SOUTHERN STATES UTILITIES, INC.
DELTONA UTILITIES, INC.

BEFORE THE

FLORIDA PUBLIC SERVICE COMMISSION

DOCKET NO. 920199-WS

APPLICATION FOR A GENERAL RATE INCREASE

FILE
DEC [illegible] 1996
JON S. [illegible]ER
Clerk District Court of Appeal
First District

ORIGINAL
FILE COPY

VOLUME IV
BOOK 7 OF 9

ADDITIONAL ENGINEERING INFORMATION

Containing

WASTEWATER PLANT OPERATING REPORTS
for
Amelia Island through Zephyr Shores

FOR THE TEST YEAR ENDED
DECEMBER 31, 1991

DOCUMENT NUMBER-DATE
04748 MAY 11 1992
FPSC-RECORDS/REPORTING

Case Nos. 1D98-0713 and 1D98-0727
Florida Water Services Corporation vs. Florida Public Service Commission ("PSC");
Sugarmill Woods Civic Association, Inc. vs. Southern States Utilities, Inc. and the PSC
vs. Joseph J. DeRouin, et al.
PSC Docket No. 920199-WS

DOCKET 920199-WS
VOLUME IV
BOOK 7 OF 9

WASTEWATER MONTHLY OPERATING REPORTS

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Amelia Island - 1518

Nassau County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN, Year 1991

(1) GMS # 3145P04522

Danny White — Signature of Lead Operator in Charge
2-1-91 — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. SERVICES, INC. AMELIA BRANCH

(3) PLANT ADDRESS: Highway A-1-A South

(4) CITY: AMELIA CITY (5) COUNTY: NASSAU PHONE NO. 904-261-0821

(6) PERMIT NUMBER: DO45-180686 (7) AVG FLOW MGD: .275 (8) DESIGN FLOW MGD: .600 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .321 (11) POP SERVED: 3,000 ± (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____
(14) % INFIL: <2
(15) BOD (mg/l) EFFLUENT: .43
(16) TSS (mg/l) EFFLUENT: 2.5

(17) pH: 7.2
(18) TOTAL N mg/l: ____
(19) AMMONIA mg/l: ____
(20) NITRATE mg/l: 7.98
(21) TOTAL P mg/l: ____
(22) ORTHO P mg/l: ____
(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____
(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____
(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): 8-HOUR COMPOSITE
(28) TYPE EFFL DISPOSAL: SPRAY IRRIGATION

(29) PLANT STAFFING
LEAD OPERATOR: C-6194
SHIFT 1 (Day)
SHIFT 2 (Evening)
SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N mg as N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.321	1.0			7.5			
2	.295	2.0			7.3			
3	.272	1.5			7.2			
4	.299	2.5	.24	1.2	7.2	7.16		<2
5	.277	2.5			7.2			
6	.321	1.8			7.2			
7	.273	2.5			7.2			
8	.296	2.3			7.2			
9	.281	2.0			7.3			
10	.278	1.7	.47	5.7	7.3	11.1		
11	.292	2.0			7.3			
12	.256	1.5			7.3			
13	.245	1.2			7.3			
14	.229	1.2			7.2			
15	.294	1.9			7.1			
16	.235	2.4			7.4			
17	.297	2.9	.16	.4	7.2	10.2		
18	.302	3.5			7.2			
19	.266	2.5			7.2			
20	.262	1.1			7.2			
21	.265	1.0			7.2			
22	.254	1.2			7.2			
23	.258	3.0			7.2			
24	.247	2.5	.83	3.4	7.3	6.85		
25	.268	3.5			7.1			
26	.272	3.5			7.1			
27	.286	2.5			7.1			
28	.263	2.3			7.2			
29	.261	2.5			7.2			
30	.251	1.4			7.4			
31	.254	1.2	.87	1.9	7.3	7.6		
101	8.52							
AVG	.275	2.1	.43	2.5	7.2	7.98		

1000

2002

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 1991

(1) DHS # 3145P0Y522 — 3/13/91 Date

Signature of Lead Operator in Charge

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services INC.

(3) PLANT ADDRESS: Hiway A-1-A South, Amelia City

(4) CITY: Amelia City (5) COUNTY: NASSAU PHONE NO. 904-261-0821

(6) PERMIT NUMBER: DO45-180686 (7) AVG FLOW MGD: .396 (8) DESIGN FLOW MGD: .600 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .559 (11) POP SERVED: 3,000 ± (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: <2

(15) BOD (mg/l) EFFLUENT: 1.2

(16) TSS (mg/l) EFFLUENT: 2.1

(17) pH: 7.2 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) ~~NITRITE~~ + NITRATE mg/l: 11.3 (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): 8 hr. Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR ____ SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) B-4619

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.301	3.3			7.7			
2	.392	3.5			6.9			
3	.331	1.0			7.2			
4	.358	2.5			7.2			
5	.383	1.3	.6	.6	7.3			
6	.318	1.0			7.5	6.75		
7	.369	1.7			7.5			
8	.361	1.8			7.4			
9	.328	1.6			7.5			
10	.353	1.4			7.4			
11	.410	1.0			7.3			
12	.399	1.0			7.5			
13	.412	2.0	1.6	4.6	7.3			
14	.369	1.5			7.3	6.81		8
15	.559	1.3			7.3			
16	.514	1.5			7.1			
17	.450	3.0			7.0			
18	.410	2.7			7.1			
19	.450	2.5			7.1			<2
20	.406	1.6	.73	1.8	7.1			<2
21	.401	2.4			7.0	13.7		2
22	.408	2.1			7.0			2
23	.378	2.5			6.9			
24	.397	2.5			6.9			
25	.393	2.1			7.2			23
26	.443	2.5			7.0			<2
27	.416	2.5	1.7	1.8	6.9			<2
28	.362	2.5			7.1	18.0		<2
29								
30								
31								
TOT	11.097							
AVG	.396	2.2	1.2	2.1	7.2	11.3		3.9

Highest Daily Fecals

0003

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

(1) GHS # 3145P04522

J. G. Wright 4/12/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services inc. - Amelia Plant -

(3) PLANT ADDRESS: Hiway A-1-A South. Amelia City Fl.

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC45-184910 .418 .850 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.602 3000 ±

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

<2 .6 1.3

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.2 5.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 8hr. Composite

(28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-4619

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL~~ NITRATE mg/l (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.463	2.5			7.1			<2
2	.588	1.5			7.1			
3	.490	3.5			7.2			
4	.560	2.8			7.1			<2
5	.571	2.0			7.2			<2
6	.202	1.0			7.0			<2
7	.300	1.0	.5	.4	7.1	3.7		30
8	.313	1.4			7.2			<2
9	.314	2.5			7.0			
10	.359	3.5			7.1			
11	.301	1.0			7.3			<2
12	.319	1.0			7.3			<2
13	.368	3.0			7.1			<2
14	.344	7.2	.38	2.8	7.1	9.1		<2
15	.370	3.4			7.1			<2
16	.320	2.1			7.1			
17	.300	1.0			7.2			
18	.203	1.3			7.4			<2
19	.371	1.0			7.1			<2
20	.324	1.7			7.3			<2
21	.326	2.0	.9	.6	7.4	9.45		<2
22	.538	1.0			7.1			<2
23	.415	1.2			7.2			
24	.545	1.6			7.2			
25	.504	3.0			7.3			<2
26	.602	.05			7.3			1600
27	.555	2.2	1.1	1.3	7.2	.30		<2
28	.433	3.0			7.3			<2
29	.563	2.5			7.2			200
30	.425	3.5			7.2			
31	.397	3.5			7.1			
TOT	12.458							
AVG	.416	2.2	.6	1.3	7.2	5.6		87

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) GHS # 3145P04522

Signature of Lead Operator in Charge — Date 5/14/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services inc. (Amelia Plant)

(3) PLANT ADDRESS: Hwy A-1-A South - Amelia City

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC45-184910 .595 .850 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.804 3000 ±

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW .INFIL: <2

(15) BOD (mg/l) EFFLUENT: 1.04

(16) TSS (mg/l) EFFLUENT: 1.3

(17) pH: 7.2

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) ~~NITRATE~~ NITRATE as (N) mg/l: 10.6

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8 hr Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

D-4619

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL~~ NO3 as N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.598	3.1			7.3			<2
2	.558	3.4			7.1			<2
3	.592	3.3	1.25	1.6	7.0			<2
4	.526	2.0			7.2	11.3		<2
5	.665	1.4			7.1			<2
6	.609	3.5			7.1			
7	.668	3.5			7.3			
8	.612	1.4			7.2			<2
9	.588	3.2			7.2			<2
10	.587	3.0	.7	.8	7.3			<2
11	.536	2.7			7.2	5.85		<2
12	.615	2.6			7.1			<2
13	.664	2.8			7.4			
14	.645	3.2			7.1			
15	.556	3.5			7.1			<2
16	.522	3.8			7.2			<2
17	.526	3.5	1.09	2.6	7.1			<2
18	.537	3.5			7.1	11.3		<2
19	.477	3.5			7.2			<2
20	.566	3.5			7.0			
21	.536	3.5			7.0			
22	.485	1.8			7.3			<2
23	.527	3.0			7.3			<2
24	.633	4.0	1.14	.2	7.3			<2
25	.629	1.4			7.1	14.0		<2
26	.804	1.0			7.1			<2
27	.630	2.4			7.0			
28	.527	2.2			7.1			
29	.610	3.5			7.1			<2
30	.699	2.6			7.2			<2
31								
101	17.852							
AVG	.595	2.8	1.04	1.3	7.2	10.6		<2

0004

STATE OF FLORIDA, DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATIONAL REPORT

(1) PERMIT NO: FLA 045224 — Month: MAY Year: 1991

Signature of Lead Operator in Charge — Date: 6/11/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services - Amelia Plant -

(3) PLANT ADDRESS: Hiway A-1-A, South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-6821

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC45-184910	.537	.850	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.662	3000 ±	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			<2	.47	.72

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ NITRATE-N mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			15.1			1.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): 8 hr. Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) 3-4619 SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-3.20(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NO3-(N) (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.493	3.5			7.1			<2
2	.643	2.9			7.1			<2
3	.530	3.0	1.05	.6	7.1	12.1		<2
4	.571	2.2			7.1			
5	.584	3.0			7.1			
6	.488	2.2			7.1			<2
7	.507	2.0			7.1			<2
8	.569	3.5			7.0			<2
9	.544	2.4	.9	.3	7.0	18.1		<2
10	.484	2.5			7.0			<2
11	.481	3.5			7.0			
12	.513	1.4			7.0			
13	.484	2.7			7.1			<2
14	.557	3.5			7.2			<2
15	.557	2.3			7.2			<2
16	.522	2.4	.5	.9	7.1	12.3		<2
17	.528	2.5			7.1			<2
18	.585	2.2			7.1			
19	.527	2.5			7.1			
20	.489	2.5			7.2			<2
21	.503	2.5			7.3			<2
22	.462	3.5			7.2			<2
23	.557	2.5	.6	.6	7.0	13.5		<2
24	.515	2.5			7.2			<2
25	.670	2.5			7.2			
26	.662	3.0			7.1			
27	.596	2.2			7.2			
28	.525	4.5			7.2			
29	.557	2.7			7.3			<2
30	.507	2.5	.19	1.2	7.1	19.5		<2
31	.495	2.5			7.1			<2
TOT	16.651							
AVG	.537	3.2	.47	.72	7.1	15.7		<2

Page 1 of 2

0005

9000

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT FACILITY OPERATING REPORT

662.1 wdr. #00 28.530

Month June Year 91

FL 0145PP4523

Signature of Lead Operator in Charge Date 7/12/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U Services - Amelia Plant

(3) PLANT ADDRESS: Highway A-1-A South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC45-121910	.632	.850	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.785	3000 ±	[ ] Membrane Filter [✓] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			<3	.21	.18

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE-(N) mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2			9.8			1.0

(24) POD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Short-term composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) # OF STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-1 0 0

DEP-SOP-001/01, 208(7) Effective ~~November 30, 1982~~

Sludge Hauled this Month

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N, (N) (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.510	3.5			7.3			
2	.529	2.0			7.3			
3	.483	3.4			7.2			<2
4	.340	3.5			7.2			<2
5	.648	3.5			7.2			<2
6	.602	3.5	.24	.1	7.1	11.9		<2
7	.521	3.5			7.0			<2
8	.527	3.0			7.2			
9	.563	2.4			7.2			
10	.544	2.9			7.1			<2
11	.606	3.5			7.1			<2
12	.667	1.0			7.1			<2
13	.602	3.5	.25	.1	7.2	10.0		<2
14	.627	1.4			7.1			<2
15	.679	3.5			7.2			
16	.709	2.9			7.2			
17	.692	3.5			7.2			<2
18	.650	3.5			7.3			<2
19	.608	1.5			7.2			<2
20	.646	3.5			7.2			<2
21	.678	3.2	.2	.1	7.3	5.12		<2
22	.785	6.8			7.1			
23	.752	3.4			7.2			
24	.693	2.7			7.3			<2
25	.685	4.1			7.2			<2
26	.615	3.5			7.2			<2
27	.719	3.6	.15	.9	7.2	8.15		<2
28	.740	4.3			7.2			<2
29	.720	3.5			7.2			
30	.745	1.2			7.2			
31								
TOT	19.940							
AVG	.660	3.2	.21	.28	7.2	.95		<2

#C12 = 1489
78.5 #/mg

Domestic Wastewater Treatment Plant
Monthly Operating Report

77% of water flow
29.633

Part II - General Information

Month July Year 1991

Plant's DER Identification Number 3145P04522

Plant Name S.S.U. Services Inc. - Amelia Plant -

Plant Address Highway A-1-A S.
5390 First Coast Highway

City Amelia City - Fernandina Bch.

County Nassau

Phone Number 904-261-0821

Permit Number DO45-184910

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation - Golf Course -

Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing
Day Shift Operator Class ____ Cert. No ____
Evening Shift Operator Class ____ Cert. No ____
Night Shift Operator Class ____ Cert. No ____
Lead Operator [signature] Signature B-4619 Cert. No

Parameter	Units	SIORET Code	Value
(16) Monthly average daily flow	mgd	50050	.745
(17) Permitted capacity	mgd	–	.85
(18) Three-month average daily flow	mgd	–	.638
(19) Percent of permitted capacity	%	–	75%
(20) $CBOD_5$ Effluent	mg/L	80082	.31
(21) $CBOD_5$ Effluent	lbs/day	–	1.9
(22) TSS Effluent	mg/L	00530	.46
(23) TSS Effluent	lbs/day	–	2.9
(24) Minimum pH		–	7.0
(25) Maximum pH			7.5
(26) Total N	mg/L		
(27) TKN	mg/L		
(28) Ammonia (NH_3 - N)	mg/L		
(29) Nitrate	mg/L		6.7
(30) Total Phosphorous	mg/L		
(31) Minimum Chlorine Residual	mg/L	–	1.2
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			
Sludge hauled	gals.		30,000
Cl2 # used			20.13
			87#/m

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 1991

Day (a.m. to a.m. next day)	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.795	3.0						23					
2	.751	5.6		139	127	.5	.4	22			6.5		
3	.748	4.0						20					
4	.746	4.8						22					
5	.831	4.9						22					
6	.794	2.2						21					
7	.714	1.2						20					
8	.897	2.8						21					
9	.212	2.5						22					
10	.201	3.6		65.3	97	.15	.1	23			3.25		
11	.735	4.2						22					
12	.839	3.2						23					
13	.806	3.0						22					
14	.701	2.9						22					
15	.675	4.6						23					
16	.696	5.4						22					
17	.702	4.9		133	133	.5	.7	22			6.96		
18	.787	3.1						23					
19	.813	2.4						23					
20	.793	8.4						22					
21	.735	12.0						22					
22	.696	4.5						21					
23	.689	4.2						22			3.7		
24	.745	5.2		128	95	.4	.1	22					
25	.704	5.0						22					
26	.205	3.6						23					
27	.690	3.8						22					
28	.788	3.6						23					
29	.674	3.8						23					
30	.722	3.8						23			3.6		
31	.776	4.1		124	38	0	.2	23					

I, Operator, This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: Jerry A Wright Date 6/2/91

Name (Please Type): Jerry A Wright Telephone No. (Please Type) (901) 261-1821

Facility Name: S.I.U. Services Inc. - Amelia Plant

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Aug. Year 1991

(2) Plant's DER Identification Number 3145P04522

(3) Plant Name S.S.U.Services inc. - Amelia Plant

(4) Plant Address 5390 First Coast Highway - A-1-A S.
P.O. Box 907

(5) City Fernandina Bch. Fl. 32034

(6) County Nassau

(7) Phone Number (904) 261-0821

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation - Golf Course

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No _____
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator TJ G. Ortt (Signature) B-4619 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.771
(17) Permitted capacity	mgd	—	.850
(18) Three-month average daily flow	mgd	—	.716
(19) Percent of permitted capacity	%	—	84%
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	—	12.9
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	—	11.6
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.6
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			
Max. Turbidity	N.T.U		1.6
Residuals	Gals.		-0-

SSU AMELIA

9042612548

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Aug. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.860	4.9						7.2					<2
2	.872	3.5						7.3					<2
3	.856	3.9						7.3					
4	.796	3.7						7.2					
5	.768	6.0						7.2					<2
6	.730	4.2						7.2					<2
7	.742	3.4		192	144	<1	2	7.2			2.54		<2
8	.882	2.0						7.2					<2
9	.898	5.1						7.2					<2
10	.894	3.5						7.2					
11	.856	3.6						7.2					
12	.702	3.9						7.2					<2
13	.753	2.9						7.2					<2
14	.860	3.8		232	110	1.9	1	7.3			1.13		<2
15	.747	2.9						7.2					<2
16	.840	3.7						7.2					<2
17	.852	3.8						7.3					
18	.804	3.9						7.3					
19	.683	2.9						7.3					<2
20	.661	21						7.2					<2
21	.768	13.6		95	134	3	2	7.2			1.01		<2
22	.894	5.0						7.3					<2
23	.796	3.8						7.2					<2
24	.790	2.2						7.2					
25	.610	2.6						7.2					
26	.638	2.4						7.2					<2
27	.575	6.2						7.3					<2
28	.575	2.5		211	201	2.0	20	7.2			4.73		<2
29	.551	3.6						7.4					<2
30	.687	1.6						7.5					<2
31	.764	5.0						7.3					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Jerry A. Wright Date: 9/9/91

Name (Please Type) Jerry A. Wright

Company Name Southern States Utilities - Amelia Plant Telephone No (Please Type) (904)261-0821

Page 1 of 1

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Sept. Year 91

(2) Plant's DER Identification Number 3145P04522

(3) Plant Name S.S.U.Services inc. - Amelia Plant

(4) Plant Address 5390 First Coast Highway - A-1-A S.
P.O. Box 907

(5) City Fernandina Bch. Fl. 32034

(6) County Nassau

(7) Phone Number (904) 261-0821

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation - Golf Course

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No _____
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator [signature] Signature C-7915 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.578
(17) Permitted capacity	mgd	–	.850
(18) Three-month average daily flow	mgd	–	.698
(19) Percent of permitted capacity	%	–	82
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	–	9.6
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	–	9.6
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			
Max. Turbidity	N.T.U.		1.9
Residuals x 1000	Gals.		36
Residuals @ 2.13%	Pounds		6395

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Sept. Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	758	2.0						7.2					
2	629	2.0						7.2					
3	593	2.0						7.1					<2
4	663	3.7		241	82	1.5	2.0	7.3			3.63		<2
5	622	3.5						7.3					<2
6	619	1.9						7.2					<2
7	626	4.4						7.2					
8	564	4.7						7.3					
9	522	4.3						7.3					<2
10	469	4.4		220	56	2.0	1.0	7.3			8.93		<2
11	514	4.4						7.4					<2
12	564	4.8						7.2					<2
13	641	4.7						7.2					<2
14	708	4.5						7.2					
15	637	4.4						7.3					
16	582	4.7						7.4					<2
17	567	4.7		230	104	2.0	2.0	7.3			4.0		<2
18	508	4.7						7.4			-		<2
19	541	4.6						7.4					<2
20	599	4.6						7.4					<2
21	632	4.6						7.4					
22	569	3.2						7.3					
23	515	1.8						7.4					<2
24	463	2.0		240	100	2	1	7.4			8.84		<2
25	459	3.1						7.4					<2
26	485	2.3						7.3					<2
27	551	1.0						7.4					<2
28	576	1.5						7.2					
29	638	1.2						7.4					
30	522	1.3						7.3					<2
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: [signature] Date: 10/15/91

Name (Please Type) Jerry A. Wright

Company Name S.S.U.Services inc. - AMELIA PLANT Telephone No. (Please Type) (904) 261-0821

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 3145P04522

(3) Plant Name S.S.U.Services inc. - Amelia Plant

(4) Plant Address 5390 First Coast Highway - A-1-A S.
P.O. Box 907

(5) City Fernandina Bch. Fl. 32034

(6) County Nassau

(7) Phone Number (904) 261-0821

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation - Golf Course

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No _____
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator [signature] Signature B-4619 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.580
(17) Permitted capacity	mgd	—	.850
(18) Three-month average daily flow	mgd	—	.643
(19) Percent of permitted capacity	%	—	76%
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	9.7
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	9.7
(24) Minimum pH		—	7
(25) Maximum pH		—	7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	N/A
(33) Other Effluent Parameters			
Max. Turbidity	N.T.U		3.8
Residuals x 1000	Gals.		36
Residuals @ 1.97%	Pounds		5705

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month October Year 91

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.694	2.5						7.7					<2
2	.548	1.0		231	120	2	4	7.4			11.46		<2
3	.958	1.2						7.4					<2
4	.719	1.3						7.3					<2
5	.635	1.8						7.4					
6	.616	1.5						7.4					
7	.568	1.9						7.3					<2
8	.587	2.2						7.4					<2
9	.634	2.2		291	86	3	2	7.7			10.9		<2
10	.526	1.5						7.3					<2
11	.604	1.8						7.5					<2
12	.601	1.8						7.4					
13	.601	1.0						7.4					
14	.550	2.0						7.5					<2
15	.562	3.2						7.3					<2
16	.524	2.3		253	154	2	2	7.2			12.1		<2
17	.529	2.8						7.4					<2
18	.541	2.5						7.2					<2
19	.594	2.2						7.3					
20	.527	3.1						7.3					
21	.516	4.3						7.3					<2
22	.528	1.0						7.3					<2
23	.578	3.0		200	136	<1	2	7.3			10.72		<2
24	.584	3.3						7.2					<2
25	.523	3.2						7.1					<2
26	.603	2.4						7.3					
27	.621	2.3						7.3					
28	.492	2.7						7.1					<2
29	.462	3.1						7.3					<2
30	.476	2.9						7.3					<2
31	.478	3.0		152	118	1	1	7.4			12.92		<2

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

gned: J. A. Wright B-4619 Date: 11/19/91

ame (Please Type) Jerry A. Wright B-4619

ompany Name S.S.U.Services inc. - AMELIA PLANT Telephone No. (Please Type) (904) 261-0821

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number 3145P04522

(3) Plant Name S.S.U.Services inc. - Amelia Plant

(4) Plant Address 5390 First Coast Highway - A-1-A S.
P.O. Box 907

(5) City Fernandina Bch. Fl. 32034

(6) County Nassau

(7) Phone Number (904) 261-0821

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation - Golf Course

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class _____ Cert. No. _____
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] Signature D-4619 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.535
(17) Permitted capacity	mgd	–	.850
(18) Three-month average daily flow	mgd	–	.564
(19) Percent of permitted capacity	%	–	66%
(20) $CBOD_5$ Effluent	mg/L	080082	1.8
(21) $CBOD_5$ Effluent	lbs/day	–	8.0
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	–	7.1
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			
Max. Turbidity	N.T.U		1.2

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Nov. Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.444	3.4						7.1					<2
.527	3.7						7.3					
.543	2.8						7.3					
.563	1.5						7.3					<2
.496	3.8						7.3					<2
.471	3.9		240	124	<1	2	7.3			11		<2
.551	1.2						7.3					<2
.681	2.2						7.3					<2
.800	2.5						7.3					
.653	1.0						7.2					
.715	1.5						7.4					<2
.534	3.6						7.3					<2
.534	2.1		128	134	<1	1.5	7.2			9.7		<2
.513	3.1						7.3					<2
.514	3.4						7.4					<2
.546	3.3						7.3					
.521	1.4						7.3					
.493	4.0						7.4					<2
.515	3.4		236	128	1	1	7.4			7.9		<2
.504	3.5						7.4					<2
.501	2.6						7.3					<2
.491	2.8						7.3					<2
.470	2.7						7.1					
.484	2.0						7.1					
.455	2.2						7.1					<2
.427	2.7						7.1					<2
.446	3.0		167	86	4	2	7.1			13.99		<2
.527	2.4						7.1					
.563	1.7						7.0					
.573	1.7						7.1					

...d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ...rmation is true, complete and accurate.

...ned: J. A. Wright Date: 12/27/91

...me (Please Type) J. Terry A. Wright

...mpany Name S.S.U. Services Inc. - AMELIA PLANT Telephone No. (Please Type) (904) 261-0821

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Dec. Year 1991

(2) Plant's DER Identification Number 3145P04522

(3) Plant Name S.S.U.Services inc. - Amelia Plant

(4) Plant Address 5390 First Coast Highway - A-1-A S.
P.O. Box 907

(5) City Fernandina Bch. Fl. 32034

(6) County Nassau

(7) Phone Number (904) 261-0821

(8) Permit Number DC45-184910

(9) Plant Type 3-C

(10) Test Site Identification Number 3145X10809

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation - Golf Course

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class ____ Cert. No ____
Evening Shift Operator Class ____ Cert. No ____
Night Shift Operator Class ____ Cert. No ____
Lead Operator [signature] Signature B-4619 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.438
(17) Permitted capacity	mgd	–	.850
(18) Three-month average daily flow	mgd	–	.518
(19) Percent of permitted capacity	%	–	61%
(20) $CBOD_5$ Effluent	mg/L	080082	1.8
(21) $CBOD_5$ Effluent	lbs/day	–	6.4
(22) TSS Effluent	mg/L	900201	2.07
(23) TSS Effluent	lbs/day	–	7.7
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			
Max. Turbidity	N.T.U		2.5
Sludge - Residuals	gals.		0

Domestic Wastewater Treatment Plant
Monthly Operating Report

4)

Month Dec. Year 1991

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.467	1.1						7.0					
2	.402	1.0						7.0					<2
3	.438	3.5						7.0					<2
4	.476	2.4		212	120	<1	1	7.0			11.03		<2
5	.470	2.7						7.1					<2
6	.445	1.4						7.0					<2
7	.471	2.9						7.0					
8	.452	3.0						7.1					
9	.453	3.2						7.0					<2
10	.451	2.6						7.2					<2
11	.376	4.6		202	94	2	2	7.4			12.85		<2
12	.450	3.0						7.5					<2
13	.443	2.5						7.3					<2
14	.460	2.4						7.3					
15	.444	2.2						7.3					
16	.471	1.9						7.4					<2
17	.438	2.0						7.3					<2
18	.404	2.0		225	92	3	4	7.4			15.42		<2
19	.404	2.1						7.2					<1
20	.382	2.5						7.3					<1
21	.398	2.5						7.5					
22	.389	2.1						7.5					
23	.362	2.1						7.3					<1
24	.373	2.4						7.4					<1
25	.405	2.9						7.2					<1
26	.401	2.9		137	127	.9	1.3	7.4					<1
27	.442	2.6						7.3			17.03		<1
28	.487	2.4						7.4					
29	.498	1.8						7.2					
30	.502	2.2						7.2					<1
31	.537	2.0						7.4					<1

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete and accurate.

ned: Jerry A. Wright Date: 1/14/92

me (Please Type) Jerry A. Wright

mpany Name S.S.U. Services inc. - AMELIA PLANT Telephone No. (Please Type) (904) 261-0821

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN. Year 90

(1) GMS # 4SP04522

Jerry A. Wright 2/2/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Amelia Branch

(3) PLANT ADDRESS: Hwy A-1-A South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO45-124913 .284 .600 3-C

(10) MAX FLOW (MGD) (11) POP SLAVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.328 3000±

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

<2 1.6 3.1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 5.79 .3

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

/

(27) TYPE SAMPLE(S) 8hr Composite (28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

(LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-4619

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	~~TOTAL~~ NO_3 as N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.328	1.5			7.2			
2	.321	.6			7.4			
3	.280	1.1			7.5			
4	.262	.7	2.3	4.6	7.4	2.91		2
5	.259	3.0			7.2			
6	.239	1.0			7.4			
7	.263	2.0			7.4			
8	.257	3.0			7.3			
9	.269	2.6			7.3			
10	.259	2.3			7.3			
11	.272	2.2	1.5	.5	7.4	7.54		
12	.278	.5			7.4			
13	.299	.6			7.3			
14	.294	.3			7.6			
15	.289	3.0			7.2			
16	.258	3.5			7.3			
17	.276	3.5			7.2			
18	.274	2.5	1.3	1.8	7.3	6.39		
19	.297	2.1			7.3			
20	.314	3.5			7.2			
21	.300	.7			7.5			
22	.291	2.0			7.3			
23	.286	.8			7.4			
24	.274	1.4			7.3			
25	.273	2.9	1.1	5.3	7.3	6.85		
26	.296	3.0			7.3			
27	.301	1.1			7.4			
28	.224	.7			7.4			
29	.276	3.0			7.3			
30	.285	1.2			7.3			
31	.309	2.5			7.3			
TOT	8.799							
AVG	.284	1.9	1.6	3.1	7.3	5.79		

0019

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 90

(1) GNS # 45P04522

Jim G. Wright 3/2/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities Inc. - Amelia Branch -

(3) PLANT ADDRESS: Hwy - A-1-A South Amelia City

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D045-124913 .324 .600 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[x] Membrane Filter
[ ] Most Probable Number

.364 3000 ±

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

<2 1.7 4.3

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

2.3 6.75 .3

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

8 hr. Composite Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-4619

DER Form 17-T.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.288	1.1	1.0	3.9	7.4	7.21		<2
2	.308	2.0			7.3			
3	.303	.6			7.3			
4	.326	.7			7.5			
5	.300	2.5			7.3			
6	.308	1.3			7.4			
7	.297	2.5			7.3			
8	.250	.5	1.4	3.2	7.4	7.02		
9	.278	.5			7.3			
10	.325	3.5			7.2			
11	.326	2.5			7.2			
12	.310	.5			7.4			
13	.306	1.5			7.3			
14	.292	2.5			7.3			
15	.314	1.0	1.3	4.8	7.3	6.48		
16	.328	1.1			7.3			
17	.352	1.3			7.3			
18	.348	.3			7.3			
19	.348	.5			7.4			
20	.349	.5			7.3			
21	.346	.8			7.3			
22	.342	.6	3.0	5.2	7.3	6.29		
23	.364	.5			7.3			
24	.349	.4			7.3			
25	.356	.7			7.4			
26	.357	.8			7.4			
27	.321	.5			7.4			
28	.334	.5			7.4			
29								
30								
31								
TOT	9.074							
AVG	.324	1.2	1.9	4.3	7.3	6.75		

Page 1 of 2

0020

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) GMS # FS P04 522

Signature of Lead Operator in Charge — 4/3/90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Amelia Branch

(3) PLANT ADDRESS: Hiway A-1-A South, Amelia City

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D045-124913	.369	.600	3-C

(10) MAX FLOW (MGD)	(11) PUP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.428	3000±	(1) Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			<2	2.9	2.8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8hr Composite (28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-46/9

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.310	.6	3.5	2.7	7.3	4.89		2
2	.330	.5			7.3			
3	.357	.9			7.3			
4	.374	.8			7.3			
5	.346	.5			7.9			
6	.367	.5			7.3			
7	.270	.5			7.3			
8	.376	1.8	1.7	1.2	7.3	6.99		
9	.373	2.0			7.3			
10	.376	.7			7.3			
11	.382	.5			7.3			
12	.359	.5			7.3			
13	.321	.5			7.4			
14	.370	2.5	1.7	2.3	7.2	4.99		
15	.372	1.8			7.2			
16	.398	1.0			7.3			
17	.403	1.0			7.4			
18	.398	1.1			7.3			
19	.390	1.1			7.2			
20	.359	1.0			7.3			
21	.356	.6			7.3			
22	.428	1.0	3.6	.8	7.4	6.97		
23	.357	.5			7.3			
24	.379	.4			7.3			
25	.406	1.3			7.2			
26	.366	1.2			7.3			
27	.344	.6			7.2			
28	.387	.6			7.4			
29	.403	.7	3.8	4.9	7.4	3.65		
30	.409	1.3			7.3			
31	.405	1.7			7.3			
101	11.750							
AVG	.369	1.0	2.9	2.8	7.3			

Page 1 of 2

0021

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 90

(1) FAC. # 45P04522

Signature of Lead Operator in Charge — 5/4/90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services Inc. - Amelia Branch -

(3) PLANT ADDRESS: Hwy A-1-A South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO45-124913 .379 .600 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.481 3,000± Membrane Filter

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

<2 4.4 3.4

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.4 1.69 .3

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

TIME/DATE OF SAMPLE

(27) TYPE SAMPLE(S) 8hr Composite (28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-4619

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.413	3.0			7.3			
2	.385	1.7			7.4			
3	.241	1.5			7.3			
4	.364	.9			7.9			
5	.337	1.5	2.0	1.2	7.4	6.03		300
6	.374	.6			7.4			
7	.395	.5			7.3			
8	.390	.9			7.3			
9	.361	.7			7.5			
10	.411	1.6			7.3			
11	.328	3.2			7.3			
12	.414	2.5	6.3	2.7	7.4	.202		
13	.442	3.2			7.3			
14	.478	2.8			7.4			
15	.457	.8			7.6			
16	.329	2.2			7.4			
17	.363	3.0			7.2			
18	.347	2.5			7.4			
19	.318	3.0	6.9	7.2	7.4	.086		
20	.487	1.8			7.3			
21	.329	2.0			7.5			
22	.281	.7			7.7			
23	.352	2.5			7.4			
24	.318	1.8			7.4			
25	.335	1.3			7.4			
26	.348	.4	3.2	2.6	7.4			
27	.344	.9			7.3	.992		
28	.403	1.1			7.3			
29	.367	.5			7.5			
30	.349	1.5			7.9			
31								
TOT	11.382							
AVG	.379	1.7	4.9	3.4	7.4	1.69		

Page 1 of 2

0022

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1990

(1) DER NO. FLS204522

Signature of Lead Operator in Charge — Date: 6/7/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities Inc. "Amelia Branch"

(3) PLANT ADDRESS: Hwy A-1-A South, Amelia Cty

(4) CITY: Amelia Cty (5) COUNTY: Nassau PHONE NO. 904-261-6821

(6) PERMIT NUMBER: DO75-124913 (7) AVG FLOW MGD: .335 (8) DESIGN FLOW MGD: .600 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .491 (11) POP SERVED: 3000± (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL: <2

(15) BOD (mg/l) EFFLUENT: 1.6

(16) TSS (mg/l) EFFLUENT: 2.4

(17) pH: 7.3 (18) TOTAL N mg/l: | (19) AMMONIA mg/l: | (20) ~~NITRITE~~ NITRATE mg/l: | (21) TOTAL P mg/l: | (22) ORTHO P mg/l: | (23) CHLOR RESID ppm: <.3

(24) BOD (mg/l) UPSTREAM: | DNSTREAM: | TEST/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM: | DNSTREAM:

(26) EFFLUENT PARAMETER: | VALUE: | (UNITS):

(27) TYPE SAMPLE(S): 8hr Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: B-4619 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL~~ NO_3 as N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.346	1.0			7.3			
2	.331	.4			7.4			
3	.321	.5	1.6	3.7	7.4	.969		
4	.355	.6			7.4			
5	.357	.5			7.3			
6	.326	.7			7.4			
7	.312	1.1			7.5			
8	.318	1.0			7.3			
9	.300	1.1			7.7			
10	.325	.5	3.2	2.5	7.4	1.99		
11	.286	.9			7.3			
12	.305	3.0			7.2			
13	.333	1.1			7.6			
14	.390	.4			7.4			
15	.307	.7			7.4			
16	.317	.5			7.4	2.7		
17	.327	.7	1.2	3.0	7.3			
18	.321	.5			7.4			
19	.362	.7			7.5			
20	.338	1.0			7.5			
21	.332	1.0			7.4			
22	.313	1.4			7.2			
23	.300	1.4			7.4			
24	.325	.4	.4	1.7	7.2			0
25	.367	.3			7.4			
26	.451	2.5			7.2			
27	.491	1.0			7.3			
28	.380	3.5			7.2			
29	.300	3.5			7.1			
30	.297	.8			7.4			
31	.322	3.5	1.6	1.9	7.2			
TOT	10.372							
AVG	.335	1.1	1.6	2.4	7.3			

0023

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1990

(1) FDER No. 45P04522

Signature of Treatment Operator in Charge — Date 7/3/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services Inc. - Amelia office

(3) PLANT ADDRESS: Highway A-1-A South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (for previous calendar year) (8) TYPE

D045-124913 .395 .600 3:C

(9) MAX FLOW (MGD) (11) POP SERVED (12) TOTAL CONTINUOUS SAMPLE METHOD
(Automatic Sampler)
(Flow Proportioned Composite)

.481 3000± 24 Hour Composite Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Industrial MGD BOD (lb/d) TSS (lb/d) DOMESTIC INFLUENT EFFLUENT

<2 2.3 3.5

(17) pH (18) TOTAL (19) AMMONIA (20) NITRATE (21) TOTAL P (22) ORTHO P (23) CHLORINE RESIDUAL

(18)	(19)	(20)	(21)	(22)	(23)
	mg/l	(Total) mg/l	mg/l	mg/l	ppm
7.2		3.86			.5

(24) BOD (mg/l) (25) TSS (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TIME DATE OF SAMPLE UPSTREAM PERCENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

8 hr. Composite Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT (Night)

B-4619

FDER Form 17-1.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.399	1.9			7.2			
2	.381	1.1			7.6			
3	.368	.45			7.4			
4	.405	1.0			5.7			
5	.391	.6			7.1			
6	.393	.7			7.2			
7	.382	1.8			7.2			
8	.370	1.3	2.0	1.9	7.3	3.82		
9	.423	1.3			7.2			
10	.399	1.0			7.3			
11	.369	.45			7.1			
12	.368	.6			7.2			
13	.357	1.3			7.2			
14	.376	2.1			7.2			
15	.389	.6	3.1	1.9	7.4	2.93		
16	.427	.8			7.1			
17	.417	2.4			7.1			
18	.362	1.4			7.3			
19	.367	.6			7.2			
20	.392	.6			7.3			
21	.410	1.2	4.2	2.0	7.3	6.98		<2
22	.417	1.6			7.3			
23	.420	1.1			7.6			
24	.432	.5			7.0			
25	.417	1.1			7.2			
26	.400	1.1			7.3			
27	.394	.5			7.5			
28	.400	1.1	3.6	2.2	7.1	6.89		
29	.453	1.4			7.1			
30	.387	1.1			7.3			
31								
TOT	11.854							
AVG	.395	1.1	3.3	2.5	7.2	3.96		

Page 1 of 2

0024

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) DER 2145P04522 — Signature of Lead Operator in Charge — 8/2/90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services Inc. - Amelia Office

(3) PLANT ADDRESS: Hiway A-1-A South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0621

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO45-180686 .432 .600 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD** [ ] Membrane Filter [ ] Most Probable Number

.513 3000 ±

(13) INDUSTRIAL CONTRIBUTION (lbs/day) (14) % FLOW (MGD) (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d — INFL. <3 — EFFLUENT 4.6 — EFFLUENT 3.8

(17) pH 7.3 (18) TOTAL N mg/l — (19) AMMONIA mg/l — (20) NITRATE mg/l .212 — (21) TOTAL P mg/l — (22) ORTHO P mg/l — (23) CHLOR RESID mg/l .8

(24) BOD (mg/l) UPSTREAM DOWNSTREAM (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT TIME/DATE OF SAMPLE PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) 8 hr. Composite (28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

0-4619

DER Form 17-7.205(2) Effective August 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DO EFFLUENT (mg/l)	% SAT N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.492	.8			2.4			
2	.398	3.2			2.3			
3	.436	3.5			2.3			
4	.466	2.8			2.4			
5	.477	1.1			2.6			
6	.480	2.5	5.4	4.0	2.4	.065		<2
7	.480	3.0			2.4			
8	.438	3.0			2.3			
9	.406	2.5			2.4			
10	.399	2.5			2.2			
11	.386	2.5			2.3			
12	.468	2.5	4.1	4.4	2.2	.35		
13	.424	2.5			2.2			
14	.416	3.0			2.4			
15	.437	2.5			2.4			
16	.391	3.2			2.2			
17	.393	2.5			2.4			
18	.385	2.5			2.4			
19	.414	2.5	5.3	3.8	2.4	.202		
20	.428	2.5			2.4			
21	.455	2.5			2.3			
22	.435	2.5			2.4			
23	.407	2.5			2.3			
24	.412	2.5			2.2			
25	.431	2.5			2.3			
26	.431	2.5	5.5	4.8	2.5	.231		
27	.428	2.5			2.2			
28	.513	1.0			2.4			
29	.450	3.3			2.3			
30	.415	2.5			2.3			
31	.416	2.7			2.3			
10↑	13.395							
AVG	.432	2.7	4.6	3.8	2.3	.212		

0025

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Aug Year: 90

(1) FAC. # FL 0045224522

Signature of Lead Operator in Charge — Date: 9/6/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services - Amelia Office

(3) PLANT ADDRESS: Highway A-1-A South, Amelia Island

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO45-180686 .396 .600 3C

(10) MAX FLOW (MGD) (11) PWS SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Hyoheme Filter
[ ] Most Probable Number

.479 3,000 ±

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/L) (16) TSS (mg/L)
Ind. Flow MGD BOD (lbs/d) TSS (lbs/d) INFL. % EFFLUENT EFFLUENT

<3 3.8 4.0

(17) pH (18) Total N mg/l (19) AMMONIA mg/l (20) NITRATE mg/l (21) Total P mg/l (22) ORTHO P mg/l (23) CHLORINE RESID mg/l

7.3 2.4 .7

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TIME/Date OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) (28) TYPE FINAL DISPOSAL

8hr Composite Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATION SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-4619

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.411	3.0			7.9			
2	.415	3.5	3.2	4.6	7.4	5.04		<2
3	.420	3.5			7.2			
4	.479	2.2			7.3			
5	.339	1.2			7.5			
6	.431	2.5			7.4			
7	.435	2.5			7.2			
8	.410	3.5			7.7			
9	.423	2.5	3.0	3.3	7.1	.04		
10	.453	1.5			7.2			
11	.449	2.0			7.4			
12	.477	3.5			7.2			
13	.446	3.5			7.4			
14	.432	3.5			7.2			
15	.409	2.5			7.2			
16	.428	3.5	6.3	7.0	7.3	.232		
17	.438	2.1			7.3			
18	.459	3.6			7.5			
19	.386	11			7.5			
20	.361	3.5			7.3			
21	.357	1.0			7.3			
22	.347	2.0			7.2			
23	.354	6.3	5.0	5.0	7.3	.438		
24	.357	2.5			7.4			
25	.407	2.0			7.3			
26	.326	1.0			7.4			
27	.293	4.8			7.0			
28	.291	3.5			7.1			
29	.297	3.5			7.2			
30	.307	3.5	1.0	.3	7.0	7.50		
31	.347	.7			7.6			
(01)	12.271							
AVG	.396	2.7	3.0	4.0	7.3	2.7		

0026

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 90

(1) GMS: 3145P01522

Signature of Lead Operator in Charge — Date: 10/5/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services Inc. Amelia Office

(3) PLANT ADDRESS: Hiway A-1 A South

(4) CITY: Amelia City (5) COUNTY: NASSAU PHONE NO: 904-261-0821

(6) PERMIT NUMBER: DO45-180686 (7) AVG FLOW MGD: .314 (8) DESIGN FLOW MGD: .600 (9) TYPE: 3 C

(10) MAX FLOW (MGD): .454 (11) POP SERVED: 3000 ± (12) FECAL COLIFORM SAMPLE METHOD: (✓) Membrane Filter ( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: <3 (15) BOD (mg/l) EFFLUENT: 1.0 (16) TSS (mg/l) EFFLUENT: 1.5

(17) pH: 7.2 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) NITRATE mg/l: 6.1 (21) TOTAL P mg/l: ____ (22) METHOD: ____ (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____ / ____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT ± PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): 8 hr. Composite (28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: B-4619 SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

DEP-SOP-___ (___) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL NO2+NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.436	3.5			7.1			
2	.454	3.5			7.1			
3	.396	3.5			7.3			
4	.295	2.0			7.1			
5	.269	2.6			7.2			
6	.270	2.5	2.1	1.9	7.0	.6		
7	.299	3.5			7.2			
8	.327	3.5			7.1			
9	.316	1.0			7.4			
10	.299	3.5			7.1			
11	.289	2.5			7.2			
12	.201	3.5			7.2			
13	.307	3.5	.7	2.1	7.1	2.8		<2
14	.334	3.5			7.2			
15	.357	1.0			7.3			
16	.323	1.1			7.0			
17	.305	2.5			7.3			
18	.294	3.5			7.2			
19	.287	3.5			7.2			
20	.286	3.5	.5	.7	7.1	12.0		
21	.274	3.5			7.2			
22	.317	3.5			7.1			
23	.280	3.2			7.3			
24	.282	3.1			7.2			
25	.262	1.1			7.4			
26	.296	2.1			7.3			
27	.320	1.3			7.3			
28	.320	1.3	.7	1.2	7.2	9.0		
29	.317	1.0			7.3			
30	.302	1.0			7.1			
31								
TOT	9.42							
AVG	.314	2.7	1.0	1.5	7.2	6.1		

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0027

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month OCTOBER Year 1990

(1) GNS # 314504522

Signature of Lead Operator in Charge — Date: 11-5-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. SERVICES INC., AMELIA OFFICE

(3) PLANT ADDRESS: Highway A-1-A South

(4) CITY: Amelia City (5) COUNTY: NASSAU PHONE NO. (904)261-0521

(6) PERMIT NUMBER: FL-S-180686 (7) AVG FLOW MGD: .323 (8) DESIGN FLOW MGD: .600 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .389 (11) POP SERVED: 3000 ± (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind. Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL: <3 (15) BOD (mg/l) EFFLUENT: 2.3 (16) TSS (mg/l) EFFLUENT: 1.8

(17) pH: 7.2 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) ~~NITRATE~~ NITRATE mg/l: 10.32 (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: .9

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____ (25) DO (mg/l) UPSTREAM ____ DNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): 8 HR. COMPOSITE (28) TYPE EFFL DISPOSAL: SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: C-6194 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL NOx as N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.296	1.0			7.5			
2	.328	2.5			7.2			
3	.322	1.8			7.2			
4	.351	1.6	.9	.6	7.3	11.6		<2
5	.342	1.5			7.3			
6	.387	2.3			7.2			
7	.369	1.0			7.2			
8	.323	1.0			7.3			
9	.332	1.7			7.2			
10	.303	1.7			7.2			
11	.365	2.0	.9	2.4	7.1	(4167)		
12	.319	1.8			7.2			
13	.339	2.6			7.1			
14	.389	2.1			7.1			
15	.300	1.0			7.1			
16	.322	1.4			7.3			
17	.311	1.3			7.1			
18	.310	1.1			7.1	13.4		
19	.304	1.9	3.47	*	7.1			
20	.317	1.0			7.3			
21	.347	1.0			7.3			
22	.368	1.2			7.1			
23	.332	1.8			7.2			
24	.310	2.2			7.2			
25	.290	1.8			7.2	9.9		
26	.292	.8	5.1	2.5	7.1			
27	.314	1.0			7.4			
28	.379	1.1			7.4			
29	.378	1.3			7.10			
30	.280	1.0			7.1			
31	.280	.8			7.0			
TOT	10.003							
AVG	.323	1.5	2.3	1.8	7.2	10.32		

* NO RESULT DUE TO BROKEN SAMPLE CRUCIBLE

0028

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: NOVEMBER Year: 1990

(1) GNS # 3145P04522

Signature of Lead Operator in Charge — Date: 12-4-90

I certify, that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete and accurate

(2) PLANT NAME: S.S.U. SERVICES INC., AMELIA OFFICE

(3) PLANT ADDRESS: HIGHWAY A-1-A SOUTH

(4) CITY: AMELIA CITY (5) COUNTY: NASSAU PHONE NO. (904) 261-0521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO45-180686	.328	.600	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.408	3000 ±	(✓) Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			<3	2.0	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			12.96			.4

(24) BOD (mg/l) UPSTREAM	ONSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	ONSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR. COMPOSITE

(28) TYPE EFFL DISPOSAL: SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: C-6194 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) EFFECTIVE November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	~~TOTAL NO3 - N~~ (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.288	1.6	2.9	2.4	7.2	16.5		4
2	.311	1.3			6.9			
3	.327	1.6			6.9			
4	.329	1.0			6.9			
5	.314	1.1			6.9			
6	.356	.8			7.2			
7	.364	3.5			7.1			
8	.259	.4	.49	3.1	7.1	11.5		
9	.340	.7			7.1			
10	.382	3.5			7.2			
11	.326	1.8			7.2			
12	.292	3.5			7.3			
13	.348	3.5			7.3			
14	.360	3.5			7.0			
15	.343	3.5	1.9	2.2	6.9	12.3		
16	.408	1.2			7.4			
17	.333	1.3			7.2			
18	.350	1.2			7.2			
19	.318	2.0			7.1			
20	.317	2.0			7.2			
21	.322	1.0	3.1	4.5	7.2	13.3		
22	.313	1.5			7.2			
23	.320	1.0			7.2			
24	.326	1.8			7.2			
25	.348	2.0			7.2			
26	.280	2.0			7.2			
27	.343	2.5			7.2			
28	.263	2.5			7.3	11.2		
29	.259	2.3	1.6	5.3	7.1			
30	.329	3.5			7.2			
31								
TOT	9.844							
AVG	.328	2.0	2.0	3.5	7.1	12.96		

NOTE: DAILY FLOWS AVERAGED FROM WATER PLANT DAILY PRODUCTION. WASTEWATER EFFLUENT FLOWMETER OUT BECAUSE OF PLANT

0029

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec. Year 90

(1) EMS # 3145P04522

Signature of Lead Operator in Charge — Date 1/8/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services Inc. -Amelia Office-

(3) PLANT ADDRESS: Highway A-1-A South

(4) CITY: Amelia City (5) COUNTY: Nassau PHONE NO. 904-261-0521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO45-180686	.282	.600	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.360	3,000±	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			<2	1.0	6.7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			14.1			.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8hr Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: B-4619 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.310	.7			7.3			
2	.305	.8			7.2			
3	.279	1.2			7.3			
4	.293	1.1			7.4			
5	.292	1.2			7.4			
6	.264	1.4	.9	2.5	7.2	14.0		8
7	.292	1.6			7.2			
8	.260	1.4			7.3			
9	.275	1.0			7.3			
10	.264	1.0			7.2			
11	.283	1.2			7.3			
12	.254	1.5			7.2			
13	.272	1.5	1.4	15.3	7.2	10.0		
14	.264	1.8			7.4			
15	.258	3.5			7.1			
16	.259	2.5			7.1			
17	.270	1.9			7.2			
18	.270	1.4			7.2			
19	.276	1.8			7.2			
20	.271	1.5	1.1	1.9	7.2	11.0		32
21	.272	1.5			7.3			
22	.293	1.4			7.3			
23	.263	1.0			7.2			
24	.277	1.3			7.2			
25	.257	1.6			7.3			
26	.280	1.6			7.3			
27	.272	1.8	.4	2.9	7.5	18.3		
28	.344	1.2			7.4			
29	.315	1.2			7.2			
30	.216	1.5			7.4			
31	.340	1.8			7.4			
TOT	8.732							
AVG	.282	1.5	1.0	6.7	7.3	14.1		4

0030

Apache Shores - 990

Citrus County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 1 Year 91

(1) GMS # 22PCOLLSS

Robert Bryant — 2-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO.: (904) 527-7551

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DOC9093467 .005 .007 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

.006 1267

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT
(16) TSS (mg/l) EFFLUENT

(17) pH: 7.6
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
J-6936

DER FORM 17-1.205(7) Effective November 30, 1982

RECEIVED By D.E.R. FEB [illegible] Tampa — DEPARTMENT OF ENVIRONMENTAL REGULATION — STATE OF FLORIDA

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.2			7.6			
2	.006	1.2			7.6			
3	.006	1.3			7.6			
4	.005	1.2			7.6			
5	.004							
6	.004	1.2			7.6			
7	.006	1.2			7.6			
8	.005	1.2			7.6			
9	.006	1.2			7.6			
10	.004	1.2			7.6			
11	.005	1.2			7.6			
12	.004	1.2			7.6			
13	.005							
14	.005	1.2			7.6			
15	.004	1.2			7.6			
16	.004	1.2			7.6			
17	.005	1.2			7.6			
18	.006	1.2			7.6			
19	.004							
20	.006	1.2			7.6			
21	.005	1.2			7.6			
22	.005	1.2			7.6			7200
23	.005	1.2			7.6			
24	.006	1.2			7.6			
25	.005	1.5			7.6			
26	.005	1.2			7.6			
27	.004							
28	.004	1.3			7.6			
29	.005	1.2			7.6			
30	.004	1.2			7.6			
31	.006	1.2			7.6			
101	.151	324			305.2			
AVG	.005	1.2			7.6			

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0031

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 2 Year 91

(1) GMS # 09P01183

Robert Pogoda — 3-5-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09093467	.005	.007	

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.008	120+	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.3	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6			1.4			1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
Grab	Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-6936			

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.2			7.6			
2	.004	1.2			7.6			
3	.004							
4	.004	1.2			7.6			
5	.004	1.2			7.6			
6	.004	1.2			7.6			
7	.006	1.2			7.6			
8	.005	1.2			7.6			
9	.004	1.2			7.6			
10	.004							
11	.004	1.2			7.6			
12	.008	1.2			7.6			
13	.006	1.2	0.3	4	7.6	1.4		<1
14	.004	1.2			7.6			
15	.004	1.2			7.6			
16	.005							
17	.006	1.2			7.6			
18	.006	1.2			7.6			
19	.005	1.2			7.6			
20	.004	1.2			7.6			
21	.004	1.2			7.6			
22	.005	1.2			7.6			
23	.004	1.2			7.6			
24	.003							
25	.005	1.2			7.6			
26	.005	1.2			7.6			
27	.005	1.2			7.6			
28	.004	1.2			7.6			
29								
30								
31								
101	.152	28			182			
AVG	.006	1.2			7.6			

Page 1 of 2

0032

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 3 Year 91

(1) GMS # 0990022

Robert Boccasta 4-1-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apache Shores

(3) PLANT ADDRESS: Blue Water + Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA09093467 .005 .007 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[M] Membrane Filter
[ ] Most Probable Number

.007 120+

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.6 — — — — — 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-3696

Corrected from F.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.2			7.6			
2	.003	1.2			7.6			
*3	.006							
4	.006	1.2			7.6			
5	.006	1.2			7.6			
6	.004	1.2			7.6			
7	.006	1.2			7.6			
8	.004	1.2			7.6			
9	.007	1.2			7.6			
*10	.005							
11	.005	1.2			7.6			
12	.003	1.2			7.6			
13	.004	1.2			7.6			
14	.006	1.2			7.6			
15	.004	1.2			7.6			
*16	.004							
17	.004	1.2			7.6			
18	.006	1.2			7.6			
19	.005	1.2			7.6			
20	.006	1.2			7.6			
21	.005	1.2			7.6			
22	.006	1.2			7.6			
23	.005	1.2			7.6			
*24	.005							
25	.005	1.2			7.6			
26	.007	1.2			7.6			
27	.004	1.2			7.6			
28	.005	1.2			7.6			
29	.006	1.2			7.6			
30	.004	1.2			7.6			
*31	.004							
101	.150	312			7.6			
AVG	.005	1.2			7.6			

Page 1 of 2

0033

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GHS 09P01183

Robert Bogold — 5-6-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater Wells ST

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09093467	.005	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006	150+	[ ] Membrane Filter [ ] Most Probable Number

(13) DOMESTIC CONTRIBUTION Inst Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD $mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.2	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6			.83			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: PERC POND

(29) PLANT STAFFING

LEAD OPERATOR: 6 6 9 3 6 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month 4 Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.0			7.6			
2	.005	1.0			7.6			
3	.004	1.0			7.6			
4	.005	1.0			7.6			
5	.003	1.0			7.6			
6	.003							
7	.006	1.0			7.6			
8	.006	1.0			7.6			
9	.005	1.0			7.6			
10	.004	1.0	1.2	7	7.6	.83		41
11	.005	1.0			7.6			
12	.004	1.0			7.6			
13	.005	1.0			7.6			
14	.005							
15	.006	1.0			7.6			
16	.004	1.0			7.6			
17	.004	1.0			7.6			
18	.004	1.0			7.6			
19	.004	1.0			7.6			
20	.005	1.0			7.6			
21	.005							
22	.004	1.0			7.6			
23	.004	1.0			7.6			
24	.004	1.0			7.6			
25	.006	1.0			7.6			
26	.005	1.0			7.6			
27	.004	1.0			7.6			
28	.004							
29	.006	1.0			7.6			
30	.004	1.0			7.6			
31								
TOT	.140	26			1996			
AVG	.005	1.0			7.6			

0034

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER: 09P01183

Robert St Bourdon — 6-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Blue water & Wells St.

(4) CITY: HERNANDO (5) COUNTY: Citrus PHONE NO. 904489-3452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09093467	.004	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006	120	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						1.0

(24) BOD (mg/l)
UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l)
UPSTREAM DOWNSTREAM

(26) EFFLUENT
PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: CL936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

FAC. 20[illegible] Effective November 30, 1982

Month May Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.0			7.6			
2	.003	1.0			7.6			
3	.003	1.0			7.6			
4	.005	1.0			7.6			
5	.005							
6	.004	1.0			7.6			
7	.003	1.0			7.6			
8	.004	1.0			7.6			
9	.004	1.0			7.6			
10	.005	1.0			7.6			
11	.004	1.0			7.6			<1
12	.003							
13	.004	1.0			7.6			
14	.004	1.0			7.6			
15	.003	1.0			7.6			
16	.003	1.0			7.6			
17	.003	1.0			7.6			
18	.004	1.0			7.6			
19	.005							
20	.004	1.0			7.6			
21	.003	1.0			7.6			
22	.003	1.0			7.6			
23	.003	1.0			7.6			
24	.004	1.0			7.6			
25	.004	1.0			7.6			
26	.005							
27	.005	1.0			7.6			
28	.003	1.0			7.6			
29	.003	1.0			7.6			
30	.004	1.0			7.6			
31	.004	1.0			7.6			
TOT	.119	23			236			
AVG	.004	1.0			7.6			

0035

0036

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 09P01185

Randy Boonin — 7-4-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apache Shores

(3) PLANT ADDRESS: Blue water [illegible]

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 904 489 2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC09693467	.004	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006	120+	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.9	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6			24.2			1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CL6396

DEP Form 17-1.202(7) Effective November 30, 1982

(30) Month 6 Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	1.0			7.6			
2	.003							
3	.004	1.0			7.6			
4	.002	1.0			7.6			
5	.003	1.0	2.9	5	7.6	24.2		
6	.005	1.0			7.6			
7	.004	1.0			7.6			
8	.004	1.0			7.6			
9	.004							
10	.004	1.0			7.5			
11	.004	1.0			7.6			
12	.003	1.0			6.8			
13	.004	1.0			7.6			
14	.005	1.0			7.6			
15	.004	1.0			7.6			
16	.004							
17	.003	1.0			7.6			
18	.003	1.0			7.6			
19	.004	1.0			7.6			
20	.003	1.0			7.6			
21	.005	1.0			7.6			
22	.006	1.0			7.6			
23	.004							
24	.003	1.0			7.6			
25	.003	1.0			7.6			
26	.005	1.0			7.6			
27	.003	1.0			7.6			
28	.003	1.0			7.4			
29	.006	1.0			7.6			
30	.006							
31								
101	1.6	25			19.4			
AVG	.004	1.0			7.6			

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991
(2) Plant's DER Identification Number 0900 1183
(3) Plant Name Apachee Shores
(4) Plant Address Blue water & well St.
(5) City Hernando
(6) County Citrus
(7) Phone Number 1-904 489 2452
(8) Permit Number D009093467
(9) Plant Type 3 D
(10) Test Site Identification Number _____
(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number
(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Pond
(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
(14) Cumulative Days of Wet Weather Discharge _____
(15) Plant Staffing
Day Shift Operator Class C Cert. No 6936
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Robert Rizzo C6936
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	—	.007
(18) Three-month average daily flow	mgd	—	.004
(19) Percent of permitted capacity	%	—	72%
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.62
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 1991

(34)

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)										
1	.004	1.5						7.6															
2	.003	1.5						7.6															
3	.004	1.5						7.6															
4	.004	1.5						7.6															
5	.004	1.5						7.6															
6	.004	1.5																					
7	.004							7.6															
8	.004	1.5						7.6															
9	.003	1.5						7.6															
10	.003	1.5						7.6															
11	.004	1.5						7.6															
12	.003	1.5						7.6															
13	.004	1.5						7.6															
14	.004																						
15	.004	1.5						7.8															
16	.005	1.5						7.6															
17	.003	1.5						7.6															
18	.003	1.5						7.6															
19	.003	1.5						7.6															
20	.004	1.5																					
21	.003							7.6															
22	.004	1.5						7.6															
23	.002	1.5						7.6															
24	.003	1.5						7.6															
25	.004	1.5						7.6															
26	.006	1.5						7.6															
27	.005	1.5																					
28	.005							7.6															
29	.005	1.5						7.6															
30	.003	1.5						7.6															
31	.002	1.5																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Robert Bogosta Date: 8-5-91

Name (Please Type) Robert Bogosta Telephone No (Please Type): 904-489-2452

Company Name Southern States Utilities

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month (8) Aug Year 1991

(2) Plant's DER Identification Number FL0091183

(3) Plant Name Apache Shores

(4) Plant Address Blue water & Wells St

(5) City Hernando

(6) County Citrus

(7) Phone Number 1-904-489-2452

(8) Permit Number DEC 9093467

(9) Plant Type 3-D

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] C-6936
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	—	.007
(18) Three-month average daily flow	mgd	—	.004
(19) Percent of permitted capacity	%	—	72%
(20) $CBOD_5$ Effluent	mg/L	080082	18.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

Page 2 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Apache Shores Month: 8 Year: 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.004	1.5						7.6					
2	.005	1.5						7.6					
3	.005	1.5						7.6					
4	.005												
5	.004	1.5						7.6					
6	.004	1.5						7.6					
7	.003	1.5						7.6					21
8	.004	1.5						7.6					
9	.004	1.5						7.6					
10	.003	1.5						7.6					
11	.003												
12	.003	1.5						7.6					
13	.003	1.5						7.6					
14	.004	1.5				18.5	8	7.6					
15	.004	1.5						7.6					
16	.004	1.5						7.6					
17	.004	1.5						7.6					
18	.003												
19	.003	1.5						7.6					
20	.004	1.5						7.6					
21	.003	1.5						7.6					
22	.001	1.5						7.6					
23	.003	1.5						7.6					
24	.003	1.5						7.6					
25	.003												
26	.004	1.5						7.6					
27	.003	1.5						7.6					
28	.001	1.5						7.6					
29	.003	1.5						7.6					
30	.003	1.5						7.6					
31	.003	1.5						7.6					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: [signature] Date: 9-3-91

Name (Please Type): Robert Bogosta

Company Name: Southern Systems, Inc.

Telephone No (Please Type): 904-489-2452

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month 9-91 Year 1991

(2) Plant's DER Identification Number 09P01183

(3) Plant Name Apachee Shores

(4) Plant Address Blue water wells St

(5) City Hernando

(6) County Citrus

(7) Phone Number 1-904-489-2452

(8) Permit Number D009093467

(9) Plant Type 3-D

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc. Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Robert Bocardo 6936
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050050	.003
(17) Permitted capacity	mgd	—	.007
(18) Three-month average daily flow	mgd	—	.0014
(19) Percent of permitted capacity	%	—	20%
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.10
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

Page 2 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month: 9 Year: 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)										
1	.003	•																					
2	.001	1.5						7.6															
3	.004	1.5						7.6															
4	.002	1.5						7.6															
5	.002	1.5						7.6															
6	.003	1.5						7.6															
7	.006	1.5						7.6															
8	.006	•																					
9	.001	1.5						7.6															
10	.002	1.5						7.6															
11	.002	1.5						7.6			<10												
12	.002	1.5						7.6															
13	.003	1.5						7.6															
14	.003	1.5						7.6															
15	.002	•																					
16	.003	1.5						7.6															
17	.003	1.5						7.6															
18	.001	1.5						7.6															
19	.002	1.5						7.6															
20	.002	1.5						7.6															
21	.002	1.5						7.6															
22	.002	•																					
23	.002	1.5						7.6															
24	.002	1.5						7.6															
25	.002	1.5						7.6															
26	.002	1.5						7.6															
27	.002	1.5						7.6															
28	.002	1.5						7.6															
29	.002	•																					
30	.003	1.5						7.6															

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Robert Bogosta Date: 10-3-91

Name (Please Type): Robert Bogosta Telephone No. (Please Type): (904) 489-2452

Company Name: Southern States Utilities

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ____ (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

) Month 10 Year 91

) Plant's DER Identification Number 09P01183

) Plant Name Aparicio Shores

) Plant Address Bluewater & Will St.

