

**MIKE SMALLRIDGE UTILITY CONSULTANT  
& MANAGEMENT SERVICES**  
15827 CEDAR ELM TERRACE  
LAND O LAKES, FLORIDA 34638  
352-302-7406

RECEIVED-FPSC  
09 APR 30 AM 11:17  
COMMISSION  
CLERK

April 29, 2009

Ann Cole Commission Clerk  
Florida Public Service Commission  
2540 Shumard Oak Blvd  
Tallahassee, FL. 32399

RE: Docket # 080668-SU- Application for staff assisted rate case in Highlands County by Fairmount Utilities, The 2<sup>nd</sup>, Inc.

Dear Ms. Cole:

In response to your letter of April 9, 2009 question #2.

All of the pro forma addition items listed (A-H) have been installed since the last rate case.

On behalf of my client,



Mike Smallridge

COM \_\_\_\_\_  
ECR \_\_\_\_\_  
GCL 1 \_\_\_\_\_  
OPC \_\_\_\_\_  
BCF 2 \_\_\_\_\_  
SSC \_\_\_\_\_  
SGA \_\_\_\_\_  
ADM \_\_\_\_\_  
CLK \_\_\_\_\_

DOCUMENT NUMBER-DATE

04034 APR 30 08

FPSC-COMMISSION CLERK

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE " NAME: Rodger Miller  
 MAILING ADDRESS: 3625 Valeric Blvd  
 Sebring, Florida 33870

FACILITY: Fairmount Mobile Estates  
 LOCATION: US 27 North  
 Sebring, Florida

COUNTY: Highlands

PERMIT NUMBER: FLA014387

LIMIT: Final

CLASS SIZE: minor  
 Facility ID: FLA014384

DISCHARGE POINT NUMBER:  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]

Type of Effluent Disposal: Perk Pond

REPORT: Monthly

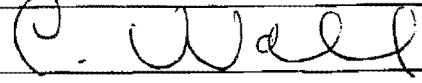
GROUP: Domestic

MONITORING PERIOD From: 10/1/08

To: 10/31/08

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
Flow,		.022	.024	mgd				0		
PARM Code 50050 1 Monthly Average Daily	Sample Measurement	Report Monthly Avg.	Permitted Capacity	mgd						
CBOD5, Influent	Sample Measurement				108.0	108.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement				116.0	116.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement				2.7	2.7	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement				1.4	1.4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement				Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement				1.0U	1.0U	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml	Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	11/20/08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller  
 MAILING ADDRESS: 3625 Valerie Blvd  
 Sebring, Florida 33870  
 FACILITY LOCATION: Fairmount Mobile Estates  
 US 27 North  
 Sebring, Florida

PERMIT NUMBER: FLA014387  
 LIMIT: Final  
 CLASS SIZE: minor  
 Facility ID: FLA014384  
 DISCHARGE POINT NUMBER:  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 Type of Effluent Disposal: Perk Pond

REPORT: Monthly  
 GROUP: Domestic

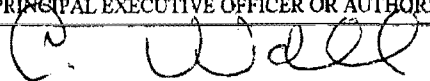
COUNTY: Highlands

MONITORING PERIOD From: 11/1/08

To: 11/30/08

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,		.023	.028	mgd					0		
PARM Code 50050 1 Monthly Average Daily	Sample Measurement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					495.0	495.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					290.0	290.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					4.3	4.3	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					2.4	2.4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0U	1.0U	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	12/20/08

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):



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

When Completed mail this report to: Department of Environmental Protection

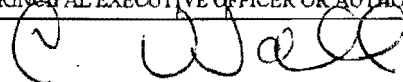
PERMITTEE: Rodger Miller  
 NAME:  
 MAILING ADDRESS: 3625 Valerie Blvd  
 Sebring, Florida 33870  
 FACILITY: Fairmount Mobile Estates  
 LOCATION: US 27 North  
 Sebring, Florida

