

SCANNED

CLASS B WATER AND/OR WASTEWATER UTILITIES

FINANCIAL, RATE AND ENGINEERING MINIMUM FILING REQUIREMENTS

OF

Company: Indiantown Company, Inc.

Exact Legal Name of Utility

VOLUME IIIa



FOR THE

Test Year Ended: December 31, 2003

MMS ____ RCA ___ SCR ___ SEC ___

OTH

GCL ____

CMP ____ COM ____ CTR ___ ECR l

DOCUMENT KUMBER-DATE

FPSC-COMMISSION CLERK

INDIANTOWN COMPANY, INC.

Financial, Rate and Engineering Minimum Filing Requirements Index

Volume Volume
Number Schedule

IIIa (A) Copies of water and wastewater plant operating reports for the test year (2003).

perator seven days per v pending on the type and epresentative at least fi pen the plant is <u>not</u> in o	se staffed by a certifiveek; Class C plants capacity of treatment ve days per week. I	In Ho.: Monthly Operation Report for Polic W Systems than Use Ground Water and Connecutive Public West and Treat Their W Police Date: December 19, 1 If med in by If must be staffed/visited by a certification that the plant; and Class O plants The one day per week that a Class O plants or days per week that a Class O plant
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Class A plants must be perator seven days per vending on the type and epresentative at least finen the plant is <u>not</u> in operation of the plant is <u>not</u> in operation.	ne staffed by a certifiveek; Class C plants capacity of treatmented to days per week. I peration; and the two	lied operator 24 hours per day for must be staffed/visited by a certification to the plant; and Class D plants the one day per week that a Class D p days per week that a Class D p
perator seven days per v pending on the type and epresentative at least fi nen the plant is <u>not</u> in operation	ne staffed by a certifiveek; Class C plants capacity of treatmented to days per week. I peration; and the two	fied operator 24 hours per day for must be staffed/visited by a certification to the plant; and Class D plants the one day per week that a Class D plants of days per week that a Class D p
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perator seven days per v pending on the type and epresentative at least fi nen the plant is <u>not</u> in operation	veek; Class C plants capacity of treatmen ve days per week. To peration; and the two	must be staffed/visited by a certi nt at the plant; and Class D plants The one day per week that a Class o days per week that a Class D p
Owner, System Type, S		o System, and Population Served I
<u>r</u> 	PWS Ident	tilication No.: 4430667
2.	Tolenhone	No. 561-597-2121
.O. Box 397	· · · · · · · · · · · · · · · · · · ·	140**
	State: F	1 Zip Code: 34956
onth:	1,760 5,280	
Plant Category and Clas	s, and Plant Operator	 IS
	Telephone	No.: 561-597-2121
Box 397		
000	State: <u>F</u>	1 Zip Code: <u>34956</u>
·		
4-c		
.ertificate Number	Clásella B Camen	Däy(s)/Shift(s) Wörked
		2 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
	В	<u> </u>
f necessary):		
Certificate: Number 8:38 1	ClassilA&B&CoffD)	Day(s)/Shift(s) Worked
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316		5
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	O. Box 397 ly; I non-community; I noth: lant Category and Class pany Box 397 200 gpd 4-c ettificate Number 21 necessary): ertificate Number	PWS Iden Telephone O. Box 397 State: F By: Doon-community; Doonsecutive 1. 760 Inth: 5, 280 Iant Category and Class, and Plant Operator Box 397 State: F DOO gpd 4-c ettificate Number Class A.B.C. of D necessary): ertificate: Number Class (A, B, C, of D 15 A 16 B 49 C

and aboutton report for conic mater additions that are ground	
and for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
System PWS Identification Number: 4430667	Systems that Use Ground Water and for Consecutive Public Water Systems that
2)3tem 1 No identification function — 44,5006 /	
Treatment Plant Name:Indiantown Water Company	Effective Date: December 19, 1994
	Effective Date: December 19, 1994
Reporting Month/Year: JANUARY, 2003	DEP Application No.:
	[Filled in by DEP] -

• Reporting Month/Year: JANUARY, 2003

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant:

☐ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide

Summary of Daily Water Treatment Data for Reporting Month:

í			Lowest Residual Disinfectant	Resid	dual Disinfectant in Distribut	ion System	Reported Emergency
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	18	568,000	2.1	0.4			
2	16	511,000	2.0	0.3			
3	15	523,000	2.0	0.2			
4	16	471,000	2.0	0.3			
5	16	531,000	1.0	0.3			
6	17	559,000	1.1	0.3			
7	19	551,000	2.6	0.2			
В	16	520,000	2.1	0.4			
9	6	528,000	1.4	0.3			
10	11	542,000	1.4	0.3	·		
11	18	544,000	2.0	0.4			
12	17	581,000	2.3	0.4			
13	19	620,000	2.5	0.6			
14	17	549,000	2.5	0.4			
15	18	571,000	2.6	0.4	·		
16	19	657,000	4.0	0.2	6	0.3	
17	21	587,000	2.1	0.4			
18	18	554,000	3.0	0.2			
19	16	552,000	3.4	0.2			
20	18	590,000	2.9	0.4			
21	18	583,000	2.8	0.4			
22	19	620,000	2.0	0.3			
23	19	596,000	2.8	0.6			
24	17	559,000	2.5	0.4			
25	17	548,000	3.5	0.6			
26	19	684,000	3.5	0.6			
27	22	699,000	3.5	0.4			
28	17	582,000	2.4	1.0			
29	20	600,000	2.6	0.2			

-tine	nt Plani		Number: 443066 Indiantown JANUARY,200	n Water.	Company		Effective Date	t: Dec	reet Their Water ember 19, 1994
i ciri	וווטואו	1/1691.	JANUARI 12,00				ОЕТ Аррисан		Filled in by DEF; _
er in			i i i i i i i i i i i i i i i i i i i						
				Lowest Residual	Resid	val Disinfectant	in Distributi	on System	Reparted
	Day	Hours	Quantity of Finished	Disinfectant Concentration at	ens allementati	Number of I	2012/2011	Lowest Residual	Emergency or
12	of the	Plant in	Water Produced by	Entry to	Lowest Residual Disinfectant	Where R	COCCOMENTAL CONTRACTOR OF CONT	Disinfectant	Abnormal
	Month	Operation	Plant (gallons)	Distribution				Concentration at To	
				System (mg/L)*	Remote Point	Táken at Tót	***************************************	Coliform Sampling	Conditions
					(mg/L)	Sampling	Points	Points (mg/L)	
1	30	19	617,000	2.6	0.8				
۱.	31	. 19	602,000	3.1	0.4				
-	Toțal	XXXXXXX	17,799,000	XXXXXXXXXX	XXXXXXXXXX			XXXXXXXXXXXX	XX XXXXX
	Avg.	XXXXXXX	574,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXX	XXXXXXXXXXXX	
		XXXXXXX	699,000 e residual disinfectant co					XXXXXXXXXXXX	
	555. † if at		C. ne residual disinfectant co	oncentration in the	e distribution syste	em drops below	r the equivale		ee available
E	555. If at chlor conc telep UMMA PICHLI ach yea	any time the contraction is the contraction in the contraction in the contraction is the contraction in the contraction in the contraction is the contraction in the	C. the residual disinfectant content increase the chloring at least equivalent to 0.0 at least equivalent to R. 24 hours pursuant to R. SE, AT WATER TREAN, AND/OR IRON AND	oncentration in the e dose and/or flus 2 mg/L of free avoide 62-555.350(3), TMENT PLANT ND MANGANES	e distribution system of the appropriate portained and frame of the system of the syst	em drops below tions of the dist d notify the De R CONTAININ	r the equivalential tribution systemation of statement or statement of the	ont of 0.2 mg/L of from the second of the superopriate ACPI MIDE, POLYMER for the reporting ma	ee eveileble disinfectant dU by wire or CONTAININ onth of Decemi
E	555. If at chlor concerned telepoone UMMA PICHLI ach year	any time the incention is some within the within the control of th	C. he residual disinfectant co ately increase the chlorin at least equivalent to 0 24 hours pursuant to R GE, AT WATER TREA	oncentration in the e dose and/or flus 2 mg/L of free avoide 62-555.350(3), TMENT PLANT ND MANGANES	e distribution system of the appropriate portained and frame of the system of the syst	em drops below tions of the dist d notify the De R CONTAININ	r the equivalential tribution systemation of statement or statement of the	ont of 0.2 mg/L of from until the residual the appropriate ACP/	ee eveilable disinfectant AU by wire or CONTAININ onth of Decemb
E	555. If at chlor conc telep UMMA PICHLI ach yea is any level in	any time the cine, immedia in immedia in interestion is other within the polymer control the polymer control the polymer.	C. the residual disinfectant contelly increase the chloring at least equivalent to 0.0 at least equivalent to R. SE, AT WATER TREATION, AND/OR IRON	oncentration in the e dose and/or flus 2 mg/L of free av. vle 62-555.350(3), TMENT PLANT ND MANGANES ylamide used at the	e distribution system appropriate portuitable chlorine and F.A.G. T, OF POLYMER SE SEQUESTRAL	em drops below tions of the dist d notify the De R CONTAININ NT (complete to 7	r the equivalent interpretation systematical	ant of 0.2 mg/L of from until the residual the appropriate ACPI MIDE, POLYMER for the reporting many many many many many many many many	ee evailable disinfectant HU by wire or CONTAININ onth of Decemb
E ei	555. If at chlor concertelep UMMA PICHLI Bech year Is any Ievel in print Is any	any time the cine, immedia centration is contration is contration is contration for the polymer contration for many drinking polymer contration for many drinking polymer contration for the polymer contration for many drinking polymer contration for the polymer contration in the polymer contration in the polymer contration is the polymer contration for the polymer contration is the polymer contration in the polymer contration in the polymer contration is the polymer contration in the polymer contra	C. the residual disinfectant contelly increase the chloring at least equivalent to 0.0 at least equivalent to R. SE, AT WATER TREATION, AND/OR IRON	oncentration in the e dose and/or flus 2 mg/L of free avoide 62-555.350(3), at TMENT PLANT ND MANGANES ylamide used at the ppm* The may be based onomer level for a cles 62-550.310(2), chlorohydrin used	e distribution system of appropriate portal and the polymer more treatment plant on the polymer morylamide exceeds (dd) and 62-550.32	em drops belowions of the dist d notify the De CONTAININ T (complete to COUNTAININ T (complete to COUNTAINININ T (complete to COUNTAININININININININININININININININININI	r the equivalent into the equivalent in systemate or syst	ant of 0.2 mg/L of from until the residual the appropriate ACP/ MIDE, POLYMER for the reporting manager dose and a manager on third-party certificant of the continuous continuous continuous continuous certificant certifica	disinfectant Ontains CONTAININ onth of December the acrylamide

THE CHIESENALISE CHAIRE CHAIRE AND ADDITION AND ADDITIONAL AND ADD	Systems that Use Ground		orm No.: 62-555.9100 Tilla: Monthly Operation Report for Fublic Water
for Consecutive Public Water Systems PWS Identification Number: 4430667	s mar iteat their water	Tom:	Systems that Use Ground Water and for Consecutive Public Water Systems the
ent Plant Name: <u>Indiantown Water</u>		Ellaci	Treat Their Wat
ng Month/Year: FEBRUARY, 200	03		ipplication No.:
	(CO)P		Filled In by DE
er to Chapter 62-699, F.A.C., for plant staffing requiver to chapter 62-699, F.A.C., for plant staffing requiver week; Class B plants must be staffed by a catter seven days per visited/checked by a certified operator and/or water to may not be staffed/visited should, if possible, be to not be visited/checked should, if possible, be days ration six or seven days per week.	ertilied operator seven days per v week depending on the type and system representative at least li a day when the plant is <u>not</u> in o	week; Class C plants capacity of treatma ve days per week. peration; and the tw	s must be staffed/visited by a certifie ent at the plant; and Class D plants n The one day per week that a Class (vo days per week that a Class D plan
ENERAL WATER SYSTEM AND WATER T	ŔEATMENT PLANT INFORM	ATION	
Vater System Name and PWS Identification Number			to System and Population Served by
ystem*	, of otom owner, of otom Type, t	or nee onniections	to overent our i namentati serven na
Name:Indiantown Water Co	mpany	PWS Iden	ntification No.: 4430667
Name: Indiantown Compan Address: 15851 S.W. Farms Rd City: Indiantown,	<u>-</u>	Telephone	
		Stale: F	1. Zip Code: <u>34956</u>
System Type: 🗷 community; 🗆 non-transient nor	•	onsecutive 2	
Number of Service Connections at End of Reporti	ng Month:	760	
Total Population Served by System at End of Rep	porting Month:	80	
<u> Nater Treatment Plant Name, Permitted Capacity o</u>	of Plant, Plant Category and Class	, and Plant Operator	<u>15</u>
<u>Treatment Plant</u> Name: Indiantown Water		Telephone	e No.: 561-597-2121
Address: 15851 SW. Farms Rd./	P.O. Box 397	Ciara Ti	7 0 1 24056
Address: 15851 SW. Farms Rd./City:		State: F	1 Zip Code: <u>34956</u>
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1,	, 296 , 000 gpd	State: F	1 Zip Code: <u>34956</u>
Address: 15851 SW. Farms Rd./ City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3)	, 296 , 000 gpd	State: F	1 Zip Code: 34956
Address: 15851 SW. Farms Rd./ City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3)	, 296 , 000 gpd	State: F	1 Zip Code: <u>34956</u>
Address: 15851 SW. Farms Rd./ City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3)	, 296 , 000 gpd , F.A.C.: 4-C	State: F	
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator:	, 296 , 000 gpd , F.A.C.: 4-C		
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator: Name James Hewitt	, 296,000 gpd , F.A.C.: 4-C Certificate Number 3821	Class (A. B. C. or D	Dáyls)/Shift(š) Worked
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator: Name James Hewitt	, 296,000 gpd , F.A.C.: 4-C Certificate Number 3821 sheets if necessary):	Class (A. B. C. or D	Dayls)/Shift(s) Worked
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional	, 296,000 gpd , F.A.C.: 4-C Certificate Number 3821 sheets if necessary):	Class (A. B. C. or D B	Dayls)/Shift(s) Worked
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional	, 296, 000 gpd , F.A.C.: 4-C Certificate Number 3821 sheets if necessary):	Cláss (A. B. C. or D B Class (A, B. C. or D)	Dáyls Shift(s) Worked 5 Day(s) Shift(s) Worked
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional Name) Dean Smiley	Certificate Number 3821 sheets if necessary): Certificate Number 5715	Class (A. B. C. or D B Class (A. B. C. or D) A	Day(s)/Shift(s) Wörked 5 Day(s)/Shift(s) Wörked 2
Address: 15851 SW. Farms Rd./City: Permitted Maximum Day Capacity of Plant: 1. Plant Category and Class per Rule 62-699.310(3) Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional Name Dean Smiley Don Johnson	Certificate Number 3821 sheets if necessary): Certificate Number 2816	Class (A. B. C. or D B Class (A. B. C. or D) A B	Day(s)/Shift(s) Worked 5 Day(s)/Shift(s) Worked 2 5

	DET FORM No.: \$2-655.910(3)
and for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
	Systems that Use Ground Weter and for
System PWS Identification Number: 4430667	Consecutive Public Water Systems that
Treatment Plant Name:Indiantown Water-Company	Treat Their Water
	Effective Date: December 19, 1994
Reporting Month/Year: FEBRUARY, 2003	DEP Application Ho.:
IDDROAKI72003	(Filled in by DEF)
به در در به در به ماهیمانشان بر براه ما در ماهیمان به براهی به میشود و به بیشتان به میشود و بیشتان به بیشتان به میشود و بیشتان به بیشتان	The state of the s

■Reporting Month/Year:	FEBRUARY, 2003
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- Type of Residual Disinfectant Maintained in Distribution System Served by Plant:
 ☐ free chlorine; ☐ combined chlorine (chloremine);
 ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Daγ	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resid	lual Disinfectant in Distribut	ion System	Reported Emergency
of the Month	Plant in	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L):	Lowest Residual Disinfectant Concentration at Remote Point Img/Li	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)'	or Abnörmal Operating Conditions
1	19	588,000	2.7	0.6			
2	19	618,000	1.6	0.4			
3	. 19	626,000	2.0	0.3			
·4	20	616,000	2.3	1.5			
_5	18	610,000	2.4	0.2.	6	0.2	
6	15	549,000	1.8	0.6			
7	18	597,000	2.0	0.4			
8	17	586,000	2.4	0.7			
9	18	594,000	2.5	0.4			
10	20	660,000	2.5	0.5			· ·
11	19	614,000	2.6	0.4	·		
12	20	628,000	4.0	0.8			
13	19	615,000	3.3	1.5			
14	18	699,000	4.0	1.0	·	Hydran	V Flush
15	20	688,000	4.0	1.5			
16	21	653,000	4.0	0.8			
17	19.	589,000	2.6	1.4			
18	17	553,000	2.5	0.6			
19	21	581,000	2.3	1.4			
20	19	592,000	2.0	0.8			
21	16	530,000	2.7	1.3			
22	16	527,000	1.5	0.2			
23	18	570,000	1.7	0.4			
24	17	566,000	1.6	0.2		. •	
25	19	581,000	2.6	0.4			
26	17	572,000	2.0	0.4			
27	18	601.000	2.4	0.5			
28	24	670,000	2.6	0.5			
29							

A Operation Report for Public Water Systems that Use Ground Water	DEP Form No.: 62-555.910(3)
ad for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for
ystem PWS Identification Number: 4430667	Consecutive Public Water Systems that
Treatment Plant Name: Indiantown Water Company	Treat Their Water Effective Date: December 19, 1994
Reporting Month/Year: FEBRUARY, 2003	DEP Application No.: [Filled in by DEF;
	(Filled Jrt dy. OEF,

Dell	Vene	Quality of Spirhad	Lowest Residual Disinfectant	Resid	ual Disinfectant in Distributi	ion System	Reparted Emergency
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Entry to	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)	or Abnormal Operating Conditions
30							
31							<u> </u>
Total	XXXXXXX	16.873.000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX		XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX	699,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX

uı.	SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLEPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUED Each year)		
	• Is any polymer containing the monomer <u>acrylamide</u> used at the treatmen level in the polymer are as follows:	l plant? If yes, the polymer	dose and the acrylamide
	Polymer Dose - ppm*	Acrylamide Level -	% •
j B	 The acrylamide level provided on this form may be based on the poly combination (or product) of dose and monomer level for acrylamide e. primary drinking water standards per Rules 62-550.310(2)(d) and 62- 	xceeds 0.05% dosed at 1 ppm (or equivalent)	
	Is any polymer containing the monomer epichlorohydrin used at the trea	tment plant? If yes, the poly	rmer dose and the
_	epichlorohydrin level in the polymer are as follows:		
	Folymer Doseppm°	Epichlorohydrin Level -	
	• The epichlorohydrin level provided on this form may be based on the the combination (or product) of dose and monomer level for epichlorous of State primary dripking water standards per Bules 62,550,310/200	phydrin exceeds 0.01% dosed at 20 ppm (or	

	· · · · · · · · · · · · · · · · · · ·		The state of the s
nthly Operation Report for Public Water S nd for Consecutive Public Water Systems em PWS Identification Number: 4430667		Water Dep Form Tit	n No.: 62-555.910(3) le: Monthly Operation Report for Fullic Water Systems that Use Ground Water and for Consecutive Public Water Systems that
tment Plant Name: Indiantown Water	Company	Effective	Treat Their Water
orting Month/Year: MARCH, 2003			olication No.: [Filled in by DEP]
efer to Chapter 62-699, F.A.C., for plant staffing requirys per week; Class B plants must be staffed by a cerperator seven days per week or at least six days per week and may not be staffed/visited should, if possible, be any not be visited/checked should, if possible, be days reperation six or seven days per week. GENERAL WATER SYSTEM AND WATER TRUMBER SYSTEM AND WATER TRUMBER SYSTEM Name and PWS Identification Number, System Name and PWS Identification Number, System Name: Indiantown Water Company Name: Indiantown Company Address: 15851 S.W. Farms Rd.	tified operator seven days per veek depending on the type are system representative at least day when the plant is not in operation when the plant is not in operation of the plant is not in operation. EATMENT PLANT INFORMATION OF THE System Owner, System Type, apany	week; Class C plants of capacity of treatmen five days per week. T operation; and the two tion and should be non- MATION Service Connections to PWS Identi	must be staffed/visited by a certified t at the plant; and Class D plants muthe one day per week that a Class C days per week that a Class D plant consecutive days if the plant is in
• System Type: ☑ community; ☐ non-transient non- • Number of Service Connections at End of Reporting	•	State: F1 consecutive	Zip Code: <u>34956</u>
 Total Population Served by System at End of Repo Water Treatment Plant Name, Permitted Capacity of 			
• Treatment Plant	Company	Telephone	ect F07 0101
Address: 15851 SW. Farms Rd./I	P.O. Box 397	State: F1	
Address: 15851 SW. Farms Rd./I		State: F]	Zip Code: 34956
Address: 15851 SW. Farms Rd./I City: Permitted Maximum Day Capacity of Plant: 1, 2	296, 000 gpd	State: F1	
Address: 15851 SW. Farms Rd./I	296, 000 gpd	State: F1	
Address: 15851 SW. Farms Rd./1 City: Permitted Maximum Day Capacity of Plant: 1, 2 Plant Category and Class per Rule 62-699.310(3),	296, 000 gpd		
Address: 15851 SW. Farms Rd./1 City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator:	296,000 gpd F.A.C.: 4-C		L Zip Code: 34956
Address: 15851 SW. Farms Rd./1 City: Permitted Maximum Day Capacity of Plant: 1, 1 Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator: Name	F.A.C.: 4-C Certificate Number 3821	Class (A, B, C, or D)	Zip Code: 34956 Däyls) Shift(s) Warked
Address: 15851 SW. Farms Rd./1 City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator: Name James Hewitt	F.A.C.: 4-C Certificate Number 3821	Class (A, B, C, or D)	Zip Code: 34956 Däyls)/Shift(s) Wörked
Address: 15851 SW. Farms Rd./1 City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional services)	296,000 gpd F.A.C.: 4-C Certificate Number 3821 theets if necessary):	Class (A. B. C. or D) B	Zip Code: 34956 Dáy(s)/Shíft(s) Wörked.
Address: 15851 SW. Farms Rd./I City: Permitted Maximum Day Capacity of Plant: 1, 1 Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional s	296,000 gpd F.A.C.: 4-C Certificate Number 3821 heets if necessary):	Class (A. B. C. or D) Class (A. B. C. or D)	Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked
Address: 15851 SW. Farms Rd./1 City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional some) Name Dean Smiley	296,000 gpd F.A.C.: 4-C Certificate Number 3821 heets if necessary): Certificate Number	Class (A, B, C, or D) Class (A, B, C, or D)	Däy(s)/Shift(s) Wörked Day(s)/Shift(s) Wörked
Address: 15851 SW. Farms Rd./I City: Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3), Lead/Chief Plant Operator: Name James Hewitt Other Certified Plant Operators (attach additional some Name) Dean Smiley Don Johnson V	296,000 gpd F.A.C.: 4-C Certificate Number 3821 Certificate Number 5715 2816	Class (A, B, C, or D) A B	Day(s)/Shift(s) Worked Day(s)/Shift(s) Worked 2 5

	ucr Form No.: \$2-555.910(3)
and for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
Don't make it also at all t	Systems that the Ground Water and for
	Consecutive Public Water Systems that
Treatment Plant Name:Indiantown Water Company	Treat Their Weter
M	Effective Date: December 19, 1994
Reporting Month/Year: MARCH, 2003	DEP Application No.:

■Reporting Month/Year:	MARCH, 2003
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- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: of free chlorine; of combined chlorine (chloramine); of chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Daγ	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resi	Reported Emergency		
of the Month	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	or Abnormal Operating Conditions
1	19	662,000	2.3	0.4			
2	20	664,000	2.6	0.4			
3	20	647,000	3.0	0.7			
4	18	580,000	2.2	0.5			
5	18	593,000	2.1	0.6.			
6	20	724,000	3.1	1.0			Fluchia
7	20	664,000	2.1	0.4		-	, -55-11-03
В	18	602,000	2.0	0.6			
9	20	677,000	1.7	0.4			
10	20	672,000	1.5	0.3	·		
11	18	606,000	2.3	0.3			
12	18	609,000	1.6	0.6			
13	18	608,000	3.0	0.3	6	0.4	
14	18	571,000	2.0	0.7		0.3	
15	16	539,000	2.7	0.4			
16	18	594,000	2.3	0.8			
17	18.	566,000	2.1	0.5			
18	15	521,000	1.6	0.6			
19	15	529,000	2.6	0.3		 	
20	16.	564,000	2.2	0.7			
21	15	513,000	2.1	0.3		T	
22	17	514,000	2.7	0.7			
23	17	581,000	2.5	0.5			<u> </u>
24	18	565,000	3.4	0.6			
25	16	529,000	3.0	0.4			1
26	17	537,000	2.1	0.7			
27	16	532,000	2.6	0.4			
28	20_	477,000	3.0	0.6			1
29	16	549,000	2.0	0.4			

A Operation Report for Public Water Systems that Use Ground Water 62-555.910(3) DEP Form No.: Form Title: Monthly Operation Report for Public Vieter ad for Consecutive Public Water Systems that Treat Their Water Systems that Use Ground Water and for stem PWS Identification Number: 4430667 Consecutive Public Water Systems that Treet Their Water Indiantown Water Treatment Plant Name:_____ Company Effective Date: December 19, 1994 Reporting Month/Year: MARCH, 2003= DEP Application No.: Filled in by DEP;

			Lowest Residual Disinfectant	Resid	Reported Emergency		
Day of the Month	Hours Plant in Operation	800 000000000000000000000000000000000	Concentration at Entry to	Lowest Residual Disinfectant Concentration at Remote Point [mg/L]	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L) ¹	or Abnormal Operating Conditions
30	18	582,000	2.2	0.4			
31	17	568,000	2.4	0.5			
Total	XXXXXXX	18,139,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	585,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	
Max.	XXXXXXX	724,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXXX

available chlorine, immediately increase the chlorine dose until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

If at any time the residual disinfectant concentration in the distribution system drops below the equivalent of 0.2 mg/L of free available chlorine, immediately increase the chlorine dose and/or flush appropriate portions of the distribution system until the residual disinfectant concentration is at least equivalent to 0.2 mg/L of free available chlorine and notify the Department or the appropriate ACPHU by wire or telephone within 24 hours pursuant to Rule 62-555.350(3), F.A.C.

111.	SUMMARY OF USE, AT WATER TREA EPICHLOROHYDRIN, AND/OR IRON AN each year)				
	 Is any polymer containing the monomer acr level in the polymer are as follows: 	<u>ylamide</u> used at the treat	tment plant?	If yes, the polymer d	lose and the acrylamide
Ì	Polymer Dose -	ppm*	Acrylan	ride Level –	%*
 	 The acrylamide level provided on this for combination (or product) of dose and mo primary drinking water standards per Ru 	nomer level for acrylami	de exceeds 0.05% dosed at 1		
	 Is any polymer containing the monomer epichlorohydrin level in the polymer are as 		treatment plant?	If yes, the polyr	mer dose and the
·	Polymer Bose -	ppm =	Epichloro	hydrin Level -	% =
•	 The epichlorohydrin level provided on the 	is form may be based on	the polymer manufacturer's	certification or on this	rd-party certification. If
	the combination (or product) of dose an	d monomer level for epic	hlorohydrin exceeds 0.01% da	ised at 20 ppm (or eq	quivalent), it is a violation
	of State primary drinking water standar	ds per Rules 62-550.310	0(2)(d) and 62-550.325(1), F.A	l.C.	

 Company September 1997で開発されることが、1997年 	1.5% 网络克普雷德拉尔斯斯雷斯斯雷斯		的中央中国的中华的中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央中央
Monthly Operation Report for Public Water Systems to Consecutive Public Water Systems to System PWS Identification Number: 4430667 I reatment Plant Name: Indiantown Water	Water DEP Form Titl	e: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water	
Reporting Month/Year: APRIL, 2003	See Mary Control	Effective DEP App	Date: December 19, 1994
working desired			(Filled in by DEP)
• Refer to Chapter 62-699, F.A.C., for plant staffing require days per week; Class B plants must be staffed by a certi operator seven days per week or at least six days per we be visited/checked by a certified operator and/or water sy plant may not be staffed/visited should, if possible, be a may not be visited/checked should, if possible, be days we operation six or seven days per week.	fied operator seven days per tek depending on the type an stem representative at least day when the plant is <u>not</u> in	week; Class C plants r d capacity of treatment live days per week. Ti operation; and the two	nust be staffed/visited by a certified t at the plant; and Class D plants must he one day per week that a Class C days per week that a Class D plant
I. GENERAL WATER SYSTEM AND WATER TRE	ATMENT PLANT INFORM	MATION	
Water System Name and PWS Identification Number, S	vetem Nweet Svetem Tyne	Service Connections to	System and Population Served by
System	totall difficit official riper	defined defining to	Topotani, ana reputation correa st
• System Name: Indiantown Water Comp	pany	PWS Identit	fication No.: 4430667
Name: Indiantown Company Address: 15851 S.W. Farms Rd.			No.: <u>77</u> 2-597-2121
City: Indiantown,		State: F1	Zip Code: <u>34956</u>
●System Type: ເສ community; 🗆 non-transient non-co	ommunity; 🗖 non-community;	□ consecutive	
• Number of Service Connections at End of Reporting	Month:	759	
•Total Population Served by System at End of Report	ing Month: 55	277	
Water Treatment Plant Name, Permitted Capacity of F	-		
• Treatment Plant Name: Indiantown Water	Company ·	Telephone	500.0101
Address: 15851 SW. Farms Rd./P	.0. Box 397	State: F1	Zip Code: 34956
• Permitted Maximum Day Capacity of Plant: 1,2	96,000 gpd	Otale, 13	2.0 0000. 34330
• Plant Category and Class per Rule 62-699.310(3), F			
• Lead/Chief Plant Operator:	.A.U.,		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
James Hewitt	3821	В	5
Other Certified Plant Operators (attach additional sh	eets if necessary):		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
Dean Smiley	5715	A	2
Don Johnson	2816	В	5
Ernie Eugene Watson	8649	С	5
Earl Maine	4644	С	5
	<u> </u>		
	1		

Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water

and for Consecutive Public Water Systems that Treat Their Water	DEP Form No.: 82-555.910(3) Form Title: Monthly Operation Report for Public Water
System PWS Identification Number: 4430667	Systems that Use Ground Water and for Consecutive Public Water Systems that
Treatment Plant Name:Indiantown Water Company	Treat Their Water
Reporting Month/Year: APRIL, 2003	Effective Date: December 19, 1994 DEP Application No.:
	10000

DEP Form No.:

• Reporting Month/Year:	APRIL,	20 <u>03</u>		 -	
ATuma of Desidual Disinfectant Maintained in	n Dintelhusian (Creates Carried his Disease	m from ablanta	 	

- ●Type of Residual Disinfectant Maintained in Distribution System Served by Plant: □ free chlorine; □ combined chlorine (chloramine); □ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resi	Reported Emergency		
of the Month	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point [mg/L]	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	19	523,000	2.0	0.6			
2	15	541,000	2.6	0.3			
3	18	608,000	2.5	0.48			
4	18	586,000	2.7	0.4			
5	19	615,000	3.3	1.3			
6	19	632,000	3.5	0.8			
7	21	665,000	3.0	1.3			
8	20	651,000	2.7	1.0			
9	22	669,000	3.1	1.0			
10	18	590,000	3.7	0.9	6	0.6	
11	15	547,000	2.6	0.8			
12	20	637,000	2.4	0.8			
13	23	750,000	3.5	1.0			
14	24	737,000	3.1	0.6			
15	24	729,000	3.2	1.0			
16	20	693,000	2.7	0.4			
17	20	611,000	2.5	1.0			
18	21	673,000	2.7	0.6			
19	22	708,000	2.5	1.1			
20	_20_	694,000	2.5	0.6			
21	_ 21	735.000	2.4	1.1			
22	22	710,000	3.8	0.7			
23	22	647,000	3.5	0.6			
24	21	548,000	2.2	0.4			
25	_24	653,000	3.0	0.6			
26	17	549,000	2.2	0.3			
27	18	494,000	1.9	0.5			
28	19	558,000	2.8	0.5			
29	18	468,000	2.4	0.4			

Operation Report for Public Water Systems that Use Ground Water DEP Form No.: 62-555.910(3) a for Consecutive Public Water Systems that Treat Their Water Form Title: Monthly Operation Report for Public Vieter Systems that Use Ground Water and for stem PWS Identification Number: 4430667 Consecutive Public Water Systems that Treat Their Water Treatment Plant Name: ____ Indiantown Water Effective Date: December 19, 1994 APRIL, 2003 Reporting Month/Year: DEP Application No.: (Filled in by DEP;

D. 11		Quantity of Finished	Lowest Residual Disinfectant	Resid	Reported Emergency		
of the Plant in Water	Water Produced by Plant (gallons)	Concentration: at Entry to Distribution System (mg/L)*	Lowest: Residual Disinfectant Concentration: at Remote: Point Img/L) [†]	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Résidual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions	
30	1.5	100,000	2.2	0.0			
. 31				<u> </u>	L		
Total	XXXXXXX	18,194,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXXX	XXXXXXX
Avg.	XXXXXXX	606,000	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
Max.	XXXXXXX		XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXX	XXXXXXX
SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)							
•Is any	polymer con	taining the monomer <u>acry</u>	lamide used at th	e treatment plant	? If yes, the	e polymer dose and the	acrylamide

Polymer Dose ppm⁴ Acrylamide Level -The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C. Is any polymer containing the monomer epichlorohydrin used at the treatment plant? If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

level in the polymer are as follows:

Polymer Dose -

Epichlorohydrin Level ppm* The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

		Control he as described and second field		/4月/除了後漢智觀·特里斯·萨尔迪斯於 1949年 - 195
	y Operation Report for Public Water Sys			
	or Consecutive Public Water Systems th	nat Treat Their Water	Form Title	Monthly Operation Report for Fubic Water Systems that Use Ground Water and for
System P	WS Identification Number: 4430667 f Plant Name: Indiantown Water	i .	Consecutive Public Water Systems that Treat Their Water	
	Month/Year: MAY, 2003	company.	Effective DEP Appl	Date: December 19, 1994 leation No.:
Hohol mil	111172003	000		(Filled in by OEP)-
days p operati be visi plant r may <u>n</u>	to Chapter 62-699, F.A.C., for plant staffing require er week; Class B plants must be staffed by a certion seven days per week or at least six days per we ted/checked by a certified operator and/or water sy not be staffed/visited should, if possible, be a cost be visited/checked should, if possible, be days which six or seven days per week.	fied operator seven days per sek depending on the type an stem representative at least i day when the plant is <u>not</u> in	week; Class C plants n d capacity of treatment five days per week. Th operation; and the two	nust be staffed/visited by a certified at the plant; and Class D plants must be one day per week that a Class C days per week that a Class D plant
·	NERAL WATER SYSTEM AND WATER TRE	ATMENT PLANT INFORM	AATION	
				Custom and Deputation Carred by
	er System Name and PWS Identification Number, S tem	ystem Owner, System Type,	service Connections to	System, and Lobnistion Seizen pa
_	<u>ystem</u> Indiantown Water Comp	pany	PWS Identif	ication No.: 4430667
1	Vistem Owner Name: Indiantown Company		Telephone I	No.: 772 -597-2121
	Address: 15851 S.W. Farms Rd. City: Indiantown,	/P.O. Box 397	State: F1	Zip Code: 34956
• 5	System Type: Ox community; O non-transient non-co	ommunity; 🗅 non-community;	☐ consecutive	
•ñ	Number of Service Connections at End of Reporting	Month:	1766	
•7	Total Population Served by System at End of Repor	ting Month:	-298	
Wa	ster Treatment Plant Name, Permitted Capacity of I	Plant, Plant Category and Cla	ss, and Plant Operators	
-	Treatment Plant Name: Indiantown Water Address: 15851 SW. Farms Rd./P		Telephone	No.: 772 -597-2121
	City:		State: F1	Zip Code: 34956
•}	Permitted Maximum Day Capacity of Plant: 1,2	96,000 gpd		
	Plant Category and Class per Rule 62-699.310(3), F			
• į	Lead/Chief Plant Operator:			
	Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shiff(s) Worked
ı	James Hewitt	3821	В	5
	Other Certified Plant Operators (attach additional si		·1 · · · · · · · · · · · · · · · ·	J
1				
	Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
	Dean Smiley	5715	A	2
-	Don Johnson	2816	В	5
2	Ernie Eugene Watson	8649		5
	Earl Maine	4644	С	5
		<u> </u>		
-			1	

		uer teim Na.:	82-855.310(3)
and for Consecut	ive Public Water Systems that Treat Their Water		on Report for Public Water
System PWS Identification			Use Ground Water and for
		Consecutive	Public Water Systems that
Treatment, Plant, Name: -	Indiantown Water Company		Treat Their Water
		Effective Date:	December 19, 1994
Reporting Month/Year:	MAY, 2003	DEF Application No.:	
			(FEed in by DET) -

• Reporting Month/Year:	MAY,2003				
• Type of Residual Disinfe	ctant Maintained in Distribution	n System Served by Plant:	free chlorine;	O combined chloring	a (chloramine);
□ chlorine dioxide					

• Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resid	dual Disinfectant in Distribut	ion System	Reported Emergency
of the Month	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Colliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	17	489,000	2.6	0.4			
2	18	463,000	2.9	0.8		·	
3	. 19	519,000	2.9	0.8	· •		
4	20	585,000	3.4	0.6			
5	24	636,000	3.0	1.0 _			
6	20	596.000	2.2	0.6			
7	24	604,000	3.1	0.6		-	
В	21	592,000	3.9	0.7			
9	21	585,000	3.5	0.5			
10	20	585,000	3.2	0.6	·		
111	24	636,000	3.6	0.4			
12	24	644,000	2.7	0.4			Flushing
13	21	650,000	1.8	0.2			(1
14	20	628,000	1.2	0.6			11
15	21	648,000	1.2	0.2			
15	19	591,000	1.6	0.3			
17	20.	572,000	1.5	0.3			
18	18	577,000	1.3	0.3			
19	22	622,000	1.9	0.4			
20	19 .	569,000	2.2	0.4			
21	20	649,000	2.6	0.5			
22	21	630,000	2.2	1.0	6 .	0.4	
23	21	598,000	2.5	0.7			
24	19	534,000	2.5	1.0			
25	17	548,000	2.2	0.6			
26	22	573,000	2.1	0.8			
27	24	614,000	3.6	1.0			
28	19	515,000	3:3	1.0			
29	16	492,000	1.7	0.6			

	WS 14	nsecutive entification	e Public Water Syst Number: 443066	ems that Trea	at Their Water			Monthly Operation Report for P Systems that Use Ground W Consecutive Public Water S Treat	eter and for
		. Name: h/Year:	Indiantown MAY,2003	1.Water.	Company		Effective Dat DEP Applicati		r 19, 1994
									in by DEP;
122	Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution	Lowest Residual Disinfectant	ual Disinfectan Number of Where R Disinfectant M	Instances esidual	on System Luwest Residual Disinfectant Concentration at Total	Reported Emergency or Abnormal Operating
				System (mg/L)*	Remote Point (mg/L)*	Taken at Tot Sampling		Coliform Sampling Points (mg/L)*	Conditions
È	30	16	488,000	1.0	1.0	,			
	31	. 17	513,000	1.2	0.4				
	Toțal	XXXXXXX	17,945,000	XXXXXXXXXX	XXXXXXXXXX			XXXXXXXXXXXXX	
	Avg.	XXXXXXX	579 .0 00	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXX	XXXXXXXXXXXXXX	XXXXXX
. [Max.	XXXXXXX	650,000	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXX	XXXXXX
								nt of 0.2 mg/L of free a	
EF ea	conc telep JMMA PICHLO ch year	entration is whone within ARY OF US DROHYDRI opolymer conf	tely increase the chloring at least equivalent to 0.2 24 hours pursuant to Research to Res	e dose and/or flus. 2 mg/L of free evo ule 62-555.350(3), TMENT PLANT ID MANGANES	h appropriate port ailable chlorine and F.A.C. T, OF POLYMER E SEQUESTRAI	ions of the dis d notify the De CONTAININ	tribution system opertment or NG ACRYLA this part only	em until the residual disi the appropriate ACPHU l	infectant by wire or INTAININ of Decemi
EF ea	conc telep JMMA PICHLO ch year	entration is whone within ARY OF US DROHYDRI I) polymer cont I the polyme	tely increase the chloring at least equivalent to 0.2 24 hours pursuant to Research to Res	e dose and/or flus. 2 mg/L of free ava ule 62-555.350(3), TMENT PLANT ID MANGANES vlamide used at th	h appropriate port ailable chlorine and F.A.C. T, OF POLYMER E SEQUESTRAI	ions of the dis d notify the De CONTAININ VT (complete	opartment or Manageritation of the ACRYLA this part only only only only only only only only	em until the residual dist the appropriate ACPHU L MIDE, POLYMER CO for the reporting month the polymer dose and the	infectant by wire or INTAININ of Decemb
EF ea	IMMA PICHLI ch year level in	entration is whose within RY OF US DROHYDRI of the polymer contact the polyme of acrylamide whistion for	tely increase the chloring at least equivalent to 0.2 24 hours pursuant to Rose, AT WATER TREAN, AND/OR IRON AND taining the monomer acry	e dose and/or flus. 2 mg/L of free availe 62-555.350(3), TMENT PLANT ID MANGANES Vlamide used at the ppm* im may be based nomer level for ac	th appropriate portailable chlorine and F.A.C. TO POLYMENT SEQUESTRAL TO THE TREATMENT PLANT TO THE POLYMENT MACEUTE TO THE	ions of the dis id notify the De CONTAININ CONTAININ Complete Comp	ribution systemater or	em until the residual dist the appropriate ACPHU L MIDE, POLYMER CO for the reporting month the polymer dose and the on third-party certificate	infectant by wire or ENTAININ of December acrylamide
EF ea • I	IMMAPICHLE S any level in prints	entration is whose within IRY OF US DROHYDRI IT	tely increase the chloring at least equivalent to 0.2 24 hours pursuant to Refer to A. E. AT WATER TREA N. AND/OR IRON AND taining the monomer acres or are as follows: Solymer Dose — Level provided on this for product) of dose and mo	e dose and/or flus. 2 mg/L of free availe 62-555.350(3), TMENT PLANT ID MANGANES Vlamide used at the ppm* Im may be based nomer level for actions for	h appropriate portailable chlorine and F.A.C. T, OF POLYMER E SEQUESTRAN The treatment plant The polymer macrylamide exceeds To the polymer macrylamide exceeds	ions of the dis id notify the De CONTAININ ICONTAININ I	ribution systemater or systema	em until the residual dist the appropriate ACPHU L MIDE, POLYMER CO for the reporting month the polymer dose and the on third-party certificate	infectant by wire or ENTAININ of December acrylamide
EF ea • I	IMMAPICHLE S any level in prints any epichl	entration is shone within IRY OF US DROHYDRI IT	tely increase the chloring at least equivalent to 0.2 24 hours pursuant to R.C. E., AT WATER TREAN, AND/OR IRON AND taining the monomer acres are as follows: Polymer Dose — Level provided on this for product) of dose and monomer standards per Rustaining the monomer epidening the monomer epidenical leaves and leaves	e dose and/or flus. 2 mg/L of free availe 62-555.350(3), TMENT PLANT ID MANGANES Vlamide used at the ppm* Im may be based nomer level for an alles 62-550.310(2) chlorohydrin used follows: ppm*	th appropriate portailable chlorine and F.A.C. T, OF POLYMER E SEQUESTRAINE treatment plant on the polymer macrylamide exceeds (d) and 62-550.32 at the treatment	ions of the dis id notify the De id notify the De id CONTAININ IT (complete to complete to	tribution systemater or system	em until the residual dist the appropriate ACPHU L MIDE, POLYMER CO for the reporting month the polymer dose and the - %* on third-party certificate equivalent), it is a violate tes, the polymer dose and the	INTAININ of December of December of The Committee of The

Monthly Operation Report for Public Water Systems the System PWS Identification Number: 4430667 Treatment Plant Name: Indiantown Water (Aunthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Treat Their Water System PWS Identification Number: 4430667 Treatment Plant Name: Indiantown Water Company Reporting Month/Year:				
Reporting Month/Year:TUNE, 2003	· .	DEP Ap	pilestion No.:	December 19, 1994	
 Refer to Chapter 62-699, F.A.C., for plant staffing required days per week; Class B plants must be staffed by a certification operator seven days per week or at least six days per week be visited/checked by a certified operator and/or water sysplant may not be staffed/visited should, if possible, be a days who peration six or seven days per week. 	ied operator seven days per ek depending on the type an stem representative at least ay when the plant is <u>not</u> in	week; Class C plants d capacity of treatmer five days per week. To operation; and the two	must be staffed/v nt at the plant; an The one day per w o days per week t	ours per day for seven isited by a certified od Class D plants must veek that a Class C hat a Class D plant	
I. GENERAL WATER SYSTEM AND WATER TREA	TMENT DIANT INCODI	AATION .			
		-			
Water System Name and PWS Identification Number, Sy System -	ystem Owner, System Type,	Service Connections to	o System, and Pop	oulation Served by	
	•				
• <u>System</u> Indiantown Water Comp	any	DWC Ll_a	:: N 44	430667	
ivuitie.		PWS Ident	ification No.: 42		
• System Dwner Name: Indiantown Company		Telephone	No.: 772 -5	9 7-21 21	
Address: 15851 S.W. Farms Rd. City: Indiantown,	/P.O. Box 397	State: F)	7i- Codes	24056	
	• • •	-	L Zip Code:	34956	
 System Type: ™ community; □ non-transient non-col 		□ consecutive			
 Number of Service Connections at End of Reporting ! 	Month:	1,772			
 Total Population Served by System at End of Reporti 	ing Month:5	316			
Water Treatment Plant Name, Permitted Capacity of Pl	ant, Plant Category and Cla	ss, and Plant Operator:	s		
• Treatment Plant Name: Indiantown Water (Address: 15851 SW. Farms Rd./P	Company .	Telephone	No.: _772 -	597-2121	
City:	05.000	State: <u>F</u>	1 Zip Code:	34956	
• Permitted Maximum Day Capacity of Plant: 1,29					
● Plant Category and Class per Rule 62-699.310(3), F.	A.C.: 4-C				
● Lead/Chief Plant Operator:					
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/S	Shift(s) Worked	
James Hewitt	3821	В	5		
Other Certified Plant Operators (attach additional she	eets if necessary):		.1		
Name	Certificate Number	Class (A, B, C, or D)	Daylell	hift(s) Worked	
Dean Smiley	5715		, , , , , , , , , , , , , , , , , , ,	init(3) Horken	
Don Johnson	2816	A B	2		
Ernie Eugene Watson	8649		5		
Earl Maine	4644	B C	5		
	10.1.1		5		

	uer Form No.: 62-055.910[3]
and for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
Done man 11 alff-al 11 to	Systems that Use Ground Water and for
	Consecutive Public Water Bystems that
Indiantown Water Company	Treat Their Water
	Effective Date: December 19, 1994
Reporting Month/Year:JUNE, 2003	DEF Application No.:
	(FBad in by DET)

●Reporting Month/Year: <u>JUNE, 2003</u>

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: of free chlorine; of combined chlorine (chloramine); of chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Disection of Fields of	Lowest Residual Disinfectant	Residual Disinfectant in Distribution System				
of the Month	Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	d by Concentration at Entry to	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions	
1	19	542,000	1.6	0.3	,			
2	18	539,000	1.8	0.3				
3	- 18	537,000	1.6	0.2				
4	_16	473,000	1.4	0.2				
5	16	470,000	1.5	0.6 _				
6	15	531,000	1.8	0.3				
7	15	502,000	2.4	1.0			,	
8	19	450,000	2.5	0.4				
9	200	579,000	3.5	1.0			,	
10	18	548,000	3.8	0.4				
11	19	459,000	3.4	1.2				
12	17	719,000	3.1	0.4				
13	19	531,000	2.6	0.8				
14	18	549,000	2.3	0.5				
15	19	563,000	2.6	0.6				
16	21	569,000	2.2	0.6				
17	18	539,000	2.2	0.7				
18	18	558,000	3.1	0.6				
19	19	540,000	2.0	0.6				
20	18 .	521,000	1.6	0.4				
21	20	528,000	2.7	0.4				
22	18	484,000	2.5	0.3			ļ	
23	20	505,000	2.2	0.43	6	0.4		
24	18	479,000	1.2	0.4				
25	15	482,000	1.0	0.4				
26	15	496,000	1.1	0.4				
27	16	503,000	1.4	0.4				
28	16	479,000	2.0	0.3				
29	16	493,000	2.4	0.6				

ent Plan ig Monti		IndiantowJUN	n Water E,2003	Company		Effective Date DEP Applicati	on No.:	Their Water er 19, 1994 d in by DEP;
Day	Hours	Quantity of Tinished	Lowest Residual Disinfectant		ual Disinfectan			Reported Emergend
of the	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Disinfectant	Number of Where R Disinfectant M Taken at Tot Sampling	esidual easurements al Coliform	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points Img(L)*	or Abnorma Operatin Condition
30	16	501,000	3.5	0.4				
	XXXXXXX XXXXXXX	15,669,000	_I	XXXXXXXXXXX	XXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	XXXXX
Max.	XXXXXXX	579,000	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXX	XXXXXXXXXXXXXXX	XXXXX
free 555. If at chlor cond	available chi 350(3), F.A. any time the rine, immedia rentration is	, immediately increase to lorine and notify the Dep C. le residual disinfectant co tely increase the chlorin at least equivalent to D. 24 hours pursuant to F	partment or the ap concentration in thi ne dose and/or flus 2 mg/L of free av	ntil the residual di propriate ACPHU i e distribution syste th appropriate port ailable chlorine and	sinfectant conc by wire or tele am drops below ions of the dis	entration is a phone within the equivale tribution syste	24 hours pursuant to R ant of 0.2 mg/L of free a am until the residual dis	lule 62- available infectant

•Is any polymer containing the monomer <u>acrylamide</u> used at the treatment plant? If yes, the polymer dose and the acrylamide

• is any polymer containing the monomer epichlorohydrin used at the treatment plant?

