

# 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

or Environmental Protection Departiment SOUTHWEST DISTRICT

FILE: CUTEURS O

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

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,

oh Hedaeco

Director of Utilities

RH:ckn

Attachments



## Florida Department of Environmental Regultion

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

OEB Som a	17-601.900m
Form Tide_A	17-801.900m Consists Wise Treatment Plant Honthly Operating Report
Effective Date	July 1, 1997
DER Approx	oon No
	(Filled in by OER)

SOLID WASTE LEACHATE TPEATMENT FACILITY

## Monthly Operating Report

Part I - Instructions

AG.	JUN 1 9 1995	
Depart	tri. Soli Southwest Dist	al Protection
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)							
		Α	В	С	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	1				
3	Activated Sludge operated in the extended aeration mode.	≥8.0	. ≥2.0 but <8.0	≥0.025	≥0.002 but <0.02				
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	>0.002				
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 colliform 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 wor weather discharge permitted under the provisions of Rule 17-C10.660(5), E.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), E.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 snift 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
- (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.

Souther 2 District 1900 S Congriss Ave Suite A 'Abst Paim Beach Florida 33406 407-417-2555

CIER Form 8: 17-801.900(1)	
COMMENT 17-801.900(1) Comestic Wasternam Treatmon, Plant Form Tile. Monthly Operating Report	
Street Case July 1, 1991	_
CIER Addresson No	_
Filled in by OER	_

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

(1)	Manth 1995
(2)	Plant's DER Identification Number 400900086
	Plant Name CENTVAL LANDFILL
	leuchate PIANT
(4)	Plant Address SR 44 3 Miles
	E. lecanto
(5)	cinlecanto
(6)	County City US
(7)	Phone Number (904) 746-2694
(B)	Permit Number <u>\$009 - 187229</u>
(9)	Plant Type
(10)	Test Site Identification Number
(n)	Fecal Coliform Sample Method
	Mismbrano Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No
	Evening Shift Operator Class Cert. No
	Night Shift Operator ClassCert. No.
	Lead Operator Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mga	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	0 *
(21) CBOD <sub>5</sub> Effluent	lbs/day	_	;
(22) TSS Effluent	mg/L	900201	0×
(23) TSS Effluent	ibs/day	_	:
(24) Minimum pH		-	0+
(25) Maximum pH		-	0*
(26) Total N	mg/L	000600	
(27) TKM	rng/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			OX
TOS			DX
COD			OX
Total Nitrogen			OX
			- ×

X= NO EXX

DER Form	17-601.900(1)
	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
DER Apple	stan Na
	Filled in by OER)

# solid waste leachate treatment facility Monthly Operating Report

(34	<b>)</b> : .				·											Month	M	ay		_ Year	19	<u> 15</u>
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH <sub>3</sub> · N Efficent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Moride	Sodium	TOS	Sign	oth Nitropu				
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# 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

and Environmental Protection SOUTHWEST DISTRICT

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

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 April, 1995.

edacoth

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

OER Form	, 17-601.900(1)	
	Domestic Wastawater-Treatment Plant Monthly Operating Report	
Effective Oa	July 1, 1991	
OER RED	abon No	
	(Filled in by DER)	_

SOLID WASTE LEACHATE TPEATMENT FACILITY

## Monthly Operating Report

### Part I - Instructions

D)	CIVE	THE PARTY OF THE P
	MAY 2 2 1995	

Depar Sour riwEST 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.
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		Α	; В	С	D				
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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 colliform 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 well 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 snift for the majority of the time. For example, in shift rotations, enter the operator who will cover that snift 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).
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- (20) Enter the average monthly CBOD<sub>5</sub> of the effluent as recorded in Item 34.
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OER Form # 17-801.900(1)  Comestic Wassesser Treatment Plant
Form Title Monthly Operating Report
TOWN TOWN
Street One July 1, 1991
CER Application No.
(Filled in by OER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

	$\Lambda$ 11 100.
(1)	Month HPY Year 1995
(2)	Plant's DER Identification Number 40090086
(E)	Plant Name Landtill leachate
	riant
( <del>4)</del>	Plant Address DK 44 3 miles E.
	LECanto
(5)	city UCONTO
(6)	County CITYUS.
(7)	Phone Number (904) 146 - 2694
<b>(B)</b>	Permit Number 5009 - 87229
(9)	Plant Type
(1 <b>0</b> )	Test Site Identification Number
(ii)	Fecal Coliform Sample Method
	Wiembrand Filter Most Probable Number /
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 1016
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert, No
	Lead Operator OWUD CONLY COLL
	Signature Cert. No.

		•		
	Parameter	Units	STORET Code	Value
(16)	Monthly average daily flow	mgd ·	050053	1000
(17)	Permitted capacity	mgd	_	1030
(18)	Three-month average daily flow	mgd		,000
(19)	Percent of permitted capacity	%		0*
(20)	CBOD₅ Effluent	mg/L	080082	L/IA
(21)	CBOD <sub>5</sub> Effluent	lbs/day		NA
(22)	TSS Effluent	mg/L	900201	NA
(23)	TSS Effluent	lbs/day	_	NA
(24)	Minimum pH			O*
(25)	Maximum pH		_	0×
(26)	Total N	mg/L	000600	MA
(27)	TKN	mg/L	U00625	NA
(28)	Ammonia (NH3 - N)	mg/L	000610	NA
(29)	Nitrate	mg/L	071850	0×
(30)	Total Phosphorus	mg/L	000665	NA
(31)	Minimum Chlorine Residual	mg/L	_	NA
(32)	Maximum Chlorine Residual	mg/L	_	MA
(33)	Other Effluent Parameters			MA
C	novide			0*
5	odium			0*
I	DS			0×

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

# solid waste leachate treatment facility Monthly Operating Report

(34)	: ·	-					_									Month	A	Dri		_ Year	1995	_ 
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>s</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	Spdim	TOS						
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CITRUS COUNTY

### DEPARTMENT OF TECHNICAL SERVICES



April 20, 1995

Utilities Division

Department at Environmental Protection SOUTHWEST DISTRICT

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:

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lgcoth

Sincerely,

Ralph Hedgecoth

Director of Utilities

RH:ckn

Attachments



## Florida Depa. .ment of Environmental Regulation

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

DER form a	17-801.900m
Form Title_	17-601.900(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Car	July 1, 1991
OER Applica	
	(Filled in by DER)

SOLID WASTE LEACHATE TPEATMENT FACILITY

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### Part I - Instructions

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- (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 snift for the majority of the time. For example, in shift rotations, enter the operator who will cover that snift 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
- (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.

OFR Form a	17-601.900(1) ·
Popular Data - A	17-601.900(1) Comestic Westerman Treatmen Plant forthly Operating Report
	البالي 1, 1991 . البالي
LICH ADDRESS	Filled in by OER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part II - General Information

(1)	Month Warch Year 1995
(2)	Plant's DER Identification Number 4009 00086
(3)	Plant Name Landfill Leachate
	Plant
( <del>4)</del>	Plant Address SR 44 3 miles E.
	Lecanto
(5)	city Lecanto
	County CITYIS
	Phone Number (904) 144-2694
<b>(B)</b>	Permit Number <u>S009-187229</u>
( <del>9)</del>	Plant Type
(t <b>O</b> )	Test Site Identification Number NA
(11)	Fecal Coliform Sample Method
	Membrane Filter
(12)	Type of Effluent Disposal or Reclaimed Water Reuse WA
(12)	
	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated
	Type of Effluent Disposal or Reclaimed Water Reuse W/A
(1 <b>3)</b>	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated
(1 <b>3)</b>	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge Plant Staffing
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge WA  Plant Staffing  Day Shift Operator Class Cert. No.  Night Shift Operator Class Cert. No.  Night Shift Operator Class Cert. No.  Cert. No.
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge WA  Plant Staffing  Day Shift Operator Class Cert. No.  Evening Shift Operator Class Cert. No.  Night Shift Operator Class Cert. No.  Lead Operator WWWO (AML) COLOTH
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse WA  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge WA  Plant Staffing  Day Shift Operator Class Cert. No.  Night Shift Operator Class Cert. No.  Night Shift Operator Class Cert. No.  Cert. No.

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

\* Due to No Effluent

- 1	
1	DER Form _ 17-801.900m
	Comeste Wasswater Treatment Plant Form Title Monthly Operating Report
	Count (166 Transmit Abergrand Liebout
	Effective Date July 1, 1991
- 1	OER Application No.
ì	(Filled in by OER)

# solid waste leachate treatment facility Monthly Operating Report

(34)		<del>,</del>	<del>,</del>	,		,										Month	Ma	rch		_ Yea	19	95
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>s</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>6</sub> Effluent (mg/L.)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chloride	Sodium	TOS						
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	any Name					lities	s Div	ision		Pace		Te	lephor	ne No.	(Pleas	<b>e</b> Type	90.	<del>4-746</del>	-2694			



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 MAR 16 1995

Department. Environmental Protection
BY

SOUTHWEST DISTRICT

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 February, 1995.

Sincereby,

Ralph Medgecoth

Director of Utilities

RH:ckn

Attachments



## Florida Department of Environmental Regulation

Twin Towers Office Bldg. ● 2600 Blair Stone Road ● Tailahassee. Florida 32399-2400

<b>DER Form</b>	<u>, 17-601.900(1)</u>
Form Title_	Comestic Wastewater-Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
DER Apple	200n No
	(Filed in by DER)

SOLID WASTE LEACHATE TREATMENT FACILI Monthly Operating Report

Department of Environmental Protection SOUTHWEST DISTRICT

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 Siz	ze (mga)	
-		A	. 8	С	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	≥ 0.025	≥ 0.002
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥10.0	but < 8.0 : ≥3.0 but < 10.0 :	but <2.0 ≥0.025 but <3.0	> 0.002
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 colilform 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 were weather discharge permitted under the provisions of Rule 17-010.860(5), EA.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), E.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 snift 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
- (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.

CER Form	2: 17-601.900(f)
Form Dia	Comestic Wasterners Treatment Plant Monthly Operasing Report
	· · · · · · · · · · · · · · · · · · ·
	amon No.
	:Filled in by OER)

# solid waste leachate treatment facility Monthly Operating Report

## Part II - General Information

(1)	Month February Year 1995.
(2)	Plant's DER Identification Number 40090086
(E)	Plant Name Landfill lachate
	Plant
( <del>4)</del>	Plant Address DR 44 3 Miles
	C. Lecanto
(5)	City Lecanto
(6)	County CATA OUT
	Phone Number (904) 196-2694
<b>(B</b> )	Permit Number <u>S009-181229</u>
(9)	Plant Type 1 - C
(10)	Test Site Identification Number
(11)	Fecal Coliform Sample Method
	Membrans Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
	-
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 906
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cont. No. Cont. No. Cont.
	Lead Operator Can. No.
	/ 1

	•		
Parameter	Units	STORET Code	∨alue
(16) Monthly average daily flow	mgd	050053	.000
(17) Permitted capacity	mgd	_	D30
(18) Three-month average daily flow	i mga	-	:008
(19) Percent of permitted capacity	%	_	27%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	N/A
(21) CBOD₅ Effluent	lbs/day	_	NA
(22) TSS Effluent	mg/L	900201	NA
(23) TSS Effluent	ibs/day	<del>-</del>	NA
(24) Minimum pH		_	0/*
(25) Maximum pH		_	() ×
(26) Total N	mg/L	000600	MA
(27) TKN	mg/L	U00625	NA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	0×
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L		NA
(32) Maximum Chlorine Residual	mg/L	-	NIÅ
(33) Other Effluent Parameters			NA
Chloride			0x
Sodium		٠.	0*
TOS			0*
·			
		-	
	-11		

X=plant Off-line No Effluent

OER Form	17-801.900m
	Domestic Wastewarer Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
DER Apple	
	:Filled in by DER)

# solid waste leachate treatment facility Monthly Operating Report

(34)																Month	FP	01/0	4	_ Yea	<u>. 190</u>	15_
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>s</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	1705		-				
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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



February 16, 1995

Department of Environmental Protection
Utilities DivisionTHWEST DISTRICT

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 Hædgecoth d

Director of Utilities

RH:ckn

Attachments

P. Form s. 17-601.900(1)	y.=
Oomesig Wassenser-Tree Monthly Operating Report	izment Plant
July 1, 1991	<del> </del>
P Approximan No.	
ifiled in (	DY 0890 YO

# solid waste leachate treatment facility Monthly Operating Report

Part II - General Information

nformation  By SOUTH	Environment	995 Navo	
Parameter	Units	STORET Code	<i>o<sub>i,</sub></i> ∀al <b>ue</b>
(16) Monthly average daily flow	mgd	050053	(000)
(17) Permitted capacity	mgd	_	.030
(18) Three-month average daily flow	m <b>gd</b>	_	.015
(19) Percent of permitted capacity	%	_	50 %
(20) CBOD <sub>5</sub> Effluent -	mg/L	080082	MA
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	MA
(22) TSS Effluent	mg/L	900201	N/A
(23) TSS Effluent	lbs/day	_	NA
(24) Minimum pH		_	0*
(25) Maximum pH		_	0×
(26) Total N	mg/L	000600	Ma
(27) TKM	′′′g/L	000625	NA
(28) Ammonia (NH3 - N)	mg/L	000610	NA
(29) Nitrate	mg/L.	071850	0*
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	MA
(32) Maximum Chlorine Residual	mg/L	-	NA
(33) Other Effluent Parameters			NA
Chloride.			$\mathcal{O}_{\times}$
Sodium			O×
IDS			OX
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	To come to to to
(T)	Month DV UQV Year Year
(2)	Plant's DER Identification Number 40090086
<b>(E</b> )	Plant Name Landtill Leachate
	Pant
( <del>4)</del>	Flant Address JR 49 3 MIRS E
	(ecanto
(5)	city Lecanto
(6)	County CITYUS
(7)	Phone Numbe (904) 796 - 2694
<b>(B</b> )	Permit Number 5009 - 187229
(9)	Plant Type
(10)	Test Site Identification Number WH
(11)	Feçal Coliform Sample Method
	Membrano Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse NA
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
. ,	
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 906
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator Lambo (Mly C9016
	Signature Cert. No.

X= F	lant	off-line	no	EFFILENT
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## Florida Department of Environmental Regulation

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

OER Form #17-801.900(1)	,	•
OER Form # 17-601.900(1)  Domestic Wastewe Form Title Monthly Operating	Her Treatm Report	ent Plant
Effective Date July 1, 1991		
DER Application No.		
		JERI I

## 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)						
	<u></u>	A	8	С	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 I 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	≥0.025 but <2.0	≥0.002				
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0	≥0.025 but < 3.0	> 0.002				
5	Septic tank or other on-site waste treatment systems with subsurface disposal.			. Dut < 3.0	≥0.005				

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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 well-weather discharge permitted under the provisions of Rule 17-010.860(5), EA.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 snift 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 mgg, 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 ibs/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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

OER Form	17-801.900(1)
	Domestic Wassewater Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
DER Apple	ation No.
	;Filled in by OER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(34)			<del>,</del>													Month	JAI	JUA	14	_ Yea	190	15_
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	( Moride	Sodium	Tos						
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## Orlando Laboratories, Inc. P.O. Box 149127, Orlando, FL 32814

(407) 896-6645 FAX (407) 898-6588

#### 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

01B Leachate Tank #1

Sample Identification Description of Analysis Description of Analysis

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

Field Data for DER Samples

BOD 5 Day

Nitrogen, Ammonium Total Suspended Solids

EDB/DBCP in Water

Bicarbonate

Cobalt

Inorganic Chemical (ICAP) Secondary Chemical (ICAP)

Nitrogen, Nitrate

Vanadium

Alkalinity

Chemical Oxygen Demand Nitrogen, Total Kjeldahl

Field Data for DER Samples 03A Method Blank

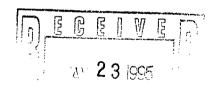
GC/MS Vol Organics: Appx I

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

Sample Collection (Yes/No)

NA

Orlando Laboratories, Inc. Report of Analysis for DER Page: 2

Ground Water Elevation: (above MSL) NA

#### Citrus County Landfill

PARAMETER MONITORING REPORT (Rule 17-3.402, 17-3.404 - 17-3.406) GMS # 4009C00086 Sample Date: 01/03/95 Monitoring Well #: NA Well type [ ] Background Well Name: LEACHATE TANK 1 [ ] Site Boundary [ ] Intermediate [ ] Compliance Classification of Groundwater:NA Well Developed Prior to [X] Other

STORET	,	Sampling	Analysis	Analysis			Preservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	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	Na2S203
38760	DBCP	Grab	EPA_504	<0.02	ug/l	UNF	Na2S203
81552	Acetone	Grab	EPA 8260	<50	ug/l	UNF	HC I
34215	Acrylonitrile	Grab	EPA 8260	<40	ug/l	UNF	HCI
78124	Benzene	Grab	EPA 8260	<5	ug/l	UNF	HC I
73085	Bromochioromethane	Grab	EPA 8260	<25	ug/l	UNF	HC I
32101	Bromodichloromethane	Grab	EPA 8260	<3.0	ug/l	UNF	HC1
32104	Bromoform	Grab	EPA 8260	<20	ug/l	UNF	HC1
77041	Carbon disulfide	Grab	EPA 8260	<25	ug/l	UNF	HC I
32102	Carbon tetrachloride	Grab	EPA 8260	<15	ug/l	UNF	HC I
34301	Chlorobenzene	Grab	EPA 8260	<25	ug/l	UNF	HC I
34311	Chloroethane	Grab	EPA 8260	<50	ug/l	UNF	HC I
32106	Chloroform	Grab	EPA 8260	<25	ug/I	UNF	HC I
32105	Dibromochloromethane	Grab	EPA 8260	<5	ug/l	UNF	HC I
34536	1,2-Dichlorobenzene	Grab	EPA 8260	<25	ug/l	UNF	HC I
34571	1,4-Dichlorobenzene	Grab	EPA 8260	<25	ug/l	UNF	HC1
77268	t-1,4-Dichloro-2-butene	Grab	EPA 8260	<250	ug/l	UNF	HC1
34496	1,1-Dichloroethane	Grab	EPA 8260	<25	ug/l	UNF	HCI
34531	1,2-Dichloroethane	Grab	EPA 8260	<15	ug/l	UNF	HC I
34501	1,1-Dichloroethylene	Grab	EPA 8260	<25	ug/i	UNF	HCI
81686	c-1,2-Dichloroethylene	Grab	EPA 8260	<25	ug/i	UNF	HCI
34546	t-1,2-Dichloroethylene	Grab	EPA 8260	<25	ug/l	UNF	HCI
34541	1,2-Dichloropropane	Grab	EPA 8260	<25	ug/l	UNF	HC I
34704	c-1,3-Dichloropropene	Grab	EPA 8260	<5	ug/l	UNF	HCI
34699	t-1,3-Dichloropropene	Grab	EPA 8260	<5	ug/l	UNF	HC I
34371	Ethylbenzene	Grab	EPA 8260	45	ug/l	UNF	HC I
77103	2-Hexanone	Grab	EPA 8260	<50	ug/l	UNF	HC I
34413	Methyl bromide	Grab	EPA 8260	<50	ug/l	UNF	HC I
34418	Methyl chloride	Grab	EPA 8260	<14	ug/l	UNF	HC1
81595	Methyl ethyl ketone	Grab	EPA 8260	<50	ug/l	UNF	HC I

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

Orlando Laboratories, Inc. Report of Analysis for DER

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#### Citrus County Landfill

PARAMETER MONITORING REPORT

(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS #:

4009C00086

Sample Date:

01/03/95

Monitoring Well #:

NA ...

Well Name:

LEACHATE TANK 1

STORET		Sampling	Analysis	Analysis			Preservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	Used
77424	Methyl iodide	Grab	EPA 8260	<50	ug/l	UNF	HCI
78133	4-Methyl-2-pentanone	Grab	EPA 8260	<50	ug/l	UNF	HC I
30217	Methylene bromide	Grab	EPA 8260	<25	ug/l	UNF	HC I
34423	Methylene chloride	Grab	EPA 8260	<25	ug/l	UNF	HC I
77128	Styrene	Grab	EPA 8260	<25	ug/l	UNF	HC I
77562	1,1,1,2-Tetrachloroethane	Grab	EPA 8260	<5	ug/l	UNF	HC1
34516	1,1,2,2-Tetrachloroethane	Grab	EPA 8260	<2.5	ug/l	UNF	HC1
34475	Tetrachloroethylene	Grab	EPA 8260	<15	ug/l	UNF	HC1
78131	Toluene	Grab	EPA 8260	<25	ug/l	UNF	HC1
34506	1,1,1-Trichloroethane	Grab	EPA 8260	<25	ug/l	UNF	HC1
34511	1,1,2-Trichloroethane	Grab	EPA 8260	<25	ug/l	UNF	HC I
39180	Trichloroethylene	Grab	EPA 8260	<15	ug/l	UNF	HC I
34488	Trichlorofluoromethane	Grab	EPA 8260	<25	ug/l	UNF	HC I
77443	1,2,3-Trichloropropane	Grab	EPA 8260	<25	ug/l	UNF	HC I
77057	Vinyl Acetate	Grab	EPA 8260	<50	ug/l	UNF	HC I
39175	Vinyl Chloride	Grab	EPA 8260	<5	ug/I	UNF	HC I
81551	Xylene (total)	Grab	EPA 8260	80	ug/I	UNF	HC1
00440	Bicarbonate	Grab	EPA_SM2320B	2440	mgHC03/I	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. Effective January 1, 1983 DER form 17-1.216(2)

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

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### Citrus County Landfill

PARAMETER MONITORING REPORT

(Rule 17-3.402, 17-3.404 - 17-3.406)

GMS #:

4009C00086

Sample Date:

01/03/95

Monitoring Well #:

NA

Well Name:

LEACHATE TANK 1

STORET	•	Sampling	Analysis	Analysis		Р	reservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	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/I	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) Sample Date: 4009C00086 01/03/95 Well type Background Monitoring Well #: NA Well Name: LEACHATE TANK 1 [ ] Site Boundary [ ] Intermediate Classification of Groundwater:NA [ ] Compliance Well Developed Prior to [X] Other Sample Collection (Yes/No) NA Ground Water Elevation: (above MSL) NA

STORET	•	Sampling	Analysis	Analysis			Preservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	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/	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

Order #: 95-01-020-03A Client: Citrus County

### Orlando Laboratories, Inc. Report of Analysis for DER

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### Citrus County Landfill

*	*	PARAMETER MONITORING REPORT	
		(Rule 17-3.402, 17-3.404 - 17-3.406)	
GMS # :	NA	Sample Date:	
Monitoring Well #:	NA	Well type	[ ] Background
Well Name:	METHOD BLANK		[ ] Site Boundary
			[ ] Intermediate
Classification of G	roundwater: <u>NA</u>	_	[ ] Compliance
Well Developed Prior	r to	_	[X] Other
Sample Collection (		Ground Water Elevation:	(above MSL) NA

STORET		Sampling	Analysis	Analysis		Р	reservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	Used
77651	EDB	NA	EPA_504	<0.02	ug/l	UNF	Na2S203
38760	DBCP	NA	EPA_504	<0.02	ug/l	UNF	Na2S203
81552	Acetone	NA	EPA 8260	<10	ug/l	UNF	HCI
34215	Acrylonitrile	NA	EPA 8260	<8	ug/l	UNF	HC I
78124	Benzene	NA	EPA 8260	<1	ug/l	UNF	HC I
73085	Bromochloromethane	NA	EPA 8260	<5	ug/l	UNF	HC1
32101	Bromodichloromethane	NA	EPA 8260	<0.6	ug/l	UNF	HC I
32104	Bromoform	NA	EPA 8260	<4	ug/l	UNF	HC I
77041	Carbon disulfide	NA	EPA 8260	<5	ug/l	UNF	HC I
32102	Carbon tetrachloride	NA	EPA 8260	<3	ug/l	UNF	HC I
34301	Chlorobenzene	NA	EPA 8260	<5	ug/l	UNF	HC I
34311	Chloroethane	NA	EPA 8260	<10	ug/l	UNF	HC I
32106	Chloroform	NA	EPA 8260	<5	ug/l	UNF	HC1
32105	Dibromochloromethane	NA	EPA 8260	<1	ug/l	UNF	HC I
34536	1,2-Dichlorobenzene	NA	EPA 8260	<5	ug/l	UNF	HC I
34571	1,4-Dichlorobenzene	NA	EPA 8260	<5	ug/l	UNF	HC I
77268	t-1,4-Dichloro-2-butene	NA	EPA 8260	<50	ug/l	UNF	HCI
34496	1,1-Dichloroethane	NA	EPA 8260	<5	ug/l	UNF	HC I
34531	1,2-Dichloroethane	NA	EPA 8260	<3	ug/l	UNF	HC1
34501	1,1-Dichloroethylene	NA	EPA 8260	<5	ug/l	UNF	HC I
81686	c-1,2-Dichloroethylene	NA	EPA 8260	<5	ug/l	UNF	HC1
34546	t-1,2-Dichloroethylene	NA	EPA 8260	<5	ug/l	UNF	HCI
34541	1,2-Dichloropropane	NA	EPA 8260	<5	ug/l	UNF	HC I
34704	c-1,3-Dichloropropene	NA	EPA 8260	<1	ug/l	UNF	HCI
34699	t-1,3-Dichloropropene	NA	EPA 8260	<1	ug/I	UNF	HC1
34371	Ethylbenzene	NA	EPA 8260	<5	ug/1	UNF	HC1
77103	2-Hexanone	NA	EPA 8260	<10	ug/I	UNF	HC I
34413	Methyl bromide	NA	EPA 8260	<10	ug/I	UNF	HC I
34418	Methyl chloride	NA NA	EPA 8260	<2.7	ug/l	UNF	HC I
81595	Methyl ethyl ketone	NA NA	EPA 8260	<10	ug/i	UNF	HC I
77424	Methyl iodide	NA NA	EPA 8260	<10	ug/l	UNF	HC I
78133	4-Methyl-2-pentanone	NA NA	EPA 8260	<10	ug/l	UNF	HC1
30217	Methylene bromide	NA	EPA 8260	<5	ug/l	UNF	HCI
30217	metnylene promide	NA	EPA 8260	<0	ug/ i	UNF	noi

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 #: 95-01-020-03A .Client: Citrus County

Orlando Laboratories, Inc. Report of Analysis for DER

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#### Citrus County Landfill

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

Sample Date:

GMS #:

NA

Monitoring Well #: Well Name:

NA

METHOD BLANK

STORET		Sampling	Analysis	Analysis			Preservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	Used
34423	Methylene chloride	NA	EPA 8260	<5	ug/l	UNF	HC1
77128	Styrene	NA	EPA 8260	<5	ug/l	UNF	HC I
77562	1,1,1,2-Tetrachloroethane	NA	EPA 8260	<1	ug/l	UNF	HC I
34516	1,1,2,2-Tetrachloroethane	NA	EPA 8260	<0.5	ug/l	UNF	HCI
34475	Tetrachloroethylene	NA	EPA 8260	<3	ug/l	UNF	HC1
78131	Toluene	NA	EPA 8260	<5	ug/l	UNF	HC I
34506	1,1,1-Trichloroethane	NA	EPA 8260	<5	ug/l	UNF	HC I
34511	1,1,2-Trichloroethane	NA	EPA 8260	<5	ug/l	UNF	HC I
39180	Trichloroethylene	NA	EPA 8260	<3	ug/I	UNF	HC I
34488	Trichlorofluoromethane	NA	EPA 8260	<5	ug/l	UNF	HC I
77443	1,2,3-Trichloropropane	NA	EPA 8260	<5	ug/I	UNF	HC I
77057	Vinyl Acetate	NA	EPA 8260	<10	ug/I	UNF	HC I
39175	Vinyl Chloride	NA	EPA 8260	<1	ug/I	UNF	HC I
81551	Xylene (total)	NA	EPA 8260	<5	ug/I	UNF	HC I

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

Report Number: 95-01-020

#### 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
Nickei	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	L0
Nitrite	DI SPIKE	100	100	0	01/05/95	K0
Ammonia Nitrogen	9412444-05	94	94	0	01/05/95	K0
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	K0
Total Dissolved Solids*	9501038-01	NA	NA	4	01/10/95	K0
Chemical Oxygen Demand	9501133-05	117	125	5	01/13/95	К0
Parameter	•	ase Narrative	for 95-01-020			
Sodium	C	oncentration.	data out of ( (Concentrati to analyte cor	on of spike		
Chromium			tion limit due ecessary due t			

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

Citrus County Attn: Cathy Winter

Report Number: 95-01-020

### Quality Control Data Sheets

Parameter	•	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		28.2	94	27.2	91	3

#### MATRIX SPIKE QUALITY CONTROL LIMITS

COMPOUND	LOWER	WATER UPPER	RPD	LOWER	SOIL 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

		WATER			SOIL	
COMPOUND	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

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

# CHAIN-OF-CUSTODY RECORD (INSTRUCTIONS ON BACK)

Page	/ of/_	<b>▲</b> ,,
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1) INVOICE TO	Company and Individ	sul - for	bex	JODRES	SS (City	, State	e, Zip)	ca to , h 34460-03	40	(4)	CONTA 17 TU	CT PER	SON/P	HONE 170 SOC	# INV ~~ > (2	OICE			158	4 OLIWOR	K ORDER #
3 ORIGINAL R	EPORT TO: (Company										CONTA									-	
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	ENTIFICATION	① DATE/TIME	® dwoo	GRAB	WATER	SOIL	отнев	(3) SAMPLE DESCRIPTION	NUMBER OF		A A				/\ V/	7	/	/	// 9	REMARKS	
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2nd	1461	I Just		1		,	id	(m)		_			7.1	0	1	<del>)      </del>					
3rd	1	100-			- (* \			J. J. J. J. J. J. J. J. J. J. J. J. J. J			MPLER'S	SIGNA	hu TURE	<i>(</i>	la	M	<u>,                                    </u>				

Leachate, anal.



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:

January 23, 1995

Departs SOUTHWEST DISTENDENT 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.

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 <u>December</u>, 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

ER Form #	17-601.900(1) Domestic Wastewater Treatment Plant
orm Tide	Comestic Wastewater Treatment Plant Viontitly Operating Report
Hective Oad	July 1, 1991
ER Appaca	tion No
	(Filled in by DER)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Reput

Part I - Instructions

Depare	wimental Protection
Suultiv	EST 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)							
		Α	8	С	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	≥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	> 0.025	≥ 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 colilform 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 were weather discharge permitted under the provisions of Rule 17-010.860(5), E.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 snift 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 CBOD₅ of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD₅ of the effluent in ibs/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
- (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.

OER Form-	17-801.900(1)	-
(	Comestic Wastewater Treatment Plant Monthly Operating Report	_ :
STORE COM	July 1, 1991	_
CIER Applica	ton No	_
	(Filled in by OER)	;

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

## Part II - General Information

(T)	Manth December Year 1994
(2)	Plant's DER Identification Number 4000086
	Plant Name Landfill Leachatt
	SQ )1(1 210 10 7
( <del>4)</del>	Plant Address SK 44 SMILG E
(5)	city Lecanto
(6)	County CLTVUS
(7)	Phone Number (904) 164-2694
<b>(B</b> )	Permit Number <u>\$609 - 187279</u>
(9)	Plant Type
(10)	Test Site Identification Number
	Fecal Coliform Sample Method
	Membrano Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
()	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
( /	
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 7016
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator Signature Cert. No.

	•		
Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	NO EFF
(17) Permitted capacity	mgd	_	()30
(18) Three-month average daily flow	m <b>gd</b>	_	.021
(19) Percent of permitted capacity	%	_	70%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	NA
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	MA
(22) TSS Effluent	mg/L	900201	NA
(23) TSS Effluent	ibs/day	_	NA
(24) Minimum pH		_	NO EAR
(25) Maximum pH		_	NO EFF
(26) Total N	mg/L	000600	NA
(27) TKN	mg/L	U00625	NA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	NO EFF
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	NA
(32) Maximum Chlorine Residual	mg/L	_	NA
(33) Other Effluent Parameters			NA
Chlorde			NO EFF
Sodium			NOEFF
103			NOEFF
·			
		·	

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

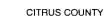
# solid waste leachate treatment facility Monthly Operating Report

(34)															Month	12	De	cimp	& Kear	$-l^{\gamma}$	75	
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Sodium	Chloride	(0)					•	
		<u> </u>						NO			NO		NO	No	NO	No						
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### CITRUS COUNTY CENTRAL LANDFILL - CITRUS COUNTY FLORIDA

	Trons rev	CHATE GEN	ERATION,	LEACHATE DISPOS	AL AND PRE	CIPITATIO	N DATA			leche15		<del></del>
	INFLUE	NT FROM	TOTAL	INFLUENT FROM	d moment	DYCROCAL					医哈巴斯里达弗里拉地里耳巴巴巴地	
ממא	LIFT ST	PATIONS	FOR LIFT	STORMWATER	ON	DISPOSAL OFF	OFF-SI	TE DISPOS	AL	OFF-SI	TE DISPOSAL	
DATE	_7_ACRE	80 ACRE	<u>STATIONS</u>	HOLDING POND	SITE	SITE	MC	NTY OWNED	WWTP BW		VATE OWNED WWTP	RAIN
			20 11 21 21 21 21 21 21 21 21 21 21 21 21					****	OW	IPS	SSU	DATA
12/01/94	1353	4702	6055	<b>a</b>								******
12/02/94	1578	5609	7187	0		13775	2789	2040	2040	0	6906	0.00
3/94	1578	5609	7187	ő	0	6914	2849	0	0	0	4065	0.00
L <u>14/94</u>	1578	5609	7187	0	ø	0 0	0	0	0	0	Ø	0.00
12/05/94	845	2795	3640	0	Ø	13828	2820	2040		0	0	0.00
12/06/94 1 <u>2/07/94</u>	630	2987	3617	0	ő	13728	2847	2040	2040	0	6928	3.10
12/08/94	1147	5841	6988	0	0	10275	0	2038 2019	2038	0	6805	0.00
12/09/94	1363 1560	5420	6783	0	Ø	13879	3005	2016	2019 2016		6237	0.00
2/10/94	1560	5014 5014	6574	0	0	13620	2826	1998	1998	0 0	6842	0.00
2/11/94	1560	5014	6574 6574			0	0	0	0	9	6798	0.00
2/12/94	1632	6202	7834	0	. 0	. 0	0	0	0	0	0 	0.00
2/13/94	1571	5884	7455	0	0	13055	2866	2019	2019	ő	6151	0.00
2/14/94	1202	5802	7004	0		13002	2803	2025	2025	ø	6149	1.50
2/15/94	1337	6704	8041	0	0	13026	2811	2026	2026	0	6163	0.00
2/16/94	1398_	6730	8128	0	0	12888	2880	2009	2009	ø	5990	0.00
2/17/94	1398	6730	8128	0	9	13003 0	2820	2023	2023	0	6137	0.00
2/18/94	1398	6730	8128	0	ő	ø	0 0	0	0	0	0	0.00
2/19/94	1625	5356	6981	0		13260	2878	9	0	Ø	0	0.00
2/21/94	1488 1590	5547	7035	0	0	12931	2854	<u> 2016</u> 2023	2016		6350	0.00
2/22/94	1387	5920 5809	7510	0	0	12281	2995	2016	2023 2016	0	6031	0.00
2/73/94	1470	5809	7196			12501	2878	2019	2019	0	5254	0.20
794	1470	5809	7279 7279	0	Ø	10633	0	2029	2029	<u>-</u>	<u>5585</u> 6575	
2, _3194	1470	5809 <u></u>	7279	0	0	10457	0	2031	2031	ø	6395	0.43
2/26/94	1470	5809	7279	0		0	0	0	0		0	0.00
2/27/94	1382	5880	7262	0	0	0	0	0	0	0	0	0.00
2/28/94_	1491	5642	7133	0	0	13774	2887	2029	2029	ø	6829	0.00 0.00
2/29/94	1520	4975	6495	0	<u>8</u>	10136		2024	2024	0	6088	0.00
2/30/94	1380	5700	7080	ő	0	6323 6835	0	2026	2026	0	2271	0.00
2/31 <u>/94</u>	1380	5700	7080	0	0	6679	0	0	0	0	6835	0.20
TALS	43811	17717						<u>v</u>			6679	0.00
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								.0100	46400	0	140063	5.58

SSU-SOUTHERN STATES UTILITIES - HOMOSASSA PLANT





### 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:

DEC 2 2 1994

Department a christon narrias 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.

deceth

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

ER Form	17-601.900m
	Comestia Wastawaser Treatment Plant Monthly Operating Report
Tective Da	July 1, 1991
ER Appac	Itari No
	Silve in m. 2021

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Repo

Part I - Instructions

(1) Enter the month and the year of this report.

Department Environmental Protection

- (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	. 8	С	D					
Activated Sludge, Attached Growth, or Combined Treatment systems that include in 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	≥0.002 but < 0.02					
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	≥ 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 colliform 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 acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010.660(5), EA.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), E.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 CBODs of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD₅ 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
- (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.