PERMIT NUMBER: FLA014387  
 LIMIT: Final  
 CLASS SIZE: minor  
 Facility ID: FLA014384  
 DISCHARGE POINT NUMBER:  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 Type of Effluent Disposal: Perk Pond  
 REPORT: Monthly  
 GROUP: Domestic  
 MONITORING PERIOD: From: 12/1/08  
 To: 12/31/08

COUNTY: Highlands

Parameter		Quantity or Loading			Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum				
Flow,		.025	.030	mgd					0		
PARM Code 80050 1 Monthly Average Daily	Permit Requirement	Report Monthly Avg.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					142.0	142.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					187.0	187.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					4.1	4.1	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					8.4	8.4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0U	1.0U	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	1/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

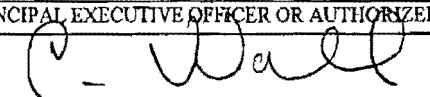
DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME: Rodger Miller  
 MAILING ADDRESS: 3625 Valerie Blvd  
 Sebring, Florida 33870  
 FACILITY LOCATION: Fairmount Mobile Estates  
 US 27 North  
 Sebring, Florida  
 COUNTY: Highlands  
 PERMIT NUMBER: FLA014387  
 LIMIT: Final  
 CLASS SIZE: minor  
 Facility ID: FLA014384  
 DISCHARGE POINT NUMBER:  
 PLANT SIZE/TREATMENT TYPE: III/C  
 NO DISCHARGE FROM SITE: [ ]  
 Type of Effluent Disposal: Perk Pond  
 MONITORING PERIOD: From: 1/1/09  
 REPORT: Monthly  
 GROUP: Domestic  
 To: 1/31/09

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
		Average	Maximum	Units	Minimum	Average	Maximum				Units
Flow,		.029	.032	mgd				0			
PARM Code 50050 1 Monthly Average Daily	Sample Measurement										
	Permit Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					435.0	435.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					524.0	524.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					3.2	3.2	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					3.8	3.8	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0u	1.0u	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	2/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)

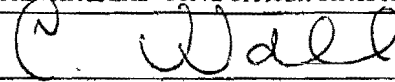
FACILITY NAME: Fairmount Mobile Estates  
 Month/Year: JANUARY 2009 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH	Sample Measurement				6.8		7.4	S.U.	0	
	PARM Code 00400 1 Minimum	Permit Requirement			6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual	Sample Measurement				.7			mg/L	0	
	PARM Code 050060 1 Effluent Gross Value	Permit Requirement			Minimum			mg/L		
Nitrate (as N) (If required in the permit)	Sample Measurement						.85	mg/L	0	Monthly Grab
	PARM Code 00620 1 Effluent Gross Value	Permit Requirement			12 mg/L		12.0	mg/L		Monthly Grab
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement							mg/L	0	
	PARM Code 000600 1 Effluent Gross Value	Permit Requirement					Report Daily Max.	mg/L		
Turbidity (If required in the permit)	Sample Measurement								0	
	Permit Requirement						Report Daily Max.	N.T.U.		

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	2/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

P. 7  
10

DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: JANUARY 2009

County: Highlands

Three Month Average Daily Flow: .026

Daily Flow % of Permitted Capacity: 65%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O <sub>2</sub> )	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O <sub>2</sub> )	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Conn	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.028	1.1								7.2			
2	.030	.9								7.0			
3	.028	1.2								7.1			
4	.030												
5	.030	.9								7.0			
6	.032	.7								6.8			
7	.030	.8								6.9			
8	.028	.9								7.0			
9	.028	1.1								7.2			
10	.030	1.6								7.4			
11	.030												
12	.030	1.3								7.2			
13	.027	1.0								7.0			
14	.026	.8								6.8			
15	.027	1.1								7.0			
16	.028	1.3	435.0	524.0	3.2	3.8	.85		1.0U	7.2		G	1120
17	.030	1.0								7.0			
18	.030												
19	.030	.8								6.9			
20	.032	1.1								7.1			
21	.029	.9								7.0			
22	.030	1.2								7.2			
23	.028	1.0								7.0			
24	.028	1.3								7.1			
25	.027												
26	.027	1.0								6.9			
27	.028	1.2								7.1			
28	.027	1.1								7.0			
29	.029	.9								6.8			
30	.027	.8								6.9			
31	.029	1.0								7.1			

PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: C Certificate No: 6184 Name: Charlie Wall

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: \_\_\_\_\_

Attach additional sheets if necessary to list all certified operators.



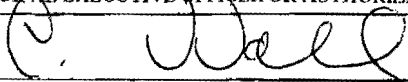
**DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A**

When Completed mail this report to: Department of Environmental Protection

PERMITTEE NAME:	Rodgar Miller	PERMIT NUMBER:	FLA014387
MAILING ADDRESS:	3625 Valerie Blvd Sebring, Florida 33870	LIMIT:	Final
FACILITY:	Fairmount Mobile Estates	CLASS SIZE:	minor
LOCATION:	US 27 North Sebring, Florida	Facility ID:	FLA014384
COUNTY:	Highlands	DISCHARGE POINT NUMBER:	
		PLANT SIZE/TREATMENT TYPE:	III/C
		NO DISCHARGE FROM SITE:	[ ]
		Type of Effluent Disposal:	Perk Pond
		MONITORING PERIOD:	From: 2/1/09
			To: 2/28/09

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,		.032	.036	mgd					0		
PARM Code 50050 1 Monthly Average Daily	Permit .040 Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					455.0	455.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					292.0	292.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					7.7	7.7	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					5.4	5.4	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					3.0	3.0	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

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NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	3/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued)


FACILITY NAME: Fairmount Mobile Estates  
 Month/Year: FEBRUARY 2009 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH PARM Code 00400 1 Minimum	Sample Measurement				6.8		7.4	S.U.	0	
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				.7			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement						.06	mg/L	0	Monthly Grab
	Permit Requirement				12 mg/L		12.0	mg/L		Monthly Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement							mg/L	0	
	Permit Requirement						Report Daily Max.	mg/L		
Turbidity (If required in the permit)	Sample Measurement								0	
	Permit Requirement						Report Daily Max.	N.T.U.		

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Charlie Wall / Operator		(863) 465-6911	3/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

### DAILY SAMPLE RESULTS - PART B

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: FEBRUARY 2009

County: Highlands

Three Month Average Daily Flow: .029

Daily Flow % of Permitted Capacity: 73%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O <sub>2</sub> )	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O <sub>2</sub> )	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Conn	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.030												
2	.030	.9								6.9			
3	.028	1.1								7.1			
4	.030	1.0								6.9			
5	.028	.7								6.8			
6	.026	.9								7.0			
7	.028	1.3								7.2			
8	.030												
9	.030	.8								6.9			
10	.032	1.0								7.1			
11	.033												
12	.033	.9								7.0			
13	.032	1.2	455.0	292.0	7.7	5.4	.06		3.0	7.2		G	1120
14	.033	1.1								7.1			
15	.032	.8								6.9			
16	.033	1.0								7.1			
17	.030	1.2								7.0			
18	.033	1.3								7.2			
19	.032	1.6								7.4			
20	.033	1.2								7.2			
21	.032	1.0								7.0			
22	.033												
23	.033	.7								6.8			
24	.034	.9								7.0			
25	.036	.8								6.9			
26	.033	1.1								7.1			
27	.032	.9								6.9			
28	.033	1.0								7.0			
29													
30													
31													

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>6184</u>	Name: <u>Charlie Wall</u>

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: \_\_\_\_\_

Attach additional sheets if necessary to list all certified operators.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection

PERMITTEE  
NAME:  
MAILING  
ADDRESS:

Rodger Miller  
3625 Valerie Blvd  
Sebring, Florida 33870

PERMIT NUMBER:

FLA014387

LIMIT:

Final

REPORT:

Monthly

CLASS SIZE:

minor

GROUP:

Domestic

Facility ID:

FLA014384

FACILITY:  
LOCATION:

Fairmount Mobile Estates  
US 27 North  
Sebring, Florida

DISCHARGE POINT NUMBER:

III/C

PLANT SIZE/TREATMENT TYPE:

III/C

NO DISCHARGE FROM SITE:

[ ]

Type of Effluent Disposal

Perk Pond

COUNTY: Highlands


MONITORING PERIOD

From: 3/1/09

To: 3/31/09

Parameter		Quantity or Loading			Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Flow,		.035	.044	mgd					0		
PARM Code 50050 1 Monthly Average Daily	Permit .040 Requirement	Report Monthly Ave.	Permitted Capacity	mgd							
CBOD5, Influent	Sample Measurement					608.0	608.0	mg/L	0	Monthly	Grab
PARM Code 80082 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Influent	Sample Measurement					424.0	424.0	mg/L	0	Monthly	Grab
PARM Code 00530 G Influent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
CBOD5, Effluent	Sample Measurement					2.0u	2.0u	mg/L	0	Monthly	Grab
PARM Code 80082 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
TSS, Effluent	Sample Measurement					9.6	9.6	mg/L	0	Monthly	Grab
PARM Code 00530 1 Effluent Gross Value	Permit Requirement					Report Monthly Average	Report Daily Maximum	mg/L		Monthly	Grab
Coliform, Fecal	Sample Measurement					1.0u	1.0u	#/100 ml	0	Monthly	Grab
PARM Code 031616 1 Effluent Gross Value	Permit Requirement				Report Weekly Average	Report Monthly Average	Report Daily Maximum	#/100 ml		Monthly	Grab

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	4/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

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**DISCHARGE MONITORING REPORT - PART A (Continued)**

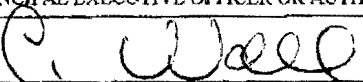
FACILITY NAME: Fairmount Mobile Estates  
 Month/Year: MARCH 2009 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH PARM Code 00400 1 Minimum	Sample Measurement				6.7		7.3	S.U.	0	
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual PARM Code 050060 1 Effluent Gross Value	Sample Measurement				.7			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit) PARM Code 00620 1 Effluent Gross Value	Sample Measurement						.03	mg/L	0	Monthly Grab
	Permit Requirement				12 mg/L		12.0	mg/L		Monthly Grab
Nitrogen, Total (as N) (If required in the permit) PARM Code 000600 1 Effluent Gross Value	Sample Measurement							mg/L	0	
	Permit Requirement						Report Daily Max.	mg/L		
Turbidity (If required in the permit)	Sample Measurement								0	
	Permit Requirement						Report Daily Max.	N.T.U.		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	4/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DAILY SAMPLE RESULTS - PART B**

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: MARCH 2009

County: Highlands

Three Month Average Daily Flow: .032

Daily Flow % of Permitted Capacity: 80%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O2)	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O2)	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Comm	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.033												
2	.033	1.3								7.2			
3	.031	1.0								7.0			
4	.034	1.2								7.1			
5	.034	.9								6.9			
6	.033	1.1								7.0			
7	.034	1.4								7.2			
8	.036												
9	.036	1.2								7.1			
10	.036	.9								6.9			
11	.034	.7								6.7			
12	.036	.8								6.9			
13	.034	1.0	608.0	424.0	2.0u	9.6	.03		1.0u	7.1		G	1120
14	.036	1.4								7.3			
15	.033												
16	.033	1.0								7.1			
17	.034	.8								6.9			
18	.036	.9								7.0			
19	.034	1.2								7.2			
20	.036	1.0								7.0			
21	.038	.8								6.8			
22	.040												
23	.040	.9								7.0			
24	.036	1.1								7.2			
25	.040	1.0								7.0			
26	.048	.7								6.8			
27	.044	.9								7.0			
28	.030	1.1								7.2			
29	.033												
30	.033	.7								6.9			
31	.030	.9								7.1			

PLANT STAFFING:

Day Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator Class: C Certificate No: 6184 Name: Charlie Wall

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: \_\_\_\_\_

Attach additional sheets if necessary to list all certified operators.

