



**FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION**

MARATHON BRANCH OFFICE
2796 OVERSEAS HIGHWAY, SUITE 221
MARATHON, FLORIDA 33050

RICK SCOTT
GOVERNOR

CARLOS LOPEZ-CANTERA
LT. GOVERNOR

JONATHAN P. STEVERSON
SECRETARY

SENT VIA ELECTRONIC MAIL

February 23, 2015

Mr. Roy Coley, Director of Operations
1100 Kennedy Drive
Key West, Florida 33040
Email: rcoley@fkaa.com

Re: Compliance Assistance Offer
Big Coppitt Regional Wastewater Treatment Plant
FLA567591
Monroe County

Dear Mr. Coley,

A Compliance Sampling Inspection was conducted at your Facility on January 28, 2015, under the authority of Section 403.091, Florida Statutes (F.S.). During this inspection, possible violations of Chapter 403, F.S. and Chapters 62-620 and 62-160 Florida Administrative Code (F.A.C.) were observed. The purpose of this letter is to offer you compliance assistance as a means of resolving these matters.

Please see the attached inspection report for a full account of Department observations and be advised this Compliance Assistance Offer is part of an agency investigation preliminary to agency action in accordance with Section 120.57(5), F.S. We request you review the items of concern noted in the attached inspection report and respond in writing within **15 days** of receipt of this Compliance Assistance Offer. Your written response should either:

1. Describe what you have done to resolve the issue
2. Provide information that either mitigates the concerns or demonstrates them to be invalid, or
3. Arrange for one of our inspectors to visit your Facility to offer suggested actions to return to compliance without enforcement.

It is the Department's desire that you are able to document compliance or corrective actions concerning the possible violations identified in the attached inspection report so that this matter can be closed without enforcement. Your failure to respond promptly in writing (or by e-mail) may result in the initiation of formal enforcement proceedings.



Big Coppitt Regional Wastewater Treatment Plant
FLA567591
Compliance Assistance Offer
Page 2 of 2

Please address your response and any questions to Devon Villareal of the Marathon Branch Office at (305)289-7075 or via e-mail at Devon.Villareal@dep.state.fl.us. We look forward to your cooperation with this matter.

Sincerely,



Jennifer Carpenter
Assistant Director
South District Office

Enclosure: Inspection Report

ec: Teddy Knowles, Lead Operator, (tknowles@fkaa.com)
 Tom Pfiester, Operations Manager, (tpfiester@fkaa.com)
 Maria Labrador, Environmental Protection Agency, (labrador.maria@epa.gov)

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

@ = Optional

WASTEWATER COMPLIANCE INSPECTION REPORT**FACILITY AND INSPECTION INFORMATION**

Name and Physical Location of Facility	WAFR ID:	County	Entry Date/Time
Big Coppitt WWTP	FLA567591	Monroe	1/28/2015 10:17:00 AM
1100 Kennedy Drive P. O. Box 1239		Phone	@ Exit Date/Time
Key West, FL 33041 - 1239		(305) 296-2454	1/28/2015 1:34:00 PM
Name(s) of Field Representatives(s)	Title	Email	Phone
Teddy Knowles	Lead Operator	tknowles@fkaa.com	305-393-5970
Name and Address of Permittee or Designated Representative	Title	Phone	@ Operator Certification #
Roy Coley	Director of Operations	(305) 296-2454	WWA0015282
1100 Kennedy Drive	Email		
Key West, FL 33040	rcoley@fkaa.com		
Inspection Type:	<input type="checkbox"/> C <input type="checkbox"/> S <input type="checkbox"/> I <input type="checkbox"/>	Samples Taken(Y/N): Y	@ Sample ID#: BC012815
			Samples Split (Y/N): Y
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): Y	@ Log book Volume :
			@ Page

FACILITY COMPLIANCE AREAS EVALUATED

IC: In Compliance; MC: Minor Out of Compliance; NC: Out of Compliance SC: Significant Non-Compliance;


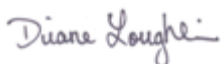
NA: Not Applicable; NE or Blank: Not Evaluated

Significant Non-Compliance Criteria Should be Reviewed When Out of Compliance Ratings Are Given in Areas Marked by a "♦"

	PERMITS/ORDERS		SELF MONITORING PROGRAM		FACILITY OPERATIONS		EFFLUENT/DISPOSAL
IC	1. ♦ Permit	IC	3. Laboratory	IC	6. Facility Site Review	IC	9. ♦ Effluent Quality
NE	2. ♦ Compliance Schedules	MC	4. Sampling	IC	7. Flow Measurement	IC	10. ♦ Effluent Disposal
		IC	5. ♦ Records & Reports	IC	8. ♦ Operation & Maintenance	IC	11. Biosolids/Sludge
						NA	12. Groundwater
NA	14. Other:					NE	13. SSO Survey

