlorobenzene	NA	EPA_8260	<5	ug/l	UNF	HCl
34571	1,4-Dichlorobenzene	NA	EPA_8260	<5	ug/l	UNF	HCl
77268	t-1,4-Dichloro-2-butene	NA	EPA_8260	<50	ug/l	UNF	HCl
34496	1,1-Dichloroethane	NA	EPA_8260	<5	ug/l	UNF	HCl
34531	1,2-Dichloroethane	NA	EPA_8260	<3	ug/l	UNF	HCl
34501	1,1-Dichloroethylene	NA	EPA_8260	<5	ug/l	UNF	HCl
81686	c-1,2-Dichloroethylene	NA	EPA_8260	<5	ug/l	UNF	HCl
34546	t-1,2-Dichloroethylene	NA	EPA_8260	<5	ug/l	UNF	HCl
34541	1,2-Dichloropropane	NA	EPA_8260	<5	ug/l	UNF	HCl
34704	c-1,3-Dichloropropene	NA	EPA_8260	<1	ug/l	UNF	HCl
34699	t-1,3-Dichloropropene	NA	EPA_8260	<1	ug/l	UNF	HCl
34371	Ethylbenzene	NA	EPA_8260	<5	ug/l	UNF	HCl
77103	2-Hexanone	NA	EPA_8260	<10	ug/l	UNF	HCl
34413	Methyl bromide	NA	EPA_8260	<10	ug/l	UNF	HCl
34418	Methyl chloride	NA	EPA_8260	<2.7	ug/l	UNF	HCl
81595	Methyl ethyl ketone	NA	EPA_8260	<10	ug/l	UNF	HCl
77424	Methyl iodide	NA	EPA_8260	<10	ug/l	UNF	HCl
78133	4-Methyl-2-pentanone	NA	EPA_8260	<10	ug/l	UNF	HCl
30217	Methylene bromide	NA	EPA_8260	<5	ug/l	UNF	HCl

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
 DER form 17-1.216(2) Effective January 1, 1983

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS #: NA  
Monitoring Well #: NA  
Well Name: METHOD BLANK

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

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
34423	Methylene chloride	NA	EPA 8260	<5	ug/l	UNF	HCl
77128	Styrene	NA	EPA 8260	<5	ug/l	UNF	HCl
77562	1,1,1,2-Tetrachloroethane	NA	EPA 8260	<1	ug/l	UNF	HCl
34516	1,1,2,2-Tetrachloroethane	NA	EPA 8260	<0.5	ug/l	UNF	HCl
34475	Tetrachloroethylene	NA	EPA 8260	<3	ug/l	UNF	HCl
78131	Toluene	NA	EPA 8260	<5	ug/l	UNF	HCl
34506	1,1,1-Trichloroethane	NA	EPA 8260	<5	ug/l	UNF	HCl
34511	1,1,2-Trichloroethane	NA	EPA 8260	<5	ug/l	UNF	HCl
39180	Trichloroethylene	NA	EPA 8260	<3	ug/l	UNF	HCl
34488	Trichlorofluoromethane	NA	EPA 8260	<5	ug/l	UNF	HCl
77443	1,2,3-Trichloropropane	NA	EPA 8260	<5	ug/l	UNF	HCl
77057	Vinyl Acetate	NA	EPA 8260	<10	ug/l	UNF	HCl
39175	Vinyl Chloride	NA	EPA 8260	<1	ug/l	UNF	HCl
81551	Xylene (total)	NA	EPA 8260	<5	ug/l	UNF	HCl

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983

Quality Control Data Sheets

Parameter	OLI Sample #	Matrix Spike % Recovery	Matrix Spike Dup % Recovery	Relative Percent Difference	Analysis Date	Analyst
Mercury	9501010-06	102	100	2	01/06/95	LDG
Barium	9501010-06	99	99	1	01/09/95	DM
Cadmium	9501010-06	98	99	1	01/09/95	DM
Chromium	9501010-06	100	101	1	01/09/95	DM
Nickel	9501010-06	101	103	2	01/09/95	DM
Beryllium	9501010-06	101	103	1	01/09/95	DM
Sodium	9501010-06	133	136	1	01/09/95	DM
Arsenic	9501010-06	100	102	1	01/09/95	DM
Selenium	9501010-06	99	99	1	01/09/95	DM
Lead	9501010-06	97	98	1	01/09/95	DM
Thallium	9501010-06	91	93	2	01/09/95	DM
Antimony	9501010-06	98	101	3	01/09/95	DM
Aluminum	9501010-06	107	108	1	01/09/95	DM
Copper	9501010-06	106	106	1	01/09/95	DM
Iron	9501010-06	99	101	1	01/09/95	DM
Manganese	9501010-06	103	105	1	01/09/95	DM
Silver	9501010-06	100	101	1	01/09/95	DM
Zinc	9501010-06	100	101	1	01/09/95	DM
Cobalt	9501010-06	102	104	2	01/09/95	DM
Vanadium	9501010-06	103	105	1	01/09/95	DM
BOD 5 Day	ALPHA TROL	93	93	0	01/09/95	LO
Nitrite	DI SPIKE	100	100	0	01/05/95	KO
Ammonia Nitrogen	9412444-05	94	94	0	01/05/95	KO
Chloride	9412450-03	103	108	3	01/06/95	KS
Alkalinity	9501039-07	94	94	0	01/09/95	KO
Total Kjeldahl Nitrogen	9501052-01	92	94	1	01/10/95	BES
Nitrate/Nitrite Combined	9501029-04	99	99	0	01/10/95	BES
Total Suspended Solid*	9501071-01	NA	NA	0	01/10/95	KO
Total Dissolved Solids*	9501038-01	NA	NA	4	01/10/95	KO
Chemical Oxygen Demand	9501133-05	117	125	5	01/13/95	KO

-----  
Parameter                      Sample #    Case Narrative for 95-01-020  
-----

Sodium                      QC                      Spike recovery data out of QC limits due to high analyte concentration. (Concentration of spike was insignificant when compared to analyte concentration.)

Chromium                      1                      Elevated detection limit due to dilution of sample.  
Dilution was necessary due to spectral interference.

\* Relative Percent Difference (RPD) was calculated from results of sample and sample duplicate.



Quality Control Data Sheets

-----  
Parameter

Sample # Case Narrative for 95-01-020  
-----

Nickel	1	Elevated detection limit due to dilution of sample. Dilution was necessary due to spectral interference.
--------	---	---

Arsenic	1	Elevated detection limit due to dilution of sample. Dilution was necessary due to spectral interference.
---------	---	---

Selenium	1	Elevated detection limit due to dilution of sample. Dilution was necessary due to spectral interference.
----------	---	---

Lead	1	Elevated detection limit due to dilution of sample. Dilution was necessary due to spectral interference.
------	---	---

Thallium	1	Elevated detection limit due to dilution of sample. Dilution was necessary due to spectral interference.
----------	---	---

ORLANDO LABORATORIES, INC.

GC ORGANICS

MATRIX SPIKE RESULTS

MATRIX : Water  
REPORT DATE: 1-6-1995  
EPA METHOD : 504

LAB SAMPLE #: 9501028-5  
ANALYSIS DATE: 1/5/95

COMPOUND	AMOUNT SPIKED	SAMPLE RESULT	MS RESULT	MS % RECOVERY	MSD RESULT	MSD % RECOVERY	RPD
Ethylene Dibromide	30	0	25.5	85	23.9	80	6
Dibromochloropropane	30	0	28.2	94	27.2	91	3

MATRIX SPIKE QUALITY CONTROL LIMITS

COMPOUND	WATER			SOIL		
	LOWER	UPPER	RPD	LOWER	UPPER	RPD
Ethylene Dibromide	69	122	10	NA	NA	NA
Dibromochloropropane	75	124	14	NA	NA	NA

ORLANDO LABORATORIES, INC.

GC ORGANICS

MATRIX SPIKE RESULTS

MATRIX : Water  
REPORT DATE: 1-11-1995  
EPA METHOD : 624/8260

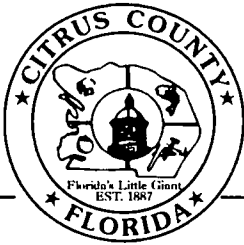
LAB SAMPLE #: 95-01-028-1  
ANALYSIS DATE: 1-6-95

COMPOUND	AMOUNT SPIKED	SAMPLE RESULT	MS RESULT	MS % RECOVERY	MSD RESULT	MSD % RECOVERY	RPD
1,1-Dichloroethene	50	0	60.0	120	54.0	108	11
Trichloroethene	50	0	48.0	96	53.0	106	10
Benzene	50	0	56.0	112	60.0	120	7
Toluene	50	0	46.0	92	53.0	106	14
Chlorobenzene	50	0	40.0	80	43.0	86	7

MATRIX SPIKE QUALITY CONTROL LIMITS

COMPOUND	WATER			SOIL		
	LOWER	UPPER	RPD	LOWER	UPPER	RPD
1,1-Dichloroethene	62	140	33	NA	NA	NA
Trichloroethene	76	125	23	NA	NA	NA
Benzene	66	143	22	NA	NA	NA
Toluene	70	127	24	NA	NA	NA
Chlorobenzene	78	120	24	NA	NA	NA

① INVOICE TO: (Company and Individual) <b>Citrus County Dept SW - PO Box 340 - Lecanto, FL 34460-0340</b>		ADDRESS (City, State, Zip)		② CONTACT PERSON/PHONE # INVOICE <b>Cathy Winters (904) 746-1800</b>		③ RB NUMBER <b>A6158</b>		④ OLI WORK ORDER #									
⑤ ORIGINAL REPORT TO: (Company and Individual) <b>Same as above</b>		ADDRESS (City, State, Zip)		⑥ CONTACT PERSON/PHONE # REPORT		⑦ (OPTIONAL) ADDITIONAL REPORTS SENT TO: ADDRESS (City, State, Zip)											
⑧ CLIENT PROJECT NAME <b>Leach Lake Weekly Tank #1</b>		⑨ CLIENT PROJECT #		⑩ SAMPLE IDENTIFICATION		⑪ DATE/TIME		⑫ COMP GRAB WATER SOIL OTHER		⑬ SAMPLE DESCRIPTION		⑭ NUMBER OF CONTAINERS <b>9</b>		⑮ REQUESTED ANALYSIS <b>TRK 9.5 TRW COD 1 TRW NOV. 5 + ISS TRK 0.1 MTH. W 0-CAR</b>		⑯ REMARKS <b>0.0=25. 0.0=8.0</b>	
1st		12/29/94 12:15		2nd		1/4/95 9:00		3rd		4th		5th		6th		7th	
RELINQUISHED BY <b>R. Mackenzie</b>		DATE/TIME		ACCEPTED BY <b>Michael C. Patten</b>		ADDITIONAL REMARKS <b>OLI Field Team</b>		COOLER #s <b>M0110</b>		SAMPLER'S SIGNATURE <b>Michael Patten</b>							



CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

*Leachate anal.  
effluent*

Reply To:

**RECEIVED**  
JAN 30 1995

January 23, 1995

Depart. of Environmental Protection  
BY SOUTHWEST UTILITIES Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

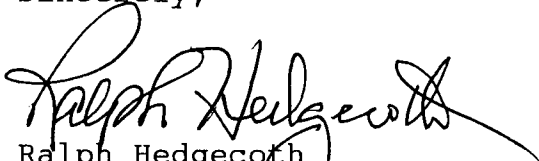
To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

As you will notice there are no effluent flows from this treatment facility. All leachate generated is being transported off-site to other treatment facilities as per D.E.P. correspondence dated September 1, 1994.

This report is for the month of December, 1994.

Sincerely,

  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

**RECEIVED**  
JAN 30 1995

### Part I - Instructions

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-801.900(1)
Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

### Part II - General Information

(1) Month December Year 1994

(2) Plant's DER Identification Number 400900086

(3) Plant Name Landfill Leachate Plant

(4) Plant Address SR 44 3miles E Lecanto

(5) City Lecanto

(6) County Citrus

(7) Phone Number (904) 764-2694

(8) Permit Number 5009-187229

(9) Plant Type I-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse N/A

(13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 9016

Evening Shift Operator Class        Cert. No.       

Night Shift Operator Class        Cert. No.       

Lead Operator James Conley Signature        Cert. No.       

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	NO EFF
(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	mgd	-	.021
(19) Percent of permitted capacity	%	-	70%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	-	N/A
(24) Minimum pH		-	NO EFF
(25) Maximum pH		-	NO EFF
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	NO EFF
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	N/A
(32) Maximum Chlorine Residual	mg/L	-	N/A
(33) Other Effluent Parameters			N/A
Chloride			NO EFF
Sodium			NO EFF
TDS			NO EFF





## CITRUS COUNTY CENTRAL LANDFILL - CITRUS COUNTY FLORIDA

## DAILY GALLONS LEACHATE GENERATION, LEACHATE DISPOSAL AND PRECIPITATION DATA

leche15

DATE	INFLUENT FROM LIFT STATIONS		TOTAL FOR LIFT STATIONS	INFLUENT FROM STORMWATER HOLDING POND	TOTAL DISPOSAL ON SITE	OFF SITE	OFF-SITE DISPOSAL TO COUNTY OWNED WWTP			OFF-SITE DISPOSAL TO PRIVATE OWNED WWTP		RAIN DATA
	7 ACRE	80 ACRE					MC	SD	BW	IPS	SSU	
12/01/94	1353	4702	6055	0	0	13775	2789	2040	2040	0	6906	0.00
12/02/94	1578	5609	7187	0	0	6914	2849	0	0	0	4065	0.00
1 3/94	1578	5609	7187	0	0	0	0	0	0	0	0	0.00
1 4/94	1578	5609	7187	0	0	0	0	0	0	0	0	0.00
12/05/94	845	2795	3640	0	0	13828	2820	2040	2040	0	6928	0.00
12/06/94	630	2987	3617	0	0	13728	2847	2038	2038	0	6805	3.10
12/07/94	1147	5841	6988	0	0	10275	0	2019	2019	0	6237	0.00
12/08/94	1363	5420	6783	0	0	13879	3005	2016	2016	0	6842	0.00
12/09/94	1560	5014	6574	0	0	13620	2826	1998	1998	0	6798	0.00
12/10/94	1560	5014	6574	0	0	0	0	0	0	0	0	0.00
12/11/94	1560	5014	6574	0	0	0	0	0	0	0	0	0.00
12/12/94	1632	6202	7834	0	0	0	0	0	0	0	0	0.00
12/13/94	1571	5884	7455	0	0	13055	2866	2019	2019	0	6151	1.50
12/14/94	1202	5802	7004	0	0	13002	2803	2025	2025	0	6149	0.00
12/15/94	1337	6704	8041	0	0	13026	2811	2026	2026	0	6163	0.00
12/16/94	1398	6730	8128	0	0	12888	2880	2009	2009	0	5990	0.00
12/17/94	1398	6730	8128	0	0	13003	2820	2023	2023	0	6137	0.00
12/18/94	1398	6730	8128	0	0	0	0	0	0	0	0	0.00
12/19/94	1625	5356	6981	0	0	0	0	0	0	0	0	0.00
12/20/94	1488	5547	7035	0	0	13260	2878	2016	2016	0	6350	0.00
12/21/94	1590	5920	7510	0	0	12931	2854	2023	2023	0	6031	0.00
12/22/94	1387	5809	7196	0	0	12281	2995	2016	2016	0	5254	0.00
12/23/94	1470	5809	7279	0	0	12501	2878	2019	2019	0	5585	0.20
12 24/94	1470	5809	7279	0	0	10633	0	2029	2029	0	6575	0.15
12 25/94	1470	5809	7279	0	0	10457	0	2031	2031	0	6395	0.43
12/26/94	1470	5809	7279	0	0	0	0	0	0	0	0	0.00
12/27/94	1382	5880	7262	0	0	0	0	0	0	0	0	0.00
12/28/94	1491	5642	7133	0	0	13774	2887	2029	2029	0	6829	0.00
12/29/94	1520	4975	6495	0	0	10136	0	2024	2024	0	6088	0.00
12/30/94	1380	5700	7080	0	0	6323	0	2026	2026	0	2271	0.00
12/31/94	1380	5700	7080	0	0	6835	0	0	0	0	6835	0.20
TOTALS	43811	172161	215972	0	0	266803	45808	40466	40466	0	140063	5.58

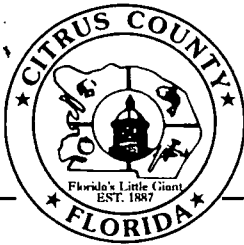
MC=MEADOWCREST PLANT

SD=SOUTH DUNNELLON PLANT

BW=BRENTWOOD PLANT

IPS=INTERNATIONAL PROCESSING SERVICE - JACKSONVILLE PLANT

SSU=SOUTHERN STATES UTILITIES - HOMOSASSA PLANT



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

**RECEIVED**  
DEC 22 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT  
Utilities Division

December 14, 1994

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of November, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Committed Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	
	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

**RECEIVED**  
DEC 22 1994

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

	Type of Treatment	Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-601.900M  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

(1) Month November Year 1994  
(2) Plant's DER Identification Number 400900086  
(3) Plant Name LANDFILL LEACHATE PLANT  
(4) Plant Address SR 44 3 MILES E LECANTO  
(5) City LECANTO  
(6) County CITRUS  
(7) Phone Number (904) 746-2694  
(8) Permit Number S009-187229  
(9) Plant Type I-C  
(10) Test Site Identification Number N/A  
(11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number  
(12) Type of Effluent Disposal or Reclaimed Water Reuse N/A  
(13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable  
(14) Cumulative Days of Wet Weather Discharge N/A  
(15) Plant Staffing  
Day Shift Operator Class C Cert. No. 9016  
Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Lead Operator James Conley Signature 9016 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	023
(17) Permitted capacity	mgd	—	030
(18) Three-month average daily flow	mgd	—	021
(19) Percent of permitted capacity	%	—	70%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	7.9
(25) Maximum pH		—	8.1
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	13.8
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
Chloride			115
Sodium			100
TDS			590

DER Form 17-501900M  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. Filed in by DER

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Month NOVEMBER Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
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22																
23																
24																
25																
26																
27																
28																
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: James Conley  
Name (Please Type) James Conley  
Company Name Citrus County Utilities Division

Date: 12-16-94  
Telephone No. (Please Type) 904-746-2694



Order #: 94-11-038-01A  
Client: Citrus County

Orlando Laboratories, Inc.  
Report of Analysis for DER

Page: 2

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS # : 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE #5

Sample Date: 11/02/94  
Well type [ ] Background  
[ ] Site Boundary  
[ ] Intermediate  
[ ] Compliance  
[X] Other

Classification of Groundwater: NA  
Well Developed Prior to  
Sample Collection (Yes/No) NA

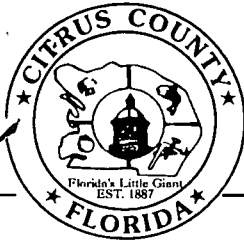
Ground Water Elevation: (above MSL) NA

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
00400	Field pH	Grab	EPA_150_1	7.92	Units	UNF	NA
00010	Temperature	Grab	EPA_170_1	19.6	^C	UNF	NA
00094	Conductivity	Grab	EPA_120_1	590	umhos/cm	UNF	NA
00310	BOD 5 Day	Grab	SM_5210_B	<2.0	mg/l	UNF	NA
00940	Chloride	Grab	EPA_325_2	115	mg/l	UNF	NA
01616	Fecal Coliform	Grab	EPA_SM9222D	<1	cfu/100ml	UNF	Na2S2O3
00929	Sodium	Grab	EPA_200_7	100	mg/l	UNF	HN03
00620	Nitrogen, Nitrate	Grab	EPA_353_2	13.8	mg/l	UNF	SEE_EAC
00300	Total Dissolved Solids	Grab	EPA_160_1	590	mg/l	UNF	NA
00625	Nitrogen, Total Kjeldahl	Grab	EPA_351_2	0.76	mg/l	UNF	H2SO4
00530	Total Suspended Solids	Grab	EPA_160_2	<5.0	mg/l	UNF	NA

E. Coli: Setup Date/Time: 11/02/94 14:00:00 Read Date/Time: 11/03/94 13:10:00  
BOD: Setup Date/Time: 11/03/94 16:00:00 Read Date/Time: 11/08/94 13:30:00

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12-19-94



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

**RECEIVED**  
SEP 23 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT

BY

Utilities Division

September 19, 1994

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of August, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments

*Quit Discharging 9/12/94*



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

**RECEIVED**  
SEP 23 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

## SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

#### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.



DER Form 17-601.900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. \_\_\_\_\_  
(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Part II - General Information

- (1) Month August Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address SR 44 3 MILES EAST OF LECANTO
- (5) City LECANTO
- (6) County CITRUS
- (7) Phone Number (904) 746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 9016
- Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Lead Operator James C. Cady Signature C9016 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.013
(19) Percent of permitted capacity	%	—	43%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	7.6
(25) Maximum pH		—	8.6
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	83.8
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
Chloride			385
Sodium			432.5
TDS			1420

DER Form 17-801.900m  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filled in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
 Monthly Operating Report

Month August Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.027															
2	.038															
3	.022															
4	0							8.0		39.44		ND	260	420	880	
5	.028															
6	.028															
7	.012															
8	0															
9	.017															
10	.049															
11	0							8.4		40.60		ND	510	440	1460	
12	.028															
13	.030															
14	.032															
15	.052															
16	.038															
17	.036															
18	.021							8.4		13.11		ND	420	560	1200	
19	.033															
20	.049															
21	.015															
22	.010															
23	0															
24	.026															
25	.020							8.2		12.4		ND	320	310	2140	
26	.050															
27	0															
28	0															
29	.022															
30	.024															
31	.003															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

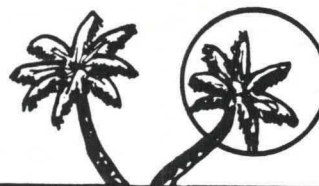
Signed: James Conley  
 Name (Please Type) James Conley

Date: 9/16/94

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940804 / 08819

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 08/04/94  
DATE RECEIVED: 08/04/94  
TIME SAMPLED: 9:15 am

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent


LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	39.44	TI	08/06/94
TDS	160.1	mg/l	880	TD	08/08/94
Chloride	325.3	mg/l	260	TD	08/08/94
Sodium	273.1	mg/l	420	TI	08/08/94
TKN	351.1	mg/l	1.96	TI	08/12/94
BOD	405.1	mg/l	4.50	TD	08/09/94
TSS	160.2	mg/l	2.40	TI	08/06/94

Fecal 909a cnt/100ml ND TD 08/05/94

FECAL IN 08/04/94 AT 1330 OUT 08/05/94 AT 1330

BOD IN 08/04/94 AT 1600 OUT 08/09/94 AT 1600

ND = NON DETECTABLE or &lt; 1.0

  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

FORWARDED TO  
DATE 9-19-94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940811 / 08839

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 08/11/94  
**DATE RECEIVED:** 08/11/94  
**TIME SAMPLED:** 9:00 am

**SITE:** Landfill PAC Plant


**SAMPLE MARKINGS:** Effluent

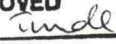
PARAMETER	METH.#	LABORATORY FINDINGS			DATE ANALYZED
		UNITS	RESULTS	TECH.	
Nitrate	352.2	mg/l	40.50	TI	08/12/94
TDS	160.1	mg/l	1460	TD	08/16/94
Chloride	325.3	mg/l	540	TD	08/16/94
Sodium	273.1	mg/l	440	TI	08/16/94
TKN	351.1	mg/l	1.54	TI	08/19/94
BOD	405.1	mg/l	1.58	TD	08/17/94
TSS	160.2	mg/l	2.20	TI	08/16/94

Fecal SM9222B cnt/100ml ND TD 08/12/94

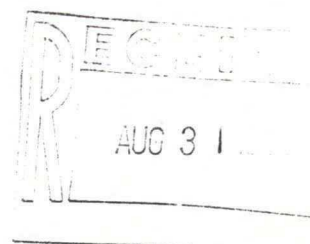
FECAL IN 08/11/94 AT 1400 OUT 08/12/94 AT 1400  
BOD IN 08/12/94 AT 1000 OUT 08/17/94 AT 1000

ND = NON DETECTABLE or < 1.0

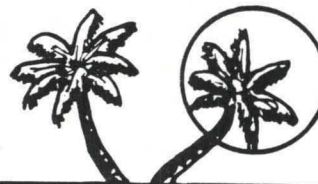
  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

9-19 94



# **TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.**



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## **REPORT OF ANALYSIS**

**REPORT NUMBER:** 940818 / 08865

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 08/18/94  
**DATE RECEIVED:** 08/18/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

PARAMETER	METH. #	LABORATORY FINDINGS			DATE ANALYZED
		UNITS	RESULTS	TECH.	
Nitrate	352.2	mg/l	131.11	TI	08/20/94
TDS	160.1	mg/l	1200	TD	08/22/94
Chloride	325.3	mg/l	420	TD	08/20/94
Sodium	273.1	mg/l	560	TI	08/24/94
TKN	351.1	mg/l	1.84	TI	08/24/94
BOD	405.1	mg/l	3.58	TD	08/23/94
TSS	160.2	mg/l	1.60	TI	08/22/94

Fecal SM9222D cnt/100ml ND TD 08/19/94

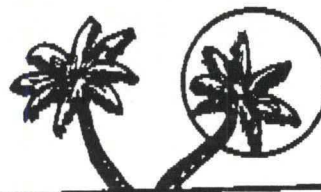
FECAL IN 08/18/94 AT 1400 OUT 08/19/94 AT 1400  
BOD IN 08/19/94 AT 0840 OUT 08/24/94 AT 0840

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager

9-18 94



**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**

2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

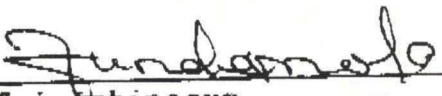
**REPORT OF ANALYSIS****REPORT NUMBER:** 940825 / 08886**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661**DATE SAMPLED:** 08/25/94  
**DATE RECEIVED:** 08/25/94  
**TIME SAMPLED:** 9:30 am**SITE:** Landfill PAC Plant**SAMPLE MARKINGS:** Effluent

PARAMETER	METH. #	LABORATORY FINDINGS		TECH.	DATE ANALYZED
		UNITS	RESULTS		
Nitrate	352.2	mg/l	124.00	TI	08/26/94
TDS	160.1	mg/l	2140	TD	08/30/94
Chloride	325.3	mg/l	320	TD	08/30/94
Sodium	273.1	mg/l	310	TI	08/30/94
TKN	351.1	mg/l	1.65	TI	08/29/94
BOD	405.1	mg/l	1.68	TD	08/30/94
TSS	160.2	mg/l	2.60	TI	08/29/94

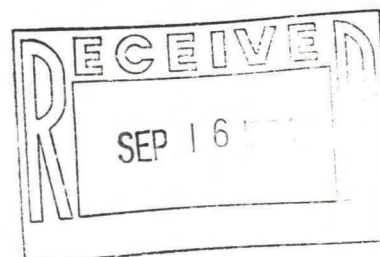
Fecal SM9222D cnt/100ml ND TD 08/26/94

FECAL IN 08/25/94 AT 1430 OUT 08/26/94 AT 1430  
BOD IN 08/25/94 AT 1630 OUT 08/30/94 AT 1615

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. JAMES  
DATE: 9-19-94





Lawton Chiles  
Governor

# Florida Department of Environmental Protection

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619  
813-744-6100

Virginia B. Wetherell  
Secretary

**FAXED**  
6:00pm AA

## FAX TRANSMITTAL SHEET

9-1-94  
Date

Chad,  
Please file in  
Citrus County Central  
Landfill file. Rob

TO:

MR. GARY KUHL

DEPT.: CITRUS COUNTY DEW

FAX #: 904-746-1203

FROM:

BOB BUTERA / RIL GARRY

DEPT.: D.E.P., Tampa Office

PHONE: 813-744-6100 or SunCom 542-6100 Ext. 451  
FAX(local) 744-6125 or (SunCom) 542-6125

SUBJECT:

APPROVAL LTR. FOR LEACHATE TREATMENT @ GWTP'S -

COMMENT:

PER YOUR REQUEST - I BELIEVE THIS WILL SATISFY  
ALL PARTIES. - THANK. INFORM DR. JAY THOMPSON  
PRIOR TO INITIAL DISPOSAL TO ALLOW FDEP DOMESTIC  
WASTE INSPECTOR TO BE AT FACILITY.

TOTAL NUMBER OF PAGES, INCLUDING COVER PAGE: \_\_\_\_\_

RECEIVED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

Check to make  
sure letters  
are not in  
file.

I N T E R O F F I C E   M E M O R A N D U M

**Date:** 31-Aug-1994 12:51pm EST  
**From:** Allison Amram TPA  
AMRAM\_A  
**Dept:** Southwest District Offi  
**Tel No:** 813/744-6100  
**SUNCOM:** 542-6100

**TO:** Robert Butera TPA

( BUTERA\_R )

**CC:** Steve Morgan TPA

( MORGAN\_S )

**CC:** Kim Ford TPA

( FORD\_K )

**Subject:** Citrus 8/29 letter; The Rest of the Story

Responses to Citrus' 8/29 letter:

As Bob requested:

**Background Paragraph**

We have leachate effluent results from Oct 1990 through July 1994. The sampling parameters have changed through time, but the first exceedances of effluent for nitrate (using the domestic effluent restriction of 12 mg/l and the groundwater standard of 10 mg/l) began in...December 1990, at 64.2 mg/l. Nitrate continued to exceed in Jan, Feb, April, and May 1991, and then was below both limits until November 1991, when it jumped to 340 mg/l. It passed again in Dec 1991, and was fine until May 1992 (34 mg/l). The effluent has had concentrations exceed 12 mg/l monthly since May 1992 (last data from July 1994 still exceeds). Sodium is the only other Primary Drinking water parameter that has been continually exceeded, and fecal coliforms exceed periodically. Secondary standards chloride and TDS also chronically are in exceedance.

The 1990 permit had leachate effluent "goals"; 12 mg/l for nitrate. Other "goals" were for TSS, BOD, COD, fecal coliforms, pH and flow. As you can see, the nitrate "goal" was rarely met. However, the purpose of calling the effluent numbers "goals" was to give Citrus County time to work out the bugs in the ZIMPRO system (ie- no enforcement while they are working in good faith toward best effluent quality). The other "goals" were mostly met.

In the September 1993 modification, the "goals" were deleted, and both Citrus Co. and DEP agreed to go with a zone of discharge (ZOD) around the perc ponds. If these newly installed wells were to show exceedances for the ZIMPRO problem-parameters, then use of the perc ponds would be discontinued. The permit also stated in Specific Condition No. 51 that if the effluent quality was "unacceptable", then other disposal options would be required.



Citrus was reluctant to go with a 100 feet ZOD around the perc ponds because of the proximity of the unlined cells. The ZOD was reduced, at Citrus' request, to 30 feet from the edge of the ponds. Wells were installed in early March, and initial sampling results received August 17, 1994 (delays due to privatization talks and poor well development). These results show nitrate at 11 mg/l (1 mg/l over the groundwater standard) in well MW-6. This well also had higher sodium, chloride and TDS than the other perc pond wells. The other 2 wells met groundwater standards for the effluent problem parameters, but showed low-levels of organic contamination (benzene, vinyl chloride, trichloroethylene, tetrachloroethene). Well MW-5 also exceeded for lead.

Effluent quality has not shown improvement in the past 2 years.

#### **Paragraph 8**

The State has an ambient groundwater monitoring program that has not shown marked increased in nitrates in Citrus County. However, there are only a few wells sampled. I have a call in to SWFWMD to see if there are other studies ongoing. I would like to call Susie Metcalfe and see if she knows what study they are referencing.

Regarding the County's concern that they are simply moving the nitrate problem-- I'm confused. The purpose of sending it to the WWTP is to biologically remove the nitrates, and create a better effluent chemistry (less than 12 mg/l nitrates) than the ZIMPRO plant. At the landfill they are discharging high nitrate water; at the WWTP they will be treating these nitrates to an acceptable level (12 mg/l) prior to discharge. We will not allow discharge of higher nitrate concentrations; if that occurs, we have promised not to impose penalties for the WWTP, but the County will have to find another acceptable disposal option.

#### **Other items associated with the letter**

I talked with Susie Metcalfe on June 6, 1994 and told her that because the leachate effluent quality had not improved (we've been asking them to fix the problem since March 1993) and we hadn't received groundwater sample results, the DEP was considering mechanisms to stop the discharge. We met June 27, 1994 with DEP, Susie Metcalfe and Gary Kuhl, and discussed their options for alternative discharges.

The beginning of the nitrate treatment discussions seem to stem from Mike Moore's February 5, 1993 letter evaluating the treatment system, and the effects of running 60,000 gpd to get rid of the ponded stormwater/leachate. We then entered into permit modification discussions regarding the poor performance of the ZIMPRO system, and eventually evolved to the ZOD decision in September 1993. Citrus was trying, with ZIMPRO's assistance to "tweak" the system to correct it from about March 1993 on. We

received one update on corrective measures for the plant (received May 2, 1994), and it indicated that Citrus and ZIMPRO had been working/studying the problems since March 1993. Another modification to the system is pending; ZIMPRO will be sending a major(?) permit modification request, once they find/train a Florida PE.

I'm interested in seeing the groundwater results for the next quarter-- it looks like they have contamination along the north and west property boundaries, and also around the perc ponds. Some kind of groundwater contamination assessment looks probable in the next 6 months.

I N T E R O F F I C E   M E M O R A N D U M

Date: 31-Aug-1994 02:11pm EST  
From: Kim Ford TPA  
FORD K  
Dept: Southwest District Offi  
Tel No: 813/620-6100  
SUNCOM: 542-6100 Ext. 382

TO: Robert Butera TPA

( BUTERA\_R )

**Subject:** CITRUS COUNTY LEACHATE TREATMENT

In response to your August 30th E-mail:

On October 18, 1988 PBS&J submitted an application for on-site leachate treatment.

On November 16, 1988 J.T. requested more information on nitrogen in the final effluent.

On November 16, 1988 the Department's RFI included J.T. comments and concerns. This letter recommended a "lab scale study using leachate from an existing similar source such as the East Pasco County Landfill". This letter requested "information on total nitrogen in the leachate and the final effluent".

On January 17, 1989 PBS&J's response discusses the County's decision to use a 60,000 gallon holding tank and haul to an off-site WWTP rather than conduct "a lengthy and expensive testing program being recommended by FDER". (The permit application for construction of the new disposal unit and holding tank was considered complete at this time).

On February 20, 1989 PBS&J requests approval of "the original proposal of on-site treatment and disposal".

On April 12, 1989 the Department's Intent to Issue and draft permit was sent to Citrus County for the construction and "one year for operating and testing of the leachate treatment and disposal facility". (The County published for this intent on April 17, 1989 and did not object to any of the permit conditions including that for only one year for operating and testing).

On May 5, 1989 the construction permit was issued.

I found no letters from the Department to "encourage the County to install the Zimpro Plant". J.T. comments, the RFIs and the permit condition authorizing only temporary operation indicate that the Department did express concern about the plant's performance early and frequently during the permit process and did not encourage the County to install the treatment equipment.

I N T E R O F F I C E   M E M O R A N D U M

**Date:** 30-Aug-1994 05:40pm EST  
**From:** Robert Butera TPA  
BUTERA R  
**Dept:** Southwest District Offi  
**Tel No:** 813/744-6100  
**SUNCOM:** 542-6100 Ext. 451

**TO:** Kim Ford TPA  
**TO:** Steve Morgan TPA  
**TO:** Allison Amram TPA

( FORD\_K )  
( MORGAN\_S )  
( AMRAM\_A )

**Subject:** Citrus County Letter - August 29, 1994

Please review the Citrus County letter I have placed on your chair. I would like the following questions responded to by use of E-mail to me prior to leaving in the morning for McKay Bay:

(1) Kim - Background para: Did the Department in any way encourage the county to install the Zimpro plant during 1988 and 1989. Please review correspondence in files and give me copies of any such encouragement.

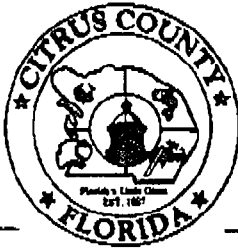
(2) Allison - Background para: Do we have sample results of the effluent data in the files dating back to September 1990 through August 1991? If so - Did the results meet existing permit requirements at that time? What parameters were exceeded?

(3) Steve - Citrus County is looking for a response to this letter today. If you can at least start to draft today and have it ready for Ed Snipes to review by tomorrow I think Rick would be satisfied. I suggest you forget about the McKay Bay visit. You're call.

(4) Kim - Review my recent letter to Ms. Metcalfe - Did I state that enforcement would follow if leachate effluent discharge was not terminated. Also check the notes Susan or Allison took at this meeting relating to followed up enforcement.

(5) Allison - para. 8 - Have you heard about the nitrate levels rising in the Citrus County groundwater? Is this indicative at the monitoring wells over the last three or four years. Please contact the Brooksville SWFWMD office on this matter. If you don't know who to contact - start with David Sua - 904-796-7211, Ext. 4375.

(6) Steve - para. 5 - I don't remember ever agreeing to allow transporting leachate to the Sugarmill Woods facility. Jay also indicated the same understanding when we received the fax.



Board of

# Citrus County Commissioners

## Executive Offices

110 N. Apopka Avenue, County Courthouse, Inverness, Florida 34450-4290

(904) 637-9400 (904) 637-9810 Fax. (904) 637-9803

Post-It™ brand fax transmittal memo 7671		# of pages > 4
To: Dr. Garrity	From: Gary Kull	
On: _____	Re: _____	
Subject: Attachments	Priority # _____	
Remarks: are being mailed	Fax # _____	

August 29, 1994

Dr. Richard Garrity, Deputy Secretary  
 Florida Department of Environmental Protection (FDEP)  
 3804 Coconut Palm Drive  
 Tampa, Florida 33619

Subject: Request for Approval of Leachate Treatment Pilot Test--  
 Citrus County

Dear Dr. Garrity:

Based on our telephone conversation this past Friday afternoon, we are providing the following information in support of our request to conduct a leachate treatment test at County domestic wastewater treatment plants (WWTP's) in early September.

### BACKGROUND:

The Citrus County Zimpro leachate treatment facility was completed in June of 1990 at the landfill site. Sample results for the effluent met permit requirements from September 1990 through August 1991. A permit extension for additional Zimpro plant testing was issued by FDER through November, 1992. Since then, various tests have been conducted by the manufacturers, a major storm event severely disrupted the entire landfill operation in 1992 and the effluent nitrate and total dissolved solid levels have been in excess of FDEP standards.

Citrus County has been frustrated with an investment of \$800,000 in the Zimpro leachate treatment plant resulting in little but continuing problems. There are strong feelings at both the County staff and Commission level that FDER encouraged the County to install the treatment equipment at the time the initial operating permit was under discussion in 1988 and 1989. This recollection does not encourage a positive reaction from the County when confronted by FDEP with statements in recent weeks of large Zimpro-related fines (\$1200 to \$3000 per day).

Page two

Recent chronology on this situation is as follows:

- 1) On June 27, 1994, Susan Metcalfe and Gary Kuhl of our Public Works staff met with the FDEP Solid Waste section personnel to discuss current Citrus County landfill Phase II expansion plans and other matters as a status report. In this meeting FDEP indicated that the County had until July 15 to solve the high nitrate problem in the treated leachate or haul the leachate offsite to other WWTP's for treatment.
- 2) On June 30 Ms. Metcalfe sent letters (sample attached) requesting assistance in treating the leachate to 14 entities within a 40 mile radius of Citrus County. Only two entities responded positively---Sugarmill Woods, Southern States Utilities, and Beverly Hills, PSG. Apparently Beverly Hills was told verbally by FDEP, Wastewater section, not to pursue accepting the leachate. SSU, after considerable review and discussion with the County and FDEP staff regarding the leachate characteristics was told by FDEP that an engineering study would need to be completed prior to accepting any of the County's leachate.
- 3) In the interim, a pretreatment facility in Jacksonville indicated that they would haul and pretreat the leachate for \$.10 a gallon. The County later received a letter from them indicating that the cost would be \$.113 per gallon. The FDEP permit provided had expired (letter attached). In further conversation late last week the company indicated that they would honor the original \$.10 quote and that they had received a new FDEP permit.
- 4) Citrus County reviewed the situation with the FDEP Solid Waste section on a regular basis (every few days) for the month of July. When it became apparent that no easy solution was in the offing, FDEP responded with written notice that the leachate needed to be hauled off-site for treatment no later than August 1. We verbally, and later in writing, requested assistance from Williston and Alachua (Gainesville Regional) WWTP's without positive response.
- 5) The County Commission approved a \$200,000 plus contract with CH2M Hill to design and permit Phase II, design and permit a leachate holding facility and review the entire leachate matter as to what alternatives might be pursued.
- 6) During this same time period (June and July), Citrus County staff negotiated an agreement with Zimpro and Post, Buckley, Schuh & Jernigan to modify the County leachate treatment facility at a total cost of over \$100,000. The agreements were approved in last week's County Commission meeting. The

Page three

modifications are expected to improve the nitrate levels to meet FDEP permit conditions. The modifications are expected to require 4 to 6 months for completion. The solution to the total dissolved solids problem is not yet determined.

- 7) Citrus County staff met with FDEP staff to discuss the leachate issue and a gas migration problem on the closed County landfill on August 12. In this meeting FDEP issued a warning letter regarding the leachate situation. FDEP maintained through the course of this entire discussion that existing Citrus County WWTP's could accept the leachate for treatment.
- 8) On August 18 FDEP representatives from both the Solid Waste and Wastewater sections met with Citrus County representatives from Public Works (landfill) and Technical Services (wastewater treatment). The outcome of the meeting was to attempt a pilot test to treat and dispose of the leachate at County WWTP's. It was determined in the meeting that each County WWTP has less than 130,000 gallons of daily throughput of domestic wastewater (current WWTP daily throughputs in gallons are 130,000; 90,000; 10,000; and 10,000 for Meadowcrest, Brentwood, Canterbury and South Dunnellon). Recent studies by the SWFWMD indicate that nitrates are on the rise in Citrus County groundwater. County staff were concerned that treatment in County WWTP's of high nitrate leachate (high ammonia in raw leachate) could simply move the problem from the landfill site to the WWTP sites. Even so, the County agreed to conduct the test under the premise that no FDEP enforcement actions against the County would result if introduction of the 30,000 gallons per day of leachate into the County WWTP's resulted in plant upsets or introduction of high nitrates into the groundwater. This premise was verbally accepted by the FDEP staff in the meeting. The County staff was also informed by FDEP that penalties were accumulating even though the County had not received any notification.

#### PROPOSED PILOT TEST FOR LEACHATE TREATMENT:

As suggested by the Department in the meeting of August 18, Citrus County proposes a pilot test outlined below to treat leachate from the central Citrus County solid waste landfill at existing County domestic wastewater treatment plants (WWTP's). The proposed test includes the following points:

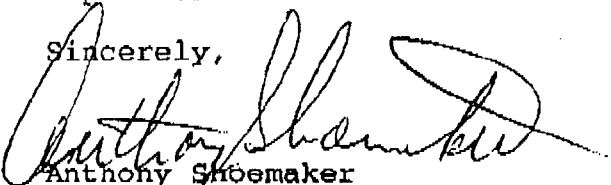
- 1) The approximate 30,000 gallons of leachate generated by the Citrus County landfill per day will be hauled to the Meadowcrest, Brentwood, Canterbury and/or South Dunnellon WWTP's for treatment and disposal.

Page four

- 2) The leachate may be pretreated by the existing Zimpro treatment facility located at the landfill or supplied directly to the WWTP's without any treatment. Test results will determine which alternative is best suited for the County WWTP's.
- 3) Affected WWTP effluent will be tested for nitrates using field test units during the course of the test. Sample results will be provided and discussed with Mr. Thabara, FDEP, every other day for the first week of the test. At the conclusion of the first week of the test, Citrus County staff will confer with Mr. Thabara and Mr. Butera, FDEP, to determine the future course of action.
- 4) If significant WWTP upsets occur at any facility during the test, the test will cease immediately at the particular facility, and FDEP will be notified accordingly. The County must have assurance from FDEP that no enforcement action will be initiated as a result of WWTP upsets that occur during the pilot test. The County is particularly concerned that they may be penalized for not hauling the leachate from the landfill and again be penalized for an unsuccessful pilot test at their WWTP's.
- 5) Upon agreement by Citrus County, Southern States Utilities (SSU) and FDEP, Mr. Butera and Mr. Thabara, a portion of the leachate may be hauled to Sugarmill Woods WWTP for treatment. This may be necessary if the test period continues through the normal influx of population during the fall and winter months.
- 6) This agreement and pilot test are based strictly on administrative process; no engineering studies have been completed to determine the compatibility of the leachate with the treatment capacity of the WWTP's or the disposal capacity of the present facilities. An engineering study is underway by CH2M Hill to review the feasibility of a longer term test program. This study will probably require 30 to 45 days from the date of this agreement to complete. If the report is available sooner, it will be provided to FDEP when received by the County.

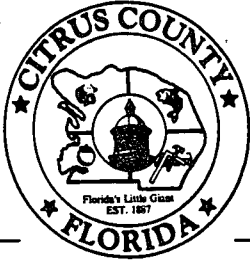
Please let us know if this meets with your approval. Given receipt of written Department approval by the County by August 31, 1994, the County will proceed with the proposed pilot test the week of September 5.

Sincerely,



Anthony Shoemaker  
County Administrator





Board of

# Citrus County Commissioners

## *Executive Offices*

110 N. Apopka Avenue, County Courthouse, Inverness, Florida 34450-4290

(904) 637-9400 — (904) 637-9810 — Fax. (904) 637-9803

August 24, 1994

D.E.P.

Mr. Robert Butera

Mr. J. Thabaraj

Florida Department of Environmental Protection (FDEP)

3804 Coconut Palm Drive

Tampa, Florida 33619

AUG 29 1994

SOUTHERN STATES UTILITIES  
TAMPA

Subject: Citrus County Landfill Leachate Treatment Proposal

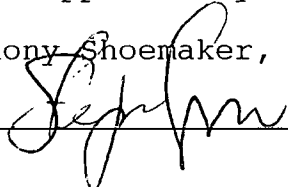
As suggested by the Department in the meeting of August 18, 1994, Citrus County proposes an agreement as outlined below to conduct a pilot test for treating landfill leachate at existing County domestic wastewater treatment plants (WWTP). The proposed test includes the following points:

- 1) The approximate 30,000 gallons of leachate generated by the Citrus County Landfill per day will be hauled to the Meadowcrest, Brentwood, Canterbury and/or South Dunnellon WWTP's for treatment and eventual disposal.
- 2) The leachate will be pretreated by the existing Zimpro treatment facility located at the landfill.
- 3) If significant WWTP upsets occur at any facility during the test, the test will cease immediately at the particular site and FDEP will be notified accordingly.
- 4) Affected WWTP effluent will be tested for nitrates using field test units during the course of the test. Sample results will be provided and discussed with Mr. Thabaraj, FDEP, every other day for the first week of the test. At the conclusion of the first week of the test, Citrus County staff will confer with Mr. Thabaraj and Mr. Butera, FDEP, to determine the future course of action.
- 5) Should any of the test WWTP's effluent standards or groundwater quality MCL's or the permitted capacity be exceeded during the course of this test or for 120 days thereafter, no fines, penalties or enforcement action of any description will be levied by the FDEP on Citrus County.
- 6) Upon agreement by Citrus County, Southern States Utilities (SSU) and FDEP, Mr. Butera and Mr. Thabaraj, a portion of the leachate may be hauled to Sugarmill Woods WWTP for treatment. This may be necessary if the test period continues through the normal influx of population during the fall and winter months.

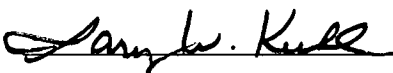
- 7) This agreement and pilot test are based strictly on administrative process; no engineering studies have been completed to determine the compatibility of the leachate with the treatment capacity of the WWTP's or the disposal capacity of the present facilities. An engineering study is underway by CH2M Hill to review the feasibility of a longer term test program. This study will probably require 30 to 45 days from the date of this agreement to complete. If the report is available sooner, it will be provided to FDEP when received by the County.