The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State

The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation

Acrylamide Level -

Epichlorohydrin Level - %

ppm*

ppm*

of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

level in the polymer are as follows:

Polymer Dose -

epichlorohydrin level in the polymer are as follows:

Folymer Dose -

Monthly Operation Report for Public Water Systems the and for Consecutive Public Water Systems the System PWS Identification Number: 4430667 Treatment Plant Name: Indiantown Water C	lems that Use Ground at Treat Their Water	Water DEF	Systems th	62-555.91037 atten Report for Fublic Water ist Use Ground Water and for we Fublic Water Systems that Treat their Water
Reporting Month/Year:	ompany.		tive Date: Application Ho.:	December 19, 1994
				(Filled In by DEP) -
 Refer to Chapter 62-699, F.A.C., for plant staffing requiren days per week; Class B plants must be staffed by a certific operator seven days per week or at least six days per week be visited/checked by a certified operator and/or water sys plant may not be staffed/visited should, if possible, be a dimay not be visited/checked should, if possible, be days who peration six or seven days per week. GENERAL WATER SYSTEM AND WATER TREAT 	ed operator seven days per velocity depending on the type and tem representative at least flay when the plant is <u>not</u> in operation the plant is not in operation.	week; Class C plan capacity of treatm ve days per week. peration; and the to on and should be r	its must be staffe nent at the plant; The one day pe two days per wee	edivisited by a certified and Class D plants must by week that a Class C ok that a Class D plant
<u>Water System Name and PWS Identification Number, Sy System</u>	rstem Uwner, System Type,	service Connection	s to System, and	Population Served by
• <u>System</u> Indiantown Water Comp Name:	pany	PWS Id	entification No.:	4430667
Name: Indiantown Company Address: 15851 S.W. Farms Rd. City: Indiantown,		Telepho		-597-2121 e: 34956
System Type: ☑ community; ☐ non-transient non-co	mounity of non-community			<u>54550</u>
Number of Service Connections at End of Reporting 1	•	1 7/79		
• Total Population Served by System at End of Report		710		- · · · · · · · · · · · · · · · · · · ·
		2,317		
Water Treatment Plant Name, Permitted Capacity of Plant **Treatment Plant** Name: Indiantown Water (Address: 15851 SW. Farms Rd./P	Company		·,	-597-2121
City:		State:	F1 Zip Coo	de: 34956
 Permitted Maximum Day Capacity of Plant: 1,2 	96,000 gpd			
●Plant Category and Class per Rule 62-699.310(3), F.	.A.C.: 4-C			
• Lead/Chief Plant Operator:				
Näme	Certificate Number	Class (A, B, C, o	rini na	/(s)/Shift(s) Worked
James Hewitt	3821	В	5	(13)/OHHT(3) THUKEO
		т п		J
Other Certified Plant Operators (attach additional sh	eets if necessary):			
Name	Certificate: Number	Class (A, B, C, or	D) Day	(s)/Shift(s) Worked
Don Johnson	2816	В	5	
Ernie Eugene Watson	8649	В	<u>5</u>	
Earl Maine	4644	C	5	·-
	-			

	`m	1	uer teim Hall	82-855.910(3)
. and for Consecutive	e Public Water Systems that Trea	t Their Water	Form Title: Monthly	Operation Report for Public Water
System PWS Identification	P1		System	a that Use Ground Weter and for
			Conse	curive Public Water Bysteria that
Treatment. Plant. Name:	Indiantown Water Com	Banv		Treat Their Water
Reporting Month/Year:	JULY, 2003		Ellective Date:	December 19, 1994
	000172000		DEF Application No.:	

• Reporting Month/Year: <u>JULY, 2003</u>

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: □ free chlorine; □ combined chlorine (chloramine); □ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resi	dual Disinfectant in Distribut	ion System.	Reported Emergency
of the Month	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Colliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)'	or Abnormal Operating Conditions
1	16	510,000	2.2	0.2			
2	17	491,000	1.9	0.4			
3	· 17	503,000	2.0	0.2			
4	14	466,000	1.6	0.2			
5	16	509,000	1.4	0.2 -			
6	19	527,000	1.9	0.4			
7	16	504,000	2.2	0.4		-	,
В	18	545,000	1.9	0.3			
9	15	469,000	2.2	0.6			
10	18	529,000	2.2	0.3	·		
11	16	488,000	2.0	0.5			
12	17	512,000	2.7	0.4			
13	20	553,000	2.6	0.3			
14	17	549,000	1.1	0.2			
15	17	504,000	1.0	0.2			
16	16 6	490,000	1.0	0.2			
17	16.	481,000	2.8	0.2			
1B	19	497,000	4.0	0.4			
19	16	469,000	1.0	0.3			
20	20	527,000	1.0	0.6			
21	17	635,000	2.8	0.6			
22	19	609,000	299	0.4	6 .	0.2	
23	16	582,000	2.1	0.6		0.2	
24	16	523,000	1.0	0.4			
25	15	506,000	1.8	0.4			
26	16	466,000	1.9	0.3			
28	16	441,000	1.5	0.3			
<u> </u>	15	449,000	1.7	0.2			
29	24	446,000	2.5	0.4			

ent Plan	t, Name:	Number: 443066	n_Water.	Company	· 	Effective Dat	Decemb	Their Water er 19, 1994 d in by DEP;
Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Lowest: Residual Disinfectant Concentration: at Entry to Distribution System (mg/L)*		ual Disinfectant Number of In Where Res Disinfectant: Mer Taken at Total Sampling: F	stances idual asurements Coliform	on: System Lowest Residual Disinfectant Concentration: at Total Coliform Sampling Points Img(L)	Reported Emergency or Abnormal Operating Conditions
- 30	17	4476000	2.7	0.6	,			
31	. 18	451,000	3.4	0.6				
Toțal	XXXXXXX	15,679,000	XXXXXXXXXX	XXXXXXXXX			XXXXXXXXXXXXXX	XXXXXX
	XXXXXXX	505,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXX	XXXXXX
Max.	XXXXXXX	635,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXX	XXXXXX
availe free 555. t If at chloro conce	able chlorine available chi 350(3), F.A.C any time th ine, immedia entration is	e residual disinfectant co , immediately increase the forine and notify the Dep C. e residual disinfectant co tely increase the chlorina at least equivalent to O 24 hours pursuant to R.	he chlorine dose un partment or the app procentration in the e dose and/or flus/ 2 mg/L of free ava	ntil the residual di propriate ACPHU i distribution syste h appropriate portu pilable chlorine and	sinfectant concer by wire or teleph om drops below t ions of the distri	otration is a cone within the equivalen- bution syste	t least equivalent to 0.2 24 hours pursuant to Ri nt of 0.2 mg/L of free a m until the residual disi	? mg/L of ule 62- vailable nfectant

III. SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year) • is any polymer containing the monomer <u>acrylamide</u> used at the treatment plant? ______ If yes, the polymer dose and the acrylamide level in the polymer are as follows:

Polymer Dose - The acrylamide level provided on this for	ppm* rm may be based on the po	Acrylamide Olymer manufacturer's certifica	tion or on third	party certification. It	f the
combination (or product) of dose and mo primary drinking water standards per Ru	nomer level for acrylamide des 62-550.310(2)(d) and l	exceeds 0.05% dosed at 1 pp 32-550.325(1), F.A.C.	om (or equivalen	t), it is a violation of	State
s any polymer containing the monomer <u>epi</u> epichlorohydrin level in the polymer are as	<u>chlorohydrin</u> used at the tr follows:	eatment plant?	_ If yes, the po	olymer dose and the	

ppm* Epichlorohydrin Level -The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

· Polymer Dose - · · ·

Monthly Operation Report for Public Water Systems the System PWS Identification Number: 4430667 Treatment Plant Name: Indiantown Water of Reporting Month/Year: AUGUST, 2003	nat Treat Their Water	Water DEP For Form TI	tie: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that Trest Their Water e Date: December 19, 1994 pilication No.:
• Refer to Chapter 62-699, F.A.C., for plant staffing require	ments Class A plants must	he staffed by a certif	ied operator 24 hours per day for soven
days per week; Class B plants must be staffed by a certification operator seven days per week or at least six days per we be visited/checked by a certified operator and/or water syplant may <u>not</u> be staffed/visited should, if possible, be a distribution of the days who peration six or seven days per week.	lied operator seven days per ek depending on the type an stem representative at least lay when the plant is <u>not</u> in	week; Class C plants of capacity of treatment five days per week. operation; and the two	must be staffed/visited by a certified of at the plant; and Class D plants must like one day per week that a Class C o days per week that a Class D plant
I. GENERAL WATER SYSTEM AND WATER TREA	ATMENT PLANT INFOR	MATION	
Water System Name and PWS Identification Number, S		•	o System, and Population Served by
<u>System</u>			_
• <u>System</u> Indiantown Water Comp Name:	oany	PWS Ident	ification No.: 4430667
• System Dwner Name: Indiantown Company		Telephone	No.: 772
Address: 15851 S.W. Farms Rd. City: Indiantown,	/P.O. Box 397	State: F	Zip Code: 34956
● System Type: ☑ community; ☐ non-transient non-co	mounity: 🗖 non-community:		Lip ovad. <u>54950</u>
 Number of Service Connections at End of Reporting I 			
• Total Population Served by System at End of Report			
Water Treatment Plant Name, Permitted Capacity of P			
• Treatment Plant			<u>.</u> 771
Name: Indiantown Water (Telephone	No.: 557-2121
Address: 15851 SW. Farms Rd./P City:	.0. Box 397		
	96 000 .	State: <u>F</u>	1 Zip Code: <u>34956</u>
Permitted Maximum Day Capacity of Plant: 1,2			
Plant Category and Class per Rule 62-699.310(3), F.	A.C.: 4-C		
•Lead(Chief Plant Operator:			
Name	Certificate Number	Class (A, B, C, or D)	Dáy(s)/Shíft(s) Worked
James Hewitt	3821	В	5
• Other Certified Plant Operators (attach additional shi	eets if necessary):		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)(Shift(s) Worked
REAL ESTICION	7016	P	Ø
Don Johnson	2816	В	5
Ernie Eugene Watson	8649	C	5
Earl Maine	4644	С	5

Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
50216)	D	Ø
2816	В	5
8649	C	5
4644	С	5
	 	1
	2816 8649	2816 B 8649 C

	•		DET FORM No.: 62-655.310(3)
 and for Consecut 	ive Public Water Systems that Treat Ti	heir Water	Form Title: Monthly Operation Report for Public Water
System PWS Identification	••		Systems that Use Ground Water and for
•			Consecutive Public Water Systems that
Treatment Plant Name:	Indiantown Water Compa	DV	Treat Their Water
Reporting Month/Year:	AUGUST, 2003		Effective Date: December 19, 1334 DEF Application No.:

• Reporting Month/Year: <u>AUGUST</u>, 2003

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: □ free chlorine; □ combined chlorine (chloramine); □ chlorine dioxide
- · Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resid	Residual Disinfectant in Distribution System				
of the	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions		
1	14	461,000	1.6	0.3					
2	15	540,000	1.4	0.4					
3	. 14	326,000	3.8	0.4					
4	20 .	598,000	3.5	0.6					
5	¹ <u>.</u> ₺	505,000	2.4	0.4					
6	16	504,000	1.9	0.4					
7	16	482,000	1.1	0.6		~	,		
8	16	474,000	1.7	0.3					
9	14	487,000	1.3	0.2					
10	17	482,000	1.7	0.2					
11	16	511,000	1.2	0.2					
12	15	488,000	2.8	0.3					
13	17	456,000	3.5	0.3					
14	13	486,000	3.5	0.6					
15	17	491,000	3.8	0.3					
16	17	500,000	3.5	1.0					
17	16.	521,000	3.6	0.4					
18	17	560,000	2.0	0.6					
19	16	490,000	1.2	0.3					
20	1.6	508,000	1.8	0.43					
21	16	490,000	2.4	0.3	-				
22	16	481,000	1.1	1.0					
23	15	514,000	1.2	0.4					
24	17	521,000	3.4	2.7					
25	17	531.000	3.4	0.4					
26	17	557,000	1.6	2.0					
27	17	514,000	3.9	0.3	7	0.3			
28	13	524,000	1.0	0.3					
29	16	514,000	1.0	0.3					

itme ortin	PWS Id nt Plan	entification t Name:	e Public Water Sys Number:443066Indiantow AUGUST, 200	7 n Water			Ellective Da	e: Decemb	leter and for
JI LIII	R MOUT	uttear.	AUGUST, 200				DEP Applicat		d in by DEP;
***				Lowest Residual	Resid	ual Disinfectant	in Distribut	on: System	Reported Emergenc
- 1	Day of the Month	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point Ing/L!	Number of Ir Where Re Disinfectant Me Taken at Tota Sampling	sidual easurements Il Coliform	Lowest: Residual Disinfectant Goncentration at Total Coliform Sampling Points (mg/L)!	or Abnorma Operatin Condition
	. 30	18	550,000	1.0	0.2	Camping	r onits	romes (mgr.)	
	31	. 20	607,000	3.4	0.2				
	Total	XXXXXXX	15,664,000	XXXXXXXXXX	XXXXXXXXXX			XXXXXXXXXXXXXX	XXXXX
	Avg.	XXXXXXX	505,000	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXXX	XXXXXXXXXXXXX	XXXXX
	Max.	XXXXXXX	607,000	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXX	XXXXXXX	XXXXXXXXXXXXXX	XXXXX
	555.	350(3), F.A.	G.	artment or the ap	propriate ACPHU .	by wire or telep	hone within	24 hours pursuant to R	ule 62-
E	555. If at chlorous telep UMMA PICHLO ach year	350(3), F.A. eny time the ine, immedia entration is hone within RY OF USDROHYDRI	C. The residual disinfectant content interpolate the chloring at least equivalent to 0.24 hours pursuant to R. SE, AT WATER TREAN, AND/OR IRON AND/O	oncentration in the e dose and/or flus. 2 mg/L of free ava ule 62-555.350(3), TMENT PLANT ID MANGANES	distribution system appropriate port in appropriate port illable chlorine and F.A.G. , OF POLYMER E SEQUESTRAI	em drops below lians of the distr d notify the Dep G CONTAINING NT (complete th	the equivale ibution syste artment or a G ACRYLA is part only	24 hours pursuant to Rent of 0.2 mg/L of free a sem until the residual distinct appropriate ACPHU of the appropriate ACPHU of the reporting month	ule 62- evailable infectant by wire or DNTAINII of Decen
E	555. If at chlor concutelep UMMA PICHLO ach year	350(3), F.A. any time the ine, immedia entration is hone within RY OF US DROHYDRI to polymer contact the polymer.	C. The residual disinfectant contely increase the chloring at least equivalent to 0 24 hours pursuant to R. SE, AT WATER TREAN, AND/OR IRON AND/	oncentration in the e dose and/or flus. 2 mg/L of free ava ule 62-555.350(3), TMENT PLANT ID MANGANES	distribution system appropriate port in appropriate port illable chlorine and F.A.G. , OF POLYMER E SEQUESTRAI	em drops below lians of the distr d notify the Dep G CONTAINING NT (complete th	the equivale ibution syste artment or a G ACRYLA is part only	24 hours pursuant to R int of 0.2 mg/L of free a em until the residual dist the appropriate ACPHU of MIDE, POLYMER CO	evailable infectant by wire or DNTAINII of Decem
E	555. If at chloroconcutelep UMMA PICHLO ach years lis any lievel in	350(3), F.A. any time the ine, immedia entration is hone within RY OF US DROHYDRI I the polymer con the polymer	C. The residual disinfectant contely increase the chloring at least equivalent to 0.24 hours pursuant to R. SE, AT WATER TREAN, AND/OR IRON AND/OR I	oncentration in the e dose and/or flus. 2 mg/L of free availe 62-555.350(3), TMENT PLANT ID MANGANES clamide used at the ppm*	distribution system appropriate port in appropriate port in appropriate and F.A.C. OF POLYMEN E SEQUESTRAN e treatment plant	em drops below ions of the distr d notify the Dep CONTAINING TOTAL CONTAINING TOTAL COMPLETE THE CONTAINING TOTAL COMPLETE THE CONTAINING TOTAL COMPLETE THE CONTAINING TOTAL COMPLETE THE CONTAINING TOTAL CONTAI	the equivalent on a standard or a standard o	24 hours pursuant to Report of D.2 mg/L of free to the appropriate ACPHU of the appropriate ACPHU of the appropriate ACPHU of the reporting month as polymer dose and the	tule 62- evailable infectant by wire or ONTAINII of Decen
E ea	555. If at chloroconcutelep UMMA PICHLO ach years is any level in print	aso(3), F.A. any time the ine, immedial entration is hone within RY OF US DROHYDRI holymer con the polymer in acrylamide hone to drinking drinking	C. The residual disinfectant contely increase the chloring at least equivalent to 0.24 hours pursuant to R. SE, AT WATER TREAN, AND/OR IRON AND TRON AND TRON AND TRON AND TRON AND TRON TO THE RESIDUATION OF THE RESIDUATI	oncentration in the e dose and/or fluston and/or fl	distribution system appropriate portailable chlorine and F.A.C. OF POLYMENT SEQUESTRANCE Treatment planting the polymer materylamide exceeds (d) and 62-550.32	em drops below ions of the district district the Depth Control of the De	the equivalent button systematement or a standard control of the system	24 hours pursuant to Report of 0.2 mg/L of free as an until the residual distinct appropriate ACPHU of the appropriate ACPHU of the reporting month as polymer dose and the fon third-party certification of third-party certification.	vailable infectant by wire of ONTAINII of Decen acrylamid
E ea	555. If at chloroconcutelep UMMA PICHLO ach year level in The comprime	aso(3), F.A. any time the ine, immedia entration is hone within RY OF US DROHYDRI the polymer contact the polyme bination (or nary drinking polymer corpolymer corpol	C. The residual disinfectant contely increase the chloring at least equivalent to 0.24 hours pursuant to ROSE, AT WATER TREATION AND ITEM AND ITEM TO BE TO	oncentration in the e dose and/or flus. 2 mg/L of free avaule 62-555.350(3), TMENT PLANT ID MANGANES (lamide used at the ppm* m may be based nomer level for audies 62-550.310(2), chlorohydrin used	distribution system appropriate portailable chlorine and F.A.C. OF POLYMENT SEQUESTRANCE Treatment planting the polymer materylamide exceeds (d) and 62-550.32	em drops below ions of the district district the Depth Control of the De	the equivalent ibution systemate or in artment or in artment or in artment or in artment only is part only in artification or i	24 hours pursuant to Report of 0.2 mg/L of free as an until the residual distinct appropriate ACPHU of the appropriate ACPHU of the reporting month as polymer dose and the fon third-party certification of third-party certification.	evailable infectant by wire or ONTAINII of Decen acrylamid ion. If the

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of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

A STATE OF THE PROPERTY OF THE	公司 公司 公司 公司 公司 公司 公司 公司 公司 公司 公司	建建筑建筑 中。 4年	对数据数据的
tally Operation Report for Public Water Synd for Consecutive Public Water Systems to PWS Identification Number: 4430667 Indiantown Water	stems that Use Ground hat Treat Their Water Company.	Waler I has seen He.	Scriber Operation Record for Fulls Water Systems that Use Ground Water and for Gomescutive Full Water Systems that Treat Their Water
rling Month/Year: SEPTEMBER, 20	03	DEP Applicati	on No.:
ler to Chapter 62-699, F.A.C., for plant staffing requirys per week; Class B plants must be staffed by a ceretator seven days per week or at least six days per visited/checked by a certified operator and/or water sant may not be staffed/visited should, if possible, be any not be visited/checked should, if possible, be days peration six or seven days per week.	tilied operator saven days per veek depending on the type ar system representative at least day when the plant is <u>not</u> in	week; Class C plants mus d capacity of treatment a five days per week. The operation; and the two da	et be statted/visited by a certified to the plant; and Class D plants must one day per week that a Class C bys per week that a Class D plant
GENERAL WATER SYSTEM AND WATER TR	REATMENT PLANT INFOR	MATION	
Water System Name and PWS Identification Number,		•	vstem, and Population Served by
System	Oleton Britary dietom 1750	-	
• System • Name: Indiantown Water Con	mpany	PWS Identific	cation No.: 4430667
Name: Indiantown Compan Address: 15851 S.W. Farms Rd		l	772 -59 7 -
City: Indiantown,		State: F1	Zip Code: <u>34956</u>
System Type: 🗷 community; 🗆 non-transient no	•	y; O consecutive	
• Number of Service Connections at End of Report		1,782	
 Total Population Served by System at End of Re 	porting Month:	-,346	
Water Treatment Plant Name, Permitted Capacity	of Plant, Plant Calegory and C	lass, and Plant Operators	
Name: Indiantown Wate:		Telephone (Na. 772 -597-2121
Address: 15851 SW. Farms Rd. City:	/P.O. Box 397	State: F1	. Zip Code: 34956
• Permitted Maximum Day Capacity of Plant: 1	,296,000 gpd	0.000	
• Plant Category and Class per Rule 62-699.310(
• Lead Chief Plant Operator:	of the		
Name	PANISALA MALES	886 rissistann®ent	nastrioredat juzir. Sa
James Hewitt	Cettificate Number	Class (A, B, C, 6r D)	**************************************
	3821	B	1 5
Other Certified Plant Operators (attach addition	nal sheets if necessary):		
Name	Certificate Number	Class (A, B, C, or D)	Day(s)/Shift(s) Worked
DON JÓHŃSON	2816	8 B	5
ERNIE E. WATSON	8649	В .	~ 5
_EARL MAINE	4644		5

n--- 9 . 1 =

System PWS Identification Number: 4430667	Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for Consecutive Public Water Systems that
REDUCTION MINITED SECUREM DED 2007	Treat Their Water five Date: December 19, 1394 Application No.: (Filled in by DET)

●Reporting Month/Year: SEPTEMBER, 2003

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: If free chlorine; © combined chlorine (chloramine); ☐ chlorine dioxide

• Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Quantity of Finished	Lowest: Residual Disinfectant	Resi	dual Disinfectant in Distribut	ion System.	Reported Emergency
of the Month	of the Plant in	lant in Water Produced by	Concentration at Entry to Distribution System (ing/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L) ¹	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	18	612.000	3.4	0.3			
2	21	656.000	1.5	0.2			
3	- 21	637,000	1.5	0.3			
4	16	457.000	1.3	0.3			
5	12	422,000	1.7	0.4 _			-
6	15	417,000	1.0	0.2			
7	13	462,000	1.0	0.2			,
8	16	477,000	1.8	0.4			
9	15	449,000	3.7	0.4			
10	15	445,000	2.3	0.4			, , , , , , , , , , , , , , , , , , , ,
11	14	485,000	3.1	0.6			
12	17	519,000	2.9	0.3			
13	15	471,000	1.7	0.3			
14	16	486,000	2.0	0.4			
15	_15	513,000	1.5	0.5	6	0.2	
16	16	475,000	1,8	0.4			
17	15.	455,000	3.7	0.4			
18	15	459,000	1.7	0.9			
19	13	464,000	3.0	0.3			
20	_17 ·	470,000	2.0	1.4			
21	15	479,000	2.0	0.2			
22	17	512,000	1.6	1.3			
23	_15_	466,000	2.5	0.4			
24	15	470,000	1.0	1.0			
25 26	15	468,000	1.6	0.4			
27	14	419,000	2.1	1.2			
28	13	428,000	2.8	0.6			
	15	455,000	3.1	1.0			
29	14	457,000	2.2	1.0			

Speration Report for Public Water Systems that Use Ground Water or Consecutive Public Water Systems that Treat Their Water	DEP Form No.: 62-555.910(3) Form Title: Monthly Operation Report for Public Weter Systems that Use Ground Water and for
## PWS Identification Number: 4430667	Consecutive Public Water Systems that Treat Their Water
	Effective Date: December 19, 1994
eporting Month/Year: SEPTEMBER, 2003	DEP Application No.: (Filled in by DEP;

Dev	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resid	ual Disinfectant in Distribut	lon System	Reported Emergency
Day of the Month	Plant in	Water Produced by Plant (gallons)	Concentration: at Entry to Distribution System: (mg/L)*	Lowest: Residual Disinfectant Concentration at Remote: Point Img/L!	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
30	15	420,000	3.0	0.4			
. 31	<u> </u>		<u> </u>				
Total	XXXXXXX	14,400,000	l	XXXXXXXXXX		XXXXXXXXXXXXXX	
Avg.	XXXXXXX	480,000	XXXXXXXXXX	1	XXXXXXXXXXXXXXXXXX	<u> </u>	
Max.	1	656 7 ,000			XXXXXXXXXXXXXXXXX		
avai free 555 If a chlo con	ilable chlorini available ch 5.350(3), F.A. t any time ti prine, immedi centration is	e, immediately increase th Norine and notify the Dep .C. he residual disinfectant co Nately increase the chlorin	he chlorine dose un vartment or the ap concentration in the e dose and/or flus 2 mg/L of free av	ntil the residual di propriate ACPHU e distribution syste h appropriate port ailable chlorine an	ribution system drops below isinfectant concentration is a by wire or telephone within the drops below the equivalence of the distribution system of the Department or	at least equivalent to 0 24 hours pursuant to h ent of 0.2 mg/L of free em until the residual dis	2 mg/L of Jule 62- eveileble infectant
	OROHYDR	•		-	R CONTAINING ACRYLA NT (complete this part only		
●Is any	polymer can	ntaining the monomer <u>acr</u>	ylamide used at th	e treatment plant	? If yes, th	he polymer dose and the	acrylamide

11 1/

Polymer Dose - ppm° Acrylamide Level - %°

The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

• Is any polymer containing the monomer <u>epichlorohydrin</u> used at the treatment plant? ______ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

	Polymer	Doze -		ppm²			Epichlor	ohydrin Level •			% ⁼
The epichlaro	hydrin leve	l provided	on this	form may	be based	on the polymer	manufacturer's	certification o	r on t	hird-party	certifica

The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

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Aly Operation Report for Public Water S	ystems that Use Ground			ez-ese.elman Resel for Fuse Water
of for Consecutive Public Water Systems on PWS Identification Number: 4430667	that Treat Their Water	. Point line:	Systems that Ut	तिहरूर जिन्द्र स्थापित १९ जिल्ह्य शिक्षण स्थापित स्थाप अक्षण प्रशासना स्थाप
ent Plant Name: Indiantown Water	Company.			Tree Their Water
ing Month/Year: OCTOBER, 2003		Ellective De DEF Applica		Filled in by DEFI -
r to Chapter 62-699, F.A.C., for plant staffing request per week; Class B plants must be staffed by a celetor seven days per week or at least six days per isited/checked by a certified operator and/or water t may not be staffed/visited should, if possible, be not be visited/checked should, if possible, be days ation six or seven days per week.	rtilied operator seven days per week depending on the type an system representative at least a day when the plant is <u>not</u> in	week; Class C plants mo d capacity of treatment live days per week. The operation; and the two d	ist be staffedfyl at the plant; an I one day per vi lays per vicek t	isited by a certified d Class D plants must reek that a Class C hat a Class D plant
GENERAL WATER SYSTEM AND WATER T	REATMENT PLANT INFORI	MATION .		
<u> Nater System</u> Name and PWS Identification Number			System, and Po	nulation Served by
System		_		
• <u>System</u> Indiantown Water Co			А	- \\ 420667
Hullio,	mpany	PWS Identifi	cation No.: 4	430667
•System Dwner Name: Indiantown Compar	ιν Τής.		**7:795	97-2121
Address: 15851 S.W. Farms Re	_	Telephone N	10.:	
City: Indiantown,		State: F1	Zip Code:	34956
• System Type: Œ community; ☐ non-transient no	n-community: D non-community	onsecutive	- -	
• Number of Service Connections at End of Report		.782		
				_
• Total Population Served by System at End of Re		1		
Water Treatment Plant Name, Permitted Capacity	of Plant, Plant Category and Cl	ass, and Plant Operators		
Name: Indiantown Wate	r Company		753	-597-2121
Address: 15851 SW. Farms Rd.		Telephone	No.: 1/2	-397-2121
City: _	72707 2011 037	State: F1	. Zip Code:	34956
• Permitted Maximum Day Capacity of Plant: 1	,296,000 ppd		·	
• Plant Category and Class per Rule 62-699.310(
• Lead/Chief Plant Operator:				
Name	Cettlificate Number	Class (A. B. C. br D)	Dáyls)/Shills) Worked
James Hewitt	3821	_\B	5	
 Other Certified Plant Operators (attach addition 	al sheets if necessary);			
Name	Certificate Number	S. Imp. a degramma management	an death of tenth and thinks	New co. lean age to b . A. Martidian
DON JOHNSON	2816	2	242 CO 170	NShift(Is) Warked
ERNIE E.WATSON		₹ 8	5	
EARL MAINE	8649 4644	В	5 5	· · · · · · · · · · · · · · · · · · ·
A A A A A A A A A A A A A A A A A A A	. 4044	- <u>- C</u>	3	
			 	

	uer Form No.: 82-855.910(3)
and for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
·	Systems that Use Ground Water and for
System PWS Identification Number: 4430667	Consecutive Public Water Systems that
_Treatment Plant Name:Indiantown Water-Company	Treat Their Weter
	Effective Date: December 18, 1994
Reporting Month/Year: OCTOBER, 2003	DEP Application No.:
respecting institutives.	
The second secon	

• Reporting	Month/Year:	OCTOBER, 2003	

- Type of Residual Disinfectant Maintained in Distribution System Served by Plant:

 ☐ free chlorine; ☐ combined chlorine (chloramine);
 ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resid	dual Disinfectant in Distribut	ion System	Reported Emergency
of the Month	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectants Concentration at Remote Point (mg/L)*	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	12	422,000	2.0	0.4			
2	14	412,000	2.1	0.6		·	
3	. 15	435,000	1.7	0.2	·		
4	12	409,000	1.0	0.4			
5	15	513,000	1.9	0.3			
6	17	500,000	1.9	0.3			
7	14	477,000	1.8	0.4			1
8	16	489,000	2.9	0.8			
9	16	506,000	2.0	0.5			
10	16	465,000	2.5	0.88	ŕ		
11	16	497,000	2.7	0.6			
12	16	490,000	2.8	0.8			
13	15	512,000	1.0	0.6	6	0.5	
14	18	540,000	3.0	1.0			
15	15	482,000	3.3	0.5			
16	16	481,000	2.8	0.8			
17	15.	458,000	2.0	0.3			
18	16	492,000	2.2	0.8			
19	20	597,000	2.6	0.5			
20	18 ·	609,000	2.4	0.6			
21	14	455,000	1.0	0.3			
22	14	451,000	1.0	0.2			
23	16	463,000	1.6	0.4			
24	15	481,000	2.0	0.3			
25	17	514,000	2.5	0.9			
26	19	550,000	2.6	0.5			
27	16	526,000	2.6	1.0			
28	16	490,000	2.6	0.4			
29	16	487,000	1.7	0.6			

ent Plant Name: Indiantor ng Month/Year: OCTOBER,		n_Water. 2003	Water Company 03			Effective Date: December DEP Application No.:		
Day	Hours	Quantity of Finished	Lowest Residual Disinfectant	Resid	ual Disinfectant	in Distributi		Reported Emergency
of the Month	Plant in	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point (mg/L)*	Number of Ir Where Re Disinfectant Me Taken at Tota Sampling	Residual Disinfectant Measurements Concentration at To otal Coliform Coliform Sampling		or Abnormal Operating Conditions
30	16	479,000	1.7	0.3				
31	.16	478,000	1.4	0.3				
	XXXXXXX	15,460,000	XXXXXXXXXX			************	XXXXXXXXXXXXXX	
	XXXXXXX	489,000		XXXXXXXXXX			XXXXXXXXXXXXXXXX	
		609,000	_					
avail free 555.	lable chlorine available ch .350(3), F.A.	e, immediately increase the Horine and notify the Dep C.	he chlorine dose un partment or the app	ntil the residual di propriate ACPHU l	isinfectant conce by wire or telep	ntration is a hone within	24 hours pursuant to Ri	? mg/L of ule 62-
avail free 555. † If at chloi	lable chloring available ch .350(3), F.A. t any time th rine, immedia centration is	e, immediately increase the Horine and notify the Dep	he chlorine dose un partment or the app oncentration in the e dose and/or flusi 2 mg/L of free ava	ntil the residual di propriate ACPHU i distribution syste h appropriate port pilable chlorine and	isinfectant conce by wire or telep em drops below ions of the distr	ntration is a hone within the equivale ibution syste	of least equivalent to 0.2 24 hours pursuant to Ri ant of 0.2 mg/L of free a am until the residual disi	? mg/L of ule 62- nvailable infectant
avaii free 555. † If at chloi conc telep	lable chloring available ch 350(3), F.A. t any time th rine, immedia centration is phone within ARY OF US OROHYDRI	e, immediately increase the Horine and notify the Dep C. he residual disinfectant c ately increase the chlorin at least equivalent to D.	the chlorine dose un partment or the app concentration in the e dose and/or flust 2 mg/L of free ava ule 62-555.350(3), TMENT PLANT	ntil the residual di propriate ACPHU i distribution syste h appropriate port gilable chlorine and F.A.C.	isinfectant conce by wire or telep om drops below ions of the distr d notify the Dep	ntration is a hone within the equivale ibution syste artment or t	of least equivalent to 0.2 24 hours pursuant to Report of 0.2 mg/L of free and until the residual distributed appropriate ACPHU LEAST OF THE POLYMER CO	9 mg/L of ule 62- available infectant by wire or
avaii free 555. If at chloi conc telep UMMA PICHLO ach yea	lable chloring available ch 350(3), F.A. t any time th rine, immedia centration is chone within ARY OF US OROHYDRI ar) polymer con	e, immediately increase the lorine and notify the Dep C. the residual disinfectant contested increase the chloring at least equivalent to D. to 24 hours pursuant to R. SE, AT WATER TREA	the chlorine dose un partment or the app concentration in the e dose and/or flust 2 mg/L of free ava ule 62-555.350(3), TMENT PLANT ID MANGANES	ntil the residual di propriate ACPHU i distribution syste h appropriate port pilable chlorine and F.A.C. , OF POLYMER E SEQUESTRAI	isinfectant conce by wire or teleph em drops below ions of the distr d notify the Dep CONTAINING	ntration is a hone within the equivale ibution syste artment or t G ACRYLA is part only	of least equivalent to 0.2 24 hours pursuant to Report of 0.2 mg/L of free and until the residual distributed appropriate ACPHU LEAST OF THE POLYMER CO	? mg/L of ule 62- evailable infectant by wire or PNTAININ of Decemb
avail free 555. If at chlor conc telep UMMA PICHLU ach yea ls any	lable chloring available ch 350(3), F.A. It any time the rine, immedia centration is ohone within ARY OF US OROHYDRI or) polymer con In the polyme	e, immediately increase the larine and notify the Dep.C. the residual disinfectant content in the least equivalent to D. of 24 hours pursuant to R. SE, AT WATER TREATING, AND/OR IRON A	the chlorine dose un partment or the apponentiation in the e dose and/or flust 2 mg/L of free availule 62-555.350(3), TMENT PLANT ID MANGANES! Plamide used at the	ntil the residual di propriate ACPHU i e distribution syste h appropriate port silable chlorine and F.A.C. , OF POLYMER E SEQUESTRAI	isinfectant conce by wire or telephem drops below ions of the distr d notify the Dep CONTAINING VT (complete the	ntration is a hone within the equivale, ibution systemation or to a comment or	It least equivalent to 0.2 24 hours pursuant to Report of 0.2 mg/L of free and until the residual distributed appropriate ACPHU LAMIDE, POLYMER CONTROL for the reporting month the polymer dose and the	e mg/L of ule 62- evailable infectant by wire or end of December 1 acrylamide
avail free 555. If at chlor conc telep UMMA PICHLO ach yea Is any level in The com prin	lable chloring available ch 350(3), F.A. It any time th rine, immedia centration is chone within ARY OF US OROHYDRI or) polymer con on the polyme acrylamide chination (or mary drinking	e, immediately increase the lorine and notify the Depler. C. the residual disinfectant charles increase the chloring at least equivalent to D. of 24 hours pursuant to R. O. of 24 hours pursuant to R. O. of 25 hours pursuant to R. O. of 26 hours pursuant to R. O. of 27 hours pursuant to R. O. of 28 hours pursuant to R. O. of 29 hours pursuant to R. O. of 29 hours pursuant to R. O. of 29 hours productly of dose and more productly of dose and more water standards per Ru	the chlorine dose unartment or the appropriate the concentration in the endose and/or flustone the concentration in the endose and/or flustone the concentration in the endose and/or flustone the concentration of the con	ntil the residual dispropriate ACPHU in propriate ACPHU in distribution system in appropriate portionale chlorine and F.A.C. TOF POLYMEN E SEQUESTRAINE treatment plant? To the polymer manylamide exceeds (d) and 62-550.32	isinfectant concepts wire or telephone and drops below ions of the district of notify the Dephone CONTAINING Acrylianufacturer's cere C.05% dosed at 15(1), F.A.C.	ntration is a hone within the equivale, ibution systemat or to a comment or to	It least equivalent to 0.2 24 hours pursuant to Report of 0.2 mg/L of free and until the residual distributed appropriate ACPHU Life of the reporting month of the polymer dose and the contributed appropriate according to the reporting month of the reporting month of the polymer dose and the contribute according to the reporting month of the polymer dose and the contribute according to the reporting month of the reporting month of the polymer dose and the contribute according to the reporting month of the polymer dose and the contribute according to the reporting month of the polymer dose and the contribute according to the reporting to the reporting month of the polymer dose and the contribute according to the reporting to the	e mg/L of ule 62- evailable infectant by wire or exception of State ion in the ion of State ion in the ion of State ion in the ion ion ion in the ion
avail free 5555. If at chlor conc telep UMMA PICHLO ach yea Is any level in The com prin	lable chloring available ch 350(3), F.A. It any time th rine, immedia centration is chone within ARY OF US OROHYDRI or) polymer con in the polyme r acrylamide inbination (or mary drinking	e, immediately increase the lorine and notify the Dep.C. the residual disinfectant chately increase the chloring at least equivalent to D. a 24 hours pursuant to R. SE, AT WATER TREATIN, AND/OR IRON AND taining the monomer acres are as follows: Polymer Dose — Level provided on this for product) of dose and mo	the chlorine dose under the appropriate the concentration in the endose and/or flustone the concentration in the endose and/or flustone the concentration in the endose and/or flustone the concentration in the concentrat	ntil the residual dispropriate ACPHU in propriate ACPHU in distribution system in appropriate portionable chlorine and F.A.C. TOF POLYMEN E SEQUESTRAINE treatment plant? To the polymer manylamide exceeds (d) and 62-550.32	isinfectant concepts wire or telephone and drops below ions of the district of notify the Dephone CONTAINING Acrylianufacturer's cere C.05% dosed at 15(1), F.A.C.	ntration is a hone within the equivale, ibution systemat or to a comment or to	of least equivalent to 0.2 24 hours pursuant to Report of 0.2 mg/L of free and until the residual distributed appropriate ACPHU Life of the reporting month of the polymer dose and the contributed are polymer dose and the contributed are third-party certification.	e mg/L of ule 62- evailable infectant by wire or exception of State ion in the ion of State ion in the ion of State ion in the ion ion ion in the ion

of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

ent Plant Name: Ind1	r: <u>4430667</u> antown Water Co	vnsamc		Generalise Fulfic Water Systems that Treat Their Water
g Month/Year:	NOVEMBER		Elfective Date DEF Applicati	lon No.:
			COM	IFITI ed. In by . DEFI
r #	-			FY
per week; Class B plants i tor seven days per week c sited/checked by a certifiet may <u>not</u> be staffed/visited	must be staffed by a certifie or at least six days per week d operator and/or water syste i should, if possible, be a day uld, if possible, be days whe	ed operator seven days per we k depending on the type and co em representative at least live y when the plant is <u>riot</u> in ope	ek; Class C plants mus apacity of treatment a o days per week. The cration; and the two da	operator 74 hours per day for seven at he staffed/visited by a certified at the plant; and Class D plants must one day per week that a Class C ays per week that a Class D plant nsecutive days if the plant is in
• •	EM AND WATER TREA	TMENT PLANT INFORMA	TION .	
ater System Name and PW				ystem, and Population Served by
ystem	•		-	
11011161	own Water Comp	any	PWS Identific	cation No.: 4430667
	ntown Company		Telephone No	n: 772 -597-2121
Address: 15851 S	.W. Farms Rd.	/P.O. Box 397	State: F1	Zip Code: 34956
	nity; 🗖 non-transient non-col	requestry II non-community I		
	•		I CONSECUTIVE	
	ections at End of Reporting 1		1,173	
	by System at End of Reporti		7,374_	
<u>Water Treatment Plant Nam</u>	me, Permitted Capacity of P	lant, Plant Category and Class	and Plant Operators	
• Treatment Plant	iantown Water (Commanu	.	EN7 2171
	W. Farms Rd./P		Telephone f	No.: 772 -597-2121
City:	to read here	•U• DUA 33;	State: F1	Zip Code: 34956
●Permitted Maximum Day	Capacity of Plant: 1,2	96,000 gpd		
	s per Rule 62-699.310(3), F			
• Lead/Chief Plant Operate		.H.U.		
 · • •	Name	antiture of the Property of the Control of the Cont	The same of the Antonio Congress	T work the same of the same of the same of the same of
		Cettilicate Number	Class A.B. C. or D	A consequence of the frame of the property of the contract of
	T '1	_ 3821	В] 5
James Hewit				
James Hewit	perators lattach additional si			
James Hewit		heets if necessary):	Class (A%B%Cp-off D)	@#####################################
James Hewit	perators lattach additional si	heets if necessary):		Day(s)/Shill(s) Worked
James Hewit Other Certified Plant D DON J	perators (attach additional si	heets if necessary):	Class (A B C off D)	Uay(s)/Shift(s) Worked
James Hewit Other Certified Plant D DON J ERNIE	perators (attach additional si Name ÓHŃSON	heels if necessary): Certificate Number 2816	3 B	5
James Hewit Other Certified Plant D DON J ERNIE	perators lattach additional sl Name ÓHŃSON E.WATSON	Certificate: Number 2816	♣ B	5

n___ n . e r

		1 UET FORM No.: 34-000.310[4]
and for Consecut	tive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
	•	Systems that Ups Ground Water and for
System PWS Identificati	on Number: 4430667	Consecutive Public Weter Systems that
•		Treat Their Water
ireatment.Plant.Name:	Indiantown Water Company	Effective Date: December 19, 1994
Reporting Month/Year:	NOVEMBER, 2003	DEF Application No.:
trobotting mount roots		(Filled in by DEF)

• Reporting Month/Year:	NOVEMBER, 2003
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- Type of Residual Disinfectant Maintained in Distribution System Served by Plant: ☑ free chlorine; ☐ combined chlorine (chloramine); ☐ chlorine dioxide
- Summary of Daily Water Treatment Data for Reporting Month:

			Lowest Residual Disinfectant	Resid	oual Disinfectant in Distribut	ion System	Reported Emergency
Day of the Month	Hours Plant in Operation	lours Unantity of Finished Concentrat		Disinfectant	Number of Instances Where Residual Disinfectant Measurements Taken at Total Collform Sampling Points	Lowest Residual Disinfectant Concentration at Total Collform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	17	490,000	1.5	0.2			
2	16	489,000	1.9	0.4			
3	17	496,000	2.9	0.9			
4	15	484,000	2.0	0.4			
5	15	448,000	2.6	0.2		<u> </u>	
6	14	424.000	2.0	0.7			
7	16	453,000	2.0	0.3			<u>. </u>
8	16	467,000	1.9	0.4			
9	16	513,000	2.2	0.3			
10	16	492,000	2.0	0.6	·		
11	16	453,000	2.1	0.4	6	0.3	<u> </u>
12	15	477,000	2.5	0.9			
13	16	478,000	2.0	0.9			
14	15	479,000	2.3	1.1			
15	17	480,000	2.4	0.4			
16	17	537,000	2.2	1.0		<u> </u>	<u> </u>
17	19	554,000	2.8	0.4	<u></u>		<u> </u>
18	17_	532,000	2.3	0.9			
19	17	498,000	1.8	0.2		<u> </u>	
20	13 ·	453,000	1.0	0.6			
21	13	473,000	1.0	0.2			
22	14	483,000	1.1	0.6			
23	16	525,000	1.9	0.4			
24	18	555,000	2.6	0.8		1	
25	10	524,000	3.1	0.6			. }
26	17	499,000	2.4	0.6			1
27	20	537,000	1.3	0.2			
28		549,000	2.0	0.4		.]	
29	19	562,000	2.7	0.8			

	lentification t. Name:	e Public Water Sys Number: <u>443066</u> Indiantow NOVEMBER	7			Effective Date DEP Applicati	on No.:	eter and for
Day of the Month	100000000000000000000000000000000000000	Quantity of Finished Water Produced by Plant (gallons)	Lowest Residual Disinfectant Concentration at Entry to Distribution System (mg/L)*	Residual Lowest Residual Disinfectant Concentration at Remote Point [mg L ¹	Number of Where R Disintectant M Taken at Tot Sampling	Instances esidual easurements al Coliform	un System Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points Img(L)*	Reported Emergency or Abnormal Operating Condition
30	17	505,000	3.3	0.6				
31	ļ							
	XXXXXXX	14,909,000	. [XXXXXXXXXX			XXXXXXXXXXXXXX	
	XXXXXXX	497,000	1	,	1 .		XXXXXXXXXXXXXXXXXX	XXXXXX
1		562,000						
avail free		e, immediately increase to lorine and notify the Dep	he chlorine dose u	ntil the residual di	isinfectant cond	entration is a		? mg/L of
avail free 555. If at chlor cond telep	available chi 350(3), F.A. any time the rine, immedia centration is phone within ARY OF US OROHYDRI	e, immediately increase to lorine and notify the Dep	he chlorine dose un partment or the appropriate of	ntil the residual di propriate ACPHU e distribution syste h appropriate port ailable chlorine an F.A.C.	isinfectant cond by wire or tele em drops below tions of the dist d notify the De	entration is a phone within the equivale tribution syste partment or t	at least equivalent to 0.2 24 hours pursuant to R ant of 0.2 mg/L of free e am until the residual dist the appropriate ACPHU L MIDE, POLYMER CO	? mg/L of ule 62- evailable infectant by wire or
avain free 555. If all chloi conc telep SUMMA EPICHLE each yea	available chi 350(3), F.A. I any time the rine, immedia centration is phone within ARY OF US OROHYDRI polymer cont	e, immediately increase to lorine and notify the Dep C. The residual disinfectant co ately increase the chlorin at least equivalent to D. 24 hours pursuant to F CE, AT WATER TREA	he chlorine dose un partment or the ap- concentration in the ne dose and/or flus 2 mg/L of free av- cule 62-555.350(3), ATMENT PLANT ND MANGANES	ntil the residual di propriate ACPHU e distribution syste h appropriate port ailable chlorine an F.A.C. T, OF POLYMER E SEQUESTRA	isinfectant cond by wire or tele em drops below tions of the dist d notify the De R CONTAININ	entration is a phone within the equivale tribution system partment or the VG ACRYLA this part only	at least equivalent to 0.2 24 hours pursuant to R ant of 0.2 mg/L of free e am until the residual dist the appropriate ACPHU L MIDE, POLYMER CO	? mg/L of ule 62- evailable infectant by wire or PNTAINII of Decem
avain free 555. If all chloi conc telep SUMMA EPICHLE each yea	available chi 350(3), F.A. I any time the rine, immedia centration is phone within ARY OF US OROHYDRI or) polymer cont in the polyme	e, immediately increase to lorine and notify the Dep C. The residual disinfectant content in the content of th	he chlorine dose un partment or the ap- concentration in the ne dose and/or flus 2 mg/L of free av- cule 62-555.350(3), ATMENT PLANT ND MANGANES	ntil the residual di propriate ACPHU e distribution syste h appropriate port ailable chlorine an F.A.C. T, OF POLYMER E SEQUESTRA	isinfectant cond by wire or tele em drops below tions of the dis d notify the De R CONTAININ NT (complete	entration is a phone within the equivale tribution system partment or the VG ACRYLA this part only	It least equivalent to 0.2 24 hours pursuant to R. Int of 0.2 mg/L of free a Int until the residual dision The appropriate ACPHU I MIDE, POLYMER CO Thor the reporting month e polymer dose and the	mg/L of ule 62- evailable infectant by wire of Decement
avain free 555. If all chloroconc teleps SUMMA EPICHLI each yea level in The compring	available ching 350(3), F.A. it any time the rine, immedia centration is subnone within ARY OF US OROHYDRI in the polymer continuity of acrylamide in the polymer continuity drinking polymer continuity drinking	e, immediately increase to lorine and notify the Dep C. The residual disinfectant contelly increase the chloring at least equivalent to D. 24 hours pursuant to R. E., AT WATER TREAN, AND/OR IRON AI taining the monomer acres are as follows: Polymer Dose — level provided on this for product) of dose and more water standards per Report and the monomer equivalent in the monomer equi	the chlorine dose understment or the eperatment or the eperatment or the eperatment of the eperatment	ntil the residual dispropriate ACPHU e distribution system in appropriate portion and F.A.C. T. OF POLYMER E SEQUESTRA The treatment plant on the polymer macrylamide exceeds I(d) and 62-550.32	isinfectant cond by wire or telepem drops below tions of the dist d notify the De CONTAININ NT (complete to 0.05% dosed 25(1), F.A.C.	tentration is a phone within the equivale tribution system art ment or the partment or the partment of the partment only art from the partment of the partment	It least equivalent to 0.2 24 hours pursuant to R. Int of 0.2 mg/L of free a Int until the residual distribe appropriate ACPHU I MIDE, POLYMER CO for the reporting month e polymer dose and the - %* on third-party certificate	mg/L of ule 62- evailable infectant by wire or ONTAINII of Decem- ecrylamid acrylamid ion. If the tion of States
avain free 555. If all chloroconc teleps SUMMA EPICHLI each yea level in The compring	available ching 350(3), F.A. it any time the rine, immedia centration is solved within ARY OF US OROHYDRI in the polymer continuity drinking p	e, immediately increase to lorine and notify the Dep C. The residual disinfectant contelly increase the chloring at least equivalent to 0. 24 hours pursuant to R. AT WATER TREAN, AND/OR IRON AI taining the monomer acres are as follows: Polymer Dose — Revel provided on this for product) of dose and monomer acres water standards per Revel.	the chlorine dose understment or the eperatment or the eperatment or the eperatment of the eperatment	ntil the residual dispropriate ACPHU e distribution system in appropriate portion and F.A.C. T. OF POLYMER E SEQUESTRA The treatment plant on the polymer macrylamide exceeds I(d) and 62-550.32	isinfectant cond by wire or telepem drops below tions of the dist d notify the De CONTAININ NT (complete to 0.05% dosed to 25(1), F.A.C. plant?	tentration is a phone within the equivale tribution system art ment or the partment or the partment of the partment only art from the partment of the partment	It least equivalent to 0.2 24 hours pursuant to R. Int of 0.2 mg/L of free earm until the residual distrible appropriate ACPHU I MIDE, POLYMER CO for the reporting month e polymer dose and the - %* on third-party certificate equivalent), it is a violate es, the polymer dose and	mg/L of ule 62- evailable infectant by wire or ONTAINII of Decem- ecrylamid acrylamid ion. If the tion of States

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of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

the second section of the sect		制制的设计 等。	化新星型工艺	建筑的物态 。
ly Operation Report for Public Water Systems the Consecutive Public Water Systems the PMS Identification Number: 4430667	tems that Use Ground V at Treat Their Water	Valer DEP Form Ho.	Hantibi Operitan fiera Systems that Use Gra Consecutive Fuells (Valer Systems that Treat Their Water
ent Plant Name: <u>Indiantown Water (</u> ng Month/Year: <u>DECEMBER</u> , 2003	lompany.	Ellective Det	·· •	Filled to by DEF)
to Chapter 62-699, F.A.C., for plant stalling require per week; Class B plants must be stalled by a certifier seven days per week or at least six days per we sited/checked by a certified operator and/or water sy may not be stalfed/visited should, if possible, be a control of the visited/checked should, if possible, be days we ation six or seven days per week. ENERAL WATER SYSTEM AND WATER TREATER System Name and PWS Identification Number, system System Indiantown Water Company Name: Indiantown Company Address: 15851 S.W. Farms Rd. City: Indiantown,	lied operator seven days per vek depending on the type and stem representative at least fill day when the plant is not in operation the plant is not in operation the plant is not in operation. ATMENT PLANT INFORMATION OF THE COMMONTY OF THE COMMONTY OF THE COMMONTY, INC.	veek; Class C plants must be capacity of treatment a ve days per week. The peration; and the two do on and should be non-constituted. Service Connections to Se	t be stalled/visite t the plant; and C one day per week eys per week that essecutive days if the eystem, and Fopula cation No.: 443	thet is Class C as Class D plant he plant is in Closs D plant he plant is in
• Total Population Served by System at End of Rep	orting Month:5	385		
• Treatment Plant Name, Permitted Capacity of • Treatment Plant Name: Indiantown Water Address: 15851 SW. Farms Rd./	Company .		No.: _772 -5	97-2121
City: .		State: F1	Zip Code: 3	4956
Permitted Maximum Day Capacity of Plant: 1, Plant Category and Class per Rule 62-699.310(3)				
• Lead/Chief Plant Operator:				
Name	Certificate Number	Class (A.B. C. or Ol	DáylsilS	hill(s) Worked
James Hewitt	3821	В	5	
• Other Certified Plant Operators (attach additiona	l sheets it necessary):			
Name	Certificate Number	Class (A, B, C, or D)	Zi(s)yeU	hift(s) Worked
DON JÖHNSON	2816	≯ B	5	· · · · · · · · · · · · · · · · · · ·
ERNIE E.WATSON	8649	В	- 5	
_EARL MAINE	4644	_C -	5	
				· · · · · · · · · · · · · · · · · · ·

n___ q .t F

and for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water
System PWS Identification Number: 4430667	Systems that this Ground Water and for Consecutive Public Water Systems that
Treatment Plant Name:Indiantown Water Company Reporting Month/Year: DECEMBER, 2003	Effective Date: December 19, 1994 DEP Application No.:

II. SUMMARY OF DAILY WATER TREATMENT DATA FOR REPORTING MONTH

●Reporting Month/Year: DECEMBER, 2003

• Type of Residual Disinfectant Maintained in Distribution System Served by Plant: Free chlorine; Combined chlorine (chloremine); Chlorine dioxide

· Summary of Daily Water Treatment Data for Reporting Month:

Day	Hours	Duentity of Finished	Lowest Residual Disinfectant	Resid	dual Disinfectant in Distribut	ion System	Reported Emergency
of the Month	Plant in Operation	Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*		Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Coliform Sampling Points (mg/L)*	or Abnormal Operating Conditions
1	18	553,000	√ 3.8	0.9			
2	18	543,000	2.0	0.6			
3	17	506,000	2.2	0.6	· ·		
4	17	528,000	2.3	0.4			
5	19	523,000	1.9	0.4			
6	16	470,000	1.5	0.3			
7	16	496,000	1.0	0.3		-	
В	19	564,000	2.7	0.4			
9	18	527,000	3.2	1.0			,
10	18	556,000	2.1	1.0			
11	17	585,000	2.1	1.0	7	1.0	
12	16	473,000	2.0	0.8			
13	18	514,000	0.6	0.6			
14	20	631,000	2.1	0.7			
15	19	620,000	3.9	0.9			
16	16	482,000	2.1	0.8			
17	16.	462,000	2.6	0.7			
18	1.6	448,000	2,2	0.7			
19	14	434,000	2.4	0.5			
20	16 .	465,000	2.7	0.7			
21	16	481,000	2.4	0.5			1
22	16	472,000	2.4	0.6			
23	17	498,000	2.1	0.4			
24	16	490,000	2.2	0.8			1
25	18	491,000	1.4	0.2			
26	14	493,000	1.3	0.4			
27	17	655,000	2.8	0.8			
28	17	498,000	2.7	1.0			
29	19	520,000	1.8	0.7			

Operation Report for Public Water Systems that Use Ground Water	DEP Form No.: 62-555.910(3)
ad for Consecutive Public Water Systems that Treat Their Water	Form Title: Monthly Operation Report for Public Water Systems that Use Ground Water and for
ystem PWS Identification Number: 4430667	Consecutive Public Water Systems that
realment Plant Name: Indiantown Water Company	Effective Date: December 19, 1994
eporting Month/Year: DECEMBER, 2003	DEP Application No.: [Filled in by DEP;

			Lowest Residual	Resid	ual Disinfectant in Distributi	on System	Reparted Emergency
10000000000000	Hours Plant in Operation	Quantity of Finished Water Produced by Plant (gallons)	Concentration at Entry to Distribution System (mg/L)*	Lowest Residual Disinfectant Concentration at Remote Point Img/LJ	Number of Instances Where Residual Disinfectant Measurements Taken at Total Coliform Sampling Points	Lowest Residual Disinfectant Concentration at Total Colliorm Sampling Points (mg/L)*	or Abnormal Operating Conditions
30	18	497,000	2.3	0.9	,		
31	17	535,000	2.4	0.6			
Total	XXXXXXX	16,010,000	XXXXXXXXXX	XXXXXXXXXX		XXXXXXXXXXXXXXX	
Avg.	XXXXXXX		XXXXXXXXXXX	XXXXXXXXXXX	XXXXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	
Max.	XXXXXXX	655,000	XXXXXXXXXXX	XXXXXXXXXX	XXXXXXXXXXXXXXXXX	XXXXXXXXXXXXXXX	XXXXXXX

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SUMMARY OF USE, AT WATER TREATMENT PLANT, OF POLYMER CONTAINING ACRYLAMIDE, POLYMER CONTAINING EPICHLOROHYDRIN, AND/OR IRON AND MANGANESE SEQUESTRANT (complete this part only for the reporting month of December each year)

• Is any polymer containing the monomer <u>acrylamide</u> used at the treatment plant?	If yes, the polymer dose and the acrylamid
level in the polymer are as follows:	-

Polymer Dose — ppm* Acrylamide Level — %*

The acrylamide level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for acrylamide exceeds 0.05% dosed at 1 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

• is any polymer containing the monomer <u>epichlorohydrin</u> used at the treatment plant? ______ If yes, the polymer dose and the epichlorohydrin level in the polymer are as follows:

Fulymer Dose - ppm" Epichlorohydrin Level - %

The epichlorohydrin level provided on this form may be based on the polymer manufacturer's certification or on third-party certification. If the combination (or product) of dose and monomer level for epichlorohydrin exceeds 0.01% dosed at 20 ppm (or equivalent), it is a violation of State primary drinking water standards per Rules 62-550.310(2)(d) and 62-550.325(1), F.A.C.

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 Final

To: REPORT: GROUP:

Domestic

FACILITY:

COUNTY:

Indiantown Company Wastewater Treatment Plant

LOCATION: 15851 S.W. Farms Road

Martin

Indiantown, FL 34956

FACILITY ID:

CLASS SIZE:

LIMIT:

FL0029939

WAFR SITE NO.:

20552

GMS ID NO.:

5143P03291

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

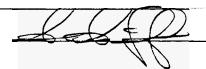
D001

Minor

NO DISCHARGE FROM SITE

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NZ						MG	0		
STORET No. 10056 1 Mon Site No. EFF-1	Permit Measurement	Report (Total Month)		mg.				44.		Continuous during any overflow	Calculatedts ** Flow**
TRC for dechlorination	Sample Measurement										
STORET No. 50060.	Pennit Measurement		Pyline B	Ž K	0.01 (Max.)** 5		翻算	mg/L		Daily, during	Grab:
pH	Sample Measurement										
					6.0 <u>1</u> (Min.)	(Viet Par	表现的系	± S.U _± ∈	- 15.0 - 15.0	Daily during	Grab.
Oxygen, Dissolved (DO)	Sample Measurement			and the second s							
STORET No. 80300 L Mon Site No. EPF-1					(Min)	Person		mg/L=		Daily during	Grab
	Sample Measurement			Balanti e e e e e e e e e e e e e e e e e e e		200-1010 4-101 Basis		The control of the co		The second secon	State Company of the
	Permits Measurementsee				発力量は表			200			
	Sample Measurement			the same of the same of	and the second second second second second			all water consequences to according	Stade Like 21 Ave Co		
Comment of the second	នាវិទ្យារីកែ នៃ ។ ១៥៨៥ពីទៅលើបាន										

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(772)

2003/02/26

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

Minor

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291

WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

MONITORING PERIOD From:

D001

IIC

no discharge from site 🗹

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	ND						%	٥		
PARM Code TAN-6H	Permit Requirement				LC 50 greater c than 100%			effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Gode-IIAN-3B Mon Site No. EFF-1	Permits Requirements				10C-50 greaters (than 100%)			effluent.		e annualt	four-grabe samples during ac/4 hour-day
	Sample Measurement				•		/*				
Section 1997	Requirement	體的				14.34	Billion			-36.35 W	
	Sample Measurement										
0.500.0000	Pennill & Pennil		7,700		ar men				150 gra		7.5
The state of the s	Sample Measurement									and the second second second second second	,
经验的	Permite Requirement					resident Lorent in the					
	Sample Measurement									The state of the same of	
	विक्रमणि - विक्रमणितमण्ड			487		-		12467		* SECTION AND	a de ess
	Sample Measurement									make the transport of the transport	
	Requirement									e de la composition della comp	

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From: LIMIT:

Minor

To: REPORT: GROUP:

Domestic

FACILITY: Indiantown Company Wastewater Treatment Plant LOCATION: 15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

FL0029939

5143P03291

WAFR SITE NO.:

20552

DISCHARGE POINT NUMBER:

D002

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	D						МС	0		
STORETING 0005+6; II Mon:Site No: EFF-22	Permit 2 Measurements	-Reports (Fobility 6 mile)		comp so	4					Continuous (during any ⇒overflow•	Sept tilowers
TRC for dechlorination	Sample Measurement										
STOREUN0:500609 II	Permit Measurements				(VGC) # 2			mg/Lea	#.	Daily during any	Gib
рН	Sample Measurement										
STORET:No 004003 18 Mon.Site:No EFF-2	Pelmir Meistlehener				6.0s se u(Min))us	(Max)	er der	SUL		Daily during any:	y o Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 90300 - 1778 - 1778 - 1779	Penning (*) Measurement de				510 (Wiii)		14 77 16	mg/L		Daily during any overflow:	Grab.
THE COLUMN TWO COLUMN TO THE COLUMN TWO COLU	Sample Measurement										·
	Permit avenshenene							ja Parite			
	Sample Measurement										
	akemili Vezkinenene		A CALLES								
	Sample Measurement				-						
	Permi Meisnenene							红 唇透			*(8. 70 %)
,	Sample Measurement							40.000			
	igannic>==>0 •¥Gesinaricai										

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NP						90	0		
PARM Code TAN-6H 1 Mon Site No EFF-2	Permit Requirements				LC 50 greater, than 100%			- %.		annual	four grabe
96-hr Acute Static Renewal-		\$ = 12.00 FE	and the second		产。这种政府		自然といいます。	20 E		and the second	samples durin 2 a 24 hour day
Ceriodaphnia Dubia	Sample Measurement	-									
PARM Code TAN-3B	Permit	English Edward.	Section 200	52 of \$50 miles	Marketers			0/3	1200	Non-of-section 12-12-12-12	s are some and a some
Mon Site No. ERF-2	Requirement.				LC 50 greater than 100%			effluent		annual	samples durin 24 hour day
AL INVESTIGATION	Sample Measurement								25.802.858		a 2 - nour day
	Permit 2	es _{er} eri	顾治等			ed a de la companya d		3			
CONT. THE SECRETARY SECTION SE	Sample Measurement									The second se	
	Permit	Constant								以称文章 哲	
	Sample Measurement										A TOWN TO SELECTION OF SELECTIO
	Permit 40 40 40 40 40 40 40 40 40 40 40 40 40							Mit.			
	Sample Measurement				,						
	Pennic Requirement						C				
	Sample Measurement										
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	Sample Measurement								in territorial (NAMES OF THE PERSON OF THE PER
	Politi Requiremen								- 1		计型 数
	Sample Measurement		·								
	ranto Nationalism				flads.						1 48 74 (F)

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

1/01/03 Final

To: REPORT:

WAFR SITE NO.:

CLASS SIZE:

LIMIT:

Minor

GROUP:

Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

FL0029939

5143P03291

DISCHARGE POINT NUMBER: D003

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☑

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND						MG	0		
STORET No. 000566 L MonSite No. EFE 34	Permit Measurement	Report (Hotal-Month)	A.	e i me						Gontinuous during any overflow	Calculated Flow
рH	Sample Measurement										
STORET No. 00400 - 1 Mon Site No. EFF-3	Permit				GOL (Min):	850 (Kinza)	A September 2	C SU Section	Sale	Daily during	grab***
TRC for dechlorination	Sample Measurement										
	Permit:	制制型。			0:01 or(Max)=7			mg/L		Daily during any overflow	L Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 F	Permits A	K EL			(vin)			mg/L-		Daily during)	Grab
TO THE STATE OF TH	Sample Measurement										
	Permit Massingian							San de la company			and statement
	Sample Measurement										
	ीर्यनुवर्गार ।४८:डगाल्नार्गा								響		
	Sample Measurement				-						
	ार्थकृतः अवस्थानगटाः				10.00						
	Sample Measurement										
	भन्यत्। अभिकारमानामा	2.5									

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Type
		NO						7.	_ =		
PARM Code TAN-6H MoniSite No. EFF-3	Permit Requirement				100200 Breater - 100200			Gillion		annual = -	ne four grab samples during: a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia PAROVI Code TAN 18	Sample Measurement Remains				ILC SO greaters					a Vannuale 🚉	्रा (onlog ध्रिक्रेट के
MonSite:No PEFE	ीरद्वातारकत्त्वतः -				nen long.			Outen		* samuel	simples du ing a 24 hour day
	Sample Measurement										
	Permit Requirement Sample Measurement						100				
artifetti tattiseesi (ga	Requirement Sample										
	Measurement Permit					a de la companya de					
	Requirement Sample Measurement				•						
	Remit Se sRequirements										
	Measurement Permit										
	Sample Measurement		Security was a second and a second								
	Androperation	Section 1 to the second				The second secon				and the second	
	Sample Measurement										
Children	Resilination Sample Measurement		enter e sala de la composición del composición de la composición d		and the second s	tina de cario de la compansión de la comp					
dia	Refugencen.		de constant de la con			An allering to the second					

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

Minor

To:

REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

LIMIT: CLASS SIZE:

> FL0029939 5143P03291

WAFR SITE NO

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER:

R001 PLANT SIZE/TREATMENT TYPE: IIC

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	- Sample Type
Flow	Sample Measurement	, 350						MCD	0		
STORET No. 50050 Y Mon Site No. EFF-6	Permits	04 (AncAyga)		mgd.						Continuous with 6	Flow Meters with Totalizer
Flow	Sample Measurement		, 483					Med	0		
STORET No. 50050 L Mon. Site No. EFF-6	Permit: 34646 Measurement 12		a Reports 4.9 (Mos Avg.)	mgd+_						Continuous with 6-	
CBOD5	Sample Measurement				5.0			Mg/	0		
Mon Site No. EFF-6	Permits over a Measurements				* 200 5555 (An Avg)		SAFETARE.	mg/L:		Weekly	8-hour FPC
CBOD5	Sample Measurement				3.5		6.3	May	0		
	Permit Measurement		Richard III		25.0 (Mo. Avg.)	40 0/report : (Week Ave.)	60.05 ***********************************	mg/L		Weekly	8-hour EPC.
TSS	Sample Measurement				5,2	3 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		Ngc	0		
STORET Noi:00530 Y Fig.	Permit				20.0 ; s4; (An Avg.) **			mg/E	- 11 - 1	Weekly :	8-hour FPC
TSS	Sample Measurement				4.0		5,6	My	0		
STORET No. 100530 L	Permit Average Vicasii emenitar			66 to 31	(Viol Avg.)	45 O/repoints 8 (PWeek a ve)	60:0 = 5 (Mac): 4	mg/L-		Weekly	:8-hour FPC .
pH	Sample Measurement				7.0 ^{5.0} ,	7. 6 Su.		5 .V.	0		
STORETNO DO ACO TI MORSIG NO JEFF-6.	Pennin Mensurencia			e de la companya de l	6.0s Cds (Mim)Ma	La & See		Side		6-Days/week	Graba*
	Sample Measurement				1			20 on 187			
	ए (न्योष्टी क्रिक्स ए (न्योष्टी) ज्ञानिस्										

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity or Loading			Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Typ
Vitrate, as N	Sample Measurement				2.2			Max	0		
TORET No. 00620 1 Aon Site No. EFF-65	Permit. Measurement				12.0e-3 - (Max.)			mg/L:		Weekly	Grab
litrogen, Total as N	Sample Measurement				21.2	18		Myc	0		
TORET No. 00600 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Measurement				Reports 4.7	Report		mg/L:	i est	Weekly	8-hour FP0
hosphorus, Total as P	Sample Measurement				5.6	4.2	S = 40 - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Myc	0		
TORET No. 00665 1	Permit Salata	7.51.512			Report ***	Report (AVICE)		mg/E2		Weeklys	= 8-hour-FP
ecal Coliform Bacteria	Sample Measurement				14,2			#/100	0		
TORET No. 74055 Y. T.	Permit A Section 1				`с 'e -200=24-ж. (Ал-Avg 1, ≥			#/100ml		Weeklys	z , prz Graby
ecal Coliform Bacteria	Sample Measurement				< \	< (#/100 m	0		
TORET No. 74055 B	Memis Westitened				, Kgp0rt (kvir, lger , Meari	80 (V@⊒		#// 00ml		Weekil	Grab
RC for disinfection	Sample Measurement				. 1.0			Maga	0		
TORET No. 50060 1	Permitos de la Measurement				0.5 (Vini)	100		mg/L		6 Days/week	: Grabe
The section of the se	Sample Measurement										
Section 2	Zermit Measurement Sample Measurement				The second se						
	e de <mark>Plemitios de la companio de la</mark>										
	Sample Measurement										
	Pami Wessienen							esta (7.7	
	Sample Measurement				-				and the second s	e nomen a mandre anno anno anno anno anno anno anno ann	
	tez etemni Svetonanon										

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

FL0029939

Minor

<u>//0//03</u> Final To: REPORT: GROUP: Monthly
Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 R002, R003 WAFR SITE NO.: GMS TEST SITE NO.:

20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ation	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ט א	NO					ME	0		
STORET No. 00056 1 Mon.Site No. EFF-44	Permit Measuremend #	Report (Total Month)	seReports (Mix Daily Flow)	ime			1534 1			子のは、これは、これは、これに	Calculated Flow
Flow	Sample Measurement	ND	ND					MG	0		
STORET No. 00056 P Mon Site No. EFF St. 0	Permit Measurement	TREPOTE (10)ELVONE)	100 SS (100 SS	ramg a						Continuous duaine any coverflow	Calculated - Elow
Flow	Sample Measurement		0.275					MGD	0		
STORETNO 500501 Q MonSiteNo EFF-75 T	Permie Vertalingment		// // // // // // // // // // // // //	med						Continuous with Greadings/week	Recording : flow meters and totalizer
Flow	Sample Measurement	0.067						MGD	0		
STORET No: 50050 - Y. MontSite No: EFE-8	arannic Vicasilianan	Ans Avg)ass		media.				H, # 19		Continuous with 6 readings/weeks	Calculated
Flow	Sample Measurement		0.151					MGD	0		
STORETING 50050 R Mon Site No. EBF-84	o Pennings Measuremens		Kepton L(Moz/ATF2) = /	1000						Continuous with:	
Flow	Sample Measurement	0.097						MGD	0		
STOREUNO 50050 S Mon Sie No. EFF, 9	Veasurements	(Air AV)		mgd		* (= 3 pt) (d)	7		-4.	Continuous with 6 readings/week	Calculated:
Flow	Sample Measurement		01124					MGD	0		
STORETING 50050	Ramfee : S		ः । अत्यातः १५४६ - १५४५	ange.						Continuous withs Greatlings/week	Calculated:
TSS	Sample Measurement				1.8			My	. 0	,	
ANOUNACESTO HERES.	alejim Weshiranen				19(0 - 27 1M(0 2 472)			angar.		Weekly and	8-hour ERC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

CLASS SIZE:

Minor

FL0029939

To: REPORT: GROUP:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

FL0029939 5143P03291 Influent Monitoring Point WAFR SITE NO .: GMS TEST SITE NO .: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	245						MX	0		
TSS	Sample Measurement	237						MX	0		
	Sample Measurement										
	Measurement		l		<u> </u>						
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										

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

onitoring Po	eriod Flow	From:		Fecal	TRC (For	Dissolved	Percolation	r r	 	
	(mg)	pri (Max)	pri (Mill)	Coliform Bacteria (#/100mL)	Declorinati on) (mg/L)	Oxygen (mg/L)	Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Mon. Site	EFF-I	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1		 	
1	ND		ĺ				2.2			
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3							2.3			
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24				ļ			1.6		 	 -
25				 			1.5		 	-
26							1.5		 	-
27				-			1.4		 	-
28							1.4		 	-
29							1,4		 	-
30							1.3		 	-
31							1:2		 	-
	<u></u>		<u> </u>	<u> </u>	<u></u>		1.2		 	<u> </u>

PLANT STAFFING:						
Day Shift Operator	Class:	A	Certificate No:	1805	Name:	DUAN S. SMILLY DIE.
Evening Shift Operator	Class:	B	Certificate No:	3 634	Name:	YOU C. DAHNSON SIE.
Night Shift Operator	Class:		Certificate No:	6747	Name:	DAMES G. HOWITT
Lead Operator —	Class:	B	Certificate No:	91139	Name:	EMNIE WATSON
Type of Effluent Disposal or Re	claimed W	ater Reuse:	EVAP.1	Price. PONVS	1 TERI	GATION
Limited Wet Weather Discharge	Activated	l: Yes: No	Not Applicable	If yes, cumulative	days of wet w	veather

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

D002

Permit Number:	FL0029939	,	Discharge van
Monitoring Period	From:	To: //3//03	3,4

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)		
Code	00056	00400	00400	74055	50060	50060	85327	 	
Ion. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2		
1	N D						3.8	 	
2							3, 7		
3							3,9		
4							3.8		
5							3.8		
6						1	3.8		
7							3.7		
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26						·	2,8		
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29							2.6		
30							26		
31							2.5		

D003

Permit Numb Monitoring F	er: Period	FL0029939 From:/	101/03	Te	r //2	103	Di	scharge y/		
ivionnosing 1		710111.				703				
	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3			
1	VO						0,4			
2							0.4			
3							0.3			
4							0.3			
5							0,2			
6							0,1			
7							0			
8							0			
9		·					.0			
10							0			
11							0			
12							0			
13							0			
. 14							0			
15							0			
16							0			
17							0			
18							0		·	
19							0			
20							0			
21		J					0			
22		J					0			
23							0			
24							0			
25							0			
26		ļ					0			
27							0			
28							0			
29							0			
30							0			
31										

R001

Permit Númber: Monitoring Period To: 1/31/03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

63%

[r	Filmon	GD GD C	02024	1						
	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max) ・ ってる	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall, (inches)
Code	50050	80082	80002	00520						
Mon. Site	EFF-6	EFF-6	80082 INF-1	00530 EFF-6	00530	00400	00400	74055	50060	n/a
1			1141-1	EFF-0	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	ОТН-1
2	,530					ļ	7.1		1.9	0
3	,520	2.6	252	3.2	263	1	7. 2	~ I	4.4	0.2
4	.500						7.4		1.5	0
- 5	.520						6.7		1,7	0
6	,540						7.4		1.9	0
!	,510						7.3		1.3	0
7	,480	< 2.0	185	4.2	234		7. Z	4	1,9	0
-8	.480						7.3		1,2	0
9	.520						7.3		1.7	0
10	,490						7,0		1,2	D
11	,510						7.0		1.1	0
12	.500						7. 2		1.0	D
13	.470						7.1		1,5	0
14	,480	4.3	326	3,4	268		7. 3	41	1.9	0
15	470					\/	7./			0
16	,430						7. 2		2.2	
17	.460						7.1		1.6	0
18	.520						7, 0		1,9	0
19	,460								1.6	
20	.490					11	7.1		1,4	0
21	, 4.80	< 2.0	265	5,6	205		7. 2	< 1	1,9	0
22	.420						7.7		1.2	0
23	,510					1			2.1	D
24	.470			-		1-1-1	7. 2		Z. Z	0
25	,470					-	7.4		2.2	_0
26	.490					1	7.3		1,6	<u>D</u>
27	470					1	7.1		2.1	0
28	, 440	4.4	196	3.4	7.1	1	7.2		1,2	<u>D</u>
29	.400			3.6	216	1	7.6	<u>~ 1</u>	1.8	0
30						 	7.2		2.2	0
31	,510 ,450					/	7.3		2.2	0
	, (,, 0)						7,3		1.7	0

Cont. R001

Permit Numb Monitoring I	er: F	L0029939 rom: //o	1/03	То:	1/31/0	3	Thr (TN	ee-month Av 1ADF/Permit	erage Daily Flo ted Capacity)x	ow: :100: 63	39.
	Nitrate as N	Nitrogen, Total as N	Phosphorus, Total as P								
Code	00620	00600	00665				<u> </u>	 		 	
Mon. Site	EFF-6	EFF-6	EFF-6				 	ļ			
					<u> </u>			<u> </u>	 	<u> </u>	
2	2.21	14.4	2.07						·	 	
3											
4											
5									1		
6											
7	-0.02	17.8	3.19								
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16					·						
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22	₹0.02	19.9	5.07								
23											
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29	20.02	16.6	5.0								
30						·					
31											
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Version 3/23/99

15

R002 and R003

Three-month Average Daily Flow:

63% 1/01/03 Monitoring Period From: 1/31/03 (TMADF/Permitted Capacity)x100: Flow, Flow, (MG) Flow, (MG) Flow, Flow, TSS (mg/l) Percolation | Percolation (MGD) (MGD) (MGD) Pond Water Pond Water Elevation Elevation (feet) (feet) Code 00056 00056 50050 50050 50050 00530 85327 85327 Mon. Site EFF-4 EFF-5 EFF-7 EFF-8 EFF-9 EFF-7 EFF-4 EFF-5 , 299 ND ND 299 1,2 1,7 2 271 271 2.2 1.9 1,3 3 239 . 2.39 2.0 1.4 4 214 214 2,2 1.5 5 , 2.09 209 2.4 116 6 715, 217 2.6 1.7 7 2.4 229 229 **z**.7 1.8 8 336 336 z. 8 1.9 9 329 2.7 329 1.8 10 1.7 326 1326 2,6 11 292 292 2.6 1.7 12 1291 1.7 291 2.6 13 306 306 2.5 1.6 14 333 1333 1,2 2.5 1.6 15 333 .333 2.6 1.7 16 248 ,248 1.7 2.8 17 290 290 2.9 1.8 18 1312 3.1 312 1.9 19 . 283 , 283 2.0 3.2 20 305 1305 3.3 z.0 21 3.4 ,320 ,320 1.6 2.1 22 275 1275 3.6 2.2 23 . 309 1309 3.7 2,3 24 ,287 3.7 287 2,3 25 2.36 1236 2, 2 3,5 26 257 ,257 3.2 Z., l 27 316 1316 3.0 **Z**, 0 28 270 , 2.70 Z. 9 1.9 1,8 29 240 Z4 0 2.8 1.8 30 347 347 2,7 1.7 31 016 1.7 2.6

Permit Number:

FL0029939

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 WAFR SITE NO .:

20552

LOCATION:

DISCHARGE POINT NUMBER:

D001

Minor

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE ☑

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND						MG	٥		
STORE ENG-00056 Mon Site No. EFE-II	Permit LMeasurement	Reported (mondovionin)								Continuous de during any continuous during any continuous de during any	Calculated Elow
TRC for dechlorination	Sample Measurement					1 1 1 1 1 1 1				· .	
STOREL No. 50060. Mon.Site No. EFF-1.	Pennis Measurement				(Mix.)			mg/L		Daily during any overflow:	Grab
рН	Sample Measurement										
STORET No. 00400 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permit Measurement				6.03 ± ± (Min) ± ±	865 (Viex) 84		S.U.		Daily durings	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 Mon. Site No. EFF-1	Permit A				50 (Mins)as 4			mg/L		Daily during any overflow a	is da Gas
MATERIOR COLOR COLOR MATERIAL MATERIAL AND MATERIAL MATERIA	Sample Measurement										
。	Permisa Measulementas										
	Sample Measurement										
	Reginir Messinantan										e de la companya de

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 DEFICER OF AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
Draw S. Smilly Jn Asst. Sypt		597-3496 2003/03/24
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments	nere):	,

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Indiantown Utilities

P. O. BOX 397 MAILING ADDRESS:

Indiantown, FL 34956

PERMIT NUMBER:

FACILITY ID:

GMS ID NO.:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: Minor

To: REPORT: GROUP:

Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FL0029939 5143P03291

FL0029939

DISCHARGE POINT NUMBER: D001 PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.:

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	NO						%	0		
PARM Code EAN-6H2 Mon.Site-No. EEE-L	Remii Requiement				EC-50 preate than 100%			antien(annual	four grabe samples durings a 24 hour day.
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Gode FAN-3B Mon Site Not Effect	भरताता शेरकुणाचारमा				EC-50 greater dipaj 1000/2			effluent.		annual	a four-grab samples during a 24 hour day 2
	Sample Measurement			and the same of th				•	A CHARLES TO SALE		
	Permis :						FE THE SERVE			19 5 7 (1959)	e de la companya della companya della companya de la companya della companya dell
CAN COMPANY TO THE PROPERTY AND	Sample Measurement										
	Permis Requirement	建设学			全部接			1.73			Sept.
AND SHAPE OF THE S	Sample Measurement										
	Requirement										
	Sample Measurement										
	गधनकारि बरिक्सीमानम्बर्गाः					54.				See Ho	
	Sample Measurement					. 1				•	
	Örfini Krijingilisi										

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397 Indiantown, FL 34956 PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 2/0/03 Final Minor

To: REPORT: GROUP:

2/28/03 Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291

DISCHARGE POINT NUMBER: D002

PLANT SIZE/TREATMENT TYPE: IIC

20552 WAFR SITE NO.:

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity or Loadir			Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND						MC	0		
STORET.No.0005+6 1 MorrSite No. EFF-2	Permit Measurement	Report:								Continuous during any coverillow	Calculated:
TRC for dechlorination	Sample Measurement										
STOREL No 50060 TO I. MomSite No EPF 2	Permis A Measurement				0.01 (Max)			mg/Li		2 Daily during any soverflow.	Grab 2
pН	Sample Measurement										
STORETING:004001 II. Mon:Site.Nd EFF-2	Permits as Measurements.				6.0at + (Mim)*	8.5W		SSUSSE THE AND A	Logo F	Daily during any	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300; It :: Mon Site No. EFF 2	Permit				5.0 (Min.)		PLANT:	连mg/L:	a de la companya de l	Daily during any overflow	Grab*
	Sample Measurement										
《三式》是"通过	Rermit. Measurement							建设	igy.		
	Sample Measurement										
	Permit A							Ado :			CAT PROTECTION
	Sample Measurement										
	Perminal Measurement							de la compa			
PAN SEPTEMBER SE	Sample Measurement										
	e Romi (e nasana) Volcasine menjago					3					

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR PERMIT NUMBER: FL0029939

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND						70	0		
PARM Code TAN-6H I No. Site No. EFF-2	Pomir Requiencit				LO 50) greater than 100%	A SECTION AND THE SECTION		effluent		annual F 20 5	four grab s samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code (IAN-3B Mon Site No EFF-2	Recontract				16-50 greaten Grand 1007 Grand 1007			emuente		annua	Samples during ar24 hour day
	Sample Measurement										
	Permit See		阿萨斯		er dien						
XXXVA GENTHANIA THE MATERIAL TO A METER CONTRACTOR OF THE CONTRACTOR OF THE SECTION OF THE CONTRACTOR	Sample Measurement										
The second secon	Requirements as			-							e de la company
	Sample Measurement		No. 20 September 1970 Transport						less A. Jeografia		
	Permi Requirement N										
	Sample Measurement			Warner to the second					Sensitivate on s		
	Permit Requirements Sample										
	Measurement Permine			Miles marrows in marrows			Ber de la companya d		D Maria		
	Requirements Sample		1-22								100
	Measurement Permit				**************************************		The State Company of the State		L'event de la company		
	Requirement of Sample										
	Measurement Permina			E was take		Wantedown and Committee	the second second		**************************************		
	Requirements	Section 1				3±3					
	Measurement Permits		No. of the second						in the same		industrial de Section
	e (Contremental)	2000									brakery *

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 2/01/03 Minor

To: REPORT: GROUP:

2/28/03 Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: D003 PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☑

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND						M6	٥		
STORET No. 200564 III Mon Site No. EFE 3	Permit Mercuranent	Report (Ford Month)								-during any -	Calculated Flow
pH	Sample Measurement										
STORET No. 00400. In Mon Site No. EFF-3	Permit // Casurement se		医胸腺		(Min.)	85-30 (Max) 84-2	经	SYU		Daily during any overflows	and the second
TRC for dechlorination	Sample Measurement										
STORE ENG 50060 LA Mon Site No. EFF 3	Permit Assar			1379	e LOO (Max Re E			TOP LOS		Daily ducing any overflow	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORETNO: 003004	avenine avergnenenen				1941 1946)			eng/ii ar		Daily during any overflows.	
	Sample Measurement										
	Manni Massificantan						B aser:	Et.38			MEET !
	Sample Measurement										
	Penils National										
700.2777772	Sample Measurement				-						
	ार्टकार्वः इ.स्ट्राम्यस्याद्याः							HELER.		au .	SECTION OF THE SECTIO
	Sample Measurement										
	Practi Presidental	1200								144	

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND						90	0		
PARM Code TAN-6H [] Mon Site No. EFF-3	Permit Requirement				EC 50 greater at than 100%			effluent.		annual	a four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN-3B MonSite No. EFF-3	Pernil Reguliement				LC 50 greater Utiliare 100%			effluents		annual	four grab samples during a 24 hour day
	Sample Measurement									·	
	Requirement Sample										
	Measurement Permit		E ROLL STREET, PERSON						- inter		
A CONTRACTOR OF THE CONTRACTOR	Requirement Sample	Sept 3								See A Se	
	Measurement Permit						Fields 12 To Field	18055E			
	Sample Measurement	The second secon									
	Permit Requirement		上 音響的			Bas da			授	经 工程	时显然 E
	Sample Measurement						and the second s	and a community	L SIVE 15	2	
	Requirement Sample										
	Measurement										
	Pennin Regulioning 21 Sample										
	Measurement Remne Account										
	Sample Measurement	in a second									
	<u> १८६० विकित्त</u> ्य									開発性域	

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

PLANT SIZE/TREATMENT TYPE:

FL0029939 Minor

To: REPORT: GROUP:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .: DISCHARGE POINT NUMBER:

CLASS SIZE:

FL0029939 5143P03291

R001

IIC

WAFR SITE NO .:

20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	, 364						Med	0		
STORET No. 50050. 4Y MonSite No. EFF-6	Permit Mensurement	(An Avg)	100 A 100	mgd		2. 通常量		Jane 1		Continuous with 62 readings/week	Flow: Meters with Totalizer
Flow	Sample Measurement		, 480					МСО	0		
STORET No. 50050 - 1 Mon Site No. EFF-6	Permit:		Report (Mo:Avg.)	- mgd-	eri ett jæ		diese in			Continuous with 6	
CBOD5	Sample Measurement				5,2			Mex	0	C	
STORET No 80082 Y Mon Site No EFF-6	Permits *** Measurements				20.040; (An: Avg.)	機構建		mg/L		Weekly	- 8-hour FPG
CBOD5	Sample Measurement				8.7		14	Max	0.		
STORET No. 80082 1 Mon. Site No. EFF-6	Permit 6				25.0 (Mo. Avg.)	40 0/report (************************************	60:0 (Max.)	-mg/L		Weekly:	8-hour FRC
TSS	Sample Measurement				5.1	Marie 1 (2) 202		My	0		
STORET No. 00530 Y Mon.Site.No. EFF-6	Permit:				2010**** (An: Avg.)			rymg/L ∕	E.	Weekly -	8-hour FPC
TSS	Sample Measurement				6.4		7.4	Myc	0		
STORET No. 00530 1 Mon:Site No. EFF-6	Permit	ali series			30.0 (Moi Avg V	45 0/reports#	60:0 (Max)	mg/L	at the	Weekly	8-hour FPC
pH	Sample Measurement				4.9	7.6		S.U.	0		ARMICA DOS CARROS COMO COMO COMO COMO COMO COMO COMO CO
STOREENS 00400 1	Permit Measurement				\$ 6.0 m	%S (Max let		S.U.		6 Days/week	id⊪ Grab, :
	Sample Measurement								TO A STATE OF THE	■	
	PERMIT										

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.0+			Mg/-	5		
STORET No. 00620 L Mon.Site No. EFF-6	Permit S	(17 4.4 15			12:0 (Max.) . *	1 ¹² (12.2)		mg/L	Šaria.	Weekly	Grab
Nitrogen, Total as N	Sample Measurement		The second secon		31.8	28.8		Myc	٥		
STORET No. 00600 1 2 2 Mon. Site No. EFF-6	Permit Measurement		ree e		Report (Max.)	Report (**)		mg/L	E 1.	, Weekly	8-hour EPC
Phosphorus, Total as P	Sample Measurement	And the second s		The Street Contractors (185)	6.1	5.2		Mux	0		
STORET No. 00665 I I Mon. Site No. EFF-6	Permit	Fig. 5.3		7.7.4	Report (Max)	Report		rmg/L	P-0-	Weekly	. 7 8-hour EPC
Fecal Coliform Bacteria	Sample Measurement				4,5			Max	0		
STORET No. 74055 Y. A. Mon. Site No. EFF-6	Permit 3				200 (An Avg.)			#/100mL		Weekly-	Grab : 1
Fecal Coliform Bacteria	Sample Measurement				~ 4	Management of the Parish in		#/100ML	0		
STORET No. 74055. A. Mon Sile No. EFF-6	Permit Measurement				Report (Ma' Geo	大型(Max)研究		#/100mL	5	Weekly	Sec. Grab
TRC for disinfection	Sample			35-46	Mean) in			Mg	0		
STORET No. 50060 I. Mon. Site No. EFF-6	Measurement Permit				. 0.5 (Min.)			mg/L		6 Days/week	Grabit,
	Sample Measurement	10.7				Par American			1077.2.64000000	T. C.	
	Permit						ra a k			是否就会 。	133
	Sample Measurement					100000000000000000000000000000000000000		Charles to Friday, or			
	Permit	-								de de la company	
10 cm	Sample Measurement		TO COLUMN THE STATE OF THE STATE OF THE	A STATE OF THE PARTY OF THE PAR	ALTERNATIVE STATES OF THE STAT		and the second of the second s	Bins Carp (1) (1) (1) (1) (1) (1) (1)		ammigration of the control of the co	A service of the contract of t
	Permit Measurement									7	
TOTAL CONTRACTOR OF THE PROPERTY OF THE PROPER	Sample Measurement								es, one single the		
	Permit:										

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: Indiantown Utilities
MAILING ADDRESS: P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:
MONITORING PERIOD From:

DISCHARGE POINT NUMBER:

FL0029939

<u>Z/01/0.3</u>

Final

Minor

To: REPORT: GROUP: z/28/03 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 R002, R003 WAFR SITE NO.: GMS TEST SITE NO.:

20552

COUNTY:

PLANT SIZE/TREATMENT TYPE: IIC Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	No	ND.					MG	0		
STORET No. 00056 1 1 Mon.Site No. EFF 4 2 2	Permit American Measurement St.		Report (Max Daily (Flow)	mg: He						Continuous during any a	Calculated Elow
Flow	Sample Measurement	A7D	ND					MG	٥		
STORET No. 00056 P. Mon Site No. EFF-5	Permit Measurement	(albiai Month)	KODDA (MAXIDA)							Continuous To during any overflow	
Flow	Sample Measurement		0.059					MGD	0		
STORET No. 50050 O. Mon.Site.No. EFF 7	Permire and its and it		* Report • (Mo: Ave.)							Continuous with:	_flow meters; -
Flow	Sample Measurement	0.052						мсо	٥		
STORET No. 50050 Y. Mon Site: No. EEF 804	Permite active Measurements	(Ali Avg)		mgdi	ing of the state o					Continuous with	Calculated Flow
Flow	Sample Measurement		0.007					MGD	0		
STORET Not 50050 R. Mon Site Not EFF-8	Permits Measurements		Reports (Morraye)	angds ,						Continuous with: 6 readings/week	Calculated.
Flow	Sample Measurement	0.098						MGD	0		
STORE I No. 10050 S. S. Mon Site No. EFF-9	Permit Measurement	ent OTAGE		e mgds						Continuous with: 6 readings/week	Calculated Flow
Flow	Sample Measurement		0.052			·		MCD	0		
	Permits as a service of the service		Reports (Mor Avg.) to	mgd						#Continuous with Greadings/week	Calculated Flow
TSS #7	Sample Measurement				3.9			MX	0	,	
	avientinamentes Significa				OND AND					Weekly	- 8-hour EPC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

Minor

2/01/03

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE;

LIMIT:

FL0029939 5143P03291 WAFR SITE NO.:

20552

LOCATION:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

MONITORING PERIOD From:

Influent Monitoring Point

GMS TEST SITE NO.:

COUNTY:

Martin

Parameter		Quantity or Loading	Units	Quality	or Concentrati	on	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	2834					Max			
rss	Sample Measurement	220 Mg/					Myx	0		
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
. •										
	Sample Measurement								•	

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

Permit Number:	
Monitoring Period	

FL0029939

FL0029939
From: 2/01/03 To: 2/28/03

Discharge y

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327			- 	
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-I	EFF-1	EFF-1	EFF-1		 		
1	ΝÞ						1,4		 		
2							1.5				
3							1.8		 	 	-
4							1.8			 	
5							1.8		 	-	+
6				-			1.8				
7							1.8			 	
8									 		
9							1.8				
10			-				1.7		 		
11						· · · · · · · · · · · · · · · · · · ·			<u> </u>		
12							2,0 2.6			<u> </u>	
13											
14							2.1				
15							2,1 2.1				
16							2.1	<u> </u>		·	
17							2/		 		
18											
19							2.0				<u> </u>
20							z,/ z.z	·			
21			•								
22							2.2			<u> </u>	
23							2.3				
24							2.3				,
25							2.4				
26							2.75				
27							2,4				
28							₹.6				
29							2.7				
30											
31											
ŀ											