Facility and/or Order Compliance Status: ☐ In-Compliance ☒ Out-Of-Compliance ☐ Significant-Out-Of-Compliance

Recommended Actions:

Name(s) and Signature(s) of Inspector(s)	District Office/Phone Number	Date
Devon Villareal 	SDB/ (305)289-7070	2/6/15
@ Signature of Reviewer	District Office/Phone Number	Date
Diane Loughlin 	SD/ (239) 344-5641	2/11/15

INSPECTION REPORT SUMMARY

Facility Name: Big Coppitt WWTP
Facility ID: FLA567591
Inspection Type: CSI
Inspection Date: 1/28/2015 4:28:00 PM

FACILITY BACKGROUND:

Facility Address: 1100 Kennedy Drive P. O. Box 1239, Key West, FL 33041 - 1239, Monroe County
Program/ Permit Information: DW, permit issue date: 11/6/2012, expiration date: 11/5/2017
Treatment Summary: Three SBRs with filtration and chlorinated effluent to injection wells or reuse
Permitted Capacity: 0.323 MGD

1. **Permit:** RATING – IN COMPLIANCE

1.1 Observation: A copy of the permit was onsite and available to plant personnel.

2. **Compliance Schedules:** RATING – NOT EVALUATED

2.1 Observation: No observations were recorded.

3. **Laboratory:** RATING – IN COMPLIANCE

3.1 Observation: The laboratory is certified by the Department of Health.

Additional Comments: The Facility utilizes Flowers Chemical Laboratories Altamonte (E83018) and Marathon (E35824) for analysis of influent and effluent samples.

4. **Sampling:** RATING – MINOR OUT-OF-COMPLIANCE

4.1 Deficiency Description: Field meters were not properly calibrated.

Additional Comments: Primary calibration verification for Field Chlorine must be performed at least annually. In addition, a pH meter calibration could not be performed at the time of the inspection. The pH field meter did not appear to be functioning as intended. The operator stated that he is researching a new field pH meter. In addition, upon procurement of a primary standard, he will perform the primary chlorine verification.

Permit/Rule or Other Reference: Florida Administrative Code (F.A.C.) Rule 62-620.610(1) and Section 403.161, Florida Statutes (F.S.) state that the Facility shall be operated in compliance with the Permit. Section IX(18)(e) of the Permit states that field activities, including on-site tests and sample collection, shall follow the applicable Standard Operating Procedures (SOPs) described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C. Please review DEP SOP FT 2000. Field Measurement of Residual Chlorine and DEP SOP FT 1100. Field Measurement of pH.

<http://www.dep.state.fl.us/water/sas/sop/sops.htm>

4.2 Deficiency Description: DEP SOPs were not being followed.

Additional Comments: The influent flow proportioned composite sampler (ISCO 6712FR) did not collect a sufficient aliquot of 100 mL at the time of the inspection. The operator stated on February 16, 2015 that he worked with an ISCO technician and was able to adjust the aliquot volume to collect the correct amount.

Permit/Rule or Other Reference: DEP SOP FS 2400. Wastewater Sampling, FS 2430. Wastewater Sampling Techniques, 2. Automatic Samplers, 2.1.1.6. requires, for a flow proportional sample, that the sampler be programmed to collect a minimum of 100 mL for each sample interval, with the interval predetermined based on the flow of the waste stream. Please review DEP SOP FS 2400. Wastewater Sampling.

4.3 Observation: Safe and dry access to influent and effluent sampling points are provided.

4.4 Observation: Calibration standards/buffers were within the expiration dates.

4.5 Deficiency Description: Please see specific comment

Additional Comments: Certification for the influent and effluent composite sampler NIST calibrated thermometers could not be located at the time of the inspection. The thermometers must be calibrated against a NIST thermometer annually or replaced annually with a new, calibrated thermometer. The operator stated on February 16, 2015 that new, calibrated thermometers were ordered February 12, 2015 and the certificates will be maintained in his field lab onsite.

Permit/Rule or Other Reference: DEP SOP FS 1000-12 requires thermometers in refrigerators to be checked annually against a certified thermometer.

4.6 Deficiency Description: Please see specific comment

Additional Comments: Please ensure that all samples are preserved as required within 15 minutes of the end of the composite. The operator has begun a 24 hour composite so that nutrient samples may be acidified within 15 minutes of the end of the composite when an operator is available onsite.