Please let us know if this meets with your approval and sign in the spaces provided below indicating same. Given the Department's approval and receipt by the County of this signed agreement by August 29, 1994, the County will proceed with the test the week of September 5 after final arrangements are made with haulers and the County Utilities staff.

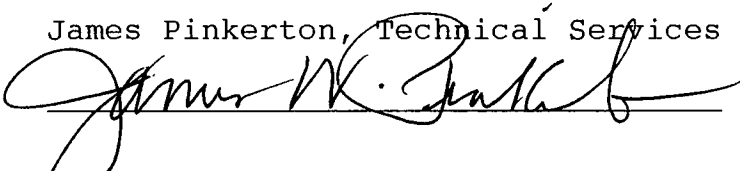
As to Approval by Citrus County:

*Sor* Anthony Shoemaker, County Administrator  


Gary Kuhl, Public Works Director



James Pinkerton, Technical Services



As to Approval by FDEP:

Richard Garrity, Deputy Secretary-Tampa

Jay Thabaraj, Wastewater Section

Robert Butera, Solid Waste Section

AUG 29 1994

Citrus County News Chronicle, Wednesday, August 24, 1994  
TAMPA

# County puzzled over possible landfill fine

By John Dunbar  
Staff writer

Managers of the county landfill say they've done everything possible to satisfy state environmental regulators — but it still isn't enough.

Commissioner Gary Bartell Tuesday accused the Florida Department of Environmental Protection of using "big bully"

*Fines could total as much as \$3,000 per day — the amount it would cost for a Jacksonville company to treat the leachate.*

tactics.

Commission Chairman Frank Schiraldi said he intends to visit the agency and fight what he considers unfair

treatment.

"All we want is the rules to stay still just long enough for us to get caught up," he said.

At issue is a plant at the

county landfill that treats leachate, rainwater that flows through the landfill into drains and is collected in tanks. After treatment, the leachate is

placed in a pond where it percolates into the ground.

The DEP says the treatment plant isn't filtering properly. Nitrates, an organic material, are polluting the groundwater.

The DEP sent a warning letter by certified mail dated Aug. 12 threatening civil penalties unless the county stops using

*Please see FINES, Page 2A*

## FINES

*continued from Page 1A*

the plant.

At a meeting June 27, the DEP gave the county until July 15 to find an alternative site for the 30,000 gallons per day of runoff generated at the landfill.

The county asked for more time, and on Aug. 2, received the first written notice from DEP that the plant must cease operation — by Aug. 1.

Commissioners approved a search for alternative methods of disposal and waived bid procedures so a hauler could be contracted.

Commissioners Tuesday approved a contract with Zimpro,

the plant's manufacturer, to upgrade the facility to remove the nitrates.

The county will pay \$35,000 of the \$125,000 total cost. But the work won't be done for three to six months depending on how long it takes the DEP to approve a permit.

In the interim, the county must find a place to treat the leachate or risk fines. Fines could total as much as \$3,000 per day — the amount it would cost for a Jacksonville company to treat the leachate.

A company there has indicated it will take the waste off the county's hands for 11.3 cents per gallon.

Meanwhile, the county is still using its percolation ponds while it looks for a place to dispose of the leachate.

Are fines being levied now?

"We don't know," said Susan J. Metcalfe, director of the county solid waste division following her appearance before commissioners Tuesday.

She said it's possible the DEP has been tallying fines since Aug. 1, but if it has, the county hasn't been notified.

Attempts to reach DEP representatives Tuesday evening were unsuccessful.

The agency has indicated it will allow the leachate to be treated at a county wastewater treatment facility on an experimental basis.

But one arm of the agency said an engineering study would be needed before it could be done, while another said one would not be needed, Ms. Metcalfe said.

"This is certainly the right hand doesn't know what the left hand is doing and the citizens are caught in the middle," Schiraldi said.

Bartell and Schiraldi are upset because the DEP's predecessor, the state Department of Environmental Regulation, approved the \$800,000 plant four years ago.

More aggravating, they said, the DEP itself recommended the county install the plant.

"We have the only leachate plant of this type in the state of Florida," Schiraldi said.

Metcalfe said the county will likely haul the leachate to one of its wastewater plants rather than take it to the Jacksonville company, International Processing Specialists.

If the county were required to spend \$3,000 per day for disposal, an increase of \$6 per ton in tipping fees for all the next fiscal year will be needed to offset the cost, Ms. Metcalfe stated in a memo.

Schiraldi expressed concern that the DEP will ultimately require the leachate be disposed of in wastewater treatment plants, and the county's expensive leachate treatment system will go unused.

"That's not going to happen," Schiraldi said. "This is a valid, certified operation that needs some tweaking and tuning."

Commissioners Tuesday also approved A-Able Septic and Sewer Service as the hauler for the leachate.

Where it will be hauled to is the question.

SOUTHWEST DISTRICT  
CONVERSATION RECORD

Date 8/26/94  
Time 2:45 P.M.

Subject LEACHATE TREATMENT - LANDFILL

Permit No. \_\_\_\_\_

County CITRUS

M.R. GARY Kuhl

Telephone No. 904-246-4107

Representing \_\_\_\_\_

[ ] Phone Me [X] Was Called [ ] Scheduled Meeting [ ] Unscheduled Meeting

Other Individuals Involved in Conversation/Meeting \_\_\_\_\_

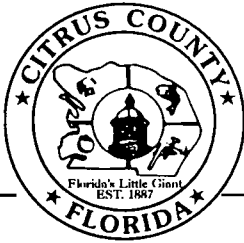
CALED GARY TO INFORM HIM THAT THE PROPOSED AGREEMENT FOR TREATING LEACHATE AT WWTP'S IN CITRUS COUNTY INCLUDING FAXED REVISIONS 8/26/94 WAS NOT ACCEPTABLE TO FDEP DOMESTIC WASTE DIVISION (SWD). HE INFORMED ME THAT HAULING CONTRACT WAS SIGNED AND APPROVED BUT BOARD OF COUNTY COMMISSIONERS WILL NOT APPROVE THE PILOT TEST ~~OF~~ USE OF HAULING w/o THE STATEMENT "NO ENFORCEMENT ACTIONS WILL BE INITIATED, NOR ANY FINES OR PENALTIES LEVIED BY THE FDEP AGAINST CITRUS COUNTY SHOULD ANY OF THE TEST WWTP'S EFFLUENT STANDARDS, GROUNDWATER QUALITY MCL'S, OR PERMITTED CAPACITIES BE EXCEEDED, AS A RESULT OF THE TEST, DURING THE COURSE OF THE TEST OR FOR 120 DAYS THEREAFTER.". MR. KUHLE REQUESTED MR. ED SNIPES EXT. THAT HE MIGHT CALL HIM ~~FOR~~ DISCUSS. ALSO WANTED TO CALL DR. GARNITY BUT I SUGGESTED HE TALK TO ED SNIPES OR JAY TRAMMAN FIRST.

(continue on another  
sheet, if necessary)

Signature

Title

Robert J. Butera  
P.E. II



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 W. South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 726-2694 • FAX (904) 746-3368

Reply To:

November 21, 1994

Utilities Division

**RECEIVED**  
NOV 28 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

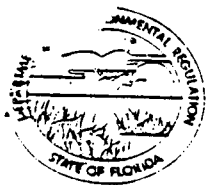
This report is for the month of October, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Form Title	Onondaga Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	_____ (Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	$\geq 3.0$	$\geq 0.5$ but $< 3.0$	$\geq 0.002$ but $< 0.5$	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	$\geq 5.0$	$\geq 1.0$ but $< 5.0$	$\geq 0.002$ but $< 1.0$	...
3	Activated Sludge operated in the extended aeration mode.	$\geq 8.0$	$\geq 2.0$ but $< 8.0$	$\geq 0.025$ but $< 2.0$	$\geq 0.002$ but $< 0.025$
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	$\geq 10.0$	$\geq 3.0$ but $< 10.0$	$\geq 0.025$ but $< 3.0$	$\geq 0.002$ but $< 0.025$
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	$\geq 0.005$

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.900m  
Domestic Wastewater Treatment Plant  
Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Part II - General Information

- (1) Month October Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address SR 44 3 MILES E. LECANTO
- (5) City LECANTO
- (6) County CITRUS
- (7) Phone Number (904) 746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing  
Day Shift Operator Class C Cert. No. 9016  
Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Lead Operator James Conley Signature C-9016 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.014
(19) Percent of permitted capacity	%	—	47%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	7.8
(25) Maximum pH		—	8.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	11.6
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
Chloride			143
Sodium			136
TDS			660

DER Form	17-501.900m
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
**Monthly Operating Report**

Month October Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1																
2																
3																
4																
5																
6																
7																
8																
9																
10																
11																
12																
13																
14																
15																
16																
17																
18								8.17		110			41 155 130 704			
19																
20																
21																
22																
23																
24																
25																
26								7.83		12.2			41 131 130 616			
27																
28																
29																
30																
31																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: James Conley  
 Name (Please Type) James Conley

Date: 11/21/94

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694



Order #: 94-10-247-01A  
Client: Citrus County

Orlando Laboratories, Inc.  
Report of Analysis for DER

Page: 2

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS # : 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE EFF.

Sample Date: 10/18/94  
Well type  
☐ Background  
☐ Site Boundary  
☐ Intermediate  
☐ Compliance  
☒ Other

Classification of Groundwater: NA  
Well Developed Prior to  
Sample Collection (Yes/No) NA

Ground Water Elevation: (above MSL) NA

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
00400	Field pH	Grab	EPA_150_1	8.17	Units	UNF	NA
00010	Temperature	Grab	EPA_170_1	21.9	°C	UNF	NA
00094	Conductivity	Grab	EPA_120_1	750	umhos/cm	UNF	NA
00310	BOD 5 Day	Grab	SM_5210_B	<2.0	mg/l	UNF	NA
00940	Chloride	Grab	EPA_325_2	155	mg/l	UNF	NA
31616	Fecal Coliform	Grab	EPA_SM9222D	<1	cfu/100ml	UNF	Na2S2O3
00929	Sodium	Grab	EPA_200_7	130	mg/l	UNF	HN03
00620	Nitrogen, Nitrate	Grab	EPA_353_2	11.0	mg/l	UNF	SEE_EAC
70300	Total Dissolved Solids	Grab	EPA_160_1	704	mg/l	UNF	NA
00625	Nitrogen, Total Kjeldahl	Grab	EPA_351_2	2.07	mg/l	UNF	H2SO4
00530	Total Suspended Solids	Grab	EPA_160_2	<5.0	mg/l	UNF	NA

F. Coli: Setup Date/Time: 10/18/94 16:15:00      Read Date/Time: 10/19/94 16:10:00  
BOD: Setup Date/Time: 10/19/94 08:15:00      Read Date/Time: 10/24/94 10:55:00

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2)      Effective January 1, 1983

Order #: 94-10-370-01A  
Client: Citrus County

Orlando Laboratories, Inc.  
Report of Analysis for DER

Page: 2

Citrus County Landfill

PARAMETER MONITORING REPORT  
(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS # : 4009C00086  
Monitoring Well #: NA  
Well Name: LEACHATE #5 EFFLUENT

Sample Date: 10/26/94  
Well type [ ] Background  
[ ] Site Boundary  
[ ] Intermediate  
[ ] Compliance  
[X] Other

Classification of Groundwater: NA  
Well Developed Prior to  
Sample Collection (Yes/No) NA

Ground Water Elevation: (above MSL) NA

STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
00400	Field pH	Grab	EPA_150_1	7.83	Units	UNF	NA
00010	Temperature	Grab	EPA_170_1	24.9	^C	UNF	NA
00094	Conductivity	Grab	EPA_120_1	750	umhos/cm	UNF	NA
00310	BOD 5 Day	Grab	SM_5210_B	<2.0	mg/l	UNF	NA
00940	Chloride	Grab	EPA_325_2	131	mg/l	UNF	NA
31616	Fecal Coliform	Grab	EPA_SM9222D	<1	cfu/100ml	UNF	Na2S2O3
00929	Sodium	Grab	EPA_200_7	130	mg/l	UNF	HN03
00620	Nitrogen, Nitrate	Grab	EPA_353_2	12.2	mg/l	UNF	SEE_EAC
70300	Total Dissolved Solids	Grab	EPA_160_1	616	mg/l	UNF	NA
00625	Nitrogen, Total Kjeldahl	Grab	EPA_351_2	0.77	mg/l	UNF	H2S04
00530	Total Suspended Solids	Grab	EPA_160_2	<5.0	mg/l	UNF	NA

F. Coli: Setup Date/Time: 10/26/94 17:15:00 Read Date/Time: 10/27/94 16:30:00  
BOD: Setup Date/Time: 10/28/94 10:40:00 Read Date/Time: 11/02/94 11:10:00

Well development: pumping the well prior to sampling to obtain representative ground water samples.  
DER form 17-1.216(2) Effective January 1, 1983



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

**RECEIVED**  
OCT 24 1994

Reply To:

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

October 20, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

On September 10, 1994, treatment of leachate was discontinued and is subsequently being hauled to other treatment facilities both in and out of Citrus County. Please call this office if you should need any further information.

This report is for the month of September, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



DER Form 17-601.900m  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filled in by DER)

**RECEIVED**  
 OCT 24 1994

SOLID WASTE LEACHATE TREATMENT FACILITY  
**Monthly Operating Report**

Department of Environmental Protection  
 SOUTHWEST DISTRICT  
 BY \_\_\_\_\_

**Part II - General Information**

- (1) Month September Year 1994  
 (2) Plant's DER Identification Number 400900086  
 (3) Plant Name LANDFILL LEACHATE PLANT  
 (4) Plant Address SR 44 3 MILES EAST  
OF LECANTO  
 (5) City LECANTO  
 (6) County CITRUS  
 (7) Phone Number (904) 746-2694  
 (8) Permit Number S009-187229  
 (9) Plant Type I-C  
 (10) Test Site Identification Number N/A  
 (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number  
 (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A  
 (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable  
 (14) Cumulative Days of Wet Weather Discharge N/A  
 (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator James Conley 9016  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.17
(17) Permitted capacity	mgd	—	0.30
(18) Three-month average daily flow	mgd	—	0.18
(19) Percent of permitted capacity	%	—	60%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	8.2
(25) Maximum pH		—	8.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	136.9
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
Chloride			360
Sodium			717
TDS			2100



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Plant Name	Domeco Wastewater Treatment Plant
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	Filed in by DER

## SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application-absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501(900M)  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

Month September Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.010							8.2		19.8			ND 320	500	2100	
2	.035															
3	0															
4	0															
5	0															
6	.025															
7	.002															
8	.030							8.2		15.4			ND 400	914	2100	
9	.004															
10	0															
11	0															
12	0															
13	0															
14	0															
15	0															
16	0															
17	0															
18	0															
19	0															
20	0															
21	0															
22	0															
23	0															
24	0															
25	0															
26	0															
27	0															
28	0															
29	0															
30	0															

I, the Lead Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

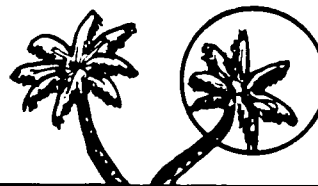
Signed: James Conley  
 Name (Please Type) James Conley

Date: 10/17/94

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# **TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.**



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940908 / 08934

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 09/08/94  
**DATE RECEIVED:** 09/08/94  
**TIME SAMPLED:** 08:00 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

### LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	154.0	TI	09/09/94
TDS	160.1	mg/l	2100	TD	09/11/94
Chloride	325.3	mg/l	400	TD	09/10/94
Sodium	273.1	mg/l	914	TI	09/19/94
TKN	351.1	mg/l	0.48	TI	09/10/94
BOD	405.1	mg/l	2.68	TD	09/13/94
TSS	160.2	mg/l	2.40	TI	09/08/94

*Fecal* SM9222D cnt/100ml ND TD 09/09/94

FECAL IN 09/08/94 AT 1300 OUT 09/09/94 AT 1300

BOD IN 09/09/94 AT 1100 OUT 09/14/94 AT 1115

ND = NON DETECTABLE or < 1.0

*Tai Igbinosun*  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager

FORWARDED TO:  
O.E.R. TAMP  
DATE: 10/20/94

# **TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.**



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## **REPORT OF ANALYSIS**

**REPORT NUMBER:** 940901 / 08914

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 09/01/94  
**DATE RECEIVED:** 09/01/94  
**TIME SAMPLED:** 10:00 am

**SITE:** Landfill PAC Plant

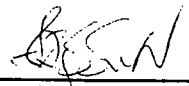
**SAMPLE MARKINGS:** Effluent

PARAMETER	METH. #	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	119.77	TI	09/02/94	
TDS	160.1	mg/l	2100	TD	09/04/94	
Chloride	325.3	mg/l	320	TD	09/02/94	
Sodium	273.1	mg/l	520	TI	09/10/94	
TKN	351.1	mg/l	2.11	TI	09/12/94	
BOD	405.1	mg/l	2.40	TD	09/06/94	
TSS	160.2	mg/l	0.22	TI	09/08/94	

Fecal SM9222D cnt/100ml ND TD 09/02/94

FECAL IN 09/01/94 AT 1300 OUT 09/02/94 AT 1300  
BOD IN 09/01/94 AT 1700 OUT 09/06/94 AT 1655

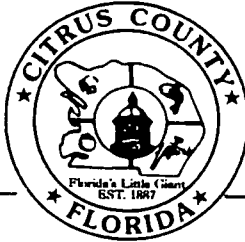
ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager

FORWARDED TO:  
D.E.E. TAMPA  
DATE: 10/20/94

15.2





CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

*Cathy*

Reply To:

DEP  
FILE

RECEIVED  
NOV 14 1994

October 20, 1994

Department of Environmental Protection  
Utilities Division  
BY \_\_\_\_\_

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

On September 10, 1994, treatment of leachate was discontinued and is subsequently being hauled to other treatment facilities both in and out of Citrus County. Please call this office if you should need any further information.

This report is for the month of September, 1994.

Sincerely,

*Ralph Hedgecoth*  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments

RECEIVED  
OCT 20 1994

DER Form 17-001.800m  
 Combined Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. Filed in by DER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

- (1) Month September Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address SR 44 3 MILES EAST  
OF LECANTO
- (5) City LECANTO
- (6) County CITRUS
- (7) Phone Number (904) 746-2694
- (8) Permit Number S009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator James Conley 9016  
 Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1017
(17) Permitted capacity	mgd	—	1030
(18) Three-month average daily flow	mgd	—	1018
(19) Percent of permitted capacity	%	—	60%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	8.2
(25) Maximum pH		—	8.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	136.9
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
Chloride			360
Sodium			717
TDS			2100

CER Form 17-801900m  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 CER Application No. Filed in by CER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

134

Month September year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sulfide	TDS
1	.010							8.2		19.8			ND	320	500	2100
2	.035															
3	0															
4	0															
5	0															
6	.025															
7	.002															
8	.030							8.2		154			ND	400	914	2100
9	.004															
10	0															
11	0															
12	0															
13	0															
14	0															
15	0															
16	0															
17	0															
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22	0															
23	0															
24	0															
25	0															
26	0															
27	0															
28	0															
29	0															
30	0															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: James Conley  
 Name (Please Type) James Conley

Date: 10/17/94

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940901 / 08914

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 09/01/94

DATE RECEIVED: 09/01/94

TIME SAMPLED: 10:00 am

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

### LABORATORY FINDINGS


<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	119.77	TI	09/02/94
TDS	160.1	mg/l	2100	TD	09/04/94
Chloride	325.3	mg/l	320	TD	09/02/94
Sodium	273.1	mg/l	520	TI	09/10/94
TKN	351.1	mg/l	2.11	TI	09/12/94
BOD	405.1	mg/l	2.40	TD	09/06/94
TSS	160.2	mg/l	0.22	TI	09/08/94

Fecal SM9222D cnt/100ml ND TD 09/02/94

FECAL IN 09/01/94 AT 1300 OUT 09/02/94 AT 1300

BOD IN 09/01/94 AT 1700 OUT 09/06/94 AT 1655

ND = NON DETECTABLE or &lt; 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager

DATE: 09/22/94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940908 / 08934

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 09/08/94  
**DATE RECEIVED:** 09/08/94  
**TIME SAMPLED:** 08:00 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

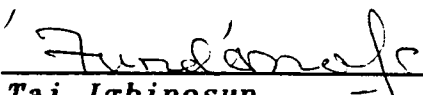
PARAMETER	METH. #	LABORATORY FINDINGS			
		UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	154.0	TI	09/09/94
TDS	160.1	mg/l	2100	TD	09/11/94
Chloride	325.3	mg/l	400	TD	09/10/94
Sodium	273.1	mg/l	914	TI	09/19/94
TKN	351.1	mg/l	0.48	TI	09/10/94
BOD	405.1	mg/l	2.68	TD	09/13/94
TSS	160.2	mg/l	2.40	TI	09/08/94

**Fecal** SM9222D cnt/100ml ND TD 09/09/94

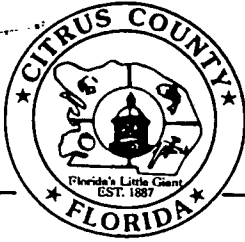
**FECAL IN** 09/08/94 AT 1300 **OUT** 09/09/94 AT 1300

**BOD IN** 09/09/94 AT 1100 **OUT** 09/14/94 AT 1115

ND = NON DETECTABLE or < 1.0

  
**Tai Igbinosun**  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 10/20/94



CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

DEP  
FILE

*Cathy*

Reply To:

September 19, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

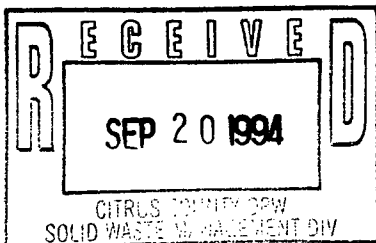
This report is for the month of August, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



DER Form 17-501.900m  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. Filed in or DER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

(1) Month August Year 1994  
 (2) Plant's DER Identification Number 400900086  
 (3) Plant Name LANDFILL LEACHATE PLANT  
 (4) Plant Address SR 44 3 MILES EAST OF LECANTO  
 (5) City LECANTO  
 (6) County CITRUS  
 (7) Phone Number (904) 746-2694  
 (8) Permit Number S009-187279  
 (9) Plant Type I-C  
 (10) Test Site Identification Number N/A  
 (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number  
 (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A  
 (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable  
 (14) Cumulative Days of Wet Weather Discharge N/A  
 (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 9016  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator James C. Cady C9016  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	mgd	-	.013
(19) Percent of permitted capacity	%	-	43%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	-	N/A
(24) Minimum pH		-	7.6
(25) Maximum pH		-	8.6
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	83.8
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	N/A
(32) Maximum Chlorine Residual	mg/L	-	N/A
(33) Other Effluent Parameters			N/A
Chloride			385
Sodium			432.5
TDS			1420

CER Form	17-501900M
Domestic Wastewater Treatment Plant	
Form Title Monthly Operating Report	
Effective Date	July 1, 1991
CER Application No.	Filed in by CER

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Month August Year 1994

Day of this Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.027															
2	.038															
3	.022															
4	0							8.0	39.44				ND 260 420 880			
5	.028															
6	.028															
7	.012															
8	0															
9	.017															
10	.049															
11	0							8.4	40.50				ND 540 440 1460			
12	.028															
13	.030															
14	.032															
15	.052															
16	.038															
17	.036															
18	.021							8.4	13.11				ND 420 560 1200			
19	.033															
20	.049															
21	.015															
22	.010															
23	0															
24	.026															
25	.020							8.2	12.4				ND 320 310 2140			
26	.050															
27	0															
28	0															
29	.022															
30	.024															
31	.003															

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: James Conley  
Name (Please Type) James Conley  
Company Name Citrus County Utilities Division

Date: 9/16/94  
Telephone No. (Please Type) 904-746-2694



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940804 / 08819

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 08/04/94  
DATE RECEIVED: 08/04/94  
TIME SAMPLED: 9:15 am

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

### LABORATORY FINDINGS


PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	39.44	TI	08/06/94
TDS	160.1	mg/l	880	TD	08/08/94
Chloride	325.3	mg/l	260	TD	08/08/94
Sodium	273.1	mg/l	420	TI	08/08/94
TKN	351.1	mg/l	1.96	TI	08/12/94
BOD	405.1	mg/l	4.50	TD	08/09/94
TSS	160.2	mg/l	2.40	TI	08/06/94

Fecal	909a	cnt/100ml	ND	TD	08/05/94
-------	------	-----------	----	----	----------

FECAL IN 08/04/94 AT 1330 OUT 08/05/94 AT 1330

BOD IN 08/04/94 AT 1600 OUT 08/09/94 AT 1600

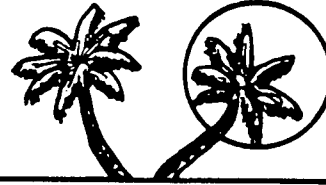
ND = NON DETECTABLE or &lt; 1.0

  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

DATE 9-19-94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940811 / 08839

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 08/11/94  
DATE RECEIVED: 08/11/94  
TIME SAMPLED: 9:00 am

SITE: Landfill PAC Plant


SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	40.50	TI	08/12/94
TDS	160.1	mg/l	1460	TD	08/16/94
Chloride	325.3	mg/l	540	TD	08/16/94
Sodium	273.1	mg/l	440	TI	08/16/94
TKN	351.1	mg/l	1.54	TI	08/19/94
BOD	405.1	mg/l	1.58	TD	08/17/94
TSS	160.2	mg/l	2.20	TI	08/16/94

Fecal SM9222B cnt/100ml ND TD 08/12/94

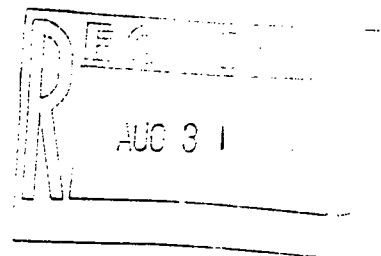
FECAL IN 08/11/94 AT 1400 OUT 08/12/94 AT 1400  
BOD IN 08/12/94 AT 1000 OUT 08/17/94 AT 1000

ND = NON DETECTABLE or &lt; 1.0

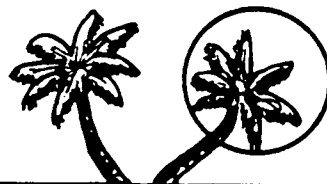
  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

9-19 94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940818 / 08865

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 08/18/94  
**DATE RECEIVED:** 08/18/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	131.11	TI	08/20/94
TDS	160.1	mg/l	1200	TD	08/22/94
Chloride	325.3	mg/l	420	TD	08/20/94
Sodium	273.1	mg/l	560	TI	08/24/94
TKN	351.1	mg/l	1.84	TI	08/24/94
BOD	405.1	mg/l	3.58	TD	08/23/94
TSS	160.2	mg/l	1.60	TI	08/22/94

Fecal SM9222D cnt/100ml ND TD 08/19/94

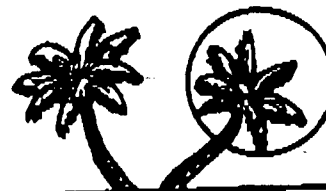
FECAL IN 08/18/94 AT 1400 OUT 08/19/94 AT 1400  
BOD IN 08/19/94 AT 0840 OUT 08/24/94 AT 0840

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager

9-18 94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940825 / 08886

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 08/25/94  
**DATE RECEIVED:** 08/25/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Landfill PAC Plant

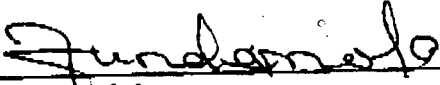
**SAMPLE MARKINGS:** Effluent

PARAMETER	METH. #	<u>LABORATORY FINDINGS</u>			TECH.	DATE ANALYZED
		UNITS	RESULTS			
Nitrate	352.2	mg/l	124.00	TI		08/26/94
TDS	160.1	mg/l	2140	TD		08/30/94
Chloride	325.3	mg/l	320	TD		08/30/94
Sodium	273.1	mg/l	310	TI		08/30/94
TKN	351.1	mg/l	1.65	TI		08/29/94
BOD	405.1	mg/l	1.68	TD		08/30/94
TSS	160.2	mg/l	2.60	TI		08/29/94

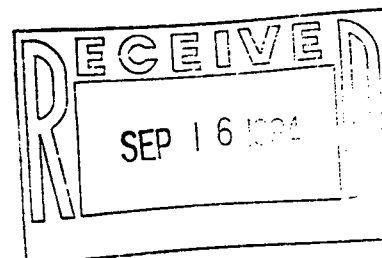
Fecal SM9222D cnt/100ml ND TD 08/26/94

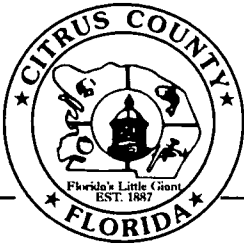
FECAL IN 08/25/94 AT 1430 OUT 08/26/94 AT 1430  
BOD IN 08/25/94 AT 1630 OUT 08/30/94 AT 1615

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO  
D.E.R. TAMPA  
DATE: 9-19-94





CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

**RECEIVED**  
AUG 24 1994

Department of Environmental Protection  
BY \_\_\_\_\_  
SOUTHWEST DISTRICT

August 18, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of July, 1994.

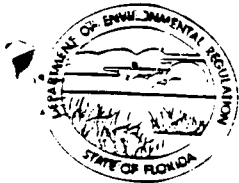
Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

DER Form # 17-601.900(1)  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. \_\_\_\_\_  
(Filed in by DER)

**RECEIVED**  
AUG 24 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-C10.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

- (1) Month July Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address SR 44 3 miles east of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number (904) 746-2694
- (8) Permit Number S009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8704
- Evening Shift Operator Class C Cert. No. 9016
- Night Shift Operator Class C Cert. No. 8704
- Lead Operator [Signature] Signature C-8704 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	mgd	-	.013
(19) Percent of permitted capacity	%	-	43%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	-	N/A
(24) Minimum pH		-	7.4
(25) Maximum pH		-	8.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	12.7
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	-	N/A
(32) Maximum Chlorine Residual	mg/L	-	N/A
(33) Other Effluent Parameters	MG/L		N/A
Chloride	MG/L		288
Sodium	MG/L		288
TDS			744

DER Form 17-501900M  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

Month July Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.007															
2	0															
3	0															
4	.009															
5	.015															
6	.022															
7	.011							8.5			110		WD 120 180 45			
8	.008															
9	0															
10	.008															
11	.019															
12	.021															
13	.014															
14	.015							7.4			68.9		ND 212 210 1300			
15	.009															
16	0															
17	.012															
18	.022															
19	.027															
20	.033															
21	.021							8.3			78.4		ND 205 212 870			
22	.025															
23	.029															
24	.027															
25	.032															
26	.027															
27	.027															
28	.029							8.2			74.5		WD 310 550 800			
29	.028															
30	.036															
31	.026															

and Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: [Signature]  
Name (Please Type) Lyle F. Steady  
Company Name Citrus County Utilities Division

Date: 8-16-94

Telephone No. (Please Type) 904-746-2694



# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-31369

Received: 07 JUL 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Leclanto, Florida 34460-0340

Purchase Order: 16614

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31369-1	Leachate Effluent (Treated)	07-07-94
31369-2	Leachate Influent (Raw)	07-08-94
PARAMETER	31369-1	31369-2
pH, units	8.5	7.8
Fecal Coliform MF, col/100ml	<1	300
Nitrate-N, mg/l	110	1.1
Chloride, mg/l	220	170
Sodium, mg/l	180	150
Biochemical Oxygen Demand, mg/l	<2.0	9.8
Total Solids, mg/l	1100	820
Total Dissolved Solids, mg/l	1000	750
Total Kjeldahl Nitrogen-N, mg/l	0.13	85
Arsenic, mg/l	<0.010	<0.010
Barium, mg/l	0.083	0.050
Cadmium, mg/l	<0.0050	<0.0050
Chromium, mg/l	<0.010	<0.010
Iron, mg/l	<0.050	2.2
Mercury, mg/l	<0.00020	<0.00020
Lead, mg/l	<0.0050	<0.0050
Selenium, mg/l	<0.010	<0.010
Silver, mg/l	<0.010	<0.010
Trihalomethanes		
Bromoform, ug/l	<5.0	<5.0
Chloroform, ug/l	<1.0	<1.0
Dichlorobromomethane, ug/l	<1.0	<1.0
Dibromochloromethane, ug/l	<1.0	<1.0

FORWARDED TO:

D.E.R. TAMPA

DATE: 8/19/94

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-31369

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Received: 07 JUL 94

Purchase Order: 16614

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED	
31369-1	Leachate Effluent (Treated)	07-06-94	
31369-2	Leachate Influent (Raw)	07-07-94	
PARAMETER		31369-1	31369-2
BTEX (EPA 602/8020)			
Benzene, ug/l		<1.0	<1.0
Toluene, ug/l		<1.0	<1.0
Ethylbenzene, ug/l		<1.0	<1.0
Xylenes, ug/l		2.4	2.8
Total Volatile Organic Aromatics, ug/l		2.4	2.8
Suspended Solids, mg/l		<5.0	14

DATE: 8/19/94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940706 / 08629

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 07/06/94  
DATE RECEIVED: 07/07/94  
TIME SAMPLED: 9:00 am

SITE: Landfill PAC Plant

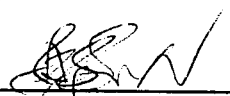
SAMPLE MARKINGS: Influent

## LABORATORY FINDINGS

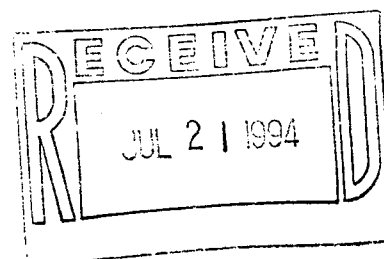
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
TDS	160.1	mg/l	1100	TD	07/08/94
TSS	160.2	mg/l	180	TD	07/08/94
Chloride	325.3	mg/l	756	TD	07/08/94
Sodium	273.1	mg/l	212	TI	07/14/94
TKN	351.1	mg/l	92.4	TI	07/14/94
BOD	405.1	mg/l	210	TD	07/12/94
Ammonia	350.1	mg/l	73.76	TI	07/14/94

BOD IN 07/07/94 AT 1845 OUT 07/12/94 AT 1850

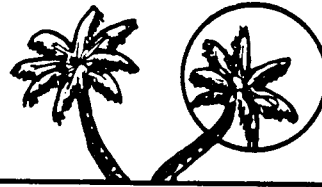
ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 8/19, 1994



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940707 / 08629

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 07/07/94  
DATE RECEIVED: 07/07/94  
TIME SAMPLED: 8:40 am

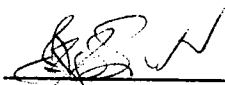
SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

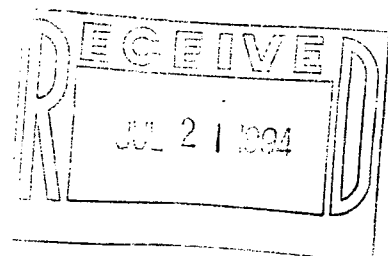
<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	69.0	TI	07/09/94
TDS	160.1	mg/l	940	TD	07/08/94
Chloride	325.3	mg/l	316	TD	07/08/94
Sodium	273.1	mg/l	216	TI	07/14/94
TKN	351.1	mg/l	1.75	TI	07/14/94
BOD	405.1	mg/l	2.85	TD	07/12/94
TSS	160.2	mg/l	2.00	TI	07/08/94
Fecal	909a	cnt/100ml	ND	TD	07/08/94

FECAL IN 07/07/94 AT 1400 OUT 07/08/94 AT 1400  
BOD IN 07/07/94 AT 1830 OUT 07/12/94 AT 1838

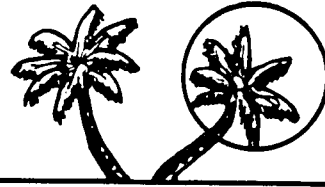
ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 8/19/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940713 / 08761

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 07/13/94  
DATE RECEIVED: 07/14/94  
TIME SAMPLED: 1:00 pm


SITE: Landfill PAC Plant # 1-Reactor

SAMPLE MARKINGS: Influent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
TDS	160.1	mg/l	1320	TD	07/18/94
Chloride	325.3	mg/l	350	TD	07/18/94
Sodium	273.1	mg/l	340	TI	07/22/94
TKN	351.1	mg/l	110.0	TI	07/22/94
BOD	405.1	mg/l	270	TD	07/20/94
TSS	160.2	mg/l	180	TI	07/18/94
Ammonia	350.1	mg/l	66.8	TI	06/22/94

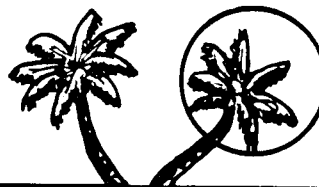
BOD IN 07/15/94 AT 0930 OUT 07/20/94 AT 0935

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
O.E.P. TAMPA  
DATE: 8/19, 1994

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940714 / 08759

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 07/14/94  
DATE RECEIVED: 07/14/94  
TIME SAMPLED: 10:00 am

SITE: Landfill PAC Plant # 1 Reactor

SAMPLE MARKINGS: Effluent

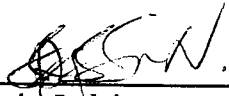
### LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	68.9	TI	07/18/94
TDS	160.1	mg/l	1300	TD	07/18/94
Chloride	325.3	mg/l	212	TD	07/18/94
Sodium	273.1	mg/l	210	TI	07/14/94
TKN	351.1	mg/l	1.06	TI	07/22/94
BOD	405.1	mg/l	3.54	TD	07/20/94
TSS	160.2	mg/l	2.00	TI	07/16/94

Fecal 909a cnt/100ml ND TD 07/15/94

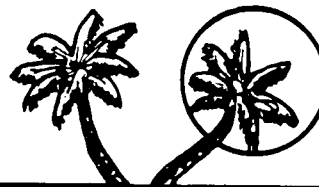
FECAL IN 07/14/94 AT 1530 OUT 07/15/94 AT 1500  
BOD IN 07/15/94 AT 0930 OUT 07/20/94 AT 0935

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED FOR  
D.E.R. TAMPA  
DATE: 8/19/94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940720 / 08787

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 07/20/94  
**DATE RECEIVED:** 07/21/94  
**TIME SAMPLED:** 9:00 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Influent

### LABORATORY FINDINGS

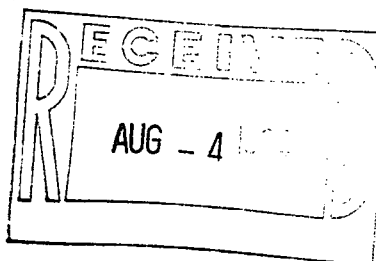
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
TDS	160.1	mg/l	1120	TD	07/22/94
Chloride	325.3	mg/l	310	TD	07/28/94
Sodium	273.1	mg/l	280	TI	07/28/94
TKN	351.1	mg/l	155.0	TI	07/26/94
BOD	405.1	mg/l	240	TD	07/26/94
TSS	160.2	mg/l	184	TI	07/22/94
Ammonia	350.1	mg/l	120.0	TI	07/26/94

BOD IN 07/21/94 AT 1605 OUT 07/26/94 AT 1620

ND = NON DETECTABLE or < 1.0

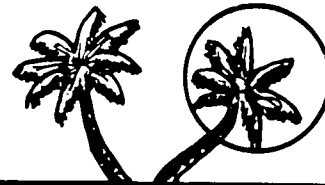
**Tai Igbinosun**  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER imble



FORWARDED TO:  
D.E.R. TAMPA  
DATE: 8/19/94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940721 / 08788

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 07/21/94  
**DATE RECEIVED:** 07/21/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

### LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	78.4	TI	07/22/94
TDS	160.1	mg/l	870	TD	07/25/94
TSS	160.2	mg/l	2.80	TI	07/22/94
Chloride	325.3	mg/l	205	TD	07/25/94
Sodium	273.1	mg/l	212	TI	07/26/94
TKN	351.1	mg/l	1.80	TI	07/26/94
BOD	405.1	mg/l	3.45	TD	07/26/94

Fecal Coliform SM909c cts/100ml ND TI 07/22/94

FECAL IN 07/21/94 AT 1500 OUT 07/22/94 AT 1500

BOD IN 07/21/94 AT 1600 OUT 07/26/94 AT 1615

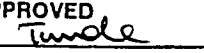
FORWARDED TO:

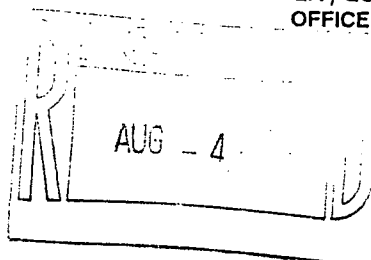
D.E.R. TAMPA

DATE: 8/19/94

ND = NON DETECTABLE or < 1.0

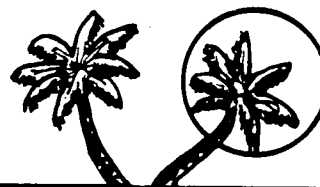
  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 





# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940727 / 08802

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 07/27/94  
**DATE RECEIVED:** 07/28/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Influent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
TDS	160.1	mg/l	3990	TD	07/29/94
TSS	160.2	mg/l	220	TD	07/29/94
Chloride	325.3	mg/l	690	TD	08/02/94
Sodium	273.1	mg/l	675	TI	08/02/94
TKN	351.1	mg/l	170.5	TI	08/02/94
BOD	405.1	mg/l	219	TD	08/02/94
Ammonia	350.1	mg/l	125.4	TI	08/01/94

BOD IN 07/28/94 AT 1650 OUT 08/02/94 AT 1650

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940728 / 08801

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 07/28/94  
**DATE RECEIVED:** 07/28/94  
**TIME SAMPLED:** 9:00 am

**SITE:** Landfill PAC Plant # 1 Reactor

**SAMPLE MARKINGS:** Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	74.50	TI	07/29/94
TDS	160.1	mg/l	800	TD	07/29/94
Chloride	325.3	mg/l	310	TD	08/02/94
Sodium	273.1	mg/l	550	TI	08/02/94
TKN	351.1	mg/l	.96	TI	08/02/94
BOD	405.1	mg/l	3.84	TD	08/02/94
TSS	160.2	mg/l	2.48	TI	07/29/94
Fecal	909a	cnt/100ml	ND	TD	07/29/94

FECAL IN 07/28/94 AT 1610 OUT 07/29/94 AT 1610  
BOD IN 07/28/94 AT 1650 OUT 08/02/94 AT 1650

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

**RECEIVED**  
JUL 25 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT

BY \_\_\_\_\_

July 22, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

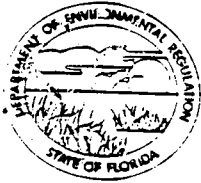
This report is for the month of June, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

#### Part I - Instructions

**RECEIVED**  
JUL 25 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT  
DER District

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the DER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application-absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-801.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

- (1) Month JUNE Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address SR 44 3 miles East of  
Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8704
- Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Lead Operator [Signature] C-8704  
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.014
(17) Permitted capacity	mgd	—	1.030
(18) Three-month average daily flow	mgd	—	.009
(19) Percent of permitted capacity	%	—	27%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	n/a
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	n/a
(22) TSS Effluent	mg/L	900201	n/a
(23) TSS Effluent	lbs/day	—	n/a
(24) Minimum pH		—	7.7
(25) Maximum pH		—	8.4
(26) Total N	mg/L	000600	n/a
(27) TKN	mg/L	000625	n/a
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/a
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	n/a
(31) Minimum Chlorine Residual	mg/L	—	n/a
(32) Maximum Chlorine Residual	mg/L	—	n/a
(33) Other Effluent Parameters			n/a
Chloride	mg/L		374
Sodium	mg/L		299
TDS	mg/L		1508

OER Form 17-801900(1)  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 OER Application No. \_\_\_\_\_  
 (Filed in by OER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

Month June Year 94

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.010															
2	.005							8.4			225		ND	510	318	1040
3	.005															
4	.001															
5	.005															
6	.005															
7	.011															
8	.009															
9	.025							8.2			240		ND	470	320	2100
10	.009															
11	.009															
12	.016															
13	.004															
14	.005															
15	.032															
16	.021							8.4			125.5		ND	340	315	1200
17	.015															
18	.003															
19	.025															
20	.025															
21	.021															
22	.032															
23	.014							7.7			254		ND	240	260	1100
24	.010															
25	.010															
26	.010															
27	.014															
28	.021															
29	.021															
30	.017							8.4			225		ND	360	280	2100

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

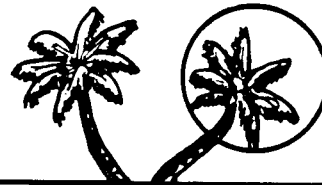
Signed: [Signature]  
 Name (Please Type) Lyle F. Steady, Jr.