) City Hernando

) County Citrus

) Phone Number (904) 489-2452

) Permit Number D009093467

). Plant Type 3-D

) Test Site Identification Number ____

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Ponds

) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge ____

) Plant Staffing

Day Shift Operator Class C Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator L. Brogden (Signature) 6936 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	—	.007
(18) Three-month average daily flow	mgd	—	.004
(19) Percent of permitted capacity	%	—	72%
(20) $CBOD_5$ Effluent	mg/L	080082	3.1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601(900)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____ (If applicable)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 10 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.005	1.5						7.6														
2	.005	1.5						7.6														
3	.006	1.5						7.6														
4	.005	1.5						7.6														
5	.006	1.5						7.6														
6	.005																					
7	.005	1.5						7.6														
8	.006	1.5						7.6														
9	.005	1.5				31	10	7.6														
10	.005	1.5						7.6														
11	.006	1.5						7.6														
12	.005	1.5						7.6														
13	.005																					
14	.005	1.5						7.6														
15	.005	1.5						7.6														
16	.005	1.5						7.6														
17	.005	1.5						7.6														
18	.005	1.5						7.6														
19	.005	1.5						7.6														
20	.006																					
21	.005	1.5						7.6														
22	.005	1.5						7.6														
23	.005	1.5						7.6														
24	.005	1.5						7.6														
25	.005	1.5						7.6														
26	.005																					
27	.005	1.5						7.6														
28	.005	1.5						7.6														
29	.005	1.5						7.6														
30	.005	1.5						7.6														

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete, and accurate.

gned: Robert Bogosta Date: 11-3-91

ame (Please Type) Robert Bogosta

ompany Name SSU SERVICES Telephone No (Please Type) (904) 489-2452

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Approval No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month 11 Year 91

(2) Plant's DER Identification Number 09 P01183

(3) Plant Name Apachee Shores

(4) Plant Address Blue water + Wells St

(5) City HERNANDO

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D0090934 67

(9) Plant Type 3-D

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Pond

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No 6936
Evening Shift Operator Class ____ Cert. No ____
Night Shift Operator Class ____ Cert. No ____
Lead Operator Richard Bogusta C6936
Signature Cert. No

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	—	.007
(18) Three-month average daily flow	mgd	—	.004
(19) Percent of permitted capacity	%	—	72%
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601(20)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 11 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.005	1.5						7.6					
2	.005	1.5						7.6					
3	.004												
4	.004	1.5						7.6					
5	.004	1.5						7.6					
6	.004	1.5						7.6					
7	.004	1.5						7.6					
8	.005	1.5						7.6					
9	.003	1.5						7.4					
10	.004												
11	.004	1.5						7.6					
12	.006	1.5						7.6					
13	.003	1.5						7.6					
14	.003	1.5						7.6					
15	.004	1.5						7.6					
16	.005	1.5						7.6					
17	.004												
18	.005	1.5						7.6					
19	.004	1.5						7.6					
20	.004	1.5						7.6					
21	.003	1.5						7.6					
22	.004	1.5						7.6					
23	.005	1.5						7.6					
24	.004												
25	.004	1.5						7.6					
26	.004	1.5						7.6					
27	.005	1.5						7.6					
28	.006	1.5						7.6					
29	.005	1.5						7.6					
30	.006	1.5						7.6					
31													

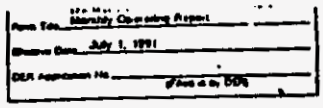
Read Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Robert Bogosta Date: 12-3-91

Name (Please Type) Robert Bogosta

Company Name SSU SERVICES Telephone No (Please Type) (904) 489-2452

Page 3 of 3



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month 12 Year 1991

Plant's DER Identification Number 09 P01183

Plant Name Apachee

Plant Address Blue WATER & Wells St

City Hernando

County Citrus

Phone Number 1-904-489-2452

Permit Number DO09093467

Plant Type 3-D

Test Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No 6936

Evening Shift Operator Class Cert. No

Night Shift Operator Class Cert. No

Lead Operator Robert Bigelow C6936
Signature Cert. No

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	—	.007
(18) Three-month average daily flow	mgd	—	.004
(19) Percent of permitted capacity	%	—	22%
(20) $CBOD_5$ Effluent	mg/L	080082	9.1
(21) $CBOD_5$ Effluent	lbs/day	—	[illegible]
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month 12 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.008																				
2	.008	1.5						7.6													
3	.005	1.5						7.6													
4	.004	1.5			7	9.1		7.6					<1								
5	.004	1.5						7.6													
6	.005	1.5						7.6													
7	.004	1.5						7.4													
8	.004																				
9	.004	1.5						7.6													
10	.004	1.5						7.6													
11	.004	1.5						7.6													
12	.004	1.5						7.6													
13	.004	1.5						7.6													
14	.004	1.5						7.6													
15	.004																				
16	.004	1.5						7.6													
17	.004	1.5						7.6													
18	.004	1.5						7.6													
19	.004	1.5						7.6													
20	.004	1.5						7.6													
21	.004	1.5						7.6													
22	.004																				
23	.004	1.5						7.6													
24	.005	1.5						7.6													
25	.004	1.5						7.6													
26	.002	1.5						7.6													
27	.002	1.5						7.6													
28	.002	1.5						7.4													
29	.003																				
30	.003	1.5						7.6													
31	.003	1.5						7.6													

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

gned: Robert X Bogosta Date: 1-2-92

ame (Please Type) Robert Bogosta

ompany Name SSU SERVICES Telephone No (Please Type) (904) 489-2452

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0790183

Roland Boccatondi — 2-3-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apache Shores

(3) PLANT ADDRESS: Bluewater & Lisa ST

(4) CITY: HERNANDO (5) COUNTY: CITRUS PHONE NO. 1-800 482 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DCC909 3467	.006	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.009	120	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				8.7	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
7.5			4.0			.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc-pond

(29) PLANT STAFFING

LEAD OPERATOR: C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.202(7) Effective November 30, 1982

Month JAN Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.4			7.4			
2	.005	2.0			7.4			
3	.005	2.0			7.4			
4	.004	2.0			7.4			
5	.005	2.0			7.4			
6	.005	2.0			7.4			
7	.006	2.0			7.4			
8	.006	1.5			7.4			
9	.007	2.0			7.4			
10	.007	1.8	8.7	8.0	7.4			
11	.006	2.0			7.5			
12	.006	2.0			7.4			
13	.006	1.5			7.5			
14	.006	1.2			7.6			
15	.006	1.5			7.6			
16	.007	1.5			7.6			
17	.005	2.0			7.6			
18	.005	2.0			7.6			
19	.006	1.5			7.6			
20	.009	1.5			7.6			
21	.005	1.5			7.5			
22	.005	2.0			7.6			
23	.006	2.0			7.6			
24	.006	1.5			7.5			
25	.008	1.5			7.5			
26	.006	1.5			7.6			
27	.009	1.2			7.6			
28	.004	1.3			7.6			
29	.006	1.3			7.6			
30	.009	1.3			7.5			
31	.006	1.6			7.5			
101	.187	51.9			232.5			
AVG	.006	1.7			7.5			

0049

PEL
PC

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1990

(1) EMS # 0290011183

Robert Bogatay II — March 1, 1990
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apache Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DOC9 093467 .006 .007 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane filter
[ ] Most Probable Number

.013 120

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.5 4.0 7.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL perc pond

(29) PLANT STAFFING

LEAD OPERATOR C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.5			7.4			
2	.006	1.0			7.4			
3	.004	1.2			7.4			
4								
5	.009	1.5			7.4			
6	.004	1.5			7.4			
7	.009	1.5			7.4			
8	.005	1.5			7.5			
9	.007	1.5			7.5			
10	.005	1.6			7.5			
11	.007							
12	.007	1.5			7.5			
13	.006	1.6			7.5			
14	.006	1.5			7.5			
15	.002	1.6			7.5			
16	.007	1.5			7.5	4.0		
17	.005	1.6			7.5			
18	.005							
19	.006	1.6			7.5			
20	.006	1.5			7.5			
21	.006	1.6			7.5			
22	.006	1.4			7.5			
23	.005	1.4			7.5			
24	.013	1.6			7.5			
25	.010							
26	.010	1.4			7.5			
27	.005	1.6			7.5			
28	.006	1.5			7.5			
29								
30								
31								
TOT	.174	35.7			179.4	4.0		
AVG	.006	1.5			7.5	4.0		

0050

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) GMS # 09P0LL83

Robert Bogata — 4-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater + Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-904-726-4521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09093462	.006	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.010	120	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.9	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			4			1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc pond

(29) PLANT STAFFING

LEAD OPERATOR: G-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	1.5			7.5			
2	.007	1.4			7.5			
3	.004	1.4			7.5			
4	.009							
5	.010	1.4			7.5			
6	.006	1.4			7.5			
7	.005	1.4			7.5			
8	.004	1.5			7.5			
9	.004	1.5			7.5			
10	.007	1.5			7.5			
11	.007							
12	.004	1.5			7.5			
13	.004	1.4			7.5			
14	.005	1.4			7.5			
15	.003	1.3			7.5			
16	.006	1.4			7.5			
17	.006	1.4			7.5			
18	.006							
19	.003	1.4			7.5			
20	.006	1.4	1.9	3.5	7.5	4		
21	.003	1.5			7.5			
22	.007	1.4			7.5			
23	.003	1.3			7.5			
24	.007	1.4			7.5			
25	.007							
26	.003	1.3			7.5			
27	.007	1.2			7.5			
28	.006	1.2			7.5			
29	.006	1.3			7.5			
30	.004	1.3			7.5			
31	.007	1.3			7.5			
101	.17%	20.3			20.5			
AVG	.006	1.4			7.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

(1) GMS # GPOLL83

Robert S Bogart — 5-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Blue water & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-800432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0090936	.005	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.007	120	[-] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5						1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc pond

(29) PLANT STAFFING

LEAD OPERATOR: C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007							
2	.005	1.3			7.5			
3	.005	1.2			7.5			
4	.006	1.2			7.5			
5	.004	1.2			7.5			
6	.004	1.2			7.5			
7	.004	1.2			7.5			
8	.005							
9	.005	1.2			7.5			
10	.006	1.2			7.5			
11	.006	1.2			7.5			
12	.004	1.2			7.5			
13	.004	1.2			7.5			
14	.005	1.2			7.5			
15	.005							
16	.006	1.2			7.5			
17	.006	1.2			7.5			
18	.004	1.2			7.5			
19	.006	1.2			7.5			
20	.005	1.2			7.5			
21	.004							
22	.004	1.2			7.5			
23	.004	1.2			7.5			
24	.004	1.2			7.5			
25	.004	1.2			7.5			
26	.005	1.2			7.5			
27	.003	1.2			7.5			
28	.004	1.2			7.5			
29	.005							
30	.005	1.2			7.5			
31								
TOT	.143	30.1			187.5			
AVG	.005	1.2			7.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) GMS # 09PC01183

Signature of Lead Operator In Charge — Date: 6-4-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. / 500-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0090934 67	.005	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.010	130+	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.4	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			1.8			1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc pond

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

C-6936

DEP Form 17-1.207(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	1.2			7.5			<1
2	.004	1.2			7.5			
3	.005	1.2			7.5			
4	.003	1.2			7.5			
5	.006	1.2			7.5			
6	.005							
7	.004	1.2			7.5			
8	.003	1.2	1.4	3	7.5	1.8		
9	.005	1.2			7.5			
10	.003	1.2			7.5			
11	.004	1.2			7.5			
12	.004	1.2			7.5			
13	.004							
14	.004	1.2			7.5			
15	.004	1.2			7.5			
16	.005	1.2			7.5			
17	.005	1.2			7.5			
18	.003	1.2			7.5			
19	.004	1.2			7.5			
20	.004							
21	.005	1.2			7.5			
22	.003	1.2			7.5			
23	.005	1.2			7.5			
24	.004	1.2			7.5			
25	.010	1.2			7.5			
26	.006	1.2			7.5			
27	.006							
28	.005	1.2			7.5			
29	.005	1.2			7.5			
30	.005	1.2			7.5			
31	.005	1.2			7.5			
TOT	.140	33.4			203.5			<1
AVG	.005	1.2			7.5			<1

0053

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1990

(1) GMS # 09PO1183 -- Bogata

Signature of Lead Operator in Charge — Date 7-2-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apache Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hereford (5) COUNTY: Deaf Smith PHONE NO. 1 800 432-4301

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO09093467 .004 .007 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

.006 120+ [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

(17) pH 7.6 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL perc pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	003	1.2			7.6			
2	002	1.8			7.6			
3	004							
4	004	1.2			7.6			
5	002	1.2			7.6			
6	005	1.2			7.6			
7	003	1.2			7.6			
8	004	1.2			7.6			
9	003	1.2			7.6			
10	004							
11	004	1.2			7.6			
12	003	1.2			7.6			
13	003	1.2			7.6			
14	003	1.2			7.6			
15	003	1.2			7.6			
16	004	1.2			7.6			
17	004							
18	004	1.2			7.6			
19	003	1.2			7.6			
20	003	1.2			7.6			
21	004	1.2			7.6			
22	004	1.2			7.6			
23	004	1.2			7.6			
24	004							
25	004	1.2			7.6			
26	004	1.2			7.6			
27	004	1.2			7.6			
28	004	1.2			7.6			
29	004	1.2			7.6			
30	004	1.2			7.6			
31								
101	.110	34.2			7.6			
AVG	.004	1.2			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 7 Year 90

(1) GMS # 09P01183

Robert Bonnetta 8-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO/ 8004324501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D009093462 .004 .005 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.005 120+ [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 2.1 (16) TSS (mg/l) EFFLUENT 3

(17) pH 7.6 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l 2.0 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL perc pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004							
2	.004	1.2			7.6			
3	.004	1.2			7.6			
4	.005	1.2			7.6			
5	.003	1.2			7.6			
6	.003	1.2			7.6			
7	.003	1.2			7.6			
8	.003							
9	.003	1.2			7.6			
10	.003	1.2	2.1	3	7.6	2.0		
11	.005	1.2			7.6			
12	.003	1.2			7.6			
13	.003	1.2			7.6			
14	.005	1.2			7.6			
15	.005							
16	.003	1.2			7.6			
17	.003	1.2			7.6			
18	.004	1.2			7.6			
19	.004	1.2			7.6			
20	.003	1.2			7.6			
21	.004	1.2			7.6			
22	.004							
23	.003	1.2			7.6			
24	.004	1.2			7.6			
25	.003	1.2			7.6			
26	.003	1.2			7.6			
27	.004	1.2			7.6			
28	.004	1.2			7.6			
29	.003							
30	.003	1.2			7.6			31
31	.003	1.2			7.6			
101	.013	3.20			152.6			
AVG	.004	1.2			7.6			

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0055

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 9PC2L82

Signature of Lead Operator in Charge — Date 9.5.90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater & Wells

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO.: 352 637-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 2 9 C 9 3 4 6 7 .004 .005 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.005 120+

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

2.6 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

26 <1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G-6936

DER FORM 17-T.205(7) Effective November 30, 1982

(30) Month 8 Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	OUT	1.2			7.6			
2	OUT	1.2			7.6			
3	OUT	1.2			7.6			
4	OUT	1.2			7.6			
5	OUT							
6	OUT	1.2	2.6	1	7.6	1.0		<1
7	OUT	1.2			7.6			
8	OUT	1.2			7.6			
9	OUT	1.2			7.6			
10	OUT	1.2			7.6			
11	OUT	1.2			7.6			
12	OUT							
13	OUT	1.2			7.6			
14	OUT	1.2			7.6			
15	OUT	1.2			7.6			
16	OUT	1.2			7.6			
17	OUT	1.2			7.6			
18	OUT	1.2			7.6			
19	OUT							
20	OUT	1.2			7.6			
21	OUT	1.2			7.6			
22	OUT	1.2			7.6			
23	OUT	1.2			7.6			
24	OUT	1.2			7.6			
25	OUT	1.2			7.6			
26	OUT							
27	OUT	1.2			7.6			
28	OUT	1.2			7.6			
29	OUT	1.2			7.6			
30	OUT	1.2			7.6			
31	OUT	1.2			7.6			
TOT	.13	33.4			7.6			
AVG	OUT	1.2			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 9 Year 90

(1) GMS # [illegible]

Signature of Lead Operator In Charge — Date: 10/1/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Cinclare Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-352-637-3247

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC09093467 .003 .007 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.006 20+ [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

(17) pH 7.6 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-1936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.2			7.6			
2	.006							
3	.006	1.2			7.6			
4	.005	1.2			7.6			
5	.004	1.2			7.6			
6	.004	1.2			7.6			
7	.003	1.2			7.6			
8	.003	1.2			7.6			
9	.004							
10	.003	1.2			7.6			
11	.003	1.2			7.6			
12	.004	1.2			7.6			
13	.004	1.2			7.6			
14	.003	1.2			7.6			
15	.003	1.2			7.6			
16	.004							
17	.004	1.2			7.6			
18	.002	1.2			7.6			
19	.003	1.2			7.6			
20	.003	1.2			7.6			
21	.003	1.2			7.6			
22	.003	1.2			7.6			
23	.004							
24	.004	1.2			7.6			
25	.004	1.2			7.6			
26	.002	1.2			7.6			
27	.004	1.2			7.6			
28	.004	1.2			7.6			
29	.002	1.2			7.6			
30	.004							
31								
TOT	.109	30			190			
AVG	.003	1.2			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # G9FC0L83

Robert Bracella — 11-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater & Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0090934 67	.003	.007	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.004	120 ±	[✓] Membrane filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: — BOD lb/d: — TSS lb/d:

(14) % FLOW INFIL — (15) BOD (mg/l) EFFLUENT — (16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6			1.9			1.2

(24) BOD (mg/l) — UPSTREAM — ONSTREAM — TIME/DATE OF SAMPLE

(25) DO (mg/l) — UPSTREAM — ONSTREAM

(26) EFFLUENT — PARAMETER — VALUE — (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

C-6936

DER Form 17-7.205(7) Effective November 30, 1982

Month 10 Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	004	1.2			7.6			
2	003	1.2			7.6			
3	004	1.2			7.6			
4	003	1.2			7.6			
5	004	1.2			7.6			
6	003	1.2			7.6			
7	004	1.2			7.6			
8	003	1.2						
9	004	1.2			7.6			
10	004	1.2			7.6			
11	003	1.2			7.6			
12	004	1.2			7.6			
13	002	1.2	1.9	2	7.6	1.8		
14	004	1.2			7.6			
15	004	1.2						
16	003	1.2			7.6			
17	003	1.2			7.6			
18	003	1.2			7.6			
19	003	1.2			7.6			
20	003	1.2			7.6			
21	004				7.6			
22	004	1.2						
23	003	1.2			7.6			
24	003	1.2			7.6			
25	003	1.2			7.6			
26	003	1.2			7.6			
27	004	1.2			7.6			
28	003				7.6			
29	003	1.2						
30	004	1.2			7.6			
31	004	1.2			7.6			
101	104	32.4			7.6			
AVG	.003	1.2			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 11 Year 90

(1) GMS # 09PC1183

Robert Bescola — 12-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater + Wells St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-8049324581

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC0993467 .004 .007 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.005 1204

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) N FLOW INFIL
(15) BOD (mg/l) EFFLUENT
(16) TSS (mg/l) EFFLUENT

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.6 1.2

(24) BOD (mg/l) UPSTREAM DWNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DWNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	004	1.2			7.6			
2	003	1.2			7.6			
3	004	1.2			7.6			
4	004							
5	004	1.2			7.6			
6	003	1.2			7.6			
7	004	1.2			7.6			
8	004	1.2			7.6			
9	004	1.2			7.6			
10	004	1.2			7.6			
11	003							
12	004	1.2			7.6			
13	005	1.2			7.6			<1
14	005	1.2			7.6			
15	004	1.2			7.6			
16	003	1.2			7.6			
17	003	1.2			7.6			
18	003							
19	003	1.2			7.6			
20	004	1.2			7.6			
21	005	1.2			7.6			
22	003	1.2			7.6			
23	005	1.2			7.6			
24	003	1.2			7.6			
25	004							
26	004	1.2			7.6			
27	004	1.2			7.6			
28	003	1.2			7.6			
29	004	1.2			7.6			
30	005	1.2			7.6			
31								
TOT	.116	31.2			237.6			
AVG	.004	1.2			7.6			

0059

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 09PO1183

Robert Brooks — 1-7-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Apachee Shores

(3) PLANT ADDRESS: Bluewater + Well St

(4) CITY: Hernando (5) COUNTY: Citrus PHONE NO. 1-800 443-2 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0090934G1	.004	.007	III

(10) MAX FLOW (MGD)	(11) PBP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006	120+	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 1.8

(16) TSS (mg/l) EFFLUENT: 2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6			2.5			1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month 12 Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	1.2			7.6			
2	.005							
3	.005	1.2						
4	.004	1.2			7.6	2.5		
5	.003	1.2			7.6			
6	.004	1.2			7.6			
7	.004	1.2			7.6			
8	.003	1.2	1.8	2	7.6			
9	.005							
10	.005	1.2						
11	.004	1.2			7.6			
12	.003	1.2			7.6			
13	.004	1.2			7.6			
14	.004	1.2			7.6			
15	.004				7.6			
16	.004	1.2						
17	.004	1.2			7.6			
18	.005	1.2			7.6			
19	.003	1.2			7.6			
20	.006	1.2			7.6			
21	.004	1.2			7.6			
22	.003	1.2			7.6			
23	.004				7.6			
24	.004	1.2						
25	.004	1.2			7.6			
26	.005	1.2			7.6			
27	.004	1.2			7.6			
28	.005	1.2			7.6			
29	.004	1.2			7.6			
30	.006				7.6			
31	.006	1.2						
TOT	.135	31.2			7.6			
AVG	.004	1.2			1926			

Page 1 of 2

0900

Apple Valley - 332

Seminole County (SSU)

Sewer

- 1992 FPSC Filing -

Reference: Apple Valley / Seminole County
Monthly Operating Reports / Wastewater

Please Note:

Wastewater treatment for the **Apple Valley** service area is provided by the City of Altamonte Springs Utilities.

There are no monthly operating reports for this area.

Beacon Hills - 886

Duval County (SSU)

Sewer

- 1992 FPSC Filing -

Mecker

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 91

(1) DMS # 3116P21323

Finland Wilkerson Compliance 2-6-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Baxon Hills WWTP (SSK Services)

(3) PLANT ADDRESS: 9450 Cortez Rd W

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9403

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC16L32325	.153	1.75	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.520	75	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR DISSOLVED OXYGEN mg/l
7.1						

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 Hour Composit

(28) TYPE EFFL DISPOSAL: Surface Waters

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Other

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	495	.7			7.1			
2	470	.7			7.1			
3	520	.9			7.0			
4	40	.9	1	4	7.1			2
5								
6								
7	60	.8			7.1			
8	40	.8			6.8			
9	60	.8			7.1			
10	70	.8	1	3	7.0			1600
11	70	.9			7.1			
12								
13								
14	60	.8			7.1			
15	70	.8			7.0			
16	70	.8			7.1			
17	70	.8	1	3	7.2			4
18	70	.8			7.1			
19								
20								
21	90	.8			7.1			
22	80	.7			7.1			
23	150	.8			7.1			
24	130	.8	1	3	7.1			3
25	180	.8			7.1			
26								
27								
28	160	.8			7.2			
29	180	.8			7.1			
30	180	.9			7.0			
31	160	.9			7.1			
TOT	3530	180	4	20	1129			1605
AVG	83	4.8	1	5	7.1			402

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2900

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEB Year 91

(1) CMS # 3116013228

Richard D Meeks C-07655 — March 3 1991
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills W.W.T.F (SSU Services)

(3) PLANT ADDRESS: 4680 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0132725 .140 1.78 3-C

(10) MAX FLOW (MGD) .160 (11) POP SERVED 7511 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD — BOD lb/d — TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 2.8
(16) TSS (mg/l) EFFLUENT 5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER - VALUE (UNITS)

(27) TYPE SAMPLE(S): 8 Hour Composit
(28) TYPE EFFL DISPOSAL: Surface Waters

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-7655

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	150	.8			7.1			
2								
3								
4	150	.9			7.1			
5	140	.8			7.1			
6	150	.9	1	6	7.1			2
7	150	.8			7.1			
8	150	.9			7.1			
9								
10								
11	140	.8			7.2			
12	140	.8			7.2			
13	150	.9			7.2			
14	130	.8	1.25	3	7.2			2
15	150	.8			7.2			
16								
17								
18	160	.8			7.2			
19	130	.7			7.0			
20	140	.7			7.2			
21	150	.8	1.2	7	7.2			2
22	150	.7			6.9			
23								
24								
25	140	.9			7.1			
26	150	.9			7.0			
27	150	.8			7.1			
28	150	.9	1.65	4	7.3			2
29								
30								
31								
TOT	2.900	16.0	11.50	20	44.6			8
AVG	144	.8	2.8	5.	7.1			2

0062 (A)

0063

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 91

(1) CMS # 3116801328 Richard D Meeks C-7655 4-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills WWTF (SSU SERVICES)

(3) PLANT ADDRESS: 4668 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: DUVAL PHONE NO. 904 642-9408

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO16132425	.383	.78	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.750	7511	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) I FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.66	8.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
7.1						.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8HC

(28) TYPE EFFL DISPOSAL: SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Rick

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.750	.7			6.9			
2								
3								
4	.600	.8			7.1			
5	.580	.6			7.1			
6	.600	.9			7.2			
7	.580	.9			7.2			2
8	.580	.9	4.17	6	7.1			
9								
10								
11	.500	.9			7.1			
12	.400	.7			6.9			
13	.400	.9			7.1			2
14	.400	.8	2.1	6	7.1			
15	.400	.8			7.2			
16								
17								
18	.300	.8			7.1			
19	.200	.8			7.2			
20	.200	.8			7.1			30
21	.300	.7	2.6	13	7.0			
22	.300	.7			7.1			
23								
24								
25	.300	.8			7.2			
26	.300	.7			7.0			
27	.200	.8			7.1			
28	.300	.8			7.1			100
29	.200	.8	1.5	9	7.1			
30								
31								99
TOT	8.04	16.9	10.37	34	149.1			233
AVG	.383	.8	2.66	8.5	7.1			

0064

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) EMS # 3116201328

Richard D Manley C-07655 5-6-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills W.W.T.P (SSU Services)

(3) PLANT ADDRESS: 466B Fulton Rd

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FD0161328 .204 .178 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.300 7511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

2.26 7.25

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						1.0

(24) BOD (mg/l) UPSTREAM DWNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): BNC (28) TYPE EFFL DISPOSAL: SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7655

(30) Month April Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.200	.1			7.1			
2	.300	.4			7.1			
3	.300	.7			6.8			
4	.200	.4			7.1			
5	.200	.8	2.83	19	7.1			170
6								
7								
8	.200	.7			7.1			
9	.200	.5			7.2			
10	.300	.8			7.1			
11	.300	.7			7.0			
12	.300	.9	1.4	6	7.3			2
13								
14								
15	.300	.7			6.9			
16	.200	.8			7.1			
17	.200	.4			7.1			
18	.200	.7			7.2			
19	.300	.8	3.2	5	7.1			2
20								
21								
22	.100	.8			6.9			
23	.100	1.0			7.2			
24	.200	.4			7.1			
25	.200	.8			6.9			
26	.200	.9	1.6	.8	7.1			27
27								
28								
29	0	.9			7.1			
30	0	.9			7.1			
31								
TOT	4.500	17.9	9.03	29	155.1			201
AVG	.150	.6	2.26	7.25	7.1			50

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

MAY Year 1991

Identification Number 3116P01328

SSU SERVICES (SOUTHERN STATES UTIL.)

Hills STP

4668 FULTON RD

Jacksonville

DUVAL

Number 904-642-9408

Number DO16132425

3C

Certification Number

Sample Method

Filter [X] Most Probable Number

Disposal or Reclaimed Water Reuse

WINTER DISCHARGE

Weather Discharge Activated

[ ] No [X] Not Applicable

Days of Wet Weather Discharge N/A

Operator Class C Cert. No 7655

Operator Class Cert. No

Operator Class Cert. No

Senior Richard T. Meckles C-7655
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.254
(17) Permitted capacity	mgd	--	1.78
(18) Three-month average daily flow	mgd	--	
(19) Percent of permitted capacity	%	--	
(20) $CBOD_5$ Effluent	mg/L	(Winter)	2
(21) $CBOD_5$ Effluent	lbs/day	--	
(22) TSS Effluent	mg/L	900201	4.6
(23) TSS Effluent	lbs/day	--	
(24) Minimum pH		--	7.0
(25) Maximum pH			7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	--	.6
(32) Maximum Chlorine Residual	mg/L	--	1.0
(33) Other Effluent Parameters			

DER Form 17-601(2)(...)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Please use a typewriter)

Domestic Wastewater Treatment Plant
Monthly Operating Report

103,90 Month MAY Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
200	.8						7.0					
	.9						7.1					
	.1		330	188	1.0	12	7.1					500
	.9						7.3					
	.8						7.0					
	.9						7.1					
	.9		195	211	<1	4	7.1				<2	
230	.8						7.1					
140	.8						7.1					
140	.8						7.1					
160	.8		220	172	17	2	7.1				<2	
360	1.0						7.2					
250	1.0						7.1					
250	.8						7.1					
230	.8						7.1					
210	.9						7.1					
270	1.0		275	160	18	3	7.0				<2	
210	.6						7.1					
310	.7						7.0					
370	.8						7.1					
360	.8		203	122	4.5	2	7.0				13	
330	.7						7.0					

(Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this report is true, complete and accurate.

Signature Richard D Meckes C-7655 Date JUNE 10 1991

Name (Please Type) RICHARD D MECKES

Facility Name SSU SERVICES BEACAN HILLS STP Telephone No. (Please Type) 904-642-9402

Page 3 of 3

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month JUNE Year 1991
2) Plant's DER Identification Number 3116 PO 1328
3) Plant Name SOUTHERN STATES UTILITIES BEACON HILLS (STP) #9816
4) Plant Address 4614 FULTON RD
5) City JACKSONVILLE
6) County DUVAL
7) Phone Number (904) 642-9408
8) Permit Number DO16132425
9) Plant Type 3-C
10) Test Site Identification Number

Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse
SURFACE WATER (ST. JOHN'S RIVER

Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing
Day Shift Operator Class C Cert. No. C-7005
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Billy J. Green (Signature) C-7025 (Cert. No.)

Parameter	Units	SRWMD Code	Value
(16) Monthly average daily flow	mgd	050053	
(17) Permitted capacity	mgd	–	1.78
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	3.275
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4.25
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.1
(33) Other Effluent Parameters			

DER Form 17-[illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. [illegible]
Page # of 50#

Domestic Wastewater Treatment Plant
Monthly Operating Report

(49) Month JUNE Year 1991

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.430	0.7											
2	.430												
3	.250	0.8						6.9					
4	.540	0.9						7.0					
5		0.8		308	178	2.1	3.0	7.1					4
6	.290	1.2						7.0					
7	.265	1.0						6.9					
8	.265												
9	.270	0.9						7.0					
10	.270	1.5						6.9					
11	.260	0.8						6.8					
12	.340	0.8		245	170	3.2	3.0	6.9					42
13	.220	0.7						6.9					
14	.260	1.2						6.8					
15	.280	0.5						7.0					
16	.260	1.1						6.9					
17	.240	0.1						6.8					
18	.270	0.9						6.8					
19	.300	1.2		268	208	4.9	6.0	6.8					11
20	.300	0.8						7.0					
21	.360	0.7						7.0					
22	.260	0.7						7.0					
23	.250	0.8						6.9					
24	.250	1.8						6.9					
25	.260	0.9						7.0					
26	.270	0.8		174	137	2.9	5.0	7.0					4
27	.340	1.0						7.0					
28	.320	0.9						7.0					
29	.350	0.8						6.8					
30	.290	0.7						7.0					
31													

(d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the
rmation is true, complete and accurate.

ned: Billy J. Green C-7005 Date 8 July 91

me (Please Type) BILLY J. GREEN

mpany Name SSU SERVICES BEACON HILLS (STP) Telephone No. (Please Type) (904) 642-9408

Page 3 of 3

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (if any) (if known to DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month JULY Year 1991

Plant's DER Identification Number 3116P01328

Plant Name SOUTHERN STATES UTILITIES BEACON HILLS (STP) #886

Plant Address 4668 FULTON RD.

City JACKSONVILLE

County DUVAL

Phone Number (904) 642-9408

Permit Number DO16132425

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER (ST JOHN'S RIVER)

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No. 7005

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Bill Green (Signature) C-7005 (Cert. No.)

Parameter	Units	SIC/NEI Code	Value
(16) Monthly average daily flow	mgd	50050	.313
(17) Permitted capacity	mgd	–	1.78
(18) Three-month average daily flow	mgd	–	1300
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	80082	3.05
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	90020	3.25
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.3
(26) Total N	mg/L	00600	
(27) TKN	mg/L	00625	
(28) Ammonia (NH_3 - N)	mg/L	00610	
(29) Nitrate	mg/L	71850	
(30) Total Phosphorus	mg/L	00665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			

DER Form
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No

Domestic Wastewater Treatment Plant
Monthly Operating Report

4) Month JULY Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.300	0.9						7.0					
.270	0.9						6.9					
.250	1.0		198	128	3.7	3	6.9					< 2
.310	0.8						6.9					
.210	0.8						6.9					
.390	0.8						6.9					
.280	0.9						7.0					
.290	1.0						6.9					
.270	0.9						7.0					
.280	0.9		175	156	4.2	2	7.0					< 2
.280	1.0						6.9					
.490	0.8						7.0					
.330	0.6						6.9					
.350	0.5						7.0					
.370	0.8						6.9					
.370	1.1						7.0					
.330	0.9		162	152	1.3	3	7.1					< 2
.390	0.8						7.0					
.460	0.8						7.1					
.260	0.3						7.2					
.410	2.0						6.8					
.300	1.0						6.4					
.400	0.7						6.9					
.450	0.7		375	150	3.0	5	6.9					< 2
.390	0.8						6.8					
.570	0.9						6.8					
.430	0.5						6.7					
.220	0.7						7.3					
.370	0.8						7.0					
.380	0.8						7.0					
.420	0.7						6.9					

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate

ed. Billy J. Green C-7005 Date 6 August 91

ne (Please Type) BILLY GREEN

npany Name SOUTHERN STATES UTILITIES Telephone No (Please Type) (901) 3642-9408

Page 3 of 3

DER Form 17-601.900(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ____ (Issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month AUGUST Year 1991
2) Plant's DER Identification Number 3116201328
3) Plant Name SOUTHERN STATES UTILITIES
BEACON HILLS STP #886
4) Plant Address 4668-1 FULTON RD
5) City JACKSONVILLE
6) County DUVAL
7) Phone Number (904) 642-9404
8) Permit Number DO16132425
9) Plant Type 3-C
10) Test Site Identification Number ____
11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
DISCHARGE TO ST JOHNS RIVER
13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
14) Cumulative Days of Wet Weather Discharge ____
15) Plant Staffing
Day Shift Operator Class C Cert. No 7005
Evening Shift Operator Class ____ Cert. No ____
Night Shift Operator Class ____ Cert. No ____
Lead Operator ____ (Signature) Cert. No

Parameter	Units	SIC/DET Code	Value
(16) Monthly average daily flow	mgd	050053	.351
(17) Permitted capacity	mgd	–	1.75
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	2.4
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	0.0
(32) Maximum Chlorine Residual	mg/L	–	1.7
(33) Other Effluent Parameters			

NOTE * FLOW METER NOT ACCURATE UP TO 28 AUG 91 NEW FLOW METER WAS INSTALLED ON 22 AUG 91. METER WAS PUT ON LINE AND CALIBRATED 28 AUG 91. Bill Green C-7005

Page 2 of 3

DER Form 17-601(3)(3)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

:4) Month AUGUST Year 1991

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.380	0.7						7.0					
2	.370	0.9		198	162	1.4	4	7.0					<2
3	.402	1.2						6.8					
4	.350	0.8						7.0					
5	.350	1.1						6.9					
6	.320	0.9						6.8					
7	.310	0.8		300	128	2.2	2	6.8					11
8	.320	1.0						6.7					
9	.360	1.0						7.0					
10	.310	0.7						6.8					
11	.340	0.8						6.7					
12	.220	1.0						7.0					
13	.410	0.9						7.0					
14	.320	1.0		268	182	1.6	2	6.9					<2
15	.330	1.0						7.0					
16	.270	0.8						7.0					
17	.350	1.1						6.9					
18	.340	1.0						7.0					
19	.310	1.0						7.0					
20	.320	1.0						7.0					
21	.350	0.9		171	150	<1	2	7.0					<2
22	.240	1.0						7.0					
23	.290	1.0						6.9					
24	.310	1.2						6.8					
25	.340	0.9						6.9					
26	.270	1.1						6.8					
27	.290	1.0						7.0					
28	.310	1.2		1275	214	4.6	2	7.1					<2
29	.877	1.0						6.9					
30	.546	1.0						7.0					
31	.426	0.6						6.9					

id Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this rmation is true, complete and accurate

ned. Billy J. Green Date 10-7-91

ne (Please Type) Billy J. GREEN

npany Name SOUTHERN STATES UTILITIES Telephone No (Please Type) (904) 642-9403

Page 3 of 3

DER Form No. 17-60.(8)(3)(1) Domestic Wastewater Treatment Plant
Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month SEPTEMBER Year 1991

Plant's DER Identification Number 3111P01328

Plant Name SOUTHERN STATES UTILITIES BEACON HILLS STP #986

Plant Address 4669-1 FULTON RD

City JACKSONVILLE

County DUVAL

Phone Number (904) 642-9408

Permit Number DO1101324 25

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

DISCHARGE TO ST. JOHN'S RIVER.

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No 7005

Evening Shift Operator Class Cert. No

Night Shift Operator Class Cert. No

Lead Operator Billy G. Green (Signature) C-7005 (Cert. No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.857
(17) Permitted capacity	mgd	–	1.78
(18) Three-month average daily flow	mgd	–	.521
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	–	/
(22) TSS Effluent	mg/L	900201	5.5
(23) TSS Effluent	lbs/day	–	/
(24) Minimum pH		–	6.5
(25) Maximum pH		–	7.1
(26) Total N	mg/L	00600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	<0.01
(33) Other Effluent Parameters			

DER Form 17-601.900(3)
Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If app. in DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month SEPTEMBER Year 1991

Day	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	DE-EC- FECAL COLIFORM (#/100ML)
1	.501	1.1		377	203	<1	5	6.8					<2	
2	1.056	1.0						7.0						
3	.831	0.8						6.9						
4	.936	1.0						7.0						
5	.878	0.9						7.0						
6	.794	0.9						6.8						
7	.915	1.1						6.9						
8	.913	1.0						6.9						
9	1.007	0.9						7.0						
10	.762	1.0						7.0						
11	.931	0.8		237	148	4.0	3	7.0					<2	
12	.644	0.9						7.0						
13	.755	0.8						7.0						
14	.867	1.0						6.8						
15	.908	0.8						7.0						
16	.751	1.0	<0.01					7.0						
17	.834	0.9	<0.01					7.0						
18	.826	1.0	<0.01	303	240	<1	3	7.0					<2	
19	.716	0.8	<0.01					6.9						
20	.748	1.0	<0.01					7.0						
21	.975	1.0	<0.01					6.9						
22	1.054	1.0	<0.01					7.0						
23	.987	1.0	<0.01					7.0						
24	.908	0.8	<0.01					6.9						
25	.945	0.9	<0.01	195	156	2.0	11	7.0					1220	1100
26	.787	1.0	<0.01					7.0						
27	.812	1.0	<0.01					7.1						
28	1.097	1.0	<0.01					7.0						
29	.835	1.2	<0.01					6.5						
30	.853	0.9	<0.01					6.9						

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this rmation is true, complete, and accurate.

ned: Billy J. Green E-7005 Date: 09 OCTOBER 1991

me (Please Type): Billy J. GREEN

mpany Name: SOUTHERN STATES UTILITIES Telephone No. (Please Type): (904) 642-9408

Page 3 of 3

DER Form 17-[illegible] (Domestic Wastewater Treatment Plant Monthly Operating Report)
Effective Date: July 1, 1991
DER Application No. ——— (Facility ID No.)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

onth OCTOBER Year 1991

ant's DER Identification Number FLA PO1928

ant Name SOUTHERN STATES UTILITIES

BEAVER HILLS STP #886

ant Address 4668-1 FULTON ROAD

y JACKSONVILLE

unty DUVAL

one Number (904) 642-9408

mit Number DO16132426

it Type 3-C

: Site Identification Number

al Coliform Sample Method

Membrane Filter ☒ Most Probable Number

e of Effluent Disposal or Reclaimed Water Reuse

CHARLIE TO ST. JOHN'S RIVER

ted Wet Weather Discharge Activated

Yes ☐ No ☒ Not Applicable

nulative Days of Wet Weather Discharge

t Staffing

Shift Operator Class C Cert. No. 7005

ning Shift Operator Class ——— Cert. No. ———

ht Shift Operator Class ——— Cert. No. ———

d Operator Billy G. Hilton (Signature) C-7005 (Cert. No.)

Parameter	Units	Sample Code	
(16) Monthly average daily flow	mgd	03003 1	.972
(17) Permitted capacity	mgd	–	1.78
(18) Three-month average daily flow	mgd		.721
(19) Percent of permitted capacity	%		
(20) $CBOD_5$ Effluent	mg/L	00083 1	2
(21) $CBOD_5$ Effluent	lbs/day		N/A
(22) TSS Effluent	mg/L	00530 1	3
(23) TSS Effluent	lbs/day		N/A
(24) Minimum pH			6.5
(25) Maximum pH			7.0
(26) Total N	mg/L	00600 1	N/A
(27) TKN	mg/L	00625 1	N/A
(28) Ammonia (NH_3 - N)	mg/L	00610 1	N/A
(29) Nitrate	mg/L	00620 1	N/A
(30) Total Phosphorus	mg/L	00665 1	N/A
(31) Minimum Chlorine Residual	mg/L		0.7
(32) Maximum Chlorine Residual	mg/L		<0.01
(33) Other Effluent Parameters			

DER Form 17-601.900(3)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month OCTOBER Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml) CHLORINATED	Fecal Coliform (#/100ml) NON-CHLORINATED
156	0.9	<0.01					7.0						
97	1.0	<0.01	240	92	2	5	7.0					170	220
177	0.9	<0.01					6.9						
146	0.9	<0.01					6.9						
156	1.0	<0.01					7.0						
32	0.9	<0.01					7.0						
127	1.1	<0.01					6.9						
175	0.9	<0.01					6.9						
83	0.7	<0.01	120	135	2	2	6.9					2	500
68	1.0	<0.01					7.0						
10	1.0	<0.01					6.9						
16	0.8	<0.01					6.9						
12	0.8	<0.01					6.7						
37	2.2	<0.01					6.8						
24	0.8	<0.01					7.0						
92	1.1	<0.01	165	178	1	2	7.0					220	170
47	0.7	<0.01					7.0						
77	1.8	<0.01					6.8						
87	1.6	<0.01					6.8						
71	0.8	<0.01					6.8						
18	0.9	<0.01					6.8						
26	1.9	<0.01					6.7						
17	1.4	<0.01	285	114	2	2	6.7					<2	30
90	1.5	<0.01					6.7						
92	1.3	<0.01					6.9						
15	2.5	<0.01					6.8						
78	2.5	<0.01					6.5						
28	2.7	<0.01					6.9						
65	1.2	<0.01					6.8						
25	1.9	<0.01	272	208	3	4	6.8					<2	30
30	1.2	<0.01					6.8						

erator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this
on is true, complete and accurate.

Billy J. Green

Date 7 Nov 91

lease Type) BILLY JOE GREEN

y Name SOUTHERN STATES UTILITIES

Telephone No. (Please Type) (904) 642-9405

Page 3 of 3

DER Form [illegible]
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

NOVEMBER Year 1991

DER Identification Number FL0101323

Name SOUTHERN STATES UTILITIES

ALON HILLS STP #886

ddress 4893 ASHLEY MANOR WAY

JACKSONVILLE

DUVAL

Number (904) 642-9408

Number DO16132425

/pe 3-C

e Identification Number

Coliform Sample Method

ntbrane Filter ☒ Most Probable Number

Effluent Disposal or Reclaimed Water Reuse

HARGE TO ST. JOHN'S RIVER

Wet Weather Discharge Activated

☐ No ☒ Not Applicable

ive Days of Wet Weather Discharge

talling

ift Operator Class C Cert. No 7005

g Shift Operator Class Cert. No

Shift Operator Class Cert. No

Operator Billy G. Green C-7005

Signature Cert. No

Parameter	Units	Sample Code	Value
(16) Monthly average daily flow	mgd	[illegible]	.817
(17) Permitted capacity	mgd	–	1.78
(18) Three-month average daily flow	mgd	–	.882
(19) Percent of permitted capacity	%	–	50%
(20) $CBOD_5$ Effluent	mg/L	[illegible]	
(21) $CBOD_5$ Effluent	lbs/day	–	N/A
(22) TSS Effluent	mg/L	00530	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.5
(25) Maximum pH		–	7.0
(26) Total N	mg/L	[illegible]	N/A
(27) TKN	mg/L	[illegible]	N/A
(28) Ammonia (NH_3 - N)	mg/L	[illegible]	N/A
(29) Nitrate	mg/L	[illegible]	N/A
(30) Total Phosphorus	mg/L	[illegible]	N/A
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	<0.01
(33) Other Effluent Parameters			

Page 2 of 3

DER Form 17-601(9)(b) Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (if any) 5116

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Nov Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Chlorinated Fecal Coliform
.907	1.4	<0.01					6.9						
.971	2.1	<0.01					7.0						
.109	1.4	<0.01					6.8						
.811	1.2	<0.01					6.9						
.840	1.0	<0.01					6.9						
.892	2.2	<0.01					6.9						
.938	1.6	<0.01	252	170	4	3	6.9					80	<2
.845	1.9	<0.01					6.8						
.012	1.2	<0.01					6.6						
.016	1.3	<0.01					6.5						
.933	1.5	<0.01					6.8						
.854	2.0	<0.01					6.9						
.868	1.2	<0.01	170	230	2	10	6.9					30	11
.996	1.5	<0.01					6.8						
.942	1.6	<0.01					6.8						
.984	1.8	<0.01					6.8						
.015	1.4	<0.01					6.9						
.511	1.8	<0.01					6.8						
.579	1.1	<0.01					6.8						
.634	1.6	<0.01	220	192	2	4	6.8					30	<2
.692	1.3	<0.01					6.9						
.670	1.2	<0.01					6.6						
.670	2.4	<0.01					6.9						
.775	1.5	<0.01					6.5						
.613	1.2	<0.01					6.8						
.717	1.3	<0.01					6.9						
.611	1.8	<0.01	236	184	2	5	6.9					20	<2
.742	1.3	<0.01					6.9						
.672	2.3	<0.01					6.8						
.725	2.1	<0.01					6.7						

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Billy J. Green

(Please Type) Billy J. Green

Company Name Southern States Utilities

Date 10 Dec 91

Telephone No (Please Type) (904) 642-9408

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

...th DECEMBER Year 1991

...t's DER Identification Number 3116P01328

...t Name BEACON HILLS S.T.P. #886

SOUTHERN STATES UTILITIES

...t Address 4894 ASHLEY MANOR WAY

...y JACKSONVILLE

...unty DUVAL

...one Number (904) 642-9408

...mit Number DO16132425

...t Type 3-C

...t Site Identification Number

...al Coliform Sample Method

Membrane Filter ☒ Most Probable Number

...e of Effluent Disposal or Reclaimed Water Reuse

DISCHARGE TO ST. JOHN'S RIVER

...ated Wet Weather Discharge Activated

Yes ☐ No ☒ Not Applicable

...mulative Days of Wet Weather Discharge

...t Staffing

...y Shift Operator Class C Cert. No 7005

...ening Shift Operator Class Cert. No

...ght Shift Operator Class Cert. No

...ad Operator Billy G. Green C-7005
Signature Cert. No

Parameter	Units	Sample Code	VALUE
(16) Monthly average daily flow	mgd	50050	.623
(17) Permitted capacity	mgd	–	1.78
(18) Three-month average daily flow	mgd	–	.804
(19) Percent of permitted capacity	%		45%
(20) BOD_5 Effluent	mg/L	00310	1.75
(21) $CBOD_5$ Effluent	lbs/day	–	N/A
(22) TSS Effluent	mg/L	00530	3.75
(23) TSS Effluent	lbs/day	–	N/A
(24) Minimum pH			6.7
(25) Maximum pH			7.0
(26) Total N	mg/L	00600	N/A
(27) TKN	mg/L	00625	N/A
(28) Ammonia (NH_3 - N)	mg/L	00610	N/A
(29) Nitrate	mg/L	00620	N/A
(30) Total Phosphorus	mg/L	00665	N/A
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	10.01
(33) Other Effluent Parameters			

DER Form 17-601.900(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ Page # of Pages

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month DECEMBER Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	DE-CHLORINATED Fecal Coliform (#/100ml)	CHLORINATED Fecal Coliform						
.798	2.3	<0.01					6.8												
.642	3.3	<0.01					6.8												
.647	1.6	<0.01					6.9												
.578	1.9	<0.01	226	208	1	3	6.9					170	11						
.700	1.0	<0.01					7.0												
.428	1.5	<0.01					6.9												
.422	2.1	<0.01					6.7												
.526	1.1	<0.01					6.8												
.448	2.2	<0.01					6.9												
.450	1.4	<0.01					6.8												
.534	2.1	<0.01	202	168	2	3	6.8					8	K2						
.574	2.0	<0.01					6.9												
.693	1.9	<0.01					6.8												
.725	2.3	<0.01					6.8												
.710	2.9	<0.01					6.9												
.604	1.9	<0.01					6.9												
.619	1.5	<0.01					7.0												
.605	1.3	<0.01	212	186	2	6	7.0					2	K00						
.618	1.4	<0.01					7.0												
.568	1.4	<0.01					6.9												
.674	2.1	<0.01					6.9												
.630	2.2	<0.01					6.9												
.710	1.6	<0.01					6.9												
.799	1.2	<0.01					7.0												
.623	2.0	<0.01					7.0												
.654	2.5	<0.01	213	208	2	3	7.0					80	K2						
.633	2.6	<0.01					6.9												
.650	2.5	<0.01					6.9												
.731	2.2	<0.01					6.9												
.633	2.3	<0.01					6.9												
.655	1.7	<0.01					7.0												

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete and accurate.

Signed: Billy J. Green CWOS Date: 9 JANUARY 1992

Name (Please Type) BILLY J. GREEN Telephone No. (Please Type) (904) 642-9408

Company Name SOUTHERN STATES UTILITIES

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 90

(1) GMS # 3116P01328

Richard D Meek, C7655 2-5-90
Signature of Lead Operator in Charge / Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills (Southern States Utilities)

(3) PLANT ADDRESS: 4680 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER: FL0132425 (7) AVG FLOW MGD: .798 (8) DESIGN FLOW MGD: 1.78 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .890 (11) POP SERVED: 7511 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT 7 (16) TSS (mg/l) EFFLUENT 10

(17) pH 7.1 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID PPM .8

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____ (25) DO (mg/l) UPSTREAM ____ DNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): BHC (28) TYPE EFFL DISPOSAL: SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR ____ SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

C-7655 [illegible] Engineer in Train

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.850	.8			7.1			
2	.840	.8			7.1			
3	.840	.7	14	18	7.2			20
4	.800	.7			7.1			
5	.820	.9			7.0			
6								
7								
8	.860	.9			7.0			
9	.890	.8			7.3			
10	.820	.8	2	3	7.2			
11	.880	.8			7.2			
12	.740	.8			7.1			
13								
14								
15	.840	.8			7.0			1
16	.750	.8			7.1			
17	.720	.9	4	6	7.2			
18	.740	.9			7.2			1
19	.790	.9			7.0			
20								
21								
22	.880	.7			7.2			
23	.800	.8			7.1			1
24	.760	.8	5	14	7.1			
25	.720	.8			7.3			
26	.790	.8			7.2			
27								
28								
29	.780	.8			7.1			
30	.720	.9			7.0			
31	.760	.9			7.0			25
TOT	18.360	18.7	27	41	163.1			5
AVG	.798	.8	7	10	7.1			

Page 1 of 2

0081

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: FEB Year: 90

(1) DER: 3116P01328

Richard D Meeks C7655 3-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: BEACON Hills W.W.T.P. (SOUTHERN STATES Utilities)

(3) PLANT ADDRESS: 4680 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: DUVAL PHONE NO. 642-9408

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO16132425 .740 1.78 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.900 7511 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 11
(16) TSS (mg/l) EFFLUENT 9

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						.9

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE /
(25) DO (mg/l) UPSTREAM DOWNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 8HC
(28) TYPE EFFL DISPOSAL SURFACE WATERS

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C7655

FOR DATE 1751.205(7) EFFECTIVE November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.770	.8			7.1			
2	.720	.9			7.0			
3								
4								
5	.750	.9			7.0			
6	.780	.9			7.2			
7	.350	1.0	6	6	7.1			
8	.752	.9			7.3			
9	.740	.9			7.2			
10								
11								
12	.720	1.0			7.2			1
13	.770	1.0			7.1			
14	.808	1.0			7.2			
15	.760	.9	6	2	7.1			1
16	.780	.9			7.1			
17								
18								
19	.850	1.0			7.1			
20	.900	.9			7.2			
21	.710	.9	19	10	7.2			1
22	.720	.9			7.1			
23	.740	.8			7.1			
24								
25								
26	.740	.9			7.0			1
27	.730	.9			7.1			
28	.750	.9	14	18	7.1			
29								
30								
31								
TOT	14.930	15.3	44	36	142.5			4
AVG	.740	.9	11	9	7.1			1

1 of 2

2800

0083

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) CMS # 3L16P01328

Richard P Mauthe K — 4-6-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills W.W.T.P. (Southern States Utilities)

(3) PLANT ADDRESS: 9680 Fulton Rd

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DQL6132125 .747 1.78 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
⇔ Membrane Filter
[ ] Most Probable Number
.790 7511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 7 (16) TSS (mg/l) EFFLUENT 5

(17) pH 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .9

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) BHC (28) TYPE EFFL DISPOSAL Surface Waters

(29) PLANT STAFFING
LEAD OPERATOR 07655 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.780	.9			7.1			
2	.780	.9			7.1			
3								
4								
5	.710	.9			7.2			
6	.730	.8			7.1			
7	.760	.8			7.1			1
8	.780	.8	6	6	7.1			
9	.790	.8			7.3			
10								
11								
12	.690	.9			7.0			
13	.770	.9			7.0			
14	.709	.9			7.1			
15	.724	.7	4	6	7.0			1
16	.740	.8			7.1			
17								
18								
19	.770	.9			7.1			
20	.710	.9			7.1			
21	.780	.6			7.9			
22	.620	.9	4	1	7.1			1
23	.770	.9			7.0			
24								
25								
26	.790	.9			7.1			
27	.750	.9			7.2			1
28	.750	.9	10	5	7.0			
29	.780	.9			7.1			
30	.760	.9			7.0			
31								
TOT	16.440	19.4	29	18	155.0			4
AVG	.747	.9	7	5	7.0			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 90

(1) DHS # 3116P01328

Richard D Mack F — 5-7-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills W.W.T.P.

(3) PLANT ADDRESS: 4480 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO16132425	.764	1.78	2-C

(10) MAX FLOW (MGD): .830 (11) POP SERVED: 7521 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				11	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8hr Composit

(28) TYPE EFFL DISPOSAL: Surface waters

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
27655			

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.790	.9			7.1			
3	.770	.9			7.1			
4	.730	.9			7.0			
5	.790	.7	11	6	7.2			40
6	.710	.7			7.1			
7								
8								
9	.760	.9			7.2			
10	.700	.8			7.1			
11	.780	.8			7.3			
12	.760	.7	11	3	7.3			1
13	.740	.6			7.2			
14								
15								
16	.750	.5			7.2			
17	.800	.9			7.2			
18	.740	.9			7.1			
19	.770	.9	14	6	7.0			10
20	.730	1.0			7.0			
21								
22								
23	.790	1.0			7.5			
24	.760	1.0			7.4			
25	.830	1.0			7.4			1
26	.750	.9	10	11	7.2			
27	.790	.8			7.2			
28								
29								
30	.790	.9			7.1			
31								
101	16.04	17.5	46	26	151			52
AVG	.764	.8	11	6	7.2			13

0084

0085

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) CMS # 3116P01328

Richard [illegible] 6-6-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills WWTP

(3) PLANT ADDRESS: 4680 Fulton Rd

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA 013228 .720 1.78 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.840 7511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 5.4

(16) TSS (mg/l) EFFLUENT 7.0

(17) pH 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Bltc

(28) TYPE EFFL DISPOSAL SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

[illegible]

DER FORM 17-1.203(7) EFFECTIVE NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.750	.9			7.1			
2	.780	.7			7.0			
3	.770	.8			7.1			
4	.720	.8			7.1			
5								
6								
7	.690	1.0			7.1			
8	.790	.9			7.0			
9	.720	1.0			7.1			
10	.770	.9	2.96	7.1	7.1			
11	.720	.9			7.1			
12								
13								
14	.790	.9			7.0			
15	.730	.9			7.1			
16	.750	.9			7.0			
17	.760	.9			7.1			
18	.810	.8			7.1			
19								
20								
21	.790	.8			7.2			
22	.620	1.0			7.2			
23	.690	.9	1.53	4.8	7.1			
24	.790	.9			7.1			
25	.790	.8			7.2			
26								
27								
28	.770	.9			7.1			
29	.690	.9			7.1			
30	.620	1.0	5.76	9.27	7.0			
31	.710	1.0			7.0			
TOT	17.27	20.7	10.25	21.17	170			
AVG	.720	.8	3.4	7.0	7.0			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3116501329

Signature of Lead Operator in Charge — Date: 7-5-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills waste WATER Treatment Plant (SSI/Service)

(3) PLANT ADDRESS: 9680 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: DUVAL PHONE NO. 642-9408

(6) PERMIT NUMBER: DO16132425 (7) AVG FLOW MGD: .788 (8) DESIGN FLOW MGD: .536 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .900 (11) POP SERVED: 7511 (12) FECAL COLIFORM SAMPLE METHOD: [/] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT: 8 (16) TSS (mg/l) EFFLUENT: 12

(17) pH: 7.1 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID ppm: .8

(24) BOD (mg/l) UPSTREAM ____ DWNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____ (25) DO (mg/l) UPSTREAM ____ DWNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): BHC (28) TYPE EFFL DISPOSAL: SURFACEWATERS

(29) PLANT STAFFING

LEAD OPERATOR: OTAK-C SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

(30) Month JUNE Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.758	.5			7.2			
2								
3								
4	.840	.1			7.4			
5	.680	.4			7.1			
6	.780	.4			7.1			
7	.740	.4	15	19	7.2			1
8	.790	.4			7.3			
9								
10								
11	.750	.4			7.1			
12	.840	.4			7.2			
13	.740	.4			7.1			
14	.710	.4	9	15	7.2			1
15	.740	.4			7.1			
16								
17								
18	.760	.4			7.1			
19	.830	.4	2	6	7.1			1
20	.690	.4			7.2			
21	.810	.4			7.1			
22	.750	.4			7.3			
23								
24								
25	.840	.4			7.4			
26	.770	.4	8	9	7.3			1
27	.600	.4			7.1			
28	.810	.4			7.0			
29	.860	.8			7.1			
30								
31								
101	16.540	12.6	34	49	150.9			4
AVG	.748	.8	8	12	7.1			1

9800

0087

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 90

(1) DMS # 3116P01328

C. L. Brack C7655
Signature of Lead Operator in Charge / Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: BEACON HILLS WASTEWATER TREATMENT PLANT (SSU Service)

(3) PLANT ADDRESS: 4680 FULTON RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO16132425	.763	1.78	3-S

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.840	7511	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): BHC

(28) TYPE EFFL DISPOSAL: SURFACEWATERS

(29) PLANT STAFFING

LEAD OPERATOR: C-7655 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.810	.9			7.1			
3	.780	.9			7.3			
4	.780	.9			7.0			
5	.830	.9	4	1	7.2			110
6	.700	.9			7.1			
7								
8								
9	.770	.9			7.1			
10	.650	.9			7.0			
11	.810	.9			7.1			
12	.840	.9	5	2	7.0			20
13	.770	.9			7.2			
14								
15								
16	.800	.8			7.1			
17	.750	.9			6.9			
18	.800	.9			7.0			
19	.680	.9	3	9	7.2			10
20	.710	.9			6.8			
21								
22								
23	.790	.9			7.1			
24	.680	.9			7.0			
25	.780	.5			7.3			
26	.770	.9			7.2			
27	.800	.9	8	9	7.3			1
28								
29								
30	.770	.7			7.2			
31	.770	.8			7.4			
TOT	16.780	17	20	21	154.6			141
AVG	.763	.9	5	5	7.1			55

0088

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 3116P01328

Richard D. Mackey Jr. C-7655
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills WWTP (SSU Services)

(3) PLANT ADDRESS: 4680 FULTON RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO16132425	.936	1.78	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.570	7511	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.8	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8HC	SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-7655			

DER Form 17-1.205(7) Effective November [illegible]

(30) Month Aug Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.710	.8	1	1	7.2			10
2	.770	.8			7.1			
3	.770	.8			7.2			
4								
5								
6	.740	.8			7.0			
7	.710	1.0			7.2			
8	.720	1.0	12	2	7.1			10
9	.740	.8			7.2			
10	.900	.8			7.0			
11								
12								
13	.760	.6			7.2			
14	.680	1.0			7.1			
15	.740	.8	2	5	7.0			10
16	.710	.8			7.3			
17	.760	1.0			7.2			
18								
19								
20	.790	.8			7.3			
21	.850	.8			7.2			
22	.900	1.0	3	1	7.1			10
23	1.150	1.0			7.2			
24	1.380	.8			7.1			
25								
26								
27	1.540	.8			7.2			
28	1.250	1.0			7.0			
29	1.330	.8	6	1	6.9			10
30	1.570	.8			6.9			
31	1.310	.6			6.8			
TOT	21.539	14.7	24	10	113.3			50
AVG	.936	.8	4.8	2	7.1			10

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 3116P0132E

Richard D Mackie CC7655 — 10-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills WWTP (SSU Services)

(3) PLANT ADDRESS: 4680 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC16132125	1.346	1.78	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.650	7511	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8Hr

(28) TYPE EFFL DISPOSAL: Surface Waters

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

CC7655

(30) Month Sept Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2								
3	1.580	1.6			7.3			
4	1.220	1.6			7.0			
5	1.130	.8	1	6	7.4			3
6	1.220	.5			7.4			
7	1.130	.F			7.1			
8								
9								
10	1.370	.5			7.1			
11	1.360	1.0			7.0			
12	1.240	.8	2	5	7.3			3
13	1.240	.5			7.1			
14	1.340	.5			7.0			
15								
16								
17	1.350	.8			7.2			
18	1.650	.8			7.1			
19	1.050	.8			7.1			2
20	1.340	.8	2	6	7.1			
21	1.280	.8			7.2			
22								
23								
24	1.330	.8			7.1			
25	1.040	.8			7.2			
26	1.360	.8	3	8	7.2			2
27	1.470	.8			7.2			
28	1.240	.8			7.2			
29								
30								
31								
TOT	36.925	16.3	7	31	143.1			8
AVG	1.346	.6	2	6	7.1			3

Page 1 of

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0600

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 90

(1) DHS # 3111EG13EE

Kevin L. Mill C7655 11-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills WWTF (SSU Services)

(3) PLANT ADDRESS: 9680 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9403

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC16132165 .486 1.78 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.290 7511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2

(16) TSS (mg/l) EFFLUENT 5

(17) pH 7.0

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 1.7

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 24C

(28) TYPE EFFL DISPOSAL Surface Waters

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 2 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-7655

DER Form 17-7.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	1.270	[illegible]			7.2			
2	1.210	[illegible]			7.2			
3	1.234	[illegible]			7.2			3
4	[illegible]	[illegible]	[illegible]	[illegible]	7.1			
5	576	[illegible]			7.0			
6								
7								
8	1460	[illegible]			7.0			
9	500	[illegible]			7.0			
10	110	[illegible]			7.2			
11	.376	[illegible]	[illegible]	[illegible]	7.0			2
12	320	[illegible]			6.1			
13								
14								
15	340	[illegible]			6.9			
16	350	[illegible]			7.3			
17	340	[illegible]			6.9			
18	460	[illegible]	2	6	7.1			50
19	340	[illegible]			7.0			
20								
21								
22	.400	[illegible]			7.0			
23	.248	[illegible]			7.1			
24	376	[illegible]			7.1			4
25	.320	[illegible]	1	4	7.0			
26	.350	[illegible]			6.9			
27								
28								
29	.300	[illegible]			7.0			
30	.330	[illegible]			7.0			
31	370	[illegible]			7.1			
TOT	11,150	14 [illegible]	7	14	161			59
AVG	456	[illegible]	2	5	7.0			12

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov Year 90

(1) DMS # 311-[illegible] 12-6-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Deerlon Hills WWTP (SSU Services)

(3) PLANT ADDRESS: 4690 Fulton RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER: FL0032435 (7) AVG FLOW MGD: .395 (8) DESIGN FLOW MGD: 1.78 (9) TYPE: 3C

(10) MAX FLOW (MGD): .520 (11) POP SERVED: 7511 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: — BOD lb/d: — TSS lb/d: —

(14) % FLOW INFIL: —

(15) BOD (mg/l) EFFLUENT: 3.7

(16) TSS (mg/l) EFFLUENT: 15

(17) pH: 7.0 (18) TOTAL N mg/l: — (19) AMMONIA mg/l: — (20) NITRITE + NITRATE mg/l: — (21) TOTAL P mg/l: — (22) ORTHO P mg/l: — (23) CHLOR RESID ppm: —

(24) BOD (mg/l) UPSTREAM: — DNSTREAM: — TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM: — DNSTREAM: —

(26) EFFLUENT PARAMETER: — VALUE: — (UNITS): —

(27) TYPE SAMPLE(S): BHC

(28) TYPE EFFL DISPOSAL: Surface Waters

(29) PLANT STAFFING
LEAD OPERATOR: C-07655 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.360	.6			7.0			2
2	.380	.7	2	6	7.4			
3								
4								
5	.370	.7			7.1			
6	.350	.6			7.2			
7	.340	.7	2	9	6.9			8
8	.320	.6			6.9			
9	.310	.5			7.0			
10								
11								
12	.390	.9			7.0			
13	.320	.7			7.2			
14	.430	.8			7.1			
15	.420	.9	3	19	7.0			14
16	.400	.9			7.2			
17								
18								
19	.380	.8			7.1			
20	.210	.8			7.1			
21	.340	.7	6.6	30	7.3			2
22	.420	.7			7.1			
23	.390	.7			7.1			
24								
25								
26	.470	.8			7.2			
27	.450	.7			7.1			
28	.520	.7			7.2			
29	.495	.8	6	13	7.0			
30	.370	.6			7.0			
31								
TOT	10.690	16.3	19.6	75	155.9			14
AVG	.395	.7	3.1	15	7.2			8

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DEP-SWM-62-E.2(5) Effective November 30, 1982

0091

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3116P01328

Richard D. Mc [illegible] — 1-7-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beacon Hills W.W.T.F. (SSU Services)

(3) PLANT ADDRESS: 4680 Fulton RD.

