Program: Domestic

Facility Name: Collier County South County WRF Monitoring Well ID: MWB-105517 CCS-1/25974 Foxfire

Permit Number: FL0141356023DW1P Well Type: Background Report Frequency: Quarterly

Facility County: COLLIER

Office: SD

Monitoring Period: From: 01/01/2023 To: 03/31/2023
Was the well purged before sampling? Yes
Sample Date: 02/14/2023 Sample Time: 11:18 AM

was the well purged belo	re sampling:	168					Sample L	pate: 02/14/2023 San	ipie Tillie. TT.18 AWI	
Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NAVD	WLNAV	4.35	Report (Maximum)	ft	In Situ	1 Quarterly	0.01	DEP SOP FS 2200	Measuring Tape	N
Nitrogen, Nitrate, Total (as N)	00620	<0.26	Report (Maximum)	mg/L	Grab	1 Quarterly	0.26	EPA 353.2	Dedicated bladder pump	N
Solids, Total Dissolved (TDS)	70295	372	Report (Maximum)	mg/L	Grab	1 Quarterly	26.3	SM 2540 C	Dedicated bladder pump	N
Coliform, Fecal	74055	<1	Report (Maximum)	#/100mL	Grab	1 Quarterly	1	SM 9222 D	Dedicated bladder pump	N
рН	00400	6.84	Report (Maximum)	s.u.	In Situ	1 Quarterly	0.01	EPA 150.2	Dedicated bladder pump	N
Turbidity	00070	3.3	Report (Maximum)	NTU	In Situ	1 Quarterly	0.1	EPA 180.1	Dedicated bladder pump	N
Specific Conductance	00095	670	Report (Maximum)	umhos /cm	In Situ	1 Quarterly	1	EPA 120.1	Dedicated bladder pump	N
Temperature (C), Water	00010	24.5	Report (Maximum)	Deg C	In Situ	1 Quarterly	0.1	SM 2550 B	Dedicated bladder pump	N
Oxygen, Dissolved (DO)	00300	0.20	Report (Maximum)	mg/L	In Situ	1 Quarterly	0.01	SM 4500-O H	Dedicated bladder pump	N

Facility Name: Collier County South County WRF Monitoring Well ID: MWC-105519 CCS-3/20372 Foxfire

Permit Number: FL0141356023DW1P Well Type: Compliance Report Frequency: Quarterly

Facility County: COLLIER Program: Domestic Office: SD

Monitoring Period: From: 01/01/2023 To: 03/31/2023
Was the well purged before sampling? Yes
Sample Date: 02/14/2023 Sample Time: 09:55 AM

was the well purged belo	re sampning:	168					Sample L	vale: 02/14/2025 San	ipie Tillie. 09.33 Aivi	
Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NAVD	WLNAV	2.41	Report (Maximum)	ft	In Situ	1 Quarterly	0.01	DEP SOP FS 2200	Measuring Tape	N
Nitrogen, Nitrate, Total (as N)	00620	0.26	10.0 (Maximum)	mg/L	Grab	1 Quarterly	0.26	EPA 353.2	Dedicated bladder pump	N
Solids, Total Dissolved (TDS)	70295	604	500.0 (Maximum)	mg/L	Grab	1 Quarterly	26.3	SM 2540 C	Dedicated bladder pump	N
Coliform, Fecal	74055	<1	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1	SM 9222 D	Dedicated bladder pump	N
рН	00400	6.91	6.5-8.5 (Range)	s.u.	In Situ	1 Quarterly	0.01	EPA 150.2	Dedicated bladder pump	N
Turbidity	00070	3.8	Report (Maximum)	NTU	In Situ	1 Quarterly	0.1	EPA 180.1	Dedicated bladder pump	N
Specific Conductance	00095	1055	Report (Maximum)	umhos /cm	In Situ	1 Quarterly	1	EPA 120.1	Dedicated bladder pump	N
Temperature (C), Water	00010	25.3	Report (Maximum)	Deg C	In Situ	1 Quarterly	0.1	SM 2550 B	Dedicated bladder pump	N
Oxygen, Dissolved (DO)	00300	0.18	Report (Maximum)	mg/L	In Situ	1 Quarterly	0.01	SM 4500-O H	Dedicated bladder pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT Diane DiPascale	DIF PRO PER INF AN	ECTION OR SUPERVISION OPERLY GATHERED AND	N IN ACCORDANCE WIT EVALUATED THE INFOI THE SYSTEM, OR THO MATION SUBMITTED IS, ARE THAT THERE ARE	H A SYSTEM RMATION SU DSE PERSON TO THE BES' SIGNIFICANT	DESIGNED TO BMITTED. BASI NS DIRECTLY FOF MY KNOV PENALTIES F	ASSURE THAT QUALIF ED ON MY INQUIRY OF ' RESPONSIBLE FOR GA VLEDGE AND BELIEF, TH OR SUBMITTING FALSE	ATHERING THE Electroni RUE, ACCURATE	THORIZED AGENT		ONE SUBMITTED ON 2-1040 04/12/2023