Date: 7-20-94

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940630 / 08602

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 06/30/94  
DATE RECEIVED: 06/30/94  
TIME SAMPLED: 9:30 am

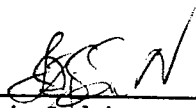
SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	225.0	TI	07/02/94
TDS	160.1	mg/l	2100	TD	07/06/94
Chloride	325.3	mg/l	360	TD	07/06/94
Sodium	273.1	mg/l	280	TI	07/06/94
pH	150.1	std/unit	8.4	TD	06/30/94
TKN	351.1	mg/l	3.84	TI	07/08/94
BOD	405.1	mg/l	3.24	TD	07/05/94
TSS	160.2	mg/l	0.60	TD	07/05/94
Fecal	909a	cnt/100ml	ND	TD	07/01/94

FECAL IN 06/30/94 AT 1430 OUT 07/01/94 AT 1430  
BOD IN 06/30/94 AT 1750 OUT 07/05/94 AT 1750

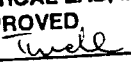
ND = NON DETECTABLE or < 1.0

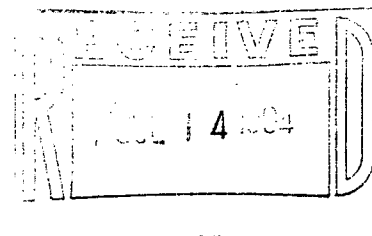
  
Tai Igbinosun  
Lab Manager

FORWARDED TO:

D.E.R. TAMPA

DATE: 7/22, 1994

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940630 / 08602

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 06/29/94  
DATE RECEIVED: 06/30/94  
TIME SAMPLED: 9:00 am

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Influent

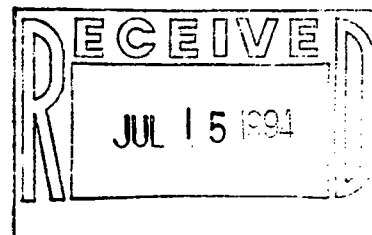
LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
TDS	160.1	mg/l	3240	TD	07/06/94
TSS	160.2	mg/l	144	TD	07/05/94
Chloride	325.3	mg/l	800	TD	07/06/94
Sodium	273.1	mg/l	450	TI	07/06/94
TKN	351.1	mg/l	154.5	TI	07/06/94
BOD	405.1	mg/l	138	TD	07/05/94
Ammonia	350.1	mg/l	131.0	TI	07/06/94

BOD IN 06/30/94 AT 1750 OUT 07/05/94 AT 1500

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 7/22/94





# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940623 / 08575

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 06/23/94  
DATE RECEIVED: 06/23/94  
TIME SAMPLED: 9:30 am

SITE: Landfill PAC Plant # 2-Reactor

SAMPLE MARKINGS: Effluent


## LABORATORY FINDINGS

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	254.0	TI	06/25/94
TDS	160.1	mg/l	1100	TD	06/30/94
Chloride	325.3	mg/l	240	TD	06/25/94
Sodium	273.1	mg/l	260	TI	06/25/94
TKN	351.1	mg/l	0.84	TI	06/30/94
BOD	405.1	mg/l	2.48	TD	06/29/94
TSS	160.2	mg/l	1.40	TI	06/25/94

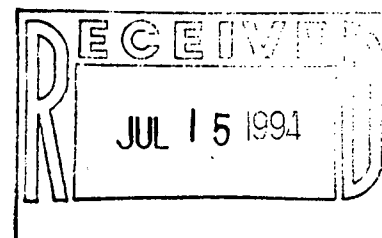
Fecal	909a	cnt/100ml	ND	TD	06/24/94
-------	------	-----------	----	----	----------

FECAL IN 06/23/94 AT 1335 OUT 06/24/94 AT 1330  
BOD IN 06/24/94 AT 1030 OUT 06/29/94 AT 1040

ND = NON DETECTABLE or &lt; 1.0

  
Tai Lobinosun  
Lab Manager

DATE: 6/22/94  
D.E.R. TAMPA  
FORWARDED TO:



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940622 / 08575

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 06/22/94  
**DATE RECEIVED:** 06/23/94  
**TIME SAMPLED:** 9:15 am

**SITE:** Landfill PAC Plant # 2-Reactor

**SAMPLE MARKINGS:** Influent

## LABORATORY FINDINGS

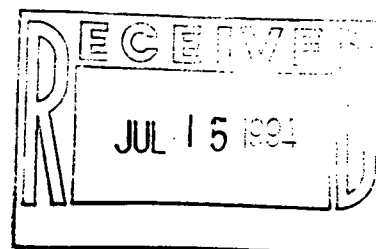
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
TDS	160.1	mg/l	2780	TD	06/30/94
Chloride	325.3	mg/l	515	TD	06/25/94
Sodium	273.1	mg/l	350	TI	06/25/94
TKN	351.1	mg/l	151.0	TI	06/30/94
BOD	405.1	mg/l	294	TD	06/29/94
TSS	160.2	mg/l	132	TI	06/25/94

BOD IN 06/24/94 AT 1500 OUT 06/29/94 AT 1500

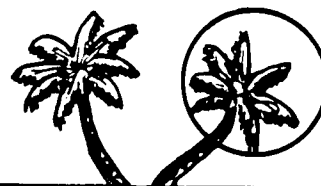
ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 7/22, 19 94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940616 / 08542

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 06/16/94  
DATE RECEIVED: 06/16/94  
TIME SAMPLED: 8:30 am

SITE: Landfill PAC Plant # 1-Reactor

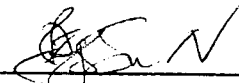
SAMPLE MARKINGS: Effluent


PARAMETER	METH. #	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	125.5	TI	06/18/94	
TDS	160.1	mg/l	1200	TD	06/18/94	
Chloride	325.3	mg/l	340	TD	06/20/94	
Sodium	273.1	mg/l	315	TI	06/20/94	
pH	150.1	std/unit	8.4	TD	06/18/94	
TKN	351.1	mg/l	1.45	TI	06/24/94	
BOD	405.1	mg/l	2.60	TD	06/22/94	

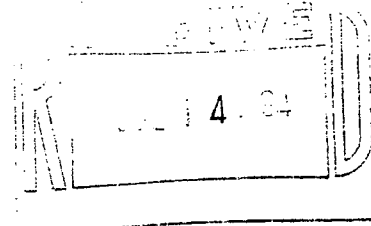
Fecal Coliform SM909c cts/100ml ND TI 06/17/94


FECAL IN 06/16/94 AT 1330 OUT 06/17/94 AT 1330  
BOD IN 06/17/94 AT 1000 OUT 06/22/94 AT 1015

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 



FORWARDED TO:  
D.E.R. TAMPA  
DATE: 7/22/94 

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940609 / 08506

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 06/09/94  
DATE RECEIVED: 06/09/94  
TIME SAMPLED: 9:05 am

SITE: Landfill PAC Plant # 1-Reactor

SAMPLE MARKINGS: Effluent

PARAMETER	METH.#	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	240.0	TI	06/10/94	
TDS	160.1	mg/l	2100	TD	06/12/94	
Chloride	325.3	mg/l	420	TD	06/12/94	
Sodium	273.1	mg/l	320	TI	06/16/94	
pH	150.1	std/unit	8.2	TD	06/10/94	
TKN	351.1	mg/l	1.45	TI	06/22/94	

Fecal Coliform SM909c cts/100ml ND TI 06/10/94

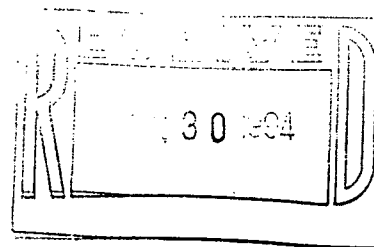
FECAL IN 06/09/94 AT 1400 OUT 06/10/94 AT 1400

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA

DATE: 7/22/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940602 / 08467

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 06/02/94  
DATE RECEIVED: 06/02/94  
TIME SAMPLED: 9:05 am

SITE: Landfill PAC Plant # 2-Reactor

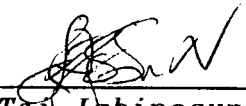
SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	225.0	TI	06/03/94
TDS	160.1	mg/l	1040	TD	06/10/94
Chloride	325.3	mg/l	510	TD	06/10/94
Sodium	273.1	mg/l	318	TI	06/18/94
pH	150.1	std/unit	8.4	TD	06/02/94
TKN	351.1	mg/l	0.89	TI	06/09/94

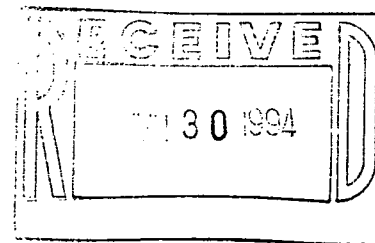
Fecal Coliform SM909c    cts/100ml    ND    TI    06/03/94

FECAL IN 06/02/94 AT 1400 OUT 06/03/94 AT 1400

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 7/27/94



LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR JUNE 1994

DATE	TIME	L.S. #1 7 ACRE E.			L.S. #2 7 ACRE W			L.S. #3 (60 ACRE SITE)						L.S. FLOAT	L.S. FLOW TOTAL	x10800 RECYCLED FLOWS			POND FLOWS	INFLUENT FLOW TOTAL	EFFLUENT FLOW				
		RDG	x1980 HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1 x3600			PUMP #2					RDG	HRS	FLOW			PUMP #1 x1140	PUMP #2			
								RDG	HRS	FLOW	RDG	HRS	FLOW									RDG	HRS	FLOW	
1	1030	35.7	.6	1688	0.03	-	-	90.2	2.9	10440	0.75	-	-	✓	11628	85.7	0	-	0	11628	601.6	8.9	0.75	-	10440
2	900	36.3	.3	594	"	-	-	93.1	1.9	6840	"	-	-	✓	7434	85.7	0	-	0	7434	610.5	0	"	-	0
3	1030	36.6	.4	792	31.2	-	-	95.0	3.2	11520	"	-	-	✓	12312	85.7	0	0	0	12312	610.5	4.0	"	-	4560
4	745	37.0	.4	792	31.2	-	-	1198.2	2.3	8280	4262.2	-	-	✓	9072	85.7	.2	2160	0	9072	614.5	.9	64.8	-	1026
5	845	37.4	.5	990	"	-	-	00.5	2.4	8640	"	-	-	✓	9630	85.9	0	0	0	9630	615.4	4.2	"	-	4788
6	130	37.9	.4	792	"	-	-	02.9	2.2	7920	"	-	-	✓	8712	85.9	.4	4320	0	8712	619.6	4.4	"	-	5016
7	900	38.3	.5	990	"	-	-	05.1	2.4	10440	"	-	-	✓	11430	86.3	.4	3600	0	11430	624.0	10.0	"	-	11400
8	1000	38.8	.6	1188	"	-	-	08.0	3.0	10800	"	-	-	✓	11988	86.4	.4	0	0	11988	634.0	8.2	"	-	4348
9	200	39.4	.4	792	"	-	-	11.0	2.3	8280	"	-	-	✓	9072	86.4	.2	2160	0	9072	642.2	21.5	"	-	24510
10	130	39.8	.4	792	31.2	-	-	13.3	3.0	10800	"	-	-	✓	11592	86.6	.1	1080	0	12672	663.7	8.1	"	-	9234
11	230	40.3	-	-	31.2	-	-	16.3	0	0	"	-	-	✓	0	86.7	0	0	0.020	0.015	671.8	8.1	"	-	9234
12	845	40.3	.4	792	"	-	-	16.3	3.3	11880	"	-	-	✓	12672	86.7	1.0	10800	0.015	22672	678.4	14.0	"	-	15960
13	1000	40.7	-	-	31.2	-	-	19.0	-	-	"	-	-	✓	0	87.7	.3	3240	0	0	692.4	3.5	"	-	3990
14	130	40.7	.8	1584	31.2	-	-	19.0	5.3	19080	"	-	-	✓	19080	88.0	.1	1080	0.020	39080	695.9	4.1	"	-	4674
15	100	41.5	0	0	31.2	16.9	0	24.3	3.2	11520	"	-	-	✓	11520	88.1	.1	1080	0.020	34520	700.0	25.5	64.8	2.1	31464
16	1000	41.5	0.9	1782	48.1	8.3	0	27.5	3.0	10800	"	-	-	✓	12892	88.2	0	0	0.020	32592	725.5	17.9	66.9	0	20406
17	930	42.4	0.6	1188	56.4	16.1	0	30.5	3.8	13680	"	-	-	✓	14868	88.2	✓	0	0	14868	743.4	12.8	66.9	0	14592
18	230	43.0	.4	792	72.5	4.1	8118	34.3	2.3	8280	"	-	-	✓	17190	98.1	0	0	0.020	17190	756.2	2.9	66.9	0	3306
19	830	43.4	.5	990	76.6	4.0	7920	36.6	3.6	12960	"	-	-	✓	21880	88.2	.3	3240	0.015	36820	757.1	21.8	"	0	24852
20	300	43.9	.6	1188	80.6	2.0	5760	40.2	3.5	12600	"	-	-	✓	17718	88.5	.2	2160	0.015	32748	780.9	22.3	66.9	0	25422
21	300	44.5	.5	990	82.6	1.7	3366	43.7	2.5	9000	"	-	-	✓	13356	88.7	.1	1080	0.020	33356	803.2	18.7	66.9	0	21318
22	900	45.0	.3	594	84.3	1.2	2376	46.2	1.8	6480	"	-	-	✓	9450	88.8	.5	5400	0.020	29450	821.9	27.8	66.9	0	31682
23	1145	45.3	.6	1188	85.5	.7	1386	48.0	3.6	12960	"	-	-	✓	15534	89.3	0	0	0	15534	849.7	12.7	"	0	14478
24	900	45.7	.7	1386	86.2	3.8	7524	51.6	4.0	14400	"	-	-	✓	23310	89.3	0	0	0	23310	862.4	9.0	"	0	10260
25	230	46.1	.4	792	90.0	.6	1188	55.6	2.6	9560	4262.2	-	-	✓	11340	89.3	0	0	0	11340	871.4	8.7	66.9	0	9918
26	945	47.0	.5	990	90.6	4.7	9306	58.2	3.3	11880	"	-	-	✓	22176	89.3	0	0	0	22176	880.1	9.0	"	0	10260
27	100	47.5	.5	990	95.3	.9	1782	61.5	1.9	6840	"	-	-	✓	9617	89.3	0	0	0.020	29617	889.1	12.2	"	0	13908
28	1100	48.0	.4	792	96.2	.8	1584	63.4	2.1	7560	"	-	-	✓	9936	89.3	.2	2160	0.020	0.020	901.3	18.4	"	0	20976
29	845	48.4	.5	1188	97.0	.0	0	65.5	1.4	6840	"	-	-	✓	6840	89.5	.3	3240	0.020	0.020	919.7	18.6	"	0	21204
30	1100	49.0	.5	990	97.0	1.2	1386	67.4	2.4	8028	"	-	-	✓	12006	89.8	0	0	0	0	938.5	15.2	"	0	17322
TOTAL		1021	.027							.102									.225						40320
AVG.		1021	.001							.0043									.019						405
																				.014	.0024				.0135

⊙ No Pumping Clock Run Hours only \* All L.S. Pump To Pond From Now on.



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

D.E.P.  
JUN 24 1994  
SOUTHWEST DISTRICT  
TAMPA

June 17, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

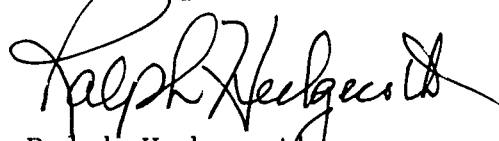
**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of May, 1994.

Sincerely,

  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



DER Form 17-601.900m  
 Composite Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

D.E.P.

JUN 24 1994

SOUTHWEST DISTRICT  
TAMPA

- (1) Month: May Year: 1994
- (2) Plant's DER Identification Number: 400900086
- (3) Plant Name: Landfill Leachate Plant
- (4) Plant Address: SR 44 3 miles East of Lecanto
- (5) City: Lecanto
- (6) County: Citrus
- (7) Phone Number: 904/746-2694
- (8) Permit Number: 5009-187229
- (9) Plant Type: I-C
- (10) Test Site Identification Number: n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse: n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge: n/a
- (15) Plant Staffing
- Day Shift Operator Class: C Cert. No. 8204
- Evening Shift Operator Class:          Cert. No.
- Night Shift Operator Class:          Cert. No.
- Lead Operator: [Signature] C-8204  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.006
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.008
(19) Percent of permitted capacity	%	—	20%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	n/a
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	n/a
(22) TSS Effluent	mg/L	900201	n/a
(23) TSS Effluent	lbs/day	—	n/a
(24) Minimum pH		—	8.2
(25) Maximum pH		—	8.4
(26) Total N	mg/L	000600	n/a
(27) TKN	mg/L	000625	n/a
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/a
(29) Nitrate	mg/L	071850	222
(30) Total Phosphorus	mg/L	000665	n/a
(31) Minimum Chlorine Residual	mg/L	—	n/a
(32) Maximum Chlorine Residual	mg/L	—	n/a
(33) Other Effluent Parameters			n/a
Chloride	mg/L		372
Sodium	mg/L		451
TDS	mg/L		3005





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(11)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥3.0	≥0.5 but <3.0	≥0.002 but <0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥5.0	≥1.0 but <5.0	≥0.002 but <1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥8.0	≥2.0 but <8.0	≥0.025 but <2.0	≥0.002 but <0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥10.0	≥3.0 but <10.0	≥0.025 but <3.0	≥0.002 but <0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application-absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-601.900(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.900(m)  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. \_\_\_\_\_  
(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Month May Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.007															
2	0															
3	.012															
4	.011															
5	0							8.2	4.4		216		ND	310	258	3250
6	.010															
7	0															
8	.003															
9	.018															
10	0															
11	.010															
12	.010							8.4	3.8		215		ND	318	541	2570
13	.005															
14	.005															
15	.010															
16	0															
17	.010															
18	.010															
19	.004							8.3	2.4		212		ND	411	504	3220
20	.009															
21	0															
22	.010															
23	0															
24	.010															
25	.007															
26	.004							8.4	3.4		245		ND	430	540	3410
27	.012															
28	0															
29	.012															
30	.010															
31	.004															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature]

Date: 6-15-94

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940526 / 08440

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 05/26/94  
DATE RECEIVED: 05/26/94  
TIME SAMPLED: 9:05 am

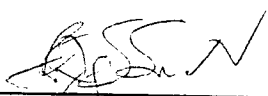
SITE: Landfill PAC Plant # 1-Reactor


SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	245.0	TI	05/27/94
TDS	160.1	mg/l	3040	TD	05/28/94
Chloride	325.3	mg/l	450	TD	06/01/94
Sodium	273.1	mg/l	540	TI	06/01/94
pH	150.1	std/unit	8.45	TD	05/27/94
TKN	351.1	mg/l	3.40	TI	06/01/94
Fecal Coliform SM909c		cts/100ml	ND	TI	05/27/94

FECAL IN 05/26/94 AT 1430 OUT 05/27/94 AT 1430

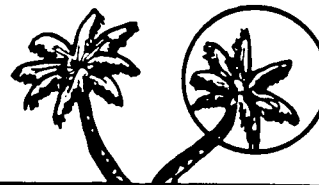
ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 6/17/94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940519 / 08411

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 05/19/94

**DATE RECEIVED:** 05/19/94

**TIME SAMPLED:** 9:45 am

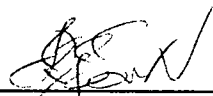
**SITE:** Landfill PAC Plant #3 Reactor

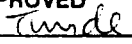
**SAMPLE MARKINGS:** Effluent

LABORATORY FINDINGS					
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	212.0	TI	05/20/94
TDS	160.1	mg/l	3220	TD	05/20/94
Chloride	325.3	mg/l	411	TD	05/19/94
Sodium	273.1	mg/l	504	TI	05/28/94
pH	150.1	std/unit	8.3	TD	05/20/94
TKN	351.1	mg/l	2.45	TI	05/25/94
Fecal Coliform SM909c		cts/100ml	ND	TI	05/20/94

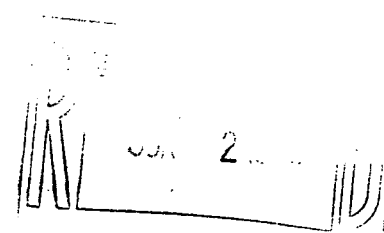
FECAL IN 05/19/94 AT 1530 OUT 05/20/94 AT 1530

ND = NON DETECTABLE or < 1.0

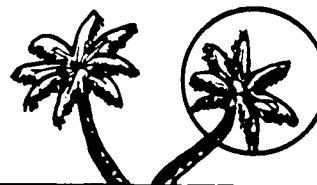
  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 6/17/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940512 / 08349

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 05/12/94  
**DATE RECEIVED:** 05/12/94  
**TIME SAMPLED:** 9:20 am

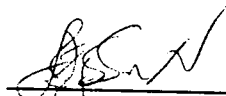
**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

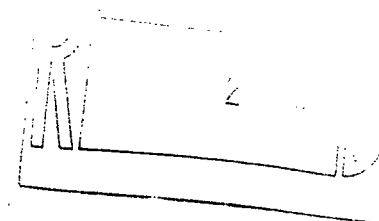
PARAMETER	METH. #	LABORATORY FINDINGS			DATE ANALYZED
		UNITS	RESULTS	TECH.	
Nitrate	352.2	mg/l	215.0	TI	05/14/94
TDS	160.1	mg/l	2510	TD	05/20/94
Chloride	325.3	mg/l	318	TD	05/19/94
Sodium	273.1	mg/l	541	TI	05/18/94
pH	150.1	std/unit	8.4	TD	05/12/94
TKN	351.1	mg/l	3.84	TI	05/25/94
Fecal Coliform SM909c		cts/100ml	ND	TI	05/13/94

FECAL IN 05/12/94 AT 1415 OUT 05/13/94 AT 1415

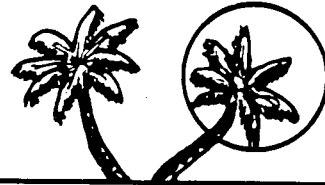
ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

FORWARDED TO  
D.E.R. TAMPA  
DATE: 6/17/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

REPORT OF ANALYSIS

REPORT NUMBER: 040505 / 08220

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 33501

DATE SAMPLED: 05/07/94  
DATE RECEIVED: 05/05/94  
TIME SAMPLED: 1130 AM

SITE: Landfill - E. of 2822

SAMPLE MARKINGS: 530101

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	216.2	TI	05/07/94
TDS	160.1	mg/l	3250	TD	05/10/94
Chloride	325.3	mg/l	314	TD	05/12/94
Sodium	272.1	mg/l	218	TI	05/12/94
pH	150.1	nd/unit	8.2	TD	05/08/94
TKN	251.1	mg/l	1.14	TI	05/10/94

Fecal Coliform SM902c 100/100ml TD TI 05/11/94

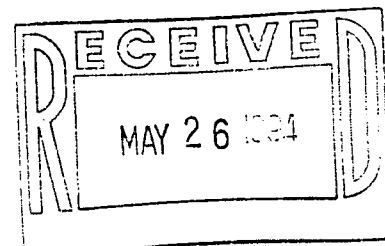
FECAL IN 05/05/94 AT 1030 OUT 05/06/94 AT 1230

ND = NON DETECTABLE (per 1.0)

*T. Agbinosun*  
T. Agbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER *Tunde*

FORWARDED TO  
D.E.R. TAMPA  
DATE: 6/14/94



LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR May - 94

x 1980

x 1080

x 3600

x 10800

x 1190

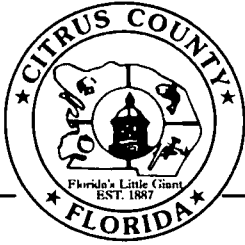
x 1620

DATE	TIME	L.S. #1 7 ACRE E.			L.S. #2 7 ACRE W			L.S. #3 (60 ACRE SITE)						L.S. FLOAT	L.S. FLOW TOTAL	RECYCLED FLOWS			POND FLOWS	INFLUENT FLOW TOTAL	EFFLUENT FLOW				
		RDG	HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1			PUMP #2					RDG	HRS	FLOW			PUMP #1		PUMP #2		
								RDG	HRS	FLOW	RDG	HRS	FLOW								RDG	HRS	RDG	HRS	FLOW
1	8 <sup>42</sup>	20.0	0.7	0	25.2	OFF	0	17.5	OFF	—	30.4	1.8	6480	✓	6480	84.3	0	—	0	6480	464.1	6.3	38.1	0	7182
2	1230	20.0	0.4	792	25.2	0.4	432	17.5	OFF	—	32.2	2.0	7200	✓	8424	84.3	0	—	0	8424	470.4	0	38.1	0	0
3	1100	20.4	0.8	1584	25.6	1.2	1296	17.5	2.0	10800	34.2	0.4	1440	✓	15120	84.3	0	—	0	15120	470.4	9.3	38.1	1620	12322
4	830	21.2	0.8	1584	26.8	1.2	1296	20.3	2.7	9120	34.6	0.7	0	✓	12600	84.3	0	—	0	12600	479.7	10.0	39.1	0	11400
5	130	22.0	0.6	1188	28.0	0.7	956	23.0	2.8	10080	34.6	0.0	0	✓	12024	84.3	0.1	1080	0	12024	489.7	0.2	39.1	0	228
6	1100	22.6	0.8	1084	28.7	0.9	972	25.8	3.1	11160	34.6	0	0	✓	13716	84.4	0	0	0	13716	489.9	3.9	39.1	0	10146
7	1410	23.2	2.5	223	29.6	0.7	756	1128.9	4.6	2360	42346	0	0	✓	11166	384.4	0	0	0	11166	498.8	0.2	39.1	0	228
8	835	23.8	0	0	30.3	0	0	31.5	1.2	4320	34.6	0	0	✓	4320	84.3	0	4320	0	4320	499.0	1.1	39.1	1.0	2274
9	150	23.8	1.4	2772	30.3	0.8	864	32.7	0	3636	34.6	4.8	17280	✓	20916	84.5	0.2	2860	0	20916	500.1	15.6	40.1	0	12784
10	1000	24.4	0.4	792	31.1	0	0	32.7	0	0	34.4	0	0	✓	792	85.0	0	0	0	792	515.7	0	40.1	0	0
11	845	24.8	1.3	2574	OFF	—	—	32.7	4.9	17640	61.6	0.6	2160	✓	22374	85.0	0	0	0	22374	515.7	8.9	40.1	0	10146
12	900	25.5	0.8	1584	OFF	—	—	37.6	3.5	12600	62.2	0	0	✓	14184	85.0	0	0	0	14184	524.6	8.9	40.1	0	10146
13	1130	26.3	0.6	1188	OFF	—	—	41.1	2.9	10440	62.2	0	0	✓	11628	85.0	0	0	0	11628	533.5	4.8	0	0	5472
14	2410	26.9	0.5	990	"	—	—	11440	2.1	2560	62.2	0	0	✓	8550	85.0	0	0	0	8550	538.3	4.0	0	0	4560
15	1130	27.4	0.6	1188	"	—	—	46.1	2.7	9720	"	0	0	✓	10908	85.0	0	0	0	10908	542.3	8.7	40.1	0	9918
16	850	28.0	0.5	990	"	—	—	48.8	2.7	9720	62.2	0	0	✓	10710	85.0	0	0	0	10710	551.0	0	40.1	0	0
17	830	28.5	0.5	990	"	—	—	51.5	3.9	14040	62.2	0	0	✓	15030	85.0	0	0	0	15030	551.0	8.4	40.1	0	9576
18	815	29.0	0.6	1188	"	—	—	55.4	3.0	10800	62.2	0	0	✓	11988	85.0	1.2	2160	0	11988	551.4	8.9	40.1	0	10146
19	930	29.6	0.8	1584	"	—	—	58.4	3.1	11160	"	0	0	✓	12744	85.2	0	0	0	12744	568.3	0.9	0	0	1026
20	330	30.4	0.7	792	"	0	0	61.5	2.0	7200	"	0	0	✓	7992	85.2	0	0	0	7992	569.2	8.1	0	0	9234
21	2410	30.8	0.5	990	31.8	0	0	11625	2.4	8640	62.2	0	0	✓	9630	85.2	0	0	0	9630	574.3	0	40.1	0	0
22	810	31.3	0.5	990	"	0	0	65.9	2.3	8280	62.2	0	0	✓	9270	85.2	0	0	0	9270	572.5	8.4	40.1	0	9576
23	130	31.8	0.4	792	31.8	0	0	68.2	1.8	6480	62.2	0	0	✓	7272	85.2	0	0	0	7272	585.7	0.2	40.1	0	228
24	530	32.2	0.5	990	31.1	0	0	70.0	3.0	10800	62.2	0	0	✓	11790	85.2	1.3	3240	0	11790	585.9	7.6	40.1	0	9804
25	230	32.7	0.4	792	"	OFF	0	73.0	2.7	9720	62.2	0	0	✓	10572	85.5	0	0	0	10572	594.5	3.8	40.1	0	7248
26	1100	33.1	0.5	990	"	OFF	0	75.7	2.5	9000	62.2	0	0	✓	9990	85.5	0	0	0	9990	598.3	OFF	44.4	2.5	4050
27	145	33.6	0.4	792	31.1	"	0	78.2	2.4	8640	62.2	0	0	✓	9432	85.5	0	0	0	9432	598.3	OFF	44.4	7.2	11664
28	230	34.0	0.4	792	31.1	"	0	1180.6	2.3	8290	62.2	0	0	✓	9072	85.5	0	0	0	9072	598.3	"	51.6	0	0
29	230	34.4	0.5	990	31.1	0	0	1192.9	2.8	10080	62.2	0	0	✓	11070	85.5	0	0	0	11070	598.3	0	51.6	7.4	11988
30	1100	34.9	0.4	792	"	0	0	85.7	2.6	9360	62.2	0	0	✓	10152	85.5	0	0	0	10152	598.3	0	59.0	5.8	9396
31		35.3	0.4	792	"			88.3	1.4	6740	62.2			✓	7632	85.5	0	0	0	7632	98.3	3.3	64.8	0	3762
TOTAL				37,056			6,372											1,013		1,200					1,200
AVG.				1,100			206			0052			0052					2400		6451					0065

5147

5147

6451



CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

leachate effluent

Reply To:

May 31, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

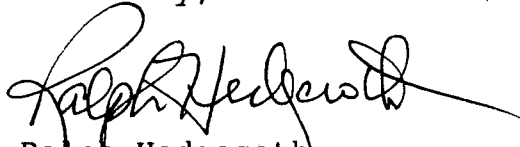
**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY  
#S009-187229 - ASBESTOS SAMPLING**

To Whom It May Concern:

Attached please find a copy of the leachate effluent analysis covering the April asbestos sampling.

It was not submitted along with the monthly operator report and testing for the month of April 1994.

Sincerely,

  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachment

**RECEIVED**  
JUN 03 1994

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_





Phone: (912) 354-7858  
Phone: (904) 878-3994  
Phone: (305) 421-7400  
Phone: (205) 666-6633  
Phone: (813) 885-7427

Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

P.O. NUMBER	PROJECT NUMBER	PROJECT NAME	MATRIX TYPE	REQUIRED ANALYSES								PAGE	OF						
	B430630	Leachate Effluent										1	1						
CLIENT NAME		TELEPHONE/FAX NO.		AQUEOUS MATRIX	NONAQUEOUS MATRIX	OIL MATRIX	AIR MATRIX	ASB.											
SAVANNAH LABORATORIES		813-885-7427																	
CLIENT ADDRESS		CITY, STATE, ZIP CODE																	
6712 Benjamin Rd. Suite 100 Tampa FL 33634																			
SAMPLER(S) NAME(S)		CLIENT PROJECT MANAGER																	
Chris Harris		ANDRE RACHMANOFF																	
SAMPLING		SAMPLE IDENTIFICATION		NUMBER OF CONTAINERS SUBMITTED															
DATE	TIME			X		1													
4/14/94		Leachate Effluent																	
TO Micro-Analytical																			
RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME								
Chisholm		4/15/94	0930	(Signature)		4/18/94	2:50 PM												
RECEIVED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME								
FOR SAVANNAH LABORATORY USE ONLY										LABORATORY REMARKS									
RECEIVED FOR LABORATORY BY: (SIGNATURE)		DATE	TIME	CUSTODY INTACT <input type="checkbox"/> YES <input type="checkbox"/> NO	CUSTODY SEAL NO.	S.L. LOG NO.													

MICRO ANALYTICAL LABORATORIES, INC.  
3618 NW 97th Blvd.  
Gainesville, FL 32606  
904/332-1701  
FX: 904/332-3572

TEM ASBESTOS ANALYSIS REPORT

Client Name	Savannah Labs	Volume Analyzed	0.025 liter
Client Ref#	B430630	Filter Diameter	25 mm PC
Sample ID	1	Filter Area	2.30E+08 sq. microns
MAL LOG #	11026-1	Magnification	10000 X
Sample Received	4/18/94	#Openings Examined	8
Sample Filtered	4/18/94	Grids Examined	2
Sample Analyzed	5/2/94	Avg. opening area	12668 sq. microns
Type Analysis	Water	Total area examined	101344 sq. microns
Microscopist	N.D. <i>Nancy Dehgan</i>		
Reviewed by	<i>Ken Hill</i>		

	Structures	MFL**
	>= 10um	>=10 um
# Chrysotile Morphology (CM):	0	0.00
# Chrysotile Diffraction (CD):	0	0.00
# Chrysotile Quantified EDS (CQ):	0	0.00
# Chrysotile Quant.EDS & Diff. (CDQ):	0	0.00
# Amphibole Diffraction (AD):	0	0.00
# Amphibole Diff.& Qual. EDS (ADX):	0	0.00
# Amphibole Diff.& Quant. EDS (ADQ):	0	0.00
# Amphibole ZA Diff.& Quant.EDS (AZQ)	0	0.00

Detection Limit: 0.09 MFL\* (Millions of Fibers/Liter)  
Total Asbestos MFL: 0.00 >or= 10 microns in length

\*\* 0.00 display = Below Detection Limit

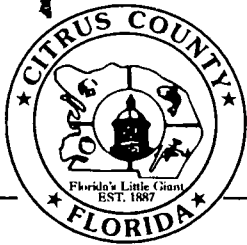
\* The Detection Limit is calculated on the probability of analyzing one asbestos fiber or structure in the total area examined.

Comments: Fe.

Preparation: Micro Analytical Laboratories SOP-007.  
Analysis: Micro Analytical Laboratories SOP-009.  
Taken from: EPA-600/4-83-043

Nonpotable water subject to modified preparation and analysis procedure.

The results of this test pertain only to the sample designated in this report and may not be reproduced except in full and with permission of this laboratory. Nancy Dehgan, Laboratory Manager



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

May 23, 1994

Utilities Division

**RECEIVED**  
MAY 31 1994

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

Department of Environmental Protection  
SOUTHWEST DISTRICT  
BY \_\_\_\_\_

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To Whom It May Concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility, copies of the regular monthly sampling analyses and a copy of the flow chart.

This report is for the month of April, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

\* Also ANNUAL included

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

**RECEIVED**  
MAY 31 1994  
Department of Environmental Regulation  
BY SOUTHWEST DISTRICT

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-C10.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

- (1) Month April Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name LanaFill Leachate Plant
- (4) Plant Address SR 44 3 miles East of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8704
- Evening Shift Operator Class        Cert. No.
- Night Shift Operator Class        Cert. No.
- Lead Operator [Signature] C-8704  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.008
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.011
(19) Percent of permitted capacity	%	—	37%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	n/a
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	n/a
(22) TSS Effluent	mg/L	900201	n/a
(23) TSS Effluent	lbs/day	—	n/a
(24) Minimum pH		—	8.0
(25) Maximum pH		—	8.4
(26) Total N	mg/L	000600	n/a
(27) TKN	mg/L	000625	n/a
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/a
(29) Nitrate	mg/L	071850	181
(30) Total Phosphorus	mg/L	000665	n/a
(31) Minimum Chlorine Residual	mg/L	—	n/a
(32) Maximum Chlorine Residual	mg/L	—	n/a
(33) Other Effluent Parameters			
Chloride	mg/L		418
Sodium	mg/L		353
TDS	mg/L		1503

DER Form 17-601.900(1)  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Month APRIL Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.009															
2	.010															
3	.007															
4	.013															
5	.008															
6	.007															
7	.010															
8	0							8.4	76.4		35.2		20	320	380	1050
9	.008															
10	.008															
11	.008															
12	.012															
13	.016															
14	.016							8.0	24		240		41	600	490	2800
15	0															
16	0															
17	.017															
18	.004															
19	.009															
20	.005															
21	.010							8.2	0.86		210		ND	380	260	1240
22	.010															
23	.010															
24	0															
25	.010															
26	.010															
27	.010															
28	.0002							8.2	1.6		240		ND	370	280	920
29	.010															
30	0															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Lyle F. Steady, Jr.

Date: 5-17-94

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-3368

Kim  
Leachate  
generation

CITRUS COUNTY CENTRAL LANDFILL - CITRUS COUNTY, FLORIDA

DAILY GALLONS LEACHATE GENERATION AND PRECIPITATION DATA

DATE	7 ACRE CELL LIFT STATION		80 ACRE SITE LIFT STATION		TOTAL FROM LIFT	HOLDING POND	TOTAL INFLUENT	RAIN DATA
	LS #1	LS #2	#1	#2	STATIONS	TO PLANT		
04-01-94	756	972	0	6411	8139	0	8139	0
04-02-94	756	864	0	6411	8031	0	8031	0
04-03-94	864	864	0	6411	8139	0	8139	0
04-04-94	972	1188	0	6411	8571	0	8571	0
04-05-94	756	1080	0	6411	8247	0	8247	0
04-06-94	647	864	0	6411	7923	0	7923	0
04-07-94	864	1080	0	6411	8355	0	8355	0
04-08-94	756	972	0	6411	8139	0	8139	0
04-09-94	648	972	0	6411	8031	0	8031	0
04-10-94	648	972	0	6411	8031	0	8031	0
04-11-94	756	864	0	6411	8031	0	8031	0
04-12-94	756	864	0	6411	8031	0	8031	0
04-13-94	432	756	0	6411	7599	0	7599	0
04-14-94	864	1080	0	6411	8355	0	8355	0
04-15-94	648	972	0	6411	8031	0	8031	0
04-16-94	648	756	0	6411	7815	0	7815	0
04-17-94	648	756	0	6411	7815	0	7815	0
04-18-94	648	756	0	6411	7815	0	7815	0
04-19-94	756	864	0	6411	8031	0	8031	0
04-20-94	648	1188	0	6411	8247	0	8247	0
04-21-94	1296	972	0	6411	8679	0	8679	2.25
04-22-94	648	756	0	6411	7815	0	7815	0.20
04-23-94	756	864	0	6411	8031	0	8031	1.50
04-24-94	756	972	0	6411	8139	0	8139	0
04-25-94	648	756	0	6411	7815	0	7815	0
04-26-94	540	864	0	6411	7815	0	7815	0
04-27-94	756	1080	0	6411	8247	0	8247	0
04-28-94	108	0	0	6411	6519	0	6519	0
04-29-94	0	0	0	6411	6411	0	6411	0
04-30-94	0	0	0	6411	6411	0	6411	0
TOTALS	19979	24948	0	192330	237258	0	237258	3.75

**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**

2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

**REPORT OF ANALYSIS****REPORT NUMBER:** 940428 / 08271**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661**DATE SAMPLED:** 04/28/94  
**DATE RECEIVED:** 04/28/94  
**TIME SAMPLED:** 10:15 am**SITE:** Landfill PAC Plant**SAMPLE MARKINGS:** Effluent

<b><u>LABORATORY FINDINGS</u></b>					
<b><u>PARAMETER</u></b>	<b><u>METH.#</u></b>	<b><u>UNITS</u></b>	<b><u>RESULTS</u></b>	<b><u>TECH.</u></b>	<b><u>DATE ANALYZED</u></b>
Nitrate	352.2	mg/l	240	TI	05/02/94
TDS	160.1	mg/l	920	TD	05/03/94
Chloride	325.3	mg/l	370	TD	05/03/94
Sodium	273.1	mg/l	280	TI	05/04/94
pH	150.1	std/unit	8.2	TD	04/30/94
TKN	351.1	mg/l	1.6	TI	05/03/94

Fecal Coliform SM909c    cts/100ml    ND    TI    04/29/94

FECAL IN 04/28/94 AT 1330 OUT 04/29/94 AT 1315

ND = NON DETECTABLE or &lt; 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab ManagerTRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER



**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**

2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

REPORT OF ANALYSIS

REPORT NUMBER: 940421 / 08241

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661DATE SAMPLED: 04/21/94  
DATE RECEIVED: 04/21/94  
TIME SAMPLED: 9:30 am

SITE: Landfill PAC Plant

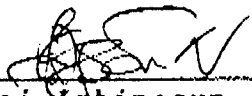

SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	210	TI	04/24/94
TDS	160.1	mg/l	1240	TD	04/22/94
Chloride	325.3	mg/l	380	TD	04/22/94
Sodium	273.1	mg/l	260	TI	04/24/94
pH	150.1	std/unit	8.20	TD	04/24/94
TKN	351.1	mg/l	0.86	TI	04/25/94

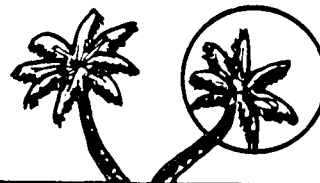
Fecal Coliform SM909c    cts/100ml    ND    TI    04/22/94

FECAL IN 04/21/94 AT 1400 OUT 04/22/94 AT 1345

ND = NON DETECTABLE or &lt; 1.0

  
Tai Igbinosun  
Lab ManagerTRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940414 / 08195

FOR: Citrus County Utilities  
P.O. Box 440  
Lecanto, Florida 34461

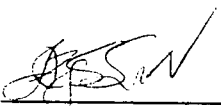
DATE SAMPLES: 04/14/94  
DATE RECEIVED: 04/14/94  
TIME SAMPLED: 11:30 am


SAMPLING MARKINGS: Effluent

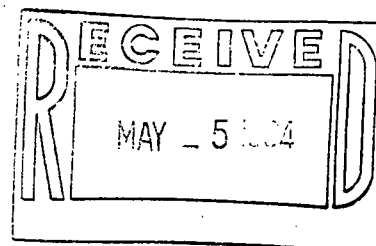
SITE: Landfill PAC Plant

## LABORATORY FINDINGS

PARAMETER ID	NAME	METHOD #	UNITS	RESULTS	DATE OF ANALYSIS	ANALYST
1040	NITRATE	353.2	mg/l	39.45	04/18/94	TI

  
Tai Igbinosun  
Lab Manager  
HRS Contract # 84147

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940407 / 08167

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 04/07/94  
DATE RECEIVED: 04/07/94  
TIME SAMPLED: 9:30 am


SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

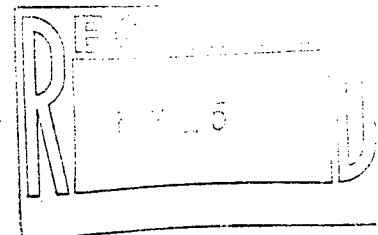
<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	35.20	TI	04/10/94
TDS	160.1	mg/l	1050	TD	04/12/94
Chloride	325.3	mg/l	320	TD	04/10/94
Sodium	273.1	mg/l	380	TI	04/18/94
pH	150.1	std/unit	8.40	TD	04/07/94
TKN	351.1	mg/l	76.40	TI	04/15/94
Fecal Coliform SM909c		cts/100ml	20	TI	04/08/94

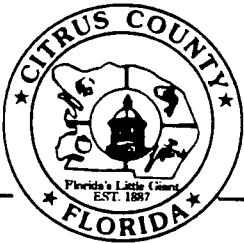
FECAL IN 04/07/94 AT 1345 OUT 04/08/94 AT 1340

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 





DEPARTMENT OF PUBLIC WORKS  
 DIVISION OF SOLID WASTE MANAGEMENT  
 230 W. Gulf to Lake Highway • P.O. Box 340  
 Lecanto, Florida 34460-0340  
 (904) 746-5000 • FAX (904) 527-1204

## MEMORANDUM

DATE: MAY 3, 1994

TO: RALPH HEDGEOTH, DIRECTOR OF UTILITIES

THROUGH: SUSAN J. METCALFE, P.G., DIRECTOR *SYM*

FROM: CATHLEEN J. WINTER, SOLID WASTE TECH. II *CJW*

SUBJECT: DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
 FACILITY - PERMIT #S009-187229 - ANNUAL EFFLUENT  
 TESTING AND ANALYSIS AND ANNUAL WASTE SLUDGE TESTING

=====

Attached please find the leachate effluent analysis from Savannah Laboratories, covering the annual sampling for April and the weekly sampling for April 14, 1994, together with the analysis covering the annual waste sludge testing.

Please include in your April report submittal to the Department of Environmental Protection.

Please add a discussion on the results of the effluent testing to the agenda for the 10:30 meeting on May 9, 1994.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor w/attachments  
 Gary Kuhl, P.E. Dir. Dept. Public Works w/o attachments



# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-30630

Received: 14 APR 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

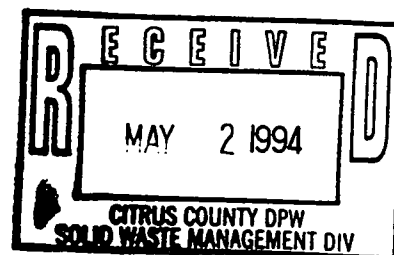
Purchase Order: 14880

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30630-1	Leachate Effluent	04-14-94
PARAMETER	30630-1	
Antimony, mg/l	<0.0050	
Arsenic, mg/l	<0.010	
Asbestos in Water (TEM), MFL	*	
Barium, mg/l	0.16	
Beryllium, mg/l	<0.0040	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Cyanide, Total (9012), mg/l	0.17	
Fluoride, mg/l	1.3	
Lead, mg/l	<0.0050	
Mercury, mg/l	<0.00020	
Nickel, mg/l	<0.040	
Nitrate-N, mg/l	(240)	
Nitrite-N, mg/l	<0.050	
Nitrate + Nitrite-N, mg/l	(240)	
Selenium, mg/l	<0.010	
Sodium, mg/l	(490)	
Thallium, mg/l	<0.0020	
Turbidity, NTU	0.37	
Total Coliform MF, col/100ml	<1	
Fecal Coliform MF, col/100ml	<1	
Gross Alpha, pCi/l	46+/-23	
Gross Beta, pCi/l	230+/-48	
Aluminum, mg/l	<0.20	
Chloride, mg/l	(600)	
Color, PCU	<5	
Copper, mg/l	0.40	
Surfactants (MBAS-EPA 425.1), mg/l	0.11	



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& ENVIRONMENTAL SERVICES, INC.

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LOG NO: B4-30630

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Received: 14 APR 94

Purchase Order: 14880

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30630-1	Leachate Effluent	04-14-94
PARAMETER	30630-1	
Iron, mg/l	0.080	
Manganese, mg/l	<0.010	
Odor, TON	(16)	
pH, units	8.0	
Silver, mg/l	<0.010	
Sulfate as SO <sub>4</sub> , mg/l	30	
Total Dissolved Solids, mg/l	(2800)	
Zinc, mg/l	0.23	
Trihalomethanes		
Bromoform, ug/l	110	
Chloroform, ug/l	41	
Dichlorobromomethane, ug/l	100	
Dibromochloromethane, ug/l	140	

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## REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30630-1	Leachate Effluent	04-14-94
PARAMETER	30630-1	
Primary Organics - Volatiles		
Vinyl Chloride, ug/l		<1.0
Benzene, ug/l		<1.0
Carbon Tetrachloride, ug/l		<1.0
1,2-Dichloroethane, ug/l		<1.0
Trichloroethylene, ug/l		<1.0
1,4-Dichlorobenzene, ug/l		<1.0
1,1-Dichloroethene, ug/l		<1.0
1,1,1-Trichloroethane, ug/l		<1.0
cis-1,2-Dichloroethylene, ug/l		<1.0
1,2-Dichloropropane, ug/l		<1.0
Ethylbenzene, ug/l		<1.0
Chlorobenzene, ug/l		<1.0
1,2-Dichlorobenzene, ug/l		<1.0
Styrene, ug/l		<1.0
Tetrachloroethene, ug/l		<1.0
Toluene, ug/l		<1.0
trans-1,2-Dichloroethene, ug/l		<1.0
Xylenes, ug/l		<1.0
Methylene Chloride (Dichloromethane), ug/l		<1.0
1,2,4-Trichlorobenzene, ug/l		<1.0
1,1,2-Trichloroethane, ug/l		<1.0
Primary Organics - Pesticides		
Alachlor, ug/l		<1.0
Atrazine, ug/l		<1.0
Simazine, ug/l		<1.0

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## REPORT OF RESULTS

Page 4

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30630-1	Leachate Effluent	04-14-94
PARAMETER	30630-1	
Primary Organics - Pesticides		
Chlordane, ug/l	<0.10	
Endrin, ug/l	<0.020	
Heptachlor, ug/l	<0.010	
Heptachlor Epoxide, ug/l	<0.020	
Gamma-BHC, ug/l	<0.010	
Methoxychlor, ug/l	<0.50	
Toxaphene, ug/l	<1.0	
PCB-1016, ug/l	<0.50	
PCB-1221, ug/l	<0.50	
PCB-1232, ug/l	<0.50	
PCB-1242, ug/l	<0.50	
PCB-1248, ug/l	<0.50	
PCB-1254, ug/l	<0.50	
PCB-1260, ug/l	<0.50	
Primary Organics - Herbicides		
2,4-D, ug/l	<0.50	
Dalapon, ug/l	<10	
Dinoseb, ug/l	<0.50	
Pentachlorophenol, ug/l	<1.0	
Picloram, ug/l	<0.50	
2,4,5-TP Silvex, ug/l	<0.50	
Primary Organics - Carbamates		
Carbofuran, ug/l	<1.0	
Oxamyl, ug/l	<1.0	
Primary Organics - Glyphosate		
Glyphosate, ug/l	<350	



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## REPORT OF RESULTS

Page 5

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30630-1	Leachate Effluent	04-14-94
PARAMETER	30630-1	
Primary Organics - Endothall		
Endothall, ug/l		<25
Primary Organics - Diquat		
Diquat, ug/l		<1.0
Primary Organics - Fumigants		
1,2-Dibromoethane (EDB), ug/l		<0.20*F65
1,2-Dibromo-3-chloropropane, ug/l		<0.20
Primary Organics -BN		
Benzo(a)Pyrene, ug/l		<0.20
Bis(2-ethyl hexyl)adipate, ug/l		<2.0
Bis (2-Ethylhexyl) Phthalate, ug/l		<2.0
Hexachlorobenzene, ug/l		<1.0
Hexachlorocyclopentadiene, ug/l		<1.0
Total Kjeldahl Nitrogen-N, mg/l		2.4

\*See attached report.