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 642-9408

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D0161324 25 .480 1.78 C-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.530 7511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/1) EFFLUENT (16) TSS (mg/1) EFFLUENT

2.8 7.5

(17) pH 7.1 (18) TOTAL N mg/1 (19) AMMONIA mg/1 (20) NITRITE + NITRATE mg/1 (21) TOTAL P mg/1 (22) ORTHO P mg/1 (23) CHLOR RESID ppm .9

(24) BOD (mg/1) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/1) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

/

(27) TYPE SAMPLE(S): 8 Hour Composite (28) TYPE EFFL DISPOSAL: SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR: C-007655 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 10, 1982

(30) Month Dec Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (s.u.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1								
2	.490	.9			7.1			
4	.450	.7			7.1			
5	.470	.7	1	7	7.1			2
6	.520	.8			6.9			
7	.500	.8			7.1			
8								
9								
10	.500	.8			7.1			
11	.500	.7			7.1			
12	.420	.8			7.0			
13	.470	.7	1	7	7.1			2
14	.490	.6			7.1			
15								
16								
17	.430	.8			7.1			
18	.460	.7			7.1			
19	.490	.6			7.2			12
20	.460	.8			7.1			
21	.510	.7	2	4	7.0			
22								
23								
24	.500	.7			7.1			
25	.530	.7			7.0			
26	.520	.7			7.1			
27	.490	.6			7.1			
28	.490	.7	7	12	7.1			
29								
30								
31	.520	.7			7.0			
TOT	10.100	15.2	11	38	146.6			
AVG	.480	.7	2.8	7.5	7.1			

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0092

Beecher's Point - 472

Putnam County (SSU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 1991

(1) DNS 13L54P04459 Gerald Boyd C.2641 2/4/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Buchan Point

(3) PLANT ADDRESS: Bivens Bend Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO54-147243	.004	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006	187	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) ~~TOTAL~~ N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	5.3					.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Peec Pond

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1.75hr

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NITRATE N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	.6			7.2			
2	.003	.6			7.1			
3	.002	.6			7.1			
4		.6						
5								
6								
7	.017	.6			7.1			
8	.005	.6			7.1			
9	.003	.6	7.2	8	7.1	8.4		
10	.003	.6			7.1			
11	.005	.6			7.1			
12		.6			7.1			
13		.9			7.1			
14	.014	.8			7.1			
15	.006	.8			7.1			
16	.005	.8			7.1			
17	.003	1.0			7.0			
18	.005	.8			7.0			
19		.8			7.0			
20		.8			7.0			
21	.011	.8			7.0			
22	.004	.8			7.0			
23	.004	.8			7.0			
24	.004	.8			7.0			
25	.004	.8			7.0			
26		.8			7.0			
27		.8			7.0			
28	.011	.8			7.1			
29	.004	.8			7.0			
30	.004	.8			7.0			
31	.006	.8			7.0			
AVG	.128	.8	7.2	8	7.1	8.4		
MAX	.004	.9	7.2	8	7.1	8.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 1991

(1) DHS # 3154P04659 A 4394 3-8-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: Beechers Point Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-147243	.005	.015	D-3

(10) MAX FLOW (MGD): .007
(11) POP SERVED: 187
(12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	3

(17) pH	(18) [redacted] NO_3	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-2641	A 4394		

DEP-SOP-001/92 Effective November 30, 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.8			7.0			
2		.8			7.0			
3		.8			7.0			
4	.012	.8			7.0			
5	.006	1.0			7.1			
6	.003	.8	5	3	7.1			
7	.006	1.0			7.1			
8	.007	.8			7.1			
9		.8			7.1			
10		.8			7.1			
11	.012	1.0			7.1			
12	.006	.8			7.0			
13	.003	.8			7.0			
14	.003	.8			7.0			
15	.006	1.0			7.0			
16		1.0			7.0			
17		1.0			7.1			
18	.022	1.0			7.1			
19		1.0			7.1			
20	.011	1.0			7.1			<1
21	.005	1.0			7.1			
22	.002	.8			7.0			
23		.8			7.0			
24								
25	.017	1.0			7.1	8.8		
26	.006	1.0			7.1			
27	.004	.8			7.1			
28	.003	.8			7.0			
29								
30								
31								
TOT	.136	24.0	5	3	190.3	8.8		<1
AVG	.005	.9	5	3	7.1	8.8		<1

0094

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) DHS # 3154P04659 [signature] A 4894 4-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: River Bend Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D054-147243 .005 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.008 187 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 3.0 (16) TSS (mg/l) EFFLUENT 40

(17) pH 7.1 (18) [redacted] NO_3 mg/l 4.4 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .4

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR C-2641 SHIFT 1 (Day) A 4894 SHIFT 2 (Evening) SHIFT 3 (Night)

DEP-SOP-001/92 Effective November 30, 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	1.0			7.1			
2		1.0			7.1			
3		1.0			7.1			
4	.010	1.0			7.1			
5	.003	1.0			7.1			
6	.006	1.0			7.1			
7	.004	.8			7.1			
8	.005	.8			7.1			
9		1.0			7.1			
10		1.2			7.0			
11	.015	1.0			7.2			
12	.006	1.0			7.1			
13	.008	1.0			7.1			
14	.003	1.0			7.1			
15	.005	1.0			7.1			
16		1.0			7.1			
17								
18	.013	.8			7.1			
19	.004	.8			7.1			
20								
21	.008	.8			7.1	4.7		
22	.003	1.0			7.1			
23		1.0			7.1			
24		1.0			7.1			
25	.019	1.0			7.1			
26	.003	1.0			7.1			
27	.004	.8	3.0	4.0	7.0			
28	.007	.8			7.0			
29	.005	.8			7.1			
30		.8			7.1			
31	.013	.8			7.0			
TOT	.150	27.2	3.0	4.0	205.6	4.4		
AVG	.005	.9	3.0	4.0	7.1	4.4		

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9600

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) CMS 1 3154P04659 [illegible] A-4894 C-2641 5-3-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: River Bend Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D054-147243 .006 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.009 187 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 1 (16) TSS (mg/l) EFFLUENT 3

(17) pH	(18) NO3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					.9

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-2641 SHIFT 1 (Day): A-4894 SHIFT 2 (Evening): SHIFT 3 (Night):

DEP-[illegible]-[illegible]-1.203(1), Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.0			7.1			
2	.006	1.0			7.1			
3	.004	1.0			7.1			
4	.009	1.0			7.1			
5	.007	1.0			7.1			
6		1.0			7.1			
7		1.0			7.1			
8	.028	.8			7.2			
9	.006	1.0			7.2			
10	.003	.7	1	3	7.0	8.8		<1
11	.006	.8			7.1			
12	.002	.8			7.1			
13		.8			7.1			
14		.8			7.1			
15	.019	.8			7.1			
16	.006	.8			7.1			
17	.005	.8			7.1			
18	.007	.8			7.1			
19	.005	1.0			7.1			
20		1.0			7.1			
21		1.0			7.2			
22	.016	1.0			7.2			
23	.004	1.0			7.1			
24	.007	1.0			7.1			
25		.8			7.0			
26	.011	.8			7.0			
27		.8			7.0			
28		.8			7.1			
29	.017	1.0			7.1			
30	.005	1.0			7.1			1
31								
TOT	.178	27.1	1	3	213.0	8.8		1
AVG	.006	.9	1	3	7.1	8.8		1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) DMS # 3154P04659

Signature of Lead Operator in Charge — C-2641 — Date 6/4/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: River Bend Drive

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO.: 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D054-147243 .005 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.06 187

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

Ind Flow MGD | BOD lb/d | TSS lb/d

4 3

(17) pH	(18) [redacted] NO_3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	30					.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

[redacted] C-2641

DEP-SOP-17.01, 205 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	.8			7.1			
2	.003	.8	4	3	7.1			
3	.005	.8			7.1			
4	.005	.8			7.1			
5	.005	.8			7.1			
6	.005	.8			7.1			
7	.003	.8			7.1			
8	.005	.8			7.1			
9	.003	.8			7.1			
10	.006	.8			7.1			
11	.006	.8			7.1			
12	.006	.8			7.1			
13	.006	.8			7.1			
14	.004	.8			7.1			
15	.005	1.0			7.1			
16	.006	1.0			7.1			
17	.006	1.0			7.1			
18	.004	1.0			7.1			
19	.004	.8			7.1			
20	.004	.8			7.1			
21	.003	.8			7.1			
22	.006	.8			7.1	30		
23	.002	.8			7.1			
24	.006	.8			7.1			
25								
26								
27								
28	.025	.8			7.1			
29	.003	.8			7.1			
30	.005	.8			7.1			
31	.004	1.0			7.1			
TOT	.150	23.4	4	3	198.8	30		
AVG	.005	.8	4	3	7.1	30		

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0097

8600

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3154P04659

Gerald Boyd — 7-11-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: River Bend Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO54-147293 .005 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

.007 187 ⋈ Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

4.0 9.0

(17) pH (18) [redacted] NO_3 mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.1 22 .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP-SWD-1720.1(93) EFFECTIVE November 30, 1992

Month June Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	.8			7.1			
2								
3	.010	.8			7.1			
4	.004	.8			7.1			
5	.002	.8	4.0	9.0	7.1			
6	.005	.6			7.1			
7	.003	.6			7.1			
8		.6			7.1			
9		.6			7.1			
10	.012	.6			7.1			
11	.005	.6			7.1			
12	.006	.6			7.1			
13	.003	.6			7.1			
14		.6			7.1			
15		.6			7.1			
16		.6			7.1			
17	.021	.6			7.1			
18	.006	.8			7.1			
19	.004	.6			7.1	22		>208
20	.007	.6			7.1			
21	.007	.6			7.1			
22		.6			7.1			
23		.6			7.1			
24	.015	.6			7.1			
25	.007	.6			7.1			
26	.003	.6			7.1			
27	.007	.6			7.1			
28	.004	.6			7.1			
29								
30	.011	.6			7.1			
31								
TOT	.146	17.8	4.0	9.0	198.6	22		>200
AVG	.005	.6	4.0	9.0	7.1	22		>200

Page 1 of 2

DER Form No. 17-601.900(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3154P04659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
PERC POND

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No 2641
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Signature Donald Boyd Cert. No C2641

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.005
(17) Permitted capacity	mgd	—	.015
(18) Three-month average daily flow	mgd	—	.005
(19) Percent of permitted capacity	%	—	33
(20) $CBOD_5$ Effluent	mg/L	080082	3.8
(21) $CBOD_5$ Effluent	lbs/day	—	.16
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	.17
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.1
(26) Total NO_3	mg/L	000600	39.8
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(14) Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3
1	.006	.6						7.1						
2	.003	.6		205	132	3.8	4.0	7.1						
3	.005	.8						7.1						
4														
5	.016	.8						7.1						
6														
7														
8	.020	.6						7.1						
9	.001	.6						7.0						
10	.006	.5						7.0						
11	.004	.5						7.0						
12	.002	.5						7.0						
13														
14														
15	.017	.5						7.0						
16														
17	.005	.5						7.1						
18	.005	.5						7.0						
19	.002	.6						7.0						
20														
21														
22	.014	.6						7.1						
23	.003	.6						7.1						
24														
25	.017	.6						7.1						
26	.005	.6						7.1						39.8
27														
28	.221													
29	.021	.6						7.1						
30	.013													
31	.013	.6						7.1						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature: Gerald Boyd Date:

Name (Please Type): Gerald Boyd

Company Name: SSU SERVICES Telephone No. (Please Type): 904-649-4143

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 3154804659

(3) Plant Name Beechers Point

(4) Plant Address Beechers Point Dr.

(5) City Welaka

(6) County Putnam

(7) Phone Number 904 649-4143

(8) Permit Number DO54-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X 10024

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 2641

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class A Cert. No. _____

Lead Operator [signature] Signature C 2641 Cert. No.

Beechers Pt. 473

Parameter	Units	SIUNET Code	Value
(16) Monthly average daily flow	mgd	050051	.004
(17) Permitted capacity	mgd	--	.015
(18) Three-month average daily flow	mgd	--	.005
(19) Percent of permitted capacity	%	--	33
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	--	.07
(22) TSS Effluent	mg/L	00530	1
(23) TSS Effluent	lbs/day	--	.03
(24) Minimum pH	--	--	6.9
(25) Maximum pH	--	--	7.1
(26) [redacted]	mg/l	00530	[redacted]
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	14.1
(30) Total Phosphorus	mg/l	000665	
(31) Minimum Chlorine Residual	mg/l	--	.2
(32) Maximum Chlorine Residual	mg/l		.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Permittee: Beechcraft #472 Month: Aug Year: 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3			
1	.003		.8					7.0									
2																	
3	.009		.6					7.0									
4																	
5	.009		.6					7.1									
6	.003		.6					7.1									
7																	
8	.008		.8					7.1									
9	.005		.6					7.1									
10			.5					7.0									
11																	
12	.012		.6					7.1									
13																	
14	.010		.6	136	443	2	1	7.1									
15	.005		.5					7.0									
16	.005		.5					7.1									
17	.005		.5					7.0									
18																	
19	.007		.5					7.0									
20	.005		.4					7.0									
21	.004		.6					7.1									
22	.004		.4					7.0									
23	.004		.4					6.9									
24	.003		.4					7.0									
25																	
26	.007		.2					7.0									
27	.004		.2					7.0									
28	.004		.3					7.0									
29	.003		.3					6.9						14.1			
30			.5					7.0									
31	.007		.4					7.0									

Treatment Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete, and accurate.

Signature: Donald Boyd

Name (Please Type): Donald Boyd C26111

Title: SSU Services

Date: 9/3/91

Telephone No. (Please Type): 904 649 4143

Page 3 of 3

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (If filed in the DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month Sept. Year 1991

(2) Plant's DER Identification Number 3154P04659

(3) Plant Name Buchero Point

(4) Plant Address Buchero Point Dr.

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Pecs Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Boyd (Signature) C.2641 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.005
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	33%
(20) $CBOD_5$ Effluent	mg/L	080082	3.3
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4.6
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	29.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.3
(32) Maximum Chlorine Residual	mg/L	–	.8
(33) Other Effluent Parameters			
FECAL COLIFORM			200

DER Form 17-601(9/91)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
OPH Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Sept. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.008	.6						7.3					
2		.8						7.2					
3	.010	.6						7.2					
4	.010	.6		243	168	3.3	4.0	7.2					
5	.006	.6						7.2					
6	.003	.6						7.2					
7		.8						7.0					
8		.6						7.2					
9	.011	.6						7.2					
10	.005	.6						7.4					
11	.003	.8						7.2					
12	.005	.8						7.1					
13	.002	.6						7.0					
14	.002	.5						7.0					
15													
16	.011	.4						7.0					
17	.003	.4						6.8					
18	.008	.5						6.9					
19	.004	.4						7.0					
20	.006	.8						6.8					
21		.6						6.9					
22													
23	.013	.4						6.9					
24	.003	.3						7.1					
25	.005	.4						7.0			29.2		200
26	.003	.4						7.0					
27	.003	.6						7.1					
28													
29		.5						7.1					
30	.017	.4						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Gerald Boyd c-2541 Date: 10/2/91

Name (Please Type): Gerald Boyd

Company Name: SSU SERVICES Telephone No. (Please Type): 904-649-4143

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Oct. Year 1991

(2) Plant's DER Identification Number 3154P04659

(3) Plant Name Beechers Point

(4) Plant Address BEECHERS POINT DRIVE

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DO54-147243

(9) Plant Type N-3

(10) Test Site Identification Number 3154X10024

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No _____

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Donald Boyd (Signature) 02641 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.605
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.805
(19) Percent of permitted capacity	%	–	33%
(20) $CBOD_5$ Effluent	mg/L	080082	1.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	20.0
(30) Total Phosphorus	mg/l	000665	
(31) Minimum Chlorine Residual	mg/L	–	.3
(32) Maximum Chlorine Residual	mg/L	–	.6
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(1) Buckeye Point Month Oct. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.003	.4						7.0					
2	.005	.4						7.1					
3	.003	.6						7.0					
4	.005	.4						7.0					
5													
6													
7	.017	.3						7.1					
8	.004	.6						7.0					
9	.002	.4		145	76	1.5	3.5	6.9					
10	.005	.5						7.0			2.0		
11		.4						7.0					
12													
13													
14	.018	.4						7.1					
15	.002	.5						7.0					
16	.003	.5						7.0					
17	.004	.6						6.9					
18	.003	.4						7.0					
19		.5						7.0					
20													
21	.017	.3						7.1					
22	.004	.4						7.0					
23	.003	.4						7.0					
24	.010	.3						7.0					
25	.003	.3						7.1					
26													
27													
28	.023	.3						7.4					
29	.009	.4						6.9					
30	.006	.6						6.8					
31	.003	.4						7.0					

I, as Operator, hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed Gerald Boyd Date 11-30-91

(Operator, Type) GERALD BOYD

(Company, Name) SSU SERVICES Telephone No. (Area, Type) 904-649-4143

Page 1 of 1

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month NOV Year 1991

(2) Plant's DER Identification Number 3154P041659

(3) Plant Name Beechers Point

(4) Plant Address BEECHERS POINT DRIVE

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Gerald Boyd (Signature) C2641 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	—	.015
(18) Three-month average daily flow	mgd	—	.005
(19) Percent of permitted capacity	%	—	33%
(20) $CBOD_5$ Effluent	mg/L	080082	4.7
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.3
(32) Maximum Chlorine Residual	mg/L	—	.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(14) Month Nov Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3-N Effluent (mg/L)	Nitrate Nitrogen	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.005	.4						6.9												
2																				
3																				
4	.014	.4						7.1												
5	.002	.4						6.9												
6	.002	.6						7.0												
7	.004	.4						6.9												
8	.005	.3						7.0												
9																				
10																				
11	.012	.3						7.0												
12	.005	.4						6.9												
13	.003	.4						6.9												
14	.006	.6						7.0												
15	.004	.4						7.0												
16																				
17																				
18	.011	.4						6.9												
19	.004	.6						6.9												
20	.005	.6						7.0				12.2								
21	.005	.8		245	228	4.7	2.5	6.9												
22	.002	.8						6.7												
23																				
24																				
25	.014	.6						7.0												
26	.003	.6						6.9												
27																				
28																				
29																				
30	.023	.5						7.0												

Chief Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete, and accurate

Signature Gerald Boyd Date 12/30/91

Name (Please type) GERALD BOYD

Company Name SSU SERVICES Telephone No (Please type) 904-649-4143

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part [redacted] General Information

(1) Month Dec. Year 1991

(2) Plant's DER Identification Number 3154P046552

(3) Plant Name Beechers Point

(4) Plant Address Beechers Pt. Drive

(5) City Welaka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-147243

(9) Plant Type D-3

(10) Test Site Identification Number 3154X10024

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert No _____

Evening Shift Operator Class _____ Cert No _____

Night Shift Operator Class _____ Cert No _____

Lead Operator Kay White (Signature) C-5501 (Cert No)

Parameter	Units	SIORET Code	Value
(16) Monthly average daily flow	mgd	050053	.003
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.004
(19) Percent of permitted capacity	%	–	28%
(20) $CBOD_5$ Effluent	mg/L	080082	1.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	530201	1.6
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.12
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			
Fecal Coliform			13

Domestic Wastewater Treatment Plant
Monthly Operating Report

(1-91) Month Dec Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.004	.6						7.1					
2	.006	.5						7.1					
3	.002	1.0						7.2					
4	.004	1.0						7.3					
5	.003	1.0						7.2					
6	.003	1.0						7.2					
7													
8													
9	.014	1.0						7.1					
10	.005	1.0						7.2					
11	.003	.5						7.3					
12	.003	.5						7.2					
13	.004	1.0						7.2					
14													
15													
16	.013	.6						7.2					
17													
18	.007	.8		88	150	1.5	1.6	7.2					
19	.003	1.0						7.2			8.12		
20	.003	.6						7.2					
21													
22													
23	.013	1.0						7.1					
24													
25													
26	.01	.5						7.2					
27	.003	1.0						7.2					
28													
29													
30	.011	1.0						7.2					13
31	.002	.8						7.2					

I (Chief Operator) hereby certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signature Kay White Date 1-10-92

Name (Please Type) WILLIAM R. WHITE

Title SSU SERVICES Telephone No. (Please Type) 649-4143

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year: 1990

(1) GMS # _____

C.N. A 4894 1-31-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: Beechers Point Dr

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC54-62695 .006 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.012 70

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/1) EFFLUENT (16) TSS (mg/1) EFFLUENT

7.1 2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			11.3			.4

(24) BOD (mg/1) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/1) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.0			7.1			
2	.004	.8			7.3			
3	.005	1.0			7.0			
4	.012	.8			7.0	11.6		
5	.004	.8			7.0			
6		.6			7.2			
7		.8			7.1			
8	.016	.8			7.0			
9	.004	.6			7.2			
10	.008	.8			7.1			
11	.004	1.0	7.1	2	7.0			
12	.008	.8			7.1			
13		.8			7.1			
14		.6			7.2			
15	.016	.6			7.2			
16	.008	.8			7.1			
17	.004	.8			7.1			
18	.004	1.0			7.0			
19	.005	1.0			7.1			
20		.8			7.1			
21		.6			7.2			
22	.019	.8			7.1			
23	.008	.4			7.3			
24	.004	.8			7.1			
25	.004	1.0			7.0			
26	.008	.8			7.1			
27		.8			7.1			
28		.8			7.1			
29	.018	.6			7.2	6.6		
30	.013	.6			7.1			
31	.004	.6			7.0			
TOT	.191	24.4	7.1	2	221.2	22.6		
AVG	.006	.9	7.1	2	7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 90

Signature of Lead Operator In Charge — Date: 3/2/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: Beechers Point

(2) PLANT ADDRESS: Beechers Point Dr

(3) CITY: Welaka (4) COUNTY: Putnam PHONE NO. 1-600-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO54-62695 .008 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.016 70

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

.8 2

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc Pond

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CERTIFICATE 2057(7) Effective November 10, 1982

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	.6			7.1			
2	.005	.8			7.1			
3		1.0			7.0			
4		.8			7.0			
5	.024	.8			7.1			
6	.006	.6			7.1			
7	.009	1.0	.5	2	6.9			
8	.007	1.0			6.9			
9	.011	.8	<		7.0			
10		.8			7.0			
11		.6			7.1			
12	.020	.6			7.2			
13	.006	.8			7.1			
14	.009	.8			7.0			
15	.009	.6			7.1			
16	.009	.6			7.2			
17		1.0			7.0			
18	.022	.8			7.0			
19	.016	.6			7.1	8.9		
20	.001	.6			7.1			
21	.006	.8			7.1			
22	.007	1.0			7.0			
23	.010	.8			7.0			
24		.8			7.0			
25		.6			7.1			
26	.029	1.0			6.9			
27	.007	1.0			7.0			
28	.008	.8			7.0			
29								
30								
31								
TOT	.230	22.0	.5	2	197.2	3.7		
AVG	.008	.6	.5	=	7.0	3.7		

0112

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) DNS # _____

Signature of Lead Operator in Charge — Date 4-9-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beecher Point

(3) PLANT ADDRESS: Beecher Point Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-62695	.008	.015	D3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.014	70	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.5	12

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			2.8			.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-2641 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

OPERATOR: 2051 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	.6			7.8			
2	.013	.8			6.9			
3		.6			7.0			
4		.4			7.0			
5	.024	.4			7.3			
6	.008	.6			7.1			
7	.008	.6	5.5	12	7.1			
8	.007	.8			7.1			
9	.008	1.0			7.3			
10		.8			7.1			
11		.8			7.1			
12	.030	.6			7.0			
13	.004	.8			7.1			
14	.011	.6			7.3			
15	.004	.8			7.3			
16	.009	.8			7.2			
17		.6			7.2			
18	.014	.6			7.1			
19	.007	1.0			7.0	8.8		
20	.009	.8			7.0			
21	.005	1.0			7.1			
22	.010	.8			7.1			
23	.004	.6			7.2			
24	.014	.8			7.1			
25	.006	1.0			7.0			
26	.006	1.0			7.0			
27	.008	.8			7.0			
28	.009	.8			7.0			
29	.010	1.0			6.9			
30	.007	1.2			6.9			
31	.007	1.0			7.0			
TOT	.245	24.2	5.5	12	219.1	8.8		
AVG	.008	.9	5.5	12	7.1	8.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: April Year: 1990

(1) DNS #

Signature of Lead Operator in Charge — Date: 5-10-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechtree Fac

(3) PLANT ADDRESS:

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-452-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO 54-63695 .009 .015 D3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.010 70 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.6	17.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	8.9					.16

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: C2641 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	.8			7.0			
2	.006	1.0			7.0			
3	.009	.6			7.1			
4	.010	.8			7.0	8.9		
5	.009	1.0	6.6	17.0	6.9			
6	.009	1.0			6.9			
7	.009	.6			7.2			
8	.009	1.0			7.0			
9	.009	1.2			7.0			
10	.009	1.0			7.0			
11	.008	1.0			7.0			
12	.009	1.2			6.9			
13	.008	1.2			6.9			
14	.009	.8			7.1			
15	.009	1.0			7.0			
16	.009	.8			7.0			
17	.008	.8			7.1			
18	.010	1.0			7.0			
19	.008	1.0			7.0			
20	.0016	.8			7.1			
21	.006	.8			7.0			
22	.006	1.0			7.0			
23	.007	.6			7.2			
24	.0016	1.0			7.0			
25	.009	.8			7.1			
26	.010	.8			7.0			
27	.010	1.0			7.0			
28	.007	.8			7.0			
29	.007	1.0			7.0			
30	.007	1.0			6.9			
31								
TOT	.259	27.4	6.6	17.0	209	8.9		
AVG	.009	1.0	6.6	17.0	7.0	8.9		

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0114

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) GMS # 3L54FC4659

Signature of Lead Operator in Charge — Date 6/4/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fruitland Park

(3) PLANT ADDRESS: River Bend Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4504

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54147243	.009	.015	C-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.011	70	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.6	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	E.6					.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-2641 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-[illegible] (Effective January 30, 1987)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	1.0			7.1			
2	.006	.8			7.1			
3	.006	1.0			7.1			
4	.011	.9			7.0			
5								
6								
7	.036	1.0			7.0			
8	.008	1.0			7.1			
9	.009	.8			7.1			
10	.008	1.0			7.1			
11	.007	1.6			7.2			
12								
13								
14	.028	1.0			7.1			
15	.006	2.0			7.1			
16	.008	1.2			7.1			
17	.008	1.0			7.1			
18	.009	1.0			7.0	BP		
19								
20								
21	.030	1.4			7.1			
22	.010	.7			7.1			
23	.008	1.0	0.6	8.0	7.0			
24	.009	.6			7.1			
25	.009	1.0			7.1			
26								
27								
28								
29	.045	1.5			7.0			
30	.010	1.0			7.0			
31	.010	.6			7.1			
TOT	.291	23.1	0.6	8.0	155.7	BP		
AVG	.009	1.1	0.6	8.0	7.1	0.8		

Page 1 of [illegible]

0115

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DEP #: 3L54PC4459

Signature of Lead Operator/In Charge — Date: 7-3-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beckers Point

(3) PLANT ADDRESS:

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-147243 (7) AVG FLOW MGD: .006 (8) DESIGN FLOW MGD: .015 (9) TYPE: D-3

(10) MAX FLOW (MGD): .009 (11) POP SERVED: 70 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 5.5

(16) TSS (mg/l) EFFLUENT: 0

(17) pH: 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rapid Rate Land

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night): 1-204

DEP Form 17-[illegible] (2/87) — Effective [illegible] — Page 1 of 2

Month: June Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	1.0			7.1			
2								
3								
4	.023	.6			7.1			
5	.009	.8			7.1			
6	.008	.7	5.5	0	7.1			
7	.007	1.0			7.1			
8	.009	1.2			7.1			
9								
10								
11		.6			7.1			
12	.033	1.0			7.1			
13	.007	.5			7.1			
14	.009	.7			7.1			
15	.005	.5			7.1			
16								
17								
18	.017	.4			7.1			
19	.003	.5			7.1			
20	.004	.4			7.1			
21	.005	1.0			7.2			
22	.006	.7			7.2			
23								
24								
25	.018	.5			7.0			
26	.002	.4			7.2			
27	.004	.5			7.0			
28	.003	1.0			7.0			
29	.004	.5			7.0			
30	.005	1.2			7.0			
31								
TOT	.127	14.3	5.5	0	109.4			
AVG	.006	.5	5.5		7.1			

0116

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) [illegible] 3159294659 D. C. A. 1-4394 8 7 90

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beecher Point

(3) PLANT ADDRESS: Beecher Pt Rd

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC54-147243 .006 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

.008 187 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW IMPIL

(15) BOD (mg/l) EFFLUENT: .7

(16) TSS (mg/l) EFFLUENT: 5.0

(17) pH: 7.1

(18) TOTAL N mg/l: 8.8

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Comp

(28) TYPE EFFL DISPOSAL: Back Pump

(29) PLANT STAFFING

LEAD OPERATOR: 1-4394 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Month July Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	.8			7.1			
2	.006	.8			7.1			
3	.006	.5			7.1			
4	.006	.8			7.1			
5	.007	1.0			7.1			
6	.008	.7			7.0			
7								
8								
9	.014	1.0			7.0			
10	.004	.8			7.1			
11	.005	.6		5.0	7.1	8.8		
12	.006	.7			7.0			
13	.005	.7			7.1			
14								
15								
16	.013	.8			7.0			
17	.004	.6			7.1			
18	.006	.8	7	1.0	7.1			
19	.005	.8			7.1			
20	.003	1.0			7.1			
21								
22								
23	.021	.8			7.1			
24	.008	.8			7.0			
25	.007	.8			7.1			
26	.010	1.0			7.0			
27	.010	1.0			7.1			
28								
29								
30	0.4	1.0			7.1			
31	.003	.8			7.			
TOT	.179	15.2	7	19	44.1	8.8		
AVG	.006	.5	7	5.0	7.1	33		

0117

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Aug Year 1990

(1) DHS # 3154204659 C 2641 9/4/90

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: Beechers Point Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC54-197243 .005 .015 D3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.010 187

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 6.7 (16) TSS (mg/l) EFFLUENT 4.0

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l EB (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM / DNSTREAM (25) DO (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE /

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-22.209(1) Effective February 20, 1986

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	.9	6.7	4.0	7.2			
2	.006	.9			7.1			
3	.002	.6			7.2			
4								
5								
6	.018	.7			7.1			
7	.003	.7			7.1			
8	.006	.6			7.0			
9	.003	.6			7.1			
10	.003	.7			7.1	EB		
11								
12								
13	.003	.6			7.1			
14	.004	.6			7.1			
15	.004	.7			7.0			
16	.007	.7			7.1			
17	.006	.7			7.1			*
18								
19								
20	.020	.7						
21	.010	.7			7.0			
22	.005	.7			7.1			
23								
24	.009	.7			7.0			
25								
26								
27	.010	.6			7.0			
28								
29	.004	.6			7.0			
30	.003	.7			7.1		*	
31	.003	.7			7.1			
TOT	.146	19.4	6.7	4.0	145.7	EB	*	
AVG	.005	.6	6.7	4.0	7.1	EB		

Page 1 of 2

0118

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept Year 90

(1) DHS # 3154P24659

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: Beechers Point Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO54-147243 .003 .015 D3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.006 187

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT <1

(16) TSS (mg/l) EFFLUENT 8

(17) pH 7.1

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CJ641 -

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	.7			7.0			
2								
3								
4	.011	.7			7.0			
5	.002	.7	<1	B	7.1			
6	.003	.8			7.1			
7	.002	.6			7.1			
8								
9								
10	.008	.4			7.1			
11	.005	.4			7.2			
12	.001	.6			7.2			
13	.002	.6			7.1			
14	.003	.4			7.2			
15	.005	.4			7.1			
16	.005	.4			7.1			
17	.005	.8			7.2			
18	.004	.8			7.2			
19	.001	.4			7.1			
20	.005	.4			7.2			
21	.002	.4			7.2			
22								
23	.016	.8			7.2			
24	.003	.8			7.1			
25	.003	1.0			7.1			
26	.003	.6			7.2			
27	.002	.8			7.1			
28								
29								
30	.006	.6			7.1			
31								
TOT	.096	16.2	<1	B	106.8			
AVG	.003	.6	<1	B	7.1			

Page 1 of 2

0119

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 315492046 59

Signature of Lead Operator In Charge — C-2641 — 11-12-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechers Point

(3) PLANT ADDRESS: Beechers Point Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4601

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D054197293 .003 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.006 187

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

<1 8

(17) pH	(18) ~~Total~~ N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					1.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

DER Form 17-7.205(1) Effective November 30, 1982

(30) Month Oct. Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EF (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.8			7.1			
2	.002	.7			7.1			
3	.002	.7			7.0	8.8		
4	.003	.6			7.1			
5	.003	.7	<1	8	7.2			
6		.8			7.2			
7		.9			7.2			
8	.011	1.0			7.2			
9	.006	.8			7.1			
10	.003	.9			7.0			
11	.003	.7			7.1			
12	.003	1.0			7.1			
13		1.2			7.2			
14		1.3			7.1			
15	.009	1.2			7.1			
16	.002	1.0			7.1			
17	.004	1.5			7.2			
18	.003	1.4			7.2			
19	.004	1.0			7.1			
20		1.2			7.1			
21		1.0			7.2			
22	.009	.8			7.3			
23	.002	.9			7.0			
24	.003	1.0			7.1			
25	.004	1.3			7.1			
26	.002	1.2			7.1			
27		1.2			7.2			
28		1.0			7.2			
29	.010	1.0			7.1			
30	.002	1.2			7.2			
31	.002	1.2			7.1			
TOT	.082	31.1	1	6	221.			
AVG	.003	1.0	1	8	7.1			

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0120

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOV Year 1990

(1) GMS # 3154P04659

Gerald Boyd C-2641 12/2/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Beechum Point

(3) PLANT ADDRESS:

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-147243	.003	.015	D-B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.005		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION			(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD	BOD lb/d	TSS lb/d	INFIL	EFFLUENT	EFFLUENT
				1	8

(17) pH	(18) ~~TOTAL~~ N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	2.8					1.0

(24) BOD (mg/l)			(25) DO (mg/l)		(26) EFFLUENT		
UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	UPSTREAM	DNSTREAM	PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
Grab	Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	~~TOTAL~~ N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.0			7.1			
2	.002	1.2			7.2			
3		1.2			7.2			
4		1.0			7.2			
5	.007	1.0			7.1			
6	.003	1.2			7.1			
7	.005	1.0	1	5	7.1			
8	.005	1.0			7.1			
9	.003	1.0			7.1			
10		.8			7.2			
11		1.0			7.1			
12	.007	1.0			7.1			
13	.002	.8			7.1			
14	.003	1.0			7.0			
15	.005	1.0			7.1			
16	.003	1.0			7.1			
17		1.0	1	8	7.1			
18		.8			7.1			
19	.009	.8			7.1	2.8		
20	.001	.8			7.1			
21	.003	1.0			7.1			
22	.004	1.0			7.1			
23	.003	1.0			7.1			
24		1.0			7.1			
25		.8			7.1			
26	.009	.8			7.1			
27	.003	1.0			7.1			
28	.002	1.0			7.1			
29		.8			7.1			
30	.003	1.0			7.1			
31								
TOT	.089	29.0	2	16	213.3	2.8		
AVG	.009	1.0	1	8	7.1	2.8		

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0121

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3154224659

Signature of Lead Operator in Charge — Date 1/4/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Bostwick Park

(3) PLANT ADDRESS: Bluff Bird Dr.

(4) CITY: Welaka (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER: DC54-147243 (7) AVG FLOW MGD: .004 (8) DESIGN FLOW MGD: .015 (9) TYPE: D-3

(10) MAX FLOW (MGD): .007 (11) POP SERVED: 187 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.8

(16) TSS (mg/l) EFFLUENT: 3

(17) pH: 7.1

(18) ~~TOTAL~~ NO$_3$ mg/l

(19) AMMONIA mg/l

(20) ~~NITRATE~~ NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)
C-2641

DC: DEP Form 62-... Effective November 30, 1982

(30) Month: Dec Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL NO$_3$ (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.0			7.1			
2		.8			7.1			
3	.011	.6			7.1			
4	.003	1.0			7.1			
5	.002	.8			7.1			
6	.002	.8			7.1			
7	.005	.8			7.1			
8		1.0			7.1			
9		1.0			7.1			
10	.013	.8			7.1			
11	.007	.8			7.1			
12	.007	1.0	2.8	3	7.1			
13	.002	1.0			7.1			
14	.003	1.0			7.1			
15		1.0			7.1			
16		.8			7.1			
17	.013	1.0			7.1			
18	.003	1.0			7.1			
19	.005	.8			7.2			
20		.8			7.2			
21	.008	1.2			7.2			
22		1.0			7.2			
23		1.0			7.2			
24	.012	1.2			7.1			
25		1.0			7.2			
26	.002	1.0			7.2			
27	.003	.8			7.1			
28								
29		1.0			7.0			
30								
31	.016	1.0			7.1			
TOT	.122	26.6	2.8	3	220.5			
AVG	.004	.9	2.8	3	7.1			

Page 1 of 1

0122

Burnt Store - 2202

Charlotte/Lee County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 1991

(1) ORS 4008P00467

Signature of Lead Operator in Charge — Date: 2-14-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities Burnt Store

(3) PLANT ADDRESS: Burnt Store Rd. Mail To: 2200 Kings Highway, Bld 3-K Port Charlotte FL 33980

(4) CITY: Punta Gorda (5) COUNTY: Charlotte PHONE NO. (813)639-0331

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO08168041	.072	.250	II

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.084	1100	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind F&ow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.19	1.98

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			.378			3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Evap./Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR: A-3409

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (Nitrate + Nitrite) (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.079	3.5			7.8			
2	.073	3.5			7.2			
3	.074	3.5			7.7			
4	.065	3.5			7.2			
5	.068	3.5			7.2			
6	.068	3.5			7.4			
7	.070	3.5	9.05	.33	7.8	.302		
8	.069	3.5			7.7			<1
9	.071	3.5			7.3			
10	.072	3.5			7.7			
11	.070	3.5			7.5			
12	.068	3.6			7.8			
13	.069	3.5			7.7			
14	.070	3.5			7.6			
15	.072	3.5			6.4			
16	.071	3.5	4.87	.320	8.0	.272		
17	.073	3.3			7.6			
18	.074	3.5			7.4			
19	.072	3.5			7.8			
20	.074	3.5			7.7			
21	.072	3.5			7.6			
22	.071	3.5			7.3			
23	.070	3.5			7.4			
24	.073	3.5			7.3			
25	.067	3.5			7.3			
26	.071	3.5			7.4			
27	.072	3.5			7.3			
28	.071	3.5			7.2			
29	.079	3.5			7.2			
30	.091	3.5	4.65	5.30	7.3	.560		
31	.084	3.5			7.2			
TOT	2.233	108.3	18.57	5.93	231.9	1.134		<1
AVG	.072	3.5	6.19	1.98	7.5	.378		<1

0123

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEB Year 1991

(1) CMS 4008P00967

Signature of Lead Operator in Charge — Date 3-13-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTILITIES- BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 2200 KINGS HWY BLDG 3K PT. CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO (813) 639-0331

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO08168047 .085 .250 II

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.092 1150 [+] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 7.24 (16) TSS (mg/l) EFFLUENT 1.84

(17) pH 7.08 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l .736 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N Nitrate + nitrite (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.083	3.5			7.3			
2	.084	3.5			7.2			
3	.086	3.5			7.4			
4	.083	3.5			7.2			
5	.085	3.5			7.1			
6	.088	3.5			7.2			
7	.090	3.5			7.3			
8	.084	3.5			7.2			
9	.087	3.5			7.1			
10	.086	3.5			7.3			
11	.083	3.5			7.0			
12	.078	3.5			7.0			
13	.092	2.0	5.29	1.67	7.0	.785		
14	.086	1.0			7.0			
15	.084	2.0			6.8			
16	.087	1.0			7.0			
17	.082	1.0			7.0			
18	.088	1.0			7.0			
19	.091	0.5			7.0			
20	.082	1.0			7.0			
21	.084	1.0			7.2			
22	.083	0.8			7.0			
23	.086	1.0			7.0			
24	.088	1.3			7.0			
25	.084	1.0			7.0			
26	.085	1.0			7.0			
27	.087	1.0	9.19	1.0	7.0	.687		
28	.084	1.2			7.0			
29								
30								
31								
TOT	2.385	54.8	14.48	3.67	198.5	1.472		
AVG	.085	2.14	7.24	1.84	7.08	.736		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1991

(1) CRS # 4008P00462

Harry D. Ayers 4-10-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTILITIES - BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 2200 KINGS HGWY BLDG 3K PT. CHARLOTTE, FL 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO: (813) 639-0331

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D0081680 47 .085 .250 II

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.093 1150 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 5.73
(16) TSS (mg/l) EFFLUENT 1.99

(17) pH 6.96
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l 1.81
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm 0.8

(24) BOD (mg/l) UPSTREAM / DNSTREAM
TIME/DATE OF SAMPLE /
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL EVAP/PERC PONDS

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N NITRITE + NITRATE (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.082	1.0			7.0			
2	.084	0.8			7.0			
3	.087	1.0			7.0			
4	.085	1.2			6.8			
5	.083	1.5			7.0			
6	.091	1.2			6.8			
7	.086	1.0			7.0			
8	.088	1.2			7.0			
9	.081	1.3			7.0			
10	.079	1.3			7.0			
11	.092	1.0			6.8			
12	.084	1.0			7.0			
13	.086	1.2	7.95	.69	7.0	1.98		
14	.087	1.2			7.0			
15	.092	1.0			7.0			
16	.082	1.2			7.0			
17	.085	1.2			6.8			
18	.083	1.0			7.0			
19	.087	1.0			7.0			
20	.086	1.2			7.0			
21	.091	1.2			6.8			
22	.081	1.0			7.0			
23	.084	1.0			7.0			
24	.076	1.0			7.0			
25	.086	1.2			7.0			
26	.088	1.0			7.0			
27	.083	1.0	3.96	3.3	7.0	1.64		
28	.093	1.2			7.0			
29	.082	1.0			7.0			
30	.086	1.0			7.0			
31	.085	1.0			6.8			
TOT	2.647	34.1	11.91	3.99	215.8	3.62		
AVG	.085	1.1	3.73	1.99	6.96	1.81		

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0125

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1991

(1) CRS # 4008P00463 Larry D Agee 5-9-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTILITIES - BURNT STORE 33980

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 2200 KINGS HGWY BLDG 3K PT. CHARLOTTE

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. (813) 639-0331

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D0081680 47 .078 .250 II

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number
.084

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 7.07

(16) TSS (mg/l) EFFLUENT .57

(17) pH 7.1

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l 1.95

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DCR Form 17-E.203(7) Effective November 30, 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N NITRATE + NITRITE (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.082	1.2			6.8			
2	.084	1.0			7.0			
3	.079	1.0			7.2			
4	.083	1.2			7.2			
5	.078	1.0			7.0			
6	.076	1.2			6.8			
7	.074	1.2			7.2			
8	.074	1.2			7.0			
9	.072	1.5			7.0			
10	.075	1.0	12.9	.33	7.0	2.49		<1
11	.078	1.2			7.0			
12	.076	1.0			7.2			
13	[illegible]	1.0			7.2			
14	.074	1.5			7.2			
15	.077	1.2			7.2			
16	.072	1.2			7.2			
17	.069	1.0			7.2			
18	.079	1.2			7.2			
19	.078	1.2			7.2			
20	.072	1.0			7.0			
21	.075	1.2			7.2			
22	.071	1.2			7.2			
23	.069	1.2			7.2			
24	.067	1.5	1.23	.8	7.3	1.4		
25	.074	1.2			7.2			
26	.075	1.5			7.3			
27	.068	1.2			7.2			
28	.072	1.0			7.2			
29	.069	1.2			7.2			
30	.066	1.0			7.2			
31								
TOT	2.356	35.5	14.13	1.13	214.2	3.89		<1
AVG	.078	1.2	7.07	.57	7.1	1.95		<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CUS 4008P00462

Larry D. Ayers 6-10-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTILITIES - BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 2200 KINGS Hgwy 3-K PUNTA GORDA 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO: (813) 639-0331

(6) PERMIT NUMBER: DO08168047 (7) AVG FLOW MGD: .068

(8) DESIGN FLOW MGD: .250 (9) TYPE: II

(10) MAX FLOW (MGD): .080 (11) POP SERVED

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 1.78

(16) TSS (mg/l) EFFLUENT: 0.8

(17) pH | (18) TOTAL N mg/l | (19) AMMONIA mg/l | (20) NITRITE + NITRATE mg/l: 0.84 | (21) TOTAL P mg/l | (22) ORTHO P mg/l | (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM | DNSTREAM

(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFF DISPOSAL: EVAP/PERC PONDS

(29) PLANT STAFFING: C-3669

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

DER Form 17-22.209(7) Effective November 30, 1982

(30) Month: MAY Year: 1991

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (NITRITE + NITRATE) (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.068	1.0			7.2			
2	.070	.9			7.3			
3	.068	1.1			7.3			
4	.069	1.2			7.2			
5	.072	1.2			7.3			
6	.064	1.0			7.3			
7	.066	1.0			7.3			
8	.069	1.0	1.78	0.8	7.2	0.84		
9	.063	1.0			7.2			
10	.071	1.2			7.2			
11	.078	1.2			7.3			
12	.070	1.0			7.3			
13	.066	1.1			7.3			
14	.066	1.1			7.3			
15	.067	1.2			7.3			
16	.065	1.2			7.3			
17	.072	1.2			7.3			
18	.068	1.2			7.3			
19	.064	1.2			7.3			
20	.076	1.2			7.3			
21	.067	1.2			7.2			
22	.069	1.2			7.3			
23	.065	1.2			7.3			
24	.059	1.0			7.4			
25	.074	1.0			7.4			
26	.068	1.0			7.3			
27	.066	1.0			7.3			
28	.072	1.0			7.3			
29	.064	1.2			7.2			
30	.062	1.0			7.2			
31	.074	1.0			7.3			
101	2.114	45.4	1.78	0.8	7.58	0.84		
AVG	.068	1.1	1.78	0.8	7.3	0.84		

Page 1 of 2

NOTE: THE SAMPLE TAKEN 5-22 WAS DELIVERED TO THE LAB, BUT THERE WAS SOME CONFUSION AND THE TESTS WERE NOT DONE.

0127

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month JUNE Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name SOUTHERN STATES UTILITIES BURNT STORE

(4) Plant Address BURNT STORE RD.
MAILTO: 2200 KINGS HWY 3K PTCHARLOTTE 33980

(5) City PUNTA GORDA

(6) County CHARLOTTE

(7) Phone Number (813) 639-0331

(8) Permit Number D008168047

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
EVAP/PERC PONDS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3669
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Larry D. Myers (Signature) 3669 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.060
(17) Permitted capacity	mgd	–	.250
(18) Three-month average daily flow	mgd	–	.069
(19) Percent of permitted capacity	%	–	27.6
(20) $CBOD_5$ Effluent	mg/L	080082	.28
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	0.2
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.3
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Place # by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month JUNE Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.056	1.2						7.3													
2	.064	1.0						7.3													
3	.058	1.0						7.3													
4	.056	1.0						7.3													
5	.063	1.0				.32	0.4	7.3													
6	.059	1.2						7.3													
7	.058	1.0						7.3													
8	.061	1.0						7.3													
9	.063	1.2						7.3													
10	.057	1.2						7.3													
11	.061	1.0						7.3													
12	.068	1.2						7.3													
13	.052	1.2						7.3													
14	.062	1.2						7.3													
15	.059	1.2						7.3													
16	.057	1.0						7.3													
17	.063	1.0						7.3													
18	.065	1.0						7.3													
19	.058	1.0				.23	0	7.3													
20	.056	1.2						7.3													
21	.061	1.0						7.3													
22	.059	1.0						7.3													
23	.062	1.0						7.3													
24	.054	1.2						7.3													
25	.068	1.2						7.3													
26	.059	1.2						7.3													
27	.057	1.0						7.3													
28	.055	1.0						7.3													
29	.062	1.2						7.3													
30	.058	1.2						7.3													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry D. Ayers C-3669
Larry D. Ayers

Name (Please Type)

Company Name Southern States Utilities

Date: 7-11-91

Telephone No. (Please Type) 813-639-0331

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name Southern States Utilities Burnt Store

(4) Plant Address Burnt Store Rd.

Mail To: 7200 Kings Hwy 3K Pt Charlotte 33980

(5) City Punta Gorda

(6) County Charlotte

(7) Phone Number (813) 639-0331

(8) Permit Number D008168047

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

EVAP/Perc Ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3669

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Larry D. Lyon (Signature) 3669 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.080
(17) Permitted capacity	mgd	–	.250
(18) Three-month average daily flow	mgd	–	.069
(19) Percent of permitted capacity	%	–	27.6
(20) $CBOD_5$ Effluent	mg/L	080082	1.21
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	.27
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.45
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.111	1.0						7.3														
2	.128	1.0						7.2														
3	.110	1.2				.82	.61	7.2			7.51		< 1									
4	.079	1.0						7.2														
5	.081	1.0						7.2														
6	.082	3.0				-		7.2														
7	.080	0.8						7.2														
8	.120	1.0						7.2														
9	.121	1.2						7.2														
10	.121	1.2						7.3														
11	.080	1.6						7.3														
12	.140	0.8						7.3														
13	.101	0.7						7.4														
14	.040	0.7						7.4														
15	.080	1.0						7.3														
16	.081	1.0						7.3														
17	.048	1.2				2.0	.30	7.3			9.65											
18	.048	1.0						7.3														
19	.072	0.8						7.3														
20	.049	1.0						7.3														
21	.046	1.0						7.3														
22	.040	1.2						7.3														
23	.042	0.5						7.3														
24	.047	1.2						7.3														
25	.048	1.5						7.3														
26	.052	1.0						7.3														
27	.057	1.5						7.3														
28	.040	1.0						7.3														
29	.096	1.2						7.3														
30	.115	1.2						7.3														
31	.121	1.5				.82	.50	7.3			8.2											

Said Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry D Ayers C-3669 Date: 8-12-91

Name (Please Type) Larry D Ayers 813-639-0331

Company Name SOUTHERN STATES UTILITIES Telephone No. (Please Type)

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name SOUTHERN STATES UTILITIES BURNT STORE

(4) Plant Address BURNT STORE RD. MAIL TO: 2200 KINGS HWY 33K PORT CHARLOTTE FLA 33948

(5) City PUNTA GORDA

(6) County CHARLOTTE

(7) Phone Number (813) 639-0331

(8) Permit Number DO08/16047

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
EVAP / PERC PONDS

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3669
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Larry Cryer (Signature) 3669 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.085
(17) Permitted capacity	mgd	–	.250
(18) Three-month average daily flow	mgd	–	.075
(19) Percent of permitted capacity	%	–	30
(20) $CBOD_5$ Effluent	mg/L	080082	2.1
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	.95
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.71
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month AUGUST Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.102	1.2						7.3													
2	.094	1.5						7.3													
3	.080	1.2						7.3													
4	.084	1.5						7.3													
5	.088	1.5						7.3													
6	.091	1.2						7.3													
7	.094	1.0						7.3													
8	.090	1.2						7.3													
9	.094	1.2						7.3													
10	.094	3.0						7.2													
11	.057	1.0						7.3													
12	.093	1.2						7.3													
13	.092	1.5						7.3													
14	.083	1.2				.07	.08	7.3			.914										
15	.080	1.5						7.3													
16	.074	1.5						7.3													
17	.096	1.5						7.3													
18	.074	1.5						7.3													
19	.083	1.8						7.3													
20	.077	1.5						7.3													
21	.073	1.5						7.3													
22	.074	1.5						7.3													
23	.113	1.5						7.3													
24	.114	2.5						7.3													
25	.042	1.5						7.3													
26	.110	1.5						7.3													
27	.102	1.2						7.3													
28	.056	1.5				3.5	1.1	7.3			.828										
29	.082	1.5						7.3													
30	.069	1.5						7.3													
31	.042	1.2						7.3													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Larry D. Ayers C-3669 Date: 9-11-91

Name (Please Type): Larry D. Ayers

Company Name: SOUTHERN STATES UTILITIES Telephone No. (Please Type): 813-639-0331

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPT. Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name SOUTHERN STATES UTILITIES BURNT STORE

(4) Plant Address BURNT STORE RD. MAIL TO: 2200 KINGS HGWY 3K PT CHARLOTTE 33980

(5) City PUNTA GORDA

(6) County CHARLOTTE

(7) Phone Number (813) 639-0331

(8) Permit Number D0081680-47

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse EVAP / PERC PONDS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3669
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Jimmy L. Myers (Signature) 3669 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.082
(17) Permitted capacity	mgd	—	.250
(18) Three-month average daily flow	mgd	—	.082
(19) Percent of permitted capacity	%	—	32.8
(20) $CBOD_5$ Effluent	mg/L	080082	3.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.69
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month SEPT. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.093	1.5						7.3					
2	.033	1.2						7.2					
3	.078	1.5						7.3					
4	.102	1.5						7.3					
5	.094	1.5						7.3					
6	.102	1.0						7.3					
7	.089	0.6						7.4					
8	.045	0.8						7.4					
9	.054	1.0						7.3					
10	.084	1.5						7.3					
11	.083	1.2				3.2	0.8	7.3			4.65		
12	.087	1.2						7.3					
13	.038	1.0						7.3					
14	.090	1.0						7.3					
15	.078	1.2						7.3					
16	.091	1.5						7.3					
17	.078	0.7						7.3					
18	.073	1.0						7.2					
19	.077	1.0						7.3					
20	.091	1.0						7.2					
21	.083	1.0						7.2					
22	.077	1.0						7.2					
23	.086	1.5						7.2					
24	.080	1.2						7.2					
25	.089	1.0				3.8	2.0	7.2			8.74		
26	.087	1.0						7.2					
27	.086	1.0						7.3					
28	.088	1.2						7.3					
29	.077	1.2						7.3					
30	.077	1.5						7.2					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry D. Ayers C-3669 Date: 10-10-91

Name (Please Type) Larry D. Ayers

Company Name SOUTHERN STATES UTILITIES BURNT STORE Telephone No. (Please Type) 813-639-0331

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month OCT. Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name BURNT STORE - SSU

(4) Plant Address BURNT STORE RD. MAIL TO: 2200 KINGS HWY #34 PORT CHARLOTTE FL 33980

(5) City PUNTA GORDA

(6) County CHARLOTTE

(7) Phone Number (813) 639-0331

(8) Permit Number DO08160047

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
EVAP / Perc PONDS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3669
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.
Lead Operator Signature 3669 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.090
(17) Permitted capacity	mgd	–	.250
(18) Three-month average daily flow	mgd	–	.086
(19) Percent of permitted capacity	%	–	34.4
(20) $CBOD_5$ Effluent	mg/L	080082	10.3
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.18
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month OCT. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.078	1.2						7.3														
2	.096	1.0						7.3														
3	.095	1.0						7.3														
4	.130	1.0						7.3														
5	.094	0.8						7.3														
6	.090	3.0				-		7.4														
7	.097	2.0						7.3														
8	.096	1.5						7.3														
9	.090	1.5		501	0.8	8.1	30	7.3			92		<1									
10	.103	1.5						7.3														
11	.099	1.2						7.3														
12	.098	1.0						7.2														
13	.098	1.2						7.2														
14	.097	1.0						7.2														
15	.098	1.0						7.2														
16	.094	1.2						7.2														
17	.067	1.5						7.2														
18	.033	1.4						7.2														
19	.077	3.0						7.0														
20	.090	1.3						7.2														
21	.094	1.2						7.2														
22	.101	1.0						7.2														
23	.086	1.5		384	26.0	12.5	1.0	7.2			54.3											
24	.086	1.2						7.2														
25	.086	1.5						7.2														
26	.098	1.2						7.2														
27	.080	1.5						7.2														
28	.094	1.5						7.2														
29	.082	1.2						7.2														
30	.091	1.2						7.2														
31	.066	1.5						7.2														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry D. Ayers C-3669 Date: 11-11-91

Larry D. Ayers

Name (Please Type)

Company Name SOUTHERN STATES UTILITIES BURNT STORE

Telephone No. (Please Type) 813 6390 331

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month NOV. Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name BURNT STORE - SSU

(4) Plant Address BURNT STORE RD. MAIL TO: 2200 KINGS HWY 3K PORT CHARLOTTE FL 33980

(5) City PUNTA GORDA

(6) County CHARLOTTE

(7) Phone Number (813) 639-0331

(8) Permit Number DO08168047

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
EVAP / PERC PONDS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3669
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Larry D Myers (Signature) 3669 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.090
(17) Permitted capacity	mgd	–	.250
(18) Three-month average daily flow	mgd	–	.087
(19) Percent of permitted capacity	%	–	34.8
(20) $CBOD_5$ Effluent	mg/L	080082	6.45
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.8
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.41
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.3
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month NOV. Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.114	1.2						7.2					
.098	0.5						7.3					
.064	0.5						7.3					
.090	1.0						7.2					
.097	1.2						7.2					
.096	1.0		34.8	50.0	7.9	4.4	7.2			1.44		
.092	1.0						7.2					
.093	1.2						7.2					
.094	1.0						7.2					
.081	1.2						7.2					
.094	1.0						7.2					
.090	1.0						7.2					
.090	1.8						7.2					
.084	1.2						7.1					
.085	1.0						7.1					
.103	1.2						7.1					
.093	1.0						7.1					
.080	1.0						7.1					
.069	0.8						7.1					
.080	1.0		34.6	200	5.0	1.2	7.1			1.69		
.098	1.2						7.1					
.067	1.0						7.2					
.117	1.3						7.2					
.090	0.8						7.1					
.094	1.0						7.1					
.091	1.0						7.1					
.098	1.0						7.1					
.109	1.2						7.1					
.104	1.0						7.1					
.109	0.5						7.3					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this report is true, complete and accurate.

Signature: Larry D. Ayers C-3669 Date: 12-10-91

Name (Please Type) LARRY D. AYERS

Company Name SOUTHERN STATES UTILITIES BUNNT STORE Telephone No. (Please Type) 813-639-0331

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DEC. Year 1991

(2) Plant's DER Identification Number 4008P00462

(3) Plant Name BURNT STORE - SSU

(4) Plant Address BURNT STORE RD. MAIL TO: 7200 KINGS HWY 3K PORT CHARLOTTE FL 33948

(5) City PUNTA GORDA

(6) County CHARLOTTE

(7) Phone Number (813) 639-0331

(8) Permit Number D008168047

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
EVAP/PERC PONDS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3669

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Larry D Ayers (Signature) 3669 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.090
(17) Permitted capacity	mgd	—	.250
(18) Three-month average daily flow	mgd	—	.090
(19) Percent of permitted capacity	%	—	36
(20) $CBOD_5$ Effluent	mg/L	080082	8.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.85
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.083
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month DEC. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.072	1.7						7.3														
2	.107	1.2						7.2														
3	.078	1.0						7.2														
4	.083	1.2		132	119	6.1	6.8	7.2			.552											
5	.091	1.0						7.2														
6	.077	1.5						7.2														
7	.102	1.2						7.2														
8	.086	1.0						7.2														
9	.093	1.0						7.2														
10	.098	1.2						7.2														
11	.095	1.5						7.2														
12	.081	1.0						7.2														
13	.120	1.2						7.2														
14	.094	0.8						7.3														
15	.065	0.8						7.3														
16	.089	1.0						7.2														
17	.079	1.2						7.2														
18	.090	0.8		30.6	15	10.9	.85	7.2			1.615											
19	.071	1.0						7.2														
20	.078	1.5						7.2														
21	.094	1.2						7.2														
22	.057	1.0						7.2														
23	.104	1.5						7.2														
24	.107	1.2						7.2														
25	.090	1.0						7.2														
26	.106	1.2						7.2														
27	.127	1.5						7.2														
28	.110	3.0						7.3														
29	.086	3.0						7.3														
30	.111	1.5						7.3														
31	.133	1.2						7.3														

Certified Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Larry D. Ayers C-3669 Date: 1-8-92

Name (Please Type): LARRY D. AYERS

Company Name: SOUTHERN STATES UTILITIES BURNT STORE Telephone No. (Please Type): 813-639-0331

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CRS # 4008P00262

Stephen E. Porter — 2-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES ULT COOP - BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. Mail To 2200 Kings Highway Bldg 7K Port Charlotte 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. 813-743-6311

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO08Q23335	.060	.250	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.078	400	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.94	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
26						2.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR: 207/39 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

OCR FORM 11-E, 10/77, EFFECTIVE NOVEMBER 30, 1982

Month January Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.065	2.0			7.7			
2	.065	2.0			7.7			
3	.057	2.0			7.7			
4	.060	3.0			7.7			
5	.065	2.0			7.7			
6	.058	3.0			7.7			
7	.067	3.0			7.7			
8	.058	3.0			7.7			
9	.054	3.0			7.6			
10	.056	1.6			7.6			
11	.062	2.2	3.94	1.0	7.6			1
12	.052	3.0			7.6			
13	.055	3.0			7.6			
14	.059	3.0			7.6			
15	.060	3.0			7.6			
16	.056	3.0			7.6			
17	.065	2.0			7.6			
18	.067	2.0			7.6			
19	.055	2.0			7.6			
20	.078	2.9			7.6			
21	.062	2.0			7.6			
22	.052	2.0			7.6			
23	.065	2.0			7.6			
24	.062	3.0			7.6			
25	.078	2.0			7.6			
26	.055	2.0			7.6			
27	.059	2.0			7.6			
28	.063	2.0			7.6			
29	.062	2.0			7.6			
30	.063	2.0			7.6			
31	.060	3.0	4.65	.5	7.7			
101	1.879	91	7.89	2.0	736.5			1
AVG	.060	2.9	3.94	1.0	7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER # FLA0081663

Stephen E Prater — 3-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UNT-FARR - BRANT STORE

(3) PLANT ADDRESS: BRANT STORE RD MAIL TO 2200 MILES Highway TURN SE PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. 813-743-6411

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DR0BR033335 .063 .250 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.070 400 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2.05

(16) TSS (mg/l) EFFLUENT 2.55

(17) pH 7.6 (18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) BROMO P mg/l

(23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM

(25) TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-007159

DER Form 17-22. 205(17) Effective November 30, 1982

(30) Month FEBRUARY Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.060	1.0			7.7			
2	.059	1.0			7.7			
3	.059	1.0			7.7			
4	.056	1.0			7.7			
5	.060	1.0			7.7			
6	.065	1.0			7.6			
7	.058	1.0			7.6			
8	.060	1.0			7.6			
9	.070	1.0			7.6			
10	.065	1.0			7.6			
11	.064	1.0			7.6			
12	.066	1.0			7.6			
13	.066	1.0			7.6			
14	.056	1.0			7.7			
15	.063	1.0			7.7			
16	.062	1.0			7.7			
17	.067	1.0			7.6			
18	.060	1.0			7.6			
19	.064	1.0			7.6			
20	.065	1.0			7.6			
21	.068	1.0	.17	5.5	7.6			
22	.066	1.0			7.6			
23	.065	1.0			7.6			
24	.062	1.0			7.6			
25	.067	1.0			7.6			
26	.069	1.0			7.6			
27	.066	1.0			7.6			
28	.064	1.0	2.39	1.0	7.6			
29								
30								
31								
TOT	1.775	33	4.0	5.1	213.3			
AVG	.063	1.0	2.0	2.55	7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CERTIFICATION: 4008B00965 D.O.

Stephen E Bates — 4-2-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Util. Corp. - Burnt Store

(3) PLANT ADDRESS: Burnt Store Rd. appx 1/2 mile N. of intersection with Kings Highway 33990 Punta Gorda Charlotte

(4) CITY: Punta Gorda (5) COUNTY: Charlotte PHONE NO.: 813-639-0551

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO08B021111	.046	.250	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.115	400	X Membrane Filter X Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.80	1.75

(17) pH (TU)	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						3.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap/Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR CLASS: 6-007139

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-[illegible] Effective February 20, 1982

Month MARCH Year 1990

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DO EFFLUENT (mg/l)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.049	3.0			7.7			
2	.074	3.0			7.6			
3	.145	3.0			7.6			
4	.050	3.0			7.6			
5	.046	3.0	2.36	2.0	7.6			
6	.048	3.0			7.6			
7	.043	3.0			7.6			
8	.045	3.0			7.7			
9	.040	3.0			7.7			
10	.042	3.0			7.7			
11	.044	3.0			7.7			
12	.043	3.0			7.7			
13	.052	3.0			7.7			
14	.043	3.0			7.7			
15	.043	3.0			7.7			
16	.045	3.0			7.7			
17	.070	3.0			7.7			
18	.054	3.0			7.7			
19	.041	3.0			7.7			
20	.060	3.0			7.7			
21	.043	3.0			7.7			
22	.045	3.0			7.7			
23	.044	3.0			7.7			
24	.045	3.0			7.7			
25	.044	3.0			7.7			
26	.045	3.0			7.7			
27	.070	3.0	1.86	1.5	7.7			
28	.060	3.0			7.7			
29	.065	3.0			7.7			
30	.140	3.0			7.7			
31	.040	3.0			7.7			
TOT	2.054	93	3.41	3.5	238.1			
AVG	.066	3.0	1.86	1.75	7.68			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CE# 4008L00123

Stephen E Yates
Signature of Lead Operator in Charge — 5-7-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTIL CORP BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD MAIL TO: 2200 King's Highway P.O. Box PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO: (813) 743-6211

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DQ08L468Q17 .107 .250 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.180 1100

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW EMFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

1.55 1.38

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.6 3.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

/

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-GG 2-JG

DER FORM 17-7.207(1) EFFECTIVE NOVEMBER 30, 1982

(30) Month APRIL Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.120	3.0			7.7			
2	.120	3.0			7.6			
3	.118	3.0			7.6			
4	.117	3.0			7.6			
5	.100	3.0			7.6			
6	.120	3.0			7.6			
7	.130	3.0			7.6			
8	.130	3.0			7.6			
9	.104	3.0			7.6			
10	.082	3.0			7.6			
11	.116	3.0			7.6			
12	.093	3.0			7.6			
13	.108	3.0			7.6			
14	.111	3.0			7.6			
15	.123	3.0			7.6			
16	.095	3.0			7.6			
17	.104	3.0			7.6			
18	.110	3.0			7.6			
19	.098	3.0	2.85	1.45	7.6			
20	.096	3.0			7.6			<1
21	.097	3.0			7.6			
22	.096	3.0			7.6			
23	.083	3.0			7.6			
24	.080	3.0			7.6			
25	.072	3.0			7.6			
26	.083	3.0			7.6			
27	.091	3.0	0.55	1.5	7.6			
28	.127	3.0			7.6			<1
29	.180	2.8			7.6			
30	.122	2.8			7.6			
31								
TOT	3.217	90	3.1	2.95	226.1			
AVG	.107	3.0	1.55	1.38	7.6			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1996

(1) CERTIFIED OPERATOR [illegible]

Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTIL. CORP. BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 7200 Kings Highway 33980 PORT CHARLOTTE

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO: (813) 743-6211

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA08168942 .076 .250 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.097 1100 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) N FLOW: INFIL

(15) BOD (mg/l): EFFLUENT 3.31

(16) TSS (mg/l): EFFLUENT 6.5

(17) pH | (18) TOTAL N mg/l | (19) AMMONIA mg/l | (20) NITRATE mg/l | (21) TOTAL P mg/l | (22) ORTHO P mg/l | (23) CHLOR RESID ppm

(24) BOD (mg/l): UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l): UPSTREAM DOWNSTREAM

(26) EFFLUENT: PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

OTHER TYPE OPERATOR(S) ON SHIFT

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.0867	3.0			7.6			
2	.0876	3.0			7.6			
3	.063	3.0			7.6			
4	.072	3.0			7.6			
5	.091	3.0			7.6			
6	.097	3.0			7.6			
7	.097	3.0			7.6			
8	.09	3.0			7.6			
9	.085	3.0			7.6			
10	.095	3.0			7.6			
11	.075	3.0	3.92	6.5	7.6			
12	.07	3.0			7.6			
13	.09	3.0			7.6			
14	.085	3.0			7.6			
15	.092	3.0			7.6			
16	.067	3.0	2.4	6.5	7.6			
17	.096	3.0			7.6			
18	.088	3.0			7.6			
19	.095	3.0			7.6			
20	.093	3.0			7.6			
21	.063	3.0			7.6			
22	.063	3.0			7.6			
23	.068	3.0			7.6			
24	.063	3.0			7.6			
25	.068	3.0			7.6			
26	.090	3.0			7.6			
27	.095	3.0			7.6			
28	.094	3.0			7.6			
29	.76	3.0			7.6			
30	.85	3.0			7.6			
31	.098	3.0			7.6			
TOT	2.925	93	6.1	13	236			
AVG	.094	3	3	6.5	7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CES # 4DCEPCC1162

Stephen E Prater — 7-3-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES-U.F. COOP - BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 2200 Kings Highway BLD 3-K PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. (813) 743-6211

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0081468047 .094 .250 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.105 1100

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) R FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.25

(16) TSS (mg/l) EFFLUENT: .62

(17) pH: 7.6

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRATE ESTIMATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 2.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP. PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR: C-002139 — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

Form 17-1.201(1) Effective November 30, 1982

(30) Month JUNE Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.086	2.0			7.6			
2	.096	2.0			7.6			
3	.105	2.0			7.6			
4	.094	2.0			7.6			
5	.095	2.0			7.6			
6	.086	2.0			7.6			
7	.092	2.0	1.73	0.38	7.6			<1
8	.104	2.0			7.6			
9	.098	2.0			7.6			
10	.096	2.0			7.6			
11	.085	2.0			7.6			
12	.026	2.0			7.6			
13	.075	2.0			7.6			
14	.073	2.0			7.6			
15	.075	2.0			7.6			
16	.091	2.0			7.6			
17	.092	2.0			7.6			
18	.084	2.0			7.6			
19	.088	2.0			7.6			
20	.086	2.0			7.6			
21	.092	2.0			7.6			
22	.078	2.0			7.6			
23	.074	2.0			7.6			
24	.076	2.0			7.6			
25	.082	2.0			7.6			
26	.078	2.0			7.6			
27	.075	2.0			7.6			
28	.077	2.0	2.99	.5	7.6			<1.0
29	.086	2.0			7.6			
30	.078	2.0			7.6			
31								
101	2.521	90.	4.5	1.35	228			<1.
AVG	.084	2.0	2.25	.62	7.6			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GM 0700800252 — 8/6/90

Stephen E. Prater
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES U.S. CORP BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD mail to: 2200 King's Highway PGA 33980 Port Charlotte

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. (813) 743-6211

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DOD8L480247 .250 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number
.095 1100

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW IMPIL
(15) BOD (mg/l) EFFLUENT: 1.71
(16) TSS (mg/l) EFFLUENT: 0.4

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l: 3.125 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB
(28) TYPE EFFL DISPOSAL: EVAP/PERC PONDS

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-007139

DEP Form 17-7. 10/77 Effective November 30, 1982

(30) Month JULY Year 90

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.072	3.0			7.6			
2	.085	3.0			7.6			
3	.075	3.0			7.6			
4	.078	3.0			7.6			
5	.086	3.0			7.6			
6	.078	3.0			7.6			
7	.082	3.0			7.6			
8	.080	3.0			7.6			
9	.072	3.0			7.6			
10	.095	3.0	1.69	0.8	7.6	3.5		<1
11	.078	3.0			7.6			
12	.075	3.0			7.6			
13	.078	3.0			7.6			
14	.074	3.0			7.6			
15	.075	3.0			7.6			
16	.072	3.0			7.6			
17	.076	3.0			7.6			
18	.076	3.0			7.7			
19	.078	3.0	1.71	0.4	7.7	2.95		<1
20	.091	3.0			7.7			
21	.068	3.0			7.7			
22	.072	3.0			7.7			
23	.074	3.0			7.7			
24	.078	3.0			7.7			
25	.073	3.0			7.7			
26	.075	3.0			7.7			
27	.080	3.0			7.7			
28	.075	3.0			7.7			
29	.077	3.0			7.7			
30	.080	3.0			7.7			
31	.066	3.0			7.7			
TOT	2.383	91	3.43	0.8	237.0	6.25		3
AVG	.076	2.93	1.71	0.4	7.6	3.125		4

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RECEIVED

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT LAND MONTHLY OPERATING REPORT

(1) CODE 4008200262

Stephen E Bates — 9-6-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UCF COOP BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO 7100 KINGS HIGHWAY, BLD 3-K PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. 813-639-0331

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA008168022 .076 .200 IC

(10) MAX FLOW (MGD) .102 (11) POP SERVED 1100 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD — BOD lb/d — TSS lb/d

(14) R FLOW INFIL

(15) BOD (mg/l) EFFLUENT 1.52

(16) TSS (mg/l) EFFLUENT 1.0

(17) pH 7.9

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l 1.85

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 3.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-7139

DEP Form 17-[illegible] 10/[illegible] Obsoletes Previous Editions

Month August Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.075	3.0			7.9			
2	.068	3.0	1.27	0.25	7.9	2.1		21
3	.063	3.0			7.9			
4	.076	3.0			7.9			
5	.071	3.0			7.9			
6	.063	3.0			7.9			
7	.072	3.0			7.9			
8	.071	3.0	1.56	1.4	7.9	1.6		
9	.070	3.0			7.9			
10	.068	3.0			7.9			
11	.068	3.0			7.9			7
12	.069	3.0			7.9			
13	.080	3.0			7.9			
14	.102	3.0			7.9			
15	.092	3.0			7.9			
16	.082	3.0			7.9			
17	.081	3.0			7.9			
18	.078	3.0			8.1			
19	.075	3.0			7.8			
20	.080	3.0			7.8			
21	.084	3.0			7.9			
22	.082	3.0			7.9			
23	.080	3.0			7.6			
24	.084	3.0			7.6			
25	.081	3.0			7.6			
26	.078	3.0			7.6			
27	.075	3.0			7.6			
28	.077	3.0			7.6			
29	.076	3.0			7.9			
30	.070	3.0			7.9			
31	.068	3.0			7.9			
TOT	2.361	93	4.27	1.65	236.7	3.7		28
AVG	.076	3.0	1.52	1.0	7.9	1.85		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month SEPTEMBER Year 1990

(1) CUS #4008pc04462

Stephen E. Bates 10-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES NUT CORP BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD NORTH 2300 Kings Highway 2403 K PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO. 813-639-0551

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0081686247 .070 .250 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.084 1100