PLANT STAFFING:						
Day Shift Operator	Class:	A-	Certificate No:	6805	Name:	> () =
Evening Shift Operator	Class:	B	Certificate No:	3634	Name:	DKAN S. SMILEY JR.
Night Shift Operator	Class:	B	Certificate No:	6747	Name:	Don C. JOHNSON S
Lead Operator —	Class:	B	Certificate No:	9439	Name:	ERNIE WATSON
Type of Effluent Disposal or Re				EVAP I PICE	0	ERNIE WATSON 19 REIGATION
Limited Wet Weather Discharge	Activate	d: Yes: No:	Not Applicable		days of wet	weather
				• •	•	

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

Permit Number:	FL0029939	IMMZ	
	, , ,		Discharge y(n)
Monitoring Period	From: <u>2/0//03</u>	To: z / z 8 / o _3	Discharge Mil
,		10 2/28/03	

Fr	Tri		, ,		7			•			
	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform	TRC (For	Dissolved	Percolation				
ļ	(1116)			Bacteria	Declorinati on) (mg/L)	Oxygen (mg/L)	Pond Water Elevation	ļ			
				(#/100mL)	on) (mg/L)	(mg/L)	(feet)				
Code	00056	00400	20100								
Mon. Site	EFF-2	EFF-2	00400	74055	50060	50060	85327				
	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2				-
1	ND						2.5				·
2	1_						2.6				
3							2.8		1		
4									- 		
5							2,8		- -		
6			 		- · .		2.8		-		
7		 					3.0				
8							3.1				
9							3.3				
10							3.5				
							3.5				1
11							3,5				
12							3.5				·
13								·····	 	 	
14							3.6		 	ļ <u> </u>	-
15							3.6		 	-	
16							3,7		ļ	ļ	
17							3.7		ļ	ļ	
18							3.7				
19							3.7				
20							3, 7				
21							3.8				
ii II							3.8			1	
22							3,8				
23							3,9			l	
24							3.9				
25								·			
26							3.9				
27							3.9			<u></u>	
28							4.0				
29							4,0				
30											
ll t											1
31											
									· · · · · · · · · · · · · · · · · · ·		<u> </u>

D003

Permit Number:	FL0029939		Discharge y(n)
Monitoring Period	From: 2/01/03	To: 2/28/03	

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3			
1	NO						0			
2							0			
3							0			
4							0			
5							0			
6							0			
7							0			
8							D			
9							D			
10							0			
11							0			
12							0			
13							0			
14			1				0			
15							0	-		
16							0			
17						,	0			
18	-1						0			
19							0			
20							0			
21							0			
22							0			
23	·						0			
24							0			•
25							0			
26							0			
27							0			
28							0			
29						****				
30										
31										

13

2001

Permit Number: FL0029939

Monitoring Period From: $\frac{1}{2} \frac{1}{103}$ To: $\frac{1}{2} \frac{1}{28} \frac{1}{03}$

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

64%

, '			7 7 -		•	-0/03		(1 MADF/Permitted Capacity)x100:			
	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max) . 7.2	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)	
Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	,	
√ion. Site	EFF-6	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	n/a OTH-1	
1	,480								<u> </u>		
2	,520						7.3		1.5	U	
3	,430						7.6		1.6	0	
4	1440	7,4	330	7,4	192		7.6	<	2,2	0	
5	,446		_				7.6	· · · · · ·	1,2	0	
7	,460						7,4		2,2	. 0	
<u> </u>	,440						7.4		2.0	0	
9	. 470						7.6		2,2	0	
10	,530			-			7, 3		1.5	0	
11	,510						7.2		2.0	0	
12	,440	14	282	7.4	314		7,3	< 1	1.5	. 0	
13	,360						7.1	-	1,9	0	
14	.480						7.2		1.7	00	
15	,520						6,9		2.1	00	
16	.500				-	A	7.1		2.0	۵	
17	,510						7.1		1.8	1,4-	
18	.490						7,2	·	1.6	0.2	
19	,480	6,7	275	6.4	219		6,9	<1	1.9	0	
20	,450 ,520						7.1		1.5		
21	.510					-/	7.0	·	2.,1	2.25	
22	,500						7.2		1.1	_0_	
23	,540						7,1		1.4	0.75	
24	,520					+	7. 2_		1,2	00	
25	,480	6,7	Z#4	4.2	154	+	7.0		1.5	0	
26	,460					 	7.2		Z.2	0	
27	,430					 	7.2		1, 7	_0	
28	,500								1.3	00	
29							7.0		1.9	0	
30											
31											
											

DAILY SAMPLE RESULTS - PART B Cont. R001

Permit Number: Monitoring Period

FL0029939

From: 2/01/03

To: 2/28/03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 4%

Nitrate as N Nitrogen, Total Phosphonus, as N Total as P Total as P	4 1	Nitrate as N	Nitrogen Total	Phosphorus		T					
Code 00620 00600 00665 Mon. Site EFF-6 EFF-6 EFF-6 1 2 3 4 < 0.02 2-(.3 6.1) 5 6 7 8 9 10 11 12 13 14 15 16 17 18		THURLE 43 IV	as N	Total as P							
Mon. Site EFF-6 EFF-6 EFF-6 EFF-6				i		}		1			
Mon. Site EFF-6 EFF-6 EFF-6 EFF-6	. [į į			l L					
Mon. Site EFF-6 EFF-6 EFF-6 EFF-6	Code	00620	00600	00665			 	 		<u> </u>	
1 2 3 3 4 4 0,02 2.1,5 6.1 5 5 6 6 7 7 8 8 9 9 10 10 111 0,04 31.8 4.9 112 12 13 13 14 15 15 16 16 17 18 4.0,02 31.5 4.3 19 20 21 1 22 23 23 24 25 4.0.02 30.4 5.3 2 28 29 30 30	11 1			1							
2 3 4 4 <0.02			EII 0	211-0	 	<u> </u>	<u> </u>				
3 4	11 1										
4 <0,02 24,3 4.1 5 6 7 8 9 10 11 0.04 31.8 4,9 12 13 14 14 15 16 17 18 <0,02 31.5 4.3 19 20 21 22 23 24 25 <0.02 30.4 5.3 26 27 27 28 29 30 1	8 Y							1			
5 6 6 7 7 8 9 9 10 10 11 0.0+ 31.8 4,9 1 12 13 14 14 15 16 16 17 18 < 6.0 \(\) 2 31.5 +.3 19 20 20 21 22 23 24 25 \(\) 20.0 \(\) 21 22 23 28 29 30 30 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1 5 1	H										
5 6 7 7 8 9 9 10 10 11 0.04 31.8 4,9 1 12 13 13 14 1 15 16 16 17 18 < 6.02 31.5 4.3 19 19 20 20 22 23 24 25 26 27 26 27 28 29 30 10 10 10 10 10 10 10 10 10 10 10 10 10		<0,02	21,3	4.1			{				
7 8 9 9 10 10 11 0.04 31.8 4,9 1 12 13 14 14 15 15 16 16 17 18 < 6.02 31.5 4.3 19 20 20 21 22 23 24 25 < 0.02 30.4 5.3 20 25 26 27 28 29 30 10 10 10 10 10 10 10 10 10 10 10 10 10	5										
8 9 10 11 0.04 3(.8 4,9 12 13 14 15 16 17 18 < 6.02 31.5 4.3 19 20 21 22 23 24 25	6					 		 			
9 10 11 0.04 31.8 4,9 12 13 14 14 15 15 16 16 17 17 18 < 6,0 < 31.5 4.3 19 20 21 22 23 33 24 24 25 < 0.02 30.4 5.3 2 28 29 30 10 10 10 10 10 10 10 10 10 10 10 10 10	7						 				
9 10 11 0.04 31.8 4,9 12 13 14 14 15 15 16 16 17 17 18 < 6,0 < 31.5 4.3 19 20 21 22 23 33 24 24 25 < 0.02 30.4 5.3 2 28 29 30 10 10 10 10 10 10 10 10 10 10 10 10 10	8					 					
10 11 0.04 31.8 4.9 13 14 15 16 17 18 <0.02 31.5 4.3 19 20 21 22 22 23 23 24 25 26 27 28 29 30	i 1					 					
11	4 1										
12	li l										
13	11	0.04	31.8	4,9							
14 15 16 17 18 < 6,62 31,5 +.3 19 20 21 22 23 24 25 < 0.02 30,4 5.3 26 27 28 29 30	B 1										
15 16 17 18 <0.02 31.5 4.3 19 20 21 22 23 24 25 26 27 28 29 30	H I										
16 17 18 < 6,02 31.5 4.3 19 20 21 22 23 24 25 26 27 28 29 30	14										 -
17 18	15										
18	16										
18	17										
19 20 21 22 23 24 25 26 27 28 29 30	N 1										
20 21 22 23 24 25 26 27 28 29 30	H I	<0.05	31.3	4-, 3							
21	1 1	*									
22	9 I									····	
23	i i							i			
24 25 26 27 28 29 30	H I										
25											
26 27 28 29 30 4 5.3 30 4 5.3 30 4 5.3 30 30 30 30 30 30 30 30 30 30 30 30 30	24										
26 27 28 29 30	25	40.03	304	5 7							
28 29 30	. 26	-0.02	30,7	۵,3							
28 29 30	27										
30	1 1										
30	11 1										
	11 1										
31	11 1										
	31										

DAILY SAMPLE RESULTS - PART B R002 and R003

		NOVE and NOVO		
Permit Number:	FL0029939		Three-month Average Daily Flow:	, c
Monitoring Period	From: Z /01/03	To: 2/28/03	(TMADF/Permitted Capacity)x100:	647

	Flow, (MG)	Flow, (MG)	Flow, (MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water Elevation	Percolation Pond Water Elevation				
							(feet)	(feet)				
Code	00056	00056	50050	50050	50050	00530	85327	85327				
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5				
1	ND	שע					- /				+	<u> </u>
2		1					2.6	1,8		}		
3					 		2.7	1,7			+	
4				 			2.4	1.6				
5						1	2.2	1.4				
6	 			 		ii	2,2	1, 4				<u> </u>
7							2.2	1.3				
8	 	 - - 					1.9	1.3				
9							1,9	1.3			 	
10		 			<u> </u>		1,9	1:3			 	<u> </u>
11		 				l	1,7	1:3			 	
12			1134		134	3.8	1.5	1,2			 	
13			,109	<u> </u>	109		1.3	1.2			 	·
14			,212	 	1212			1, 2			-	
15			1283		1283		1.0	1.2	-		 	
16			, 316		,316	l	0,9	1,1				
17			,257		, 257	l	0.8	1,1			 	
18			,150		.150	l ———	0.8	1,1				
19			190	,190		4.0	0.7	1,0			 	
20			,012	,012			0.8	1.1			ļ	
21					<u> </u>		0.7	1.1				
22							0.6	1.2				
23	<u> </u>						0.6	1, 3			<u> </u>	
24							0.5	1.1			<u> </u>	
25					·—		4.0	0.9				
26							0,4	0.8				
1 1							0,3	0.6				
27							0.2	0.5				
28				-7			0.2	0.+				
29												
30												
31												

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

Minor

MONITORING PERIOD From:

3/01/03 Final To: REPORT: GROUP:

Monthly
Domestic

Indiantown Company Wastewater Treatment Plant

LOCATION: 15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

LIMIT:

CLASS SIZE:

FL0029939 5143P03291 WAFR SITE NO.:

20552

OMP ID NOT

DISCHARGE POINT NUMBER: D001
PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	טע	NO					MG	0		
STORE No. 00056 11 Mon Site No. EFF-1	Permin Measurement	Report (Tjotalevionilla)		g. E						Continuous Canada during any Canada C	Calculated .
TRC for dechlorination	Sample Measurement									-	·
STOREENO 50060 DE Mon. Site No. EFF-1					0.00 (Max.)			mg/L _e		Daily during any overflow	Grabe to
рН	Sample Measurement										
STORET No. 00400 2 1 Mon Site No. EFF-1	Permit				Mile Service	A PARMACAS		S.U.		Daily during any overflow	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No: 00300 1					5.00 (Min) 5. (Min)			ng/L		Daily during any overflow.	Grabi
	Sample Measurement										
	Pennis Measurements										
	Sample Measurement										
	Permit 35						F-12				

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 OF THE ROY AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
DUAN S. SMILVY JR. ASST. SUPT.		597-3496 2003/04/24
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 3/01/03 Final

To: REPORT:

LIMIT: CLASS SIZE:

FACILITY ID:

Minor

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

GMS ID NO.: DISCHARGE POINT NUMBER: FL0029939 5143P03291 WAFR SITE NO.:

20552

LOCATION:

Indiantown, FL 34956

PLANT SIZE/TREATMENT TYPE:

D001 IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	ration	Units	No. Ex.	Frequency of Analysis	Sample Type	
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	ND	AT D					-	0		
PARM Code I/AN-6H - L I	Permit 1/2			e d'Arches	LC 50 greater than 100%			26.50 00 00		e annual e	rencioungrab
Mon Sire No. BEE-19	Requirement				unin 100%		2.5 × 5.7kg	effluent		annual	samples durings
96-hr Acute Static Renewal-	Sample	AT THE STATE OF THE STATE OF	mineral street, to see \$50.00		The state of the s			The second second	Diam's and a		sa zwiousuay s
Ceriodaphnia Dubia	Measurement										
PARMiCode PAN JB	Permit				EC 50 greater	Live Table		2.52%	100	annual -	four grab
Mon Sile No EFF-1	ek guntantan				That some		Control of the Control	seffluent			samples during a 24 hour day
	Sample						100000000000000000000000000000000000000	a de la companya de	2000		a 24 nounday
	Measurement										
	Requirements					Fig. (4)		Side in		0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Tar in
	Sample			er.) Garage Garage					and the second		
	Measurement								<u> </u>		
	Permit Requirement					部 经货品	第二章 9年	F25:			
	Sample				25.00						
	Measurement			1							
	Permits 2 2 Requirement 2 4						Begins and				
	Sample							19-19-19-19-19-19-19-19-19-19-19-19-19-1	a Tomboling		57 10 00012
	Measurement										
	(Pégnile) (Réginjenense)								14.5	FEW PE	
	Sample					2		Care Contract	Constitution of the Consti		A 100 10 10 10 10 10 10 10 10 10 10 10 10
	Measurement					f	•				
Property of the second	Permis Requirements							in the c			

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

PERMIT NUMBER:

FL0029939

MAILING ADDRESS:

P. O. BOX 397

MONITORING PERIOD From:

Indiantown, FL 34956

LIMIT: CLASS SIZE: REPORT: GROUP:

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID:

FL0029939 WAFR SITE NO.:

To:

Domestic

LOCATION:

15851 S.W. Farms Road

GMS ID NO.:

20552

5143P03291

D002

Minor

Indiantown, FL 34956

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☑

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NO						MG	0		
STORETING 0005+6. 1: C Mon:Sile:No: EFF 24.	Permis Meisplienens	Report (Potal Vonda)		int						Continuous during any overflow	Guernated
TRC for dechlorination	Sample Measurement			34.00							
SSLOREIMNO 50060 - 01 - 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	Pennis Mesnisoan				\$25000 E230 \$1006E3			ane le		Daily during any overflow.	Gieb George
pH	Sample Measurement										-
STORED No. 004007	Pennis Meisherien				60° Elivini	VARABLE STATE		Student		Daily during any overflow	W. Cabrican
Oxygen, Dissolved (DO)	Sample Measurement										
SYOREMNO DIFF	rigniji. Medalignen				\$ 20(\(\frac{10}{10}\) \(\frac{1}{10}\) \(\frac{1}{10}\)		70 平型道	*mg/L		Daily during any	Grab
	Sample Measurement										
	ePermits Meastingmen							34			34 146
	Sample Measurement										
	Pennicas A Weakurements										
	Sample Measurement										
	Pelanii ពីស្តែចម្រាត់ពីម៉ោ										
	Sample Measurement										
	akanin Masulengi				ALC: LEGISLA						

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR PERMIT NUMBER: FL0029939

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND						7。	0		
PARM Code TAN-6H I Mon Site No EFE 2	Pormii Kequirement				LC:50 greater than 100%			% effluent		annual	samples during -a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia PARM Code IAN 3B	Sample Measurement Permit				Ma LC 50 greater 4			≤ . %- > ∈		s annual	our grab :
Mon Site No. BEE 2	Requirement				than 100%			effluent -		dillida	samples during a 24 hour day
	Sample Measurement Permit			The second second							
	Requirements Sample Measurement			Land Parket T							
	Requirements :										
	Measurement Bermus Requirements					St. Targetting	n de la companya de l				
	Sample Measurement Permit										
	Sample Measurement			Free stated of an				Part Line 1			
	Permits Regulirententes Sample										
	Measurement (Percoll) (Regulation)		doc that 20 things								
	Sample Measurement Perminant			C Tellics							Paris, okto
	Requirement Sample Measurement		Annual Property and the second se								
	Paints Reguliench	· vani									

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

Final ' Minor

FL0029939

To: REPORT: GROUP:

Domestic

FACILITY:

COUNTY:

Indiantown Company Wastewater Treatment Plant

Martin

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

FL0029939 5143P03291 WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER:

D003

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☑

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NP						MG	0		
STORET No. 00056 I. Mon Site No. EFF-3	Permit Measurement	Report (Lotal Month)		mg			# 12 m			. during any	Calculated Flow
рН	Sample Measurement									. overflow 🛣	
STORET No. 00400 FM. Mon Site No. EFF 3	Permit:	7 7 7 7 C			6.0± (Min.)	(Max.)		rr+S.U.	4	Daily during a	ar t grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060 I a	Permit				0.01 (Max.)			.mg/L		Daily during	Grab
Oxygen, Dissolved (DO)	Sample Measurement							•			
STORET No. 00300 L Mon.Site No. EFE-3-	Permits		1994	14 J	50 (Vin)			pg mg/L:	5.12 T	Daily during	Grab "
	Sample Measurement							Sec. of the second section of the second sec			
							A section	.			
	Sample Measurement										
	Namit - :										
Westerstein er bei auch de artiste en de	Sample Measurement										
	vegnin Vegninenen										
,	Sample Measurement					f			- 01-14-14-14-14-14-14-14-14-14-14-14-14-14		
	AVENIUS INCHES						CRICS 11				

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND						%	0		
PARM Code TAN-6H I Mon Site No. EFF-3	Permit				LC 50 greater than 100%			e e Muent		annual	Samples during
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement									·	
PARRY Gode PAN 3B Man Site No. BFF-1	Planni Requirement				LC 50 greater than 100%		EES.	effluent		annual	four grab samples during as24-hour day
	Sample Measurement										
	Permit Requirement Sample				September 1						
	Measurement Permit Contact Requirement						er bede				
	Sample Measurement										
	Remit :: Requirement :: Sample					20 To 10 To					
	Measurement Permit										
	Requirement Ser Sample Measurement								E -* •		
	Remits de la						illa (
	Sample Measurement Permits										
	Requirement Sample Measurement										
	Premius Espinanti	1									
	Sample Measurement Permi										

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

Minor

To: REPORT: GROUP:

WAFR SITE NO.:

Domestic

20552

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION: 15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291

R001

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.356						M 60	0		
STORET No. 50050 Y Mon Site No. EFE-6	Permit Measurement	(An: Avg.)		mgd						Continuous with 6	Flow Meters : with Totalizer
Flow	Sample Measurement		.534					MGD	٥		
STORET No.50050 1 1 Mon Site No. EFF-6	Pennig - second Measurement C	A PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO PERSON IN COLUMN T	Reposition (Control of Control of				dia Si	F 275		Continuous with 6- readings/week	Flow Meters with Totalizer
CBOD5	Sample Measurement				5.6			Max	0		
	Permits Services				20:0: 14 s a ee (An: Avg.) - 2	建设建		mg/Le		Weekly	8-hourEPC
CBOD5	Sample Measurement				11.3		15	Mac	0		
	Permit A	4.7			25.0s. ++- (Mo:Avg:)	40 (O/report) (Week, Avg.)	60:05 (Max:)†	mg/L		Weekly	8-hour EPC
TSS	Sample Measurement				5, 3			Max	0	·	
STORETING 00530 Y Mon.Site No. EFF-6: 4-4-4-4-2	Permits Measurements		1944年	- 2	2010L [An: Avg]]	· 第四次建筑		mg/L		Weekby	***8-hour EPC
TSS	Sample Measurement				7.8		9.2	Mg/L	6		
	Permile Company				30.00 (MG+Avg.) #3	:45:0/reports :::/(Week:AVE):"	6000 1000 1000 1000 1000 1000 1000 1000	mg/E		Weekly	8-hous FPC
pH	Sample Measurement				6.9 S.U.	7.4 s,u,		3 ,0,	0		
STOREE No. 004008 1 MonSile No. EFF-648 2 4 5 5 5 5	Penni Wastildnens				6 0 (Min.)	See 8 See		SIL		6 Days/weeks	erte Grabe.
	Sample Measurement					,					
	Patini NG STORIGINATION								EX.		

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
	Measurement							Max	0		
STORET No. 00620 1 Mon Site No. EFF-6	Permit Measurement				(Max.)		•	ing/L .		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				33.7	29,9		MgL	0		
STORET No. 00600 11 Mon Site No. EFF-6	Permit 3				Report (Max.)	Report (Avg.)	To the state of	mg/L		Weekly	- 8-hour FPC .
Phosphorus, Total as P	Sample Measurement				5.7	4,5		N ₃ /	0		
STORET No. 00665 1	Permit Measurement		10.00		Report (Max)	Report :		mg/L		Weekly	8-hour EPC
Fecal Coliform Bacteria	Sample Measurement				4.6			#/100 ML	0		
STORET No. 74055 Y. Mon. Site. No. EFF-6	Permit at 15-			and the second	200 (An Avg.)		a marcia. O	#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				< \	l		#/100m	0		
STORET No. 74055 17 Moir Site No. BEF-61 17 17 17 18	Permir Measurements				Report (Mb. Geol Mean)	800 (Max-)		#/100mE		Weekly	Grab S
TRC for disinfection	Sample Measurement				. 0,5		- Deep	Max	D		
STORET No. 50060 T	Permit Care S				0.5 (Min.)			_mg/L		6 Days/week	ے - Grab
	Sample Measurement					**************************************					
	Permit San Trans.				actors; a	100					
	Sample Measurement								1889.7-13.01.0000		
	Permit as 13. Measurement 3.	a de la composição de l									
	Sample Measurement			Harris San		en e	And the second s	er	ATTEN TO SERVICE		
	Permit										
	Sample Measurement	Commence of Section Control of S	and the same of	w menengan casa			THE RESERVE OF THE PROPERTY OF	Charles Control of the Control	4-5/100	armania in the property of the Country of the Count	
	Permits 1840 Evicasurements							****			

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

P. O. BOX 397

Indiantown Utilities

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE:

FL0029939 =/0/03 Final

Minor

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION: 15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: • GMS ID NO .: DISCHARGE POINT NUMBER:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 R002, R003

WAFR SITE NO.: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	NO	:				MG	0		
STORET No. 00056 JA MontSite No. EFF-4	Permito - *** Measurement 12	Report (Total Month)	Report (Max Daily (Epity)							Continuous ; duringany overflow	Calculated
Flow	Sample Measurement	ND	ND					ИС	٥		
STORET No. 00056 P. Monsile No. EFF 5	Permiti Messulanian	RGiote (Introduir)	Report (Versident) (4000)							Continuous duringan querilow	- State How
Flow	Sample Measurement		0.289					MGD	o		
STOREUNG 50050 Mon Site NO DEET	Reinir Versinanda		ikaon ika√avija							Continuous with o reading week	a flow meters"
Flow	Sample Measurement	0.068						MGD	0		
STORETNO 50050 % Mor Site No JERF-8	Panels Westingned	(Air /Aig)		mgdi e						Continuous with:	Calculated
Flow	Sample Measurement		0,188					MGD	0		
	ਪੁਰਜ਼ਗ <u>ਅਦਰਕਾਰ</u> ਗਜ਼ਾ		(600-757g) - 1	ωEd					100 A 21 X 22 X	Continuous with 6 readings/weeks	Control of the contro
Flow	Sample Measurement	0.097			I			MGD	0		
	Relatific AV Galstine in California	(An Ayg.)		Eigo.				P		Continuous with: 6 readings/weeks	
Flow	Sample Measurement		0,101					MGD	0	1	
Spicing luce, Subsidered and Section Studies (1997)	Remindration of the North Control of the North Cont		2.000 m. 100 ave	nigo.						Continuous with	Calculateds Elow
TSS	Sample Measurement				4.2			Max	5	,	
Since as the profession of the second of the	Parenti NYCETSHARICATION				1000 TO 1000 T			AND I		veesk.	CANADA CONTRACTOR CONT

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

FACILITY ID:

FL0029939

Minor

FL0029939

IIC

To: REPORT: GROUP:

WAFR SITE NO.:

Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

GMS ID NO .: DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

5143P03291 Influent Monitoring Point

GMS TEST SITE NO.:

COUNTY:

Martin

Parameter		Quantity	Quantity or Loading Units Quality or Concentration		ration	Units	No. Ex.	Frequency of Analysis	Sample Typ	
CBOD5	Sample Measurement	263		Myc			Max	0		
SS	Sample Measurement	266		MX			Myc	0		
	Sample Measurement									
	Sample Measurement				·					
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

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

Permit Number:	
Monitoring Period	ı

FL0029939
From: 3/01/03 To: 3/31/03

Discharge y

	Flow (mg)	рН (Мах)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-I	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-I				1
1	ND						2.7			Ì	
2							2.6				
3							2.7				
4		ļ					2.9				
5							2.9				
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9		ļ					2.9	 .			
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14		 					2.7				
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19		 	<u> </u>				1.8			 	
20							1, 8			-}	
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23							z, 3			 	
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		 		·		·	2.5			<u> </u>	
26		 					2.5				
27							2.6		· · · · · · · · · · · · · · · · · · ·		
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29		 					Z.6				
30							2,7	··			
31							Z.7				
<u> </u>	<u> </u>	<u></u>	<u></u>				2.8				

PLANT STAFFING:					
Day Shift Operator	Class: A-	Certificate No:	6 805 Name:	DISAN S. SMILLY Ju.	
Evening Shift Operator	Class: 13	Certificate No:	363 # Name:	\ \ \— \	
Night Shift Operator	Class: B	Certificate No:	6747 Name:	JAMES G. HEWITT	-
Lead Operator —	Class: B	Certificate No:	9 + 3 9 Name:	ERNIE WATSON	-
Type of Effluent Disposal or Rec				TERICATION	-
Limited Wet Weather Discharge	Activated: Yes:	No: (Not Applicable)	If yes, cumulative days of we	weather	_

11

^{*}Attach additional sheets if necessary to list all certified operators.

D002

Permit Numb Monitoring P		FL0029939 From:	- 1/	т.	a: -=/-	. /	Di	scharge y 🖍		
, intolling 1		rioni.	3/01/03	''	o	1/03		,		
	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2			-
1	ND								 	
2	1						4.0			
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4							4. 2		 <u> </u>	
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11							4.2			
12						1	4.1			
13						~	4,0		 	
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25							3.9			
26							4,1			
27							4.1			
28						· · · · · · · · · · · · · · · · · · ·	4,2			
29							4.2			
30							4,3			
31	$\overline{}$						4.2			
					<u> </u>				 	

D003

Permit Number:	FL0029939	-1.1.	m / /	Discharge yn
Monitoring Period	From:	3/01/03	To: 3/31/03	

Flow (mg) PH (Max) PH (Min) Cecal materia (m100m) Cecal materia (m10		·	T	, ,			7		 	***	
Mon. Site EFF-3 EF		Flow (mg)	pH (Max)	pH (Min)	Coliform Bacteria	Declorinati	Oxygen	Pond Water Elevation			
	B I	i e	1	ì	1	,					
2	Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3			
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3	it i							J			
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6	R .										
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12	ili							1.1			
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15	N							0.9			
16	1					•					
17	B										
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23 24 25 26 27 28 29 30 30 3.5 3.9								1.3			i
24	R							1,3			
25	li l							1.2			
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27 28 3.1 29 30 3.5 30 3.9	1 .							2.0			
28 3.1 3.5 3.5 3.9 3.9								1			
29 30 31 31 32	1										
30 3.9	I										
	1										
	31							3.9			

13

Permit Number: Monitoring Period

R001 FL0029939 From: 3/01/03 To: 3/31/03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

	Flow,	Chops	CRORE					(TWINDING		
	(MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)		pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	50050	00000		ļ		7,45,6,	6.9 SX			
Mon. Site	50050 EFF-6	80082	80082	00530	00530	00400	00400	74055	50060	n/a
	EIT-0	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-1
2	.560		·				7.0		1.2	0
3	.490						7.1		1.0	0
4	.480						7.3		1.6	0
5	440	15	325	9.0	396		4.9	< 1	1,2	0
6	.520						7.0	-	1.8	0
7	.480						6,9		1.5	0
8	,430						7. 2		1.9	0
9	,520						7.0		1.7	0
10	,520						7, 2	7	2.0	0
11	.470						7,0		1.6	0
12	.470	14 j	284;	9.2	213		7, 3	1	2.2	0
	.4k0						7. 1		1,9	0
13	,460						7.0		2.2	0
14	,580						6.9		1.6	1.0
15	,510						7. 2.		0.5	0,1
16	, 480						7,4-		0.9	
17	.590						7. 2		1.8	2.2.
18	1650	4.9	`218	6.4	246		7.3	< 1	1.4	0,5
19	,640						7.1		1.9	1, 2
20	1570						6.9		ZZ.	0.1
21	1540					111	7.2		1.4	0.2
22	.620					1-1-1	7.1			0
23	.550					1	7. 2.		1.3	
24	1540						1			0.5
25	1520	9,1	216	6,6	207	1	7.1		1.71	5.0
26	,510					1-11	7.3	<u>~1</u>	211	0
27	.650					1	7.1		2,0	٥
28	1580					1	7.2		2,2	1.1
29	,570						7.1		2,0	0
30	,570						7.0		2.1	0
31	.550						7.0		2.0	0.4-
	*						6.9		2.2	0

Ī	Nitrate as N	Nitrogen, Total	Phosphorus,					<u> </u>	1		
		as N	Total as P								
	00(20	00000	00665						ļ		
Code on. Site	00620 EFF-6	00600 EFF-6	EFF-6		-	···			ļ		
	E11-0	Err-0	Err-o		<u> </u>			ļ	<u> </u>		
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30		 	 								
31											-
	l	<u> </u>	<u> </u>			<u></u>	<u> </u>	<u> </u>			<u> </u>

DAILY SAMPLE RESULTS - PART B R002 and R003

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 67% Permit Number: FL0029939 3/01/03 To: 3/31/03 Monitoring Period From: _

	Flow, (MG)	Flow, (MG)	Flow, (MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water Elevation (feet)				
Code	00056	00056	50050	50050	50050	00530	85327	85327		}	
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5			
1	ND	ND	.026		.026		02	0.3			
2	l i		102		,102		0.2	0.2			
3			.198		1178		0.3	_0.1			
4			.384		.384	10	0.3	0			
5			,418		,418		0.3	0			
6			, 182-	,134	.048		0.4	0			
7							0, 4				
8	·	·					0.4	0			
9							ک ک	_0			
10			, 340	,178	.162		0.5	0			
11			. 415	,212	, 203	1.6	0.8	0			
12			. 310	, 203	,107		1,0	0			
13			.387	.216	,171		1, 3	0.1	_		
14			,516	. 331	1185		1.6	0.3			
15			. 4 33	. 292	,141		2.0	0.6			
16			.343	,247	.096		2.3	0.6			
17			.563	.367	196		2.6	0.7			
18			,515	,471	,044	4.0	2,9	0.8			
19			1347	. 267	.080		3, 2-	1,0			
20			.215	114	,101		3,3	0.9			
21			.327	,377			3.5	0.9			
22			.284	, 794			3, 4	1.4			
23			.391	,397			3.3	2.1			
24			316	,316			3.2	2.7		 	
25			, 264	1264		1.0	3.0	3.0		 	
26			1337	1335			3.0	3.3		 	
27			324)	,324		:	3.0	3.6		 	
28			,308	(308			2,9	3.9			
29			12:18	1248			2,9	4.3			
30			, 227.		,222,		7.9	4.7			
31			,232		, 2, 3, 2,		2,9	4.5	`		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 MONITORING PERIOD From:

4/01/03

To: REPORT:

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291

Minor

D001

IIC

WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Leading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	NO					Me	0		
STORET No 00056 L Mon.Site No EFF-1	Permit Measurement	Report (Total Month.)		mg.						Continuous during any overflow	Calculated Flow
TRC for dechlorination	Sample Measurement										
STORET No. 50060 1	Permit Measurement				0.01 (Max.)			mg/L		Daily, during any overflow.	Grab :
pH	Sample Measurement										
STORET No. 00400 L Mon.Site No. EFF-1	Permit Measurement				6.0 (Min.)	8:5 (Max.)	拉拉斯 亞	S.U		Daily during any overflow	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1/ Mon.Site No. EFF-I	Permit: Measurement				5.0 (Min.)			mg/L		Daily during	Grab :
	Sample Measurement										
	Permit Measurement										
	Sample Measurement		Service of Services (Services of Services			4.0.2038424				1 20 T 10	Same agents Science and St. 1997
	Permit Measurement		of me								

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 PRIN	GIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO DATE (YY/MM/DD)
ASST. SUPP	~ \		597-3496 2003/05/28
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachment	s here):		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Indiantown Utilities MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FACILITY ID:

FL0029939

FL0029939

5143P03291

To: REPORT:

WAFR SITE NO .:

LIMIT: CLASS SIZE:

Minor

GROUP:

Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road Indiantown, FL 34956

GMS ID NO .:

MONITORING PERIOD From:

DISCHARGE POINT NUMBER: D001 PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	עע	ND					%	٥		
PARM Code TAN-6H 1 Mon.Site No. EFF-U	Permit Requirement				LC 50 greater than 100%	To Table 1		effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN-3B 1 Mon.Site No; EFF-1 2	Permit Requirement	A.			LC 50 greater athair 100%	21 21 23		% effluent		annual	four grab- samples during a 24 hour day
	Sample Measurement				And the second s			× × × × × × × × × × × × × × × × × × ×			Control of the contro
	Permit Requirement Sample										
	Measurement Permit Requirement								\$ 65 mm		
	Sample Measurement			T. T							
	Permit: Requirement : Sample										
	Measurement Permit										
	Requirement Sample Measurement										
	Permit Requirement			M. 4.				A. F. S.			

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 MONITORING PERIOD From: LIMIT:

Minor

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

FL0029939 5143P03291 WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: D002

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE 🗹

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	llity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND						MG	0		
STORET No. 0005+6 1 Mon.Site No. EFF-2	Permit Measurement	Report (Total Month.)		mg.				ST THE		Continuous during any overflow	Calculated Flow
TRC for dechlorination	Sample Measurement						Control of the Contro				
STORET No. 50060 L. Mon.Site No. EFF-2	Permit		到港岸					'mg/L		Daily during any overflow	Grab
pH	Sample Measurement										
STORET No. 00400 L Mon.Site No. EFF-2	Permit 45.25 Measurement			并说 识	6.0 (Min.)	8.5w (Max.)		S.U.:		Daily during any overflow-	≥ Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 Mon.Site No. EFF-2	Permit Measurement				5.0 (Min.)			- mg/L		Daily during any overflow	Grab
zznaka za osoba na miejo konta na oznaka na poprava na poprava na oznaka na oznaka na oznaka na oznaka na ozna	Sample Measurement										
	Permit : Measurement :										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement		•								
	Permit										
IA. See the court of the court	Sample Measurement					. 1					
	Permit										

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	llity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND						%	0		
PARM Code TAN-6H i. Mon.Site No. EFP-2	Permit				LC 50 greater than 100%		*** **********************************	% effluent		annual	four grab- samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement				The second section of the second section of the second section of the second section s	100 min 100 mi					
PARM Code TAN-3B 1 Mon.Site No. EFF-2	Permit Requirement				LC 50 greater than 100%			% effluent		annual	four grab samples during a 24 hour day
	Sample Measurement										
	Permit. Requirement Sample							78. D			
	Measurement Permit										
	Requirement Sample Measurement					•		in the sail of		***	
	Permit Requirement								3 14	reary fraction from	
	Sample Measurement	UNAME OF STREET	of the form of the man to the	Cr. Wolling C. See	av drig to switch the suitable spin.				was (Trime)		
	Requirement Sample				44						
	Measurement - Permit:										
	Requirement Sample Measurement										
	Permit Requirement										
	Sample Measurement	alor (1991) radion y son (1998) and a son I									
	Permita Requirement Sample	£ 5			<u> </u>				Political Control		
	Measurement Permit						57 250 2 4 5 5 5 7 5 5 5	**************************************			
	Requirement ==										

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

To: REPORT:

LIMIT: CLASS SIZE:

FACILITY ID:

Minor

GROUP:

WAFR SITE NO.:

Domestic

20552

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION:

15851 S.W. Farms Road Indiantown. FL 34956

GMS ID NO .:

DISCHARGE POINT NUMBER:

5143P03291

D003 PLANT SIZE/TREATMENT TYPE: IIC

FL0029939

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND						NG	0		
STORET No. 00056 1'. Mon.Site No. EFF-3	Permit Measurement	Report (Total Month.)		mg					edi.	Continuous during any overflow	Calculated Flow
pH	Sample Measurement										
STORET No. 00400 1 Mon.Site No. EFF-3	Permit Measurement				6.0 (Min.)	8.5 (Max.)		, , S.U.		Daily during any overflow	grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060 1 Mon Site No. EFF-3	Permit Measurement						250.00	mg/L		Daily during any overflow	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 Mon.Site No. EFF-3	Permit Measurement				5.0 (Min.)			mg/L		E Daily during any overflow	Grab
South & Difference of Control of the physical property control on the control of	Sample Measurement										
	Permit Measurement								3 1		
	Sample Measurement										
	Permit Measurement								14.45 14.42		
THE ENTERT OF THE SECOND SECTION SEC. WITH MANAGER OF THREE CONTROL OF THE SECOND SECTION SECTION SECTION SEC	Sample Measurement										
	, Permit Measurement.										
	Sample Measurement					. 1					
	Permit										

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample	-							Ex.	7 mary sis	-
PARM Code TAN-6H	Measurement Permit	D N	543-470 Per 2	e jan suori luoja kiling	sister co			్రేం	0		
Mon.Site No. EFF-3	Requirement				LC 50 greater than 100%			% effluent		annual	afour grab samples durin
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										a 24 hour day
PARM Code TAN-3B	Permit		66		CSO oregies		5.102 Salas Ja 2.168	%	National Party	Section of the sectio	Silver at the
Mon Site No. EFF-3	Requirement				LC 50 greater than 100%			effluent		i, annual	four grab samples durin
	Sample Measurement			356 T 47 07-65							a 24 hour day
	Permit Requirement				5-4 2-1						
	Sample Measurement										
	Permit Requirement										
	Sample Measurement				Control of the Paragraph of the Paragrap			60 x 30 x			
	Permit Requirement						2.4, 10.			7	
	Sample Measurement				,				Men - militar		
	Permit Requirement			34							
MILOL SO TOTAL ILITATION POR CONTRACTOR CONT	Sample Measurement								1.50%		
	Permit- Requirement										
COS - F Parts Are Control of Street Area Cont	Sample Measurement				and the second of the second o	The state of the s			212374[J.	AND THE PROPERTY OF THE PARTY O	
	Permit—: Requirement									Fol	
	Sample Measurement					A STATE OF THE PROPERTY OF THE PARTY OF THE	t entre (the control before the solid)	1464A.M. (1753)			
	Permit Requirement										
	Sample Measurement			S. S. S. S.	Charles a com in the life Shigh						
	Permits:									•	- Sag 7

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 4/01/03

MONITORING PERIOD From: LIMIT:

Final Minor To: REPORT:

GROUP:

Monthly Domestic

CLASS SIZE:

FACILITY ID:

FL0029939

WAFR SITE NO .:

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant 15851 S.W. Farms Road

Indiantown, FL 34956

GMS ID NO.:

5143P03291

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE:

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	. 350						MED	0		
STORET No. 50050 Y Mon Site No. EFF-6	Permit: Measurement	(An. Avg.)		mgd -		e de la companya de La companya de la co			i de la constitución de la constitución de la const	Continuous with 6 readings/week	Flow Meters with Totalizer
Flow	Sample Measurement		,518					MGD	0		
STORET No. 50050 1 1 Mon.Site No. EFF-6	Permit Measurement		Report. (Mo. Avg.)	mgd		7.5		19.5		Continuous with 6 readings/week	Flow Meters with Totalizer
CBOD5	Sample Measurement				5.5			Mg/_	0		
STORET No. 80082 Y	Permit — : Measurement				20.0 (Ал. Avg.)		11.20°	mg/L	yr is	Weekly	"8-hour FPC
CBOD5	Sample Measurement				. 4.1		8.3	Mgc	0		
STORET No. 80082. 1 Mon.Site No. EFF-6	Permit: Measurement				25.0 (Mo. Avg.)	40.0/report (Week, Avg.)	60.0 (Max.)	. mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				5.3			Ng/_	0		
STORET No. 00530 Y Mon Site No. EFF-6	Permit Measurement				20.0 (An: Avg.)			mg/L		Weekly	.8-hour FPC
TSS	Sample Measurement			25-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	5,2		9.4	Mex	0		
STORET No. 00530 1 Mon Site No. EFF-6	Permit Measurement				30:0. (Mo: Avg.)	45.0/report (Week. Avg.):	60.0 (Max.)	mg/L		Weekly	8-hour FPC
рН	Sample Measurement				5. 0.	7.5	And the second s	. لا ج	0		8. 38 T. Se
STORET No. 00400 1 Mon:Site No. EFF-6	Permit:				6.0	8.5 (Mex.)		S.U.		6 Days/week	Grab
A CONTRACTOR OF THE CONTRACTOR	Sample Measurement	Single of the second of the se	an inner tropularies de medical (° 14 gal 1967 p.).	in well and the second sections.	BOARDS, ASSESSMENT OF THE SECOND	er transport of the second of		Kulangi sytiffi da 1 fa	S-844 Section 2019	Party and man at washing the converse register to	The August 1995 and the Control of the August 1995 and the August 1995 and the August 1995 and the August 1995
	Permit : ::					T.					

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.04			MSK	0		
STORET No. 00620 1 Mon Site No. EFF-6	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
Nitrogen, Total as N	Sample			1901 to 1, \$0.00 (1,000 to 1,000)		FIG. 18 (1.0) (4.0) (1.0) (1.0) (1.0) (1.0) (1.0)	gitt för i tegt för et ustum	N.	Party dulty.	The Control of the Co	
STORET No. 00600 1	Measurement Permit	· · · · · · · · · · · · · · · · · · ·			3 8	Z + Z		1452	٥		
Mon.Site No. EFF-6	Measurement				Report (Max.)	Report (Avg)		mg/L	-	Weekly	8-hour FPC
Phosphorus, Total as P	Sample Measurement		***		+. +	2.8		Mg/	0	en ann e an an an an an an an an	C. C
STORET No. 00665 1	Permit Measurement				Report	Report •• * (Avg.:) And the control of the con		mg/L		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement				5.1	C. C. DILY	A 17 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	#/100 ML	. 0	No. 2 (1985) 11 11 11 11 11 11 11 11 11 11 11 11 11	
STORET No. 74055 Y Mon.Site No. EFF-6	Permit				(An. Ayg.)			#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement				< (۷ (E A COS . TO SEE SEE SERVER DE COMO	#/100ML	0	A STATE OF THE PARTY OF THE PARTY SALES	
STORET No. 74055 1-3 3 Mon.Site No. EFF-6	Permit. Measurement				Report (Mo. Geo Mean)	800 ≎ -(Max.)	# # # # # # # # # # # # # # # # # # #	#/100mL		Weekly	Grab
TRC for disinfection	Sample Measurement	3			· 1.2			Mgc	D		
STORET No. 50060 1 Mon.Site No. EFF-6	Permit				0.5 (Min.)			mg/L		6 Days/week	Grab
	Sample Measurement									\$4.500 of \$100 of toler	
	Permit Measurement										
	Sample Measurement										
	Permit Measurement										
CCSPECT TO ANTICY for expect with a facility per expect representation of the contract of the	Sample Measurement						,			,	
	Permit Measurement	4,500						Times and			
y 200 and a many many managery (1880) to grow a second page 10 and 10 an	Sample Measurement					A STATE OF THE STA	N	The state of the s		A CONTRACTOR OF THE CONTRACTOR	estand the control of the control of the
	Permit Measurement	44.5.5.70		i in line (GIV)							

8

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FACILITY ID:

FL0029939

4/01/03 MONITORING PERIOD From:

> Final / Minot

IIC

To: REPORT: GROUP:

Monthly Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

GMS ID NO .: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

FL0029939 5143P03291 R002, R003

WAFR SITE NO .: GMS TEST SITE NO .:

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NO	ND					м 6	0		
STORET No. 00056 1 Mon.Site No. EFF-4	Permit Measurement	Report (Total Month.)	Report (Max. Daily Flow)	mg			10 mm (1992)		14 J	Continuous during any overflow	Calculated Flow
Flow	Sample Measurement	ND	ND					MG	0		
STORET No. 00056 P Mon.Site No. EFF-5	Permit Measurement	Report (Total Month.)	Report (Max. Daily Flow)	mg ,						Continuous during any overflow	Calculated Flow
Flow	Sample Measurement		0.288					NGD	0		
STORET No. 50050 Q Mon.Site No. EFF-7	Permit Measurement		Report (Mo. Avg.)	mgd		ent la la Pa				Continuous with 6 readings/week	Recording flow meters and totalizer
Flow	Sample Measurement	0.080	7.00					Med	0		
STORET No. 50050 Y Mon Site No. EFF-8	Permit Measurement		(d) (c) (c) (d)	mgd		3113				Continuous with 6 readings/week	Calculated Flow
Flow	Sample Measurement		0.139					MGD	0		
STORET No. 50050 R Mon.Site No. EFF-8	Permit:		Report (i)	, mgd		Aman San San San				Continuous with 6 readings/week	Calculated Flow
Flow	Sample Measurement	0.096						MGD	0		
STORET No. 50050 S Mon.Site No. EFF-9	Permit:	0.143 (An. Avg.)		mgd						Continuous with 6 readings/week	Calculated Flow
Flow	Sample Measurement		0.149					MGD	0		
STORET No. 50050 T Mon.Site.No. EFF-9	Permit Measurement		Report (Mo. Avg.)	mgd		斯斯马克	ara karantar	E in		Continuous with . 6 readings/week	Calculated Flow
TSS	Sample Measurement				3.04			Mg/L	0		
STORET No. 00530 I Mon Site No. EFF-6-	Permit Measurement				10.0 (Mo. Avg.)			mg/L		Weekly	8-hour FPC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: Indiantown Utilities P. O. BOX 397 MAILING ADDRESS:

Indiantown, FL 34956

PERMIT NUMBER: MONITORING PERIOD From: FL0029939

Minor

To: REPORT: GROUP:

Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

LIMIT: CLASS SIZE:

> FL0029939 5143P03291 Influent Monitoring Point

WAFR SITE NO.:

GMS TEST SITE NO.:

COUNTY:

Martin

Parameter	Quantity or Loa	ding Units	Qu	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type	
CBOD5	Sample Measurement	242					MX	0		
TSS	Sample Measurement	198					Max	0		
	Sample Measurement									
	Sample Measurement			,	·					
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									
	Sample Measurement									

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

Permit Number:	FL002
Monitoring Period	From

129939 1: 4/01/03 To: 4/30/03

Discharge y

	Flow (mg)	рН (Мах)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327			·	
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1				
1	N/D										1
2							2.7				
3							2,7				
4							z.8				
5							z.9 z.8				
6						· · · · · · · · · · · · · · · · · · ·	z.8				
7							Z.7				<u> </u>
8						·	Z.6				
9	1	·			-		2.6				
10							2.6				
11								- PUMPLO		1	
12							0	- I JMVLD	OUT COLE	CCEANIN	6
13							0				
14							0				
15							D				
16			****			1-1	0				
17							0		· · · · · · · · · · · · · · · · · · ·		
18							0				
19							D				
20							0				 .
21							0				
22							0				
23		-					0				
24							0				
25							0				
26							0				
27							0				
28							0			~	
29							<i>b</i>				
30											
31	•						0				

PLANT STAFFING:							
Day Shift Operator	Class:	Æ	Certificate No:	4805	Name:	DUANS, SMILLY JR.	
Evening Shift Operator	Class:		Certificate No:	3434	Name:	DON C. JOHNSON SIE	
Night Shift Operator	Class:	B	Certificate No:	1747	Name:	JANUS G. HUWITT	-
Lead Operator	Class:	B	Certificate No:	9439	Name:	BNLE WATSON	
Type of Effluent Disposal or Re				I Porce	PONSI	J. REGATION	
Limited Wet Weather Discharge	e Activate	d: Yes: No	: (Not Applicable)	If yes, cumulative	e days of we	et weather	

^{*}Attach additional sheets if necessary to list all certified operators.