Permit/Rule or Other Reference: DEP SOP FS 1000. General Sampling Procedures, FS 1006.

Preservation, Holding Times, and Container Types, 3. Preserving Composite Water Samples, 3.2. states that when chemical preservation is also required, begin the preservation process within 15 minutes of the last collected sample.

4.7 Deficiency Description: Please see specific comment.

Additional Comments: Please ensure that a record of the composite sampler tubing replacement is documented in the operator's maintenance log. Tubing must be replaced every six months and an equipment blank performed.

Permit/Rule or Other Reference: DEP SOP FS 2400. Wastewater Sampling, FS 2430. Wastewater Sampling Techniques, 2. Automatic Samplers, 2.1.1. recommends replacing the tubing for automatic samplers deployed for extended periods at a minimum of every six months. Further, if there is evidence of loss of elasticity or discoloration or other conditions that would impact the quality of the sample (such as algal growth), or the pumping flow rate, then replace the tubing. 2.1.1.1. Cut the proper length of precleaned tubing. 2.1.1.2. requires collection of equipment blanks each time the tubing is changed or at a frequency of 5% of the tubing changes, whichever is less. Collect a minimum of one blank each year by passing analyte-free water through the equipment that is exposed to the sample. FD 3000. Documentation of Equipment Maintenance, 1. Requires that all maintenance and repairs performed, including routine cleaning procedures, are logged including the calendar date for the procedures performed, record names of personnel performing the maintenance or repair tasks. Designate the identity of specific instrumentation in the documentation with a unique description code for each instrument including manufacturer name, model number, serial number, inventory number, or other unique identification.

5. Records and Reports: RATING – IN COMPLIANCE

5.1 Observation: *General* – A copy of the current laboratory certification was not available at the time of the inspection (62-620.350(1) F.A.C.).

Additional Comments: The operator received the current laboratory certifications on January 29, 2015 and placed them onsite.

5.2 Observation: *General* – Operators' certifications were current and available on-site.

5.3 Observation: *General* – The certified operator's daily logbook was complete.

5.4 Observation: *General* – Entries in the operator log were clear, concise, informative, and relevant.

5.5 Observation: *General* – A review of the Discharge Monitoring Reports (DMRs) revealed the following.

Additional Comments: Advised the operator to review turbidity at the time of the daily, Total Suspended Solids (TSS) reuse grab sample. TSS exceedances to reuse have been reported in the last twelve months (see "Effluent Quality" section). Additional information at the time of the TSS sample may aid in determining the cause or causes of the exceedances. Requested that the operator provide additional information in the DMR comments regarding the cause or causes of exceedances and corrective actions. The explanation provided for several TSS exceedances was related to storm events. Requested that operator review the Reuse Operating Protocol to determine whether all discharge should be diverted to the wells during storm events to avoid potential exceedances to reuse.

5.6 Observation: *General* – Please see specific comment

Additional Comments: Please add analyst initials as well as the time of the test or calibration verification to all benchsheets. A record of monthly calibration verification of the continuous chlorine and turbidity meters must also be maintained.

Permit/Rule or Other Reference: Please review DEP SOP FD 1000. Documentation Procedures, FD 4100. General Documentation for all Field Testing, 2. Field Instrument Calibration Documentation and DEP SOP, FT 1900. Continuous Monitoring with Installed Meters, 5. Documentation.

6. Facility Site Review: RATING – IN COMPLIANCE

6.1 Observation: *General* – The facility grounds were secured properly.

6.2 Observation: *General* – The facility grounds were clean and well maintained.

6.3 Observation: *General* – Foul odors did not permeate beyond the boundaries of the plant site at the time of the inspection.

6.4 Observation: *AlternatePower* – An alternative power source is available at the WWTF.

6.5 Observation: *AlternatePower* – The onsite generator is tested under load on a routine basis

6.6 Observation: *AlternatePower* – A record of testing was available for the onsite generator.

6.7 Observation: *Headworks* – Screening and grit are being collected in suitable containers.

6.8 Observation: *Headworks* – There were no excessive odors emanating from the headworks at the time of the inspection.

6.9 Observation: *Headworks* – The bar screen is cleaned on a routine basis.

6.10 Observation: *AerationBasins/Act.Sludge* – The contents in the aeration chambers appeared to be adequately mixed.

Additional Comments: SBRs #1 and #3 are currently online. SBR #2 is offline. The SBRs are rotated to allow for preventative maintenance.

6.11 Observation: *AerationBasins/Act.Sludge* – No problems or deficiencies noted.

6.12 Observation: *Blowers/Motors* – The blower was operational at the time of the inspection.

6.13 Observation: *Blowers/Motors* – The blowers were equipped with belt guards.

THIS SPACE LEFT BLANK INTENTIONALLY.