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

0.79 .8

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.6 2.0

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL EVAP/PERCOLATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7139

DEPARTMENT FORM 17-701.900(3) EFFECTIVE NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.070	3.0	0.94	1.6	7.7			
2	.072	3.0			7.7			
3	.084	3.0			7.7			
4	.066	3.0			7.7			
5	.076	3.0			7.7			
6	.081	3.0			7.7			
7	.070	3.0			7.7			
8	.073	3.0			7.7			
9	.069	3.0			7.7			
10	.069	3.0			7.7			
11	.068	3.0			7.7			
12	.065	3.0			7.7			
13	.068	3.0	0.14	0.0	7.7			<1
14	.066	3.0			7.6			
15	.064	3.0			7.6			
16	.067	3.0			7.6			
17	.070	3.0			7.6			
18	.070	3.0			7.6			
19	.070	3.0			7.7			
20	.070	3.0			7.6			
21	.070	3.0			7.6			
22	.070	3.0			7.6			
23	.070	3.0			7.6			
24	.070	3.0			7.6			
25	.076	3.0			7.6			
26	.070	3.0			7.7			
27	.070	3.0			7.6			
28	.070	3.0			7.6			
29	.070	3.0			7.6			
30	.070	2.0			7.6			
31								
TOT	2.116	89	1.58	1.6	229.3			<1
AVG	.070	2.96	0.79	.8	7.6			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CES #4208000462

Stephen E Prater — 11-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTILITIES BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. MAIL TO: 2200 Nimes Highway BLD 3 K PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO (813) 743-6311

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA0BL680427 .069 .250 II

(10) MAX FLOW (MGD) .072 (11) POP SERVED 1100 (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number <1

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 1.29

(16) TSS (mg/l) EFFLUENT 0.7

(17) pH (S.U.) 7.3

(18) TOTAL N mg/l .5

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 3.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G-007139

EPA Form 3560-7 (10-79) Effective November 30, 1982

(30) Month OCTOBER Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.070	3.0			7.6			
2	.072	3.0			7.6			
3	.071	3.0			7.4			
4	.069	3.0			7.6			
5	.071	3.0			7.6			
6	.070	3.0			7.6			
7	.070	3.0			7.6			
8	.070	3.0			7.6			
9	.070	3.0			7.6			
10	.070	3.0	1.03	0.2	7.2	0.35		21
11	.070	3.0			7.6			
12	.070	3.0			7.7			
13	.070	3.0			7.0			
14	.070	3.0			7.1			
15	.070	3.0			7.0			
16	.070	3.0			7.0			
17	.070	3.0			7.1			
18	.070	3.0			7.1	0.76		
19	.070	3.0			7.1			
20	.070	3.0			7.2			
21	.070	3.0			7.2			
22	.070	3.0			7.2			
23	.070	3.0			7.3			
24	.069	3.0			7.3			
25	.069	3.0			7.3			
26	.070	3.0			7.3			
27	.071	3.0			7.3			
28	.068	3.0			7.3			
29	.065	3.0			7.3			
30	.066	3.0			7.3			
31	.067	3.0	1.56	1.2	7.3			
TOT	2.158	93	2.59	1.4	227	1.11		21
AVG	.069	3.0	1.29	.7	7.3	.55		21

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CERTIFICATION: 4008000042

Alfred Wayne Vannell — 12-10-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UNT CORP. BURNT STORE

(3) PLANT ADDRESS: BURNT STORE RD. APPX MI. 2300 Kings Hy BLD 3-K PORT CHARLOTTE 33980

(4) CITY: PUNTA GORDA (5) COUNTY: CHARLOTTE PHONE NO: (813) 639-0221

(6) PERMIT NUMBER: FL0028168042 (7) AVG FLOW MGD: .071 (8) DESIGN FLOW MGD: .250 (9) TYPE: II

(10) MAX FLOW (MGD): .085 (11) POP SERVED: 1100 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind flow MGD — BOD lb/d — TSS lb/d (14) % FLOW INFIL — (15) BOD (mg/l) EFFLUENT: 2.13 — (16) TSS (mg/l) EFFLUENT: 0.90

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			1.36			3.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE — (25) DO (mg/l) UPSTREAM DNSTREAM — (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: EVAP/PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

3409-A DER Form 17-7.191(1) Effective November 30, 1982

Month NOVEMBER Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.072	3.0			7.3			
2	.066	3.0			7.3			
3	.075	3.0			7.3			
4	.076	3.0			7.3			
5	.085	3.0			7.3			
6	.068	3.0			7.3			
7	.070	3.0	1.65	1.60	7.3	2.3		<1
8	.065	3.0			7.3			
9	.068	3.0			7.3			
10	.063	3.0			7.3			
11	.067	3.0			7.3			1
12	.066	3.0			7.3			
13	.068	3.0			7.3			
14	.070	3.0			7.3			
15	.068	3.0			7.3			
16	.068	3.0			7.3			
17	.066	3.0			7.4			
18	.070	3.0			7.4			
19	.070	3.0			7.4			
20	.065	3.0	2.91	0.20	7.6	0.4		
21	.071	3.0			7.3			
22	.076	3.0			7.4			
23	.072	3.0			7.4			
24	.069	3.0			7.4			
25	.068	3.0			7.3			
26	.076	3.0			7.3			
27	.069	3.0			7.4			
28	.065	3.0			7.3			
29	.085	3.0			7.4			
30	.078	3.0			7.4			
31								
TOT	2.121	90.0	4.56	1.80	223.4	2.7		<1
AVG	.071	3.0	2.13	0.90	7.3	1.35		<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 1990

(1) CERTIFICATION #4008000942

Wayne Vannell 1-11-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities Burnt Store

(3) PLANT ADDRESS: Burnt Store Rd. approx. 2700 Kings Highway (SR 31 & Port Charlotte, FL 33980

(4) CITY: Punta Gorda (5) COUNTY: Charlotte PHONE NO. (813)639-0331

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO08168042 .070 .250 II

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.078 1100

(13) INDUSTRIAL CONTRIBUTION (14) R FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

4.58 5.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.5 1.45 3.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Perc Ponds/Rec Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-3409

DER Form 17-22. 109-17 Effective: November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N Nitrate (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.071	3.5			7.4			
2	.073	3.5			7.5			
3	.068	4.0			7.5			
4	.070	3.5			7.6			
5	.070	3.5			7.6			
6	.065	3.5	2.10	3.20	7.7	0.5		21
7	.065	3.5			7.7			
8	.062	3.5			7.5			
9	.070	3.0			7.6			
10	.068	3.5			7.6			
11	.071	3.5			7.6			7
12	.070	3.5			7.6			
13	.062	3.5			7.7			
14	.069	3.5	6.76	1.30	7.7			
15	.072	3.5			7.7			
16	.075	3.5			7.7			
17	.071	3.5			7.7			
18	.070	3.5			7.8			
19	.075	3.5			7.6			
20	.063	3.5	9.27	6.00	7.7	2.4		
21	.069	3.5			7.7			
22	.073	3.5			7.7			
23	.071	3.5			7.7			
24	.069	3.5			7.8			
25	.070	3.5			7.5			
26	.069	3.5			7.8			
27	.071	3.5			8.0			
28	.070	3.5			7.5			
29	.061	3.5			7.4			
30	.078	3.5			7.4			
31	.077	3.5			7.7			
TOT	2.173	101.5	18.13	14.50	233.5	2.9		49
AVG	.070	3.5	4.58	3.5	7.5	1.45		21

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 91

(1) DER # 30594011.7

S K S 2/11/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA

(3) PLANT ADDRESS: % 1000 Color Dr, Apopka, 32703

(4) CITY: CHULUOTA (5) COUNTY: Seminole PHONE NO. 862 6102

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DES 131768	.014	.1	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.022	455	[✓] Membrane Filter [ ] Most Probable Number

(11) INDUSTRIAL CONTRIBUTION			(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD	BOD lb/d	TSS lb/d	INFIL	EFFLUENT	EFFLUENT
N/A	N/A	N/A	—	3.1	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9	32	—	—	—	—	2.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
N/A	N/A N/A	N/A	N/A	—	—	—

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Pond/Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

S K S

DER Form 17-61.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.014	3.5			6.9			
2	.013	3.5	3 comp	2 comp	6.8			
3	.013	3.5			6.8			
4	.014	3.5			6.8			
5	.014	3.5			6.8			
6	.014	3.5			6.5			
7	.014	3.5			6.8			
8	.013	3.5			6.5	32 grab		
9	.013	3.5			6.9			
10	.014	2.5			6.6			
11	.015	2.0			6.5			
12	.015	2.5			6.8			
13	.013	3.5			6.8			
14	.013	2.5			7.0			
15	.014	3.0			7.0			
16	.016	2.0			7.0			
17	.009	3.0			6.8			
18	.014	2.5			7.0			
19	.013	3.0			6.9			
20	.013	3.0			7.0			
21	.016	3.0			7.02			
22	.022	3.0			6.8			
23	.013	3.0			6.9			
24	.016	3.0			7.2			
25	.013	3.0			7.0			
26	.016	3.0			6.6			
27	.021	3.0			7.2			
28	.014	3.0			7.0			
29	.015	3.0			6.8			
30	.016	3.0			7.0			
31	.013	3.0	32 grab	1 comp	6.9	32 grab		
TOT	.431	91.5	1 comp	3 comp	213.2	32 grab		
AVG	.014	2.9	3 comp	1 comp	6.9	32 grab		

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0154

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3059P01117 S. Vest C6403 3/6/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA

(3) PLANT ADDRESS: % 1000 Color Pl, APOPKA, 32703

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 350 0058

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DT59121765 .013 .100 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.019 462 [1] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2.5

(16) TSS (mg/l) EFFLUENT 21

(17) pH 7.0

(18) TOTAL N mg/l 26

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm .05

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Pond/Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
S. Vest

DER Form 17-1.201(7) Effective November 30, 1982

(30) Month SEP Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	2.5			7.0			
2	.014	2.0			6.8			
3	.013	2.5			7.6			
4	.016	3.0			7.0			
5	.016	3.5			7.2	26		
6	.010	2.5			7.0			
7	.019	2.5			7.0			
8	.010	3.0			6.8			
9	.011	3.0			7.0			
10	.015	3.5			6.8			
11	.009	3.5			7.3			
12	.013	2.0			7.1			
13	.011	3.0	3	21	7.0			
14	.012	3.0			6.9			
15	.006	1.5			7.0			
16	.019	2.0			7.0			
17	.018	2.5			7.2			
18	.015	2.5			7.2			
19	.010	2.0			7.2			
20	.015	2.5			7.0			
21	.011	3.0			6.8			
22	.014	3.0			7.0			
23	.007	3.0			7.2			
24								
25	.028	2.0			6.8			
26	.012	2.0			6.9			
27	.011	1.5	2	21	7.0			
28	.011	3.0			7.0			
29								
30								
31								
TOT	.350	63.5	5	42	193.5	26		
AVG	.013	2.4	2.5	21	7.0	26		

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0155

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAR. Year 91

(1) DER # 3059P01113

Signature of Lead Operator in Charge — 4/9/91 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA

(3) PLANT ADDRESS: 125 W. 10TH ST

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 880-0058

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59131768	.014	.1	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.023	462	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFLU

(15) BOD (mg/l) EFFLUENT

(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9	.17					.6

(24) BOD (mg/l) UPSTREAM / DOWNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DOWNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. POND / SPRAY FIELD

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.201(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	2.5			6.8			
2	.007	2.5			6.8			
3	.012							
4	.013	.6			7.2			
5	.010	.45			7.0			
6	.010	2.5			7.0			
7	.012	3.0			7.0			
8	.011	2.5			7.2			
9	.009	2.5			7.2			
10	.015				7			
11	.015	3.0			6.8			
12	.013	3.0			7.0	17		1
13	.011	3.0	2	21	7.0			
14	.012	2.5			7.0			
15	.012	2.5			7.0			
16	.010	2.5			7.0			
17	.022							
18	.021	2.0			7.0			
19	.021	3.0			6.8			
20	.021	1.5			6.8			
21	.021	2.0			7.0			
22	.014	1.5			6.8			
23	.021	1.6			7.0			
24	.015							
25	.015	.8			7.0			
26	.015	.8			6.8			
27	.015	1.6	2	1	7.0			
28	.013	2.0			7.0			
29	.006	2.5			7.0			
30	.012	2.0			7.0			
31	.023							
TOT	.447	55.2			161.2			
AVG	.014	2.1			6.9	17		1

0156

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER: 3059P01117

Signature of Lead Operator in Charge — Date: 5/7/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA

(3) PLANT ADDRESS: 125 E 10TH ST

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 365-2311

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59131768	.0145	.1	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.028	465	[+] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2	25.5					.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/				

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC POND & SPRAY FIELDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.202(7) Effective November 30, 1982

Month APR Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.023	2.0			7.2			
2	.013	2.0			7.0			
3	.014	2.5			7.0			
4	.013	2.5			7.0	25.5		<1
5	.021	2.0			7.0			
6	.014	2.0			7.0			
7	.016							
8	.016	2.5			7.2			
9	.016	2.0			7.0			
10	.015	1.5	<1	1.5	7.0			
11	.016	2.0			7.2			
12	.017	2.0			7.2			
13	.014	2.0			7.2			
14	.018							
15	.017	2.5			7.0			
16	.014	2.5			7.0			
17	.016	2.5			7.0			
18	.016	2.5			7.0			
19	.008	2.5			7.0			
20	.006	2.5			7.0			
21	.010				7			
22	.010	.8			7.2			
23	.016	2.5			7.0			
24	.016	3.0	1	2	7.0			
25	.016	1.0			7.0			
26	.010	2.5			7.0			
27	.027	2.5			7.0			
28	.028							
29	.029	.8			7.2			
30	.025	1.0			7.0			
31								
TOT	.585	58.4	<2	4.5	196.6	25.5		<1
AVG	.0145	2.1	<1	1.25	7.2			

* Seminole Dug In Many Rains From Recycling Through Plant Over Fields

Page 1 of 2

0157

Chuluota - 335

Seminole County (SSU)

Sewer

- 1992 FPSC Filing -

DEP Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Place in this Box)

DEP
6179

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month MAY Year 91

(2) Plant's DER Identification Number 3059 P01117

(3) Plant Name CHULUOTA

(4) Plant Address 125 E. 10TH

(5) City CHULUOTA

(6) County SEMINOLE

(7) Phone Number 365 2811/880-0056

(8) Permit Number DT 59 131768

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
SLOW RATE LAND APP / RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No 6403
Evening Shift Operator Class ____ Cert. No ____
Night Shift Operator Class ____ Cert. No ____
Lead Operator [signature] C.6403
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	22%
(20) $CBOD_5$ Effluent	mg/L	080082	1.0
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.0
(26) Total N	mg/L	000600	19.5
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			
F/C			<1

DER Form 17-601(3)(b)(1)
Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Please fill in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month MAY Year '91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.025	2.5						7.0					
2	.023	1.0						7.0					
3	.024	2.5						7.0					
4	.515	3.0						7.0					
5	.023												
6	.024	2.5						7.0					
7	.017	2.5						7.0					
8	.020	2.5		133	28	1.0	1.0	7.0		19.5	.		<1
9	.021	3.0						6.8					
10	.020	3.0						6.9					
11	.016	3.0						6.9					
12	.021												
13	.021	1.0						7.0					
14	.021	2.0						6.8					
15	.022	1.5						7.0					
16	.023	2.0						7.0					
17	.023	2.0						7.0					
18	.032	2.0						7.0					
19	.019												
20	.019	1.5						7.0					
21	.019	1.5						7.0					
22	.016	1.5		.	.	.	.	7.0					
23	.018	1.5						7.0					
24	.021	2.0						7.0					
25	.033	2.0						7.0					
26	.021												
27	.021	2.0						7.0					
28	.023	2.5						6.8					
29	.023	2.0						6.8					
30	.033	2.5		123	117	1.0	2.0	7.0					
31	.039	1.5						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Greg Kent C-6403 Date: 6/5/'91

Name (Please Type): GREG KENT

Company Name: SOUTHERN STATES UTILITIES SERVICES Telephone No. (Please Type): 407-880-0058

Page 1 of 2

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month June Year 1991

(2) Plant's DER Identification Number 3559P 0117

(3) Plant Name CHULUOTA

(4) Plant Address 125 10TH ST

(5) City CHULUOTA

(6) County SEMINOLE

(7) Phone Number 880-0058

(8) Permit Number DOES 187652

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE LAND APP - RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge n/a

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6403
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ C-6403
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.028
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	.023
(19) Percent of permitted capacity	%	–	28
(20) $CBOD_5$ Effluent	mg/L	080082	2.5
(21) $CBOD_5$ Effluent	lbs/day	–	.584
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	–	.350
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	14.9
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.8
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
f/c			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month June Year '91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.024	2.5						7.2					
2	+ .028												
3	+ .027	3.0						7.0					
4	.027	2.5						7.0		14.9			121
5	.027	2.5		125	64	3.0	2.0	7.0					
6	.026	2.5						7.0					
7	.026	2.0						7.0					
8	.024	2.0						7.0					
9	+ .022												
10	+ .029	2.0						7.0					
11	.029	2.5						7.0					
12	.018	3.0						7.0					
13	.022	3.0						6.8					
14	.016	3.5						7.0					
15	.015	3.0						7.0					
16	.024												
17	.025	2.5						7.0					
18	.028	2.5						7.0					
19	.033	3.0		63	26	2.0	1.0	7.0					
20		2.5						7.0					
21	.021	2.5						7.0					
22	.037	2.5						7.0					
23	.036	2.5						7.0					
24	.031	3.0						7.2					
25	.034	2.5						7.0					
26	.025	3.0						7.0					
27	.025	3.0						7.0					
28	.037	2.5						7.0					
29	.033	1.8						7.0					
30	+ .032												

+ESTIMATE

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: S Kut C.Ellis Date 7/8/'91

Name (Please Type)

Company Name

Telephone No. (Please Type)

Page 3 of 3

DEP Form 62-601.300(1) Effective Date: July 1, 1991

DEP Facility No. (Place # for DER)

DEK Eng

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3650201117

(3) Plant Name CHULUOTA

(4) Plant Address 125 E 10TH ST

(5) City CHULUOTA

(6) County SEMINOLE

(7) Phone Number 695-4455

(8) Permit Number DOES 187652

(9) Plant Type 3.C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE LAND APP/RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6403
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Kent (Signature) C.6403 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.071
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	=	71%
(20) $CBOD_5$ Effluent	mg/L	080082	2.5
(21) $CBOD_5$ Effluent	lbs/day	–	1.48
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	–	.89
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	7.3
(33) Other Effluent Parameters			

Page 1 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

#335

(34) Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	072	2.0						7.0					
2	.042	1.5						7.0					
3	.048	3.0						7.0					
4	.043	2.5						7.0					
5	.043	3.0		125	64	3.0	2.0	7.0					
6	.024	3.0						7.0					
7	.034	2.5						7.0					
8	.050	2.0						7.2					
9	.062	1.0						7.0					
10	.064	1.5						7.0					
11	.057	2.5						7.2					
12	.055	1.4						7.2					
13	.100	1.0						7.0					
14	.099	1.2						7.2					
15	.097	.5						7.2					
16	.166	>3.0						7.0					
17	.101	>3.0						7.1					
18	.103	2.0						7.0					
19	040	2.0		63	6.0	2.0	1.0	6.9					
20	.096	2.0						7.0					
21	086	2.0						7.0					
22	068	1.5						6.9					
23	079	2.0						6.9					
24	069	1.7						7.1					
25	069	2.5						7.0					
26	095	3.0						7.2					
27	084	2.0						7.0					
28	078	2.5						7.0					
29	084	3.0						7.0					
30	063	3.0						7.0					
31	044	3.0						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: C6403 Date: 8/12/91

Name (Please Type): [illegible] Kent

Company Name: [illegible] Telephone No. (Please Type): [illegible]

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1991

(2) Plant's DER Identification Number 3059 PO 1117

(3) Plant Name CHULUOTA

(4) Plant Address 125 E 10TH ST.

(5) City CHULUOTA

(6) County SEMINOLE

(7) Phone Number 880-0058

(8) Permit Number DO 59 167652

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

✓ Membrane Filter ___ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE LAND APP. / RESIDENTIAL PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated

___ Yes ___ No ___ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 4404

Evening Shift Operator Class ___ Cert. No. ___

Night Shift Operator Class ___ Cert. No. ___

Lead Operator D Richard Eck Jr (Signature) C-4404 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.063
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	63%
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9.92
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	2.0
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
FECAL COLIFORM	MG/L		4K

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.091	3.0						7.0					
2	.076	3.0						7.2					
3	.085	3.0						7.0					
4	.070	3.0						7.0					
5	.060	2.5						7.2					
6	.059	2.0						7.2					
7	.064	3.0		75	84	2.0	1.0	6.8					
8	.063	2.5						6.8					
9	.063	3.0						6.6					
10	.062	2.5						6.9					
11	.063	2.0						7.2					
12	.064	3.0						6.8					
13	.069	3.5						6.6			9.92		48
14	.057	3.5						7.0					
15	.059	3.0						7.0					
16	.066	3.0						7.0					
17	.060	3.0						6.9					
18	.052	3.0						7.0					
19	.061	3.0						7.0					
20	.045	3.0						7.0					
21	.057	3.0						7.0					
22	.043	3.0						7.1					
23	.050	3.0						7.1					
24	.048	3.0						7.1					
25	.059	3.0						7.0					
26	.070	3.0						7.0					
27	.070	3.0						7.0					
28	.052	3.0						7.1					
29	.060	3.0						7.0					
30	.069	2.0						7.0					
31	.057	3.0						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: D. Richard Eck Jr. Date: 9/11/91

Name (Please Type): D. Richard Eck Jr.

Company Name: S.S.U. Services, Inc. Telephone No (Please Type): (407) 860-0058

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number 3059P01117

(3) Plant Name CHULUOTA

(4) Plant Address 125 W. 10TH ST.

(5) City CHULUOTA

(6) County Seminole

(7) Phone Number 860-0058

(8) Permit Number D059187652

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE LAND APP. / RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 4404

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] / ERJ Cert. No. C-4404
Signature

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.04
(17) Permitted capacity	mgd	—	.100
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	46
(20) $CBOD_5$ Effluent	mg/L	080082	3.4
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			
FECAL Coliform	#/100		1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month SEPTEMBER Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.056	2.0						7.0					
2	.050	2.5						7.1					
3	.055	2.0						7.0					
4	.050	2.0						7.0					
5	.045	2.5		*	*	*	*	7.1					
6	.047	2.0						7.0					
7	.043	2.0						7.0					
8	.049	2.0						7.0					
9	.042	2.0						7.0					
10	.064	2.5						7.0					
11	.047	2.0						7.0					
12	.053	1.5						7.0					
13	.055	1.5						7.0					
14	.054	1.5						7.0					
15	.040	2.0						7.0					
16	.051	2.0						7.0					
17	.046	2.0						7.0					
18	.039	2.0						7.1					
19	.043	2.0		153	236	3.4	6.0	7.0				1	
20	.044	2.0						7.0					
21	.040	2.0						7.0					
22	.036	2.0						7.1					
23	.044	2.5						7.0					
24	.038	2.0						7.1			8.29		
25	.041	2.0						7.0					
26	.039	2.0						7.0					
27	.040	2.0						7.1					
28	.038	2.0						7.0					
29	.043	2.0						7.0					
30	.052	2.0						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: D. Richard Eck Jr. Date: 10/ /91

Name (Please Type): D. RICHARD ECK JR.

Company Name: S.S.U. SERVICES, INC Telephone No. (Please Type): (407) 880-0058

Page 3 of 3

* Operator oversight no $CBOD_5$ or TSS submitted for this date

Correct number of analyses will be submitted in October

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month OCTOBER Year 1991

(2) Plant's DER Identification Number 3059 P01117

(3) Plant Name CHULUOTA

(4) Plant Address 125 E 10TH ST
CHULUOTA

(5) City SAME

(6) County SEMINOLE

(7) Phone Number 1-407-880-0058

(8) Permit Number D059187652

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE LAND APP. / RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 4404
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator D. Richard Ed Jr (Signature) C-4404 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.056
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	56%
(20) $CBOD_5$ Effluent	mg/L	080082	2.6
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.3
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	15.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (Page # of 3 Pgs)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month OCTOBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.048	2.0						6.9					
2	.063	2.0						7.0					
3	.070	1.5						7.0					
4	.069	1.5						7.0					
5	.066	1.5						7.0					
6	.074	2.0						7.1					
7	.093	2.0						7.0					
8	.078	2.0						7.0					
9	.060	1.5		93	26	1.9	1.5	7.0					
10	.060	2.0						7.0					
11	.071	2.0						7.0					
12	.069	2.0						7.0					
13	.052	2.0						7.0					
14	.058	2.0						7.0					
15	.057	2.0						6.9					
16	.059	2.5		173	200	3.2	5	7.0			16.7	>200	
17	.050	2.5						7.0					
18	.042	3.5						7.0					
19	.053	3.0						7.0					
20	.041	3.5						7.0					
21	.050	3.5						7.0					
22	.047	3.5						7.0					
23	.048	3.0						7.0					
24	.040	3.5						7.0					
25	.052	3.5						7.0					
26	.041	3.0						7.0					
27	.043	3.0						7.0					
28	.046	2.5						6.9					
29	.040	2.5						7.0					
30	.038	3.5						7.0					
31	.045	2.0						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed J. Richard Eby Jr. Date 11-2-91

Name (Please Type): J Richard Eby Jr.

Company Name: JSU. Services, Inc. Telephone No (Please Type): 1-407-860-0058

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1991

(2) Plant's DER Identification Number 3059 PO 1117

(3) Plant Name CHULUOTA

(4) Plant Address 125 E 10TH ST.

(5) City CHULUOTA

(6) County SEMINOLE

(7) Phone Number 1-407-860-0058

(8) Permit Number DO59 187652

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE APPLICATION / RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 4404
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator D. Richard Eddy 6-4404
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.033
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	.04
(19) Percent of permitted capacity	%	–	33%
(20) $CBOD_5$ Effluent	mg/L	080082	4.2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	<1.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			n/a

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOVEMBER Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.036	1.5						7.1					
2	.029	1.5						7.1					
3	.038	2.0						7.0					
4	.039	2.0						7.1					
5	.076	3.5						7.1					
6	.034	3.0						7.1					
7	.026	2.0						7.1					
8	.034	1.2						6.8					
9	.034	1.0						6.9					
10	.034	2.5						7.0					
11	.041	2.5						7.1					
12	.037	2.0						7.0					
13	.025	2.0		92.5	24	3.89	<1.0	7.0					
14	.037	2.0						7.0					
15	.032	2.0						7.0					
16	.031	1.5						7.0					
17	.037	2.0						7.1					
18	.037	1.5						7.0					
19	.033	1.5						7.0					
20	.027	1.7						7.0					
21	.036	1.5		245	52	4.4	<1.0	7.0					
22	.028	2.5						7.1					
23	.027	3.5						7.1					
24	.027	3.0						7.0					
25	.032	2.5						7.0			7.38	<1	
26	.059	2.5						7.0					
27	.033	3.0						7.0					
28	.056	3.2						7.0					
29	.029	2.4						7.0					
30	.029	2.6						7.0					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete, and accurate.

Signed D. Richard Eck Jr. Date 12-4-91

Name (Please Type) D Richard Eck Jr

Company Name S.S.U. Services, Inc. Telephone No (Please Type) 1-407-880-0058

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number 3059P01117

(3) Plant Name CHULUOTTA

(4) Plant Address 125 E 10TH ST.

(5) City CHULUOTTA

(6) County SEMINOLE

(7) Phone Number 1-407-860-0055

(8) Permit Number DC5918765-2

(9) Plant Type 3C.

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SLOW RATE LAND APPLICATION / RESTRICTED PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 4404

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator J. Richard Ellis (Signature) 5-4404 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.029
(17) Permitted capacity	mgd	—	.100
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	29%
(20) $CBOD_5$ Effluent	mg/L	080082	4.2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.43
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
FECAL COLIFORM	#/100		21

DEP Form	17-601(8)(c)(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DEP Application No.	(Page 1 of 3)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month December Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.020	2.5						7.0					
2	.036	2.2						7.0					
3	.025	2.0						7.0					
4	.029	2.0						7.1					
5	.027	3.5						7.1					
6	.024	3.0						7.1					
7	.030	3.0						7.1					
8	.026	2.5						7.0					
9	.035	2.5						6.9					
10	.032	2.5						7.0					
11	.032	3.5						7.1					
12	.031	2.2		190	144	7.2	1.5	7.0					
13	.032	2.5						7.1					
14	.022	3.0						7.0					
15	.022	2.0						7.1					
16	.027	2.0						7.0					
17	.035	2.5						7.0			6.43	<1	
18	.030	2.0		140	96	1.4	<1	7.0					
19	.035	2.1						7.1					
20	.029	2.0						7.0					
21	.024	2.0						7.0					
22	.035	2.0						7.0					
23	.035	2.1						7.0					
24	.029	2.5						7.0					
25	.033	2.5						7.0					
26	.032	2.2						7.0					
27	.022	2.1						7.0					
28	.026	2.5						7.0					
29	.027	2.0						6.9					
30	.032	2.0						6.9					
31	.027	2.0						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: D Richard Eck Jr

Name (Please Type): D. Richard Eck Jr.

Company Name: SSI SERVICES, INC

Date: 1/7/92

Telephone No. (Please Type): 1-407 886-0032

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) EHS # 2059 0LLL7

Signature of Lead Operator in Charge — Date: 02-06-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA WASTEWATER TREATMENT PLANT

(3) PLANT ADDRESS: 125 E. 10TH ST

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DIS9L21762	0.015	0.576	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.021	465	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
~	~	~		7.9	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8	11	~	~	~	~	3.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. POND

(29) PLANT STAFFING

LEAD OPERATOR: G-5837 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month JANUARY Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.020	3.5			7.0			
2	0.019	3.5			6.9			
3	0.019	3.5			7.0			
4	0.019	3.5			7.0			
5	0.016	3.5			7.1			
6								
7	0.038	3.5			7.0			
8	0.021	3.5			7.1			
9	0.020	3.5			7.1			
10	0.012	3.5			7.0			
11			9.3	9				
12	0.030	3.5			6.8	11		<1
13	0.019	3.5			6.8			
14								
15	0.031	3.5			6.8			
16	0.019	0.5			7.0			
17	0.014	3.5			6.7			
18	0.015	3.5			6.7			
19	0.013	3.5			6.7			
20	0.017	3.5			6.7			
21								
22	0.024	3.5			6.7			
23	0.011	3.5			6.5			
24	0.012	3.5			6.7			
25	0.012	3.5	6.4	11	6.7			
26	0.011	3.5			6.7			
27	0.012	3.5			6.7			
28								
29	0.025	3.5			6.9			
30	0.012	0.5			7.0			
31	0.011	3.5			6.9			
TOT	0.470	85.0	15.7	20	174.0	11		<1
AVG	0.015	3.3	7.9	10	6.9	11		<1

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DER

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS #

J. Richard Jennett — 3/8/90
Signature of Land Applicator or In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA WASTEWATER TREATMENT PLANT

(3) PLANT ADDRESS: 125 E. 10TH ST.

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 1-800-472-4581

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59122768	0.012	0.090	3C

(10) MAX FLOW (MGD) 0.015 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.6	9

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
	7.1					

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. POND

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-5837

DER Form 17-1.205(7) Effective November 30, 1982

Month FEBRUARY, Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.011	3.5			6.9			
2	0.011	3.5			6.9			
3	0.011	3.5			6.9			
4								
5	0.022	3.5			6.8			
6	0.011	3.5			6.7			
7	0.010	3.5			6.7			
8	0.010	3.5	0.9	4	6.7	7.1		
9	0.010	3.5			6.9			
10	0.011	3.5			6.8			
11								
12	0.024	3.5			6.8			
13	0.011	0.5			6.7			
14	0.011	3.5			6.7			
15	0.010	3.5			6.8			
16	0.013	3.5			6.7			
17	0.009	3.5			6.7			
18								
19	0.024	3.5			6.7			
20	0.011	3.5			6.9			
21	0.011	3.5			6.7			
22	0.011	3.5	0.2	14	6.7			
23	0.011	0.5			7.0			
24	0.013	3.5			6.9			
25								
26	0.029	3.5			6.7			
27	0.013	3.5			6.7			
28	0.015	3.5			6.7			
29								
30								
31								
TOT	0.322	99.0	1.1	18	182.9	21		
AVG	0.012	3.3	0.6	9	6.9	21		

0175

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1990

(1) DNS # _____

Rick Knight — 4/4/90
Signature of Local Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA WASTEWATER TREATMENT PLANT

(3) PLANT ADDRESS: 125 E. 10TH ST.

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59121768	0.015	0.090	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.038	458	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
—	—	—	—	7.9	7.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8	12.0					3.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	— / —	—	—	—	—	—

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. POND

(29) PLANT STAFFING

LEAD OPERATOR: C-5837 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.014	3.5			6.7			
2	0.014	0.5			7.0			
3	0.012	3.5			6.7			
4								
5	0.027	3.5			6.9			
6	0.011	3.5			6.9			
7	0.011	3.5			6.9			
8	0.012	3.5	15.2	11.0	6.7	12.0		
9	0.013	3.5			6.7			
10	0.012	3.5			6.7			
11								
12	0.024	3.5			6.7			
13	0.014	3.5			6.7			
14	0.008	3.5			6.7			
15	0.011	3.5			6.7			
16	0.012	3.5			6.7			
17								
18	0.025	3.5			6.7			
19	0.012	3.5			6.9			
20	0.010	3.5			6.9			
21	0.011	3.5			6.9			
22	0.012	3.5	0.4	3.0	6.9			
23	0.009	3.5			6.9			
24	0.014	3.5			6.9			
25	0.009	3.5			6.9			
26	0.018	3.5			6.9			
27	0.028	3.5			6.9			
28	0.019	3.5			6.9			
29	0.029	3.5			6.9			
30	0.030	3.5			6.9			
31	0.028	3.5			6.9			
TOT	0.458	95.0	15.6	14.0	190.5	12.0		
AVG	0.015	3.4	7.8	7.0	6.9	12.0		

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0176

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1990

(1) CERT # J. Richard Dunnigan 5/13/90
Signature of Chief Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA WASTEWATER TREATMENT PLANT

(3) PLANT ADDRESS: 125 E. 10TH ST

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
PC 59-151436	0.027	0.100	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.037	459	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION			(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD	BOD lb/d	TSS lb/d	INFIL	EFFLUENT	EFFLUENT
—	—	—	—	3.2	6.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.6						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	7	—	—	—	—	—

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: SPRAYFIELD IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: C-5837 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.025	3.5			6.8			
2	0.032	3.5			6.3			
3	0.031	3.5			6.2			
4	0.028	3.5			6.1			
5	0.018	3.5			6.6			
6	0.026	3.5			6.7			
7	0.029	3.5			6.7			
8	0.027	3.5			6.4			
9	0.031	3.5			6.7			
10	0.025	3.5			6.7			
11	0.026	3.5	3.8	6.0	6.7	2.1		<1
12	0.026	3.5			6.7			
13	0.023	3.5			6.7			
14	0.026	3.5			6.7			
15	0.026	3.5			6.7			
16	0.027	3.5			6.7			
17	0.032	3.0			6.7			
18	0.018	3.5			6.5			
19	0.026	3.5			6.5			
20	0.034	3.5			6.5			
21	0.024	3.5			6.5			
22	0.022	3.5			6.7			
23	0.023	3.5			6.6			
24	0.036	3.5			6.5			
25	0.026	3.5	2.5	7.0	6.5			
26	0.026	3.5			6.5			
27	0.025	3.5			6.5			
28	0.029	3.5			6.6			
29	0.029	3.5			6.6			
30	0.030	3.5			6.5			
31								
TOT	0.912	102.5	6.3	13.0	197.4	2.1		<1
AVG	0.027	3.5	3.2	6.5	6.6	2.1		<1

0177

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1990

(1) OPR: A369 Lamar Gibbs 6-7-1990
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA W.W.T.P.

(3) PLANT ADDRESS: 125 E 10TH ST.

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC59-151436 0.022 0.100 3C

(10) MAX FLOW (MGD) 0.038 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 4.9 (16) TSS (mg/l) EFFLUENT 2.5

(17) pH 6.6 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 3.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL SPRAY FIELD

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
RICK TIN SIGHT

DER Form 17-21.202(2) Effective November 30, 1982

C 5937

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.032	3.5			6.5			
2	0.025	3.5	2.3	1.0	6.7			
3	0.024	4.0			6.4			
4	0.023	4.2			6.9			
5	0.026	3.5			6.6			
6	0.031	3.5			6.7			
7	0.024	3.5			6.6			1
8	0.025	3.5			6.5			
9	0.022	2.5			6.7			
10	0.020	3.5			6.8			
11	0.036	3.0			6.8			
12	0.019	2.5			6.7			
13	0.029	3.5			6.7			
14	0.024	3.5			6.5			
15	0.021	3.5			6.7			
16	0.025	3.5	7.4	4.0	6.7			
17	0.022	3.5			6.6			
18	0.023	4.2			6.7			
19	0.022	4.0			6.8			
20	0.030	3.5			6.5			
21	0.032	3.5			6.5			
22	0.027	2.5			6.6			
23	0.031	3.5			6.5			
24	0.030	3.5			6.5			
25	0.028	3.5			6.5			
26	0.029	3.5			6.5			
27	0.005	3.5			6.5			
28	0.004	3.5			6.5			
29	0.003	3.5			6.5			
30	0.003	3.5			6.8			
31	0.003	3.5			6.5			
TOT	0.723	94.4	9.7	5.0	204.9			1
AVG	0.023	3.2	4.9	2.5	6.6			1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 90

(1) DER # 305901117
A-389 Daniel A. Baco 07.0.00
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA W.W.T.P.

(3) PLANT ADDRESS: CHULUOTA

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 350-0052

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DT59/131768 0.016 0.100 CT

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.052? 465 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
3.25 .52

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.8 .7

(24) BOD (mg/l) UPSTREAM DOWNSTREAM (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)
FDC/DATE OF SAMPLE

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
GRAB PERCOLATION PONDS

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A 389 Daniel A. Baco

DER Form 17-1.201(5) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.005	3.0			6.7			
2	0.082	3.0			6.4			
3	0.058	3.0			6.8			
4	0.033	3.0			6.3			
5	0.031	3.5			6.4			
6	0.081	1.5			6.4			
7	0.019	3.5			6.7			
8	0.005	3.5			6.7			
9	0.010	2.5			6.6			
10	0.009	3.5			6.0			
11	0.006	3.5			6.7			
12	0.007	2.5			6.7			
13	0.009	1.0	3.4	2.0	6.2			
14	0.012	1.0			6.7			
15	0.010	2.0			6.6			
16	0.009	2.0			6.6			
17	0.009	2.0			6.6			
18	0.018	3.5			6.6			
19	0.012	3.5			6.9			
20	0.019	3.5			6.6			
21	0.010	3.5			6.6			
22	0.015	3.5			6.5			
23	0.013	3.5			6.6			
24	0.017	3.5			6.6			
25	0.013	3.5			6.6			
26	0.019	3.5			6.6			
27	0.019	3.5			6.9			
28	0.018	3.5	2.0	1.0	6.5			
29	0.026	3.5			6.9			
30	0.009	3.5			6.8			
31								
TOT	0.482	87	6		204.7			
AVG	0.016	2.9	3.2	1.50	6.5			

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NAB

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) DER ID: 3059P01LL7

Signature of Chief Operator in Charge — Date: 08-03-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA W.W.T.P.

(3) PLANT ADDRESS: CHULUOTA

(4) CITY: 32795 CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59131768	0.014	0.100	C II

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.030	465	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	1.8	3.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.97	✓		✓	✓	✓	1.5

(24) BOD (mg/l) UPSTREAM DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
✓ ✓	✓	✓ ✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-416	C-6043	C-7160	

DER Form 17-701.205(7) Effective November 30, 1982

S-Sparks G-Reed G-Williams

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.009	3.5			6.9			
2	0.012	3.5			6.9			
3	0.008	3.5			7.1			
4	0.011	2.0			7.0			
5	0.009	2.0			7.0			
6	0.012	3.0	3.1	1.0	7.0			
7	0.008	1.5			7.1			
8	0.012	3.0			7.0			
9	0.009	3.0			7.0			
10	0.012	1.5			7.0			
11	0.009	0.5			7.0			
12	0.009	0.6			7.0			
13	0.008	0.6			7.0			
14	0.010	0.8			7.0			
15	0.011	0.7			7.0			
16	0.018	0.6			6.9			
17	0.015	0.4			6.9			
18	0.017	0.5	0.5	5.0	7.0			
19	0.016	0.5			7.0			
20	0.008	1.0			7.0			
21	0.015	1.1			7.1			
22	0.009	1.5			7.0			
23	0.021	1.9			7.1			
24	0.013	1.0			7.0			
25	0.011	0.5			6.8			
26	0.016	0.5			6.7			
27	0.016	1.0			6.8			
28	0.033	1.1			6.9			
29	0.032	1.8			6.9			
30	0.029	1.0			7.0			
31	0.030	1.0			6.9			
TOT	0.449	47.3	3.6	6.0	216.3			
AVG	0.014	1.5	1.8	3.0	6.97			

0180

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month AUGUST Year '90

(1) I.D. # 3059P01117

S. Kutt – C-6403 — 9/5/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA W.W.T.P.

(3) PLANT ADDRESS: 10TH ST.

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 880-0100

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC59-151436 0.020 0.100 III-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE TYPE
[✓] Membrane Filter
[ ] Most Probable Number

0.027 465

(13) INDUSTRIAL CONTRIBUTION — Total Flow MGD / BOD lb/d / TSS lb/d

N/A / /

(14) % FLOW INFIL / (15) BOD (mg/l) EFFLUENT 3.9 / (16) TSS (mg/l) EFFLUENT 3.5

(17) pH 6.9 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

N/A / /

(25) DO (mg/l) UPSTREAM N/A DOWNSTREAM / (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S)

GRAB

(28) TYPE EFFL DISPOSAL

PERC. POND / SPRAY FIELD

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6403 S. Kutt

DER FORM 17-1.201(5) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.014	2.0			6.8			
2	.019	2.0			7.0			
3	.006	2.0			6.9			
4	.016	2.1			6.8			
5	.019	2.3			6.9			
6	.009	2.0			7.0			
7	.027	2.0			7.0			
8	.016	2.5	5.2	4.0	7.0			
9	.016	1.8			7.0			
10	.017	2.0			7.0			
11	.027	2.2			7.0			
12	.024	2.0			7.0			
13	.020	2.0			7.0			
14	.027	2.0			6.8			
15	.021	2.0			6.5			
16	.021	2.0			6.8			
17	.020	2.0			6.8			
18	.026	2.0			6.9			
19	.012	2.1			6.8			
20	.018	2.0			6.8			
21	.026	1.5			6.8			
22	.025	1.0			7.0			
23	.019	1.0			7.0			
24	.023	1.0			6.9			
25	.022	1.2			7.1			
26	.025	1.0			7.0			
27	.021	1.0			7.0			
28	.022	1.5			7.0			
29	.019	1.0	2.7	1.0	7.0			
30	.024	1.0			7.0			
31	.016	1.0			7.0			
TOT	.616	55.2	7.9	7.0	214.6			
AVG	.020	1.8	3.9	3.5	6.9			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month SEPT Year '90

(1) DER # 365TP611.7

S.K.T. C-6403 10/1/90
(Signature of Lead Operator in Charge) (Date)

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA W.T.P. (SEMINOLE CO.)

(3) PLANT ADDRESS: % C. CRITTENDEN, COMPTROLLER, 1000 COURT ST.

(4) CITY: SANFORD (5) COUNTY: SEMINOLE PHONE NO. 322-1000

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D'FL 131768 .0162 .100 EXT

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.026

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFL EFFLUENT EFFLUENT

N/A 3 35

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.6 5.2 .5

(24) BOD (mg/l) UPSTREAM DOWNSTREAM (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

N/A / N/A N/A

(27) TYPE SAMPLE(S) COMP GRAB

(28) TYPE EFFL DISPOSAL SPRAY FIELD

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

S.K.T.

PER Form 17-7.201(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.015	1.7			7.0			
2	.023	1.5			7.0			
3	.020	1.5			7.0			
4	.024	1.5			6.5			
5	.195	1.5			6.5			
6	.013	1.5			6.5			
7	.017	1.5			6.5			
8	.015	1.5			6.5			
9	.015	1.5			6.5			
10	.026	1.0			6.5			
11	.015	1.0			6.5			
12	.018	1.0	3	41	6.5			41
13	.019	1.0			6.9	5.2		
14	.017	1.0			6.9			
15	.023	1.0			6.9			
16	.013	1.0			7.0			
17	.016	.6			6.5			
18	.013	1.5			6.5			
19	.014	1.0			7.0			
20	.016	1.0			6.9			
21	.023	1.0			6.5			
22	.020	1.0			6.9			
23	C	.6	3	6	6.9			
24	.024	.5			6.7			
25	.013	1.0			6.8			
26	.017	1.5			6.8			
27	.011	2.0			6.8			
28	.011	1.2			6.9			
29	.009	1.2			6.9			
30	.012	2.0			6.8			
31								
TOT	.484	36.4	6	7	209.1	5.2		41
AVG	.0162	1.2	3	3.5	6.8	5.2		41

0182

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) OPR. # 3059P0111L7

SKH C-6403
Signature of Lead Operator in Charge — 11/4/'90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA

(3) PLANT ADDRESS: 10TH ST.

(4) CITY: CHULUOTA (5) COUNTY: SEMINOLE PHONE NO. 568-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59-131768	.0263	.1	IIC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number
.042	131	

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
/	/	/		2.65	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8	6.1	/			/	.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	/	/	/		/	/	/

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Pond/Spray Field

(29) PLANT STAFFING

LEAD OPERATOR: SKH SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.201(7) Effective November 30, 1982

(30) Month: Oct Year: '90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.0197	1.0			6.5			
2	.0087	2.0			6.9			
3	.0155	1.5			6.9			
4	.0256	2.0			6.9			
5	.020	2.0			6.8			
6	.021	2.0			6.9			
7	.020	2.0			6.8			
8	.025	2.0			6.8			
9	.022	3.5			6.8			
10	.034	.5	2.0	1.0	6.8			
11	.034	1.5			7.0			
12	.033	.5			6.9			
13	.037	.6			6.9			
14	.041	.6			6.9			
15	.039	1.0			6.9			
16	.028	1.0			6.9			
17	.029				6.9			
18	.026	1.3						
19	.042	1.2			6.9			
20	.025	1.0			6.9			
21	.026	1.5			6.9			
22	.037	2.0			6.8	6.1		2
23	.009	2.0	3.3	1.0	6.8			
24	.038	3.0			6.8			
25	.023	2.0			6.5			
26	.020	2.0			6.5			
27	.026	2.0			6.9			
28	.021	2.0			6.5			
29	.018	2.0			6.8			
30	.017	2.0			7.0			
31	.021	3.0			7.0			
TOT	.8165	50.2	5.3	2.0	209			
AVG	.0263	1.6	2.65	1.0	6.8			

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DER Eng

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DEP PC Eng.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov. Year '90

(1) GNS # 305PO1117

C-6403 — 12/4/'90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA (SEMINOLE Co.)

(3) PLANT ADDRESS: %1000 COLOA Dr.

(4) CITY: APOPKA (5) COUNTY: ORANGE PHONE NO. 880-0100

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DT59131768 .018 .100 TRC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MC/MOD
[✓] Membrane Filter
[ ] Most Probable Number

.030

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

4.45 2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	1.4					1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Pond/Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.016	3.0			7.0			
2	.018	2.5			7.1			
3	.020	1.0			7.0			
4	.014	2.0			6.8			
5	.025	2.0			7.0			
6	.019	2.0			7.0			
7	.013	2.0			7.0			
8	.016	2.0	7.5 1 mg/l	1 mg/l	7.0	1.4		
9	.016	3.5			7.5			
10	.017	2.3			7.4			
11	.018	2.0			7.0			
12	.030	2.0			7.0			
13	.019	2.0			6.8			
14	.019	2.0			7.0			
15	.012	2.0			7.0			
16	.021	2.0			6.9			
17	.022	2.0			6.9			
18	.018	2.0			6.8			
19	.022	2.0			7.0			
20	.011	2.0	1.4 1 mg/l	3 mg/l	7.0			
21	.010	2.0			7.0			
22	.021	3.5			7.0			
23	.019	3.5			7.0			
24	.015	3.5			7.0			
25	.015	2.0			7.0			
26	.018	2.0			7.2			
27	.017	2.0			7.0			
28	.014	2.0			7.0			
29	.018	2.0			7.0			
30	.012	2.0			7.0			
31								
TOT	.528	67.8	8.9 1 mg/l	4 mg/l	210.4			
AVG	.018	2.3	4.45 1 mg/l		7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec Year 90

(1) GNS # 305SP011147 S. Vick C-6403 1/2/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CHULUOTA (Seminole Co.)

(3) PLANT ADDRESS: % 1000 Colonial

(4) CITY: APOPKA (5) COUNTY: ORANGE PHONE NO. 880-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT59131768	.0144	.1	CHT

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.018	462	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.0	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						2.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
N/A		/	N/A				

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Pond/Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

S. Vick

*62-171.210(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.018	3.5			6.5			
2	.015	3.0			7.0			
3	.019	2.0			6.8			
4	.013	2.0			6.8			
5	.014	2.0	2 mg/l	3 mg/l	6.8			
6	.012	2.0			6.8			
7	.015	2.0			6.8			
8	.011	2.0			6.8			
9	.015	2.0			6.5			
10	.016	2.5			7.0			
11	.018	2.0			7.2			
12	.013	2.0			6.8			
13	.011	3.5			6.5			
14	.014	2.0			6.8			
15	.011	2.0			6.5			
16	.017	3.5			6.8			
17	.015	3.0			6.8			
18	.014	3.5			6.5	25 mg/l		
19	.015	3.5	2 mg/l	1 mg/l	6.5			
20	.016	3.5			6.5			
21	.013	3.5			6.5			
22	.015	3.0			6.8			
23	.017	3.5			6.6			
24	.009	3.5			6.8			
25	.016	3.5			7.0			
26	.014	3.0			6.8			
27	.014	3.5			6.5			
28	.013	3.0			6.8			
29	.016	3.5			6.5			
30	.015	3.5			6.5			
31	.013	2.0			6.5			
TOT	.4147	86.5	4 mg/l	4 mg/l	209			
AVG	.0144	2.8	2 mg/l	2 mg/l	6.7			

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Citrus Park - 1117

Marion County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3042804826

Mark R Marsh C7212 2-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40 STRD. & 22 AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 4324501 904-854-1225

(6) PERMIT NUMBER: 0042161926 (7) AVG FLOW MGD: .069 (8) DESIGN FLOW MGD: 100 (9) TYPE: 2-C

(10) MAX FLOW (MGD): .096 (11) POP SERVED: 956

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 6.3

(16) TSS (mg/l) EFFLUENT: 16

(17) pH: 7.4

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS) AC/

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

M. Marsh / C7212

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month: Jan Year: 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.072	3.0			7.4			
2	.080	3.5			7.3			
3	.076	4.5			7.4			
4	.088	3.0	6.3	16	7.6			
5	.057	2.0						
6	.089	3.0			7.6			
7	.085	3.6			7.7			
8	.094	3.5			7.6			
9	.065	3.0			7.5			
10	.054	3.0			7.6			
11	.073	4.0			7.6			
12	.062	3.5			7.4			
13	.075							
14	.075	1.0						
15	.06	4.0			7.5			
16	.073	4.0			7.7			
17	.073	1.2			7.6			
18	.043	2.0			7.0			
19	.066	3.0			7.1			
20	.058	3.0						
21	.059	2.9			7.4			
22	.072	2.5			7.3			
23	.061	3.0			7.4			1
24	.054	3.0			7.3			
25	.060	3.0			7.3			
26	.063	2.9			7.6			
27	.060							
28	.064	2.0			7.4			
29	.047	2.5			7.5			
30	.045	2.5			7.4			
31	.070	2.0			7.4			
101	2.137	2.3	6.3	16	7.4			1
AVG	.069	2.3	6.3	16	7.4			1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 91

(1) GNS # 304280 4826

Mark R Mauck C7212 3-5-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40 ST RD 6 SE 22 AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0042161926 .052 .100 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.088 956 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 7.4 (16) TSS (mg/l) EFFLUENT 19

(17) pH 7.4 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) COLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)
M. Mauck C7212

DER FORM 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	049	2.0			7.3			
2	032	2.0						
3	031							
4	041	2.5			7.4			
5	045	2.0			7.5			
6	055	2.5			7.4			
7	056	2.5			7.6			
8	052	2.5			7.4			
9	054	2.0						
10	064							
11	063	1.9			7.7			
12	067	2.0			7.4			
13	050	2.5			7.5			
14	059	2.3			7.4			
15	081	1.5						
16	030	2.0						
17	033							
18	056	3.0			7.6			
19	044	2.5	7.4	19	7.3			
20	054	2.0			7.6			
21	051	3.5			7.2			
22	050	1.5			7.6			
23	050	3.5			[illegible]			
24	050							
25	051	3.5			7.6			
26	056	3.5			7.7			
27	051	3.0			7.4			
28	055	2.0			7.2			
29								
30								
31								
TOT	1.983	58	7.4	19	199			
AVG	.052	2.5	7.4	19	7.4			

Page 1 of 2

0187

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Mar 4 Year 91

(1) GMS # 3042804826

Mark R Marsh G7212 — 4-9-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40 ST RD

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42-EG1926 .054 .100 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.072 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 8.4 (16) TSS (mg/l) EFFLUENT 11.0

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE N/A mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 8.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Spray field

MISS 4004

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Marsh G7212

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	050	2.0			7.2			
2	061	3.0						
3	057							
4	057	3.0			7.3			
5	1049							
6	050	2.5			7.6			
7	055	3.0			7.4			
8	055	3.0			7.3			
9	050	2.5						
10	059							
11	060	3.0			7.2			
12	056	3.0			7.4			
13	0618	2.0			7.3			
14	058	3.5			7.6			
15	045	2.5	P.4	11	7.2			
16	041	1.0						
17	068							
18	068	2.0			7.4			
19	059	1.0			7.4			
20	054	1.0			7.4			
21	054	1.5			7.3			
22	045	3.5			7.4			
23	046	2.0						
24	057							
25	057	3.0			7.6			
26	073	3.5			7.6			
27	041	1.0			7.4			
28	055	3.0			7.3			
29	048	1.5			7.2			
30	042	1.0						
31	050							
101	1688	49	8.4	11	146			
AVG	.054	1.6	8.4	11	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) CMS # 3042804826

Mark R. March C 7212 4-30-91
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40th & SE 22nd Av.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324701

(6) PERMIT NUMBER: FL0042161962 (7) AVG FLOW MGD: .050 (8) DESIGN FLOW MGD: .100 (9) TYPE: 2-C

(10) MAX FLOW (MGD): .065 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW (MFR):

(15) BOD (mg/l) EFFLUENT: 9.4

(16) TSS (mg/l) EFFLUENT: 23

(17) pH: 7.3 (18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRATE + NITRITE mg/l: <0.10

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

Mark March C 7212

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	046	1.5			7.2			
2	043	1.0			7.3			
3	053	1.0			7.4			
4	048	1.5			7.3			
5	062	1.0						
6	049							
7	044	1.3			7.7			
8	054	2.0			7.9			
9	048	2.0			7.9			
10	057	2.0			7.3			
11	065	2.0			7.2			
12	052	2.5						
13	040	1.5			7.0			
14	040	1.5			7.1			
15	061	2.5			7.1			
16	045	2.2			7.1			
17	052	3.0	9.4	23	7.3			21
18	040	2.8			7.3			
19	051	2.6						
20	057							
21	057	2.2			7.6			
22	050	2.2			7.5			
23	050	2.0			7.5			
24	050	2.3			7.5			
25	059	2.4			7.4			
26	042	2.5						
27	051							
28	057	2.0			7.3			
29	061	2.0			7.4			
30								
31								
TOT	1.491	56.2	9.4	23	166.1			21
AVG	050	2.1	9.4	23	7.3			21

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) GMS # 204204826

Mark R Marsh C7212 6-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40 ST RD 6 22 ND AV

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 904-347-1265

(6) PERMIT NUMBER: DO 42161926 (7) AVG FLOW MGD: .044 (8) DESIGN FLOW MGD: .100 (9) TYPE: 2-C

(10) MAX FLOW (MGD): .062 (11) POP SERVED: 945 (370 x 3.5)

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 5.4

(16) TSS (mg/l) EFFLUENT: 11.0

(17) pH: 7.4

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR: C7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-[illegible]205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	047	2.0			7.3			
2	052	3.5			7.3			
3	034	3.0			7.4			
4	062	2.6						
5	043							
6	035	2.8			7.3			
7	041	2.5			7.4			
8	042	3.3			7.6			
9	042	2.9			7.4			
10	042	3.0	5.4	11.0	7.3			
11	051	2.3						
12	047							
13	046	2.5			7.4			
14	041	1.0			7.3			
15	042	1.5			7.4			
16	044	2.4			7.4			
17	045	2.5			7.2			
18	034	2.0						
19	052				7.4			
20	052	0.6			7.4			
21	040	1.0			7.7			
22	040	1.2			7.4			
23	045	1.3			7.4			
24	044	2.0			7.2			
25	047	1.0						
26	042							
27	043	0.9			7.3			
28	038	1.1			7.3			
29	036	0.5			7.3			
30	046	0.8			7.8			
31	041	1.0			7.6			
101	1.377	2.2	5.4	11.0	7.6			
AVG	044	2.0	5.4	11.0	7.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 91

(1) DHS # 3047P04826

Mark R Mank CT212 7-8-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40ST RD 622 AV

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 407-890-0058
904-347-1265

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42-161926 EST. 043 .064 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
EST. 052 956 370 customers [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 7.4
(16) TSS (mg/l) EFFLUENT 17

(17) pH 7.5 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL spray field
(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark Mank 6 7 12

DER Form 17-61.201(11) Effective November 30, 1982

Flow estimated from 21-30 due to faulty meter to be repaired asap.

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.046	1.2						
2	.046							
3	.044	1.5			7.6			
4	.052	2.0			7.5			
5	.037	1.0			7.6			
6	.049	2.0			7.5			
X 7	.051	1.0	7.4	17	7.7			
8	.025	1.4						
9	.051							
10	.051	2.0			7.6			
11	.027	0.6			7.7			
12	.049	1.5			7.5			
13	.043	1.7			7.5			
14	.040	0.6			7.7			
15	.047	2.5			7.6			
16	.048							
17	.047	2.5			7.6			
18	.048	1.5			7.6			
19	.046	1.5			7.6			
20	.048	1.0			7.5			
21	.040	3.0			7.5			
22		3.5						
23								
24		3.0			7.4			
25		2.0			7.5			
26		1.0			7.4			
27		1.5			7.5			
28		2.0						
29								
30	.040							
31								
101	1.274	47.6	74	17	137.5			
AVG	.043	1.7	7.4	17	7.5			

Page 1 of 2

0191

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Place # by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month: July Year: 1991
Plant's DER Identification Number: 30 42 P04826
Plant Name: Citrus Park #1117
P.O. Box 11179 Ocala 32673
Plant Address: S.E. 40ST Rd & 22nd Ave.

City: Ocala
County: Marion
Phone Number: 904-342-1265
Permit Number: DO42161926
Plant Type: II-C
Test Site Identification Number: _____
Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
Type of Effluent Disposal or Reclaimed Water Reuse: Spray Field
Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
Cumulative Days of Wet Weather Discharge: _____

Plant Staffing
Day Shift Operator Class: C Cert. No. 7212
Evening Shift Operator Class: _____ Cert. No. _____
Night Shift Operator Class: _____ Cert. No. _____
Lead Operator: Mark R Ward (Signature) C7212 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	039
(17) Permitted capacity	mgd	–	.100
(18) Three-month average daily flow	mgd	–	.042 *
(19) Percent of permitted capacity	%	–	42 *
(20) $CBOD_5$ Effluent	mg/L	080082	5.0
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	13
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

9 +1

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Please do not write in this space)

Domestic Wastewater Treatment Plant
Monthly Operating Report

1117

Month July Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
040	1.8						7.4													
040	3.5						7.3													
040	1.0						7.1													
040	0.9						7.2													
040	1.1						7.3													
050	0.8																			
050																				
040	1.0						7.3													
040	0.9				5.0	13	7.4			8										
040	3.5						7.3													
044	2.0						7.4													
030	1.5						7.6													
034	1.3																			
053																				
053	0.9						7.3													
040	1.0						7.5													
035	0.8						7.4													
047	0.9						7.3													
037	0.7						7.4													
045	0.8																			
043																				
043	0.6						7.2													
051	1.0																			
030	1.1						7.4					21								
059	1.0						7.3													
033	0.8						7.2													
051	1.0																			
046																				
047	0.9						7.2													
041	3.5						7.4													
038	3.0						7.5													

perator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ion is true, complete and accurate.

Mark R. March

Date: 8-6-91

Please Type) Mark March

ny Name Southern States Utilities

Telephone No. (Please Type) (904) 347-1265

Page 3 of 3

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month AUG Year 1991
2) Plant's DER Identification Number 30 42 804826
3) Plant Name Citrus Park
4) Plant Address SE 40 ST RD & 22nd AV.
5) City Ocala
6) County Marion
7) Phone Number 800 432 4501
8) Permit Number DO 42 161926
9) Plant Type II-C
10) Test Site Identification Number
11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field
13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
14) Cumulative Days of Wet Weather Discharge
15) Plant Staffing
Day Shift Operator Class C Cert. No. C 7212
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] (Signature) C 7212 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.053
(17) Permitted capacity	mgd	–	0.64
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	7.8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

CP

DEP Form 17-601(900)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Filled in by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Citrus Park S.T.P. #1117 Month Aug. Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact X	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L) X	TSS Effluent (mg/L) Y	pH Effluent X	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	040	1.8						7.4					
2	048	1.0					5	7.3					
3	048	2.3											
4	048	4											
5	049	2.5											
6	040												
7	040	3.0						7.5					
8	055	2.0						7.3					
9	033	1.0						7.7					
10	040	1.6						7.7					
11	040	1.3						7.4					
12	042	1.0						7.5					
13	069	3.4											
14	033	3.0						7.6					
15	059	3.0						7.4					
16	042	1.6											
17	050	1.4											
18	050												
19	049	3.0											
20	050	3.5											
21	035	2.5						7.5					
22	066	2.0						7.4					
23	049	3.5						7.6					
24	070	2.0											
25	070												
26	070	3.0						7.4					
27	073	1.5											
28	070	3.0						7.5					
29	074	2.0				7.8		7.3					
30	098	3.0						7.4					
31	082	1.0											

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Mark R. Marsh Date: 9-10-91

Name (Please Type)

Company Name S.S.U. Services Telephone No. (Please Type) 800 432-4501

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month Sept Year 1991
2) Plant's DER Identification Number 3042804826
3) Plant Name Citrus Park
4) Plant Address SE. 40TH ST RD. 522 NW
5) City Ocala
6) County Marion
7) Phone Number 1-800-432-4501
8) Permit Number DC42-161926
9) Plant Type 2-C
10) Test Site Identification Number

Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

11) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field

Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] Signature C-7212 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.048
(17) Permitted capacity	mgd	–	.064
(18) Three-month average daily flow	mgd	–	.042
(19) Percent of permitted capacity	%	–	73
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate Oct. 91	mg/L	071850	–
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

Flow estimated from 9-1-91 to 9-19-91 due to faulty flow meter which has since been repaired.

Activated Sludge

TP-65PUB0311
Domestic Wastewater Monthly Operating Form
Effective Date: July 1, 1991
TCEQ Authorization No. (Please enter in TCEQ)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Sept. Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.050												
2	.050	0.6						7.4					
3	.070	0.9						7.3					
4	.070	0.5						7.2					
5	.070	3.0						7.6					
6	.050	3.0						7.5					
7	.050	2.5											
8	.070												
9	.070	2.0						7.4					
10	.050	3.5						7.3					
11	.070	3.0						7.3					
12	.058	2.0						7.4					
13	.050	1.4				5	4	7.9					
14	.070	3.5											
15	.050												
16	.070	2.0						7.4					
17	.070	3.5						7.5					
18	.050	2.5						7.4					
19	.050	0.6						7.2					
20	.058	1.5						7.3					
21	.039	1.9											
22	.057												
23	.057	0.4						7.3					
24	.052	2.0						7.6					
25	.052	3.5						7.5					
26	.039	2.5						7.3					
27	.029	1.0						7.6					
28	.035	1.0											
29	.031												
30	.031	11.5						7.4					
31													

1,730

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, mation is true, complete, and accurate.

ed: Mark R Mack Date: 10-10-91

e (Please Type)

Name: [illegible] Telephone No. Please Type

DER Form 17-625.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Citrus Park

Part II - General Information

1) Month October Year 91

2) Plant's DER Identification Number 3042P04826

3) Plant Name Citrus Park

4) Plant Address S.E. 49TH ST Rd and 22 Ave

5) City Ocala

6) County Marion

7) Phone Number 904-347-1265

8) Permit Number D042-161926

9) Plant Type II C

10) Test Site Identification Number

11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse Slow rate Land application - restricted public access

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Conner B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mgd	–	.064
(18) Three-month average daily flow	mgd	–	.092
(19) Percent of permitted capacity	%	–	38
(20) $CBOD_5$ Effluent	mg/L	080082	1.56
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.3
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5+
(33) Other Effluent Parameters			
Fecal			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(49) Citrus Park — Month October — Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.021	3.5+						7.5					
.033	2.0						7.5					
.036	3.5+						7.4					
.030	3.5+						7.3					
.026	0.1						7.2					
.032												
.032	3.5+						7.6					
.028	3.5+						7.7					
.029	2.1				1.56	8	7.5			8		
.037	2.3						7.4					
.023	3.5+						7.7					
.022	2.8						7.4					61
.018												
.018	3.5+						7.6					
.018	3.2						7.5					
.010	3.5+						7.4					
.022	3.5+						7.5					
.014	3.5+						7.6					
.014	0.5						7.5					
.015												
.016	3.5+						7.6					
.017	3.5+						7.4					
.016	3.5+						7.4					
.019	3.5+						7.6					
.012	3.2						7.4					
.017	0.6											
.027												
.021	3.5						7.3					
.029	3.5+						7.4					
.034	3.5						7.4					
.024	3.5+						7.3					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th[e] ...ation is true, complete, and accurate.

...: David Connor — Date: 11-7-91

...(Please Type) David Connor

...ary Name ... — Telephone No (Please Type): (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month Nov Year 91

Plant's DER Identification Number 3042P04826

Plant Name Citrus Park

Plant Address S.E. 40 ST. Rd. and 22 Ave.

City Ocala

County Marion

Phone Number 904-347-7265

Permit Number D042-161926

Plant Type II C

Test Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse Slow rate land application-restricted public access

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Connor B4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.041
(17) Permitted capacity	mgd	–	.064
(18) Three-month average daily flow	mgd	–	.038
(19) Percent of permitted capacity	%	–	59
(20) $CBOD_5$ Effluent	mg/L	080082	<3
(21) $CBOD_5$ Effluent	lbs/day	–	-
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	–	4
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5+
(33) Other Effluent Parameters			

DEP Form 17-601(3)(c)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Issued by the DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

4 . Citrus Park Month Nov Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
.031	1.4						7.1												
.034	0.6																		
.039																			
.038	3.5+						7.2												
.031	3.5+						7.2												
.034	3.5+						7.3												
.031	2.0						7.2												
.041	1.8						7.3												
.043	1.0																		
.043																			
.043																			
.032	0.6						7.1												
.045	0.9						7.7												
.058	0.6		358		3	8	7.6												
.041	0.9						7.5												
.062	0.6						7.4												
.041																			
.041	2.0						7.4												
.041	0.5						7.4												
.040	0.5						7.3												
.041	3.0						7.4												
.039	2.2						7.4												
.047	0.5																		
.038																			
.038	0.5						7.2												
.037	0.6						7.7												
.041	0.5						7.7												
.039	0.7						7.6												
.047	1.0						7.5												
.042	1.1						7.7												

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete, and accurate.