D002

Code	
Mon. Site EFF-2 EF	
Mon. Site EFF-2 EF	
2	
A.Z	
3	
10	
Harmonia	
3.9	
10	
10	
11	
12	
14	,
14	
15	
16	
17 18 19 20 21 22 23 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	
18	
20	
20 21 22 23 23	
21	
22 23 0	
24	
25	
26	
27 0	
28	
29	
30	
31	

Donnit Mount	FI 0070030	D003	
Permit Number: Monitoring Period	FL0029939 From: 4/01/03	To: 4/30/03	Discharge ym

Coliforn Bacteria (W/100mL) Coygen (mg/L) Coygen (mg/L				, <i>j</i>			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
Mon. Sii EFF-3 EFF		Flow (mg)	pH (Max)	pH (Min)	Bacteria		Dissolved Oxygen (mg/L)	Elevation				
Mon. Site EFF-3 EFF-3 EFF-3 EFF-3 EFF-3 EFF-3 1	Code	00056	00400	00400	74055	50060	50060	85327	 	 -		
	Mon. Sit	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3		l		 	-	
2	1	No						- 6				T
3.7 3.7	l F								ļ <u>.</u>			
3.7 3.6 3.4 3.4 3.4 3.4 3.2 3.6 3.6 3.6 3.6 3.6 3.7 3.7 3.8 3.7 3.7 3.8 3.7 3.7 3.8 3.7 3.7 3.8 3.7 3.7 3.8 3.7 3.7 3.8 3.7 3.8 3.7 3.8	L							1				
3	1 1								<u> </u>	ļ	 	
7	L											
3.2 3.0 9 10 2.3 3.0 11 12 12 13 2.4 3.0 3.1	1 1											
3.0 3.0	L									 		
10	1 1										 	
11			•							 	 -	
11	l U							_			 	ļ
12	1 1											
13	1 H										<u> </u>	
14												
15 16 1.7 1.8 1.7 1.8 1.7 1.6 1.	. II											
10	1 !									<u> </u>		
11	ll li											
18												
1.6												
1.6	L											
21 22 23 24 25 26 27 28 29 30 1, 4 1, 4 1, 4 1, 0	1											
1. 4 1. 0 24 25 26 27 28 29 30 30 30 30 30 30 30 3	1 1											
23 24 25 26 27 28 29 30 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.0 7.	li l											
25 26 27 28 29 30	L	·							\			
26	 								PUNDO	TOTOE /	LOANIN	6
26												
28 29 30 0	1 1											
28 29 30	1											
30 0												
30	1 1											
	1 1							0				
31	31											

R001

Permit Number: Monitoring Period

FL0029939

From: <u>#/01/03</u> To: <u>#/30/03</u>

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

68%

. 6			12/			7		(1MADF/Per	тиней Сарас	ну)х100:
	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max)	, ,	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	n/a
Mon. Site	EFF-6	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-1
1	,470	~ 2.0	272	6.6	226			<		<u> </u>
2	1640						4.9		2,2	0
3	.560						7.1		1:7	0
4	,520					1	6,9	·	1,4	0
5	1500					1			1,5	0
6	.520						7.2		2, 2	0
7	,520						7.3 7.4		116	
8	.480	ছ,3	218	9,4	287		7,3	- 1	2.0	0
9	,500						7.3		115	0
10	.460						7, Z		2.2	0
11	.480						7.3	·	1.3	0
12	1530						7.1		2.1	D
13	,560						7,1		1,8 2,2	
14	,520						7.0			0
15	1510	z.6	215	3.6	.183		7, 3	<	1,9	0
16	,480								2.2	0
17	.580						7.0		1,7	
18	,610						7.2		_ Z./	0
19	,550				-		7.2		1.6	
20	.520					1	7.5		114	0
21	410					1	7.3		1,2	0
22	,490	z.9	266	3.6	151		7.4	<1	1.8	D
23	,440					7-11	4.9		2,2	0
24	350					1	6.8		2.2	0
25	1600					7	7.1			
26	1590					7	7,0		2,2	1.8
27	,610						7.0		2.0	0.3
28	1530						4.9		1.8	0.1
29	.530	4.8	Z38	z.8	143		7,4	< 1	2,2	0.4
30	,490						7.2		2,2	8
31.							(14		1.8	-0,1
					 -		<u></u> .			

DAILY SAMPLE RESULTS - PART B Cont. R001

Monitoring I	period	From: <u>4/01</u>	1/03	To: 4/30/0.3 Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 68 ?							
,	Nitrate as N	Nitrogen, Total as N	Phosphorus, Total as P								
Code	00620	00600	00665		-						
Mon. Site	EFF-6	EFF-6	EFF-6		<u> </u>						
1	-0,02	31,0	2.8		} 	<u> </u>		l	<u> </u>	<u> </u>	
2			1							<u> </u>	
3					1		<u> </u>	-		l	<u> </u>
4											
5											
6											
7											
8	0.04	31.8	4.4								
9											
10											
11											
12											
13											
14											
. 15	0,04	16.1	1.1								
16											
17											
18	,										
19											
20											
21											
22	< 0.02	23.0	1.6								
23											
24	·										
25											
26											
27											
28											
29	0.04	19.1	4.2								
30											
31	II .										

DAILY SAMPLE RESULTS - PART B R002 and R003

FL0029939 Permit Number: Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 48% From: 4/01/03 To: 4/30/03 Monitoring Périod

	Flow (MG)	Flow, (MG)	Flow,	Flow,	Flow,	Tec (mg/l)	Percolation	I Danas Indian I		1		
	11011, (1110)	1100, (1410)	(MGD)	(MGD)	(MGD)	133 (mg/1)	Pond Water	Percolation Pond Water				
							Elevation	Elevation				
					İ		(feet)	(feet)			-	
Code	00056	00056	50050	50050	50050	00530	85327	85327				
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5				
1	NO	NP	. 227		,227	4.6	2.9	4,4				+
2		ı	,082		.082		2.8	4.2		1		
3			, 291		,291		Z.7	4.0				
4			, 309		1309		2,6	3.9				
5			,367		,367		2.6	3.8		-		
6			, 323		32.3		2.5	3.7		 	1	
7			1194		,1911		z.4	3.5				
8	1		,155		,155	2.8	Z. 3	3.4				
9			,115		,115		Z, 3	3,2				
10			.261		, 7.61		z.3	3.1		 		
11			,361	.361			2.2	3.0		<u> </u>		
12			, 355	355			10 10	3.1		 		
.13			.398	, 398			2.1	7.5				
14			, 197	,197			2.5	3.7		 		
15			, 214	, 214		3.6	2.6	3.8				
16			,416	,186	.230			3.9	·	 	-	
17			262	,149	,113		2.7	3.8				
18			1263	,058	, 205		2.5	3.7				
19			, 250	,070	,180		2.9					-
20	-		,234	, 0.51	,183			3.7		-		
21			, 216	1026	,190		2,9 2,9	3.6				-
22			1321	,167	.154	2.4		3,5			-	
23			.339	, 216	,123	2-11	Z.9 - A	3.4	**			
24			,486	. 238	,193		3.0	3.3				
25			,403				3.1	3.2		-		
26				1382	,021		3.2	3.1				
27			1396	,175	1221		3,4	3, 1				-
28			,389	. 331	.058		3.6	3.1				
29			, 399	, 293	,106		3.8	3.1				
30			,421	12.44	, 177	1.8	3,9	3.1			-	
31			OFF	OFF	OFF		3,9	3,0			-	
										<u></u>		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 *5/01/03* Final

Minor

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939

WAFR SITE NO.:

NO DISCHARGE FROM SITE

20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

5143P03291 D001

COUNTY:

Martin

Parameter		Quantity	or Leading	Units	Qua	ation	Units	No. Ex.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	1/ D	ND					N.G	0		
STORET No. 00056	Permit Measurement			amg						Continuous during any overflow	Calculated: Flow
TRC for dechlorination	Sample Measurement									-	
STORET No. 50060 11	Permit Measurement se				0.01 (Maxt)			mg/L		Daily during any overflow	Grab
рН	Sample Measurement										
STORET No. 00400	Permit Measurement				6.0* (Min.)	8.5 * (Max.)		S.U.		Daily during	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 Mon Site No. EFF-1	Permit Measurement 5	Barrier	71 PA 12 12 15 1		0 (Mint)			mg/L	33	Daily during any overflow	Grab
	Sample Measurement										
	Permit Measurement	洲崖			- 14						
	Sample Measurement										
	Parinie Measurement										

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZ	ED AGENT TELEPHONE NO DATE (YY/MM/DD)
DEAN S. SMILEY, JR.	h	(772) 2003/06/27

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER: FL0029939

MONITORING PERIOD From: 5-101/03

LIMIT: Final Minor To: REPORT: GROUP:

Toxicity Domestic

CLASS SIZE:

FL0029939

WAFR SITE NO .:

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant 15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.: DISCHARGE POINT NUMBER:

5143P03291

D001

PLANT SIZE/TREATMENT TYPE: IIC

no discharge from site 🗹

COUNTY: Martin

Parameter		Quantity or Loading		Units	Qua	Units	No.	Frequency of Analysis	Sample Type		
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	ND	ND					90	0		
PARM Code TAN-6H 2 1 Mon Sire No. BEF-1	Permit Requirement				LC 50 greater			effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement				, ,				\$ MANUAGES (1975)		
PARM Gode TAN-3B Mon Site No. EFF-1	Permit Requirement				LC 50 greater.			%l- effluent		annual.	i⊊ ≨four grab samples during a 24 hour day
TO WELL THE	Sample Measurement				,						
	Permit				海路 禁禁	類的					
	Sample Measurement										
	Permit							5-1			
Source State State Company of the State St	Sample Measurement										
The state of the s	Permits a service Requirement 2 3				学生态数						
	Sample Measurement										
	Permita Requirements						经验的		漪		
	Sample Measurement		,			,					u
	Permit Requirement					的一种					

2

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE:

To: REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939

WAFR SITE NO.:

NO DISCHARGE FROM SITE

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER:

5143P03291 D002 IIC

Minor

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	ND	ND					M6	6		
STORETNo 0005+6 f	Permit Measur-ment	(Coral Manife)		- W.						Continuous during any ∓ n coverflow//	Calculated 21 low
TRC for dechlorination	Sample Measurement									Second Tilliam 128	
SUOREHNO 50060 11	Remile Necrotoment				0:0 (Max) 3.8			mg/L-	No.	Daily during any	Grab) (* 1
рН	Sample Measurement										
STORETANO: 00400 1 0 5	Penniti Mensili-menis				6.0 t ((Min))	S (Maxillar Ar		t S.U.T.		Daily during any of the control of t	r Grab 1
Oxygen, Dissolved (DO)	Sample Measurement										
STOREUNG, 00300 Programmer Mon-Sile Nov. Ept. 20	Meximontaness				(Min.)			mg/L		Daily during any :	Grab
	Sample Measurement										
	Permis Mersingment							3 47.53			
	Sample Measurement										
	Remis (20)										
COPPER BY THE THE PROPERTY PROPERTY OF THE PRO	Sample Measurement										
	Permitar Comments										
Paragram in the second of the	Sample Measurement										
	Pennis Weathrangaire										

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Quality or Concentration				No.	Frequency of	Sample Typ
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND						-	Ex.	Analysis	
ARM Code TAN-6H	Permit	V 2			LC 50 greater	a Titas Vasie residentiano.	See 3.000 4000 may 2000	ا م	0		1
ARM Code IAN-6H Mon.Site No.EFF-2	Requirement				than 100%			effluent		annual	four grab
6-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement									1	samples duri a 24 hour da
ARM Code TAN 3B 1 Ion Site No. ERF-2	Permit Requirements				LC 50 greater thank 00%;			% effluent		∓annual	four grab samples durit
	Sample Measurement			The state of the state of					in geos		a 24 hour da
	Permit:		翻起這点		ANT THE SECOND		R to the second	16.2 · · · ·			
	Sample Measurement Permit	letter to the later of the								Janes Comment Comment	
	Requirement Sample	Za zacie	(4.)*		邓 克斯特殊		MESSE S		27		
	Measurement	and the second						Section of the sectio			
	Permit 34 34 34 34 34 34 34 34 34 34 34 34 34						THE STATE OF		******		
	Measurement Permit		Marie Control	Market .							
	Requirements Sample	2000						的是它		i de diffe	
	Measurement Permits			18-80 Fact							
	Requirements Sample	i de la company									建 建筑。
	Measurement Permities Requirements							0.00	Sinis states are	Parket State of the Control of the C	
	Sample Measurement						100		YES !		
	Jennin Requirement										
	Sample Measurement								The Park		
	ermit a second				ing Section				40.00	To the second second	

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

PERMIT NUMBER:

FL0029939 MONITORING PERIOD From:

5/01/03

To:

Indiantown, FL 34956

LIMIT: CLASS SIZE: Final Minor REPORT: GROUP:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

FL0029939

WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

5143P03291 D003

PLANT SIZE/TREATMENT TYPE:

IIC

NO DISCHARGE FROM SITE \Box

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	ا مد	ND					MG	O		
STORET No. 00056 11 Mon Site No. EFF 3	Permit Measurement	Report (Total Month)		7 110						Continuous during any overflow	Calculated Flow
pH	Sample Measurement										
STORET No. 00400 1 1 Mon Site No. EFF-3	Permi (%) Measurement				(Min.)	8.5 (Max.)		S.U.	*	Daily during any overflow	grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060 1 Mon Site No. ERF-3	Permit Mensurement	e gera			0.00b (Max)			- mg/L		Daily during any overflow !	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No: 00300 = 1 = 1 Mon.Site No: EFF-3	Comit 5: 45 AVC assistant in the contract of t				(Viine)			mg/L		Daily during any overflow:	t ⊮Grab
	Sample Measurement										
	zania Vizitiranon							Herriy.			
	Sample Measurement										
	Bornik Verbiidinenigii										沙路 。
	Sample Measurement		•								
	ाधनामाः । १४,१११ महाम्यान										E-Walley W.
	Sample Measurement					. 1					
	ve sitemen.										

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type	
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NΔ					9.	0		
PARM Code TAN-6H [Mon-Site No. EFF-3.	Permit Requirement				LC 50 greaters than 100%;		deffluent		annual	≈ four grab samples during ≈ a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement									
PARM Gode ITAN 3B Mon Site No EFF 378	Permit as Carlo Requirement 200				#LC 50 greater ethan L 00% (%)		effluent		annual	a four grab samples during a 24 hour day
	Sample Measurement									
	Requirement > Sample									
	Measurement Permit			74						
	Requirement Sample Measurement			Control of the Contro			224-23-3			
	Pemji Requirements									
	Sample Measurement				,					
	Requirement Sample			e 1						
	Measurement								100 CA 10	and the second s
	Remit Requirementant Sample	e di								
	Measurement Permits									
	Requirements Se Sample Measurement									
	Requirement Requirement									
	Sample Measurement		·							
	Penni Regularitati			di.						

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 5/01/03

To:

REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION: 15851 S.W. Farms Road

Martin

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939

5143P03291

Minor

R001

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC WAFR SITE NO .: 20552

COUNTY:

Parameter _		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	·352						MGD	6		
STORET No. 50050 L.Y	Points Measurement	(Ancaves)		mgd	TOTAL TOTAL TOTAL		Barra de la compansión de		T	Continuous with 6.	Flow Meters with Totalizer
Flow	Sample Measurement		,509					MGD	0		and the same of th
STORET No 50050 1	Permit Season Measurements		Report with (Moravg)	mgd		设于进 务			建 起	Continuous with 6-	
CBOD5	Sample Measurement				5,3			mG/L	0		
STORET No 80082 Y Y Mon.Site No EFF-6	Permit Mensurement				20.0			,u mg/L.		.Weekly	8-hour FPC
CBOD5	Sample Measurement				.3.7		5,5	ma/L	0		
STORET No. 80082 Mon Site:No. EFF-6	Permit / / / / / Measurement				25.0 (Mo. Avg.)	40:0/report (Week Avg.)	60.0* (Max.)	w.mg/L		Weekly	8-hour EPC
TSS	Sample Measurement				5.1			m6/2	0		
STORET No. 00530 Y. Y. Mon. Size No. EFF-6	Permit = ==================================				20:0 (An:Avg.) +	W.		r :cmg/L. :		Weckly	- 8-hour FPC
TSS	Sample Measurement	_			2.7		4.0	mg/c	0		
STORET No. 00530 Mon Site No. EFF-6	Permit Measuremen				(Mo Avg.) #	45 0/report	60:0 (Max)	mg/L		Weekly	8-hour FPC
pH	Sample Measurement				6.9	8,3		S.U.	D		Service of the servic
STOREDNO 004007 1 5492 Mon Sic No. EFF-6	Bermit Measurement				6.0 (Min.)	8.5	in the state of	e S.U		6 Days/week	Grab!# State Grab #
	Sample Measurement				7,1305	The state of the s			w Wood and ONE graph	And a second and the control of the Lands and the control of the c	
	Wander Websitementys										

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.13			mak	0		
STORET No. 00620 1 Mon.Site No. EFF-6	Rermit.		L.		12.0 (Max.)			mg/L		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				16	11,4	1	mg/L			
STORET No. 00600 1 Mon Site No. EFF-6	Permit Measurement				Report (Max.)	Report (Avg.)		mg/L		Weekly	8-how FPC
Phosphorus, Total as P	Sample Measurement			e experiencina	4,3	3.0		mG/L	٥		
STORET No. 100665 1 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Permits as Measurements	erat or			Report *	Report (Avgs)		mg/L		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement		processing and proces		4.9	**************************************		#/100m!	0		
STORET No. 74055 Y. Mon Site No. EHF-6	Permite sy esse Measurement				(An Avg.)	4 E \$2 S		#/100mL		Weekly 212	
Fecal Coliform Bacteria	Sample Measurement				<	۷)		4/100 mc	D		
STORET No.74055	Permit 2 P Measupneau				(Mb. Geo.	(Viara) (b)		#/100mL	1 -	Weekly	Grab
TRC for disinfection	Sample Measurement				1.5			~ <i>/</i>			
STORET No. 500607 71 Mon She No. EFF-6	Pernite Value 2				(Min)			<i>ካሪ/ረ</i> mg/L	0	- 6 Days/week	Grab (1988)
	Sample Measurement			i propinskih	ar minimi						
与美国特别的 国际	Permit		数数数				发星模型	7,000	* ** ** * ** ** **	133 (2) 134 (1)	
TO SAFETY OF THE PROPERTY OF T	Sample Measurement										
	Permit:						19 J. J. J. J. J. J. S.				
	Sample Measurement					The second secon	The second secon		***		
"看到 "是"	Permits (Measurement)										
	Sample Measurement		200 200		And the second s	A CONTRACT COMMANDE STATE OF S	and a straightful service and the service of the se	N. T. Carrier and St. Carrier			
	Alemnit							25-63			

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

£:

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

FL0029939 5/1/03 Final Minor

To: REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 R002, R003

WAFR SITE NO .: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	ИD					mG	0		
STORET No. 00056. 1 Mon. Site. No. EFF-4	Permit Measurement	(Report (Forally/fonds)	Report = *Max Daily = *###Jowns	E S						Continuous a during any	Calculated Flow
Flow	Sample Measurement	ND	В					mG	0	1	
STORET No. 00056 P. Mon Site No EPF-55	Permit Mediuminent	Report (alera Vorint)	etentore etero entity organisa	2015						Continuous during any overflow	Calculated Flow =
Flow	Sample Measurement		1204					MGD	0		
STORET No. 50050 Q Mon Sile No. PET-7	Permi Massiement		185000 (Mg. 475)	mpo.						Gontinuous with 6 readings/week	Recording flow meters flow and totalizer
Flow	Sample Measurement	0.086						mGD	0		- And to antizer
	Pelmin Mensingman			mgd						Continuous with	Calculated Flow
Flow	Sample Measurement		,083					MGD	0		
SECRETAND 20050	Permit Measurement	Secretaria de la compansión de la compan	Rejor (Vio / (VF))	ingel •						Continuous with. Greatings/week	Calculated Flow
STORETOND 50050	Sample Measurement Bermil	1692	tok to State that early is known a					MGD	0		
Mon Site No. EFF-98	Measurements.	(An Avg.)		mgde*				模型		Continuous with 6 readings/week	Calculated Flow
STOREZNO 50050 T	Measurement Permit		.115		The Commission of Commission Comm	and through the contract that the treatment		MGD	D		
MonSile so Ene 9 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Mensuremente Sample		10.500 (MOA.0.6)				Land Carlo			Continuous with:	
CALLY N. I. WESTERLAND FROM THE MEDICAL N. AND	Measurement Permit			Springer	2,0			mg/c	0	,	
Monts in November 1	Measuremented				(0.00			omg/L		a Weekly a	8-hour FPC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

COUNTY:

Martin

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

FACILITY ID: GMS ID NO.:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

FL0029939

Final Minor

FL0029939

5143P03291

Influent Monitoring Point

To: REPORT: GROUP: 5/31/0 Monthly Domestic

WAFR SITE NO.: GMS TEST SITE NO.:

20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	260						Max	0		
TSS	Sample Measurement	182						Max	0		
	Sample Measurement				-						
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here)

-!« \1		E1 0020020				D001	D	ischarge ylfi
nit Numb nitoring P	er: eriod	FL0029939 From:	5/01/03	Т	0:	31/03		noonarge yair)
	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorination) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)	
Code	00056	00400	00400	74055	50060	50060	85327	
on. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	
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PLANT STAFFING:						
Day Shift Operator	Class:	A	Certificate No:	6805	Name:	DEANS, SMILEY, JR.
Evening Shift Operator	Class:	B	Certificate No:	3634	Name:	DON C. JOHNSON, SR.
Night Shift Operator	Class:	B	Certificate No:	6747	Name:	JANKE G. HEWITT
Lead Operator	Class:	B	Certificate No:	943	Name:	ERNIE WATSON
Type of Effluent Disposal or Rec	claimed V	ater Reuse:	= EVA	P. I Peke.	PONTS	TERIENTION
Limited Wet Weather Discharge	Activate	i: Yes: No	: (Not Applicable:)	If yes, cumulative	days of we	

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

Permit Number: Monitoring Period FL0029939

Discharge ym

			, ,		······································						
	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				-
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2				
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Permit Number:	
Monitoring Period	l

FL0029939 From: _____5/01/03____

Discharge y/fi

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3				
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Permit Number: FL0029939
Monitoring Period From: 5/01/03 To: 5/.

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

Flow, (MGD) CBODS (MgL) TSS (mgL) TSS (mgL) PH (Max) PH (Min) Coliform	_			/ / /		7	7		(IIII WITH CI	•	
Mon. Site EFF-6 EFF-6 INF-1 EFF-6 INF-1 EFF-6 EFF-6 EFF-6 EFF-6 OTH-1					TSS (mg/l)	TSS (mg/L)			Coliform Bacteria	Disinfect.)	
Mon. Sile EFF-6 EFF-6 NF-1 EFF-6 NF-1 EFF-6 EFF-6 EFF-6 EFF-6 OTH-1 1	Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	7/0
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R001

DAILY SAMPLE RESULTS - PART B Cont. R001

Permit Number: FL0029939

Monitoring Period From: 5/01/03 To: 5/31/03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

69%

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İ	litrate as N	Nitrogen, Total as N	Phosphorus, Total as P							
		. 4311	Total us i							
Code	00620	00600	00665					 		
lon. Site	EFF-6	EFF-6	EFF-6		<u> </u>			 		
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R002 and R003

Permit Number: FL0029939 (TMADF/Permitted Capacity)x100: 69% Three-month Average Daily Flow: 5/01/03 5/31/03 Monitoring Period From: Flow, (MG) Flow, (MG) Flow. Flow, Flow. TSS (mg/l) Percolation | Percolation (MGD) (MGD) (MGD) Pond Water Pond Water Elevation Elevation (feet) (feet) 00056 00056 Code 50050 50050 50050 00530 85327 85327 Mon. Site EFF-4 EFF-5 EFF-7 EFF-8 EFF-4 EFF-9 EFF-7 EFF-5 ī 0 3.8 30 ND NO 2 Ō 8,8 2.9 3 D 3.7 2.8 4 0 3.6 2.7 5 3.5 2.7 6 052 .019 033 3,4 2.6 1.4 7 183 2,6 ,293 3.6 110 8 .268 .146 3,4 122 217 9 1169 3.3 1028 2.8 10 .0 35 1107 072 3.2 2.8 11 1031 .084 3.1 2.8 12 -388 003 385 3.0 2.7 13 2.2 ,390 271 2.9 2.9 14 398 269 , 129 2.8 3.1 15 .163 .404 24 2,8 3.4 16 .374 24 2.7 3.8 .127 17 . 400 ,27 2.9 1129 3.9 18 .406 3.9 3.0 0 .406 19 0 3.4 3,5 , 352 20 .374 3.7 3,5 1274 21 ,374 0 3.6 ,374 1.8 22 ,398 120 ,274 3.6 3,7 23 .248 1127 3.7 3.8 24 1032 1000 , 032 3.7 3.9 25 1002 009 3.6 3.8 .007 26 ,023 .051 3.6 1028 3.7 27 118 .091 3,7 ,027 3.6 28 3.6 .478 258 3.7 022 29 0 0 0 4.0 3,60 30 0 0 3.5 O 4.0

Version 3/23/99 16

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When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

FACILITY:

LOCATION:

Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

6-1-03 Final

To: REPORT: GROUP:

Monthly Domestic

CLASS SIZE:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO.:

20552

....

Indiantown, FL 34956

LIMIT:

DISCHARGE POINT NUMBER:

D001

Miner

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE ☑

COUNTY: Martin

Parameter		Quantity	or Leading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	No	ND					mc	٥		
STORET No. 00056. 1 Mon.Site No. EFF-1: 2	Permit Measurements	Report (Total Month)		mg ,						Continuous during any overflow	Calculated 4.
TRC for dechlorination	Sample Measurement										
STORET No. 50060 1 Mon Site No. EFF-1	Permit- Measurement -				0.01 - (Max.)			mg/L	*	Daily during any overflow.	Grab +
pН	Sample Measurement										
STORET No. 00400 1 Mon.Site No. EFF-1	Permit Measurement				6.0)- (Min.)	8:5 \$ (Max.)		S.U	14 3. 14 4. 14 4. 14 4. 14 14 14 14 14 14 14 14 14 14 14 14 14	Daily during	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 Mon.Site No. EPF-1	Permit : ::::::::::::::::::::::::::::::::::				5.0 - ; - ** (Min.) * ; -	多。能		mg/L		Daily during any overflow	Grab
	Sample Measurement										
	Permit ** Measurements/										
	Sample Measurement										
	Permit				を開発さ				7,43		1.00

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	TELEPHONE NO DATE (YY/MM/DD)
DONCJOHNSONI CO. 03634	Don C. Johnson	597-3496 7-28-2003

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

Indiantown Utilities PERMITTEE NAME: MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 6-1-03

Final

Minor

To: REPORT: GROUP:

WAFR SITE NO.:

6-30.03 Toxicity Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	20	NO					%	0		
PARM Code TAN-6H 1 Mon.Site No. EFF-6	Remit Requirement	City Ferr			LC 50 greater To than 100% 35			%; effluent		annual	to four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN-3B 1 Mon.Sile No. EFF-1	Permit: Requirement				LC 50 greater than 100%			effluent		annual	afour grab samples during a 24 hour day
Transport in the second in the	Sample Measurement										
	Permit							25			
	Sample Measurement		and the second	* **			a water and the second		ACAST J		
	Requirement Sample			\$ 410 Z					77.5		**************************************
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 6-1-03

To: REPORT: 6-30-07 Monthly

LIMIT: CLASS SIZE:

Final Minor

GROUP:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO.:

20552

DISCHARGE POINT NUMBER:

D002 PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NO	ND					mc	0		
STORET No. 0005+6 1	Permit: Measurement	Report (Total Month)	翻片	mg						Continuous during any overflow	Calculated Flow
TRC for dechlorination	Sample Measurement										
STORET No. 50060 L Mon Site No. EFF-2	Permit Measurement			Time:	0.01 (Max.)	20 30 30		mg/L		Daily during any overflow	Grab Graph Fig.
рН	Sample Measurement										
STORET No. 00400 1. Mon Site No. EFF-2	Permit : *** Measurements		建设是	建設	6.0a (Min.)	8.5% (Max.) =		S.U.		Daily during any	Grab *
Oxygen, Dissolved (DO)	Sample Measurement									·	
STORET No. 90300E - 1 Mon:Site No. EFF-2	Permit Measurement			等學 。	5.0 (Min.)	持通訊	機械強	mg/L		Daily during any overflow.	Grab
	Sample Measurement										
1272 222	Permit's Measurement		F.Lennie			维护事 的					
	Sample Measurement										
	Pennit Measurement										4.4.5
THE THE PART AND AND AN ADVANCED AND ADDRESS OF THE PART AND ADDRESS OF THE PA	Sample Measurement										
三三三十五	Permits & * Measurements :-										
	Sample Measurement					. 1				•	
	Pernils as S Weaking menus									建模量	

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NO						0/0	0		
PARM Code TAN-6H I Mon.Site No. EFF-2	Permit A. Requirement	PH 25 14 15 15 15 15 15 15 15 15 15 15 15 15 15			LC 50 greater than 100%			% effluent	W.	annual	four grab samples durin a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement	Vol. 3pt. 3rt 15.0	The same of the sa	A Property of the Property of	198 005 1509 n = CX1 tinu (\$1990) . #f(\$	A County to James Transfer, James Project	3 ACC 1 1993 (1992)		A N. N. State Control	A see a see contract of the second section of the	
PARM Code TAN-3B	Permit		l de la companya de l	Her gold	LC 50 greater		Land to the second transfer	%	Jig Tres	annual*	four grab
Mon Site No. EFF-2	Requirement			33.	than 100%			effluent		annual	samples durin a 24 hour day
	Sample Measurement										
	Requirement		Secretary		Act Sale	的新港 多是		歷春步			
1925 - I Billion Lithiak (1915 - States of South Million), when Diplom being the second beautiful to	Sample Measurement										
	Permit Requirement	黄河南		Name of	数据编		(ESTATES				
The second statement of the se	Sample Measurement										
	Permit				學學學		国家等	新 學			40.65
erich leiter bestehe der programmen eine erfen betret eine er bestehe bestehe bestehe bestehe bestehe bestehe	Sample Measurement			ļ							
	Permit Requirement				建筑地域						ALS:
	Sample Measurement										
	Permit and the Requirements			7基型		23.4	建 范围。				
	Sample Measurement										
	Pennil Requirement								1	在 种代表了	
	Sample Measurement										
等對對對時	Permit Requirement of					为一种			1	致對於到	
	Sample Measurement			n milina and a district							
	Permit Requirement			诗				**			

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P.O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

61-03 Final Minor

FL0029939

To: REPORT: GROUP:

6-30-03 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 WAFR SITE NO.:

20552

15851 S.W. Farms Road

DISCHARGE POINT NUMBER:

D003

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NO	ND					me	0		
STORET No. 00056 1 Mon Site No. EFF-3	Permits Measurement	Report (Total Month.)		mg						Continuous during any overflow	- Calculated Flow
pH	Sample Measurement										
STORET No. 00400 1 Mon.Site No. EFF-3	Permit	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			6.0 (Min.)	8.5 (Max') ***		S.U.	wit.	Daily during	a grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060, 1 Mon Site No. EFF-3	Permit					. Militar		mg/L		Daily during	Grab ,
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 I Mon.Site No. EFF-3	Permit Measurement	2 强盛		1.79	-5.0 (Min.)	is in the		mg/L-	`##	Daily during any overflow	Grab
	Sample Measurement										
	Permit A Measurements	自己国 证								- or on the	
	Sample Measurement										
	Permit Measurement			機能							
	Sample Measurement										
	Permit			5			性論為			16 = 38	
	Sample Measurement					f				•	
	Permit Measurement				學等種報			建筑影	2 34 6 1 2 3 3 6 1		

- DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NO						%	0		
PARM Code TAN-6H I Mon:Site No. EFF-3:	Permit Requirement				LC 50 greater than T00%			% effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN-3B 1 Mon Site No. EFF-3	Permit Requirement				LC 50 greater		3.3	% effluent		annual _	four grab samples during a 24 hour day
	Sample Measurement										
	Permit :	1			18 18 S		多雪霉		*	**	
	Sample Measurement		- Schargeward sales and a charge and	Serve Company							
	Permit Requirement	A CONTRACTOR			14.5E	3. 数量	Z - Z.				
	Sample Measurement			Contract to the Contract of the							
	Permit Requirement	.		1,100	3 243		\$15 P. S.	100 L			A.
	Sample Measurement Permit	endamonium averdas entreta	an na dhean an Sayer our was a miles	the confirmation of the co		and a compression case. According to the compression in the little com					
	Requirement Sample		14更多。		"海道"						
	Measurement Permit	Takes and the state of the	Day of the same and the same and the	#1010 com complete		destruction of the second			\$1.50 f 8.10.5	Bernetik Andrewskerik en 2	and the second second second second
	Requirement:										HAME:
	Measurement Permit			· Sanda Sanda Sanda Sanda	Mary and a Service	No. of the last of	Section Control Action	Mineral Arthurst (See	a v ventora	CD With the Park Company	
· 通过的一个	Requirement S		阿姆·								
	Measurement					** Too and the standard section of	Market Design Andrews To Market State of the			CONT. And A POSSESSED AND AND AND AND AND AND AND AND AND AN	Application and State of the Control
	Requirements Sample		and San			の動き		5			
	Measurement Permit							AND DESCRIPTION OF THE PARTY.			
	Requirement	13 Cat 18 2							123		

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 6-1.02 -

MONITORING PERIOD From: LIMIT:

Final CLASS SIZE: Minor To: REPORT: GROUP:

WAFR SITE NO .:

Monthly Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939

5143P03291

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: IIC

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	,394						MGD	0		
STORET No. 50050 Y Mon.Site No. EFF-6	Permit: +	.: 0.4 -(An: Avg.) -		mgd					- X	Continuous with 6	The second of th
Flow	Sample Measurement		.525					MGD	0		
STORET No. 50050 - 1 - Mon. Site No. EFF-6	Permit		Report (Mo: Avg.)	<-mgd	一 连连				77. 2. Eq.	Continuous with 6	Flow Meters- with Totalizer
CBOD5	Sample Measurement				\$.8			mg/L	0	<u> </u>	Sec. 100
STORET No. 80082 Y Mon Site No. EFF-6	Permit:	游传。			20.0 ;: " - (An: Avg.) - =			mg/L	34,7	Weekly	- 8-hour FPC
CBOD5	Sample Measurement				3.7			Mg/L	0		2,444
STORET No. 80082 1 Mon. Site No. EFF-6	Permit:			4.	25.0 (Mo. Avg.)	40.0/report +	60:0 * (Max.)	mg/L	in.	Weekly	8-hour FPC
TSS	Sample Measurement				3-7			mg/L	0		
STORET No. 00530 Y Mon.Site No. EFF-6	Permit: Measurement				20:0** (An: Avg.) ***			mg/L	W. Sie	Weekly	. 8-hour FPC.
TSS	Sample Measurement				4.9			mg/L	0		
STÖRET No. 00530. 1 Mon.Site No. EFF-6	Permit Measurement		A Security	eris.	30.0: - (Mo:Avg.) **	45.0/report (Week Avg.):	(Max)	mg/L	壁宝:	Weekly	8-hour FPC
рН	Sample Measurement				7.3 2.4	8.4 8.4		5.4.	0		- N
STORETNo 00400 1 Mon:Site/No: EFF-6	Permit Measurements	7772 YS	FAE DE		F 6.0 1:0	8.5%		s-, S.U.		6 Days/week	Grab =
	Sample Measurement				V		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	2 . W. 20		THE PART OF THE PARTY OF THE PA	
	Parinte Weasthemeni			Marie .							

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation -	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.03			mg/L	0		
STORET No. 00620 1 Mon Site No. EFF-6	Permit Measurement				12.0 (Max.)			. mg/L		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				17.2	13.9		MalL	٥		
STORET No. 00600 1 Mon Site No. EFF-6	Permit Measurement				Report (Max.)	Report (Avg)		mg/L		Weekly	8-hour FPC
Phosphorus, Total as P	Sample Measurement		The second second second second second second		2.39	1.9		mg/L	0	Construct a second section of the	
STORET No. 00665 1	Permit :: Measurement ::				Report (Max)	Report (Avg.)	÷	mg/L		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement										DRI SECTION OF SECTION 1. 17 YEAR S. SHOWN
STORET No. 74055 Y Mon Site No. EFF-6	Permit Measurement		7.77	44	200- 1 (An Avg.)	**** ********************************	新安徽县	#/100mL		Weckly	Grab
Fecal Coliform Bacteria	Sample Measurement				21	<u> </u>		#/100 ml	0		The second secon
STORET No. 74055 LI- Mon Site No. EFF-6	Permit Measurement				Report (Mo. Geo. Mean)	800 ave.s (Max.)		#/100mL	67. 17.4	Weekly: La	Grabas
TRC for disinfection	Sample Measurement				1.1			mg/L	0		
STORET No.2500607 1 1 Mon. Site. No. EFF-6	Permit				0.5 (Min.):			mg/L i		6 Days/week	Grab Grab
	Sample Measurement								(1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 146 (1) 14		
	Permit Section 1						na ta see	- 1. Gil			
The Control of the State of the	Sample Measurement								200	The second secon	
	Permit Measurement			5-2/2					State 1		
O MANTE OF COMPANY OF	Sample Measurement							A STATE OF THE PARTY OF THE PAR			Sales contracts of Marienta and American Contracts of Sales and Sa
	Permit Measurement &				建设的基 核						
	Sample Measurement				·						Par made a consequence and the San San San San San San San San San San
注 的表示。	Remit: Measurements				300				4		

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:
MONITORING PERIOD From:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

FL0029939 6-/-63 Final

Minor

To: REPORT: GROUP: Monthly
Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291 R002, R003 WAFR SITE NO.: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No.	Frequency of	Sample Type
						,		Onnes	Ex.	Analysis	Jampie 1)pt
Flow	Sample Measurement	20	NO					ma	0		
STORET No. 00056 1	Permit	:= Report	Report -	, mg	*10 550	Commence of the second			a bet to be us	Se «Continuous»	Calculated
Mon Site No. EFF-4	Measurement	(Total Month.)	(Max: Daily - Flow)		19216	1	374 V			during any overflow	Elow
Flow	Sample Measurement	JN	ND			and the state of t		C	- A	DVCIAOW .	
STORET No. 00056 P	Permit y was	Report 38	Report	*** most	l	**************************************		mG	0		
Mon Site No. EFF-5	Measurement	(Total Month.)	(Max Daily	mg.		40	American Company	25.0	37	Continuous during any	Calculated Flow
Flow	Sample		Flow)	irt.			40年第二年		(F)	overflow	200
	Measurement		,32 2					mG	0		
STORET No. 50050 Q Q Mon.Site No. EFF-7	.Permit		-! Report	mgď.	A CONTRACTOR	275 120 35			维护。	Continuous with	Recording
Molliotic 10, 117	Measurement		Report (Mo Avg.)					HE IN	St =	6 readings/week	Recording flow meters and totalizer
Flow	Sample Measurement	-108						m GD)		e-and totalizer
STORET No.:50050 Y.	Permits 2002	≠/ ±: 0.107. ±-		mgd	Carrier - Constant of the	and the second s	The State St	77 6.2	0		
Mon Site No EFF-86	Measurement	(An Avg)	5. 克里克		国第二十五十二		STATE OF STREET	71. Hags	(- in	Continuous with:	Calculated Flow Flow
Flow	Sample Measurement	- "									1000
STORET No. 50050 R			Report	* mod		S# 4 98 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9	THE COLUMN TWO IS NOT THE COLUMN TWO IS NOT	mgD	٥		
Mon Site No. EFF-8	Mensurement	2 (Page 35)	Report & & (Mo:Avg.)							Continuous with	Calculated Flow
Flow	Sample Measurement	.107							_	, o leadings neck	1.0W
STORET-No. 50050-2-S	Pennite	0.143	and the second	* mod:**	Light Colon of the			MED	0		
Mon.Site No. EFF-98	-Measurement:	(An:Avg)	25美元	i mgd		三额 等等连	BASSE S		17	Continuous with:	- Calculated Flow
Flow	Sample Measurement		189					A			2.000
STORET No. 50050	Pennit		Report	a mod	75 L 40 95 (1999)	¥e verse	Description of the second	MED	0		
Mon.Site.No. EEF-974	Measurement		(Mo Avg)							Continuous with	Calculated
TSS	Sample Measurement				3.7		And the second s	m9/L	ð	Part organic	Contraction of the Contraction o
STORELING 00530 - 1 MonSite No. 00530 - 1	Permitus Andrews			i na	10.00 F F			emg/fact		Weekly #	53 8-hour FPC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397 Indiantown, FL 34956 PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FL0029939

6-1-03 Final Minor

To: REPORT: GROUP:

6-30-03 Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 Influent Monitoring Point WAFR SITE NO.: GMS TEST SITE NO .: 20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

COUNTY: Martin

Parameter		Quantity o	or Loading	Units	Qua	ality or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	254						mg/L	0		
TSS	Sample Measurement	308						M9/L	0		
	Sample Measurement										_
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										

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

		D001	•
Permit Number:	FL0029939	/	Discharge y
Monitoring Period	From: 6-/-03	To: 6.30.03	

	ionitoring in	eriod	Proin:			9,3,					
Mon. Size EFF-1 EF			pH (Max)	pH (Min)	Coliform Bacteria	Declorinati	Oxygen	Pond Water Elevation			
	Code	00056	00400	00400	74055	50060	50060	85327	<u> </u>	 	
2	Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1	EFF-1			
2	1	ND						D			
4	2										
5	3							0			
6	l i							0			
7	5							0			
7	11 11							0			
9	H II										
10	II I							0			
10	1							0.1			
12	11							3.5			
13	11							2.8		**	
14 3.3 15 3.4 16 3.4 17 3.4 18 3.4 19 3.3 20 3.2 21 3.0 22 3.1 23 3.4 24 3.4 25 3.7 26 3.7 27 3.7 28 3.5 29 3.0 30 3.3	1 1										
15											
16 3.4 17 3.4 18 3.4 19 3.3 20 3.2 21 3.0 22 3.1 23 3.4 24 3.4 25 3.7 26 3.7 27 3.7 28 3.5 29 3.4 30 3.3	11									,	
17 3.4 18 3.4 19 3.3 20 3.2 21 3.0 22 3.1 23 3.4 24 3.4 25 3.7 26 3.7 27 3.7 28 3.5 29 3.0 30 3.3	11										
18 3.4 19 3.3 20 3.2 21 3.0 22 3.1 23 3.4 24 3.4 25 3.7 26 3.7 27 3.7 28 3.5 29 3.4 30 3.3	8 1							3.4			1
19 3.3 20 3.2 21 3.6 22 3.1 23 3.4 24 3.6 25 3.7 26 3.7 27 3.7 28 3.5 29 3.4 30 3.3	1 1	Î								 	
20											
22 3. l 23 3. y 24 3. c 25 3. 7 26 3. 7 27 3. 7 28 3. 5 29 3. y 30 3. 3	11 (3.3			
22 3. l 23 3. y 24 3. c 25 3. 7 26 3. 7 27 3. 7 28 3. 5 29 3. y 30 3. 3	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \							32			
23 3. \(\psi\) 24 3. \(\psi\) 25 3. \(\psi\) 26 3. \(\psi\) 27 3. \(\psi\) 28 3. \(\psi\) 29 3. \(\psi\) 30 3. \(\psi\) 3. \(\psi\) <td>1)</td> <td></td> <td></td> <td></td> <td></td> <td>ļ</td> <td></td> <td></td> <td></td> <td></td> <td></td>	1)					ļ					
24 3. 6 3. 7 3. 7 3. 7 3. 7 3. 7 3. 7 3. 7	1)							3.1		 <u> </u>	
25 3.7 3.7 3.7 3.7 3.7 3.9 3.9 3.9 3.9 3.3 3.3										 l	
26 3.7 27 3.7 28 3.5 29 3.4 30 3.3	R							3.6			
27 3.7 28 3.5 29 3.4 30 3.3											
27 28 29 30 3.7 3.5 3.6 3.7 3.9 3.9	li l							3.7			
30 3.3	li .							3.7			
30 3.3								3.5			
30 3.3											
31	30	V									
	31	, , , , , , , , , , , , , , , , , , ,									

PLANT STAFFING:						
Day Shift Operator	Class:	A	Certificate No:	6205	Name:	DEAN & Smiley JR
Evening Shift Operator	Class:	B	Certificate No:	7634	Name:	DON C JOHNSON I
Night Shift Operator	Class:	\mathcal{B}	Certificate No:	6747	Name:	JAMES G HEWITT
Lead Operator	Class:	$\mathcal{L}\mathcal{B}$	Certificate No:	9439	Name:	ERNIE E. WH+SON
Type of Effluent Disposal or Re	eclaimed V	Vater Reuse:		EVAPL F	ERC PON	IDS/ FRRIGATION
Limited Wet Weather Discharge	e Activate	d: Yes: No	Not Applicable	If yes, cumulative	e days of wet	weather

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

Permit Number: Monitoring Period

FL0029939 From: 6-/-03

To: 6-30-03

Discharge y/D

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)	THE VALUE OF BUILDING			
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2			<u> </u>	
1	NO						3.7				
2							3.6				
3							3.5				
4							3.4				
5							3.5				
6							3.4				
7							3.6				i i
8							3.6 3.8				
9							3.6				
10							3.6				
11							3.6				
12							4.0				
13							4.4				
14							4.7				
15							47				
16							4.7				
17							4.8				
18							4.8				
19							4.6				
20							4.6 4.5 4.5				
21	i						4.5				
22					,		4.5				
23					,		4.9				
24					,		5.0				
25					,		5.0				
26							5.0				
27							5.1				
28							\$5.1				
29							4.9				
30	V						4.8			-	
31						,I	,				-

Permit Numb	er:
Monitoring I	Period

FL0029939
From: 6-1-03- To: 6-30-03

Discharge y/6

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorination) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327	 +		
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	 1		
	NO						1.3			
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30	1						3.0	-		
31								 		

R001

Permit Number: Monitoring Period

FL0029939 From: <u>6-/-03</u>

To: 6-30-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

Code S0050 80082 80082 00530 00530 00400 00400 74055 50060 m/a	Ī	Flow,	CBOD5	CBOD5	TSS (mg/l)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal	TRC (For	Rainfall
Code S0050 80082 80082 00530 00530 00400 00400 74055 50060 m/n		(MGD)	(mg/L)	(mg/L)				(^	Coliform Bacteria	Disinfect.) (mg/l)	(inches)
Code 50050 80082 80082 00530 00530 00400 00400 74055 50060 n/n										\ ` , ,	
Mon. Sile EFF-6 EFF-6 RF-1 EFF-6 RF-1 EFF-6 EFF-6 EFF-6 EFF-6 CTII-1 1		*****	00000	Books	00530	00530			74055	50060	n/a
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2 .500 3 2 3 3 3 3 3 3 3 3			EFF-0	1141-1	EFF-0	1145-1	E11-0		DIT "O		
1.50	<u></u>					<u> </u>	}/				
4 .510 7.4 1.6 0 5 .560 7.0 2.5 0.1 6 .670 7.1 1.5 4.5 7 .780 7.1 1.6 0.1 8 .680 7.1 1.6 0.1 9 .740 7.2 1.1 0.1 10 .530 3.4 2.8 3.0 166 7.2 1.1 0.0 11 .580 7.1 2.0 0.4 12 .600 7.1 2.0 0.4 13 .540 7.2 2.0 0.7 14 .560 7.2 2.0 0.7 15 .580 7.1 2.1 0.1 16 .520 7.2 2.0 0.7 17 .530 4.8 2.5 6.0 160 7.3 6.1 1.9 0 18 .570 7.2 2.2 0.8 19 .560 7.1 2.2 0.8 20 .620 7.2 1.7 0.4 21 .690 7.2 1.7 0.4 22 .670 7.0 1.6 0.3 23 .670 7.0 7.0 1.6 0.3 24 .560 3.6 196 3.2 134 8.3 6.0 0.3 25 .576 7.4 2.0 0 27 .560 7.5 7.9 2.0 0 28 .600 7.5 7.9 2.0 0 29 .540 7.5 7.9 2.0 0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 2.2 0.0 30 .570 7.5 7.9 7.5 7.9 30 .570 7.5 7.9 7.5 7.9 30 .570 7.5 7.9 7.5 7.9 30 .570 7.5 7.9 7.5 7.9 30 .570 7.5 7.9 7.5 7.9 30 .570 7.5 7.9 7.5 7.9 7.5 7.9 30 .570 7.5 7.5 7.9 7.5 7.9 7.5 7.9 30 .570 7.5 7.9 7.5 7.9 7.5 7.9 7.5 7.9 30 .570 7.5 7.5 7.9 7.							1				
5 560	1		3.2	326	2.6	372			61		
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7 .780 8 .680 9 .740 10 .530 3.4 .288 3.0 166 11 .580 12 .600 13 .540 14 .560 15 .580 16 .520 17.2 .2.0 .0.4 17 .530 4.8 265 6.0 160 17.2 .2.1 0.0 18 .570 19 .560 20 .620 21 .640 22 .660 23 .670 24 .560 3.6 196 3.7 134 26 .570 26 .570 27 .560 29 .540 30 .570 30 .570							├				
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30 ,590 7.5 1.9 0	29						Y				
	30						2				 .
	31										

Cont. R001

Permit Number: FL0029939
Monitoring Period From: 6/1-03 To: 6-30-03 (TMADF/Permitted Capacity)x100: 12.0/

							I/IDI/I CIIIII			
	Nitrate as N	Nitrogen, Total	Phosphorus,							
		as N	Total as P							
Code	00620	00600	00665							1
Mon. Site	EFF-6	EFF-6	EFF-6	 		ļ		 	 	
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31				 						

R002 and R003

Permit Number: Monitoring Period FL0029939

From: 6-1-03

To: 6-30-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

7240

	Flow, (MG)	Flow, (MG)	Flow, (MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water Elevation (feet)	Percolation Pond Water Elevation (feet)				
Code								85327				
Mon. Site								EFF-5				
ì	NO	NO					3.8	3.5			<u> </u>	
2							3.7	3.4		1		
3						Ø	3.6	3.3				
4						1	3.5	3.2		1		
5			•3∞	.140	.160		3.4	3.2		 		
6							3.6	3.2				
7							3.7	3.7				
8			_				3.9	3.6				
9							3.8	3.5				
10						27	3-7	3.5				
11							3.6	3.4				
12							3.6	3.3				
13							3.5	3.2				
14							3.4	3. 2.				
15							3.3	3.1				
16							3.3 3.3	3.1				
17		, ,				0	3,3	3.0				
18							3.2	3.0				
19							3.2.	2.9				
20							3.1	2.0				
21							3.0	3.0		1		
22							3.0	3.0				
23							3.7	3.0			-	
24	-					4.2	3.2.	3.0				
25			.460	250	210		?	3.6				
26			,408	220	188		3.2	3.4				
27			. 400	.210	.190		4.5	3.2				
28			. 389	.189	.200		4.4	3.1				
29			409		.409		4.7	3.1				
30	V	1 1	• 701		.363		4.2	2.9		-		
31		—	· • • • • • • • • • • • • • • • • • • •		رد در		, ,	\$ ' /		-		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

PERMIT NUMBER:

FL0029939

MAILING ADDRESS: P. O. BOX 397 MONITORING PERIOD From:

7-1-03 Final

7-3/-03 Monthly

Indiantown, FL 34956

LIMIT: CLASS SIZE: REPORT: GROUP:

To:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID:

WAFR SITE NO.: FL0029939

20552

LOCATION:

15851 S.W. Farms Road

GMS ID NO .:

5143P03291 D001

Miner

DISCHARGE POINT NUMBER:

Indiantown, FL 34956

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Leading	Units	Qua	lity or Concentra	ation	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	D	44					mG	0		
STORET No 00056 1 Mon Site No EFF-1	Pomin Vicas upment			100 A						Gontinuous & during any	alculated Lifew
TRC for dechlorination	Sample Measurement										
STÖRET No. 50060 1 Mon. Site No. EFF-1	Pennils Measurement ->				0.01 see			* Jmg/L		Daily during any overflow.	
pH	Sample Measurement										
STORET No. 90400?	Permit Measurement				6.0 Min)	85 (Max)		SIU = V		Daily during	Grab.
Oxygen, Dissoived (DO)	Sample Measurement										
STOREI No. 00300/ 1 Mon.Site No. EFF-1	Pennik Measurement ***				OMin			mg/Lap		Daily during any overflow.	Grab
	Sample Measurement										
	Permits Measurement & P									A 27	
	Sample Measurement										
	ekenille NGSUMANGUCA										

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.