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-105519
00620	MWC-105519	I - The Nitrate result was between the laboratory's MDL and PQL. The value reported is the MDL.
70295		The operation permit issued August 11, 2022 includes an Administrative Order, AO-141356-023, which establishes a schedule for addressing elevated TDS concentrations in the compliance wells. During the active period of the AO, the TDS limit is a report only requirement. The average effluent TDS during this monitoring period was 862 mg/L.

Facility Name: Collier County South County WRF Monitoring Well ID: MWC-105520 CCS-4/20371 Foxfire

Permit Number: FL0141356023DW1P Well Type: Compliance Report Frequency: Quarterly

Facility County:

COLLIER

Program: Domestic

Office: SD

Monitoring Period: From: 01/01/2023 To: 03/31/2023
Was the well purged before sampling? Yes Sample Date: 02/14/2023 Sample Time: 09:11 AM

was the well purged belo.	ic sampling:	103					Sample D	Jaie. 02/14/2023 Sali	ipic Tilic. 07.11 Alvi	
Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NAVD	WLNAV	2.74	Report (Maximum)	ft	In Situ	1 Quarterly	0.01	DEP SOP FS 2200	Measuring Tape	N
Nitrogen, Nitrate, Total (as N)	00620	<0.26	10.0 (Maximum)	mg/L	Grab	1 Quarterly	0.26	EPA 353.2	Dedicated bladder pump	N
Solids, Total Dissolved (TDS)	70295	596	500.0 (Maximum)	mg/L	Grab	1 Quarterly	26.3	SM 2540 C	Dedicated bladder pump	N
Coliform, Fecal	74055	<1	4.0 (Maximum)	#/100mL	Grab	1 Quarterly	1	SM 9222 D	Dedicated bladder pump	N
рН	00400	6.83	6.5-8.5 (Range)	s.u.	In Situ	1 Quarterly	0.01	EPA 150.2	Dedicated bladder pump	N
Turbidity	00070	7.2	Report (Maximum)	NTU	In Situ	1 Quarterly	0.1	EPA 180.1	Dedicated bladder pump	N
Specific Conductance	00095	978	Report (Maximum)	umhos /cm	In Situ	1 Quarterly	1	EPA 120.1	Dedicated bladder pump	N
Temperature (C), Water	00010	25.1	Report (Maximum)	Deg C	In Situ	1 Quarterly	0.1	SM 2550 B	Dedicated bladder pump	N
Oxygen, Dissolved (DO)	00300	0.19	Report (Maximum)	mg/L	In Situ	1 Quarterly	0.01	SM 4500-O H	Dedicated bladder pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OR AUTHORIZED AGENT Diane DiPascale	DIF PRO PER INF AN	RECTION OR SUPERVISION OPERLY GATHERED AND	N IN ACCORDANCE WIT EVALUATED THE INFOI THE SYSTEM, OR THO MATION SUBMITTED IS, ARE THAT THERE ARE	H A SYSTEM RMATION SU DSE PERSON TO THE BES' SIGNIFICANT	DESIGNED TO BMITTED. BASI NS DIRECTLY FOF MY KNOV PENALTIES F	O ASSURE THAT QUALIF ED ON MY INQUIRY OF RESPONSIBLE FOR G. VLEDGE AND BELIEF, TI OR SUBMITTING FALSE	TIED PERSONNEL OR AUT THE PERSON OR ATHERING THE RUE, ACCURATE	THORIZED AGENT		ONE SUBMITTED ON 2-1040 04/12/2023