\*F65=Elevated detection limits were reported due  
to sample matrix interference which required  
sample dilution prior to analysis.

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## REPORT OF RESULTS

Page 6

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30630-2 Lab Blank  
30630-3 Accuracy (% Recovery)  
30630-4 Precision (% RPD)

PARAMETER	30630-2	30630-3	30630-4
Antimony, mg/l	<0.0050	86 %	2.2 %
Arsenic, mg/l	<0.010	89 %	2.4 %
Asbestos in Water (TEM), MFL	*	*	*
Barium, mg/l	<0.010	112 %	8.5 %
Beryllium, mg/l	<0.0040	105 %	9.1 %
Cadmium, mg/l	<0.0050	106 %	7.1 %
Chromium, mg/l	<0.010	110 %	8.9 %
Cyanide, Total (9012), mg/l	<0.010	104 %	1.0 %
Fluoride, mg/l	<0.20	96 %	0.84 %
Lead, mg/l	<0.0050	109 %	4.6 %
Mercury, mg/l	<0.00020	104 %	1.5 %
Nickel, mg/l	<0.040	110 %	8.5 %
Nitrate-N, mg/l	<0.050	104 %	0.96 %
Nitrite-N, mg/l	<0.050	102 %	1.9 %
Selenium, mg/l	<0.010	82 %	1.1 %
Sodium, mg/l	<0.50	106 %	9.7 %
Thallium, mg/l	<0.0020	95 %	0.74 %
Turbidity, NTU	<0.10	99 %	0 %
Total Coliform MF, col/100ml	<1	---	0 %
Fecal Coliform MF, col/100ml	<1	---	0 %
Gross Alpha, pCi/l	<2.0	100 %	4.5 %
Gross Beta, pCi/l	<2.0	104 %	3.8 %
Aluminum, mg/l	<0.20	109 %	8.0 %
Chloride, mg/l	<1.0	100 %	0 %
Color, PCU	<5	100 %	0 %
Copper, mg/l	<0.025	111 %	8.9 %

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## REPORT OF RESULTS

Page 7

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30630-2 Lab Blank  
30630-3 Accuracy (% Recovery)  
30630-4 Precision (% RPD)

PARAMETER	30630-2	30630-3	30630-4
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	99 %	16 %
Iron, mg/l	<0.050	108 %	9.2 %
Manganese, mg/l	<0.010	110 %	8.8 %
Odor, TON	<1	---	0 %
pH, units	5.7	100 %	0 %
Silver, mg/l	<0.010	102 %	3.2 %
Sulfate as SO <sub>4</sub> , mg/l	<5.0	98 %	3.0 %
Total Dissolved Solids, mg/l	<5.0	101 %	0.20 %
Zinc, mg/l	<0.020	110 %	8.0 %
Trihalomethanes			
Bromoform, ug/l	<1.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---

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## REPORT OF RESULTS

Page 8

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30630-2 Lab Blank  
30630-3 Accuracy (% Recovery)  
30630-4 Precision (% RPD)

PARAMETER	30630-2	30630-3	30630-4
Primary Organics - Volatiles			
Vinyl Chloride, ug/l	<1.0	---	---
Benzene, ug/l	<1.0	96 %	1.0 %
Carbon Tetrachloride, ug/l	<1.0	---	---
1,2-Dichloroethane, ug/l	<1.0	---	---
Trichloroethylene, ug/l	<1.0	92 %	4.3 %
1,4-Dichlorobenzene, ug/l	<1.0	---	---
1,1-Dichloroethene, ug/l	<1.0	84 %	4.8 %
1,1,1-Trichloroethane, ug/l	<1.0	---	---
cis-1,2-Dichloroethylene, ug/l	<1.0	---	---
1,2-Dichloropropane, ug/l	<1.0	---	---
Ethylbenzene, ug/l	<1.0	---	---
Chlorobenzene, ug/l	<1.0	96 %	3.1 %
1,2-Dichlorobenzene, ug/l	<1.0	---	---
Styrene, ug/l	<1.0	---	---
Tetrachloroethene, ug/l	<1.0	---	---
Toluene, ug/l	<1.0	94 %	3.2 %
trans-1,2-Dichloroethene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Methylene Chloride (Dichloromethane), ug/l	<1.0	---	---
1,2,4-Trichlorobenzene, ug/l	<1.0	---	---
1,1,2-Trichloroethane, ug/l	<1.0	---	---
Primary Organics - Pesticides			
Alachlor, ug/l	<1.0	115 %	3.5 %
Atrazine, ug/l	<1.0	120 %	5.0 %
Simazine, ug/l	<1.0	116 %	2.5 %

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## REPORT OF RESULTS

Page 9

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30630-2 Lab Blank  
30630-3 Accuracy (% Recovery)  
30630-4 Precision (% RPD)

PARAMETER	30630-2	30630-3	30630-4
Primary Organics - Pesticides			
Chlordane, ug/l	<0.10	---	---
Endrin, ug/l	<0.020	107 %	0.37 %
Heptachlor, ug/l	<0.010	97 %	0.35 %
Heptachlor Epoxide, ug/l	<0.020	---	---
Gamma-BHC, ug/l	<0.010	104 %	0.96 %
Methoxychlor, ug/l	<0.50	---	---
Toxaphene, ug/l	<1.0	---	---
PCB-1016, ug/l	<0.50	---	---
PCB-1221, ug/l	<0.50	---	---
PCB-1232, ug/l	<0.50	---	---
PCB-1242, ug/l	<0.50	---	---
PCB-1248, ug/l	<0.50	---	---
PCB-1254, ug/l	<0.50	---	---
PCB-1260, ug/l	<0.50	---	---
Primary Organics - Herbicides			
2,4-D, ug/l	<0.50	106 %	0.094 %
Dalapon, ug/l	<10	---	---
Dinoseb, ug/l	<0.50	---	---
Pentachlorophenol, ug/l	<1.0	---	---
Picloram, ug/l	<0.50	---	---
2,4,5-TP Silvex, ug/l	<0.50	119 %	2.7 %
Primary Organics - Carbamates			
Carbofuran, ug/l	<1.0	70 %	5.7 %
Oxamyl, ug/l	<1.0	102 %	13 %

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## REPORT OF RESULTS

Page 10

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES


30630-2 Lab Blank  
30630-3 Accuracy (% Recovery)  
30630-4 Precision (% RPD)

PARAMETER	30630-2	30630-3	30630-4
Primary Organics - Glyphosate			
Glyphosate, ug/l	<350	84 %	1.2 %
Primary Organics - Endothall			
Endothall, ug/l	<25	108 %	7.4 %
Primary Organics - Diquat			
Diquat, ug/l	<1.0	91 %	1.1 %
Primary Organics - Fumigants			
1,2-Dibromoethane (EDB), ug/l	<0.020	90 %	2.3 %
1,2-Dibromo-3-chloropropane, ug/l	<0.020	99 %	3.8 %
Primary Organics -BN			
Benzo(a)Pyrene, ug/l	<0.20	136 %	0.74 %
Bis(2-ethyl hexyl)adipate, ug/l	<2.0	---	---
Bis (2-Ethylhexyl) Phthalate, ug/l	<2.0	---	---
Hexachlorobenzene, ug/l	<1.0	107 %	1.9 %
Hexachlorocyclopentadiene, ug/l	<1.0	---	---
Total Kjeldahl Nitrogen-N, mg/l	<0.10	102 %	2.0 %

\*See attached report.

Method: 40 CFR Part 136, EPA 600/4-79-020

HRS Certification #'s: 84385,87279,E84282,E87052,  
87412,E87355

  
Andre Rachmaninoff

Final Page Of Report

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Lecanto, Florida 34460-0340

Received: 14 APR 94

Purchase Order: 14879

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , SOLID OR SEMISOLID SAMPLES	DATE SAMPLED
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30629-1	Sludge	04-14-94
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PARAMETER	30629-1
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### Metals in TCLP

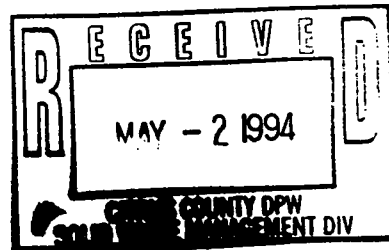
Arsenic (TCLP), mg/l	<0.20
Barium (TCLP), mg/l	3.0
Cadmium (TCLP), mg/l	<0.010
Chromium (TCLP), mg/l	<0.050
Lead (TCLP), mg/l	<0.20
Selenium (TCLP), mg/l	<0.50
Silver (TCLP), mg/l	<0.010
Mercury (TCLP), mg/l	<0.020

### Semivolatiles in TCLP Extract

Cresol o,m,p (TCLP), mg/l	<0.050
1,4-Dichlorobenzene (TCLP), mg/l	<0.050
2,4-Dinitrotoluene (TCLP), mg/l	<0.050
Hexachlorobenzene (TCLP), mg/l	<0.050
Hexachlorobutadiene (TCLP), mg/l	<0.050
Hexachloroethane (TCLP), mg/l	<0.050
Nitrobenzene (TCLP), mg/l	<0.050
Pentachlorophenol (TCLP), mg/l	<0.25
2,4,5-Trichlorophenol (TCLP), mg/l	<0.25
2,4,6-Trichlorophenol (TCLP), mg/l	<0.050
Pyridine (TCLP), mg/l	<0.25

### Pesticides in TCLP extract

Chlordane (TCLP), mg/l	<0.0050
Endrin (TCLP), mg/l	<0.0010
Heptachlor (TCLP), mg/l	<0.00050
Lindane (g-BHC) (TCLP), mg/l	<0.00050
Methoxychlor (TCLP), mg/l	<0.025
Toxaphene (TCLP), mg/l	<0.050





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## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , SOLID OR SEMISOLID SAMPLES	DATE SAMPLED
30629-1	Sludge	04-14-94
PARAMETER	30629-1	
Herbicides in TCLP		
2,4-D (TCLP), mg/l	<0.050	
2,4,5-TP Silvex (TCLP), mg/l	<0.010	
Volatiles in TCLP Extract (8240)		
Benzene (TCLP), mg/l	<0.020	
Carbon tetrachloride (TCLP), mg/l	<0.020	
Chlorobenzene (TCLP), mg/l	<0.020	
Chloroform (TCLP), mg/l	<0.020	
1,2-Dichloroethane (TCLP), mg/l	<0.020	
1,1-Dichloroethylene (TCLP), mg/l	<0.020	
Methyl ethyl ketone (TCLP), mg/l	<0.20	
Tetrachloroethylene (TCLP), mg/l	<0.020	
Trichloroethylene (TCLP), mg/l	<0.020	
Vinyl chloride (TCLP), mg/l	<0.040	
Total Nitrogen, % dw	1.3	
Total Phosphorus (365.4), % dw	0.34	
Potassium, mg/kg dw	0.50	
Cadmium, mg/kg dw	<0.50	
Copper, mg/kg dw	35	
Lead, mg/kg dw	3.4	
Nickel, mg/kg dw	14	
Zinc, mg/kg dw	90	
pH, units	7.9	
Total Solids, %	6.2	

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## REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR SOLID/SEMISOLID			
30629-2	Lab Blank			
30629-3	Accuracy (% Recovery)			
30629-4	Precision (% RPD)			
PARAMETER		30629-2	30629-3	30629-4
Total Kjeldahl Nitrogen-N, mg/kg dw		<25	102 %	2.0 %
Nitrate + Nitrite-N, mg/kg dw		<5.0	96 %	8.3 %
Total Phosphorus (365.4), mg/kg dw		<25	110 %	2.7 %
Potassium, mg/kg dw		<100	93 %	4.5 %
Cadmium, mg/kg dw		<0.50	106 %	7.1 %
Copper, mg/kg dw		<2.5	111 %	8.9 %
Lead, mg/kg dw		<0.50	97 %	0.83 %
Nickel, mg/kg dw		<4.0	110 %	8.5 %
Zinc, mg/kg dw		<2.0	110 %	8.0 %
pH, units		5.7	100 %	0 %
Total Solids, %		<0.0005	99 %	0.20 %

Per client's request, a matrix spike was not analyzed concurrently with this sample for TCLP analysis. However, an LCS analyzed concurrently with the sample batch demonstrated acceptable performance.  
Method: 40 CFR Part 136, EPA 600/4-79-020  
Method: EPA SW-846  
HRS Certification #'s: 84385,E84282,87412,E87355



Andre Rachmaninoff



DEPARTMENT OF PUBLIC WORKS  
DIVISION OF SOLID WASTE MANAGEMENT

230 W. Gulf to Lake Highway • P.O. Box 340  
Lecanto, Florida 34460-0340  
(904) 746-5000 • FAX (904) 527-1204

May 5, 1994

D.E.P.

MAY 09 1994  
SOUTHWEST DISTRICT  
TAMPA

Mr. Robert J. Butera, P.E.  
Solid Waste Manager  
Department of Environmental Protection  
3804 Coconut Palm  
Tampa, Florida 33619

RE: CITRUS COUNTY CENTRAL LANDFILL - PERMIT NO. S009-187229  
LEACHATE TREATMENT FACILITY - ANNUAL WASTE SLUDGE ANALYSIS

Dear Mr. Butera:

Enclosed please find the analysis for the annual waste sludge testing for the Citrus County Central Landfill Leachate Treatment Facility.

If further information or clarification is needed, please do not hesitate to contact me.

Sincerely,

Susan J. Metcalfe, P.G.  
Director

SJM:CJW:cjw

CC: Gary Kuhl, P.E., Director, Dept. of Public Works  
Ralph Hedgecoth, Dir. Utilities Division w/o attachments



CITRUS COUNTY CENTRAL LANDFILL - LEACHATE MONITORING

PERMIT MODIFICATION DATED 09/24/93

ANNUAL WASTE SLUDGE	MCL MG/L	DATES: 04/94
---------------------	-------------	-----------------

PARAMETERS:

METALS IN TCLP:

ARSENIC, MG/L	5.0	<0.20
BARIUM, MG/L	100.0	3.0
CADMIUM, MG/L	1.0	<0.010
CHROMIUM, MG/L	5.0	<0.050
LEAD, MG/L	5.0	<0.20
SELENIUM, MG/L	1.0	<0.50
SILVER, MG/L	5.0	<0.010
MERCURY, MG/L	0.2	<0.020

SEMIVOLATILES IN TCLP EXTRACT:

CRESOL, O-M-P, MG/L	200.00(4)	<0.050
1-4-DICHLOROBENZENE, MG/L	7.5	<0.050
2-4-DINITROTOLUENE, MG/L	0.13	<0.050
HEXACHLOROBENZENE, MG/L	0.13	<0.050
HEXACHLOROBUTADIENE, MG/L	0.5	<0.050
HEXACHOROETHANE, MG/L	3.0	<0.050
NITROBENZENE, MG/L	2.0	<0.050
PENTACHLOROPHENOL, MG/L	100.0	<0.25
2-4-5-TRICHLOROPHENOL, MG/L	400.0	<0.25
2-4-6-TRICHLOROPHENOL, MG/L	2.0	<0.050
PYRIDINE, MG/L	5.0(3)	<0.25

PESTICIDES IN TCLP EXTRACT:

CHLORDANE, MG/L	0.03	<0.0050
ENDRIN, MG/L	0.02	<0.0010
HEPTACHLOR, MG/L	0.008	<0.00050
LINDANE (g-BHC), MG/L	0.4	<0.00050
METHOXYCHLOR, MG/L	10.0	<0.025
TOXAPHENE, MG/L	0.5	<0.050

HERBICIDES IN TCLP:

2-4-D, MG/L	10.0	<0.050
2-4-5-TP SILVEX, MG/L	1.0	<0.010

CITRUS COUNTY CENTRAL LANDFILL - LEACHATE MONITORING

PERMIT MODIFICATION DATED 09/24/93

ANNUAL WASTE SLUDGE	MCL MG/L	DATES: 04/94
---------------------	-------------	-----------------

PARAMETERS:

VOLATILES IN TCLP EXTRACT (8240):

BENZENE, MG/L	0.5	<0.020
CARBON TETRACHLORIDE, MG/L	0.5	<0.020
CHLOROBENZENE, MG/L	100.0	<0.020
CHLOROFORM, MG/L	6.0	<0.020
1-2-DICHLOROETHANE, MG/L	0.5	<0.020
1-1-DICHLOROETHYLENE, MG/L	0.7	<0.020
METHYL ETHYL KETONE, MG/L	200.0	<0.20
TETRACHLOROETHYLENE, MG/L	0.7	<0.020
TRICHLOROETHYLENE, MG/L	0.5	<0.020
VINYL CHLORIDE, MG/L	0.2	<0.040

TOTAL NITROGEN % DRY WEIGHT	1.3
TOTAL PHOSPHORUS % DRY WEIGHT	0.34
POTASSIUM, MG/KG DRY WEIGHT	0.50
CADMIUM, MG/KG DRY WEIGHT	<0.50
COPPER, MG/KG DRY WEIGHT	35
LEAD, MG/KG DRY WEIGHT	3.4
NICKEL, MG/KG DRY WEIGHT	14
ZINC, MG/KG DRY WEIGHT	90
PH, STANDARD UNITS	7.9
TOTAL SOLIDS, %	6.2

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049 LOG NO: B4-30629

Received: 14 APR 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

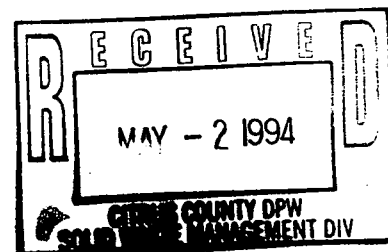
Purchase Order: 14879

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , SOLID OR SEMISOLID SAMPLES	DATE SAMPLED
30629-1	Sludge	04-14-94
PARAMETER	30629-1	
Metals in TCLP		
Arsenic (TCLP), mg/l	<0.20	
Barium (TCLP), mg/l	3.0	
Cadmium (TCLP), mg/l	<0.010	
Chromium (TCLP), mg/l	<0.050	
Lead (TCLP), mg/l	<0.20	
Selenium (TCLP), mg/l	<0.50	
Silver (TCLP), mg/l	<0.010	
Mercury (TCLP), mg/l	<0.020	
Semivolatiles in TCLP Extract		
Cresol o,m,p (TCLP), mg/l	<0.050	
1,4-Dichlorobenzene (TCLP), mg/l	<0.050	
2,4-Dinitrotoluene (TCLP), mg/l	<0.050	
Hexachlorobenzene (TCLP), mg/l	<0.050	
Hexachlorobutadiene (TCLP), mg/l	<0.050	
Hexachloroethane (TCLP), mg/l	<0.050	
Nitrobenzene (TCLP), mg/l	<0.050	
Pentachlorophenol (TCLP), mg/l	<0.25	
2,4,5-Trichlorophenol (TCLP), mg/l	<0.25	
2,4,6-Trichlorophenol (TCLP), mg/l	<0.050	
Pyridine (TCLP), mg/l	<0.25	
Pesticides in TCLP extract		
Chlordane (TCLP), mg/l	<0.0050	
Endrin (TCLP), mg/l	<0.0010	
Heptachlor (TCLP), mg/l	<0.00050	
Lindane (g-BHC) (TCLP), mg/l	<0.00050	
Methoxychlor (TCLP), mg/l	<0.025	
Toxaphene (TCLP), mg/l	<0.050	



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Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 14879

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , SOLID OR SEMISOLID SAMPLES	DATE SAMPLED
30629-1	Sludge	04-14-94
PARAMETER	30629-1	
Herbicides in TCLP		
2,4-D (TCLP), mg/l	<0.050	
2,4,5-TP Silvex (TCLP), mg/l	<0.010	
Volatiles in TCLP Extract (8240)		
Benzene (TCLP), mg/l	<0.020	
Carbon tetrachloride (TCLP), mg/l	<0.020	
Chlorobenzene (TCLP), mg/l	<0.020	
Chloroform (TCLP), mg/l	<0.020	
1,2-Dichloroethane (TCLP), mg/l	<0.020	
1,1-Dichloroethylene (TCLP), mg/l	<0.020	
Methyl ethyl ketone (TCLP), mg/l	<0.20	
Tetrachloroethylene (TCLP), mg/l	<0.020	
Trichloroethylene (TCLP), mg/l	<0.020	
Vinyl chloride (TCLP), mg/l	<0.040	
Total Nitrogen, % dw	1.3	
Total Phosphorus (365.4), % dw	0.34	
Potassium, mg/kg dw	0.50	
Cadmium, mg/kg dw	<0.50	
Copper, mg/kg dw	35	
Lead, mg/kg dw	3.4	
Nickel, mg/kg dw	14	
Zinc, mg/kg dw	90	
pH, units	7.9	
Total Solids, %	6.2	

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049 LOG NO: B4-30629

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Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 14879

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 3

LOG NO SAMPLE DESCRIPTION , QC REPORT FOR SOLID/SEMISOLID

30629-2 Lab Blank  
30629-3 Accuracy (% Recovery)  
30629-4 Precision (% RPD)

PARAMETER	30629-2	30629-3	30629-4
Total Kjeldahl Nitrogen-N, mg/kg dw	<25	102 %	2.0 %
Nitrate + Nitrite-N, mg/kg dw	<5.0	96 %	8.3 %
Total Phosphorus (365.4), mg/kg dw	<25	110 %	2.7 %
Potassium, mg/kg dw	<100	93 %	4.5 %
Cadmium, mg/kg dw	<0.50	106 %	7.1 %
Copper, mg/kg dw	<2.5	111 %	8.9 %
Lead, mg/kg dw	<0.50	97 %	0.83 %
Nickel, mg/kg dw	<4.0	110 %	8.5 %
Zinc, mg/kg dw	<2.0	110 %	8.0 %
pH, units	5.7	100 %	0 %
Total Solids, %	<0.0005	99 %	0.20 %

Per client's request, a matrix spike was not analyzed concurrently with this sample for TCLP analysis. However, an LCS analyzed concurrently with the sample batch demonstrated acceptable performance.  
Method: 40 CFR Part 136, EPA 600/4-79-020  
Method: EPA SW-846  
HRS Certification #'s: 84385, E84282, 87412, E87355



Andre Rachmaninoff

Final Page Of Report

Laboratory locations in Savannah, GA • Tallahassee, FL • Mobile, AL • Deerfield Beach, FL • Tampa, FL





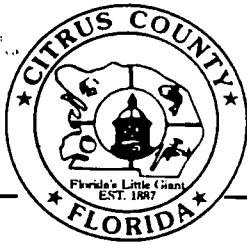
Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

## ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

P.O. NUMBER		PROJECT NUMBER		PROJECT NAME		MATRIX TYPE		REQUIRED ANALYSES										PAGE		OF					
CLIENT NAME <i>Cashy Winter</i>				TELEPHONE/FAX NO.				<div>Test Metals Nutrients pH, Solids Vol, TCLP</div>										<input checked="" type="checkbox"/> STANDARD TAT				<input type="checkbox"/> EXPEDITED TAT			
CLIENT ADDRESS				CITY, STATE, ZIP CODE														REPORT DUE DATE				* SUBJECT TO RUSH FEES			
SAMPLER(S) NAME(S) <i>Chris Harris / Andy Singleton</i>				CLIENT PROJECT MANAGER <i>Anne Richmond</i>																					
SAMPLING		SAMPLE IDENTIFICATION										NUMBER OF CONTAINERS SUBMITTED													
DATE	TIME																								
<i>4/11</i>	<i>1</i>	<i>Sludge</i>										<i>4 1 1 1 8</i>													
RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME										
<i>[Signature]</i>		<i>4/12/94</i>	<i>0825</i>	<i>[Signature]</i>		<i>4/14/94</i>	<i>1700</i>	<i>[Signature]</i>		<i>4/15/94</i>	<i>8:20</i>	<i>[Signature]</i>													
RECEIVED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME										
<i>[Signature]</i>																									
FOR SAVANNAH LABORATORY USE ONLY														LABORATORY REMARKS											
RECEIVED FOR LABORATORY BY: (SIGNATURE)		DATE	TIME	CUSTODY INTACT		CUSTODY SEAL NO.		S.L. LOG NO.																	
<i>[Signature]</i>		<i>4-15-94</i>	<i>0840</i>	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				<i>B430629</i>																	

ORIGINAL

Patty



CITRUS COUNTY

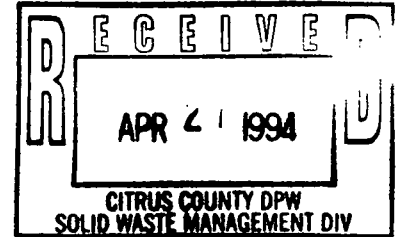
## DEPARTMENT OF TECHNICAL SERVICES

1300 W. South Lecanto Highway • P.O. Box 440

Lecanto, Florida 34460-0440

(904) 726-2694 • FAX (904) 746-3368

Reply To:



April 25, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of March, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments

DER Form 17-601.80076
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ Filed in by DER

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

- (1) Month March Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address SR. 44 3mi. E. of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/744-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8704
- Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Lead Operator [Signature] C-8704  
 Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.025
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.011
(19) Percent of permitted capacity	%	—	33%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.10
(25) Maximum pH		—	8.40
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> · N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	27.03
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			N/A
TDS	mg/L		1678
Chlorine	mg/L		307
Sodium	mg/L		295

DER Form 17-801900m  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. Filed in by DER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(3A)

Month March Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TDS	Chlorine	Sodium
1	10,830															
2	10,102															
3	15,380							6.21	158.92	23.45		<1.0	1290	265	310	
4	15,380															
5																
6	10,716															
7	52,44															
8	14,820															
9	19,950															
10	29,634							6.10	18.50	24.0		<1.0	1200	320	320	
11	10,146															
12	6,384															
13	3,876															
14	21,774															
15																
16	10,146															
17	7,182							6.97	46.40	34.5		<1.0	1820	320	248	
18	3,192															
19																
20	10,374															
21																
22	17,328															
23	11,502															
24	10,744							8.34		24.8		<1.0	1400	310	284	
25	10,744															
26	10,260															
27	10,374															
28	10,716															
29	10,26															
30	9,006															
31	9,234							8.40		28.4		<1.0	1210	320	312	

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature]

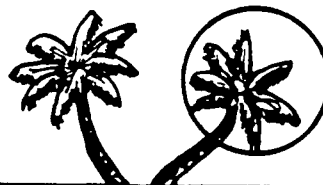
Date: 3-20-94

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940331 / 08124

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 03/31/94  
**DATE RECEIVED:** 03/31/94  
**TIME SAMPLED:** 10:45 am

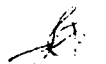
**SITE:** Landfill PAC Plant


**SAMPLE MARKINGS:** Effluent

LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	28.3	TI	04/04/94
TDS	160.1	mg/l	1250	TD	04/04/94
Chloride	325.3	mg/l	320	TD	04/04/94
Sodium	273.1	mg/l	312	TI	04/08/94
pH	150.1	std/unit	8.40	TD	03/31/94
TKN	351.1	mg/l	45.0	TI	04/08/94
Fecal Coliform SM909c		cts/100ml	ND	TI	04/01/94

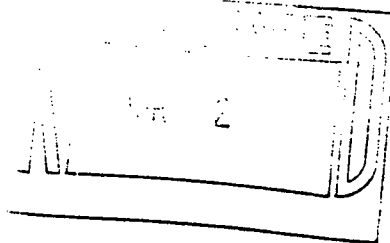
FECAL IN 03/31/94 AT 1530 OUT 04/01/94 AT 1530

ND = NON DETECTABLE or < 1.0

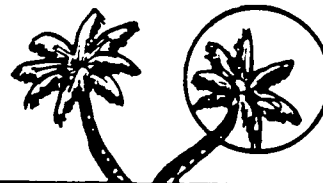
  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

4/25 94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940324 / 08089

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 03/24/94  
**DATE RECEIVED:** 03/24/94  
**TIME SAMPLED:** 8:45 am

**SITE:** Landfill PAC Plant


**SAMPLE MARKINGS:** Effluent

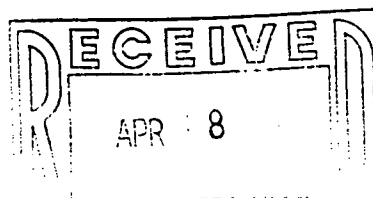
LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	24.8	TI	03/26/94
TDS	160.1	mg/l	1240	TD	03/26/94
Chloride	325.3	mg/l	310	TD	03/28/94
Sodium	273.1	mg/l	284	TI	03/29/94
pH	150.1	std/unit	8.34	TD	03/29/94
TKN	351.1	mg/l	36.20	TI	03/29/94
Fecal Coliform SM909c		cts/100ml	ND	TI	03/25/94

FECAL IN 03/24/94 AT 1700 OUT 03/25/94 AT 1700

ND = NON DETECTABLE or < 1.0

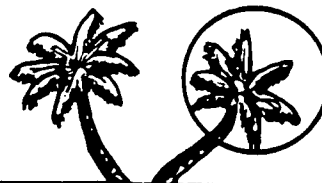
  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 



DATE 4/25 94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 940317 / 08047

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 03/17/94  
DATE RECEIVED: 03/17/94  
TIME SAMPLED: 8:40 am

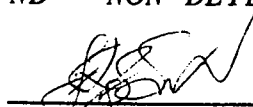
SITE: Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	34.5	TI	03/21/94
TDS	160.1	mg/l	1820	TD	03/22/94
Chloride	325.3	mg/l	320	TD	03/21/94
Sodium	273.1	mg/l	248	TI	03/24/94
pH	150.1	std/unit	6.97	TD	03/17/94
TKN	351.1	mg/l	48.40	TI	03/25/94
<u>Fecal Coliform SM909c cts/100ml ND TI 03/18/94</u>					

FECAL IN 03/17/94 AT 1300 OUT 03/18/94 AT 1300

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

4/25 94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940310 / 08011

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 03/10/94  
**DATE RECEIVED:** 03/10/94  
**TIME SAMPLED:** 8:45 am

**SITE:** Landfill PAC Plant


**SAMPLE MARKINGS:** Effluent

PARAMETER	METH. #	LABORATORY FINDINGS			DATE ANALYZED
		UNITS	RESULTS	TECH.	
Nitrate	352.2	mg/l	24.0	TI	03/12/94
TDS	160.1	mg/l	1200	TD	03/15/94
Chloride	325.3	mg/l	320	TD	03/10/94
Sodium	273.1	mg/l	320	TI	03/15/94
pH	150.1	std/unit	6.10	TD	03/10/94
TKN	351.1	mg/l	18.50	TI	03/20/94

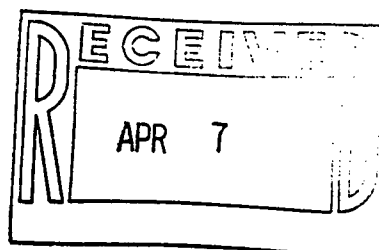
Fecal Coliform SM909c    cts/100ml    ND    TI    03/11/94

FECAL IN 03/10/94 AT 1330 OUT 03/11/94 AT 1300

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 



4/25 94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 940303 / 07079

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 03/03/94  
DATE RECEIVED: 03/03/94  
TIME SAMPLED: 8:45 am

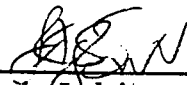
SITE: Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	23.45	TI	03/04/94
TDS	160.1	mg/l	1240	TD	03/10/94
Chloride	325.3	mg/l	265	TD	03/04/94
Sodium	273.1	mg/l	310	TI	03/08/94
pH	150.1	std/unit	6.21	TD	03/03/94
TKN	351.1	mg/l	38.42	TI	03/25/94
Fecal Coliform SM909c		cts/100ml	ND	TI	03/04/94

FECAL IN 03/03/94 AT 1430 OUT 03/04/94 AT 1425

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

4/25 74



CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 W. South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 726-2694 • FAX (904) 746-3368

Reply To:

D.E.P.

MAR 21 1994

SOUTHWEST DISTRICT  
TAMPA

March 18, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

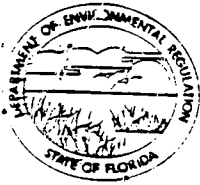
This report is for the month of February, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	1 Filed in DER

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

MAR 21 1994

SOUTHWEST DISTRICT  
TAMPA

### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-601.900(1)  
Domestic Wastewater Treatment Plant  
Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. \_\_\_\_\_  
(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

- (1) Month FEBRUARY Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address S.R. 44 3 miles E. of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing  
Day Shift Operator Class C Cert. No. 8704  
Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Lead Operator [Signature] C-8704  
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.014
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.011
(19) Percent of permitted capacity	%	—	37%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	n/a
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	n/a
(22) TSS Effluent	mg/L	900201	n/a
(23) TSS Effluent	lbs/day	—	n/a
(24) Minimum pH		—	7.4
(25) Maximum pH		—	8.5
(26) Total N	mg/L	000600	n/a
(27) TKN	mg/L	000625	n/a
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/a
(29) Nitrate	mg/L	071850	27.8
(30) Total Phosphorus	mg/L	000665	n/a
(31) Minimum Chlorine Residual	mg/L	—	n/a
(32) Maximum Chlorine Residual	mg/L	—	n/a
(33) Other Effluent Parameters			
Chloride	mg/L		103.5
Sodium	mg/L		287.3
TDS	mg/L		1895



DER Form 17-801.900m  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filled in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
 Monthly Operating Report

Month FEBRUARY Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chlorine	Sodium	TDS
1	.010															
2	0															
3	.020							7.8			24.8		41.0	84	295	1680
4	.020															
5	.010															
6	0															
7	.010															
8	.030															
9	.030															
10	.010							8.5			44.0		41.0	32	280	2260
11	.010															
12	0															
13	.010															
14	0															
15	.020															
16	.020															
17	.020							8.2			18.4		41.0	240	310	1220
18	.010															
19	.010															
20	.010															
21	.010															
22	.030															
23	.030															
24	.030							7.4			24.0		41.0	58	264	2420
25	.010															
26	.010															
27	0															
28	.010															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

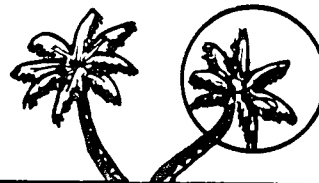
Signed: [Signature]  
 Name (Please Type) Lyle F. Steady, Jr.

Date: 3-17-94

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940210 / 06081

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 02/10/94  
**DATE RECEIVED:** 02/10/94  
**TIME SAMPLED:** 11:00 am

**SITE:** Landfill PAC Plant

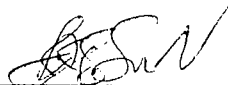
**SAMPLE MARKINGS:** Effluent

### LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	44.0	TI	02/17/94
TDS	160.1	mg/l	2260	TD	02/14/94
Chloride	325.3	mg/l	32	TD	02/16/94
Sodium	273.1	mg/l	280	TI	02/14/94
pH	150.1	std/unit	8.5	TD	02/10/94
TKN	351.1	mg/l	24.5	TI	02/14/94
BOD	405.1	mg/l	3.45	TD	02/16/94
Fecal Coliform SM909c		cts/100ml	ND	TI	02/11/94

BOD IN 02/11/94 AT 1800 OUT 02/16/94 AT 1755  
FECAL IN 02/10/94 AT 1545 OUT 02/11/94 AT 1540

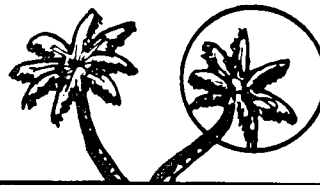
ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FEB 24 1994

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940203 / 06056

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 02/03/94  
**DATE RECEIVED:** 02/03/94  
**TIME SAMPLED:** 10:30 am

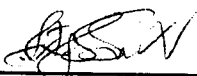
**SITE:** Landfill PAC Plant

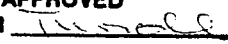
**SAMPLE MARKINGS:** Effluent

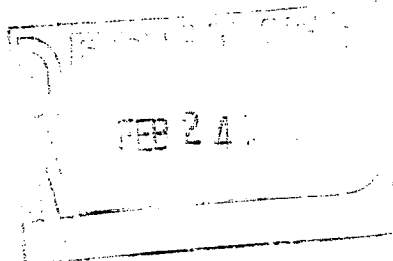
<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	24.8	TI	02/04/94
TDS	160.1	mg/l	1680	TD	02/04/94
Chloride	325.3	mg/l	84	TD	02/03/94
Sodium	273.1	mg/l	295	TI	02/10/94
pH	150.1	std/unit	7.8	TD	02/03/94
TKN	351.1	mg/l	17.30	TI	02/08/94
<u>Fecal Coliform SM909c</u>					
		cts/100ml	ND	TI	02/04/94

FECAL IN 02/03/94 AT 1530 OUT 02/04/94 AT 1530

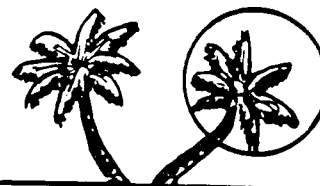
ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 



# **TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.**



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## **REPORT OF ANALYSIS**

**REPORT NUMBER:** 940217 / 07022

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 02/17/94  
**DATE RECEIVED:** 02/17/94  
**TIME SAMPLED:** 10:15 am

**SITE:** Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent


LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	18.40	TI	02/21/94
TDS	160.1	mg/l	1220	TD	02/21/94
Chloride	325.3	mg/l	240	TD	02/18/94
Sodium	273.1	mg/l	310	TI	02/21/94
pH	150.1	std/unit	8.2	TD	02/17/94
TKN	351.1	mg/l	4.8	TI	02/25/94
BOD	405.1	mg/l	3.79	TD	02/24/94

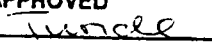
Fecal Coliform SM909c    cts/100ml    ND    TI    02/18/94

BOD    IN 02/19/94 AT 1430 OUT 02/24/94 AT 1440

FECAL IN 02/17/94 AT 1610 OUT 02/18/94 AT 1610

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FORWARDED  
3/18 94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639

Phone: (813) 949-1069 Fax (813) 949-4392

HRS #E84338 / 84420

## REPORT OF ANALYSIS

REPORT NUMBER: 940224 / 07055

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 02/24/94  
DATE RECEIVED: 02/24/94  
TIME SAMPLED: 09:30 am

SITE: Landfill PAC Plant

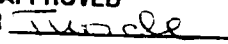
SAMPLE MARKINGS: Effluent

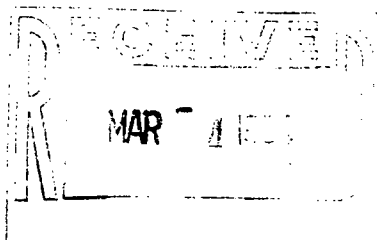
LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	24.0	TI	02/26/94
TDS	160.1	mg/l	2420	TD	02/28/94
Chloride	325.3	mg/l	58	TD	02/28/94
Sodium	273.1	mg/l	264	TI	02/28/94
pH	150.1	std/unit	7.4	TD	02/28/94
TKN	351.1	mg/l	36.0	TI	02/28/94
Fecal Coliform SM909c		cts/100ml	ND	TI	02/25/94

FECAL IN 02/24/94 AT 1400 OUT 02/25/94 AT 1400

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 



3/18, 1994

# LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR Feb - 94

(APX)

(APX)

(APX)

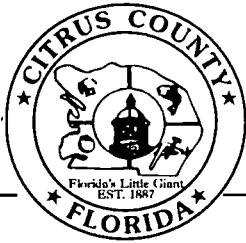
(APX)

(APX)

DATE	TIME	L.S. #1 7 ACRE E.			L.S. #2 7 ACRE W			L.S. #3 (60 ACRE SITE)						L.S. FLOAT	L.S. FLOW TOTAL	FILTER BACKWASH RECYCLED FLOWS			POND FLOWS	INFLUENT FLOW TOTAL	EFFLUENT FLOW (APX)					REA
		RDG	HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1			PUMP #2					RDG	HRS	FLOW			PUMP #1		PUMP #2			
								RDG	HRS	FLOW	RDG	HRS	FLOW								RDG	HRS	RDG	HRS	FLOW	
1	11:30	43.0	1.3	1300	87.3	0.6	600	14.6	3.9	.012	61.3	0	-	✓	.014	-	-	0	0	.014	-	-	-	-	.010	71
2	9:00	44.3	1.3	1300	87.7	0	"	18.5	3.9	.012	"	0	-	✓	.013	-	-	0	0	.013	-	-	-	-	0	-
3	10:00	45.6	0	0	87.7	0	0	22.5	0	0	"	0	-	✓	0	-	-	0	0	.010	-	-	-	-	.020	72
4	9:15	45.6	0	0	87.7	0	-	22.5	5.7	.012	"	0	-	✓	.012	-	-	0	0	.022	-	-	-	-	.020	74
	1:24 PM	45.6	2.0	2000	87.7	0	-	928.2	4.1	.012	"	0	-	✓	.014	-	-	0	0	.014	-	-	-	-	.010	72
	9:00	46.6	-	-	87.7	0	-	32.3	4.1	.012	"	-	-	✓	.012	-	-	0	0	.012	-	-	-	-	0	-
7	9:00	47.6	1.9	950	87.7	0	-	35.4	4.5	.014	"	0	-	✓	.015	-	-	0	0	.035	-	-	-	-	.010	72
8	9:30	48.5	2	1000	87.7	0	-	40.9	46.0	.015	"	0	-	✓	.016	-	-	0	0	.030	-	-	-	-	.030	411
9	10:30	49.5	0	-	87.2	0	-	50.9	5.0	.015	"	0	-	✓	.015	-	-	.003	.030	.048	-	-	-	-	.030	411
10	11 AM	-	0	-	-	0	-	61.7	5.0	.015	"	0	-	✓	.015	-	-	0	0	.015	-	-	-	-	.010	73
11	8:30	-	0	-	-	0	-	66.7	5.0	.015	"	0	-	✓	.015	-	-	0	0	.015	-	-	-	-	.010	74
12	1:40 PM	1049.5	0	-	1187.7	0	-	972.1	2.5	.007	416.3	0	-	✓	.007	0	0	0	0	.007	-	-	-	-	0	-
13	1:00	-	0	-	-	0	-	-	2.5	.007	"	0	-	✓	.007	-	-	0	0	.010	-	-	-	-	.010	71
14	1:00	-	0	-	-	0	-	-	2.5	.008	"	0	-	✓	.008	-	-	0	0	.020	-	-	-	-	0	72
15	9:00	49.5	2.7	2700	87.7	3.5	3500	71.6	2.8	.008	"	0	-	✓	.014	-	-	0	0	.034	-	-	-	-	.020	72
16	2:00	52.2	-	-	90.2	0	-	82.6	5.2	.016	"	0	-	✓	.016	-	-	0	0	.016	-	-	-	-	.010	72
17	9:15	-	-	-	-	0	-	87.8	5.2	.016	"	0	-	✓	.016	-	-	0	0	.016	-	-	-	-	.020	74
18	4:45	-	5.0	5000	-	0	-	73.0	5.3	.016	"	0	-	✓	.021	-	-	0	0	.021	-	-	-	73	.010	74
19	1:24 PM	1079.8	-	-	1190.2	0	-	998.3	3.8	.012	416.3	0	-	✓	.012	0	0	0	0	.012	-	-	-	-	.010	72
20	11:15	-	-	-	-	0	-	02.1	3.9	.012	"	0	-	✓	.012	-	-	0	0	.012	-	-	-	-	.010	72
	1:00	00.6	-	-	90.2	0	-	026.0	0	-	"	0	-	✓	0	-	-	0	0	.020	-	-	-	-	.010	73
	2:00	00.6	-	-	90.2	0	-	06.0	4.5	.014	"	0	-	✓	.014	-	-	0	0	.025	-	-	-	-	.030	74
23	10:30	00.6	-	-	90.2	0	-	10.5	-	-	"	0	-	✓	0	-	-	0	0	.030	-	-	-	-	.030	74
24	9:30	00.6	-	-	90.2	-	-	10.5	5.4	.016	"	-	-	✓	.016	-	-	0	0	.010	-	-	-	-	.030	74
25	8:30	00.6	1.2	200	-	-	-	15.9	5.4	.016	"	-	-	✓	.016	-	-	0	0	.010	-	-	-	-	.010	71
26	1:30 PM	1100.8	1	100	1190.2	-	-	1021.3	3.2	.010	416.3	-	-	✓	.010	-	-	0	0	.010	-	-	-	-	.010	72
27	9 AM	00.9	1.2	200	90.2	-	-	27.5	3.3	.010	-	-	-	✓	.010	-	-	0	0	.010	8.9	-	02.0	-	0	74
28	8:30	1.1	0	-	90.2	0	-	27.8	4.1	.012	61.3	-	-	✓	.012	-	-	0	0	.012	17.2	-	-	-	.010	73
29																		0								
30																		0								
31																		0								
TOTAL				1475.5			4100			3.9					.337			.003	230	537					580	
AVG.				1475/DA			4100/DA			.011/DA					.012/DA			.003/DA	.019						.014	

② Manual L.S. 1st & Avg Flow Recorded

Reactor That Inoperative



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 W. South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 726-2694 • FAX (904) 746-3368

Reply To:

D.E.P.

FEB 28 1994

SOUTHWEST DISTRICT  
TAMPA

February 22, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of January, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

D.E.P.