1

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
DON'C JOHNSON I		772	•
AST+ SUPT.	Don C Orho sent I	597-3496	8.26.83

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiaintown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FL0029939-003-DWI

To:

REPORT: GROUP:

WAFR SITE NO.:

Toxicity Domestic

20552

FACILITY: LOCATION:

COUNTY:

Indiantown Company Wastewater Treatment Plant

Martin

15851 S.W. Farms Road Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291

Final

Minor

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: IIC NO DISCHARGE FROM SITE

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	NA	ND					%	0		
PARM Code TAN-6H. Mon.Site No. EFF-1	Permit Requirement				LC 50 greater than 100%			% effluent		annual	samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia PARM Code TAN-3B	Sample Measurement			2 to 1 to 2 to 2 to 2 to 2 to 2 to 2 to		20 20 20 20 20 20 20 20 20 20 20 20 20 2		1 - 2 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3 - 3			a 24 hour day
Mon.Site No. EFF-1	Permit Requirement				LC 50 greater than 100%			effluent		annual	four grab samples during a 24 hour day
and the second s	Sample Measurement				,						a 24 noth day
	Permit Requirement Sample	是就我的人 。	X TO THE WAY				elegy: Asi.		September 1981	2. 他创造。 2. 1000 · 1000	
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'OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397 Indiaintown, FL 34956 PERMIT NUMBER:

FL0029939-003-DW1

MONITORING PERIOD From: LIMIT:

7-1-03 Final

To: REPORT: 7-31-03 Monthly

CLASS SIZE:

Minor

GROUP:

WAFR SITE NO .:

Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

15851 S.W. Farms Road

FACILITY ID: GMS ID NO .: DISCHARGE POINT NUMBER: FL0029939 5143P03291

D002

HC

PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	ΔN					mG	0		
STORET No. 0005+6 1 Mon.Site No. EFF-2	Permit Measurement	Report (Total Month)	Report (Daily Flow)	mg						Continuous during any overflow	Calculated Flow
TRC for dechlorination	Sample Measurement				80 18 20 80 10 00 10 10 10 10 10 10 10 10 10 10 10		The control of the co	Town Street Street Street	1,524,634,642		
STORET No. 50060 17 Mon Site No. EFF-2	Permit Measurement				0.01 (Max.)			mg/L		Daily during any	Grab
pli	Sample Measurement										
STORET No. 00406 Mon.Site No. EFF-2	Permit: Measurement				6.0 (Min.)	8.5 (Max.)		s.u.		Daily during any overflow	Grab
Oxygen, Dissolved (DO)	Sample Measurement									-	
STORET No. 00300 L. Mon.Site No. EFF-2	Permit Measurement :				5.0- (Min.)≟			mg/L.		Daily during any	Grab
公司等 医黑色性医胃肠炎 医紫蓝素 數學 医皮肤 医水色红红 网络金属鱼 四人。	Sample Measurement										
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DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939-003-DW1

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qu	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	10	L NA					9/3	2		
PARM Code TAN-6H Mon.Site No. EFF-2	Permit Requirement				LC 50 greater than 100%			% effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement							50 50 50 50 50 50 50 50 50 50 50 50 50 5			
PARM Code TAN-3B Mon Site No. EFF-2	Permit Requirement				LC 50 greater than 100%			% effluent		annual	four grab samples during a 24 hour day
That about Comm. The trans teachings from a more teaching	Sample Measurement										
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	Permit Requirement						tala sekarapatan di di				

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, PL 32389-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 7/1/03 Final

To: REPORT GROUP:

7-31/02 Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939

Minor

D003

WAFR SITE NO.: 5143P03291

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY:

Martin

i arannecei		Quantity	or Loading	Units	Qua	uity or Concentr	ration	Units	No.	Frequency of Analysis	Sample Type
	Measurement	ارز	N					mG	0		
STORET No. 00056 1 Mon Site No. EFF-3	Permit See	Report (Total Month)		mg i						Continuous during any	Calculated Flow
pH	Sample Measurement									overflow	
STORET No. 00400 1 Mon.Site No. EFF-3	Permit Measurement	ernin.			(Min.)	8.5 . * (Max.)		in S.U.	i. Sir. a	Daily during any overflow	grab
TRC for dechlorination STORET No. 50060 1	Sample Measurement										
Mon Site No. EFF-3 Oxygen, Dissolved (DO)	Permit Measurement				0.01 (Max.)	漢石城		mg/L		Daily during any overflow	Grab
STORET No. 00300	Sample Measurement										
Mon.Site No. EFF-3	Permit Measurement Sample			P.PE	(Min.)			mg/L		Daily during any overflow-	Grab
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	Measurement Sample							ilan in in			
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Version 3/23/99

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939-003-DW1

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND					+	%	D		
PARM Code TAN-6H Mon.Site No. EFF-3	Permit Requirement				LC 50 greater than 100%			% effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement		2 mg mi . u . Ta li an com 1990 .	Process of the Property of	Control and Street, and A						
PARM Code TAN-3B Mon Site No. EFF-3	Permit Requirement				LC 50 greater	and the law of		% effluent		annual	four grab samples during a 24 hour day
THE RESIDENCE OF THE CONTRACT OF THE PARTY AND THE STATE OF THE STATE	Sample Measurement	E Carpenda SE La Secule de Sela confes	Story and Control of the Control of	2 Saud and the	American Colores Resident						
	Permit Requirement										
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	Permit Requirement							a page			
	Sample Measurement										
	Permit: Requirement					1			44.	A 44	and the second of the second o

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities "

P. O. BOX 397

Indiaintown, FL 34956

PERMIT NUMBER:

FL0029939-003-DW1

7.1.03 MONITORING PERIOD From:

Final Minor To: REPORT: GROUP:

WAFR SITE NO.:

7-31-03 Monthly Domestic

20552

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

LIMIT:

FL0029939

5143P03291

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: IIC

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	.326						MED	0		
STORET No. 50050 Y Mon.Site No. EFF-6	Permit	0.4 (An,Avg.)		mgd						Continuous with 6	Flow Meters with Totalizer
Flow	Sample Measurement		.526					MGD	0		
STORET No. 50050 1 1 No. 6 Mon. Site No. EFF-6	Permit		Report (Mo:Avg.)	mgd						Continuous with 6 readings/week	Flow Meters with Totalizer
CBOD5	Sample Measurement				25.3			m9/L	0		
STORET No. 80082 Y. Mon.Site No. EFF-6	Permit Measurement	i estañ.	17.5 4 17.5 17.5		20.0 (An,Avg.)			mg/L		Weekly	8-hour FPC
CBOD5	Sample Measurement				. 7.2		16	mgk	0		
STORET No. 80082 1 Vion.Site No. EFF-6	Permit Measurement				25.0 (Mo.Avg.)	40.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
ΓSS	Sample Measurement				J.3			mgK	0		
STORET No. 00530	Permit Measurement	(property)			20,0 (An.Avg.)			mg/L		Weekly	8-hour FPC
rss	Sample Measurement				7.2		13	mg/L	٥		
STORET No. 00530 F Vion.Site No. EFF-6	Permit,				30.0 (Mo.Avg.)	.45.0/report (Week.Avg.)	60.0 (Max.)	mg/L		Weekly	8-hour FPC
Н	Sample Measurement				6.5	8.6		2.0	0		
STORET No. 00406 L Mon.Site No. EFF-6	Permit Measurement			4.54	6.0 (Min.)	8.5 (Max.)		S.U.		6 Days/week	Grub
	Sample Measurement				-						
	Permite Measurement			James Councilla Councillation (Councillation)					toje ka		

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939-003-DW1

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	Quality or Concentration				Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.15			mg/L	0		
STORET No. 00602 I	Permit Measurement				12.0 (Max.)			mg/L		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				24.1	19.2	The state of the s	mg/L	0		10 May 20
STORET No. 00602 I Mon Site No. EFF-6	Pennit Measurement				Report (Max.)	Report	yaks i a tenik jarih.	mg/L		Weekly	8-hour FPC
Phosphorus, Total as P	Sample Measurement		Contract of the second second		3.54	/	J. 4890 (et al. 1907) 1 1094-1015, 194	MalL	O Separation	Parameters and an experience of the second	
STORET No. 00620 Mon.Site No. EFF-6	Permit Measurement		a so of the second		Report (Max.)	Report		mg/L		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement		S.D.W. Philipper Control of the	Erithougher Vall Loft &	4.9	(Avg)	Water and Control of the Control	tt/100mL	D	S. S. S. S. S. S. S. S. S. S. S. S. S. S	The second second
STORET No. 31615 Y Y MARKET NO. 21615	Permit # 1		is the Manager		200 (An.Avg.)			#/100mL		Weekly	Grab
Fecal Coliform Bacteria	Sample Measurement	Towns and the second		Mary Contract (KeV)	1.3	?	prilledge Sharif Sauder acrash itt.	#/rooms	O		The state of the s
STORET No. 31615	Permit Measurement				Report (Mo.Geo.Mean)	800 (Max.)	in the second	#/100mL	1 ~	ر الله Weekly	Grab
FRC for disinfection	Sample Measurement	*** *** *** *** *** *** *** *** *** **	eg diameter, the table		1.0	((1122.))		mg/L	O	7.	
STORET No. 50060 13 Mon.Site No. EFF-6	Permit:				0.5 (Min.)			mg/L		6 Days/week	Grab
	Sample Measurement						,				
	Permit :										
	Sample Measurement	10 may 200 100 mg - 300 mg - 3	The state of the s			Andrew of the state of the stat	and the instance of the second prof.		Salasian		
	Remnit 3										
No.	Sample Measurement	Secretary of the second of the	The second stand standard of the second seco			NO. 18 P. L. S. M. C. 1884 F. P.	- 100 mg - 200 mg	Arrest Mary		- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	ALL A CHECK TO THE CONTRACTOR
	Permit :: :: ::::::::::::::::::::::::::::::										
	Sample Measurement	en and and the second s	The state of the s	V. 12							
	Permit 1						Agra and				

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

FACILITY:

LOCATION:

Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397

Indiaintown, FL 34956

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

COUNTY: Martin PERMIT NUMBER:

MONITORING PERIOD From:

7-1-03 Final

IIC

To: REPORT:

CLASS SIZE:

Minor

GROUP:

Domestic

FACILITY ID:

PLANT SIZE/TREATMENT TYPE:

GMS ID NO: DISCHARGE POINT NUMBER:

LIMIT:

FL0029939 5143P03291 R002, R003

FL0029939-003-DW1

WAFR SITE NO .: GMS TEST SITE NO .: 20552

Parameter Quantity or Loading Units Quality or Concentration Units No. Frequency of Sample Type Analysis Ex. Flow Sample NB Measurement MG 0 STORET No. 00056 Permit Report Report mg Continuous Calculated Mon Site No. EFF-4 (Daily Flow) Measurement (Total Month.) during any. Flow overflow Flow Sample ND Measurement W G 0 STORET No. 00056 Permit Report Report mg . Continuous Calculated Mon.Site No. EFF-5 Measurement (Total Month.) (Daily Flow) during any Flow rger er oggaven gan i 100 100 100 100 100 1 -1982.5 overflow How Sample **2**333 Measurement 0 MGD STORET No. 50050 Permit Report mgd Continuous with Recording Mon.Site No. EFF-7. Measurement (Mo.Avg.) 6 readings/week flow meters AND PRODUCE OF THE and totalizer Flow Sample .110 MGD Measurement 0 STORET-No. 50050 0.107 Permit 2 mgd Continuous with Calculated Mon.Site No. EFF-8 Measurement (An:Avg.) 6 readings/week Flow Flow Sample . 236 Measurement MOD 0 STORET No. 50050 1 Permit _____ Report mgd Continuous with Calculated Mon.Site No. EFF-8 Measurement (Mo.Avg.) 6 readings/week Flow Flow Sample ,109 Measurement MOD 0 STORET No. 50050 Permit 0.143 mgd Continuous with Calculated Mon.Site No. EFF-9 Measurement (An.Avg.) 6 readings/week Flow Flow Sample +/33 Measurement MID STORET No. 50050 1 Permit Report mgd Continuous with . Calculated Mon.Site No. EFF-9 Measurement (Mo.Avg.) 6 readings/week Flow Sample Measurement m3/L 0 \$TORET No. 00530 I Permit * 10.0 **经期间的** mg/L Weekly 8-hour FPC Mon.Site No. EFF-6 Measurement (Mo.Avg.) COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FACILITY ID:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE:

FL0029939 Final Minor

To: REPORT: GROUP:

7-31-03 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

GMS ID NO .: DISCHARGE POINT NUMBER:

FL0029939 5143P03291

Influent Monitoring Point

WAFR SITE NO .: GMS TEST SITE NO .:

20552

COUNTY:

Martin

Parameter		Quantit	y or Loading	Units	Qı	ality or Concen	tration	Units	No. Ex.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	224						mg/L	0		
TSS	Sample Measurement	149						make	0		
	Sample Measurement										
	Sample Measurement]						
	Sample Measurement										. <u>.</u>
·	Sample Measurement										
	Sample Measurement										
								<u> </u>			
	Sample Measurement						• ;				

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

Permit	Num	ıber	:
Monite	· ina	De.	ind

FL0029939 From: 7-1-03 To: 7.3/03

Discharge y

	Flow (mg)	pli (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Aon. Site	EFF-1	EFF-1	EFF-1	EFF-I	EFF-1	EFF-I	EFF-I			
1	ND		· · · · · · · · · · · · · · · · · · ·				2.9			
2							2.9			
3							2.6			
4							2.4			
5							2.3			
6		1					2.2		<u> </u>	<u> </u>
7							2.2			
8		<u> </u>					2,0			
9							2.0		<u> </u>	
10							2.0	 		
13		1					1.9	 <u>'</u>		
12							2.5			
13			ļ				2.5 2.5			
14							2.5			
15							2.6			
16		ļ					2.7	 		
17		ļ					2.9		<u> </u>	
18		ļ					25			
19		ļ					2.3			
20	-	ļ					2.5			
21		ļ	·				2.7			İ
22	<u> </u>		<u> </u>				3.0			
23	1	1					2.6	 		
24							2.5	 		
25	1						2.5			
26	i 						2.5	 		
27							2.8			
28							3.1			·
29							3.1			
30							2.8			
31	V						2.8	 		

PLANT STAFFING:						
Day Shift Operator	Class:	A	Certificate No:	6805	Name:	DeAU Smiley JR.
Evening Shift Operator	Class:	B	Certificate No:	3634	Name:	DON C JOHNSON I
Night Shift Operator	Class:	B	Certificate No:	6747	Name:	JAMES & HEWITT
Lead Operator	Class:	2	Certificate No:	9439	Name:	ERNIE WATSON
Type of Effluent Disposal or Re	claimed \	Water Reuse:			•	
Limited Wet Weather Discharg	e Activate	d: Yes: No	o: Not Applicable	? If yes, cumulative	e days of w	et weather

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

D002

Permit Number: Monitoring Period

FL0029939
From: 7-/-03 To: 7-3/-03

Discharge win

	Flow (mg)	pli (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327		_	
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2			
1	ND						4,5			
2							4.5			
3							4.0			
4							3.8			
5							3.6			
6							3.5			
7							3.5			
8							3.6			
9							3.6			
10							3.6			
11							3.5			
12							4.1			
13							4.1			
. 14							4.1			
15					· .	·	4.1			-
16							4.2			
17							4.4			
18							4.2			
19		<u> </u>					4.8			
20							4.7			
21							4.6			
22							4.3			
23							4.1			
24		ļ					4.1			
25			·				4.1			
26							4.0			
27							4.3			·
28							4,6	7.7.		
29							4.4			
30							4,3			
31	V						4,4			

Permit Number: Monitoring Period

FL0029939
From: 7-1-03
To: 7-3/-63

Discharge y/n

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3			
1	ND						3,1			
2							3.1			
3							3.4	 		
4							3.2			
5							2.9			
6							2.7	 u		
7						·	2.5	 		
8		<u></u>				· ·	2.4	 		
9							2.6			
10			<u> </u>				2.4			
11							2.2	 		
12							2.3			
13							2.4			
. 14							2.5	 		
15					•		2.6	 		
16							3.0	 		
17							3.3	 		
18		ļ					3,5			<u> </u>
19							4,1	 		<u> </u>
20			ļ				3.9			ļ
21		ļ					3.5			ļ
23							3.5	 		ļ
							3,2	 		
24							3.7		-	
8 B							3.7	 		ļ
26							3,6		_	
27							4.2	 		
28							4.0			
29							4.1			
30							4.1			
31	V						4.1			

R001

14%

Permit Number: **Monitoring Period**

FL0029939 From: 7-/-03

To: 7-31.03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max)	pll (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	n/a
Mon. Site	EFF-6	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-1
1	,450	3.7	232	6.2	150		7.0	L1	2.2	0.3
2	.540						7.3		2.2	0.4
3	,530						7.1		1.7	0.0
4	.550						7.1		1.8	0.0
5	.580						7.2		1.7	0.1
6	.52.0						7.2		1.6	0.0
7	.540						45		2.2	2.3
8	.520	3,2	214	2.8	119	ì	6.7	3	2.2	0.3
9	,540	-					7.0		2.7-	0,0
10	.550								2.2	0.7
11	0520						8.6		2.2	2.5
12	.560		} {				8.1		2.2.	5.5
13	.560						7.3		.2	9.7
14	,530		 				7,2		2,2	0.
15	.530	4.6	221	5.1	188		7.1	41	2.2	2.9
	.590		<u> </u>				7.1		2.2	0.5
17	.600						-6.9		2.2	೨ . ⊃
18	.570		<u> </u>	ļ			7.1		3.2	2.>
19	,710-		ļ <u>.</u>				7.1		2.0	1.5
20	690						7.0		2.1	0.0
21	,590			<u> </u>			6.9		1.8	0,0
22	1590	16	226	13	124		7.4	2	2.2	0.0
23	610						7.6		2.1	0.6
	.560						6.9		1.0	0,1
25 26	.560					· · · · · · · · · · · · · · · · · · ·	7,1		1.0	0.0
27	560						7.0		1.0	0,2
28	1610	-					-7.1		1.5	0.7
	.600	/ >					7.2		1.5	0.1
29	.680	68	227	9.2	165		7.0	41	2.2	1).0
30	.648						7.6		2.2	0.1
31	,570			ļ		V	7.1		2.2	0.1

Cont. R001

Permit Number: Monitoring Period

FL0029939 From: <u>7-/-03</u>

To: 7.3/-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

Ĭ	Nitrale as N	Nitrogen, Total	Phosphorus,		<u> </u>		T			Į –	
12	7411010 000 74	as N	Total as P				Ì			ļ	
	00/20	00600	00665		ļ	 	ļ				
Code Mon. Site	00620 EFF-6	EFF-6	EFF-6					}	 		
L					<u> </u>	<u> </u>		<u> </u>	 	<u> </u>	
2	0.03	9.87	1.06					ļ	l	 	
3						<u> </u>	ļ	<u> </u>	ļ		
4					ļ	<u> </u>					
5		<u> </u>						ļ	ļ		
6					ļ					<u> </u>	
7						 			! 	ļ	
8			1 2							ļ	
9	0.15	14.7	1.24				<u> </u>				
10					 	 	<u> </u>				
11	<u> </u>	·			 	<u> </u>	 			ļ	
12					 						
13		<u></u>			ļ		 				
14	,				}						
15	2.00	33.4	1 60				 -				
16	0.02	9217	1.99		<u> </u>					 	
17										 	
18					 						
19											
20											
21		·									
22	0.024	24.1	3.54								
23											
24											
25			!								
. 26	i.		-								
27											
28											
29	0.03	24,1	2.07								
30											
31											
لسيبيط	<u> </u>				·						ليجييد ــــــــــــــــــــــــــــــــــ

DAILY SAMPLE RESULTS - PART B RO02 and RO03

Permit Number: **Monitoring Period** FL0029939

From: 1-1-03

To: 7.31.03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

17 10

	Flow, (MG)	Flow, (MG)	Flow, (MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water Elevation (feet)	Percolation Pond Water Elevation (feet)				
Code	00056	00056	50050	50050	50050	00530	85327	85327		ļ	_	
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5		-		1
1	44	ND	,416		.416	5.2	4.0	2.9		 		
2			.419	,200	1219		3.8	3.8				
3			.350	.280	.070		3.7	3.2				
4			1393	,25%	,137		3.6	3.5				
5			,301	.280	./01		3.5	3.9				
6			-368	.255	.143		3.5	4.3				
7			,397	.254	.143		3.4	4.6	-			
8			.374	1231	.143	2.2	3.4	4.7	, , , , , , , , , , , , , , , , , , , ,			
9			.388	1245	.143		3.4	4.9	,			
10			.338	,195	.143		3.8	4.8				
11			1050	0	.050		3.9	4.7				
12			0				3.7	43				
13			0				3.7	4.3				
14			0				3.7	4.3				
15			1082	0	.082	5.6	3.7	4.3				
16			0				3,6	4.2				
17			0	· .			3.6	4.2		<u> </u>		
			٥				3.5	4.2				
19			0				3.5	4.2				
20			0				3.5	4.0				
21			0				3.5	4.0				
22			0				3.4	3,9		<u> </u>		
23			,202	.092	.110		3.8	3.8		<u> </u>		
24			,417	,274	.143		3.8	4.1				
25			,384	.244	.143		4.2	4.4				,
26			.109		1109		3.7	4,5				
27			0				3.6	4.4				
28	1		.327	.244	.143		3.6	4.3				
29			.424	.258	.166	9.0	3.9	4.2				
30	_		,327	204	.183		4.2.	4,2				
31	V	4	.405		. 190		4.2	4.2				

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

8-1-03 Final

To: REPORT:

Monthly

LIMIT: CLASS SIZE:

Minor

GROUP:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

15851 S.W. Farms Road

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291

D001

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC WAFR SITE NO .:

20552

NO DISCHARGE FROM SITE

Martin COUNTY:

Parameter		Quantity	or Leading	Units	Qua	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	120	ND					111 G	8		
STOREL No 00056 Mon Site No. EFF-III	Pomie Massicanais	Renords PromPylonum)								Continuous during any Dverflow	Calculated
TRC for dechlorination	Sample Measurement										
STORET No. 50060	Pennies a Measurement		多		(Max)			mg/L-		Daily during	Grab
pН	Sample Measurement										
STORET No. 00400! 1 1 Mon Site No. EFF-1	Permit				60: (Milt)	858 EVIXY		S.U.		Daily during	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 1 Mon Site No. EFF-1	Regnits & Measurement				S CAMPAGE AND A			ang/La		Daily during any overflow	Grab.
	Sample Measurement										
	Pinik Wasiana						PEGLER				
	Sample Measurement	•									
								震震道	B		

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 bulieve 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	TELEPHONE NO	DATE (YY/MM/DD)
DON C. JOHNSON I	\bigcirc . $a \land a \land b \land a \land a \land b \land a \land b \land b \land b \land $	712.	9.26.03
ASST. SUPT	PAR C VICTORIANIA	597-3402	7.20-00

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

Final LIMIT: CLASS SIZE: Minor To: REPORT: GROUP:

WAFR SITE NO.:

Toxicity Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939

FL0029939

5143P03291 D001

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: . Martin

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	ND	λD					90	0		
PARM Code: TAN-6H; J. J. Mon Site No. EFF-17	Permit Requirements so				LC50 greaters than 100% to			effluent			our grab samples during
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										a 24 hour day
PARM Gode TAN-3B III Mon Site No. EFF-1	Permit Regulienens				EC 50 greater than 100%			%* effluent		annual	four grab samples during a 24 hour day
	Sample Measurement	Military and Davidson									MAZE DOMESTICAL
	Permit Requirement										
CONTRACTOR CONTRACTOR	Sample Measurement										
	Permit Requirements										
	Sample Measurement										
	Permita Requirementals								H.		
	Sample Measurement										
	Permit 300 c se Requirements									经验经	
	Sample Measurement										
	Permission of the Residence of the Resid										

2

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

PERMIT NUMBER: P. O. BOX 397 MONITORING PERIOD From: FL0029939

Indiantown, FL 34956

Final Minor REPORT GROUP:

To:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID:

CLASS SIZE:

FL0029939

WAFR SITE NO .:

LOCATION:

GMS ID NO .:

5143P03291

IIC

20552

COUNTY:

15851 S.W. Farms Road

LIMIT:

D002

Indiantown, FL 34956

Martin

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	بہر	NS					127.5	0		
STORET.No. 0005+6 12 Mon:Site No. EFF-2	Perminate Acceptance of the Control	Report (IonisMonth)								Continuous during any overflow	Calculated.
TRC for dechlorination	Sample Measurement									Z veoverliow → N	
STOREL No 50060 TO More Site No EFF 2.	Permit# Measurement a				0.01s (Max)			mg/L:		Daily during any	Grab
рН	Sample Measurement										
STORET, No. 004003 Mon Site No EFF-2	Permit - sel sa Mensurementes				6.0 (Min)	(Maxe)		r-S-Usa		Daily during any	er-e-Grab≝e
Oxygen, Dissolved (DO)	Sample Measurement						S. Marting St. Day	C			
STORETNO 00300 III L Mon Site No EFF 2	Permit:				5.0 22 4 (Min) 3			mg/L		Daily-during any overflow.	Grab
WANT /4. PARLICULAR TO THE TANK OF THE PARLICULAR TO THE PARLICULA	Sample Measurement									T. C. (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986) (1986)	
	Permit e										
	Sample Measurement										And the second s
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	Sample Measurement										,
	Permit - 15 %							- H			
	Sample Measurement					1			THE SHIPPY STATES	a second	eminore experience en la company de la compa
	Pomiles 21										

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

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinelia leedsi	Sample Measurement	112	132					-			
PARM Code TAN-6H I Mon.Site No. EFF-2	Permit Requirement				LC 50 greaterthan 100%			% effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement				The state of the s						a 24 hour day
PARM Code TAN-3B 1 Mon. Site No. EPF-2	Permit Requirement				LC 50 greater than 100% in			effluent		annual	four grab samples during a 24 hour day
	Sample Measurement			a tighthy and a factor of the same					200000000		ma-24 nour day
	Permit. Requirement Sample							DE SHE	34.5	* Section 1	
	Measurement Permit Requirement										
	Sample Measurement	M. Proceedings of the Control of the		THE REPORT OF THE PERSON NAMED IN							
	Requirement Sample										
	Measurement Dermit										
	Sample Measurement										
	Permit - Requirements									Wildle Control	
	Sample Measurement Permit			SINCE 1974 5							s was a market by a market so the
	Requirement Sample Measurement										
	Permit Requirement										
	Sample Measurement					San San San San San San San San San San	McMarier, masser day on process				
	Requirement										

4

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

8-1-03

To:

<u>8-3/-03</u>

LIMIT: CLASS SIZE: Final Minor REPORT: GROUP: Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION:

15851 S.W. Farms Road Indiantown, FL 34956 FACILITY ID:

FL0029939 5143P03291 WAFR SITE NO.:

20552

GMS ID NO.: DISCHARGE POINT NUMBER:

D003

D003

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE □

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
				}				mg	0		į
STORET No.:00056 1. Mon:Site No.:EFF-3	Permit Measurement	Report (Total-Month)		mg.						Continuous during any overflow	Calculated Flow
pH	Sample Measurement										
STORET No. 00400 17 Mon.Site No. EFF-3	Permit Measurement	医药类数			6.0 s (Min.)			s.U.		Daily during any overflow	grab
TRC for dechlorination	Sample Measurement										Can de Proposition de 1800 de 1900 de
STORET No. 50060 1 Mon Site No. ERF-3	Permit Measurement 25	4474.53			0.01 (Max.)			mg/L	3 2.	Daily during	Grab -
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300* 1 Mon. Site No. EFF-3					(Min)			, mg/L		Daily during.	Grab
	Sample Measurement										
	Permits Measurement	ee kie					Biggi				
	Sample Measurement										
	Permit Measurement.						Rose Services				
The Part of the Pa	Sample Measurement										
	Permit :		是推翻記								
,	Sample Measurement					. 1					
	Remies Andrews									Tary 10 Section	

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): Version 3/23/99

Complete details Sent to THE William Thick 5 IN the D.E.P. P.S.L OFFICE

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement		• •					0/0	1		
PARM Code TAN-6H Mon Site No. EFF-3:	Permit Requirement				LC-50 greater than 100% =			effluent		annual	∉four grab samples durin a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN-3B MonSite No. EFF-3	Permit & See Requirement of				EC-50 greaters - than 100%			effluente		annual:	four grab samples during a 24 hour day
	Sample Measurement Permit		ASSESSED TO THE PROPERTY OF TH								
	Requirement Sample										
	Measurement Permit ************************************						NA STATE				
	Requirement Sample Measurement										
	Permit Requiremente										
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	Requirement,								7 m		
	Measurement Permit Réquirement										si regent
	Sample Measurement										
	Pennit Requirement, 4 Sample										
	Measurement Permus			- 12 h 1/2 h							
	Requirement :: Sample		Vis.								
	Measurement Remni Requirement	San Carlo							E CHIN		

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

Complete Details send to mr. William their OF the P.S.L D.E.P. Opin

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 8-1-03

To: REPORT: 8.31.03 Monthly

MONITORING PERIOD From:

CLASS SIZE:

PLANT SIZE/TREATMENT TYPE:

Final Minor

GROUP:

WAFR SITE NO.:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.: DISCHARGE POINT NUMBER:

LIMIT:

FL0029939

5143P03291 R001

IIC

20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	. 325						MGD	0		
STORET No. 50050 Y. S. Mon Site No. EFF-6	Permits Mensurement	27 a. 0.43 a. 3		/_mgd	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				9.3	Continuous with 6;	Flow Meters : with Totalizer
Flow	Sample Measurement		- 883					Mgs	0	5	
STORET No. 50050 = 1 + 2 A		F-15/4-15		mgd						Continuous with 6	Flow Meters - with Totalizer
CBOD5	Sample Measurement				5.9			mg/L	0		
STORET No. 80082 AY Mon.Site No. EFF-6	Permit Measurement		建設		20.0 (Aπ'Avg') ≅∙			mg/L:		Weekly	8-hour FPC
CBOD5	Sample Measurement				14.3		60	m9/C	0		
STORET No. 80082 1 Mon Stre No. EFF-6	Permit Measurement				25.0 (Mo. Avg.)	40.0/report (CWeek Avg.)	60.0 (Max.)	₹-`mg/L • mg/L	der in	Weekly:	8-hour FPC پائ
TSS	Sample Measurement				6.0			m9/6	0		
STORET No. 00530 Y Mon.Site No. EFF-6	Permit Measurement		图图 韦约	49.54	20.05 (An Avg.)	16. 李灏		mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				14			mg/2	0		
STORET No. 00530 - 1 Mon Site No. EFF-6	Permit:		を表現		530,0_5 (Mo: Avg.)	45.0/reports (Week Avg.)	60.0 (Max)	mg/L		Weekly	8-hour FPC
рН	Sample Measurement				6.7	9.5		S.U.	0		
STORE ISNO-00400 - 1-2 Mon Site No. EFF-6	Permit & Li Measurement				6 0 (Min.)			S.U.		c 6 Days/week	Grabet
	Sample Measurement		·			,					
	Permits and American American Services										PEND.

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qu	ality or Concen	tration	Units	No.	Frequency of	Sample Type
Nitrate, as N	Sample			 		Г		ļ	Ex.	Analysis	
STORET No. 00620 1	Measurement Permit	San San San San San San San San San San	AND AND AND AND AND A PARTY OF THE PARTY OF		0.05			MOLL	0		
Mon Site No. EFF-6	Measurement	22.5		S. State	12.0 _*	Asia Jan		mg/L		Weekly	Grab
Nitrogen, Total as N	Sample		- Control of the Cont	Accessive to the		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			1		24 x
STORET No. 00600; 1 - " - "	Measurement Permit	1.00 m	SARAT CANADAS AND AND AND AND AND AND AND AND AND AND	Astronomic de	18.7	18	1	MG/L	0		
Mon Site No. EFF-6 Phosphorus, Total as P	Measurement "		计算程序		Report (Max.)	Report (Avg.)	机性的现 象	mg/L	15.75	⊈	8-hour FPC
rnosphorus, rotal as P	Sample Measurement				7.00-0			e in a constant	The Company		14 4 14 2 2 2 3 4 4 F
STORET No. 00665 1	Permit Sign				3.09 Report	2.2		m G/L	6		
Mon Site No. EFF-6 Fecal Coliform Bacteria	Measurement &		EM .		O (Max)	Кероть		img/L-		weekly	8-hour FPC.
	Sample Measurement							# (10mL		All Carlotter	
STORET No. 74055 Y. Mon.Site No. EFF-6	Permit 2002	25 W-44			8.0 	Parameter and Market and	1 20 At 1 7 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		0		
Fecal Coliform Bacteria	Measurement S Sample				(An Avg.)	39-36	到過去去	#/100mL		Weekly	Grab
	Measurement			ĺ	9	15		#1100mL	The Contraction		terroritation and the
STORET No. 74055	Permir 200 AVERSUJETIENI			PROFILE !	Reported	300 800 800 B		z#/1 00mP2≃	0	C	
					(Mo:Geos	(Max)				Weekly (1-1)	Grab
TRC for disinfection	Sample Measurement			Section 18 Mary 18							
TORET No. 500600	Pennit Park				1.0			m9/L	0	1	
Mon Site No. EFF-6	Measuremente				(Min)			mg/L	Tileveni.	_6 Days/week	元士、Grab
	Sample Measurement				2,5			COCH CO	RESPECTATION OF		
	Permit was allers	e de la companya de la companya de la companya de la companya de la companya de la companya de la companya de					Section				
	Measurementes : C	344 33 344 E						2 1		着神 生。	10.00 m
	Measurement		1					2000	27. A		
	Pennit Care			TOTAL F			-	C-72-77-1-114			
	Sample			1	100	34-112		and the contract of		AND THE REAL PROPERTY.	
Fig. 19 St. St. St. St. St. St. St. St. St. St.	Measurement										CONTRACTOR CONTRACTOR
	Permit-						The state of the s	AND THE REAL PROPERTY.	Steam a me	PROPERTY OF THE PROPERTY OF TH	
And the second s	Sample			ON THE SECOND	は多いのである。						
	Measurement									The second secon	CONTRACTOR STREET
	Remultica ()								Talenta de		Alphone and the
	The state of the s	THE RESERVE OF THE PARTY OF THE						という	中。山	40000000000000000000000000000000000000	

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

PLANT SIZE/TREATMENT TYPE: IIC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS:

P. O. BOX 397

Indiantown. FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

8-/-03 Final To:

8-31-03

CLASS SIZE:

Minor

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.: DISCHARGE POINT NUMBER:

LIMIT:

FL0029939 5143P03291 R002, R003 WAFR SITE NO.: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NA	ND					MG	0		
STORET No. 00056 11 Mon Sie No. EFF-4	Permit Measurement (1)	Report (Forn! Month)	Reports (Maxe Daily services)	r, mg						Continuous during any overflow	- Calculated Elow
Flow	Sample Measurement	Z	MD					MG	0		
STORET No. 00056 P. Mon Sile No. EFF 50.	Permit Measurement	Ropo allosa Vocas	Report (Maxe Daily Elow)							during any overflow?	Calculated Flow
Flow	Sample Measurement		.395					MGD	٥		
STORET No. 50050 Q Mon Sie No. EFF-7	Permit Measurement		100 (100 H	e B						Continuous with	Recordings flow,meters and totalizer
Flow	Sample Measurement	•130						mgb	0		
STORET No. 50050 Y	Permits and Measurement	0 107 An Avg		mgd	E. A. Partik					Continuous with	Calculated.
Flow	Sample Measurement		.315					mor	0		
STORET No. 50050 R Mon Sile No. EFF-8	Permit Wensprements		Reports (Vocave)					製物		Continuous with	Calculated Flow
Flow	Sample Measurement	0/24						mgs	0		
STORET No. 500505 S Mon Site No. EFF-92	Permit Measurement	DIASSE (An: Ayg)		mgd M						Continuous with: 6 readings/week	Calculated Flow
Flow	Sample Measurement		.395					MGD	0		
STORES No. 50050.	Permit eyleasurement		Report AMO AVE	mgd.						Continuous with:	Calculated
TSS	Sample Measurement				14.	. 1		m9/L	0		
SSTORES NO. 005:00 TO SEE THE STORES	Permite Section of Measurements				Mo Aye			No. of the last		Weekly Weekly	8-hour FPC

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FL0029939

8-1-03 Final Minor

FL0029939

To: REPORT: GROUP:

8-31-02 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

5143P03291

Influent Monitoring Point

20552

GMS TEST SITE NO .:

WAFR SITE NO .:

COUNTY:

Martin

Parameter		Quantit	ty or Loading	Units	Q	uality or Conce	ntration	Units	No.	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	143.				T	1	malc	Ex.	, Diai, 313	
	,							1, 10		· · · · · · · · · · · · · · · · · · ·	
TSS .	Sample Measurement	106						m9/L	0		
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement										
	Sample Measurement		·								
							<u> </u>				
	Sample Measurement						·				4

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

Version 3/23/99

The second of the second of the second

Permit Number:
Monitoring Period

FL0029939 From: 8-1-03

To: P. 3/-03

Discharge y

Flow (mg) pH (Max) pH (Min) Fecal Coliform Bacteria (#/100mL) Code 00056 00400 00400 74055 50060 50060 85327	
Mon. Site EFF-1 EFF-1 EFF-1 EFF-1 EFF-1 EFF-1 EFF-1	
1 NB 2.7 2.7 3 2.9 3.1 5 3.4 5 3.3	
2 2.7 3 2.9 4 3.1 5 3.9 6 3.3	
2 3.7 3 2.9 4 3.1 5 3.4 6 3.3	
3.1 5 6 3.4 3.3	
5 6 3. <i>y</i> 3. 3	
6 3.3	
3.3	
7 3.6	
8 3.6	
9 3.4	
10 3.2	
" 3,4	
12 3.6	
13 3.7	
14 3.9	
. 15	
16 4.7	
17 3.0	
18 3.7 19 3.8	
3.8	
20 2.4	
21 3./	
22 3./	
3.7	
9.3	
29 4.4	
30 3.8	
31 3.7	

PLANT STAFFING:						
Day Shift Operator	Class:	\mathcal{B}	Certificate No:	3634	Name:	DONC JOHNEON I
Evening Shift Operator	Class:	3	Certificate No:	9439	Name:	ERNIE WALSON
Night Shift Operator	Class:	$\overline{\mathcal{B}}$	Certificate No:	6747	Name:	TAMES & HEWITT
Lead Operator	Class:		Certificate No:		Name:	
Type of Effluent Disposal or Re	claimed '	Water Reuse:				
Limited Wet Weather Discharge	e Activate	d: Yes: No	: Not Applicable	:) If yes, cumulative	days of we	t weather

[&]quot;Attach additional sheets if necessary to list all certified operators.

Permit Number: Monitoring Period

FL0029939 From: <u>\$-1-63</u>

To: 8-31-03

Discharge yn

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2				<u> </u>
1	ND										
2							4.2				
3							3.9	ļ			
4							4.6				
5							4.7	<u> </u>			ļ
6							4.9				ļ
7							4.9			.,,,	
8							5.0				
9							5.0				
10							4.8				
11							11.9				
12							4.9			-	
13							5.0				
14							5.1				
. 15							5.1				
16							5.1				
17							5.0				
18							4.7				
19							4.4				
20							3.9				
21	$\neg \vdash \vdash$						3.8				
22		+					4.1				
23							4.6				
24							4.7				
25	1-1						4.9				
26	11						5.1				
27	\dashv						5.1				
28							511				
29							5.1				
30							5.1				
31	W/F						5,2				
	W						5.2				

D003

Permit Number: Monitoring Period FL0029939

From: 8.1.03

To: 8-31. 03



	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3				
1							4./	<u> </u>	+	-	
2									 		
3							4.2		-		
4							4.8				
5							4.8		 		
6							4.7				
7							4.8		-		
8							4.8				
9							4.7		 	_	
10							4.8	*			
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15							5.1				
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19							3.7				
20							3.6				
21							4.2		ļ		
22							3,9				
23							3,9				
24							3.7				
25							4.8				
26							4.7				
27							4.5				
28							4.4				-
29							4.3				
30						T	4.3				
31							4.0				
							3.9				

Directionsed en 8-15-03 - From FFF.3

Complete report Sent to 9M. William their of the
P. S. L. D. E.P. OFFICE

R001

Permit Number: Monitoring Period

FL0029939 From: 8-1-03

To: 8-31.03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: /17 %

	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max) 5. U 7. 5	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	5 005 0	80082	80082	00530	00530	00400	00400	74055	50060	n/a
Mon. Site	EFF-6	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-I
1	160	-					6.9		2.2	0.5
2	.820		r				[2.0	2.6
3	1.05					1	7.1		2.0	1.7
4	.860					!	1.11		1.9	0
5	.780	9.0	156	10	95		L., 9	15	22	0
6	.920					1	. ;	Action Management Supplementary	2.2	0.5
7	.850					i i	, I is		21.2	Ö
8	.670					1	1.0		2.2	0.2.
9	.960					1	4.5		2.1	2.0
10	1.09						>.!\		3.0	1.1
11	1.06						-1.7		1.3	1.0
12	1.11	19	111	39	63		77.5	21	1.8	0.1
13	1,00						7.0		2.2	1.2.
14	1.13						7.5		1.0	* . W
15	.990						6.0		4.0	3.5
16	.960						7). 7		, 5 ° ja	0.0
17	1.07						-6.7		3.2	0.5
18	.920						7.0		1.5	*
19	1.10	7.2	117	5.6	71		7.0	7	2.5	0.2
20	.920						7.0		6.0	()
21	1850						-7.1		1.7	0
22	,860						72.0		3.0	0
23	.780						77.1		1.3	0.1
24	- 900						-1.1		1:1	1.0
25	,760						6.1		1.5	Ö
26	.750	2.0 и	189	2.6	174		1.4	14	1.5	0
27	-720						47,73		1.0	1,7
28	.790						6,9			0.1
. 29	.690						4.9		1.77	0
30	.680						7.0		1.0	0.1
31	.680						7.1		1.0	0.1

Cont. R001

Permit Number:	
Monitoring Period	

FL0029939 From: 8-/-03

To: <u>0. 27. 0.7</u>

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 117 0

Nitrate as N Nitragen, Total Phosphorus, as N Total as P	ı	Nitrata as N	Dilaman Tatal	Dhas-banus I		 						
Code		MILIAIC BS IA	as N	Total as P					į			
Code 00620 00600 00665									}			
Mon. Site EFF-6 EFF-6 EFF-6	,											
Mon. Site EFF-6 EFF-6 EFF-6	Code	00620	00600	00665		ļ						
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2 3 4 4 5 6 6 7 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7 8 7	L	EFF-0	Err-0	6FF-0					<u> </u>			
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4	II .											
5	3		,									
6 7 8 9 10 11 11 12 13 14 15 16 17 18 18 19 19 20 21 22 23 24 25 26 60.05 1f. 5 2.07 27 28 29 30	4					ļ						
6 7 8 9 9 10 10 11 1 12 12 15.7 3.09 1 13 14 14 15 15 16 16 18 19 19 10.024 16.8 16.8 19 10.024 16.8 16.8 19 10.024 16.8 16.8 17 17 18 18 19 10.024 16.8 16.8 17 17 18 18 19 10.024 16.8 16.8 17 17 18 18 19 10.024 16.8 16.8 17 17 18 18 19 10.024 16.8 16.8 16.8 16.8 16.8 16.8 16.8 16.8	5	0.05	1,0	10		 	 				·	
7 8 9 10 11 11 12 12 13 14 14 15 16 17 18 19 19 10 20 21 21 22 23 24 25 26 6.05 14.6 2.67 2.67 2.77 2.8 29 30	6	0.00	1-13	1,6		 						
8 9 10 10 11 11 12 15.7 3.09 11 13 14 14 15 15 16 16 17 18 18 19 0.07 4 76.8 7.83 10 12 12 12 12 12 12 12 12 12 12 12 12 12	l)	 	 			 						
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11	R .		<u> </u>			1	<u> </u>	<u> </u>	}		Ì	
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22	20					1			<u> </u>	<u> </u>		
22	21		 	 	 	†	 			 		
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24		 	 		 	 	 	 	ļ		ļ	ļ
25 26 0.05 19.5 27 28 29 30	4	ļ	 	<u> </u>		 		 				
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27 28 29 30	ų.	0.05	18.8	3.07								
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	L	<u> </u>			<u> </u>]	<u></u>					

R002 and R003

Permit Number: Monitoring Period

FL0029939 From: _ &- /- 03

To: 8-31-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 117 8/6.