Parameter	Monitoring Site	Comments for Monitoring Group - MWC-105520
70295		The operation permit issued August 11, 2022 includes an Administrative Order, AO-141356-023, which establishes a schedule for addressing elevated TDS concentrations in the compliance wells. During the active period of the AO, the TDS limit is a report only requirement. The average effluent TDS during this monitoring period was 862 mg/L.

Program: Domestic

Facility Name: Collier County South County WRF Monitoring Well ID: MWI-105518 CCS-2/20373 Foxfire

Permit Number: FL0141356023DW1P Well Type: Intermediate Report Frequency: Quarterly

Facility County: COLLIER

Office: SD

Monitoring Period: From: 01/01/2023 To: 03/31/2023
Was the well purged before sampling? Yes
Sample Date: 02/14/2023 Sample Time: 10:37 AM

Parameter	PARAM Code	Sample Measurement	Permit Requirement	Units	Sample Type	Frequency of Analysis	Detection Limits	Analysis Method	Sampling Equipment Used	Samples Filtered (L/F/N)
Water Level Relative to NAVD	WLNAV	2.73	Report (Maximum)	ft	In Situ	1 Quarterly	0.01	DEP SOP FS 2200	Measuring Tape	N
Nitrogen, Nitrate, Total (as N)	00620	<0.26	Report (Maximum)	mg/L	Grab	1 Quarterly	0.26	EPA 353.2	Dedicated bladder pump	N
Solids, Total Dissolved (TDS)	70295	708	Report (Maximum)	mg/L	Grab	1 Quarterly	26.3	SM 2540 C	Dedicated bladder pump	N
Coliform, Fecal	74055	<1	Report (Maximum)	#/100mL	Grab	1 Quarterly	1	SM 9222 D	Dedicated bladder pump	N
рН	00400	6.53	Report (Maximum)	s.u.	In Situ	1 Quarterly	0.01	EPA 150.2	Dedicated bladder pump	N
Turbidity	00070	3.9	Report (Maximum)	NTU	In Situ	1 Quarterly	0.1	EPA 180.1	Dedicated bladder pump	N
Specific Conductance	00095	1147	Report (Maximum)	umhos /cm	In Situ	1 Quarterly	1	EPA 120.1	Dedicated bladder pump	N
Temperature (C), Water	00010	24.1	Report (Maximum)	Deg C	In Situ	1 Quarterly	0.1	SM 2550 B	Dedicated bladder pump	N
Oxygen, Dissolved (DO)	00300	0.17	Report (Maximum)	mg/L	In Situ	1 Quarterly	0.01	SM 4500-O H	Dedicated bladder pump	N
NAME/TITLE PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Diane DiPascale Diane DiPascale DiANAMERT HIS INFORMATION, THE INFORMATION SUBMITTED IS, TO THE BEST OF MY KNOWLEDGE AND BELIEF, TRUE, ACCURATE AND COMPLETE. I AM AWARE THAT THERE ARE SIGNIFICANT PENALTIES FOR SUBMITTING FALSE INFORMATION, INCLUDING THE POSSIBILITY OF FINE AND IMPRISONMENT FOR KNOWING VIOLATIONS. TELEPHONE SUBMITTED ON OR AUTHORIZED AGENT OR AUTHO										