FEB 28 1994

SOUTHWEST DISTRICT  
TAMPA

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (11) Enter the test site identification number.
- (12) Check the type of fecal coliform sample method used.
- (13) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application-absorption field, under ground injection).
- (14) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (15) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (16) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (17) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (18) Enter the permitted capacity in mgd, recorded to three significant figures.
- (19) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (20) Enter the percent the three month average daily flow is of the permitted capacity.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (22) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (23) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (24) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (25) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (26) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.900m  
Domestic Wastewater Treatment Plant  
Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. Filed in by DER

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

- (1) Month January Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address SR. 44 3 miles East of  
Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing  
Day Shift Operator Class C Cert. No. 8704  
Evening Shift Operator Class        Cert. No.         
Night Shift Operator Class        Cert. No.         
Lead Operator [Signature] C-8704  
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	33%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.8
(25) Maximum pH		—	8.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	40.2
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			
chloride	mg/L		373
Sodium	mg/L		274
TDS	mg/L		1963

DER Form 17-801900M  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Month January Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sulfide	TDS
1	0															
2	.010															
3	.010															
4	.030															
5	.030															
6	.010							8.5		100		3	370	260	1500	
7	0															
8	.010															
9	0															
10	.020															
11	.010															
12	.020															
13	.010							6.8		20.8		11.0	400	285	2300	
14	.010															
15	.010															
16	0															
17	.010															
18	.010															
19	.010															
20	.010							7.6		22.5		11.0	320	240	2100	
21	.010															
22	.010															
23	.010															
24	.010															
25	.010															
26	.010															
27	.010							7.8		17.8		11.0	400	312	1950	
28	0															
29	.010															
30	.020															
31	0															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature]

Date: 2-4-94

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-30017

Received: 07 JAN 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 68541

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30017-1	Leachate Effluent	01-06-94
PARAMETER	30017-1	
pH, units	8.5	
Fecal Coliform MF, col/100ml	3	
Nitrate-N, mg/l	100	
Chloride, mg/l	370	
Sodium, mg/l	260	
Total Dissolved Solids, mg/l	1500	
Nitrogen, Total Kjeldahl, mg/l	1.5	
Arsenic, mg/l	<0.010	
Barium, mg/l	0.050	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Iron, mg/l	0.085	
Mercury, mg/l	<0.00020	
Lead, mg/l	<0.0050	
Selenium, mg/l	<0.010	
Silver, mg/l	<0.010	
Trihalomethanes		
Bromoform, ug/l	61	
Chloroform, ug/l	98	
Dichlorobromomethane, ug/l	97	
Dibromochloromethane, ug/l	97	
BTEX (EPA 602/8020)		
Benzene, ug/l	3.6	
Toluene, ug/l	<1.0	
Ethylbenzene, ug/l	<1.0	
Xylenes, ug/l	<1.0	
Total Volatile Organic Aromatics, ug/l	3.6	

Forwarded to DEP  
2/23/94

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-30017

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Purchase Order: 68541

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30017-2 Lab Blank  
30017-3 Accuracy (% Recovery)  
30017-4 Precision (% RPD)

PARAMETER	30017-2	30017-3	30017-4
pH, units	6.0	100 %	0 %
Fecal Coliform MF, col/100ml	<1	---	40 %
Nitrate-N, mg/l	<0.050	98 %	2.4 %
Chloride, mg/l	<1.0	101 %	1.2 %
Sodium, mg/l	<0.50	104 %	0.77 %
Total Dissolved Solids, mg/l	<5.0	99 %	0.45 %
Nitrogen, Total Kjeldahl, mg/l	<0.10	110 %	7.3 %
Arsenic, mg/l	<0.010	88 %	1.1 %
Barium, mg/l	<0.010	106 %	3.2 %
Cadmium, mg/l	<0.0050	100 %	3.0 %
Chromium, mg/l	<0.010	103 %	2.8 %
Iron, mg/l	<0.050	103 %	3.2 %
Mercury, mg/l	<0.00020	106 %	0 %
Lead, mg/l	<0.0050	100 %	4.1 %
Selenium, mg/l	<0.010	87 %	0.34 %
Silver, mg/l	<0.010	82 %	0.65 %
Trihalomethanes			
Bromoform, ug/l	<5.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---



**SL SAVANNAH LABORATORIES**  
& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-30017

Received: 07 JAN 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 68541

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

REPORT OF RESULTS

Page 3

LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30017-2 Lab Blank  
30017-3 Accuracy (% Recovery)  
30017-4 Precision (% RPD)

PARAMETER	30017-2	30017-3	30017-4
BTEX (EPA 602/8020)			
Benzene, ug/l	<1.0	112 %	1.8 %
Toluene, ug/l	<1.0	112 %	0.90 %
Ethylbenzene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Total Volatile Organic Aromatics, ug/l	<1.0	---	---

Method: 40 CFR Part 136, EPA 600/4-79-020  
HRS Certification #'s: 84385, 87279, E84282, E87052



Andre Rachmaninoff

**SL SAVANNAH LABORATORIES**  
**& ENVIRONMENTAL SERVICES, INC.**

☐ 5102 LaRoche Avenue, Savannah, GA 31404

☐ 2846 Industrial Plaza Drive, Tallahassee, FL 32301

☐ 414 Southwest 12th Avenue, Deerfield Beach, FL 33442

☐ 900 Lakeside Drive, Mobile, AL 36693

☐ 6712 Benjamin Road, Suite 100, Tampa, FL 33634

Phone: (912) 354-7858  
Phone: (904) 878-3994  
Phone: (305) 421-7400  
Phone: (205) 666-6633  
Phone: (813) 885-7427

Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

## ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

O. NUMBER		PROJECT NUMBER		PROJECT NAME <i>Cotus County Landfill</i>		MATRIX TYPE		REQUIRED ANALYSES				PAGE		OF	
CLIENT NAME <i>Atty. Winder</i>				TELEPHONE/FAX NO.				<div><input type="checkbox"/> STANDARD TAT <input type="checkbox"/> EXPEDITED TAT</div> <div>REPORT DUE DATE _____ * SUBJECT TO RUSH FEES</div>							
CLIENT ADDRESS				CITY, STATE, ZIP CODE											
AMPLER(S) NAME(S) <i>Chris Harris / Andy Singleton</i>				CLIENT PROJECT MANAGER <i>Andre Pacheco</i>				<div><i>NO<sub>3</sub>, CI, PH, TSS</i> <i>Metal</i> <i>TKN</i> <i>BTEX</i> <i>THM</i> <i>F-col.</i></div>							
SAMPLING				SAMPLE IDENTIFICATION											
DATE <i>1/6/94</i>		TIME						NUMBER OF CONTAINERS SUBMITTED							
				<i>Leakate Effluent</i>				<div><i>1</i><i>1</i><i>1</i><i>3</i><i>3</i><i>3</i></div>							
<div>RECEIVED JAN 20 1994</div>															
RELINQUISHED BY: (SIGNATURE) <i>[Signature]</i>				DATE <i>1/3/94</i>		TIME <i>1630</i>		RECEIVED BY: (SIGNATURE) <i>[Signature]</i>				DATE <i>1/5/94</i>		TIME <i>17:00</i>	
RELINQUISHED BY: (SIGNATURE)				DATE		TIME		RECEIVED BY: (SIGNATURE)				DATE <i>1/6/94</i>		TIME <i>18:30</i>	
FOR SAVANNAH LABORATORY USE ONLY															
RECEIVED FOR LABORATORY BY: (SIGNATURE) <i>[Signature]</i>				DATE <i>1-7-94</i>		TIME <i>0950</i>		CUSTODY INTACT <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		CUSTODY SEAL NO.		S.L. LOG NO. <i>8430017</i>		LABORATORY REMARKS	

ORIGINAL

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940127 / 06026

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

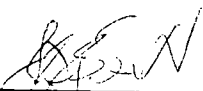
**DATE SAMPLED:** 01/27/94  
**DATE RECEIVED:** 01/27/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Citrus County Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

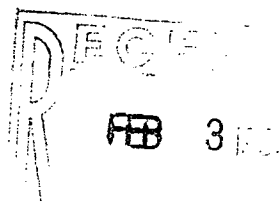
LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	17.8	TI	01/28/94
TDS	160.1	mg/l	1950	TD	01/28/94
Chloride	325.3	mg/l	400	TI	01/28/94
Sodium	273.1	mg/l	312	TI	01/30/94
pH	150.1	std/unit	7.8	TD	01/27/94
TKN	351.1	mg/l	30.4	TI	01/30/94
Fecal Coliform SM909c		cts/100ml	ND	TI	01/28/94

FECAL IN 01/27/94 AT 1425 OUT 01/28/94 AT 1320

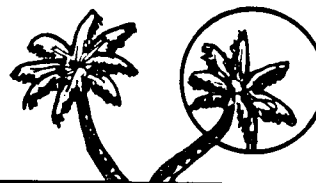
  
**Tai Igbinosun**  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER Tuade

FORWARDED TO  
DEPT. TOLSON  
2/23/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940120 / 05095

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

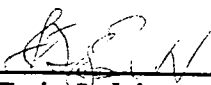
**DATE SAMPLED:** 01/20/94  
**DATE RECEIVED:** 01/20/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Citrus County Landfill PAC Plant

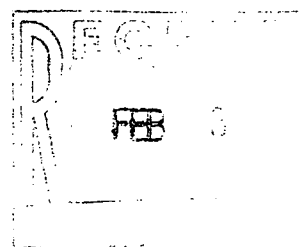
**SAMPLE MARKINGS:** Effluent

LABORATORY FINDINGS					
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	22.5	TI	01/24/94
TDS	160.1	mg/l	2100	TD	01/21/94
Chloride	325.3	mg/l	320	TI	01/24/94
Sodium	273.1	mg/l	240	TI	01/30/94
pH	150.1	std/unit	7.6	TD	01/20/94
TKN	351.1	mg/l	26.8	TI	01/26/94
Fecal Coliform SM909c		cts/100ml	ND	TD	01/21/94

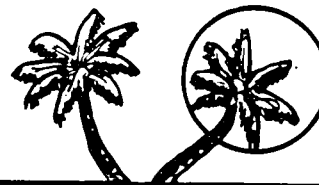
FECAL IN 01/20/94 AT 1325 OUT 01/21/94 AT 1310

  
**Tai Igbinosun**  
Lab Manager  
HRS # E84338 / 84420

FORWARDED TO  
D.E.R. TAMPA  
DATE: 2/23/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940113 / 05054

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 01/13/94  
**DATE RECEIVED:** 01/13/94  
**TIME SAMPLED:** 9:15 am

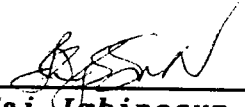
**SITE:** Landfill PAC Plant #1 Reactor

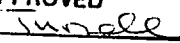
**SAMPLE MARKINGS:** Effluent

LABORATORY FINDINGS					
PARAMETER	METH. #	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	20.8	TI	01/14/94
TDS	160.1	mg/l	2300	TD	01/18/94
Chloride	325.3	mg/l	400	TD	01/14/94
Sodium	273.1	mg/l	285	TI	01/17/94
pH	150.1	std/unit	6.80	TD	01/13/94
TKN	351.1	mg/l	28.60	TI	01/19/94
Fecal Coliform SM909c		cts/100ml	ND	TI	01/14/94

FECAL IN 01/13/94 AT 1530 OUT 01/14/94 AT 1530

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

2/23 94

427101

# LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR Jan "94"

*manual*

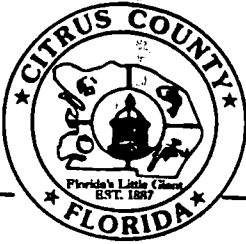
*auto*

↓ Pit ↓

# Keweenaw Damaged

DATE	TIME	L.S. #1 7 ACRE E.			L.S. #2 7 ACRE W.			L.S. #3 (60 ACRE SITE)						L.S. FLOW TOTAL	Filter Bed Wash RECYCLED FLOWS	POND FLOWS	INFLUENT FLOW TOTAL	EFFLUENT FLOW					#		
		RDG	HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1			PUMP #2							PUMP #1		PUMP #2					
								RDG	HRS	FLOW	RDG	HRS	FLOW					RDG	HRS	RDG	HRS	FLOW			
1	2:30	1007.2	0	0	1164.3	1.2	1200	798.7	3.6	.011	716.2	0	-	✓	.012	-	-	-	0	.012	-	-	-	0	-
2	2:00	7.2	0	-	657.5	1.2	1200	82.3	3.6	.011	OFF	0	-	✓	.012	-	-	-	0	.012	-	-	-	.010	#3
3	11:30	7.2	0	-	66.7	0	0	85.9	0	0	OFF	0	-	✓	0	-	-	-	.025	.030	-	-	-	.010	#2
4	1:00	7.2	0	-	66.7	0	-	85.9	3.2	.010	"	0	-	✓	0	-	-	-	.030	.030	-	-	-	.030	400
	11:30	7.2	0	-	66.7	0	-	9.1	3.2	.010	"	0	-	✓	.010	-	-	-	0	.010	-	-	-	.030	400
	11:15	7.2	0	-	66.7	2.8	2800	12.3	3.2	.010	"	0	-	✓	.015	-	-	-	0	.015	-	-	-	.040	#3
7	11:00	9.6	2.4	2400	69.5	2.8	2800	15.5	3.2	.010	"	0	-	✓	.015	-	-	-	0	.015	-	-	-	0	-
8	1:30	1209.6	0	-	1172.4	.9	900	81.7	3.0	.009	416.3	0	-	✓	.010	-	-	-	0	.010	-	-	-	.010	#1
9	8:30	9.6	0	-	73.3	.9	900	21.7	3.0	.009	OFF	0	-	✓	.010	-	-	-	0	.010	-	-	-	0	-
10	1:00	9.6	0	-	74.2	.8	800	24.7	2.8	.008	"	0	-	✓	.009	-	-	-	0	.009	-	-	-	.008	#3
11	9:00	9.6	1.5	1500	75.0	2.2	2200	29.5	2.8	.005	"	0	-	✓	.009	-	-	.005	.015	.028	-	-	-	.010	#1
12	2:30	11.1	1.0	1000	79.2	0.4	400	41.8	4.5	.014	"	0	-	✓	.015	-	-	-	0	.015	-	-	-	.040	#1
13	9:30	29.9	0	0	71.6	0.0	800	46.3	3.5	.010	"	0	-	✓	.012	-	-	-	0	.012	-	-	-	.010	#1
14			0	0		0.7	700		3.7	.010	"	0	-	✓	.011	-	-	-	0	.011	-	-	-	.010	#2
15	1:30	1027.9	0	-	1187.1	0.7	900	82.2	3.3	.010	"	0	-	✓	.011	-	-	-	0	.011	-	-	-	.010	#3
16	8:30	29.9	0.4	400	82.0	0.7	400	56.5	3.3	.010	"	0	-	✓	.011	-	-	-	0	.011	-	-	-	0	-
17	10:30	30.3	1.1	1100	82.8	1.1	1100	57.8	4.7	.014	"	0	-	✓	.016	-	-	-	0	.016	-	-	-	.010	#2
18	1:00	31.4	OFF	-	84.0	OFF	-	64.5	OFF	-	"	0	-	✓	0	-	-	-	.015	.015	-	-	-	.010	#3
19	8:30	31.4	3.7	3700	84.0	2.6	2600	64.5	4.2	.013	"	0	-	✓	.019	-	-	-	0	.019	-	-	-	.010	#1
20	9:15	35.1	0	0	86.6	.4	400	68.7	3.6	.011	"	0	-	✓	.015	-	-	-	0	.015	-	-	-	.010	#2
	10:00	35.1	0	0	87.0	.3	300	72.3	3.6	.011	"	0	-	✓	.011	-	-	-	0	.011	-	-	-	.010	#3
	1:30	35.1	0	0	87.3	0	0	87.7	3.5	.011	416.3	0	-	✓	.011	-	-	-	0	.011	-	-	-	.010	#1
23	11:00	35.1	0	0	87.3	0	0	79.4	4.0	.012	80.5	0	-	✓	.012	-	-	-	0	.012	-	-	-	.010	#2
24	1:30	35.1	2.7	2700	87.3	0	0	83.4	3.7	.011	"	0	-	✓	.014	-	-	-	0	.014	-	-	-	.010	#3
25	9:15	37.8	.5	500	87.3	0	0	87.1	4.0	.012	"	0	-	✓	.013	-	-	-	0	.013	-	-	-	.010	#1
26	1:00	38.3	.7	700	87.3	0	0	91.1	3.9	.012	"	0	-	✓	.013	-	-	-	0	.013	-	-	-	.010	#2
27	9:45	39.0	0	-	87.5	0	0	85.0	3.9	.012	"	0	-	✓	.012	-	-	-	0	.012	-	-	-	.010	#3
28	8:30	39.0	0	-		0	0	98.4	4.0	.012	"	0	-	✓	.012	-	-	-	0	.012	-	-	-	0	-
29	1:30	1039.0	1.5	1300	1187.3	0	0	902.9	3.9	.012	416.3	0	-	✓	.013	-	-	-	0	.013	-	-	-	.010	#1
30	12:00	OFF	OFF	OFF	NO 400	0	0	OFF	OFF	OFF	"	0	-	✓	.013	-	-	-	0	.013	-	-	-	.010	#2
31	11:00	410.4	1.3	1500	87.3	0	0	100.7	3.9	.012	"	0	-	✓	.013	-	-	.005	0	.013	-	-	-	0	-
TOTAL				.048			.021			.315					.347			.006	.085	.441				.320	
AVG.																									

⊕ Auto Value ⊙ Plant Closed All Reaches were Full - Apr Flow Shown  
\* on overnight



DEPARTMENT OF PUBLIC WORKS  
DIVISION OF SOLID WASTE MANAGEMENT

230 W. Gulf to Lake Highway • P.O. Box 340  
Lecanto, Florida 34460-0340  
(904) 746-5000 • FAX (904) 527-1204

JAN 21 1994  
MEMORANDUM

DATE: JANUARY 21, 1994

TO: RALPH HEDGE COTH, DIRECTOR OF UTILITIES

THROUGH: SUSAN J. METCALFE, P.G., DIRECTOR, *SJ Metcalfe*  
DIVISION OF SOLID WASTE MANAGEMENT

FROM: CATHLEEN J. WINTER, SOLID WASTE TECH. II *CJW*

SUBJECT: DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
FACILITY - PERMIT #S009-187229 - QUARTERLY EFFLUENT  
TESTING AND ANALYSIS

=====

Attached please find the leachate effluent analysis from Savannah Laboratories, covering the quarterly sampling for January and the weekly sampling for January 6, 1994.

Please include in your January report submittal to the Department of Environmental Protection.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-30017

Received: 07 JAN 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 68541

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30017-1	Leachate Effluent	01-06-94
PARAMETER	30017-1	
pH, units	8.5	
Fecal Coliform MP, col/100ml	3	
Nitrate-N, mg/l	100	
Chloride, mg/l	370	
Sodium, mg/l	260	
Total Dissolved Solids, mg/l	1500	
Nitrogen, Total Kjeldahl, mg/l	1.5	
Arsenic, mg/l	<0.010	
Barium, mg/l	0.050	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Iron, mg/l	0.085	
Mercury, mg/l	<0.00020	
Lead, mg/l	<0.0050	
Selenium, mg/l	<0.010	
Silver, mg/l	<0.010	
Trihalomethanes		
Bromoform, ug/l	61	
Chloroform, ug/l	98	
Dichlorobromomethane, ug/l	97	
Dibromochloromethane, ug/l	97	
BTEX (EPA 602/8020)		
Benzene, ug/l	3.6	
Toluene, ug/l	<1.0	
Ethylbenzene, ug/l	<1.0	
Xylenes, ug/l	<1.0	
Total Volatile Organic Aromatics, ug/l	3.6	

Forwarded to DEP  
2-23-94



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B4-30017

Received: 07 JAN 94

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 68541

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 3

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30017-2 Lab Blank  
30017-3 Accuracy (% Recovery)  
30017-4 Precision (% RPD)

PARAMETER	30017-2	30017-3	30017-4
BTEX (EPA 602/8020)			
Benzene, ug/l	<1.0	112 %	1.8 %
Toluene, ug/l	<1.0	112 %	0.90 %
Ethylbenzene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Total Volatile Organic Aromatics, ug/l	<1.0	---	---

Method: 40 CFR Part 136, EPA 600/4-79-020  
HRS Certification #'s: 84385, 87279, E84282, E87052



Andre Rachmaninoff



Lawton Chiles  
Governor

# Florida Department of Environmental Protection

Southwest District  
3804 Coconut Palm Drive  
Tampa, Florida 33619  
813-744-6100

Virginia B. Wetherell  
Secretary

**FAXED**  
1:30AA

## FAX TRANSMITTAL SHEET

5-20-94  
Date

TO:

Susie Metcalfe

DEPT.: Citrus Co LF

FAX #: 904/527-1204

FROM:

Allison Amram

DEPT.: D.E.P., Tampa Office Solid Waste

PHONE: 813-744-6100 or SunCom 542-6100 Ext. 336  
FAX(local) 744-6125 or (SunCom) 542-6125

SUBJECT:

Leachate Plant

COMMENT:

Susan - I have not received leachate  
plant effluent for 1/94 -- have 2/94 + 3/94.  
Can you send this in? Also - has the plant  
mixer been replaced, or is it planned?  
Just trying to get up to date on this!  
Thanks! No rush. Have a great weekend!

TOTAL NUMBER OF PAGES, INCLUDING COVER PAGE: 1

RECEIVED BY: \_\_\_\_\_

PHONE: \_\_\_\_\_

Leachate effluent  
OK



DEPARTMENT OF PUBLIC WORKS  
DIVISION OF SOLID WASTE MANAGEMENT

230 W. Gulf to Lake Highway • P.O. Box 340  
Lecanto, Florida 34460-0340  
(904) 746-5000 • FAX (904) 527-1204

DEP

May 23, 1994

MAY 26 1994

RECEIVED  
TAMPA

Ms. Allison Amram  
Environmental Specialist III  
Dept. of Environmental Protection  
Waste Management Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**RE: LEACHATE ANALYSIS-CITRUS COUNTY CENTRAL LANDFILL**

Dear Ms. Amram:

Enclosed please find the analysis for January, 1994 on the leachate effluent at the Citrus County Central Landfill.

I will contact you this week and bring you up to date on the leachate plant proposed modifications.

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

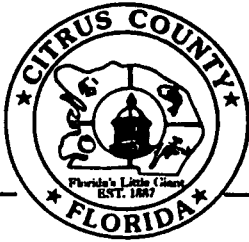
Sincerely,

*Susan J. Metcalfe*

Susan J. Metcalfe, P.G.  
Director

SJM:CJW:cjw





CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 W. South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 726-2694 • FAX (904) 746-3368

Reply To:

D.E.P.

MAY 26 1994

SOUTHWEST DISTRICT  
TAMPA

February 22, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of January, 1994.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments

DER Form 17-001.000m  
 Solid Waste Leachate Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. Filed in by DER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

D.E.P.

MAY 26 1994

SOUTHWEST DISTRICT  
 TAMPA

## Part II - General Information

- (1) Month January Year 1994
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address SR. 44 3 miles East of  
Levento
- (5) City Levento
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5007-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8704
- Evening Shift Operator Class        Cert. No.
- Night Shift Operator Class        Cert. No.
- Lead Operator [Signature] C-8704  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	33%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.8
(25) Maximum pH		—	8.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	40.2
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			
Chlorine	mg/L		37.3
Sodium	mg/L		274
TDS	mg/L		1963

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(34)

Month January Year 1994

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sulfide	TDS
1	0															
2	0.10															
3	0.10															
4	0.30															
5	0.30															
6	0.10							8.5		100		3	370	260	1500	OK
7	0															
8	0.10															
9	0															
10	0.20															
11	0.10															
12	0.20															
13	0.10							7.8		20.8		21.0	400	285	2300	OK
14	0.10															
15	0.10															
16	0															
17	0.10															
18	0.10															
19	0.10															
20	0.10							7.6		22.5		21.0	320	240	2100	OK
21	0.10															
22	0.10															
23	0.10															
24	0.10															
25	0.10															
26	0.10															
27	0.10							7.8		17.8		21.0	400	312	1950	OK
28	0															
29	0.10															
30	0.20															
31	0															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature] Date: 2-4-94

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940113 / 05054

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 01/13/94  
**DATE RECEIVED:** 01/13/94  
**TIME SAMPLED:** 9:15 am

**SITE:** Landfill PAC Plant #1 Reactor

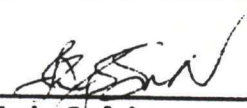
**SAMPLE MARKINGS:** Effluent


PARAMETER	METH.#	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	20.8	TI	01/14/94	
TDS	160.1	mg/l	2300	TD	01/18/94	
Chloride	325.3	mg/l	400	TD	01/14/94	
Sodium	273.1	mg/l	285	TI	01/17/94	
pH	150.1	std/unit	6.80	TD	01/13/94	
TKN	351.1	mg/l	28.60	TI	01/19/94	

Fecal Coliform SM909c    cts/100ml    ND    TI    01/14/94

FECAL IN 01/13/94 AT 1530 OUT 01/14/94 AT 1530

ND = NON DETECTABLE or < 1.0

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

2/23/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940120 / 05095

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661


**DATE SAMPLED:** 01/20/94  
**DATE RECEIVED:** 01/20/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Citrus County Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

LABORATORY FINDINGS					
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	22.5	TI	01/24/94
TDS	160.1	mg/l	2100	TD	01/21/94
Chloride	325.3	mg/l	320	TI	01/24/94
Sodium	273.1	mg/l	240	TI	01/30/94
pH	150.1	std/unit	7.6	TD	01/20/94
TKN	351.1	mg/l	26.8	TI	01/26/94
Fecal Coliform SM909c		cts/100ml	ND	TD	01/21/94

FECAL IN 01/20/94 AT 1325 OUT 01/21/94 AT 1310

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager  
HRS # E84338 / 84420

FORWARDED  
D.E.R. T...  
DATE: 2/23/94

94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 940127 / 06026

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 01/27/94  
**DATE RECEIVED:** 01/27/94  
**TIME SAMPLED:** 9:30 am

**SITE:** Citrus County Landfill PAC Plant

**SAMPLE MARKINGS:** Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	17.8	TI	01/28/94
TDS	160.1	mg/l	1950	TD	01/28/94
Chloride	325.3	mg/l	400	TI	01/28/94
Sodium	273.1	mg/l	312	TI	01/30/94
pH	150.1	std/unit	7.8	TD	01/27/94
TKN	351.1	mg/l	30.4	TI	01/30/94
Fecal Coliform SM909c		cts/100ml	ND	TI	01/28/94

FECAL IN 01/27/94 AT 1425 OUT 01/28/94 AT 1320

  
\_\_\_\_\_  
**Tai Igbinosun**  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER Twale

2/23/94

FEB 3



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

D.E.P.

JAN 27 1994

SOUTHWEST DISTRICT  
TAMPA

January 24, 1994

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

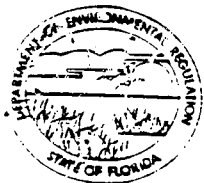
This report is for the month of December, 1993.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900m
Commissio	Wastewater Treatment Plant
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

D.E.P.

JAN 27 1994

SOUTHWEST DISTRICT  
TAMPA

#### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 out < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form: 17-001.0001
Citrus Wastewater Treatment Plant
Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

### Part II - General Information

- (1) Month December Year 1993
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address S.R. 44 3 miles East  
of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing  
Day Shift Operator Class C Cert. No. 8704  
Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Lead Operator [Signature] C-8704  
Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.008
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.009
(19) Percent of permitted capacity	%	—	30%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	7.2
(25) Maximum pH		—	8.2
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	48.6
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			
Chlorine	mg/L		295
Sodium	mg/L		324
TDS	mg/L		1561

DER Form 17-501900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

D.E.P.

JAN 27 1994

SOUTHWEST DISTRICT  
TAMPA 1993

Month December Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	020															
2	0							8.2			35.2		TNFC 724	324	1920	
3	0															
4	010															
5	010															
6	0															
7	010															
8	0															
9	020						7.2				26.5		TNFC 310	285	1924	
10	020															
11	010															
12	0															
13	010															
14	010															
15	020															
16	0							8.2			100.0		41.0	342	320	1320
17	010															
18	010															
19	010															
20	0															
21	0															
22	010						7.9				26.4		80	278	320	1420
23	0															
24	010															
25	010															
26	0															
27	010															
28	010															
29	020															
30	010						7.8				55.0		41.0	260	312	1220
31	010															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature]

Date: 1-13-94

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

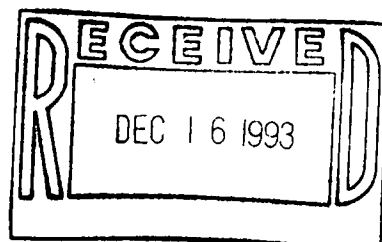
Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 931202 / 03018

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 12/02/93  
**DATE RECEIVED:** 12/02/93



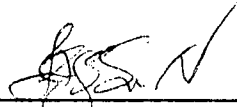
**SITE:** Citrus County Landfill Leachate Plant

**SAMPLE MARKINGS:** Effluent

## LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	35.2	TI	12/06/93
TDS	160.1	mg/l	1920	TD	12/07/93
Chloride	325.3	mg/l	284	TD	12/06/93
Sodium	273.1	mg/l	324	TI	12/10/93
pH	150.1	std/unit	8.2	TD	12/02/93
TKN	351.1	mg/l	28.4	TI	12/10/93
Fecal Coliform SM909c		cts/100ml	TNTC	TI	12/03/93

FECAL IN 12/02/93 AT 1555 OUT 12/03/93 AT 1555

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 1/24, 1994

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

**REPORT NUMBER:** 931230 / 04085

**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

**DATE SAMPLED:** 12/30/93  
**DATE RECEIVED:** 12/30/93  
**TIME SAMPLED:** 9:30 am

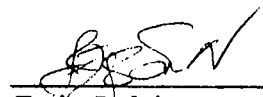
**SITE:** Citrus Co. Landfill Leachate Plant

**SAMPLE MARKINGS:** Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	55.0	TI	01/04/94
TDS	160.1	mg/l	1220	TD	01/03/94
Chloride	325.3	mg/l	260	TD	12/31/93
Sodium	273.1	mg/l	312	TI	01/04/94
pH	150.1	std/unit	7.8	TD	12/30/93
TKN	351.1	mg/l	28.50	TI	01/04/94
<u>Fecal Coliform SM909c cts/100ml ND TI 12/31/93</u>					

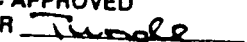
FECAL IN 12/30/93 AT 1450 OUT 12/31/93 AT 1445

ND = NON DETECTABLE or < 1.0

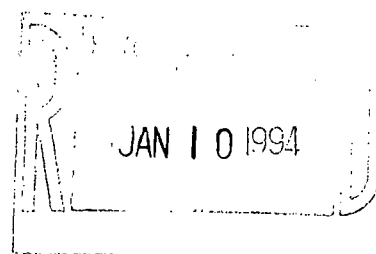
  
Tai Igbinosun

Lab Manager

HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 1/24/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931222 / 04047

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 12/22/93  
DATE RECEIVED: 12/22/93  
TIME SAMPLED: 9:10 am

SITE: Landfill PAC Plant Reactor # 3

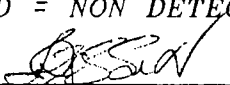
SAMPLE MARKINGS: Effluent

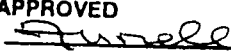
### LABORATORY FINDINGS

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	26.4	TI	12/24/93
TDS	160.1	mg/l	1420	TD	12/24/93
Chloride	325.3	mg/l	278	TD	12/24/93
Sodium	273.1	mg/l	380	TI	12/26/93
pH	150.1	std/unit	7.9	TD	12/22/93
TKN	351.1	mg/l	38.40	TI	12/30/93
Fecal Coliform SM909c		cts/100ml	80	TI	12/23/93

FECAL IN 12/22/93 AT 1300 OUT 12/23/93 AT 1300

ND = NON DETECTABLE or < 1.0

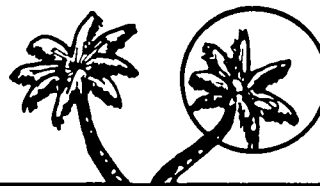
  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 1/24/94



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931216 / 04015

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 12/16/93  
DATE RECEIVED: 12/16/93  
TIME SAMPLED: 11:00 am

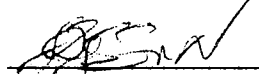
SITE: Citrus County Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	100.00	TI	12/18/93
TDS	160.1	mg/l	1320	TD	12/18/93
Chloride	325.3	mg/l	342	TD	12/18/93
Sodium	273.1	mg/l	320	TI	12/24/93
pH	150.1	std/unit	8.2	TD	12/16/93
TKN	351.1	mg/l	58.40	TI	12/23/93
Fecal Coliform SM909c		cts/100ml	ND	TI	12/17/93

FECAL IN 12/16/93 AT 1430 OUT 12/17/93 AT 1430

ND = NON DETECTABLE or < 1.0

  
Tai Igbinosun

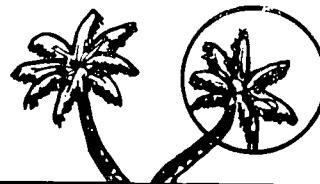
Lab Manager

HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 1/24/94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931209 / 03066

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

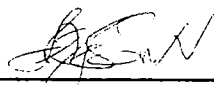
DATE SAMPLED: 12/09/93  
DATE RECEIVED: 12/09/93  
TIME SAMPLED: 9:30 am

SITE: Citrus County Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS					
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	26.5	TI	12/14/93
TDS	160.1	mg/l	1924	TD	12/10/93
Chloride	325.3	mg/l	310	TD	12/14/93
Sodium	273.1	mg/l	285	TI	12/17/93
pH	150.1	std/unit	7.2	TD	12/09/93
TKN	351.1	mg/l	35.0	TI	12/17/93
Fecal Coliform SM909c		cts/100ml	TNTC	TI	12/10/93

FECAL IN 12/09/93 AT 1540 OUT 12/10/93 AT 1540

  
Tai Igbinosun

Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

DEC 2 1993

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12/24, 1994

# LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR 12-93

↓ PIT L.S. ↓

DATE	TIME	L.S. #1 7 ACRE E.			L.S. #2 7 ACRE W			L.S. #3 (60 ACRE SITE)						L.S. FLOAT	L.S. FLOW TOTAL	Filter Backwash RECYCLED FLOWS			POND FLOWS	INFLUENT FLOW TOTAL	EFFLUENT FLOW				
		RDG	HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1 3000			PUMP #2					RDG	HRS	FLOW			PUMP #1	PUMP #2			
								RDG	HRS	FLOW	RDG	HRS	FLOW									RDG	HRS	FLOW	
3	9:00	OFF	0	0	OFF	0	0	3.2	3.4	.010	OFF	0	0	✓	.010	-	-	-	.010	.020	-	-	-	-	.020
4	2:30	u	0	0	u	0	0	6.2	2.4	.007	u	0	0	✓	.007	-	-	-	0	.009	-	-	-	-	.009
5	8:30	OFF	0	0	OFF	0	0	4.2	3.5	.011	OFF	0	0	✓	.011	-	-	-	0	.011	-	-	-	-	.011
6	1:30	72.9	1.9	1900	130.9	1.9	1900	15.5	3.5	.010	u	0	0	✓	.010	-	-	-	0	.008	-	-	-	-	.008
7	3:00	94.8	3.0	5000	32.8	2.4	2400	20.2	2.7	.008	u	0	0	✓	.008	-	-	-	0	.008	-	-	-	-	.008
8	2:30	92.8	1.7	700	35.2	2.5	2500	22.4	3.0	.009	u	0	0	✓	.009	-	-	.005	0	.017	-	-	-	-	.017
9	1:00	78.5	2	200	57.7	1.7	1700	25.9	3.9	.009	u	0	0	✓	.010	-	-	.005	0	.017	-	-	-	-	.017
10	9:00	u	2	200	57.7	1.7	1700	25.9	3.9	.009	u	0	0	✓	.010	-	-	.005	0	.017	-	-	-	-	.017
11	1:30	77.9	0	-	141.4	1.1	1100	33.3	2.7	.008	u	0	0	✓	.009	-	-	-	-	.009	-	-	-	-	.009
12	9:30	98.9	0	-	42.5	1.6	1000	36.2	3.5	.010	u	0	0	✓	.012	-	-	-	0	.012	-	-	-	-	.012
13	1:30	98.9	0	-	44.1	1.1	1100	39.7	3.6	.010	u	0	0	✓	.011	-	-	-	0	.011	-	-	-	-	.011
14	9:30	98.9	1.7	1700	45.2	1.2	1200	43.2	2.4	.007	u	0	0	✓	.010	-	-	-	.010	.020	-	-	-	-	.020
15	8:45	00.6	0	200	46.4	1.2	1200	45.6	3.0	.009	u	0	0	✓	.010	-	-	-	.020	.030	-	-	-	-	.030
16	3:45	u	0	200	46.4	1.2	1200	45.6	3.0	.009	u	0	0	✓	.010	-	-	-	.020	.030	-	-	-	-	.030
17	8:30	u	0	200	46.4	1.2	1200	45.6	3.0	.009	u	0	0	✓	.010	-	-	-	.020	.030	-	-	-	-	.030
18	1:30	07.0	-	-	150.1	0	0	45.1	3.1	.009	u	0	0	✓	.009	-	-	-	-	.009	-	-	-	-	.009
19	3:00	u	-	-	u	1.2	1200	-	3.1	.009	u	0	0	✓	.010	-	-	-	0	.010	-	-	-	-	.010
20	3:00	u	-	-	u	1.2	1200	-	3.1	.009	u	0	0	✓	.010	-	-	-	0	.010	-	-	-	-	.010
21	1:00	0	-	-	u	1.2	1200	-	3.0	.009	u	0	0	✓	.010	-	-	-	0	.010	-	-	-	-	.010
22	1:00	0	-	-	u	1.2	1200	-	3.0	.009	u	0	0	✓	.010	-	-	-	0	.010	-	-	-	-	.010
23	1:00	0	-	-	u	1.2	1200	-	3.0	.009	u	0	0	✓	.010	-	-	-	0	.010	-	-	-	-	.010
24	7:00	0	0.4	400	u	1.2	1200	22.4	4.1	.012	u	0	0	✓	.013	-	-	.005	0	.016	-	-	-	-	.016
25	1:30	001.6	-	-	157.3	0.8	800	776.5	2.7	.008	u	0	0	✓	.009	-	-	-	0	.009	-	-	-	-	.009
26	1:30	-	-	-	u	0.8	800	-	2.8	.008	u	0	0	✓	.009	-	-	-	0	.009	-	-	-	-	.009
27	1:30	-	1.0	1000	u	0.8	800	82.1	2.1	.006	u	0	0	✓	.007	-	-	-	0	.007	-	-	-	-	.007
28	9:00	ON	1.0	1000	59.9	1.0	1000	89.1	3.5	.010	u	0	-	✓	.012	-	-	.009	.015	.030	-	-	-	-	.030
29	9:00	ON	1.0	1000	u	1.0	1000	-	3.5	.010	u	0	-	✓	.012	-	-	-	0	.012	-	-	-	-	.012
30	9:00	u	1.0	1000	u	1.0	1000	-	3.5	.011	u	0	0	✓	.012	-	-	-	0	.013	-	-	-	-	.013
31	1:30	u	1.0	1000	u	1.0	1000	94.8	3.9	.012	u	0	-	✓	.014	-	-	-	0	.014	-	-	-	-	.014
TOTAL		7.2		13,000	64.3		13,000	94.8	3.9	.012				✓	.014				0	.014					.014
AVG.				430/DA			430/DA	304/DA							.322			.010	.015	.398					.260

Round not that 1.00 4.30



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

**D.E.P.**

**DEC 20 1993**

SOUTHWEST DISTRICT  
TAMPA

December 15, 1993

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility along with copies of the monthly sample analyses.

This report is for the month of November, 1993.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form # 17-601.900(1)
Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report D.E.P.

## Part I - Instructions

DEC 20 1993

SOUTHWEST DISTRICT  
TAMPA

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	$\geq 3.0$	$\geq 0.5$ but $< 3.0$	$\geq 0.002$ but $< 0.5$	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	$\geq 5.0$	$\geq 1.0$ but $< 5.0$	$\geq 0.002$ but $< 1.0$	...
3	Activated Sludge operated in the extended aeration mode.	$\geq 8.0$	$\geq 2.0$ but $< 8.0$	$\geq 0.025$ but $< 2.0$	$\geq 0.002$ but $< 0.025$
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	$\geq 10.0$	$\geq 3.0$ but $< 10.0$	$\geq 0.025$ but $< 3.0$	$\geq 0.002$ but $< 0.025$
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	$\geq 0.005$

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

(1) Month November Year 93

(2) Plant's DER Identification Number 400900086

(3) Plant Name Lansfil Leachate Plant

(4) Plant Address S.R. 44 3 miles E. of  
Iecanto

(5) City Iecanto

(6) County Citrus

(7) Phone Number 904/746-2694

(8) Permit Number 5009-187229

(9) Plant Type I-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse N/A

(13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8704

Evening Shift Operator Class        Cert. No.       

Night Shift Operator Class        Cert. No.       

Lead Operator [Signature] Signature C-8704 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	33%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	6.9
(25) Maximum pH		—	8.6
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	26.3
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			
Chloride	mg/L		340
Sodium	mg/L		320
TDS	mg/L		2060

DER Form 17-801.900(1)  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filled in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY  
Monthly Operating Report

Month November Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	CHLORIDE	SODIUM	TDS
1	.010															
2	0															
3	.030															
4	.030							8.6		30.0		41.0	420	345	2410	
5	.020															
6	.010															
7	.010															
8	.010															
9	.010															
10	0															
11	.010							7.9		25.4		41.0	340	320	1900	
12	.014															
13	0															
14	0															
15	.010															
16	0															
17	.030															
18	.030							8.4		25.8		41.0	280	328	1820	
19	0															
20	0															
21	0															
22	.010															
23	.010															
24	.010							6.9		24.1		41.0	320	286	2110	
25	0															
26	.010															
27	0															
28	.010															
29	0															
30	.010															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

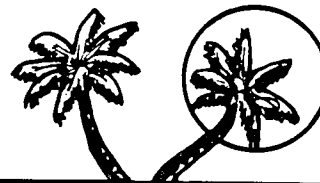
Signed: [Signature]  
Name (Please Type) Lyle F. Steady

Date: 12-6-93

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

REPORT OF ANALYSIS

REPORT NUMBER: E31104 / 01091

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 11/04/93  
DATE RECEIVED: 11/04/93  
TIME SAMPLED: 9:20 am

SITE: Landfill Pac Plant #1 Reactor

SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	30.0	TI	11/05/93
TDS	160.1	mg/l	2410	TD	11/08/93
Chloride	325.3	mg/l	420	TD	11/04/93
Sodium	273.1	mg/l	345	TI	11/08/93
pH	150.1	std/unit	8.69	TD	11/04/93
TKN	351.1	mg/l	18.4	TI	11/11/93
<u>Fecal Coliform SM909c cts/100ml 11.0 TI 11/05/93</u>					

FECAL IN 11/04/93 AT 1300 OUT 11/05/93 AT 1300

Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

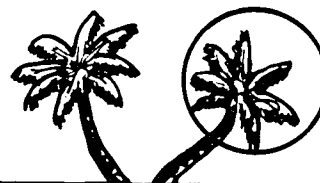
TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12-15, 1993

NOV 22 1993



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931111 / 02022

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

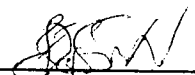
DATE SAMPLED: 11/11/93  
DATE RECEIVED: 11/11/93  
TIME SAMPLED: 10:00 am

SITE: Citrus County Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

PARAMETER	METH. #	LABORATORY FINDINGS			
		UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	25.4	TI	11/14/93
TDS	160.1	mg/l	1900	TD	11/14/93
Chloride	325.3	mg/l	340	TD	11/16/93
Sodium	273.1	mg/l	320	TI	11/16/93
pH	150.1	std/unit	7.9	TD	11/11/93
TKN	351.1	mg/l	26.0	TI	11/19/93
Fecal Coliform SM909c		cts/100ml	1.0	TI	11/12/93

FECAL IN 11/11/93 AT 1400 OUT 11/12/93 AT 1400

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12-15, 1993

NOV 24 1993

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931118 / 02068

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 11/18/93  
DATE RECEIVED: 11/18/93  
TIME SAMPLED: 10:00 am

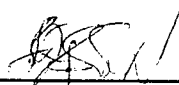
SITE: Landfill Pac Plant


SAMPLE MARKINGS: Effluent

PARAMETER	METH. #	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	25.8	TI	11/22/93	
TDS	160.1	mg/l	1820	TD	11/20/93	
Chloride	325.3	mg/l	280	TD	11/20/93	
Sodium	273.1	mg/l	328	TI	11/20/93	
pH	150.1	std/unit	8.40	TD	11/09/93	
TKN	351.1	mg/l	30.2	TI	11/24/93	

Fecal Coliform SM909c    cts/100ml    11.0    TI    11/19/93

FECAL IN 11/18/93 AT 1430 OUT 11/19/93 AT 1430

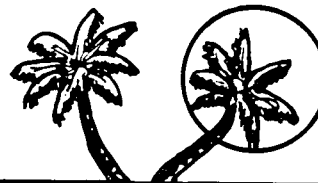
  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12-15, 1993

RECEIVED  
NOV 24 1993

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

REPORT OF ANALYSIS

REPORT NUMBER: 001124 / 02001

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 11/24/93  
DATE RECEIVED: 11/24/93  
TIME SAMPLED: 9:30 am

SITE: Citrus County Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

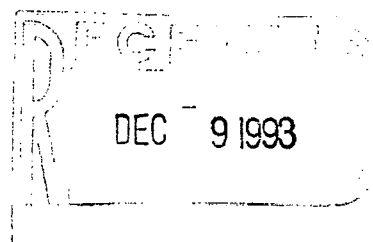
PARAMETER	METH. #	<u>LABORATORY FINDINGS</u>		TECH.	DATE ANALYZED
		UNITS	RESULTS		
Nitrate	352.2	mg/l	21.4	TI	11/25/93
TDS	160.1	mg/l	2110	TD	11/27/93
Chloride	325.2	mg/l	320	TD	11/26/93
Sodium	273.1	mg/l	260	TI	11/28/93
pH	150.1	std/unit	6.9	TD	11/24/93
TUR	351.1	mg/l	23.4	TI	11/28/93
Residual Chlorine	EM0002	mg/100ml	11.0	TI	11/25/93

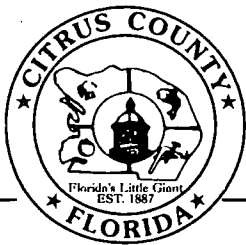
SIGNAL IN 11/24/93 AT 1025 OUT 11/25/93 AT 1005

Tai Igbinosun  
Lab Manager  
HRS # 004000 / 04400

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12-15, 1993





CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

D.E.P.

DEC 01 1993

SOUTHWEST DISTRICT  
TAMPA

November 22, 1993

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility, regular monthly sampling analyses, along with a copy of the monthly effluent testing and analysis from Savannah Laboratories. Please note that exceeded MCL's are hi-lited on these analysis reports as stipulated by permit.

This report is for the month of October, 1993.

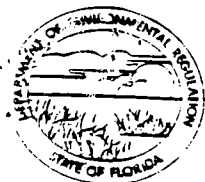
Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

D.E.P.

DEC 01 1993

SOUTHWEST DISTRICT  
TAMPA

## SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	$\geq 3.0$	$\geq 0.5$ but $< 3.0$	$\geq 0.002$ but $< 0.5$	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	$\geq 5.0$	$\geq 1.0$ but $< 5.0$	$\geq 0.002$ but $< 1.0$	...
3	Activated Sludge operated in the extended aeration mode.	$\geq 8.0$	$\geq 2.0$ but $< 8.0$	$\geq 0.025$ but $< 2.0$	$\geq 0.002$ but $< 0.025$
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	$\geq 10.0$	$\geq 3.0$ but $< 10.0$	$\geq 0.025$ but $< 3.0$	$\geq 0.002$ but $< 0.025$
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	$\geq 0.005$

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-901.90019  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

- (1) Month OCTOBER Year 1993
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address SR. 44 3 miles E. of  
Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904 / 746-2694
- (8) Permit Number 5009 - 187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing  
 Day Shift Operator Class e Cert. No. 8704  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator [Signature] C-8704  
 Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0085
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	33%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	N/A
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	—	N/A
(24) Minimum pH		—	7.9
(25) Maximum pH		—	8.4
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	50.2
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	N/A
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			
CHLORIDE	mg/L		403
Sodium	mg/L		367
TDS	mg/L		1453

DER Form 17-601900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. \_\_\_\_\_  
(Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(34)

Month OCT Year 93

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	CHLORIDE	SODIUM	TDS
1	.010															
2	.030															
3	0															
4	.010															
5	.010															
6	.010															
7	.005							8.4		160		9	490	400	2100	
8	.010															
9	0															
10	.010															
11	0															
12	.010															
13	.010															
14	.010							7.9		12.0		61.0	420	394	1280	
15	.010															
16	.010															
17	0															
18	.010															
19	.010															
20	.010															
21	.020							8.2		18.1		21.0	380	354	1410	
22	.020															
23	0															
24	0															
25	.010															
26	.010															
27	.010															
28	.010							7.9		10.5		21.0	320	318	1020	
29	0															
30	0															
31	.010															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature]  
Name (Please Type) Lyle F. Steady

Date: 11-15-93

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

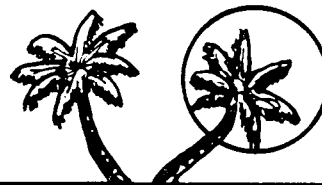
DATE	TIME	L.S. #1 (7 ACRE EAST)			L.S. #2 (7 ACRE WEST)			L.S. #3 (60 ACRE SITE)						TOTALS	POND TOTALS
		RDG	HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1			PUMP #2				
								RDG	HRS	FLOW	RDG	HRS	FLOW		
1	1000	93.5	⊕	0	03.4	.85	800	OFF	-	-	41.4	7	.021	21,800	15,000
2		-	⊕	0	-	.85	800	"	-	-		7	.021	21,800	⊕
3	1045	93.5	⊕	0	05.3	.9	900	"	-	-	55.4	2.6	.008	8,700	⊕
4	900	93.5	2.2	2200	06.2	1.0	1000	"	-	-	58.0	3.1	.009	12,500	⊕
5	830	95.7	0.5	500	07.2	.9	900	21.7	-	-	61.1	⊕	0	1100	⊕
6	730	-	0.4	400	-	.9	900	21.7	5.0	.015	OFF	⊕	⊕	16,300	⊕
7		-	0.4	400	-	.9	900	-	5.0	.015	"	⊕	⊕	16,300	⊕
8		-	0.4	400	-	.9	900	-	5.0	.015	"	⊕	⊕	16,300	⊕
9	1230	97.4	-	-	10.8	0.4	400	30.6	3.1	.009	61.1	⊕	⊕	9,400	⊕
10	11:00	97.4	0.8	800	11.2	1.3	1300	39.7	3.4	.010	"	-	⊕	12,100	⊕
11	8:45	98.2	⊕	⊕	12.5	1.2	1200	43.1	3.4	.010	"	-	-	11,400	⊕
12	8:30	98.2	0.9	900	13.7	1.3	1300	46.5	3.8	.011	"	-	-	13,600	⊕
13	930	99.1	0.9	900	15.0	0.7	700	50.3	3.8	.011	"	-	-	13,000	⊕
14	9:00	00.0	⊕	⊕	15.7	8.8	⊕	54.1	11.5	⊕	"	-	-	⊕	⊕
15		-	⊕	⊕	-	8.8	⊕	-	11.5	⊕	"	-	-	⊕	⊕
16 Rain		-	⊕	⊕	-	8.7	⊕	-	11.5	⊕	"	-	-	⊕	⊕
17		-	⊕	⊕	-	8.7	⊕	-	11.5	⊕	"	-	-	⊕	⊕
18	9:30	00.0	16.0	1600	50.8	3.4	3400	50.1	5.9	.018	"	-	-	22,700	⊕
19	9:15	1.6	1.9	1900	54.2	1.4	1400	06.0	3.6	.011	"	-	-	14,100	.020
20	8:45	3.5	1.7	1700	55.6	1.3	1300	09.6	6.0	.018		⊕	⊕	21,000	.020
21	9:45	5.2	⊕	⊕	56.9	14.1	14100	15.6	18.0	.054	61.1	⊕	⊕	68,100	⊕
22	9:00	5.2	⊕	⊕	14.1	14100	33.6	13.9	.042	61.1	⊕	⊕		56,100	⊕
23	1230	5.2	-	-	35.1	7.8	7800	47.5	9.6	.022	61.1	-	-	36,800	⊕
24	1030	5.2	0.3	300	92.9	0.9	900	57.1	3.7	.011	"	-	-	12,200	⊕
25	9:15	5.5	4.2	4200	93.8	1.0	1000	60.8	3.7	.011	"	-	-	16,300	⊕
26	845	9.7	1.2	1200	94.8	⊕	⊕	64.5	5.0	.015	"	⊕	⊕	16200	⊕
27	915	-	1.2	1200	94.8	⊕	-	69.5	3.1	.009	-	⊕	-	10,200	⊕
28	9:00	33.8	⊕	-	-	⊕	-	72.4	3.2	.010	-	⊕	-	10,000	⊕
29		-	⊕	-	-	⊕	-	75.8	3.9	.012	-	⊕	-	12,000	⊕
30	1130	33.8	.02	200	94.8	⊕	-	79.7	2.8	.008	61.1			8200	⊕
31		34.0	⊕	⊕	94.8	⊕	-	82.5	2.9	.009	"	"	"	9000	⊕
TOTAL			.019	.019			.054			.353			.059	.487	55,000
AVG.			.613	.613			.180			.014			.002	.016	.002

⊕ = Between 15" + 18" Pumped Against Closed Valve at Plant.