Signature: David Connor Date: 12-5-91

(Please Type) David Connor

Company Name: S.S.U. Services Telephone No. (Please Type): (904) 367-1565

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month December Year 91

Plant's DER Identification Number 3042P04826

Plant Name Citrus Park

Plant Address S.E. 49 St Rd. & 22 Ave

City Ocala

County Marion

Phone Number 904-347-1265

Permit Number 0042-161926

Plant Type II C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation Field

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator David Conner B4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.047
(17) Permitted capacity	mgd	—	.064
(18) Three-month average daily flow	mgd	—	.037
(19) Percent of permitted capacity	%	—	58
(20) $CBOD_5$ Effluent	mg/L	080082	9.7
(21) $CBOD_5$ Effluent	lbs/day	—	3.8
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	—	5.9
(24) Minimum pH		—	7.4
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

49 · Citrus Park. Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.038																				
.038	3.5						7.7													
.044	2.5						7.6													
.031	3.1						7.5													
.043	0.7						7.6													
.039	2.9						7.4													
.040																				
.041	0.6																			
.048	0.6						7.7													
.031	3.5						7.5													
.040	3.3						7.6													
.045	1.1						7.7													
.033	3.0						7.7													
.046	1.2																			
.037																				
.037	3.5						7.7													
.062	3.5						7.6													
.049	3.3						7.7													
.059	3.5						7.7													
.057	2.9				9.7	15	7.5													
.047	0.6						7.7													
.058																				
.058	2.8						7.6													
.051	2.0						7.7													
.053	2.9						7.7													
.053	3.1						7.6													
.057	3.3						7.7													
.043	2.6						7.7													
.063																				
.063	2.4						7.4													
.052	1.8						7.6													

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, tation is true, complete, and accurate.

d: David Connor Date: 1-10-92

e (Please Type) David Connor

pany Name SSU Services Telephone No. (Please Type): (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan. Year 1990

(1) DHS 3042804826

Mark R. March C-7212 2-5-90
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40th ST RD & 22nd AV

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 800 432 4561

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42143250	.036	.100	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.050	1065	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				11.5	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID
6.6						1.2 ppm

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Sprayfield

(29) PLANT STAFFING

LEAD OPERATOR: M. March C-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.095	1.2			7.0			
2	.037	1.6			7.4			
3	.034	2.1			7.7			
4	.037	3.0	11.5	6	7.8			
5	.037	2.6			7.8			
6	.030	2.6			7.5			
7								
8	.026	2.7			6.8			
9	.050	3.0			6.9			
10	.023	2.1			6.8			
11	.019	2.4			6.9			
12	.021	1.5			6.9			
13					6.9			
14								
15	.087	1.7			7.2			
16	.033	2.0			7.1			
17	.044	3.1			7.5			
18	.045	3.2			7.6			
19	.026	3.0			7.9			
20	.033	2.5						
21								
22	.082	2.2			7.5			
23	.036	2.0			7.6			
24	.039	1.8			7.7			
25	.039	2.0			7.3			
26	.036	2.1			7.5			
27		2.0						
28								
29	.118	1.5			7.5			
30	.038	2.1			7.7			
31	.036	2.7			7.3			
TOT	1.122	60.6	11.5	6	180			
AVG	.036	2.2			6.6			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3042P04826

Mark R. Mauk C-7212 3-3-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40th ST Rd & 22nd Ave

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42161926 .035 .100 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.049 1092 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 14.3

(16) TSS (mg/l) EFFLUENT 12

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 2.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR, SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. Mauk C7212

DER Form 17-1.205(7) Effective November 30, 1987

(30) Month February Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.038	2.5	14.3	12	7.3			
2	.031	2.9			7.3			
3	.044	2.5			7.1			
4								
5								
6	.108	2.6			7.2			
7	.045	2.5			7.1			
8	.026	2.7			7.4			
9	.029	2.5			7.5			
10	.033	3.0			7.4			
11								
12	.062	2.5			7.1			
13	.026	2.3			7.4			
14	.036	3.0			7.6			
15	.032	2.1			7.3			
16	.043	2.9			7.4			
17								
18								
19								
20	.116	2.0			7.3			
21	.031	2.2			7.3			
22	.040	3.0			7.4			
23	.027	2.5			7.3			
24								
25								
26	.119	3.0			7.3			
27	.030	3.2			7.4			
28	.033	3.5			7.2			
29								
30								
31								
TOT	.991	54.8	14.3	12	139.5			
AVG	.035	2.7	14.3	12	7.3			

Page 1 of 2

0205

DEP
W Startup

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) GMS # 3042804826

Mark R. March C-7212 4-2-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40ST RD & 22ND AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 1-904-732-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0042-161-926 .034 .100 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.063 1092 [✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
6 13

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.9 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab.

(28) TYPE EFFL DISPOSAL Springfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark March C-7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.044	3.5			7.3			
2	.031	2.8			7.4			
3	.035	2.5						
4								
5	.065	3.0			7.5			
6	.034	3.0			7.3			
7	.032	3.2			7.4			
8	.016	2.8	6	13	7.3			21
9	.018	2.0			7.2			
10	.042	1.6						
11	.042							
12	.042	2.0			7.3			
13	.031	3.5			7.2			
14	.028	3.0			7.1			
15	.031	3.5			7.2			
16	.034	2.8			7.3			
17								
18	.034	2.5						
19	.035	3.5			7.3			
20	.038	3.2			7.4			
21	.034	3.2			7.4			
22	.043	2.5			7.2			
23	.029	3.1			7.3			
24	.038	2.8						
25	.038							
26	.036	2.5			7.4			
27	.042	2.9			7.3			
28	.031	3.2			7.4			
29	.037	3.6			7.3			
30	.032	3.1			7.6			
31	.031	3.0						
TOT	1.080	77.5	6	13	197			21
AVG	.034	2.8			7.1			

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0206

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 90

(1) GNS # 3042804826

Mark R. Mauel 5-2-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40 & 22ND AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324541

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42161926	.033	.100	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.041	1246	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.6	8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

MM Klepic 7212

DER Form 17-1.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.039							
2	.041	3.0			7.3			
3	.032	2.7			7.4			
4	.040	3.0	<3.0	<8	7.2			
5	.024	2.5			7.4			
6	.029	2.5			7.3			
7	.038	2.0						
8	.038							
9	.038	3.0			7.7			
10	.026	3.5			7.4			
11	.035	2.8			7.7			
12	.033	1.9			7.5			
13	.033	2.6			7.4			
14	.040	2.5						
15	.040							
16	.040	2.0			7.0			
17	.028	2.3			7.2			
18	.035	2.0			7.1			
19	.033	3.0			7.2			
20	.035	2.7			7.3			
21	.041	2.0						
22	.040							
23	.040	2.5			7.4			
24	.032	2.4			7.7			
25	.027	2.3			7.4			
26	.031	3.5			7.3			
27	.031	2.2			7.4			
28	.035	2.0						
29	.035							
30	.035	2.5			7.3			
31								
TOT	.776	69.7			151			
AVG	.033	2.7	2.6	8	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 90

(1) GDS # 3042/048CL

Mark R Mauck C-7212 6-3-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: 5004 E 131st Ave.

(4) CITY: Odessa (5) COUNTY: Hillsborough PHONE NO.: 500 932-4504

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL 0211156 .031 .100 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.060 1246 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION 1nd Flow MGD ___ BOD lb/d ___ TSS lb/d ___

(14) % FLOW INFIL ___

(15) BOD (mg/l) EFFLUENT 5.3

(16) TSS (mg/l) EFFLUENT 3.6

(17) pH 7.3

(18) TOTAL N mg/l ___

(19) AMMONIA mg/l ___

(20) NITRITE + NITRATE mg/l ___

(21) TOTAL P mg/l ___

(22) ORTHO P mg/l ___

(23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE ___

(25) DO (mg/l) UPSTREAM DNSTREAM ___

(26) EFFLUENT PARAMETER VALUE (UNITS) ___

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. Mauck C7212 ___ ___

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.028	2.9			7.4			
2	.030	1.5	5.3	36	7.3			
3	.029	1.0			7.7			
4	.024	0.6			7.4			
5	.023	0.3						
6	.028							
7	.028	1.0			7.4			
8	.019	1.5			7.5			
9	.031	0.3			7.6			
10	.028	1.0			7.4			
11	.020	0.3			7.3			
12	.026	0.3						
13	.020							
14	.020	0.5			7.6			
15	.043	1.5			7.5			
16	.030	3.0			7.5			
17	.025	2.2			7.3			
18	.023	4.0			7.9			
19	.023	1.5						
20	.037							
21	.033	0.6			7.2			
22	.043	0.3			7.2			
23	.035	2.5			7.4			
24	.032	3.5			7.5			
25	.044	2.3			7.3			
26	.042	2.9						
27	.055							
28	.066	3.0			7.3			
29	.034	3.0			7.4			
30	.030	2.2			7.6			
31	.030	2.5			7.7			
TOT	.978	50.5	5.3	36	164.6			
AVG	.031	1.9	5.3	36	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1990

(1) DMS # 3042P04826

Mark Mann C7212 7-7-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40ST RD & 22ND AV

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0412161926 .045 .100 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.063 1264 [X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 10.4

(16) TSS (mg/l) EFFLUENT 15

(17) pH 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm / G

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Sprayfield

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)
M. Mann C7212

DER Form 17-4.265(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.043	1.0			7.4			
2	.036	1.5						
3	.051							
4	.051	1.5			7.5			
5	.041	1.8			7.6			
6	.038	3.5	10.4	15	7.3			
7	.048	2.0			7.4			
8	.044	2.8			7.3			
9	.046	2.0						
10	.046							
11	.046	2.0			7.9			
12	.044	3.6			7.3			
13	.050	2.5			7.2			
14	.045	2.3			7.3			
15	.067	3.0			7.2			
16	.068	2.0						
17	.054							
18	.023	2.6			7.4			
19	.059	2.8			7.3			
20	.053	3.0			7.4			100
21	.045	3.5			7.4			
22	.039	3.5			7.5			
23	.041	3.8						
24	.043							
25	.042	3.5			7.4			
26	.056	3.5			7.4			
27	.051	3.2			7.3			
28	.043	3.5			7.4			
29	.040	3.1			7.4			
30	.055	3.0						
31								
TOT	1.347	71.7			151.9			
AVG	.045	2.8			7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 90

(1) GMS # 3042P04826

Mark Marck C-7212 8-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40TH ST RD #22 AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004724601

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0421619 .046 .100 II C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.065 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
5.2 7

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.2 1.3

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Sprayfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. Marck C7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.47							
2	0.48	2.0			7.6			
3	0.48	1.5			7.5			
4	0.44	3.0			7.7			
5	0.44	2.1			7.8			
6	0.46	2.3			7.4			
7	0.47	2.4						
8	0.41							
9	0.44	2.5			7.6			
10	0.49	2.6			7.8			
11	0.52	2.6	5.2	7	7.3			
12	0.49	1.3			7.3			
13	0.56	1.5			7.7			
14	0.53	2.9						
15	0.41							
16	0.44	3.0			7.5			
17	0.48	2.3			7.7			
18	0.49	2.9			7.4			
19	0.52	2.4			7.3			
20	0.39	2.1			7.7			
21	0.46	1.5						
22	0.49							
23	0.46	2.5			7.4			
24	0.51	2.5			7.2			
25	0.48	3.0			7.1			
26	0.33	3.4			7.1			
27	0.37	2.9			7.2			
28	0.37	2.5						
29	0.45							
30	0.45	2.5			7.3			
31	0.40	2.4			7.4			
TOT	14.96	69.2	5.2	7	114.5			
AVG	0.46	2.5			6.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month AUG Year 90

(1) GMS # 3042104826

Mark Marsh C7217 — 9-6 90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SW 40TH ST RD & 22 AV.

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 800 477 4581

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42161926	.047	.100	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.064	956	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.2	4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.8

(24) DOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark Marsh C7212

(30)

#	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.029	2.0			7.4			
2	.064	2.5			7.1			
3	.043	2.5			7.4			
4	.043	2.0						
5	.044							
6	.044	2.0			7.3			
7	.042	2.5			7.3			
8	.055	3.0	4.2	4.0	7.6			
9	.043	3.5			7.4			
10	.040	3.5			7.4			
11	.057	3.0						
12	.047							
13	.046	3.5			7.3			
14	.062	3.0			7.4			
15	.043	3.0			7.7			
16	.036	3.5			7.3			
17	.044	3.5			7.4			
18	.032	3.6						
19	.053							
20	.052							
21	.055	3.5			7.2			
22	.050	3.0			7.3			
23	.045	2.8			7.3			
24	.053	3.0			7.2			
25	.033	2.0						
26	.057							
27	.057	2.0			7.2			
28	.058	4.8			7.4			
29	.051	4.2			7.3			
30	.050	3.0			7.4			
31	.049	3.0			7.4			
101	1.461	136	4.2	4.0	168			

0211

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Sep Year: 1990

(1) GMS # 3042804826

Mark R. Marsh C-7212 10-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 46TH ST RD & 72ND AVE.

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 800 432 4501

(6) PERMIT NUMBER: FL0042161926 (7) AVG FLOW MGD: .051 (8) DESIGN FLOW MGD: .100 (9) TYPE: 2-C

(10) MAX FLOW (MGD): .096 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 5.8

(16) TSS (mg/l) EFFLUENT: 4

(17) pH: 7.4 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRITE + NITRATE mg/l: (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark Marsh 7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.069	2.5						
2	.044							
3	.049	3.0			7.7			
4	.055	3.3			7.3			
5	.046	3.2	5.8	4	7.4			
6	.036	3.1			7.3			
7	.053	3.4			7.4			
8	.052	1.2						
9	.048							
10	.049	3.2			7.4			
11	.036	3.6			7.4			
12	.041	2.2			7.4			
13	.038	2.3			7.4			
14	.046	1.0			7.3			
15	.050	1.3						
16	.049							
17	.049	1.0			7.4			
18	.060	2.7			7.4			
19	.036	2.7			7.4			
20	.049	2.3			7.4			11
21	.050	1.0			7.4			
22	.055	1.2						
23	.046							
24	.044	1.5			7.4			
25	.043	1.0			7.3			
26	.051	1.9			7.4			
27	.054	1.9			7.4			
28	.054	1.0			7.3			
29	.050	1.5						
30	.050							
31								
TOT	1.540	50.3	5.8	4	147.3			4
AVG	.051	2.0	5.8	4	7.4			4

0212

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 90

(1) GMS # 3042804826

Mark R. March C7212 11-6-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40TH ST & 22 AV.

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO 42 16 1926 .071 .100 2-C
EXP. 5-17-96

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.097 [x] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 1.0 (16) TSS (mg/l) EFFLUENT 12

(17) pH 7.6 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab. (28) TYPE EFFL DISPOSAL: Agency Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. March C7212

DER Form 17-1.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.070	1.3			7.5			
2	.089	1.6			7.7			
3	.049	1.0			7.6			
4	.075	1.4	1.0	12	7.5			<1
5	<.093	1.6			7.5			
6	.085	1.3						
7	.075							
8	.075	2.0			7.4			
9	.080	2.1			7.4			
10	.086	1.5			7.7			
11	.073	1.5			7.3			
12	.097	2.0			7.4			
13	.043	1.5						
14	.093				7.4			
15	.083	1.5			7.4			
16	.073	2.1			7.3			
17	.071	2.2			7.4			
18	.054	2.6			7.3			
19	.066	2.1			7.3			
20	.050	2.2			7.2			
21	.055							
22	.056	2.0			7.3			
23	.049	1.0			7.4			
24	.047	1.4			7.3			
25	.063	1.4			7.4			
26	<.044	1.6			7.4			
27	.046	1.9						
28	.044							
29	.048	2.0			7.3			
30	.050	2.4			7.4			
31	.052	2.8			7.3			
TOT	2.221	54	1.0	12	139			<1
AVG	.071	1.9	1.0	12	7.6			<1

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0213

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOV Year 90

(1) GMS # 3042904826

Mark Mark C7212 12-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Park

(3) PLANT ADDRESS: SE 40 CT RD & 22 AV

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 437 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC 42 261926 .042 .100 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.068 1246 [✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 6.7

(16) TSS (mg/l) EFFLUENT 5

(17) pH 7.4

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) ~~NITRITE~~ + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 2.5

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
MMC 7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.041	1.5			7.3			
2	.044	3.0			7.4			
3	.038	2.5						
4	.060							
5	.060	2.2			7.8			
6	.034	1.5			7.8			
7	.033	1.5			7.3			
8	.039	1.5			7.2			
9	.038	2.0			7.0			
10	.035	1.5						
11	.042							
12	.042	3.5			7.3			
13	.039	3.2			7.4			
14	.041	3.5	6.7	5	7.3			
15	.041	3.5			7.3			
16	.033	3.2			7.4			
17		6.5						
18	.042							
19	.042	3.5			7.4			
20	.040	3.0			7.3			
21	.038	2.8			7.4			
22	.042	1.5			7.9			
23	.044	3.0			7.7			
24	.036	2.3						
25	.039							
26	.033	3.5			7.3			
27	.040	3.5			7.6			
28	.046	3.5			7.4			
29	.039	3.5						
30	.041	2.6			7.4			
31								
TOT	1.281	64.5	6.7	5	159.9			
AVG	.042	2.5	6.7	5	7.3			

0214

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec Year 90

1) DMS # 3042704826
Mark R Mark C7212 1-4-91
Signature of Lead Operator in Charge Date
certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: Citrus Park
3) PLANT ADDRESS: SE 40 RD 122 AV
4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 432 4501 904-347-1265

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
042161926 .051 .100 2-C
FP 5/15/94

10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.074 [X] Membrane Filter [ ] Most Probable Number

13) INDUSTRIAL CONTRIBUTION d Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 7.8 (16) TSS (mg/l) EFFLUENT 18

17) pH 23 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

24) BOD (mg/l) STREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (26) EFFLUENT PARAMETER VALUE (UNITS)

27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Spray field

29) PLANT STAFFING

30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark C7212

FORM 17-7.205(1) Effective NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (ac/100 ml)
1	.044	2.0						
2	.050	1.0			7.4			
3	.050	3.0			7.3			
4	.038	2.0	7.8	18	7.4			
5	.044	3.0			7.4			
6	.043	3.5			7.8			
7	.044	2.8						
8	.050							
9	.051	3.5			7.3			
10	.044	2.0			7.7			
11	.049	2.6			7.3			
12	.045	2.4			7.4			
13	.043	2.5			7.5			
14	.044	2.4						
15	.055				7.4			
16	.056	2.0			7.4			
17	.053	1.2			7.5			
18	.056	4.2			7.8			
19	.061	2.5			7.4			
20	.049	2.5						
21	.053				7.4			
22	.063	3.0			7.6			
23	.063	3.5			7.6			
24	.070	3.0			7.6			
25	.060	3.5			7.4			
26	.064	2.0			7.4			
27	.053							
28	.054	2.0			7.5			
29	.059	2.5						
30	.053	Lost	7.8	15	7.3			
31								
TOT	1.543	75.5			225.5			
AVG	.051	2.5	7.8	15	7.3			

0215

Citrus Springs Utilities - 9001

Citrus County (UFU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 91

(1) GHS # 08P02863

William P Yoder — 2/7/91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: CITRUS SPRINGS UTILITIES

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: DUNNELLON (5) COUNTY: CITRUS PHONE NO. (904) 489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC09-147228	.088	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.108	2370 677 X3.5	[4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.2	10.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2			2.42			1.5

2.42 = 2.13 + 3.12

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hours

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-122C SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER-Form 17-7.201(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.096	1.2			6.9			
2	.080	1.4			7.1			
3	.103	1.3			7.2			
4	.088	2.5	6.7	12.0	7.2			
5	.104	1.7						
6	.092	2.0						
7	.089	2.0			7.4			
8	.088	1.8			7.3			
9	.095	1.3			7.2			
10	.083	1.3			7.2			
11	.076	1.3			7.2			
12	.091	1.1						
13	.079	1.3						
14	.076	1.4			7.6			
15	.101	2.2			7.2			
16	.076	1.9	3.4	10.0	7.3			
17	.100	1.9			7.4			
18	.067	1.3			7.3			
19	.108	1.9						
20	.082	1.6						
21	.104	1.6			7.1			
22	.067	1.2			7.0			
23	.093	1.2			7.2			
24	.077	1.3			7.3			
25	.086	1.3			7.1			
26	.089	1.3						
27	.096	1.8						
28	.099	1.7			7.2			
29	.098	1.7			7.3			
30	.093	1.9	5.2	8.0	7.4			
31	.089	1.6			7.3			
TOT	2.943	47.2	15.5	30	166.1			
AVG	.095	1.5	5.2	10	7.2			

0216

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 91

(1) DHS # 09PC2863

John E Gwin Jr C-7914 3-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO: (904) 489-2452

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO09-147228 .098 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number
.133 2,377 0791.35

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT
Ind Flow MGD BOD lb/d TSS lb/d
2.0 10.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.1 3.27 4.16 7 3.42 1.7

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 8 hour (28) TYPE EFFL DISPOSAL Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-7969

DER Form 17-1.205(7) Effective: November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.083	1.9			7.5			
2	.105	1.7						
3	.094	1.8						
4	.084	0.8			7.5			
5	.101	0.8			7.6			
6	.071	0.8	2.0	10.0	7.6			49
7	.090	1.9			7.5			
8	.079	1.7			7.5			
9	.096	2.0						
10	.079	2.6						
11	.073	1.7			7.9			
12	.096	1.7			7.6			
13	.088	1.6			7.7			
14	.089	1.8			7.4			
15	.080	1.8			7.6			
16	.084	0.7						
17	.113	0.8						
18	.099	0.9			7.7			
19	.113	0.7			7.7			
20	.095	0.8			7.7			
21	.111	1.0			7.6			
22	.094	1.1			7.7			
23	.124	1.5						
24	.128	2.3						
25	.132	2.0			7.6			
26	.115	1.4			7.6			
27	.091	1.7			7.5			
28	.114	1.7	2.0	10.0	7.7			
29								
30								
31								
TOT	2.759	38.7	4.0	20.0	197.7			49
AVG	.098	1.4	2.0	10.0	7.4			49

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

(1) CHS # 09P02863

John E Grace Kenzie C-7919 4-4-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-2452

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC09-147228 .107 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number
.139 2,377 .074 x 3.5

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD — BOD lb/d — TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 3.1

(16) TSS (mg/l) EFFLUENT 4.5

(17) pH 7.4

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) ~~NITRITE~~ + NITRATE mg/l 7.28 1.84+0.72

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM — DNSTREAM — TIME/DATE OF SAMPLE 1

(25) DO (mg/l) UPSTREAM — DNSTREAM

(26) EFFLUENT PARAMETER — VALUE — (UNITS)

(27) TYPE SAMPLE(S) 8 hour

(28) TYPE EFFL DISPOSAL Pond

(29) PLANT STAFFING

LEAD OPERATOR: John E Grace Kenzie C-7919
SHIFT 1 (Day)
SHIFT 2 (Evening)
SHIFT 3 (Night)

DER-Form 17-7.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.110	0.9			7.6			
2	.131	0.9						
3	.109	0.7						
4	.096	0.7			7.1			
5	.105	0.8			7.1			
6	.106	0.8			7.2			
7	.091	0.8			7.3			
8	.096	1.9			7.2			
9	.114	2.7						
10	.104	1.7						
11	.094	1.7			7.1			
12	.122	1.8			7.2			
13	.095	1.7	2.3	4	7.3			
14	.123	2.6			7.3			
15	.089	1.8			7.4			
16	.134	1.9						
17	.121	1.7						
18	.135	1.1			7.2			
19	.111	1.4			7.3			
20	.095	1.4			7.2			
21	.093	1.6			7.5			
22	.077	1.5			7.5			
23	.095	1.3						
24	.110	0.9						
25	.078	2.0			7.6			
26	.093	2.1			7.5			
27	.094	2.4	2.9	5	7.5			
28	.075	1.9			7.6			
29	.091	1.7			7.6			
30	.122	1.4						
31	.102	1.3						
TOT	3.173	46	6.2	9	154.7			
AVG	.102	1.5	3.1	4.5	7.4			

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0218

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) DHS # 09P02863

John E Lyon Ranger C-7919 — May 1 - 91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-2452

(6) PERMIT NUMBER: DO09-147228 (7) AVG FLOW MGD: .091 (8) DESIGN FLOW MGD: .200 (9) TYPE: 3C

(10) MAX FLOW (MGD): .120 (11) POP SERVED: 2366 (12) FECAL COLIFORM SAMPLE METHOD: (X) Membrane Filter ( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD: — BOD lb/d: 676 FSS lb/d: 3.5 (14) % FLOW INFIL: — (15) BOD (mg/l) EFFLUENT: 2.7 (16) FSS (mg/l) EFFLUENT: 6.5

(17) pH: 7.3 (18) TOTAL N mg/l: — (19) AMMONIA mg/l: — (20) ~~NITRATE~~ + NITRATE mg/l: 2.16, 1.58 + 2.73 (21) TOTAL P mg/l: — (22) ORTHO P mg/l: — (23) CHLOR RESID ppm: 1.4

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: — — — (25) DO (mg/l) UPSTREAM DNSTREAM: — — (26) EFFLUENT PARAMETER: — VALUE: — (UNITS): —

(27) TYPE SAMPLE(S): Shank (28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: John E Lyon Ranger C-7919 SHIFT 1 (Day): — SHIFT 2 (Evening): — SHIFT 3 (Night): —

DER Form 17-22.105(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	FSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.044	0.7			7.1			
2	.084	0.8			7.2			
3	.089	1.1			7.3			
4	.090	1.2			7.4			
5	.088	1.3			7.5			
6	.097	1.8						
7	.103	2.3						
8	.105	1.9			7.6			
9	.079	2.5			7.5			
10	.103	0.9			7.5			
11	.099	1.0			7.6			
12	.079	1.7			7.6			
13	.120	1.2						
14	.099	1.0						
15	.094	0.7			7.1			
16	.093	1.3	2.0	8.0	7.0			
17	.079	1.5			7.1			
18	.106	2.0			7.2			
19	.083	1.6			7.0			
20	.104	1.5						
21	.097	1.6						
22	.104	1.6			7.2			
23	.097	1.2			7.3			
24	.099	1.0	3.4	5.0	7.4			
25	.107	1.0			7.4			
26	.089	1.1			7.3			
27	.102	1.2						
28	.093	1.4						
29	.076	1.4			7.6			
30	.077	1.3			7.6			
31								
TOT	2.749	41	5.4	13.0	161.3			
AVG	.091	1.4	2.7	6.5	7.3			

0219

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 91

(1) DHS # 6212628E3 John E MacKenzie C-7919

Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs

(3) PLANT ADDRESS: P.O. 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-2552

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 09-147228 0.000 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.115 2348 671 X 3.5

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

29 45

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.1 6.5

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) Bhour (28) TYPE EFFL DISPOSAL pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

John E MacKenzie C7919

DER Form 17-7.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.071	1.5			7.4			12
2	.083	1.6			7.5			
3	.079	1.7			7.6			
4	.088	1.6						
5	.087	1.6						
6	.060	1.5			7.5			
7	.095	1.7			7.6			
8	.071	1.7	35	6	7.5			
9	.096	1.6			7.6			
10	.067	1.6			7.5			
11	.057	1.5						
12	.086	1.5						
13	.073	1.6			7.6			
14	.104	1.8			7.5			
15	.070	2.0			7.6			
16	.114	2.1			7.5			
17	.079	1.9			7.6			
18	.102	2.0						
19	.083	1.7						
20	.089	1.7			7.3			
21	.099	2.3			7.3			
22	.073	1.4	23	3	7.2			
23	.116	2.2			7.2			
24	.076	1.6			7.3			
25	162	.7						
26	093	1.8						
27	.088	1.7			7.2			
28	.093	1.9			7.3			
29	065	1.8			7.3			
30	.118	1.9			7.3			
31		1.2			7.3			
TOT		51.42	58	7	162.40			12
AVG		1.65	29	3.5	7.1			12

Page 1 of 2

0220

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) GMS # 39P525.03

Michael W Batchk C-3146 7-3-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs WWTP

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC09-147225 .091 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.106 2348 671 x 3.5 [✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 1.9 (16) TSS (mg/l) EFFLUENT 2.5

(17) pH 7.4 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ + NITRATE mg/l 3.30 3.30 + 3.40 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.8

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8 hour (28) TYPE EFFL DISPOSAL: Feed

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)
Michael W Batchk - C-8146

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.104	1.7			7.2			
2	.054	1.6			7.3			
3	.046	1.6			7.4			
4	.041	1.4			7.6			
5	.069	1.2	2.1	2.0	7.5			
6	.044	1.3			7.5			
7	.096	2.8			7.5			
8	.047	2.5			7.4			
9	.046	2.0			7.6			
10	.089	1.5			7.4			
11	.091	1.8			7.3			
12	.059	1.7			7.4			
13	.095	2.1			7.3			
14	.101	1.5			7.4			
15	.089	1.7			7.4			
16	.055	1.9			7.5			
17	.093	2.4			7.5			
18	.104	1.0			7.5			
19	.098	1.7	1.7	3.0	7.4			
20	.075	1.7			7.4			
21	.093	1.7			7.3			
22	.057	1.8			7.4			
23	.056	1.7			7.4			
24	.054	1.1			7.4			
25	.056	1.6			7.3			
26	.090	2.3			7.2			
27	.094	2.1			7.3			
28	.106	2.9			7.3			
29	.092	2.2			7.3			
30	.092	2.4			7.4			
31								
TOT	2.275	54.5	3.8	5.0	221			
AVG	70.33	1.9	1.9	2.5	7.4			

Page 1 of 2

0221

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

) Month July Year 1991.
) Plant's DER Identification Number 09P02863
) Plant Name Citrus Springs W.W.T.P.
) Plant Address P.O. Box 217
) City Dunnellon
) County Citrus
) Phone Number (904) 489-2452
) Permit Number D009-142228
) Type 3C
) Site Identification Number

Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

) Type of Effluent Disposal or Reclaimed Water Reuse Perc. Evap. Pond

) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

Cumulative Days of Wet Weather Discharge _____

Plant Staffing
Day Shift Operator Class C Cert. No. 8146
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Michael Batchl (Signature) C-8146 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.087
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.089
(19) Percent of permitted capacity	%	—	44.5%
(20) $CBOD_5$ Effluent	mg/L	080082	3.41
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.31
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.2
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

DER Form 17-601(3)(3)(1) (Domestic Wastewater Treatment Plant Monthly Operating Report)
Effective Date: July 1, 1991
DER Application No. _____ (If used in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month: July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.087	2.1						7.5					
2	.095	2.6						7.3			1.60		
3	.111	1.8				1.6	7	7.3					
4	.066	2.8						7.4					
5	.104	2.4						7.3					
6	.094												
7	.090												
8	.072	2.0						7.4					
9	.021	2.0						7.4					
10	.090	2.7						7.4					
11	.053	1.2						7.3					
12	.091	1.8						7.3					
13	.101												
14	.100												
15	.094	1.5						7.5					
16	.093	2.8						7.2					
17	.090	3.0				5.3	1	7.4			0.46		
18	.093	3.0						7.3					
19	.096	3.0						7.2					
20	.090												
21	.090												
22	.038	2.8						7.3					
23	.084	2.3						7.3			<		
24	.075	1.8						7.2					
25	.085	2.3						7.2					
26	.107	2.5						7.2					
27	.083												
28	.082												
29	.090	2.1						7.3					
30	.090	2.5						7.3			1.87		
31	.098	2.7				3.2	9	7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, information is true, complete, and accurate.

Signed: Michael W Batchik Date: 8-8-91

Name (Please Type): Michael W. Batchik

Company Name: Southern States Utilities Telephone No. (Please Type): (904) 489-2452

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 09002563

(3) Plant Name Citrus Springs W.W.T.P.

(4) Plant Address P.O. Box 217 (or) 9540 N. Citrus Springs Blvd.

(5) City Dunnellon

(6) County Citrus

(7) Phone Number (904)-489-2452

(8) Permit Number DC09-147228

(9) Plant Type 3C

(10) Test Site Identification Number ____

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse perc.-evap. pond

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 8146
Evening Shift Operator Class N/A Cert. No. ____
Night Shift Operator Class N/A Cert. No. ____
Lead Operator Michael W Bartell (Signature) C-8146 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.093
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.090
(19) Percent of permitted capacity	%	—	45%
(20) $CBOD_5$ Effluent	mg/L	080082	13.45
(21) $CBOD_5$ Effluent	lbs/day	—	/
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	—	/
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	/
(27) TKN	mg/L	000625	/
(28) Ammonia (NH_3 - N)	mg/L	000610	/
(29) Nitrate	mg/L	071850	1.5
(30) Total Phosphorus	mg/L	000665	/
(31) Minimum Chlorine Residual	mg/L	—	1.7
(32) Maximum Chlorine Residual	mg/L	—	2.6
(33) Other Effluent Parameters			

DEM Form 97-807(3003)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEM Application No. (If not in by DEM)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.090	2.2						7.3					
2	.122	2.5						7.3					
3	.080												
4	.080												
5	.089	2.4						7.4					
6	.089	2.5						7.4					
7	.093	2.5						7.3					
8	.091	2.5						7.3					
9	.111	2.4						7.3					
10	.094												
11	.093												
12	.074	2.6						7.5					
13	.094	2.5						7.3					
14	.094	2.1				21.2	9	7.3			.61		
15	.092	1.8						7.3					
16	.123	2.3						7.3					
17	.072												
18	.084												
19	.104	2.0						7.3					
20	.091	1.7						7.3					
21	.097	1.8						7.2					
22	.098	2.2						7.3					
23	.103	2.1						7.3					
24	.088												
25	.087												
26	.102	2.2						7.4					
27	.095	2.1						7.3					
28	.091	1.9				6.7	2	7.3			2.35		
29	.096	2.1						7.3					
30	.096	2.0						7.4					
31	.088												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belie Information is true, complete, and accurate.

Signed: Michael W. Butchd C-8146 Date: September 6th, 1991

Name (Please Type) Michael W. Butchd

Company Name Southern States Utilities Telephone No (Please Type) (904)-489-2452

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number 09P02863

(3) Plant Name Citrus Springs W.W.T.P.

(4) Plant Address P.O. Box 217 (or) 9840 N. Citrus Springs Blvd.

(5) City Dunnellon

(6) County Citrus

(7) Phone Number (904) 489-2452

(8) Permit Number D009-147228

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse perc. evap. pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8146

Evening Shift Operator Class N/A Cert. No. _____

Night Shift Operator Class N/A Cert. No. _____

Lead Operator Michael W. Bateld (Signature) C-8146 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.090
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.090
(19) Percent of permitted capacity	%	—	45%
(20) $CBOD_5$ Effluent	mg/L	080082	8.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.55
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.7
(32) Maximum Chlorine Residual	mg/L	—	2.8
(33) Other Effluent Parameters			

DER Form 17-601(903)5
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Facility No.)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month: September Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.087																					
2	.096	2.0						7.4														
3	.091	2.1						7.3														
4	.071	1.8						7.4														
5	.088	1.8						7.3														
6	.098	1.8						7.2														
7	.092																					
8	.092																					
9	.090	1.7						7.1														
10	.077	1.8						7.2														
11	.088	2.4				9.1	1	7.2			0.10											
12	.084	2.4						7.2														
13	.115	2.3						7.2														
14	.088																					
15	.087																					
16	.093	2.5						7.2														
17	.083	2.6						7.3														
18	.100	2.3						7.3														
19	.089	2.2						7.2														
20	.101	2.9						7.1														
21	.059																					
22	.088																					
23	.086	2.5						7.3														
24	.080	2.3						7.2														
25	.090	2.9				8.01	4	7.3			1.01											
26	.094	2.5						7.2														
27	.105	2.7						7.2														
28	.089																					
29	.083																					
30	.092	2.4						7.2														

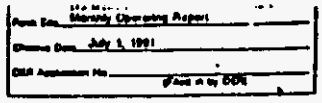
Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Michael W. Batelik Date: 10-4-91

Name (Please Type) Michael W. Batelik

Company Name Southern States Utilities Telephone No (Please Type) (904) 489-2452

Page 3 of 3



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 09P02863

(3) Plant Name Citrus Springs W.W.T.P.

(4) Plant Address P.O. Box 217 (or) 9840 N. Citrus Springs Blvd.

(5) City Dunnellon

(6) County Citrus

(7) Phone Number (904) 489-2452

(8) Permit Number DO09-147228

(9) Plant Type 3-C

(a) Test Site Identification Number N/A

(b) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(c) Type of Effluent Disposal or Reclaimed Water Reuse perc. evap. pond

(d) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(e) Cumulative Days of Wet Weather Discharge N/A

(f) Plant Staffing

Day Shift Operator Class C Cert. No 8146

Evening Shift Operator Class N/A Cert. No

Night Shift Operator Class N/A Cert. No

Lead Operator Michael W Butler C-8146
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.094
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.092
(19) Percent of permitted capacity	%	—	46%
(20) $CBOD_5$ Effluent	mg/L	080082	2.3
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.16
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ____ (If Applicable)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month: October Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.096	2.6						7.2					
2	.099	2.7						7.1					
3	.105	2.6						7.1					
4	.106	2.6						7.2					
5	.096												
6	.092												
7	.089	2.7						7.1					
8	.094	2.6						7.1			1.92		
9	.095	2.6		3.4	9			7.2					
10	.099	2.7						7.2					
11	.095	2.7						7.2					
12	.096												
13	.095												
14	.097	3.0						7.1					
15	.090	3.0						7.1					
16	.087	2.9						7.2					
17	.088	2.9						7.0					
18	.096	2.9						7.1					
19	.095												
20	.100												
21	.075	2.6						7.1					
22	.094	2.6						7.1			0.41		
23	094	2.5		1.3	4			7.1					
24	.100	2.6						7.1					
25	.103	2.5						7.2					
26	.0090												
27	.082												
28	.088	2.5						7.1					
29	.091	2.5						7.1					
30	.087	2.8						7.1					
31	.098	2.9						7.1					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Michael W Botchik

Name (Please Type): Michael W. Botchik

Company Name: Southern States Utilities

Date: 11-5-91

Telephone No (Please Type): (904) 489-2452

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
~~Monthly Operating Report~~

Part II - General Information

Month November Year 1991

Plant's DER Identification Number 09P02563

Plant Name Citrus Springs W.W.T.P

Plant Address P.O. Box 217 (Cor.) 9340 N. Citrus Springs Blvd.

City Dunnellon

County Citrus

Phone Number (904) 489-2432

Permit Number DO09-147228

Plant Type 3-C

Test Site Identification Number N/A

Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse Perc-Evap Pond

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert No 8146

Evening Shift Operator Class N/A Cert No

Night Shift Operator Class N/A Cert No

Lead Operator Michael H. Hill (Signature) C-8146 (Cert No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.097
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.099
(19) Percent of permitted capacity	%	—	47%
(20) $CBOD_5$ Effluent	mg/L	080082	6.51
(21) $CBOD_5$ Effluent	lbs/day	—	/
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	/
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	/
(27) TKN	mg/L	000625	/
(28) Ammonia (NH_3 - N)	mg/L	000610	/
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	/
(31) Minimum Chlorine Residual	mg/L	—	2.0
(32) Maximum Chlorine Residual	mg/L	—	2.8
(33) Other Effluent Parameters			

DER Form	17-601(XX)(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.099	2.3						7.1														
2	.095																					
3	.099																					
4	.106	2.5						7.1														
5	.106	2.7						7.1														
6	.094	2.7		259	131	2.33	5	7.1			.253		<1									
7	.101	2.5						7.2														
8	.093	2.6						7.1														
9	.112																					
10	.110																					
11	.105	2.7						7.1														
12	.097	2.6						7.1														
13	.102	2.5						7.2														
14	.101	2.5						7.1														
15	.117	2.4						7.1														
16	.090																					
17	.050																					
18	.093	2.3						7.1														
19	.097	2.3						7.2														
20	.093	2.2		64.76	160	10.7	3	7.1														
21	.099	2.3						7.1														
22	.103	2.3						7.2														
23	.095																					
24	.052																					
25	.055	2.2						7.1														
26	.069	2.2						7.1														
27	.053	2.1						7.1														
28	.095	2.1						7.1														
29	.131	2.0						7.2														
30	.095																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Michael W. Bartlett Date: 12-5-91

Name (Please Type): Michael W. Bartlett

Company Name: Putnam County Utilities Telephone No. (Please Type): (904) 329-0252

Page 3 of 3

Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number 09P02863

3) Plant Name Citrus Springs W.W.T.P.

4) Plant Address P.O. Box 217 (or) 9840 N. Citrus Springs Blvd.

5) City Dunnellon

6) County Citrus

7) Phone Number (904) 489-2452

8) Permit Number D009-147228

9) Plant Type 3C

0) Test Site Identification Number N/A

1) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse perc. evap. pond

3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

4) Cumulative Days of Wet Weather Discharge N/A

5) Plant Staffing

Day Shift Operator Class C Cert. No. 8146

Evening Shift Operator Class N/A Cert. No. N/A

Night Shift Operator Class N/A Cert. No. N/A

Lead Operator Mike Batchl (Signature) C-8146 (Cert No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.089
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.093
(19) Percent of permitted capacity	%	—	46.5%
(20) $CBOD_5$ Effluent	mg/L	080082	5.05
(21) $CBOD_5$ Effluent	lbs/day	—	X
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	—	X
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	X
(27) TKN	mg/L	000625	X
(28) Ammonia (NH_3 - N)	mg/L	000610	X
(29) Nitrate	mg/L	071850	.198
(30) Total Phosphorus	mg/L	000665	X
(31) Minimum Chlorine Residual	mg/L	—	1.6
(32) Maximum Chlorine Residual	mg/L	—	2.8
(33) Other Effluent Parameters			

DER Form 17-601(3)(a)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Please fill in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.096												
2	.105	2.2						7.2					
3	.093	1.6						7.1					
4	.073	1.9		235	964	9.7	2	7.1			0.021		
5	.077	2.1						7.2					
6	.113	2.1						7.1					
7	.101												
8	.098												
9	.088	2.3						7.2					
10	.097	2.3						7.1					
11	.090	2.5						7.1					
12	.091	2.7						7.1					
13	.103	2.8						7.1					
14	.084												
15	.083												
16	.067	2.5						7.0					
17	.080	2.7						7.1					
18	.081	2.7		236	356	.40	5	7.1			0.376		
19	.067	2.6						7.1					
20	.098	2.7						7.1					
21	.082												
22	.080												
23	.105	2.5						7.0					
24	.089	2.6						7.1					
25	.089	2.6						7.1					
26	.056	2.7						7.2					
27	.126	2.7						7.1					
28	.084												
29	.080												
30	.082	2.5						7.2					
31	.102	2.6						7.1					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th information is true, complete and accurate.

Signed: Michael W. Batchik

Name (Please Type) Michael W. Batchik

Company Name Southern States Utilities

Date: 1-3-92

Telephone No (Please Type) (904)-489-2452

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 0 9 P D 2 8 6 3

William L. Gaum — 2/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P O Box 217

(4) CITY: ~~Dunnellon~~ (5) COUNTY: ~~Citrus~~ PHONE NO. 904/489-2452

(6) PERMIT NUMBER: ~~D009-147228V~~ (7) AVG FLOW MGD: .068 (8) DESIGN FLOW MGD: .200 (9) TYPE: 3C

(10) MAX FLOW (MGD): .098 (11) POP SERVED: ? (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW INFIL ___ (15) BOD (mg/l) EFFLUENT 2 (16) TSS (mg/l) EFFLUENT 3

(17) pH: 7.2 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) ~~NITRATE~~ NITRATE mg/l 1.04 (1.54+1.05+0.52) (21) TOTAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm 0.06

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE /

(25) DO (mg/l) UPSTREAM ___ DNSTREAM ___

(26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S): 8 Hours

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR ___ SHIFT 1 (Day) ___ SHIFT 2 (Evening) ___ SHIFT 3 (Night) ___

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month JANUARY Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.056	0.7			7.1			
2	.066	0.6			7.2			
3	.050	0.6			7.4			
4	.056	0.9			7.5			
5	.063	0.8						
6	.063	0.8						
7	.063	0.7			7.3			
8	.067	0.9			7.0			
9	.048	0.9			7.1			
10	.048	0.9	1	3	7.1			
11	.047	1.0			7.1			
12	.054	1.0						
13	.053	1.0						
14	.053	1.0			7.3			
15	.058	1.0			7.1			
16	.065	0.9			7.5			
17	.076	1.0			7.4			
18	.076	0.7			7.5			
19	.073	0.7						
20	.074	0.7						
21	.074	0.7			7.0			
22	.082	0.7			6.9			
23	.069	0.7			7.3			
24	.069	0.7	2	3	7.6			
25	.079	0.8			7.0			
26	.084	0.9			7.0			
27	.085	0.6						
28	.085	0.6						
29	.078	0.6			7.0			
30	.076	0.8			7.0			
31	.084	0.8			7.0			
TOT	2.098	24.6	3	6	164.8			
AVG	.068	0.8	2	3	7.2			

Page 1 of 2

0234

TO D.E.R. F.C. Sweat
3/6/90 mg

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 1990

(1) DHS/# 09P028631

William G. Yocum — 3/5/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09-142228 W	.089	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.112	2296 est. 656 x 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2			1.835 0.77 + 2.90			0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8 Hours	Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-22.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.085	0.8			7.1			
2	.096	0.7			7.2			
3	.096	0.8						
4	.096	0.8						
5	.083	0.7			7.0			
6	.088	0.7			7.1			
7	.078	0.9			7.2			22
8	.079	0.6	3	6	7.4			
9	.082	0.8			7.4			
10	.093	0.9						
11	.092	0.8						
12	.082	0.9			7.1			
13	.103	0.7			7.2			
14	.076	0.7			7.1			
15	.101	0.7			7.3			
16	.085	0.8			7.3			
17	.084	0.8						
18	.096	0.8						
19	.090	0.8			7.1			
20	.101	0.7			7.1			
21	.074	0.7	1	3	7.3			
22	.112	0.7			7.2			
23	.079	0.6			7.24			
24	.080	0.7						
25	.090	0.7						
26	.096	0.7			7.0			
27	.066	0.8			7.24			
28	.086	0.8			7.3			
29								
30								
31								
TOT	2.492	20.9	4	9	193.9			32
AVG	.089	0.7	2	5	7.2			22

0235

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) GMS # 0 2 P 0 2 8 6 3

William G. Chan — 4/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0 0 0 9 - 1 4 7 2 2 8 V .088 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number
.104 2296 est. 656 x 3.5

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
2 4

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.4 <1.10 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS
/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
8 Hours Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A-1220

DER Form 17-22.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.102	0.8			7.0			
2	.084	0.8			7.1			
3	.095	0.8						
4	.095	0.8						
5	.087	0.5			7.2			
6	.100	0.9			7.3			
7	.073	0.8	2	3	7.4			
8	.093	0.6			7.2			
9	.084	0.8			7.1			
10	.085	0.6						
11	.085	0.6						
12	.078	0.6			7.3			
13	.099	0.6			7.4			
14	.092	0.8			7.4			
15	.102	0.8			7.1			
16	.087	0.8			7.4			
17	.083	0.5						
18	.087	0.8						
19	.104	0.5			7.4			
20	.066	0.6			7.2			
21	.077	0.8	1	5	7.3			
22	.079	0.7			7.4			
23	.088	0.7			7.5			
24	.088	0.8						
25	.088	0.8						
26	.089	0.8			7.5			
27	.098	0.8			7.46			
28	.075	0.9			7.5			
29	.102	0.7			7.6			
30	.079	0.7			7.6			
31	.079	0.8						
TOT	2.717	24.4	3	8	164.9			
AVG	.088	0.8	2	4	7.4			

0236

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1990

(1) EMS # 0 9 P 0 2 8 6 2 --

William G. Stream — 5/9/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 0 0 9 - 1 4 2 2 2 8 V	.236	.200	3C

(10) MAX FLOW (MGD): .107 (11) POP SERVED: 2.296 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW INFIL ___ (15) BOD (mg/l) EFFLUENT 2 (16) TSS (mg/l) EFFLUENT 6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4			1.25			.05

0.51 + 2.00

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE ___ / ___

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8 Hours (28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-7.905(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.079	0.7						
2	.065	0.7			7.3			
3	.091	0.7			7.2			
4	.085	0.9			7.3			
5	.094	0.9	3	1	7.4			
6	.080	0.9			7.6			
7	.084	0.8						
8	.083	0.7						
9	.086	0.7			7.2			
10	.067	0.7			7.4			
11	.064	0.7			7.6			
12	.065	0.7			7.6			
13	.081	0.8			7.5			
14	.098	0.8						
15	.062	0.8						
16	.079	0.7			7.3			
17	.093	0.7			7.3			
18	.072	0.6	1	16	7.4			
19	.106	0.7			7.1			
20	.068	0.8			7.1			
21	.101	0.7						
22	.083	0.7						
23	.090	0.5			7.2			
24	.107	0.6			7.3			
25	.086	0.6			7.2			
26	.072	0.7			7.3			
27	.092	0.7			7.4			
28	.098	0.8						
29	.091	0.8						
30	.086	0.8			7.5			
31								
101	2.572	21.3	4	11	154.8			
AVG	.0856	0.7	2	6	7.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1990

(1) DHS # 0 9 P 0 2 8 6 1 — —

Signature of Lead Operator In Charge — Date 6/6/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0 0 0 9 - 1 4 7 2 2 8 V	.090	200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.113	2296	[X] Membrane Filter [ ] Most Probable Number
	656 X 3.5	

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			1.58 0.564 x 10 = 4.09			0.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8 Hours	Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-1220			

DEP Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.092	0.8			7.6			41
2	.095	0.8	1	4	7.6			
3	.088	0.6			7.4			
4	.090	0.8			7.4			
5	.113	1.8			—			
6	.106	0.1			—			
7	.107	1.8			7.3			
8	.103	0.9			7.3			
9	.095	0.6			7.4			
10	.110	0.9			7.5			
11	.106	0.8			7.1			
12	.108	0.8			—			
13	.089	0.4			—			
14	.084	0.4			7.6			
15	.101	0.9			7.1			
16	.094	0.6	2	2	7.6			
17	.088	0.4			7.1			
18	.086	0.8			7.6			
19	.102	0.7			—			
20	.091	0.9			—			
21	.081	0.8			7.1			
22	.102	0.9			7.3			
23	.086	1.0			7.2			
24	.084	1.0			7.1			
25	.098	1.0			7.4			
26	.110	0.8			—			
27	.089	0.7			—			
28	.112	0.8			—			
29	.094	0.7			7.4			
30	.087	0.7			7.5			
31	.083	0.6	2	2	7.6			21
101	2.703	20.7	2	2	146.2			21
AVG	.090	0.8	2	3	7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) DHS # 0292028631 --

William E Grum — 7/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 904-489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09-142228 W	.089	.200	3C

(10) MAX FLOW (MGD): .107 (11) POP SERVED:

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			1.51 0.52+2.51			0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT PARAMETER | VALUE | UNITS

(27) TYPE SAMPLE(S): 8 Hours

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (6.8)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.083	0.2			7.3			
2	.087	0.2			7.4			
3	.083	0.6			7.5			
4	.084	0.6			7.5			
5	.075	0.6			7.5			
6	.094	0.6			7.5			
7	.087	0.6			7.5			
8	.113	0.6			7.5			
9	.091	1.0			7.5			
10	.089	0.6			7.5			
11	.121	0.6			7.5			
12	.122	0.6			7.5			
13	.092	0.6	1	2	7.5			
14	.122	0.6			7.5			
15	.122	0.6			7.5			
16	.103	0.6			7.5			
17	.099	0.6			7.5			
18	.099	0.6			7.5			
19	.121	0.6			7.5			
20	.091	0.6			7.5			
21	.122	0.6			7.5			
22	.125	0.6			7.5			
23	.096	0.6			7.5			
24	.091	0.6			7.5			
25	.088	0.6			7.5			
26	.085	1.0			7.5			
27	.093	1.0			7.5			
28	.097	1.0	1	1	7.5			
29	.094	1.0			7.5			
30	.092	1.0			7.5			
31								
101	2.645	26.2	2	3	15.3			
AVG	.089	0.9	1	2	7.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) GMS # 09102863

William G. Lyons — 8/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-4040 or 489-2452

(6) PERMIT NUMBER: DO09-147228 (7) AVG FLOW MGD: .087 (8) DESIGN FLOW MGD: .200 (9) TYPE: 3C

(10) MAX FLOW (MGD): .105 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT: 2 (16) TSS (mg/l) EFFLUENT: 4

(17) pH: 7.5 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ NITRITE mg/l: 3.17 4.24 1.58 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8 hour (28) TYPE EFFL DISPOSAL: pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.094	1.0			7.4			
2	.098	1.0			7.5			
3	.061	0.9			7.5			
4	.093	0.9			7.6			
5	.091	0.6			7.5			
6	.078	0.8			7.4			
7	.105	0.8						
8	.083	0.9						
9	.082	0.9			7.6			
10	.080	1.0			7.6			
11	.043	0.8	3	5	7.6			
12	.087	0.8			7.6			
13	.062	0.9			7.6			
14	.095	0.8						
15	.089	0.8						
16	.096	0.8			7.5			
17	.095	0.8			7.5			
18	.089	0.8			7.4			
19	.093	1.0			7.3			
20	.079	0.9			7.6			
21	.078	0.8						
22	.093	0.9						
23	.080	1.0			7.4			
24	.093	0.7			7.6			
25	.091	0.8			7.6			
(26)	.092	0.8	1	3	7.3			
27	.066	0.9			7.5			
28	.096	0.8						
29	.093	0.8						
30	.078	0.9			7.4			
31	.097	1.0			7.6			
TOT	2.709	26.6	4	8	165.6			
AVG	.087	0.9	2	4	7.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) GNS # Q9L02863

William R. Upson — 9/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO.: (904) 489-4040

(6) PERMIT NUMBER: DO09-14228 (7) AVG FLOW MGD: .086 (8) DESIGN FLOW MGD: .200 (9) TYPE: 3C

(10) MAX FLOW (MGD): .103 (11) POP SERVED: 2457 or 702 x 3.5

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: ____ BOD lb/d: ____ TSS lb/d: ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 2

(16) TSS (mg/l) EFFLUENT: 3

(17) pH: 7.5 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) ~~NITRITE~~ + NITRATE mg/l: 3.895 3.94 + 3.85 (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM: ____ DNSTREAM: ____ TIME/DATE OF SAMPLE: ____ / ____

(25) DO (mg/l) UPSTREAM: ____ DNSTREAM: ____

(26) EFFLUENT PARAMETER: ____ VALUE: ____ (UNITS): ____

(27) TYPE SAMPLE(S): 8 hour

(28) TYPE EFFL DISPOSAL: pond

(29) PLANT STAFFING

LEAD OPERATOR: A-122.C SHIFT 1 (Day): ____ SHIFT 2 (Evening): ____ SHIFT 3 (Night): ____

DER-Form 17-22.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.074	1.0			7.4			<1
2	.102	1.0			7.5			
3	.085	0.9			7.6			
4	.103	1.0						
5	.084	0.9			7.6			
6	.078	0.9			7.6			
7	.097	0.9			7.6			
8	.040	0.8	2	2	7.6			
9	.092	0.8			7.5			
10	.071	0.8						
11	.093	0.8						
12	.093	0.8			7.5			
13	.100	0.8			7.5			
14	.074	0.6			7.6			
15	.082	0.7			7.5			
16	.100	0.7			7.6			
17	.088	0.8						
18	.092	0.8						
19	.085	0.7			7.5			
20	.074	0.9			7.5			
21	.099	0.5			7.6			
22	.074	0.9	1	4	7.5			
23	.098	1.0			7.6			
24	.069	1.0						
25	.095	0.9						
26	.093	0.8			7.5			
27	.094	0.9			7.5			
28	.092	0.7			7.5			
29	.086	0.7			7.6			
30	.100	0.7			7.5			
31	.075	0.9			7.5			<1
TOT	2.652	25.8	3	6	178.4			<1
AVG	.086	0.8	2	3	7.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept Year 90

(1) DHS # 09D02863

Signature of Lead Operator in Charge — Date 10/5/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs (WWTF)

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-2552

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0009-147238 .094 .200 35

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.112 2789 6yr 5.5

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2

(16) TSS (mg/l) EFFLUENT 2

(17) pH 7.5 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ + NITRATE mg/l 6.29 9.61 + 2.97 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 8/m

(28) TYPE EFFL DISPOSAL Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER-Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (6.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.111	1.1						
2	.091	1.0						
3	.109	1.0			7.4			
4	.111	0.9			7.6			
5	.091	1.1			7.5			
6	.107	0.9	2	3	7.5			
7	.075	0.9			7.5			
8	.104	1.0						
9	.098	1.0						
10	.090	1.0			7.4			
11	.109	0.5			7.6			
12	.090	0.5			7.6			
13	.091	0.9			7.5			
14	.077	0.5			7.5			
15	.110	0.9						
16	.085	0.9						
17	.100	1.0			7.4			
18	.080	1.0			7.4			
19	.093	0.9			7.4			
20	.094	1.0	2	1	7.5			
21	.096	1.1			7.4			
22	.103	1.4						
23	.097	1.1						
24	.083	1.2			7.3			
25	.092	1.1			7.3			
26	.087	0.9			7.4			
27	.112	0.8			7.5			
28	.096	1.1			7.6			
29	.102	0.8						
30	.090	0.9						
31								
TOT	2.832	31.1	4	4	149.4			
AVG	.094	1.0	2	2	7.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 1990

(1) GNS # 09P02563

William R. Thomas — 11/9/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: PO Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. 489-2452

(6) PERMIT NUMBER: FL0029742 (7) AVG FLOW MGD: .692 (8) DESIGN FLOW MGD: .200 (9) TYPE: 3C

(10) MAX FLOW (MGD): .130 (11) POP SERVED: 2389 est (12) FECAL COLIFORM SAMPLE METHOD: [x] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 3.9

(16) TSS (mg/l) EFFLUENT: 6

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) ~~NITRITE~~ + NITRATE mg/l: 5.1 (3.43 + 9.79 = 13.2)

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 0.8

(24) DOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8 Hour

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-22.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.078	0.9			7.3			
2	.107	0.9			7.4			
3	.077	0.9			7.5			
4	.111	1.2	2	11	7.4			
5	.074	1.4			7.5			
6	.103	1.7						
7	.101	1.0						
8	.089	1.0			7.6			
9	.114	1.9			7.6			
10	.072	1.6			7.5			
11	.110	1.0			7.6			
12	.072	1.1			7.6			
13	.112	1.6						
14	.091	1.6						
15	.083	3.5			6.9			
16	.104	3.5			6.9			
17	.074	1.9	1	4	7.1			
18	.102	1.4			7.1			
19	.130	1.3			7.1			
20	.092	1.9						
21	.107	1.4						
22	.096	1.5			7.4			
23	.092	1.5			7.4			
24	.089	1.5			7.3			
25	.089	1.5			7.3			
26	.061	1.5						
27	.097	1.3						
28	.077	1.5						
29	.095	1.3			7.4			
30	.098	1.3			7.3			
31	.068	1.3	8.8	3	7.4			
TOT	2.553	45.7	11.8	18	161.8			
AVG	0.092	1.5	3.9	6	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov. Year 90

(1) DHS # 09P02863

William L. Gleason — 12/7/90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-2452

(6) PERMIT NUMBER: DO09-147228 (7) AVG FLOW MGD: .089 (8) DESIGN FLOW MGD: .200 (9) TYPE: 3C

(10) MAX FLOW (MGD): .109 (11) POP SERVED: 2323 3.5 x 1.39 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 3.7

(16) TSS (mg/l) EFFLUENT: 9

(17) pH: 7.4

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) ~~NITRATE~~ NITRATE mg/l: 9.5 9.03 + 10.0

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM:

TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): 8 hour

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220

SHIFT 1 (Day):

SHIFT 2 (Evening):

SHIFT 3 (Night):

DER-Form 17-7.201(1) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.109	1.5			7.6			
2	.090	1.5			7.6			
3	.097	1.6						
4	.100	1.3						
5	.085	1.2			7.6			
6	.085	1.3			7.3			
7	.102	1.4	3.4	8	7.3			28
8	.084	1.4			7.4			
9	.076	1.4			7.4			
10	.089	1.3						
11	.075	1.3						
12	.089	1.3			7.2			
13	.078	1.4			7.2			
14	.082	1.5			7.3			
15	.082	1.4			7.4			
16	.080	1.4			7.4			
17	.091	1.8						
18	.093	1.9						
19	.090	1.5			7.5			
20	.097	1.5			7.2			
21	.070	1.5	3.9	16	7.2			
22	.094	1.8						
23	.091	1.8						
24	.099	1.6						
25	.090	1.6						
26	.098	2.0			7.4			
27	.094	2.0			7.4			
28	.097	1.7			7.3			
29	.078	1.7			7.4			
30	.094	1.6			7.2			
31								
TOT	2.667	45.5	7.3	18	147.5			28
AVG	.089	1.5	3.7	9	7.4			28

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec. Year 90

(1) GNS # 09802863

William G Yoes — 1/7/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Citrus Springs Utilities

(3) PLANT ADDRESS: P.O. Box 217

(4) CITY: Dunnellon (5) COUNTY: Citrus PHONE NO. (904) 489-2452

(6) PERMIT NUMBER: DO09-147228 (7) AVG FLOW MGD: .087 (8) DESIGN FLOW MGD: .200 (9) TYPE: JC

(10) MAX FLOW (MGD): .110 (11) POP SERVED: 2373 (678 x 3.5)

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind flo- MGD; BOD lb/d; TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.6

(16) TSS (mg/l) EFFLUENT: 7.5

(17) pH: 7.3

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l: 2.4 / 2.78 / 2.03

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 0.7

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): Flow

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING
LEAD OPERATOR: A-1220 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.090	1.5						
2	.092	1.3						
3	.090	1.4			7.3			
4	.095	1.4			7.2			
5	.060	1.0	2.0	6	7.2			
6	.097	0.9			7.3			
7	.069	1.9			7.2			
8	.088	1.9						
9	.073	1.7						
10	.083	0.7			7.1			
11	.097	1.4			7.0			
12	.068	1.7			7.1			
13	.096	1.3			7.1			
14	.074	1.8			7.1			
15	.058	1.8						
16	.089	1.5						
17	.078	2.0			7.3			
18	.110	2.2			7.4			
19	.071	2.0	3.2	9	7.4			
20	.105	2.0			7.2			
21	.078	1.7			7.5			
22	.093	1.7						
23	.092	1.0						
24	.041	1.8			7.3			
25	.072	1.1			7.2			
26	.059	1.4			7.6			
27	.096	1.4			7.6			
28	.089	1.3			7.6			
29	.106	2.0						
30	.094	2.0						
31	.110	1.8			7.1			
TOT	2.687	46.1	5.2	15.0	198			
AVG	.087	1.6	3.6	7.5	7.3			

Page 1 of 2

0245

Deltona Utilities - 18001

Volusia County (DUI)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 1991

HS # 64 PO-443

Richard A Lentz 2/12/90
Signature of Lead Operator in Charge Date

tify that I am familiar with the information contained in this report and that to est of my knowledge and belief such information is true, complete, and accurate.

LANT NAME: DELTONA Utilities WWTP

LANT ADDRESS: P.O. Box 5309

ITY: DELTONA (5) COUNTY: Volusia PHONE NO. 574-2181

ERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FY-16282 .689 .900 2-C

MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.182

INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

3.1 8

pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

2.0

BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
TREAM ONSTREAM TIME/DATE OF SAMPLE UPSTREAM ONSTREAM PARAMETER VALUE (UNITS)

/

TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

Spray field/Holding Pond

PLANT STAFFING

OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6649-C 6963-C 6166-A 7057-C

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	
1	.775	3.0		5	7.0			4	
2	.933	3.0		8	7.4			<1	
3	1.072	2.0		9	7.5			<1	
4	.939	3.0		15	7.2			9	
5	.675	3.0		16	7.8			<1	
6	.871	3.0		20	7.0			<1	
7	.924	3.0	4.5	10.5	7.8			4	
8	.863	3.0		5.0	7.5			13	
9	.540	3.0		6.5	7.0			<1	
10	.787	3.0		7.5	6.9			<1	
11	.941	3.5		4	6.7			<1	
12	.481	3.5		6	6.7			<1	
13	.769	3.0		5	6.4			<1	
14	.054	3.0		12.5	6.6			<1	
15	.052	3.0		10.5	7.0			<1	
16	.759	3.0		V4.5	6.9			<1	
17	.603	3.0	5.8	9.5	7.4			<1	
18	.854	3.0		16	7.2			<1	
19	.860	3.5		6.5	6.9			<1	
20	1.064	3.5		7	6.7			<1	
21	1.006	3.5		11.5	7.1			<1	
22	1.182	3.5		5.5	7.5			<1	
23	1.149	3.0		5.5	7.2			<1	
24	.975	3.5		3.5	6.9			2	
25	1.221	3.5	4.5	6	7.0			VOID	1st CULTURE TEST
26	.473	3.0		5.5	6.9			<1	
27	1.382	2.0		7	7.1			VOID	2nd CULTURE TEST
28	0	1.5		3.5	6.9			<1	
29	1.508	3.5	3.6	3	6.8			<1	
30	1.069	3.5		4	6.9			<1	
31	1044	3.5		12	7.7			<1	
101	31.360	95	12.65	239	220			31	
AVG	.889	3.0	3.1	8	7.0			1	

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0246

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS 164000443

Richard K. Crafton — 5-11-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Deltona Utilities W.W.T.P

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2121

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

064-16282 .766 .900 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.128 55,628

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 6.0

(16) TSS (mg/l) EFFLUENT: 6.6

(17) pH: 6.9

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): composite

(28) TYPE EFFL DISPOSAL: Surface land or Holding Ponds

(29) PLANT STAFFING

LEAD OPERATOR: 3600-C — SHIFT 1 (Day): 6663-C — SHIFT 2 (Evening): 6166-A — SHIFT 3 (Night):

DC Form ... 2005 ... effective November 30, 1982

Month Feb Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.051	3.5		3.5	7.6			<1
2	.997	3.5		1.5	6.8			<1
3	.830	3.5		4.5	6.9			<1
4	.966	3.5		2.5	7.0			<1
5	.952	3.5		4.5	7.1			<1
6	.885	3.5		4	6.9			<1
7	.769	3.5	1.4	1.3	7.6			<1
8	.649	1.5		1.3	6.4			<1
9	.875	3.5		3.5	7.1			<1
10	.911	3.5		10.5	6.7			<1
11	1.062	3.5		3.5	6.9			<1
12	.660	3.5		2.5	6.9			<1
13	.905	3.0		9.5	6.9			TNTC
14	.972	1.0	3.6	9.5	6.8			<1
15	.111	3.5		4	6.7			<1
16	0	3.5		4.5	6.5			<1
17	.852	3.5		7	6.4			<1
18	1.128	3.5		6	7.0			<1
19	.579	1.5		1.5	7.5			10
20	.927	1.5	4.2	8.5	7.2			4
21	.847	1.5		6.5	7.2			<1
22	1.034	3.5		11.5	7.1			<1
23	1.021	3.5		7.3	7.1			<1
24	.972	3.5		13.5	6.7			<1
25	.750	3.5		10.5	6.8			<1
26	1.003	2.5		7.5	6.9			<1
27	1.019	3.0		7.4	7.0			<1
28	.937	3.0	1.9	1.2	7.1			5
29								
30								
31								
TOT	27.464	85	36.6	186	199.9			
AVG	.766	3.0	6.6	6.2	6.9			

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0247

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1991

1) DMS I 64P00443

Richard D Foster 4-12-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: DELTONA Utilities W.W.T.P.

3) PLANT ADDRESS: P.O. Box 5309

4) CITY: DELTONA (5) COUNTY: Volusia PHONE NO. 574-2181

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL-16287 .724 .900 2-C

10) MAX FLOW (MGD) 1.051 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

13) INDUSTRIAL CONTRIBUTION and Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 18.3 (16) TSS (mg/l) EFFLUENT 19.7

17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.7 .5

24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

27) TYPE SAMPLE(S) Composite
(28) TYPE EFFL DISPOSAL Surface water Holding Pond

29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) 3099 SHIFT 2 (Evening) 6963 SHIFT 3 (Night) 6113 7057

Effective November [illegible]

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.917	3.5		18.5	6.9			<1
2	.898	3.5		21	6.7			<1
3	.914	3.5		17.5	7.0			<1
4	.781	1.5		9.5	7.1			<1
5	.812	3.5		12	6.7			<1
6	.841	3.5		11.5	6.6			<1
7	.924	3.5	6.3	19	6.9			<1
8	.845	3.5		12.5	6.9			<1
9	.298	3.5		15.5	6.6			<1
10	.254	3.5		11	6.7			<1
11	.714	2.5		8.5	7.3			<1
12	.843	3.5		27.5	7.0			6
13	.322	3.5	.	28	6.6			<1
14	.804	3.5		27.5	7.1			13
15	.323	3.5	6.4	26	6.7			20
16	.040	2.0		25.5	7.1			<1
17	.732	.5		23	6.7			<1
18	.831	1.0		17.3	6.8			Void
19	.704	1.5		24	7.0			2
20	.980	1.0		18.5	7.2			<1
21	1.000	.5	10.4	16	7.0			Void
22	.820	2.0		12	7.0			<1
23	.853	1.5		14	7.1			<1
24	.938	3.0		17	6.6			<1
25	.070	3.0		37	6.6			<1
26	1.022	3.5		42.5	6.3			<1
27	.994	3.5		32	6.8			<1
28	1.051	.5	16.1	25	7.1			<1
29	.910	3.0		29	6.5			<1
30	.910	3.5		24	6.6			<1
31	Ø	3.5		20.5	6.2			<1
TOT	22.447	83	33.2	611.5	210.4			1 lab
AVG	.724	2.5	8.3	19.7	6.7			2

Page 1 of 2

0248

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

1) DER: 164-[illegible]

Signature of Lead Operator in Charge — Date: 5-12-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: DELTONA UTILITIES W.W.T.P.