CIER Form	17-601.900(1)	~	7
FORTH TRANS. M	onthiv Operating	Report	
	1, 1991 باسال		<del> </del>
CER Accesses		Hed in by OE	7)

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

### Part II - General Information

(1)	Manth November Year 1994
(2)	Plant's DER Identification Number 40090086
(3)	Plant Name LANDEILL LEACHATE
(4)	Plant Address SR 44 3 MILES E LECANTO
(5)	City LECANTO
(6)	County CITRUS
(7)	Phone Number (904) 146-2694
(8)	Permit Number 5069-187229
( <del>9)</del>	Plant Type
(10)	Test Site Identification Number V/A
(11)	Fecal Coliform Sample Method
	Mark Chartening Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
	18 17 10
(13)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable
(13)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge
(13)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge
(13)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge  Flant Staffing  Day Shift Operator Class  Cert. No. 1066

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	1.023
(17) Permitted capacity	mgd	_	030
(18) Three-month average gaily flow	mga	_	.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	_	MA
(22) TSS Effluent	mg/L	900201	NA
(23) TSS Effluent	lbs/day	_	NA
(24) Minimum pH		_	7.9
(25) Maximum pH		_	8.1
(26) Total N	mg/L	000600	NA
(27) TKN	mg/L	000625	MA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	13.8
(30) Total Phospinorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	N/F
(32) Maximum Chlorine Residual	mg/L	_	NIA
(33) Other Effluent Parameters			NP
Chhride			115
Sodium			100
TDS			590
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	ment Plant
m Title Monthly Operating Report	
ective Care July 1, 1991	
Sale Cala	

# solid waste leachate treatment facility Monthly Operating Report

(34)																Month	70	101	リンして	- Y	ear L	111
Pay of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>b</sub> Influent (mg/L)	TSS Influent (mg/L)	CBODs 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	TOS	4			Company and the company of the compa		
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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 Sample Date: 11/02/94 Monitoring Well #: NA Well type [ ] Background Vell Name: LEACHATE #5 [ ] Site Boundary [ ] Intermediate Classification of Groundwater:NA [ ] Compliance Well Developed Prior to [X] Other Sample Collection (Yes/No) NA Ground Water Elevation: (above MSL) NA

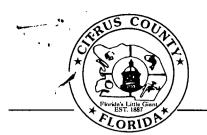
STORET Code	Parameter	Sampling Method	Analysis Method	Analysis Results	Units	UNF/FIL	Preservative Used
00400	Field pH	Grab	EPA_150_1	7.92	Units	UNF	NA
00010	Temperature	Grab	EPA_170_1	19.6	^C	UNF	NA NA
00094	Conductivity	Grab	EPA_120_1	590	umhos/cm	UNF	NA
00310	BOD 5 Day	Grab	SM_5210_B	<2.0	mg/I	UNF	NA
)0940	Chloride	Grab	EPA_325_2	115	mg/I	UNF	NA
31616	Fecal Coliform	Grab	EPA_SM9222D	<1	cfu/100m		Na2S203
00929	Sodium	Grab	EPA_200_7	100	mg/l	UNF	HN03
00620	Nitrogen, Nitrate	Grab	EPA_353_2	13.8	mg/I	UNF	SEE EAC
70300	Total Dissolved Solids	Grab	EPA_160_1	590	mg/l	UNF	NA NA
	Nitrogen, Total Kjeldahi	Grab	EPA_351_2	0.76	mg/l	UNF	H2S04
)0530	Total Suspended Solids	Grab	EPA_160_2	<5.0	mg/l	UNF	NA

Setup Date/Time: 11/02/94 14:00:00 Read Date/Time: 11/03/94 13:10:00 3**0D**: Setup Date/Time: 11/03/94 16:00:00 Read Date/Time: 11/08/94 13:30:00

fell development: pumping the well prior to sampling to obtain representative ground water samples.

ER 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 ——



Department of Environmental Protection.
SOUTHWEST DISTRICT

Quit discharging 9/12/14

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



### Florida Department of Environmental Regulation

Twin Towers Office Bldg. ● 2600 Blair Stone Road ● Tailahassee, Florida 32399-2400

DER Form #17-801.900(1)	
Domestic Wastewater Trea Form Tide Monthly Operating Report	kment Plant
Effective Oate July 1, 1991	

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

Department of Environmental Protection SOUTHWEST DISTRICT

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	8	С	D				
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient 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	≥0.002 but < 0.02				
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	≥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 colliform 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 well weather discharge permitted under the provisions of Rule 17-010.660(5), E.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 snift 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
- (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.

CER Form a:	17-601.900(1)	1	, '
Former Titles M	omestic Westewas drithly Operating (	or Treatment Plante Report	
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SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

### Part II - General Information

(1)	Manth Avgust Year 1994
(2)	Plant's DER Identification Number 40090086
(E)	Plant Name LANDFILL EACHATE
,	PLANT
(4)	Plant Address SR 44 3 MILES FAST
ei .	OF LECANTO
(5)	City LCAN O
(6)	Caunty CIKUS
(7)	Phone Number 404) 46-1644
(8)	Permit Number 5009 - 18124
(9)	Plant Type
(10)	Test Site Identification Number
(11)	Fecal Coliform Sample Method
	Membrane Filter Most Probable Number // //
(12)	Type of Effluent Disposal or Reclaimed-Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 906
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator Signature C906 Cert. No.

	-		
Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mga	_	·030
(18) Three-month average daily flow	mgd	_	.013
(19) Percent of permitted capacity	%	_	43%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	NA
(21) CBOD <sub>5</sub> Effluent	lbs/day		MA
(22) TSS Effluent	mg/L	900201	NIA
(23) TSS Effluent	lbs/day	_	NA
(24) Minimum pH		_	1.6
(25) Maximum pH		_	8.6
(26) Total N	mg/L	000600	N/A
(27) TKM	#g/L	U00625	N/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	NIA
(29) Nitrate	mg/L	071850	83.8
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	NA
(32) Maximum Chlorine Residual	mg/L		NA
(33) Other Effluent Parameters			NA
Chloride			385
Sodium			4325
TDS			1420
·			

OER Form	17-801.900(1)
Form Tide_	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
DER Applic	
	(Filled in by OER)

# solid waste leachate treatment facility Monthly Operating Report

(34):																Month	4	1005	站_	_ Yea	ar 19	44
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs 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)	While.	Sodium	105		)				
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# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



DATE SAMPLED:

TIME SAMPLED:

DATE RECEIVED:

08/04/94

08/04/94

9:15 am

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	S	
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/1	(260)	TD	08/08/94
Sodium	273.1	mg/l	(420)	TI	08/08/94
TKN	351.1	mg/l	1,96	ΤI	08/12/94
BOD	405.1	mg/l	4.50	TD	08/09/94
TSS	160.2	mg/1	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 < 1.0

Tai Igbinosun Lab Manager

DAT 9-19 94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



DATE SAMPLED:

TIME SAMPLED:

DATE RECEIVED:

08/11/94

08/11/94

9:00 am

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

SITE:

Lecanto, FL 32661

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	RY FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	40.50	TI	08/12/94
TDS Chloride	160.1 325.3	mg/l mg/l	<u>1460</u> <u>540</u>	TD $TD$	08/16/94 08/16/94
Sodium TKN	273.1 351.1	mg/1	(440)	TI	08/16/94
BOD	405.1	mg/l mg/l	1.54 1.58	T I TD	08/19/94 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

AUG 3 I

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



DATE SAMPLED:

DATE RECEIVED:

TIME SAMPLED:

08/18/94

08/18/94

9:30 am

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

SITE:

Lecanto, FL 32661

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	RY FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
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/1	(420)	TD	08/20/94
Sodium	273.1	mg/1	(560)	TI	08/24/94
TKN	351.1	mg/l	1.84	TI	08/24/94
BOD	405.1	mg/1	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

9-19 94

# TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



DATE SAMPLED: 08/25/94

TIME SAMPLED: 9:30 am

DATE RECEIVED: 08/25/94

2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639 Fax (813) 949-4392 Phone: (813) 949-1069 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

SITE:

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

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

Lab Manager

FORWARDED TO

SEP | 6 1



# Florida Department of ~

# **Environmental Protection**

Lawton Chiles Governor

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

Virginia B. Wetherell Secretary

_ <	815-744-0100	Chad!
	FAX TRANSMITTAL SHEET  9-1.91  Date	Clease file in Catrus County Central Cambfill file Rot
TO:	MR. GRAPY KUHL DEPT.: CITRUS GONTY DPW	Chech to make sure letters
FROM:	FAX #: 904-746-1203 BOB BUREAA / RIC GALATY	are not in file.
	DEPT.: D.E.P., Tampa Office  PHONE: 813-744-6100 or SunCom 542-6100  FAX(local) 744-6125 or (SunCom) 5	42-6125
SUBJECT:	APPROVAL LIE. FOR LEDCHATE TA	ENTMINT OF GWTPS
COMMENT:	PER YOUR REQUEST - I BELL ALL PARTIES - THANX. INFORM PRIOR TO INITIAL DISPUSAL TO ALLOW WASTE INSPECTBR TO BE AT PACILITY.	DR. JAY THARACAN
TOTAL NUM	MBER OF PAGES, INCLUDING COVER PAGE:	
RECEIVED	BY:PHONE:	
	I HONE •	

#### INTEROFFICE MEMORANDUM

Date: From: 31-Aug-1994 12:51pm EST Allison Amram TPA

AMRAM A

Southwest District Offi Dept:

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 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 It passed again in Dec 1991, and was fine until May 1992 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 privitization 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.

#### INTEROFFICE MEMORANDUM

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.

#### INTEROFFICE MEMORANDUM

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 ) ( MORGĀN S ) ( AMRAM Ā )

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

ID:CII

# **Citrus County Commissioners**

Executive Offices

110 N	l. Apopka Avenue, Coi	inty Courthouse, Invers	ess, Florida	34450-4290
	(904) 637-9400	(904) 637-9810 ———	Fax. (904) 63	7-9803 —

Post-It" brand fax transmittal	memo 7671 #o1 pages ▶ <b>Ų</b>
Dr. Ganity	From Gary Kull
<del>00, -</del>	G•, ()
ctremps atto	Pequie #
are being mail	Gast #

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 Zimprorelated fines (\$1200 to \$3000 per day).

Page two

#### Recent chronology on this situation is as follows:

- 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.
- Citrus County reviewed the situation with the FDEP Solid Waste 4) 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.
- The County Commission approved a \$200,000 plus contract with 5) 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.
- During this same time period (June and July), Citrus County 6) staff negotiated an agreement with Zimpro and Post, Buckley, Shuh & 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.

- 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 7) warning letter regarding the leachate situation. 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 Public Works (landfill) and Technical (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.

- 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.
- 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.
- 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. 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.
- 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.

Anthony Shoemaker

Sincerely,

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

AUG 29 1994

TAMPA

- JOINAAFE

Mr. J. Thabaraj

Florida Department of Environmental Protection (FDEP) 3804 Coconut Palm Drive

Tampa, Florida 33619

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:

- The approximate 30,000 gallons of leachate generated by the 1) 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.
- Affected WWTP effluent will be tested for nitrates using field 4) 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) WWTP's effluent standards Should any of the test groundwater quality MCL's or the permitted capacity 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.
- Upon agreement by Citrus County, Southern States Utilities 6) (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.

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 Was Chronicle, Wednesday, August 24, 1994

# 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	Subject LEACHATE TREATMENT - LANDPILL
Time 2:45 [.m.	Permit No
	county Corners
MR. GARY KUTC	Telephone No. 904-246-4107
Representing	
[ ] Phone Me [X Was Called	[ ] Scheduled Meeting [ ] Unscheduled Meeting
Other Individuals Involved in	Conversation/Meeting
TRANTING LEACHARE AT W	WIP'S IN CITEUS COUNTY INCLUDING FAXED
REVISIONS 8/25/94 WAS A	OF ACCEPTABLE TO FOEP DOMESTIC WASTE
DIVISION (SWD). HE WAS	LOUGO ME THAT BANLING CONTRACT WAS SIGNED
AND APPRICED BUT BOARD	OF COUNTY COMMISSIONERS WILL NOT APPROVE
THE PILOT TEST & USE OF	HAVING WE STATEMENT "NO ENGLES-
MENT ACTIONS WILL BE IN	TTATED, NOR SUY FINES OR PENATIES LEVIED
BY THE FOEP AGAINSS C	THUS COUNTY SHOULD ANY OF THE TEST WWIP'S
ECCURAT SANDARAS GARA	IOWATION PURITY MCL'S, OR FERLMITTED CAMERIE
LE EXISENION DI A RESVII	OF THE TEST, DURING THE COURSE OF THE TEST
CA CA 120 PANS TURN	caffen.". Mr. Kuff Requester Na. Es
Cura EST DEST HE	my care Huy Forsevss. ALSO WANTED TO
CAN DA CAMANY BUT	I SUGGESTED HE TALK TO ED SNIPES OR JAY
TARRAMA FIRST.	
(continue on another sheet, if necessary)	Signature Robert Julia
5.1.555, 125552==-1,	Title



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

Davis i NOV 2 8 1994

Department of Environmental Protection SOUTHWEST DISTRICT

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 ● Thilahassee. Florida 32399-2400

R Form	a_17-601.900(1) Comesto Wasswater Treatment Plant
m Tide_	Comestic Wastewater Treatment Plant Monthly Operating Report
twe O	July 1, 1991
R Acces	SECON NO.
	(Filed in by CER)

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)						
	1 Administração	Α	8	С	D.			
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient 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	≥ 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	≥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 colliform 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-outlic access, slow rate land application restricted public acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010.860(5), EA.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), E.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 snift 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 CBOD₅ 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
- (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, E.A.C., this chapter, and the permit. Record units as indicated on the form (e.g., mgd. mg/L. Ibs/day, etc.) Use blank columns as needed. If there are no fecal coliforms detected, enter ND in the column labeled fecal coliform.

CER Form & 17-601-900(1) Cornesto Wasteware Trestment Plant	
Roser Tale Manthly Operating Report	
Element July 1, 1991	
CIER Aggierran No.	_
(Filed in by OER)	

SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

### Part II - General Information

(1)	Marith October Year 1994
(2)	Plant's DER Identification Number 4009 000 86
( <b>3</b> )	Plant Name LANDFILL LEACHATE
	PLANT
(4)	Plant Address SR 44 3MILES E.
	LECANTO
(5)	City LECANTO
(6)	County CITYUS.
(7)	Phone Number (904)746-2694
<b>(B</b> )	Permit Number 5009 - 187 229
(9)	Plant Type
(DT)	Test Site Identification Number VA
(11)	Fecal Coliform Sample Method
	Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
	· · · · · · · · · · · · · · · · · · ·
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No 406_
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator (1000) Signature C-9016 Cert. No.

rarameter Units	STORET	Value
(16) Monthly manage delly flags	Code	Value
(16) Monthly average daily flow mgd (	050053	.622
(17) Permitted capacity mgd	_	.030
(18) Three-month average daily flow i mgd	_	.014
(19) Percent of permitted capacity  %		47%
(20) CBOD <sub>s</sub> Effluent · mg/L (	08 <b>008</b> 2	MA
(21) CBOD <sub>5</sub> Effluent lbs/day	_	MA
(22) TSS Effluent mg/L	900201	NA
(23) TSS Effluent Ibs/day		NA
(24) Minimum pH	-	7.8
(25) Maximum pH	_	8.5
(26) Total N mg/L (	000600	MA
(27) TKN	U00625	MA
(28) Ammonia (NH <sub>3</sub> - N) mg/L	000610	NA
(29) Nitrate mg/L	071850	11:6
(30) Total Phosphorus mg/L (	000665	N/A
(31) Minimum Chlorine Residual mg/L	_	NA
(32) Maximum Chlorine Residual mg/L	_	MA
(33) Other Effluent Parameters		MA
Chloride		143
Sodium		136
TDS		660
·		

#### **BEST AVAILABLE COPY**

CER Form	:7-801.900m
Form Tide_	Domestic Wassewater Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
CER Apple	apon No
i	Filled in by DER)

# solid waste leachate treatment facility Monthly Operating Report

(34)																Mont	<u>0</u>	tol	DEX	Ye	ear M	194
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs 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)	drivold.		(DS						
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- *	***									Pag	e 3 of 3											

\_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	<u> </u>	Sample Date:	d <b>0718/94</b>
Monitoring Well #: NA Well Name: LEACHATE E	FF	Well type	[ ] Background
Well Name: <u>LEACHATE</u>	rr.	<del></del>	[ ] Site Boundary
Classification of Constitution	114		[ ] Intermediate
Classification of Groundwater:	<u>NA</u>		[ ] Compliance
Well Developed Prior to			[X] Other
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 NA
00094	Conductivity	Grab	EPA_120_1	750	umhos/cm		NA NA
00310	BOD 5 Day	Grab	SM 5210 B	<2.0	mg/	UNF	NA NA
00940	Chloride	Grab	EPA_325_2	155	mg/l	UNF	NA NA
31616	Fecal Coliform	Grab	EPA SM9222D	<1	cfu/100m		Na2S203
00929	Sodium	Grab	EPA_200_7	130	mg/	UNF	HN03
00620	Nitrogen, Nitrate	Grab	EPA_353_2	11.0	mg/l	UNF	
70300	Total Dissolved Solids	Grab	EPA_160_1	704	mg/l	UNF	SEE_EAC NA
00625	Nitrogen, Total Kjeldahl	Grab	EPA_351 2	2.07	mg/I	UNF	H2S04
00530	Total Suspended Solids	Grab	EPA_160_2	<5.0	mg/l	UNF	n2304 NA

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

Monitoring Well #:

#### 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 Sample Date:

> Well type [ ] Background

10/26/94

Well Name: LEACHATE #5 EFFLUENT [ ] Site Boundary [ ] Intermediate

[ ] Compliance

Classification of Groundwater: NA

[X] Other

Well Developed Prior to

Ground Water Elevation: (above MSL) NA

Sample Collection (Yes/No) NA

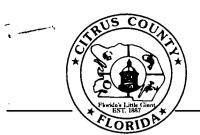
NA

STORET		Sampling	Analysis	Analysis			Preservative
Code	Parameter	Method	Method	Results	Units	UNF/FIL	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/I	UNF	NA.
00940	Chloride	Grab	EPA_325_2	131	mg/l	UNF	NA.
31616	Fecal Coliform	Grab	EPA SM9222D	<1	cfu/100ml		Na2S203
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 NA
00625	Nitrogen, Total Kjeldahl	Grab	EPA_351_2	0.77	mg/!	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



Reply To:

Department of Environmental Protection SOUTHWEST DISTRICT

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

OFR from	17-601-900m) Comestic Wassenger Trestment Plant
Forev Illia	Comestic Wassenger Treatment Plant Manthly Operating Report
ŀ	July 1, 1991
CIER Acces	
CO- ADD	iFilled in by OER)



Department and Protection SOUTHWEST DISTRICT

#### SOLID WASTE LEACHATE TREATMENT FACILITY

# Monthly Operating Report

Part II - General Information

(1)	Month September year 1994
	Plant's DER Identification Number 4009000 86
	Plant Name LANDFILL LEACH ATE PLANT
(4)	Plant Address SR 49 3 MILES EAST
	OF LECANTO
(5)	City LECANTO
	County Litrus
(7)	Phone Number (904) 746-2694
<b>(B)</b>	Permit Number 5009-187229
	Plant Type
(10)	Test Site Identification Number
	Fecat Coliform Sample Method
	Membrano Filer Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 9016
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No.
	Lead Operator (MM) Con Lead Operator (1906)
	Cert. No.

	•		
Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	,017
(17) Permitted capacity	mgd	_	,030
(18) Three-month average gaily flow	mgd		,018
(19) Percent of permitted capacity	%	_	60%
(20) CBOD <sub>5</sub> Effluent ·	mg/L	080082	NA
(21) CBOD₅ Effluent	lbs/day	_	NA
(22) TSS Effluent	mg/L	900201	NA
(23) TSS Effluent	lbs/day	_	MA
(24) Minimum pH		_	8.2
(25) Maximum pH		_	8.3
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	MA
(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	NA
(31) Minimum Chlorine Residual	mg/L		MA
(32) Maximum Chlorine Residual	mg/L		NA
(33) Other Effluent Parameters			NA
Chloride			360
Sodium			717
r()<			2100
			!



### Florida Department of Environmental Regulation

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

ER form	2 17-601.900(1) Comestic Wastewater Treat	
om Title_	Domestic Wastewater Treat Monthly Operating Report?	ment Plant
Tective Oa	July 1, 1991	,
ER Appac	800ri Ng	
	Filed in D	v 3ER)

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 O that indicates the plant size as shown below.

	Type of Treatment	Plant Size (mgd)								
	1	Α	. 8	С	a)					
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient 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	<u>:</u>					
3	Activated Sludge operated in the extended aeration mode.	≥8.0	≥2.0	≥0.025 but <2.0	≥0.002					
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0	≥ 0.025	≥0.002					
5	Septic tank or other on-site waste treatment systems with subsurface disposal.		Jul < 10.0	: out < 3.0	but < 0.02 ≥0.005					

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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-outlic access, slow rate land antilication restricted public acness, rapid rate lond application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,660(5), EA.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), 5.4 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 snift. 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 CBOD₅ 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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

OER Form	:7-801.900m
i	Domestic Wasseweer Treatment Plant Monthly Operating Report
Effective Or	July 1, 1991
OER Apon	
	(Filled in by OER)

## solid waste leachate treatment facility Monthly Operating Report

(34)	:															Month	25t	Tem	XV	Year	. <u>၂</u> ५	94
(Day of The Month?)	Flow (ingd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>b</sub> Eifluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L.)	Total P Effluent (mg/L)	Fecal Colitorm (#/100ml)	Chloride	Sodium	705						
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igne	Operator:  ation is in	DVYY	CN)	and a	M	famili te	ar with	the in	nforma	tion co	ontaine		nis repo	ort and	that t	o the i	pest of	my k	nowied	ge an	a be	lef. this
	any Nam		_			lities	Divi	sion				Te	elephor	ne No.	(Pleas	е Туре	e)	904-74	+6 <b>-</b> 269	4		
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DATE SAMPLED: 09/08/94

DATE RECEIVED:

TIME SAMPLED:

09/08/94

08:00 am

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS										
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED					
		_								
Nitrate	<i>352.2</i>	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					
<b>TKN</b>	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

PORMARDED TO: O.E.D., THANK DATE: 10/20 A994



DATE SAMPLED: 09/01/94

09/01/94

10:00 am

DATE RECEIVED:

TIME SAMPLED:

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS										
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED					
Nitrate	352.2	mg/l	119.77	TI	09/02/94					
TDS Chloride	160.1 $325.3$	mg/l mg/l	2100 320	TD $TD$	09/04/94					
Sodium	273.1	mg/l	520 520	TD	09/02/94 09/10/94					
TKN BOD	351.1 405.1	mg/l mg/l	2.11	TI	09/12/94					
TSS	160.2	mg/l	$egin{array}{c} 2.40 \ 0.22 \end{array}$	TD T I	09/06/94 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

OLL MARDED TO: OLEIL, TAMPA DATE: <u>/0/20</u>,19<u>94</u>



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:

DEP FILE



October 20, 1994

Penartrian :: Environmental Protection UC1 500中央SD加致IFaIIon

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

DEBETVE COT 20 1994

CIER Form a:	17-801.900m
Con Form The Mos	name Waterman Treatment Plant strev Coursing Report
CER Accessor	A1-
	Filed in by DERI

### SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part II - General Information

(1)	Manin September Year 1994
(2)	Plant's DER Identification Number 4009000 86
(E)	Plant Name LANDKILL LEACH ATE PLANT
(4)	Plant Address SR 44 3MILES EAST
	OF LECANTO
	City LECANTO
	County (1+7US)
(7)	Phone Number (904) 746-2694
<b>(B)</b>	Permit Number 5009-187229
(9)	Plant Type
(10)	Test Site Identification Number
	Fecal Coliform Samole Method
	Mismorano Fiter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse V/A
	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
	·
(15)	Flant Staffing
	Day Shift Operator Class Cert. No. 9016
	Everting Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator (MM) Conly (9016
	Cert. No.

	,		
Parameter	Units	STORET	√alue
(16) Monthly average daily flow	mga	050053	1.017
(17) Permitted capacity	mga		,030
(18) Three-month average daily flow	і тда	-	1,018
(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	i –	NA
(22) TSS Eiffluent	mg/L	900201	NA
(23) TSS Effluent	lbs/day	i <b>–</b>	MA
(24) Minimum pH		_	8.2
(25) Maximum pH		-	8.3
(26) Total N	mg/L	000600	N/A
(27) TKN	''g/L	U00625	MA
(28) Ammonia (NH3 · N)	m <b>g/L</b>	000610	N/A
(29) Nitrate	mg/L	071850	136.9
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	NA
(32) Maximum Chlorine Residual	mg/L :	;	NA
(33) Other Effluent Parameters		ļ	NA
Chloride		İ	360
Sadium	į	1	717
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CER Form :7-601,500m	-
Communic Wassensor Fractions Plant Form Figs. Monthly Operating Report	
Steame Case July 1, 1991	<b>-</b> :
CER Application No.	<del></del> :
Filed in by DER)	<del></del> :

904-746-2694

Telephone No. (Please Type) \_

## solid waste leachate treatment facility Monthly Operating Report

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Citrus County Utilities Division



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>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED					
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	<i>520</i>	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 Vgbinosun Lab Manager 0.475: <u>6/74</u>,19<u>.29</u>

2



DATE SAMPLED:

TIME SAMPLED: 08:00 am

DATE RECEIVED:

09/08/94

09/08/94

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS									
<b>PARAMETER</b>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED				
Nitrate	<i>352.2</i>	mg/l	154.0	TI	09/09/94				
TDS	160.1	mg/l	2100	TD	09/11/94				
Chloride	325.3	mg/1	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				
	gua a a a a	. (4.00.1			00/00/04				
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 FORMARDED TO: OLD: HAMPA DATE: 10/20:1994





CITRUS COUNTY

### DEPARTMENT OF TECHNICAL SER

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

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.

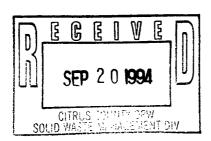
Sincerely,

Ralph Hedgecoth

Director of Utilities

RH:ckn

Attachments



GER Former 17-501.500m	
Commence Wassesser, Pressment Plant Four Title Manthly Operating Report	_
1, 1991	_
CEST Accinomate No.	
Filed in by OER)	

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part II - General Information

	Λ I
(T)	Manin Flugust Year 1994
(2)	Plant's DER Identification Number 40090086
(E)	Plant Name LANDFILL LEACHATE
	PLANT
(4)	Plant Address SR 44 3 MILES FAST
	UT LECANTO
(5)	City LECANTO
(6)	Caunty CITRUS
(7)	Phone Number (904) 746-2694
<b>(B)</b>	Permit Number \$009 - 187279
(9)	Plant Type <u>I-C</u>
(10)	Test Site Identification Number
	Fecat Coliform Sample Method
	Misabbrano Fifer Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
( <del>14)</del>	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 906
	Everning Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator James (In Ca C9016
	Signature Cert. No.

	•		
Parameter	Units	STORET	∀alue
(16) Monthly average daily flow	mga	050053	.023
(17) Permitted capacity	mga	_	030
(18) Three-month average daily flow	mga .		.013
(19) Percent of permitted capacity	%	_	43%
(20) CBOD₅ Eiffluent -	mg/L	080082	NA
(21) CBOD, Effluent	lbs/day	<del>-</del>	MA
(22) TSS Effluent	mg/L	900201	NIA
(23) TSS Effluent	lbs/day	-	NA
(24) Minimum pH		_	16
(25) Maximum pH		_	8.6
(26) Total N	mg/L	000600	N/A
(27) TKM	wg/L	U00625	NA
(28) Ammonia (NH <sub>3</sub> · N)	mg/L	000610	NIA
(29) Nitrate	mg/L	071850	83.8
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	VA
(32) Maximum Chlorine Residual	m <b>g/L</b>		NA
(33) Other Effluent Parameters			NA
Chloride			385
Sodium			4325
TDS			420
	į		
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CER Form	17-801900m
	Domestic Wasseware Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
OER Aconc	soon No.
	Filed in by OER)

## solid waste leachate treatment facility Monthly Operating Report

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Day of the Mount		Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>a</sub> Influent (mg/L)	TSS Influent (mg/L.)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L.)	pH Effluent	TKN Eiflueni (mg/L)	NH3 · N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Elfluent (mg/L)	Fecal Coliform (#/i00ml)	J. L. J.							-		
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										Page	3 of 3												



DATE SAMPLED:

DATE RECEIVED:

TIME SAMPLED:

08/04/94

08/04/94

9:15 am

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	<u>s</u>	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	${\sf mg/l}$	(39.44)	ΤI	08/06/94
TDS	160.1	mg/1	(880)	TD	08/08/94
Chloride	325.3	mg/1	(260)	TD	08/08/94
Sodium	273.1	mg/1	(420)	TI	08/08/94
TKN	351.1	mg/1	1,96	ΤI	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
recar	909a	CIIC/ IOOMI	HD.	10	00/00/04

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 < 1.0

Tai Igbinosun Lab Manager

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

9-19 94



DATE SAMPLED:

DATE RECEIVED:

TIME SAMPLED:

08/11/94

08/11/94

9:00 am

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS									
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED				
Nitrate TDS	352.2 160.1	mg/l	40.50	TI	08/12/94				
Chloride Sodium	325.3 273.1	mg/l mg/l mg/l	(1460) (540) (440)	TD TD TI	08/16/94 08/16/94 08/16/94				
TKN BOD	351.1 405.1	mg/l mg/l mg/l	1.54	TI TD	08/16/94 08/19/94 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 \_\_\_

AUC 3 I



DATE SAMPLED:

DATE RECEIVED:

TIME SAMPLED:

08/18/94

08/18/94

9:30 am

2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639 Fax (813) 949-4392 Phone: (813) 949-1069 HRS #E84338 / 84420

#### REPORT OF ANALYSIS

REPORT NUMBER: 940818 / 08865

FOR: Citrus County Utilities

1300 S. Lecanto Highway

P.O. Box 440

SITE:

Lecanto, FL 32661

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS									
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED				
Nitrate	250 0	4.							
TDS	352.2	mg/l	(131.11)	TI	08/20/94				
	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	CMOGGGD	4 /4 00 1	.v.p.		4 4				
recai	SM9222D	cnt/100ml	ND	TD	08/19/94				

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

ND = NON DETECTABLE or < 1.0

Tai Igbinosun Lab Manager

08/25/94

## TRI-COUNTY ENVIRONMENTAL & ANALYTICAL LAB INC.



DATE SAMPLED:

DATE RECEIVED: 08/25/94

TIME SAMPLED: 9:30 am

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

SITE:

Landfill PAC Flant

SAMPLE MARKINGS: Effluent

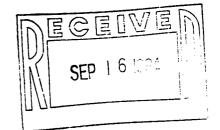
<u>PARAMETER</u>	METH.#	<u>LABORATOR</u> <u>UNITS</u>	Y FINDING RESULTS	S TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium TKN BOD TSS	352.2 160.1 325.3 273.1 351.1 405.1 160.2	mg/l mg/l mg/l mg/l mg/l mg/l	124.00 2140 320 310 1.65 1.68 2.60	TI TD TD TI TI TD	08/26/94 08/30/94 08/30/94 08/30/94 08/29/94 08/29/94
Fecal	SM9222D	cnt/100mJ	ND	TD	08/26/94

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

ND = NON DETECTABLE or < 1.0

Tai Trbinosun Lab Manager

FORWARDED TO

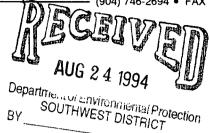


CITRUS COUNTY

# `

#### 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:

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

17-801 900m Wy Operanno Report July 1, 1991

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DER Ac

Department of Livinonmental Protection 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 snown below.

Type of Treatment		Plant Siz	ze (mga)	
Activated Sludge Attached Group or Company T	A	. 8	С	. 0
Activated Sludge, Attached Growth, or Combined Treatment systems that include I nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	$\ge 0.5$	≥0.002	1
Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥1.0	but < 0.5 ≥0.002	:
Activated Sludge operated in the extended aeration mode.	≥8.0	but < 5.0 ≥ 2.0	but < 1.0 ≥ 0.025	> 0.002
Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes		but <8.0	but < 2.0	
3 0300000.	≥10.0	≥3.0 but <10.0 :	≥0.025	≥ 0.00
Septic tank or other on-site waste treatment systems with subsurface disposal.		30. 2 10.0	OUL < 3.0	but < 0.0

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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 fond application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,660(5), EA.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 snift 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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

	<u> </u>	
17-601.900(1) ··	•	•, •
TRANS Wastewater	ireasment P	lark
n No.	IN DV OER)	
	anthly Operating Red بالله 1, 1991 In No	onthir Operating Report

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part II - General Information

	$\overline{\lambda}$	i
<b>(1)</b>	Month JUly Year 1990	
(2)	Plant's DER Identification Number 40090008	6
(E)	Plant Name Landtill leach at	<del>-</del> ——
	XIOUNT SP / // 2 Mail as a	
( <del>4)</del>	Plant Address OK SIA 3 MILES (	USI
<i>(</i> —	C COOTO	
(3)	City Lectro	
( <b>6</b> )	County CITYUS	<u>.</u>
(7)	Phone Number (404) -146-2694	
<b>(B</b> )	Permit Number 5009 - 187229	
( <del>9)</del>	Plant Type	
(10)	Test Site Identification Number Number	
(11)	Fecal Coliform Sample Method	
	Most Probable Number Most Probable Number	_
(12)	Type of Effluent Disposal or Reclaimed Water Reuse	<u>A</u>
/1 <b>2</b> 1	Limited West Meether Clarks and Add	
(10)	Limited Wet Weather Discharge Activated  Yes No Not Applicable	
	/	
(14)	Cumulative Days of Wet Weather Discharge	
(+53	Clark Claffer	
(13)	Plant Staffing C 97f	14
	Day Shift Operator Class Cert. No. Operator Class	
	Everying Shift Operator Class Cert. No. 1016	,
	Night Shift Operator Plass Cert. No	
	Lead Operator LL X 8 (-870	4
	Signature	ert. No.