22<sup>nd</sup> Station left on



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931028 / 01052

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 10/28/93  
DATE RECEIVED: 10/28/93  
TIME SAMPLED: 10:25 am

SITE: Landfill Pac Plant # 1 Reactor

SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	10.50	TI	11/01/93
TDS	160.1	mg/l	1020	TD	10/29/93
Chloride	325.3	mg/l	320	TD	10/29/93
Sodium	273.1	mg/l	318	TI	11/02/93
pH	150.1	std/unit	7.2	TD	10/28/93
TKN	351.1	mg/l	28.6	TI	11/03/93

Fecal Coliform SM909c    cts/100ml    <1.0    TI    10/29/93

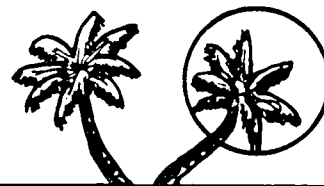
FECAL IN 10/28/93 AT 1300 OUT 10/29/93 AT 1300

Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER

NOV 4 1993

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 931021 / 01018

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 10/21/93  
DATE RECEIVED: 10/21/93  
TIME SAMPLED: 10:15 am

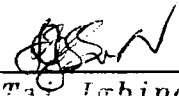
SITE: Landfill Pac Plant # 1 & 2 Reactor

SAMPLE MARKINGS: Effluent

<u>LABORATORY FINDINGS</u>					
<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	18.10	TI	10/25/93
TDS	160.1	mg/l	1410	TD	10/22/93
Chloride	325.3	mg/l	380	TD	10/25/93
Sodium	273.1	mg/l	354	TI	10/22/93
pH	150.1	std/unit	8.2	TD	10/21/93
TKN	351.1	mg/l	30.2	TI	10/29/93

Fecal Coliform SM909c    cts/100ml    <1.0    TI    10/22/93

FECAL IN 10/21/93 AT 1330 OUT 10/22/93 AT 1330

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

NOV 4 1993

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 031014 / 0978

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

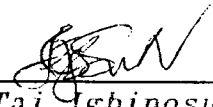
DATE SAMPLED: 10/14/93  
DATE RECEIVED: 10/14/93  
TIME SAMPLED: 9:30 am

SITE: Landfill Pac Plant #2 Reactor

SAMPLE MARKINGS: Effluent

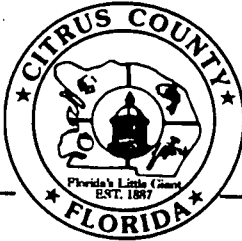
PARAMETER	METH. #	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	12.0	TI		10/20/93
TDS	160.1	mg/l	1280	TD		10/18/93
Chloride	325.3	mg/l	420	TD		10/18/93
Sodium	273.1	mg/l	394	TI		10/22/93
pH	150.1	std/unit	7.9	TD		10/14/93
TKN	351.1	mg/l	28.4	TI		10/22/93
Fecal Coliform SM909c		cts/100ml	<1.0	TI		10/15/93

FECAL IN 10/14/93 AT 1500 OUT 10/15/93 AT 1500

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

NOV 4 1993



DEPARTMENT OF PUBLIC WORKS  
DIVISION OF SOLID WASTE MANAGEMENT  
230 W. Gulf to Lake Highway • P.O. Box 340  
Lecanto, Florida 34460-0340  
(904) 746-5000 • FAX (904) 527-1204

MEMORANDUM

DATE: OCTOBER 26, 1993

TO: RALPH HEDGE COTH, DIRECTOR OF UTILITIES

THROUGH: SUSAN J. METCALFE, P.G., DIRECTOR,  
DIVISION OF SOLID WASTE MANAGEMENT

FROM: CATHLEEN J. WINTER, SOLID WASTE TECH. II *CJA*

SUBJECT: DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
FACILITY - PERMIT #SO09-187229 - QUARTERLY EFFLUENT  
TESTING AND ANALYSIS

=====

Attached please find the analysis from Savannah Laboratories, covering the quarterly sampling for October and the weekly sampling for October 7, 1993, for the Leachate Treatment Facility effluent testing.

Please include in your October report submittal to the Department of Environmental Protection.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31729

Received: 07 OCT 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

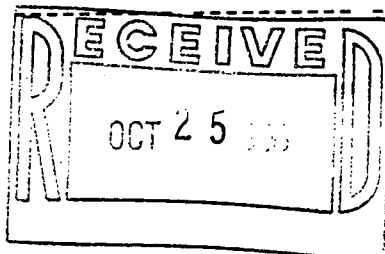
Purchase Order: 13294

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31729-1	Leachate Effluent	10-07-93
PARAMETER	31729-1	
pH, units	8.4	
Fecal Coliform MF, col/100ml	9	
Nitrate-N, mg/l	160	
Chloride, mg/l	490	
Sodium, mg/l	400	
Total Dissolved Solids, mg/l	2100	
Nitrogen, Total Kjeldahl, mg/l	1.3	
Arsenic, mg/l	<0.010	
Barium, mg/l	0.088	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Iron, mg/l	0.091	
Mercury, mg/l	<0.00020	
Lead, mg/l	<0.0050	
Selenium, mg/l	<0.010	
Silver, mg/l	<0.010	
Trihalomethanes		
Bromoform, ug/l	47	
Chloroform, ug/l	15	
Dichlorobromomethane, ug/l	31	
Dibromochloromethane, ug/l	42	
BTEX (EPA 602/8020)		
Benzene, ug/l	<1.0	
Toluene, ug/l	<1.0	
Ethylbenzene, ug/l	<1.0	
Xylenes, ug/l	<1.0	
Total Volatile Organic Aromatics, ug/l	<1.0	



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31729

Received: 07 OCT 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 13294

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31729-2 Lab Blank  
31729-3 Accuracy (% Recovery)  
31729-4 Precision (% RPD)

PARAMETER	31729-2	31729-3	31729-4
pH, units	5.6	100 %	0 %
Fecal Coliform MF, col/100ml	<1	---	0 %
Nitrate-N, mg/l	<0.050	102 %	1.6 %
Chloride, mg/l	<1.0	101 %	1.0 %
Sodium, mg/l	<0.50	103 %	2.7 %
Total Dissolved Solids, mg/l	<5.0	98 %	0.18 %
Nitrogen, Total Kjeldahl, mg/l	<0.10	92 %	11 %
Arsenic, mg/l	<0.010	107 %	2.8 %
Barium, mg/l	<0.010	98 %	2.8 %
Cadmium, mg/l	<0.0050	99 %	2.0 %
Chromium, mg/l	<0.010	103 %	2.2 %
Iron, mg/l	<0.050	100 %	1.1 %
Mercury, mg/l	<0.00020	110 %	1.7 %
Lead, mg/l	<0.0050	104 %	2.4 %
Selenium, mg/l	<0.010	93 %	1.1 %
Silver, mg/l	<0.010	86 %	0.77 %
Trihalomethanes			
Bromoform, ug/l	<1.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---

**SL SAVANNAH LABORATORIES**  
& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31729

Received: 07 OCT 93

Ms. Cathy Winter  
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Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 13294

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

REPORT OF RESULTS

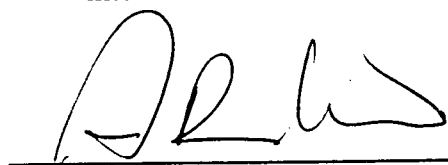
Page 3

LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31729-2 Lab Blank  
31729-3 Accuracy (% Recovery)  
31729-4 Precision (% RPD)

PARAMETER	31729-2	31729-3	31729-4
BTEX (EPA 602/8020)			
Benzene, ug/l	<1.0	127 %	0.030 %
Toluene, ug/l	<1.0	116 %	0.020 %
Ethylbenzene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Total Volatile Organic Aromatics, ug/l	<1.0	---	---

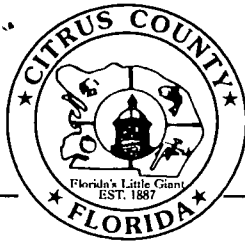
Method: 40 CFR Part 136, EPA 600/4-79-020  
HRS Certification #'s: 84385, 87279, E84282, E87052



Andre Rachmaninoff

[illegible]





CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

D.E.P.

OCT 25 1993

October 21, 1993

Utilities Division

SOUTHWEST DISTRICT  
TAMPA

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To Whom It May Concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility, copies of the regular monthly sampling analyses and a copy of the flow chart.

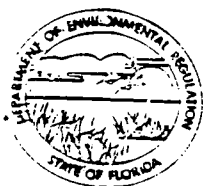
This report is for the month of September, 1993.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

D.E.P.

OCT 25 1993

SOUTHWEST DISTRICT  
TAMPA

### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-90190019  
 Domestic Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No. (Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

### Part II - General Information

- (1) Month September Year 1993
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address SR. 44 3 miles East of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 8704  
 Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
 Lead Operator [Signature] C-8704  
 Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.011
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.015
(19) Percent of permitted capacity	%	—	50%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	n/a
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	n/a
(22) TSS Effluent	mg/L	950201	n/a
(23) TSS Effluent	lbs/day	—	n/a
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	n/a
(27) TKN	mg/L	000625	n/a
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/a
(29) Nitrate	mg/L	071850	23.4
(30) Total Phosphorus	mg/L	000665	n/a
(31) Minimum Chlorine Residual	mg/L	—	n/a
(32) Maximum Chlorine Residual	mg/L	—	n/a
(33) Other Effluent Parameters			
<u>Chloride</u>	mg/L		251
<u>Sodium</u>	mg/L		225
<u>TDS</u>	mg/L		303



DER Form 17-501900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. Filed in by DER

D.E.P.

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

OCT 25 1993

SOUTHWEST DISTRICT  
TAMPA

Month Sept. Year 93

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Selenium	TDS
1	.040															
2	.030							7.0			28.9		41.0	240	210	285
3	0															
4	0															
5	0															
6	0															
7	0															
8	.010															
9	0							6.8			22.4		41.0	212	214	298
10	0															
11	0															
12	0															
13	.030															
14	.030															
15	.030															
16	0							6.9			15.4		41.0	209	182	220
17	.020															
18	.010															
19	0															
20	0															
21	.010															
22	.010															
23	.030							7.2			25.0		41.0	312	310	400
24	.020															
25	0															
26	.010															
27	.010															
28	.010															
29	.020															
30	.020							6.8			25.0		41.0	280	210	310
X																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Lyle F. Steady

Name (Please Type) Lyle F. Steady

Company Name Citrus County Utilities Division

Date: 10-11-93

Telephone No. (Please Type) 10/21/93

D.E.P.

OCT 25 1993

SOUTHWEST DISTRICT  
TAMPA**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

REPORT OF ANALYSIS

REPORT NUMBER: 930930 / 0904

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 9/30/93

DATE RECEIVED: 9/30/93

TIME SAMPLED: 8:00 am

SITE: Landfill Pac Plant #3 Reactor

SAMPLE MARKINGS: Effluent

PARAMETER	METH. #	LABORATORY FINDINGS				DATE ANALYZED
		UNITS	RESULTS	TECH.		
Nitrate	352.2	mg/l	25.0	TI	10/02/93	
TDS	160.1	mg/l	310	TD	10/02/93	
Chloride	325.3	mg/l	280	TD	10/02/93	
Sodium	273.1	mg/l	210	TI	10/02/93	
pH	150.1	std/unit	6.80	TD	9/30/93	
TKN	351.1	mg/l	30.4	TI	10/04/93	
Fecal Coliform SM909c		cts/100ml	<1.0	TI	10/01/93	

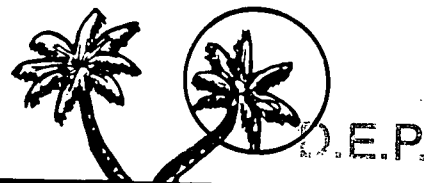
FECAL IN 9/16/93 AT 1600 OUT 9/17/93 AT 1600

Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FOR: 10/21/93 9.3

21993

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

OCT 25 1993

DISTRICT  
TAMPA

## REPORT OF ANALYSIS

REPORT NUMBER: 930923 / 0882

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 9/23/93  
TIME SAMPLED: 10:30 am  
DATE RECEIVED: 9/23/93

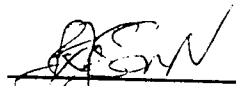
SITE: Landfill P.A.C. Plant

SAMPLE MARKINGS: Effluent

## LABORATORY FINDINGS

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	25.0	TI	9/27/93
TDS	160.1	mg/l	400	TD	9/25/93
Chloride	325.3	mg/l	312	TD	9/24/93
Sodium	273.1	mg/l	310	TI	9/28/93
pH	150.1	std/unit	7.2	TD	9/24/93
TKN	351.1	mg/l	36.40	TI	9/30/93
Fecal Coliform SM909c		cts/100ml	<1.0	TI	9/24/93

FECAL IN 092393 AT 1630 OUT 092493 AT 1600

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

FORM 10/21 93

OCT 7 1993

**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

D.E.P.

OCT 25 1993

**REPORT OF ANALYSIS**DISTRICT  
PA**REPORT NUMBER:** 930916 / 0843**FOR:** Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661**DATE SAMPLED:** 9/16/93  
**TIME SAMPLED:** 10:30 am  
**DATE RECEIVED:** 9/16/93**SITE:** Landfill Pac Plant**SAMPLE MARKINGS:** Effluent

<b><u>LABORATORY FINDINGS</u></b>					
<b><u>PARAMETER</u></b>	<b><u>METH.#</u></b>	<b><u>UNITS</u></b>	<b><u>RESULTS</u></b>	<b><u>TECH.</u></b>	<b><u>DATE ANALYZED</u></b>
Nitrate	352.2	mg/l	15.6	TI	9/17/93
TDS	160.1	mg/l	220	TD	9/18/93
Chloride	325.3	mg/l	209	TD	9/17/93
Sodium	273.1	mg/l	182	TI	9/22/93
pH	150.1	std/unit	6.90	TD	9/17/93
TKN	351.1	mg/l	24.8	TI	9/24/93

<u>Fecal Coliform SM909c</u>	<u>cts/100ml</u>	<u>&lt;1.0</u>	<u>TI</u>	<u>9/17/93</u>
------------------------------	------------------	----------------	-----------	----------------

FECAL IN 9/16/93 AT 1600 OUT 9/17/93 AT 1600

**Tai Igbinosun**  
Lab Manager  
HRS # E84338 / 84420FORM  
D.E.P.  
DATE: 10-21-93

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



D.E.P.

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

OCT 25 1993

DISTRICT  
TAMPA

## REPORT OF ANALYSIS

REPORT NUMBER: 930909 / 0811

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 9/09/93  
TIME SAMPLED: 9:30 am  
DATE RECEIVED: 9/09/93

SITE: Landfill Pac Plant # 2 Reactor

SAMPLE MARKINGS: Effluent


### LABORATORY FINDINGS

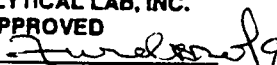
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	22.4	TI	9/14/93
Nitrite	354.1	mg/l	0.03	TD	9/14/93
TDS	160.1	mg/l	298	TD	9/15/93
Chloride	325.3	mg/l	212	TD	9/10/93
Sodium	273.1	mg/l	214	TI	9/15/93
pH	150.1	std/unit	6.80	TD	9/10/93
TKN	351.1	mg/l	2.40	TI	9/22/93

Fecal Coliform SM909c cts/100ml <1.0 TI 9/10/93

FECAL IN 090993 AT 1500 OUT 091093 AT 1430

SEP 21 1993

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

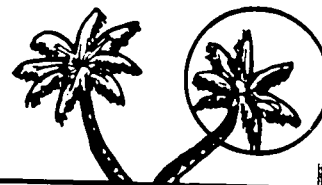
TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA/QC APPROVED  
OFFICER 

FORM

DATE: 10/21 93



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



D.E.P.

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

OCT 25 1993

WEST DISTRICT  
TAMPA

## REPORT OF ANALYSIS

REPORT NUMBER: 930902 / 0781

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 9/02/93  
TIME SAMPLED: 9:00 am  
DATE RECEIVED: 9/02/93

SITE: Landfill Pac Plant # 2 Reactor

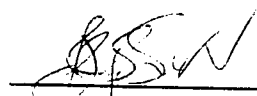
SAMPLE MARKINGS: Effluent

### LABORATORY FINDINGS

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	28.9	TI	9/08/93
Nitrite	354.1	mg/l	0.02	TD	9/08/93
TDS	160.1	mg/l	285	TD	9/04/93
Chloride	325.3	mg/l	240	TD	9/03/93
Sodium	273.1	mg/l	210	TI	9/15/93
pH	150.1	std/unit	7.00	TD	9/02/93
TKN	351.1	mg/l	2.40	TI	9/14/93
Fecal Coliform SM909c		cts/100ml	<1.0	TI	9/03/93

FECAL IN 090293 AT 1400 OUT 090393 AT 1400

SEP 30 1993

  
Tai Igbinosun  
Lab Manager

HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL  
AND ANALYTICAL LAB, INC.  
QA / QC APPROVED  
OFFICER 

DATE 10/21/93

D.E.P.

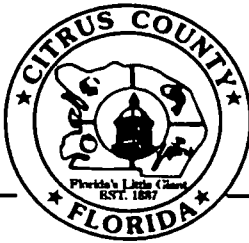
DATE	TIME	L.S. #1 (7 ACRE EAST)			L.S. #2 (7 ACRE WEST)			L.S. #3 (50-ACRE SITE)						OCT 25 1993	
		RDG	HRS	APRX FLOW	RDG	HRS	APRX FLOW	PUMP #1			PUMP #2			SOUTHWEST DISTRICT TOTALS TAMPA	POND TOTALS
								RDG	HRS	FLOW	RDG	HRS	FLOW		
1	10:00	54.6	0.9	900	49.3	1.6	1600	OFF	OFF	OFF	46.2	—	—	2,500	45,000
2	11:00	A	0.9	900	A	1.6	1600	"	"	"	OFF	—	—	2,500	25,000
3	8:30	A	0.9	900	A	1.6	1600	"	"	"	OFF	—	—	2,500	0
4	—	—	0.9	900	—	1.6	1600	"	"	"	—	—	—	2,500	0
5	—	—	0.9	900	—	1.6	1600	"	"	"	—	—	—	2,500	0
6	—	—	0.9	900	—	1.6	1600	"	"	"	—	—	—	2,500	0
7	8:30	A	1.0	1000	A	1.6	1600	"	"	"	OFF	—	—	2,600	0
8	9:15	A	1.0	1000	A	1.6	1600	"	"	"	OFF	—	—	2,600	0
9	1000	A	1.0	1000	A	1.6	1600	"	"	"	46.2	—	—	2,600	0
10	8:45	A	1.0	1000	A	1.6	1600	"	"	"	ON	8.1	0.24	26,600	0
11	—	—	1.0	1000	—	1.6	1600	"	"	"	—	8.1	0.24	26,600	0
12	—	—	1.0	1000	—	1.6	1600	"	"	"	62.4	—	—	2,600	0
13	9:00	A	1.0	1000	A	1.6	1600	"	"	"	0.05	—	—	2,600	0.030
14	10:00	67.4	1.1	1100	72.7	1.5	1500	"	"	"	0.05	—	—	2,600	0.030
15	10:30	68.5	1.3	1300	72.2	1.5	1500	"	"	"	0.05	—	—	2,800	0.030
16	9:00	69.8	0	—	73.7	1.1	1100	"	"	"	62.4	19.1	0.020	21,000	0
17	10:15	69.8	0	—	74.8	2.1	2100	"	"	"	81.5	7.5	0.022	24,100	0
18	—	—	0	—	—	2.1	2100	"	"	"	—	7.5	0.022	24,100	0
19	—	—	0	—	—	2.2	2200	"	"	"	—	7.5	0.023	25,200	0
20	8:30	A	0	—	A	2.2	2200	42.7	—	—	403.9	0.7	0.000	4,300	0
21	9:15	69.8	0	—	83.4	1.0	1000	"	"	"	04.6	4.6	0.012	13,300	0
22	10:45	69.8	1.0	1000	84.4	0.7	0	"	"	"	08.7	OFF	0	1000	0.020
23	10:15	71.8	1.0	1000	84.4	1.8	1800	"	"	"	08.7	4.7	0.014	15,100	0
24	9:30	71.8	1.6	1600	86.2	4.5	4500	"	"	"	13.4	2.9	0.008	14,800	0.010
25	—	—	—	—	—	4.5	4500	"	"	"	—	2.9	0.009	13,200	0
26	—	—	—	—	—	4.5	4500	"	"	"	—	2.9	0.009	13,200	0
27	9:00	74.4	0.6	600	79.6	1.0	1000	"	"	"	22.1	7.6	0.023	24,400	0
28	1000	75.0	—	—	80.6	0.9	900	"	"	"	29.7	OFF	—	900	0
29	1:45	75.0	1.0	1000	81.5	0	0	"	"	"	29.7	8.5	0.026	26,500	0.010
30	9:30	(93.5)	0	0	81.5	2.1	2100	"	"	"	38.2	3.2	0.010	11,700	0
31															
TOTAL				0.020			0.054						0.246	0.306	0.200
AVG.															

A = NO ACCESS

⊕ = Float stuck - Avg Flow shown

OFF = Line Blockage

(93.5) = Pumped Against closed Valve - Avg Flow Recovered



DEPARTMENT OF PUBLIC WORKS  
DIVISION OF SOLID WASTE MANAGEMENT

230 W. Gulf to Lake Highway • P.O. Box 340  
Lecanto, Florida 34460-0340  
(904) 746-5000 • FAX (904) 527-1204

MEMORANDUM

DATE: OCTOBER 26, 1993

TO: RALPH HEDGECOTH, DIRECTOR OF UTILITIES

THROUGH: SUSAN J. METCALFE, P.G., DIRECTOR,  
DIVISION OF SOLID WASTE MANAGEMENT

FROM: CATHLEEN J. WINTER, SOLID WASTE TECH. II *CJA*

SUBJECT: DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
FACILITY - PERMIT #S009-187229 - QUARTERLY EFFLUENT  
TESTING AND ANALYSIS

=====

Attached please find the analysis from Savannah Laboratories, covering the quarterly sampling for October and the weekly sampling for October 7, 1993, for the Leachate Treatment Facility effluent testing.

Please include in your October report submittal to the Department of Environmental Protection.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31729

Received: 07 OCT 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

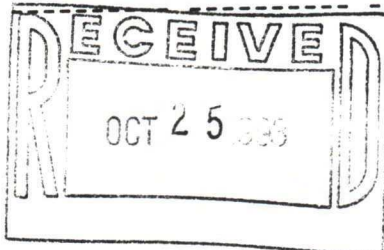
Purchase Order: 13294

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31729-1	Leachate Effluent	10-07-93
PARAMETER	31729-1	
pH, units	8.4	
Fecal Coliform MF, col/100ml	9	
Nitrate-N, mg/l	160	
Chloride, mg/l	490	
Sodium, mg/l	400	
Total Dissolved Solids, mg/l	2100	
Nitrogen, Total Kjeldahl, mg/l	1.3	
Arsenic, mg/l	<0.010	
Barium, mg/l	0.088	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Iron, mg/l	0.091	
Mercury, mg/l	<0.00020	
Lead, mg/l	<0.0050	
Selenium, mg/l	<0.010	
Silver, mg/l	<0.010	
Trihalomethanes		
Bromoform, ug/l	47	} 135 ug/l
Chloroform, ug/l	15	
Dichlorobromomethane, ug/l	31	
Dibromochloromethane, ug/l	42	
BTEX (EPA 602/8020)		
Benzene, ug/l	<1.0	
Toluene, ug/l	<1.0	
Ethylbenzene, ug/l	<1.0	
Xylenes, ug/l	<1.0	
Total Volatile Organic Aromatics, ug/l	<1.0	



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Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 13294

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31729-2 Lab Blank  
31729-3 Accuracy (% Recovery)  
31729-4 Precision (% RPD)

PARAMETER	31729-2	31729-3	31729-4
pH, units	5.6	100 %	0 %
Fecal Coliform MF, col/100ml	<1	---	0 %
Nitrate-N, mg/l	<0.050	102 %	1.6 %
Chloride, mg/l	<1.0	101 %	1.0 %
Sodium, mg/l	<0.50	103 %	2.7 %
Total Dissolved Solids, mg/l	<5.0	98 %	0.18 %
Nitrogen, Total Kjeldahl, mg/l	<0.10	92 %	11 %
Arsenic, mg/l	<0.010	107 %	2.8 %
Barium, mg/l	<0.010	98 %	2.8 %
Cadmium, mg/l	<0.0050	99 %	2.0 %
Chromium, mg/l	<0.010	103 %	2.2 %
Iron, mg/l	<0.050	100 %	1.1 %
Mercury, mg/l	<0.00020	110 %	1.7 %
Lead, mg/l	<0.0050	104 %	2.4 %
Selenium, mg/l	<0.010	93 %	1.1 %
Silver, mg/l	<0.010	86 %	0.77 %
Trihalomethanes			
Bromoform, ug/l	<1.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31729

Received: 07 OCT 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 13294

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

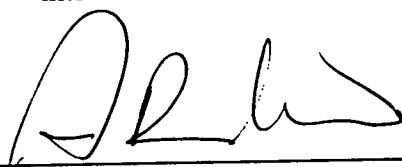
Page 3

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31729-2 Lab Blank  
31729-3 Accuracy (% Recovery)  
31729-4 Precision (% RPD)

PARAMETER	31729-2	31729-3	31729-4
BTEX (EPA 602/8020)			
Benzene, ug/l	<1.0	127 %	0.030 %
Toluene, ug/l	<1.0	116 %	0.020 %
Ethylbenzene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Total Volatile Organic Aromatics, ug/l	<1.0	---	---

Method: 40 CFR Part 136, EPA 600/4-79-020  
HRS Certification #'s: 84385, 87279, E84282, E87052

  
Andre Rachmaninoff



Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

## ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

P.O. NUMBER		PROJECT NUMBER		PROJECT NAME Citrus County Leachate		MATRIX TYPE		REQUIRED ANALYSES				PAGE		OF					
CLIENT NAME Cathy Winter				TELEPHONE/FAX NO.				NO3, Cl, H, TDS Metals TKN TXM F-coli BTEX								<input checked="" type="checkbox"/> STANDARD TAT		<input type="checkbox"/> EXPEDITED TAT	
CLIENT ADDRESS				CITY, STATE, ZIP CODE												<input type="checkbox"/> REPORT DUE DATE		* SUBJECT TO RUSH FEES	
SAMPLER(S) NAME(S) Chris Harris				CLIENT PROJECT MANAGER Andre Pachmanoff															
SAMPLING		SAMPLE IDENTIFICATION						NUMBER OF CONTAINERS SUBMITTED											
DATE	TIME																		
10/7/93	12:50	Leachate Effluent						1	1	1	3	3	3						
RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RECEIVED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME				
Chris Harris		10-7-93	9:45	[Signature]		10/7/93	7:00	[Signature]		10/7/93	22:00	[Signature]							
RECEIVED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME	RELINQUISHED BY: (SIGNATURE)		DATE	TIME				
[Signature]				[Signature]				[Signature]				[Signature]							
FOR SAVANNAH LABORATORY USE ONLY												LABORATORY REMARKS							
RECEIVED FOR LABORATORY BY: (SIGNATURE)		DATE	TIME	CUSTODY INTACT		CUSTODY SEAL NO.		S.L. LOG NO.											
Chris Weiser		10-8-93	8:00	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO				B331729											



CITRUS COUNTY

DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

leachate treatment  
file

Reply To:

D.E.R.

SEP 23 1993

SOUTHWEST DISTRICT  
TAMPA

September 15, 1993

Utilities Division

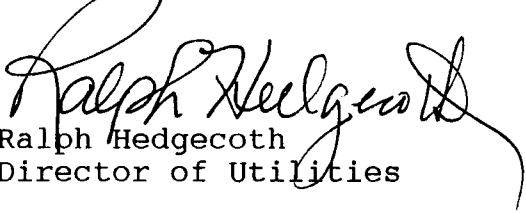
Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility for the month of August. Along with the regular monthly sampling analyses, a copy of Asbestos, Gross Alpha/Gross Beta lab results from last month which were not available at the time last month's report was submitted.

Sincerely,

  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

D.E.R.

SEP 23 1993

SOUTHWEST DISTRICT

## SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

#### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 out < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application-absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.900(1)  
 On-site Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Accession No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

- (1) Month August Year 1993
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address S.R. 44 3 mi. E. of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type 5009-187229 I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge n/a
- (15) Plant Staffing  
 Day Shift Operator Class C Cert. No. 8704  
 Evening Shift Operator Class        Cert. No.         
 Night Shift Operator Class        Cert. No.         
 Lead Operator [Signature] C-8704  
 Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.011
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.015
(19) Percent of permitted capacity	%	—	50%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	n/a
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	n/a
(22) TSS Effluent	mg/L	900201	n/a
(23) TSS Effluent	lbs/day	—	n/a
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	n/a
(27) TKN	mg/L	000625	n/a
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/a
(29) Nitrate	mg/L	071850	13.2
(30) Total Phosphorus	mg/L	000665	n/a
(31) Minimum Chlorine Residual	mg/L	—	n/a
(32) Maximum Chlorine Residual	mg/L	—	n/a
(33) Other Effluent Parameters			
Chloride	mg/L		158
Sodium	mg/L		212
TDS	mg/L		260



DER Form 17-501.900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. D.E.R.

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

SEP 23 1993

SOUTHWEST DISTRICT

Month Aug Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TDS
1	.020															
2	.035															
3	.010															
4	.020															
5	.010							6.8			16.8	41.0	190	186	210	
6	.010															
7	0															
8	.020															
9	.010															
10	.010															
11	.030															
12	.020							7.5			12.6	TKTC	212	220	220	
13	.010															
14	.010															
15	0															
16	.010															
17	.010															
18	.010															
19	.010							7.0			10.8	41.0	110	212	298	
20	0															
21	.010															
22	.010															
23	0															
24	.010															
25	0															
26	.010							7.4			12.5	41.0	120	230	310	
27	.010															
28	.010															
29	.010															
30	0															
31	.010															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Lyle F. Steady, Jr.

Date: 9-8-93

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

D.E.R.

SEP 23 1993

## REPORT OF ANALYSIS

SOUTHWEST DISTRICT  
TAMPA

REPORT NUMBER: 930805 / 0629

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 8/05/93  
TIME SAMPLED: 10:00 am  
DATE RECEIVED: 8/05/93

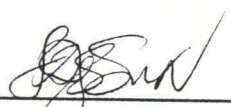
SITE: Landfill Pac Plant # 1 Reactors

SAMPLE MARKINGS: Effluent

## LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	16.8	TI	8/08/93
Nitrite	354.1	mg/l	<0.01	TI	8/08/93
TDS	160.1	mg/l	210	TD	8/10/93
Chloride	325.3	mg/l	190	TD	8/08/93
Sodium	273.1	mg/l	186	TI	8/12/93
pH	150.1	std/unit	6.8	TD	8/05/93
Tot. Nitrogen	cal	mg/l	43.3	TI	8/14/93
TKN	351.1	mg/l	26.5	TI	8/14/93
<u>Fecal Coliform SM909c</u>					
		cts/100ml	<1.0	TI	8/06/93

FECAL IN 080593 AT 1415 OUT 080693 AT 1415

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

FOR  
DATE 9/20 93

AUG 16 1993

SEP 10 1993  
**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**



D.E.R.

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

SEP 23 1993

SOUTHWEST DISTRICT  
TAMPA

REPORT OF ANALYSIS

REPORT NUMBER: 930819 / 0705

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 8/19/93  
TIME SAMPLED: 9:00 am  
DATE RECEIVED: 8/19/93


SITE: Landfill Pac Plant # 2 Reactor

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	10.8	TI	8/23/93
Nitrite		mg/l	< 0.01	TD	8/23/93
TDS	160.1	mg/l	298	TD	8/21/93
Chloride	325.3	mg/l	110	TD	8/20/93
Sodium	273.1	mg/l	212	TI	9/02/93
pH	150.1	std/unit	7.0	TD	8/19/93
TKN	351.1	mg/l	16.0	TI	8/28/93
Total Nit.			n/c		
<u>Fecal Coliform SM909c</u>					
		cts/100ml	<1.0	TI	8/20/93

FECAL IN 081293 AT 1100 OUT 081393 AT 1100

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

DATE 9/20 93



SEP

1993

**TRI-COUNTY ENVIRONMENTAL  
& ANALYTICAL LAB INC.**

D.E.R.

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

SEP 23 1993

**REPORT OF ANALYSIS**SOUTHWEST DISTRICT  
TAMPA

REPORT NUMBER: 930826 / 0741

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661DATE SAMPLED: 8/26/93  
TIME SAMPLED: 11:00 am  
DATE RECEIVED: 8/26/93


SITE: Landfill Pac Plant # 1 Reactor

SAMPLE MARKINGS: Effluent

**LABORATORY FINDINGS**

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	12.5	TI	8/30/93
Nitrite	354.1	mg/l	< 0.01	TD	8/30/93
TDS	160.1	mg/l	310	TD	8/28/93
Chloride	325.3	mg/l	120	TD	8/27/93
Sodium	273.1	mg/l	230	TI	9/02/93
pH	150.1	std/unit	7.40	TD	8/26/93
TKN	351.1	mg/l	20.0	TI	9/02/93
Total Nit.			n/c		
Fecal Coliform SM909c		cts/100ml	<1.0	TI	8/27/93

FECAL IN 081293 AT 1100 OUT 081393 AT 1100

  
Tai Igbinosun

Lab Manager

HRS # E84338 / 84420

9/20 93

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



D.E.R.

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639  
Phone: (813) 949-1069

SEP 23 1993

SOUTHWEST DISTRICT  
TAMPA

## REPORT OF ANALYSIS

REPORT NUMBER: 930812 / 0663

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 8/12/93  
TIME SAMPLED: 10:00 am  
DATE RECEIVED: 8/12/93

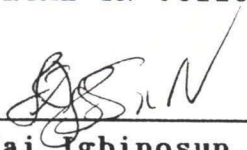
SITE: Landfill Leachte Plant

SAMPLE MARKINGS: Effluent

## LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	12.6	TI	8/14/93
TDS	160.1	mg/l	220	TD	8/14/93
Chloride	325.3	mg/l	212	TD	8/14/93
Sodium	273.1	mg/l	220	TI	8/18/93
pH	150.1	std/unit	7.56	TD	8/12/93
TKN	351.1	mg/l	25.0	TI	8/14/93
Fecal Coliform	SM909c	cts/100ml	TNTC	TI	8/13/93

FECAL IN 081293 AT 1100 OUT 081393 AT 1100

  
\_\_\_\_\_  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

406 - 6 1993

9/20

9-3

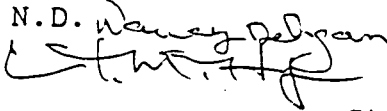
CRO ANALYTICAL LABORATORIES, INC.  
3618 NW 97th Blvd.  
Gainesville, FL 32606  
(904) 332-1701

D.E.R.

SEP 23 1993

TEM ASBESTOS ANALYSIS REPORT

SOUTHWEST DISTRICT  
TALLAHASSEE

Client: Savannah Labs  
Client Ref#: B331183  
Sample ID: Leachate Eff.  
MAL LOG #: M9489-1  
Sample Received: 7/12/93  
Sample Analyzed: 7/16/93  
Type Analysis: Water  
Magnification: 10000 X  
Microscopist: N.D. Nancy Dehgan  
Reviewed by: 

Vol. Analyzed: 0.03 liter  
Filter Diameter: 25 mm PC  
Filter Area: 2.30E+08 sq. micr  
#Openings Examined: 4  
Grids Examined: 2  
Avg opening area: 8648 sq. micr  
Total area examined: 34592 sq. micr

	Structures	MFL**
	>= 10um	>=10 um
# Chrysotile Morphology (CM):	0	0.00
# Chrysotile Diffraction (CD):	0	0.00
# Chrysotile Quantified EDS (CQ):	0	0.00
# Chrysotile Quant.EDS & Diff. (CDQ):	0	0.00
# Amphibole Diffraction (AD):	0	0.00
# Amphibole Diff.& Qual. EDS (ADX):	0	0.00
# Amphibole Diff.& Quant. EDS (ADQ):	0	0.00
# Amphibole ZA Diff.& Quant.EDS (AZQ):	0	0.00

Detection Limit: 0.22 MFL\* (Millions of Fibers/Liter)  
Total Asbestos MFL 0.00 >or= 10 microns in length

\*\* 0.00 display = Below Detection Limit

\* The Detection Limit is calculated on the probability of analyzing one asbestos fiber or structure in the total area examined.

Comments: Non-fibrous particles showed no EDS spectrum or contained Al/P/Ca/Fe.

Preparation: Micro Analytical Laboratories SOP-007.  
Analysis: Micro Analytical Laboratories SOP-009.  
Taken from: EPA-600/4-83-043

Nonpotable water subject to modified preparation and analysis procedure.

The results of this test pertain only to the sample designated in this report and may not be reproduced except in full and with permission of this laboratory. Nancy Dehgan, Laboratory Manager





P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

Savannah Laboratories, Inc.  
3712 Benjamin Road  
Suite #100  
Tampa, FL 33634

Attn: Andre Rachmaninoff

DHRS Certification #'s 84252 & E84025  
DER COMPQAP # 870251G

D.E.R.

Report Date 27-Jul-93

SEP 23 1993

SOUTHWEST DISTRICT  
TAMPA

Field Custody:  
Client/Field ID:

Client  
B331183  
Leachate Effluent

Lab ID No.:  
Lab Custody Date:  
Sample description:

54879  
7-12-93  
Water

Parameter	units	Result	Analysis Date	Method	Data Qualifier
Gross Alpha	pCi/l	< 0.5 ± 0.2	7-21-93	EPA 900.0	
Gross Beta	pCi/l	18.5 ± 0.7	7-21-93	EPA 900.0	

Alpha Standard: Am-241

Beta Standard: Cs-137

Garrett McGibbon  
Laboratory Manager



LABORATORY SERVICES

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

DHRS Certification #'s 84252 & E84025

D.E.R.

SEP 23 1993

SOUTHWEST DISTRICT  
TAMPA

QC Summary: Gross Alpha Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

Precision Data:

Sample #54881

Sample Analysis (pCi/l)	Duplicate Analysis (pCi/l)	Range (pCi/l)	RPD
< 0.5	0.7	< 0.2	---

Spike Data:

Sample #54833

Sample Analysis (pCi)	Spike Added (pCi)	Analytical Result (pCi)	Range (pCi)	Spike Recovery %
0.2	4.30	4.28	---	95%

Lab Blank:

	Analytical Result	Analysis Date
Lab Blank	< 0.5 $\pm$ 0.2	7-21-93



LABORATORY SERVICES

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D.E.R.

SEP 23 1993

SOUTHWEST DISTRICT  
TAMPA

QC Summary: Gross Beta Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

Precision Data:

Sample #54881

Sample Analysis (pCi/l)	Duplicate Analysis (pCi/l)	Range (pCi/l)	RPD
1.3	1.5	0.2	---

Spike Data:

Sample #54833

Sample Analysis (pCi)	Spike Added (pCi)	Analytical Result (pCi)	Range (pCi)	Spike Recovery %
0.8	7.26	7.12	---	87%

Lab Blank:

	Analytical Result	Analysis Date
Lab Blank	< 1 ± 0.3	7-21-93



☐ 5102 LaRoche Avenue, Savannah, GA 31404  
☐ 2846 Industrial Plaza Drive, Tallahassee, FL 32301  
☐ 414 Southwest 12th Avenue, Deerfield Beach, FL 33442  
☐ 900 Lakeside Drive, Mobile, AL 36693  
☐ 6712 Benjamin Road, Suite 100, Tampa, FL 33634

Phone: (912) 354-7858  
Phone: (904) 878-3994  
Phone: (305) 421-7400  
Phone: (205) 666-6633  
Phone: (813) 885-7427

Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 656-6696  
Fax (813) 885-7049

[illegible]

MEMORANDUM

DATE: AUGUST 12, 1993

TO: RALPH HEDGECOTH, DIRECTOR OF UTILITIES

THROUGH: SUSAN J. METCALFE, P.G., DIRECTOR, *SJM*  
DIVISION OF SOLID WASTE MANAGEMENT

FROM: CATHLEEN J. WINTER, SOLID WASTE TECH. *CJW*

SUBJECT: DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
FACILITY - PERMIT #S009-187229 - MONTHLY EFFLUENT  
TESTING AND ANALYSIS

=====

Attached please find the analysis from Savannah Laboratories, covering the July sampling of effluent for the Annual parameters under the new permit modification, for the Leachate Treatment Facility.

Please include in your July report submittal to the Department of Environmental Regulation.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Antimony, mg/l	<0.0050	
Arsenic, mg/l	<0.010	
Asbestos in Water (TEM), mg/l	*	
Barium, mg/l	0.024	
Beryllium, mg/l	<0.0040	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Cyanide, Total, mg/l	0.019	
Fluoride, mg/l	<0.20	
Lead, mg/l	<0.0050	
Mercury, mg/l	<0.00020	
Nickel, mg/l	<0.040	
Nitrate-N, mg/l	<0.050	
Nitrite-N, mg/l	9.1	
Nitrate + Nitrite-N, mg/l	9.1	
Selenium, mg/l	<0.010	
Sodium, mg/l	41	
Thallium, mg/l	<0.010	
Turbidity, NTU	0.53	
Total Coliform MF, col/100ml	<1	
Fecal Coliform MF, col/100ml	<1	
Gross Alpha, pCi/l	*	
Gross Beta, pCi/l	*	
Aluminum, mg/l	<0.20	
Chloride, mg/l	30	
Color, PCU	<5	
Copper, mg/l	<0.025	
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	

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Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Iron, mg/l	<0.050	
Manganese, mg/l	0.027	
Odor, TON	16	
pH, units	7.7	
Silver, mg/l	<0.010	
Sulfate as SO <sub>4</sub> , mg/l	18	
Total Dissolved Solids, mg/l	270	
Zinc, mg/l	<0.020	
Trihalomethanes		
Bromoform, ug/l	<1.0	
Chloroform, ug/l	<1.0	
Dichlorobromomethane, ug/l	<1.0	
Dibromochloromethane, ug/l	<1.0	

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Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Volatiles		
Vinyl chloride, ug/l		<1.0
Benzene, ug/l		<1.0
Carbon tetrachloride, ug/l		<1.0
1,2-Dichloroethane, ug/l		<1.0
Trichloroethene, ug/l		<1.0
1,4-Dichlorobenzene, ug/l		<1.0
1,1-Dichloroethene, ug/l		<1.0
1,1,1-Trichloroethane, ug/l		<1.0
cis-1,2-Dichloroethylene, ug/l		<1.0
1,2-Dichloropropane, ug/l		<1.0
Ethylbenzene, ug/l		<1.0
Chlorobenzene, ug/l		<1.0
1,2-Dichlorobenzene, ug/l		<1.0
Styrene, ug/l		<1.0
Tetrachloroethene, ug/l		<1.0
Toluene, ug/l		<1.0
trans-1,2-Dichloroethylene, ug/l		<1.0
Xylenes, ug/l		<1.0
Methylene chloride, ug/l		<1.0
1,2,4-Trichlorobenzene, ug/l		<1.0
1,1,2-Trichloroethane, ug/l		<1.0
Primary Organics - Pesticides		
Alachlor, ug/l		<1.0
Atrazine, ug/l		<1.0
Simazine, ug/l		<1.0



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Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 4

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Pesticides		
Chlordane, ug/l	<0.10	
Endrin, ug/l	<0.020	
Heptachlor, ug/l	<0.010	
Heptachlor Epoxide, ug/l	<0.020	
Gamma-BHC, ug/l	<0.010	
Methoxychlor, ug/l	<0.50	
Toxaphene, ug/l	<1.0	
PCB-1016, ug/l	<0.50	
PCB-1221, ug/l	<0.50	
PCB-1232, ug/l	<0.50	
PCB-1242, ug/l	<0.50	
PCB-1248, ug/l	<0.50	
PCB-1254, ug/l	<0.50	
PCB-1260, ug/l	<0.50	
Primary Organics - Herbicides		
2,4-D, ug/l	<0.50	
Dalapon, ug/l	<10	
Dinoseb, ug/l	<0.50	
Pentachlorophenol, ug/l	<1.0	
Picloram, ug/l	<0.50	
2,4,5-TP Silvex, ug/l	<0.50	
Primary Organics - Carbamates		
Carbofuran, ug/l	<1.0	
Oxamyl, ug/l	<1.0	
Primary Organics - Glyphosate		
Glyphosate, ug/l	<350	

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Revised 08.23.93

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Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 5

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Endothall		
Endothall, ug/l		<25
Primary Organics - Diquat		
Diquat, ug/l		<1.0
Primary Organics - Fumigants		
1,2-Dibromoethane (EDB), ug/l		<0.020
1,2-Dibromo-3-chloropropane, ug/l		<0.020
Primary Organics -BN		
Benzo(a)Pyrene, ug/l		<1.0
Bis(2-ethyl hexyl)adipate, ug/l		<10
Bis (2-Ethylhexyl) Phthalate, ug/l		<6.0
Hexachlorobenzene, ug/l		<1.0
Hexachlorocyclopentadiene, ug/l		<10

\*See attached report.