3) PLANT ADDRESS: P.O. Box 5309

4) CITY: DELTONA (5) COUNTY: Volusia PHONE NO. 574-2181

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL-16282 .721 .900 2-C

10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.100. ____

13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
avg flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT % EFFLUENT

____ ____ ____ ____ 11 1 12

17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.8 .429 ____ ____ 1.029 ____ .5

24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

____ ____ /

(25) DO (mg/l) UPSTREAM DNSTREAM

____ ____

(26) EFFLUENT PARAMETER VALUE (UNITS)

____ ____ ____

27) TYPE SAMPLE(S) Composite - Grab

28) TYPE EFFL DISPOSAL Spray field (G.I.F. Canal)

29) PLANT STAFFING

CAO OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

2699 3 ____

DER Form 17-[illegible] Effective November 30, 1982

(30) Month April Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.743	20		15	7.8			<1
2	.921	35		13	7.6			<1
3	.913	30		7	7.0	.418	.624	<1
4	1.056	15		5.5	6.8			<1
5	.419	15	13	6.5	6.8			<1
6	.878	15		5.5	6.8			3
7	.928	20		9.5	6.7			<1
8	1017	30		13	6.7			9
9	.825	35		4.5	6.9	.665	1.54	<1
10	.108	.5		6.5	6.9			<1
11	.637	25		10.5	6.6			<1
12	.720	25		9.5	6.9			<1
13	.789	25	11.	14	6.7			<1
14	.753	30		14	6.8			11
15	.992	20		13	6.9			<1
16	.858	35		6	6.7			<1
17	.362	35		17	6.7			<1
18	.527	35		17.5	6.6			<1
19	.777	35		22	6.6	.245	.94	<1
20	.541	35	13	15	6.4			<1
21	.561	35		8	7.0			<1
22	.842	35		10	6.9			<1
23	.785	35		12	7.1	.186	.394	<1
24	.011	35		14	6.9			<1
25	.565	35		17	6.6			<1
26	.391	35		17	6.8			<1
27	1.100	35	7.2	10	6.9			<1
28	.700	40		16	7.0			<1
29	.653	50		17	6.8			<1
30	.822	35		14	7.1			<1
31								
TOT	21.644	83	44.2	391	206	1.714	4.114	19
AVG	.721	2.7	11.4	12	6.9	.429	.029	.6

Page 1 of 2

0249

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Alum was added - 6-4-91

(1) GMS # 64 Pce 443

Richard M Foster — 6-10-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Deltona Utilities WWTP

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2181

(6) PERMIT NUMBER: D064-172349 (7) AVG FLOW MGD: .566 (8) DESIGN FLOW MGD: .900 (9) TYPE: 2-C

(10) MAX FLOW (MGD): 1.294 (11) POP SERVED: 15,505 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT: 8 (16) TSS (mg/l) EFFLUENT: 11

(17) pH: 6.6 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l .22 (21) TOTAL P mg/l 1.5 (22) ORTHO P mg/l ____ (23) CHLOR RESID ppm 1.5

(24) DOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____ / ____ (25) DO (mg/l) UPSTREAM ____ DNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Composite - Grab (28) TYPE EFFL DISPOSAL: Spray field (Golf Courses)

(29) PLANT STAFFING

LEAD OPERATOR: 3699 SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

DER Form [illegible] 2/5/87 Effective November 30, 1982

JUL 13 '91 12:08 P.2

0250

(30) Month: May Year: 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.367	2.5		14	7.1			<1
2	.731	2.5		15	7.0	.150	1.07	<1
3	.793	3.0		10.5	6.6			<1
4	.150	3.5		13	6.4			<1
5	.821	3.5		19	6.5			<1
6	.710	3.5		12	6.9	.253	1.46	<1
7	.808	3.0	18	16	6.8			<1
8	.931	3.0		15	6.5			<1
9	.282	3.5		12.5	6.4			<1
10	.771	3.5		18	6.8			<1
11	.849	3.5		20	6.7			<1
12	.508	2.5		12.5	6.8			<1
13	.126	2.5		9	6.6	.255	2.4	3
14	.836	2.5		13	6.7			<1
15	.857	3.0	1.5	4.5	6.7			<1
16	.413	1.5		5.0	6.5			<1
17	.190	3.5		10.0	6.6			<1
18	.735	3.0		11.0	6.4			<1
19	.719	2.5		6.0	6.6			<1
20	.364	1.7		6.0	7.0			<1
21	.568	2.0		13	6.7			3
22	1.038	2.0	6.5	1.5	6.2			<1
23	.375	2.5		6	6.6	.160	.947	<1
24	.201	1.5		4.5	6.7			<1
25	.290	3.5		11.5	6.3			<1
26	.506	2.5		10	6.2			<1
27	.802	2.0		12	6.6			7
28	-0-	2.0	7.6	9	6.6			<1
29	1.294	3.0		11	6.6	.248	1.8	<1
30	-0-	3.5		18	6.9			<1
31	.459	2.0		10	6.8			<1
TOT	17.574	84	33	351	204	1.31	7.8	<12
AVG	.566	2.7	8	11	6.6	.22	1.5	<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 91

) GHS 1642040443

Richard D Foster 7/1/91
Signature of Lead Operator in Charge Date

certify that I am familiar with the information contained in this report and that to
e best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: S.S.U. / Deltona Utilities

3) PLANT ADDRESS: 399 Fisher

a) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2181

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

064-16282 .635 .900 2-C

10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
[ ] Most Probable Number

1.183. 15,408

13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
ad Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

7.7 6.0

17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.4 1.3 10 2.0

24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

Composite Spray / Holding Ponds

29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

3699 6863-C 6166-A 7057-C

EPA Form 3560-7 (6-85) Effective November 30, 1985

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.430	2.5		15	6.7			<1
2	1.179	2.0		14	6.7			<1
3	.716	2.4		9	6.6			<1
4	.982	3.5+		7	6.6			<1
5	.741	2.5		14	6.6			<1
6	.572	2.0		8	6.6			<1
7	M	3.5+		10	6.6	2.09	4.39	<1
8	.737	3.5+	5.4	5	6.7			<1
9	1.183	3.0		11	6.7			<1
10	.794	2.5		6	6.6			<1
11	.475	2.0		8	6.7			<1
12	.558	2.4		9	6.8			<1
13	.259	3.5+	9.6	5	6.4			<1
14	.834	3.5+		5	6.5			<1
15	0	3.5+		5	6.6	1.4	19	<1
16	C	3.5+		5	6.1			<1
17	.937	3.5+		4	6.2			<1
18	.854	3.0		4	6.1			<1
19	.494	3.0		3	6.3			<1
20	.464	3.5+	8.7	5	6.1			2
21	.354	3.5+		3	6.3			<1
22	.658	3.5+		3	6.0			<1
23	.630	3.5+		4	5.4	.98	12	<1
24	.757	3.5+		5	6.2			<1
25	0	3.5+		2	6.5			<1
26	.939	2.5+		2	6.0			<1
27	.793	3.5+	7.2	3	6.8			<1
28	.982	3.5+		2	6.7			<1
29	.400	3.5+		3	6.7	1.10	8	<1
30	.720	3.5+		4	6.1			<1
31								
TOT	19.062	93.8	30.9	183	199	5.51	43	2
AVG	.635	3.0	7.7	6.0	6.4	1.3	10	<1

Page 1 of 2

0251

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month JULY Year 1991

(2) Plant's DER Identification Number G4P00443

(3) Plant Name DELTONA UTILITIES. W.W.T.P.

(4) Plant Address P.O.BOX 5309

(5) City DELTONA

(6) County VOLUSIA

(7) Phone Number 1-407 574-2181

(8) Permit Number DO 64-177249

(9) Plant Type 2-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY FIELD & GOLF COURSE -

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6863

Evening Shift Operator Class A Cert. No 6166

Night Shift Operator Class C Cert. No 7925

Lead Operator Signature Manuel de Baca Cert. No 389

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.851
(17) Permitted capacity	mgd	—	.900
(18) Three-month average daily flow	mgd	—	.684
(19) Percent of permitted capacity	%	—	76%
(20) $CBOD_5$ Effluent	mg/L	080082	16.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	5.9
(25) Maximum pH		—	6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	7.3
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.9
(30) Total Phosphorus	mg/L	000665	2.1
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month JULY Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.769						4	6.0					<1									
2	.059						1	6.4	-				<1									
3	.598						3	6.9	.20	<1	4.9	1	<1									
4	.851						3	6.4					<1									
5	.784						5	6.6					<1									
6	.851						2	6.2					<1									
7	1.382						3	7.0					<1									
8	.904						3	6.7					<1									
9	.657						3	6.7					<1									
10	.419						19	6.3					<1									
11	1.128						4	6.6	2.7	2.1	.2	1.1	<1									
12	.655			192		12.0	4	6.6					<1									
13	.129						3	6.3					<1									
14	.851						5	6.5					<1									
15	1.113						3	6.4					<1									
16	.851						2	6.5					<1									
17	1.098						8	6.5	19	<1	.3	4.3	<1									
18	1.447						4	6.5					<1									
19	.961						4	6.7					<1									
20	.861			192		4.6	3	6.3					<1									
21	1.710						4	6.8					<1									
22	.964						5	6.6					<1									
23	.851			342		20.4	4	6.7					<1									
24	.851						4	6.7					<1									
25	.851			252		23.7	5	6.6	7.5	<1	<1	2.9	<1									
26	1.831						5	6.4					<1									
27	.560						3	6.5					<1									
28	.537						5	6.5					<1									
29	.534						4	6.5					<1									
30	.581						3	6.7					<1									
31	.851			174		5.1	3	6.2					<1									

AVERAGED(FLOW TAKEN FROM POND EFFLUENT METER)

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Daniel De Baca Date: AUGUST 7, 1991

Name (Please Type) DANIEL DE BACA

Company Name SOUTHERN STATES UTILITIES Telephone No. (Please Type) 407 574-2181

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 64P00443

(3) Plant Name DAYTONA UTILITIES W.W.T.P.

(4) Plant Address P.O. Box 5309

(5) City DAYTONA

(6) County VOLUSIA

(7) Phone Number 1-407-574-2181

(8) Permit Number D.O. 64-177249

(9) Plant Type 2-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SPRAY FIELD / GOLF COURSE

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert No 6863

Evening Shift Operator Class A Cert No 6166

Night Shift Operator Class C Cert No 7925

Lead Operator Daniel DeBacia A-389
Signature Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.71
(17) Permitted capacity	mgd	–	.9
(18) Three-month average daily flow	mgd	–	.700
(19) Percent of permitted capacity	%	–	79%
(20) $CBOD_5$ Effluent	mg/L	080082	14.0
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.1
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	6.9
(28) Ammonia (NH_3 - N)	mg/L	000610	0.4
(29) Nitrate	mg/L	071850	.38
(30) Total Phosphorus	mg/L	000665	1.2
(31) Minimum Chlorine Residual	mg/L	–	-3.5
(32) Maximum Chlorine Residual	mg/L	–	-3.54
(33) Other Effluent Parameters			

DER Form 17-601(800) 1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If not in DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.099	35					5	6.3					<1
2	.992	35					5	6.4	.23	<.1	1.5	.1	<1
3	.836	35					4	6.2					<1
4	.660	35					3	6.5					<1
5	.785	35					2	6.5					<1
6	1.152	35					5	6.7					<1
7	1.009	35					3	6.2	.153	.01	.26	.1	<1
8	1.105	35		216		50.1	2	6.7					<1
9	.550	35					3	6.0					<1
10	.533	35					2	6.3					<1
11	.461	35					4	6.6					<1
12	.731	35					4	6.8					<1
13	.614	35					4	6.3					<1
14	"	35					3	6.4	6.6	.01	.80	.01	<1
15	.742	35		168		11	1	6.6					<1
16	.516	35					2	6.9					<1
17	.532	35					1	6.4					<1
18	.475	35					2	6.5					<1
19	.529	35					3	6.3					<1
20	.517	35					3	6.5					<1
21	.130	35					4	6.4	6.2	1.7	.14	4.1	<1
22	.668	35		132		9.1	3	6.9					<1
23	.468	35					4	6.3					<1
24	"	35					3	6.5					<1
25	"	35					3	6.1					<1
26	1.130	35					5	6.6					<1
27	.420	35					4	6.3					<1
28	.054	35					3	6.7					<1
29	.873	35		162		16.5	7	6.7					<1
30	.612	35					3	6.3					<1
31	.643	35					3	6.2					<1

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed Daniel DeBaca Date September 13, 1991

Name (Please Type) Daniel DeBaca

Company Name SSU Services/Deltona WWTP Telephone No (Please Type) (407) 574-2181

Page 3 of 3

Effective Date: July 1, 1991
DER Application No. _____ (Please see DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number G4P00443

(3) Plant Name DELTONA LAKES W. W. T. P.

(4) Plant Address P.O. BOX 5309

(5) City DELTONA

(6) County VOLUSIA

(7) Phone Number 1-407 574-2181

(8) Permit Number D.O. 64-177249

(9) Plant Type 2.C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY FIELD - GOLF COURSE

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6863

Evening Shift Operator Class A Cert. No. 6166

Night Shift Operator Class C Cert. No. 7925

Lead Operator Donald M. Brown (Signature) A-389 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.682
(17) Permitted capacity	mgd	–	.900
(18) Three-month average daily flow	mgd	–	.758
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	5.8
(25) Maximum pH		–	6.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

* FLOWS ARE CALCULATED BY EFFLUENT TO GOLF COURSE WHILE FLOW METER IS BEING REPAIRED.

Effective Date July 1, 1991
DER Application No. (Phase in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.650	3.5†						6.2	14	.10-2		.68	A
2	.701	3.5†						6.3					A
3	.916	3.5†						6.2					A
4	.837	3.5†						6.3					A
5	.684	3.5†		396		3	3	6.3					A
6	.537	3.5†						6.2					A
7	.914	3.5†						6.2					A
8	.870	3.5†						6.2					A
9	.929	3.5†						6.3					A
10	.546	3.5†						6.3					A
11	.728	3.5†						6.3					A
12	.646	3.5†						6.2					A
13	.703	3.5†		420		3.3	3	6.3	1.57	.04	.074	1.42	A
14	.819	3.5†						6.4					A
15	.437	3.5†						6.0					A
16	.045	3.5†						6.9					A
17	.770	3.5†						6.3					A
18	.598	3.5†						6.3					A
19	.856	3.5†						6.3					A
20	.954	3.5†		374		3.3		6.2	1.9	.07	.37	.72	A
21	.881	3.5†						6.1					A
22	.247	3.5†						5.9					A
23	.500	3.5†						6.1					A
24	.722	3.5†						6.5					A
25	.639	3.5†						6.3					A
26	.011	3.5†						5.8	1.69	.09	.01	1.1	A
27	.500	3.5†		240		9.0		6.0					A
28	1.114	3.5†						6.0					A
29	.031	3.5†						6.1					A
30	1.581	3.5†						6.3					A
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Manuel De Baca

Date: SEPTEMBER 1991

Name (Please Type)

Company Name: Southern States Utilities

Telephone No. (Please Type): 407-679-8045

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month OCTOBER Year 1991
2) Plant's DER Identification Number 64P00443
3) Plant Name DELTONA UTILITIES W.W.T.P.
4) Plant Address P.O. Box 5309
5) City DELTONA
6) County VOLUSIA
7) Phone Number 407-574-2181
8) Permit Number DO 64-177249
9) Plant Type 2.C
10) Test Site Identification Number

Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse
SPRAY FIELD & GOLF COURSE

Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing
Day Shift Operator Class C Cert. No. 7925
Evening Shift Operator Class C Cert. No. 6863
Night Shift Operator Class A Cert. No. 6166
Lead Operator [signature] A-389
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.757
(17) Permitted capacity	mgd	–	.900
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	83
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.0
(25) Maximum pH		–	6.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Oct Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	CBOD, Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	—	3.2			134		14.0	16.0					< 1
2	1.665	3.5			458		13.0	16.3					< 1
3	1.225	3.2			108		13.0	16.3	1.35	.02	.27	12.5	< 1
4	—	3.2			164		13.0	16.3					< 1
5	1.348	3.5			234		13.0	16.1					< 1
6	.048	3.2			120		17.0	16.1					< 1
7	1.211	3.5			197		14.0	16.1					< 1
8	.675	3.2			96		15.0	16.1					< 1
9	.611	3.5			96		14.0	16.1	.021	.015	2	.014	< 1
10	.987	3.5		174	177	8.7	15.0	16.0					< 1
11	.995	3.5			156		12.0	16.0					< 1
12	.745	3.5			166		13.0	16.3					< 1
13	.683	3.2			126		15.0	16.4					< 1
14	.243	3.5			88		14.0	16.6					< 1
15	.477	3.5			98		12.0	16.5					< 1
16	.039	3.5			164		13.0	16.2					< 1
17	1.044	3.5			186		2.0	6.5	19	.005	.06	29	< 1
18	1.094	3.2		126	100	6.9	2.0	6.1					< 1
19	765	3.2			192		2.0	6.3					< 1
20	813	3.5			176		3.5	6.4					< 1
21	761	3.2			62		2.0	6.4					< 1
22	813	3.5			122		4.5	6.6					< 1
23	.548	3.2		330	180	14.4	3.0	6.4					< 1
24	.745	3.2			60		3.0	6.3	1.59	0.06	.07	1.15	< 1
25	.782	3.2			204		2.0	6.3					< 1
26	.565	3.2			212		4.0	6.2					< 1
27	.761	3.2			174		4.0	6.3					< 1
28	.963	3.5			143		5.0	6.2					< 1
29	6.203	3.2			170		5.0	6.0					< 1
30	.756	3.2			116		5.0	6.0					< 1
31	.734	3.2		304	96	21.9	7.0	6.0	1.23	< 1	0.44	3.7	< 1

* FLOW TAKEN FROM POND DISCHARGE

Plant Operation: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed Daniel DeBaca Date NOVEMBER 11, 1991

Name (Please Type): Daniel DeBaca

Company Name: SSU Services/Deltona Telephone No. (Please Type): (407) 574-2181

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month November Year 91

Plant's DER Identification Number G4P00443

Plant Name DELTONA WASTEWATER-TREATMENT FACILITY

Plant Address 399 FISHER DR.

City DELTONA

County VOLUSIA

Phone Number (407) 574-2181

Permit Number DO 64-177249

Plant Type 2-C

EPA Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY-FIELD & GOLF COURSE

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No 6863

Evening Shift Operator Class A Cert. No 6166

Night Shift Operator Class C Cert. No 7925

Lead Operator Daniel De Baca A-389
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.60 EST
(17) Permitted capacity	mgd	–	.90
(18) Three-month average daily flow	mgd	–	.675
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900301	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.0
(25) Maximum pH		–	6.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

FLOWS CALCULATED BY [illegible]
FLOW METER TO GOLF COURSE
NEW METER BEING INSTALLED
FLOWS APPX 30% LESS

Page 2 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month November Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L) 24 hr	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1.29						1	6.0					A							
1.757						3	6.1					A							
1.431						4	6.1					A							
1.580						4	6.2					A							
687						4	6.7					A							
1.455						4	6.6					A							
.635						5	6.0	N.T	.24	.06	.68	A							
516						5	6.2					A							
561	1.92		16.2			5	6.5					A							
992						3	6.4					A							
744						3	6.6					A							
746						4	6.4					A							
687						4	6.1					A							
699						3	6.3					A							
532	2.04		15.9			3	6.0	2.38	2.39	1.02	1.61	A							
594						5	6.4					A							
672						4	6.3					A							
180						4	6.3					A							
868						4	6.3					A							
870						4	6.4					A							
813						3	6.0					A							
741	1.92		11.7			5	6.3					A							
597						1	6.0					A							
639						4	6.1					A							
637						5	6.3	2.5	.04	.31	3.5	A							
0						5	6.0					A							
481						4	6.1					A							
644	1.32		13.3			5	6.3					A							
634						4	6.0	2.03	1.08	.19	2.2	A							
633						5	6.1					A							

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this report is true, complete and accurate.

Signature: Daniel De Baca Date: December 13, 1991

Please Type Name: DANIEL DE BACA

Company Name: SOUTHERN STATES UTILITIES Telephone No. (Please Type): (407) 574-6680

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month DECEMBER Year 1991

Plant's DER Identification Number G4P00443

Plant Name DELTONA WASTEWATER-TREATMENT FACILITY

Plant Address 399 FISHER DR.

City DELTONA

County VOLUSA

Phone Number (407) 574-2181

Permit Number DO 64-177249

Plant Type 2-C

Site Identification Number

Fecal Coliform Sample Method

Membrane Filter ☐ Most Probable Number

Method of Effluent Disposal or Reclaimed Water Reuse

SPRAY-FIELD & GOLF COURSE

Used Wet Weather Discharge Activated

Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Staffing

Shift Operator Class C Cert. No 6563

Lg Shift Operator Class A Cert. No 6166

Shift Operator Class C Cert. No 7925

Operator [signature] Cert. No 1369

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.619 *
(17) Permitted capacity	mgd	–	.900
(18) Three-month average daily flow	mgd	–	.674 *
(19) Percent of permitted capacity	%	–	74%
(20) $CBOD_5$ Effluent	mg/L	080082	17.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	530201	4.7
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	5.5
(25) Maximum pH		–	6.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	1.39
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.41
(30) Total Phosphorus	mg/L	000665	1.8
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month DEC Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)				
.642	3.5			203		12	6.2					<1				X Cl2 LEAVES CCC TO
.660	3.5			94		12	6.1					<1				HOLDING POND WHERE
.653	3.5			66		5	6.1					<1				FECALS ARE RUN-
.639	3.5		108	178	9	5	6.2					<1				
.645	3.5			90		5	5.8					<1				* FLOW METER
655	3.5			70		2	5.5					<1				OUT OF SERVICE
.634	3.5			164		9	6.0					<1				USING EFFLUENT
.677	3.5			132		5	6.0	18.3	.034	.24	.38	<1				PUMPS TO GOLF COURSE
.746	3.5			114		4	6.0					<1				FLOW.
.803	3.5			72		4	5.4					<1				
.129	3.5		396	102	23.1	5	6.1	19.2	.63	.08	.35	<1				NOTE:
.197	3.5			162		5	6.1					<1				EQUALIZATION TANK
.373	3.5			160		4	6.2					<1				NOW ERECT, ADDITIONAL
.861	3.5			186		5	6.1					<1				BLOWERS INSTALLED
.873	3.5			222		4	6.1					<1				AUGMENTING PIPING HOOKUP
.881	3.5			106		4	6.0					<1				NEW FLOW METERS &
.741	3.5			104		3	6.3	18.8	2.0	.34	3.3	<1				RAS PUMPS IN TRANSIT
.817	3.5			164		2	6.2					<1				AT THIS TIME.
0	3.5			276		2	6.4					<1				START-UP DATE 1-17-92
.306	3.5			160		4	6.2					<1				
.407	3.5			272		5	6.2					<1				
.682	3.5			118		2	5.9					<1				* FOUND BOD
.617	3.5			146		3	6.1					<1				PROBE OUT CALIBRATION
.440	3.5		330	114	11	4	6.4					<1				SENT FOR REPAIR
.634	3.5			144		4	6.3					<1				
0	3.5			162		3	6.2	19.1	1.03	.41	.134	<1				
.356	3.5			180		9	6.2					<1				
.237	3.5			110		2	6.3					<1				
.261	3.5			144		4	6.2					<1				
.716	3.5			174		4	6.4					<1				
.907	3.5		326	152	35	3	6.4					<1				

1294

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signature: Daniel De Baca Date: January 7, 1991

Name (Please Type): DANIEL DE BACA

Company Name: SOUTHER STATES UTILITIES Telephone No. (Please Type): 407-574-2181

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.926	.5			6.9			
2	1.044	.5		16	6.4			
3	1.053	.5			6.5			
4	.973	1.0	111		6.7			<21
5	.976	.5			6.8			
6	1.011	.5			6.5			
7	1.029	.5			6.7			
8	.975	.5			6.7			
9	.984	1.0		22	6.5			
10	.949	1.0			6.5			<21
11	1.021	.5			6.6			
12	1.021	1.0			6.7			
13	.992	.5			6.9			
14	.886	.5			6.6			
15	1.013	.5			6.7			
16	1.006	.5	135	17	6.7			
17	.959	.5			6.6			<21
18	.960	.5			6.7			
19	.946	.5			6.7			
20	.870	.5			6.8			
21	.949	.5			6.6			
22	.971	.5			6.8			
23	.969	.5	123		6.7			
24	.990	.5			6.7			<21
25	.977	.5		13	6.6			
26	.978	.5			6.7			
27	.983	.5			6.7			
28	1.026	.5			6.5			
29	.984	.5			6.5			
30	.966	.5	114		6.5			
31	.963	.5			6.5			
TOT	30.584	17.5	483	68	202.1			<21
AVE	.961	.56	115.5	17	6.7			<21

Page 1 of 2

FMS # 64F00413

Richard D. Davis — 2-14-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: DeFuniak Utilities W.W.T.P.

(2) PLANT ADDRESS: P.O. Box 5309

(3) CITY: DeFuniak (5) COUNTY: Walton PHONE NO. 892-2191

(6) PERMIT NUMBER: FL0042552 (7) AVG FLOW MGD: .961 (8) DESIGN FLOW MGD: .900 (9) TYPE: 2-C

(10) MAX FLOW (MGD): 1.049 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Flow MGD: — BOD lb/d: — TSS lb/d: —

(14) % FLOW INFIL: —

(15) BOD (mg/l) EFFLUENT: 11.2

(16) TSS (mg/l) EFFLUENT: 17

(17) pH: 6.7

(18) TOTAL N mg/l: —

(19) AMMONIA mg/l: —

(20) NITRITE + NITRATE mg/l: —

(21) TOTAL P mg/l: —

(22) ORTHO P mg/l: —

(23) CHLOR RESID ppm: .5

(24) DOD (mg/l) STREAM DNSTREAM TIME/DATE OF SAMPLE: — — /

(25) DO (mg/l) UPSTREAM DNSTREAM: — —

(26) EFFLUENT PARAMETER VALUE UNITS: — — —

(27) TYPE SAMPLE(S): Composite

(28) TYPE EFFL DISPOSAL: Surface Water St Joseph River

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

3CG9 C.CG3

Form ... 2/1/... Effective November 30, 1987

0264

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month AUG Year 1990

) GMS # FLP-270443

Richard A Lewis 2/6/90
Signature of Lead Operator in Charge Date

ertify that I am familiar with the information contained in this report and that to
e best of my knowledge and belief such information is true, complete, and accurate.

) PLANT NAME: DELTONA UTILITIES WWTP

) PLANT ADDRESS: PO Box 5309

) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2181

) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA-162582 .989 .900 2-C

0) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.044

3) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
d Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

105 12

7) pH (18) TOTAL N (19) AMMONIA (20) NITRITE + NITRATE (21) TOTAL P (22) ORTHO P (23) CHLOR RESID

C7 mg/l mg/l mg/l mg/l mg/l ppm .5

4) DOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
TSINEAM DNSTREAM TIME/DATE OF SAMPLE UPSTREAM DNSTREAM PARAMETER VALUE (UNITS)

/

7) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

Composite Surface Water-
St. Johns River

) PLANT STAFFING

D OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

2679 C-CC3

DEP Form 2014, Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (SU)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	1.026	.5			7.6			
2	.965	.5		15	7.5			21
3	1.025	.5			7.6			
4	.996	.5			7.6			
5	.920	1.0			7.6			
6	.927	.5		12	7.7			
7	.917	1.0			7.7			
8	.967	.20	.26		7.5			21
9	.941	.5			7.6			
10	1.044	.5			7.10			
11	.947	.5			7.7			
12	1.010	.5			7.7			
13	.937	.5	3	10	7.8			
14	1.005	.5			7.8			
15	1.012	.5			7.6			
16	.990	1.0			7.6			5
17	1.027	.5			7.6			
18	.996	.5			7.6			
19	1.010	.5			7.6			
20	.942	.5	13		7.6			
21	1.012	.5		11	7.7			
22	1.044	.5			7.6			
23	1.012	1.0			7.6			
24	1.005	.5			7.5			21
25	.968	.5			7.7			
26	.965	1.0			7.7			
27	1.022	.5	.82		7.6			
28	1.022	.5			7.6			
29								
30								
31								
TOT	29.772	20	42	48	223			5
AVG	.959	.7	10.5	12	7.1			1.2

0265

"Copy"

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: March Year: 1990

(1) FL 0042099

Richard D. Foster — 4/12/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(3) PLANT NAME: DELTONA (MHK) W.T.P.

(4) PLANT ADDRESS: P.O. Box 5309

(5) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2181

(6) PERMIT NUMBER | (7) AVG FLOW MGD | (8) DESIGN FLOW MGD | (9) TYPE
FL 0042099 | .983 | .900 | 2-C

(10) MAX FLOW (MGD) | (11) POP SERVED | (12) FECAL COLIFORM SAMPLE METHOD
1.065 | | [X] Membrane Filter [ ] Most Probable Number

INDUSTRIAL CONTRIBUTION: Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL | (15) BOD (mg/l) EFFLUENT: 107 | (16) TSS (mg/l) EFFLUENT: 12

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7						.3

(24) BOD (mg/l) STREAM DNSTREAM | (25) TIME/DATE OF SAMPLE | (25) DO (mg/l) UPSTREAM DNSTREAM | (26) EFFLUENT PARAMETER | VALUE | (UNITS)
/

(27) TYPE SAMPLE(S): Composite

(28) TYPE EFFL DISPOSAL: Surface Water — St. Johns River

PLANT STAFFING

OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)
1699 | C-6963

EPA Form 3320-1, 2-Effective November 30, 1982

	FLOW (mg/l)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DO EFFLUENT (D.O.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	1013	1.5			6.8			
2	.456	1.5			6.7			
3	.983	1.5			6.7			
4	1.009	1.5			6.6			
5	1.050	1.5			6.5			
6	1.025	1.5		14	6.7			
7	.977	1.5			6.8			
8	1.031	1.5			6.4			41
9	.930	1.5			6.7			
10	.983	1.5			6.9			
11	1.065	1.3			6.7			
12	1.001	1.5			6.8			
13	.915	1.5	1100		6.7			
14	.962	1.5			6.8			
15	.974	1.5		C	6.6			41
16	1.017	1.0			6.8			
17	1.029	1.5			6.7			
18	.979	1.5			6.8			
19	.940	1.5			6.8			
20	.973	1.5	154	B	6.9			
21	.980	1.5			6.5			
22	.989	1.5			6.7			41
23	.870	1.5			6.7			
24	1.021	1.5			6.8			
25	.908	1.5			6.8			
26	1.016	1.5			6.7			
27	.984	1.5	13.6		6.7			
28	.940	1.5			6.8			
29	.911	1.5		15	6.7			41
30	.957	1.5			6.7			
31	1.066	1.5	117		6.5			
10	30 MG	1.0	14.4	147	6.72			41
AVG	.983	1.5	107	12	6.7			41

"Inf Flow To Pond"

Page 1 of 2

0266

0267

"B" copy

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY REPORTING FORM

Month: March Year: 1990

ID: FL0000442

Richard B. Foster — 4/12/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

PLANT NAME: Deltona Utilities WWTP

PLANT ADDRESS: PO Box 5309

CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2121

PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

64-16282 .654 900 2-C

MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.718 [X] Membrane Filter
[ ] Most Probable Number

INDUSTRIAL CONTRIBUTION: Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT
(16) TSS (mg/l) EFFLUENT

pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm

BOD (mg/l): (24) INCAM / ONSTREAM
TIME/DATE OF SAMPLE
(25) DO (mg/l): UPSTREAM / ONSTREAM

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

TYPE SAMPLE(S): grab, TC

(28) TYPE EFFL DISPOSAL: Surface Water — St Johns River

PLANT STAFFING

OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
3699	C-6863		

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD5 EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.675							
2	.718							
3	.653							
4	.650							
5	.709							
6	.687							
7	.658							
8	.677							
9	.692							
10	.584							
11	.661							
12	.615							
13	.630							
14	.626							
15	.637							
16	.654							
17	.628							
18	.629							
19	.626							
20	.605							
21	.622							
22	.653							
23	.607							
24	.673							
25	.597							
26	.642							
27	.654							
28	.635							
29	.676							
30	.671							
31	.656							
TOT	20288							
AVG	.654							

"Flow To Lake"

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

FL 0042307

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: Deltona Utilities Water Treatment Plant

(2) PLANT ADDRESS: P.O. Box 5209

(3) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2121

(6) PERMIT NUMBER: FL-11277 (7) AVG FLOW MGD: .944 (8) DESIGN FLOW MGD: .900 (9) TYPE: 2-C

(10) MAX FLOW (MGD): 1.072 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

INDUSTRIAL CONTRIBUTION: Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 11

(16) TSS (mg/l) EFFLUENT: 13

(18) PH: 5

(19) TOTAL N mg/l

(20) AMMONIA mg/l

(21) NITRITE + NITRATE mg/l

(22) TOTAL P mg/l

(23) ORTHO P mg/l

(24) CHLOR RESID ppm

BOD (mg/l) STREAM UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE: 1

(25) DO (mg/l) UPSTREAM | DNSTREAM

(26) EFFLUENT PARAMETER | VALUE | UNITS

TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Surface Water St. Johns River

PLANT STAFFING

OPERATOR SHIFT 1 (Day): C-C SHIFT 2 (Evening): SS3-C SHIFT 3 (Night):

STD ... 2035 ... Effective November 30, 1982

	(10) FLOW (mgd)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.810	.5			6.7			
2	.793	.5			6.7			
3	.796	.5		10	6.6			
4	.771	.5			6.7			
5	.926	.5			6.5			<1
6	.904	.5			6.7			
7	.933	.6			6.7			
8	.960	.5			6.7			
9	.934	.5			6.7			
10	.911	.5	15	15	6.7			
11	.894	.5			6.7			
12	.926	.5			6.7			
13	.934	.5			6.7			<1
14	.915	.5			6.7			
15	.925							
16	.915	.5			6.7			
17	1.007	.5	9	16	6.8			
18	1.014	.5			6.6			
19	.904	.5			6.7			<1
20	.903	.5			6.7			
21	1.072	.8			6.8			
22	.923	.5			6.7			
23	.914	.5			6.6			
24	.911	.5	18		6.7			
25	.926	.5		11	6.7			<1
26	.943	.5			6.5			
27	.926	.5			6.7			
28	.894	.5			6.7			
29	.932	.5			6.8			
30	.926	.5	11		6.7			
31								
TOT	28.336	14.4	53	52	199.1			<1
AVG	.944	.5	13	13	6.6			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

PLANT NAME: Deltona Utilities (W.W.T.P.)

PLANT ADDRESS: PO Box 5089

CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2171

PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0022802 .605 .800 2-C

MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.772 [X] Membrane Filter [ ] Most Probable Number

INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
low MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DNSTREAM TIME/DATE OF SAMPLE UPSTREAM DNSTREAM PARAMETER VALUE (UNITS)

TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
Composite Surface Water St. Johns River

PLANT STAFFING

OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
CC-C CP-2-C

DER Form 17-22.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.591							
2	.652							
3	.577							
4	.624							
5	.683							
6	.623							
7	.601							
8	.576							
9	.632							
10	.624							
11	.678							
12	.621							
13	.638							
14	.624							
15	.643							
16	.600							
17	.559							
18	.633							
19	.557							
20	.607							
21	.542							
22	.540							
23	.610							
24	.550							
25	.558							
26	.513							
27	.777							
28	.669							
29	.528							
30	.569							
31								
TOT	17.770							
AVG	.605							

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION "A" Report
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) GMS # 4480443

Richard G. Foster — 6-8-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Deltona Utilities Water Water Treatment Plant

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-6680

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 64-16252 .844 .900 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
( ) Most Probable Number

.933.

(13) INDUSTRIAL CONTRIBUTION — Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 12

(16) TSS (mg/l) EFFLUENT: 25.8

(17) pH: 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Composite

(28) TYPE EFFL DISPOSAL: Surface Water St. Johns River

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

ECOS-C CRS-C

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.838	.2			6.6			
2	.841	.2		4.8	6.9			
3	.933	.2			6.8			
4	.853	.2			6.8			6
5	.846	.3			6.9			
6	.870	.5			6.8			
7	.907	1.0			6.8			
8	.910	.5	16.6		6.9			<1
9	.896	1.0		2.9	6.8			
10	.825	.5			7.2			
11	.778	.5			7.0			
12	.787	.5			6.9			
13	.787	.5			7.0			
14	.793	1.0			7.1			
15	.877	1.5			7.1			
16	.782	1.0	32.5	2.9	7.1			
17	.859	.5			7.0			
18	.835	.5			6.9			<1
19	.867	.5			7.1			
20	.896	.5			7.0			
21	.890	.5			7.2			
22	.871	.5	16.8		7.3			
23	.805	.5		1.9	7.3			
24	.864	.5			7.4			<1
25	.814	.5			7.2			
26	.805	.5			7.2			
27	.823	.5			7.1			
28	.877	1.0			7.1			
29	.817	1.0	3.3		7.0			
30	.820	1.0		1.9	7.0			
31	.841	.5	11.4		7.2			
32	.871	.86	6.6	1.40	7.7			6
33	.840	.6	12	25.4	7.0			15

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DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) CMS # 64800443

Richard D. Foster 6-8-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Deltona Utilities Water Water Treatment Plant

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-6680

(6) PERMIT NUMBER	(7) AVG. FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0041882	.761	.900	2-C

(10) MAX FLOW (MGD): .749

(11) POP SERVED:

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD; BOD lb/d; TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT:

(16) TSS (mg/l) EFFLUENT:

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Composite

(28) TYPE EFFL DISPOSAL: Surface Water St. Johns River

(29) PLANT STAFFING

LEAD OPERATOR: 3 C

SHIFT 1 (Day): C

SHIFT 2 (Evening): C

SHIFT 3 (Night):

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.523							
2	.484							
3	.573							
4	.545							
5	.526							
6	.521							
7	.495							
8	.395							
9	.545							
10	.462							
11	.459							
12	.312							
13	.268							
14	.309							
15	.444							
16	.342							
17	.377							
18	.355							
19	.401							
20	.398							
21	.431							
22	.749							
23	.485							
24	.493							
25	.479							
26	.446							
27	.502							
28	.402							
29	.471							
30	.471							
31	.485							
TOT	14.276							
AVG	.461							

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION "A" Report
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

JUL 13 1990

Month JUNE Year 1990

1) GHS #64F00442

Signature of Lead Operator in Charge — Date 7/10/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: DELTONA Utilities W.W.T.P

3) PLANT ADDRESS: P.O. Box 5309

4) CITY: DELTONA (5) COUNTY: Volusia PHONE NO. 574-1480

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO64-16282 .866 .000 a-c

10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.963 [x] Membrane Filter
[ ] Most Probable Number

13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
md Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
10.1 21

17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.7 .5

24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
/

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

27) TYPE SAMPLE(S): composite

28) TYPE EFFL DISPOSAL: Surface Water St. Johns River

29) PLANT STAFFING

CAO OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
[illegible]	[illegible]		

EPA Form 3--.295(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.772	.5			7.0			
2	.887	.5			7.0			
3	.853	.5			7.1			
4	.862	.5			7.3			
5	.880	.5			7.2			
6	.918	.5			7.2			<1
7	.866	.5		26	7.1			
8	.851	.5			7.2			
9	.939	.5			7.1			
10	.861							
11	.883	.5			7.2			
12	.873	.5			6.9			
13	.804	.5	13.5	19	7.0			
14	.761	1.0			7.2			
15	.776	.5			7.1			<1
16	.861	.5			7.1			
17	.860	.5			7.1			
18	.909	.5			6.9			
19	.842	1.0	11.7		6.8			
20	.847	.5		17	6.8			
21	.887	.5			6.9			
22	.844	.5			6.7			
23	.831	.5			6.7			<1
24	.915	.5			6.7			
25	.877	.5			6.9			
26	.872	.5	9.2		6.9			
27	.866	.7			6.9			<1
28	.921	.5			6.9			
29	.963	1.0		23	6.9			
30	.902	.5	8.1		6.9			
31								
TOT	25.979	16.2	90.5	85	202.7			<1
AVG	.866	.5	10.1	21	6.7			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION — "A Report"

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

1) DMS # FL0000443

Richard G. Foster — 8-14-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: Deltona Utilities W.W.T.P

3) PLANT ADDRESS: P.O. Box 5309

4) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-3151

6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO64-162552	.855	.900	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.004	15,500	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION and Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				15.3	23

17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						.5

24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

27) TYPE SAMPLE(S): Composite

28) TYPE EFFL DISPOSAL: Surface Water — St. Johns River

29) PLANT STAFFING

LEAD OPERATOR: Jack C. SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

EPA Form 3-1. 2035/1, Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.948	.5			6.9			
2	.928	1.0			6.9			
3	.862	1.0			7.1			
4	.847	1.5			6.8			
5	.844	1.0			7.0			
6	.872	.5		16	6.8			<1
7	.854	1.0			6.9			
8	.876	.5			6.9			
9	.854	.5			6.9			
10	.854	1.0			7.0			
11	.837	1.0	18.6		7.0			
12	.833	.5		21	6.8			<1
13	.859	.6			6.8			
14	.874	.5			6.9			
15	.944	.5			7.0			
16	.891	.5			6.9			
17	.874	1.0	17.4		6.7			
18	.822	.5			7.2			
19	.853	.5		30	6.9			<1
20	.825	.5			6.9			
21	.843	.5			6.8			
22	.840	.5			6.9			
23	.898	.5			6.9			
24	.919	1.0	12.3		7.2			
25	.919	1.0			6.8			
26	.867	1.0		24	6.7			
27	.871	.5			6.9			<1
28	.912	.5			6.9			
29	.923	.5			7.0			
30	.937	1.0			6.8			
31	.906	1.0	15.9		7.0			
TOT	27336	21.5	64.2	91	214			<1
AVG	.882	.7	15.3	23	6.9			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

"3 MGD"

Month July Year 1990

.164P00543

Richard D. Foster 8-14-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: DeLand Utilities N.W.T.P.

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: DeLand (5) COUNTY: Volusia PHONE NO. 574-2181

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0041662	.527	.900	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.681		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION and Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): composite

(28) TYPE EFFL DISPOSAL: Surface Water St. Johns River

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
3CT-C	1CT-C		

EPA Form 3.105(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.677							
2	.681							
3	.607							
4	.609							
5	.550							
6	.541							
7	.899							
8	.476							
9	.462							
10	.513							
11	.474							
12	.541							
13	.530							
14	.573							
15	.584							
16	.573							
17	.556							
18	.521							
19	.478							
20	.476							
21	.514							
22	.495							
23	.470							
24	.545							
25	.516							
26	.435							
27	.448							
28	.548							
29	.516							
30	.592							
31	.840							
TOT	16,344							
AVG	.527							

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DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) CMS # 6 4 P 0 0 4 4 3

Richard M Yates 9/11/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: DECTOR Utilities W.W.T.P

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: DECTOR (5) COUNTY: Volusia PHONE NO. 574-9181

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 64-163847 .704 .900 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.013

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

10B 18

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) Composite (28) TYPE EFFL DISPOSAL Surface Water St. Johns River

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CPO3-C CPO3-C

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.793	1.0		20	7.2			
2	.866	1.0			7.1			
3	.816	.5			7.2			<1
4	.838	.5			7.2			
5	1.013	1.0			7.1			
6	.760	.5			7.0			
7	.887	.5			6.9			
8	.859	.5	15.9		6.9			
9	.892	.5			6.8			
10	.872	.5		15	6.9			<1
11	.870	.5			7.0			
12	.878	.5			7.0			
13	.842	.5			7.0			
14	.861	.5			7.0			
15	.850	1.0	19.6		7.2			
16	.870	1.0		19	7.3			
17	.880	.5			7.1			<1
18	.720	.5			7.0			
19	.691	.5			7.1			
20	.645	.5			7.0			
21	.690	1.0			7.0			
22	.887	.5	12.3		6.8			<1
23	.863	.5		18	6.9			
24	.807	.5			7.1			
25	.707	.5			7.0			
26	.679	.5			7.1			
27	.807	.5			7.1			
28	.765	.5	15.7		7.2			
29	.653	.5			7.1			
30	.679	.5			7.2			
31	.692	.5			7.1			
	21.962	.85	10.5	7.2	7.0			<1
	.704	.5	10.5	10	7.0			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept Year 1990

(1) CMS # 64P00443

Richard H Foster 10-8-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Daytona Utilities W.W.T.P

(3) PLANT ADDRESS: PO Box 5309

(4) CITY: Daytona (5) COUNTY: Volusia PHONE NO. 574-6660

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D064-162572 .568 .900 E-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.707 4194

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

.64 18

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S)
composite

(28) TYPE EFFL DISPOSAL
Surface Water
St. Johns River

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
26-C 6263-C

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.705	.5			7.0			
2	.660	.5			7.0			
3	.547	.5			7.1			
4	.620	.5			7.1			
5	.707	.5		17	7.1			
6	.655	.5			7.1			
7	.605	.5			7.2			<1
8	.534	.5			7.0			
9	.461	.5			7.0			
10	.516	.5			7.1			
11	.463	.5	<7		7.1			
12	.547	.5		16	7.0			
13	.514	.5			6.9			<1
14	.464	.5			6.7			
15	.567	.5			7.0			
16	.439	.5			7.0			
17	.491	.5			7.0			
18	.595	.5	5	19	7.1			
19	.504	.5			6.9			<1
20	.624	.5			7.0			
21	.570	.5			7.1			
22	.593	.5			7.0			
23	.553	.5			7.0			
24	.608	.5	6.6		7.2			
25	.607	.5			7.3			
26	.673	.5		20	7.1			
27	.558	.5			7.2			<1
28	.658	.5			6.7			
29	.616	.5	7.9		7.3			
30	.625	.5			7.0			
31								
101	17.039	.5	<5	16	7.2			<1
AVG	.568	.5	<6	18	7.1			<1

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0277

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 1990

(1) EMS # 64P00443

Richard B. Foster — NOV 12, 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Deltona Utilities W.W.T.P.

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: Deltona (5) COUNTY: Volusia PHONE NO. 574-2151

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0042625	.436	.900	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.670	4185	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION mgd Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.14	19.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): composite

(28) TYPE EFFL DISPOSAL: Surface and/or Holding Ponds

(29) PLANT STAFFING

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.591	.5			7.0			
2	.581	.5		30	7.3			
3	.555	.5			7.7			
4	.596	.8			7.4			
5	.517	.5			7.3			<1
6	.538	.5			7.1			
7	.345	1.0			7.2			
8	.542	.4			7.6			
9	.573	.7	13.2		7.4			
10	.670	1.0		20	7.3			
11	.550	1.0			7.3			
12	.611	1.0			7.2			<1
13	.410	4.0			7.0			
14	.377	1.0			7.0			
15	.249	.6			7.1			
16	.451	.5	15.0		7.0			
17	.468	.5		36	7.2			
18	.379	1.0			7.2			
19	.455	1.0			7.1			<1
20	.332	1.0			7.0			
21	.349	.5			7.1			
22	.461	1.7			7.0			
23	.525	2.0	5.4		7.0			
24	.456	1.2		12	7.4			
25	.428	2.0			7.7			<1
26	.456	1.0			7.3			
27	.481	.5			7.0			
28	.400	1.0			7.2			
29	.463	1.5			7.2			
30	.5	4.2	1.96		7.4			
31	0	1.7			7.6			<1
TOT	16.634	35.3	40.1	78	223.3			<1
AVG	.536	1.0	1.14	19.5	7.2			<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month November Year 1990

(1) CMS # 648000443

Richard D. Foster — 12-13-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: DeLand Utilities L.W.T.P.

(3) PLANT ADDRESS: P.O. Box 5309

(4) CITY: DeLand (5) COUNTY: Volusia PHONE NO. 574-2151

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO64-162582 .592 .900 2C

(10) MAX FLOW (MGD) 1.017 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD, BOD lb/d, TSS lb/d

(14) I FLOW INFIL

(15) BOD (mg/l) EFFLUENT 5.93

(16) TSS (mg/l) EFFLUENT 11.8

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): composite

(28) TYPE EFFL DISPOSAL: Irrigation (Golf Course)

(29) PLANT STAFFING

LEAD OPERATOR: Grade 3 SHIFT 1 (Day): Grade 3 SHIFT 2 (Evening): Grade 2 SHIFT 3 (Night): Grade C

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.695	5.0		15	7.3			4
2	.700	5.0		17	7.7			4
3	.996	5.0		10	7.6			5
4	.835	5.0		12	7.1			1
5	.537	4.8		5	7.4			21
6	1.393	4.0		11	7.3			10
7	1.250	3.2	7.5	1	7.5			2
8	1.35	3.0		22	7.1			41
9	1.30	3.5		8	7.2			41
10	1.317	3.4		7	7.4			41
11	.82	5.0		5	7.4			41
12	.779	5.0	3.3	14	7.1			41
13	.826	5.0		7	7.1			4
14	.650	4.4		4	7.2			41
15	.625	4.0		175	7.6			41
16	.68	4.2		121	7.0			41
17	.903	4.4		225	7.6			41
18	.825	5.0	1.6	45	7.0			41
19	.861	5.0		10	7.3			41
20	.620	4.4		33	7.4			41
21	.530	4.4	7.5	215	6.0			41
22	.730	4.4		11	7.3			41
23	.96	5.0		17	7.0			41
24	.603	5.0		10	7.4			41
25	.[illegible]	5.0		8	7.1			41
26	.[illegible]	5.0		8	7.2			41
27	.[illegible]	5.0		8	7.0			41
28	.[illegible]	5.0		3	7.1			41
29	.[illegible]	[illegible]		8	7.0			41
30	[illegible]	[illegible]						
	17.747	[illegible]	[illegible]	354	[illegible]			[illegible]
	[illegible]	[illegible]	[illegible]	11.8	[illegible]			[illegible]

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month DEC. Year 1990

1) GMS 1642022443

Richard M. Foster 1-14-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: DELTONA Utilities W.W.T.P.

3) PLANT ADDRESS: P.O. Box 5309

4) CITY: DELTONA (5) COUNTY: Volusia PHONE NO. 574-2181

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0064-162822 .610 .900 2-C

10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.062

13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
nd Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

M.2 5.8

17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 2.5

24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

27) TYPE SAMPLE(S) Composite (28) TYPE EFFL DISPOSAL Surface/Land or Holding Ponds

29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

3699

DER Form 17-1.203(1), Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.729	2.5		7	7.0			2
2	.865	2.0		105	7.0			2
3	.558	2.5		2.5	7.2			2
4	.339	3.0	23.7	14.5	7.0			<1
5	.489	1.0		6	7.1			21
6	.394	1.0		6	6.8			<1
7	.521	2.5		11.5	7.0			<1
8	.407	2.5		21	7.1			<1
9	.450	2.5		11	7.1			<1
10	.691	2.5		8	7.1			<1
11	.287	2.5		11	7.1			11
12	.584	3.0	15.6	13	7.0			<1
13	.395	3.5		16	6.8			4
14	.771	2.0		8	7.0			<1
15	.688	2.5		6.5	7.1			<1
16	.338	2.0		7	7.0			<1
17	1.062	2.5		3	7.0			<1
18	.768	1.5		15	7.1			<1
19	.549	2.0	10	9	7.3			<1
20	.979	3.0		13	7.4			TNTC
21	.721	1.5		6	7.2			7
22	.775	1.5		7	7.1			<1
23	.827	3.5		5	7.1			<1
24	1.044	2.0		8	7.2			TNTC
25	.770	2.5		9	7.2			TNTC
26	.538	3.0		4	7.2			<1
27	.652	2.5	7.8	7	7.1			<1
28	.016	2.0		5	7.0			<1
29	.957	2.0		14	7.1			<1
30	.335	1.0		9	7.0			TNTC
31	.932	1.0		7	7.1			<1
TOT	18.715	176	57.1	275.5	219.5			
AVG	.610	2.5	M.2	8.8	7.0			

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Fisherman's Haven - 673

Martin County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1991

(1) DER # 10147

M.S. E. Gil C3189 2/7/91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN / SSU SERVICES

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC43150277 0.020 (ESTIMATED) 0.025 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.020 (ESTIMATED) 390

(13) INDUSTRIAL CONTRIBUTION — Total Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 11

(16) TSS (mg/l) EFFLUENT: 5

(17) pH	(18) TOTAL P mg/l	(19) AMMONIA mg/l	(20) NITRATE NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						2.3

(24) BOD (mg/l) UPSTREAM / DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DOWNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

ENVIRONMENTAL SCIENCES INC HAULED 5,000 GALLONS OF DIGESTER SLUDGE ON JAN. 16, 1991.

VOLATILE SOLIDS REDUCTION 31.9 %

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189 C3189

DER Form 17-7.201(2) Effective November 30, 1982

(30)

	FLOW (mgd) ESTIMATED	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	3.5			6.7			
2	.020	3.5			6.5			
3	.020	3.5			6.6			
4	.020	3.5			6.7			
5	.020							
6	.020	3.5			6.5			
7	.020	3.5			6.8			
8	.020	3.5			6.6			
9	.020	3.5			6.9			
10	.020	3.5			6.8			
11	.020	3.5			6.7			
12	.020	3.5			6.6			
13	.020							
14	.020	3.5			6.8			
15	.020	3.5			6.7			
16	.020	2.3			6.9			
17	.020	3.5			6.7			
18	.020	3.5			6.8			
19	.020	3.5			6.9			
20	.020							
21	.020	3.5			6.9			
22	.020	3.5			6.7			
23	.020	3.5			6.6			
24	.020	3.5			6.5			
25	.020	3.5	II	5	6.5			< 1
26	.020	3.5			6.6			
27	.020							
28	.020	3.5			6.8			
29	.020	3.5			6.9			
30	.020	3.5			6.9			
31	.020	3.5			6.7			
TOT	.620							
AVG	.020	3.4	II	5	6.7			< 1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GDS: 10147

Mark E. Gulbe C3189 — 3/4/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN / SSU SERVICES

(3) PLANT ADDRESS: N.E. RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER: DC43150277 (7) AVG FLOW MGD (ESTIMATED): 0.019 (8) DESIGN FLOW MGD: 0.025 (9) TYPE: 3C

(10) MAX FLOW (MGD) (ESTIMATED): 0.019 (11) POP SERVED: 390 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Total Flow MGD — BOD lb/d — TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4

(16) TSS (mg/l) EFFLUENT: 1

(17) pH: 6.8 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 3.5

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

(29) PLANT STAFFING: LEAD OPERATOR C3189 SHIFT 1 (Day) C3189 SHIFT 2 (Evening) SHIFT 3 (Night)

PER FDER 17-601.300(7) EFFECTIVE NOVEMBER 30, 1987

ENVIRONMENTAL SCIENCES INC. HAULED 5,000 GALLONS OF DIGESTOR SLUDGE ON FEB. 19, 1991.

VOLATILE SOLIDS REDUCTION: 0 %

STABILIZED WITH LIME.

Month: FEBRUARY Year: 1991

(30)

	ESTIMATED FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	3.5			6.7			
2	.019	3.5			6.9			
3	.019							
4	.019	3.5			6.8			
5	.019	3.5			6.7			
6	.019	3.5			6.9			
7	.019	3.5			6.8			
8	.019	3.5			6.8			
9	.019	3.5			6.9			
10	.019	3.5			6.9			
11	.019	3.5			6.7			
12	.019	3.5			6.6			
13	.019	3.5			6.8			
14	.019	3.5			6.6			
15	.019	3.5	4	1	6.7			<1
16	.019							
17	.019	3.5			6.9			
18	.019	3.5			6.9			
19	.019	3.5			6.8			
20	.019	3.5			6.9			
21	.019	3.5			6.9			
22	.019	3.5			6.8			
23	.019	3.5			6.9			
24	.019							
25	.019	3.5			6.8			
26	.019	3.5			6.9			
27	.019	3.5			6.8			
28	.019	3.5			7.0			
29								
30								
31								
TOT	.532							
AVG	.019	3.5	4	1	6.8			<1

0281

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: March Year: 1991

(1) CODE: 10147

Tom Vendale Hann — 4/02/91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fishermans Haven / SSA Services

(3) PLANT ADDRESS: N.E. Rustic Place

(4) CITY: Jensen Beach (5) COUNTY: Martin PHONE NO. (407) 334-5574

(6) PERMIT NUMBER: FL0115217 (7) AVG FLOW MGD: Estimate 0.019 (8) DESIGN FLOW MGD: 0.025 (9) TYPE: 3.C

(10) MAX FLOW (MGD): Estimate 0.019 (11) POP SERVED: 390 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Last Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL: — (15) BOD (mg/l) EFFLUENT: 7 (16) TSS (mg/l) EFFLUENT: 1

(17) pH: 6.9 (18) TOTAL P mg/l: — (19) AMMONIA mg/l: — (20) NITRITE + NITRATE mg/l: — (21) TOTAL C mg/l: — (22) ORTHO P mg/l: — (23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l): UPSTREAM — DOWNSTREAM — TIME/DATE OF SAMPLE —

(25) DO (mg/l): UPSTREAM — DOWNSTREAM —

(26) EFFLUENT: PARAMETER — VALUE — UNITS —

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Percolation Pond / Drainfield

5,000 gals of sludge hauled by Environmental Sciences Inc.

Volatile Reduction 0%

Stabilized with Lime

(29) PLANT STAFFING

LEAD OPERATOR: — SHIFT 1 (Day): — SHIFT 2 (Evening): — SHIFT 3 (Night): —

DER Certification: C-6553 C-7189 Expiration November 30, 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	0.5			6.9			
2	.019	0.5			6.8			
3	.019	0.5			6.9			
4	.019	0.5			6.9			
5	.019	1.1			6.9			
6	.015	2.6			7.0			
7	.019	0.5			6.9			
8	.017	0.7			6.8			
9	.017	0.5			6.7			
10	.019	0.5			6.6			
11	.019	0.5			6.9			
12	.015	0.5			6.8			
13	.017	0.5			6.9			
14	.017	0.5			6.6			
15	.019	0.5			6.6			
16	.019	0.5			6.6			
17	.015	0.5			6.6			
18	.015	0.5			6.5			
19	.019	0.5	9	1	6.6			41
20	.019	0.5			6.7			
21	.019	0.5			6.6			
22	.019	0.5			6.5			
23	.019	0.5			6.6			
24	.019	0.5			6.6			
25	.017	0.5			6.5			
26	.019	0.5			6.6			
27	.019	0.5			6.7			
28	.019	0.5			6.7			
29	.019	0.5			6.9			
30	.019	0.5			6.9			
31	.019	0.5			6.7			
TOT	.589	22.1	9	1	209.4			41
AVG	.019	0.7	9	1	6.7			41

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0282

2/DER
Fn 9

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATIONS REPORT

Month: April Year: 1991

10149

Tim Vandale 5/3/91
Name of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Facility Name: Fisherman's Haven / SSM Services

Facility Location: N.E. Rustic Place

City: Ingris Beach (5) County: Manatee Phone No. (407) 324-5524

(6) PERMIT NO. (7) DESIGN FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC 4 1 5 0 2 7 0.014 0.025 2C

(10) POPULATION SERVED (11) FECAL COLIFORM TEST METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.022 390

(12A) % FLOW FUEL	(12B) BOD % REMOVAL EFFICIENCY	(12C) TSS % REMOVAL EFFICIENCY
	8	1

(13) AMMONIA	(14) NITRITE + NITRATE	(15)	(16)	(17) FLOW (MGD)
mg/l	mg/l		mg/l	
7.5				0.6

(18) TYPE OF SAMPLE	(19A) DT (mg/l) INFLUENT DISCHARGE	(19B) EFFLUENT DISCHARGE

(20) TYPE EFFL DISPOSAL: Perc

Percolation Pond / Drainfield

31,000 gals of digested sludge hauled by Environmental Services Co.

Vol. Reduction 5%

(21) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6557 Effective January 30, 1987 Stabilized by lime

(22) DAY	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.022	0.5			7.0			
2	.013	1.5			6.9			
3	.013	1.5			7.5			
4	.009	1.5			7.3			
5	.013	1.5			7.6			
6	.010	1.5			7.6			
7	.011	1.5			7.6			
8	.009	1.5			7.7			
9	.013	1.5			7.1			
10	.010	1.5			7.0			
11	.014	1.5			7.0			
12	.010	1.5	8	1	7.0			<1
13	.011	1.5			7.0			
14	.013	1.5			7.0			
15	.014	1.5			7.0			
16	.019	1.5			7.0			
17	.015	1.0			7.2			
18	.021	1.0			7.4			
19	.013	1.0			7.5			
20	.019							
21	.016	1.0			7.2			
22	.016	0.6			7.4			
23	.017	0.6			7.5			
24	.013	0.6			7.5			
25	.013	1.0			7.5			
26	.014	1.0			7.5			
27	.014	1.5			7.4			
28	.011	1.0			7.4			
29	.013	1.5			7.4			
30	.019	1.0			7.5			
31								
TOTAL	0.426	72.1	8	1	223.2			<1
AVG	0.014	1.5	8	1	7.2C			<1

Page 1 of 2

0283

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) GMS # - - - - L 0 1 4 7

Signature of Lead Operator In Charge — Date 6/6/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fishermen's Haven / SSU Services

(3) PLANT ADDRESS: N.E. Rustic Place

(4) CITY: Jensen Beach (5) COUNTY: St. Lucie PHONE NO. (305) 334-5514

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FLA 011502	0.014	0.025	3D

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.018	390	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				< 6	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Percolation Pond / Drainfield

No Sludge Hauled

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-4552

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.017	1.5			7.7			
2	.017	2.0			7.4			
3	.014	.07			7.5			
4	.016	3.5			6.5			
5	.016	2.5			6.8			
6	.018	3.5			7.0			
7	.018	3.5			6.9			
8	.015	3.5	6	1	6.9			<1
9	.015							
10	.010	3.5			7.0			
11	.010	3.5			6.9			
12	.017	3.5			6.9			
13	.010	3.5			6.9			
14	.010	3.5			6.9			
15	.016	3.5			7.6			
16	.017	3.5			7.1			
17	.013	3.5			7.1			
18	.013	3.5			7.2			
19	.016	2.0			7.1			
20	.017	3.5			7.1			
21	.011	3.5			7.2			
22	.011	3.5			7.2			
23	.011	3.5			7.2			
24	.014	3.5			7.2			
25	.013	3.5			7.2			
26	.014							
27	.016	3.5			7.1			
28	.011	3.5			7.1			
29	.013	3.5			7.0			
30	.013	3.5			7.2			
31	.015	3.5			7.1			
TOT	0.433	93.7	6	1	216.0			41
AVG	0.014	3.0	6	1	7.1			41

0284

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 10447

Tom Vandale — 7/8/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fishermen's Haven / SSA Services

(3) PLANT ADDRESS: N.E. Rustic Pkwy

(4) CITY: Jensen Beach (5) COUNTY: Martin PHONE NO. (407) 334-5504

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA011522 0.013 0.025 3b

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.015 390

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 5 (16) TSS (mg/l) EFFLUENT 1

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE 1 (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Percolation Pond / Deciduous

Bals of Shoys Hauled 3,500 gals by Environmental Services

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6557

Vol Reduction 30.8%

DER FORM 17-7.205(7) Effective November 30, 1982

Month June Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	1.5			7.4			
2	.007							
3	.014	1.0			7.3			
4	.013	1.0			6.9			
5	.008	1.0			7.4			
6	.008	1.0			7.3			
7	.007	1.5			7.4			
8	.007							
9	.007	1.0			7.3			
10	.015	1.5			7.7			
11	.014	1.5			7.7			
12	.014	1.5			7.8			
13	.014	1.5			7.7			
14	.015	1.5			7.7			
15	.015							
16	.015	1.5			7.7			
17	.015	1.5			7.8			
18	.015	1.5			7.7			
19	.018	1.5			7.7			
20	.014	1.5			7.7			
21	.015	1.5	5	1	7.7			41
22	.015							
23	.014	1.5			7.7			
24	.014	1.5			7.7			
25	.014	1.5			7.7			
26	.014	1.5			7.7			
27	.013	1.5			7.7			
28	.013	1.5			7.7			
29	.013							
30	.013	1.5			7.7			
31								
TOT	0.391	25	5	1	181.5			41
AVG	0.013	1	5	1	7.3			41

0285

DER Form [illegible] Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address NE Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5564

(8) Permit Number DC 43150277

(9) Plant Type 3b

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Pond / Drainfield

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6557
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator [signature] (Signature) 2-6557 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.014
(17) Permitted capacity	mgd	—	0.025 0.02
(18) Three-month average daily flow	mgd	—	0.015 0.01
(19) Percent of permitted capacity	%	—	60
(20) BOD_5 Effluent	mg/L	080082	7
(21) BOD_5 Effluent	lbs/day	—	0.8
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	0.1
(24) Minimum pH		—	6.5
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month July Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.013	1.0						7.2												
2	.010	1.0						7.1												
3	.015	1.0						7.1												
4	.015	1.0						7.1												
5	.015	1.0						7.1												
6	.014	1.0						7.1												
7	.014																			
8	.018	1.0						7.0												
9	.014	1.0						7.3												
10	.015	1.0						7.0												
11	.014	1.0						7.0												
12	.012	1.0						7.0												
13	.012																			
14	.012	1.0						7.0												
15	.013	1.0						7.0												
16	.016	2.5						7.0												
17	.015	3.5						7.0												
18	.014	3.5						7.1												
19	.016	3.5						7.4												
20	.015	3.5						7.1												
21	.015																			
22	.015	3.5						7.3												
23	.015	3.5				7	1	7.3					ND							
24	.015	3.5						7.3												
25	.012	3.5						7.2												
26	.012																			
27	.012	3.5						6.5												
28	.012																			
29	.012	3.5						6.8												
30	.012	3.5						7.2												
31	.011	3.5						7.0												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: [signature] Date: 8/7/01

Name (Please Type): [illegible]

Company Name: [illegible] Telephone No. Please Type: [illegible]

Form No. Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 10147

(3) Plant Name Fisherman's Haven

(4) Plant Address N.E. Rustic Place

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5544

(8) Permit Number DC 43-150277

(9) Plant Type 30

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Discharge to River / Canal

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class A Cert. No. 6552
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [illegible] Cert. No. [illegible]
Operator

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.012
(17) Permitted capacity	mgd	—	0.025
(18) Three-month average daily flow	mgd	—	0.014
(19) Percent of permitted capacity	%	—	56
(20) $CBOD_5$ Effluent	mg/L	080082	7
(21) $CBOD_5$ Effluent	lbs/day	—	0.7
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	0.1
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Effective Date July 1, 1991
DER Application No. _____ (if new = by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.011	2.5						7.1												
2	.013	1.0						7.2												
3		1.5						7.2												
4	.026																			
5	.012	1.5						7.2												
6	.012	1.5						7.2												
7	.011	2.0						7.3												
8	.013	2.5				7.1		7.3					<10							
9	.014	3.5						7.7												
10		3.5						7.8												
11	.025																			
12	.013	3.5						7.2												
13	.014	3.5						7.1												
14	.013	3.5						7.0												
15	.013	3.5						6.9												
16	.013	2.5						6.9												
17																				
18	.013	1.0						6.9												
19	.013	1.0						6.9												
20	.012	1.5						7.0												
21	.013	1.0						7.0												
22	.012	1.0						7.0												
23		1.0						7.0												
24	.021																			
25	.013	1.0						7.1												
26	.006	1.0						7.1												
27	.007	1.0						7.1												
28	.013	1.0						7.1												
29	.015	1.0						7.1												
30	.011	1.0						7.1												
31	.012	1.5						7.1												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true complete and accurate.