6.14 Observation: *Blowers/Motors* – Please see specific comment

Additional Comments: Rust and corrosion were observed on the blower covers (see photos).



6.15 Observation: *Filtration* – The filter contained sufficient media.

6.16 Observation: *Filtration* – No problems or deficiencies noted.

6.17 Observation: *Disinfection* – The chlorine contact chamber was clean and the effluent leaving the plant was clear.

6.18 Observation: *Digestors* – The tank contents in the aerobic digester were well mixed.

6.19 Observation: *Digestors* – The digestors were free from excessive odors.

6.20 Observation: *Digestors* – The digester was free from excessive foaming.

7. **Flow Measurement:** RATING – IN COMPLIANCE

7.1 Observation: The copy of the flow calibration report is current and satisfactory.

Additional Comments: All flow meters calibrated by Florida Rural Water Association Circuit Rider Allen Slater on December 4, 2014.

8. **Operation and Maintenance:** RATING – IN COMPLIANCE

8.1 Observation: *General* – The facility was operated and maintained in accordance with the description in the Permit.

8.2 Observation: *General* – A certified operator as required by Rule 62-602 and the Permit, was operating the WWTF.

8.3 Observation: *General* – The operator is performing treatment plant operation and maintenance duties in a responsible and professional manner.

9. **Effluent Quality:** RATING – IN COMPLIANCE

9.1 Observation: The final effluent chlorine residual was within the acceptable range.

Additional Comments: Total Residual Chlorine > 2.20 mg/L @ 1131.

9.2 Observation: A review of the Discharge Monitoring Reports revealed the following effluent exceedances.

Additional Comments: TSS exceedances to reuse were reported on the December 2014 (1 reported exceedance attributed to filter problems), October 2014 (1 reported exceedance attributed to process problems), September 2014 (4 reported exceedances attributed to heavy rain and a failed backwash blower), May 2014 (1 reported exceedance attributed to plant upset), and April 2014 (3 reported exceedances attributed to plant upset) DMRs. Department staff requested that additional information regarding the cause or causes of exceedances as well as corrective actions taken be included in the DMR comments. In addition, Department staff requested that the operator review the Facility O&M Plan and Reuse Operating Protocol regarding discharge to reuse

during storm events or other periods of plant upset. Department staff also advised that if the Facility is not discharging to reuse on a given day, reuse samples for TSS and fecal coliform sample do not need to be collected. The current, effluent annual averages are as follows: TSS = 1.6 mg/L, CBOD = 1.1 mg/L, fecal coliform = 0.6 cfu/100 mL, Total Nitrogen = 2.2 mg/L (report only), and Total Phosphorus = 0.5 mg/L (report only). The Facility is presently meeting Advanced Wastewater Treatment standards ahead of the statutory deadline of January 1, 2016.

9.3 Observation: No problems or deficiencies were identified.

Additional Comments: Effluent samples collected at the time of the inspection yielded the following results: TSS = 3 mg/L, CBOD = 0.20 mg/L, and fecal coliform < 9 cfu/100 mL.

10. **Effluent Disposal:** RATING – IN COMPLIANCE

10.1 Observation: *Reuse* – All plastic reclaimed water piping, pipelines, valves, outlets, and other appurtenances were color-coded Pantone Purple.

10.2 Observation: *Reuse* – A cross connection control program has been implemented within the areas where reclaimed water is provided for use.

Additional Comments: Annual Reuse Report received December 23, 2014.

10.3 Observation: *Reuse* – Please see specific comment

Additional Comments: The low TRC set point for autodiversion to the injection wells is 1.0 mg/L, which is the minimum. The high set point for turbidity for diversion to the injection wells is 2.9 NTU.

11. **Biosolids/Sludge:** RATING – IN COMPLIANCE

11.1 Observation: *General* – No problems or deficiencies were observed.

Additional Comments: The operator stated that Biosolids are hauled about every two weeks. Biosolids are transferred to the Sanford South Florida Water Resource Center Residual Management Facility in accordance with correspondence received by the Department on June 3, 2013. Final manifests are maintained at the administrative office located at 3333 Overseas Highway in Marathon, FL.

11.2 Observation: *General* – Please see specific comment

Additional Comments: Please document Biosolids going to the Residuals Management Facility as "Transferred" rather than "Landfilled" on the Biosolids DMR Form.