Parameter	Units	STORET Code	∨alue
(16) Monthly average daily flow	mgd	050053	1018
(17) Permitted capacity	mgd	_	,()30
(18) Three-month average gaily flow	ı mgd	_	.013
(19) Percent of permitted capacity	%	_	4301
(20) CBOD <sub>5</sub> Effluent .	mg/L	080082	MA
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	NA
(22) TSS Effluent	mg/L	900201	MA
(23) TSS Effluent	lbs/day	_	NA
(24) Minimum pH		_	74
(25) Maximum pH		-	8.5
(26) Total N	mg/L	000600	NA
(27) TKM	i iig/L	U00625	NA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	12.7
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	NA
(32) Maximum Chlorine Residual	mg/L		NA
(33) Other Effluent Parameters	MG/		MA
Chloride	46/2		288
Sodium	MGL		288
TDS	1		744
			1

En rom	17-801.900(1) Domestic Wassewater Treatment Plant
orm Tide_	
Hective Oa	July 1, 1991
ER Applic	apon No.
17.00	Filled in by DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(34)	15															Month	Je	14	Ye	ar 1994
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs 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 Colitorm (#/100ml)	- Pland	2010	TOS				
1 2 3 4 5	.007				1														-	
7	0													1				1)		
4	,007													7	1					1
5	.015		1										_	1	-	3				
6	,072		-			i						-			1	4				1
1	1011		- 1	1	i			8.5			IID		ND	120	180	45				
6789	.00g		(4)		-				9				NU		100	~ 5				
11	:008				1						1				ŧ					
Tr	1019			-								i			1	Î		0		
11	.021											i							,	
13	1014	- 1												1	-		1			1
14	,015	-		1		1		7.4			68.9	- 1	ND	212	210	1200				
16	.009				1	Į.	-				00 • 1		ND	1.1	LIO	1300				
16	.009 +D .012			1		ľ		14			-					-				
M	,012	-		-			ł	1							-	-		-		
18	.022		-		-											-				
10	.033		_	-																
10 11 12 13	1021			_			-	8.3			mil			- /	-					
12	1025						i	8.5			784		hD_	205	212	870				
13	:029	i	6	-								-			-					
24 25	.021	1	1		i										-	-				
25	.032		1							Ī						1				
16	.027		1		1		i	I	i		Ť	1								
10	,029							1				1	1		i				-	
19	.028				_			8.7	i	- 1	74.5	1.1	ND	310	550	800				
30	,036			_	-			-				1							9	
31	.076		-									- 6	_							
gnea	Derator. Tution is true		Zb	5	STead	_	ir with	the inf	formati	on cor	ntained					to the b	pest of m	iy know	rledge a	nd belief. this
ompa	ny Name	Cit	rus C	ounty	Uti1	ities	Divi	sion		Onco		Tele	ephor	ie No.	(Pleas	se Type	904-	746-26	94	

## SAVANNAH LABORATORIES ENVICES, 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 Lecanto, Florida 34460-0340

Purchase Order: 16614

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 1

LOG MO	SAMPLE DESCRIPTION , LIQUID SAMPLES	I	DATE SAMPLED					
	Lamchate Effluent (Treated) Leachate Influent (Raw)		07-0 <b>7</b> -94 07-0 <b>5</b> -94	,				
PARAMETER	,	31369-1	31369-2					
pH, units		8.5	7.8					
	orm MF, col/100ml	المحكم	300·					
Witrate-N, m		(110)	1.1					
Chloride, m		110 220 180	170					
Sodium, mg/l		<2.0	150					
	Oxygen Demand, mg/1	1100	9.8 820					
· Total Solids	s, mg/1 Lved Solids, mg/l	1000	750					
	shi Nitrogen-W, mg/1	0.13	85 /					
Arsenic, mg/		<0.010	<0.010					
Berium, mg/1		0.083						
Cadmium, mg/			<0.0050					
Chromium, mg			<0.010					
Iron, mg/l	5 <i>1</i> *	<0.050						
Mercury, mg/	n .	<0.00020						
Lead, mg/1	· •		<0.0050					
Selenium, m	•/1		<0.010					
Silver, mg/1		<0.010						
Tribalometha								
Bromoform,		<5.0	<5.0					
Chloroform,	w.	<1.0						
	momethane, ug/l	<1.0	<1.0					
	promethane, ug/l	<1.0	<1.0					

DATE: 8/19 19 94

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 Lecanto, Florida 34460-0340

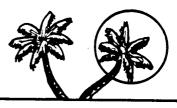
Purchase Order: 16614

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED	1
31369-1 31369-2	Leachate Effluent (Treated) Leachate Influent (Raw)		07-06-94 07-07-94	
PARAMETER		31369-1	31369-2	
BTEX (EPA 6	02/8020)			
Benzene, u	g/l	<1.0	<1.0	
Toluene, u		<1.0	<1.0	
Ethylbenze		<1.0	<1.0	
Xylenes, u		2.4	2.8	
	tile Organic Aromatics, ug/l	2.4	2.8	
Suspended Se	plids, mg/1	<5.0	14	



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: 0
DATE RECEIVED: 0

07/06/94 07/07/94

TIME SAMPLED:

9:00 am

SITE: Landfill PAC Plant

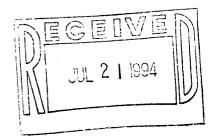
SAMPLE MARKINGS: Influent

LABORATORY FINDINGS								
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
TDS	160.1	mm / 1	1100	mp.	07/00/01			
TSS	160.1	mg/l mg/l	1100 180	TD $TD$	07/08/94 07/08/94			
Chloride	325.3	mg/l	75 <i>6</i>	TD	07/08/94			
Sodium	273.1	mg/l	212	TI	07/14/94			
TKN BOD	351.1 405.1	mg/l	92.4	TI	07/14/94			
Ammon i a	350.1	mg/l mg/l	$210 \\ 73.76$	$TD \ TI$	07/12/94 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: 8/9,1994





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: DATE RECEIVED:

07/07/94 07/07/94

TIME SAMPLED:

8:40 am

SITE:

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

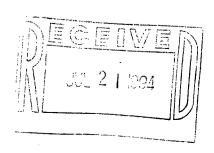
<b>PARAMETER</b>	METH.#		RESULTS	S TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium TKN BOD TSS	352.2 160.1 325.3 273.1 351.1 405.1 160.2	mg/l mg/l mg/l mg/l mg/l mg/l	$     \begin{array}{r}       69.0 \\       940 \\       \hline       316 \\       216 \\       \hline       1.75 \\       2.85 \\       \hline       2.00 \\    \end{array} $	TI TD TD TI TI TD	07/09/94 07/08/94 07/08/94 07/14/94 07/12/94 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 IN 07/07/94 AT 1830 OUT 07/12/94 AT 1838 BOD

ND = NON DETECTABLE or < 1.0

Tai Igbinosun Lab Manager

FORWARDED TO:





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/DATE RECEIVED: 07/

07/13/94 07/14/94

TIME SAMPLED:

1:00 pm

SITE:

Landfill PAC Plant # 1-Reactor

SAMPLE MARKINGS: Influent

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

DATE: 8/19 1999



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>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED				
Nitrate TDS Chloride Sodium TKN BOD TSS	352.2 160.1 325.3 273.1 351.1 405.1 160.2	mg/l mg/l mg/l mg/l mg/l mg/l	$ \begin{array}{c}       68.9 \\       1300 \\       212 \\       210 \\       1.06 \\       3.54 \\       2.00 \end{array} $	TI TD TD TI TI TD	07/18/94 07/18/94 07/18/94 07/14/94 07/22/94 07/20/94 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 Lebinosun

Lab Manager

FORWARDED (G)



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

AUG \_ 4

FORWARDED TO:
D.E.R. TAMPA
DATE: 8/19 24



DATE SAMPLED:

TIME SAMPLED:

DATE RECEIVED:

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

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS								
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate	352.2	m= /1	(20.1)	an r	07/00/04			
TDS	160.1	mg/l mg/l	(870)	T I TD	07/22/94 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	T I	07/22/94			

FECAL IN 07/21/94 AT 1500 OUT 07/22/94 AT 1500 IN 07/21/94 AT 1600 OUT 07/26/94 AT 1615

FORWARDED TO: D.E.R. TAMPA

07/21/94

07/21/94

9:30 am

ND = NON DETECTABLE OF < 1.0

Tai Igbinosun Lab Manager

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



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

DATE SAMPLED:

07/27/94 07/28/94

DATE RECEIVED: TIME SAMPLED:

9:30 am

Lecanto, FL 32661

SITE:

Landfill PAC Plant

SAMPLE MARKINGS: Influent

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

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

ND = NON DETECTABLE or < 1.0

Tai Ygbinosun Lab Manager



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 07/28/94

DATE RECEIVED: TIME SAMPLED:

9:00 am

SITE:

Landfill PAC Plant # 1 Reactor

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS									
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED				
Nitrate TDS Chloride Sodium TKN BOD	352.2 160.1 325.3 273.1 351.1 405.1	mg/l mg/l mg/l mg/l mg/l	74.50 800) 310) 550 .96 3.84	TI TD TD TI TI TD	07/29/94 07/29/94 08/02/94 08/02/94 08/02/94 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

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



Department of Environmental Protection SOUTHWEST DISTRICT

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

ER Form	<u>, 17-501.900(1)</u>
om Title.	g_ 17-501.900(1)  Domestic Wastewater Treatment Plant Monthly Operating Report
ifective O	July 1, 1991
ER Appa	280gn Ng
	(Filled in by JER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

Part I - Instructions

D	ECIV	
90	JUL 2 5 1994	

(1) Enter the month and the year of this report.

Department of Environmental Protection

- (2) Enter the plant's DER identification number (also known as the GMS number). This number should be obtained from Shelf-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)						
		Α	8	С	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	1			
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	≥ 0.002			
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 < 0.025 ≥ 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 colliform 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 well weather discharge permitted under the provisions of Rule 17-010.860(5), E.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 snift 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 CBOD₅ 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
- (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,

OER Form 8: 17-801.900(1)	) - (*) 
Comeena Wastewater Treatme Form Title Marchly Operating Report	nt Plant
Steene Case July 1, 1991	•
CER Accircator No.	EA)

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 leachaste Plant
( <del>4)</del>	Plant Address SR 44 3 miles East of
	Leignto
(5)	City Lecs, to
(6)	County Citrus
(7)	Phone Number 904 746-2694
<b>(B</b> )	Permit Number
(9)	Plant Type
(ta)	Test Site Identification Number
(11)	Fecal Coliform Sample Method
	Membrano Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No F704
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator 2/11 In State C-5704
	of Signature Cert. No.

Parameter	Units	STORET Code	∀alue
(16) Monthly average daily flow	mga	050053	.014
(17) Permitted capacity	mgd	_	:030
(18) Three-month average daily flow	mgd	_	1009
(19) Percent of permitted capacity	%	_	27%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	NA
(21) CBOD <sub>5</sub> Effluent	lbs/day	_	NA
(22) TSS Effluent	mg/L	900201	nh
(23) TSS Effluent	lbs/day		NA
(24) Minimum pH		_	7.7
(25) Maximum pH	ļ	_	8.4
(26) Total N	mg/L	000600	nla
(27) TKN	rrg/L	000625	n/A
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	<i>,</i> ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	_	A/A
(32) Maximum Chlorine Residual	mg/L	-	1/A
(33) Other Effluent Parameters			1/1
CHORIDE	Mell		374
Sodium	mil		299
TOS	mg/		1508
·	'		

	00(1) /astewater Treatment Plan
orm Tide Monthly Op	
Hective Date July 1.	1991
ER Application No	

## solid waste leachate treatment facility Monthly Operating Report

(34	,															Month	DUNC		_ Year	79	
Day of the Month		Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Colitorm (#/100ml)	Chlarive	Sodiem	7-05					
1	.010											<del></del>	1		1					-	
2	A 5							8.4			225	-	NA	500	318	1040		_			
7 3 4 5 6 7 8	,010							0.1			200		MO	1310	316	1010					· ·
4	:001																				
5	,005																	1			
6	1005																				9
7	.011																				
8	1009																				
9	1025							8.2			240		NÒ	420	320	2100			1 1	2	
10	1009													-		3					
11	.009													-	1			_			
13	.016										-		-	-							
14	1004																			-	
15	1005																				×
16	1021	<b>-</b>						8.4			125.5		111	246-	0 1	100					
17	.015							017			10.5		NO	390	315	1200					
18	,003								-					1							
19	1025																			-	
20	1025												1	1							
4	1021	_																			
22	.032																				
23	,014							7.7		4	254		NO	240	260	1100					
24	,010																	4	Ŷ.		
25	,010																		. Y		
26	.010																lo lo	3			1
27	.014																	i			El .
78	.00																1/				
30	1001																				4
Ju	1017							8.4			225	_	MD	360	280	2100				12.	- 1
Signe	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.  Date: 7-20-94  Name (Please Type) Lyle F. Steady, Jr.  Company Name Citrus County Utilities Division Telephone No. (Please Type) 904-746-2694																				
											_	16	siepno	HE 140.	(Pleas	se lype	904-7	40-2094	+		



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

	•	LABORATOR	Y FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN BOD TSS	352.2 160.1 325.3 273.1 150.1 351.1 405.1 160.2	mg/l mg/l mg/l mg/l std/unit mg/l mg/l mg/l	(225.0) $(2100)$ $(360)$ $(280)$ $8.4$ $3.84$ $3.24$ $0.60$	TI TD TD TI TD TI TD	07/02/94 07/06/94 07/06/94 07/06/94 06/30/94 07/08/94 07/05/94
Fecal	909a	cnt/100m1	ND	TD	07/05/94 07/01/94

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

ND = NON DETECTABLE or

< 1.0

Tai (gbinosun

Lab Manager

FORWARDED TO:

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

OFFICER



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: 9:00 am

SITE: Landfill PAC Plant

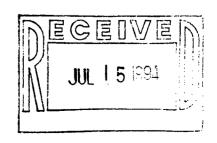
SAMPLE MARKINGS: Influent

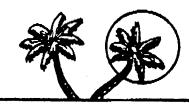
LABORATORY FINDINGS										
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED					
TDS TSS Chloride Sodium TKN BOD Ammonia	160.1 160.2 325.3 273.1 351.1 405.1 350.1	mg/l mg/l mg/l mg/l mg/l mg/l	3240 144 800 450 154.5 138 131.0	TD TD TD TI TI TD	07/06/94 07/05/94 07/06/94 07/06/94 07/06/94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

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: 7/2,19 99





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: 0

06/23/94

DATE RECEIVED: TIME SAMPLED:

0/23/34

9:30 am

SITE:

Landfill PAC Plant # 2-Reactor

SAMPLE MARKINGS: Effluent

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

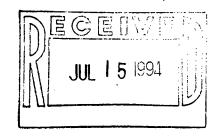
ND = NON DETECTABLE or < 1.0

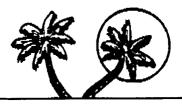
Tai Labinosun

Lab Manager

DAYMANDED TO:
D.E.R. TAMPA

T.S. 19 SEL





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 METH.# UNITS RESULTS TECH. DATE ANALYZED  160.1 mg/l 2780 TD 06/30/94					
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED	
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	TJ	06/25/94	

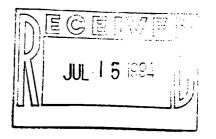
BOD IN 06/24/94 AT 1500 OUT 06/29/94 AT 1500

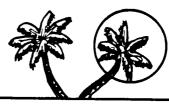
ND = NON DETECTABLE or < 1.0

Tai Igbinosun

Lab Manager

FORWARDED TO:
D.E.R. TAMPA
DATE: 122,19





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

		LABORATOR	Y FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE_ANALYZED
Nitrate TDS Chloride Sodium pH	352.2 160.1 325.3 273.1 150.1	mg/l mg/l mg/l mg/l std/unit	125.5 1200 340 315 8.4	TI TD TD TI TI	06/18/94 06/18/94 06/20/94 06/20/94 06/18/94
TKN BOD	351.1 405.1	mg/l mg/l	1.45 2.60	TI TD	06/24/94 06/22/94
Fecal Coliform	SM909c	cts/100m	I 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

FORWARDED TO:

DER. TAMPA

ND = NON DETECTABLE or < 1.0

Tai Igbinosun

Lab Manager

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

\_ | 4 - 84



DATE SAMPLED:

DATE RECEIVED:

TIME SAMPLED:

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

SITE:

Lecanto, FL 32661

Landfill PAC Plant # 1-Reactor

SAMPLE MARKINGS: Effluent

		LABORATOL	RY FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
27.1	050 0				
Nitrate	<i>352.2</i>	mg/l	(240.0)	TI	· 06/10/94
TDS	160.1	mg/I	(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
pН	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:

06/09/94

06/09/94

9:05 am



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

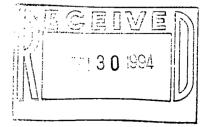
		LABORATOR	RY FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	(225.0) $(1040)$ $(510)$ $(318)$ $8.4$ $0.89$	TI TD TD TI TD	· 06/03/94 06/10/94 06/10/94 06/18/94 06/02/94 06/09/94

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



#### LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR June 1994

	- 1	L.		ACRE E		. #2 7	ACRE W	1	L.S.	#3 (60	ACRE	SITE)		1	L.S.		10800		1	THELLEN	T				
DAT	E TI	ME	×1980	2 APR	X		APRX	P	UMP #1	X3600		UMP #2		L.S.	FLOW	RECY	10800 YCLED F	LOWS	POND	INFLUEN FLOW	PUMP	#1x/140	JENT FL		
J	_	RD	G HR		N RDG	HRS	FLOW	RDG	HRS	FLOW	RDG	HRS	FLOW	FLOAT	TOTAL	RDG	HRS	FLOW	FLOWS	TOTAL	RDG	HRS	RDG	UMP #2 HRS	
1 1	103			1688	000	<u>  ~ </u>		1902	2,9	10440	oFF			/	11628	85,7	0	1	0	11628	601.6		OFFILE		FLOW
2	200			594	1 11		<del>  -</del>	95.1	1.9	6840	11		_	1	7434	8577	0		0	7434	610,5	0.1	10076	_	10146 E
, ,	10:3			792	31.2			95.0	3.2	11520	- (1				123/2	85.7	ø	ø	Ø	12012	610.5	4.0	1	=	4560
1 -	2.7			792	31,2	1 =	<u> </u>	1198.2	213	8280	42620			/	9072	\$2.4	١٠٧	2160	O	9072	614.5	.9	64.8		1026
13	842			990	и	<u> </u>	<u>  = _ </u>	00.5	2.4	8640	4	_		V	9630	85,9	0	0	e.	9630	615.4	4,2	4	<del></del>	4788
1 5	130		14	792	1 2	<u> </u>	<u> </u>	02.9		7920	n		_	V	8712	85,9	,4/	43020	6	8712	619.6	4.4	u	_	5016
<del>  '</del> -	900			990	#	<u> </u>		05.1	2.9	10440	it		_	1	11430	86.3	.1	1000		11430	624.0	10.0	, ·		11400
<u>8</u>	1000		16	1182	N		-	08.0	3.0	10800	વ			1/	11988	86.4	+	$\Box \mathcal{O}$	0	11988	634.0	8.2	и	_	4348
10	200		14	172	1 301 3	1-		11.0	2.3	8260	И			/	9072	86,4	.2	2160	part to	9072	642.2	21.5	11		24510
111	1:30	37.8		742	31.2			13.3	3,0	10 800,	11				11592		, /	1080,	Ø	12672,	663.1	8.1	l <sub>i</sub>		9234
12	230		<u> </u>	-	31.2	1		16.3	<del>0</del>	+				V	0	86.7	£	-Er	,020	,015	671.8	8.1	1/	_	9734
	816			792	7	-		16.5	3,3	11880				~	12672		1.0	10800	105	27672	678.4	14.0	t/	_	15960
13	10:00	<del></del>			31.2_			19.0	_=_		71				0	87.7	13	3240	0	0	E92.4	3.5	41	~	3990
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	<u> </u>			-e-	348	16.9	e	24.3		11520	n					88.1	.1	1080	1020	31520	700.0	25.5	64.8		31464
16 17	1000			1182	48.1	8.3	0	27.5		10800				~		88.2	9	C	2020	32592	725.5	17.9	66.9		2040 b
18	9:30	42.4		1188	56.4	16.1		30.5		13680	- ((				14868		<i>y</i>	K	0	14868	743,4	128	66.9		14592
19	Z 30			793	72.5	4.1	8118	34,3		8280	/	-	_=_		17190		e	0	-C	17190	156,2	2.9	66.9	C)	3306
1 1	300	43.5		990	76.6	4.0	7920	36.6		12960	10				21820			3240	1015	36870	757.1	21.8	и	0	24852
/				1188	80,6	20	3960	40, 2		12600	4				17748	88.5	٠٧	460	1015	32748	780.9	22,3	66.9		25 422
22	300	44.5	13	290	82.6	1,7				9000	u					78.7	.1	1080	,020	33356	8032	18.7	64.9		2/3/8
23	1145		1,3		84.3			46.2		<u> </u>	A I					888		5400	.020	29450	821.9	27,8	46.9		31682
24	3.00		16		85.5					12960	4				15534	89.3	e	U	<b>P</b>			12.7	12		H47A
25	23		1 /	1396	86.2	3.8		51.6		11/400.						89.3	ø	_Ø_	Ø	23310.	362.4	9.0	11		10260.
26	445		1.4	792	90.0	4.7	1128				4262.2				11340	82.3	7	0	a	11340	871.4	8.7	66.9	0	9918
27	100	47,5	1 12	990	90.6 95.3					1880	и					89.3	- <del>0</del>	6	0	77176	880.1	9.0	n		10260
28	1100		1.4		75.5			61.5		6840	u 				2617	593	0	to		29617	889.1	12,2	· i		3908
29		48.4	17.	1158	97.0	.0	1067	43.4			н	-			9936	89.3		7160	020			18.4	м		20976
30		18.0	1.5		97,6		1376		1.9	8028	<u>4</u>				6840	59.5		3240	1020			18.6	<u> </u>	6	21201
2	1000	177.0	1	' '	1112	1, 1	TOIR K			10C0	и	<del> </del> -	<del> </del> -	V	2006	87.8	0	_0_	<u> </u>		9585	15.2	/1	0	1322
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AVG.	L	1000	.001			.004			ان ا	cc43	- 1	1	- 1	ſ	- 1		1	İ	,019	[		.014	112 6	1	0135
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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:



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

OFB Form	17-601.900(1)	7
	2071801.900(1) Cornectic Wastewase Markhy Operating R	
Electro-Or	July 1, 1991	
TIFE Acres	man No.	
		ed in by OER)

SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

Part II - General Information

D.E.P.

JUN 24 1994

TAMPA

TAMPA

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.006 .030 .008

451

3005

(11)	Month May Year 1994			•
	Plant's DER Identification Number 400900086	Parameter	Units	STOR
(E)	Plant Name Land Fill Learhate Plant	(16) Monthly average daily flow	mgai	0500
		(17) Permitted capacity	mgd	_
( <del>4)</del>	Plant Address SR 44 3 miles East of lecanto	(18) Three-month average daily flow	m <b>gd</b>	_
		(19) Percent of permitted capacity	%	_
	City Lecan to	(20) C8OD₅ Effluent ·	mg/L	0800
	County <u>Citeus</u>	(21) CBOD <sub>5</sub> Effluent	lbs/day	_
(7)	Phone Number 904/ 146-2694	(22) TSS Effluent	mg/L	9002
<b>(B</b> )	Permit Number <u>5009 - 187279</u>	(23) TSS Effluent	ibs/day	_
(9)	Plant Type	(24) Minimum pH		_
( <b>10</b> )	Test Site Identification Number	(25) Maximum pH		_
(11)	Fecal Coliform Sample Method	(26) Total N	mg/L	0006
	Membrano Filter Most Probable Number	(27) TKN	mg/L	U006
(12)	Type of Effluent Disposal or Reclaimed Water Reuse _A.f.	(28) Ammonia (NH <sub>3</sub> - N)	mg/L	0006
		(29) Nitrate	mg/L	0718
(13)	Limited Wet Weather Discharge Activated	(30) Total Phosphorus	mg/L	0006
	Yes No Not Applicable	(31) Minimum Chlorine Residual	mg/L	_
(14)	Cumulative Days of Wet Weather Discharge	(32) Maximum Chlorine Residual	mg/L	_
		(33) Other Effluent Parameters		
(15)	Plant Staffing	Chlorise	MEL	
	Day Shift Operator Class Cert. No. 8709	SOUIUM	mc/L	
	Evening Shift Operator Class Cert. No	TOS	mek	:
	Night Shift Operator Class Cert. No.		7,	
	Lead Operator Signature Cert. No.			
	V/			



### Florida Department of Environmental Regulation

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

DER Form # 17-601.900(1)	
Domestic Wassewase Form Title Monthly Operating A	r Treatment Plant eport
Effective Oate July 1, 1991	
DER Approagon No.	
;Fil	ed 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)									
		Α	8	С	D						
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient 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	1						
3	Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0 but < 8.0	≥ 0.025	≥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	> 0.025	≥ 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 colliform 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 acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited well-weather discharge permitted under the provisions of Rule 17-010,660(5), EA.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), 5.4.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 CBOD₅ of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD<sub>5</sub> of the effluent in ibs/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
- (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.

rm Tide_	Domestic Wastewater Treatment Plan Monthly Operating Report
Neg dona	July 1, 1991

# solid waste leachate treatment facility Monthly Operating Report

(34	7															Month	MA	4	Ye	ar 19	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)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chlorise	Sobien	Tas						Commencements (C. Service State Commence (C. C. Service State Commence (C. C. Service Commence (C. C. Service Commence (C. C. Service Commence (C. C. Service Commence (C. C. Service Commence (C. Service (
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2	0	-													-	BR		6				_
3	:012	-			- 4												1			i_		
45	.011	-	-															i	4	i	y)	_
5	0	-						8.2	4.4		216	1	NA	310	218	3250		Ų				
7	010														( BE					-i		
6 7 8	:003												-	-	-			182				
9	1018	1												-							- 12	_
9	0										1									<u> </u>		
11	:010											1										_
12	.010							8.4	3.8		215		NA	318	541	7510				<del></del>	-	
13	,005							1	310		210		IVL	216	371	510	-					_
14	1005																1					_
15	1010	-																VW.	1	1		_
16	0																					_
18	.010																					
18	,010																					
79	100\$							8.3	24		212		NA	411	504	3220						
20	009							-														
77	:010																				54	
Z1 Z2 Z3	0								-													_
24	1010						-						-									_
25	1007												-									_
24 25 24	1004							8.4	3.4		245		NO	450	540	3040			*	-		_
27	:012								1				1740	100	1.	2010				<del></del>		
85	0																					_
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																7 12						



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

75 4 75 4 14 75 75 75 75		<b>LABORATO</b>	RY FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	(245.0) $(3040)$ $(450)$ $(540)$ $(8.45)$ $(3.40)$	TI TD TD TI TD	05/27/94 05/28/94 06/01/94 06/01/94 05/27/94 06/01/94
Fecal Coliform	SM909c	cts/100m	1 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\_Timde

FORWARDED TO: D.E.R. TAMPA



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

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

TIME SAMPLED:

9:45 am

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

SITE: Landfill PAC Plant #3 Reactor

SAMPLE MARKINGS: Effluent

		LABORATOR	RY FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	212.0) (3220) (411) (504) 8.3 2.45	TI TD TD TI TD	05/20/94 05/20/94 05/19/94 05/28/94 05/20/94 05/25/94
	~~~		_		
<u>Fecal Coliform</u>	1 SM909c	cts/100m	nl 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:



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 05/12/94

DATE RECEIVED: TIME SAMPLED: 9:20 am

SITE:

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

PARAMETER	METH.#	LABORATO UNITS	RY FINDING RESULTS	<u>S</u> TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	215.0 2510; (318) (541); 8.4 3.84	TI TD TD TI TD	05/14/94 05/20/94 05/19/94 05/18/94 05/12/94 05/25/94
Fecal Coliform	SM909c	cts/100m	al ND	TI	05/13/94

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

ND = NON DETECTABLE or

Tai Igbinosun Lab Manager

FORWARDED TOT



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: 010505 1 00000

FOR: Citrus County Utilities

1300 S. Lecanto Wighway

P.O. Box 440

Lecanto, Ft " 00001

DATE SMIPLED. DEVETOI

PATE RECEIVED: 15/05/04

TIME CHIPTON : 3:20 am

SITE: Constitute to the constitute

SAMPLE MARKINGS: DOCTORS

		LARORATOR	Y FIND ON	ς	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 272.1 150.1 351.1	ng/l ng/l mg/l mg/l td/unit	210.0 3250 3250 8.2 4.13	TI TD TD TI TI	05/10/01 05/10/01 05/12/01 05/12/01 05/12/01

Facal Coliform Sypone Stationmi To TI Date (2)

FECAL IN 05/05/94 AT 1000 OUT 05/06/91 AT 1000

VD = YOY PETECTABLE --- 1 +.3

Ta为Jgbinosun

Lab Manager

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

FORWARDED TO

D.E.R., TAMPA

#### LANDFILL LEACHATE PLANT FLOWS

MONTH/YEAR MAY - 94 110800 x 1980 x3600 ×1140 - x1620 ×1080 L.S. #3 (60 ACRE SITE) L.S. #2 7 ACRE W L.S. INFLUENT EFFLUENT FLOW L.S. #1 7 ACRE E. L.S. RECYCLED FLOWS POND PUMP #2 FLOW FLOW APRX APRX PUMP #1 PUMP DATE TIME PUMP #2 FLOAT TOTAL FLOW **FLOWS** HRS RDG HRS HRS FLOW RDG RDG FLOW FLOW RDG HRS RDG TOTAL HRS FLOW RDG HRS FLOW RDG HRS 6480 6480 38.1 25,2 30.4 1,8 84.5 464.1 6.3 0/72 OFF 17.5 OFF 6480 20.0 Ð B 7182 437 17,5 OF-32,2 200 8424 8424 0 38.1 1230 84.3 0 470.4 0 2 792 25.2 7200 0 0.4 0.4 20.0 12222 58.1 1620 1296 Zmo 34,2 0.4 1440 15,120 84.3 <del>@</del> 15.120 9.3 17.5 0,800 0 470,4 25.6 1,2 1100 20.4 1584 32.1 479.7 <del>-0</del> 11,400 830 1296 20.3 2.7 9110 34,6 01-72 12,600 84,3 0 6 12,600 10.0 21.2 1584 26,8 1.2 1000 39.1 228 156 2.8 12024 84.3 4897 130 72.0 28.0 23,0 030 G 4 12 024 0.2 O 0.7 34.6 ORP 016 1188 25.8 13.716 84.4 10/46 972 17/60. 34.6 D Ø 3716 489.9 3.9 39.1 1584 6 11:00 22.6 0.7 28.7 3.1 0.9 374.4 228 2360 ئے. 11,106 23,2 29.6 756 128.9 142346 -11,160 حيين 9 498,8 02 34.1 2.6 وندر 0.7 . 0 4360 39,1 2274 34.6 83 4 ج 4320 735 4320 4330 499.0 1.0 79 7 · 31.5 1,2 مزند Ð ے. 864 32.7 4,8 17280 2560 20916 17784 0,8 3636 34.6 20916 87.8 -0 10 i 15.6 10.1 0 235 1.4 2772 30,3 0 1:30 Ġ 4) 515.7 <u>~</u> 43 0 85.0 792 0 40.1 Ü 10 32.7 e 39.4 THE 792 0 iroo 24.4 792 ÷ e 8.9 4.9 1 85.0 515.7 OFF 17640 61.6 0.6 2160 72374 0 22374 40.1 10146 32.7 4 845 24. 8 2574 10146 8.9 14184 85.0 14184 524.6 σ 12 900 1584 OFF 37.6 3.5 12600 622 0 8 0 0 40.1 533.5 17628. 85.0 5472 11628 1.7 1:30 Egn 41.1 2.9 10440 62.2 Ø ٠ ٦٠ U X 1188 OFF Xci3 8550 396.0 4560 8550 <38.3 11440 7560 4262, C 4,0 O 0 0 0 14 990 269 8,7 9918 542.3 0 0 46.1 9720 il 10908 85,0 0 0 10908 40:1 1/30 27.4 1188 2.) Ò 48.8 2,7 551.0 0 16 9720 62.2 C 10710 85.0 0 10710 Ú 40.1 0 850 990 0 18.0 .5~ 4576 5.9 62.2 15030 0 1) 15030 551.0 8.4 40,1 ç x:30 28.5 51.5 14040 29 85.0 0 . 5 990 10146 11988 85.0 11988 557.4 4 18 815 55.4 3,0 2 10500 62,6 2160 0 29.0 1188 0 .9 3.1 12744 568.3 [026 1584 3 930 3:30 58.4 11160 0 12:744 852 0 ü 29.6 9234 569.2 2.1 195 2 Ø (1) 7992 30.4 792 61.5 7200 \*1 2992. 0 579.3 40.1 21 2 7m 11635 4262,2 0 9630 385,2 0 0 9430 30.8  $\Theta$ 790 31,1 0 2.4 7640 ↩ O 9270 - $\boldsymbol{\theta}$ 9516  $\overline{22}$ 65.9 8280 85.2 4270 577.5 Û 8'10 <del>-()</del> 40.1 990 2.3 622 31.3 0 ₽ 0 5850 40.1 228 23 0 85.2 7277 T 682 6480 7272 O 0 792 3/1 0 1.8 62.2 0 0 1.50 31.8 or 9804 230 11790 85.3 3240 585.9 1.6 24 32.2 4 70.0 13800 62.2 0 -0 11790 40.1 940 31.1 3.0 0 18572 9990 108 \$74.5 25 792 A 73.0 2.7 9720 12.2 85.5 ى w 230 37.7 OFF 10572 **5**4 0 4050 ۵ 598.3 017= 449 2.5 26 2,5 622 9990 1855 1100 :5 75.7 9000 33.7 990 OFF 3 0 0 44.4 11664 9432 85.5 7.2 8640 b 0 9432 598.3 OFF 27 14 2,4 62.2 1:45 792 31.1 18.2 37.6 1) 5),6 1/80,6 0 9072 598.3 28 34,0 31.1 2,3 8290 62.2 9072 85,5 0 Ø 1792 11 5983 7.4 11988 1182.9 35.5 29 10,000 0 0 11.000 51,6 34,4 1/262.2 .. 11,070 990 31/1 بي 0 590 5.8 9396 0 10,152 5983 85.7 2.6 9360 62.2 10.152 85.5 1100 34.9 0 0 0 792 4 æ 98.3 3.3 64.8 88.3 622 7652 85.5 7633 3762 792 6740 35.3 16,372 TOTAL 200 100 34,056 .013 AVG. 1.100 0052 post 6451 .0065 206 2600

5747

5/147

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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 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 0 3 1994

Department of Environmental Protection SOUTHWEST DISTRICT

BY \_\_\_\_\_

### SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES. INC.

#### **ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD**

5102 LaRoche Avenue, Savannah, GA 31404	Phone: (912) 354-7858
2846 Industrial Plaza Drive, Tallahassee, FL 32301	Phone: (904) 878-3994
414 Southwest 12th Avenue, Deerfield Beach, FL 33442	Phone: (305) 421-7400
900 Lakeside Drive, Mobile, AL 36693	Phone: (205) 666-6633
6712 Benjamin Road, Suite 100, Tampa, FL 33634	Phone: (813) 885-7427

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

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

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### 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			
Client Ref#	B430630	Volume Analyzed	0.025	liter
Sample ID	1 .	Filter Diameter		mm PC
MAL LOG #	11026-1	Filter Area		sq. microns
Sample Received	4/18/94	Magnification	10000 X	od. wicious
Sample Filtered	4/18/94	#Openings Examined	8	
Sample Analyzed	5/2/94	Grids Examined	2	•
Type Analysis	Water	Avg. opening area	12668	sq. microns
Microscopist	N.D. Durgodgen Kan Hellel	Total area examined		sq. microns
Reviewed by	Ken of DAD			•
	fully			
		Structures MFL*	*	

<pre># Chrysotile Morphology (CM): # Chrysotile Diffraction (CD): # Chrysotile Quantified EDS (CQ): # Chrysotile Quant.EDS &amp; Diff. (CDQ):</pre>	>= 10um 0 0 0 0	>=10 um 0.00 0.00 0.00 0.00
<pre># Amphibole Diffraction (AD): # Amphibole Diff.&amp; Qual. EDS (ADX): # Amphibole Diff.&amp; Quant. EDS (ADQ): # Amphibole ZA Diff.&amp; Quant.EDS (AZQ)</pre>	0 0 0 0	0.00 0.00 0.00 0.00

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

\* 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

<sup>\*\* 0.00</sup> display = Below Detection Limit





### **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



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

Department 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 if April, 1997.

Sincerely,

\* Also ANNUAL Included

Ralph Hedgecott

Director of Utilities

RH:ckn

Attachments



### Florida Department of Environmental Regulation

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

OER Form a 17-601.900(1)  Comestic Wastewater Treatment Plant	
Comestic Wasteweser Treatment Plant Form Title Monthly Operating Report	
Effective Oate July 1, 1991	
OER Application No	
(Filled in by OER)	

SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Rep

Part 1 - 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  $\acute{\text{D}}$  that indicates the plant size as shown below.

	Type of Treatment	Plant Size (mgd)							
		Α	. 8	С	Ð				
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient 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	1				
3	Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0 but < 8.0	≥ 0.025	≥0.002 but <0.02				
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	> 0.002				
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 colliform 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 were weather discharge permitted under the provisions of Rule 17-010,660(5), EA.C., check not abplicable. 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 snift 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 CBOD₅ of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD₅ of the effluent in ibs/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
- (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.

	17 60s 900m	_
CIER Form III. CI Form Title	17-601.900(1) Omestic Wasteware Treatment Plant lentify Operating Report	
	July 1, 1991	_
CER Aggicae	on No.	_

#### SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

### Part II - General Information

(1)	MonthADRICYear 1994
(2)	Plant's DER Identification Number 400900086
(E)	Plant Name LAMAFILL LEACHATE Plant
(4)	Plant Address Se 44 3 miles East of Lecanto
(5)	City Lecanto
(6)	County <u>Citeus</u>
(7)	Phone Number 904/746-2699
(B)	Permit Number
(9)	Plant Type <u>T-C</u>
(DT)	Test Site Identification Numbern/A
	Fecal Coliform Sample Method
	Membrano Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse _1/A
	/
(13)	Limited Wet Weather Discharge Activated
	Yes No K Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class C Cert. No. 8709
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator AG 45 C-8704
	Signature Cert. No.

Parameter	Units	STORET Code	∀alue
(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	nlA
(21) CBOD₅ Effluent	lbs/day	<b>-</b> ,	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	nlA
(27) TKN	mg/L	000625	nla
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	n/A
(29) Nitrate	mg/L	071850	181
(30) Total Phosphorus	mg/L	000665	nlA
(31) Minimum Chlorine Residual	mg/L	_	nA
(32) Maximum Chlorine Residual	mg/L	_	n/A
(33) Other Effluent Parameters			7
chlorise-	mil		418
Sosium	Nek		353
TOS	mek		1503
·	71		

OER Form - 17-801.900(1)  Domestic Wasteweser Treatment Plant
Comestic Wastewater Treatment Plant Form Tide Monthly Operating Report
Effective Oate July 1, 1991
DER Application No.
(Filled in by OER)

#### SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report

(34	<del>}</del> : '	·														Month	A	PRIG	<u></u>	Yea	r <u>19</u>	94
Day of the Month		Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chlorive	Sobjum	765						
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	ompany Name <u>Citrus County Utilities Division</u> Telephone No. (Please Type) 904-746-3368																					

Kind Kind

### CITRUS COUNTY CENTRAL LANDFILL - CITRUS COUNTY, FLORIDA

# DAILY GALLONS LEACHATE GENERATION AND PRECIPITATION DATA

	7 ACR	E CELL	80 ACF	RE SITE	TOTAL	HOLDING		
		STATION	LIFT S	TATION	FROM LIF	T POND	TOTAL	RAIN
DATE	LS #1	LS #2	#1	#2	STATIONS	TO PLANT		DATA
=======	=====	======	======	=======	=======	=======	=======	
04-01-94	756		0	6411	8139	0	8139	0
04-02-94	756		0	6411	8031	0	8031	0
04-03-94	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	Ö
04-07-94	864	1080	0	6411	8355	0	8355	Ö
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	Ö
04-11-94	756	864	0	6411	8031	0	8031	0
04-12-94	756	864	0	6411	8031	0	8031	Ō
04-13-94	432	756	0	6411	7599	0	7599	Ō
04-14-94	864	1080	0	6411	8355	0	8355	0
04-15-94	648	972	0	6411	8031	0	8031	Ō
04-16-94	648	756	0	6411	7815	Ö	7815	Ŏ
04-17-94	648	756	0	6411	7815	0	7815	Ö
04-18-94	648	756	0	6411	7815	0	7815	Ō
04-19-94	756	864	0	6411	8031	0	8031	Ŏ
04-20-94	648	1188	0	6411	8247	Ö	8247	Ö
04-21-94	1296	972	0	6411	8679	Ö	8679	2.25
04-22-94	648	756	0	6411	7815	Ŏ	7815	0.20
04-23-94	756	864	0	6411	8031	ŏ	8031	1.50
04-24-94	756	972	0	6411	8139	ŏ	8139	0
04-25-94	648	756	Ö	6411	7815	ŏ	7815	0
04-26-94	540	864	Ö	6411	7815	Ŏ	7815	Ŏ
04-27-94	756	1080	Ö	6411	8247	Ŏ	8247	0
04-28-94	108	0	Ŏ	6411	6519	Ö	6519	0
04-29-94	0	Ö	Ö	6411	6411	Ö	6411	0
04-30-94	Ö	ŏ	ŏ	6411	6411	0		-
	·	Ŭ	v	0411	0411	U	6411	0
=======	=====:	=======		=======				
			<b></b>					======
TOTALS	19979	24948	0	192330	237258	0	237258	3.75



2822 Land O' Lakes Blvd. / Land O' Lakes, FL 34639 Fax (813) 949-4392 Phone: (813) 949-1069 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

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

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

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

ND = NON DETECTABLE or < 1.0

Tai Tgbinosun Lab Manager

TRI-COUNTY ENVIRONMENTAL AND ANALYTICAL LAB, INC. OFFICER WOOD

04/21/94

04/21/94

9:30 am

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



DATE SAMPLED:

DATE RECEIVED:

TIME SAMPLED:

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 32661

Landfill PAC Plant SITE:

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	<u>S</u>	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride	352.2 160.1 325.3	mg/l mg/l mg/l	210 1240 380	TI TD TD	04/24/94 04/22/94 04/22/94
Sodium pH TKN	273.1 150.1 351.1	mg/l std/unit mg/l	260 8.20 0.86	TI TD TI	04/24/94 04/24/94 04/25/94
Fecal Coliform	SM909c_	cts/100m	i <u>ND</u>	TI	04/22/94

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

< 1.0 ND = NON DETECTABLE ог

Tai Abinosun

Lab Manager

TRI-COUNTY ENVIRONMENTAL AND ANALYTICAL LAB, INC. OFFICER



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	<u>ANALYSIST</u>
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





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

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

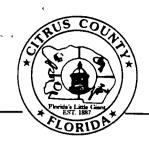
FECAL IN 04/07/94 AT 1345 OUT 04/08/94 AT 1340

ND = NON DETECTABLE or < 1.0

Tai Igbinosun

Lab Manager

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



# 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 HEDGECOTH, DIRECTOR OF UTILITIES

THROUGH:

SUSAN J. METCALFE, P.G., DIRECTOR SOLV

FROM:

CATHLEEN J. WINTER, SOLID WASTE TECH. II COM

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

# SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES	D/	ATE SAMPLED
30630-1	Leachate Effluent	04	4-14-94
PARAMETER		30630-1	
Antimony, m Arsenic, mg Asbestos in Barium, mg/ Beryllium, Cadmium, mg Chromium, m Cyanide, To Fluoride, m Lead, mg/l Mercury, mg Nickel, mg/ Nitrate-N, Nitrate-N, Nitrate + h Selenium, m Sodium, mg Thallium, m Turbidity, Total Coli Fecal Coli Gross Alph Gross Beta Aluminum, Chloride, Color, PCU	/1 . Water (TEM), MFL  1 .mg/1 ./1 .mg/1 .dg/1 .dal (9012), mg/1 .mg/1 .mg/1 .witrite-N, mg/1 .mg/1 .ng/1 /1 .mg/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1 .ng/1	<pre>&lt;0.0050 &lt;0.010</pre>	MAY 2 1994  CITRUS COUNTY DPW SOLD WASTE MANAGEMENT DIV
Copper, mg Surfactant	/1 s (MBAS-EPA 425.1), mg/1	0.11	

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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

LOG NO SAMPLE DESCRIPTION , LIQUID SAMPLES	
30630-1 Leachate Effluent	04-14-94
PARAMETER	30630-1
Iron, mg/1 Manganese, mg/1 Odor, TON pH, units Silver, mg/1 Sulfate as SO4, mg/1 Total Dissolved Solids, mg/1 Zinc, mg/1 Trihalomethanes Bromoform, ug/1 Chloroform, ug/1 Dichlorobromomethane, ug/1 Dibromochloromethane, ug/1	0.080 <0.010 (16) 8.0 <0.010 30 (2800) 0.23 110 41 100 140

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Received: 14 APR 94

Ms. Cathy Winter Citrus County Division of Solid Waste Mgt. Post Office Box 340

Purchase Order: 14880

Post Office Box 340 Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , LIQUID S.	AMPLES	DATE SAMPLED			
	Leachate Effluent		04-14-94			
PARAMETER	•	30630-1				
Primary Org	Primary Organics - Volatiles					
Vinyl Chlo		<1.0				
Benzene, u		<1.0	•			
Carbon Tet	rachloride, ug/l	<1.0				
	roethane, ug/1	<1.0				
	thylene, ug/l	<1.0 <1.0				
	robenzene, ug/1	<1.0				
	roethene, ug/1	<1.0				
	hloroethane, ug/1	<1.0				
	chloroethylene, ug/1	<1.0				
	ropropane, ug/1	<1.0				
Ethylbenze		<1.0				
Chlorobenz		<1.0				
•	robenzene, ug/1	<1.0				
Styrene, u		<1.0				
	oethene, ug/1	<1.0				
Toluene, u		<1.0				
	Dichloroethene, ug/1	<1.0				
Xylenes, u	ig/l					
Methylene	Chloride (Dichloromethane), up	<1.0				
1,2,4-Tric	chlorobenzene, ug/1	<1.0	•			
1,1,2-Tric	1,1,2-Trichloroethane, ug/1					
	ganics - Pesticides	<1.0				
Alachlor,	<del>-</del>	<1.0				
Atrazine,	<del>-</del>	<1.0				
Simazine,	ug/l					

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

LOG NO S	AMPLE DESCRIPTION , LIQUID S	AMPLES	DATE SAMPLED
30630-1 L	eachate Effluent		04-14-94
PARAMETER		30630-1	
Primary Organ	ics - Pesticides		
Chlordane, u		<0.10	
Endrin, ug/1		<0.020	
Heptachlor,		<0.010	
	poxide, ug/1	<0.020	•
Gamma-BHC, u		<0.010	:
Methoxychlor		<0.50	
Toxaphene, u		<1.0	
PCB-1016, ug	_	<0.50	
PCB-1221, ug		<0.50	•
PCB-1232, ug		<0.50	
PCB-1242, ug		<0.50	
PCB-1248, ug		<0.50	
PCB-1254, ug		<0.50	
PCB-1260, ug		<0.50	
	nics - Herbicides		
2,4-D, ug/1	iles a merbedee	<0.50	
Dalapon, ug	/1	<10	
Dinoseb, ug		<0.50	
	phenol, ug/l	<1.0	
Picloram, u		<0.50	
2,4,5-TP Si		<0.50	
	nics - Carbamates	<1.0	
Carbofuran,	<del></del>	<1.0	•
Oxamyl, ug/			
Primary Orga Glyphosate,	nics - Glyphosate ug/1	<350	

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Purchase Order: 14880

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , LIQUID S.	AMPLES	DATE SAMPLED
	Leachate Effluent		04-14-94
PARAMETER		30630-1	
Endothall,	anics - Endothall ug/l	<25	
Diquat, ug		<1.0	
Primary Organics - Fumigants		<0.20*F65	4.
	1,2-Dibromoethane (EDB), ug/1		
1,2-Dibromo-3-chloropropane, ug/1		<0.20	
Primary Org	anics -BN		
Benzo(a)Py		<0.20	
	1 hexyl)adipate, ug/1	<2.0	
	ylhexyl) Phthalate, ug/l	<2.0	
	benzene, ug/1	<1.0	
	cyclopentadiene, ug/1	<1.0	·
	ahl Nitrogen-N, mg/l	2.4	

<sup>\*</sup>See attached report.

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

## SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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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

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
30630-3	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30630-2	30630-3	30630-4
Antimony, m		<0.0050	86 Z	2.2 %
Arsenic, mg	=	<0.010	89 <b>%</b>	2.4 %
	Water (TEM), MFL	*	*	*
Barium, mg/		<0.010	112 %	8.5 %
Beryllium,		<0.0040	105 %	9.1 %
Cadmium, mg	<del>-</del>	<0.0050	106 %	7.1 %
Chromium, n		<0.010	110 %	8.9 %
	otal (9012), mg/l	<0.010	104 %	1.0 %
Fluoride, n		<0.20	96 <b>%</b>	
Lead, mg/1	-6, -	<0.0050	109 %	4.6 %
Mercury, mg	·/1	<0.00020	104 %	1.5 %
Nickel, mg		<0.040	110 %	8.5 %
Nitrate-N,		<0.050	104 Z	0.96 %
Nitrite-N,	<del>-</del> .	<0.050	102 %	1.9 %
Selenium,		<0.010	82 <b>%</b>	1.1 %
Sodium, mg		<0.50	106 %	9.7 %
Thallium,		<0.0020	95 <b>%</b>	0.74 %
•	<del>-</del>	<0.10	99 Z	0 %
Turbidity,		<1		0 <b>Z</b>
	form MF, col/100ml	<1		0 <b>Z</b>
	form MF, col/100ml	<2.0	100 Z	4.5 <b>Z</b>
Gross Alph		<2.0	104 %	3.8 Z
Gross Beta		<0.20	109 %	8.0 %
Aluminum,		<1.0	100 %	0 <b>%</b>
Chloride,	<del></del>	<5	100 %	0 <b>Z</b>
Color, PCU		<0.025	111 %	8.9 %
Copper, mg	/1	~~		

#### SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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

B4-30630

Received: 14 APR 94

Ms. Cathy Winter Citrus County Division of Solid Waste Mgt.

Purchase Order: 14880

Post Office Box 340 Lecanto, Florida 34460-0340

> Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
30630-3	Lab Blank Accuracy (Z Recovery) Precision (Z RPD)			
PARAMETER		30630-2	30630-3	30630-4
Cumfostonto	(MBAS-EPA 425.1), mg/l	<0.10	99 %	16 %
Iron, mg/1	(MBAS-EFA 425.1), mg/1	<0.050		
Manganese,	ng / 1	<0.010		
Odor, TON	-6/-	<1		0 <b>%</b>
pH, units		5.7	100 Z	0 <b>Z</b>
Silver, mg/	1	<0.010	102 Z	3.2 Z
Sulfate as		<5.0	98 <b>%</b>	3.0 %
	lved Solids, mg/1	<5.0	101 %	0.20 %
Zinc, mg/l		<0.020	110 %	8.0 Z
Trihalometh	anes		:	
Bromoform,		<1.0		
Chloroform	<del>-</del>	<1.0		
	omomethane, ug/1	<1.0		
	oromethane, ug/1	<1.0		

# 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

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR L	IQUID SAMPLES		
30630-2 30630-3 30630-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30630-2	30630-3	30630-4
	rganics - Volatiles			
	loride, ug/l	<1.0		
Benzene,	<del>-</del>	<1.0	96 <b>%</b>	1.0 %
	etrachloride, ug/l	<1.0		
	loroethane, ug/l	<1.0		
	oethylene, ug/l	<1.0	92 <b>%</b>	4.3 %
	lorobenzene, ug/1	<1.0		
_ •	loroethene, ug/l	<1.0	84 <b>%</b>	4.8 %
	ichloroethane, ug/1	<1.0		
	Dichloroethylene, ug/1	<1.0		
	loropropane, ug/1	<1.0		
	zene, ug/1	<1.0		
•	nzene, ug/1	<1.0	96 <b>Z</b>	3.1 %
	lorobenzene, ug/1	<1.0		
Styrene,		<1.0		
	oroethene, ug/l	<1.0		
Toluene,		<1.0	94 <b>%</b>	3.2 %
trans-1.	2-Dichloroethene, ug/1	<1.0		
Xylenes,		<1.0		
Methyler	ne Chloride (Dichloromethane), ug/1	<1.0		
1 2 4-17	richlorobenzene, ug/1	<1.0		
	richloroethane, ug/1	<1.0		
Drimary (	Organics - Pesticides			
Alachlor		<1.0	115 %	3.5 %
Atrazine		<1.0	120 %	5.0 %
Simazine	•	<1.0	116 %	2.5 %
~ = ± ** \	- <b>,</b> 0, -			

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049 LOG NO:

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 9

30630-2 Lab Blank 30630-3 Accuracy (Z Recovery) 30630-4 Precision (Z RPD)  PARAMETER  30630-2 30630-3 30630-4  Primary Organics - Pesticides Chlordane, ug/1 Endrin, ug/1  Co.020 107 Z 0.37 Z
Primary Organics - Pesticides Chlordane, ug/1 Endrin, ug/1  Co.020 Co.37 Z
Primary Organics - Pesticides Chlordane, ug/1 Endrin, ug/1  Co.10 Co.10 Co.20 Co.37 Z
Chlordane, ug/1
Endrin, ug/1 <0.020 107 % 0.37 %
Heptachlor, ug/1 <0.010 9/ 2 0.35 2
Hentachlor Enoxide 119/1 <0.020
Gamma-BHC. ug/1 <0.010 104 2 0.96 2
Methoxychlor, ug/1 <0.50
Toxaphene, ug/1 <1.0
PCB-1016, ug/1 <0.50
PCB-1221. ug/1 <0.50
PCB-1232. ug/1 <0.50
PCB-1242 ug/1 <0.50
PCR_1248_ug/1 <0.50
PCB-1254, ug/1 <0.50
PCB-1260, ug/1 <0.50
Primary Organics - Herbicides
2.4-D. 11g/1 <0.50 106 2 0.094 2
Dalapon, 119/1 <10
Dinoseh 119/1 <0.50 <0.50
Pentachlorophenol. ug/1 <1.0
Picloram, ug/1 <0.50
2,4,5-TP Silvex, ug/1 <0.50 119 % 2.7 %
Primary Organics - Carbamates
Carbofuran, ug/1
Oxamy1, ug/1 <1.0 102 % 13 %

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 10

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
30630-2	Lab Blank			
30630-3	Accuracy (% Recovery)			
30630-4	Precision (Z RPD)			
PARAMETER		30630-2	30630-3	30630-4
Primary Org	ganics - Glyphosate			
Glyphosate		<350	84 <b>Z</b>	1.2 %
	ganics - Endothall	<25	108 %	7.4 Z
Endothall	ganics - Diquat			
Diquat, u		<1.0	91 %	1.1 %
	ganics - Fumigants			-
	moethane (EDB), ug/1	<0.020	90 <b>Z</b>	2.3 %
	mo-3-chloropropane, ug/1	<0.020	99 %	3.8 Z
Primary Or	ganics -BN			0.7/ 7
Benzo(a)P	yrene, ug/1	<0.20	136 %	0.74 %
	yl hexyl)adipate, ug/l	<2.0		
Bis (2-Et	hylhexyl) Phthalate, ug/1	<2.0		
	obenzene, ug/1	<1.0	107 %	1.9 %
	ocyclopentadiene, ug/1	<1.0		
	dahl 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

	■ <i>&amp; Environmen</i> Request and Ci	LABORATO ITAL SERVICES, INC. HAIN OF CUSTOE	C.	)			2846 414 S 900 L	LaRoche Avenu Industrial Plaza Couthwest 12th A akeside Drive, N Benjamin Road,	Drive, Tallaha venue, Deerfi lobile, AL 366	ssee, FL 32301 eld Beach, FL 3 93	33442 Phone: (305) Phone: (205)	878-3994 Fa 421-7400 Fa 666-6633 Fa	ux (912) 352-0165 ux (904) 878-9504 ux (305) 421-2584 ux (205) 666-6696 ux (813) 885-7049
P.O. NUMBER	PROJECT NUMBER	PROJECT NAME		MATE		<u>-</u>		DECLUDE	ANAL VO			PAGE	OF ]
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CLIENT ADDRESS		CITY, STATE, ZIP CODE	/.	<u> </u>	/ /	/-	<b>/</b>			1.4	15/10/	STANDAR	D TAT
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SAMPLING	AMPLE	IDENTIFICATION	*/§/	/// '	U A	\ <b>\</b> \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	4	Ma D	$\Delta$	70 P	REPOR	RT DUE DATE	
DATE TIME	SAMPLE	IDENTIFICATION	-///			NUMBER O	F CONT	AINERS SUB	MITTED	<del> } /</del>	*	SUBJECT TO RUS	SH FEES
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6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7049 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 , SOLI	D OR SEMISOLID SAMPLES	DATE SAMPLED
30629-1 Sludge			04-14-94
PARAMETER		30629-	1
Metals in TCLP			
Arsenic (TCLP), mg	g/l	<0.2	· .
Barium (TCLP), mg	/ <del>1</del>	3.	•
Cadmium (TCLP), mg	g/l	<0.01	
Chromium (TCLP), 1	mg/l	<0.05	
Lead (TCLP), mg/l		<0.2	
Selenium (TCLP),	mg/l	<0.5	· [[]] <u>G G G G G G G G G G G G G G G G G G </u>
Silver (TCLP), mg	/1	<0.01	11 51 1111
Mercury (TCLP), mg		<0.02	0       MAY - 2 1994    1
Semivolatiles in To			
Cresol o,m,p (TCL		<0.05	
1,4-Dichlorobenze		<0.05	THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE PARTY OF THE P
2,4-Dinitrotoluen		<0.05	
Hexachlorobenzene		<0.05	
Hexachlorobutadie	_	<0.05	
Hexachloroethane	· · · · · · · · · · · · · · · · · · ·	<0.05	
Nitrobenzene (TCL		<0.05	
Pentachlorophenol		<0.2	
	enol (TCLP), mg/l	<0.2	
	enol (TCLP), mg/l	<0.05	
Pyridine (TCLP),		<0.2	.5
Pesticides in TCLP			·
Chlordane (TCLP),		<0.005	
Endrin (TCLP), mg		<0.001	
Heptachlor (TCLP)		<0.0005	,
Lindane (g-BHC) (		<0.0005	
Methoxychlor (TCL		<0.02	
Toxaphene (TCLP),	, mg/1	<0.05	00

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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 (TCL)		<0.050	
•	ilvex (TCLP), mg/1	<0.010	
• •	n TCLP Extract (8240)		
Benzene (T		<0.020	
	rachloride (TCLP), mg/l	<0.020	
Chlorobenz	ene (TCLP), mg/l	<0.020	
Chloroform	(TCLP), mg/l	<0.020	
1,2-Dichlo	roethane (TCLP), mg/1	<0.020	*
1,1-Dichlo	roethylene (TCLP), mg/l	<0.020	
Methyl eth	yl ketone (TCLP), mg/l	<0.20	
Tetrachlor	oethylene (TCLP), mg/l	<0.020	
Trichloroe	thylene (TCLP), mg/1	<0.020	
	ride (TCLP), mg/l	<0.040	
Total Nitro	gen, I dw	1.3	
	horus (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	-	3.4	
Nickel, mg/	kg dw	14	
Zinc, mg/kg	•	90	
pH, units	•	7.9	
Total Solid	s, Z	6.2	

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-70420G NO: B4-30629

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#### REPORT OF RESULTS

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Page 3

LOG NO	SAMPLE DESCRIPTION , QC REPOR	T FOR SOLID/SEMISOLID		
30629-2 30629-3 30629-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30629-2	30629-3	30629-4
Total Kiel	dahl Nitrogen-N, mg/kg dw	<25	102 Z	2.0 %
	Nitrite-N, mg/kg dw	<5.0	96 <b>%</b>	8.3 Z
	phorus (365.4), mg/kg dw	<25	110 %	2.7 Z
Potassium,		<100	93 <b>Z</b>	4.5 %
Cadmium, m		<0.50	106 Z	7.1 %
Copper, mg		<2.5	111 %	8.9 %
Lead, mg/k		<0.50	97 <b>Z</b>	0.83 %
Nickel, mg		<4.0	110 %	8.5 <b>%</b>
Zinc, mg/k		<2.0	110 %	8.0 %
pH, units	·• ···	5.7	100 %	0 <b>Z</b>
Total Soli	ds, Z	<0.0005	99 <b>Z</b>	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.F.

MAY 09 1994

COURTHWEST DISTANT

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 Intaly

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		<0.050	
LEAD, MG/L		<0.20	•
SELENIUM, MG/L		<0.50	
SILVER, MG/L		<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		<0.050	•
HEXACHLOROBUTADIENE, MG/L	0.5	<0.050	
HEXACHOROETHANE, MG/L	3.0	<0.050	
NITROBENZENE, MG/L		<0.050	
PENTACHLOROPHENOL, MG/L	100.0	<0.25	
2-4-5-TRICHLOROPHENOL, MG/L		<0.25	•
2-4-6-TRICHLOROPHENOL, MG/L		<0.050	
PYRIDINE, MG/L	5.0(3)	<0.25	
PESTICIDES IN TCLP EXTRACT:			•
CHLORDANE, MG/L	0.03	<0.0050	•
ENDRIN, MG/L		<0.0010	•
HEPTACHLOR, MG/L		<0.00050	
LINDANE (g-BHC), MG/L	- "	<0.00050	
METHOXYCHLOR, MG/L		<0.025	
TOXAPHENE, MG/L	0.5	<0.050	
HEDDICIDES IN MOTO			
HERBICIDES IN TCLP:	10.0	.0 050	
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

IDIMIT MODILICATION DATED 07/24/33			
·	MCL	DATES:	
ANNUAL WASTE SLUDGE	MG/L	04/94	
	=======	=========	=======================================
PARAMETERS:			·
VOLATILES IN TCLP EXTRACT (8240):			
BENZENE, MG/L		<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 7.9	
PH, STANDARD UNITS		7.9 6.2	
TUTAL SULLUS &		n /	

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-7042 NO: B4-30629

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Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 1

2,4-Dinitrotoluene (TCLP), mg/1  Hexachlorobenzene (TCLP), mg/1  Hexachlorobutadiene (TCLP), mg/1  Hexachloroethane (TCLP), mg/1  Nitrobenzene (TCLP), mg/1  Pentachlorophenol (TCLP), mg/1  2,4,5-Trichlorophenol (TCLP), mg/1  2,4,6-Trichlorophenol (TCLP), mg/1  Pyridine (TCLP), mg/1  Pesticides in TCLP extract  Chlordane (TCLP), mg/1  Co.050  Co.050  Co.050  Co.050  Co.050  Co.050  Co.050  Co.050  Co.050  Co.050  Co.0050  Co.0050	LOG NO	SAMPLE DESCRIPTION , SOLID (	OR SEMISOLID SAMPLES	DATE SAMPLED
Metals in TCLP Arsenic (TCLP), mg/1 Barium (TCLP), mg/1 Cadmium (TCLP), mg/1 Chromium (TCLP), mg/1 Lead (TCLP), mg/1 Selenium (TCLP), mg/1 Selenium (TCLP), mg/1 Selenium (TCLP), mg/1 Selenium (TCLP), mg/1 Selenium (TCLP), mg/1 Selenium (TCLP), mg/1 Semivolatiles in TCLP Extract Cresol o,m,p (TCLP), mg/1 1,4-Dichlorobenzene (TCLP), mg/1 2,4-Dinitrotoluene (TCLP), mg/1 Hexachlorobenzene (TCLP), mg/1 Hexachlorobenzene (TCLP), mg/1 Hexachlorobethane (TCLP), mg/1 Semivolatiles in TCLP (TCLP), mg/1 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 Co.050 C	30629-1	Sludge		04-14-94
Arsenic (TCLP), mg/1  Barium (TCLP), mg/1  Cadmium (TCLP), mg/1  Chromium (TCLP), mg/1  Chromium (TCLP), mg/1  Selenium (TCLP), mg/1  Selenium (TCLP), mg/1  Selenium (TCLP), mg/1  Silver (TCLP), mg/1  Mercury (TCLP), mg/1  Semivolatiles in TCLP Extract  Cresol o,m,p (TCLP), mg/1  1,4-Dichlorobenzene (TCLP), mg/1  Cy4-Dinitrotoluene (TCLP), mg/1  Hexachlorobenzene (TCLP), mg/1  Hexachlorobenzene (TCLP), mg/1  Hexachlorobenzene (TCLP), mg/1  Hexachlorobenzene (TCLP), mg/1  Semivolatiles in TCLP  Cresol o,m,p (TCLP), mg/1  Co.050  Construction  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only  Not only	PARAMETER		30629-1	
Endrin (TCLP), mg/1  Heptachlor (TCLP), mg/1  Lindane (g-BHC) (TCLP), mg/1  Methoxychlor (TCLP), mg/1  Toxaphene (TCLP), mg/1  <0.0050  <0.025  <0.050	Arsenic ( Barium (T Cadmium ( Chromium Lead (TCL Selenium Silver (T Mercury (T Semivolati Cresol o, 1,4-Dichl 2,4-Dinit Hexachlor Hexachlor Hexachlor Pentachlor Pentachlor 2,4,5-Tr 2,4,6-Tr Pyridine Pesticide Chlordan Endrin ( Heptachl Lindane Methoxyc	TCLP), mg/1 TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (P), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1 (TCLP), mg/1	3.0 <0.010 <0.050 <0.20 <0.50 <0.010 <0.020 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.050 <0.0050 <0.0050 <0.0050 <0.0050	MAY - 2 1994  CANTY OPW  MENT DIV

Lecanto, Florida 34460-0340

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-70420G NO: B4-30629

Received: 14 APR 94

Ms. Cathy Winter Citrus County Division of Solid Waste Mgt. Post Office Box 340

Purchase Order: 14879

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION , SOLID OF	R SEMISOLID SAMPLES	DATE SAMPLED
30629-1	Sludge		04-14-94
PARAMETER		30629-1	
Herbicides			
2,4-D (TCL	P), mg/1	<0.050	
	ilvex (TCLP), mg/1	<0.010	•
	n TCLP Extract (8240)		
Benzene (T		<0.020	
	rachloride (TCLP), mg/l	<0.020	
	ene (TCLP), mg/l	<0.020	•
	(TCLP), mg/1	<0.020	
	roethane (TCLP), mg/l	<0.020	•
1.1-Dichlo	roethylene (TCLP), mg/1	<0.020	
Methyl eth	yl ketone (TCLP), mg/l	<0.20	
Tetrachlor	oethylene (TCLP), mg/l	<0.020	
Trichloroe	thylene (TCLP), mg/l	<0.020	
Vinyl chlo	ride (TCLP), mg/l	<0.040	
Total Nitro		1.3	·
	horus (365.4), % dw	0.34	
Potassium,		0.50	
Cadmium, mg		<0.50	
Copper, mg/	kg dw	35	
Lead, mg/kg		3.4	
Nickel, mg/		14	
Zinc, mg/kg		90	
pH, units	•	7.9	
Total Solid	ls, Z	6.2	

6712 Benjamin Road • Suite 100 • Tampa, FL 33634 • (813) 885-7427 • Fax (813) 885-70420G 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 3

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

#### 5102 LaRoche Avenue, Savannah, GA 31404 2846 Industrial Plaza Drive, Tallahassee, FL 32301 Fax (912) 352-0165 SAVANNAH LABORATORIES Phone: (912) 354-7858 Phone: (904) 878-3994 Fax (904) 878-9504 & ENVIRONMENTAL SERVICES, INC. 414 Southwest 12th Avenue, Deerfield Beach, FL 33442 Fax (305) 421-2584 Phone: (305) 421-7400 900 Lakeside Drive, Mobile, AL 36693 Phone: (205) 666-6633 Fax (205) 666-6696 ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD Phone: (813) 885-7427 Fax (813) 885-7049 6712 Benjamin Road, Suite 100, Tampa, FL 33634

P.O. NUMB	ER	PROJECT NUMBER	PROJECT NAME			MATF TYP	F						NALYSE	S			PAGE	OF	
CLIENT NAI	ME DAESS	)unter.	CITY, STATE, ZIP CONTINUES CLIENT PROJECT Archel	:/FAX NO.			- // v	NOW	/ *	1 4	NY /		1		7,		STAN		
SAMPLER(S SAMP	S) NAME(S)	Anly Sun	CLIENT PROJECT	MANAGER	- 13/9 3/3/9/ 3/3/9/		Nu	May	Sale		10/		<u>/</u>	1	<u>/</u>	/	RT DUE DATE		
DATE	TIME	JAN L	L DENTH TOATION		///	/	T	NUM	IBER OF	CONTA	INERS	SUBMIT	TED			<u>/ *</u>	SUBJECT TO	RUSH FEES	<u>`</u>
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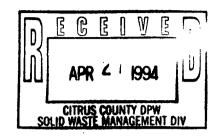


CITRUS COUNTY

#### 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	17-601.900m Comesse Westerney Treatment Plant
Former Filling	Comeany Westphaner Treatment Plant Manther Operating Report
Element Car	ا وابناني 1, 1991
CER Accuse	
	Filled in DV JER)

#### SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part II - General Information

(1)	Mantin / Auch Year /994
(2)	Plant's DER Identification Number 400900086
( <b>3</b> )	Plant Name Landine Leachate Plant
(4)	Plant Address SR. 44 3m. E. of Lecanto
(5)	City Leasn to
(6)	County Citeus
	Phone Number 904 744-2694
	Permit Number <u>5069 - 187229</u>
(9)	Plant Type
(10)	Test Site Identification Number
(11)	Fecal Coliform Sample Method
	Mismbrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(1 <b>3)</b>	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. 776/
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class
	Lead Operator C-8709 Signatura Cert. No.