	Flow, (MG)	Flow, (MG)	Flow, (MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water Elevation (feet)	Percolation Pond Water Elevation (feet)			
Code	00056	00056	50050	50050	50050	00530	85327	85327			
Mon. Site	EFF-4	EFF-5	, EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5			
ı	NL	νl	.405		.405		4.3	3.9			
2			0		0		4.3	4.0			
3			0		0		4.4	u.c			
4	,		.08/		.081		4.4	4.1			
5			.478		.478	10	4.11	11, 1			
6			.575	277	.248		11.7	11.0			
7			,524	,108	.416		41	11.3			
8	,		.528	.457	,071		4.6	11.5			
9	:		1554	.504	.050		4.17	4.9		<u></u>	
10			.565	.506	.059		5.00	12.11			
li			.560		560		2.0	11			
12			508		1508		5.0	11,5			
13			.541	.086	.455		5.0	12.7			
14		1	.12-6		.126		, ·	·			
15			,400		.400		+ , ,	7			
16			1518		.518		4.9	11.8			
17			1605		.605		4.9	5.0			
18			,585		.585		4.8	4.7			
19			.146	<u></u>	.146	6.4	4.8	4.3			
20			.275		. 275		41.8	4.9			
21			.426		.426		4.7	4.8			
22			.411		.411		4,7	11.7			
23			. 418		.418		4.7	1/.1			
24			1.011		.011		4.7	4.0			
25		,	.171		.171		4.7	U.F.			
26		į	.583	354	22,9	8.6	4.6	11			
27			1555	.005	550		11.8				
28		1	1099		.099		4.7	27.0			
29			.105		1105		4.7	4.9			
30			.116		-116		4.7	4.6			
31	1.6		1643	.503	.100		4.7	4.6			

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P.O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

EL0029939

MONITORING PERIOD From:

REPORT:

To:

LIMIT: CLASS SIZE:

Miner

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO .:

20552

LOCATION:

15851 S.W. Farms Road Indiantown, FL 34956

DISCHARGE POINT NUMBER:

D001

PLANT SIZE/TREATMENT TYPE:

IIC

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	T	Frequency of	Sample Type
Flow	Sample Measurement	1 20	NI					mG			
STORET No. 00056 11 TO Mon Site No. EFF-1	Permit Measurement	Report (Logustion th)		e mg a						Continuous during any ∠overflow	Calculated
TRC for dechlorination	Sample Measurement									,	
STORET No. 50060	Permit A			70 PE	0.01 (Max)?**			£:mg/L≠_		Daily duringe any overflow.	- Grab
pН	Sample Measurement										
STORET No. 00400 1 1 Mon Site No. EFF-1	Permit A				6.04:57 (Mint):52	8:5 (Max)		≝° SiU. Silabar		Cany during	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1	Permit : :				86 = 5.0 = 5.0 (Mini) = 5.0			-πng/L		Daily during	Grabi
	Sample Measurement										
	Permits Andrews Measurement & C										
	Sample Measurement										
	Westman en								ľ.		

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	TELEPHONE NO	DATE (YY/MM/DD)
DON C. JOHNSON I		772	12. 23.03
ASST. SUPT.	Don Orknown I	597-3496	100 2000

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

To: REPORT:

CLASS SIZE:

Minor

D001

GROUP:

Domestic

FACILITY:

COUNTY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

Martin

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291

FL0029939

WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No.	Frequency of	Sample Type
									Ex.	Analysis	
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	NI	NL					90	0		
PARM Code TAN-6H; I Mon Site No. EFF-17	Permit				LC 50 greaters			effluent		annual	four grab
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement			**************************************			· · · · · · · · · · · · · · · · · · ·				a 24 nour day
PARM Code I AN 3B Mon Site No: EFF 11	Permit and a second a second and a second and a second and a second and a second an				LC 50 greater than 100%			effluent		annual,	infour grab samples during a 24 hour day
And the state of t	Sample Measurement					And the state of t		A STATE OF THE STA	Service Services	ON TO THE STREET OF THE PARTY O	Maz-Euomeday.
	Requirement 1			医	是那些新		というでは、				
	Measurement Permit				The same of the same of the same	and the same of th	l company of the colorest of	a design a design and the	Section in the second	and the second of the second	Company of the Compan
	Requirement Sample					港 。				State of the state	
	Measurement Permit Requirement			30					in the second		
	Sample Measurement							3 (A) (A) (A) (A) (A) (A) (A) (A) (A) (A)			日本の東京の日本の日本の大学の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の
	Requirement Sample					經過經過			13.3	arge at	
	Measurement							ı	1	ļ	
	Permission of the Requirement of the Resident			WE HE		- W. M. C. T.					

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 MONITORING PERIOD From:

Sept 1-07 Final

To: REPORT: Monthly

LIMIT: CLASS SIZE:

Minor

IIC

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

FL0029939 5143P03291 D002

WAFR SITE NO.:

20552

LOCATION:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	nits Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	لافتر	$\sim Z$					m6	0		
STORET No. 0005+6 15 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Permit = + Vensurement =	Cont. Month		E (21) 2						Continuous during any coverilow	Calculated To Flow
TRC for dechlorination	Sample Measurement									a gas over now	
STOREL No. 50060	Permiter : 11				0.001 (Vac)			mg/L	175	Daily during any	Greb
pH	Sample Measurement								15.000.00.00.00.00.00.00		
STORETNO: 00400 Mon:Site No. ERF-2	Permit see 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2				60 Ag(Min)	Maria Salah				Daily during any coverflow	ro Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 90300. 11 I	Permint 1325 Measurement				(Min)			img/ls :±		Daily during any.	Grab
And Annual Control of the Control of	Sample Measurement										
	Permit es Measurement										
The control of the state of the control of the cont	Sample Measurement										
	Permit Size 2							En e			
Name of the Control o	Sample Measurement										
	Permitt.							建型 黄			
	Sample Measurement					. 1					
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND	11.0					90	0		
PARM Code TAN-6H 1 1 Mon Site No. EFF-2	Permit Requirement				LC 50 greater than 100%			effluent		annual	Ifour grab- samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN 3B 1 Mon Site No. EPF 2	Permit Requirement				LC 50 greaters thank100%			effluente		annual	four grab samples during a 24 hour day
	Sample Measurement									Control of the Contro	
A CONTRACT OF SAME	Permit:								旗譜		
	Sample Measurement	deservation and a substitution	der Stadioned Schlieberg in distribution	No. of Grand Land State of St. L. St.							
	Requirements Sample										
	Measurement Permit										
	Requirement S. Sample			防囊							
	Measurement Permit									am north	
	Requirements Sample										40. 30.
	Measurement Permit				7.7						
	Requirements Sample Measurement	A AB									
	Requirements Requirements		The state of the s								
	Sample Measurement						7. The "P. O. W.				
	Permita Requirement a							Ekeris i		et talian	
	Sample Measurement			AN ACCURACY OF							
	Permit Requirement Au			1							

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE:

FL0029939 Sert-1-03

To:

Sept. 30.07

Minor

REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

FL0029939 5143P03291 WAFR SITE NO .:

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

D003 IIC

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NA	44								
STORET No. 00056 1 Mon Site No. EFF-3	Permit Measurement	Report (Total Month)		mg						Continuous during any a overflow	Calculated Flow
рН	Sample Measurement					The state of the s			0362034	Table Over 10 Way	
STORET No. 00400 13 Mon.Site No. EFF-3	Permit * Measurement				6.0 (Min.)	8:5. (Max.)		r, S.U.	W	Daily during	grab
TRC for dechlorination	Sample Measurement				The second secon			The Party Control March 1988		stany of childway	
STORET No. 50060. 1 Mon.Site No. ERF-3	Permit Measurement			.	0.01, «: ()Max.)			:mg/L?=		Daily during	Grab
Oxygen, Dissolved (DO)	Sample Measurement								4777 999 (Amaily)		A STATE OF THE PARTY OF THE PAR
STORET No. 00300 1 Mon.Site No. EFF 3	Permit Measurement (**)	能語差	(三)		5.0 (Min.)			i, mg/L		Daily during	Grab
C. D. C. T. T. T. Marke Till on a Laborator in Annual Principles of Annual Science (Science of Annual Science of Annual	Sample Measurement								2. 10		AND THE PROPERTY OF THE PARTY O
	Permit Measurements				17 李建集			2,1			
MARK AND BROWN STORY PRODUCTION AND COLUMN TO THE PRODUCTION OF TH	Sample Measurement								21.4.		
	Pennits Measurements								100		
had 205 to respect to the second seco	Sample Measurement						And the state of t		41.7 (4.40)		· 正在記事の一次のは日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日本の日
	Permit A Measurement A							100	26.4 2.4 3.4	2 1 A	
	Sample Measurement					1				oware of the same	WHAT AND AND AND AND AND AND AND AND AND AND
	Veasurement					463.00		12 (T-18)	N. P. P.		

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

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NA	ND					0/8	0		
PARM Code TAN-6H 1 Mon.Site.No. EFF-3	Permit_ Requirement	3	44		LC 50 greaters:	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	10 M 10 T	effluent		annual	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement			The second secon	and the second s	Section 2015	and the second s		5 M - 10 10 R - 47.4	A PARTY PROGRAMMENT AND A STATE AND A STAT	
PARM Code TAN 3B Mon Site No: EPF 3	Permit Requirements				LC 50 greater ethan 100% of		6 T.	effluenti		annual	four grab samples during a 24 hour day
	Sample Measurement				and the state of t	and the second s	A CONTROL OF COMMENT AND THE CALL		Contract Bases		
	Permit Requirements Sample										
	Measurement Permit								650110		
	Requirement Sample Measurement										
	Permit Requirements							e production of			
	Sample Measurement		Completed to Advantage to the second of the second of the	innuoninalei inn. Ja							
	Requirements Sample										
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	Pennilo Reguliement										
	Sample Measurement			See				10000000			
	Requirements Sample										
	Measurement Remute							Taranta and			
	Requirement				とはは	编码生物		计算工		College Colleg	

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 MONITORING PERIOD From: Sand 1.00

LIMIT:

To: REPORT:

CLASS SIZE:

Minor

GROUP:

WAFR SITE NO.:

Domestic

20552

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road LOCATION:

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291

R001

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	Units	No. Ex.	Frequency of Analysis	Sample Type		
Flow	Sample Measurement	0316						MGS	0		
STORET No. 50050 Y Y Mon Site No. EFF-6	Permit*	CSL-0.4s SCI E(An.Avg)		mgd						Continuous with 6	
Flow	Sample Measurement		.656					MED	0		
STORET No. 50050 5 1 4 2 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Permit Lasges Measurement 22		e = skeponte de la la la la la la la la la la la la la	mgd	er ein er					Continuous with 6- readings/week	Flow Meters with Totalizer.
CBOD5	Sample Measurement				6.4			mg/L	6		
STORET No. 80082 Y Mon Site No. EFF-6	Permits **** Mensurements				20:0 (An:Avg.) 🏖			mg/L.	19.50	- Weckly	8-hour FPC
CBOD5	Sample Measurement				10-1		13	mg/L	0		
STORET No. 80082 1 Mon. Site No. EFF-6	Permit Measurement		阿斯 沙亞		25,0g; - (Mo. Avg.)	40-0/report (Week Avg.)	60.05 (Max.)	mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				6.2			mg/L	٥		
STORET No. 00530% C Y STORET No. 00530% C Y	Permit. : Measurement		三 発音を		20.0°2 (An Avg.)			mg/L		Weekly:	8-hour EPC
TSS	Sample Measurement				6.7		10	Mg/L	0		
STORET No. 00530 1 Mon Site No. EFF-6	Permit: Measurement				30.0 (Mo. Avg.)	45:0/rejoit (Week AVe)s	60.0 (Max)			Weekly	8-hour FPC
pН	Sample Measurement				6.5	75		5.4.	0		
STOREUNG JOANN ALL Mon Site No. EFF-6.	Permite plass Measurement			644	6 0 = 55 (Min) = 50	8.5% (Max) (Max)		III.S.U.		6 Days/week	Grabet
	Sample Measurement		·			,				_	
	Measurements										FERRES

7

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity or Loading		Units	Qua	lity or Concentr	Units	No. Ex.	Frequency of Analysis	Sample Type	
Nitrate, as N	Sample Measurement				0.00			moll	0		
STORET No. 00620 1 Mon Site No EFF-6	Permit				12.0. (Max.)		E.	mg/L-		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				28.2	18.3		mak	0		
STORET No. 00600 1 Mon Site No. EFF-6	Permit Measurement				Report (Max.)	Report	医沙科学	_mg/L		Weekly	8-hour FPC
Phosphorus, Total as P	Sample Measurement				3.8	2.7		mok	>		
STORET No. 00665 1 STORET No. 00665	Permit 1				Reported	Report		r mg/L		Wookly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement				9.0			並りついい	0	And the second s	A COURT OF SECURITION OF THE PARTY OF THE PA
STORET No. 74055 Y. Mon Site No. ERF-6	Permit Sage				2000 AV			#/4:00mi	2	Weekly	
Fecal Coliform Bacteria	Sample Measurement				18	340		# / 108 mil	0		and the second second second second
STORES No.7/1055 10 11. STORES No. 10 10 10 10 10 10 10 10 10 10 10 10 10	Amil Verstemen	2.2764			allenor (Mo-Geo Mem)	00 (VE-2)		WAROOMILE S		Weekly	Grabian Grabian
TRC for disinfection	Sample Measurement			(Table 1 (Table 1)	: 1.0			mg/L	0		
STOREUNO-50060	Promple and the second				O Solvenia (Minn)			mg/L=		46 Days/week	Grab:
	Sample Measurement									3 2000	
	Remit e-ster Measurements										沙墨 森 2014
	Sample Measurement										
	Menuit 2										
	Sample Measurement										
	Permit Measurement										
	Sample Measurement)					
and the second	Pomile Vontriendi		X.								

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

PLANT SIZE/TREATMENT TYPE: IIC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397 Indiantown, FL 34956 PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FL0029939 Sept. 1.0%

To: REPORT: GROUP:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 DISCHARGE POINT NUMBER: R002, R003

Final

Minor

WAFR SITE NO .: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter	Quantity or Loading		or Loading	Units	On	ality or Concent	ration	Units	Nic	Frequency of	L Comple Torre
					Q	Onits	No. Ex.	Analysis	Sample Type		
Flow	Sample Measurement	NA	NS					MG	٥		
STORET No. 00056 1 1	Permit	Report	Report:	# ⊬mg sa>	Activities and the second			I shalkove beau	Character and	Continuous-	
Mon:Site:No. EFF.4	Measurement #	(Total Month.)	(Maxi Daily - Flow)							during any	Calculated Elowing
Flow	Sample Measurement	ND	ND		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		And the same of th	~ C	>	overflow :	
STORET No. 00056 P	Permit Visas Sec	Reports	Report	ing L	Section of the section	The second second		MG.	0		
Mon Site No EFF-5	Measurement	(Floral Month)	(Maxe Daily Flow)							during any overflow	Calculated Fig. Flow
Flow	Sample Measurement		.322		7, T. P. 440		The second secon	MCD	0	Overnow	
STORET No. 50050 Q 4	Permit a		-Report S	*mgd	No est Color in		Philipping and the state of the		Marie S	Continuous with	Recording
MonSile No. EFF	Measurement		(MolAve)E							6 readings/week	flowmeters and totalizer
Flow	Sample	0.160				The second secon	The state of the s	Free World Co. Said West 7.	HIMAGINES: N.		- And County
STORET No. 500505 Y.	Measurement	O + / 60	Calc City bearing	- second and second	de Care de la Servicio de la companya del companya de la companya del companya de la companya de			MGD	0		
Mon Site No. EFF-8	Permits a construction of the construction of	(An Avg)		IMED.				F. Oak	1	Continuous with	Calculated
Flow	Sample Measurement		.395					- ~ 1	MATCH ST	- Orcadings/week	会表示。IFJOWs
STORET No. 50050 R	afermit as			amgd	Children and Moreon	P. San Street Williams	**************************************	M 67	0		
Mon Sile No. EFF-8	Mensurement		(MosAvg)							Continuous with	Calculated
Flow	Sample	A 11/5			The state of the s	12.57,0,550,000,000,000	And the contract of the section of t	Property Control of Control of Control		Policaonigs/week	Flow
STORET-No. 500509 - S	Measurement Permit	り、143 (September 2015年)	Ostronia California de la companya d	Mineral Carlo Market	Control Control			MgD	0		
Mon Site No. EHF-9	Measurement	(Ani Avg.)		mgdze						Continuous with.	Calculated,
Flow	Sample			and the same		International Control of the Control	The Transfer of the Control of the C	ALCOHOL: NO.	State Print 2, 75	6 readings/week	Flow
STORET No. 50050 T	Measurement		.311	Sec. of the state of the second		3		MED	٥		
MonSile No. Ent. 9 LC 4 1 1 1	Permit A Second		Report Ch(Mo Avg)	mgd						Continuous with	Calculated
TSS ;	Sample				1.0	The same of the sa	Company of the Compan			* O' CHOUNTER WEOK	NATH TOWN
STOTE NOTO STORE THE STATE OF	Measurement Permit	e was a second			10.0			MEK	0		
MonSituation EER O	Measurement				(Mo. Avgi)			# mg/lake		Weekly	8-hour FPC

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397 Indiantown, FL 34956 PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

Sept 1-03 Final Minor

FL0029939

FL0029939

To: REPORT:

WAFR SITE NO.:

Monthly

GROUP:

Domestic

FACILITY: LOCATION:

COUNTY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

Martin

GMS ID NO.: DISCHARGE POINT NUMBER:

5143P03291 Influent Monitoring Point

20552 GMS TEST SITE NO.:

CLASS SIZE:

FACILITY ID:

PLANT SIZE/TREATMENT TYPE:

IIC

Parameter	Parameter		Quantity or Loading		Qua	ality or Concentr	ation	Units	Ex. A	Frequency of Analysis	Sample Type
CBOD5	Sample Measurement	249						m9/L	0		
TSS	Sample Measurement	238						m9/L	0		
	Sample Measurement										
	Sample Measurement					·					
	Sample Measurement										
								-			
	Sample Measurement										
	Sample Measurement		·								
	4.5										
	Sample Measurement				,		·				

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

Permit Number:	
Monitoring Period	

FL0029939 From: Sept 1.03

To: Sept. 30-03

Discharge yth)

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
ode	00056	00400	00400	74055	50060	50060	85327			
n. Site	EFF-1	EFF-1	EFF-1	EFF-I	EFF-1	EFF-1	EFF-I			
1	ND		1				4.2			
2							4.3			
3							4.0			
4							3.9			
5							3.7			
6							3.7			
7							3.4			
8							3.3			
9			*				3./			
10							3.0			
11							28			
12							3.7			
13							3.3			
14							3.4			
15							3.7			
16							3.7			
17							U. 2.			
18							3.9 3.17 3.17			
19				-			31/			
20							3.1			
21							2.8			
22			<u> </u>		1	1	2.5			
23							2.5			_
24			1				1.9			
25				1		1	1.8			1
26				1			2.9			
27				1	1	1	3.7		 	
28		,			1	 	3.8		 	
29			 			 	5.0	 	 	
30	1			+	-		4.9		 	
31				+		 	 	 -	 	_

PLANT STAFFING:			CONTRACT TO	
Day Shift Operator	Class:	B Certificate No:	3634 Name:	Jud C John Jan J
Evening Shift Operator	Class:	Certificate No:	9439 Name:	ERNIE E WHI SON
Night Shift Operator	Class:	Certificate No:	6747 Name:	Thouse G Hewill
Lead Operator	Class:	Certificate No:	Name:	
Type of Effluent Disposal or	Reclaimed Wa	ater Reuse:		
Limited Wet Weather Dischi	aree Activated	Ves. No. Not Applicable	If yes cumulative days of w	at weather

^{&#}x27;Attach additional sheets if necessary to list all certified operators.

D002

Permit Number: FL0029939
Monitoring Period From: Sept 1-02
To: Sept 1-02
Discharge yin

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)		
Code	00056	00400	00400	74055	50060	50060	85327	 	
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	 	
1	ND		'				5.1	 	
2							5.1		
. 3							5.2	 	
4							5.2		
5							5.2		
6							5,2		
7							5.1 5.1 5.2 5.2 5.2 5.2 5.2 5.2 5.2 5.2		
							5.2		
9							5.2		
11							5.2-		
12							5.2		
13							5.2		
14							5.2 5.2 5.2		
15							5.2		
16					· .		5.2		
17							5.2		
18							5.2		
19							.5.2		
20							5.2 5.2 5.2 5.2		
21							5,2		
22	-						5.2.		
23									
24							5.2		
25	·						5,1		
26							5.0		
27							5.0		
28							5.0		
29							4.9		
30							5.0		
31							5,2		

Permit Number: Monitoring Period FL0029939 From: <u>Lest 1-03</u> Discharge y/D To: <u>Sept 30-03</u>

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorination) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)		
Code	00056	00400	00400	74055	50060	50060	85327		
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3		
1	NID	1					3.7		
2							3.8		
3							3.7		
4							3.8 3.7 3.6		
5							3.6		
6							3.4		
7							3.7		
8							4.6		
9							4.6		
10	·						4.4		
11							4.2		
12							4.0		
13							4.7		
. 14							5.0		
15					·		4.2		
16							40		
17							V. v		
18							4.2		
19							4.0		
20							3.8		
21							3.7		
22							3.6		
23							3.4		
24							3,3		
25							3.2		
26							3.1		
27							3.5		
28							4.8		
29							3.9	 	
30					ļ		4.5	 	
31		1					7,3	 	

R001

Permit Number: Monitoring Period FL0029939 From: <u>Sept 1-03</u>

To: <u>Sept 30-03</u>

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

ı	<u></u>	CDOD:	Concord		7			(17.2.251776)	mitted Capac	ny ja 100.
	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	50050	80082	80082	00520		7.5				
Mon. Site	EFF-6	EFF-6	INF-1	00530	00530	00400	00400	74055	50060	n/a
1		LI I - U	IIAE-I	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-1
2	·750		123				7.0		1.9	0.3
3	.670	7.8	150	3.8	90	-	7.1	34	2.0	0.0
4	7/0		ļ				7.3		[Z. j	0.0
5	. 766						7.11		1.0	0.4
6	1.12						7.0		2.0	0.4
7	1.10						6.9		1.8	0.5
8	.750						65		1.9	0./
9	1600		-				7.0		2.0	0.0
10	.540		321	12	302		7.5	53	2.0	1.0
11	.590	· ·					7.3		8,0	0.2
12	.600						7.0		3.0	1.7
13							7.0		20	2.0
14	.610						7.0		1,9	0.0
15	.620					:	7.1		1.0	0.0
16	.530				-		6.5		6.2	0.0
17	,540	_//	222.	2.4	2089	· .	7.3	340	2.7	0.1
18	.550						- 6.2		2.2	0.0
19	,540						7.0		2.0	2.0
20	,550						7.3		2.7	0.0
21	,550					;	7.0		1.5	0.3
22	.520						7.0		77.7	0.0
23	1520	13	255				7.1			0.0
24	.500	-, -	833	10	234		7.3	32	2.0	4, 5
25	·540						7.2		3.0	2.5
26	-610						7.0		2.7	0.9
27	.550						7.0		, m. 2	0.4
28	1./3						.7.1		2.2	0.0
29	.846	8.1	299		301		7.0		2.7	0.0
30	730	0.1	A77	5.4	354		7.2	3	2.0	3.0
31						-	1.0		2.0	0
الـــــــــــــــــا										

Q = 5 Ample Held begant Normal Holding time

Cont. R001

Permit Number: **Monitoring Period**

To: Sept. 30-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 70.4 %

	Nitrate as N	Nitrogen, Total as N	Phosphorus, Total as P								
Code	00620	00600	00665								
Mon. Site	EFF-6	EFF-6	EFF-6								
1											
2	0,024	7.63	2.38								
3	ļ	·									
4											
5	ļ								ļ		
7	ļ	ļ	ļ								
8							ļ				
9	 				 						
10	0.024	24.8	2.86								
11	 		ļ	 	ļ		ļ				
12	ļ	ļ	ļ								
13	ļ	ļ	ļ	ļ	<u> </u>			ļ		ļ	
14	-	 	 		 		ļ			ļ	
15	<u> </u>	<u> </u>	ļ		-	ļ	ļ	ļ		 	
16	}					ļ					
. 17	0.04	10.5	2.42		 	ļ	ļ			ļ	
18	- 			 	ļ	 				ļ	
19	- 		 	<u> </u>	 	 	 	 	ļ	}	
20	 		-	 	-	ļ.		ļ	ļ		ļ
21	-D	 	 	ļ	 	 	 	<u> </u>		 	ļl
22	-			 		ļ			ļ	ļ	
23				 	ļ			ļ		}	
24	0.02	28.2	3.79	ļ	 	ļ	ļ				
25			 	ļ		 	ļ	ļ	 		
. 26	 	 		 	 	 	ļ				
27		 	 	 			 	 			
28	-	 	 	 	 	-	 	 		 	
29		 	 	 	 	 	 	 	 	 	
30	-	100	1			 		 			
31	0.02 4	20.4	1.09	 		 			 	ļ	
L	<u> </u>		<u> </u>		1	1			<u></u>	<u></u>	<u></u>

R002 and R003

Permit Number: **Monitoring Period**

FL0029939 From: <u>Sept</u>

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 70.4 %

	Flow, (MG)	Flow, (MG)	Flow, (MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water Elevation (feet)	Percolation Pond Water Elevation (feet)			
Code	00056	00056	50050	50050	50050	00530	85327	85327			
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5			
ī	ND	NI	108		.108		5.0	4.6			
2			.570		1570	4.6	5.0	4.6			
3			.570		.570		4.9	4,6			
4			1/28		.128		4.8	4,5			
5			.461		.461		4.7	4.4			
6			.540		,540		4,6	4.3			
7			.12.1		.12.1		4.5	4.4			
8 .			./24		.124		4.6	4.7-	•		
9			,201		.201		4.5	11.2.			
01			.201		.201		4.4	4.1			
11			0		0		4.4	4.1			
12			402		402		4.3	4.0			
13		!	0		0		4.1	3.9		 	
14			0_		0_		4.0	3.8			
15			.429		.V29		4.5	3.8		 	
16			.156	1156		8.79					
17			.600	-100			4.6	3.9			
18			()		0		4.5	4.8			
19			1.3		1608		14,5				
20			.569		.569		14.3	<u> </u>			
21			,419		.419		(A) 12	47, 1			
22			.419		.419		4.2	L,4			
23			0		0		20	4.3			
24			.145		.145		6,5	2 77			
25			.111		.///		3.9	0, 7			
26			.106		.106		3,9	4.1			
27			106		.106		3.0	4.0			
28			0		0		21.0	ن ت			
29			0		0		2,0	3.9	1		
30	V	V				4.8	٧.٧.	3.9			
31											

Q Sample Held Beyond NORMAL Holding time

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

To: REPORT:

CLASS SIZE: FACILITY ID:

LIMIT:

Miner

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO .:

20552

15851 S.W. Farms Road LOCATION:

D001

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

Martin COUNTY:

Parameter		Quantity	or Leading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	ム/ひ					MG	0		
STOREL No. 00056 1 Mon Site No. EFF-1	Permin Measurement	Report (TotaleVionub)		mg						Continuous during any coverflow	Calculated L
TRC for dechlorination	Sample Measurement										
STORET No. 50060	Permit* Measurement	1.74-567		1.5	0.01 (Max.)			.mg/L+	11.4	Daily during any overflow:	Grab
pН	Sample Measurement										
STORET No. 00400 1 1 Mon Site No. EFF-1	Permit Measurement				6.0 (Min.): 5	8.5 8.5		S.U		Daily during	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 1 Mon Site No. EFF-1	Permit* *		是有是 。		5.0			mg/L		Daily during any overflow.	Grab
	Sample Measurement										
	Permit								1: 13 7: 33		H EELE
	Sample Measurement										
	Permit A			#.W					بر چر	注	5

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	TELEPHONE NO DATE (YY/MM/DD)
ASST. SUPT WINW	Den C Johnson I	772-597-3496 16-25-03

1

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: Indiantown Utilities MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

10-1-03 Final

To: REPORT: GROUP:

WAFR SITE NO .:

Domestic

20552

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939 5143P03291

Minor

DISCHARGE POINT NUMBER: D001 PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

LOCATION:

COUNTY: Martin

		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
Cyprinella leedsi	Sample Measurement	لألا	NA					90	0		
PARM Code IIAN 6H MonSite No 6H - G	Pemili Réquirement				LC 50 greaters drain 100%			elitients		annual	four-grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code IAN-IB IS Mon-Sife No ETF-I	Permio Regionemient				LG 50 grater chan 1062		22	effluent/		anoual	affour grab samples during a 24 hour day
1:	Sample Measurement										
	Permit							P EAR			表演
į i	Sample Measurement			in section in the second	Delbus C. Azares	Parent - Table		Address at Section	Second 754		er valendaria de la la la la la la la la la la la la la
	Permit Requirement Sample								海 色		24 000
	Measurement Permit								Direct Color	The same of the same of the same	Le suppose to the con-
	Requirement			7.5,25							
(1	Measurement Permit			Carrier San Carrier					A application		Disease and the second
	Requirementses. Sample								NES.		
) 1	Measurement Permission								· ·		

2

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

LIMIT: CLASS SIZE: FL0029939 10-1-03

Minor

FL0029939

5143P03291

To: REPORT: GROUP:

18-31-03 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

DISCHARGE POINT NUMBER:

D002 PLANT SIZE/TREATMENT TYPE: IIC

WAFR SITE NO.:

20552

NO DISCHARGE FROM SITE D

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	N					MG	0	·	
STORET, No. 0005-16 10 Mon-Site No. ERF-2	Permi 	RG50 (Install Agains)								eofilipione officially a coverior	Calculated a
TRC for dechlorination	Sample Measurement				And the second s				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
S)(OREEING 50060) MoreSite Noterre	Permilarités Méasmentenes				West of the second			mg/le		Daily during any	See Grab
рН	Sample Measurement										
STORE IND: 00400	Pamilian San Wiasifalian San				(Min)	S (Vin		#510 == 200 == 200 ==		Daily during any	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STOREUNO500300 21 MonSie No EFFE 2 80	Pennis ser ser ser ser ser ser ser ser ser se				(2/5)			mg/L		Daily during any overflow	Grab
	Sample Measurement										
	Remitted & Section of the Control of									经美数	
	Sample Measurement	Martan da Salan and Salan Landau (Martana)		62.35 A. J. J. J. J. S. S. S. S. S. S. S. S. S. S. S. S. S.							
	Permission and a second and a s										
	Sample Measurement		•	Wars transcription	Prince District						
	Measuranene										
	Sample Measurement			XI M Sarah		. 1					
	AND AND THE				14						

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NID	NΔ					90	0		
PARM Code TAN-6H 11 Mon Site No-EFF-2 2000	Permit - Requirement - Require				LC 50 greater than 100%			effluent		annual	föur grab samples durir a 24 hour de
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement							1			a 24 hour da
ARM/Code (TAN-3B Mon.Sre No. ERF-2	Regultement				Zerio grana. Zinga (100%)			effinents		annual)	s y four grab samples durir a 24 hour da
	Sample Measurement										a.zenour da
	Permit a service Requirement of										
	Sample Measurement Permit		len i a terr						e wecome		22.5
	Requirements & Sample										
	Measurement Permis Requirement										
	Sample Measurement										
	relegio (4) Region e incluidad Secondo										
	Sample Measurement					A					The state of the s
	Sample										7.5.25.3
	Measurement Permits										
	Sample Measurement				I				or ale		
	Pennit Requirements Sample										
	Measurement		The second second								
	<u> Etequirencine</u>										

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

Indiantown, FL 34956

PERMIT NUMBER:

LIMIT:

CLASS SIZE:

FACILITY ID:

GMS ID NO.:

FL0029939

MAILING ADDRESS:

P. O. BOX 397

MONITORING PERIOD From:

11-1-13 Final

FL0029939

5143P03291

Minor

To: REPORT: GROUP:

Domestic

FACILITY:

COUNTY:

Indiantown Company Wastewater Treatment Plant

LOCATION: 15851 S.W. Farms Road

Martin

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

D003

PLANT SIZE/TREATMENT TYPE: ΙΙÇ WAFR SITE NO.:

20552

NO DISCHARGE FROM SITE

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	ND					MG	0		
STORET No. 00056 1	Permus Measurements Apples of the	Report (Lond-Month)								Continuous during any overflow	Calculated Flow
pH	Sample Measurement							Control of the Contro			
STORET No. 00400 111	Permits 200				60 (Min)	(Matchyrical		S.U		Daily during any overdlow	grab grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060. Mon Site No. ERE-3	Permit Action Measurements				0.01 (Max)			mg/L		Daily during	Gnab.
Oxygen, Dissolved (DO)	Sample Measurement										
STOREU No. 005000 Mon Site No. EFE 36	ePennil [®] Y Measurement							al mg/L		Daily during any overflower	Graba
	Sample Measurement										
	avy transment						B igital [®]				
	Sample Measurement										
	Demonte de la Constitución de la										
	Sample Measurement		•								
	Michigan Securiorea										
	Sample Measurement					. 1					
	Medical Control										

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NJ	ND					9/0	0		
PARM Code TAN-6H I Mon.Sife.No. EFF-3	Permit Requirement = 20	2 - Z			LC 50 greater than T00%			effluent		annual	±four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement								7 70 300 Per Asse		•
PARM Code TAN 3B Mon Site No. EPF 3	Requirement				Les de grande - Julius Mezos			effluente		annual	four grab samples during a 24 hour day
	Sample Measurement						and an analysis of the second		The Property of Bend		
	Permin Requirements Sample										
	Measurement Permit Requirement										
	Requirement Sample Measurement										
	Permit Requirements										
	Sample Measurement								A COMPLIANCE (15		
	Requirement Sample										
	Measurement - Permit S										
	Requirements Sample Measurement										
	Pragnic Prophismans										
	Sample Measurement			The state of the state of		N. Course of the state of the state of	The country of the control of		an ang ang ang ang	Torritory of the State of the S	
	Requirements Sample										
	Measurement Remules										
	-िक्काम्बर्गानाः न									日本以外的	

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 17.1-63

To: REPORT:

16-3-63 Monthly

LIMIT: CLASS SIZE:

Final Minor

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road LOCATION:

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO.:

20552

DISCHARGE POINT NUMBER: R001 PLANT SIZE/TREATMENT TYPE: IIC

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	- 308						mes	0		
STORET No. 500507 Y Mon Site No. EFF-6.	Pennits Measurement									Continuous with 6	Flow Meters with Totalizer
Flow	Sample Measurement		.627					MGD	0		
STOREI No. 50050 1 Mon Site No. EFF-6.	Permit Same Méasurement de		Report (Mo Avg)							Continuous with 6	
CBODS	Sample Measurement				7.0		i	mg/L	0		
STORET:No. 80082 T	Permit:				2000 Ani Avgo			emg/L		Weekly	8-hour-EPC
CBOD5	Sample Measurement				12.6		17	m9/2	Ò	·	
THE PERSON AND THE PE	avenuit				25 0 m (Mo [®] Avg.)	Week Avg)	(Max)	E-mg/L		Weekly	8-hour FPC
TSS	Sample Measurement				6.8			mg/L	ð		
STORET No. 00530 ST Y Mon.Site No. EFF-6	Permits				An Avg			mg/L		Weekly	8-hour PPC
TSS	Sample Measurement				9.3		12	m9/2	٥		
STOREL No. 00530 Mon Site No. ERR. 6	Permit Weasurementee				0)(0 (V/G-AVg-)+5	245.0/report 37.0Weel 44/99/#	60.0 (Max)			Weekly	8-hour FPC
pН	Sample Measurement				6.5	7.6		24			
SONORSIC NOT THE CONTRACT OF T	Pamijese se s Vatsviencija				6.0) (Min)	Serion (Mixe)				6 Days/week	Grab#
	Sample Measurement									•	
	A STEELS WITH COLUMN										

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	llity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.65			mail	0		
STORET No. 00620 1 Mon Site No. EFF-6	Remit Measurement		9.4 July 20	4.47				mg/L		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				30		Participation of the Participa	mall	U	MONTH AND THE WAR	
STOREL'No.00600 1 Mon'Site No. EFF 6	Permit S				Report e	Report		mg/Lar		weekly w	8-hour FPC
Phosphorus, Total as P	Sample Measurement			STATE OF THE STATE	4.13	(AVg.)		mell	And Hard		
STORET No 00665 1 1 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	Permit 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4				. Selengi e dir.	Control of the second s		Surger,		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement				8.7			#/100ML	0	AMULTARY ST	
STORET No. 4055 X Montsite No. ERF-6	Gegni Vensmenten				ZATE ACTOR			#/400ml2		S SAY/GORD	Grab
Fecal Coliform Bacteria	Sample Measurement				1.3			#/10am	0		
STORES (NO PAUSE) - AL A MONAS (CARACTER) - AL	Amir Masmentin	u.s.v.			A(Gana -(VI), CCO -(VET)	700 (@]W		7.500mieS		AVGBBF STA	es e Grab
TRC for disinfection	Sample Measurement				: 1,3	Proposed State of the contract		m9/L	0		
Saveritaria Sp. Shingto MontSpanica Sparagage	Medition of									6 Days/week	Graberges.
	Sample Measurement										
	Permit a series de la constante de la constant										
	Sample Measurement										Bergare or Sheet of Control of State Section 1997
	Vestinenen								8504		
	Sample Measurement										
	Permits Ne sulement										
	Sample Measurement	2000				·					
	Meniote Section 1	The second secon									

8

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

PLANT SIZE/TREATMENT TYPE: IIC

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown. FL 34956

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

101.03 Final Minor

FL0029939

To: REPORT: GROUP:

13.8 ---Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .: DISCHARGE POINT NUMBER:

CLASS SIZE:

FL0029939 5143P03291 R002, R003

WAFR SITE NO.: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	44,	ND					ma	· EX.		
STORET No. 00056. 1 Mon Site No. EFF 4	Permit	Report ** (Foul Month)	Report at 10 (Mac Daily 10)	ne y						Continuous during any overflow	Calculated Telowips
Flow	Sample Measurement	112	NO.					711 S	0	overflow?	
STORET No. 00056. P MonSite No. ETF-5.	Parmile Visisifoniali	Rapon Gulahi Vonina	#(Glore) #(Vive in hit) * Jiffetty)	- Au)					A.	Continuous during any	Calculated Flow
Flow	Sample Measurement		, 363					MGD	0	overflow	
STORETING 50050 0) MonSiteNo: ETE	Camile Sylandilement		890 E 800 E 800 E							Gontinuous withwas readings/weeks	Recording
Flow	Sample Measurement	.173						Max	0		mand totalizer
STORET No. 50050 - 3. Mon Site No. EFF 8	Permits in a Weasurement	0.107 An Aye (*)								Continuous with	Calculated
Flow	Sample Measurement	See the Commission and Commission an	.268					MBD	0		
STORETING 50050 R MODISIE NO EHIER	Parmite Size		Report (Mo-Avga)	amgo.	10			量持續		Continuous with 6.readings/week	Calculated:
STORETING 5005024 - STORETING 5005024	Measurement Bermites	5 /65		San Landon	(CATES TO THE CO. IN CONTRACT TO SHAPE			MID	Ô		
Mon Site No. ERF-9	Measurement.	Tanava.							蜃	Continuous with: 6 readings/week	- Elow Flow
	Sample Measurement		0269	a 1861.		<u> </u>		mgo	0		
SUOREMAGE SOURCE Marchine Property	Permit Services		Work Sale							Continuous with:	Galoulated
TSS	Sample Measurement				6.7	. 1		M9/L	0	,	
SHORE AGEOUS III	Measirement &				(Ve 370)					Weekly	8-hour FPC

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 10-1-03 Final

To: REPORT:

10-31-03 Monthly

CLASS SIZE:

LIMIT:

Minor

GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO .: GMS TEST SITE NO.: 20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: Influent Monitoring Point

COUNTY:

Martin

Parameter		Quantity or Loading		Units	Qu	Quality or Concentration			No. Ex.	Frequency of Analysis	Sample Typ
CBOD5	Sample Measurement	242						mg/L	O		
SS	Sample Measurement	175						mg/L	0		
	Sample Measurement										
	Sample Measurement				,						
						<u></u>				···	
	Sample Measurement				·						
	Sample Measurement									li .	
	Sample Measurement										
	Sample Measurement				ì						

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

D001

Permit Number:
Monitoring Period
10*

FL0029939 From: <u>/0-/-03</u>

To: 10-31-03

Discharge y/n)

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-1	EFF-I	EFF-1	EFF-1	EFF-1	EFF-1	EFF-I				
ì	NID						4.9				,
2					<u> </u>		4.7				
3							4.6				
4			İ				4,5				
5					l		4,3				
6							4.2				
7				ļ			4.1				
8		<u> </u>	<u> </u>	<u> </u>			3.8				
9	·	<u> </u>									
10			<u> </u>		<u> </u>		4.2				ļ
11		<u> </u>			<u> </u>		4.5				
12				<u> </u>			4.5				<u> </u>
13							4.1/2				ļ
14		<u> </u>	<u> </u>				4.3				<u> </u>
15			ļ		-		3.9				<u> </u>
16			<u> </u>				3,9				
17			ļ				3,7	<u> </u>			<u> </u>
18		ļ	ļ				3.9				
19		<u> </u>	ļ		<u> </u>		4.1				
20			<u> </u>	<u></u>			4.4				
21		<u> </u>	<u> </u>	ļ	ļ		14.7		ļ		ļ
22		 	<u> </u>	<u> </u>			4.5				
24	1		ļ				4,3				
25		<u> </u>	<u> </u>	 			4.1		<u> </u>	ļ	<u> </u>
1	1	<u> </u>	 	ļ	-		4,3			ļ	ļ
26			ļ	ļ		ļ	3.7				
27	1			ļ			3.6				
28		ļ					3.6				
29	1						3.7				
30				ļ			3.8				
31							4.0				

Class: B	Certificate No:	363V	Name:	DON & JOHNSON 17
Class: B	Certificate No:	L7Y7	Name:	James G. Hewitt
Class:	Certificate No:	9439	Name:	Cinic Watran
Class:	Certificate No:		Name:	
claimed Water	Reuse:	FVAP Per	20 FAM	La / IRRIANTION
e Activated: Yo	es: No: Not Applicable:	If yes, cumulative	days of wet	weather
	Class: B Class: Class: claimed Water	Class: Certificate No: Certificate No: Class: Certificate No:	Class: B Certificate No: 6747 Class: Certificate No: 9439 Class: Certificate No: 747 Class: Certificate No: 747 Class: Certificate No: 747 Class: Certificate No: 747 Contained Water Reuse: 748 Contained Water Reuse: 748 Certificate No: 747 Contained Water Reuse: 748 Conta	Class: B Certificate No: 6747 Name: Class: Certificate No: 9439 Name: Class: Certificate No: Name: Class: Certificate No: Name: Class: Certificate No: Name:

^{*}Attach additional sheets if necessary to list all certified operators.