11.3 Observation: *General* – Residuals were being disposed of in accordance with the permit.

12. **Groundwater Quality:** RATING – NOT APPLICABLE

12.1 Observation: No observations were recorded.

13. **SSO Survey:** RATING – NOT EVALUATED

13.1 Observation: No observations were recorded.

14. **Other:** RATING – NOT APPLICABLE

14.1 Observation: No observations were recorded.

Biological Analysis Report

SO-DIST-2015-01-29-02

Florida Department of Environmental Protection
Central Laboratory
2600 Blair Stone Road
Tallahassee, FL 32399-2400
DOH Accreditation E31780

Overflow Analyses Performed By:
Flowers Chemical Laboratories Inc.
3980 Overseas Hwy, Suite 103
Marathon, FL 33050
DOH Accreditation E35834

Event Description: **TSS, CBOD, fecal coliform for secondary WWTP CSI**
Request ID: **RQ-2015-01-19-29**
Customer: **SO-DIST**
Project ID: **CSI**

Send Reports to:
FL Dept. of Environmental Protection
South District Marathon Branch Office
2796 Overseas Highway, Suite 221
Marathon, FL 33050
Attn: Devon Villareal

For additional information please contact
David D. Whiting - Administrator
J. Marshall Faircloth - Aquatic Toxicology
Elizabeth Miller - Bench Biology
Jacqueline Savage - Microbiology
Loretta Wolfe - Molecular Biology
Cheryl Swanson - Taxonomy (Invertebrate & Algal)
Thekkekalathil Chandrasekhar, PhD, QA Officer
Phone (850) 245-8177

Certified by: Elizabeth Miller, Environmental Manager

Date Certified: 06-FEB-2015 15:39



Abbreviations and data remark codes

CERT # - NELAP (National Environmental Laboratory Accreditation Program) Certification Number of the laboratory that performed the analysis.

LCS – Laboratory Control Sample; in the QC Failures column, this notation indicates a batch recovery failure.

MS – Matrix Spike; in the QC Failures column, this notation indicates a batch recovery failure.

RPD – Relative Percent Difference; in the QC Failures column, this notation indicates a batch failure for precision.

CCV – Continuing Calibration Verification; in the QC Failures column, this notation indicates a failure of the calibration verification check sample.

SUR – Surrogate; in the QC Failures column, this notation indicates a recovery failure for the associated surrogate.

RSD – Relative Standard Deviation expressed as a percentage.

SMP – Sample.

** - The laboratory is not NELAP certified for this analyte/method, or certification is not applicable.

A - Value reported is the mean of two or more determinations

B - Results based on colony counts outside the acceptable range.

I - The reported value is between the laboratory method detection limit and the laboratory practical quantitation limit.

J - Estimated value and/or the analysis did not meet established quality control criteria

K - Actual value is known to be less than value given

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N - Presumptive evidence of presence of material.

O - Sampled, but analysis lost or not performed.

Q - Sample held beyond normal holding time.

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U - Material was analyzed for but not detected. The reported value is the method detection limit for the sample analyzed.

V - Analyte was detected in both sample and method blank.

X - Too few individuals to calculate SCI value.

Y - The laboratory analysis was from an unpreserved or improperly preserved sample. The data may not be accurate

Z - Colonies were too numerous to count (TNTC).

Scientific notation may be used in reporting very large or small values. Values reported using scientific notation will take the form of the following example:
1.3E+03, which is equivalent to 1.3×10^3 or 1300.

Precision is reported as relative percent difference unless otherwise noted.

Uncertainty associated with the analytical results contained in this report can be estimated from the reported quality assurance results and from published test performance acceptance criteria.

Unless otherwise noted, analytical values for soil and sediment samples are reported on a dry weight basis, and analytical values for waste and tissue samples are reported on a wet weight basis.

All sample collection performed by Bureau of Laboratories staff followed the field Standard Operating Procedures adopted by reference in Rule 62-160 FAC unless otherwise noted.

Quality control information from overflow laboratories may not be included in this report. Please refer to the associated report from the overflow laboratory for additional information.

Results for NELAP accredited tests contained in this report meet the requirements specified by the National Environmental Laboratory Accreditation Conference (NELAC). All samples received were in acceptable condition and met NELAC requirements unless otherwise noted. Results generated in this report pertain to the samples collected and submitted for analysis.

All times in this report are adjusted to the applicable Eastern Time Zone (EST or EDT).