Parameter	Units	STORET Code	∨alue
(16) Monthly average daily flow	mgd	050053	.016
(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	ı mgd	_	,011
(19) Percent of permitted capacity	9%	_	37%
(20) CBOD <sub>5</sub> Effluent	i mg/L	080082	nla
(21) CBOD <sub>5</sub> Effluent	ibs/day	<b>–</b>	nla
(22) TSS Effluent	; mg/L	900201	NA
(23) TSS Effluent	lbs/day	<b>—</b>	11/4
(24) Minimum pH		-	6.10
(25) Maximum pH		_	8.40
(26) Total N	mg/L	000600	nla
(27) TKM	g/L	U00625	NIA
(28) Ammonia (NH <sub>3</sub> ·N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	27.03
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlorine Residual	mg/L	-	NIA
(32) Maximum Chlorine Residual	mg/L	_	N/A.
(33) Other Effluent Parameters	i		NIA
TOS	my/L		1478
Chlorise	mg/L		307
Sopium	me/c		295
	!		

OER Form	:7-601.900m) Domestic Westerware France
Form Tide_	Domestic Wasteweser Treatment Plant Monthly Operating Report
Effective Oa	July 1, 1991
DER Appe	2001 No
	Filled in by DER)

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

(3 	4	<del></del>			<del></del> .											Mont	MARCI	(	_ Year	199	ÿ
Day of the Month		Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>s</sub> Effluent (mg/L)	TSS Effluent (mg/l.)	pH Effluent	TKN Eliluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L.)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	705	Chlecia	Sodian					
	10830		-	<u> </u>	1	<u> </u>															
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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

		LABORATO	RY FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	$ \begin{array}{c} 28.7 \\ 1210 \\ 320 \\ 312 \\ 8.40 \\ 45.0 \end{array} $	TI TD TD TI TD	04/04/94 04/04/94 04/04/94 04/08/94 03/31/94 04/08/94
<u>Fecal Coliform</u>	SM909c	cts/100n	al 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

4/25 94



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

		LABORATO	RY FINDING	<u>S</u>	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	24.8 1240 310 284 8.34 36.20	TI TD TD TI TD	03/26/94 03/26/94 03/28/94 03/29/94 03/29/94
Fecal Coliform	SM909c	cts/100m	n I NĐ	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\_



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

LABORATORY FINDINGS								
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	34.5 1820 320 248 6.97 48.40	TI TD TD TI TD	03/21/94 03/22/94 03/21/94 03/24/94 03/17/94 03/25/94			
Fecal Coliform	SM909c	cts/100m	al ND	ΤI	03/18/94			

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



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

		LABORATOR	Y FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	24.0 1200 320 320 (6.10) (18.50)	TI TD TD TI TD	03/12/94 03/15/94 03/10/94 03/15/94 03/10/94 03/20/94
Fecal Coliform	SM909c	cts/100m	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 5

APR



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: DATE RECEIVED:

03/03/94

03/03/94

TIME SAMPLED:

8:45 am

SITE:

Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

<i>PARAMETER</i>	METH.#	<u>LABORATOI</u> UNITS	RY FINDING. RESULTS	<del>-</del>	DAME ANALYZON
	MISITION	UNIIS	RESULIS	TECH.	DATE ANALYZED
Nitrate TDS	352.2 160.1	mg/l mg/l	$\underbrace{23.45}_{1240}$	T I TD	03/04/94 03/10/94
Chloride Sodium	325.3 273.1	mg/l mg/l	265	TD	03/04/94
pН	150.1	std/unit	6.21	T I TD	03/08/94 03/03/94
TKN	351.1	mg/l	38.42	TI	03/25/94
Fecal Coliforn	a SM909c	cts/100m	מו אח	<i>יר</i> י ז	03/04/04

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\_



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

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.

deceth

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) Comestic Wastewater Treatment Plant
orm Tide_	Domestic Wastewater Treatment Plant Monthly Operating Report
Mective Da	July 1, 1991
ER Appac	enon No

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

MAR 21 1994

CONTINUEST DISTHICT 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)						
		Α	8	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	≥0.002 but <0.02			
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	≥ 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 colliform 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 well weather discharge permitted under the provisions of Rule 17-010.660(5), E.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 snift 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 CBOD₅ of the effluent as recorded in Item 34.
- (21) Enter the average monthly CBOD₅ 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
- (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)	_
	Comestic Wastewater Treatment Plant	
OTHE THIS	Monthly Operating Report	_
	(1)	
Testre-Or	July 1, 1991	
	1	
ER Aggie	SERON NO.	

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

### Part II - General Information

(T)	Month FeBRUARy Year 1994
(2)	Plant's DER Identification Number 400900084
(3)	Plant Name LANDFILL LEACHATE Plant
(4)	Plant Address S.R. 44 3 miles E. of Lecanto
(5)	City Lecanto
	County Citers
(7)	Phone Number 904 746 - 2694
(B)	Permit Number 5009 - 187229
(9)	Plant Type T-C
(10)	Test Site Identification Number
(11)	Fecal Coliform Sample Method  Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse 11
(13)	Limited Wet Weather Discharge Activated  Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge in A
(15)	Plant Staffing
	Day Shift Operator Class Cert. No. 8704
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No.
	Lead Operator Signature C- 8704  Cert. No.

Parameter	Units	STORET	Value
(16) Monthly average daily flow	mad	050053	Del
(17) Permitted capacity	mgd	_	.030
(18) Three-month average daily flow	mgd	_	.eil
(19) Percent of permitted capacity	%	_	37%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	nla
(21) CBOD₅ Effluent	lbs/day	_	1/2
(22) TSS Effluent	mg/L	900201	nla
(23) TSS Effluent	lbs/day	_	nla
(24) Minimum pH		_	7.4
(25) Maximum pH		_	8.5
(26) Total N	mg/L	000600	ala
(27) TKN	mg/L	U00625	nla
(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	nla
(31) Minimum Chlorine Residual	mg/L	_	n/A
(32) Maximum Chlorine Residual	mg/L	-	nla
(33) Other Effluent Parameters	,		
Chlorise	ms/c		103.5
Sebium	mg/L	1	287.
TDS	mg/L		1895

	thly Operating Report	ment Plan
ctive Oate		
ctive Date	diy 1, 1331	

# solid waste leachate treatment facility Monthly Operating Report

70.	7															Month	1 EDKC	4109	Year_	1117	_
pay of the Month	Flow (mgd)	Chlorine Residual alter Contact	Chlorine Residual after Dechlorination	CBOD <sub>5</sub> Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chlorise	Sobring	705				,	
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3	1020							7.8			24.8	,	41.0	84	295	1/20					-
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9	.030																		- ;		
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12	8																			8	1
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Sign Nam	ed: // Please	Type) _	Ly	le F.	Stea	dy, J	r.			ition c			)ate: _	3-1	7-9	4	best of my k			belief. thi	IS



DATE SAMPLED:

TIME SAMPLED:

DATE RECEIVED:

02/10/94

02/10/94

11:00 am

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

SITE:

Lecanto, FL 32661

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATO	RY FINDING	S	
<b>PARAMETER</b>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
N7 1 4 4	050 0				
Nitrate	<i>352.2</i>	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
pН	150.1	std/unit	8.5	TD	02/10/94
<b>TKN</b>	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/100m	al 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 2 4



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: DATE RECEIVED:

02/03/94

TIME SAMPLED:

02/03/94

10:30 am

SITE:

Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	24.8 1680 84 295 7.8 17.30	TI TD TD TI TD	02/04/94 02/04/94 02/03/94 02/10/94 02/03/94 02/08/94
Fecal Coliform	SM909c	cts/100m	1 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 IN THE



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

DADAMONDO		<b>LABORATOR</b>	Y FINDING	<u>S</u>	
<u>PARAMETER</u>	METH.#	<u>UNITS</u>	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN BOD	352.2 160.1 325.3 273.1 150.1 351.1 405.1	mg/l mg/l mg/l mg/l std/unit mg/l mg/l	18.40 1220 240 310 8.2 4.8 3.79	TI TD TD TI TD TI	02/21/94 02/21/94 02/18/94 02/21/94 02/17/94 02/25/94 02/24/94
Fecal Coliform	SM909c	cts/100ml	<u>ND</u>	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 'Igbi nosun

Lab Manager

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



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
DATE RECEIVED: 02

02/24/94 02/24/94

TIME SAMPLED: 09:

02/24/94 09:30 am

SITE: Landfill PAC Plant

SAMPLE MARKINGS: Effluent

<u>PARAMETER</u>	METH.#	LABORATOR UNITS	Y FINDING RESULTS	<u>S</u> TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	24.0 2420 58 264 7.4 6.0	TI TD TD TI TD	02/26/94 02/28/94 02/28/94 02/28/94 02/28/94 02/28/94
Fecal Coliform	SM909c	cts/100ml	ND 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

MAR TAIRLY

3/18,1994

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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:

DEP

FEB 28 1994

SOUTHWEST DISTRICT

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

ER Form #	17-601.900(1) Commenc Wastewater Treatment Plant
C Title_N	Ornestic Wastewater Treatment Plant Ionthly Operating Report
ective Cau	July 1, 1991
R Applica	ion No.
	(Filled in by JER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

D.E.P.

FEB 28 1994

SOUTHWEST DISTRICT TAMPA

Part 1 - 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	. В	С	a					
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	≥0.025 but <2.0	≥0.002					
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥10.0	≥ 3.0	≥0.025 but <3.0	> 0.002					
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 colliform 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 acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited were weather discharge permitted under the provisions of Rule 17-010.660(5), FA.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), E.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 snift 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 CBOD₅ 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
- (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.

CER Form a: 17-801.900(1)  Comestic Wastewater Treatment Pla	
Comestic Wastewater Treatment Pla Form Title Monthly Operating Report	<u> </u>
Steene Care July 1, 1991	
OER Application No. Filled in by OER)	

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

#### Part II - General Information

(1)	Month January Year 1994
	Plant's DER Identification Number 400900086
(E)	Plant Name LANDFILL LEACHATE Plant
( <del>4)</del>	Plant Address SR. 44 3 miles East of
	hecanto
٠,,	City Lecanto
(6)	County <u>Citres</u>
(7)	Phone Number 964/746-2694
<b>(B</b> )	Permit Number 5009 - 187229
(9)	Plant Type
(10)	Test Site Identification Number
(n)	Fecal Coliform Sample Method  Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(1 <b>3)</b>	Limited Wet Weather Discharge Activated  Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator C-570% Signature Cert. No.:

<u> </u>			
Parameter	Units	STORET Code	Val <b>ue</b>
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	_	:030
(18) Three-month average daily flow	ı m <b>gd</b>	_	.010
(19) Percent of permitted capacity	%	-	33%
(20) CBOD <sub>5</sub> Effluent ·	mg/L	080082	
(21) CBOD₅ Effluent	lbs/day	_	NA
(22) TSS Effluent	mg/L	900201	NA
(23) TSS Effluent	lbs/day	_	NIA
(24) Minimum pH		_	6,8
(25) Maximum pH		_	8.5
(26) Total N	mg/L	000600	NA
(27) TKM	mg/L	000625	NA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	MA
(29) Nitrate	mg/L	071850	40.2
(30) Total Phosphorus	mg/L	000665	. /
(31) Minimum Chlorine Residual	mg/L		N/A.
(32) Maximum Chlorine Residual	mg/L	_	NA
(33) Other Effluent Parameters			,
chloriae	m/L	·	373
Sosium	ME/L		274
TAS	me/L		1963
·	<i></i>		
•			

}	17-801.900m) Domestic Wasteweser Treatment Plant Monthly Operating Report
Effective Da	July 1, 1991
DER ADDIC	econ No

#### SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

(34	9:										•					Month	JANUAR	<del>y</del>	_ Year	1994
pay of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L.)	pH Effluent	TKN Effluent (mg/L)	NH3 · N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	ch louise	Selvina	125				
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Company Name <u>Citrus County Utilities Division</u>

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

Lecanto, Florida 34460-0340

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

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 Fecal Coliform MF, col/100ml Nitrate-N, mg/l Chloride, mg/l Sodium, mg/l Total Dissolved Solids, mg/l Nitrogen, Total Kjeldahl, mg/l Arsenic, mg/l Barium, mg/l Cadmium, mg/l Chromium, mg/l Iron, mg/l Mercury, mg/l	8.5 (370 (260) (1500) 1.5 <0.010 0.050 <0.0050 <0.010 0.085 <0.00020 <0.0050
Lead, mg/l Selenium, mg/l Silver, mg/l	<0.010 <0.010
Trihalomethanes Bromoform, ug/l Chloroform, ug/l Dichlorobromomethane, ug/l Dibromochloromethane, ug/l	61 98 97 97
BTEX (EPA 602/8020)  Benzene, ug/l  Toluene, ug/l  Ethylbenzene, ug/l  Xylenes, ug/l  Total Volatile Organic Aromatics, ug/l	3.6 <1.0 <1.0 <1.0 3.6

forwardel to DEP 2/23/94 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 2

LOG NO	SAMPLE DESCRIPTION , QC REPO	RT FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30017-2	30017-3	30017-4
pH, units		6.0	100 %	0 <b>Z</b>
	orm MF, col/100ml	<1		40 Z
Nitrate-N,		<0.050	98 <b>%</b>	
Chloride, m	<del></del>	<1.0	101 %	
Sodium, mg/	<del></del>	<0.50	104 %	
	lved Solids, mg/l	<5.0	99 <b>Z</b>	0.45 %
	otal Kjeldahl, mg/l	<0.10	110 <b>%</b>	7.3 Z
Arsenic, mg	*	<0.010	88 <b>%</b>	1.1 %
Barium, mg/		<0.010	106 %	
Cadmium, mg		<0.0050	100 <b>Z</b>	3.0.7
Chromium, m		<0.010	103 <b>%</b>	2.8 %
Iron, mg/1	-57 -	<0.050	103 🕇	3.2 %
Mercury, mg	/1	<0.00020	106 %	0 <b>%</b>
Lead, mg/1		<0.0050	100 %	
Selenium, m	na / 1	<0.010	87 %	0.34 %
Silver, mg/	=	<0.010	82 <b>%</b>	0.65 %
Trihalometh				
Bromoform,		<5.0		
Chloroform		<1.0		
	comomethane, ug/1	<1.0		
	oromethane, ug/1	<1.0		



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LOG NO: B4-30017

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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 30017-3 30017-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30017-2	30017-3	30017-4
BTEX (EPA 6 Benzene, u Toluene, u Ethylbenze Xylenes, u Total Vola	g/l g/l ne, ug/l	<1.0 <1.0 <1.0 <1.0 <1.0	112 % 112 % 	1.8 % 0.90 %

Method: 40 CFR Part 136, EPA 600/4-79-020 HRS Certification #'s:84385,87279,E84282,E87052

Andre Rachmaninoff

SL	SAVANNAH  & ENVIRONMENTA	LABORATOR AL SERVICES, INC.	IES			2846 Industrial	Avenue, Savannah, Plaza Drive, Tallaha 12th Avenue, Deerfi rive, Mobile, AL 366	ssee, FL 32301 eld Beach, FL 33442	Phone: (912) 354-7858 Phone: (904) 878-3994 Phone: (305) 421-7400 Phone: (205) 666-6633	Fax (912) 352-0165 Fax (904) 878-9504 Fax (305) 421-2584
NALYSIS I	REQUEST AND CHA	IN OF CUSTODY	RECORD				Road, Suite 100, Ta		Phone: (813) 885-7427	Fax (205) 666-6696 Fax (813) 885-7049
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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

1.

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								
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	17.8 1950 400 312 7.8 30.4	TI TD TI TI TD	01/28/94 01/28/94 01/28/94 01/30/94 01/27/94 01/30/94			
Fecal Coliform	SM909c	cts/100m	l 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 APPRQVED OFFICER TWO

SORWARD TO



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							
<u>PARAMETER</u>	METH.#	<u>UNITS</u>	RESULTS	TECH.	DATE ANALYZED		
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	$ \begin{array}{c} 22.5 \\ 2100 \\ 320 \\ 240 \\ 7.6 \\ 26.8 \end{array} $	TI TD TI TI TD	01/24/94 01/21/94 01/24/94 01/30/94 01/20/94 01/26/94		
Fecal Coliform	SM909c	cts/100m	l ND	TD	01/21/94		

FECAL IN 01/20/94 AT 1325 OUT 01/21/94 AT 1310

Lab Manager

HRS # E84338 / 84420

E.R. Think



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: DATE RECEIVED:

01/13/94 01/13/94

TIME SAMPLED:

9:15 am

SITE:

Landfill PAC Plant #1 Reactor

SAMPLE MARKINGS: Effluent

•		<b>LABORATOR</b>	Y FINDING	S	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	$     \begin{array}{r}       20.8 \\       2300 \\       400 \\       \hline       6.80 \\       28.60 \\    \end{array} $	TI TD TD TI TD	01/14/94 01/18/94 01/14/94 01/17/94 01/13/94 01/19/94
Fecal Coliform	SM909c	cts/100m	l ND	TI	01/11/01

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 Jungle

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D' Auto Value (i) Plant Clisco all Reaches were Rec - Apy 17600 Shown

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## DEPARTMENT OF PUBLIC WORKS DIVISION OF SOLID WASTE MANAGEMENT

230 W. Gulf to Lake Highway • P.O. Box 340 Lecanto, Florida 34480-0340 (904) 746-5000 • FAX (904) 527-1204

JAN 2 1 18 ...

#### MEMORANDUM

DATE:

JANUARY 21, 1994

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

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



Y

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 SAMPLE	DATE SAMPLED
30017-1 Leachate Effluent	01-06-94
PARAMETER	30017-1
pH, units	8.5
Fecal Coliform MF, col/100ml	<u> </u>
Nitrate-N, mg/l	(100)
Chloride, mg/l	370
Sodium, mg/1	260
Total Dissolved Solids, mg/1	1500
Nitrogen, Total Kjeldahl, mg/l	1.5
Arsenic, mg/l	<0.010 0.050
Barium, mg/1	<0.050
Cadmium, mg/1	<0.010
Chromium, mg/1	0.085
Iron, mg/l	<0.0020
Mercury, mg/1	<0.0050
Lead, mg/l	<0.010
Selenium, mg/l	<0.010
Silver, mg/l	
Trihalomethanes	61
Bromoform, ug/1 Chloroform, ug/1	98
Dichlorobromomethane, ug/1	97
Dibromochloromethane, ug/1	97
BTEX (EPA 602/8020)	
Benzene, ug/1	3.6
Toluene, ug/l	<1.0
Ethylbenzene, ug/l	<1.0
Xylenes, ug/1	<1.0
Total Volatile Organic Aromatics, ug/1	3.6

Forwarded to DEP 7-23-94

# 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 30017-3 30017-4	Lab Blank Accuracy (Z Recovery) Precision (Z RPD)			
PARAMETER		30017-2	30017-3	30017-4
BTEX (EPA 60 Benzene, up Toluene, up	g/1	<1.0 <1.0	112 % 112 %	1.8 % 0.90 %
Ethylbenze		<1.0		
Xylenes, u	g/1	<1.0		
Total Vola	tile 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



## Florida Department of **Environmental Protection**

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

Virginia B. Wetherell Secretary



F-130	FAX TRANSMITTAL SHEET
II Com	_
	<u>6-20-94</u> Date
TO:	Susie Metealfe
	DEPT.: Citrum Co (F
	FAX #: 904/527-1204
FROM:	Allison Amram
	DEPT.: D.E.P., Tampa Office Solid Weste
	PHONE: 813-744-6100 or SunCom 542-6100 Ext.336 FAX(local) 744-6125 or (SunCom) 542-6125
	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,
	plant effluent for 1/94 - have 2/94+3/94. Can you send this 1'n? Also - has the plant
	mixer been replaced, or is it planned?
	Just trying to get up to date on this!
	mixer been replaced, or is it planned? Just trying to get up to date on this! Thanks! No rush. Have a great weekend
TOTAL NUM	BER OF PAGES, INCLUDING COVER PAGE: _/
RECEIVED	BY:
	PHONE:

Leachate effluent



### 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

DET

May 23, 1994

MAY 26 1994

TAPADA

Ms. Allison Amram Environmental Specialist III Dept. of Environmental Protection Waste Management Section 3804 Coconut Palm Drive Tampa, FL 33619-8318

LEACHATE ANALYSIS-CITRUS COUNTY CENTRAL LANDFILL

Dear Ms. Amram:

Enclosed please find the analysis for January, 1994 on the leachate effulent 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, P.G.

Susan Metcalf

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

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 <u>January</u>, 19<u>94</u>.

Sincerely,

Ralph Hedgecoth

Director of Utilities

RH:ckn

Attachments

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	Filed in by OER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

D.E.P.

MAY 26 1994

TAMPA

STORET! Code

Part II	-	General Info	ormation
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(1)	Month Januarey Year 1994		
(2)	Plant's DER Identification Number 400900086	Parameter	1
(3)	Plant Name Landfill Leachate Plant	(16) Monthly average daily flow	. n
		(17) Permitted capacity	i n
(4)	Plant Address SR. 44 3 miles East of	(18) Three-month average daily flow	
	hecanto	(19) Percent of permitted capacity	
(5)	City Lecenter	(20) CBOD <sub>5</sub> Effluent	<u>, u</u>
(6)	County (tres	(21) CBOD, Effluent	: Ibs
(7)	Phone Number 964 / 746 - 2694	(22) TSS Effluent	
(8)	Permit Number 5009 - 187229	(23) TSS Effluent	i m
<u>(9)</u>	Plant Type		lbs
(ta)	Test Site Identification Number	(24) Minimum pH	<u> </u>
	Fecal Coliform Sample Method	(25) Maximum pH	!
• •	X Membrano Filter Most Probable Number	(26) Total N	: 11
(178	/	(27) TKM	111
(12)	Type of Effluent Disposal or Reclaimed Water Reuse	(28) Ammonia (NH <sub>3</sub> · N)	m
		(29) Nitrate	m
(13)	Limited Wet Weather Discharge Activated	(30) Total Phosphorus	; m
	Yes No Not Applicable	(31) Minimum Chlorine Residual	m
(14)	Cumulative Days of Wet Weather Discharge	(32) Maximum Chlorine Residual	; mg
		(33) Other Effluent Parameters	į
(15)	Plant Staffing	chloriae	I,n/
	Day Shift Operator Class C Cert. No. 7704		1/
	Exerting Shift Operator Class Cert. No	SOAWIN	Msl
	Night Shift Operator Class Cert. No	TAS	אומן
	Leact Operator C- F704 Signature Cert. No.		<u> </u>
	J J J J J J J J J J J J J J J J J J J		

(16) Monthly average daily flow	mga	050053	1,010
(17) Permitted capacity	mga	-	.03c
(18) Three-month average daily flow	vi mgd	i -	.21C
(19) Percent of permitted capacity	9%	-	33%
(20) CBOD, Effluent	mg/L	080082	
(21) CBOD, Effluent	: lbs/day	<del>-</del>	NA
(22) TSS Effluent	; mg/L	900201	N/A
(23) TSS Effluent	lbs/day	_	NIA
(24) Minimum pH		-	6.8
(25) Maximum pH		_	8.5
(26) Total N	mg/L	000600	N/A
(27) TKN	: ''g/L	U00625	NA
(28) Ammonia (NH <sub>3</sub> · N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	40.2
(30) Total Phosphorus	mg/L	0 <b>00665</b> i	
(31) Minimum Chlorine Residual	mg/L	_	NA
(32) Maximum Chlorine Residual	; mg/L	;	NA
(33) Other Effluent Parameters		,	<del></del>
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Chloriae Soaium	MS/L		274
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ER Acces	BROR NO	z.
		Filed in by JERD

### SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

(34	7															Mont	TANUARY	Year
Day of the Mouth	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>b</sub> Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (ing/L)	TSS Effluent (mg/L)	pH Effluent	TKN Eilluent (mg/L.)	NH3 · N Effluent (mg/L)	Nitrate Effluent (mg/L.)	Total P Effluent (mg/L)	Fecal Coliforn (#/100ml)	1/1/2012	2000	Jealtern		
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Name (Please Type) Lyle F. Steady, Jr.	 Date: 2-4-94	_
Company Name _ Citrus County Utilities Division	Telephone No. (Please Type)	_



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: TIME SAMPLED:

01/13/94 9:15 am

SITE:

Landfill PAC Plant #1 Reactor

SAMPLE MARKINGS: Effluent

	LABORATORY FINDINGS							
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	20.8 2300 400 285 6.80 28.60	TI TD TD TI TD	01/14/94 01/18/94 01/14/94 01/17/94 01/13/94 01/19/94			
Fecal Colifor	m SM909c	cts/100m	1 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 Ugbinosun

Lab Manager

HRS # E84338 / 84420

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



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

		<b>LABORATOR</b>	RY FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	22.5 2100 320 240 7.6 26.8	TI TD TI TI TD	01/24/94 01/21/94 01/24/94 01/30/94 01/20/94 01/26/94
Fecal Colifo	rm SM909c	cts/100m	l 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

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20KWARE 2/23 4



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

01/27/94 01/27/94

DATE RECEIVED: TIME SAMPLED:

9:30 am

SITE: Citrus County Landfill PAC Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	17.8 1950 400 312 7.8 30.4	TI TD TI TI TD	01/28/94 01/28/94 01/28/94 01/30/94 01/27/94 01/30/94
Fecal Coliform	SM909c	cts/100m	מא ו	TI	01/28/04

FECAL IN 01/27/94 AT 1425 OUT 01/28/94 AT 1320

Tai Igbinosun Lab Manager

HRS # E84338 / 84420

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CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

Reply To:

D.E.P

JAN 27 1994

SOUTHWEST DISTRICT

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 samply 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

OER Form	17-801.900m
	Domestic Wassauger Treatment Plant Monthly Operating Report
Effective Or	July 1, 1991
OER Acond	
	(Filled in DV CER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

### Part I - Instructions

D.E.P.

JAN 27 1994

SOUTHWEST DISTHICT 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)					
Activator Studies Attaches C	A	8	С	D		
Activated Sludge, Attached Growth, or Combined Treatment systems that include in nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥0.5 but < 3.0	≥0.002	!		
Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥1.0 but < 5.0	but < 0.5 ≥ 0.002 but < 1.0	:		
Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0 out < 8.0	≥ 0.025	≥ 0.002		
Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥10.0	≥ 3.0	but <2.0 ≥0.025	>0.002		
Septic tank or other on-site waste treatment systems with subsurface disposal.		but < 10.0	but < 3.0	but < 0.05 ≥0.005		

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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 acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,660(5), EA.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), EAC.
- (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 snift 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 ibs/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 is 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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

CIER Formes 17-501.900(1)	•
Comesso Westernam Presmint Pl Form The Montrey Operating Report	
Street Com. July 1, 1991	
CER Acceptation No. (Filed in by OER)	

# solid waste leachate treatment facility Monthly Operating Report

## Part II - General Information

(1)	Month December Year 1993
(2)	Plant's DER Identification Number 400900086
(E)	Plant Name Landfu Leachate Plant
(4)	Plant Address S.R. 44 3 miles East.
(5)	City Lecanto
(6)	County <u>Citcus</u>
(7)	Phone Number 904 746 - 2694
<b>(B</b> )	Permit Number <u>5009-187229</u>
(9)	Plant Type I-C
(10)	Test Site Identification Number
<u>"</u> "	Fecat Coliform Sample Method
	Membrano Firer Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13 <b>)</b>	Limited Wet Weather Discharge Activated  Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No 8704
	Evening Shift Operator Class Cert. No
	Night Snin Operator Class Cert. No.
	Lead Operator Signature C- 8701/ Cert. No.

Units	STORET Code	∨alue
mga	050053	.008
mga	_	.030
ı m <b>ga</b>	_	.009
%	_	30%
mg/L	080082	nla
lbs/day	<u> </u>	NA
ויבית.	900201	n/A
lbs/day	<b>–</b>	nla
		7,2
	_	8.2
mg/L	000600	nla
i igil	000625	n/A
mg/L	000610	nla
. mg/L	071850	48.6
mg/L	000665	nla
mg/L	_	nla
mg/L	_	NA
mg/c		295
mgk		324
ma/z		1561
7-		
!		
	mgd mgd mgd mgd  % mg/L lbs/day  mg/L mg/L mg/L mg/L mg/L	mgd 050053 mgd 050053 mgd — mgd — mg/L 080082 lbs/day — mg/L 900201 lbs/day — mg/L 000600 mg/L 000600 mg/L 000610 mg/L 000665 mg/L 000665 mg/L 000665

ER Form	17-601.900m
orm Tide_	Domestic Wastewater Treatment Plant Monthly Operating Report
Hective Oa	July 1, 1991
ER Apple	apon No.
	Filed in by DER)

# solid waste leachate treatment facility Monthly Operating Report

JAN 27 1994

D.E.P.

Month   December   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   1993   19	(34	7															Month	D	oren	130R	TAME	DISTI PA 19	93
	_	i							i		i	ī				1	VIOLIT		1	INEIC	_ Yea		
1	Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>a</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>5</sub> Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	IKN Effluent (mg/L)	VH3 - N Effluent (mg/L)	Vitrate Effluent (mg/L)	lotal P Effluent (mg/L)	ecal Coliform (#/100ml)	Kloride	Sodium	Tas						
Y   O    O    O    O    O    O    O	1	020									_	7				-							
	2								8.2			35.7		TAITY	280	274	1030		-	-	-		
	3	0							0.1			2010		INIC	107	24	1700		-		-		
	4	010																				!	
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2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

### REPORT OF ANALYSIS

**REPORT NUMBER:** 931202 / 03018

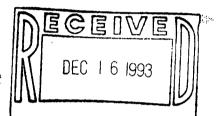
FOR: Citrus County Utilities

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

		LABORATOR	Y FINDING	<u>s</u>	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
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
pН	150.1	std/unit	8.2	TD	12/02/93
TKN	351.1	mg/l	28.4	TI	12/10/93
n 1 a 1 a	G140.00		1 CTUVETO		10/00/00
<u>Fecal Coliform</u>	<u> Ѕм 9 0 9 с</u>	<u>cts/100m</u>	<u>1(TNTC)                                   </u>	TI	12/03/93

FECAL IN 12/02/93 AT 1555 OUT 12/03/93 AT 1555

Tai Tgbinosun

Lab Manager

HRS # E84338 / 84420

FORWARDED TO:

D.E.R. TAMPA

DATE: 104 .19 9



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

**DATE RECEIVED:** 12/30/93

**DATE SAMPLED:** 12/30/93

P.O. Box 440

9:30 am

Lecanto, FL 32661

TIME SAMPLED:

SITE: Citrus Co. Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352 <b>.2</b>	mg/l	(5.5.0)	TI	01/01/01
TDS	160.1	mg/l	(1220)	TD	$01/04/94 \ 01/03/94$
Chloride	325.3	mg/l	(260)	TD	12/31/93
Sodium	273.1	mg/l	(312)	TI	01/04/94
рН	150.1	std/unit	7.8	TD	12/30/93
TKN	351.1	mg/l	28.50	TI	01/04/94
Fecal Coliform	SM909c	cts/100m	l ND	TI	12/31/93

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:



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

		LABORATOR	Y FINDING	<u>S</u>	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate	352.2	mg/l	Q6.4)	TI	12/24/93
TDS	160.1	mg <sup>.</sup> /l	(420)	TD	12/24/93
Chloride	325.3	mg/l	(278)	TD .	12/24/93
Sodium	273.1	mg/l	380	TI	12/26/93
рН	150.1	std/unit	$\widetilde{7 \cdot 9}$	TD	12/22/93
TKN	351.1	mg/l	38.40	TI	12/30/93
<u>Fecal Coliform</u>	SM909c	<u>cts/100m</u>	1 (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



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

**DATE RECEIVED:** 12/16/93

DATE SAMPLED: 12/16/93

P.O. Box 440

TIME SAMPLED: 11:00 am

Lecanto, FL 32661

SITE: Citrus County Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	<u>S</u>	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
***	0.5.0.0				
Nitrate	352.2	mg/l	000.00	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
pН	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/100m	l ND	TI	12/17/93

FECAL IN 12/16/93 AT 1430 OUT 12/17/93 AT 1430

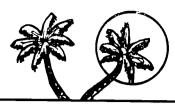
ND = NON DETECTABLE or < 1.0

Lab Manager

HRS # E84338 / 84420

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

FORWARDED TOS



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

DATE SAMPLED:

12/09/93

DATE RECEIVED: 12/09/93

P.O. Box 440

TIME SAMPLED:

9:30 am

Lecanto, FL 32661

SITE: Citrus County Landfill Leachate Plant

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	S	
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
Sod i um	273.1	mg/l	(285)	TI	12/17/93
pН	150.1	std/unit	7.2	TD	12/09/93
TKN	351.1	mg/l	35.0	TI	12/17/93
<u>Fecal Coliform</u>	SM909c	cts/100m	(I(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 -

FORWARDED TO:

LANDFILL LEACHATE PLANT FLOWS MONTH/YEAR 17-93

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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 2 0 1993

SOUTHWEST DISTRICT

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 samply analyses.

edgeceth

This report is for the month of November, 1993.

Sincerety,

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	p 17-501.900(1)  Domestic Wastewater Treatment Plant
Form Title_	Domestic Wasteweer Treatment Plant Monthly Operating Report
Effective O	July 1, 1991
	Stoon No.

SOLID WASTE LEACHATE TREATMENT FACILITY

### Monthly Operating Report DEP

Part I - Instructions

DEC 2 0 1993

SOUTHWEST DISTING 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 Siz	ze (mgd)	
		A	. 8	С	D
1	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient 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 i removal processes.	≥ 5.0	≥1.0 but < 5.0	>0.002	
3	Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0 but < 8.0	≥ 0.025	≥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	> 0.025	≥ 0.002 but < 0.025
5	Septic tank or other on-site waste treatment systems with subsurface disposal.		500 7 10.0		≥0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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 were weather discharge permitted under the provisions of Rule 17-010,660(5), EA.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 snift 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 ibs/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
- (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.

17-601-900m	,
DER Form # 17-601.900(1)  Comestic Wastewater Treatment Plant Title Markhy Operating Report	ant
Starte One July 1, 1991	
CIER Application No. (Filled in by OER)	

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

## Part II - General Information

(1)	Month NovemBek Year 93
(2)	Plant's DER Identification Number 400 900086