**DAILY SAMPLE RESULTS - PART B**

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: OCTOBER 2008  
 Three Month Average Daily Flow: .020

County: Highlands  
 Daily Flow % of Permitted Capacity: 50%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O <sub>2</sub> )	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O <sub>2</sub> )	TSS, Effluent (mg/L)	NO, Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Comm	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000500	031616	00400			
1	.020	1.1								7.1			
2	.020	.9								6.9			
3	.018	1.0								7.0			
4	.020	1.3								7.2			
5	.022												
6	.022	1.0								7.0			
7	.022	.8								6.9			
8	.021	.9								7.0			
9	.022	.7								6.8			
10	.020	.8	108.0	116.0	2.7	1.4	.08		1.0U	7.0		G	1120
11	.022	1.1								7.2			
12	.022												
13	.022	.9								7.0			
14	.023	.7								6.9			
15	.021	.8								6.8			
16	.022	.9								7.0			
17	.022	1.1								7.2			
18	.021	1.6								7.4			
19	.022												
20	.022	1.2								7.2			
21	.021	1.0								7.0			
22	.022	1.1								7.1			
23	.021	1.2								7.1			
24	.023	1.0								7.1			
25	.024	1.3								7.2			
26	.023												
27	.023	.8								7.2			
28	.024	.9								7.1			
29	.023	.7								7.0			
30	.021	.8								7.1			
31	.023	1.0								7.0			

**PLANT STAFFING:**

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: <u>C</u>	Certificate No: <u>6184</u>	Name: <u>Charlie Wall</u>

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_

Limited Wet Weather Discharge Activated: Yes No Not Applicable If yes, cumulative days of wet weather discharge: \_\_\_\_\_

Attach additional sheets if necessary to list all certified operators.

**DAILY SAMPLE RESULTS - PART B**

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: NOVEMBER 2008  
 Three Month Average Daily Flow: .022

County: Highlands  
 Daily Flow % of Permitted Capacity: 55%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O <sub>2</sub> )	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O <sub>2</sub> )	TSS, Effluent (mg/L)	NO <sub>x</sub> Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample (G=grab C=Conn)	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.020	1.2								7.2			
2	.022												
3	.022	1.0								7.1			
4	.021	.8								7.0			
5	.022	.9								7.1			
6	.024	.7								7.1			
7	.028	1.1								7.1			
8	.027												
9	.027	.9								7.0			
10	.022	1.0								7.1			
11	.024	.8								6.9			
12	.023	.6								6.7			
13	.022	.9								6.9			
14	.023	1.1	495.0	290.0	4.3	2.4	.16		1.0U	7.0		G	1120
15	.022	.8								6.8			
16	.021												
17	.021	.8								6.9			
18	.023	1.0								7.0			
19	.020	.7								6.8			
20	.022	.9								7.0			
21	.020	.7								6.8			
22	.023	1.0								7.0			
23	.022												
24	.022	.7								6.8			
25	.024	.9								7.0			
26	.022	.8								6.8			
27	.023	1.0								7.0			
28	.025	.8								6.8			
29	.024	.9								7.0			
30													
31													

PLANT STAFFING:

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator      Class: C Certificate No: 6184 Name: Charlie Wall

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: If yes, cumulative days of wet weather discharge: \_\_\_\_\_

Attach additional sheets if necessary to list all certified operators.