Job: TLH-2015-01-29-32
Job: TLH-2015-01-29-33

Group: Chlorophyll/Grain Size/BOD
Group: Overflow

Sample Location: BIG COPPITT WWTP

Collection Date/Time: 01/28/2015 08:00

Field ID: BC012815

Matrix: W-EFFLUENT

Sample ID	Ref. Method	Component	Result	Code	Units	Batch ID	QC Failures
1670425	SM 5210 B	Biochemical Oxygen Demand-5 Day,N-Inhib	0.20	UJQ	mg/L	P279987	LCS

Ref. Method and Comment:

SM 5210 B: Refer to QA report for QC exceeding limits. Laboratory duplicate result is 0.20 U mg/L. Precision data is unavailable due to the small amount of analyte in the QC sample. Hold time exceeded by 1 hour.

Sample Location: BC012815 - GRAB

Collection Date/Time: 01/28/2015 11:38

Field ID: BC012815 - GRAB

Matrix: WATER

Sample ID	Ref. Method	Component	Result	Code	Units	Batch ID	QC Failures
1672696	SM 9222 D	Fecal Coliforms-Membrane Filter	9	U	cfu/100 mL		

Quality Assurance Report Method Blank Results

Reference Method: SM 5210 B

Batch ID: P279987

Component	Result	Code	Units
Biochemical Oxygen Demand-5 Day,N-Inhib	0.20	U	mg/L

Quality Assurance Report Laboratory Control Sample Accuracy

Reference Method: SM 5210 B

Batch ID: P279987

Component	% Rec.1	% Rec.2	Pass/Fail	Control Limits
Biochemical Oxygen Demand-5 Day,N-Inhib	62.1		F	70 - 96.5

Quality Assurance Report Summary

Ref. Method	Analyte	LCS % Recovery	MS % Recovery	LCS	Precision SMP	MS
SM 5210 B	Biochemical Oxygen Demand-5 Day,N-Inhib	62.1				

Reference Method Descriptions

Method / NELAC Cert. #	Description	Associated Samples
SM 5210 B / E31780	BOD, nitrogen-inhibited (=CBOD)	1670425
SM 9222 D / E35834	Fecal coliforms by membrane filter method by FlowersOverflow Laboratory for SD	1672696

Preparation and Analysis Log

Ref. Method	Received Date	Prep Date/Time	Prepared By	Analysis Date/Time	Analyzed By	Associated Samples
SM 5210 B	01/29/2015			01/30/2015 09:00	Rebecca Falter	1670425
SM 9222 D	01/28/2015			01/28/2015 16:15	Flowers-Marathon	1672696

Chemical Analysis Report

SO-DIST-2015-01-29-02

Florida Department of Environmental Protection
Central Laboratory
2600 Blair Stone Road
Tallahassee, FL 32399-2400
DOH Accreditation E31780

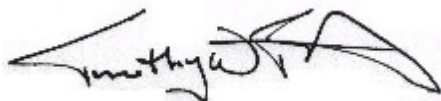
Event Description: **TSS, CBOD, fecal coliform for secondary WWTP CSI**
Request ID: **RQ-2015-01-19-29**
Customer: **SO-DIST**
Project ID: **CSI**

Send Reports to:
FL Dept. of Environmental Protection
South District Marathon Branch Office
2796 Overseas Highway, Suite 221
Marathon, FL 33050
Attn: Devon Villareal

For additional information please contact
Timothy W. Fitzpatrick
Liang-Tsair Lin, Ph.D.
Colin Wright, Ph.D.
Thekkekalathil Chandrasekhar, PhD, QA Officer
Phone (850) 245-8085

Certified by: Timothy Fitzpatrick, Program Administrator

Date Certified: 06-FEB-2015 08:46

A handwritten signature in black ink, appearing to read 'Timothy W. Fitzpatrick', with a stylized flourish at the end.

Abbreviations and data remark codes

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RSD – Relative Standard Deviation expressed as a percentage.

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Sample Location: BIG COPPITT WWTP

Collection Date/Time: 01/28/2015 08:00

Field ID: BC012815

Matrix: W-EFFLUENT

Sample ID	Ref. Method	Component	Result	Code	Units	Batch ID	QC Failures
1670427	SM 2540 D-97	TSS	3	I	mg/L	P279799	

Ref. Method and Comment:

SM 2540 D-97: The precision data is unavailable due to the low analyte concentration in the QC sample.