Signed Tim Vandale Date _____

Name Please Type Tim Vandale

Company Name SSU Telephone # Please Type _____

Domestic Wastewater Treatment Plant
Monthly Operating Report
Form Title
Effective Date July 1, 1991
DER Application No
(Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number 10147

(3) Plant Name FISHERMAN'S HAVEN
SSU SERVICES

(4) Plant Address N.E. RUSTIC PLACE

(5) City JENSEN BEACH

(6) County MAETIN

(7) Phone Number (407) 334-5584

(8) Permit Number DC-43150277

(9) Plant Type 3D

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
PERCOLATION POND/DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert No 6553
Evening Shift Operator Class Cert No
Night Shift Operator Class Cert No
Lead Operator [signature] C-6553
Signature Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.012
(17) Permitted capacity	mgd	—	.025
(18) Three-month average daily flow	mgd	—	.012
(19) Percent of permitted capacity	%	—	48
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	—	.3
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	.2
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Form Title ... Effective Date July 1, 1991 DER Application No ... Page 4 of 5

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
01																					
02																					
03	.014	1.0						7.1													
04	.013	1.0						7.1													
05		1.0						7.1													
06		1.0						7.1													
07																					
08		0.6						7.2													
09		1.0						7.2													
10		1.5						7.1													
11		2.5						7.0													
12		3.5						6.9													
13		3.5						6.7													
14		3.5						7.0													
15																					
16	6/07	3.5						7.0													
17		2.5						7.0													
18		2.0						7.0													
19		1.0						7.0													
20	SV	1.0				4	±	7.0					10,000								
21																					
22		1.0						7.1													
23		1.0						6.9													
24		1.0						6.9													
25		1.0						7.0													
26		1.0						7.0													
27		1.0						7.1													
28		1.0						7.1													
29																					
30	★ V	1.0				±	1	7.2					ND								
31																					

ead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this formation is true, complete and accurate.

gned: Tim Vanasdale Date 10/8/91

ame (Please Type) TIM VANASDALE

ompany Name SSU SERVICES Telephone No (Please Type) (407)880-0058

Page 3 of 3

★ - Filling out of service for repairs
Estimated Flow @ .012 gals / DAY

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 10147

(3) Plant Name FISHERMAN'S HAVEN
SSU SERVICES

(4) Plant Address N.E. RUSTIC PLACE

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DC-43150277

(9) Plant Type 3D

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
PERCOLATION POND/DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert No 6553
Evening Shift Operator Class _____ Cert No _____
Night Shift Operator Class _____ Cert No _____
Lead Operator Tim Vansickle (Signature) C-6553 (Cert No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.011
(17) Permitted capacity	mgd	—	.032
(18) Three-month average daily flow	mgd	—	.012
(19) Percent of permitted capacity	%	—	49
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

DEP Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____ (Filled in by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
01	.007	1.5						7.1												
02	.007	2.0						7.1												
03	.007	2.5						7.0												
04	.007	3.5						7.0												
05		1.0						7.1												
06	.011																			
07	.006	2.0						7.2												
08	.018	3.5						7.3												
09	.011	3.5						7.2												
10	.015	2.5						7.2												
11	.016	3.5						7.3												
12		3.5						7.3												
13	.032																			
14	.016	2.0						7.4												
15	.013	1.0						7.5												
16	.016	0.6						7.3												
17	.013	3.5						7.1												
18		1.0						7.1												
19	.027																			
20	.004	1.2						7.2												
21	.004	1.0						7.2												
22	.008	3.5						7.2												
23		3.5						7.2												
24	.001	3.0						7.1												
25	.006	1.0						7.4												
26		1.0						7.1												
27	.004																			
28	.013	3.5						7.5												
29	.017	3.5				6	2	7.5					N/D							
30	.014	3.5						7.5												
31	.016	3.5						7.5												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, information is true, complete and accurate.

Signed: Tim Vanasdale Date: 11/7/91

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES Telephone No. (Please Type): (407)880-0058

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number 10147

(3) Plant Name FISHERMAN'S HAVEN
SSU SERVICES

(4) Plant Address N.E. RUSTIC PLACE

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DC-43150277

(9) Plant Type 3D

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
PERCOLATION POND/DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No 6553
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Tom Vanwhy (Signature) C-6553 (Cert. No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.007
(17) Permitted capacity	mgd	—	.025
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	40
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	.1
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	.2
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

Form Title: Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No: (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOVEMBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	WAS Flow (MG)	VSS %	Sludge Handle (MG)					
01		3.5						7.5						.001							
02	.018																				
03	.017	3.5						7.5													
04	.005	3.5						7.6						.001							
05	.005	1.0						7.7													
06	.005	2.5						7.6						.001							
07	.005	3.0						7.5													
08	.011	3.5						7.5						.001							
09		3.5						7.5													
10	.023																				
11	.011	3.5						7.5						.001							
12	.012	3.5						7.4													
13		3.5						7.4						.001							
14		3.5						7.8													
15		1.0																			
16	.012																				
17		3.0						7.2													
18		3.0						7.1													
19		3.5						7.3													
20	.013																				
21	.007	3.5						7.4						.001							
22	.007	3.5						7.4						.001	17.8	.014					
23		3.5						7.5													
24	.013																				
25	.006	2.5						7.4						.001							
26	.006	2.5						7.4													
27	.006	2.0						7.4						.001							
28	.006	2.2						7.3													
29	.006	2.3				2	3	7.3					<1	.001							
30		2.5						7.3													
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Tim Vanasdale Date: 12/9/91

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES Telephone No. (Please Type): (407)880-0058

Page 3 of 3

DEP Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____ (Filled in by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number 10147

(3) Plant Name FISHERMAN'S HAVEN
SSU SERVICES

(4) Plant Address N.E. RUSTIC PLACE

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (407) 334-5584

Permit Number DC-43150277

(9) Plant Type 3D

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
PERCOLATION POND/DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No 6553
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Tom Vennell (Signature) C-6553 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.009
(17) Permitted capacity	mgd	—	0.035
(18) Three-month average daily flow	mgd	—	0.009
(19) Percent of permitted capacity	%	—	36
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	0.07
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	0.01
(24) Minimum pH		—	6.7
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			
Total Gallons Wasted	mgd		0.013
Sludge Gals. Hauled	mgd		0.014
VSR	%		8.8

Sludge stabilized with lime.

Domestic Wastewater Treatment Plant
Monthly Operating Report
Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

(34) Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total Gallons Waste	Sludge Gals. Hauled
01	0.012														
02	0.008	2.5						7.3						.001	
03	0.008	2.5						7.4							
04	0.008	3.0						7.4						.001	
05	0.008	2.5						7.3							
06	0.007	2.5						7.3						.001	
07		2.5						7.3							
08	0.014														
09	0.007	3.0						7.2						.001	
10	0.010	3.0						7.0							
11	0.006	1.5						7.2						.001	
12	0.007	1.5						7.2							
13	0.008	1.5						7.2						.001	
14		1.5						7.1							
15	0.015														
16	0.008	1.8						7.0						.001	
17	0.009	1.2						7.0							
18	0.004	1.0						7.1						.001	
19	0.004	1.0						7.1							
20	0.007	1.0						7.0						.001	
21		1.0						6.7							
22	0.020														
23	0.009	1.0				1	2	7.1					<1	.001	
24	0.010	1.2						7.1							
25	0.010	1.2						7.2						.001	
26	0.006	1.0						7.3							.014
27	0.010	1.0						7.2						.001	
28		1.5						7.0							
29	0.019														
30	0.007	2.5						6.8						.001	
31	0.007	2.5						6.9							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Tim Vanasdale Date: 1/8/92

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES Telephone No. (Please Type): (407)880-0058

Page 2 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1990

(1) GMS # 10147

Mike E Gruber C3189 2/7/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO (407) 334-5564

(6) PERMIT NUMBER (7) AVG FLOW MGD ESTIMATED (8) DESIGN FLOW MGD (9) TYPE

D0434509 0.018 0.0225 3C

(10) MAX FLOW (MGD) ESTIMATED (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
[ ] Most Probable Number

0.018 390

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

19 8

(17) pH (18) TOTAL N (19) AMMONIA (20) NITRITE + NITRATE (21) TOTAL P (22) ORTHO P (23) CHLOR RESID
mg/l mg/l mg/l mg/l mg/l ppm

6.8 0.7

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DNSTREAM TIME/DATE OF SAMPLE UPSTREAM DNSTREAM PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

GRAB PERCOLATION POND No SLUDGE HAULED.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	Lift Station Hours Flow (mgd) ESTIMATED	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no./100 ml)
1	.018	3.5			6.5			
2	.018	1.5			7.0			
3	.018	3.5			6.8			
4	.018	2.4			7.0			
5	.018	1.9			7.0			
6	.018	1.8			6.9			
7	.018	3.5			6.7			
8	.018	3.0			6.6			
9	.018	3.5			6.7			
10	.018	3.5			6.8			
11	.018	1.4			6.9			
12	.018	3.5			6.6			
13	.018	3.5			6.5			
14	.018	3.7			6.7			
15	.018	0.9			7.0			
16	.018	2.6	19	8	7.0			76
17	.018	0.8			7.1			
18	.018	3.5			6.5			
19	.018	2.8			6.6			
20	.018	0.7			7.0			
21	.018	3.2			7.0			
22	.018	3.5			7.0			
23	.018	3.5			6.8			
24	.018	2.1			6.9			
25	.018	1.8			6.9			
26	.018	3.0			6.5			
27	.018	3.5			6.6			
28	.018	2.7			6.5			
29	.018	3.5			6.7			
30	.018	3.5			6.5			
31	.018	1.2			6.5			
101	0.558							
AVG	.018	2.6	19	8	6.8			76

Page 1 of 2

FLOW CALCULATIONS BASED ON LIFT STATION HOURS/PUMP RATES.

0298

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEBRUARY Year 1990

(1) CMS # 10147

M. E. Fisher C3189 3/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5534

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

(6) PERMIT NUMBER	(7) AVG FLOW MGD ESTIMATED	(8) DESIGN FLOW MGD	(9) TYPE
D0434509	0.019	0.0225	3C

(10) MAX FLOW (MGD) ESTIMATED	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.019	390	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				16	10

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

FRENZ ENTERPRISES HAULED SLUDGE 2/5/90 - 5,000 GAL

VOLATILE SOLIDS REDUCTION 18.8 %

SLUDGE STABILIZED WITH LIME

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C3189			

DER FORM 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COL. FORM (no/100 ml)
1	0.019	1.6			6.6			
2	.019	3.5			6.5			
3	.019	0.6			7.0			
4	.019	3.5			6.5			
5	.019	2.7			6.8			
6	.019	3.5			7.0			
7	.019	3.5			6.9			
8	.019	3.5			6.6			
9	.019	0.9			7.0			
10	.019	3.5			6.7			
11	.019							
12	.019	2.1			7.0			
13	.019	3.5			6.8			
14	.019	1.9			7.0			
15	.019	3.5			6.9			
16	.019	2.7	18	12	6.9			< 2
17	.019							
18	.019	1.2			7.2			
19	.019	2.4			7.0			
20	.019	3.5			6.5			
21	.019	3.5			6.6			
22	.019	2.9			6.7			
23	.019	3.5			6.8			
24	.019	3.0			6.8			
25	.019							
26	.019	3.5	14	8	6.9			
27	.019	3.5			6.7			
28	.019	2.7			6.7			
29								
30								
31								
TOT	.532							
AVG	.019	2.8	16	10	6.8			< 2

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS/PUMP RATES.

0299

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 10147

[signature] C3189 — Signature of Lead Operator in Charge — 4/6/90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO 407 334-5500

(6) PERMIT NUMBER (7) 3MS FLOW MGD (ESTIMATED) (8) DESIGN FLOW MGD (9) TYPE

DO43459 0.020 0.0225 2D

(10) MGD FLOW (MGD) (ESTIMATED) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 15

(16) TSS (mg/l) EFFLUENT 4

(17) pH 6.6

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE+NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 0.6

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL PERCOLATION POND

FRENZ ENTERPRISES HAULED SLUDGE: 3/30 90 5,000 GAL.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189

VOLATILE SOLIDS REDUCTION = 18.5%

SLUDGE STABILIZED WITH LIME.

DER Form 17-7.205(2) Effective November 30, 1982

Month MARCH Year 1990

(30)

	FLOW (mgd) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	3.5			6.5			
2	.020	3.5			6.4			
3	.020	1.6			6.8			
4	.020	1.2			6.9			
5	.020	2.7			7.0			
6	.020	3.5			6.5			
7	.020	3.5			6.5			
8	.020	0.8			6.8			
9	.020	3.5			6.5			
10	.020	0.6			6.9			
11	.020	0.8			6.8			
12	.020	3.5			6.3			
13	.020	3.5			6.5			
14	.020	3.5			6.5			
15	.020	0.7			7.0			
16	.020	0.8			6.9			
17	.020							
18	.020	0.6			7.1			
19	.020	3.5			6.5			
20	.020	3.5			6.0			
21	.020	1.2			6.9			
22	.020	3.5			6.4			
23	.020	1.3	15	4	6.8			< 1
24	.020	1.5			6.9			
25	.020	1.2			7.0			
26	.020	3.5			6.3			
27	.020	2.4			6.9			
28	.020	3.5			6.1			
29	.020	3.5			6.2			
30	.020	3.5			6.0			
31	.020	1.7			6.5			
101	.620							
AVG	.020	2.4	15	4	6.6			< 1

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS / PUMP RATES.

Page 1 of 2

0300

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

A-1

(1) GMS # 10147

C3139 — 5/9/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5578

(6) PERMIT NUMBER (7) AVG FLOW MGD (ESTIMATED) (8) DESIGN FLOW MGD (9) TYPE

FL0034509 0.019 0.0225 3.0

(10) MAX FLOW (MGD) (ESTIMATED) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[A] Membrane Filter
[ ] Most Probable Number

0.019 390

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFLU EFFLUENT EFFLUENT

3 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.6 0.4

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL PERCOLATION POND

NO SLUDGE HAULED

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3139

DER Form 17-1.205(7) Effective November 30, 1987

Month APRIL Year 1990

(30)

	FLOW (mgd) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	1.4			6.6			
2	.019	2.7			6.7			
3	.019	1.3			6.3			
4	.019	1.4			6.7			
5	.019	3.5			6.5			
6	.019	3.5			6.4			
7	.019	3.5			6.4			
8	.019							
9	.019	3.5			6.3			
10	.019	2.7			6.7			
11	.019	3.2	3	1	6.7			<1
12	.019	3.5			6.3			
13	.019	3.5			6.6			
14	.019	3.5			6.5			
15	.019							
16	.019	0.6			6.9			
17	.019	1.4			6.6			
18	.019	1.7			6.7			
19	.019	3.5			6.4			
20	.019	3.9			6.5			
21	.019	1.4			6.7			
22	.019	3.5			6.5			
23	.019	3.5			6.2			
24	.019	3.4			6.4			
25	.019	3.5			6.1			
26	.019	3.5			6.2			
27	.019	3.5			6.3			
28	.019							
29	.019	1.1			7.0			
30	.019	0.7			6.9			
31								
TOT	.570							
AVG	.019	2.6	3	1	6.6			<1

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS / PUMP RATED.

0301

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 10147

Wm E Fisher C3189 6/8/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (ESTIMATED) (8) DESIGN FLOW MGD (9) TYPE

D0434509 0.017 0.0225 3D

(10) MAX FLOW (MGD) (ESTIMATED) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[M] Membrane Filter
[ ] Most Probable Number

0.017 390

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD (lb/d) TSS (lb/d) INFLU EFFLUENT EFFLUENT

6 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.6 0.6

(24) POD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
/

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

No SLUDGE HAULED.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189

DER Form 17-7.205(7) Effective November 30, 1982

Month MAY Year 1990

(30)	FLOW (MGD) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.017	0.7			6.9			
2	.017	3.5			6.4			
3	.017	0.6			6.8			
4	.017	3.2			6.3			
5	.017							
6	.017	2.2			6.6			
7	.017	3.5			6.4			
8	.017	0.7			6.9			
9	.017	1.6	6	1	6.6			< 1
10	.017	3.0			6.6			
11	.017	3.5			6.5			
12	.017							
13	.017	0.7			6.8			
14	.017	1.2			6.7			
15	.017	1.5			6.7			
16	.017	2.5			6.5			
17	.017	1.7			6.6			
18	.017	3.5			6.0			
19	.017							
20	.017	2.1			6.5			
21	.017	3.5			6.0			
22	.017	3.5			6.7			
23	.017	3.5			6.9			
24	.017	3.0			6.8			
25	.017	3.5			6.5			
26	.017	3.5			6.2			
27	.017							
28	.017	3.5			6.6			
29	.017	1.8			6.9			
30	.017	3.0			6.8			
31	.017	3.5			6.8			
101	.527							
AVG	.017	2.5	6	1	6.6			< 1

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS/PUMP RATES.

Page 1 of 2

0302

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE 1990

10147

MR: E. Fuller C3189 7/11/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: FISHERMAN'S HAVEN

(2) PLANT ADDRESS: NE RUSTIC PLACE

(3) CITY: JENSEN BEACH (4) COUNTY: MARTIN PHONE NO. 407 334-5584

(5) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D0434509 ESTIMATED 0.018 0.0225 3D

(10) FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
ESTIMATED 0.018 390 [✓] Membrane Filter [ ] Most Probable Number

(13) PERCENT CONTRIBUTION FLOW MGD	BOD lbs/d	TSS lbs/d	(14) % FLOW DIFF.	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			→	7	1

(17) pH (SU)	(18) CHLORIDES mg/l	(20) NITRITE + NITRATE mg/l	(21) TKN mg/l	(22) AMMONIA mg/l	(23) FECAL COLIFORM MPN
6.7					0.7

(24) TOTAL P mg/l	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS

(27) SAMPLES: GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

(29) PLANT STAFFING: OPERATOR, SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189

(30) Facility Classification December 31, 1982

ENVIRONMENTAL SCIENCES CORP. HAULED 7,000 GAL OF DIGESTED SLUDGE ON 6/27/90.
11.3% VOL SOLIDS REDUCTION STABILIZED WITH LIME.

	FLOW (MGD) ESTIMATED	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.018	1.9			6.7			
2	.018	3.5			6.5			
3	.018	2.6			6.7			
4	.018	3.5			6.4			
5	.018	2.0			6.7			
6	.018	3.5			6.3			
7	.018	3.5			6.6			
8	.018	3.0			6.5			
9	.018	0.8			6.9			
10	.018							
11	.018	1.6			6.7			
12	.018	3.5			6.7			
13	.018	3.5	7	1	6.6			<1
14	.018	0.9			7.0			
15	.018	0.7			6.7			
16	.018	2.0			6.9			
17	.018	1.5			6.9			
18	.018	3.5			6.3			
19	.018	1.4			6.7			
20	.018	3.5			6.5			
21	.018	1.9			6.9			
22	.018	1.6			6.7			
23	.018	1.2			6.9			
24	.018	1.9			6.8			
25	.018	2.4			6.8			
26	.018	3.0			6.4			
27	.018	3.5			6.2			
28	.018	2.3			6.5			
29	.018	3.5			6.2			
30	.018	0.7			7.0			
31								
TOT	.540							
AVG	.018	2.3	7	1	6.7			<1

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS / PUMP RATES.

0303

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 10147

Wm E Fisher C3189 6/8/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (ESTIMATED) (8) DESIGN FLOW MGD (9) TYPE

D0434509 0.017 0.0225 3D

(10) MAX FLOW (MGD) (ESTIMATED) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[M] Membrane Filter
[ ] Most Probable Number

0.017 390

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD (lb/d) TSS (lb/d) INFLU EFFLUENT EFFLUENT

6 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.6 0.6

(24) POD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
/

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

No SLUDGE HAULED.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189

DER Form 17-7.205(7) Effective November 30, 1982

Month MAY Year 1990

(30)	FLOW (MGD) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.017	0.7			6.9			
2	.017	3.5			6.4			
3	.017	0.6			6.8			
4	.017	3.2			6.3			
5	.017							
6	.017	2.2			6.6			
7	.017	3.5			6.4			
8	.017	0.7			6.9			
9	.017	1.6	6	1	6.6			< 1
10	.017	3.0			6.6			
11	.017	3.5			6.5			
12	.017							
13	.017	0.7			6.8			
14	.017	1.2			6.7			
15	.017	1.5			6.7			
16	.017	2.5			6.5			
17	.017	1.7			6.6			
18	.017	3.5			6.0			
19	.017							
20	.017	2.1			6.5			
21	.017	3.5			6.0			
22	.017	3.5			6.7			
23	.017	3.5			6.9			
24	.017	3.0			6.8			
25	.017	3.5			6.5			
26	.017	3.5			6.2			
27	.017							
28	.017	3.5			6.6			
29	.017	1.8			6.9			
30	.017	3.0			6.8			
31	.017	3.5			6.8			
101	.527							
AVG	.017	2.5	6	1	6.6			< 1

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS/PUMP RATES.

Page 1 of 2

0302

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE 1990

10147

MR: E. Fuller C3189 7/11/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: FISHERMAN'S HAVEN

(2) PLANT ADDRESS: NE RUSTIC PLACE

(3) CITY: JENSEN BEACH (4) COUNTY: MARTIN PHONE NO. 407 334-5584

(5) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D0434509 ESTIMATED 0.018 0.0225 3D

(10) FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
ESTIMATED 0.018 390 [✓] Membrane Filter [ ] Most Probable Number

(13) PERCENT CONTRIBUTION FLOW MGD	BOD lbs/d	TSS lbs/d	(14) % FLOW DIFF.	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			→	7	1

(17) pH (SU)	(18) CHLORIDES mg/l	(20) NITRITE + NITRATE mg/l	(21) TKN mg/l	(22) AMMONIA mg/l	(23) FECAL COLIFORM MPN
6.7					0.7

(24) TOTAL P mg/l	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS

(27) SAMPLES: GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

(29) PLANT STAFFING: OPERATOR, SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189

(30) Facility Classification December 31, 1982

ENVIRONMENTAL SCIENCES CORP. HAULED 7,000 GAL OF DIGESTED SLUDGE ON 6/27/90.
11.3% VOL SOLIDS REDUCTION STABILIZED WITH LIME.

	FLOW (MGD) ESTIMATED	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.018	1.9			6.7			
2	.018	3.5			6.5			
3	.018	2.6			6.7			
4	.018	3.5			6.4			
5	.018	2.0			6.7			
6	.018	3.5			6.3			
7	.018	3.5			6.6			
8	.018	3.0			6.5			
9	.018	0.8			6.9			
10	.018							
11	.018	1.6			6.7			
12	.018	3.5			6.7			
13	.018	3.5	7	1	6.6			<1
14	.018	0.9			7.0			
15	.018	0.7			6.7			
16	.018	2.0			6.9			
17	.018	1.5			6.9			
18	.018	3.5			6.3			
19	.018	1.4			6.7			
20	.018	3.5			6.5			
21	.018	1.9			6.9			
22	.018	1.6			6.7			
23	.018	1.2			6.9			
24	.018	1.9			6.8			
25	.018	2.4			6.8			
26	.018	3.0			6.4			
27	.018	3.5			6.2			
28	.018	2.3			6.5			
29	.018	3.5			6.2			
30	.018	0.7			7.0			
31								
TOT	.540							
AVG	.018	2.3	7	1	6.7			<1

FLOW CALCULATIONS ARE BASED ON LIFT STATION HOURS / PUMP RATES.

0303

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

N 27-1
File

(1) ORC : 10147

Melvin E. Fisher C3189 — 8/6/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D0434509 — 0.018 Estimated — 0.0225 — 3D

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.018 Estimated — 390

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD — BOD (lb/d) — TSS (lb/d)

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 5

(16) TSS (mg/l) EFFLUENT: 3

(17) pH (18) FOTAL CHLORINE (mg/l) (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.8 — — — — — — 0.6

(24) BOD (mg/l) UPSTREAM DOWNSTREAM — (25) TIME/DATE OF SAMPLE — (25) DO (mg/l) UPSTREAM DOWNSTREAM — (26) EFFLUENT PARAMETER — VALUE — (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

No Sludge Hauled.

(29) PLANT STAFFING:

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

C3189

DER Form 17-21.205(3) Effective November 30, 1982

(30) Month JULY Year 1990

	FLOW (mgd) ESTIMATED	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.018	3.5			6.3			
2	.018	2.4			6.7			
3	.018	2.7			6.8			
4	.018	0.8			6.9			
5	.018	0.9			7.0			
6	.018	0.6			7.1			
7	.018	0.8			7.0			
8	.018	0.7			7.0			
9	.018	1.0			6.9			
10	.018	3.0			7.0			
11	.018	1.5			7.0			
12	.018	1.1			6.9			
13	.018	1.6			6.8			
14	.018	2.0			7.0			
15	.018	0.9			6.9			
16	.018	1.5			7.0			
17	.018	3.5			6.8			
18	.018	3.5			6.1			
19	.018	3.5			6.3			
20	.018	3.0	5	3	6.6			<1
21	.018							
22	.018	0.7			7.1			
23	.018	3.5			6.4			
24	.018	2.5			6.5			
25	.018	3.5			6.6			
26	.018	3.1			6.8			
27	.018	1.8			6.9			
28	.018	2.3			7.0			
29	.018							
30	.018	3.5			7.0			
31	.018	1.1			6.9			
TOT	.559							
AVG	.018	2.1	5	3	6.8			<1

Flow calculations based on lift station hours/pump rate.

0304

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

2 | Pet Enf

10147

Wm E Gruber C3189 9 7 90
Signature of Plant Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: FISHERMAN'S HAVEN

(2) PLANT ADDRESS: NE Rustid Place

(3) CITY: Jensen Beach (5) COUNTY: Martin PHONE NO. 407 334-5584

(4) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC43150277 ESTIMATED 0.018 0.025 3C

(6) MAX FLOW (MGD) ESTIMATED 0.023 (11) POP SERVED 390 (12) FECAL COLIFORM SAMPLE METHOD [✓] Membrane Filter [ ] Most Probable Number

(13) CHLORINE CONSUMPTION MGD PPM (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT > 7 (16) TSS (mg/l) EFFLUENT 1

(18) pH 6.5 su (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TKN mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.3

(24) TOD (mg/l) (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(17) DATE OF SAMPLE / /

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL PERCOLATION POND

No Sludge Hauled.

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189

EPA Form 3320-2 (Rev. 2-87) Previous editions are obsolete. November 30, 1987

August 1990

	Estimated Flow (mgd)	Calculated Residual (ppm)	BOD Effluent (mg/l)	TSS Effluent (mg/l)	pH Efficient (S.U.)	Total N (mg/l)	Total P (mg/l)	Fecal Coliform (no/100 ml)
1	.017	3.5			6.4			
2	.019	3.5			6.2			
3	.020	1.4			6.8			
4	.018	3.5			6.5			
5	.020	3.2			6.6			
6	.020	3.5			6.4			
7	.015	3.5			6.2			
8	.019	1.3			6.8			
9	.019	3.5			6.3			
10	.018	3.5			6.4			
11	.017	3.5			6.3			
12	.018							
13	.018	3.5			6.4			
14	.019	3.5			6.2			
15	.023	3.2			6.5			
16	.019							
17	.019	3.1			6.7			
18	.016	3.5			6.4			
19	.016	2.4			6.4			
20	.016	3.5			6.3			
21	.016	1.3			7.0			
22	.019	3.5	7	1	6.2			< 1
23	.019	2.1			6.7			
24	.016	3.5			6.4			
25	.016	3.0			6.6			
26	.017	2.2			6.8			
27	.017	3.5			6.3			
28	.020	3.5			6.9			
29	.020	3.5			6.6			
30	.018	3.5			6.9			
31	.018	3.5			6.7			
TOT	.566							
AVG	.018	3.1	7	1	6.5			< 1

Flow calculations based on lift station hours / pump rates.

0305

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: SEPT. Year: 1990

(1) DER: 10147

Melvin E. Fisher C3189 10/5/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5534

(6) PLANT NUMBER: DC43150277 (7) AVG FLOW MGD: 0.020 ESTIMATED (8) DESIGN FLOW MGD: 0.025 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.032 ESTIMATED (11) POP SERVED: 390 (12) FECAL COLIFORM SAMPLE METHOD: (X) Membrane Filter ( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Inf Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW INFIL ___ (15) BOD (mg/l) EFFLUENT 9 (16) TSS (mg/l) EFFLUENT 1

(17) pH: 6.6 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) NITRATE + NITRITE mg/l ___ (21) TOTAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm 2.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS): TIME/DATE OF SAMPLE ___

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: PERCOLATION POND

No Sludge Hauled.

(29) PLANT STAFFING:
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189

DER Form 17-707.205(7) Effective November 30, 1987

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.016	3.5			6.8			
2	.022							
3	.023	3.5			6.9			
4	.032	3.5			6.7			
5	.028	2.8			6.9			
6	.024	3.0			6.8			
7	.024	3.5			6.7			
8	.015							
9	.015	3.5			6.9			
10	.020	2.9			6.9			
11	.017	3.2			6.9			
12	.019	3.5			6.6			
13	.023	2.0			6.9			
14	.013	3.5	9	1	6.7			<1
15	.025	3.5			6.8			
16	.016							
17	.017	3.5			6.9			
18	.013	3.5			6.6			
19	.019	3.5			6.5			
20	.020	3.5			6.5			
21	.017	3.5			6.7			
22	.014	3.5			6.5			
23	.018							
24	.019	3.5			6.7			
25	.018	3.5			6.4			
26	.017	3.5			6.9			
27	.017	3.5			6.4			
28	.025	3.5			6.6			
29	.022	3.5			6.8			
30	.022	3.5			6.7			
31								
TOT	.585							
AVG	.020	3.3	9	1	6.6			<1

Final Coliform Dec Report

0306

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT OPERATING REPORT

Month: OCTOBER Year: 1990

10147

Mark E. Fuller C3189 11/5/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(4) PLANT NAME: FISHERMAN'S HAVEN / SSU SERVICES

(5) PLANT ADDRESS: NE RUSTIC PLACE

(6) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407-334-5544

(1) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC43150377 Estimated 0.021 0.025 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

Estimated 0.021 390 [✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Type Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
14 4

(17) pH (SU) (18) NITRATE (19) AMMONIA (20) NITRITE + NITRATE (21) TOTAL P (22) ORTHO P (23) COLOR RESID
6.7 mg/l mg/l mg/l mg/l mg/l ppm 3.2

(24) DO (mg/l) (25) DO (mg/l) (26) EFFLUENT
DOWNSTREAM DISTANCE/ZONE/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLES (28) TYPE EFFL DISPOSAL
GRAB PERCOLATION POND

(29) PLANT STAFFING: Environmental Sciences Inc Hauled 5,000 Gallons of Sewage on 10/4 to Volatile Solids Reduction 44.5%

(30) OPERATION SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night) Supervised by Lisa.
C3189

DER Form 17-21.205(3) Effective November 30, 1982

(31)

	FLOW (MGD) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	3.5			6.5			
2	.021	3.5			6.4			
3	.021	3.5			6.7			
4	.021	3.5			6.8			
5	.021							
6	.021	3.5			6.7			
7	.021	3.5			6.8			
8	.021	3.5			6.7			
9	.021	3.5			6.7			
10	.021	3.5			6.7			
11	.021	3.5			6.6			
12	.021	3.5			6.5			
13	.021	3.5			6.6			
14	.021	3.5			6.6			
15	.021	3.5			6.7			
16	.021	1.0			6.9			
17	.021	1.0	18	8	6.9			< 1
18	.021	3.5			7.0			
19	.021	3.5			7.0			
20	.021	3.5			6.9			
21	.021	3.5			6.9			
22	.021	1.8			7.0			
23	.021	2.4			6.9			
24	.021	3.5			6.7			
25	.021	3.5			6.7			
26	.021	3.5			6.6			
27	.021	3.5			6.8			
28	.021	3.5			6.8			
29	.021	2.1			6.9			
30	.021	3.5	10	1	6.6			
31	.021	3.0			6.9			
AVG	.021	3.2	14	4	6.7			< 1

Calculation of Flow is based on Lift Station Hours/Pump Rate.

Page 1 of 2

0307

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

A.

(1) FACILITY NO. 10147

Kevin E. Fuller C3189 12/5/90
(4) Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN / SSU SERVICES

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC43150277 0.017 (ESTIMATED) 0.025 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.017 (ESTIMATED) 390 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind. Flow MGD BOD lb/d TSS lb/d DIFF. EFFLUENT EFFLUENT
19 6

(17) TKN (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE + NITRITE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.7 3.5

(24) TOC (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DISCHARGE/SITE OF SAMPLE UPSTREAM DISTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
GRAB PERCOLATION POND

No SLUDGE HAULED

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189 C6553

DER Form 17-1.205(2) Effective November 30, 1982

Month: NOVEMBER Year: 1990

(30)

	FLOW (MGD) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.017	3.5			6.8			
2	.017							
3	.017	3.5			6.9			
4	.017	3.5			6.8			
5	.017	3.5			6.4			
6	.017	3.5			6.7			
7	.017	3.5			6.8			
8	.017	3.5			6.7			
9	.017	3.5	19	6	6.9			< 1
10	.017							
11	.017	3.5			6.6			
12	.017	3.5			6.5			
13	.017	3.5			6.4			
14	.017	3.5			6.7			
15	.017	3.5			6.6			
16	.017	3.5			6.8			
17	.017	3.5			6.8			
18	.017	3.5			6.8			
19	.017	3.5			6.8			
20	.017	3.5			6.8			
21	.017	3.5			6.8			
22	.017	3.5			6.8			
23	.017	3.5			6.9			
24	.017	3.5			6.8			
25	.017	3.5			6.8			
26	.017	3.5			6.3			
27	.017	3.5			6.4			
28	.017	3.5			6.8			
29	.017	3.5			6.7			
30	.017	3.5			6.5			
31								
TOT	0.510							
AVG	.017	3.5	19	6	6.7			< 1

0308

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: DECEMBER Year: 1990

(1) ORC: 10147

Melvin E. Fulton C3189 1/6/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FISHERMAN'S HAVEN / SSU SERVICES

(3) PLANT ADDRESS: NE RUSTIC PLACE

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER: DC43150277 (7) AVG FLOW MGD: 0.018 ESTIMATED (8) DESIGN FLOW MGD: 0.025 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.023 ESTIMATED (11) POP SERVED: 390 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW IMFIL ___ (15) BOD (mg/l) EFFLUENT 7 (16) TSS (mg/l) EFFLUENT 1

(17) pH: 6.6 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) NITRITE + NITRATE mg/l ___ (21) TOTAL P mg/l ___ (22) OPTION P mg/l ___ (23) CHLOR RESID mg/l 1.2

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE ___ (25) DO (mg/l) UPSTREAM DOWNSTREAM ___ (26) EFFLUENT PARAMETER ___ CALC. (UNITS) ___

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: PERCOLATION POND

ENV. SCIENCES INC. HAULED 5,000 GALLONS OF DIGESTER SLUDGE ON DEC. 6, 1990.

(29) PLANT STAFFING

LEAD OPERATOR: C3189 SHIFT 1 (Day): C6553 SHIFT 2 (Evening): SHIFT 3 (Night): ___

DEP Form 17-21.205(7) Effective November 30, 1982

(30)

	FLOW (MGD) (ESTIMATED)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.018	3.0			6.5			
2	.018							
3	.014	3.5			6.7			
4	.017	3.5			6.5			
5	.017	3.5			6.5			
6	.016	3.5			6.7			
7	.016	3.5			6.6			
8	.018	3.5			6.8			
9	.018	3.5			6.8			
10	.018	3.5			6.6			
11	.013	3.5			6.6			
12	.017	1.5			6.9			< 1
13	.018	1.2	7	1	6.9			
14	.016	3.5			6.7			
15	.018							
16	.018	3.5			6.8			
17	.014	3.5			6.6			
18	.021	3.5			6.5			
19	.018	2.4			6.8			
20	.014	3.5			6.6			< 1
21	.018	3.5			6.7			
22	.019							
23	.019	3.5			6.6			
24	.021	3.5			6.8			
25	.017	3.5			6.7			
26	.021	3.5			6.8			
27	.013	3.5			6.5			
28	.020	3.5			6.7			
29	.020	3.5			6.6			
30	.023	3.5			6.5			
31	.019	3.5			6.6			
TOT	.547							
AVG	.018	3.3	7	1	6.6			< 1

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0309

Florida Central Comm. Park - 340

Seminole County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 01 Year 1991

(1) DER: 3059PO186 / Scott Tilley 02-6-91
Signature of Treatment Plant Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hoyt Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5424

(6) PERMIT NUMBER: DC-59155088 (7) AVG FLOW MGD: 0.03 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.032 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 3.0 (16) TSS (mg/l) EFFLUENT 1.8

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) C-5128 SHIFT 2 (Evening) C-7676 SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU
1	0.033	1.6	–	–	6.6				0.40
2	0.025	3.2	2.0	21	6.7				0.20
3	0.04	4.7		<1	6.7				0.33
4	0.032	2.3		<1	6.7				0.34
5	0.017	18.7		<1	6.6				0.35
6	0.025	1.2		<1	6.6				0.35
7	0.006	3.9		<1	6.6			21	0.33
8	0.017	1.4		1	6.8				0.31
9	0.022	1.1	1.0	2	6.6				0.30
10	0.011	37		=	6.6				0.50
11	0.009	6.9		3	6.7				0.37
12	0.004	1.6		21	6.7				0.49
13	0.006	1.1		<1	6.8				0.44
14	0.011	1.5		2	6.9			21	0.47
15	0.014	1.2		1	6.7				0.53
16	0.037	8.5	3.0	1	6.7				0.52
17	0.015	3.1		2	6.7				0.50
18	0.017	3.1		1	6.7				0.20
19	0.023	4.3		2	6.6				0.55
20	0.008	2.3		1	6.7				0.53
21	0.004	3.7		2	6.7			21	0.52
22	0.017	3.2		=	6.7				0.47
23	0.019	2.3	3.1	=	6.7				0.47
24	0.032	3.6		21	6.7				0.36
25	0.016	5.3		<1	6.7				0.49
26	0.012	9.3		2	6.6				0.49
27	0.021	1.0		41	6.6				0.51
28	0.013	3.3		<1	6.6			21	0.50
29	0.023	3.2		<1	6.7				0.50
30	0.016	4.1	3.0	16	6.7				0.37
31	0.021	4.3		1	6.6				0.34
TOT	0.615	134.1	13.0	30	207.6			41	14.9
AVG	0.013	4.4	3.0	1.8	6.6			2.2.7	0.48

* JANUARY 2nd TURBIDITY METER OUT OF SERVICE, ONLY ON LINE SAME DAY
JANUARY 2nd FECAL OUT OF COMPLIANCE, DID NOT RECEIVE RESULT UNTIL AFTER JAN. 31

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0310

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 02 Year 91

(1) DER I.D. # 305901561 Scott F-Byz C-5128 03-7-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park
(3) PLANT ADDRESS: 140 Hope Street
(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5434
(6) PERMIT NUMBER FL-59155068 (7) AVG FLOW MGD 0.018 (8) DESIGN FLOW MGD 0.025 (9) TYPE 3C
(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number
(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW WWTF (15) BOD (mg/l) EFFLUENT 2.2 (16) TSS (mg/l) EFFLUENT 1.4
(17) pH 6.7 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0
(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)
(27) TYPE SAMPLE(S) Comb (28) TYPE EFFL DISPOSAL Spray Irrigation
(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) C-5128 SHIFT 2 (Evening) C-7674 SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN
1	0.022	1.5		<1	6.7				0.48
2	0.023	3.0		1	6.7				0.49
3	0.006	1.9		1	6.6				0.30
4	0.001	1.1		1	6.6				0.33
5	0.020	1.2		<1	6.7				0.35
6	0.031	1.5	2.0	2	6.6			<1	0.37
7	0.014	3.0		<1	6.6			<1	0.34
8	0.006	4.5		<1	6.7			<1	0.33
9	0.012	2.5		<1	6.7				0.36
10	0.02~	2.3		<1	6.6				0.36
11	0.00~	3.7		<1	6.7				0.32
12	0.037	3.1		1	6.5				0.33
13	0.020	4.6	3.0	<1	6.6			<1	0.36
14	0.032	3.9		<1	6.6				0.36
15	0.016	4.0		2	6.7				0.33
16	0.015	3.3		2	6.6				0.32
17	0.009	1.2		<1	6.6				0.31
18	0.009	3.1		1	6.5			<1	0.31
19	0.030	4.0		—	6.7				0.33
20	0.017	4.3	2.0	2	6.8				0.33
21	0.015	4.6		2	6.7				0.30
22	0.021	4.7		2	6.7				0.30
23	0.029	1.2		3	6.7				0.30
24	0.010	1.1		<1	6.7				0.29
25	0.001	4.2		<1	6.6				0.30
26	0.029	1.9		<1	6.7				0.29
27	0.031	3.9	2.0	—	6.6			A	0.29
28	0.027	2.5		—	6.4				0.31
29									
30									
31									
TOT	0.515	101.3	9.0	35	186.2			29	14.32
AVG	0.018	3.6	2.2	1.4	6.7			4	0.52

0311

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

DEP Form

Month 03 Year 91

(1) DER: 30594P01561

Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO.: 407-339-5424

(6) PERMIT NUMBER: DC-591558 (7) AVG FLOW MGD: 0.018 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.038 (11) POP SERVED: Commercial

(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFLT

(15) BOD (mg/l) EFFLUENT: 25

(16) TSS (mg/l) EFFLUENT

(17) pH: 6.7 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID PPM: 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Comb

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day): C-5128 SHIFT 2 (Evening): C-7676 SHIFT 3 (Night):

DER Form 17-1.20(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU's
1	0.036	1.0		<1	6.4				0.33
2	0.027	4.3		1	6.4				0.34
3	0.015	3.7		1	6.4			A	0.34
4	0.015	1.1		1	6.3				0.34
5	0.029	4.5		<1	6.3				0.34
6	0.028	3.5	3.0	<1	6.4				0.34
7	0.033	3.5		<1	6.5				0.35
8	0.048	3.5		<1	6.5				0.46
9	0.021	6.4		<1	6.5				0.34
10	0.023	6.2		1	6.7				0.34
11	0.009	4.0		<1	6.4			A	0.33
12	0.006	4.3		<1	6.5				0.33
13	0.029	10.6	3.0	<1	6.7				0.34
14	0.009	4.2		<1	6.4				0.33
15	0.020	6.4		<1	6.6				0.39
16	0.018	16.2		<1	6.6				0.45
17	0.026	3.5		<1	6.5				0.50
18	0.007	2.3		<1	6.7			A	0.32
19	0.038	6.5		<1	6.9				0.34
20	0.025	6.1	3.0	1	6.9				0.45
21	0.021	10.3		<1	6.9				0.46
22	0.025	10.4		<1	6.9				0.47
23	0.000	1.6		<1	6.7				0.46
24	0.007	4.6		<1	6.6				0.47
25	0.003	5.9		<1	6.7			B	0.46
26	0.023	10		1	6.7				0.49
27	0.041	4.5	3.0	<1	6.6				0.48
28	0.029	2.9		<1	6.7				0.46
29	0.019	2.9		1	6.7				0.47
30	0.020	2.9		1	6.7				0.47
31	0.006	2.5		<1	6.6				0.52
TOT	0.585	133.3	9.0	32	207.1			B	15.44
AVG	0.018	4.39	3.0	<1	6.7				0.49

* P = PHOSPHORUS OR CHLORINE

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0312

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 04 Year 91

(1) DER # 305NO1561 Scott Talbot 06-4-91
Signature of Plant Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5424

(6) PERMIT NUMBER: FC-59155080 (7) AVG FLOW MGD: 0.052 (8) DESIGN FLOW MGD: 0.085 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.165 (11) POP SERVED: Commercial (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD — BOD lb/d — TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 1.9

(16) TSS (mg/l) EFFLUENT: 2.6

(17) pH: 6.7 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Comp

(28) TYPE EFF. DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 2 (Evening): C-7676 SHIFT 3 (Night)

DER Form 17-1.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	
1	0.001	9.6		1	6.5			A	0.52
2	0.081	8.5		1	6.7				0.99
3	0.033	7.5		—	6.6				0.95
4	0.021	4.2	30	1	6.6				0.42
5	0.018	1.6		<1	6.8				0.38
6	0.024	1.0		1	6.9				0.40
7	0.003	2.0		1	6.9				0.39
8	0.004	3.2		<1	6.9			A	0.37
9	0.035	2.1		—	6.9				0.36
10	0.020	1.7		—	6.9				0.44
11	0.025	10.3	<10	1	6.6				0.44
12	0.033	2.6		<1	6.6				0.44
13	0.029	1.8		<1	6.7				0.45
14	0.008	2.8		<1	6.8			A	0.42
15	0.002	2.9		<1	6.8				0.42
16	0.030	1.3		3	6.7				0.43
17	0.027	2.9	4.5	—	6.5				0.43
18	0.029	1.0		1	6.6				0.43
19	0.033	1.1		2	6.7				0.49
20	0.027	1.0		1	6.7				0.44
21	0.005	1.3		<1	6.6				0.43
22	0.007	3.3		<1	6.7			A	0.39
23	0.028	4.2		2	6.6				0.45
24	0.105	4.3	<2	—	6.8				0.46
25	0.314	1.9		<1	6.8				0.42
26	0.035	1.9		<1	6.7				0.43
27	0.009	4.6		<1	6.6				0.43
28	0.009	3.9		<1	6.6				0.41
29	0.009	4.5		6	6.8			A	0.50
30	0.015	2.2		3	6.7				0.42
31									
TOT	0.977	114.5	7.5	64	209.7			A	15.2
AVG	0.052	3.7	1.9	2	6.7			A	0.49

04-04-91 pond lightning illuminated treated to plant Page 1 of 2
Extensive flooding in disposal field to plant level from RAINS/Intense.
04-25-91 pick up to flow meter, due to heavy pond level from RAINS/Intense. Flooding in Effluent Flow Reading (minimum outside), Both Flows are the same

TNC Eng

0313

0314

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT OPERATING REPORT

Month 05 Year 91

(1) OPS Operator: Fred T. [illegible] — 6-4-91
Signature of Plant Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Florida Central Commerce Park

(3) PLANT ADDRESS: 140 Hoyt Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 339-5424

(6) PERMIT NUMBER: DO59-175077 (7) AVG FLOW MGD: 0.032 (8) DESIGN FLOW MGD: 0.075 (9) TYPE: 3C

* (10) MAX FLOW (MGD): 3.07 (11) POP SERVED: 215

(12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 3.0

(16) TSS (mg/l) EFFLUENT: 1.2

(17) pH: 6.1 (18) TOTAL N mg/l | (19) AMMONIA mg/l | (20) NITRITE + NITRATE mg/l | (21) TOTAL P mg/l | (22) ORTHO P mg/l | (23) CHLOR RESID ppm: [illegible]

(24) BOD (mg/l) UPSTREAM DNSTREAM FDD/DATE OF SAMPLE: [illegible]

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TSS SAMPLE(S): [illegible]

(28) TYPE EFFL DISPOSAL: Spray Field Site

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 1 (Day) C-[illegible] SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-[illegible] Effective November 30, 1982

(30) DATE	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN
1	0.024	1.0	2.0	2.0	6.6				0.42
2	0.022	0.1		<1.0	6.6				0.42
3	0.033	4.7		<1.0	6.5				0.41
4	0.035	6.7		5.0	6.6				0.44
5	0.010	1.0		<1.0	6.4			A	0.44
6	0.005	4.2		<1.0	6.7				0.42
7	0.029	2.4		<1.0	6.7				0.42
8	0.030	4.4	2.0	<1.0	6.6				0.42
9	0.032	2.8		<1.0	6.6				0.42
10	0.026	6.8		<1.0	6.5				0.41
11	0.032	5.0		<1.0	6.6				0.44
12	0.005	3.5		<1.0				A	0.43
13	0.012	6.0		<1.0	6.8				0.44
14	0.019	2.0		<1.0	6.8				0.42
15	0.033	7.2	6.0	5.0	6.6				0.43
16	0.019	3.0		1.0	6.7				0.44
17	0.036	2.6		1.0	6.8				0.16
* 18	0.026	5.6		1.0	6.7				0.16
19	0.019	1.6		1.0	6.7			A	0.15
20	0.015	5.4		1.0	6.8				0.14
21	0.031	8.9		1.0	6.7				0.12
22	0.033	4.0	2.0	2.0	6.7				0.12
23	0.164	1.9		2.0	6.7				0.12
24	0.093	5.7		1.0	6.6				0.13
25	0.044	4.1		<1.0	6.7				0.08
26	0.017	5.4			6.7				0.05
27	0.027	3.2			6.6				0.05
28	0.028	8.9		1.0	6.6			A	0.06
29	0.044	7.0		1.0	6.5				0.06
30	0.032	7.6		1.0	6.7				0.37
31	3.384	4.1		1.0	6.7				3.84
101	1.903	1.97	12.0	36.0	6.5			A	0.23
AVG	0.032	3.5	3.0	1.2	6.7				

* 06-18-91 TURNED MOTOR ON RETURNED PUMP AFTER FLOW CHANGE OUT
* 06-23-91 BACK IN FLOW WITH CHANGE OUT
* 06-23-91 " " " " " " " "

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 06 Year 91

(1) GNC # 3059FC01561

Signature of Lead Operator in Charge — Date 07-8-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5124

(6) PERMIT NUMBER: 11059-195077 (7) AVG FLOW MGD: 0.026 (8) DESIGN FLOW MGD: 0.05 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.046 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT: 2.7 (16) TSS (mg/l) EFFLUENT: 1.4

(17) pH: 6.7 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RES'D ppm: 4.1

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FLOW/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5120 SHIFT 1 (Day): C.T.C. SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-1.201(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NH3-N
1	0.026	4.1		<1.0	6.6				0.27
2	0.026	3.7		1.5	6.6				0.25
3	0.026	3.7		<1.0	6.6			A	0.13
4	0.034	4.1		1.0	6.7				0.24
5	0.034	2.9	5.1	1.0	6.5				0.07
6	0.041	3.6		1.0	6.6				0.53
7	0.032	2.6		1.0	6.4				0.23
8	0.026	2.9		1.0	6.7				0.15
9	0.026	2.7		1.0	6.7				0.17
10	0.030	2.8		3.0	6.7			A	0.17
11	0.024	2.5		4.0	6.7			A	0.13
12	0.034	2.7	1.0	3.0	6.5			A	0.17
13	0.039	3.2		3.0	6.7			A	0.13
14	0.039	2.3		—	6.5				0.13
15	0.039	3.7		—	6.6				0.14
16	0.035	4.7		1.0	6.6				0.05
17	0.035	4.9		1.0	6.6			A	0.11
18	0.026	1.1		1.0	6.5			A	0.10
19	0.032	3.5	2.0	<1.0	6.5			A	0.09
20	0.039	3.5		1.0	6.7			A	0.11
21	0.035	3.5		2.0	6.6				0.12
22	0.034	3.5		1.0	6.7				0.11
23	0.046	3.0		2.0	6.7				0.11
24	0.037	4.1		2.0	7.1			A	0.11
25	0.039	2.3		<1.0	6.5			A	0.07
26	0.034	2.3		<1.0	6.7			A	0.06
27	0.035	1.3	2.7	1.0	6.6			A	0.07
28	0.046	3.5		1.0	6.7				0.08
29	0.034	2.0		1.0	6.6				0.10
30	0.012	1.4		—	6.7				0.08
31									
TOT	0.777	86.78	10.8	35.5	200.7			A	4.25
AVG	0.026	2.5	2.7	1.2	6.7			A	0.14

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0315

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 91

(2) Plant's DER Identification Number 3059 P01561

(3) Plant Name Florida Central Commerce Park Waste Water Plant

(4) Plant Address 140 Hope st.

(5) City Longwood

(6) County Seminole

(7) Phone Number 339-5424

(8) Permit Number DO/S9 19 50 77

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Spray irrigation w/ public access

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C7676 Cert. No.

Evening Shift Operator Class / Cert. No.

Night Shift Operator Class / Cert. No.

Lead Operator [signature] Signature CS128 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.041
(17) Permitted capacity	mgd	–	0.095
(18) Three-month average daily flow	mgd	–	0.033
(19) Percent of permitted capacity	%	–	34.73
(20) $CBOD_5$ Effluent	mg/L	080082	3.00
(21) $CBOD_5$ Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	2.25
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH		–	6.5
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	0.39
(32) Maximum Chlorine Residual	mg/L	–	6.7
(33) Other Effluent Parameters			
NO3	AVG.		0.81

Domestic Wastewater Treatment Plant
Monthly Operating Report

DEP V2

(34) Month July Year 91 FD

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	N.T.U.'S
1	0.009	1.12					15	7.0					A	0.10
2	0.087	2.2					1.0	6.9					A	0.08
3	0.058	5.9		208	116	3.4	1.0	6.6					A	0.14
4	0.040	3.0					<1.0	6.5					—	0.09
5	0.006	3.5					4.0	6.8					A	0.09
6	0.030	3.5					<1.0	6.7					—	0.05
7	0.014	0.78					<1.0	6.7					—	0.04
8	0.019	4.7					<1.0	6.5					A	0.05
9	0.020	4.4					<1.0	6.7					A	0.09
10	0.004	2.1					—	6.5					A	0.10
11	0.032	2.0		305	242	2.0	<1.0	6.5					A	0.91 *
12	0.035	1.0					<1.0	6.5					—	0.05
13	0.019	1.0					<1.0	6.5					—	0.37
14	0.040	7.7					<1.0	6.7					—	0.49
15	0.001	2.2					<1.0	6.7					A	0.66
16	0.030	1.4					<1.0	6.5					A	0.83
17	0.051	1.7					<1.0	6.5					A	0.84
18	0.025	2.6		153	136	2.0	<1.0	6.5					A	1.01
19	0.038	5.2					<1.0	6.6					—	1.04
20	0.038	2.1					3.0	6.6					—	0.37
21	0.015	3.5					<1.0	6.5					—	1.00
22	0.007	0.5					<1.0	6.6					A	1.00
23	0.034	0.5					<1.0	7.1					A	0.94
24	0.037	0.34					<1.0	6.5					A	1.08
25	0.034	3.5		193	184	4.6	6.0	6.5					A	0.76 *
26	0.041	3.5					8.5	6.5					A	2.0 *
27	0.033	3.5					8.5	6.6					—	5.5 *
28	0.005	1.2					6.5	6.5					—	1.3 *
29	0.013	6.5					7.5	6.7					A	1.0 *
30	0.035	1.8					2.5	6.7					A	0.77
31	0.036	1.4					2.5	6.7					—	0.92

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: C-5128

Name (Please Type): SCOTT IAGGI

Company Name: SOUTHERN STATES UTILITIES

Date: 08-5-91

Telephone No (Please Type): 407-880-0058

PLANT NO. 407-339-5424

Page 3 of 3

* NTU MONITOR UNCALIBRATED (JULY 11, 91)

* SMOKE TEST ON SYSTEM - DER NOTIFIED (JULY 25-29)

DER Form 17-601.300(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Place # for DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month 08 Year 91

(2) Plant's DER Identification Number 3059P0156/

(3) Plant Name Florida Central Commerce Park W.W.T.P.

(4) Plant Address 140 Hoyt Street

(5) City Longwood

(6) County Seminole

(7) Phone Number 339-5424

(8) Permit Number FL0059507/

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
___ Membrane Filter ___ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Spray Irrigation w/Public Access

(13) Limited Wet Weather Discharge Activated
___ Yes ___ No ___ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C 7676 Cert. No.
Evening Shift Operator Class ___ Cert. No.
Night Shift Operator Class ___ Cert. No.
Lead Operator [signature] Signature C-5128 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.02
(17) Permitted capacity	mgd	–	0.09
(18) Three-month average daily flow	mgd	–	0.08
(19) Percent of permitted capacity	%	–	–
(20) $CBOD_5$ Effluent	mg/L	080082	1.5
(21) $CBOD_5$ Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071650	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	9.9
(33) Other Effluent Parameters			

Page 2 of 3

DER Form 17-6[illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month 08 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO3+NO2
1	0.046	1.0					1.0	6.7					A	0.67
2	0.030	9.9					<1.0	6.7						0.73
3	0.031	2.1					<1.0	6.6						1.04
4	0.016	3.5					<1.0	6.8						0.52
5	0.014	1.6					2.0	6.9					A	0.99
6	0.030	1.6					2.5	6.9					A	0.99
7	0.029	3.5				2.0	1.0	6.7					A	0.45
8	0.030	3.1					<1.0	6.8					A	1.12
9	0.034	9.9					2.0	6.7						0.91
10	0.035	5.8					2.0	6.8						0.73
11	0.012	2.1					<1.0	6.7						1.99
12	0.015	3.5					3.0	6.7					A	0.78
13	0.044	1.5					4.5	6.7					A	0.95
14	0.033	3.5				1.0	<1.0	6.7					A	0.54
15	0.038	3.5					<1.0	6.7					A	1.14
16	0.054	3.5					<1.0	6.6						0.70
17	0.025	3.5					<1.0	6.7						1.37
18	0.029	3.0					<1.0	6.7						1.30
19	0.003	3.5					4.0	6.5					C	1.40
20	0.036	1.2					<1.0	6.6					A	1.36
21	0.028	6.2					<1.0	6.5					A	1.00
22	0.024	9.6					<1.0	6.5					A	1.43
23	0.014	4.5					<1.0	6.6						2.31
24	0.020	8.8					<1.0	6.6						1.57
25	0.060	3.5					1.5	6.5						0.65
26	0.026	3.5					<1.0	6.7					A	0.64
27	0.033	3.0					2.0	6.7					A	0.93
28	0.032	4.9					<1.0	6.6					A	0.79
29	0.026	6.0					<1.0	6.6					A	0.75
30	0.025	6.7					<1.0	6.6						0.76
31	0.027	4.7					<1.0	6.7						0.78

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signed: Scott Tabaggi

Name (Please Type): SCOTT TABAGGI

Company Name: Southern States Utilities

Date: 09-11-91

Telephone No. (Please Type): 407-880-0058
PLANT # 407-339-5424

Page 3 of 3

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Place # on DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991
(2) Plant's DER Identification Number 3059401561
(3) Plant Name FLORIDA CENTRAL COMMERCE PARK
(4) Plant Address 140 HOPE STREET
(5) City LONGWOOD
(6) County SEMINOLE
(7) Phone Number 407-339-5424
(8) Permit Number FL 0119507
(9) Plant Type 3C
(10) Test Site Identification Number
(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number
(12) Type of Effluent Disposal or Reclaimed Water Reuse SPRAY IRRIGATION / PUBLIC ACCESS
(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable
(14) Cumulative Days of Wet Weather Discharge
(15) Plant Staffing
Day Shift Operator Class C Cert. No. 26736
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Scott T. Ellis Signature C-5128 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.017
(17) Permitted capacity	mgd	—	0.095
(18) Three-month average daily flow	mgd	—	0.028
(19) Percent of permitted capacity	%	—	29.5
(20) $CBOD_5$ Effluent	mg/L	080082	3.5
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.12
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.4
(25) Maximum pH		—	6.8
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	11.6
(33) Other Effluent Parameters			
DTO (Avg.)			0.78

DEH Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Monthly Operating Report
Effective Date: July 1, 1991
DEH Application No.: ____ Permit # or SIC#

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month SEPTEMBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NTU's
1	0.007	8.1					<1.0	6.5						1.0
2	0.014	3.5					<1.0	6.5						0.9
3	MAINT. DOWN	10.1					<1.0	6.5					A	0.9
4	0.017	1.0					<1.0	6.4					A	0.9
5	0.021	11.6					<1.0	6.6					A	1.21
6	0.029	8.7					2.5	6.6						1.39
7	0.024	7.6					<1.0	6.6						1.52
8	0.005	2.3					<1.0	6.8						0.40
9	0.003	1.2					<1.0	6.7					A	0.50
10	0.016	5.4					<1.0	6.4					A	0.54
11	0.021	2.5					1.0	6.5					A	0.76
12	0.027	5.6	4.5		2.0	<1.0	6.5						A	0.87
13	0.021	1.0					1.0	6.6						0.39
14	0.035	6.1					<1.0	6.6						0.63
15	0.012	4.3					1.0	6.5						0.63
16	0.004	2.3					1.5	6.5					A	0.73
17	0.018	1.2					5.0	6.4					A	0.86
18	0.030	5.2					2.0	6.5					A	0.78
19	0.033	5.7	1.60		5.0	1.5	6.5						A	0.62
20	0.032	3.1					<1.0	6.5						0.64
21	0.016	4.1					<1.0	6.6						0.74
22	0.010	2.3					<1.0	6.7						0.74
23	0.004	5.1					<1.0	6.6					A	0.52
24	0.013	9.5					—	6.5					A	0.64
25	0.020	4.4					<1.0	6.5					A	0.92
26	0.019	6.8					<1.0	6.5						0.90
27	0.023	7.0					<1.0	6.5					A	0.87
28	0.015	2.5					<1.0	6.5						0.32
29	0.006	5.2					<1.0	6.7						0.65
30	0.008	4.3					—	6.7						0.77

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Scott Foster

Date: 10-30-91

Name (Please Type): SCOTT T. EDGE

Company Name: SOUTHERN STATES UTILITIES, INC.

Telephone No. (Please Type): PLANT SITE 407-323-1... OFFICE 407-656-... HOME 407-...

Page 1 of 1

DER Form 17-601.(3)(7) Effective Date July 1, 1991 DER Application No. (Place # on DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 30-59P01561

(3) Plant Name Fla. Central Commerce Park W.W.T.P.

(4) Plant Address 140 Hoyt Street

(5) City Longwood

(6) County Seminole

(7) Phone Number 407-339-5424

(8) Permit Number FLO 5919507

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Spray Irrigation / Returned to public Access

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7626

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Jerry Tolley (Signature) C-5128 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.022
(17) Permitted capacity	mgd	—	0.05
(18) Three-month average daily flow	mgd	—	0.022
(19) Percent of permitted capacity	%	—	23%
(20) $CBOD_5$ Effluent	mg/L	080082	1.2
(21) $CBOD_5$ Effluent	lbs/day	—	-
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	—	-
(24) Minimum pH		—	6.7
(25) Maximum pH		—	6.6
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.1
(32) Maximum Chlorine Residual	mg/L	—	8.7
(33) Other Effluent Parameters			-
NTU's (turbidity)			0.53

DER Form 17-601.(3)(a)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 1991

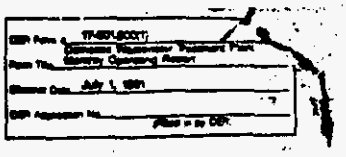
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	A.T.U.*
1	0.023	4.4					1.5	6.6					A	0.58
2	0.023	1.1					1.0	6.5					A	0.69
3	0.026	6.6					2.0	6.5					A	0.63
4	0.024	5.2					1.0	6.5						0.92
5	0.034	8.0					1.0	6.3						0.78
6	0.007	4.2					1.5	6.6						0.82
7	0.003	3.7					1.0	6.6					A	0.58
8	0.024	3.3					-	6.5					A	0.63
9	0.025	8.7					-	6.5						0.48
10	0.030	5.2	165		1.1	1.0	1.0	6.3					A	0.68
11	0.016	3.4					1.0	6.5						0.66
12	0.033	4.4					1.0	6.5						0.54
13	0.006	2.3					-	6.4						0.44
14	0.005	2.0					1.0	6.4					A	0.40
15	0.026	1.2					1.0	6.5					A	0.45
16	0.018	1.3	10.3		1.9	-	6.5						A	0.32
17	0.016	7.7					4.0	6.5					F	0.38
18	0.024	4.2					-	6.3						0.58
19	0.024	3.6					-	6.3						0.73
20	0.003	1.5					2.0	6.5						0.61
21	0.003	1.4					-	6.5					A	0.38
22	0.024	4.3					4.5	6.5					A	0.61
23	0.029	4.3					3.5	6.5					F	0.37
24	0.032	4.0					3.0	6.5					A	0.33
25	0.042	4.2					3.5	6.5						0.33
26	0.041	3.8					3.0	6.3						0.33
27	0.014	1.6					-	6.5						0.38
28	0.006	1.8					-	6.5					A	0.38
29	0.036	6.0					1.0	6.4					A	0.32
30	0.033	6.1					1.0	6.4						0.33
31	0.039	6.1					1.0	6.5					A	0.26

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Scott T. Jaggi Date: 11/1/91

Name (Please Type): SCOTT T. JAGGI

Company Name: SOUTHERN STATES UTILITIES Telephone No. (Please Type): 407-339-5424



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month November Year 91

(2) Plant's DER Identification Number 3059P01561

(3) Plant Name Fla. Central Comm. Prod. Wastewater Treatment Plant

(4) Plant Address 140 Hope Street

(5) City Longwood

(6) County Seminole

(7) Phone Number 407-339-5424

(8) Permit Number FLO 59195077

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Spray Irrigation / Reclaimed Water to Public Access

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7676

Evening Shift Operator Class Cert. No.

Night Shift Operator Class A Cert. No.

Lead Operator [signature] Signature C-5126 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.030
(17) Permitted capacity	mgd	–	0.075
(18) Three-month average daily flow	mgd	–	0.023
(19) Percent of permitted capacity	%	–	25%
(20) $CBOD_5$ Effluent	mg/L	080082	3.0
(21) $CBOD_5$ Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	1.2
(32) Maximum Chlorine Residual	mg/L	–	12.7
(33) Other Effluent Parameters			—
N.T.U.'s (Average)			0.30

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Area in Side)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 11 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	N.T.U.'s
1	0.007	1.4					1.0	6.5						0.40
2	0.026	6.1					1.0	6.5						0.55
3	0.006	3.3					1.0	6.5						0.55
4	0.004	3.2					1.0	6.4					A	0.25
5	0.016	3.9					1.0	6.5					A	0.19
6	0.025	3.7					1.0	6.5					A	0.28
7	0.033	1.2					1.0	6.4					A	0.25
8	0.030	12.3					1.0	6.5					A	0.23
9	0.093	10.0					1.0	6.5						0.16
10	0.008	4.8					1.0	—						0.24
11	0.006	6.7					1.0	6.4					A	0.29
12	0.025	4.4					1.0	6.4					A	0.23
13	0.024	3.7					—	6.4					A	0.16
14	0.096	4.4					—	6.5					A	0.16
15	0.054	12.8					—	6.3						0.29
16	0.050	9.3					—	6.5						0.25
17	0.030	12.7					1.0	7.6						0.37
18	0.004	9.4					1.0	6.5					A	0.33
19	0.055	3.6					—	6.3						0.31
20	0.059	4.3				4.0	1.0	6.5					A	0.30
21	0.059	4.4					1.0	6.5					A	0.22
22	0.054	6.2					—	6.4					A	0.31
23	0.048	4.9					—	6.5						0.19
24	0.024	3.7					—	6.5						0.19
25	0.012	5.0					1.0	6.8					A	0.22
26	0.033	3.2					1.0	6.4					A	0.32
27	0.023	3.1				2.0	1.0	6.5					A	0.33
28	0.033	3.5					1.0	6.5					A	0.24
29	0.013	2.1					1.0	6.4						0.31
30	0.020	2.1					—	6.5						0.43
31	—	—					—	—						—

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: [signature] Date: 12-5-91

Name (Please Type): Scott T. Tucci

Company Name: Southern States Utilities, Inc.

Telephone No. (Please Type): 407-880-0058
PLANT - 407-339-5424

Page 3 of 3

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Issued by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number 3059P01561

(3) Plant Name FLA. CENTRAL COMMERCE PARK WASTEWATER TREATMENT PLANT

(4) Plant Address 140 HOPE STREET (OFF OF MINGO TRAIL)

(5) City LONGWOOD

(6) County SEMINOLE

(7) Phone Number 407-339-5424

(8) Permit Number DC-59195077

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

___ Membrane Filter ___ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse SPRAY IRRIGATION WITH RECLAIMED WATER-PUBLIC ACCESS

(13) Limited Wet Weather Discharge Activated

___ Yes ___ No ___ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7676

Evening Shift Operator Class ___ Cert. No. ___

Night Shift Operator Class ___ Cert. No. ___

Lead Operator Scott F. Hayes Signature 0-5128 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.024
(17) Permitted capacity	mgd	—	0.095
(18) Three-month average daily flow	mgd	—	0.025
(19) Percent of permitted capacity	%	—	26.4
(20) $CBOD_5$ Effluent	mg/L	080082	4.5
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.6
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.4
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.3
(32) Maximum Chlorine Residual	mg/L	—	17.1
(33) Other Effluent Parameters			—
- NTU's (AVERAGE)			0.48

DER Form 17-601.900(3)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ____ Page 1 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 12 Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	N.T.U.'s								
1	0.015	17.1					<1	7.0						0.50								
2	0.004	13.7					<1	6.6					A	0.56								
3	0.010	1.3					<1	6.8					A	0.16								
4	0.037	2.3		175	200	1.0	<1	6.5					A	0.19								
5	0.034	4.6					—	6.5					A	0.14								
6	0.029	4.0					—	6.5						0.23								
7	0.029	10.2					<1	6.5						0.34								
8	0.015	9.9					<1	6.6						0.38								
9	0.000	7.9					<1	6.7					A	0.32								
10	0.037	3.5					<1	6.6					A	0.31								
11	0.032	4.2		130	90	2.6	3.0	6.5					A	0.20								
12	0.037	4.0					1	6.5					A	0.37								
13	0.042	4.4					—	6.4						0.37								
14	0.032	3.9					—	6.4						0.44								
15	0.016	3.6					—	6.4						0.42								
16	0.006	7.7					1	6.4					A	0.33								
17	0.039	6.0					<1	6.5					A	0.26								
18	0.030	5.9		212	128	10.0	1.0	6.4					A	0.34								
19	0.037	5.0					—	6.4					A	0.34								
20	0.032	2.5					—	6.4						0.30								
21	0.029	7.9					<1	6.5						0.69								
22	0.014	13.7					<1	7.3						0.84								
23	0.003	12.2					<1	7.0					A	0.92								
24	0.045	2.8					<1	6.9						0.91								
25	0.016	2.4					<1	6.6					A	0.45								
26	0.003	3.4					<1	6.6					A	0.71								
27	0.021	1.6					8	6.6					A	0.80								
28	0.037	2.9					—	6.4						0.82								
29	0.017	2.7					—	6.5						0.69								
30	0.016	7.3					3	6.5					A	0.63								
31	0.033	4.2					4	6.7						0.90								

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Scott W. Iagoi

Name (Please Type): SCOTT W. IAGOI

Company Name: SOUTHERN STATES UTILITIES, INC.