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 6

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Antimony, mg/l	<0.0050	110 %	0.90 %
Arsenic, mg/l	<0.010	95 %	4.2 %
Asbestos in Water (TEM), mg/l	*	*	*
Barium, mg/l	<0.010	86 %	4.6 %
Beryllium, mg/l	<0.0040	92 %	1.1 %
Cadmium, mg/l	<0.0050	92 %	1.1 %
Chromium, mg/l	<0.010	94 %	0 %
Cyanide, Total, mg/l	<0.010	91 %	4.4 %
Fluoride, mg/l	<0.20	107 %	0.94 %
Lead, mg/l	<0.0050	105 %	3.8 %
Mercury, mg/l	<0.00020	105 %	0 %
Nickel, mg/l	<0.040	101 %	2.0 %
Nitrate-N, mg/l	<0.050	101 %	1.0 %
Nitrite-N, mg/l	<0.050	102 %	0.65 %
Selenium, mg/l	<0.010	96 %	4.2 %
Sodium, mg/l	<0.50	85 %	2.4 %
Thallium, mg/l	<0.010	107 %	3.7 %
Turbidity, NTU	<0.10	110 %	0 %
Total Coliform MF, col/100ml	<1	---	0 %
Fecal Coliform MF, col/100ml	<1	---	0 %
Gross Alpha, pCi/l	*	*	*
Gross Beta, pCi/l	*	*	*
Aluminum, mg/l	<0.20	88 %	3.4 %
Chloride, mg/l	<1.0	100 %	0 %
Color, PCU	<5	100 %	0 %
Copper, mg/l	<0.025	95 %	0 %

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Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 7

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	84 %	6.6 %
Iron, mg/l	<0.050	96 %	0 %
Manganese, mg/l	<0.010	96 %	0 %
Odor, TON	<1	---	0 %
pH, units	5.9	99 %	0.17 %
Silver, mg/l	<0.010	89 %	4.5 %
Sulfate as SO <sub>4</sub> , mg/l	<5.0	99 %	0 %
Total Dissolved Solids, mg/l	<5.0	98 %	0 %
Zinc, mg/l	<0.020	96 %	0 %
Trihalomethanes			
Bromoform, ug/l	<1.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 8

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Primary Organics - Volatiles			
Vinyl chloride, ug/l	<1.0	---	---
Benzene, ug/l	<1.0	107 %	7.5 %
Carbon tetrachloride, ug/l	<1.0	---	---
1,2-Dichloroethane, ug/l	<1.0	---	---
Trichloroethene, ug/l	<1.0	88 %	8.0 %
1,4-Dichlorobenzene, ug/l	<1.0	---	---
1,1-Dichloroethene, ug/l	<1.0	107 %	5.6 %
1,1,1-Trichloroethane, ug/l	<1.0	---	---
cis-1,2-Dichloroethylene, ug/l	<1.0	---	---
1,2-Dichloropropane, ug/l	<1.0	---	---
Ethylbenzene, ug/l	<1.0	---	---
Chlorobenzene, ug/l	<1.0	92 %	5.4 %
1,2-Dichlorobenzene, ug/l	<1.0	---	---
Styrene, ug/l	<1.0	---	---
Tetrachloroethene, ug/l	<1.0	---	---
Toluene, ug/l	<1.0	104 %	4.8 %
trans-1,2-Dichloroethylene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Methylene chloride, ug/l	<1.0	---	---
1,2,4-Trichlorobenzene, ug/l	<1.0	---	---
1,1,2-Trichloroethane, ug/l	<1.0	---	---
Primary Organics - Pesticides			
Alachlor, ug/l	<1.0	71 %	0 %
Atrazine, ug/l	<1.0	70 %	1.4 %
Simazine, ug/l	<1.0	69 %	2.9 %

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 9

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Primary Organics - Pesticides			
Chlordane, ug/l	<0.10	---	---
Endrin, ug/l	<0.020	105 %	5.7 %
Heptachlor, ug/l	<0.010	86 %	8.1 %
Heptachlor Epoxide, ug/l	<0.020	---	---
Gamma-BHC, ug/l	<0.010	82 %	7.3 %
Methoxychlor, ug/l	<0.50	---	---
Toxaphene, ug/l	<1.0	---	---
PCB-1016, ug/l	<0.50	---	---
PCB-1221, ug/l	<0.50	---	---
PCB-1232, ug/l	<0.50	---	---
PCB-1242, ug/l	<0.50	---	---
PCB-1248, ug/l	<0.50	---	---
PCB-1254, ug/l	<0.50	---	---
PCB-1260, ug/l	<0.50	---	---
Primary Organics - Herbicides			
2,4-D, ug/l	<0.50	95 %	4.2 %
Dalapon, ug/l	<10	---	---
Dinoseb, ug/l	<0.50	---	---
Pentachlorophenol, ug/l	<1.0	---	---
Picloram, ug/l	<0.50	---	---
2,4,5-TP Silvex, ug/l	<0.50	95 %	3.2 %
Primary Organics - Carbamates			
Carbofuran, ug/l	<1.0	67 %	1.4 %
Oxamyl, ug/l	<1.0	108 %	5.6 %

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

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## REPORT OF RESULTS

Page 10

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

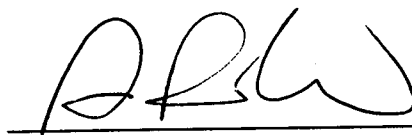
31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Primary Organics - Glyphosate			
Glyphosate, ug/l	<350	72 %	8.3 %
Primary Organics - Endothall			
Endothall, ug/l	<25	83 %	19 %
Primary Organics - Diquat			
Diquat, ug/l	<1.0	60 %	12 %
Primary Organics - Fumigants			
1,2-Dibromoethane (EDB), ug/l	<0.020	72 %	4.2 %
1,2-Dibromo-3-chloropropane, ug/l	<0.020	90 %	5.6 %
Primary Organics -BN			
Benzo(a)Pyrene, ug/l	<1.0	---	---
Bis(2-ethyl hexyl)adipate, ug/l	<10	---	---
Bis (2-Ethylhexyl) Phthalate, ug/l	<6.0	---	---
Hexachlorobenzene, ug/l	<1.0	---	---
Hexachlorocyclopentadiene, ug/l	<10	---	---

\*See attached report.

Method: 40 CFR Part 136, EPA 600/4-79-020

HRS Certification #'s: 84385, 87279, E84282, E87052



Andre Rachmaninoff



**MICRO ANALYTICAL**  
LABORATORIES, INC.

July 16, 1993

Ms. Kathy Sheffield  
Savannah Laboratories  
6712 Benjamin Rd., Ste 100  
Tampa, FL 33634

Dear Ms. Sheffield:

Enclosed are the results of the TEM WATER analysis of the following samples (your project/ B331183) we received on July 12, 1993.

M9489

1) Leachate Eff.

If you have any questions please do not hesitate to call me.

Sincerely yours,

Nancy Dehgan  
Laboratory Manager

ND/dg  
Enclosures



# CHAIN OF CUSTODY DOCUMENT FOR REPORTS

## MICRO ANALYTICAL LABORATORIES, INC.

3618 NW 97th Blvd.  
Gainesville, Florida 32606  
(904) 332-1701  
FAX (904) 332-3572

MAL #: M9489

Client: Savannah Laboratories  
Contact: Ms. Kathy Sheffield  
Company # 1302

Tel. #: 813/885-7427 FX 813/885-7049  
P.O.#: per Ms. Sheffield  
Proj.#: B331183

Date Received:  
July 12, 1993  
Job Site:

TYPE OF ANALYSIS: TEM WATER

NUMBER OF SAMPLES : 1 / 1

TURNAROUND TIME:  
2-5 Days

DUE DATE:  
July 14, 1993

### SAMPLE ID. NUMBERS:

1) Leachate Eff.	5)	9)	13)
2)	6)	10)	14)
3)	7)	11)	15)
4)	8)	12)	

Verbal Results to: Faxed

Date: July 16, 1993

Time: 2:34 PM

Verbal Results given by: Kelly Delaney-Green

Written Reports Sent to:

Date: July 16, 1993

Ms. Kathy Sheffield  
Savannah Laboratories  
6712 Benjamin Rd., Ste 100  
Tampa, FL 33634

Mailed by: Kelly Delaney-Green

Written Reports received by:

Date:

(Please sign and return to MAL upon receipt of enclosed reports.)

- ☐ 5102 LaRoche Avenue, Savannah, GA 31404
- ☐ 2846 Industrial Plaza Drive, Tallahassee, FL 32301
- ☐ 414 Southwest 12th Avenue, Deerfield Beach, FL 33442
- ☐ 900 Lakeside Drive, Mobile, AL 36693
- ☒ 6712 Benjamin Road, Suite 100, Tampa, FL 33634

Phone: (912) 354-7858  
Phone: (904) 878-3994  
Phone: (305) 421-7400  
Phone: (205) 666-6633  
Phone: (813) 885-7427

Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

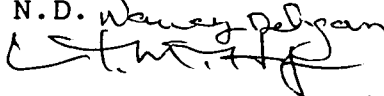
ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

P.O. NUMBER		PROJECT NUMBER 8331183		PROJECT NAME		MATRIX TYPE		REQUIRED ANALYSES										PAGE		OF			
CLIENT NAME SAV. LAB.				TELEPHONE/FAX NO.										<div><input checked="" type="checkbox"/> STANDARD TAT <input type="checkbox"/> EXPEDITED TAT</div> <div>REPORT DUE DATE</div> <div>* SUBJECT TO RUSH FEES</div>									
CLIENT ADDRESS Tampa				CITY, STATE, ZIP CODE																			
SAMPLER(S) NAME(S)				CLIENT PROJECT MANAGER																			
SAMPLING		SAMPLE IDENTIFICATION										NUMBER OF CONTAINERS SUBMITTED											
DATE	TIME																						
7/8/93		Leachate EFF.										1											
RELINQUISHED BY: (SIGNATURE)		DATE		TIME		RECEIVED BY: (SIGNATURE)		DATE		TIME		RELINQUISHED BY: (SIGNATURE)		DATE		TIME							
		7/9/93		11:10																			
RECEIVED BY: (SIGNATURE)		DATE		TIME		RECEIVED BY: (SIGNATURE)		DATE		TIME		RECEIVED BY: (SIGNATURE)		DATE		TIME							
FOR SAVANNAH LABORATORY USE ONLY										LABORATORY REMARKS													
RECEIVED FOR LABORATORY BY: (SIGNATURE)		DATE		TIME		CUSTODY INTACT		CUSTODY SEAL NO.		S.L. LOG NO.													
						<input type="checkbox"/> YES <input type="checkbox"/> NO																	
TO: MICRO-ANALYTICAL																							

ORIGINAL

MIC ANALYTICAL LABORATORIES, INC.  
3618 NW 97th Blvd.  
Gainesville, FL 32606  
(904) 332-1701

TEM ASBESTOS ANALYSIS REPORT

Client: Savannah Labs  
Client Ref#: B331183  
Sample ID: Leachate Eff.  
MAL LOG #: M9489-1  
Sample Received: 7/12/93  
Sample Analyzed: 7/16/93  
Type Analysis: Water  
Magnification: 10000 X  
Microscopist: N.D. Nancy Dehgan  
Reviewed by: 

Vol. Analyzed: 0.03 liter  
Filter Diameter: 25 mm PC  
Filter Area: 2.30E+08 sq. micro  
#Openings Examined: 4  
Grids Examined: 2  
Avg opening area: 8648 sq. micro  
Total area examined: 34592 sq. micro

	Structures	MFL**
	>= 10um	>=10 um
# Chrysotile Morphology (CM):	0	0.00
# Chrysotile Diffraction (CD):	0	0.00
# Chrysotile Quantified EDS (CQ):	0	0.00
# Chrysotile Quant.EDS & Diff. (CDQ):	0	0.00
# Amphibole Diffraction (AD):	0	0.00
# Amphibole Diff.& Qual. EDS (ADX):	0	0.00
# Amphibole Diff.& Quant. EDS (ADQ):	0	0.00
# Amphibole ZA Diff.& Quant.EDS (AZQ):	0	0.00

Detection Limit: 0.22 MFL\* (Millions of Fibers/Liter)  
Total Asbestos MFL 0.00 >or= 10 microns in length

\*\* 0.00 display = Below Detection Limit

\* The Detection Limit is calculated on the probability of analyzing one asbestos fiber or structure in the total area examined.

Comments: Non-fibrous particles showed no EDS spectrum or contained Al/P/Ca/Fe.

Preparation: Micro Analytical Laboratories SOP-007.  
Analysis: Micro Analytical Laboratories SOP-009.  
Taken from: EPA-600/4-83-043

Nonpotable water subject to modified preparation and analysis procedure.

The results of this test pertain only to the sample designated in this report and may not be reproduced except in full and with permission of this laboratory. Nancy Dehgan, Laboratory Manager



P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

DHRS Certification # s 84252 & E84025  
DER COMPQAP # 870251G

Report Date 27-Jul-93

Savannah Laboratories, Inc.  
3712 Benjamin Road  
Suite #100  
Tampa, FL 33634

Attn: Andre Rachmaninoff

Field Custody:  
Client/Field ID:

Client  
B331183  
Leachate Effluent

Lab ID No.:  
Lab Custody Date:  
Sample description:

54879  
7-12-93  
Water

Parameter	units	Result	Analysis Date	Method	Data Qualifier
Gross Alpha	pCi/l	< 0.5 ± 0.2	7-21-93	EPA 900.0	
Gross Beta	pCi/l	18.5 ± 0.7	7-21-93	EPA 900.0	

Alpha Standard: Am-241  
Beta Standard: Cs-137

Garrett McGibbon  
Laboratory Manager



DHRS Certification #'s 84252 & E84025

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

QC Summary: Gross Alpha Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

Precision Data:

Sample #54881

Sample Analysis (pCi/l)	Duplicate Analysis (pCi/l)	Range (pCi/l)	RPD
< 0.5	0.7	< 0.2	---

Spike Data:

Sample #54833

Sample Analysis (pCi)	Spike Added (pCi)	Analytical Result (pCi)	Range (pCi)	Spike Recovery %
0.2	4.30	4.28	---	95%

Lab Blank:

	Analytical Result	Analysis Date
Lab Blank	< 0.5 $\pm$ 0.2	7-21-93



DHRS Certification #'s 84252 & E84025

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

QC Summary: Gross Beta Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

Precision Data:

Sample #54881

Sample Analysis (pCi/l)	Duplicate Analysis (pCi/l)	Range (pCi/l)	RPD
1.3	1.5	0.2	---

Spike Data:

Sample #54833

Sample Analysis (pCi)	Spike Added (pCi)	Analytical Result (pCi)	Range (pCi)	Spike Recovery %
0.8	7.26	7.12	---	87%

Lab Blank:

	Analytical Result	Analysis Date
Lab Blank	< 1 $\pm$ 0.3	7-21-93

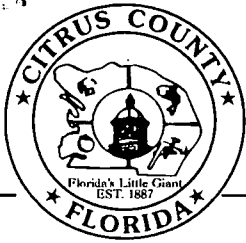


☐ 5102 LaRoche Avenue, Savannah, GA 31404  
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Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

ORIGINAL



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply-To:

MAILED  
AUG 18 1993

Department of Environmental Regulation  
SOUTH WEST DISTRICT

August 13, 1993

Utilities Division

Dept. of Environmental Protection  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318


**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility, regular monthly sampling analyses, along with a copy of the monthly effluent testing and analysis from Savannah Laboratories. Please note that exceeded MCL's are hi-lited on these analysis reports as stipulated by permit.

This report is for the month of July, 1993.

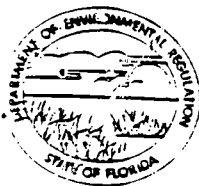
Sincerely,

  
Ralph Hedgecoth  
Director of Utilities

RH:ckn

Attachments





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	$\geq 3.0$	$\geq 0.5$ but $< 3.0$	$\geq 0.002$ but $< 0.5$	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	$\geq 5.0$	$\geq 1.0$ but $< 5.0$	$\geq 0.002$ but $< 1.0$	...
3	Activated Sludge operated in the extended aeration mode.	$\geq 8.0$	$\geq 2.0$ but $< 8.0$	$\geq 0.025$ but $< 2.0$	$\geq 0.002$ but $< 0.025$
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	$\geq 10.0$	$\geq 3.0$ but $< 10.0$	$\geq 0.025$ but $< 3.0$	$\geq 0.002$ but $< 0.025$
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	$\geq 0.005$

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-010.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DER Form 17-501.500(1)  
 Compost Wastewater Treatment Plant  
 Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Accession No. (Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

### Part II - General Information

- (1) Month July Year 1993
- (2) Plant's DER Identification Number 400900086
- (3) Plant Name Landfill Leachate Plant
- (4) Plant Address S.R. 44 3mi E. of Lecanto
- (5) City Lecanto
- (6) County Citrus
- (7) Phone Number 904/746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type I-C
- (10) Test Site Identification Number n/a
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse n/a
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge \_\_\_\_\_
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8704
- Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Lead Operator [Signature] Signature C-8704 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.038
(19) Percent of permitted capacity	%	—	103%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	29.2
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	13.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			
Chloride	mg/L		173
Sodium	mg/L		194
TDS	mg/L		238
Alkalinity	mg/L		200



DER Form 17-501.900m  
Domestic Wastewater Treatment Plant  
Form Title Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. Filed in by DER

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(34)

Month July Year 93

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chlorine	Sodium	TDS	Alkalinity
1	.060	3.0															
2	.060	2.5					6.9						4.0				200
3	.050	2.0															
4	.050	1.0															
5	.030	1.3															
6	.060	1.0															
7	.042	1.5															
8	0	1.0															
9	0	—					7.7				0.050		<1.0	30	41	270	
10	.020	1.5															
11	.030	1.0															
12	.060	1.0															
13	.050	1.5															
14	.040	3.0															
15	.020	1.5															
16	0	—					7.2	28.0			18.8		<1.0	240	260	210	
17	.020	1.5															
18	.010	1.3															
19	0	—															
20	.010	1.2															
21	.010																
22	.010	1.0															
23	0						7.2				12.5		<1.0	210	234	220	
24	.020	1.0															
25		0.9															
26	.010	1.5															
27	.010	2.0															
28	.040	1.0															
29	0	1.5															
30	.010	0.5					7.0	30.4			21.8		<1.0	212	240	250	
31	.010																

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [Signature]

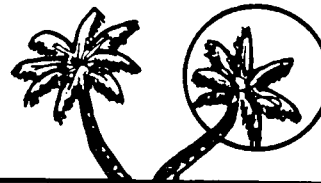
Date: August 13, 1993

Name (Please Type) Lyle F. Steady, Jr.

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 930701 / 0348

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 7/01/93  
TIME SAMPLED: 09:30 am  
DATE RECEIVED: 7/01/93

ANALYSIS: pH, Alkalinity, Fecal

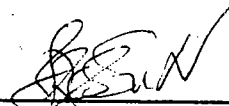
SAMPLE MARKINGS: Effluent

SITE: Landfill PAC Plant #1 Reactor

## LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
pH	150.1	std.units	6.9	TD	7/01/93
Alkalinity	310.2	mg/l	200	TD	7/04/93
Fecal	909C	CTS/100ml	<1.0	TI	7/02/93

Fecal In 7/01/93 @1400 Out 7/02/93 @ 1410

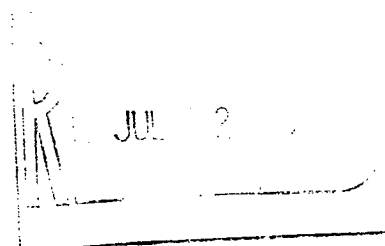
  
\_\_\_\_\_  
Tai Igbinosun

Lab Manager

HRS Comp QA # 9209LD-048

HRS # E84338

FORWARDED  
D.E.P.  
DATE: 8/13 93



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 930715 / 0000

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 7/15/93  
TIME SAMPLED: 9:30 am  
DATE RECEIVED: 7/15/93

ANALYSIS: pH, Fecal, Total Nitrates, TDS, Chloride, Sodium

SAMPLE MARKINGS: Effluent

SITE: Landfill PAC Plant #1 Reactor

## LABORATORY FINDINGS

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
pH	150.1	std.units	7.2	TD	7/16/93
Fecal	909C	CTS/100ml	<1.0	TI	7/16/93
TKN	351.2	mg/l	28.0	TD	7/24/93
Nitrate	353.2	mg/l	18.8	TI	7/18/93
Nitrite	353.2	mg/l	<0.01	TI	7/18/93
TDS	160.1	mg/l	210	TD	7/18/93
Chloride	325.3	mg/l	240	TI	7/18/93
Sodium	273.1	mg/l	260	TD	7/20/93
Total Nitro.		mg/l	46.8	TD	7/24/93

FECAL IN 7/15/93 AT 1600 OUT 7/16/93 AT 1600

FORWARDED

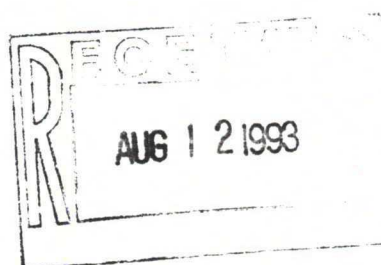
DEPT.

DATE: 8/13

93

  
Tai Igbinosun  
Lab Manager

HRS # E84338 & 84420



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 930722 / 0448

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 7/22/93  
TIME SAMPLED: 10:30 am  
DATE RECEIVED: 7/22/93

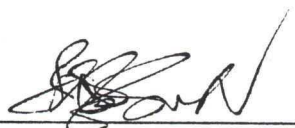
SITE: Landfill Leachate # 1 & 2 Reactors

SAMPLE MARKINGS: Effluent

## LABORATORY FINDINGS

<u>PARAMETER</u>	<u>METH. #</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
Nitrate	352.2	mg/l	12.5	TI	7/24/93
TDS	160.1	mg/l	220	TD	7/23/93
Chloride	325.3	mg/l	210	TD	7/24/93
Sodium	273.1	mg/l	234	TI	7/24/93
pH			7.20	TD	7/23/93
Fecal Coliform SM909c		cts/100ml	<1.0	TI	7/23/93

FECAL IN 072293 AT 1700 OUT 072393 AT 1700

  
Tai Igbinosun  
Lab Manager  
HRS # E84338 / 84420

AUG 4 1993

FORWARDED TO  
D.E.R. TRICA  
DATE: 8/13/93



# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639

Phone: (813) 949-1069

## REPORT OF ANALYSIS

REPORT NUMBER: 930729 / 0594

FOR: Citrus County Utilities  
1300 S. Lecanto Highway  
P.O. Box 440  
Lecanto, FL 32661

DATE SAMPLED: 7/29/93  
TIME SAMPLED: 9:30 am  
DATE RECEIVED: 7/29/93

ANALYSIS: pH, Fecal, Total Nitrates, TDS, Chloride, Sodium

SAMPLE MARKINGS: Effluent

SITE: Landfill PAC Plant #2 Reactor

## LABORATORY FINDINGS


<u>PARAMETER</u>	<u>METH.#</u>	<u>UNITS</u>	<u>RESULTS</u>	<u>TECH.</u>	<u>DATE ANALYZED</u>
pH	150.1	std.units	7.0	TD	7/29/93
Fecal	909C	CTS/100ml	<1.0	TI	7/30/93
TKN	351.2	mg/l	30.4	TD	8/07/93
Nitrate	353.2	mg/l	21.8	TI	8/02/93
Nitrite	353.2	mg/l	0.20	TI	8/02/93
TDS	160.1	mg/l	250	TD	8/04/93
Chloride	325.3	mg/l	212	TI	8/02/93
Sodium	273.1	mg/l	240	TD	8/04/93
Total Nitro.		mg/l	51.4	TD	8/07/93

FECAL IN 7/29/93 AT 1600 OUT 7/30/93 AT 1600

FORWARDED TO

D.E.R. TP

DATE: 8/13 93

  
Tai Igbinosun

Lab Manager

HRS # E84338 & 84420

AUG 12 1993

MEMORANDUM

DATE: AUGUST 12, 1993

TO: RALPH HEDGECOTH, DIRECTOR OF UTILITIES

THROUGH: SUSAN J. METCALFE, P.G., DIRECTOR, *SAJ*  
DIVISION OF SOLID WASTE MANAGEMENT

FROM: CATHLEEN J. WINTER, SOLID WASTE TECH. *CJW*

SUBJECT: DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
FACILITY - PERMIT #SO09-187229 - MONTHLY EFFLUENT  
TESTING AND ANALYSIS

=====

Attached please find the analysis from Savannah Laboratories, covering the July sampling of effluent for the Annual parameters under the new permit modification, for the Leachate Treatment Facility.

Please include in your July report submittal to the Department of Environmental Regulation.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

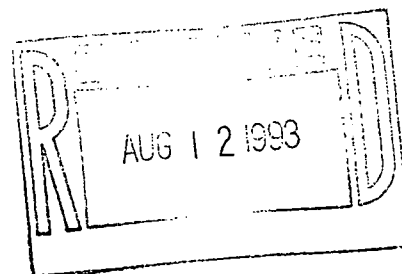
Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Antimony, mg/l	<0.050	
Arsenic, mg/l	<0.010	
Asbestos in Water (TEM), mg/l	*	
Barium, mg/l	0.024	
Beryllium, mg/l	<0.0050	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Cyanide, Total, mg/l	0.019	
Fluoride, mg/l	<0.20	
Lead, mg/l	<0.0050	
Mercury, mg/l	<0.00020	
Nickel, mg/l	<0.040	
Nitrate-N, mg/l	<0.050	
Nitrite-N, mg/l	9.1	
Nitrate + Nitrite-N, mg/l	9.1	
Selenium, mg/l	<0.010	
Sodium, mg/l	41	
Thallium, mg/l	<0.010	
Turbidity, NTU	0.53	
Total Coliform MF, col/100ml	<1	
Fecal Coliform MF, col/100ml	<1	
Gross Alpha, pCi/l	*	
Gross Beta, pCi/l	*	
Aluminum, mg/l	<0.20	
Chloride, mg/l	30	
Color, PCU	<5	
Copper, mg/l	<0.025	
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	



FORWARDED TO:  
D.E.  
DATE: 8/13, 93

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Iron, mg/l	<0.050	
Manganese, mg/l	0.027	
Odor, TON	16	
pH, units	7.7	
Silver, mg/l	<0.010	
Sulfate as SO <sub>4</sub> , mg/l	18	
Total Dissolved Solids, mg/l	270	
Zinc, mg/l	<0.020	
Trihalomethanes		
Bromoform, ug/l	<1.0	
Chloroform, ug/l	<1.0	
Dichlorobromomethane, ug/l	<1.0	
Dibromochloromethane, ug/l	<1.0	

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Post Office Box 340  
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Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Volatiles		
Vinyl chloride, ug/l		<1.0
Benzene, ug/l		<1.0
Carbon tetrachloride, ug/l		<1.0
1,2-Dichloroethane, ug/l		<1.0
Trichloroethene, ug/l		<1.0
1,4-Dichlorobenzene, ug/l		<1.0
1,1-Dichloroethene, ug/l		<1.0
1,1,1-Trichloroethane, ug/l		<1.0
cis-1,2-Dichloroethylene, ug/l		<1.0
1,2-Dichloropropane, ug/l		<1.0
Ethylbenzene, ug/l		<1.0
Chlorobenzene, ug/l		<1.0
1,2-Dichlorobenzene, ug/l		<1.0
Styrene, ug/l		<1.0
Tetrachloroethene, ug/l		<1.0
Toluene, ug/l		<1.0
trans-1,2-Dichloroethylene, ug/l		<1.0
Xylenes, ug/l		<1.0
Methylene chloride, ug/l		<1.0
1,2,4-Trichlorobenzene, ug/l		<1.0
1,1,2-Trichloroethane, ug/l		<1.0
Primary Organics - Pesticides		
Alachlor, ug/l		<1.0
Atrazine, ug/l		<1.0
Simazine, ug/l		<1.0

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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LOG NO: B3-31183

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Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 4

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Pesticides		
Chlordane, ug/l	<0.50	
Endrin, ug/l	<0.10	
Heptachlor, ug/l	<0.050	
Heptachlor Epoxide, ug/l	<0.050	
Gamma-BHC, ug/l	<0.050	
Methoxychlor, ug/l	<0.50	
Toxaphene, ug/l	<5.0	
PCB-1016, ug/l	<1.0	
PCB-1221, ug/l	<2.0	
PCB-1232, ug/l	<1.0	
PCB-1242, ug/l	<1.0	
PCB-1248, ug/l	<1.0	
PCB-1254, ug/l	<1.0	
PCB-1260, ug/l	<1.0	
Primary Organics - Herbicides		
2,4-D, ug/l	<0.50	
Dalapon, ug/l	<10	
Dinoseb, ug/l	<0.50	
Pentachlorophenol, ug/l	<1.0	
Picloram, ug/l	<0.50	
2,4,5-TP Silvex, ug/l	<0.50	
Primary Organics - Carbamates		
Carbofuran, ug/l	<1.0	
Oxamyl, ug/l	<1.0	
Primary Organics - Glyphosate		
Glyphosate, ug/l	<350	

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

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Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 5

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Endothall		
Endothall, ug/l		<25
Primary Organics - Diquat		
Diquat, ug/l		<1.0
Primary Organics - Fumigants		
1,2-Dibromoethane (EDB), ug/l		<0.020
1,2-Dibromo-3-chloropropane, ug/l		<0.020
Primary Organics -BN		
Benzo(a)Pyrene, ug/l		<10
Bis(2-ethyl hexyl)adipate, ug/l		<10
Bis (2-Ethylhexyl) Phthalate, ug/l		<10
Hexachlorobenzene, ug/l		<10
Hexachlorocyclopentadiene, ug/l		<10

\*See attached report.

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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LOG NO: B3-31183

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 6

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Antimony, mg/l	<0.050	95 %	0 %
Arsenic, mg/l	<0.010	95 %	4.2 %
Asbestos in Water (TEM), mg/l	*	*	*
Barium, mg/l	<0.010	86 %	4.6 %
Beryllium, mg/l	<0.0050	92 %	1.1 %
Cadmium, mg/l	<0.0050	92 %	1.1 %
Chromium, mg/l	<0.010	94 %	0 %
Cyanide, Total, mg/l	<0.010	91 %	4.4 %
Fluoride, mg/l	<0.20	107 %	0.94 %
Lead, mg/l	<0.0050	105 %	3.8 %
Mercury, mg/l	<0.00020	105 %	0 %
Nickel, mg/l	<0.040	101 %	2.0 %
Nitrate-N, mg/l	<0.050	101 %	1.0 %
Nitrite-N, mg/l	<0.050	102 %	0.65 %
Selenium, mg/l	<0.010	96 %	4.2 %
Sodium, mg/l	<0.50	85 %	2.4 %
Thallium, mg/l	<0.010	107 %	3.7 %
Turbidity, NTU	<0.10	110 %	0 %
Total Coliform MF, col/100ml	<1	---	0 %
Fecal Coliform MF, col/100ml	<1	---	0 %
Gross Alpha, pCi/l	*	*	*
Gross Beta, pCi/l	*	*	*
Aluminum, mg/l	<0.20	88 %	3.4 %
Chloride, mg/l	<1.0	100 %	0 %
Color, PCU	<5	100 %	0 %
Copper, mg/l	<0.025	95 %	0 %

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 7

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	84 %	6.6 %
Iron, mg/l	<0.050	96 %	0 %
Manganese, mg/l	<0.010	96 %	0 %
Odor, TON	<1	---	0 %
pH, units	5.9	99 %	0.17 %
Silver, mg/l	<0.010	89 %	4.5 %
Sulfate as SO <sub>4</sub> , mg/l	<5.0	99 %	0 %
Total Dissolved Solids, mg/l	<5.0	98 %	0 %
Zinc, mg/l	<0.020	96 %	0 %
Trihalomethanes			
Bromoform, ug/l	<1.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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LOG NO: B3-31183

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 8

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Primary Organics - Volatiles			
Vinyl chloride, ug/l	<1.0	---	---
Benzene, ug/l	<1.0	107 %	7.5 %
Carbon tetrachloride, ug/l	<1.0	---	---
1,2-Dichloroethane, ug/l	<1.0	---	---
Trichloroethene, ug/l	<1.0	88 %	8.0 %
1,4-Dichlorobenzene, ug/l	<1.0	---	---
1,1-Dichloroethene, ug/l	<1.0	107 %	5.6 %
1,1,1-Trichloroethane, ug/l	<1.0	---	---
cis-1,2-Dichloroethylene, ug/l	<1.0	---	---
1,2-Dichloropropane, ug/l	<1.0	---	---
Ethylbenzene, ug/l	<1.0	---	---
Chlorobenzene, ug/l	<1.0	92 %	5.4 %
1,2-Dichlorobenzene, ug/l	<1.0	---	---
Styrene, ug/l	<1.0	---	---
Tetrachloroethene, ug/l	<1.0	---	---
Toluene, ug/l	<1.0	104 %	4.8 %
trans-1,2-Dichloroethylene, ug/l	<1.0	---	---
Xylenes, ug/l	<1.0	---	---
Methylene chloride, ug/l	<1.0	---	---
1,2,4-Trichlorobenzene, ug/l	<1.0	---	---
1,1,2-Trichloroethane, ug/l	<1.0	---	---
Primary Organics - Pesticides			
Alachlor, ug/l	<1.0	71 %	0 %
Atrazine, ug/l	<1.0	70 %	1.4 %
Simazine, ug/l	<1.0	69 %	2.9 %



# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

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Received: 08 JUL 93

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Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 9

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES			
31183-2	Lab Blank			
31183-3	Accuracy (% Recovery)			
31183-4	Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Primary Organics - Pesticides				
Chlordane, ug/l		<0.50	---	---
Endrin, ug/l		<0.10	105 %	5.7 %
Heptachlor, ug/l		<0.050	86 %	8.1 %
Heptachlor Epoxide, ug/l		<0.050	---	---
Gamma-BHC, ug/l		<0.050	82 %	7.3 %
Methoxychlor, ug/l		<0.50	---	---
Toxaphene, ug/l		<5.0	---	---
PCB-1016, ug/l		<1.0	---	---
PCB-1221, ug/l		<2.0	---	---
PCB-1232, ug/l		<1.0	---	---
PCB-1242, ug/l		<1.0	---	---
PCB-1248, ug/l		<1.0	---	---
PCB-1254, ug/l		<1.0	---	---
PCB-1260, ug/l		<1.0	---	---
Primary Organics - Herbicides				
2,4-D, ug/l		<0.50	95 %	4.2 %
Dalapon, ug/l		<10	---	---
Dinoseb, ug/l		<0.50	---	---
Pentachlorophenol, ug/l		<1.0	---	---
Picloram, ug/l		<0.50	---	---
2,4,5-TP Silvex, ug/l		<0.50	95 %	3.2 %
Primary Organics - Carbamates				
Carbofuran, ug/l		<1.0	67 %	1.4 %
Oxamyl, ug/l		<1.0	108 %	5.6 %

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 10

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES


31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Primary Organics - Glyphosate			
Glyphosate, ug/l	<350	72 %	8.3 %
Primary Organics - Endothall			
Endothall, ug/l	<25	83 %	19 %
Primary Organics - Diquat			
Diquat, ug/l	<1.0	60 %	12 %
Primary Organics - Fumigants			
1,2-Dibromoethane (EDB), ug/l	<0.020	72 %	4.2 %
1,2-Dibromo-3-chloropropane, ug/l	<0.020	90 %	5.6 %
Primary Organics -BN			
Benzo(a)Pyrene, ug/l	<10	---	---
Bis(2-ethyl hexyl)adipate, ug/l	<10	---	---
Bis (2-Ethylhexyl) Phthalate, ug/l	<10	---	---
Hexachlorobenzene, ug/l	<10	---	---
Hexachlorocyclopentadiene, ug/l	<10	---	---

\*See attached report.

Method: 40 CFR Part 136, EPA 600/4-79-020

HRS Certification #'s:84385,87279,E84282,E87052

  
Andre Rachmaninoff



☐ 5102 LaRoche Avenue, Savannah, GA 31404  
☐ 2846 Industrial Plaza Drive, Tallahassee, FL 32301  
☐ 414 Southwest 12th Avenue, Deerfield Beach, FL 33442  
☐ 900 Lakeside Drive, Mobile, AL 36693  
☐ 6712 Benjamin Road, Suite 100, Tampa, FL 33634

Phone: (912) 354-7858  
Phone: (904) 878-3994  
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Fax (205) 666-6696  
Fax (813) 885-7049

[illegible]

ORIGINAL

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Antimony, mg/l	<0.0050	
Arsenic, mg/l	<0.010	
Asbestos in Water (TEM), mg/l	*	
Barium, mg/l	0.024	
Beryllium, mg/l	<0.0040	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Cyanide, Total, mg/l	0.019	
Fluoride, mg/l	<0.20	
Lead, mg/l	<0.0050	
Mercury, mg/l	<0.00020	
Nickel, mg/l	<0.040	
Nitrate-N, mg/l	<0.050	
Nitrite-N, mg/l	9.1	
Nitrate + Nitrite-N, mg/l	9.1	
Selenium, mg/l	<0.010	
Sodium, mg/l	41	
Thallium, mg/l	<0.010	
Turbidity, NTU	0.53	
Total Coliform MF, col/100ml	<1	
Fecal Coliform MF, col/100ml	<1	
Gross Alpha, pCi/l	*	
Gross Beta, pCi/l	*	
Aluminum, mg/l	<0.20	
Chloride, mg/l	30	
Color, PCU	<5	
Copper, mg/l	<0.025	
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

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Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Iron, mg/l	<0.050	
Manganese, mg/l	0.027	
Odor, TON	16	
pH, units	7.7	
Silver, mg/l	<0.010	
Sulfate as SO <sub>4</sub> , mg/l	18	
Total Dissolved Solids, mg/l	270	
Zinc, mg/l	<0.020	
Trihalomethanes		
Bromoform, ug/l	<1.0	
Chloroform, ug/l	<1.0	
Dichlorobromomethane, ug/l	<1.0	
Dibromochloromethane, ug/l	<1.0	

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Volatiles		
Vinyl chloride, ug/l		<1.0
Benzene, ug/l		<1.0
Carbon tetrachloride, ug/l		<1.0
1,2-Dichloroethane, ug/l		<1.0
Trichloroethene, ug/l		<1.0
1,4-Dichlorobenzene, ug/l		<1.0
1,1-Dichloroethene, ug/l		<1.0
1,1,1-Trichloroethane, ug/l		<1.0
cis-1,2-Dichloroethylene, ug/l		<1.0
1,2-Dichloropropane, ug/l		<1.0
Ethylbenzene, ug/l		<1.0
Chlorobenzene, ug/l		<1.0
1,2-Dichlorobenzene, ug/l		<1.0
Styrene, ug/l		<1.0
Tetrachloroethene, ug/l		<1.0
Toluene, ug/l		<1.0
trans-1,2-Dichloroethylene, ug/l		<1.0
Xylenes, ug/l		<1.0
Methylene chloride, ug/l		<1.0
1,2,4-Trichlorobenzene, ug/l		<1.0
1,1,2-Trichloroethane, ug/l		<1.0
Primary Organics - Pesticides		
Alachlor, ug/l		<1.0
Atrazine, ug/l		<1.0
Simazine, ug/l		<1.0

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 4

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Pesticides		
Chlordane, ug/l	<0.10	
Endrin, ug/l	<0.020	
Heptachlor, ug/l	<0.010	
Heptachlor Epoxide, ug/l	<0.020	
Gamma-BHC, ug/l	<0.010	
Methoxychlor, ug/l	<0.50	
Toxaphene, ug/l	<1.0	
PCB-1016, ug/l	<0.50	
PCB-1221, ug/l	<0.50	
PCB-1232, ug/l	<0.50	
PCB-1242, ug/l	<0.50	
PCB-1248, ug/l	<0.50	
PCB-1254, ug/l	<0.50	
PCB-1260, ug/l	<0.50	
Primary Organics - Herbicides		
2,4-D, ug/l	<0.50	
Dalapon, ug/l	<10	
Dinoseb, ug/l	<0.50	
Pentachlorophenol, ug/l	<1.0	
Picloram, ug/l	<0.50	
2,4,5-TP Silvex, ug/l	<0.50	
Primary Organics - Carbamates		
Carbofuran, ug/l	<1.0	
Oxamyl, ug/l	<1.0	
Primary Organics - Glyphosate		
Glyphosate, ug/l	<350	

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 5

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent	07-08-93
PARAMETER	31183-1	
Primary Organics - Endothall		
Endothall, ug/l		<25
Primary Organics - Diquat		
Diquat, ug/l		<1.0
Primary Organics - Fumigants		
1,2-Dibromoethane (EDB), ug/l		<0.020
1,2-Dibromo-3-chloropropane, ug/l		<0.020
Primary Organics -BN		
Benzo(a)Pyrene, ug/l		<1.0
Bis(2-ethyl hexyl)adipate, ug/l		<10
Bis (2-Ethylhexyl) Phthalate, ug/l		<6.0
Hexachlorobenzene, ug/l		<1.0
Hexachlorocyclopentadiene, ug/l		<10

\*See attached report.



# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

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Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
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Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 6

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Antimony, mg/l	<0.0050	110 %	0.90 %
Arsenic, mg/l	<0.010	95 %	4.2 %
Asbestos in Water (TEM), mg/l	*	*	*
Barium, mg/l	<0.010	86 %	4.6 %
Beryllium, mg/l	<0.0040	92 %	1.1 %
Cadmium, mg/l	<0.0050	92 %	1.1 %
Chromium, mg/l	<0.010	94 %	0 %
Cyanide, Total, mg/l	<0.010	91 %	4.4 %
Fluoride, mg/l	<0.20	107 %	0.94 %
Lead, mg/l	<0.0050	105 %	3.8 %
Mercury, mg/l	<0.00020	105 %	0 %
Nickel, mg/l	<0.040	101 %	2.0 %
Nitrate-N, mg/l	<0.050	101 %	1.0 %
Nitrite-N, mg/l	<0.050	102 %	0.65 %
Selenium, mg/l	<0.010	96 %	4.2 %
Sodium, mg/l	<0.50	85 %	2.4 %
Thallium, mg/l	<0.010	107 %	3.7 %
Turbidity, NTU	<0.10	110 %	0 %
Total Coliform MF, col/100ml	<1	---	0 %
Fecal Coliform MF, col/100ml	<1	---	0 %
Gross Alpha, pCi/l	*	*	*
Gross Beta, pCi/l	*	*	*
Aluminum, mg/l	<0.20	88 %	3.4 %
Chloride, mg/l	<1.0	100 %	0 %
Color, PCU	<5	100 %	0 %
Copper, mg/l	<0.025	95 %	0 %

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 7

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	84 %	6.6 %
Iron, mg/l	<0.050	96 %	0 %
Manganese, mg/l	<0.010	96 %	0 %
Odor, TON	<1	---	0 %
pH, units	5.9	99 %	0.17 %
Silver, mg/l	<0.010	89 %	4.5 %
Sulfate as SO <sub>4</sub> , mg/l	<5.0	99 %	0 %
Total Dissolved Solids, mg/l	<5.0	98 %	0 %
Zinc, mg/l	<0.020	96 %	0 %
Trihalomethanes			
Bromoform, ug/l	<1.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 8

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES			
31183-2	Lab Blank			
31183-3	Accuracy (% Recovery)			
31183-4	Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Primary Organics - Volatiles				
Vinyl chloride, ug/l		<1.0	---	---
Benzene, ug/l		<1.0	107 %	7.5 %
Carbon tetrachloride, ug/l		<1.0	---	---
1,2-Dichloroethane, ug/l		<1.0	---	---
Trichloroethene, ug/l		<1.0	88 %	8.0 %
1,4-Dichlorobenzene, ug/l		<1.0	---	---
1,1-Dichloroethene, ug/l		<1.0	107 %	5.6 %
1,1,1-Trichloroethane, ug/l		<1.0	---	---
cis-1,2-Dichloroethylene, ug/l		<1.0	---	---
1,2-Dichloropropane, ug/l		<1.0	---	---
Ethylbenzene, ug/l		<1.0	---	---
Chlorobenzene, ug/l		<1.0	92 %	5.4 %
1,2-Dichlorobenzene, ug/l		<1.0	---	---
Styrene, ug/l		<1.0	---	---
Tetrachloroethene, ug/l		<1.0	---	---
Toluene, ug/l		<1.0	104 %	4.8 %
trans-1,2-Dichloroethylene, ug/l		<1.0	---	---
Xylenes, ug/l		<1.0	---	---
Methylene chloride, ug/l		<1.0	---	---
1,2,4-Trichlorobenzene, ug/l		<1.0	---	---
1,1,2-Trichloroethane, ug/l		<1.0	---	---
Primary Organics - Pesticides				
Alachlor, ug/l		<1.0	71 %	0 %
Atrazine, ug/l		<1.0	70 %	1.4 %
Simazine, ug/l		<1.0	69 %	2.9 %

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 9

## LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

31183-2 Lab Blank  
31183-3 Accuracy (% Recovery)  
31183-4 Precision (% RPD)

PARAMETER	31183-2	31183-3	31183-4
Primary Organics - Pesticides			
Chlordane, ug/l	<0.10	---	---
Endrin, ug/l	<0.020	105 %	5.7 %
Heptachlor, ug/l	<0.010	86 %	8.1 %
Heptachlor Epoxide, ug/l	<0.020	---	---
Gamma-BHC, ug/l	<0.010	82 %	7.3 %
Methoxychlor, ug/l	<0.50	---	---
Toxaphene, ug/l	<1.0	---	---
PCB-1016, ug/l	<0.50	---	---
PCB-1221, ug/l	<0.50	---	---
PCB-1232, ug/l	<0.50	---	---
PCB-1242, ug/l	<0.50	---	---
PCB-1248, ug/l	<0.50	---	---
PCB-1254, ug/l	<0.50	---	---
PCB-1260, ug/l	<0.50	---	---
Primary Organics - Herbicides			
2,4-D, ug/l	<0.50	95 %	4.2 %
Dalapon, ug/l	<10	---	---
Dinoseb, ug/l	<0.50	---	---
Pentachlorophenol, ug/l	<1.0	---	---
Picloram, ug/l	<0.50	---	---
2,4,5-TP Silvex, ug/l	<0.50	95 %	3.2 %
Primary Organics - Carbamates			
Carbofuran, ug/l	<1.0	67 %	1.4 %
Oxamyl, ug/l	<1.0	108 %	5.6 %

# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-31183

Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 340  
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 10

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES			
31183-2	Lab Blank			
31183-3	Accuracy (% Recovery)			
31183-4	Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Primary Organics - Glyphosate				
Glyphosate, ug/l		<350	72 %	8.3 %
Primary Organics - Endothall				
Endothall, ug/l		<25	83 %	19 %
Primary Organics - Diquat				
Diquat, ug/l		<1.0	60 %	12 %
Primary Organics - Fumigants				
1,2-Dibromoethane (EDB), ug/l		<0.020	72 %	4.2 %
1,2-Dibromo-3-chloropropane, ug/l		<0.020	90 %	5.6 %
Primary Organics -BN				
Benzo(a)Pyrene, ug/l		<1.0	---	---
Bis(2-ethyl hexyl)adipate, ug/l		<10	---	---
Bis (2-Ethylhexyl) Phthalate, ug/l		<6.0	---	---
Hexachlorobenzene, ug/l		<1.0	---	---
Hexachlorocyclopentadiene, ug/l		<10	---	---

\*See attached report.

Method: 40 CFR Part 136, EPA 600/4-79-020

HRS Certification #'s:84385,87279,E84282,E87052



Andre Rachmaninoff



**MICRO ANALYTICAL**  
LABORATORIES, INC.

July 16, 1993

Ms. Kathy Sheffield  
Savannah Laboratories  
6712 Benjamin Rd., Ste 100  
Tampa, FL 33634

Dear Ms. Sheffield:

Enclosed are the results of the TEM WATER analysis of the following samples (your project/ B331183) we received on July 12, 1993.