Quality Assurance Report Method Blank Results

Reference Method: SM 2540 D-97

Batch ID: P279799

Component	Result	Code	Units
TSS	2	U	mg/L

Reference Method Descriptions

Method / NELAC Cert. #	Description	Associated Samples
SM 2540 D-97 / E31780	Total Suspended Solids in aqueous matrices	1670427

Preparation and Analysis Log

Ref. Method	Received Date	Prep Date/Time	Prepared By	Analysis Date/Time	Analyzed By	Associated Samples
SM 2540 D-97	01/29/2015			01/29/2015	Yijie Li	1670427

Florida Department of Environmental Protection

Central Laboratory Sample Submittal Form

Event ID *

Request Number: RQ-2015-01-19-29

TSS, CBOD, fecal coliform for secondary WWTP CSI

Requester: Devon Villareal

Field Report Prepared By:

Customer: SO-DIST

Collected By:

Devon Villareal

Send Final Report To:

Devon Villareal

Project ID: CSI

PMAS:

Sampling Agency:

FDEP Marathon

Lab ID *	Location Big Coppitt WWTP			<input checked="" type="checkbox"/> Comp <input type="checkbox"/> Grab	Collection (comp begin or grab) Date 1/27/15 Time 0800	Eastern Central	Composite end Date 1/28/15 Time 0800	Eastern Central	Bottle Group(s)** A
	Field ID BC012815			Tot Res Chlorine (mg/L) 72.20 mg/L		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (include type e.g. Salt, Fresh, etc) Wastewater	Temp (C)	pH	Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> Salinity (PPT)		<input type="checkbox"/> Sp Conductance (umho/cm)		NPDES Number
	Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Comments W-TSS, CBOD-INHB W/CI						
Lab ID *	Location			<input type="checkbox"/> Comp <input type="checkbox"/> Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Eastern Central	Bottle Group(s)**
	Field ID			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> Salinity (PPT)		<input type="checkbox"/> Sp Conductance (umho/cm)		NPDES Number
	Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Comments						
Lab ID *	Location			<input type="checkbox"/> Comp <input type="checkbox"/> Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Eastern Central	Bottle Group(s)**
	Field ID			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> Salinity (PPT)		<input type="checkbox"/> Sp Conductance (umho/cm)		NPDES Number
	Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Comments						
Lab ID *	Location			<input type="checkbox"/> Comp <input type="checkbox"/> Grab	Collection (comp begin or grab) Date Time	Eastern Central	Composite end Date Time	Eastern Central	Bottle Group(s)**
	Field ID			Tot Res Chlorine (mg/L)		Diss Oxygen (mg/L)		Storet Station Number	
	Matrix (include type e.g. Salt, Fresh, etc)	Temp (C)	pH	Sample Depth <input type="checkbox"/> m <input type="checkbox"/> ft	<input type="checkbox"/> Salinity (PPT)		<input type="checkbox"/> Sp Conductance (umho/cm)		NPDES Number
	Latitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Longitude <input type="checkbox"/> dd <input type="checkbox"/> dms	Comments						
Relinquished By:	Date/Time	Shipping Method:	Received By:	Date/Time	Relinquished By:	Date/Time	Received By:	Date/Time	
<i>Devon Villareal</i>	1-28-15/1625	FedEx					8/1	2-29-15/9:05	

* Shaded Areas for Lab use only.

last revised October 1, 2003

** Please see reverse side for Bottle Group information.

Group: A Bottle Type: P-1L # of Bottles: 1 Preservative: ICE Enter Number of Bottles Sent to Lab 1

BOD-INHB

Group: A Bottle Type: P-120ML-WC-THI # of Bottles: 1 Preservative: ICE Enter Number of Bottles Sent to Lab 1 to Contract lab

SD-FLR-FC

Group: A Bottle Type: P-1L # of Bottles: 1 Preservative: ICE Enter Number of Bottles Sent to Lab 1

W-TSS

481 Newburyport Ave.
Altamonte Springs, FL 32701
Bus: 407-339-5984
Fax: 407-260-6110

West Park Industrial Plaza
571 N.W. Mercantile Pl., Ste. 111
Port St. Lucie, FL 34986
Bus: 772-343-8006
Fax: 772-343-8089