**DISCHARGE MONITORING REPORT - PART A (Continued)**


FACILITY NAME: Fairmount Mobile Estates  
 Month/Year: DECEMBER 2008 COUNTY: Highlands

PERMIT NUMBER: FLA014389

DISCHARGE POINT NUMBER:

Parameter		Quantity or Loading			Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
		Average	Maximum	Units	Minimum	Average	Maximum			
pH	Sample Measurement				6.8		7.4	S.U.	0	
	Permit Requirement				6.0 Minimum		8.5 Daily Max	S.U.		
Chlorine, Total Residual	Sample Measurement				.7			mg/L	0	
	Permit Requirement				Minimum			mg/L		
Nitrate (as N) (If required in the permit)	Sample Measurement						.18	mg/L	0	Monthly
	Permit Requirement						12.0	mg/L		Monthly
Nitrogen, Total (as N) (If required in the permit)	Sample Measurement							mg/L	0	
	Permit Requirement						Report Daily Max.	mg/L		
Turbidity (If required in the permit)	Sample Measurement								0	
	Permit Requirement						Report Daily Max.	N.T.U.		

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein, and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	PHONE NO:	DATE: YY/MM/DD
Charlie Wall / Operator		(863) 465-6911	1/20/09

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

**DAILY SAMPLE RESULTS - PART B**

Facility Name: Fairmount Mobile Estates

Permit Number: FLA014389

DISCHARGE POINT NUMBER:

Month/Year: DECEMBER 2008  
 Three Month Average Daily Flow: .023

County: Highlands  
 Daily Flow % of Permitted Capacity: 58%

Days Of The Month	Flow (MGD)	Chlorine Residual After Contact	CBOD, Influent (mg/L as O <sub>2</sub> )	TSS, Influent (mg/L)	CBOD, Effluent (mg/L as O <sub>2</sub> )	TSS, Effluent (mg/L)	NO <sub>x</sub> Effluent (mg/L as N)	Total N Effluent (mg/L as N)	Fecal Coliform (#/100)	PH Effluent (Daily)	Turbidity (N.T.U.)	Type of Sample G=grab C=Contn	Time of Sample
Code	50050	050060	80082	00530	80082	00530	00620	000600	031616	00400			
1	.022	1.3								7.2			
2	.023	1.0								7.0			
3	.022	1.1								7.1			
4	.024	.9								6.9			
5	.023	1.0								7.0			
6	.024	1.3								7.2			
7	.024												
8	.024	1.1								7.0			
9	.026	.9								6.9			
10	.023	1.2								7.1			
11	.021	1.0								7.0			
12	.022	1.3	142.0	187.0	4.1	8.4	.18		1.0U	7.2		G	1120
13	.023	1.1								7.1			
14	.021												
15	.021	.9								7.0			
16	.023	.7								6.8			
17	.021	.9								6.9			
18	.020	1.1								7.1			
19	.022	.9								6.9			
20	.024	1.4								7.1			
21	.026												
22	.026	1.2								7.2			
23	.028	1.0								7.0			
24	.028	1.6								7.2			
25	.030	1.2								7.0			
26	.028	1.4								7.2			
27	.030	1.8								7.4			
28	.030												
29	.030	1.1								7.0			
30	.028	.8								6.8			
31	.030	.9								7.0			

**PLANT STAFFING:**

Day Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Evening Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Night Shift Operator      Class: \_\_\_\_\_ Certificate No: \_\_\_\_\_ Name: \_\_\_\_\_  
 Lead Operator      Class: C Certificate No: 6184 Name: Charlie Wall

Type of Effluent Disposal or Reclaimed Water Reuse: \_\_\_\_\_  
 Limit  Wet Weather Discharge Activated: Yes No Not Applicable: \_\_\_\_\_ If yes, cumulative days of wet weather discharge: \_\_\_\_\_  
 Attach additional sheets if necessary to list all certified operators. \_\_\_\_\_