M9489

1) Leachate Eff.

If you have any questions please do not hesitate to call me.

Sincerely yours,

Nancy Dehgan  
Laboratory Manager

ND/dg  
Enclosures

# CHAIN OF CUSTODY DOCUMENT FOR REPORTS

## MICRO ANALYTICAL LABORATORIES, INC.

3618 NW 97th Blvd.  
Gainesville, Florida 32606  
(904) 332-1701  
FAX (904) 332-3572

MAL #: M9489

Client: Savannah Laboratories  
Contact: Ms. Kathy Sheffield  
Company # 1302

Tel. #: 813/885-7427 FX 813/885-7049  
P.O.#: per Ms. Sheffield  
Proj.#: B331183

Date Received:  
July 12, 1993  
Job Site:

TYPE OF ANALYSIS: TEM WATER

NUMBER OF SAMPLES: 1 / 1

TURNAROUND TIME:  
2-5 Days

DUE DATE:  
July 14, 1993

### SAMPLE ID. NUMBERS:

1) Leachate Eff.	5)	9)	13)
2)	6)	10)	14)
3)	7)	11)	15)
4)	8)	12)	

Verbal Results to: Faxed

Date: July 16, 1993

Time: 2:34 PM

Verbal Results given by: Kelly Delaney-Green

Written Reports Sent to:

Date: July 16, 1993

Ms. Kathy Sheffield  
Savannah Laboratories  
6712 Benjamin Rd., Ste 100  
Tampa, FL 33634

Mailed by: Kelly Delaney-Green

Written Reports received by:

Date:

(Please sign and return to MAL upon receipt of enclosed reports.)



Fax (912) 352-0165  
Fax (904) 878-9504  
Fax (305) 421-2584  
Fax (205) 666-6696  
Fax (813) 885-7049

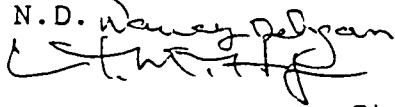
## ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

[illegible]



M RO ANALYTICAL LABORATORII INC.  
3618 NW 97th Blvd.  
Gainesville, FL 32606  
(904) 332-1701

TEM ASBESTOS ANALYSIS REPORT

Client: Savannah Labs  
Client Ref#: B331183 Vol. Analyzed: 0.03 liter  
Sample ID: Leachate Eff. Filter Diameter: 25 mm PC  
MAL LOG #: M9489-1 Filter Area: 2.30E+08 sq. micro  
Sample Received: 7/12/93 #Openings Examined: 4  
Sample Analyzed: 7/16/93 Grids Examined: 2  
Type Analysis: Water Avg opening area: 8648 sq. micro  
Magnification: 10000 X Total area examined 34592 sq. micro  
Microscopist: N.D. Nancy Dehgan  
Reviewed by: 

Structures MFL\*\*

	>= 10um	>=10 um
# Chrysotile Morphology (CM):	0	0.00
# Chrysotile Diffraction (CD):	0	0.00
# Chrysotile Quantified EDS (CQ):	0	0.00
# Chrysotile Quant.EDS & Diff. (CDQ):	0	0.00
# Amphibole Diffraction (AD):	0	0.00
# Amphibole Diff.& Qual. EDS (ADX):	0	0.00
# Amphibole Diff.& Quant. EDS (ADQ):	0	0.00
# Amphibole ZA Diff.& Quant.EDS (AZQ)	0	0.00

Detection Limit: 0.22 MFL\* (Millions of Fibers/Liter)  
Total Asbestos MFL 0.00 >or= 10 microns in length

\*\* 0.00 display = Below Detection Limit

\* The Detection Limit is calculated on the probability of analyzing one asbestos fiber or structure in the total area examined.

Comments: Non-fibrous particles showed no EDS spectrum or contained Al/P/Ca/Fe.

Preparation: Micro Analytical Laboratories SOP-007.  
Analysis: Micro Analytical Laboratories SOP-009.  
Taken from: EPA-600/4-83-043

Nonpotable water subject to modified preparation and analysis procedure.

The results of this test pertain only to the sample designated in this report and may not be reproduced except in full and with permission of this laboratory. Nancy Dehgan, Laboratory Manager



P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

DHRS Certificate #'s 84252 & E84025  
DER COMPQAP # 870251G

Report Date 27-Jul-93

Savannah Laboratories, Inc.  
3712 Benjamin Road  
Suite #100  
Tampa, FL 33634

Attn: Andre Rachmaninoff

Field Custody:  
Client/Field ID:

Client  
B331183  
Leachate Effluent

Lab ID No.:  
Lab Custody Date:  
Sample description:

54879  
7-12-93  
Water

Parameter	units	Result	Analysis Date	Method	Data Qualifier
Gross Alpha	pCi/l	$< 0.5 \pm 0.2$	7-21-93	EPA 900.0	
Gross Beta	pCi/l	$18.5 \pm 0.7$	7-21-93	EPA 900.0	

Alpha Standard: Am-241  
Beta Standard: Cs-137

Garrett McGibbon  
Laboratory Manager



DHRS Certification #'s 84252 & E84025

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

QC Summary: Gross Alpha Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

Precision Data:

Sample #54881

Sample Analysis (pCi/l)	Duplicate Analysis (pCi/l)	Range (pCi/l)	RPD
< 0.5	0.7	< 0.2	---

Spike Data:

Sample #54833

Sample Analysis (pCi)	Spike Added (pCi)	Analytical Result (pCi)	Range (pCi)	Spike Recovery %
0.2	4.30	4.28	---	95%

Lab Blank:

	Analytical Result	Analysis Date
Lab Blank	< 0.5 $\pm$ 0.2	7-21-93



LABORATORY SERVICES

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

DHRS Certification #'s 84252 & E84025

QC Summary: Gross Beta Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

Precision Data:

Sample #54881

Sample Analysis (pCi/l)	Duplicate Analysis (pCi/l)	Range (pCi/l)	RPD
1.3	1.5	0.2	---

Spike Data:

Sample #54833

Sample Analysis (pCi)	Spike Added (pCi)	Analytical Result (pCi)	Range (pCi)	Spike Recovery %
0.8	7.26	7.12	---	87%

Lab Blank:

	Analytical Result	Analysis Date
Lab Blank	< 1 ± 0.3	7-21-93

[illegible]

## Routing and Transmittal Slip

To: (Name, Office, Location)

1. Bob

2. Kim

3.

4.

Remarks:

Citrus Co Leachate Treat. Plant  
Effluent.

Exceedances for discharge to GW:

<u>Parameter</u>	<u>Concentration</u>	<u>Reg. Limit</u>
Barium	46	2 mg/l
Nitrate	52	10 mg/l
Sodium	170	160 mg/l
Chloroform	38	} Total trihalo- methanes 10 ug/l
Dichlorobromomethane	26	
Dibromochloromethane	14	
Total Coliform	240	<1
Fecal Coliform	95	<1
TDS	880	500 mg/l

Running PACT plant  $\bar{x}$  = 38,000 gpd

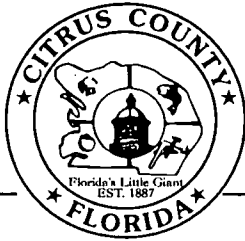
From:

Allison

Date

3-15-93

Phone



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

February 23, 1993

Utilities Division

Dept. of Environmental Regulation  
Solid Waste Section  
3804 Coconut Palm Drive  
Tampa, FL 33619-8318

**SUBJECT: MONTHLY OPERATOR REPORT - LANDFILL LEACHATE FACILITY**

To whom it may concern:

Attached please find the monthly operator report on the Citrus County's Landfill Leachate Treatment Facility, regular monthly sampling analyses, along with a copy of the monthly effluent testing and analysis from Savannah Laboratories.

This report is for the month of January, 1993.

Sincerely,

Ralph Hedgecoth  
Director of Utilities

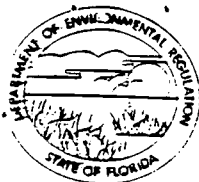
RH:ckn

Attachments

D.E.R.

MAR - 1 1993

SOUTHWEST DISTRICT  
TAMPA



# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Domestic Wastewater Treatment Plant	
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

D. E. R.

MAR - 1 1993

### Part I - Instructions

SOUTHWEST DISTRICT  
TAMPA

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	...
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	...
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	...	...	...	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-610.660(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.



DER Form #	17-501.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

# **SOLID WASTE LEACHATE TREATMENT FACILITY** **Monthly Operating Report**

## **Part II - General Information**

- (1) Month JANUARY Year 1993
- (2) Plant's DER Identification Number 4009000 86
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address S.R. 44, 3 MILES EAST  
OF LECANTO
- (5) City LECANTO
- (6) County CITRUS
- (7) Phone Number 904-746-2694
- (8) Permit Number SC09-187229
- (9) Plant Type LC
- (10) Test Site Identification Number N/A
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse  
EVAP. / PERC POND
- (13) Limited Wet Weather Discharge Activated  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge N/A
- (15) Plant Staffing
- Day Shift Operator Class C Cert. No. 8001
- Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_
- Lead Operator Richard B. Polverson C-8001  
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	<u>0.39</u>
(17) Permitted capacity	mgd	—	<u>0.30</u>
(18) Three-month average daily flow	mgd	—	<u>0.38</u>
(19) Percent of permitted capacity	%	—	<u>127%</u>
(20) <del>CBOD<sub>5</sub></del> Effluent	mg/L	080082	<u>&lt; 3</u>
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	<u>0.9</u>
(22) TSS Effluent	mg/L	900201	<u>4</u>
(23) TSS Effluent	lbs/day	—	<u>1.30</u>
(24) Minimum pH		—	<u>7.7</u>
(25) Maximum pH		—	<u>8.9</u>
(26) Total N	mg/L	000600	<u>5.2</u>
(27) TKN	mg/L	000625	<u>4.7</u>
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	<u>43</u>
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	<u>0.7</u>
(32) Maximum Chlorine Residual	mg/L	—	<u>3.0</u>
(33) Other Effluent Parameters			
COD	mg/l		<u>61</u>
TOC	mg/l		<u>&lt; 26</u>
TDS	mg/l		<u>965</u>
LEAD	mg/l		<u>&lt; 0.2</u>
CHLORIDE	mg/l		<u>234</u>
TOT. ALKALINITY	mg/l		<u>350</u>

DER Form 17-501.900m  
Domestic Wastewater Treatment Plant  
Monthly Operating Report  
Effective Date July 1, 1991  
DER Application No. (Filed in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(34)

Month JANUARY Year 1993

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	BOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TOT. ALKALINITY mg/L	TOC mg/L	NITRITE mg/L	TOTAL N mg/L	CHLORIDE mg/L	LEAD mg/L	TDS mg/L	COD mg/L
1	.040	1.0						8.0													
2	.030	1.0						8.0													
3	.040	1.2						8.0													
4	.020	1.8						8.0													
5	.010	1.0						8.2													
6	.060	1.5				4	6	8.4	3.4		45		<1	288	26	<.01	48	250	<.02	990	64
7	.060	1.8						8.0													
8	.050	1.8						8.0													
9	.060	1.5						8.0													
10	.030	1.5						8.0													
11	.030	1.8						8.0													
12	.060	1.8						8.2													
13	.060	0.7						8.9	2.2		11		<1	438		<.01	13				
14	.060	3.0						7.8													
15	.060	2.5						7.8													
16	.060	2.0						8.0													
17	.010	1.0						7.7													
18	.030	2.0						7.9													
19	.060	1.5						7.9													
20	.060	1.3				<2	2	8.5	4.8		37		<1	394	25	<.01	42	218	<.02	940	58
21	.060	1.5						8.0													
22	.060	1.6						8.0													
23	.050	1.5						8.0													
24	.020	1.0																			
25	.020	1.0						8.0													
26	.020	1.8						8.2													
27	.020	1.5						8.1	8.2		80		4	278		16.2	104				
28	.020	2.0						8.2													
29	.020	2.0						8.0													
30	.010	1.5						8.0													
31	.010	1.3						8.0													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Richard B. Robinson

Date: 2-19-93

Name (Please Type) Richard B. Robinson

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694



DHRS Certification #'s 84252 & E84025  
January 26, 1993

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

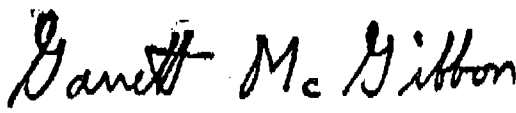
Lab No.: 48608  
Sampled By: Client  
Received: 1-7-93

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill Leachate Plant

Parameter	Results
Biochemical Oxygen Demand, mg/l	4
Total Suspended Solids, mg/l	6
Chemical Oxygen Demand, mg/l	64
Total Organic Carbon, mg/l	26
Nitrite Nitrogen, mg/l	< 0.01
Nitrate Nitrogen, mg/l	45
Total Kjeldahl Nitrogen, mg/l	3.4
Total Nitrogen, mg/l	48
Chloride, mg/l	250
Lead, mg/l	< 0.02
Total Alkalinity, mg/l CaCO <sub>3</sub>	288
pH, units	8.4
Fecal Coliform, colonies/100ml	< 1
Total Dissolved Solids, mg/l	990

FORWARDED TO:  
D.E.R. TAMM  
DATE: 2-23-1993

  
Garrett McGibbon  
Laboratory Manager



DHRS Certification #'s 84252 & E84025  
January 26, 1993

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 48796  
Sampled By: Client  
Received: 1-14-93

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill Leachate Plant

Parameter	Results
Nitrite Nitrogen, mg/l	< 0.01
Nitrate Nitrogen, mg/l	11
Total Kjeldahl Nitrogen, mg/l	2.2
Total Nitrogen, mg/l	13
Total Alkalinity, mg/l $\text{CaCO}_3$	438
pH, units	8.9
Fecal Coliform, colonies/100ml	< 1

FORWARDED TO:  
D.E.R. T-MFA  
DATE: 2/23/93

*Garrett McGibbon*  
Garrett McGibbon  
Laboratory Manager





DHRS Certification #'s 84252 & E84025  
February 8, 1993

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 49003  
Sampled By: Client  
Received: 1-21-93

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill Leachate Plant

Parameter	Results
Biochemical Oxygen Demand, mg/l	2
Total Suspended Solids, mg/l	< 2
Chemical Oxygen Demand, mg/l	58
Total Organic Carbon, mg/l	25
Nitrite Nitrogen, mg/l	< 0.01
Nitrate Nitrogen, mg/l	37
Total Kjeldahl Nitrogen, mg/l	4.8
Total Nitrogen, mg/l	42
Chloride, mg/l	218
Lead, mg/l	< 0.02
Total Alkalinity, mg/l CaCO <sub>3</sub>	394
pH, units	8.5
Fecal Coliform, colonies/100ml	< 1
Total Dissolved Solids, mg/l	940

FORWARDED TO:  
D.E.P. TAMPA  
DATE: 2/23, 1993

*Garrett McGibbon*  
Garrett McGibbon  
Laboratory Manager



DHRS Certification #'s 84252 & E84025  
February 14, 1993

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

### LAB FILE COPY

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 49285  
Sampled By: Client  
Received: 1-28-93

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill Leachate Plant

Parameter	Results
Nitrite Nitrogen, mg/l	16.2
Nitrate Nitrogen, mg/l	80
Total Kjeldahl Nitrogen, mg/l	8.2
Total Nitrogen, mg/l	104
Total Alkalinity, mg/l CaCO <sub>3</sub>	278
pH, units	8.1
Fecal Coliform, colonies/100ml	4

56 58-8  
DATE:   
DEPT. TAMPA  
FORWARDED TO:

*Garrett McGibbon*

Garrett McGibbon  
Laboratory Manager



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

1300 South Lecanto Highway • P.O. Box 440  
Lecanto, Florida 34460-0440  
(904) 746-2694 • FAX (904) 746-3368

Reply To:

### MEMORANDUM

**DATE:** FEBRUARY 3, 1993

**TO:** RALPH HEDGEOTH, DIRECTOR OF UTILITIES

**THROUGH:** MICHAEL D. MOORE, ACTING DIRECTOR, *MDM*  
DIVISION OF SOLID WASTE MANAGEMENT

**FROM:** CATHLEEN J. WINTER, SOLID WASTE TECH. *CJW*

**SUBJECT:** DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT  
FACILITY - PERMIT #SO09-187229 - MONTHLY EFFLUENT  
TESTING AND ANALYSIS

=====

Attached please find the analysis from Savannah Laboratories, covering the January sampling of effluent at the Leachate Treatment Facility.

Please include in your January report submittal to the Department of Environmental Regulation.

MDM:CJW:cjw

CC: James W. Pinkerton, Dir. Dept. of Technical Services  
Robert Merkel, Utilities Operation Supervisor

# SL SAVANNAH LABORATORIES

& ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-30029

Received: 07 JAN 93

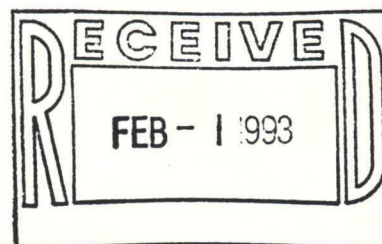
Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 440  
Lecanto, FL 32661-0440

Project: Citrus County Central Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
Arsenic, mg/l	<0.010	
Barium, mg/l	4.6	
Cadmium, mg/l	<0.0050	
Chromium, mg/l	<0.010	
Fluoride, mg/l	<0.20	
Lead, mg/l	<0.0050	
Mercury, mg/l	<0.00020	
Nitrate-N, mg/l	52	
Selenium, mg/l	<0.010	
Silver, mg/l	<0.010	
Sodium, mg/l	170	
Pesticides (SDWA)		
Endrin, ug/l	<0.10	
Gamma-BHC, ug/l	<0.050	
Methoxychlor, ug/l	<0.50	
Toxaphene, ug/l	<5.0	
Herbicides (SDWA)		
2,4-D, ug/l	<0.50	
2,4,5-TP Silvex, ug/l	<0.50	
Trihalomethanes		
Bromoform, ug/l	<5.0	
Chloroform, ug/l	38	
Dichlorobromomethane, ug/l	26	
Dibromochloromethane, ug/l	14	





# SL SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049

LOG NO: B3-30029

Received: 07 JAN 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 440  
Lecanto, FL 32661-0440

Project: Citrus County Central Landfill  
Sampled By: Savannah Laboratories

## REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
Primary Drinking-Volatiles		
Benzene, ug/l	<1.0	
Carbon Tetrachloride, ug/l	<1.0	
1,4-Dichlorobenzene, ug/l	<1.0	
1,2-Dichloroethane, ug/l	<1.0	
1,1-Dichloroethylene, ug/l	<1.0	
Tetrachloroethylene, ug/l	<1.0	
1,1,1-Trichloroethane, ug/l	<1.0	
Trichloroethylene, ug/l	<1.0	
Vinyl Chloride, ug/l	<1.0	
1,2-Dibromoethane (EDB), ug/l	0.050	
Turbidity, NTU	2.0	
Microbiological		
Total Coliform MF, col/100ml	240	
Fecal Coliform MF, col/100ml	95	
Gross Alpha, pCi/l	<1.4	
Gross Beta, pCi/l	84+/-2.0	
Chloride, mg/l	170	
Color, PCU	<5	
Copper, mg/l	<0.025	
Corrosivity (saturation index)	+1.1	
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	
Iron, mg/l	<0.050	
Manganese, mg/l	0.014	
Odor, TON	2	
pH, units	8.5	
Sulfate as SO <sub>4</sub> , mg/l	8.3	
Total Dissolved Solids, mg/l	880	

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LOG NO: B3-30029

Received: 07 JAN 93

Ms. Cathy Winter  
Citrus County Division of Solid Waste Mgt.  
Post Office Box 440  
Lecanto, FL 32661-0440

Project: Citrus County Central Landfill  
Sampled By: Savannah Laboratories

REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
Zinc, mg/l	0.043	
Antimony, mg/l	<0.050	
Beryllium, mg/l	<0.0050	
Nickel, mg/l	<0.040	
Thallium, mg/l	<0.010	
Phenolics, Total Recoverable, mg/l	<0.010	
Cyanide, Total, mg/l	0.025	

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## REPORT OF RESULTS

Page 4

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
PP-Base/Neutral Compounds		
Acenaphthene, ug/l		<10
Acenaphthylene, ug/l		<10
Anthracene, ug/l		<10
Benzidine, ug/l		<80
Benzo(a)Anthracene, ug/l		<10
Benzo(a)Pyrene, ug/l		<10
3,4-Benzofluoranthene, ug/l		<10
Benzo (g,h,i) Perylene, ug/l		<10
Benzo (k) Fluoranthene, ug/l		<10
Bis (2-Chloroethoxy) Methane, ug/l		<10
Bis (2-Chloroethyl) Ether, ug/l		<10
Bis (2-Chloroisopropyl) Ether, ug/l		<10
Bis (2-Ethylhexyl) Phthalate, ug/l		<10
4-Bromophenyl Phenyl Ether, ug/l		<10
Butyl Benzyl Phthalate, ug/l		<10
2-Chloronaphthalene, ug/l		<10
4-Chlorophenyl Phenyl Ether, ug/l		<10
Chrysene, ug/l		<10
Dibenzo (a,h) Anthracene, ug/l		<10
1,2-Dichlorobenzene, ug/l		<10
1,3-Dichlorobenzene, ug/l		<10
1,4-Dichlorobenzene, ug/l		<10
3,3-Dichlorobenzidine, ug/l		<20
Diethyl Phthalate, ug/l		<10
Dimethyl Phthalate, ug/l		<10

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## REPORT OF RESULTS

Page 5

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
Di-N-Butyl Phthalate, ug/l	<10	
2,4-Dinitrotoluene, ug/l	<10	
2,6-Dinitrotoluene, ug/l	<10	
Di-N-Octyl Phthalate, ug/l	<10	
1,2-Diphenylhydrazine, ug/l	<10	
Fluoranthene, ug/l	<10	
Fluorene, ug/l	<10	
Hexachlorobenzene, ug/l	<10	
Hexachlorobutadiene, ug/l	<10	
Hexachlorocyclopentadiene, ug/l	<10	
Hexachloroethane, ug/l	<10	
Indeno (1,2,3-cd) Pyrene, ug/l	<10	
Isophorone, ug/l	<10	
Naphthalene, ug/l	<10	
Nitrobenzene, ug/l	<10	
N-Nitrosodimethylamine, ug/l	<10	
N-Nitrosodi-N-Propylamine, ug/l	<10	
N-Nitrosodiphenylamine, ug/l	<10	
Phenanthrene, ug/l	<10	
Pyrene, ug/l	<10	
1,2,4-Trichlorobenzene, ug/l	<10	
2,3,7,8-TCDD	ND*	

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## REPORT OF RESULTS

Page 6

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
PP-Acid Extractable Organics		
2-Chlorophenol, ug/l		<10
2,4-Dichlorophenol, ug/l		<10
2,4-Dimethylphenol, ug/l		<10
4,6-Dinitro-o-cresol, ug/l		<50
2,4-Dinitrophenol, ug/l		<50
2-Nitrophenol, ug/l		<10
4-Nitrophenol, ug/l		<50
P-Chloro-m-cresol, ug/l		<10
Pentachlorophenol, ug/l		<50
Phenol, ug/l		<10
2,4,6-Trichlorophenol, ug/l		<10

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## REPORT OF RESULTS

Page 7

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
Pesticides/PCB's		
Aldrin, ug/l		<0.050
Alpha-BHC, ug/l		<0.050
Beta-BHC, ug/l		<0.050
Delta-BHC, ug/l		<0.050
Chlordane, ug/l		<0.50
4,4'-DDT, ug/l		<0.10
4,4'-DDE, ug/l		<0.10
4,4'-DDD, ug/l		<0.10
Dieldrin, ug/l		<0.10
Alpha-Endosulfan, ug/l		<0.050
Beta-Endosulfan, ug/l		<0.10
Endosulfan Sulfate, ug/l		<0.10
Endrin Aldehyde, ug/l		<0.10
Heptachlor, ug/l		<0.050
Heptachlor Epoxide, ug/l		<0.050
PCB-1242, ug/l		<1.0
PCB-1254, ug/l		<1.0
PCB-1221, ug/l		<2.0
PCB-1232, ug/l		<1.0
PCB-1248, ug/l		<1.0
PCB-1260, ug/l		<1.0
PCB-1016, ug/l		<1.0

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## REPORT OF RESULTS

Page 8

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	DATE SAMPLED
30029-1	Leachate Effluent	01-07-93
PARAMETER	30029-1	
Volatile Organic Compounds		
Acrolein, ug/l		<100
Acrylonitrile, ug/l		<100
Chlorobenzene, ug/l		<5.0
Chloroethane, ug/l		<10
2-Chloroethylvinyl Ether, ug/l		<50
Dichlorodifluoromethane, ug/l		<5.0
1,1-Dichloroethane, ug/l		<5.0
1,2-Dichloropropane, ug/l		<5.0
1,3-Dichloropropene, ug/l		<5.0
Ethylbenzene, ug/l		<5.0
Methyl Bromide, ug/l		<10
Methyl Chloride, ug/l		<10
Methylene Chloride, ug/l		<5.0
1,1,2,2-Tetrachloroethane, ug/l		<5.0
Toluene, ug/l		<5.0
cis/trans-1,2-Dichloroethylene, ug/l		<5.0
1,1,2-Trichloroethane, ug/l		<5.0
Trichlorofluoromethane, ug/l		<5.0

ND\* = Not Detected.

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## REPORT OF RESULTS

Page 9

## LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30029-2 Lab Blank  
30029-3 Accuracy (% Recovery)  
30029-4 Precision (% RPD)

PARAMETER	30029-2	30029-3	30029-4
Arsenic, mg/l	<0.010	110 %	0.91 %
Barium, mg/l	<0.010	103 %	0 %
Cadmium, mg/l	<0.0050	108 %	0.93 %
Chromium, mg/l	<0.010	105 %	1.9 %
Fluoride, mg/l	<0.20	94 %	0 %
Lead, mg/l	<0.0050	90 %	1.1 %
Mercury, mg/l	<0.00020	104 %	3.9 %
Nitrate-N, mg/l	<0.050	100 %	0.77 %
Selenium, mg/l	<0.010	96 %	3.1 %
Silver, mg/l	<0.010	90 %	1.1 %
Sodium, mg/l	<0.50	106 %	0.94 %
Pesticides (SDWA)			
Endrin, ug/l	<0.10	84 %	12 %
Gamma-BHC, ug/l	<0.050	112 %	5.4 %
Methoxychlor, ug/l	<0.50	---	---
Toxaphene, ug/l	<5.0	---	---
Herbicides (SDWA)			
2,4-D, ug/l	<0.50	47 %	0 %
2,4,5-TP Silvex, ug/l	<0.50	54 %	3.7 %
Trihalomethanes			
Bromoform, ug/l	<5.0	---	---
Chloroform, ug/l	<1.0	---	---
Dichlorobromomethane, ug/l	<1.0	---	---
Dibromochloromethane, ug/l	<1.0	---	---



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## REPORT OF RESULTS

Page 10

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES		
30029-2	Lab Blank		
30029-3	Accuracy (% Recovery)		
30029-4	Precision (% RPD)		
PARAMETER	30029-2	30029-3	30029-4
Primary Drinking-Volatiles			
Benzene, ug/l	<1.0	90 %	3.3 %
Carbon Tetrachloride, ug/l	<1.0	---	---
1,4-Dichlorobenzene, ug/l	<1.0	---	---
1,2-Dichloroethane, ug/l	<1.0	---	---
1,1-Dichloroethylene, ug/l	<1.0	106 %	7.5 %
Tetrachloroethylene, ug/l	<1.0	---	---
1,1,1-Trichloroethane, ug/l	<1.0	---	---
Trichloroethylene, ug/l	<1.0	103 %	5.8 %
Vinyl Chloride, ug/l	<1.0	---	---
1,2-Dibromoethane (EDB), ug/l	<0.020	126 %	9.5 %
Turbidity, NTU	<0.10	109 %	4.7 %
Microbiological			
Total Coliform MF, col/100ml	<1	---	0 %
Fecal Coliform MF, col/100ml	<1	---	5.1 %
Gross Alpha, pCi/l	<0.5	119 %	21 %
Gross Beta, pCi/l	<1.0	113 %	1.3 %
Chloride, mg/l	<1.0	97 %	5.0 %
Color, PCU	<5	---	0 %
Copper, mg/l	<0.025	102 %	0.98 %
Corrosivity (saturation index)	-5.6	---	---
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	92 %	12 %
Iron, mg/l	<0.050	104 %	0.96 %
Manganese, mg/l	<0.010	82 %	2.4 %
Odor, TON	<1	---	0 %
pH, units	5.6	99 %	0.31 %

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## REPORT OF RESULTS

Page 11

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30029-2 Lab Blank  
30029-3 Accuracy (% Recovery)  
30029-4 Precision (% RPD)

PARAMETER	30029-2	30029-3	30029-4
Sulfate as SO <sub>4</sub> , mg/l	<5.0	98 %	2.4 %
Total Dissolved Solids, mg/l	<5.0	97 %	1.6 %
Zinc, mg/l	<0.020	105 %	1.9 %
Antimony, mg/l	<0.050	103 %	1.9 %
Beryllium, mg/l	<0.0050	93 %	0 %
Nickel, mg/l	<0.040	106 %	0.94 %
Thallium, mg/l	<0.010	106 %	2.8 %
Phenolics, Total Recoverable, mg/l	<0.010	92 %	2.2 %
Cyanide, Total, mg/l	<0.010	91 %	1.1 %

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## REPORT OF RESULTS

Page 12

## LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30029-2 Lab Blank  
30029-3 Accuracy (% Recovery)  
30029-4 Precision (% RPD)

PARAMETER	30029-2	30029-3	30029-4
PP-Base/Neutral Compounds			
Acenaphthene, ug/l	<10	76 %	2.6 %
Acenaphthylene, ug/l	<10	---	---
Anthracene, ug/l	<10	---	---
Benzidine, ug/l	<80	---	---
Benzo(a)Anthracene, ug/l	<10	---	---
Benzo(a)Pyrene, ug/l	<10	---	---
3,4-Benzofluoranthene, ug/l	<10	---	---
Benzo (g,h,i) Perylene, ug/l	<10	---	---
Benzo (k) Fluoranthene, ug/l	<10	---	---
Bis (2-Chloroethoxy) Methane, ug/l	<10	---	---
Bis (2-Chloroethyl) Ether, ug/l	<10	---	---
Bis (2-Chloroisopropyl) Ether, ug/l	<10	---	---
Bis (2-Ethylhexyl) Phthalate, ug/l	<10	---	---
4-Bromophenyl Phenyl Ether, ug/l	<10	---	---
Butyl Benzyl Phthalate, ug/l	<10	---	---
2-Chloronaphthalene, ug/l	<10	---	---
4-Chlorophenyl Phenyl Ether, ug/l	<10	---	---
Chrysene, ug/l	<10	---	---
Dibenzo (a,h) Anthracene, ug/l	<10	---	---
1,2-Dichlorobenzene, ug/l	<10	---	---
1,3-Dichlorobenzene, ug/l	<10	---	---
1,4-Dichlorobenzene, ug/l	<10	69 %	2.9 %
3,3-Dichlorobenzidine, ug/l	<20	---	---

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## REPORT OF RESULTS

Page 13

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES		
30029-2	Lab Blank		
30029-3	Accuracy (% Recovery)		
30029-4	Precision (% RPD)		
PARAMETER	30029-2	30029-3	30029-4
Diethyl Phthalate, ug/l	<10	---	---
Dimethyl Phthalate, ug/l	<10	---	---
Di-N-Butyl Phthalate, ug/l	<10	---	---
2,4-Dinitrotoluene, ug/l	<10	80 %	1.3 %
2,6-Dinitrotoluene, ug/l	<10	---	---
Di-N-Octyl Phthalate, ug/l	<10	---	---
1,2-Diphenylhydrazine, ug/l	<10	---	---
Fluoranthene, ug/l	<10	---	---
Fluorene, ug/l	<10	---	---
Hexachlorobenzene, ug/l	<10	---	---
Hexachlorobutadiene, ug/l	<10	---	---
Hexachlorocyclopentadiene, ug/l	<10	---	---
Hexachloroethane, ug/l	<10	---	---
Indeno (1,2,3-cd) Pyrene, ug/l	<10	---	---
Isophorone, ug/l	<10	---	---
Naphthalene, ug/l	<10	---	---
Nitrobenzene, ug/l	<10	---	---
N-Nitrosodimethylamine, ug/l	<10	---	---
N-Nitrosodi-N-Propylamine, ug/l	<10	94 %	4.3 %
N-Nitrosodiphenylamine, ug/l	<10	---	---
Phenanthrene, ug/l	<10	---	---
Pyrene, ug/l	<10	91 %	0 %
1,2,4-Trichlorobenzene, ug/l	<10	72 %	1.4 %
2,3,7,8-TCDD	ND*	---	---

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## REPORT OF RESULTS

Page 14

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES		
30029-2	Lab Blank		
30029-3	Accuracy (% Recovery)		
30029-4	Precision (% RPD)		
PARAMETER	30029-2	30029-3	30029-4
PP-Acid Extractable Organics			
2-Chlorophenol, ug/l	<10	71 %	1.4 %
2,4-Dichlorophenol, ug/l	<10	---	---
2,4-Dimethylphenol, ug/l	<10	---	---
4,6-Dinitro-o-cresol, ug/l	<50	---	---
2,4-Dinitrophenol, ug/l	<50	---	---
2-Nitrophenol, ug/l	<10	---	---
4-Nitrophenol, ug/l	<50	88 %	3.4 %
P-Chloro-m-cresol, ug/l	<10	77 %	2.6 %
Pentachlorophenol, ug/l	<50	85 %	3.5 %
Phenol, ug/l	<10	70 %	5.7 %
2,4,6-Trichlorophenol, ug/l	<10	---	---

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## REPORT OF RESULTS

Page 15

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES		
30029-2	Lab Blank		
30029-3	Accuracy (% Recovery)		
30029-4	Precision (% RPD)		
PARAMETER	30029-2	30029-3	30029-4
Pesticides/PCB's			
Aldrin, ug/l	<0.050	106 %	5.7 %
Alpha-BHC, ug/l	<0.050	---	---
Beta-BHC, ug/l	<0.050	---	---
Delta-BHC, ug/l	<0.050	---	---
Chlordane, ug/l	<0.50	---	---
4,4'-DDT, ug/l	<0.10	79 %	6.3 %
4,4'-DDE, ug/l	<0.10	---	---
4,4'-DDD, ug/l	<0.10	---	---
Dieldrin, ug/l	<0.10	84 %	3.6 %
Alpha-Endosulfan, ug/l	<0.050	---	---
Beta-Endosulfan, ug/l	<0.10	---	---
Endosulfan Sulfate, ug/l	<0.10	---	---
Endrin Aldehyde, ug/l	<0.10	---	---
Heptachlor, ug/l	<0.050	87 %	4.6 %
Heptachlor Epoxide, ug/l	<0.050	---	---
PCB-1242, ug/l	<1.0	---	---
PCB-1254, ug/l	<1.0	---	---
PCB-1221, ug/l	<2.0	---	---
PCB-1232, ug/l	<1.0	---	---
PCB-1248, ug/l	<1.0	---	---
PCB-1260, ug/l	<1.0	---	---
PCB-1016, ug/l	<1.0	---	---

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## REPORT OF RESULTS

Page 16

### LOG NO SAMPLE DESCRIPTION , QC REPORT FOR LIQUID SAMPLES

30029-2 Lab Blank  
30029-3 Accuracy (% Recovery)  
30029-4 Precision (% RPD)

PARAMETER	30029-2	30029-3	30029-4
Volatile Organic Compounds			
Acrolein, ug/l	<100	---	---
Acrylonitrile, ug/l	<100	---	---
Chlorobenzene, ug/l	<5.0	86 %	4.6 %
Chloroethane, ug/l	<10	---	---
2-Chloroethylvinyl Ether, ug/l	<50	---	---
Dichlorodifluoromethane, ug/l	<5.0	---	---
1,1-Dichloroethane, ug/l	<5.0	---	---
1,2-Dichloropropane, ug/l	<5.0	---	---
1,3-Dichloropropene, ug/l	<5.0	---	---
Ethylbenzene, ug/l	<5.0	---	---
Methyl Bromide, ug/l	<10	---	---
Methyl Chloride, ug/l	<10	---	---
Methylene Chloride, ug/l	<5.0	---	---
1,1,2,2-Tetrachloroethane, ug/l	<5.0	---	---
Toluene, ug/l	<5.0	90 %	3.3 %
cis/trans-1,2-Dichloroethylene, ug/l	<5.0	---	---
1,1,2-Trichloroethane, ug/l	<5.0	---	---
Trichlorofluoromethane, ug/l	<5.0	---	---

ND\* = Not Detected.

Method: 40 CFR Part 136, EPA 600/4-79-020

HRS Certification #'s:84385,87279,E84282,E87052



Andre Rachmaninoff

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Fax (205) 666-6696  
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## ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

P.O. NUMBER		PROJECT NUMBER		PROJECT NAME		MATRIX TYPE		REQUIRED ANALYSES										PAGE		OF			
CLIENT NAME				TELEPHONE/FAX NO.																			
Cathy Winter				904-687-9400																			
CLIENT ADDRESS				CITY, STATE, ZIP CODE																			
SAMPLER(S) NAME(S)				CLIENT PROJECT MANAGER																			
SAMPLING				SAMPLE IDENTIFICATION																			
DATE		TIME						NUMBER OF CONTAINERS SUBMITTED															
1/7/92		12:00		Leachate Effluent				3 2 1 6 1 1 4 3 1 4															
RECEIVED BY: (SIGNATURE)				DATE		TIME		RECEIVED BY: (SIGNATURE)				DATE		TIME		RECEIVED BY: (SIGNATURE)				DATE		TIME	
Chris Weisen				12-30-92		12:30						12/31/92		17:00						1/7/93		12:45	
RECEIVED BY: (SIGNATURE)				DATE		TIME		RECEIVED BY: (SIGNATURE)				DATE		TIME		RECEIVED BY: (SIGNATURE)				DATE		TIME	
FOR SAVANNAH LABORATORY USE ONLY										LABORATORY REMARKS													
RECEIVED FOR LABORATORY BY: (SIGNATURE)				DATE		TIME		CUSTODY INTACT		CUSTODY SEAL NO.		S.L. LOG NO.											
J. Hark				1-7-93		3:30		YES NO				B330029											

ORIGINAL





# Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

FILE: CUMUL CO  
CONTROL LF  
LOCATE DATA FILE

## Domestic Wastewater Treatment Plant Monthly Operating Report

### Part I - Instructions

- (1) Enter the month and the year of this report.
- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from the FDER District Office issuing the permit and will remain the same throughout the life of the plant.
- (3)-(7) Enter the plant's name, address, city, county, and phone number.
- (8) Enter the plant's current State of Florida permit number.
- (9) Enter one digit and one letter code to indicate the type of treatment and the plant size. First record the number from 1 to 4 that indicates the type of treatment. Then record the letter A to D that indicates the plant size as shown below.

Type of Treatment		Plant Size (mgd)			
		A	B	C	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥ 0.5 but < 3.0	≥ 0.002 but < 0.5	---
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥ 0.002 but < 1.0	---
3	Activated Sludge operated in the extended aeration mode.	≥ 8.0	≥ 2.0 but < 8.0	≥ 0.025 but < 2.0	≥ 0.002 but < 0.025
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0 but < 10.0	≥ 0.025 but < 3.0	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.	---	---	---	≥ 0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal coliform sample method used.
- (12) Enter the type of effluent disposal or reclaimed water reuse (e.g., surface water discharge, ocean outfall, slow rate land application-public access, slow rate land application-restricted public access, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wet weather discharge permitted under the provisions of Rule 17-610.860(5), F.A.C., check not applicable. If the plant has a wet weather discharge permitted and did not activate the discharge during the reporting month, check no. If the plant activated the wet weather discharge during the reporting month, check yes and attach DER Form 17-601.900(2), F.A.C.
- (14) Enter the total number of days during the current calendar year that the limited wet weather discharge was activated, if applicable.
- (15) Enter the operator Class A, B, C, or D and the certification number of the operator who will have responsibility for the plant or shift for the majority of the time. For example, in shift rotations, enter the operator who will cover that shift most of the time throughout the year. The lead operator is usually in charge of the day shift. Note: This form must be signed by the lead operator as defined in Rule 17-602.200(11).
- (16) Enter the monthly average daily flow in mgd, recorded to three significant figures.
- (17) Enter the permitted capacity in mgd, recorded to three significant figures.
- (18) Enter the three month average daily flow as defined in Rule 17-601.200(46) in mgd, recorded to three significant figures.
- (19) Enter the percent the three month average daily flow is of the permitted capacity.
- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in lbs/day if required by permit.
- (22) Enter the average monthly TSS of the effluent in mg/L as recorded in Item 34.
- (23) Enter the average monthly TSS of the effluent in lbs/day if required by permit.
- (24) Enter the minimum monthly pH of the effluent recorded to the nearest 0.1.
- (25) Enter the maximum monthly pH of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in mg/L as required by the permit.
- (31) Enter the minimum value of total chlorine residual (mg/L to nearest 0.1) measured for disinfection effectiveness after chlorine contact as recorded in Item 34.
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination effectiveness as recorded in Item 34.
- (33) This space is provided for plants which may have additional reporting requirements (i.e., dissolved oxygen).
- (34) Record parameters as directed by Chapter 17-600, F.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd, mg/L, lbs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

DEC 27 91  
SOUTHWEST DISTRICT  
TAMPA

DER Form #	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filed in by DER)

## Domestic Wastewater Treatment Plant Monthly Operating Report

### Part II - General Information

- (1) Month NOVEMBER Year 1991
- (2) Plant's DER Identification Number 41009 C 000 86
- (3) Plant Name LANDFILL LEACHATE PLANT
- (4) Plant Address S.R. 44 / 3 MILES EAST  
OF LECANTO
- (5) City LECANTO
- (6) County CITRUS
- (7) Phone Number 904-746-2694
- (8) Permit Number 5009-187229
- (9) Plant Type LC
- (10) Test Site Identification Number \_\_\_\_\_
- (11) Fecal Coliform Sample Method  
☒ Membrane Filter ☐ Most Probable Number
- (12) Type of Effluent Disposal or Reclaimed Water Reuse EVAP / PERC POND
- (13) Limited Wet Weather Discharge Activated:  
☐ Yes ☐ No ☒ Not Applicable
- (14) Cumulative Days of Wet Weather Discharge \_\_\_\_\_
- (15) Plant Staffing  
Day Shift Operator Class C Cert. No. 8001  
Evening Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Night Shift Operator Class \_\_\_\_\_ Cert. No. \_\_\_\_\_  
Lead Operator Richard B. Robinson C-8001  
Signature \_\_\_\_\_ Cert. No. \_\_\_\_\_

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.007
(17) Permitted capacity	mgd	—	.030
(18) Three-month average daily flow	mgd	—	.009
(19) Percent of permitted capacity	%	—	29
(20) <del>BOD</del> <sub>5</sub> Effluent	mg/L	080082	3
(21) CBOD <sub>5</sub> Effluent	lbs/day	—	0.18
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	0.35
(24) Minimum pH		—	8.0
(25) Maximum pH		—	8.5
(26) Total N	mg/L	000600	12.8
(27) TKN	mg/L	000625	7
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.95
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters:			
COD	mg/L		280
TOC	mg/L		160
TDS	mg/L		3,130
LEAD	mg/L		<.02
CHLORIDE	mg/L		698
TOTAL ALKALINITY	mg/L		513

DER Form 17-601.900(1)  
 Domestic Wastewater Treatment Plant  
 Form Title Monthly Operating Report  
 Effective Date July 1, 1991  
 DER Application No (Filled in by DER)

# Domestic Wastewater Treatment Plant Monthly Operating Report

(34)

Month DECEMBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	BOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.010	1.0						8.4													
2	.010																				
3	.020																				
4	.020	.8						8.4													
5	.010	.6																			
6	.010	1.0				3	6	8.3	7	0.95			<4								
7	.010	.8						8.5													
8	.007	.7						8.4													
9	.000																				
10	.010																				
11	.000																				
12	.007	.8						8.4													
13	.010	1.5						8.1					<4								
14	.014	1.0						8.1													
15	.010	1.0						8.2													
16	.000																				
17	.000																				
18	.000																				
19	.010	.8						8.4													
20	.000	.5						8.2					24								
21	.000																				
22	.000	.5						8.4													
23	.010																				
24	.000																				
25	.010	1.0						8.0					52								
26	.007	.6						8.0													
27	.020	.6						8.4													
28	.000																				
29	.000																				
30	.000																				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Richard B. Robinson C-8001

Date: December 18, 1991

Name (Please Type) Richard B. Robinson

Company Name Citrus County Utilities Division

Telephone No. (Please Type) 904-746-2694



DHRS Certification #'s 84252 & E84025  
November 25, 1991

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 37940  
Sampled By: Client  
Received: 11-07-91

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill

Parameter	Result
Biochemical Oxygen Demand, mg/l	3
Total Suspended Solids, mg/l	6
Chemical Oxygen Demand, mg/l	280
Nitrite Nitrogen, mg/l	120
Nitrate Nitrogen, mg/l	40.95
Total Kjeldahl Nitrogen, mg/l	7
Total Nitrogen, mg/l	128
pH, units	8.3
Total Organic Carbon, mg/l	100
Total Dissolved Solids, mg/l	3,130
Lead, mg/l	< 0.02
Chloride, mg/l	698
Total Alkalinity, mg/l	560
Fecal Coliform, colonies/100ml	

<sup>4</sup>  
*Garrett McGibbon*

Garrett McGibbon  
Laboratory Manager

NOV 2 1991

FORWARDED TO:  
D.E.R. TAC  
DATE: 12/18/94



P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

DHRS Certification #'s 84252 & E84025  
November 26, 1991

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 38080  
Sampled By: Client  
Received: 11-14-91

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill - Leachate Plant

Parameter	Result
pH, units	8.1
Alkalinity, mg/l $\text{CaCO}_3$	580
Fecal Coliform, colonies/100ml	< 4

FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12/18/91

DEC 2 1991

*Garrett McGibbon*  
Garrett McGibbon  
Laboratory Manager



DHRS Certification #'s 84252 & E84025  
November 26, 1991

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

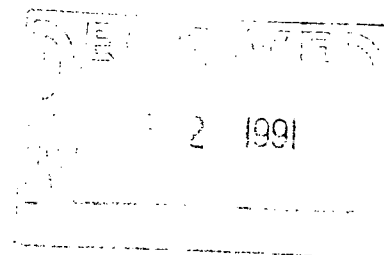
Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 38230  
Sampled By: Client  
Received: 11-21-91

Sample Description:  
Wastewater

Sample Identification:  
Citrus County Leachate Plant

Parameter	Result
pH, units	8.2
Alkalinity, mg/l $\text{CaCO}_3$	464
Fecal Coliform, colonies/100ml	24



FORWARDED TO:  
D.E.R. TAMPA  
DATE: 12/18/91

*Garrett McGibbon*  
Garrett McGibbon  
Laboratory Manager



DHRS Certification #'s 84252 & E84025  
December 3, 1991

P.O. Box 1833  
Tampa, Florida 33601  
(813) 229-2879

Gator Water & Wastewater  
P.O. Box 1940  
New Port Richey, FL 34656

Lab No.: 38299  
Sampled By: Client  
Received: 11-26-91

Sample Description:  
Leachate

Sample Identification:  
Citrus County Landfill  
Leachate Plant

Parameter	Result
pH, units	8.0
Total Alkalinity, mg/l $\text{CaCO}_3$	448
Fecal Coliform, colonies/100ml	52

RECEIVED  
DEC 11 1991

FORWARDED TO:  
D.E.R., TAMPA  
DATE: 12/18/1991

Garrett McGibbon  
Garrett McGibbon  
Laboratory Manager