812 S.W. Harvey Greene Dr.
Madison, FL 32340
Bus: 850-973-6878
Fax: 850-973-6878

3980 Overseas Highway, Ste. 103
Marathon, FL 33050
Bus: 305-743-8598
Fax: 305-743-8598

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Client FDEP Marathon						Project Name RQ-2015-01-19-29						P.O. # AA6988										
Address 2796 Overseas Highway, Suite 221 Marathon, FL 33050						Client Contact Devon Villareal FCL Project Manager Jane Flowers						FAX 850-412-0590 E-MAIL Devon.Villareal@dep.state.fl.us Rush Charges May Apply										
Phone 305-289-7070						Requested Due Date 10 Day Standard OR MM DD YY																
Sampled By (PRINT): Devon Villareal						Pick-Up Fee \$ 						Vehicle Surcharge \$ 										
Sampler Signature Devon Villareal						Date Sampled 1/28/15						Sampling Fee \$ 										
GW - ground water DW - drinking water WW - wastewater SW - surface water SO - soil/solid SL - sludge HW - waste						PRESERVATIVES						ANALYSES REQUEST						COMMENTS		Total # Containers		
ITEM NO.	SAMPLE ID	DATE	TIME	MATRIX	(LAB USE ONLY) LAB NO.	NONE	H ₂ SO ₄	HNO ₃	HCl	Na ₂ S ₂ O ₃												
1	BC012815	1/28/15	1138	WW	257391 (ww)					✓	✓										- TRC - Effluent quality 72.20 mg/L eff. clear Residual chlorine 0.00	1
2																						
3																						
4																						
5																						
6																						
7																						
8																						
9																						
10																						
Relinquished By / Affiliation Devon Villareal / FDEP		Date 1/28/15	Time 1604	Accepted By / Affiliation [Signature]		Date 1/28/15	Time 1604	Relinquished By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time	Accepted By / Affiliation		Date	Time	1/28/15 1610		

FINANCE CHARGES APPLIED TO PAST DUE INVOICES

FedEx Express Package US Airbill

FedEx Tracking Number

8060 J741 5201

MUR 1

Form in No

0215

Sender's Copy

1 From Please print and press hard.

Date 1/28/15 Sender's FedEx Account Number 4490-2262-9
Sender's Name Devon Villareal Phone (305) 289-7075

Company FDEP Marathon

Address 2796 Overseas Hwy, Ste 221 Dept./Floor/Suite/Room

City Marathon State FL ZIP 33050

2 Your Internal Billing Reference

First 24 characters will appear on invoice.

3 To

Recipient's Name SHIPPING & RECEIVING Phone (850) 245-8085

Company FLORIDA DEP/CHEMISTRY SECTION

Address 2600 BLAIRSTONE RD Dept./Floor/Suite/Room
We cannot deliver to P.O. boxes or P.O. ZIP codes.

Address
Use this line for the HOLD location address or for continuation of your shipping address.

City TALLAHASSEE State FL ZIP 32399

HOLD Weekday
FedEx location address
REQUIRED, NOT available for
FedEx First Overnight.

HOLD Saturday
FedEx location address
REQUIRED, available ONLY for
FedEx Priority Overnight and
FedEx 2Day to select locations.

4 Express Package Service

* To most locations.

NOTE: Service order has changed. Please select carefully.

Packages up to 150 lbs.
For packages over 150 lbs., use the new
FedEx Express Freight US Airbill.

Next Business Day

☐ FedEx First Overnight
Earliest next business morning delivery to select locations. Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☒ FedEx Priority Overnight
Next business morning.* Friday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Standard Overnight
Next business afternoon.* Saturday Delivery NOT available.

2nd Business Day

☐ FedEx 2Day A.M.
Second business morning.* Saturday Delivery NOT available.

☐ FedEx 2Day
Second business afternoon.* Thursday shipments will be delivered on Monday unless SATURDAY Delivery is selected.

☐ FedEx Express Saver
Third business day.* Saturday Delivery NOT available.

5 Packaging

* Declared value limit \$500.

☐ FedEx Envelope*

☐ FedEx Pak*

☐ FedEx Box

☐ FedEx Tube

☒ Other

6 Special Handling and Delivery Signature Options

☐ SATURDAY Delivery

NOT available for FedEx Standard Overnight, FedEx 2Day A.M., or FedEx Express Saver.

☐ No Signature Required
Package may be left without obtaining a signature for delivery.

☐ Direct Signature
Someone at recipient's address may sign for delivery. *Fee applies.*

☐ Indirect Signature
Who one is available at recipient's address, someone at a neighboring address may sign for delivery. For residential deliveries only. *Fee applies.*

Does this shipment contain dangerous goods?

One box must be checked.

☒ No

☐ Yes
As per attached Shipper's Declaration.

☐ Yes
Shipper's Declaration not required.

☐ Dry Ice
Dry Ice, 5 UN 1945 x kg

Dangerous goods (including dry ice) cannot be shipped in FedEx packaging or placed in a FedEx Express Drop Box.

☐ Cargo Aircraft Only

7 Payment Bill to:

Enter FedEx Acct. No. or Credit Card No. below.

☐ Sender
Acct. No. in Section 1 will be billed. ☒ Recipient ☐ Third Party ☐ Credit Card ☐ Cash/Check

FedEx Acct. No. 4490-2262-9 Exp. Date

Total Packages 1 Total Weight 26 lbs. Total Declared Value*

*Our liability is limited to US\$100 unless you declare a higher value. See back for details. By using this Airbill you agree to the service conditions on the back of this Airbill and in the current FedEx Service Guide, including terms that limit our liability.



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