(E)	Plant Name Lansfie Leachate Plant
(4)	Plant Address S. R. 44 3 miles Fr of
,	
(5)	City lecanto
	County Citters
(7)	Phone Number 904/146 - 2694
	Permit Number 5009 - 187229
(9)	Plant Type I-C
(DT)	Test Site Identification Number
(ii)	Fecal Coliform Sample Method
	Membrano Filter Most Probable Number
(12)	Wiembrand Filter Most Probable Number  Type of Effluent Disposal or Reclaimed Water Reuse
(12)	/
	Type of Effluent Disposal or Reclaimed Water Reuse A
	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Type of Effluent Disposal or Reclaimed Water Reuse A
(13)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No K Not Applicable
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No K Not Applicable
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge  Plant Staffing
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge  Plant Staffing  Day Shift Operator Class  Cert. No. 8704
(1 <b>3)</b> (14)	Type of Effluent Disposal or Reclaimed Water Reuse  Limited Wet Weather Discharge Activated  Yes No Not Applicable  Cumulative Days of Wet Weather Discharge  Plant Staffing  Day Shift Operator Class  Cert. No. 8704  Evening Shift Operator Class  Cert. No.

Units	STORET Code	Value
mga	050053	, 010
mgd	_	. 030
mgd	_	,010
%	_	33%
mg/L	080082	n/A
lbs/day	-	KIA
mg/L	900201	NA
lbs/day		NA
	_	6.9
	_	8.6.
mg/L	000600	X/A
mg/L	000625	MA
mg/L	000610	NA
mg/L	071850	26.3
mg/L	000665	NA
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OER Form - 17-801.900(1)
Domestic Wassewerer Treatment Plant Monthly Operating Report
Effective Oate July 1, 1991
DER Application No.
(Filled in by OER)

SOLID WASTE LEACHATE TREATMENT FACILITY

## Monthly Operating Report

(34)	<b>)</b> : '															Month	November	Y	ear <u>2</u> '	993
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBODs Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	CHLOR, DE	Sodium	765				
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DATE SAMPLED: 11/04/93

TIME SAMPLED: 9:20 am

- DATE RECEIVED: 11/01/93

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

### REPORT OF ANALYSIS

**REPORT NUMBER:** \$31104 \( \text{01091} \)

FOR: Citrus County Utilities

1300 S. Lecanto Highway

P.O. Box 440

Lecanto. FL 32661

SITE: Landfill Pac Plant #1 Reactor

SAMPLE MARKINGS: Effluent

LABORATORY FINDINGS								
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	30.0 2410 420 345 8.69 18.4	T' I TD T'D T I TD T I	11/05/93 11/08/93 11/04/93 11/08/93 11/04/93 11/11/93			
Fecal Coliform	SM909c	<u>ots/100m</u> /	- 1.0	TI	11/05/93			

FECAL IN 11/04/93 AT 1300 OCT 11/05/92 AT 1300

Tai 'Igbinosun

Lab Manager

HRS # E84338 / 84420

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

FORWARDED TO: D.E.R. TAMPA

DATE: 12-15,199

NOV 2 2 1993



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

<u>LABORATORY FINDINGS</u>								
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	25.4 1900 340 320 7.9 26.0	TI TD TD TI TD	11/14/93 11/14/93 11/16/93 11/16/93 11/11/93 11/19/93			
Fecal Coliform	SM909c	<u>cts/100m</u> i	(1.0	TI	11/12/03			

FECAL IN 11/11/93 AT 1400 OUT 11/12/93 AT 1400

Ta(i ) Igbinosun

Lab Manager

HRS # E84338 / 34420

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

FORWARDED TO: D.E.R. TAMPA DATE: 12-15,19 93

NOV 2 1 1993



DATE SAMPLED:

TIME SAMPLED:

DATE RECEIVED:

11/18/93

11/18/93

10:00 am

2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

### REPORT OF ANALYSIS

REPORT NUMBER: 931118 / 02063

FOR: Citrus County Utilities

1300 S. Lecanto Highway

P.O. Box 440

Lecanto. FL 32661

SAMPLE MARKINGS: Effluent

SITE: Landfill Pac Plant

LABORATORY FINDINGS								
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	25.8 1820 280 328 8.40 30.2	TI TD TD TI TD TI	11/22/93 11/20/93 11/20/93 11/20/93 11/09/93 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 gbinosun

Lab Manager

HRS # E84338 / 84420

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

FORWARDED TO: D.E.R. TAMPA DATE: 12-15,19\_

MOV 2 / 1993



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

DIPORT OF MALISIS

REPORT NUMBER: 201124 / 02081

FOR: Citrus County Utilities 1300 S. Lecanto Mighway

P.C. Box 440 Lecante. TL 32661

DATE SAMPLED: 11/24/83 DATE RECEIVED: 11/24/83

TIME SAMPLED: 2:30 am

SITE: Sitrus County Landfill Leachate Plant

SAMPLE MARKINGS: Iffluent

LABORATORY NINDINGS								
PARAMETER	METH."	UNITS	RESULTS	TECH.	DATE ANALYZED			
Nitrate TDS CLiurida Codium pH TTC:	052.2 160.1 025.0 270.1 150.1 051.1	mg/l mg/l mg/l mg/l std/init ing/l	21.4 2110 320 200 6.0 23.4	TI TD TD TI TD TI	11/28/03 11/27/03 11/28/03 11/28/03 11/24/00 11/20/00			
<u> </u>			_ 11.0	TI	11/25/22			

FUCAL 12 11,721,700 AT 1025 OFT 11,725,700 AT 1003

 $J_{Igbineson}$ Lab Manager

MRS # modeded / bided

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

FORWARDED TO: D.E.R. TAMPA DATE: 12-15, 19 93



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 0 1 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.

Dedgeech

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 #_ 17-6015	Wasseware Frank
Form Fide Monthly Oc	Vallewayer Treatment Plant Sertang Report
Effective Date July 1,	1991
DER Acception No	
	(Filled in DV CER)

D.E.P.

DEC 0 1 1993

SOUTHWEST DISTINCT 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 Siz	ze (mga)	
Activated Slugge Attached Courts as Co.	<u>A</u>	8	C	D
Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	$\geq 0.5$ but < 3.0	≥0.002 but < 0.5	
removal processes.	≥ 5.0	≥ 1.0 but < 5.0	≥0.002 but <1.0	1
Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0 out < 8.0	≥ 0.025	> 0.002
Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	. ≥ 10.0	≥ 3.0	but <2.0 ≥0.025	≥0.002
Septic tank or other on-site waste treatment systems with subsurface disposal.		<u> 5u. &lt; 10.0 :</u>	but < 3.0	but < 0.02 ≥0.005

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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 acress, rapid rate land application, apporption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010.660(5), EA.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 snift 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 plif 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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

OER Forme:	17-501.900(f)	-
Form This M	omestic Wassinger Treatment Plant GRIDNY Operating Report	
Effective Case	July 1, 1991	
OER Annum	97 No.	
	Filled in by OERI	_

## solid waste leachate treatment facility Monthly Operating Report

## Part II - General Information

(1)	Month OCIOSER Year 1993
(2)	Plant's DER Identification Number 400 9000 76
(E)	Plant Name LANDFILL LEACHATE PLANT
(4)	Plant Address SR. 44 3 miles E. OF
	Lecanto
(5)	City <u>Lecanto</u>
(6)	County Citas
(7)	Phone Number 904 / 746-2694
<b>(B</b> )	Permit Number 5009 - 187229
( <del>9</del> )	Plant Type
(10)	Test Site Identification Number
, i i,	Fecal Coliform Sample Method
	Wiembrand Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No 8704
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class A Cert. No.
	Lead Operator C-8704
	y car na

<del> </del>			
Parameter	Units	STORET Code	∨alue
(16) Monthly average daily flow	mga	050053	.0085
(17) Permitted capacity	mga	_	.030
(18) Three-month average daily flow	ı m <b>ga</b>	_	:010
(19) Percent of permitted capacity	%	-	33%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	NA
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	N/A
(22) TSS Effluent	mg/L	900201	NA
(23) TSS Effluent	lbs/day	<del>-</del>	NA
(24) Minimum pH		<b>–</b>	7, 9
(25) Maximum pH		_	8.4
(26) Total N	mg/L	000600	NA
(27) TKM	i iig/L	U00625	NIA
(28) Ammonia (NH3 - N)	mg/L	000610	NA
(29) Nitrate	mg/L	071850	50,2
(30) Total Phosphorus	mg/L	000665	NA
(31) Minimum Chlonne Residual	mg/L	_	N/A
(32) Maximum Chlorine Residual	mg/L	-	NA
(33) Other Effluent Parameters		<u> </u>	,
CHLORISE	Ma/L		403
Sosium	mele		367
785	Male		1453
	J.—		

OER Form .	17-801.900m
) 50	ornesic Wastewater Treatment Plant orthiv Operating Regist
	July 1, 1991
DER Apolicado	
OLN ADDRESS	Filled in by OER)

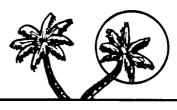
# solid waste leachate treatment facility Monthly Operating Report

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Day of the Month	Flow (ingd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L.)	CBODs Effluent (mg/L)	TSS Effluent (mg/l.)	pH Effluent	IKN Eifluent (mg/L)	NH3 · N Effluent (mg/L)	Nitrate Effluent (mg/L)	fotal P Effluent (mg/L)	Fecal Coliform (#/100ml)	CHLORIDE	Solium	705					
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	mpany Name Citrus County Utilities Division Telephone No. (Please Type)904-746-2694																				

DATE	TIME	TIME L.S. #1			L.S. #2			L.S. #3							
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27	3 Jan		1.2	1200	94.8	Ĕ		695	3,1	.009		Ü	1	10,200	0
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29		_	Þ		-	Ø		75.8	3.9	1612		Ø		12,000.	ø.
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31		34.0	<i>-</i>	10	94.8	0		825	2,9	,009	i	le.	1	9000	0
TOTAL			:019	019			1054			, 353			059	. 487	55,000
AVG.			613	6134			18000	<u></u>		.014			, CC2_	.016	.002

@ = Between 15th + 18" Pumper Against Closer Value at Plant.

Station left on



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: 10/28/03

DATE RECEIVED: 10/28/93

TIME SAMPLED: 10:25 am

SITE: Landfill Pac Plant # 4 Reactor

SAMPLE MARKINGS: Effluent

		LABORATOR	Y FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Mitrate	352.2	mg/1	10.50	TI	11/01/93
TDS Chloride	160.1 325.3	mg/l mg/l	1020 320	$TD \ TD$	10/29/93 10/29/93
Sodium pH	273.1 150.1	mg/! std/unit	318 7.3	TI = TD	11/02/03 10/23/00
TKN	351.1	mg/1	28.6	TT	11/03/03
Fecal Coliform	SM909c	cts/100m.	<u>l &lt;1.0</u>	TI	10/20/93

FECAL IN 10/28/93 AT 1300 OUT 10/23/93 AT 1300

SE ANN

Tai Igbinosun Lab Manager

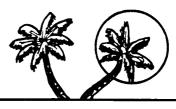
HRS # E84338 / 84420

TRI-COUNTY ENVIRONMENTAL AND ANALYTICAL LAB, INC.

QA / QC APPROVED

OFFICER

NOV 4 1993



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 32861

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

		LABORATOR	Y FINDING	<u>'S</u>	
<u>PARAMETER</u>	METH.#	<u>UNITS</u>	RESULTS	TECH.	DATE ANALYZED
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 | 10/22/03

FECAL IN 10/21/93 AT 1330 OUT 10/22/93 AT 1330

TaY Igbinosun

Lab Manager

HRS # E84338 / 84420

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

NOV 4 IGOS



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

		LABORATOR	Y FINDING	<u>S</u>	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.0 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	12.0 1280 420 394 7.9 28.4	TI TD TD TI TD TI	10/20/93 10/18/93 10/13/93 10/22/93 10/14/93 10/22/93
Fecal Colifor	rm SM009c	<u>cts/100m</u>	1 <1.0	TI	10/15/93

FECAL IN 10/14/93 AT 1500 OUT 10/15/93 AT 1500

Tai TEbinosun

Lab Manager

HRS # E84338 / 84420

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

> 4 1993 NUV



## 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

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

## 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.

Purchase Order: 13294

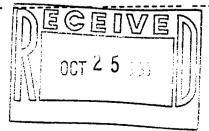
Post Office Box 340 Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 1

LOG NO	SAMPLE DESCRIPTION , LIQU	JID SAMPLES	DATE SAMPLED
31729-1	Leachate Effluent		10-07-93
PARAMETER		31729-1	
pH, units		8.4	
•	orm MF, col/100ml	9	
Nitrate-N,	mg/l	(160	)
Chloride, m		490	)
Sodium, mg/		(400)	_
	lved Solids, mg/l	2100	)
_	otal Kjeldahl, mg/l	1.3	
Arsenic, mg		<0.010	
Barium, mg/		0.088	
Cadmium, mg		<0.0050 <0.010	
Chromium, m	g/l	0.091	
Iron, mg/l		<0.0020	
Mercury, mg	1,1	<0.0020	
Lead, mg/1	- 11	<0.010	
Selenium, m	=	<0.010	
Silver, mg/		<b>10.010</b>	
Trihalometh		47	
Bromoform,		15	
Chloroform		31	
	omomethane, ug/1	42	
	oromethane, ug/l	72	
BTEX (EPA 6		<1.0	
Benzene, u		<1.0	
Toluene, u		<1.0	
Ethylbenze	_	<1.0	
Xylenes, u	ig/i Itile Organic Aromatics, u		
TOTAL VOLA	icite organic Aromacics, u	5/-	



## 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.

Purchase Order: 13294

Post Office Box 340 Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 2

LOG NO	SAMPLE DESCRIPTION ,	QC REPORT FOR LIQUID SAMPLES		
31729-3	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31729-2	31729-3	31729-4
pH, units		5.6	100 %	0 Z
Fecal Colif	orm MF, col/100ml	<1		0 %
Nitrate-N,	mg/1	<0.050	102 %	1.6 %
Chloride, m	g/1	<1.0	101 %	1.0 %
Sodium, mg/	1	<0.50	103 %	
	lved Solids, mg/l	<5.0	98 %	
Nitrogen, T	otal Kjeldahl, mg/l	<0.10	92 %	11 %
Arsenic, mg	/1	<0.010	107 %	
Barium, mg/	1	<0.010	98 %	2.8 %
Cadmium, mg	/1	<0.0050	99 %	2.0 %
Chromium, m		<0.010	103 %	2.2 %
Iron, mg/1		<0.050	100 %	
Mercury, mg	/1	<0.00020	110 %	
Lead, mg/1	•	<0.0050	104 %	
Selenium, m	g/1	<0.010	93 %	
Silver, mg/	-	<0.010	86 <b>%</b>	0.77 %
Trihalometh				
Bromoform,		<1.0		
Chloroform		<1.0		
	comomethane, ug/1	<1.0		
	oromethane, ug/1	<1.0		

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.

Purchase Order: 13294

Post Office Box 340

Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR I	LIQUID SAMPLES		
31729-2 31729-3 31729-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31729-2	31729-3	31729-4
BTEX (EPA 6 Benzene, u Toluene, u	g/l g/l	<1.0 <1.0 <1.0	127 % 116 %	0.030 % 0.020 %
Ethylbenze Xylenes, u Total Vola	<del>-</del> ,	<1.0 <1.0		

Method: 40 CFR Part 136, EPA 600/4-79-020 HRS Certification #'s:84385,87279,E84282,E87052

Andre Rachmaninoff

ANALYS		QUEST AND C	ITAL SERVICES, INC HAIN OF CUSTOD		ORD			·		☐ 414 S ☐ 900 L	outhwest 12 akeside Dri	2th Avenu ve, Mobile	e, Deerfie e, AL 3669	see, FL 32301 Id Beach, FL 33 I3 npa, FL 33634	Phone: (904) 442 Phone: (305) Phone: (205) Phone: (813)	421-7400 666-6633	Fax (904) 878-9504 Fax (305) 421-2584 Fax (205) 666-6696 Fax (813) 885-7049
P.O. NUMBE	R	PROJECT NUMBER	PROJECT NAME	, /,	/.x	MATI	RIX	5	· ·		REQUI	RED AI	NALYSE	S		PAGE	OF
CLIENT ADD	thy !	Winter	CITY, STATE, ZIP CODE  CLIENT PROJECT MANAGE  CLIENT PROJECT MANAGE  CLIENT PROJECT MANAGE  CLIENT PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PROJECT MANAGE  CONTROL PRO	5. <b></b>	-   S. M. S.	THE SELECTION OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY OF THE PROPERTY	<del>~, , ,</del>	A A	4 2	wh.	, i					STAN	DARD TAT
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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 if 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	Domestic Westerness Treatment Plant
om lite.	Monthly Operating Report
Hective Or	July 1, 1991
ER Apolic	2007 No
	(Filled at DV DER)

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

D.E.P.

**ACT 25 1993** 

SOUTHWEST DISTRICT TAMPA

### Part 1 - 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)							
Activated Studge Attached Co.	<u> </u>	8	С	Ð					
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	!					
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	1					
3   Activated Sludge operated in the extended aeration mode.		≥ 2.0	≥0.025 but <2.0	≥0.002					
Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0	> 0.025	> 0.002					
5 Septic tank or other on-site waste treatment systems with subsurface disposal.			but < 3.0	out < 0.025 ≥0.005					

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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-outline access, slow rate land application restricted public acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,860(5), EA.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), FAC.
- (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 plif of the effluent recorded to the nearest 0.1.
- (26)-(30) Enter the results of the nutrient analysis in ma/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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

ER Form-g: 17-801.900(1)	
Comeane Wessesser Treatment Plan Monanty Operating Report	
CINA LINE INCOME A Charattand Linhour	
July 1, 1991	
DER Accessor No.	
Filled in by DER)	

# solid waste leachate treatment facility Monthly Operating Report

## Part II - General Information

(T)	Manth September Year 1993
(2)	Plant's DER Identification Number 400900086
(E)	Plant Name LandFill Leachate Plant
(4)	Plant Address S.C. 44 3 miles East of Lecento
(5)	city Lecanto
5 .	County Citros
(7)	Phone Number 904 746-2694
(B)	Permit Number
(9)	Plant Type I-C
(10)	Test Site Identification Number
	Fecal Coliform Sample Method  Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(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 Ceit. No
	Lead Operator All F. S. C-8704
	Signature / Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mga	050053	0011
(17) Permitted capacity	mga	_	,030
(18) Three-month average daily flow	mga	_	.015
(19) Percent of permitted capacity	%	_	50%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	nla
(21) CBOD <sub>5</sub> Effluent	lbs/day	_	NA
(22) TSS Effluent	mg/L.	90201	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	1
(27) TKM	""g/L	000625	nlA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	nh
(29) Nitrate	mg/L	071850	23.4
(30) Total Phosphorus	mg/L	000665	/
(31) Minimum Chlorine Residual	mg/L	_	nlA
(32) Maximum Chlorine Residual	mg/L	-	n/A
(33) Other Effluent Parameters			
CHORIDE	me/2	-	251
Sodium	mg/L	. ~	225
TD5	male		303
	31		
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DER Form	17-801.900m
	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Or	July 1, 1991
DER Apple	ation No.
	person Filled on OER)

## solid waste leachate treatment facility Monthly Operating Report

OCT 25 1993

SOUTHWEST DISTRIC														,			j. *
Sept. Year 9:	n_59	Month	,						Ī	ī		i	i		1	i	
		725	Soprim	Chlorine	Fecal Colitorm (#/100ml)	Total P Effluent (mg/L)	Nitrate Effluent (mg/L)	NH3 · N Effluent (mg/L)	TKN Effluent (mg/L)	pH Effluent	TSS Effluent (mg/L)	CBOD <sub>s</sub> Effluent (mg/L)	TSS Influent (mg/L)	CBODs Influent (mg/L)	Chlorine Residual after Dechlorination	Chlorine Residual after Contact	Flow (mgd)
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Telephone No. (Please Type)  $\frac{10/21/93}{}$ 

Company Name Citrus County Utilities Division



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: 0:00 am

SITE: Landfill Pac Plant #3 Reactor

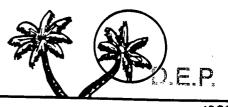
SAMPLE MARKINGS: Effluent

D 4 D 444 Emmo		LABORATOR	Y FINDING	<u>S</u>	
<u>PARAMETER</u>	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	25.0 310 280 210 6.30 30.4	TI TD TD TI TD	10/02/93 10/02/93 10/02/93 10/02/93 9/30/93 10/04/93
Fecal Coliform	SM909c	cts/100ml	<1.0	<i>!' I</i>	10701702

FECAL IN 9/16/93 AT 1600 OUT 3/17/93 AT 1600

Tai Igbinosun Lab Manager HRS # E84338 / 84420

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



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

COT 25 1993 DISTRICT

#### REPORT OF ANALYSIS

**REPORT NUMBER:** 930922 / 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

PARAMETER	METH.#	LABORATOR UNITS	Y FINDING RESULTS	S TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	25.0 400 312 310 7.2 36.40	TI TD TD TI TD	9/27/93 9/25/93 9/24/93 0/28/93 0/24/93 0/30/93
Fecal Coliform	SM909c	cts/100m!	<1.0	ТІ	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



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

977 25 **1993** 

DISTRICT I my PA

### REPORT OF ANALYSIS

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

PARAMETER	METH.#	LABORATOR UNITS	Y FINDING RESULTS	<u>S</u> TECH.	DATE ANALYZED
Nitrate TDS Chloride Sodium pH TKN	352.2 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l std/unit mg/l	15.6 220 209 182 6.90 24.8	TI TD TD TI TD TI	9/17/93 9/18/93 9/17/93 9/22/93 9/17/93 9/24/93
Fecal Coliform	SM909c	cts/100m	1 <1.0	TI	9/17/93

FECAL IN 9/16/93 AT 1600 OUT 9/17/93 AT 1600

Tai Igbinosun

Lab Manager

HRS # E84338 / 84420

FO.

D.F.

DATE: 10-21 93



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

T 25 1993

SI 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

<b>-</b>		LABORATOR	Y FINDING	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate Nitrite TDS Chloride Sodium pH TKN	352.2 354.1 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l mg/l std/unit mg/l	22.4 0.03 298 212 214 6.30 2.40	TI TD TD TD TI TD	9/14/93 9/14/93 9/15/93 9/10/93 9/15/93 0/10/93

Fecal Coliform SM909c cts/100ml (1.0 TI 9/10/93

FECAL IN 090993 AT 1500 OUT 091093 AT 1430

JEP - 11993

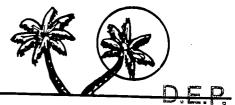
Tai Igbinosun

Lab Manager

HRS # E84333 / 84420

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

OFFICER =



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

...SI 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

<b>LABO</b>	RATO	<u>RY</u>	FIN	$\mathbb{D}\Gamma$	<u> </u>

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
Nitrate Nitrite TDS Chloride Sodium pH TKN	352.2 354.1 160.1 325.3 273.1 150.1 351.1	mg/l mg/l mg/l mg/l mg/l std/unit mg/l	28.9 0.02 285 240 210 7.00 2.40	TI TD TD TD TI TD	9/08/93 9/08/93 9/04/93 9/03/93 9/15/93 9/02/93 9/14/93

Fecal Coliform SM909c cts/100ml <1.0 ΤI 9/03/93

FECAL IN 090293 AT 1400 OUT 090393 AT 1400

SEP 3 0 1993

Tai Igbinosun

Lab Manager

HRS # E84338 / 84420

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

OFFICER -

		M	Agur/	/	Act (Marie	6								D.E.	P.
DATE	TIME		.S. #	l EAST)		.S. # CRE W		L.S. #3 (60 ACRE SITE)			OCT 25				
				APRX			APRX		PUMP				2	TOTALS TAMP	DISTRICTOND A TOTALS
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26		_	_		_	4.5	4500	<u> </u>	٩	4	_	2,9	.009	13,200	0
27	9:00	74.4	0.6	600	79.6	1.0	1000	v	•	ĄL	22.1	7.6	.013	24,400	0
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30	930	93.5)	6	0	01.5	2,1	2,100	4	ı.	٨	38.2	3, 2		11,700	0
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TOTAL				.020			.054					ļ	.246	,306	.200
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A = NO ACCESS

(93.5) = Pumpes Against closes value - Aug Flow Records

OFF = Line Blockage



### **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

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

## 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	
		8.4	
pH, units	5 ME 1/100ml	9	
	form MF, col/100ml	160	
Nitrate-N,		490	
Chloride, sodium, mg	and the second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second second s	400	
	olved Solids, mg/l	2100	
	Total Kjeldahl, mg/l	1.3	
Arsenic, m		<0.010	
Barium, mg		0.088	
Cadmium, m		<0.0050	
Chromium,		<0.010	
Iron, mg/l		0.091	
Mercury, m		<0.00020	
Lead, mg/1	75.	<0.0050	
Selenium,		<0.010	
Silver, mg	:/1	<0.010	
Trihalomet	hanes	17	
Bromoform	n, ug/l	15 31 \ 135 ug (l	
Chlorofor	m, ug/1	13 125 09 1	
Dichlorob	promomethane, ug/1	42	
Dibromoch	nloromethane, ug/l	42 )	
BTEX (EPA		<1.0	
Benzene,		<1.0	
Toluene,		<1.0	
	zene, ug/l	<1.0	
Xylenes,	ug/1	<1.0	
	latile Organic Aromatics, ug/1		_
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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		
31729-3	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
31/29-4	FIECISION (* KID)			
PARAMETER		31729-2	31729-3	31729-4
		5.6	100 %	0 %
pH, units	orm MF, col/100ml	<1		0 <b>%</b>
Nitrate-N,		<0.050	102 %	1.6 %
Chloride, m		<1.0	101 %	1.0 %
		<0.50	103 %	2.7 %
Sodium, mg/	lved Solids, mg/l	<5.0	98 %	0.18 %
Total Disso	Cotal Kjeldahl, mg/l	<0.10	92 %	11 %
		<0.010	107 %	2.8 %
Arsenic, mg		<0.010	98 %	2.8 %
Barium, mg/		<0.0050	99 %	2.0 %
Cadmium, mg		<0.010	103 %	2.2 %
Chromium, n	ng/I	<0.050	100 %	1.1 %
Iron, mg/l	15	<0.00020	110 %	1.7 %
Mercury, mg	3/1	<0.0050	104 %	2.4 %
Lead, mg/l		<0.010	93 %	1.1 %
Selenium, n		<0.010	86 %	0.77 %
Silver, mg				
Trihalometh		<1.0		
Bromoform		<1.0		
Chlorofor		<1.0		
	romomethane, ug/l	<1.0		
Dibromoch	loromethane, ug/l	71.0		

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.

Purchase Order: 13294

Post Office Box 340

Lecanto, Florida 34460-0340 '

Project: Citrus County Landfill Sampled By: Savannah Laboratories

REPORT OF RESULTS

Page 3

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
31729-2 31729-3 31729-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31729-2	31729-3	31729-4
BTEX (EPA 6 Benzene, u Toluene, u Ethylbenze Xylenes, u	g/1 g/1 ne, ug/1	<1.0 <1.0 <1.0 <1.0	127 % 116 %	0.030 % 0.020 %
Total Vola	tile 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

## SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

5102 LaRoche Avenue, Savannah, GA 31404 Phone: (912) 354-7858 Fax (912) 352-0165 2846 Industrial Plaza Drive, Tallahassee, FL 32301 Phone: (904) 878-3994 Fax (904) 878-9504 Phone: (305) 421-7400 Phone: (205) 666-6633 Fax (305) 421-2584 Fax (205) 666-6696 414 Southwest 12th Avenue, Deerfield Beach, FL 33442 900 Lakeside Drive, Mobile, AL 36693

NALYSIS	REQUEST	FAND CH	HAIN OF C	USTODY	RECO	IKD				£	6712 E	Benjamin R	Road, Suite	9 100, Tampa,	FL 33634	Phone: (813)	) 885-7427	Fax (813) 885-7049
O. NUMBER	PROJEC	T NUMBER	PROJECT NA CHINAS	AME CONTY HONE/FAX NO.	Lea	elet	MATF TYP	RIX E	Z			REQUI	IRED A	NALYSES			PAGE	OF
AMBLERIE) NAI	Har	iter ins	CITY, STATE, Z  CLIENT PROJECTION  IDENTIFICATION	ONE/FAX NO.  IP CODE  ECT MANAGEF  Rackner	mot for	1000 MATERIAL STATES	ARTAN CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE CONTROL OF THE	2001 2001	Mark		(XM)	, j , (b, y)	To the second	ζ΄,		REPO		IDARD TAT
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*																		



CITRUS COUNTY

## DEPARTMENT OF TECHNICAL SERVICES

Reply To:

D.E.R.

SEP 23 1993

SOUTHWEST DISTRICT

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

OER Form # 17-801.9000	
Comeste Wassenster Treatment Plant Form Tide Monthly Operating Report	_
Effective Care July 1, 1991	_
DER Application No.	
(Filed in OV 라틴)	_

## SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

SEP 23 1993

D.E.R.

Part I - Instructions

SOUTHWEST DISTRICT	ľ
e e e investi districi	

- (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)							
	Activated Sludge Attached County 2	A	8	С	D				
1 ——	Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥0.5 but < 3.0	≥0.002					
2	Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	but < 0.5 ≥ 0.002 but < 1.0					
3	Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0	≥ 0.025	≥ 0.002				
4	Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes		out < 8.0	but < 2.0	but < 0.02				
	nutrient removal processes.	≥ 10.0	≥,3.0 <u>ે</u> 5⊔( < 10.0 :	≥0.025	≥0.002				
5	Septic tank or other on-site waste treatment systems with subsurface disposal.		331 < 10.0	OUL < 3.0	but < 0.02				
					≥0.005				

- (10) Enter the test site identification number.
- (11) Check the type of fecal colliform 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 acress, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,860(5), EA.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), E.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 CBOD₅ 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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

Treatment Plant

# SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

## Part II - General Information

(T)	Month August Year 1993
(2)	Plant's DER Identification Number 400900086
(E)	Plant Name Lansfiel Leachate Plant
(4)	Plant Address S.R. 44 3 m E. of Leconto
(5)	City Lecento
(6)	County Citers
(7)	Phone Number 904/746-2694
<b>(B</b> )	Permit Number 5009-187229
(9)	Plant Type 5009 187229 I-C
(10)	Test Site Identification Number
(11)	Fecal Coliform Sample Method
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(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 A Cept. No.
	Lead Operator Signature Cert. No.

Parameter	Units	STORET	Value
(16) Monthly average daily flow	mga	050053	.011
(17) Permitted capacity	mga	_	.030
(18) Three-month average daily flow	m <b>ga</b>	_	015
(19) Percent of permitted capacity	%	_	50%
(20) CBOD <sub>5</sub> Effluent	mg/L	080082	1/4
(21) CBOD <sub>5</sub> Effluent	lbs/day	-	n/4
(22) TSS Effluent	mg/L	900201	AlA
(23) TSS Effluent	lbs/day	-	MA
(24) Minimum pH		_	6.8
(25) Maximum pH		_	7.5
(26) Total N	mg/L	000600	1/4
(27) TKN	"g/L	000625	nlA
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	nla
(29) Nitrate	mg/L	071850	13.2
(30) Total Phosphorus	mg/L	000665	nla
(31) Minimum Chlorine Residual	mg/L	_	nla
(32) Maximum Chlorine Residual	mg/L	_	nlA
(33) Other Effluent Parameters			
Chlorise	make	į.	158
Sobjum	mall	**	212
TDS	male		260
	JI.		,
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DER Form	
orm Tide_	Domestic Wassewater Treatment Plant Monthly Operating Report
fective Or	July 1, 1991
FR Anne	appr No

## Solid Waste Leachate Treatment Facility Monthly Operating Report

SEP 2 3 1993

34	)															Mont	_A	201	JITIV	VEST L Yea	19	193
		Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBODs Influent (mg/L)	TSS Influent (mg/L)	CBOD <sub>b</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		7.05				Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction of the Contraction o		
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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

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							
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED		
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		
рН	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		
Fecal Coliform	SM909c	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 - 6 199.



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

SEP 23 1993

### REPORT OF ANALYSIS

SOUTHWEST DISTRICT

**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							
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED		
Nitrate	352.2	mg/1	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		
рН	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				
Fecal Coliform	SM909c	cts/100ml	<1.0	TI	8/20/93		

FECAL IN 081293 AT 1100 OUT 081393 AT 1100

Tai Igbinosun Lab Manager

HRS # E84338 / 84420

9/20 93



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

SEP 23 1993

### REPORT OF ANALYSIS

SOUTHWEST DISTRICT

REPORT NUMBER: 930826 / 0741

FOR: Citrus County Utilities

1300 S. Lecanto Highway

P.O. Box 440

Lecanto, FL 32661

DATE 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	0.5.0					
	352.2	mg/l	12.5	TI	8/30/93	
Nitrite	354.1	mg/1	< 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	
рН	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



2822 Land O Lakes Blvd. / Land O Lakes, FL 34639 Phone: (813) 949-1069

SEP 23 1993

SOUTHWEST DISTRICT

#### 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

PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
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	ΤI	8/18/93
рН	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	ТI	9/13/02

FECAL IN 081293 AT 1100 OUT 081393 AT 1100

Tai Igbinosun

Lab Manager

HRS # E84338 / 84420

4UG - 6 1993

9/20 9.3

CRO ANALYTICAL LABORATOR 3, INC. 3618 NW 97th Blvd. Gainesville, FL 32606

D.E.R.

(904) 332-1701

SEP 23 1993

### TEM ASBESTOS ANALYSIS REPORT

SOUTHWEST DISTRICT

MFL\*\*

Client:	Savannah Labs		17.11.17.4	
Client Ref#: Sample ID: MAL LOG #: Sample Received: Sample Analyzed:	B331183 Leachate Eff. M9489-1 7/12/93 7/16/93	Vol. Analyzed: Filter Diameter: Filter Area: #Openings Examined: Grids Examined:	25 2.30E+08	liter mm PC sq. mic1
Type Analysis: Magnification: Microscopist: Reviewed by:	Water 10000 X N.D. Names	Avg opening area: Total area examined		sq. micr

Structures

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

Detection Limit: 0.22 MFL\* (Millions of Fibers/Liter)
Total Asbestos MFL 0.00 >or= 10 microns in length

\* 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

<sup>\*\* 0.00</sup> display = Below Detection Limit



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 Certifica...on #'s 84252 & E84025 DER COMPQAP # 870251G

D.E.R.

Report Date 27-Jul-93

SEP 23 1993

SOUTHWEST DISTRICT

Field Custody:

Client

Client/Field ID:

B331183

Leachate Effluent

Lab ID No.:

54879

Lab Custody Date: Sample description:

7-12-93

Water

Parameter	units	Result	Analysis Date	Data Method 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

Garett M. Hi

Garrett McGibbon Laboratory Manager



### DHRS Certification #'s 84252 & E84025

D.E.R.

P.O. Box 1833 Tampa, Florida 33601 (813) 229-2879

SEP 23 1993

SOUTHWEST DISTRICT

QC Summary: Gross Alpha Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

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Sample #54881

Sample Duplicate Analysis Analysis (pCi/l) (pCi/l)		Range (pCi/l) R		
< 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 ± 0.2	7-21-93



#### DHRS Certification #'s 84252 & E84025

D.E.R.

P.O. Box 1833 Tampa, Florida 33601 (813) 229-2879

SEP 23 1993

SOUTHWEST DISTRICT
TYMPA

QC Summary: Gross Beta Analysis

Client Project #B331183

Analysis Completion Date: 7-21-93

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Sample #54881

Sample Duplicate Analysis Analysis (pCi/l) (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

## SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

PROJECT NUMBER

B33/183

P.O. NUMBER

CLIENT NAME

SAV, LA
CLIENT ADDRESS
TAMPA
SAMPLER(S) NAME(S)

SAMPLING

TIME

RELINQUISHED BY: (SIGNATURE)

RECEIVED FOR LABORATORY BY: (SIGNATURE)

#### ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

PROJECT NAME

CITY, STATE, ZIP CODE

DATE

DATE

TIME

FOR SAVANNAH LABORATORY USE ONLY

RECEIVED BY: (SIGNATURE)

A CL O (C)

RELINQUISHED BY: (SIGNATURE)

CUSTODY INTACT

YES NO

SAMPLE IDENTIFICATION

Leachate EFF.

TELEPHONE/FAX NO.

CLIENT PROJECT MANAGER