Permit Number: Monitoring Period

FL0029939 From: __/0-/_03 To: _/0-3/-03

Discharge y(n)

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2		ļ	<u> </u>	
1	NLD						5.2				
2							5.1				
3							5.1				
4							5.1 5.1 5.0				
5		<u> </u>					5.0				
6			ļ				5.1				
7		ļ					5.1 5.1 5.1				
8		ļ	<u> </u>				5.1				
9	<u> </u>	<u> </u>					5.1				
10		ļ	ļ				5.1				
11		 	<u> </u>	<u> </u>			5.2-				
12		<u> </u>	<u> </u>	<u> </u>			5.2		<u> </u>		
13		ļ	ļ	ļ			5.2				
15			<u> </u>	L			5,2 5.2				
16	 		ļ	ļ					<u> </u>		-
17	<u></u>	<u> </u>		ļ			5.2				
18		 		ļ			5.2				
19		 	 	 			5.2.				
20		 	 	 			5.7-			<u> </u>	ļ
21		 	 				5.2			<u> </u>	
22		 	 	 			5.7				
23		<u> </u>	<u> </u>	 			5.2				
24		-	ļ	 -	ļ		5,2				
. 25		 	<u> </u>	<u> </u>			5.72				
26		 	ļ	<u> </u>			5.2				
27	 	 					5.1				
28		 		L			5.0				
29			ļ				5.0	·····			
30	 	 		ļ			5.1				
31	-						5.1	·····			
	L		<u></u>	<u></u>			5.1				-

Version 3/23/99

12

D003

Permit Number: Monitoring Period

FL0029939 From: /0-/.03 To: /0-3/- 03

Discharge ykn

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327	······································			
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3				
ı	ND						5.1				
2							5.1				
3							4.7				
4							4.4				
5							4.3				
6							4,0				
7							4,0 3.7				
8							3.6				
9			 				3.4				
10							3,3			1	
11				<u> </u>			3.4 3.3 2.8				
12							3,9		 		
13							4.7		1		1 .
. 14							5.0				1
15							4.8				
16							4,4			1	
17							4,0		1		1
18				<u> </u>			3, 2		†		
19				ļ —————			3.1 3.8				
20							3.72		<u> </u>	_	
21							2.3		<u> </u>	 	
22							3.9			 	
23							473		<u> </u>	- 	1
24							4.4		 	 	
25			1				4.7				
26							4,4		<u> </u>	-	
27							4.1				
28				ļ			4.0			 	<u> </u>
29	1			 					<u> </u>		
30	 						3.9		}	 	
31	₹Ø	 									<u> </u>
	L	L	<u></u>	<u></u>	<u> </u>		3.3		<u> </u>		

R001

Permit Number: Monitoring Period

FL0029939

From: 18-/-03

To: 10-31-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: 72

,	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	n/a
Mon. Site	EFF-6	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-1
1	.700						7.0		2.2.	0.1
2	.630					*	7,0		2.0	0
3	,640						7.0		2.2	0
4	.640						7.0		2.0	0
5	.660						7.0		1.8	0
6	.610						7.6		2.2	0
7	.57.0						6.9		2.1	0
8	,550	9.5	222	5.8	212		7.3	2	2.2.	0
9	.550						6.5		2.2	0
10	,530	*					7.0		2.0	J
11	,590						1.8		2.0	.7.
12	.580						6.8		.0.1	ن
13	500						6.8		1.2	Ú
14	.51.0	14	218	11	134		7.4	•5	2,2	1
15	.582						7.3		2.2	(1)
16	.57.0						7.3		2,.1	O
17	1600						. 7.1		2.2	,,
18	.6.00						7.0		2.2.	1'-
19	560			1		1	7.1		2.1	,51
20	,587						7.3		3. Z	1.2
21	1600	7.3	245	8.2.	182		7.3	+5	1.7.	Λ
22	1670						7.3		1.3	``
23	1.03						7.3		1.3	<i>(*</i>)
24	1.08						7.0		1.0	.)
25	1.3						7.0		2.2	()
26	1540						7.0		2.2.	7)
27	1510						.7.3		2.2.	·,,1
28	410	17	284	12	175		7.3	2.	2.2	.2
29	.580						7.2		2.1	0
30	.540						7.3		2.2	Ö
31	.500						7.3		2.0	0

Cont. R001

Permit Number:
Monitoring Period

FL0029939 From: __/0./. 03

To: 10-31.03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

S			ы,	·			 				:.!
j	Nitrate as N	Nitrogen, Total as N	Phosphorus, Total as P			}					
<u>.</u>		ns IV	TOTAL AS P			}					
į			1			}					
Code	00620	00600	00665			ļ ———					
Mon. Site	EFF-6	EFF-6	EFF-6		ļ		 		 		ļ
L		2						<u> </u>		<u> </u>	
1											
2							ļ ————				
3	 				 	 	 	ļ	 	 	
4	 	 	ļ		ļ			 			<u> </u>
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5											
6		ļ			 		 				
7			 					ļ	 -		
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8	0.02	26.2	337			1					
9						1			<u> </u>	 	
10	 -	 			 	ļ	 		 	 	
- 11 - 1	<u> </u>						<u></u>	<u> </u>			
11		ļ -	1		}			ļ			
12											<u> </u>
13						 	 		· · · · · · · · · · · · · · · · · · ·		
14	 					 	ļ		ļ		<u> </u>
	0.024	26.4	2.98								
15]		ļ						
16											
17					 	 	 	 	 	ļ	
18	ļ		<u> </u>			 			<u> </u>		
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19	1										
20					 	 				 	
21											
n i	0.05	25.3	2.82								
22											
23											
24	 -					 					
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27	ļ					ļ	ļ 				
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28	0.03	30.0	4.13								
29											
30						 					
31											
10											
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U= Parameter War analyzed But Not detected

R002 and R003

Per	mit	Nu	mbe	r:	
- 4-			_		

FL0029939

Monitoring Period From: 18-1-03

To: 10-3/-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

	Flow (MG)	Flow, (MG)	Flow,	T F1	I FI	Top (a)			 		
	riow, (MO)	riow, (MO)	(MGD)	Flow, (MGD)	Flow, (MGD)	TSS (mg/l)	Percolation Pond Water	Percolation Pond Water			
			(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	()	()		Elevation	Elevation			
i							(feet)	(feet)	ĺ	İ	
Code	00056	00056	50050	50050	50050	00530	84222		 <u> </u>		
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	85327	85327	 ļ		
			<u> </u>	LI1-0	Err-9	Brr-7	EFF-4	EFF-5			
1 2	ND	N/0	.233		233		4.2	3.9			
3			.552		552		4.1	3.9			
<u> </u>			.504	.400	104		4.6	3.9			
4			.525		525		4.5	3.8			
5			.520		,520		4.7	3.8			
6			.530		530		4.7	3.7		 	
7			.505		.505		4.3	3.6	 		
8			.400	.400	٥	6	4.2	3.6			
9			0				4.1	4.7		1	
10			0				4.1	4.1		 	
11			0				3.9	3.9	 		
12			0			``	3.8	3.4			
13			.320	170	.150		3.8	3.9	<u> </u>	 	
14			,350	.142	2:02	11	3.8	4.7.	 	 	
15			·394		.394		3.7	4.3		 	
16			,380		380		3.9	<i>4</i> , 3:	 	 	
17			0				4.1	4.2	 		
18	-		D				4.0	4.1		-	
19			0				3.9	4.0		 	
20			.244	126	.//8		3.9	3.1	 	 	
21			.3/4	,290	,024	6.8	4.1	4.0	 	 	
22			1399		0025	P	4,5	3.7	 	 	
23			.430	.238	192		14.5	4.3	 	 	
24			.318		318		4.5	4.1			
25			,151	,	.151		4.3		 		
26			0		1/01		4.2.	4.5			
27			0					4.4	 	 	
28			•116		711	12	4.1		 		
29		1	1116		.116	0-	4,1	4.4	 		
30		- j	1283		, 283		4.0	4,3			
31	V		417		. 4/7		3.9	4.2	 	ļ	
	V/	4	4//	,,,,,,,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,	V 4//		2.7	4.1	 		

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS:

P. O. BOX 397 Indiantown, FL 34956 PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

11.1.2

To: REPORT:

CLASS SIZE:

LIMIT:

Final Miner

GROUP:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO.:

20552

LOCATION:

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

D001

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Leading	Units	Qua	lity or Concentra	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	IND	لاس ک					MG	O		
STORET No. 00056, Fellows Mon Site No. EFF-T	Permit Measurement	Report (Hotaldylonth)								Continuous during any overflow	Calculated Flow
TRC for dechlorination	Sample Measurement							,			
STORET No. 50060	Permit and Measurements	1475.113			-0.01 (Max)			e mg/L≠		Daily during any overflow	Grab -
pН	Sample Measurement										
STORET No. 00400 1	Permit Measurement	海湾,			6.03 (Min.)	85 Max (** .S.U ?*		Daily during	Grab.
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 13	Permit Measurement				5.0 (Min.)			:ing/L		Daily during any overflow.	Grab
	Sample Measurement										
	Permit Andrews				起意識						
	Sample Measurement										
					建 等包含						

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	TELEPHONE NO	DATE (YY/MM/DD)
ASST SUT W/WW	Don Clohnson I	772-597-3496	12-29-03

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From: LIMIT:

//-/- b3 Final Minor

To: REPORT: GROUP:

WAFR SITE NO.:

Toxicity

Domestic

20552

FACILITY:

Indiantown Company Wastewater Treatment Plant

LOCATION: 1

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

CLASS SIZE:

FL0029939 5143P03291

D001

DISCHARGE POINT NUMBER: D00
PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY Martin

Parameter		Quantity	or Loading	ding Units Quality or Concentration						Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	ND	ND					0/3	Ex.		
PARM Code TAN-6H Mon Sine No. 6FF-17	Permit es a Requirement				LC 50 greater of than 100%		2461	% efficent		annual -	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement				0				46.0		a. 24 nour day
PARM Code JAN 3B Mon Site No. EFF 1	Permit: Requirement				LC 50 greater.			% reffluent		annual.	⇒∷four grab -samples during
Physical magnification construction of agency at the content of the content of the construction of the construction of the content of the con	Sample Measurement				,						** a 24 hour day
	Requirement				S FREE S						
	Sample Measurement									The complete of the complete o	m mai tura para 1966 di Santonia Africantina di Profesiona di Santonia, possi dalla
	Permit = Pro-				经验	医海绵					
Comparation of the comparation o	Sample Measurement									and the second s	
	Permit Requirement 4	425									
	Sample Measurement										
	(Permit 4 % - Requirement)								A773		
7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Sample Measurement		·							Services Services	www.morgania.gov
	Parist Recommendate										

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397 Indiantown, FL 34956 PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939

Minor

11-1-03 Final

To: REPORT: GROUP:

11-33-03 Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

FL0029939

WAFR SITE NO.:

20552

LOCATION:

15851 S.W. Farms Road

5143P03291 D002

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Quality or Concentration				No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	MD					MG	0		
STORET.No.0005+6 4 4 MontSite No. EFF-2	Permit Measurement Measurement	Report (Total Month)		mig a						Continuous during any overflow	Calculated Flow.
TRC for dechlorination	Sample Measurement			3.30							
	ePermitac			調響	0.01 (Max.)		第三年	mg/L		Daily during any overflow	
рН	Sample Measurement										
STORETNO 00400 1 Mon Site No EFF-2	Permit de la la la la la la la la la la la la la				MIN MARKET	(Make)		. =S:U±		Daily during any coverflow	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 Par - P. Mon Site No. EFF-2	Permit:				5:04% st (Min)		語言語	ng/L±		Daily during any overflow	Grab
	Sample Measurement										
	Permit A							和想			建
	Sample Measurement										
	Permit Measurement										
	Sample Measurement										
	Permitto de la Companya de la Compan							医多类	Ž.		KE LE
	Sample Measurement										
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COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here):

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND	NA					%	0		
PARM Code IAN-6H I I Mon. Site No. EFF-2	Permit Requirement				LC 50 greater than 100%			effluent		- annual	lour grab samples during a 24 hour day
96-hr Acute Static Renewal-	Sample						A CONTRACTOR OF THE PROPERTY O				- az-nour-cay
Ceriodaphnia Dubia PARM Code TAN-3B	Measurement Permit	Acida and Carl			ASSONOMENTERS		Admir of the second state of	* * % * *	A PROPERTY SHOP		in the second second
Mon Site No. EFF-2	Requirement				IsC 50 greaters than 100% rus			effluent)	12.6	annual (four grab a samples during a 24 hour day
	Sample Measurement									and the second second second second second	
	Requirement of Sample	7. 4 8. 35. 64						在多数	3,83		
z kiron. U Majdin, 18 lagis ^{kolo} vez han, 1821 kirik 1824 (1844 (1874 (1884	Measurement										
	Pennit - Requirement						NE TELEP			新聞	ata i
	Sample Measurement										
	Requirement		378								
	Sample Measurement			1	;						
	rteamile Prequirements							Sept.			
	Sample Measurement										
	Primits Commented										Fig. 1
	Sample Measurement										
	Primite State of Resputements										
	Sample Measurement										
	erion Respunsion										
CMV Spranger	Sample Measurement					•					
	Permi Avenue						经			200 2	Contraction Con-

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From: 11-61-03 Final

To: REPORT:

LIMIT: CLASS SIZE:

Minor

GROUP:

Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO .:

20552

15851 S.W. Farms Road Indiantown, FL 34956

DISCHARGE POINT NUMBER:

D003

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	ND	~//					mG	0		
STORET No. 00056 1	Permite Measurement	Report (Total Month)		mg			Partial and the			Continuous during any overflow	- Calculated Flow
pH	Sample Measurement										
STORET No. 00400 15 15 Mon.Site No. EFF-3	Permit Measurement				6.0 s (Min.)	8:5 (Max!):		* S.U.		Daily during	grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060 1 No. ERF-3	Permit				(Max)			_mg/L_i=		Daily during any overflow	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 003000 Mon. Site No. EFF-30					OMIN) E	能用某种		j _e mg/L−		Daily during.	Grab:
	Sample Measurement										
	Permits & Measurement &					美國智能					
	Sample Measurement										
	Pennita Measurements		A Table								
	Sample Measurement										
	4		医基础		医细胞					国产 (国际	
	Sample Measurement				·	. !					
	Permiter Assets Measurement				建筑建筑			ere i			

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concent	ration	Units	No.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	ND	NB					9/0	0		
PARM Code TAN-6H 1 Mon Site No. EFF-3	Permit Requirement				LC 50 greater - than 100%			effluent		annual	- € four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia PARM Gode TAN 3B	Sample Measurement			2.35							
MonSite No. EPF	Requirements a				LCSO greaters than 10025			efficent		annual:	four grab samples during a 24-hour day
	Sample Measurement									A STATE OF THE PARTY OF THE PAR	
	Requirement Sample										#9###
	Measurement Permit								Line and Time		
	Requirement Sample							1-871			
	Measurement Permit Requiremente										
	Sample Measurement				in the second of the second	Links The Control					
	Permit Requirements		Last &								
	Sample Measurement										
	Permits Requirements Sample										
	Measurement Pennit							months were truly	of the same of the	District on Consequence Spins	
	Requirement Sample	- F									
	Measurement Dermits		10 A11 Car	E SOUCE							
	Sample Measurement										
	Planot, sa sa Regulación									在决 基本	

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From: 11-01-03

LIMIT: CLASS SIZE: Final Minor REPORT: GROUP:

To:

11-30-03 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

FL0029939

5143P03291

R001

WAFR SITE NO .: 20552

COUNTY

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ration	Units	No.	Frequency of	Sample Type
	Measurement	.296						MED	0		
STORET No. 50050 Y Mon Site No. EFF-6	Permits Measurements are	0.4 se E(AnLAVE)	建學系	mgd						Continuous with 62	
Flow	Sample Measurement		.552					Mal	5		
STORET No. 50050 2. 1. 4	Permit sogne Measurement		Reports (Mo Avg)	e mgd						Continuous with 6-	Flow Meters- with Totalizer
CBOD5	Sample Measurement				8.0			mall	0		
STORET No. 80082 Y SAME NO. EFF-6	Permit 444444				20:0 (An'Avg!) &			mg/L:		Weekly	= '8-hour.FPC
CBOD5	Sample Measurement				13		14	1119/1	0	A CONTRACTOR OF THE CONTRACTOR	
STORET No. 80082 1 Mon Site No. EFF-6	Permit A 4 7 Measurement					40:0/report		t-mg/L	diameter.	Weekly	8-hour FPC
TSS	Sample Measurement				9.0			me/	0		
STORET No. 00530 S Y Mon.Site No. EFF-6	Permit: Measurement				20:0° (An Avg.)	医 建氯		mg/L	2 15	Weekly	8-hour FPC
TSS	Sample Measurement				33	And the second s	106	11:9	0	TO AND LOCATION OF THE PARTY OF STREET OF STREET	The state of the s
STORET No. 00530 - 1 Mon Site No. ERF-6	Permit: Measurement					45 0/reports w	60.0	mg/L		Weekly	8-hour FPC
pH	Sample Measurement	A STATE OF THE STA		Security Control of Control	7.0	7.5	DE SOUTHER TO SEE STATE OF THE SECOND	5.4.	0	di visita La recoltata tan san di di dan mandistra di man	togist afternoon for a second
STORET No. 00400 Mon Sicino EFF 6	Permits Websyrements				(Min.)	# 8.5 Mark		S.U.	地进	6 Days/week	Grab/*
	Sample Measurement			1000	75000		Carolin Carolin San Carolin Ca	in when the state of the same	impatenti god		ALL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL STEEL
	Pamilatoria.										

7

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				0.04			mali	0		
STORET No. 00620 1 Mon Site No. EFF-6	Rermit Measurement				. 12.0, a (Max.)	estimates a		mg/L		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				31.2	28.6		maic	0	Parket and Control of the Control of	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
STORET No. 00600 1 Mon Site No. EFF-6	Permit Measurement				Report (Max)	Report (Avg.)		mg/L		Weekly	8-hour FPC
Phosphorus, Total as P	Sample Measurement				3.76	3.6	2 2 2	mg/L	0	THE STATE OF THE S	Secretary of Lands of the
STORET No. 00665 1 Mon.Site No. EFF-6	Permit As Measurement				Report NAX	Avea Reports		mg/Lin		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement				11.1			#100ml	0	And the second s	
STORET No. 74055 Mon Site No. ERF-6	Permila Measurement				200 View			#/100mL		Weekly-	Grab
Fecal Coliform Bacteria	Sample Measurement				29	49		tt loome	0		450
STOREL NO.74055 / Al- MonSie No. EET-07	(Account of the Account			(Kepare (MB cos)			7/4100mls		S S Weekly's	Grab	
TRC for disinfection	Sample Measurement				: 1.0	ools are not a second of the manager of the second of the		7119/6	0		
STOREU NO S00600 - 45 Mon Site No EFF-6	Pennits Services				Minne			mg/L		6 Days/week	Grab
	Sample Measurement					and the second second second second			in success		
	Permit was a series of the ser							第 一章	20 (1) 20 (1)		45,60
	Sample Measurement										
	Picinitic a gracing and a second seco										
	Sample Measurement										
	Permit a section of the Measurement as										
	Sample Measurement						No.		4pt 14p	The second secon	And the second s
	Pariote A										

8

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS: P.

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: IIC

FL0029939 //-/-03 Final

To:

11-30.03

ilutantown, I L 34530

LIMIT: CLASS SIZE:

Minor

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO.: FL0029939 5143P03291 R002, R003 WAFR SITE NO.: GMS TEST SITE NO.: 20552

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	WD	N/D					21.2	0		
STORET No. 00056 1. Mon Site No. EFF-4	Permit Measurement V	Report	Report (Vax-Daily (Flow)	mg Maga						Continuous during any coverflow	Calculated Flow:
Flow	Sample Measurement	とは	NID					17 2	0	A Control of the Cont	
STORET No. 00056 P. Mon Site No. EFF-58	Dermit Measurement	Report (a or (Vonita)	Reput de la company de la comp							Continuous during any	Calculated Flow
Flow	Sample Measurement		.351					12°G)	0		
STORET No. 50050 Q Mon Site No. EFF-7	Wernit Veasur-ment		RGIOTA S(NO-AVE)							Continuous with 6 readings/week	Recording:
Flow	Sample Measurement	. 198						MSD	5		
STORET No. 50050 •• Y • Mon:Site No. EEF-89-	Permit access (2) Measurement	0 107 An Avg		mgd				274		Continuous with	Calculated
Flow	Sample Measurement		- 304					11 -D	٥	10 (10 (10 (10 (10 (10 (10 (10 (10 (10 (
STORETING 50050 R MonSile No. EHF-8	Permit Measurements		Reporting 4 MorAvg)	emgde						Continuous with	Calculated - ازم Flow
Flow	Sample Measurement	•189						MGD	0		1 0000
STORELNO 5005003 S Mon Site No. EFF-9	Permit 22	O TABLES STAN AVE 3		i mgdz).						Continuous with:	Calculated:
Flow	Sample Measurement		•a97	7,000	37.00	A CONTRACT OF THE SECOND STATE OF THE SECOND S	and a recommendation of the second second second second second second second second second second second second	MGB	0	and the second s	COLUMN STREET TEACHER STREET
STORET NO SOOSO TO MORESTERS OF THE STORE OF	Comit Mensurement ()		Report (Mo-Avg)						1	Continuous with:	Calculated
TSS	Sample Measurement				33			mall	0	2000	
STORELNO 00530 1 1 MonSin No EBBOOK	Pennik se sa s Measurement 2				(Mo Aya)			wamp/Law		Weekly 4	8-hour FPC

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

11-01.00 Final

To: REPORT: GROUP:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

GMS ID NO .:

LIMIT:

CLASS SIZE:

FACILITY ID:

FL0029939 5143P03291

Minor

WAFR SITE NO .:

20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: 11C

MONITORING PERIOD From:

Influent Monitoring Point

GMS TEST SITE NO .:

COUNTY:

Martin

Parameter			y or Loading	Units	Q	uality or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample T
CBODS	Sample Measurement	263						M9/L	0		
	,	,									
TSS	Sample Measurement	242						mg/L	0		
									<u>-</u>		
	Sample Measurement										
	Sample Measurement										
	•										
	Sample Measurement										
	Sample Mensurement										
	-										•
	Sample Measurement										
, ,											
	Sample Measurement			•		, ,	•				*
	Sample Measurement		·	·		,	•				*

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

D001

Permit Number:
Monitoring Period

FL0029939

From: 1/20/203

To: 11-30-03

Discharge y/n

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)		
Code	00056	00400	00400	74055	50060	50060	85327		
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-I	EFF-1	EFF-1	EFF-1		
1	NA						3.8		
2							3.7		
3							3.7 3.6		
4							3.4		
5							3.2.		
6							3.2		
7			<u> </u>	<u> </u>	<u> </u>		3.0		
В]	<u> </u>	<u> </u>		2.8		
9		<u> </u>					3.6		
10							4.2		
11		<u> </u>					4.3		
12		<u> </u>			<u> </u>		4.4		
13		ļ	ļ	<u> </u>			4.2		
14 15		ļ	ļ		<u> </u>		3.9		
1	<u> </u>	<u> </u>	ļ		<u> </u>		3.7		
16	!	<u> </u>			<u> </u>		3.6		
17			ļ		<u> </u>		3.4		
18					<u> </u>		3.0		
19				<u> </u>			3.0		
20		<u> </u>	<u> </u>	<u> </u>	<u> </u>		22.9		1
21		ļ	<u> </u>		<u> </u>		3.3		
22	<u> </u>	<u> </u>	ļ				3.4		
24	1	ļ	<u> </u>	<u> </u>			4.1		
25			 				4.2		
26	ļ		ļ				4.0		
27							9.0		
n n	ļ						3.1		
28							3.7		
29							4.1		
30							4.1		
31	W								

PLANT STAFFING:						
Day Shift Operator	Class:	B	Certificate No:	3630	Name:	D. 1 1 1 1 1 1 1 1 -
Evening Shift Operator	Class:	7	Certificate No:	1717	Name:	DON C JONISON J.
Night Shift Operator	Class:	B	Certificate No:	9479	Name:	FAMICS G. HEW, TI
Lead Operator	Class:		Certificate No:		Name:	LICITE WHY 300
Type of Effluent Disposal or Re	claimed '	Water Reuse:	-	F Va v	IPORCT	POWDS / IRRIGHT W
Limited Wet Weather Discharg	e Activate	ed: Yes: No	: (Not Applicable;)	If yes, cumulative	days of wet a	

^{*}Attach additional sheets if necessary to list all certified operators.

D002

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
Code	00056	00400	00400	74055	50060	50060	85327				
Mon. Site	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2				
1	PLD						5.1		 		
2							5.1		-		
3							5.1 5.1 5.0		- 		
4							4.9				
5							4.9 4.8 4.8 4.7				
6							4.8				
7							4.7				<u> </u>
8							4,6				
10							5.0				
11							3.1				
12		ļ									
13							5.1 5.1 5.1 5.1 5.0				
14							5.1				
15							5.1				
16							\$5.1				
17	-						5.0				
18							4.8		1		
19							4.2				
20							4.4				
21							4.6				
22							4.5				+
23							5.1				
24							5.1				-
25							4.5 5.1 5.1				
26	-						5.1				
27							5.1 5.1				
28							5.1				
29							5.1				
Ħ							5.1				
30	_						5.1			 	
31	\/										

D003

Permit Number: Monitoring Period

FL0029939 From: _//-/-03 To: _//-30-03

Discharge yn

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorination) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327	 	 	
Mon. Site	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3			
1	ND						3.5	 		
2							3.7			
3							4.0			
4							4.2		 	
5							4.4		 	
6							4.6		 	
7										
8							4.4		 	
9							3.9		 	
10							3.8	ļ		ļ
11							3.8		 	
12							3.5		 	ļ
13							3.4		 	
. 14							3.2.			
15							3.2		 	
16							3,0		 	
17							2.8			
18	1						2.6			
19							3.2			
20							4.2			
21							4.3			
22							4.0			
23							3.8			
24							4.0 3.8 3.4			
25							3.4			
26							3.3			
27							3.3 3.1			
28							3-0		 	
29							2.9		 	
8 K							2.7		 	
30							3.6		 	
31	V								 	

R001

Permit Number: Monitoring Period

FL0029939 From: //. /. 03

To: 1/- 30-03

Three-month Average Daily Flow: 6/9/3 (TMADF/Permitted Capacity)x100:

	Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)	pH (Max)	рН (Min) 5. 4. 7. о	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	Rainfall (inches)
Code	50050	80082	80082	00530	00530	00400	00400	74055	50060	n/a
Mon. Site	EFF-6	EFF-6	INF-1	EFF-6	INF-1	EFF-6	EFF-6	EFF-6	EFF-6	OTH-1
1	. 600						7.0		2.1	0.1
2	1570						7./		8.2.	1.1
3	.570						7.3		1.0	0.1
4	.570	10	219	9.6	121		7.2.	3_	1.0	0.3
5	.580						7.1		1.7	0.4
6	.590						7.5		2.7.	0.1
7	.580						7.3		1.5	0.0
8	.580						7.0		2.0	0.0
9	.620						7.3		1.8	0.7
10	. 540						7,2		2.7.	0.1
11	.570						7.1		12.0	0.1
12	,550	17	301	10	376		7.4	35	(),	0.0
13	,560						7.3		1	0.0
14	.530						7.4		1, "	00
15	.620						7.4		'	0.0
16	.550						-1, V		i.	0.0
17	.520						.7.2		1.7	0.0
18	.510	12	226	106	120		7,0	20	-7. I	0.1
19	.550						7.0		2.0	1.1
20	1610						7,2		0,1	0.0
21	.440						7.0		3.0	1.0
22	,540						7.2		2,0	0.0
23	1.560						7.7-		1.9	0.0
24	+490						1,1		2.7	0.0
25	.540	14	304	7.8	348		7.0	49	,2./	0.0
26	.480						7.0		1.6	0.0
27	.550						7.0		2.0	0.0
28	.510						7.1		1.8	0.0
. 29	,540						7.0		1.8	0.0
30	.520						7.0		1.2	0.0
31										

Cont. R001 Permit Number: FL0029939 Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100: From: 1/- 1-03 Monitoring Period To: 11-30-03

	Nitrate as N	ns N		1							
.		11	Total as P								
B						1			1	-	
						1				1	
Code	00620	00600	00665				 	 	 	 	ļ
Mon. Site	EFF-6	EFF-6	EFF-6		<u> </u>			 			
ī					 			-			
2							ļ		ļ		
3								ļ	<u> </u>		
4	A 20					ļ					
5	0.02.	29.0	3.76								
6											
7											
H A											
8							T	· ·			
9							 	 	ļ		
10								 		ļ	
11									ļ		
12	0.04	70.	7 72		ļ						
13	0.07	28.2	3.73								
14											
15											
16											
17											
I											
R 11	0.04	26.0	3.15								
19											
20											
21											
22											
23											
24											
	0 - 3	21.5	5/11								
26	0.03	31.2	3.64								
27											
l #											
28											
29											
30											
31											

DAILY SAMPLE RESULTS - PART B RO02 and R003

Permit Number: **Monitoring Period** FL0029939

From: 11-/-03

To: 11-30-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

61%

	Flow, (MG)	Flow, (MG)	Flow,	Flow,	Flow,	TSS (mg/l)	Percolation	Percolation	Γ	7		T
٠			(MGD)	(MGD)	(MGD)		Pond Water Elevation (feet)	Pond Water Elevation (feet)				
Code	00056	00056	50050	50050	50050	00530	85327	85327			 	
Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4	EFF-5		 		
1	ND	ND	.377		,377		3.9	3,9		 		+
2			,395		,395		3.6	3.8		-	 	
3			, 380		. 380		3.6	3.9		 -	 	
4			1361		.361	8.0	3,6	3.8			 	
5			.373		.373		3,4	3.8	l	 	 	
6			.380		,380		3,6	3.8		 		
7			1405	205	200		3.6	4,1				
8			0				3.6	4.0			1	
9			.0				3.5	3.9				<u> </u>
10			.352	247	105		3,5	3.9		<u> </u>		
11	· .		,373		.373		3.4	3.9			 	
12		i	.416		.416	10	3,3	3.9			1	
14			.414	1315	.099		3,9	3.8				<u> </u>
15		:	-390	.390	<u> </u>		4.4	3,8				
16			.467	.341	.066		4.3	4.2.				
17	!		0				4.7	4.1				
18	<u> </u>		0				4.6	4.1				
19		<u> </u>	.:0			N/A	3.8	4.5				
20			.394	394			3.7	4.4				
21			.047	1047			4.5	4. 4				
22			0				U.3	4,2				
23			0				4.2	4,2				
24		- :	. 0				$Q_{i}I$	4,2				
25			. 369	369			4.0	4.0				
26			. 37/	371		7.4	4.5	3,9				
27			1/10		1/10		4,5	4.3				
28			Ò				4.3	4,2				
29			٥				4.2	٧,١				
30 .			0				4.1	4.0				
31	\	-	0				4.0	3.9				
	1	$\overline{}$										

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

PERMIT NUMBER:

FL0029939

To:

2-31-03

MAILING ADDRESS:

P. O. BOX 397 Indiantown, FL 34956 MONITORING PERIOD From: LIMIT:

Minor

REPORT: GROUP:

Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID:

CLASS SIZE:

FL0029939

WAFR SITE NO.:

LOCATION:

GMS ID NO .:

5143P03291

20552

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

D001 PLANT SIZE/TREATMENT TYPE: HC

NO DISCHARGE FROM SITE

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Units Quality or Concentration					Frequency of Analysis	Sample Type
Flow	Sample Measurement	/ N/D	NID					MG	0		
STORET No 00056	Permin 2Measurement	Report (Fotal/Month)								Continuous and during any byerflow.	Calculated Inlow-
TRC for dechlorination	Sample Measurement										
STORET No. 50060	Pempie a Measurement 4		静和 意		(Max)	群动物	医離婚	r mg/L≠		Daily during	Grab
pН	Sample Measurement										
STORET No. 00400 (S. 17) Mon Site No. EFF-1	Permit Measurement				6.03 (Min)	8.53 (Max)6	高温的	** S.U.。 ** E.U.		Daily during	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
	Remit				5.0 (Min)			ing/L		Daily during any overflow.	Grab
	Sample Measurement										
	demines con Mensurement						性語彙是				
	Sample Measurement										

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	TELEPHONE NO	DATE (YY/MM/DD)
Don Clohrson I ASST Sust W/WW	Don C Johnson I	772-597-3496	1-27

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

121-02 Final

To: REPORT:

WAFR SITE NO .:

12-34-07 Toxicity

Martin

LIMIT: CLASS SIZE:

Minor

GROUP:

Domestic

20552

FACILITY: LOCATION:

COUNTY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291

DISCHARGE POINT NUMBER: D001

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type
96-hr Acute Static Renewal- Cyprinella leedsi	Sample Measurement	N/D	N/D					0/0	0		
PARM Code TAN-6H 2 1 Mon Sire No. EFF-0	Permit Requirement				LC 50 greater than 100% 12	译数		effluent		annual 7	four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement										
PARM Code TAN-3B L. Mon Sile No. EFF-1	Permit Requirement				LC 50 greater than 100%			% effluent		annual,	four grab samples during a 24 hour day
	Sample Measurement										
	Requirement			直裝置	医 可能导						
200	Sample Measurement										
	Permit Requirement										
	Sample Measurement										
	Permit Requirement				星"是是我						
	Sample Measurement					_					
	(Permit Requirements						自動				
	Sample Measurement										
	Penning Requirements								がは		

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From:

FL0029939 Final Minor

FL0029939

5143P03291

To: REPORT GROUP:

12-31.03 Monthly Domestic

FACILITY: LOCATION: Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

CLASS SIZE:

LIMIT:

DISCHARGE POINT NUMBER:

D002 PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

WAFR SITE NO .:

20552

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NID	NLD					711G	0		
STORETNo.0005+6 1, MorrSite No. EFF-2	Permit - American - Am							10.5		Continuous during any overflow	Flow
TRC for dechlorination	Sample Measurement										
STORET No 500609 - L	Permitate Measurement				(Max)			mg/L		Daily during any	Grab
рН	Sample Measurement										
STORET No. 00400 To Mon Site No. EFF-2	Permit de Ver Measurements	跨影響			6.0 (Min)	8 Sw.		S.U.		Daily during any	Grab
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 003007 1 1 Mon Site No. EFF-2. No.	Permitt Measurement		李果		5.0 (Min)		是學學的	mg/L		Daily during any overflow —	Grab
	Sample Measurement										
	Permit A Measurement		有最高		推注管装	語を表		調		学学课·李文	
	Sample Measurement										
	Permit Core	沙兰鱼旅	BARR		影響						
	Sample Measurement										
	Permit	建筑影						6.5 3			
	Sample Measurement					. 1					
	Permits Andrews			難論				A E S			***

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

Version 3/23/99

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D002

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qu	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Typ
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NID	N/D					0/0	10		
PARM Code TAN-6H 1 1 Mon:Site No. EFF-2	PermitRequirement 22 3	数数二元			LC 50 greater. than 100%			effluent		- annual	four grab- samples duri
	4-4-34-6-39-4	Kinner at 100		(*************************************	KLUSSETSLA		PART CAR	10-72		100	a 24 hour da
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement	}		1							
PARM Code TAN-3B	Permit			i arecentuare	LC50 greater		M Make a commence of the state of	A control of the cont			
Mon Site No. ERF-2	Requirement				than 100%			effluent		annual	four grab samples duri a 24 hour da
	Sample Measurement										a:24 hour da
	Permit Requirement									and the second	
	Sample Measurement				Particular Charles Control of the Co						
	Permit-										
	Sample Measurement							HARLT MARKET		2000 E OF THE REPORT	
	Permit & Requirement								- C C C C C C C C.		
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	Requirements					lour in					e de la
	Sample Measurement										
	Pemitian Requirements										
	Sample Measurement						The state of the s	**************************************	Contract and D	A THE PERSON OF	AT SALESTY CONTRACTOR
	Requirements										
	Sample Measurement						Service Services	American Company (172	Own - A CHESTY OF	THE THE PERSON NAMED IN	
	Réquiréptione de la										
	Sample Measurement					1		A STATE OF THE PROPERTY OF THE		and one successful the success Sept.	2. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10
	Permis Property Requirementals										

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

When Completed mail this report to: Department of Environmental Protection, Wastewater Facilities Management Section, MS 3551, 2600 Blair Stone Road, Tallahassee, FL 32399-2400

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS: P. O. BOX 397 PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

12-1-03 Final

To: REPORT: 12-31-03

Indiantown, FL 34956

LIMIT: CLASS SIZE:

Minor

GROUP:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO.:

FL0029939 5143P03291 WAFR SITE NO .:

20552

LOCATION:

15851 S.W. Farms Road

DISCHARGE POINT NUMBER:

D003

Indiantown, FL 34956

PLANT SIZE/TREATMENT TYPE: IIC

NO DISCHARGE FROM SITE

COUNTY: Martin

Parameter		Quantity	or Loading	Units	Qua	llity or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NID	4/1					MG	0		
STORET No.00056 Mon Site No. EFE-3	Permit Measurement	Report (Total-Month)		mg_						Continuous during any overflow	Calculated Flow
рН	Sample Measurement		erick (2000) (1994) er en en en en en en en en en en en en en		American Control Services						
STORET No. 00400 STEEL STORET No. EFF-3	Permit * Measurement		eraer.		6.0 (Min.)	8:5; (Max.)		r, S.U.	4	Daily during	ing grab
TRC for dechlorination	Sample Measurement										
STORET No. 50060 1, Mon.Site No. EFF-3	Permit Measurement				# - 0.01/			:mg/L7		Daily during any overflow	Grab -
Oxygen, Dissolved (DO)	Sample Measurement										
STORET No. 00300 12 Mon. Site. No. EFF-3	Pennit				(Min)年 (Min)年			j _e mg/L −		Daily during	Grab Grab
	Sample Measurement										
	Permits Avenue of the Control of the					See Page 18					
	Sample Measurement										
	Permit Americans										
	Sample Measurement										
	l'emit Measurement «								2.3		
	Sample Measurement					. 1					AND THE STATE OF T
	Vermenen.					HE WART			3 7.		

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

Version 3/23/99

DISCHARGE MONITORING REPORT - PART A (Continued) TOXICITY DMR

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: D003

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
96-hr Acute Static-Cyprinella leedsi	Sample Measurement	NID	NID					9/0	0		
PARM Code TAN-6H I Mon Site No. EFF-3:	Permit. Requirement			4	LC 50 greater - than 100%			effluent		annual	a four grab samples during a 24 hour day
96-hr Acute Static Renewal- Ceriodaphnia Dubia	Sample Measurement					The second secon	A STATE OF THE PARTY OF THE PAR			A STATE OF THE PROPERTY OF THE	
PARM Code TAN-3B Man Site No. EFF-3	Requirement of				EC 50 greater than 100%			%g effluent		annual	four grab samples during a 24 hour day
	Sample Measurement										
	Permit Requirements Sample		aeroto caste							是答案	
	Measurement				N. W. Sarah Kan						
	Requirement Sample Measurement								E THE		
	Permit Requirementer			2.2		多數構設		Territ			
	Sample Measurement Permit	and the second second	Service and the service of the		COLOR TO MANY BEATTA SEC TIMES	2 (100)		SEC . S or an Alexandra plantage	State of the State of the		
	Requirement, -/										
	Measurement Permits							Selection (c			
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	Pennita Requirement										
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	etequiencies ed		医多种性		中山の大学		WEET- COM	产业		Personal Party Services	

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

Version 3/23/99 6

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS:

Indiantown Utilities P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939

MONITORING PERIOD From:

12-1-03 Final

To:

12-31-03

LIMIT: CLASS SIZE:

Minor

REPORT: GROUP:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

FL0029939

WAFR SITE NO .:

20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

5143P03291 R001

IIC

PLANT SIZE/TREATMENT TYPE:

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qu	ality or Concentr	ration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	. 293						MGD	0		
STORET No. 50050 Y Mon Site No. EFF-6	Permits Measurements			mgd						Continuous with 6	
Flow	Sample Measurement		.534			A SECTION AND A SECTION ASSESSMENT		m GD	0		
STORET No. 50050 1 Mon. Site No. EFF-6	Permit Weasurement		Report (Mo Avg.)	r imgd					7.2	Continuous with 6	
CBOD5	Sample Measurement				8.0		A COLUMN TO THE STATE OF THE ST	m9//	0	80	
STORET No. 80082 Y	Permit Measurement				20.0 (An:Avg.) =			mg/L.		Weekly	'8-hour FPC
CBOD5	Sample Measurement				. 9.6		11	mg/L	0	STATE OF THE STATE	
STORET No. 80082 1 Mon Site No. EFF-6	Permit Action Measurement				25.0	Week Avg.)	60:05 (Max.)	⊱ mg/L	300	* Weekly	8-hour FPC
TSS	Sample Measurement				9.0			7n19/L	0		
STORET No. 00530 Y Mon.Site No. EFF-6	Permit				20:03 (An Avg.)			mg/L	5	Weekly:	8-hour FPC
TSS	Sample Measurement				7.9			9119/1	0	ALTERNATION OF THE PROPERTY OF	A series of the
	Permit: Measurements				30.0 (Mc Avg)	Weel Ave	60.0 (Max.)	mg/L		Weekly	8-hour FPC
pH	Sample Measurement				7.0	7.6		5.4	0	A STATE OF THE PARTY OF THE PAR	
STORE ING-004007 11 Mon Sile No EFF-6.1	Permit Mehsurements				6 0 (Min.)	8.5844-66		S.U.		6 Days/week	Grabe
7:74	Sample Measurement							A STATE OF THE PARTY OF THE PAR	enging of the US	The second of th	and the state of t
	Permitte August LA Casturement August LA Casturement August LA Casturement August LA Casturement August LA Casturement August LA Casturement August LA Casturement August LA Casturement August LA Casturement August LA Casturement LA										and the same

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Indiantown Company Wastewater Treatment Plant

PERMIT NUMBER: FL0029939

DISCHARGE POINT NUMBER: R001

WAFR SITE No.: 20552

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Nitrate, as N	Sample Measurement				•03			mg/L	0		
STORET No. 00620 1 Mon Site No. EFF-6	Permit.	a production					生成4.	: mg/L		Weekly	Grab
Nitrogen, Total as N	Sample Measurement				36.	32,		mo/C	0		
STORET No. 00600, 1 1 Mon. Site No. EFF-6	-Permit := -Measurement ==				Report (Max3)	Report (Avg.)		mg/L		Weekly	8-hour FPC
Phosphorus, Total as P	Sample Measurement				4.4	3.6		mg/L	0		
STORET No. 00665 1 1	Permit				Report	Repone (Avg.)		a mg/Lot		Weekly	8-hour FPC
Fecal Coliform Bacteria	Sample Measurement				12			#1100ml	Serger Control of	A SAN THE SAN	
STORET No. 14055 Y. Mon Site No. EFF-6	Permil Ny faritr'i North				200 Avg			#/100mL		AGE Weeklyne	Grab
Fecal Coliform Bacteria	Sample Measurement				9	32		#/100ML	٥		
STORETNO:74055 - U. Mon-Site No. IEEE 6	ncenir Mesquence				(WD) GEOVAL (MEAN)	800 (Max)		7/A (00mL)		World Weekly	es e Grab e e e
TRC for disinfection	Sample Measurement				. 1.3			MG/L	ð		
STOREL No:50060 - 4 MonSite No:EFFE 6	Permit Assessment Average Permit Ave				(Vim)			mg/L		/6 Days/week	Grab Grab
	Sample Measurement			C C C C C C C C C C C C C C C C C C C							
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	Sample Measurement								the wife of	energy page appropriate the following	
	Wessurements										

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

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME:

Indiantown Utilities

MAILING ADDRESS:

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

FL0029939 12-1-03

To:

12-31-63

LIMIT:

Final Minor REPORT: GROUP:

Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

FACILITY ID: GMS ID NO .:

CLASS SIZE:

FL0029939 5143P03291 R002, R003

WAFR SITE NO .: GMS TEST SITE NO .: 20552

LOCATION:

15851 S.W. Farms Road

Indiantown, FL 34956

DISCHARGE POINT NUMBER:

MONITORING PERIOD From:

PLANT SIZE/TREATMENT TYPE: IIC

COUNTY:

Martin

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	NID	NID					MG	0		
STORET No. 00056 1 Mon:Site No. EFF-4	Permit Measurement	Report (Total Month)	Report Max Daily Wat How							Continuous during any overflow. 1	Calculated Elowing
Flow	Sample Measurement	MA	NID					mG	0		
STORET No. 00056 P Mon Site No. EFF-50 V	Permit Measurement	Report (100 2)	Report (Vizio di la Vizio) (Di la Vizio)							during any overflow	Calculated : Flow
Flow	Sample Measurement		.201	51 855 2 8 8 2 1 1 1 1 1 1 1 1 1 1				MED	0		
STORETING 50050 074 MonSite No. EFE-74	Perint A 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2									Continuous with a cadings/week.	Recording allowineters and totalizer
Flow	Sample Measurement	.206						MGD	0		
STORET No. 50050 Y Mon Site No. EEF-867.	Permits 322			mgd.						Continuous with	Calculated Flow
Flow	Sample Measurement		-178					mcs	0		
STORET No. 50050 R Mon Site No. EHE 8	Permits 2		Report (MoxAvg)					組織		Continuous with	Calculated Flow
Flow	Sample Measurement	190						71160	0		
STORET No. 5005032 S Mon.Site No. ERF 9.	Demniu Measurement			mgdr.				盾		Continuous with 6 readings/week	Calculated.
Flow	Sample Measurement		.150					7 MGD	٥		
STORES No. 50050 P. IL. Monsile No. 2816 9.	Permit Weasurement		Reports (Mo Ave)	ango.						Continuous with-	Calculated
TSS	Sample Measurement				8.0	. 1		mg/L	0		
ASTRIBUTENO (005:00) FL	Permits at American Services and American Se				Mo Avg)			img/Lag		Wcc.ly	8-hour FPC

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

Version 3/23/99

When Completed mail this report to: Department of Environmental Protection, Southeast District, P.O. Box 15425, West Palm Beach, 33416

PERMITTEE NAME: MAILING ADDRESS: Indiantown Utilities

P. O. BOX 397

Indiantown, FL 34956

PERMIT NUMBER:

MONITORING PERIOD From: LIMIT:

CLASS SIZE:

FL0029939

/2-/-03 Final Minor

To: REPORT: GROUP:

12-31-03 Monthly Domestic

FACILITY:

Indiantown Company Wastewater Treatment Plant

15851 S.W. Farms Road

Indiantown, FL 34956

FACILITY ID: GMS ID NO .:

FL0029939 5143P03291 WAFR SITE NO .:

20552

LOCATION:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

Influent Monitoring Point

GMS TEST SITE NO .:

COUNTY:

Martin

Parameter		Quantit	y or Loading	Units	C	uality or Conce	ntration	Units	No. Ex.	Frequency of Analysis	Sample Typ
CBOD5	Sample Measurement	293						m9/L	0		· ·
TSS	Sample Measurement	317		1				m9/L	0		
								1113/0			
	Sample Measurement										
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	Sample Measurement			,		•	·				u

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

Permit Number: Monitoring Period

FL0029939 From: 12-/-03

To: 12.3/.03

Discharge y(n)

	Flow (mg)	pH (Max)	pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	00056	00400	00400	74055	50060	50060	85327			
Mon. Site	EFF-1	EFF-1	EFF-1	EFF-1	EFF-I	EFF-I	EFF-1			
1	ND						3.7			Ì
2							3.5			
3							3.5			
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6							3,4			
7							4.0			
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9		<u> </u>				<u> </u>	4.0			
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11							3.5 3.5 3.3			
12							3.5			
13							3.3			
14							3.2			
. 15							3.2			
16							3.2			
17							3.3			
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19							3.8			
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24			ļ				4.3			
25							4.2			
26							3.8			
27	<u> </u>						3.6			
28							3.4			
29							3.3			
30							3.2			
31							3.0		1	İ

PLANT STAFFING: Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator Type of Effluent Disposal or		B C C C Water Reuse:	Certificate No: Certificate No: Certificate No: Certificate No:	363 // Name 6747 Name 9439 Name Name	JAMES G. Hele 177 ERNIA WASSON
Limited Wet Weather Discha	rge Activate	ed: Yes: No:	Not Applicable:	If yes, cumulative days o	f wet weather

 $^{{}^{\}circ}$ Admits be distributed in the constant of the control of

D002

Permit Number: Menitoring Partorba FL0029939

Fribrium: /22/10/85 Toto:/22-3710/83

Dististangegy (My)

			Fecal Coliform Bacteria (#/100mL)	TRC (For Declorinati on) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)				
00056	00400	00400	74055	50060	50060	85327			 	
EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2	EFF-2			 	
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D003

Permit Number: Monitoring Period

FL0029939 From: __/_2-/-03___

To: 12-31-03

Discharge y/n

	Flow (mg)		pH (Min)	Fecal Coliform Bacteria (#/100mL)	TRC (For Declorination) (mg/L)	Dissolved Oxygen (mg/L)	Percolation Pond Water Elevation (feet)			
Code	0005	i i	00400	74055	50060	50060	85327			
Mon. Site	EFF-	3 EFF-3	EFF-3	EFF-3	EFF-3	EFF-3	EFF-3			
1	ND						45			+
2							4.4			+
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23							2,5			
24	•						2.6			
25							3.1			
26							4.1			
27										
28							4,5			
29							5.0			
30							4.8			
31	V						4,6			
31.	\underline{V}						4.3			

R001

Permit Number: Monitoring Period

FL0029939 From: __/2-/-03

To: 12-3/-03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

76%

Code S0050 S0082 S0082 S0082 S00830 O0530 O0400 O0400 T4055 S0060 n/a	i									(Two thinked Capacity)x100;				
Code 50050 80082 80082 00530 00530 00400 00400 74055 50060 n/a		Flow, (MGD)	CBOD5 (mg/L)	CBOD5 (mg/L)	TSS (mg/l)	TSS (mg/L)		pH (Min)	Coliform Bacteria	Disinfect.)				
Mon. Site EFF-6 EFF-6 INF-1 EFF-6 INF-1 EFF-6 EFF-6									(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
1								00400	74055	50060	n/a			
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27	26	500									0			
28 .510 29 .510 30 .510 10 310 4.4 257 7.4 7 2.2 0	27									2.2	0			
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31 .550 2.2. 0	30		1)	214	// //	0.50				2.2				
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	<u></u>							7.5		1.7	0			

Cont. R001

Permit Number: Monitoring Period

FL0029939

From: 12-/-03

To: 12-31-53

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

76%

	Nitrate as N	Nitrogen, Total	Phosphorus,	Ī	T		7		-		
		as N	Total as P								
	}										
Code	00620	00600	00665								
Mon. Site		EFF-6	EFF-6							T	
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29											
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31		X 1.7	3.48								

4 = Parameter was onalyzed for But Net detected

DAILY SAMPLE RESULTS - PART B R002 and R003

Permit Number: **Monitoring Period**

FL0029939 From: 12-1-03

To: 12.31.03

Three-month Average Daily Flow: (TMADF/Permitted Capacity)x100:

Flow, (MG) Flow, (MGD) F	nomitoring 1		10111					-	(TWADITI	 		
Mon. Site EFF-4 EFF-5 EFF-7 EFF-8 EFF-9 EFF-7 EFF-4 EFF-5 1		Flow, (MG)	Flow, (MG)			Flow, (MGD)	TSS (mg/l)	Pond Water Elevation	Pond Water Elevation			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	Code	00056	00056	50050	50050	50050	00530	85327	85327			
	Mon. Site	EFF-4	EFF-5	EFF-7	EFF-8	EFF-9	EFF-7	EFF-4		 		-
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1				.055	.058	0						
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$				1257		0		3.6				
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$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1	***		.231		0						
8				.086		0						
10		Ì		.081		0						
10 11 11 11 11 11 11 11 11 11 11 11 11 1	L			1196	.196	\mathcal{O}	6.6	4.1	3.9			
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13 14 12				1287		192						
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	1			.229		.2.2.9		4.0	4.3			
16 17 18 18 19 19 20 20 20 21 21 21 21 22 21 23 24 24 25 26 26 27 28 29 20 20 20 20 20 20 20 20 20 20 20 20 20				0	0	0		3.9	4.1			
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18	1			0	0	0		3.8				
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21				1260		.260						
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$\begin{array}{c ccccccccccccccccccccccccccccccccccc$!	0	0	0			4.6			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	R .			0	0	0		3.8	4.5			
$ \begin{array}{c ccccccccccccccccccccccccccccccccccc$	1			.181	1095				4.4			1
$\begin{array}{c ccccccccccccccccccccccccccccccccccc$	B		1	0								
30 . 266 . 266 O 3.9 4.1 30 O O O 3.2 3.9 4.0	1							 				
31 0 0 0 3.2 3.9 4.0										 	-	
31 4/ 4/ - - - - - - - - -	<u> </u>					0	3.2			 		
<u> </u>	31	W	V	0	0	Ò		4.1	3.9	 		