MATRIX TYPE

	·	2846 In 2846 In 414 Soil 900 Lat	dustrial Plaza uthwest 12th keside Drive,	Avenue, Dee Mobile, AL 3	hassee, FL 32301 rfield Beach, FL 33442	Phone: (912) 354- Phone: (904) 878- Phone: (305) 421- Phone: (205) 666- Phone: (813) 885-	3994 7400 6633	Fax (912) 352-016 Fax (904) 878-950 Fax (305) 421-258 Fax (205) £36-669 Fax (813) 885-704
IX E			REQUIRE	D ANALY	SES	Р	AGE .	OF
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<u></u>	NUMBER	OF CONTAI	NERS SU	BMITTED		* SUE	BJECT TO R	USH FE
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TURE)	muc.	DATE	TIME TIME	RECEIVE	D BY: (SIGNATURE)		DATE	TIME
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CUSTO	DDY SEAL NO.	S.L. LOG	NO.	1				

#### **MEMORANDUM**

DATE: AU

**AUGUST 12, 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. CATHLEEN J. WINTER, SOLID WASTE TECH.

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

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

Purchase Order: 12442

Post Office Box 340 Lecanto, Florida 34460-0340

> Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
31183-1	Leachate Effluent		07-08-93
PARAMETER		31183-1	
Antimony, m		<0.0050	
Arsenic, mg		<0.010	
	Water (TEM), mg/1	*	
Barium, mg/	1	0.024	
Beryllium,		<0.0040	
Cadmium, mg		<0.0050	
Chromium, m		<0.010	
Cyanide, To	tal, mg/l	0.019	
Fluoride, m		<0.20	
Lead, mg/l		<0.0050	
Mercury, mg	/1	<0.00020	
Nickel, mg/	1	<0.040	
Nitrate-N,	mg/l	<0.050	
Nitrite-N,	mg/l	9.1	•
Nitrate + N	itrite-N, mg/l	9.1	
Selenium, m	ng/1	<0.010	
Sodium, mg/		41	
Thallium, m		<0.010	
Turbidity,	<del>-</del>	0.53	
	form MF, col/100ml	<1	
	form MF, col/100ml	<1	
Gross Alpha		*	
Gross Beta,		*	
Aluminum, n		<0.20	
Chloride, n	<del>-</del> ,	30	
Color, PCU	<u>.                                    </u>	<5	
Copper, mg/	11	<0.025	
	g (MBAS-EPA 425.1), mg/l	<0.10	

LOG NO: B3-31183 Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter
Citrus County Division of Solid Waste Mgt.

Purchase Order: 12442

Post Office Box 340 Lecanto, Florida 34460-0340

> Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO SAMPLE DESCRIPTION	, LIQUID SAMPLES	DATE SAMPLED
31183-1 Leachate Effluent		07-08-93
PARAMETER	31183-1	
Iron, mg/1 Manganese, mg/1 Odor, TON pH, units Silver, mg/1 Sulfate as SO4, mg/1 Total Dissolved Solids, mg/1 Zinc, mg/1 Trihalomethanes Bromoform, ug/1 Chloroform, ug/1 Dichlorobromomethane, ug/1	<0.050 0.027 16 7.7 <0.010 18 270 <0.020 <1.0 <1.0	
Dibromochloromethane, ug/1	<1.0	

## 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

LOG NO	SAMPLE DESCRIPTION ,		DATE SAMPLED
31183-1	Leachate Effluent		07-08-93
PARAMETER		31183-1	•
Deimory Ora	anics - Volatiles		
Vinyl chlo		<1.0	
Benzene, u		<1.0	
	rachloride, ug/l	<1.0	
	roethane, ug/1	<1.0	
•	thene, ug/1	<1.0	·
	robenzene, ug/1	<1.0	
	roethene, ug/1	<1.0	
	hloroethane, ug/1	<1.0	
	chloroethylene, ug/1	<1.0	
•	ropropane, ug/1	<1.0	
Ethylbenze		<1.0	
Chlorobenz		<1.0	
	robenzene, ug/l	<1.0	
Styrene, u		<1.0	
	oethene, ug/1	<1.0	
Toluene, u	<del>-</del>	<1.0	
trans-1,2-	Dichloroethylene, ug/	<1.0	
Xylenes, u	_	<1.0	
	chloride, ug/l	<1.0	
	hlorobenzene, ug/l	<1.0	
	hloroethane, ug/1	<1.0	
	ganics - Pesticides		•
Alachlor,		<1.0	
Atrazine,	<del>-</del>	<1.0	
Simazine,	•	<1.0	
•			

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

LOG NO	SAMPLE DESCRIPTION , LIQU	ID SAMPLES	DATE SAMPLED
31183-1			07-08-93
PARAMETER		31183-1	
Primary Org	anics - Pesticides		
Chlordane,		<0.10	
Endrin, ug	•	<0.020	
Heptachlor		<0.010	
	Epoxide, ug/l	<0.020	
Gamma-BHC,	=	<0.010	
Methoxychl	<del>-</del>	<0.50	
Toxaphene,	<del></del>	<1.0	
PCB-1016,		<0.50	
PCB-1221,	<del>-</del>	<0.50	
PCB-1232,	=	<0.50	
PCB-1242,	<del></del>	<0.50	
PCB-1248,	ug/l	<0.50	
PCB-1254,	ug/l	<0.50	
PCB-1260,	<del>-</del>	<0.50	
Primary Org	anics - Herbicides		
2,4-D, ug/		<0.50	
Dalapon, u		<10	
Dinoseb, u	<del>-</del>	<0.50	
	ophenol, ug/l	<1.0	
Picloram,	=	<0.50	
	Silvex, ug/1	<0.50	
	ganics - Carbamates		
Carbofurar		<1.0	
Oxamyl, ug	_	<1.0	
	ganics - Glyphosate		
Glyphosate	e, ug/1	<350	

### SAVANNAL 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

LOG NO	SAMPLE DESCRIPTION , LIQUID SA	MPLES	DATE SAMPLED
	Leachate Effluent		07-08-93
PARAMETER		31183-1	
Endothall,		<25	
Primary Organia Diquat, ug	anics - Diquat /1	<1.0	
	anics - Fumigants		
	oethane (EDB), ug/l	<0.020	
	o-3-chloropropane, ug/1	<0.020	
Primary Org	<del>-</del>		
Benzo(a)Py		<1.0	
	l hexyl)adipate, ug/l	<10	
Bis (2-Eth	ylhexyl) Phthalate, ug/l	<6.0	
	benzene, ug/1	<1.0	
	cyclopentadiene, ug/l	<10	

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

LOG NO SAMPLE DESCRIPTION , QC REPOR	T FOR LIQUID SAMPLES		
31183-2 Lab Blank 31183-3 Accuracy (% Recovery) 31183-4 Precision (% RPD)			
PARAMETER	31183-2	31183-3	31183-4
Antimony, mg/1	<0.0050	110 %	0.90 %
Arsenic, mg/1	<0.010	95 %	4.2 %
Asbestos in Water (TEM), mg/1	*	*	*
Barium, mg/l	<0.010	86 %	4.6 %
Beryllium, mg/l	<0.0040	92 %	1.1 %
Cadmium, mg/1	<0.0050	92 %	1.1 %
Chromium, mg/1	<0.010	94 %	0 %
Cyanide, Total, mg/l	<0.010	91 %	4.4 %
Fluoride, mg/1	<0.20	107 %	0.94 %
Lead, mg/l	<0.0050	105 %	3.8 %
Mercury, mg/1	<0.00020	105 %	0 %
Nickel, mg/1	<0.040	101 %	2.0 %
Nitrate-N, mg/l	<0.050	101 %	1.0 %
Nitrite-N, mg/1	<0.050	102 %	0.65 %
Selenium, mg/l	<0.010	96 %	
Sodium, mg/1	<0.50	85 %	
Thallium, mg/l	<0.010	107 %	
Turbidity, NTU	<0.10	110 %	0 %
Total Coliform MF, col/100ml	<1		0 %
Fecal Coliform MF, col/100ml	<1		0 %
Gross Alpha, pCi/l	*	*	*
	*	*	, <b>*</b>
Gross Beta, pCi/l	<0.20	88 %	3.4 %
Aluminum, mg/l	<1.0	100 %	0 %
Chloride, mg/l	<5	100 %	0 %
Color, PCU Copper, mg/1	<0.025	95 %	0 %

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

Purchase Order: 12442

Lecanto, Florida 34460-0340

Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC	REPORT FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Iron, mg/l Manganese, Odor, TON pH, units Silver, mg/ Sulfate as	1	<0.050 <0.010 <1 5.9 <0.010 <5.0	99 % 98 %	0
	ug/l	<1.0 <1.0 <1.0 <1.0	  	  

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

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
	anics - Volatiles	<1.0		
Vinyl chlor		<1.0	107 %	7.5 %
Benzene, ug		<1.0		
	rachloride, ug/l roethane, ug/l	<1.0		
•	thene, ug/l	<1.0	88 %	8.0 %
	robenzene, ug/l	<1.0		
	roethene, ug/l	<1.0	107 %	5.6 %
•	hloroethane, ug/1	<1.0		
	chloroethylene, ug/l	<1.0		
	ropropane, ug/l	<1.0		
Ethylbenzer	• •	<1.0		
Chlorobenz		<1.0	92 %	5.4 %
	robenzene, ug/l	<1.0		
Styrene, u	_	<1.0		
•	oethene, ug/l	<1.0		
Toluene, u	<del>-</del>	<1.0	104 %	4.8 %
	Dichloroethylene, ug/l	<1.0		
Xylenes, u		<1.0		
	chloride, ug/l	<1.0		
	hlorobenzene, ug/1	<1.0		
	hloroethane, ug/l	<1.0		
	anics - Pesticides			
Alachlor,		<1.0	71 %	0 %
Atrazine,	-	<1.0	70 %	
Simazine,	<u> </u>	<1.0	69 %	2.9 %

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

LOG NO	SAMPLE DESCRIPTION , QC	REPORT FOR LIQUID SAMPLES		
31183-2 31183-3 31183-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Primary Org	anics - Pesticides			
Chlordane,		<0.10		
Endrin, ug		<0.020		5.7 %
Heptachlor	, ug/1	<0.010	86 %	
Heptachlor	Epoxide, ug/l	<0.020		7.3 %
Gamma-BHC,	ug/l	<0.010	82 %	1.3 %
Methoxychl		<0.50		
Toxaphene,	=	<1.0 <0.50		
PCB-1016,	<del>-</del> ,	<0.50		
PCB-1221,	<del>-</del>	<0.50		
PCB-1232,		<0.50		
PCB-1242,	<del>-</del>	<0.50		
PCB-1248,	<del>-</del>	<0.50		
PCB-1254,	<del>-</del>	<0.50		
PCB-1260,		70.50		
	ganics - Herbicides	<0.50	95 %	4.2 %
2,4-D, ug/		<10		
Dalapon, u	_	<0.50		
Dinoseb, u	<del>-</del>	<1.0		
	cophenol, ug/l	<0.50		
Picloram,	_	<0.50	95 %	3.2 %
	Silvex, ug/l	10.30	25 %	
•	ganics - Carbamates	<1 0	67 %	1.4 %
Carbofurar	_	<1.0	108 %	5.6 %
Oxamyl, ug	3/1			

LOG NO: B3-31183 Revised 08.23.93

Received: 08 JUL 93

Ms. Cathy Winter Citrus County Division of Solid Waste Mgt.

Purchase Order: 12442

Post Office Box 340

Lecanto, Florida 34460-0340

Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 10

LOG NO	SAMPLE DESCRIPTION , QC REPO	ORT FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER			31183-3	31183-4
Primary Org	anics - Glyphosate , ug/l	<350	72 <sup>-</sup> %	8.3 %
Endothall,	anics - Endothall ug/l	<25	83 %	19 %
Diquat, ug		<1.0	60 %	12 %
1,2-Dibrom 1,2-Dibrom	anics - Fumigants oethane (EDB), ug/l o-3-chloropropane, ug/l	<0.020 <0.020	72 % 90 %	
Primary Org	rene, ug/l	<1.0		
	1 hexyl)adipate, ug/l	<10		
	ylhexyl) Phthalate, ug/l	<6.0		
	benzene, ug/l	<1.0		
Hexachloro	cyclopentadiene, ug/1	<10		

\*See attached report.

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

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

Andre Rachmaninoff



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 Tel. #: 813/885-7427 FX 813/885-Date Received: Contact: Ms. Kathy Sheffield 7049 July 12, 1993 Company # 1302 P.O.#: per Ms. Sheffield Job Site: Proj.#: B331183 TYPE OF ANALYSIS: TEM WATER NUMBER OF SAMPLES: 1/1 TURNAROUND TIME: DUE DATE: 2-5 Days July 14, 1993 SAMPLE ID. NUMBERS: 1) Leachate Eff. 5) 13) 2) 6) 10) 14) 3) 11) 15) 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 Phone: (912) 354-7858 Fax (904) 878-9504 Phone: (904) 878-3994 Phone: (305) 421-7400 414 Southwest 12th Avenue, Deerfield Beach, FL 33442 Fax (305) 421-2584 Phone: (205) 666-6633 Fax (205) 666-6696 Phone: (813) 885-7427 Fax (813) 885-7049

#### SAVANNAH LABORATORIES **& ENVIRONMENTAL SERVICES, INC.**

#### ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

P.O. NUMBER	Į.	PROJECT NUMBER \$33/183	PROJECT NAME				MATE	SIX	****			REQU	IRED	ANALYSE	S	<del></del>		PAGE	OF .
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SAMPLIN	NG TIME	SAMPLE I	IDENTIFICATION	1	<b>7₹</b> /.	(3)   	/	<b>k</b>	NUN	/ IBER OF	CONTA	INERS	SUBN	IITTED			/	ORT DUE DATE * SUBJECT TO RU	ISH FEES
78/93		Leachate	_ EFF,				1												
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						$\vdash$													
RELINGUISHE	'N'	71//XX/	7.943	TIME /	RECEI	VED BY	  : (SIGNATU	JRE)			DATE	TI	ME	RELINQUI	 SHED BY:	(SIGNAT	URE)	DATE	TIME
RECEIVED BY	: (SIGNATU	IRE)	DATE		RELING	QUISHE	ED BY: (SIG	NATURE)			DATE		ME	RECEIVED	,	,		DATE	TIME
RECEIVED FO	R LABORA	NTORY BY: (SIGNATURE	FOR SAVANN E) DATE	NAH LABO	CU	STODY	USE O INTACT NO	W . C	ODY SEAL	NO	S.L. LO	OG NO		LABORATO	ORY REM	ARKS			
							10	1	MI	'CK	20 C	- X	m	424	1710	: A	2		

5102 LaRoche Avenue, Savannah, GA 31404

900 Lakeside Drive, Mobile, AL 36693

2846 Industrial Plaza Drive, Tallahassee, FL 32301

6712 Benjamin Road, Suite 100, Tampa, FL 33634

## MIC ANALYTICAL LABORATORIES, JC. 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. Warray Pel	?an		
Reviewed by:	1 Stwater	) , ,		•
	•	Structures MFL*	*	

<pre># Chrysotile Morphology (CM): # Chrysotile Diffraction (CD): # Chrysotile Quantified EDS (CQ): # Chrysotile Quant.EDS &amp; Diff. (CDQ):</pre>	>= 10um 0 0 0 0	>=10 um 0.00 0.00 0.00 0.00
<pre># Amphibole Diffraction (AD): # Amphibole Diff.&amp; Qual. EDS (ADX): # Amphibole Diff.&amp; Quant. EDS (ADQ): # Amphibole ZA Diff.&amp; Quant.EDS (AZQ)</pre>	0 0 0 0	0.00 0.00 0.00 0.00

Detection Limit: 0.22 MFL\* (Millions of Fibers/Liter)
Total Asbestos MFL 0.00 >or= 10 microns in length

\* 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

<sup>\*\* 0.00</sup> display = Below Detection Limit



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

Report Date 27-Jul-93

Field Custody: Client/Field ID:

Client

B331183

Leachate Effluent

Lab ID No.:

54879

Lab Custody Date: Sample description: 7-12-93

Water

Parameter	units	Result	Analysis Date	Data Method 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

Garett Mc Hillon



#### 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

Droc		ion	Data	
Prec	:18	lon	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 ± 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

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

# ORIGINAL

Fax (912) 352-0165

Fax (904) 878-9504

Fax (305) 421-2584

Fax (205) 666-6696

Phone: (912) 354-7858

Phone: (904) 878-3994

Phone: (305) 421-7400 ,

Phone: (205) 666-6633

#### SAVANNAH LABORATORIES ■ & ENVIRONMENTAL SERVICES, INC.

#### ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

			AIN OF CUSTODY	/ RE	COF	₹D				f	6712 E	3enjamin f	Road, Sui	ite 100, Tar	mpa, FL 33	3634	Phone: (813) 88	15-7427	Fax (813) 885-7049
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5102 LaRoche Avenue, Savannah, GA 31404

900 Lakeside Drive, Mobile, AL 36693

2846 Industrial Plaza Drive, Tallahassee, FL 32301

414 Southwest 12th Avenue, Deerfield Beach, FL 33442



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

Pepartment of Environmental Projutation
SOUTH WEST LIST HICT

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,

Rallph Hedgecoth

Director of Utilities

RH:ckn

Attachments



### Florida Department of Environmental Regulation

Twin Towers Office Bidg. ● 2600 Blair Stone Road ● Tallahassee. Florida 32399-2400

	Domestic Wasteware Treatment Plant
om Tide	Monthly Operating Report
	July 1, 1991

### 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 snown below.

Type of Treatment		Plant Size (mgd)						
Activated Studge Attach - Co.	<u>. A</u>	8	С	ົວ				
Activated Sludge, Attached Growth, or Combined Treatment systems that include nutrient removal processes. (Nitrification alone is not considered nutrient removal.)	, > J.U	≥0.5 but <3.0	≥0.002	!				
Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	but < 0.5  ≥ 0.002  but < 1.0					
3   Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0	≥ 0.025	≥ 0.002				
Attached Growth Treatment systems (trickling filters or RBC's) that do not include	<del></del>	out < 8.0		but < 0.02				
nutrient removal processes.	. ≥10.0	≥ 3.0	≥0.025	≥0.002				
Septic tank or other on-site waste treatment and a	1	Jul < 10.0	but < 3.0	DUT < 0.02				
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 colliform 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-outlic access, slow rate land application restricted public agness, rapid rate land application, absorption field, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,660(5), EA.C., check not abplicable. 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), E.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 snift 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 CBODs 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
- (32) If applicable, enter the maximum value of total chlorine residual (mg/L to nearest 0.01) measured after dechlorination for dechlorination
- (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.

17-801.900(1)	
messe Westewater Treatment Plant nithir Operating Report	
July 1, 1991	
n Na	
֡	meete Westerward Treatment Plant milit Operating Report

## solid waste leachate treatment facility Monthly Operating Report

### Part II - General Information

(1)	Month July Year 1993
	Plant's DER Identification Number 400900086
	Plant Name Landfill Leachate Plant
<b>1</b> -7	
(4)	Plant Address S.R. 44 3mi E. of Lecanto
(5)	City Lecanto
(6)	County Citeus.
(7)	Phone Number 904 746-2694
(B)	Permit Number 5 009 - 187229
( <del>P</del> )	Plant Type/-C
(10)	Test Site Identification Number
(11)	Fecal Coliform Sample Method
	Mismorano Filer Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
	1
(13)	Limited Wet Weather Discharge Activated
	Yes No Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No8709
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Sept. No
	Lead Operator Sinten by C- 7704
	Ceft. No.

Parameter	Units	STORET Code	∀alue
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mga	_	.030
(18) Three-month average daily flow	n mga	_	.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	""G/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/c		173
Sobium	mg/L		194
TOS	mg/c		238
AKKRINITU	mgle		200
/			

EH Form	Domestic Wassewater Treatment Plant
orm Title_	Monthly Operating Report
Hective Oa	July 1, 1991
ER Applic	angri No.
	Filed in by DER)

## Solid Waste Leachate Treatment Facility Monthly Operating Report

	operating report																					
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11110W all lo ved 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 7 2 2 2 2 3 2 4 2 5	Flow (ingd.)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	CBOD <sub>s</sub> Influent (mg/L)	TSS Influent (mg/L)	CBOD, 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)	Alson-	Solving	TAS	Alkalinitu					
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31	.010																					
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## 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

PARAMETER	METH.#	UNITS			DATE ANALYZED
••			•		
РΗ	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	ΤI	7/02/93

Fecal 1n 7/01/93 @1400 Out 7/02/93 @ 1410

Tai Igbinosun

Lab Manager

HRS Comp QA # 9209LD-048

HRS # E84338

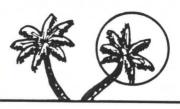
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### **TRI-COUNTY ENVIRONMENTAL** & ANALYTICAL LAB INC.



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		
рН Fecal	150.1 909C	std.units		TD	7/16/93		
TKN	351.2	CTS/100ml	1 <1.0 28.0	TI TD	7/16/93 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	ΤI	7/18/93		
Sodium	273.1	mg/1	260	TD	7/20/93		
Total Nitro.		mg/1	46.8	TD	7/24/93		

FECAL IN 7/15/93 AT 1600 OUT 7/16/93 AT 1600

FORV D.E.

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

		LADORATOR.	TINDINO	S	
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED
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
РH			7.20	TD	7/23/93
Fecal Coliform	SM909c	cts/100m	1 < 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

D.E.A. 73. 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							
PARAMETER	METH.#	UNITS	RESULTS	TECH.	DATE ANALYZED		
Н	150.1	std.units	7.0	TD	7/20/02		
Fecal	909C	CTS/100ml		TI	7/29/93 7/30/93		
TKN	351.2	mg/1	30.4	TD	8/07/93		
Nitrate	353.2	mg/l	21.8	TI	3/02/93		
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/1	212	TI	8/02/93		
Sodium	273.1	mg/1	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

D.E.F.

DATE: 8/13

93

Tai Igbinosun

Lab Manager

HRS # E84338 & 84420

AUG 1 2 1993

#### **MEMORANDUM**

DATE:

AUGUST 12, 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. CAN

SUBJECT:

DER PERMIT MODIFICATION FOR THE LEACHATE TREATMENT

FACILITY - PERMIT #S009-187229 - MONTHLY

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 Department of Environmental Regulation.

CJW:cjw

CC: Robert Merkel, Utilities Operation Supervisor

## 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

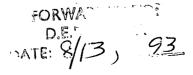
Ms. Cathy Winter Citrus County Division of Solid Waste Mgt. Post Office Box 340 Lecanto, Florida 34460-0340

Purchase Order: 12258

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
31183-1 Leachate Effluent		07-08-93
PARAMETER	31183-1	
Antimony, mg/l Arsenic, mg/l Asbestos in Water (TEM), mg/l Barium, mg/l Beryllium, mg/l Cadmium, mg/l Chromium, mg/l Chromium, mg/l Cyanide, Total, mg/l Fluoride, mg/l Lead, mg/l Mercury, mg/l Nickel, mg/l Nitrate-N, mg/l Nitrate-N, mg/l Nitrate + Nitrite-N, mg/l Selenium, mg/l Sodium, mg/l Thallium, mg/l Turbidity, NTU Total Coliform MF, col/100ml Fecal Coliform MF, col/100ml Gross Alpha, pCi/l Gross Beta, pCi/l Aluminum, mg/l Chloride, mg/l Color, PCU Copper, mg/l Surfactants (MBAS-EPA 425.1), mg/l	<0.050 <0.010  * 0.024 <0.0050 <0.0050 <0.0050 <0.0050 <0.0050 <0.0050 <0.0050 <0.0010 0.53 <1 <1 * <0.20 <0.20 <0.010 <0.53 <1 <1 * <0.20 <0.020 <0.020 <0.040 <0.050 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.010 <0.	



## 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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAM	IPLES D	ATE SAMPLED
31183-1	Leachate Effluent	0	7-08-93
PARAMETER		31183-1	
Zinc, mg/l	l SO4, mg/l lved Solids, mg/l	<0.050 0.027 16 7.7 <0.010 18 270 <0.020	
	ug/1	<1.0 <1.0 <1.0 <1.0	



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

LOG NO	SAMPLE DESCRIPTION ,	LIQUID SAMPLES		DATE SAMPLED
	Leachate Effluent		· · · · · · · · · · · · · · · · · · ·	07-08-93
PARAMETER			31183-1	
Primary Org	anics - Volatiles			
Vinyl chlo			<1.0	
Benzene, u	_		<1.0	
	rachloride, ug/l		<1.0	
	roethane, ug/1	~	<1.0	
	thene, ug/1		<1.0	
	robenzene, ug/1		<1.0	
	roethene, ug/1		<1.0	
	hloroethane, ug/l		<1.0	
	chloroethylene, ug/l		<1.0	
1,2-Dichlo	ropropane, ug/l		<1.0	
Ethylbenze	ne, ug/l		<1.0	
Chlorobenz	ene, ug/l		<1.0	
1,2-Dichlo	robenzene, ug/l		<1.0	
Styrene, u	ıg/1		<1.0	
Tetrachlor	coethene, ug/l	•	<1.0	
Toluene, u			<1.0	
trans-1,2-	Dichloroethylene, ug/	-	<1.0	
Xylenes, v			<1.0	•
Methylene	chloride, ug/l	••	<1.0	
1,2,4-Tric	chlorobenzene, ug/l		<1.0	•
1,1,2-Tric	chloroethane, ug/l		<1.0	
Primary Org	ganics - Pesticides			
Alachlor,			<1.0	
Atrazine,	<del>-</del>		<1.0	•
Simazine,			<1.0	

## 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

LOG NO	SAMPLE DESCRIPTION ,	LIQUID SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent		07-08-93
PARAMETER		31183-1	
Primary Orga	anics - Pesticides		
Chlordane,		<0.50	
Endrin, ug	<del>-</del>	<0.10	
Heptachlor		<0.050	
	Epoxide, ug/l	<0.050	
Gamma-BHC,		<0.050	
Methoxychl	or, ug/l	<0.50	
Toxaphene,	ug/1	<5.0	
PCB-1016,	ug/1	<1.0	
PCB-1221,	ug/1	<2.0	
PCB-1232,	ug/l	<1.0	
PCB-1242,	ug/l	<1.0	
PCB-1248,	ug/1 _	<1.0	
PCB-1254,	ug/1	<1.0	
PCB-1260,		<1.	J
Primary Org	anics - Herbicides		
2,4-D, ug/		<0.5	
Dalapon, u	ıg/1	<1	
Dinoseb, u	ig/1	<0.5	•
	cophenol, ug/l	<1.	
Picloram,		<0.5	
	Silvex, ug/l	<0.5	0
	ganics - Carbamates		_
Carbofurar		<1.	
Oxamyl, ug		<1.	0
Primary Org	ganics - Glyphosate		_
Glyphosate		<35	0

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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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
31183-1	Leachate Effluent		07-08-93
PARAMETER		31183-1	
Primary On Endothall Primary On Diquat, On Primary On	rganics - Diquat	<25 <1.0 <0.020	
	omo-3-chloropropane, ug/1 rganics -BN	<0.020	
Benzo(a) Bis(2-etl Bis (2-E Hexachlo	Pyrene, ug/l hyl hexyl)adipate, ug/l thylhexyl) Phthalate, ug/l robenzene, ug/l rocyclopentadiene, ug/l	<10 <10 <10 <10 <10	
•			

<sup>\*</sup>See attached report.

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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

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR	R LIQUID SAMPLES		
31183-3	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Antimony, m	g/1	<0.050	95 %	0 %
Arsenic, mg		<0.010	95 🕱	4.2 %
	Water (TEM), mg/l	*	*	*
Barium, mg/		<0.010	86 %	4.6 %
Beryllium,		<0.0050	92 %	1.1 %
Cadmium, mg	-	<0.0050	92 %	1.1 %
Chromium, m		<0.010	94 %	0 %
Cyanide, To	<del></del>	<0.010	91 %	4.4 %
Fluoride, m		<0.20	107 %	0.94 %
Lead, mg/1	<b>.</b>	<0.0050	105 %	3.8 %
Mercury, mg	1/1 -	<0.00020	105 %	0 %
Nickel, mg/		<0.040	101 %	2.0 %
Nitrate-N,		<0.050	101 %	1.0 %
Nitrite-N,		<0.050	102 %	0.65 %
Selenium, n		<0.010	96 %	4.2 %
Sodium, mg/		<0.50	85 %	2.4 %
Thallium,		<0.010	107 %	3.7 %
Turbidity,	•	<0.10	110 %	0 %
	form MF, col/100ml	<1		0 %
	Form MF, col/100ml	<1		. 0 %
Gross Alpha		*	*	*
Gross Beta		*	*	*
Aluminum,		<0.20	88 %	3.4 %
		<1.0	100 %	0 %
Chloride,	1121 T	<5	100 %	0 %
Color, PCU	/1	<0.025	95 %	0 %
Copper, mg	<i>1</i> ±			

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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

Purchase Order: 12258

Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPO	ORT FOR LIQUID SAMPLES		
31183-3	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Iron, mg/l Manganese, sodor, TON pH, units Silver, mg/ Sulfate as Total Disso Zinc, mg/l	1 SO4, mg/1 lved Solids, mg/1	<0.10 <0.050 <0.010 <1 5.9 <0.010 <5.0 <5.0 <0.020	84 Z 96 Z 96 Z  99 Z 89 Z 99 Z 98 Z 96 Z	0 % 0 % 0 %
	ug/1 ~	<1.0 <1.0 <1.0 <1.0		

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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

LOG NO SAMPLE DESCRIPTION , QC	REPORT FOR LIQUID SAMPLES		
31183-2 Lab Blank 31183-3 Accuracy (% Recovery) 31183-4 Precision (% RPD)			
PARAMETER	31183-2		31183-4
Primary Organics - Volatiles			
Vinyl chloride, ug/l	<1.0		
Benzene, ug/l	<1.0	107 %	7.5 %
Carbon tetrachloride, ug/1	<1.0		
1,2-Dichloroethane, $ug/\bar{1}$	<1.0		
Trichloroethene, ug/1	<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/1	<1.0		
cis-1,2-Dichloroethylene, $ug/1$	<1.0		
1,2-Dichloropropane, ug/l	<1.0		
Ethylbenzene, ug/l	<1.0		5.4 %
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	10/ %	4.8 %
Toluene, ug/l	<1.0	104 %	4.0 %
trans-1,2-Dichloroethylene, ug/1	<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/1	<1.0		
Primary Organics - Pesticides		71 %	. 0 %
Alachlor, ug/l	<1.0	71 %	
Atrazine, ug/l	<1.0	70 %	1.4 % 2.9 %
Simazine, ug/l	<1.0	69 %	۷۰۶ ۵

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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

LOG NO	SAMPLE DESCRIPTION , QC RE	PORT FOR	LIQUID SAMPLES		
31183-2 31183-3 31183-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)				
PARAMETER			31183-2	31183-3	31183-4
Chlordane, Endrin, ug Heptachlor Heptachlor Gamma-BHC, Methoxychl Toxaphene, PCB-1016, PCB-1221, PCB-1232, PCB-1242, PCB-1254, PCB-1254, PCB-1260, Primary Org 2,4-D, ug Dalapon, Dinoseb, Pentachlo Picloram, 2,4,5-TP	/l , ug/l Epoxide, ug/l ug/l or, ug/l ug/l ug/l ug/l ug/l ug/l ug/l ug/l		<0.50 <0.10 <0.050 <0.050 <0.050 <0.050 <0.50 <1.0 <1.0 <1.0 <1.0 <1.0 <1.0 <1.0 <1.	105 % 86 % 82 % 95 % 67 %	5.7 % 8.1 % 7.3 % 3.2 % 1.4 %
Carbofura Oxamyl, u	n, ug/1		<1.0 <1.0	108 %	5.6 %

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Received: 08 JUL 93

Ms. Cathy Winter

Citrus County Division of Solid Waste Mgt.

Purchase Order: 12258

Post Office Box 340

Lecanto, Florida 34460-0340

Project: Citrus County Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 10

LOG NO	SAMPLE DESCRIPTION , QC REPOR	T FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Primary Organics - Glyphosate Glyphosate, ug/1	, ug/1	<350	72 %	8.3 %
Primary Organics - Endothall Endothall, ug/l Primary Organics - Diquat Diquat, ug/l		<25	83 %	19 %
		<1.0	60 %	12 %
Primary Organics - Fumigants 1,2-Dibromoethane (EDB), ug/l 1,2-Dibromo-3-chloropropane, ug/l	oethane (EDB), ug/l o-3-chloropropane, ug/l	<0.020 <0.020	72 % 90 %	4.2 % 5.6 %
Primary Org		<10	,	
Benzo(a)Py	rene, ug/l l hexyl)adipate, ug/l	<10		
Bis (2-ethy	ylhexyl) Phthalate, ug/l	<10		
Hevachloro	bbenzene, ug/1	<10		
Hexachloro	ocyclopentadiene, ug/1	<10		

\*See attached report.

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

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

Andre Rachmaninoff

S		SAVANNAH & ENVIRONMEN QUEST AND CH	TAL SERVICE	S, INC.		ORD				} [	2846 I 414 Se 900 La	ndustrial F outhwest 1 ikeside Dr	Plaza Dr 12th Ave rive, Mo	Savannah, ( ive, Tallahas enue, Deerfie bile, AL 366 uite 100, Ta	ssee, FL 3 eld Beach 93	32301 , FL 33442	Phone: (90 Phone: (30 Phone: (20	2) 354-7858 (4) 878-3994 (5) 421-7400 (5) 666-6633 3) 885-7427	F F F	Fax (912) 352-0 Fax (904) 878-9 Fax (305) 421-2 Fax (205) 666-6 Fax (813) 885-7	504 584 696
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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

LOG NO	SAMPLE DESCRIPTION , LIQUID	SAMPLES	DATE SAMPLED
31183-1	Leachate Effluent		07-08-93
PARAMETER		31183-1	
Antimony, m		<0.0050	
Arsenic, mg	=	<0.010	<del>.</del>
Asbestos in	Water (TEM), mg/l	*	
Barium, mg/	1	0.024	
Beryllium,	mg/l	<0.0040	
Cadmium, mg	3/1	<0.0050	
Chromium, m	ng / 1	<0.010	
Cyanide, To	otal, mg/l	0.019	
Fluoride, n	ng/l	<0.20	
Lead, $mg/1$		<0.0050	
Mercury, mg	=	<0.00020	•
Nickel, mg	/1	<0.040	
Nitrate-N,	mg/1	<0.050	
Nitrite-N,		9.1	
Nitrate + 1	Nitrite-N, mg/l	9.1	
Selenium, r	ng/l	<0.010	
Sodium, mg	/1	41	•
Thallium, n	mg/l	<0.010	
Turbidity,		0.53	
	form MF, col/100ml	<1	
Fecal Coli	form MF, col/100ml	\ <1 *	
Gross Alph	a, pCi/l		
Gross Beta	, pCi/l		
Aluminum,	mg / 1	<0.20	
Chloride,	mg/l	30	•
Color, PCU		<0.025	
Copper, mg	/1	<0.023	
Surfactant	s (MBAS-EPA 425.1), mg/l	<0.10	<i>,</i> 

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

LOG NO: B3-31183
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Received: 08 JUL 93

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Purchase Order: 12442

Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG 'NO	SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
31183-1	Leachate Effluent		07-08-93
PARAMETER		31183-1	
Iron, mg/l Manganese, m Odor, TON pH, units Silver, mg/l Sulfate as S Total Disso Zinc, mg/l Trihalometha	l SO4, mg/l lved Solids, mg/l anes	<0.050 0.027 16 7.7 <0.010 18 270 <0.020	
	<del>-</del>	<1.0 <1.0 <1.0	

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LOG NO: B3-31183 Revised 08.23.93

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Ms. Cathy Winter Citrus County Division of Solid Waste Mgt. Post Office Box 340

Purchase Order: 12442

Lecanto, Florida 34460-0340

Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO SA	AMPLE DESCRIPTION ,	LIQUID SAN	MPLES		DATE SAMPLE	ED
31183-1 Le	eachate Effluent				07-08-93	
PARAMETER				31183-1		
Primary Organi	ics - Volatiles					
Vinyl chloric				<1.0	* .	
Benzene, ug/				<1.0	• •	
	chloride, ug/l			<1.0		
1,2-Dichloro	<del>-</del>			<1.0		
Trichloroethe				<1.0		
1,4-Dichloro	_			<1.0		
1,1-Dichloro	<del>-</del>			<1.0		
1,1,1-Trichle	oroethane, ug/l			<1.0		
cis-1,2-Dich	loroethylene, ug/l			<1.0		
1,2-Dichloro	propane, ug/l			<1.0		
Ethylbenzene	, ug/l			<1.0		
Chlorobenzen	e, ug/l			<1.0		
1,2-Dichloro	benzene, ug/l			<1.0		
Styrene, ug/	1			<1.0		
Tetrachloroe				<1.0		
Toluene, ug/				<1.0		
trans-1,2-Di	chloroethylene, ug/	1		<1.0		
Xylenes, ug/				<1.0		
Methylene ch			•	<1.0		,
	orobenzene, ug/l		N.	<1.0		·
	oroethane, ug/l			<1.0	•	
	ics - Pesticides			.7 ^		
Alachlor, ug				<1.0		
Atrazine, ug	•			<1.0		
Simazine, ug	3/1			<1.0	·	

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

LOG NO	SAMPLE DESCRIPTION	, LIQUID	SAMPLES		DATE SAMPLE	D
31183-1	Leachate Effluent				07-08-93	
PARAMETER				31183-1		
Drimary Org	anics - Pesticides					
Chlordane,				<0.10		
Endrin, ug	_			<0.020		
Heptachlor				<0.010		•
	Epoxide, ug/l			<0.020		
Gamma-BHC,	-			<0.010		
Methoxychl	_			<0.50		
Toxaphene,	_			<1.0		
PCB-1016,	_ :			<0.50		
PCB-1221,	<del>-</del>			<0.50		
PCB-1232,	<del>-</del>			<0.50	1	
PCB-1242,	_			<0.50	l .	
PCB-1248,	· .			<0.50	1	
PCB-1254,	<u> </u>			<0.50	)	
PCB-1260,	_			<0.50	)	
	ganics - Herbicides					
2,4-D, ug/				<0.50	)	
Dalapon, u				<10	)	
Dinoseb, u				<0.50	)	
	cophenol, ug/l			<1.0	)	
Picloram,				<0.50	)	
	Silvex, ug/l		•	<0.50	)	
	ganics - Carbamates					
Carbofurar				<1.0	· ·	`
Oxamyl, us	•			<1.0	0 .	
	ganics - Glyphosate					
Glyphosate			·	<35	0 	

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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
Lecanto, Florida 34460-0340

Purchase Order: 12442

Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPL	LES DATE SAMPLED	_
31183-1	Leachate Effluent	07-08-93	_
PARAMETER		31183-1	
Endothall, Primary Org Diquat, ug Primary Org 1,2-Dibrom	anics - Diquat	<25 <1.0 <0.020 <0.020	
Primary Org Benzo(a)Py Bis(2-ethy Bis (2-Eth Hexachlore		<1.0 <10 <6.0 <1.0 <10	

<sup>\*</sup>See attached report.

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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

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR	R LIQUID SAMPLES		
	Lab Blank Accuracy (Z Recovery) Precision (Z RPD)			
PARAMETER		31183-2	31183-3	31183-4
Antimony, m	<del></del>	<0.0050 <0.010	110 % 95 %	0.90 % 4.2 %
Asbestos in	Water (TEM), mg/l	* <0.010	* 86 %	* 4.6 %
Barium, mg/ Beryllium,	mg / 1	<0.0040 <0.0050	92 <b>%</b> 92 <b>%</b>	1.1 %
Cadmium, mg Chromium, m	g/1	<0.010 <0.010	94 <b>%</b> 91 <b>%</b>	0 Z 4.4 Z
Cyanide, To Fluoride, T	<del>-</del>	<0.20 <0.0050	107 % 105 %	0.94 %
Lead, mg/l Mercury, mg		<0.00020 <0.040	105 % 101 %	0 Z 2.0 Z
<pre>Nickel, mg/ Nitrate-N,</pre>	mg/l	<0.050 <0.050	101 % 101 %	1.0 %
Nitrite-N, Selenium, n	<del>-</del>	<0.010	96 <b>%</b> / 85 <b>%</b>	4.2 %
Sodium, mg, Thallium, n		<0.50 <0.010	107 %	3.7 % 0 %
Turbidity, Total Coli	NTU Form MF, col/100ml	<0.10	110 %	0 %
Fecal Coli: Gross Alpha	Form MF, col/100ml	<1 *	*	0 Z *
Gross Beta Aluminum,	, pCi/l	* <0.20	* 88 %	3.4 %
Chloride, Color, PCU	<u> </u>	<1.0 <5	100 % 100 %	0 %
Copper, mg	/1	<0.025	95 %	0 %

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LOG NO: B3-31183
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Citrus County Division of Solid Waste Mgt.
Post Office Box 340

Purchase Order: 12442

Post Office Box 340 Lecanto, Florida 34460-0340

> Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC	REPORT FOR	LIQUID SAMPLES		
31183-2 31183-3 31183-4	Lab Blank Accuracy (Z Recovery) Precision (Z RPD)				
PARAMETER			31183-2	31183-3	31183-4
Iron, mg/l Manganese, Odor, TON pH, units Silver; mg Sulfate as Total Disse Zinc, mg/l	/l SO4, mg/l olved Solids, mg/l		<0.10 <0.050 <0.010 <1 5.9 <0.010 <5.0 <5.0	84 Z 96 Z 96 Z  99 Z 89 Z 99 Z 98 Z 96 Z	0 z 0 z 0 z 0.17 z 4.5 z
	, ug/1		<1.0 <1.0 <1.0 <1.0		

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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

Purchase Order: 12442

Lecanto, Florida 34460-0340

Project: Citrus Count Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPOR	FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Primary Org	anics - Volatiles			
Vinyl chlo		<1.0		
Benzene, u		<1.0	107 %	7.5 %
	rachloride, ug/l	· <1.0		
	proethane, ug/l	<1.0		
Trichloroe	thene, ug/1	<1.0	88 %	8.0 %
	probenzene, ug/l	<1.0		
1,1-Dichlo	proethene, ug/l	<1.0	107 %	5.6 %
	chloroethane, ug/l	<1.0		
cis-1,2-Di	chloroethylene, ug/1	<1.0		
•	propropane, ug/l	<1.0		·
Ethylbenze		<1.0		
Chlorobenz	, ,	<1.0	92 %	5.4 Z
	probenzene, ug/1	<1.0		
Styrene, u	=	<1.0		
	roethene, ug/1	<1.0		
Toluene,	<del>-</del>	<1.0	104 %	4.8 <b>%</b>
	-Dichloroethylene, ug/l	<1.0		
Xylenes,		<1.0		
	chloride, ug/l	<1.0		· <b></b>
	chlorobenzene, ug/l	<1.0		
	chloroethane, ug/1	<1.0		
	ganics - Pesticides			
Alachlor,		<1.0	71 %	0 <b>Z</b>
Atrazine,	•	<1.0	70 %	1.4 %
Simazine,	<del>-</del>	<1.0	69 <b>%</b>	2.9 %

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

LOG NO SAMPLE DESCRIE	PTION , QC REPORT FOR LIQUID SAMPLES		
31183-2 Lab Blank 31183-3 Accuracy (Z Re 31183-4 Precision (Z R			
PARAMETER		31183-3	31183-4
Primary Organics - Pestics Chlordane, ug/l Endrin, ug/l Heptachlor, ug/l Heptachlor Epoxide, ug/l Gamma-BHC, ug/l Methoxychlor, ug/l Toxaphene, ug/l PCB-1016, ug/l PCB-1221, ug/l PCB-1232, ug/l PCB-1242, ug/l PCB-1248, ug/l PCB-1254, ug/l PCB-1254, ug/l PCB-1260, ug/l Primary Organics - Herbic 2,4-D, ug/l Dalapon, ug/l Dinoseb, ug/l Pentachlorophenol, ug/l Picloram, ug/l	<0.10 <0.020 <0.010 <0.020 <0.010 <0.50 <1.0 <0.50 <0.50 <0.50 <0.50 <0.50 <0.50 <0.50 <0.50		8.1 % 7.3 %
2,4,5-TP Silvex, ug/1 Primary Organics - Carban Carbofuran, ug/1 Oxamyl, ug/1	<0.50 mates <1.0 <1.0	95 <b>%</b> 67 <b>%</b> 108 <b>%</b>	3.2 Z 1.4 Z 5.6 Z

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.

Purchase Order: 12442

Post Office Box 340

Lecanto, Florida 34460-0340

Project: Citrus Count Landfill

Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

Page 10

LOG NO	SAMPLE DESCRIPTION , QC RE	PORT FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		31183-2	31183-3	31183-4
Glyphosate	anics - Glyphosate	<350	72 %	8.3 %
Endothall,	anics - Endothall ug/l	<25	83 %	19 Z
Diquat, ug		<1.0	60 <b>Z</b>	12 %
1,2-Dibron	ganics - Fumigants noethane (EDB), ug/l no-3-chloropropane, ug/l	<0.020 <0.020	72 % 90 %	
Primary Org	-	<1.0		
	rene, ug/l	<10		
	yl hexyl)adipate, ug/l nylhexyl) Phthalate, ug/l	<6.0		
	obenzene, ug/l	<1.0		
	ocyclopentadiene, 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



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

ND/dg Enclosures

1) Leachate Eff.

If you have any questions please do not hesitate to call me.

Sincerely yours,

Nancy Dehgan

Laboratory Manager

#### 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 Tel. #: 813/885-7427 FX 813/885-Date Received: Contact: Ms. Kathy Sheffield July 12, 1993 Company # P.O.#: per Ms. Sheffield Job Site: Proj.#: B331183 TYPE OF ANALYSIS: TEM WATER

NUMBER OF SAMPLES: 1/1		TURNAROUND TIME: 2-5 Days	DUE DATE: July 14, 1993
SAMPLE ID. NUMB	ERS:	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de La companya de la companya de la companya de la companya de la companya de la companya de la companya de la co	1
1) Leachate Eff.	5)	9)	13)
2)	6)	10)	14)
3)	7)	11)	15)
4)	8)	12)	•

Verbal Results to: Faxed Time: 2:34 PM Date: July 16, 1993

Verbal Results given by: Kelly Delaney-Green

Date: July 16, 1993 Written Reports Sent to:

> Ms. Kathy Sheffield Savannah Laboratories 6712 Benjamin Rd., Ste 100 Tampa, FL 33634

Mailed by: Kelly Delaney-Green

Written Reports received by:

(Please sign and return to MAL upon receipt of enclosed reports.)

#### **INAL**

S		SAVANNAH LA ENVIRONMENTAL UEST AND CHAIN	SERVICES	, INC.		ORD					5102 La 2846 Inc 414 Soc 900 Lak	dustrial Plaza uthwest 12th ceside Drive,	a Driv Aven Mobil	re, Tallahass lue, Deerfiel le, AL 3669	see, FL 3 Id Beach, 3	FL 33442	Phone: Phone: Phone:	(912) 354-78 (904) 878-39 (305) 421-74 (205) 666-66 (813) 885-74	94 00 33	Fax (912) 352-0165 Fax (904) 878-9504 Fax (305) 421-2584 Fax (205) 666-6696 Fax (813) 885-7049
P.O. NUMB	ĒR	PROJECT NUMBER PR	OJECT NAME				MAT	RIX			· ·	REQUIRE	 ED A	NALYSE				PAC	GE	OF
CLIENT ADI	N. 1	CITY	TELEPHONE	E/FAX NO.		1847 107	TY   X   X   X   X   X   X   X   X   X		5)					194	<del></del>					
SAMPLER(S		CLII	ENT PROJECT	MANAGER		13/4 4/3/	3/ <u>3/3</u>  3/3	. A.								`				TED TAT •
SAME	PLING	SAMPLE IDEN	ITIFICATION		-/§		//_	1/2,		BER (	OF CONTAI	INERS SU	JBMI	TTED			RE	PORT DU SUBJ		USH FEES
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RECEIVED	FOR LABOR	ATORY BY: (SIGNATURE)	DATE	TIME			V INTACT NO	CUST	ODY SEAL (	NO.	S.L. LC	OG NO.			,			<u></u>		

 $M \downarrow b \land \gamma \qquad A \downarrow A \downarrow A \downarrow A \downarrow A \downarrow$ 

#### 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 #: Filter Area: M9489-1 2.30E+08 sq. micro Sample Received: 7/12/93 #Openings Examined: 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: Reviewed by:

Structures

MFL\*\*

<pre># Chrysotile Morphology (CM): # Chrysotile Diffraction (CD): # Chrysotile Quantified EDS (CQ): # Chrysotile Quant.EDS &amp; Diff. (CDQ):</pre>	>= 10um 0 0 0 0	>=10 um 0.00 0.00 0.00 0.00
<pre># Amphibole Diffraction (AD): # Amphibole Diff.&amp; Qual. EDS (ADX): # Amphibole Diff.&amp; Quant. EDS (ADQ): # Amphibole ZA Diff.&amp; Quant.EDS (AZQ)</pre>	0 0 0	0.00 0.00 0.00 0.00

Detection Limit: 0.22 MFL\* (Millions of Fibers/Liter)
Total Asbestos MFL 0.00 >or= 10 microns in length

\* 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

<sup>\*\* 0.00</sup> display = Below Detection Limit



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 Certificatic #'s 84252 & E84025 DER COMPQAP # 870251G

Report Date 27-Jul-93

Field Custody:

Client/Field ID:

Client

B331183

Leachate Effluent

Lab ID No.:

54879

Lab Custody Date: Sample description: 7-12-93

Water

Parameter	units	Result	Analysis Date	Data Method Qualifier
i arameter	u iio	nodit		Wion ou against
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



### 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 Duplicate Analysis Analysis (pCi/l) (pCi/l)		Range (pCi/l) RPI		
< 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 ± 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

Prec	ision	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

ANALYSIS REQUEST AND CHAIN OF CUSTODY RECORD

5102 LaRoche Avenue, Savannah, GA 31404	Pho
2846 Industrial Plaza Drive, Tallahassee, FL 32301	Pho
414 Southwest 12th Avenue, Deerfield Beach, FL 33442	Pho
900 Lakeside Drive, Mobile, AL 36693	Pho
6712 Benjamin Road, Suite 100, Tampa, FL 33634	Pho

hone: (912) 354-7856 Fax (912) 352-0165 hone: (904) 878-3994 Fax (904) 878-9504 hone: (305) 421-7400 Fax (305) 421-2584 hone: (205) 666-6633 Fax (205) 666-6696 hone: (813) 885-7427 Fax (813) 885-7049

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P.O. NUME	ER	B331183	PROJECT NAME				MATF TYP	RIX E				RE	QUIRED	ANALYS	ES			PAG	E .	OF	
CLIENT NA	AV,	PROJECT NUMBER B33/183 LABS-	TELEPHONI					TAY OF	ή Λο <sub>γ</sub>							•			STANDA	RD TA	τ
CLIENT AD	DRESS HMF	2 1	CITY, STATE, ZIP (	CODE	,	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	2/2/2	/Y Y	V		•						/				
	S) NAME(S)	2.1	CLIENT PROJECT	MANAGER		\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	X	1 2									DED		EXPEDI1	ED TA	.1 •
	PLING	SAMPLE II	DENTIFICATION	1	7¥	<u>\$</u> /	/ /61	<u>~</u>	NILIA	ABER OF	CONTA	INF	RS SUB	MITTED			/		ECT TO R	USH F	EES
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### Department of En nmental Regulation

Routing and Irans	smittai Siip
To: (Name, Office, Location)	
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Remarks:	
Citrus Co Leachata	Troot Plant
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Exceedances for disc	marge 1. qw.
Parameter Concentra	
Barium 4.6 14 to to	· J.
Nitrate 52 Sodium 170	160 mg/2
Ohloroform 38	) Total tribalo-
Dichlorobomomethane 26	methanis 10 ve/2
Dibiomochlosomethane 14 Total Coliform 240	10 vg/2
Fecal Coliform 95	۷۱
705 880	500 mg/l
Running PACT plant X = 38,	
From:	Date 3-15-93
Allen	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 <u>January</u>, 19<u>93</u>.

Sincerely,

Ralph Hedgecot

Director of Utilities

RH:ckn

Attachments

DER

MAR - 1 1993

SOUTHWEST DISTRICT



### Florida Depariment of Environmental Regulation

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

DER Form	. 17-801.900(f)
Form Title_	a 17-801.900(1) Domestic Wastewater-Treatment Plant Monthly Operating Report
Effective Or	July 1, 1991
OER Apple	assori No
	(Eller in our CET)

### SOLID WASTE LEACHATE TREATMENT FACILITY Monthly Operating Report

DF.R.

MAR - 1 1993

Part I - Instructions

(1) Enter the month and the year of this report.

- SOUTHWEST DISTRICT TAMPA (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)									
Activoted Clares Ave. 10	A	. В	С	Ð						
Activated Sludge, Attached Growth, or Combined Treatment systems that include inutrient removal processes. (Nitrification alone is not considered nutrient removal.)	≥ 3.0	≥0.5 but < 3.0	≥0.002 but <0.5	ļ						
Activated Sludge or Combined Treatment systems that do not include nutrient removal processes.	≥ 5.0	≥ 1.0 but < 5.0	> 0.002	:						
Activated Sludge operated in the extended aeration mode.	≥8.0	≥ 2.0	≥0.025 but <2.0	>0.002						
Attached Growth Treatment systems (trickling filters or RBC's) that do not include nutrient removal processes.	≥ 10.0	≥ 3.0	≥0.025 but < 3.0	> 0.002						
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 colliform 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 acness, rapid rate land application absorption tield, under ground injection.)
- (13) If this plant does not have a limited wor weather discharge permitted under the provisions of Rule 17-010,860(5), E.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 snift 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 CBOD₅ 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
- (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.

ER Form	17-801.900(1)
one lite_	Comesso Wassewater Treatment Plan Monthly Operating Report
Nestve-Os	July 1, 1991
ER Accinc	
	Filled in by OER)

## Monthly Operating Report

### Part II - General Information

(T)	Month TAHUMRY Year 1993
(2)	Plant's DER Identification Number 400 9000 86
(E)	Plant Name LANDFILL LEACHATE PLANT
(4)	Plant Address S.R. 44 3 MILES EAST
	OF LECANTO
	CityLECANTO
	County CITRUS
(7)	Phone Number 904-746-3694
(B)	Permit Number \$CO9 - 187229
(9)	Plant Type  -C
(10)	Test Site Identification Number N/A
	Fecal Coliform Sample Method  Membrane Filter Most Probable Number
(12)	Type of Effluent Disposal or Reclaimed Water Reuse
(13)	Limited Wet Weather Discharge Activated  Yes No Not Applicable
(14)	Cumulative Days of Wet Weather DischargeN/A
(15)	Plant Staffing
	Day Shift Operator Class Cert. No 8001
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator Pichaud B. Pobusen C-8001
	Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.039
(17) Permitted capacity	mgd	-	.030
(18) Three-month average daily flow	mgd	-	.038
(19) Percent of permitted capacity	%	-	127%
(20) XBOD <sub>5</sub> Effluent	mg/L	080082	1 3
(21) CBOD <sub>5</sub> Effluent	lbs/day	_	0.9
(22) TSS Effluent	mg/L	900201	L
(23) TSS Effluent	lbs/day	_	1.30
(24) Minimum pH		-	7.7
(25) Maximum pH		_	8.9
(26) Total N	mg/L	000600	52
(27) TKM	mg/L	000625	4.7
(28) Ammonia (NH <sub>3</sub> - N)	mg/L	000610	-
(29) Nitrate	mg/L	071850	43
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	_	0.7
(32) Maximum Chlorine Residual	mg/L	_	3.0
(33) Other Effluent Parameters			
COD	mall		61
TOC	myll		426
TOS	mall	1	965
LEAD	mall		4.02
CHLORIDE	my/0		234
TOT. ALKALINITY	myl		350

DER Form	17-601.900(1)
	Domestic Wastewater Treatment Plant Monthly Operating Report
Hective Oa	July 1, 1991
ER Apple	ation No.
	Filled in DV DER)

# Solid Waste Leachate TREATMENT FACILITY Monthly Operating Report

(34)	j: -															Month	JA	MUAR	Y	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)	KBOD, Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Eifluent (mg/L)	NH <sub>3</sub> · N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TOT. ALKALINITY MOLD	TOC Mall	MITHIE Mall	TOTAL N Mall	CHLORIDE MGR	LEAD MyK	105 My K	COD. My K
7	040	1.0					i	8.0									-	-		-	
3	030	1.0						8.0									į	1 1		9	
	.040	1.2						8.0									14		i	i	
4	050.	1.8						8.0					1	1						1	
6	.010	1.5				1	7	8.2					1	1				× )			
7	.060	1.8				-	6	8.4	3.4		45		<	288	26	<.01	48	250	1.02 (	790	64
7	.050	1.8				i i		8.0		-											
9	.060	1.5	I			1		8.0													
10	.030	1.5						8.0									1			1	
1)	.030	1.8						8.0					<del></del>						71	-	
17:	.060	1.8						18.2												-	ž.
13	.060	0.7						8.9	2,2		110		41	438		10,>	13		1	-	
14	.060	3.0						7.8							1					-	
15	.060	2.5						7.8							-				-		
16	.060	2.0		-				8.0													
17	010	1.0					47. 1	7.7	,												
18	.030	2.0						7.9													
19	.060	1.3		-		/ 5	_	7.9	.1 -2												
H	.060	1				42	2	8.5	4.8		37		41	394	25	1.01	42	918	4.02	940	58
77	.060	1.6						80													
33:	,050	1.5						8.0													
24:	060-	1.0		-				0.0						-							
25	-000	1.0						80					r	1							
26	-090	1.8						8.7													
27		1.5						8.1	X.)		80		U	278		14.)	104		-		
28	.020	2.0						8.2	3700		40			6470		0.0	107	-			
29	060.	2.0						8.0			i								-	-	
30	.010	1.5						8.0									3		-		× .
31	.010	1.3						80			i				100			1		i	
														-		-		-			

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 & Robinson	Date: <u>7-19-93</u>
Name (Please Type) Richard B. Robinson	
Company NameCitrus 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.: Sampled By:

48608 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/1	64
Total Organic Carbon, mg/l	26
Nitrite Nitrogen, mg/1	< 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 CaCO3	288
pH, units	8.4
Fecal Coliform, colonies/100ml	< 1
Total Dissolved Solids, mg/l	990

FORWARDED 10: D.E.R. TAM DATE: <u>33</u>,993 Danett Mc Million



### 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 CaCO <sub>3</sub>	438				
pH, units	8.9				
Fecal Coliform, colonies/100ml	< 1				

FORWARDED TO:
D.E.Ry TAMPA
DATE: 2/03,19,53

Ganett Mc Dilbon



### 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: Received:

Client

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 CaCO3	394
pH, units	8.5
Fecal Coliform, colonies/100ml	< 1
Total Dissolved Solids, mg/l	940

FORWARDED TO:
D.E.R. TAMPA
DATE: 2/23,19 53



### DHRS Certification #'s 84252 & E84025 February 14, 1993

P.O. Box 1833 Tampa, Florida 33601 (813) 229-2879

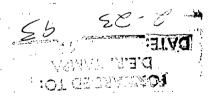
### LAB FILE COPY

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/1	16.2
Nitrate Nitrogen, mg/l	80
Total Kjeldahl Nitrogen, m	ng/1 8.2
Total Nitrogen, mg/l	104
Total Alkalinity, mg/l Cac	278
pH, units	8.1
Fedal Coliform, colonies/1	coml 4



Ganett Mc Gillon



CITRUS COUNTY

### DEPARTMENT OF TECHNICAL SERVICES

Reply To:

#### **MEMORANDUM**

DATE:

**FEBRUARY 3, 1993** 

TO:

RALPH HEDGECOTH, DIRECTOR OF UTILITIES

THROUGH:

MICHAEL D. MOORE, ACTING DIRECTOR, MD.

DIVISION OF SOLID WASTE MANAGEMENT

FROM:

CATHLEEN J. WINTER, SOLID WASTE TECH.

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

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

LOG NO: B3-30029

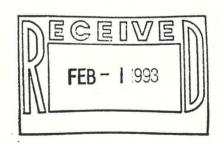
Received: 07 JAN 93

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

LOG NO SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
30029-1 Leachate Effluent		01-07-93
PARAMETER	30029-1	
Arsenic, mg/1	<0.010	
Barium, mg/l	4.6	
Cadmium, mg/1	<0.0050	
Chromium, mg/l	<0.010	
Fluoride, mg/l	<0.20	
Lead, mg/l	<0.0050	
Mercury, mg/1	<0.00020	
Nitrate-N, mg/l	52	
Selenium, mg/l	<0.010	
Silver, mg/l	<0.010	
Sodium, mg/1	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/1	<0.50	
Trihalomethanes		
Bromoform, ug/1	<5.0	
Chloroform, ug/1	38	
Dichlorobromomethane, ug/1	26	
Dibromochloromethane, ug/1	14	





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

LOG NO SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
30029-1 Leachate Effluent		01-07-93
PARAMETER	30029-1	
Primary Drinking-Volatiles		
Benzene, ug/1	<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/1	<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/1	<0.025	
Corrosivity (saturation index)	+1.1	
Surfactants (MBAS-EPA 425.1), mg/l	<0.10	
Iron, mg/l	<0.050	
Manganese, mg/1	0.014	
Odor, TON	2	
pH, units	8.5	
Sulfate as SO4, mg/l	8.3	
Total Dissolved Solids, mg/l	880	

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

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	LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED	
Zinc, mg/l 0.043 Antimony, mg/l <0.050 Beryllium, mg/l <0.0050 Nickel, mg/l <0.040	30029-1	Leachate Effluent		01-07-93	-
Zinc, mg/l 0.043 Antimony, mg/l <0.050 Beryllium, mg/l <0.0050 Nickel, mg/l <0.040	PARAMETER				-
Phenolics, Total Recoverable, mg/l <0.010  Cyanide, Total, mg/l 0.025	Antimony, m Beryllium, n Nickel, mg/ Thallium, m Phenolics, T	ng/l mg/l l ng/l otal Recoverable, mg/l	0.043 <0.050 <0.0050 <0.040 <0.010 <0.010		



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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAM	PLES	DATE SAMPLED
30029-1	Leachate Effluent		01-07-93
PARAMETER		30029-1	
PP-Base/Neu	tral Compounds		
Acenaphthe	ne, ug/l	<10	
Acenaphthy	lene, ug/l	<10	
Anthracene	, ug/l	<10	
Benzidine,	ug/l	<80	
Benzo(a)An	thracene, ug/l	. <10	
Benzo(a)Py		<10	
	luoranthene, ug/l	<10	
	<pre>,i) Perylene, ug/l</pre>	<10	
	Fluoranthene, ug/l	<10	
	oroethoxy) Methane, ug/l	<10	
	oroethyl) Ether, ug/l	<10	
	oroisopropyl) Ether, ug/l	<10	
	ylhexyl) Phthalate, ug/l	<10	
	nyl Phenyl Ether, ug/l	<10	
•	yl Phthalate, ug/l	<10	•
	phthalene, ug/l	<10	
•	enyl Phenyl Ether, ug/l	<10	
Chrysene,	<b>3</b> .	<10	
	,h) Anthracene, ug/1	<10	•
	robenzene, ug/l	<10	·
	robenzene, ug/l	<10	·
	robenzene, ug/l	<10	
•	robenzidine, ug/l	<20	,
Diethyl Ph	thalate, ug/l	<10	
Dimethyl P	hthalate, ug/l	<10	

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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLE	ES	DATE SAMPLE	
	Leachate Effluent		01-07-93	
PARAMETER		30029-1		
Di-N-Butyl	Phthalate, ug/l	<10		
	otoluene, ug/l	. <10		
	otoluene, ug/l	<10		
	Phthalate, ug/1	<10		
	ylhydrazine, ug/l	<10		
Fluoranthe		. <10		
Fluorene,		<10		
	benzene, ug/1	<10		
	butadiene, ug/l	<10		
	cyclopentadiene, ug/l	<10		
	ethane, ug/l	<10		
	2,3-cd) Pyrene, ug/l	<10		
Isophorone		<10		
Naphthalen		<10		
Nitrobenze		<10		
	imethylamine, ug/l	<10		
	i-N-Propylamine, ug/l	<10		
	iphenylamine, ug/l	<10		•
Phenanthre	ne, ug/l .	<10		
Pyrene, ug	/1	<10		
1,2,4-Tric	hlorobenzene, ug/l	<10		
2,3,7,8-TCD	D 	ND*		

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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPLES		DATE SAMPLED
–	Leachate Effluent		01-07-93
PARAMETER		30029-1	
2-Chloroph 2,4-Dichlo 2,4-Dimeth 4,6-Dinitr 2,4-Dinitr 2-Nitrophe 4-Nitrophe P-Chloro-n	enol, ug/l n-cresol, ug/l rophenol, ug/l	<10 <10 <10 <50 <50 <10 <50 <10 <50 <10 <50 <10	
	chlorophenol, ug/l	<10	



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

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMP	LES	DATE SAMPLED
30029-1	Leachate Effluent		01-07-93
PARAMETER		30029-1	
Pesticides/			
Aldrin, ug		<0.050	
Alpha-BHC,	ug/l	<0.050	
Beta-BHC,	ug/1	<0.050	
Delta-BHC,	ug/l	<0.050	
Chlordane,	ug/l	. <0.50	
4,4'-DDT,	ug/l	<0.10	
4,4'-DDE,	<b>O</b> .	<0.10	
4,4'-DDD,	<del>-</del>	<0.10	
Dieldrin,	O.	<0.10	
	sulfan, ug/l	<0.050	
	ulfan, ug/l	<0.10	
	Sulfate, ug/l	<0.10	
	ehyde, ug/l	<0.10	
Heptachlor	• •	<0.050	
-	Epoxide, ug/l	<0.050	
PCB-1242,	<b>O</b> ,	<1.0	
PCB-1254,	<del>-</del>	<1.0	
PCB-1221,	<b>O</b> .	<2.0	
PCB-1232,	•	<1.0	
PCB-1248,	<del>-</del>	<1.0	
PCB-1260,	•	<1.0	
PCB-1016,	ug/l	<1.0	

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 8

LOG NO	SAMPLE DESCRIPTION , LIQUID SAMPI	LES DATE SAMPLED	
30029-1	Leachate Effluent	01-07-93	
PARAMETER		30029-1	
Volatile Or	ganic Compounds		
Acrolein,	•	<100	
Acrylonitr	<u> </u>	<100	
Chlorobenz	ene, ug/l	<5.0	
Chloroethane, ug/1		<10	
2-Chloroethylvinyl Ether, ug/1		<50	
Dichlorodifluoromethane, ug/l		<5.0	
	proethane, ug/l	<5.0	
	propropane, ug/1	<5.0	
	propropene, ug/l	<5.0	
Ethylbenze	•	<5.0	
	omide, ug/l	<10	
-	loride, ug/l	<10	
Methylene Chloride, ug/l		<5.0	
1,1,2,2-Tetrachloroethane, ug/l		<5.0	
Toluene, u	<b>G</b> .	<5.0	
	-1,2-Dichloroethylene, ug/l	<5.0	
	chloroethane, ug/l	<5.0	
Trichlorof	fluoromethane, ug/l	<5.0	

ND\* = Not Detected.

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

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30029-2	30029-3	30029-4
Arsenic, mg Barium, mg/ Cadmium, mg Chromium, m Fluoride, m Lead, mg/l Mercury, mg Nitrate-N, Selenium, m Silver, mg/ Sodium, mg/ Pesticides Endrin, ug Gamma-BHC, Methoxychl Toxaphene, Herbicides	1 /1 g/1 g/1 g/1 /1 mg/1 g/1 l (SDWA) /1 ug/1 or, ug/1 ug/1 (SDWA)	<0.010 <0.010 <0.0050 <0.010 <0.20 <0.0050 <0.00020 <0.050 <0.010 <0.010 <0.050 <0.50 <0.50 <0.50 <0.50	108	0.94 % 12 % 5.4 % 
Trihalometh Bromoform, Chloroform Dichlorobr	<pre>ilvex, ug/l anes   ug/l</pre>	<0.50 <0.50 <5.0 <1.0 <1.0	47 % 54 %	0 % 3.7 %

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#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR	LIQUID SAMPLES		
30029-2 30029-3 30029-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER		30029-2	30029-3	30029-4
Primary Dri	nking-Volatiles			
Benzene, u	•	<1.0	90 %	3.3 %
	rachloride, ug/l	<1.0		
	robenzene, ug/1	· <1.0		
1,2-Dichlo	roethane, ug/l	<1.0		
1,1-Dichlo	roethylene, ug/l	<1.0	106 %	7.5 %
Tetrachlor	oethylene, ug/l	<1.0		
1,1,1-Tric	hloroethane, ug/l	<1.0		
Trichloroe	thylene, ug/l	<1.0	103 %	5.8 %
Vinyl Chlo	ride, ug/l	<1.0		
1,2-Dibromo	ethane (EDB), ug/l	<0.020	126 %	9.5 %
Turbidity,	NTU	<0.10	109 %	4.7 %
Microbiolog	ical			
Total Coli	form MF, col/100ml	<1		0 %
Fecal Coli	form MF, col/100ml	<1		5.1 %
Gross Alpha	, pCi/1	<0.5	119 %	21 %
Gross Beta,	pCi/l	<1.0	113 %	1.3 %
Chloride, m	g/1	<1.0	97 %	5.0 %
Color, PCU		<5		0 %
Copper, mg/	1	<0.025	102 %	0.98 %
Corrosivity	(saturation index)	-5.6		
	(MBAS-EPA 425.1), mg/1	<0.10	92 %	12 %
Iron, mg/l	,	<0.050	104 %	0.96 %
Manganese,	mg/l	<0.010	82 %	2.4 %
Odor, TON	<b>.</b>	<1		0 %
pH, units	•	5.6	99 %	0.31 %

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#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REP	PORT FOR LIQUID	SAMPLES		
30029-2 30029-3 30029-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)				
PARAMETER			30029-2	30029-3	30029-4
Sulfate as	SO4, mg/l		<5.0	98 %	
Total Disso.	lved Solids, mg/l		<5.0	97 %	1.6 %
Zinc, mg/l			<0.020	. 105 %	1.9 %
Antimony, m	g/l	•	<0.050	103 %	1.9 %
Beryllium, 1	mg/l		<0.0050	93 %	0 <b>%</b>
Nickel, mg/	l		<0.040	106 %	0.94 %
Thallium, m	g/l		<0.010	106 %	2.8 %
	otal Recoverable, mg/l		<0.010	92 %	2.2 %
Cyanide, To			<0.010	91 %	1.1 %

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#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
	Lab Blank Accuracy (% Recovery) Precision (% RPD)			
PARAMETER			30029-3	30029-4
PP_Rase/Meii	tral Compounds			
Acenaphthe:	•	<10	76 %	2.6 %
Acenaphthy	. •	<10		
Anthracene		· <10		
Benzidine,	, 3	<80		
Benzo(a)An	thracene, ug/l	<10		
Benzo(a)Py		<10		
	luoranthene, ug/l	<10		
	,i) Perylene, ug/l	<10		
	Fluoranthene, ug/1	<10		
	oroethoxy) Methane, ug/l	<10		
•	oroethyl) Ether, ug/l	<10		
	oroisopropyl) Ether, ug/l	<10		
	ylhexyl) Phthalate, ug/l	<10		
•	nyl Phenyl Ether, ug/l	<10		
•	yl Phthalate, ug/l	<10		
	phthalene, ug/l	<10		
•	enyl Phenyl Ether, ug/l	<10		
Chrysene,	<b>3</b> .	<10		
•	,h) Anthracene, ug/l	<10 <10		
•	probenzene, ug/l			
•	probenzene, ug/1	<10	69 %	2.9 %
•	orobenzene, ug/l	<10 <20	09 %	۷.۶ ه
3,3-Dichlo	orobenzidine, ug/l	<20		

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#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID SAMPLES		
30029-2 30029-3 30029-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)			*********
PARAMETER			30029-3	30029-4
Diethyl Ph	thalate, ug/l	<10		
Dimethyl P	hthalate, ug/l	<10		
Di-N-Butyl	Phthalate, ug/1	<10		
2,4-Dinitr	otoluene, ug/l	· <10	80 Z	1.3 %
	otoluene, ug/l	<10		
Di-N-Octyl	Phthalate, ug/l	<10		
-	ylhydrazine, ug/l	<10		
Fluoranthe		<10		
Fluorene,	<b>3</b> .	<10		
	benzene, ug/1	. <10		
	butadiene, ug/l	<10		
	cyclopentadiene, ug/l	<10		
	ethane, ug/l	<10		
	2,3-cd) Pyrene, ug/1	<10		
Isophorone	-	<10		
Naphthalen		<10		
Nitrobenze		<10		
N-Nitrosod	imethylamine, ug/l	<10		
N-Nitrosod	i-N-Propylamine, ug/l	<10	94 %	4.3 %
N-Nitrosod	iphenylamine, ug/l	<10		
Phenanthre	ene, ug/l	<10		
Pyrene, ug	;/1	<10	91 %	0 %
1,2,4-Tric	hlorobenzene, ug/l	<10	72 %	1.4 %
2,3,7,8-TCI	DD	ND*		

# SAVANNAH LABORATORIES & ENVIRONMENTAL SERVICES, INC.

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

LOG NO: B3-30029

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Project: Citrus County Central Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

LOG NO	SAMPLE DESCRIPTION , QC REPORT	FOR LIQUID	SAMPLES		
30029-2 30029-3 30029-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)				
PARAMETER			30029-2	30029-3	30029-4
PP-Acid Ext	ractable Organics				
2-Chlorophe			<10	71 %	1.4 %
2,4-Dichlor	rophenol, ug/l	•	<10		
2,4-Dimethy	ylphenol, ug/l		<10		
4,6-Dinitro	o-o-cresol, ug/l		<50		
2,4-Dinitro	ophenol, ug/l		<50		
2-Nitropher	nol, ug/l		<10		
4-Nitropher			<50	88 %	3.4 %
P-Chloro-m	-cresol, ug/l		<10	77 %	2.6 %
	ophenol, ug/l		<50	85 %	3.5 %
Phenol, ug			<10	70 %	5.7 %
	hlorophenol, ug/l		<10		

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> Project: Citrus County Central Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

30029-2 Lab Blank 30029-3 Accuracy (Z Recovery) 30029-4 Precision (Z RPD)  PARAMETER 30029-2 30029-3 30029-4  Pesticides/PCB's  Aldrin, ug/l <0.050 106 Z 5.7 Z  Alpha-BHC, ug/l <0.050  Beta-BHC, ug/l <0.050  Chlordane, ug/l <0.050  4,4'-DDT, ug/l <0.10 79 Z 6.3 Z  4,4'-DDE, ug/l <0.10 79 Z 6.3 Z  4,4'-DDD, ug/l <0.10  Beta-Endosulfan, ug/l <0.050  Beta-Endosulfan, ug/l <0.10  Beta-Endosulfan, ug/l <0.050  Beta-Endosulfan, ug/l <0.050  Beta-Endosulfan, ug/l <0.050  Beta-Endosulfan, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Endrin Aldehyde, ug/l <0.10  Beta-Endosulfan sulfate, ug/l <0.10  Beta-Endosulfan sulfate, ug/l <0.10  Beta-Beta-Endosulfan sulfate, ug/l <0.10  Beta-Endosulfan Sulfate, ug/l <0.10  Beta-Endosulfan sulfate, ug/l <0.10  Beta-Endosulfan sulfate, ug/l <0.10  Beta-Endosulfan sulfate, ug/l <0.10  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050  Beta-Endosulfan sulfate, ug/l <0.050	LOG NO	SAMPLE DESCRIPTION , QC REPORT FOR LIC	QUID SAMPLES		
Pesticides/PCB's Aldrin, ug/1	30029-3	Accuracy (% Recovery)			
Aldrin, ug/1 Alpha-BHC, ug/1 Beta-BHC, ug/1 Octobro	PARAMETER		30029-2	30029-3	30029-4
Aldrin, ug/1 Alpha-BHC, ug/1 Beta-BHC, ug/1 Octobro Beta-BHC, ug/1 Octobro Chlordane, ug/1 A,4'-DDT, ug/1 A,4'-DDE, ug/1 A,4'-DDD, ug/1 Octobro Dieldrin, ug/1 Alpha-Endosulfan, ug/1 Beta-Endosulfan, ug/1 Endosulfan Sulfate, ug/1 Endrin Aldehyde, ug/1 Heptachlor, ug/1 Heptachlor Epoxide, ug/1 PCB-1242, ug/1 PCB-1232, ug/1 PCB-1248, ug/1 PCB-1248, ug/1 PCB-1260, ug/1 PCB-1260, ug/1 Alpha-Endosulfan Alocobro C PCB-1248, ug/1 PCB-1260, ug/1  Alpha-Endosulfan Alocobro C PCB-1248, ug/1 Alocobro C PCB-1260, ug/1 Alpha-Endosulfan Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C PCB-1260, ug/1 Alocobro C C C PCB-1260, ug/1 Alocobro C C C PCB-1260, ug/1 Alocobro C C C PCB-1260, ug/1 Alocobro C C C PCB-1260, ug/1 Alocobro C C C PCB-1260, ug/1 Alocobro C C C C PCB-1260, ug/1 Alocobro C C C C PCB-1260, ug/1 Alocobro C C C C PCB-1260, ug/1 Alocobro C C C C PCB-1260, ug/1 Alocobro C C C C PCB-1260, ug/1 Alocobro C C C C C C C C C	Pesticides/				
Alpha-BHC, ug/l  Beta-BHC, ug/l  Colo50  Colo50  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo70  Colo7	·		<0.050	106 %	5.7 %
Delta-BHC, ug/l       <0.050			<0.050		
Chlordane, ug/1 4,4'-DDT, ug/1 4,4'-DDE, ug/1 4,4'-DDD, ug/1 Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo Collo	Beta-BHC,	ug/1	<0.050		
4,4'-DDT, ug/l       <0.10	Delta-BHC,	ug/l	<0.050		
4,4'-DDE, ug/1       <0.10	Chlordane,	ug/l	< 0.50		
4,4'-DDD, ug/l       <0.10	4,4'-DDT,	ug/l	<0.10	79 %	6.3 %
Dieldrin, ug/1       <0.10		<b>O</b> .	<0.10		
Alpha-Endosulfan, ug/l  Beta-Endosulfan, ug/l  Endosulfan Sulfate, ug/l  Endrin Aldehyde, ug/l  Heptachlor, ug/l  Heptachlor Epoxide, ug/l  PCB-1242, ug/l  PCB-1254, ug/l  PCB-1232, ug/l  PCB-1248, ug/l  PCB-1260, ug/l  - <		•			
Beta-Endosulfan, ug/l       <0.10		• ·		84 %	3.6 %
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	-	<del>-</del>			
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					
Heptachlor, ug/l       <0.050					
Heptachlor Epoxide, ug/l       <0.050		- · · · · - · · · · · · · · · · · · · ·			
PCB-1242, ug/l       <1.0	•	•		87 %	4.6 %
PCB-1254, ug/l       <1.0	_	<del>-</del>			
PCB-1221, ug/l       <2.0	•	<b>5</b> .			
PCB-1232, ug/1		•			
PCB-1248, ug/l <1.0 PCB-1260, ug/l - <1.0	PCB-1221,	ug/1			
PCB-1260, ug/1 - <1.0		<u> </u>			
		<del>-</del>			
PCB-1016, ug/1 <1.0	-	• • • • • • • • • • • • • • • • • • •			
	PCB-1016,	ug/l	<1.0		



LOG NO: B3-30029

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> Project: Citrus County Central Landfill Sampled By: Savannah Laboratories

#### REPORT OF RESULTS

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LOG NO	SAMPLE DESCRIPTION , QC REPO	ORT FOR	ridaid	SAMPLES		
30029-2 30029-3 30029-4	Lab Blank Accuracy (% Recovery) Precision (% RPD)					
PARAMETER				30029-2	30029-3	30029-4
Volatile Or	ganic Compounds					
Acrolein,				<100		
Acrylonit	rile, ug/l			<100		
Chlorobenz	zene, ug/l		•	<5.0	86 %	4.6 %
Chloroetha	ne, ug/l			<10		
	chylvinyl Ether, ug/l			<50		
	ifluoromethane, ug/l			<5.0		
	proethane, ug/1			<5.0		
	propropane, ug/l			<5.0		
	propropene, ug/l			<5.0		
Ethylbenze				<5.0		
▼	omide, ug/l			<10		
-	loride, ug/l			<10		
-	Chloride, ug/l			<5.0		
	etrachloroethane, ug/l			<5.0		
Toluene, ι	•			<5.0	90 %	3.3 %
cis/trans-	-1,2-Dichloroethylene, ug/l			<5.0		
	chloroethane, ug/l			<5.0		
Trichloro	fluoromethane, 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

_			IAL SERVICES, INC				BEST	AVAIL		414	Southwest Lakeside [	t 12th Avei Drive, Mob	nue, Deerfi ile, AL 366	eld Beac	h, FL 33442	Phone: (305)	421-7400	Fax (305) 421-2584 Fax (205) 666-6696
P.O. NUM			IAIN OF CUSTOD	YREC	CORD	) 				6712	2 Benjamin	Road, Su	ite 100, Ta	mpa, FL	33634	Phone: (813)		Fax (813) 885-7049
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### 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)

## Domestic Wastewater Treatment Plant Monthly Operating Report

FILE CITINS CO
COTRAT LA
CORRATE DATA FILE
LOACHATE DATA FILE

#### 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.

			Plant Siz	ze (mgd)	
	Type of Treatment	Α	В	С	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 colilform 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
SUUTHWEST DISTRICT

DER Form # 17-601.900(1)   Domestic Wastewater Treatment: Plant: Form Title   Monthly Operating Report:	
Effective Date July 1, 1991	
DER-Application No(Filted 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 1/00 9 C. CCO 86
	Plant Name LANDFILL LEACHATE PLANT
(4)	Plant Address S. R. 44 / 3 miles EAST
	OF LECANTO
	City LECANTO
(6)	County CITRUS
	Phone Number 904-746-2694
(8)	Permit Number _ 5 009 - 187229
, ,	Plant Type / C
(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 Y Not Applicable
(14)	Cumulative Days of Wet Weather Discharge
(15)	Plant Staffing
	Day Shift Operator Class Cert. No
	Evening Shift Operator Class Cert. No
	Night Shift Operator Class Cert. No
	Lead Operator Richard B. Rebuson C-800   Signature Cert. No.
	<b>~</b> .

Units	STORET Code	Value:
mgd	050053	,007
mgd		.030
mgd.	_	P 00 9
%:		29
mg/L.	080082	3
lbs/day	_	0.18
mg/L	900201	6
lbs/day	-	0.35
	_	8.0
		8.5
mg/L	000600	128
mg/L	000625	7
mg/L	000610	
mg/L.	071850	0.95
mg/L	000665	
mg/L		.5
mg/L		1.5
mg/L	:	280
mayL		100
mg/L		3,130
my/L		4.02
mg/L		698
MayL		513
	mgd mgd mgd mgd %: mg/L lbs/day mg/L lbs/day mg/L mg/L mg/L mg/L mg/L mg/L mg/L mg/L	mgd 050053 mgd — mgd — mgd — mgd — mgd — mg/L 080082 lbs/day — mg/L 900201 lbs/day — mg/L 000600 mg/L 000625 mg/L 000665 mg/L 000665 mg/L — mg/L — mg/L — mg/L — mg/L —

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

## Domestic Wastewater Treatment Plant Monthly Operating Report

(34)	)														Mont	h_Na	EMBE	<u>e</u>	. 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)	BODs 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)								
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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. Robenson 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: Received:

Client 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	△0.95
Total Kjeldahl Nitrogen, mg/l	7 .
Total Nitrogen, mg/l	128
pH, units	8.3
Total Organic Carbon, mgl	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	Danet Mc Hilbon

Garrett McGibbon Laboratory Manager

FORWARDED TO: D.E.R. FAD



#### 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.:

38080

Sampled By: Received:

Client 11-14-91

Sample Description:

Leachate

Sample Identification: Citrus County Landfill - Leachate Plant

Parameter	Result	
pH, units	8.1	
Alkalinity, mg/l CaCO <sub>3</sub>	580	
Fecal Coliform, colonies/100ml	< 4	

LORWARDED TO D.E.R., TAMPA DATE: 18.19 91

Garrett McGibbon

Laboratory Manager

#### **BEST AVAILABLE COPY**



#### 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 CaCO <sub>3</sub>	464	
Fecal Coliform, colonies/100ml	24	

2 1991

FORWARDED TO:

D.E.R. TAMPA

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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 CaCO3	448
Fecal Coliform, colonies/100ml	52

DEC | 11991

FORWARDED TO:
D.E.R. TAMPA

DATE: 0//8,19\_7

Garrett McGibbon Laboratory Manager