Date: 01-8-92

Telephone No. (Please Type): 407-880-0058
PLANT: 407-339-5424

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month January Year 1990

(1) DER # 3059P015610 — Signature of Lead Operator in Charge — 01-12-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Florida Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-3424

(6) PERMIT NUMBER: FLC 59-155088 (7) AVG FLOW MGD: 0.0107 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.0159 (11) POP SERVED: 124

(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: <1

(16) TSS (mg/l) EFFLUENT: 1.8

(17) pH: 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 0.8

(24) BOD (mg/l) — DOWNSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) — UPSTREAM DOWNSTREAM

(26) EFFLUENT — PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 1 (Day): K-3543 SHIFT 2 (Evening): C-7676 SHIFT 3 (Night):

DER Form 17-21.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.009	2.0		1	6.7			
2	0.009	1.3		2	7.1			
3	0.0092	2.5		1	7.5			
4	0.009	3.5	1.3	1	7.1			<1/L
5	0.0113	3.5		2	7.3			
6	0.0083	3.5		1	7.2			
7	0.0155	0.8		2	7.6			
8	0.0092	1.2		2	7.3			
9	0.0085	2.5		1	7.0			
10	0.0095	2.3		1	7.6			
11	0.0138	1.1	3.9	5	8.5			
12	0.0122	1.0		1	7.5			<1/L
13	0.0116	2.5		1	7.5			
14	0.0038	1.0		2	7.3			
15	0.0092	1.7		1	7.7			
16	0.0113	3.0		1	6.9			
17	0.0135	4.3		3	7.3			
18	0.019	1.8	1.7	1	7.9			<1/L
19	0.0116	1.0		4	7.3			
20	0.0085	4.2		6	7.1			
21	0.011	4.5		7	7.9			
22	0.001	1.3		3	7.5			
23	0.0122	1.3		2	7.6			
24	0.0135	1.9		1	7.5			
25	0.0126	1.2		1	7.7			<1/L
26	0.0089	1.0		1	7.3			
27	0.0029	2.0		3	7.9			
28	0.006	1.0		8	7.5			
29	0.011	1.2		1	7.5			
30	0.0152	1.2		1	7.5			
31	0.0149	1.0	1.5	1	7.2			
TOT	0.332	52.4	16.4	58	228.30			<4
AVG	0.0107	1.7	1.1	1.8	7.3			<1

0328

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

DER

Month February Year 1990

(1) GNP: 3059P01561

Signature of Lead Operator In Charge — Date: 03-6-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO.: 407-339-5424

(6) PERMIT NUMBER: DC 59-155088 (7) AVG FLOW MGD: 0.0144 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.055 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFLU.:

(15) BOD (mg/l) EFFLUENT: 7.0

(16) TSS (mg/l) EFFLUENT: 2.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) LAST SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 1 (Day): C-7676 SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-21.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.022	1.5	7.5	3	7.1			
2	0.013	2.0		4	6.9			
3	0.010	1.2		3	7.0			
4	0.011	1.2		3	7.0			
5	0.005	1.0		2	7.0			
6	0.013	1.0		2	7.0			
7	0.010	1.0		2	7.2			
8	0.021	1.8		3	7.0			41
9	0.015	2.0		3	7.1			
10	0.016	2.0		3	7.2			
11	0.006	1.2		3	7.0			
12	0.006	1.5		3	7.0			
13	0.012	1.5		3	7.1			
14	0.016	1.6		4	7.1			
15	0.016	2.3	7.8	4	7.0			21/L
16	0.012	2.3		2	7.0			
17	0.019	2.3		3	7.0			
18	0.019	1.2		3	7.2			
19	0.009	1.5		3	7.1			
20	0.020	1.3		3	7.1			
21	0.029	2.5		2	7.2			
22	0.015	1.0	5.6	2	7.0			21/L
23	0.018	6.6		1	7.0			
24	0.027	1.3		2	7.1			
25	0.015	2.8		3	6.9			
26	0.009	1.2		1	6.6			
27	0.015	2.0		3	6.9			
28	0.015	1.1		4	6.5			
29								
30								
31								
TOT	0.404	37	21.1	72	195.9			
AVG	0.0144	2.0	7.0	2.6	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER # 3059F01561

Signature of Legal Operator (in) Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Florida Central Commerce Park

(3) PLANT ADDRESS: 146 Hyde St.

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 339-5424

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL 59-155058 0.05 0.075 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.07 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d IMPTL EFFLUENT EFFLUENT
— — — — — 2.1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.6 — — — — — 1.1

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rapid Spray-Irrigation

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-5128 C-7616

DER Form 17-1.205(7) Effective November 30, 1982

Month 03 Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.029	1.0	15?	2	6.3			2/L
2	0.031	3.5		2	7.6			
3	0.029	3.5		1	7.1			
4	0.033	3.5		3	6.5			
5	0.028	3.5		2	6.3			
6	0.041	3.5		3	6.6			
7	0.039	3.0		2	6.5			
8	0.034	3.5	3.5	3	6.5			4/L
9	0.043	3.5		3	6.8			
10	0.033	3.5		1	7.0			
11	0.019	3.5		3	6.5			
12	0.035	3.5		2	6.5			
13	0.015	3.5		4	6.6			
14	0.034	3.5		4	6.3			
15	0.031	3.5	3.3	4	6.5			2/L
16	0.044	3.5		4	6.8			
17	0.041	3.5		4	6.5			
18	0.042	3.5		5	6.9			
19	0.033	3.4		3	6.7			
20	0.035	3.4		5	6.7			
21	0.017	3.5		4	6.8			
22	0.006	2.0	4.5	1	6.6			2/L
23	0.039	3.5		3	6.5			
24	0.015	2.2		3	6.8			
25	0.006	2.0		2	6.6			
26	0.010	2.0		2	6.5			
27	0.007	2.5		2	6.5			
28	0.012	2.0	3.1	2	6.5			
29	0.009	3.5		2	6.5			2/L
30	0.009	3.5		2	6.5			
31	0.042	3.5+		3	6.9			
TOT	0.952	93.9	31.1	77	204.5			<2/L
AVG	0.0307	3.04	6.22	2.5	6.6			<2/L

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 04 Year 96

(1) GMS # 3059P01561 — Signature of Chief Operator in Charge — 05-2-96 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Florida Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 331-5424

(6) PERMIT NUMBER: DC59-155088 (7) AVG FLOW MGD: 0.011 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.023 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT

(16) TSS (mg/l) EFFLUENT: 1.6

(17) pH: 6.5 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 1 (Day): SHIFT 2 (Evening): C-7676 SHIFT 3 (Night):

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.010	6.8		1	6.5			
2	0.008	1.2		2	6.5			
3	0.013	3.0		1	6.5			
4	0.015	4.5	2.3	1	6.6			<1/L
5	0.010	3.5		1	6.5			
6	0.009	2.8		1	6.4			
7	0.011	3.5		1	6.5			
8	0.012	3.0		1	6.6			
9	0.009	4.6		3	6.6			
10	0.012	3.1		2	6.5			
11	0.016	3.9	2.7	1	6.5			
12	0.009	2.1	1.7	2	6.6			<1/L
13	0.016	4.3		1	6.5			
14	0.012	8.2		1	6.6			
15	0.009	4.4		1	6.6			
16	0.011	2.5		1	6.5			
17	0.022	4.3		1	6.5			
18	0.010	4.8	5.2	11	6.5			<1/L
19	0.011	4.3		2	6.5			
20	0.006	3.5		1	6.5			
21	0.010	2.3		1	6.5			
22	0.005	9.0		1	6.7			
23	0.006	4.3		1	6.6			
24	0.010	8.9		1	6.5			
25	0.014	4.3		2	6.5			
26	0.006	6.7	2.4	2	6.5			<1/L
27	0.017	4.3		1	6.5			
28	0.010	1.0		1	6.5			
29	0.008	1.5		2	6.5			
30	0.002	5.0		2	6.5			
31								
TOT	0.302	118.7	14.3	60	195.8			<1/L
AVG	0.010	6.2	2.5	1.6	6.5			<1/L

* Suction hose in the lake at Seminole Springs Golf Club and more required

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0331

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 05 Year 90

(1) GNS # 305-F0361

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Florida Central Commerce Park

(3) PLANT ADDRESS: [illegible]

(4) CITY: Longwood (5) COUNTY: [illegible] PHONE NO. [illegible]

(6) PERMIT NUMBER: DC 59 155088 (7) AVG FLOW MGD: 0.013 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.025 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL: (15) BOD (mg/l) EFFLUENT: 5.75 (16) TSS (mg/l) EFFLUENT: 1.4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5						0.5

(24) DOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: / (25) DO (mg/l) UPSTREAM / DNSTREAM / (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFF DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5928 SHIFT 1 (Day): C-7676 SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.009	5.1		3	6.5			
2	0.018	11.0		2	6.5			
3	0.009	11.3	6.3	1	6.5			
4	0.003	6.9		1	6.5			
5	0.011	11.0			6.5			
6	0.014	11.3		1	6.5			
7	0.009	11.3		1	6.5			<1/L
8	0.021	11.3		1	6.5			
9	0.010	11.3		1	6.5			
10	0.011	11.3		1	6.5			
11	0.009	11.3		1	6.5			
12	0.016	6.8		1	6.5			
13	0.011	0.5		1	6.5			
14	0.013	4.0		2	6.5			<1/L
15	0.013	5.0		2	6.6			
16	0.008	4.7	5.2	2	6.6			
17	0.013	8.6		2	6.5			
18	0.012	3.9		1	6.5			
19	0.011	3.8		3	6.5			
20	0.015	0.9		1	6.5			
21	0.007	9.5		1	6.5			2/L
22	0.018	11.3		1	6.4			
23	0.015	5.5	5.2	2	6.6			
24	0.025	11.3		1	6.5			
25	0.020	--		1	6.5			
26	0.018	11.3		1	6.5			
27	0.011	11.3		1	6.4			
28	0.010	2.6		1	6.6			
29	0.010	3.5		1	6.5			2/L
30	0.020	3.5	6.1	3	6.7			
31	0.020	11.3		1	6.7			
TOT	0.425	210.9	23.0	43	203.5			<4/L
AVG	0.013	7.0	5.5	1.4	6.5			<1/L

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0332

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 06 - Year 90

(1) DHS # 3059[illegible]561 — 07-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park
(3) PLANT ADDRESS: 14[illegible] Hwy 27
(4) PERMIT NUMBER: FL-S-15-0[illegible]
(5) COUNTY: Polk
(6) CITY: Longwood
PHONE NO. [illegible]

(7) AVG FLOW MGD: 0.015
(8) DESIGN FLOW MGD: 0.025
(9) TYPE: SC
(10) MAX FLOW (MGD): 0.028
(11) POP SERVED:
(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT
(16) TSS (mg/l) EFFLUENT: 2.3

(17) pH: 6.7
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLORINE RESID ppm: 7.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)
[illegible] | [illegible] | [illegible] | [illegible]

DER Form 17-[illegible].205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.009	3.0		3	6.6			
2	0.012	2.4		1	6.7			
3	0.008	2.0		2	6.6			<1/L
4	0.002	1.6		0	6.6			
5	0.009	5.2		0	6.7			
6	0.020	1.2	5.2	1	6.7			
7	0.025	1.8		1	6.6			
8	0.028	1.4		2	6.7			
9	0.000	2.0		4	6.7			
10	0.026	3.6		4	6.7			<1/L
11	0.009	1.5		2	6.7			
12	0.013	1.9		2	6.6			
13	0.022	2.4	2.7	2	6.5			
14	0.024	2.9		2	6.5			
15	0.014	1.3		4	6.5			
16	0.012	4.6		0	6.9			
17	0.014	3.5		2	6.8			
18	0.002	1.5		5	6.9			<1/L
19	0.018	1.6		0	6.9			
20	0.015	1.3	3.6	5	6.9			
21	0.012	2.3		6	6.9			
22	0.021	1.9		4	6.9			
23	0.018	5.6		5	6.7			
24	0.009	1.6		3	6.7			<1/L
25	0.007	1.9		4	6.7			
26	0.018	1.7		2	6.7			
27	0.022	2.8		1	6.6			
28	0.011	1.9	4.0	2	6.7			
29	0.013	1.8		1	6.6			
30	0.011	2.3			6.7			
31								29/L
TOT	0.399	77.1	15.50	690	207.2			21/L
AVG	0.015	2.6	3.8	2.3	6.7			

0333

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 02 Year 90

(1) DHS # 305PO1561 Scott Tharp 08-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park
(3) PLANT ADDRESS: 140 Hope Street
(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5424
(6) PERMIT NUMBER DC-59155088 (7) AVG FLOW MGD 0.012 (8) DESIGN FLOW MGD 0.095 (9) TYPE 3C
(10) MAX FLOW (MGD) 0.023 (11) POP SERVED 0.00184 (FRC share) (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD; BOD lb/d; TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 2.9
(16) TSS (mg/l) EFFLUENT 2.2

(17) pH 6.8 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0

(24) DO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR: Scott Tharp
SHIFT 1 (Day) C-5128
SHIFT 2 (Evening) C-7676
SHIFT 3 (Night) Nathan Van Meter

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.002	1.0		4	6.7			
2	0.003	1.2		12	6.7			2/4
3	0.00	1.3		3	7.0			
4	0.021	1.3		3	6.8			
5	0.003	11.0	3.1	1	6.8			
6	0.007	1.0		1	6.7			
7	0.015	1.2		1	6.8			
8	0.007	1.0		1	6.7			
9	0.018	1.1		2	6.7			2/4
10	0.015	2.0		1	6.6			
11	0.012	1.4	5.6	1	6.6			
12	0.017	1.4		1	6.7			
13	0.022	2.5		1	6.8			
* 14	-	1.0		1	6.7			
* 15	-	11.3		1	6.8			
16	0.008	2.3		1	6.7			4/4
17	0.011	2.8		4	6.5			
18	0.012	1.8		1	6.8			
19	0.019	3.0	2.0	2	7.0			
20	0.014	3.0		2	7.0			
21	0.015	3.0		2	6.7			
22	0.008	7.6		2	6.8			
23	0.003	3.0		2	6.7			4/4
24	0.018	2.4		1	6.6			
25	0.015	2.0	1.9	6	6.8			
26	0.011	2.3		2	6.7			
27	0.020	2.7		3	6.8			
28	0.018	3.2		4	6.9			
29	0.009	1.2		4	6.7			
30	0.003	1.24		2	6.7			2/4
31	0.013	4.5		9	6.7			
TOT	0.338	94.1	11.6	90	210.7			2/4
AVG	0.012	3.0	2.9	2.9	6.8			2/4

* Flow meter problem malfunction due to backup of final zone pools, due to high pond level

0334

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 305972015611 — Month 03 — Year 10

Signature of Lead Operator In Charge — Date 4-5-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5424

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL 59155088	0.014	0.095	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.025		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.4	1.8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
6.8						1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 1 (Day): C-7676 SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.209(7) Effective November 30, 1982

(30)	FLOW (mgd) =	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.020	1.5	3.0	2	7.6			
2	0.021	1.7		2	6.9			
3	0.024	1.9		3	6.7			
4	0.020	1.7		3	6.7			
5	0.005	2.6		3	7.0			
6	0.006	2.3		2	6.9			<1/L
7	0.013	1.3		2	6.9			
8	0.025	1.2	2.8	1	6.9			
9	0.019	1.5		1	6.9			
10	0.021	1.0		3	6.9			
11	0.022	1.0		4	6.9			
12	0.005	1.3		3	6.9			
13	0.019	1.2		2	7.0			<1/L
14	0.018	1.1		2	6.7			
15	0.022	10.0	2.0	1	6.7			
16	0.014	1.9		1	6.8			
17	0.023	13.0		1	6.9			
18	0.015	1.3		2	6.7			
19	0.002	1.6		3	6.7			
20	0.002	1.2		2	6.9			<1/L
21	0.013	1.5		1	6.7			
22	0.004	1.5	1.9	1	6.7			
23	0.016	8.5		21	6.5			
24	0.018	8.5		21	6.7			
25	0.019	12.0		1	6.7			
26	0.015	1.9		2	6.9			
27	0.005	1.0		21	6.9			<1/L
28	0.004	1.5		21	6.8			
29	0.005	1.6		2	6.8			
30	0.014	2.9		2	6.8			
31	0.019	1.0		1	6.9			
TOT	0.429	125.3	9.9	156	207.9			<1/L
AVG	0.014	4.0	2.4	1.8	6.8			<1/L

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: September Year: 1990

(1) GNS # 3059P01561 Scott Fuller C-5128 10-3-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5424

(6) PERMIT NUMBER: DC-59155088 (7) AVG FLOW MGD: 0.020 (8) DESIGN FLOW MGD: 0.095 (9) TYPE: 3C

(10) MAX FLOW (MGD): * 0.092 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD: / BOD lb/d: / TSS lb/d: /

(14) % FLOW INFIL: / (15) BOD (mg/l) EFFLUENT: 2.7 (16) TSS (mg/l) EFFLUENT: 2.7

(17) pH: 6.7 (18) TOTAL N mg/l: / (19) AMMONIA mg/l: / (20) NITRITE + NITRATE mg/l: / (21) TOTAL P mg/l: / (22) ORTHO P mg/l: / (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM: / UNSTREAM: / TIME/DATE OF SAMPLE: / (25) DO (mg/l) UPSTREAM: / UNSTREAM: / (26) EFFLUENT PARAMETER: / VALUE: / (UNITS): /

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-5128 SHIFT 1 (Day): C-7676 SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-1.203(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.016	1.0		<1	6.8			
2	0.009	1.9		<1	6.9			
* 3	0.024	1.2		2	7.1			
* 4	0.003	2.8		10	6.9			21/L
* 5	0.014	1.1	3.5	10	6.6			
6	0.007	8.1		<1	6.7			
7	0.011	4.0		1	6.6			
8	0.016	4.10		<1	6.6			
9	0.018	6.4		2	6.8			
10	0.003	1.5		3	7.0			21/L
11	0.020	2.9		3	6.9			
12	0.029	6.9		3	6.8			
13	0.014	3.9	3.0	21	6.6			
14	0.019	1.9		1	6.6			
15	0.023	1.3		1	6.8			
16	0.010	4.3		<1	6.9			
17	0.003	4.6		2	6.6			60/L
18	0.023	5.2		21	6.9			
19	0.035	8.0	2.3	21	6.7			
20	0.032	12.4		21	6.7			
21	0.026	6.9		21	6.7			
22	0.030	7.6		21	6.8			
23	0.005	1.9		21	6.8			
24	0.009	4.3		21	6.9			21/L
25	0.028	3.2		2	6.9			
26	0.011	2.0	2.0	2	6.9			
27	0.038	3.0		21	6.9			
28	0.020	2.5		21	6.8			
29	0.038	2.2		21	6.8			
30	0.017	3.6		21	6.8			
31								
TOT	0.601	117.4	10.8	83	203.4			263/L
AVG	0.020	4.7	2.7	2.7	6.78			6.6/L

* Henry Road DISCHARGES AT NEW CONSTRUCTION SITE THROUGH INFILTRATION SWALE ON NEWLY INSTALLED MAIN-LINE. ALSO EXFILTRATION

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3059P01561 — Month October Year 1990

Signature of Land Operator in Charge — Date 11-7-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FDR. Cedar Creek Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY Seminole PHONE NO. 407-339-5424

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL-S91 55088	0.023	0.095	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.042		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.0	1.3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.4						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Comb

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-5428	C-7676		

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.008	1.3		6	6.9			<1/L
2	0.033	5.0		1	6.8			
3	0.027	2.1	6.0	6	6.7			
4	0.033	3.0		1	6.7			
5	0.032	4.1		<1	6.7			
6	0.027	4.0		<1	6.6			
7	0.032	4.6		1	6.8			
8	0.031	4.0		<1	6.7			<1/L
9	0.030	2.3		1	6.7			
10	0.033	3.7	2.0	1	6.7			
11	0.035	3.0		1	6.7			
12	0.032	3.0		1	6.7			
13	0.031	2.0		1	6.8			
14	0.008	2.4		2	6.5			
15	0.007	1.9		2	6.6			70/L
16	0.034	3.0		1	6.6			
17	0.030	2.1	<1.0	<1	6.6			
18	0.032	4.7		1	6.6			
19	0.033	5.0		<1	6.6			
20	0.030	4.9		<1	6.7			
21	0.028	4.2		<1	6.8			
22	0.008	3.7		1	6.9			9/L
23	0.032	6.3		<1	6.9			
24	0.030	4.3	2.7	<1	6.7			
25	0.034	4.0		<1	7.0			
26	0.032	4.0		<1	6.7			
27	0.031	4.0		<1	6.9			
28	0.008	1.9		<1	6.6			
29	0.008	3.1		<1	6.7			5/L
30	0.020	1.1		1	6.7			
31	1.014	5.0		1	6.5			
TOT	0.716	103.9	11.4	113	206.9			425
AVG	0.023	3.3	2.8	1.3	6.7			13.7

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0338

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month November Year 90

(1) GNS # 305711201561 Scott Tedder C-5128 12-10-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Ft. Cantonment Commerce Park
(3) PLANT ADDRESS: 140 Hope Street
(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-331-5417

(6) PERMIT NUMBER: DC-59155488 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .035 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.033 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: BOD lb/d: TSS lb/d:
(14) % FLOW INFIL:
(15) BOD (mg/l) EFFLUENT: 1.9
(16) TSS (mg/l) EFFLUENT: 1.1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
						1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM DNSTREAM:
(26) EFFLUENT PARAMETER: VALUE: (UNITS):

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR: C-5128 SHIFT 1 (Day): C-2676 SHIFT 2 (Evening): SHIFT 3 (Night):

DCA Form 17-T.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.029	1.2		<1	6.5			
2	0.030	1.2		<1	6.6			
3	0.032	0.7		<1	6.7			
4	0.029	1.2		1	6.6			27*
5	0.031	1.2		1	6.6			
6	0.027	2.3		<1	6.6			
7	0.024	1.2	1.1	1	6.7			
8	0.028	1.1		<1	6.7			
9	0.029	1.2		<1	6.7			
10	0.028	1.1		3	6.7			
11	0.024	1.6		<1	6.6			17*
12	0.028	1.2		<1	7.0			
13	0.026	1.1		1	6.7			
14	0.021	1.6	2.6	<1	6.7			
15	0.027	1.1		<1	6.7			
16	0.029	1.2		<1	6.8			
17	0.030	1.1		1	6.7			
18	0.026	1.0		1	6.7			17*
19	0.030	1.0		1	7.0			
20	0.033	1.1	2.0	1	6.6			
21	0.028	1.2		1	6.7			
22	0.029	1.0		<1	6.7			
23	0.025	1.1		<1	6.8			
24	0.031	1.0		<1	6.9			
25	0.028	1.1		<1	6.9			21
26	0.029	1.1		<1	6.9			
27	0.029	1.3		1	6.7			
28	0.031	1.1	2.0	<1	6.6			
29	0.028	1.0		1	6.6			
30	0.030	0.9		1	6.6			
31								
TOT	0.837	34.4	7.7	33	202.1			83
AVG	0.027	1.1	1.9	1.1	6.7			27.7

Page 1 of 2

* the coliform count exceeded the 75% below detectable limits requirement this month - this was discussed with Mr. Lee Miller by Sam Sparks/area supervisor

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 1990

(1) GMS # 3059 P01561

Scott Foley 01-8-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fla. Central Commerce Park

(3) PLANT ADDRESS: 140 Hope Street

(4) CITY: Longwood (5) COUNTY: Seminole PHONE NO. 407-339-5424

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC-59155088	0.047	0.095	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.035		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION	(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d	INFL	EFFLUENT	EFFLUENT
		2.3	1.7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
						7.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
/				

(27) TYPE SAMPLE(S): Comb

(28) TYPE EFFL DISPOSAL: ~~Spray Irrigation~~

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) C-5128 SHIFT 2 (Evening) C-7676 SHIFT 3 (Night)

DER Form 17-1.202(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU's
1	0.024	7.0		1	6.7				0.50
2	0.008	9.8		<1	6.8				0.59
3	0003	3.0		<1	6.7			<1	0.49
4	0.016	8.6		<1	6.7				0.48
5	0.017	1.5	3.0	1	6.7				0.36
6	0.021	3.5		1	6.7				0.44
7	0.020	3.0		1	6.7				0.43
8	0.026	1.0		2	6.7				0.45
9	0.006	6.8		2	6.8				1.11
10	0.002	8.0		2	6.9			<1	0.38
11	0.025	7.7		2	6.7				0.19
12	0.018	1.3	2.9	1	6.6				0.16
13	0.019	8.0		2	6.7				0.14
14	0.016	1.1		2	6.7				0.16
15	0.031	6.8		2	6.6				0.23
16	0.006	1.1		2	6.6			<1	0.48
17	0.001	1.6		1	6.7				0.34
18	0.023	8.1		2	6.7				0.35
19	0.021	3.0	3.1	<1	6.6				0.29
20	0.026	1.5		<1	6.6				0.21
21	0.027	13.2		<1	6.5				0.24
22	0.035	4.0		<1	6.7				0.24
23	0.009	1.2		<1	6.7				0.11
24	0.006	5.1		<1	6.8				0.25
25	0.019	1.3		1	6.6				0.15
26	0.005	1.5	1.5	—	7.0			<1	0.27
27	0.007	10.0		—	7.0				0.46
28	0.001	3.5		2	7.0				0.30
29	0.018	11.3		3	6.4				0.31
30	0.009	6.1		3	6.4				0.28
31	0.003	4.0		3	6.7			<1	0.32
TOT.	0.457	147.6	9.5	49	208.7			2.3	10.66
AVG	0.0147	4.7	3.2	1.7	6.7			<1	0.34

0339

Fox Run - 679

Martin County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GDS # - - - - - 1 0 1 1 2

Melvin E. Fisher C3189 — 2/4/91
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run / SSU Services

(3) PLANT ADDRESS: SW Vizcaya Circle / Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO. (407)334-5584

(6) PLANT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 4 3 1 0 7 7 9 9 — 0.019 — 0.040 — 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
( ) Most Probable Number

0.027 — 180

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Tot Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

N/A — N/A — N/A — N/A — 7 — 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7a — N/A — N/A — N/A — N/A — N/A — .6

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

N/A — N/A — N/A

(25) DO (mg/l) UPSTREAM DOWNSTREAM — N/A — N/A

(26) EFFLUENT PARAMETER — VALUE — (UNITS)

N/A — N/A

(27) TYPE SAMPLE(S) — Grab

(28) TYPE EFFL DISPOSAL — Drainfield

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) — C-3189
SHIFT 2 (Evening) — C-4553
SHIFT 3 (Night)

DER Form 17-22.205(7) Effective December 30, 1987

Gals. of Sludge Hauled
Environmental Services, Inc.
7,000 gals - 3rd 15th
Vol Cleaning
15 ± %

Month January Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DO EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	.5			71			
2	.017	.6			71			
3	.013	.5			76			
4	.016	.5			69			
5	.014	.6			78			
6	.020	.5			65			
7	.016	.5			78			
8	.017	.5	7	1	79			41
9	.013	.6			71			
10	.022	.5			78			
11	.017	.5			69			
12	.017	.5			78			
13	.022	.5			67			
14	.022	.6			74			
15	.013	.5			78			
16	.013	.5			80			
17	.017	.5			69			
18	.020	.5			78			
19	.019	.5			78			
20	.023	.5			67			
21	.023	.5			73			
22	.023	.5			74			
23	.023	.5			74			
24	.021	.5			71			
25	.023							
26	.027	.5			73			
27	.027	.5			69			
28	.023							
29	.021	.5			74			
30	.023	.5			71			
31	.019	.5			74			
TOT	0.599	97.0	7	1	2219			41
AVG	0.019	.5	7	1	71.6			41

Page 1 of 2

0340

0341

10112

Melvin E. Fisher 3/6/91
Signature of 2nd Operator In Charge

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) FACILITY NAME: Fox Run / SSU Services

(3) FACILITY ADDRESS: SW Vizcaya Circle / Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin (6) PHONE NO. (407)334-5584

(1) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) CLASS
D 0 4 3 1 0 7 7 9 9	0.022	0.040	3C

(10) AVG FLOW (MGD)	(11) TYPE SEWERED	(12) FECAL COLIFORM SAMPLE METHOD
0.025	TPD	(X) Membrane Filter ( ) Most Probable Number

(13) % REMOVAL BOD	(14) % REMOVAL TSS	(15) NO3 EFFL (mg/l)	(16) TKN EFFL (mg/l)
N/A	N/A	N/A	9	1

(17) DO (mg/l)	(18) NITRATE EFFL (mg/l)	(19) NITRITE EFFL (mg/l)	(20) NITRATE + NITRITE EFFL (mg/l)	(21) TOTAL PHOSPHORUS EFFL (mg/l)	(22) TOTAL RESIDUAL CHLORINE EFFL (mg/l)	(23) TOTAL RESIDUAL CHLORINE DOSAGE (mg/l)
7.1	N/A	N/A	N/A	N/A	N/A	0.6

(24) DO (mg/l) UPSTREAM DOWNSTREAM	(25) TYPE OF SAMPLE	(26) DO (mg/l) UPSTREAM DOWNSTREAM	(27) FECAL COLIFORM (MPN/100)
N/A N/A	N/A	N/A N/A	N/A N/A

(28) TYPE SAMPLE(S): Grab

(29) TYPE EFFL DISPOSAL: Drainfield

Gals. of Sludge Hauled: No Sludge Hauled

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-3189 C-4553

Grade Determination: 62-602.400(7) Effective November 30, 1982

2/DER
mcg
3.91

February

	(1) FLOW (MGD)	(2) CHLORINE RESIDUAL (mg/l)	(3) BOD EFFLUENT (mg/l)	(4) TSS EFFLUENT (mg/l)	(5) pH EFFLUENT (S.U.)	(6) [illegible] (mg/l)	(7) [illegible] (mg/l)	(8) [illegible]
1	0.026	3.5			7.4			
2	0.026							
3	0.022	3.5			7.4			
4	.022	3.5			7.1			
5	.026	3.5			6.9			
6	.026	3.5			6.9			
7	.026	3.5			7.0			
8	.023				7.0			
9	.023	2.0			7.0			
10	.024	0.6			7.1			
11	.024	1.0			7.0			
12	.023	3.5			7.4			
13	.026	2.5			7.4			
14	.021	3.5			7.3			
15	.021	3.5	9	1	7.4			21
16	.026	4.5			7.1			
17	.026	3.5			6.9			
18	.023	3.5			7.1			
19	.026	3.5			7.1			
20	.021	3.5			7.4			
21	.021	3.5			7.3			
22	.023	3.5			7.4			
23	.021	3.5			7.4			
24	.026	3.5			7.4			
25	.021	3.5			7.6			
26	.024	3.5			7.6			
27	.024	3.5			7.6			
28	.024	3.5			7.6			
29								
30								
31								
TOT	0.679	101	9	1	192.3			21
AVG	0.022	3.1	9	1	7.1			21

Page 1 of 1

2/DMR Eng

March 1991

L 0 1 1 2

Tim Venable Sup'vr
Signature of Lead Operator In Charge 4/02/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) FACILITY NAME: Fox Run / SSU Services

(2) FACILITY ADDRESS: SW Vizcaya Circle / Pine Tree Lane

(3) CITY: Palm City (5) COUNTY: Martin PHONE NO. (407)334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 4 3 1 0 7 7 9 9 0.021 0.040 3C

(10) FLOW (MGD) (11) FOR SC=LCD (12) FECAL COLIFORM SAMPLE PREPARATION
[X] Membrane Filter
[ ] Most Probable Number
0.028 280

(13) EFFLUENT CHARACTERISTICS (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
INFLU. EFFLUENT EFFLUENT
N/A N/A N/A N/A 4 1

(17) pH (S.U.) (18) CHLORINE (19) CHLORINE (20) SALINITY (21) TEMP. (22) DISS. OXY. (23) TOTAL RESID. CHLOR.
S.U. mg/l mg/l PPT mg/l mg/l mg/l
7.1 N/A N/A N/A N/A N/A 0.9

(24) TOT. P (mg/l) (25) OG (mg/l) (26) FECAL COLIFORM
UPSTREAM DISCHARGE DOWNSTREAM DISCHARGE PARAMETER VALUE UNITS
N/A N/A N/A N/A N/A N/A N/A N/A

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
Grab Drainfield

Gals. of Sludge Hauled

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6552 C-3189

DER Form 17-7.205(7) Effective November 30, 1982

	(1) FLOW (MGD)	(2) CHLORINE RESIDUAL (mg/l)	(3) EGG EFFLUENT (mg/l)	(4) TSS EFFLUENT (mg/l)	(5) pH EFFLUENT (S.U.)	(6) TOTAL N (mg/l)	(7) TOTAL P (mg/l)	(8) FECAL COLIFORM (#/100 ml)
1	0.017	1.5			6.9			
2	0.017	1.5			6.6			
3	.027	1.5			6.9			
4	.027	0.9			7.2			
5	.018	1.5			7.2			
6	.024	1.5			7.1			
7	.019	1.5			7.2			
8	.028	1.5	4	1	7.2			41
9	.016	1.5			7.2			
10	.028	1.5			7.1			
11	.019	1.5			7.1			
12	.022	1.5			7.1			
13	.021	1.5			7.2			
14	.022	1.5			7.2			
15	.025	1.5			7.1			
16	.019	1.5			7.2			
17	.019	1.5			7.1			
18	.018	1.5			7.2			
19	.018	1.0			7.2			
20	.019	1.5			7.1			
21	.018	2.0			7.1			
22	.019	1.0			7.1			
23	.018	1.5			7.1			
24	.019	1.5			7.0			
25	.019	1.5			7.1			
26	.016	1.5			7.0			
27	.016	1.5			7.0			
28	.021	1.5			7.1			
29	.022	1.5			7.2			
30	.025	1.5			7.2			
31	.025	1.0			7.0			
TOT	.637	99.3	4	1	2160			41
AVG	.021	1.2	4	1	7.1			41

Page 1 of 2

0342

0343

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER FACILITY OPERATING REPORT

10112

Tri Vanek — 5/7/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(4) NAME: Fox Run / SSU Services

(5) ADDRESS: SW Vizcaya Circle / Pine Tree Lane

(6) CITY: Palm City (7) COUNTY: Martin PHONE NO.: (407)334-5584

PERMIT NUMBER (9) AVG FLOW MGD (10) DESIGN FLOW MGD (11) TYPE

D 0 4 3 1 0 7 7 9 9 — 0.033 — 0.040 — 3C

(12) FLOW (MGD) (13) POP SERVED (14) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.035 — 280

(15) INDUSTRIAL CONTRIBUTION			(16) FLOW	(17) BOD (mg/l)	(18) TSS (mg/l)
#	MGD	BOD lb/d	TSS lb/d	INFLU.	EFFLUENT	EFFLUENT
N/A	N/A	N/A	N/A	4	1

(19) PH	(20) CHLORIDE	(20) NITRITE + NITRATE	(21) TOTAL P	(22) TOTAL ORTHO P	(23) COLOR RESID
SU	mg/l	mg/l	mg/l	mg/l	mg/l	Pwo
7.4	N/A	N/A	N/A	N/A	N/A	0.6

(24) DO (mg/l) FOR UPSTREAM TIME/DATE OF SAMPLE			(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(27) TYPE SAMPLE(S) — (28) TYPE EFFL DISPOSAL — Gals. of Sludge Hauled

Grab — Drainfield — 21000 gals. hauled out by Environmental Services Co.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-7.285(7) Effective January 30, 1987

Vol. Flow rate 23%

Stabilize with lime

April 1991

	FLOW (MGD)	CHLORINE RESIDUAL (mg/l)	FLOW (MGD)	TSS EFFLUENT (mg/l)	PH (STD. UNITS) (0.1)	TOTAL P (mg/l)	TOTAL ORTHO P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.033	3.5			7.4			
2	.033	3.5			7.3			
3	.034	3.5			7.1			
4	.031	3.5			7.0			
5	.028	3.5			7.0			
6	.033	3.5			7.2			
7	.033	3.5			7.4			
8	.033	3.5			7.4			
9	.033	3.5			7.0			
10	.033	3.5			6.9			
11	.033	3.5			7.1			
12	.033	3.5			7.4			
13	.033	3.5			7.0			
14	.033	3.5			7.4			
15	.033	3.5			7.1			
16	.036	3.5			7.1			
17	.036	3.5			7.1			
18	.039	3.5			6.8			
19	.041	3.5			7.2			
20	.041	3.5						
21	.036	4.0			7.1			
22	.036	4.0			7.2			
23	.035	4.0			7.3			
24	.035	4.0			7.4			
25	.035	4.0			7.4			
26	.034	4.0			7.6			
27	.041	3.5			7.6			
28	.040	3.5			7.4			
29	.037	3.0			7.3			
30	.034	3.5	4	1	7.2			41
31								
TOT	0.949	94.5	4	1	207.9			41
AVG	0.033	3.8	4	1	7.2			41

Page 1 of 2

0344

May 1991

10-2

Tom Vandable 6/6/91
Signature of Plant Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(3) PLANT NAME: Fox Run / SSU Services

(4) PLANT ADDRESS: SR Vizcaya Circle / Pine Tree Lane

(5) CITY: Palm City (5) COUNTY: Martin PHONE NO. (407)334-5584

(1) PERMIT NUMBER	(2) AVG FLOW (MGD)	(3) DESIGN FLOW (MGD)	(4) I.D.
D 0 4 3 1 0 7 7 9 9	0.030	0.040	3C

(6) MAX FLOW (MGD)	(11) TYPE SEWER	(12) FECAL COLIFORM SAMPLE PRESERVATION
0.035	222	[X] Membrane Filters [ ] Most Probable Number

(13) CHLORINE RESIDUAL (mg/l) 1) MAX 2) MIN 3) AVG	(14) % FLOW INFLU.	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
N/A N/A N/A	N/A	5	1

(18) DATE	(19) TIME	(20) NITRATE NITRATE	(21) DATE	(22) TIME	(23) COLOR PLATINUM
7.2	N/A	N/A	N/A	N/A	10

(24) TOC (mg/l)	(25) DO (mg/l)	(26) FECAL
(24) DATE SAMPLE(S) TAKEN UPSTREAM/DOWNSTREAM TIME/DATE OF SAMPLE	UPSTREAM DOWNSTREAM	PER 100 ML (COLIFORM)
N/A N/A N/A	N/A N/A	N/A N/A

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

Gals. of Sludge Hauled: No Sludge Hauled

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6553

(30) I CERTIFY THAT I HAVE EXAMINED AND AM FAMILIAR WITH THE TREATMENT WORKS DESCRIBED IN THIS APPLICATION FOR PERMIT, AND I BELIEVE FROM MY PERSONAL INQUIRY OF THOSE INDIVIDUALS IMMEDIATELY RESPONSIBLE FOR OBTAINING THE INFORMATION THAT THE 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 FOR KNOWING VIOLATIONS. Copyright (c) 1987

	(7) FLOW	(8) CHLORINE RESIDUAL	(9) BOD EFFLUENT (mg/l)	(10) TSS EFFLUENT (mg/l)	(11) PH (S.U.)	(12) TOTAL P (mg/l)	(13) F. COLI (col/100 ml)	(14) NITRATE (mg/l)
1	.021	1C			7.6			
2	.022	1C			7.0			
3	.018	1C			7.4			
4	.021	1C			7.2			
5	.023	1C			7.4			
6	.016	1C			7.1			
7	.021	1C			7.4			
8	.018	1C	5	1	7.4			<1
9	.019							
10	.019	1C			7.1			
11	.013	1C			7.1			
12	.015	1C			7.1			
13	.018	1C			7.1			
14	.019	1C			7.4			
15	.019							
16	.024	1C			7.4			
17	.016	1C			7.7			
18	.023	1C			7.4			
19	.021	1C			7.3			
20	.021	1C			7.6			
21	.021							
22	.025	1C			7.7			
23	.017	1C			7.6			
24	.017	1C			7.4			
25	.019	1C			7.4			
26	.019							
27	.021	1C			7.6			
28	.021	1C			7.4			
29	.021	1C			6.9			
30	.023	1C			7.4			
31	.017	1C			7.7			
TOT	0.615	31C	5	1	194.9			<1
AVG	0.020	1C	5	1	7.4			<1

0345

01 12

Tom Vanskike — 7/7/91

of Lead Operator In Charge

Fox Gun / SSU Services

SE Vizcaya Circle / Pine Tree Lane

Palm City (5) COUNTY: Martin PHONE: (407)334-5584

(6) AVG FLOW MGD (8) DESIGN FLOW MGD PLANT TYPE

D 0 4 3 1 0 7 7 9 9 — 0.022 — 0.040 — 3C

(11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.017 — 212

(14) % FLOW — (15) BOD (mg/l) — (16) TSS (mg/l)

DISTRIBUTION	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT
N/A	N/A	N/A	N/R	10	3

(20) NITRITE + NITRATE — (22) TOTAL PHOS

INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	INFLUENT	EFFLUENT	EFFLUENT
7.1	N/A	N/A	N/A	N/A	N/A	1.0

(mg/l) — (25) pH (eq'l) — (26) CHLORINE

FECAL COLIFORM DATE/TIME OF SAMPLE	UPSTREAM	DOWNSTREAM	UPSTREAM	DOWNSTREAM	RESIDUAL	CONTACT TIME (HOURS)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(27) SAMPLE TYPE — (28) TYPE EFFL DISPOSAL

Grab — Drainfield

Gals. of Sludge Hauled

10,500 gals. by Environmental Sciences

Vol. Counter

24.8%

(29) PLANT STAFFING

CLASS OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

C-6552

EDITION OBSOLETE EFFECTIVE NOVEMBER 30, 1987

June 1991

	FLOW (MGD)	CHLORINE RESIDUAL (mg/l)	FECAL COLIFORM (#/100 ml)	TSS (mg/l)	pH (s.u.)	TOTAL N (mg/l)	NITRATE N (mg/l)	TOTAL P (mg/l)
1	0.021	1.5			7.1			
2	.021							
3	.022	1.5			7.4			
4	.022	1.5			7.4			
5	.018	1.0			7.4			
6	.018							
7	.017	1.5			7.4			
8	.017							
9	.017	1.5			7.1			
10	.017	1.5			7.2			
11	.016	1.5			7.1			
12	.016	1.5			7.1			
13	.016	1.5			7.2			
14	.019	1.5			7.5			
15	.019							
16	.015	1.5			7.2			
17	.017	1.5			7.3			
18	.018	1.5			7.2			
19	.017	1.5			7.5			
20	.017	1.5			7.7			
21	.017	1.5	10	3	7.0			41
22	.017							
23	.017	1.5			7.4			
24	.019	1.5			7.5			
25	.015							
26	.015	1.5			6.9			
27	.016	1.5			7.0			
28	.021	1.5			7.1			
29	.021							
30	.017	1.0			7.3			
31								
TOT	0.541	35.5	10	3	155.5			41
AVG	0.022	1.3	10	3	7.2			41

Page 1 of 2

DER Form No. Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Effective 6/91)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 1011E

(3) Plant Name Fox Run

(4) Plant Address SW Vizcaya Circle / Pine Tree Lane

(5) City Palm City

(6) County Martin

(7) Phone Number (407) 334-5584

(8) Permit Number DO43107799

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drainfield

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No 6557
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Tom Vansickle (Signature) C-6557 (Cert. No)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	0.022
(17) Permitted capacity	mgd	—	0.040
(18) Three-month average daily flow	mgd	—	0.026
(19) Percent of permitted capacity	%	—	65
(20) BOD_5 Effluent	mg/L	080082	6
(21) BOD_5 Effluent	lbs/day	—	1.1
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	0.2
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.022	3.5						7.2					
2	.021	2.5						7.2					
3	.021	2.0						7.3					
4	.024	1.0						7.3					
5	.024	2.0						7.3					
6	.024	2.5						7.3					
7	.024												
8	.024	3.5						7.4					
9	.028	3.5						7.4					
10	.021	3.5						7.2					
11	.024	3.5						7.1					
12	.024	3.5				6	1	7.2				ND	
13	.024												
14	.024	1.0						7.1					
15	.024	1.5						7.1					
16	.024	2.0						7.1					
17	.024	2.5						7.1					
18	.024	3.0						7.1					
19	.024												
20	.024	3.5						7.2					
21	.027												
22	.018	3.5						7.3					
23	.02	3.5						7.3					
24	.017	3.5						7.2					
25	.020	1.0						7.2					
26	.020												
27	.017	1.0						7.5					
28	.019												
29	.021	1.6						7.5					
30	.016	1.0						7.1					
31	.017	2.0						7.2					

Lead Operator: This is to certify that all items and information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: _____ Date: 8/2/91

Name: Please Type _____

Company Name: _____ Telephone No. Please Type _____

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 10112

(3) Plant Name Fox Run

(4) Plant Address S.W. Vizcaya Circle / Pine Tree Lane

(5) City Palm City

(6) County Martin

(7) Phone Number (407) 334-5584

(8) Permit Number DO43107799

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Drain Field

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert No 10007
Evening Shift Operator Class _____ Cert No _____
Night Shift Operator Class _____ Cert No _____
Lead Operator _____ Cert No 10007
Signature

Parameter	Units	STORET -Code	Val:
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	—	0.040
(18) Three-month average daily flow	mgd	—	0.021
(19) Percent of permitted capacity	%	—	60
(20) $CBOD_5$ Effluent	mg/L	080082	7
(21) $CBOD_5$ Effluent	lbs/day	—	1.2
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	0.2
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.019	3.5						7.1												
2	.019					7	1						NS							
3	.019																			
4	.019																			
5	.022	3.5						7.5												
6	.020	3.5						7.5												
7	.020	3.5						7.4												
8	.021	3.5						7.5												
9	.019	3.5						7.6												
10	.022	3.5						7.5												
11	.017	3.5						7.5												
12		3.5						7.4												
13	.021	3.5						7.5												
14	.018	3.5						7.5												
15	.021	3.5						7.5												
16		3.5						7.5												
17	.052																			
18	.037	1.0						7.4												
19	.022	3.5						7.1												
20	.030	3.5						7.2												
21	.022	3.5						7.4												
22	.021	3.5						7.2												
23		3.5						7.1												
24	.061																			
25	.023	0.6						7.8												
26	.032	3.5						7.1												
27	.027																			
28	.014	2.0						7.3												
29	.022	3.5						7.3												
30	.020	3.5						6.8												
31	.022	3.5						7.1												

Lead Operator: The above report is, to the best of my knowledge and belief, true, complete, and accurate.

Signed Tim Vandiale Date

Name (Please Type) Tim VanDiale

Company Name SSU Telephone No. (Please Type)

Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1991

(2) Plant's DER Identification Number: 10112

(3) Plant Name: FOX RUN
SSU SERVICES

(4) Plant Address: PINE TREE LANE

(5) City: PALM CITY

(6) County: MARTIN

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-43107799

(9) Plant Type: 3C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge: _____

(15) Plant Staffing
Day Shift Operator Class: C Cert. No: 6553
Evening Shift Operator Class: _____ Cert. No: _____
Night Shift Operator Class: _____ Cert. No: _____
Lead Operator: [illegible] Cert. No: 14557

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.021
(17) Permitted capacity	mgd	—	.040
(18) Three-month average daily flow	mgd	—	.021
(19) Percent of permitted capacity	%	—	53
(20) $CBOD_5$ Effluent	mg/L	080082	12
(21) $CBOD_5$ Effluent	lbs/day	—	2.1
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	.7
(24) Minimum pH		—	6.6
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Form 1 ea. [illegible]
Effective Date: July 1, 1991
DER Application No. [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month: [illegible] Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
01													
02		2.0						7.5					
03		2.5						7.2					
04		2.5				12	4	7.0					160
05		2.5						6.6					
06		2.0					-	7.5					
07													
08		0.6						7.4					
09		2.5						7.4					
10		2.5						6.6					
11		2.5						7.5					
12		2.5						7.0					
13		2.5						7.2					
14													
15		2.0						7.5					
16		1.5						7.6					
17		2.5						7.4					
18		2.5						7.3					
19		2.5						7.0					
20		2.5						7.0					
21													
22		2.4						7.3					
23		3.0						7.4					
24		2.8						7.5					
25		2.5						7.5					
26		3.0						7.3					
27		1.5						7.5					
28													
29													
30	*	3.0						7.4					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: _____ Date: _____

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES

Telephone No. (Please Type): (407)880-0058

Page 3 of 3

* - Flowmeter down for repairs
Approx flow .021 gals./DAY

DER Form # 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 10112

(3) Plant Name FOX RUN
SSU SERVICES

(4) Plant Address PINE TREE LANE

(5) City PALM CITY

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43107799

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6553
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Tim Vansickle (Signature) C6553 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.021
(17) Permitted capacity	mgd	—	.040
(18) Three-month average daily flow	mgd	—	.021
(19) Percent of permitted capacity	%	—	53
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

DER Form ... Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ... (Fees in by 30th)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 199

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
01	.015	3.0						7.2					
02	.036	1.5						7.4					
03	.020	2.0						7.4					
04	.019	2.5						7.3					
05		2.5						7.4					
06													
07	.022	3.0						7.5					
08	.020	3.5						6.8					
09		2.5						7.1					
10	.059												
11	.016	1.0						7.3					
12	.025	3.5						6.8					
13	.025	2.5						7.2					
14		1.5						7.2					
15		3.5						6.9					
16	.020	3.5						7.0					
17	.018	4.0						6.5					
18		4.0						6.8					
19	.049												
20	.023	2.5						7.4					
21	.025	3.0						7.3					
22	.020	1.0						7.4					
23	.027	3.5						7.3					
24	.017	1.0						7.5					
25	.024	3.0				2	8	7.0				6	
26		3.0						7.7					
27	.046												
28	.019	1.0						7.4					
29	.017	3.5						6.8					
30	.017	3.5						7.0					
31	.019	3.5						7.1					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate

Signed: Tim Vanasdale (By NS)

Date: 11-12-91

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES

Telephone No (Please Type): (407)880-0058

Page 3 of 3

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number 10112

(3) Plant Name FOX RUN
SSU SERVICES

(4) Plant Address PINE TREE LANE

(5) City PALM CITY

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43107799

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [✓] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6353
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Tim Vanquish (Signature) C-6353 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.021
(17) Permitted capacity	mgd	—	.04
(18) Three-month average daily flow	mgd	—	.021
(19) Percent of permitted capacity	%	—	53
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	.2
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	.5
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

DER Form ... Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ... (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month November Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	VSS %	Sludge Humidity (MLS)						
01	.019	3.5						7.0													
02	.021																				
03	.021																				
04	.021	1.5						7.4													
05	.019	3.5						7.4													
06	.019																				
07	.019	3.5						7.4													
08	.025																				
09	.025																				
10	.025																				
11	.025																				
12	.020	2.0						7.5													
13	.018	3.5						7.3													
14	.018	3.5						7.4													
15	.019	3.5						7.3													
16	.019																				
17	.023	3.5						7.3													
18	.018	3.0						7.4													
19	.019	3.5						7.3													
20	.019																				
21	.021	3.5						7.4													
22	.020	3.5						7.4							.014						
23	.020																				
24	.020																				
25	.021	3.5						7.6													
26	.022	3.5						7.6													
27	.026	3.5				1	3	7.3					<1								
28	.026																				
29	.022	3.5						7.4													
30		3.0						7.4													
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Tim Vanasdale Date: 12/5/91

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES Telephone No. (Please Type): (407)880-0058

Page 3 of 3

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number 10112

(3) Plant Name FOX RUN
SSU SERVICES

(4) Plant Address PINE TREE LANE

(5) City PALM CITY

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43107799

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
DRAINFIELD

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6553
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Tom Vandal (Signature) C-6553 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	—	0.040
(18) Three-month average daily flow	mgd	—	0.021
(19) Percent of permitted capacity	%	—	53
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	0.4
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	—	1.4
(24) Minimum pH		—	6.5
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			
Total Gallons Wasted	mgd		0.010

Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Page 3 of 3)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total Gallons Varies
01	.029	3.5						7.3						
02	.025	3.0						7.4						
03	.020	3.5						6.7						
04	.022	3.5						7.0						.002
05	.016	3.5						7.0						
06	.025	3.5						7.5						
07														
08	.042	3.5						7.3						
09	.020	3.5						7.3						
10	.024	3.5						7.2						.002
11	.023	2.5						7.1						.002
12		3.0						7.3						
13	.005	3.5						6.9						
14	.023	3.0						7.4						
15	.002	2.5						7.2						
16	.044	1.3						7.3						
17	.023	3.5						7.0						
18	.027	3.0						7.6						.002
19	.019	3.5						7.4						.002
20	.017	2.5						7.5						
21	.017	2.5						7.6						
22	.044	3.5						6.5						
23	.008	1.8				2	8	7.1					<1	
24	.014	1.0						7.5						
25														
26	.047	3.5						7.3						
27	.025	1.0						7.1						
28	.024	3.5						7.1						
29	.025	3.5						6.9						
30														
31	.046	1.0						7.2						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Tim Vanasdale Date 1/8/92

Name (Please Type) TIM VANASDALE

Company Name SSU SERVICES Telephone No. (Please Type) (407)880-0058

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1990

(1) CMS # 10112

Melvin E Fisher C3189 2/7/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: FOX RUN

(3) PLANT ADDRESS: SW VIZCAYA CIRCLE / SW PINE TREE LANE

(4) CITY: PALM CITY (5) COUNTY: MARTIN PHONE NO (407) 334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) LOS
D043107799 0.021 ESTIMATED 0.040 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.021 ESTIMATED 280 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
9 1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRITE mg/l	(21) TOTAL P mg/l	(22) OTHER mg/l	(23) CHLOR RESID ppm
6.9						0.6

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DNSTREAM TIME/DATE OF SAMPLE UPSTREAM DNSTREAM PARAMETER VALUE UNITS
/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
GRAB DRAIN FIELD

No Sludge Hauled

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189

DER Form [illegible].205(7) Effective November 30, 1982

(30)

	FLOW (mgd) ESTIMATED	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	2.3			7.3			
2	.021	0.8			7.3			
3	.021	3.5			6.7			
4	.021	1.1			7.1			
5	.021	0.7			7.1			
6	.021	1.0			7.0			
7	.021	2.1			7.0			
8	.021	1.2			7.1			
9	.021	3.5			6.5			
10	.021	3.5			6.7			
11	.021	3.5			6.7			
12	.021	3.5			6.5			
13	.021	1.4			7.0			
14	.021	3.5			6.4			
15	.021	3.5			6.9			
16	.021	3.5	9	1	7.0			< 1
17	.021	0.6			7.3			
18	.021	1.6			7.2			
19	.021	0.9			7.3			
20	.021	3.5			6.7			
21	.021	3.5			7.0			
22	.021	0.7			7.1			
23	.021	3.5			6.5			
24	.021	3.5			6.8			
25	.021	3.0			6.8			
26	.021	2.2			7.1			
27	.021	3.0			7.0			
28	.021	3.5			6.9			
29	.021	3.5			6.7			
30	.021	2.5			6.9			
31	.021	3.5			6.4			
TOT	.651							
AVG	.021	2.6	9	1	6.9			< 2

FLOW ESTIMATED AT 70% OF WATER PLANT FINISHED WATER.

0358

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 10112

Melvin E. Fidler C3189 — 3/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run

(3) PLANT ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO. 407 334 5584

(6) PERMIT NUMBER: FLO43107799 (7) AVG FLOW MGD ESTIMATED: — (8) DESIGN FLOW MGD: 0.040 (9) TYPE: 3C

(10) MAX FLOW (MGD) ESTIMATED: — (11) POP SERVED: 280 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD — BOD lb/d — TSS lb/d (14) % FLOW INFIL: — (15) BOD (mg/l) EFFLUENT: 5 (16) TSS (mg/l) EFFLUENT: 3

(17) pH: 6.7 (18) TOTAL N mg/l: — (19) AMMONIA mg/l: — (20) NITRITE + NITRATE mg/l: — (21) TOTAL P mg/l: — (22) ORTHO P mg/l: — (23) CHLOR RESID ppm: 0.9

(24) BOD (mg/l) UPSTREAM — DNSTREAM — TIME/DATE OF SAMPLE: — / — (25) DO (mg/l) UPSTREAM — DNSTREAM — (26) EFFLUENT PARAMETER — VALUE — UNITS —

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: DRAINFIELD

(29) PLANT STAFFING
LEAD OPERATOR: C3189 SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night) —

DER Form 17-1.205(7) Effective November 30, 1982

FRONZ ENTERPRISES HAULED SLUDGE: 2/7/90 · 5,000 GAL.

VOLATILE SOLIDS REDUCTION: 14.6 %

SLUDGE STABILIZED WITH LIME.

Month FEBRUARY Year 1990

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	3.0			6.8			
2	.021	2.8			7.1			
3	.021	3.2			7.0			
4	.021	3.5			6.9			
5	.021	0.9			7.1			
6	.021	3.5			6.5			
7	.021	3.5			6.6			
8	.021	3.5			6.5			
9	.021	3.5			6.6			
10	.021	3.5			6.6			
11	.021	3.5			6.5			
12	.021	3.5			6.9			
13	.021	3.5			6.9			
14	.021	3.5			6.7			
15	.021	3.5			6.5			
16	.021	3.5	5	3	7.0			<1
17	.021							
18	.021	3.5			6.6			
19	.021	3.2			7.1			
20	.021	3.5			6.8			
21	.021	3.5			6.9			
22	.021	3.5			6.5			
23	.021	3.5			6.6			
24	.021	3.5			6.5			
25	.021	3.5			6.7			
26	.021	3.5			6.8			
27	.021	3.5			6.7			
28	.021	3.5			6.5			
29								
30								
31								
101	.588							
AVG	.02	3.3	5	3	6.7			<1

FLOW ESTIMATED AT 70% OF WATER PLANT FINISHED WATER.

0359

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1990

(1) DHS # 10112

Signature of Lead Operator in Charge — C3189 — Date 4/2/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run

(3) PLANT ADDRESS: SW VIZCAYA CIRCLE / SW PINE TREE LANE

(4) CITY: PALM CITY (5) COUNTY: Martin PHONE NO. 407 334 5594

(6) PERMIT NUMBER: DO43107799 (7) ESTIMATED AVG FLOW MGD: 0.022 (8) DESIGN FLOW MGD: 0.040 (9) [illegible]: 30

(10) ESTIMATED MAX FLOW MGD: 0.022 (11) HRS PLANT OPERATED: 220 (12) FECAL COLIFORM SAMPLE METHOD: [A] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Flow MGD [ ] Yes [X] No (14) % FLOW IN: (15) BOD (mg/l) EFFLUENT: 5 (16) TSS (mg/l) EFFLUENT: 1

(17) pH LOWEST	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
7.1						0.7

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / UNITS:

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: DRAINFIELD

NO SLUDGE HAULED

(29) PLANT STAFFING

LEAD OPERATOR: C3189 SHIFT 1 (Day): C6553 SHIFT 2 (Evening): SHIFT 3 (Night):

OPERATOR CERTIFICATION REQUIREMENTS: Effective November 30, 1987

(30)

	FLOW (mgd) (ESTIMATED)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no./100 ml)
1	.022	3.5			7.0			
2	.022							
3	.022	1.0			7.4			
4	.022	2.4			7.7			
5	.022	0.7			7.7			
6	.022	3.5			6.7			
7	.022	1.0			7.2			
8	.022	0.7			7.6			
9	.022	3.0			7.3			
10	.022	3.5			6.7			
11	.022	0.7			7.2			
12	.022	1.0			7.2			
13	.022	1.0			7.2			
14	.022	1.2			7.2			
15	.022	3.0			6.9			
16	.022	3.2			7.0			
17	.022							
18	.022	2.4			6.9			
19	.022	3.5			7.1			
20	.022	3.5			7.1			
21	.022	3.5			7.2			
22	.022	3.5			7.4			
23	.022	3.5			7.2			
24	.022	3.5			7.1			
25	.022	3.5			6.3			
26	.022	3.5			7.2			
27	.022	3.5	5	1	7.2			< 1
28	.022	3.5			7.1			
29	.022	3.5			7.0			
30	.022	3.5			7.4			
31	.022	3.5			7.7			
TOT	.682							
AVG	.022	3.7	5	1	7.1			< 1

Page 1 of 2

FLOW ESTIMATED AT 70% OF WATER PLANT FINISHED WATER

0360

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1990

(1) CMS # 10112

Signature of Lead Operator in Charge — C3189 — Date 5-7-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run

(3) PLANT ADDRESS: SW Vizcaya Circle SW Fox Run Lane

(4) CITY: PALM CITY (5) COUNTY: MARTIN (6) PHONE NO. 287-3324

(7) PERMIT NUMBER: D043107799 (8) DESIGN FLOW MGD (estimated): 0.025 (9) [illegible]: 0.040 3P

(10) MO FLOW MGD (ESTIMATED): 0.025 (11) POP SERVED: 200 (12) FECAL COLIFORM SAMPLE TYPE: [A] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Flow MGD / BOD lbs/d / TSS lbs/d (14) % FLOW: INFL / EFFLUENT (15) BOD (mg/l): INFL / EFFLUENT 5 (16) TSS (mg/l): INFL / EFFLUENT 1

(17) pH: 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) CHLORINE RESID mg/l 0.7

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: DRAINFIELD No Sludge Hauled

(29) PLANT STAFFING

LEAD OPERATOR: C3189 SHIFT 1 (Day): C6553 SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form [illegible], 20[illegible] Effective November 30, 1982

(30)

	FLOW (mgd) (Estimated)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.025	3.5			7.1			
2	.025	3.5			7.1			
3	.025	3.0			7.1			
4	.025	1.0			7.1			
5	.025	0.7			7.1			
6	.025	3.5			6.9			
7	.025	3.5			7.1			
8	.025	3.5			7.1			
9	.025	3.5			7.1			
10	.025	3.5			7.1			
11	.025	3.5	6	[illegible]	7.2			<1
12	.025	3.5			7.1			
13	.025	2.0			7.3			
14	.025	1.2			7.1			
15	.025	3.5			7.1			
16	.025	0.7			7.1			
17	.025	3.5			7.0			
18	.025	3.5			6.9			
19	.025	3.5			7.1			
20	.025	3.5			7.1			
21	.025	3.5			7.1			
22	.025	3.5			7.2			
23	.025	3.5			7.1			
24	.025	3.5			7.2			
25	.025	3.5			7.2			
26	.025	3.5			7.2			
27	.025	3.5			7.2			
28	.025	3.5			7.3			
29	.025	3.5			7.1			
30	.025	3.5			7.3			
31								
TOT	.750							
AVG	.025	3.0	6	1	7.0			<1

Page 1 of 2

FLOW ESTIMATED AT 70% OF WATER PLANT FINISHED WATER

0361

A7

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

10112

William E. Fuller C3129 6/8/90
Signature of Lead Operator in Charge

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: Fox Run

(2) PLANT ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(3) CITY: Palm City (5) COUNTY: Martin PHONE NO. 407 334 5524

(6) PERMIT NUMBER D043107799 (7) AVG FLOW MGD ESTIMATED 0.030 (8) DESIGN FLOW MGD 0.040 (9) TYPE 3C

(10) MAX FLOW (MGD) ESTIMATED 0.030 (11) POP SERVED 280 (12) FECAL COLIFORM SAMPLE METHOD [V] Membrane Filter [ ] Most Probable Number

(13) CHLORINE CONCENTRATION (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 7 (16) TSS (mg/l) EFFLUENT 1

(17) PH 7.0 (18) DO mg/l (19) CHLORIDE mg/l (20) NITRATE NITROGEN mg/l (21) TOTAL P mg/l (22) OIL & GREASE mg/l (23) COLOR PLATINUM COBALT UNITS 1.0

(24) FOOD (mg/l) (25) FECAL COLIFORM FINE/DATE OF SAMPLE (25) BOD (mg/l) UPSTREAM DOWNSTREAM (26) FECAL COLIFORM UPSTREAM DOWNSTREAM (COLONIES/100 ML)

(27) SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL DRAINFIELD

(29) PLANT STAFFING: No Sludge Hauled.

(30) OPERATOR SHIFT 1 (Day) C3189 SHIFT 2 (Evening) C4553 SHIFT 3 (Night)

(31) DAYS EFFLUENT DISCHARGED THIS MONTH 30 (32) DAYS EFFLUENT EXCEEDED PERMIT LIMITS THIS MONTH 0

Month: MAY Year: 1990

DAY	FLOW (MGD) (ESTIMATED)	CHLORINE RESIDUAL (mg/l)	ECO EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH STAND. U. (S.U.)	TOTAL P (mg/l)	OIL & GREASE (mg/l)	FECAL COLIFORM (COLONIES/100 ML)
1	.030	1.0			7.2			
2	.030	3.5			7.2			
3	.030	3.5			7.0			
4	.030	3.5			7.1			
5	.030	3.0			7.3			
6	.030	3.5			6.7			
7	.030	3.5			7.3			
8	.030	3.5			7.1			
9	.040	1.0			7.1			
10	.030	3.5			7.0			
11	.030	3.5			7.0			
12	.030	3.5			7.0			
13	.030	3.5			6.8			
14	.030	3.5			6.9			
15	.030	3.5			7.0			
16	.030	3.5			7.0			
17	.030	3.5			7.1			
18	.030	3.5	7	1	7.1			<1
19	.030	3.5			7.1			
20	.030	3.5			6.8			
21	.030	3.5			7.2			
22	.030	3.5			6.9			
23	.030	3.5			7.1			
24	.030	3.5			7.1			
25	.030	3.5			7.1			
26	.030	3.5			7.1			
27	.030	3.5			7.4			
28	.030	3.5			6.7			
29	.030	3.5			7.1			
30	.030	3.5			7.0			
31	.030	3.5			7.1			
TOT.	.930							
AVG.	.030	3.3	7	1	7.0			<1

Flow Estimated at 70% of Water Plant Finished Water.

Page 1 of 2

0362

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

10112

Melissa E. Fuhrer C3189 7/11/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: Fox Run

(2) PLANT ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(3) CITY: Palm City (5) COUNTY: Martin PHONE NO. 407 334-5584

(4) PERMIT NUMBER: D043107799 (7) AVG FLOW MGD: 0.024 ESTIMATED (8) DESIGN FLOW MGD: 0.040 (9) TYPE: 3C

(10) MO. FLOW (MGD): 0.024 ESTIMATED (11) POP. SERVED: 280 (12) FECAL COLIFORM SAMPLE METHOD: [✓] Membrane Filter [ ] Most Probable Number

(13) CHLORINATED (Y/N): (14) % FLOW INFIL: (15) BOD (mg/l) EFFLUENT: 6 (16) TSS (mg/l) EFFLUENT: 1

(17) TKN (mg/l): 7.0 (18) NH3-N (mg/l): (19) NO3-N (mg/l): (20) NITRITE + NITRATE mg/l: (21) TOTAL P mg/l: (22) OTHER mg/l: (23) COLOR REMOVED: 0.6

(24) TSS (mg/l): (25) DO (mg/l) UPSTREAM: DOWNSTREAM: (26) EFFLUENT PERMITTED: (27) CHLOR (LBS/DAY)

(28) SAMPLE TYPE: GRAB (29) FINAL DISPOSAL: DRAIN FIELD

(30) PLANT CLASS:

(31) SHIFT OPERATOR: C3189 SHIFT 1 (Day) C6553 SHIFT 2 (Evening) SHIFT 3 (Night)

(32) Date Total Suspended Solids Discharged Or Disposed In Sludge: _____

ENVIRONMENTAL SCIENCES CORP HAULED 7,000 GAL OF DIGESTER SLUDGE ON 6/27/90.

0% VOL. SOLIDS REDUCTION

STABILIZED WITH LIME.

Month: JUNE Year: 1990

(30)

	(1) FLOW (MGD) ESTIMATED	(2) CHLORINE RESIDUAL	(3) BOD EFFLUENT (mg/l)	(4) TSS EFFLUENT (mg/l)	(5) pH EFFLUENT (S.U.)	(6) TOTAL N (mg/l)	(7) TOTAL P (mg/l)	(8) FECAL COLIFORM (COLONIES/100 ml)
1	.024	3.5			7.1			
2	.024	3.5			7.1			
3	.024	3.5			6.3			
4	.024	3.5			6.9			
5	.024	3.5			7.1			
6	.024	3.5			7.1			
7	.024	0.6			7.1			
8	.024	1.0			7.1			
9	.024	3.5			6.9			
10	.024	3.5			6.9			
11	.024	0.6			7.2			
12	.024	3.5			7.1			
13	.024	3.5	6	1	7.0			< 1
14	.024	3.5			7.1			
15	.024	3.5			7.1			
16	.024	3.5			7.1			
17	.024	3.5			6.2			
18	.024	3.5			7.1			
19	.024	3.5			7.1			
20	.024	3.5			7.1			
21	.024	3.5			7.1			
22	.024	3.5			7.1			
23	.024	3.5			7.1			
24	.024	3.5			7.1			
25	.024	3.5			7.1			
26	.024	3.5			7.1			
27	.024	3.5			7.1			
28	.024	3.5			7.1			
29	.024	3.5			7.1			
30	.024	3.5			7.0			
31								
TOT	.720							
AVG	.024	3.2	6	1	7.0			< 1

FLOW ESTIMATED AT 70% OF WATER PLANT FINISHED WATER

Page ___ of ___

0363

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) [illegible]: 10112

Mike E. Fisher C3189 — 8/6/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run

(3) PLANT ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO. 407 334 5584

(6) PERMIT NUMBER: D043107799 (7) AVG FLOW MGD: Estimated 0.023 (8) DESIGN FLOW MGD: 0.040 (9) TYPE: 3C

(10) MAX FLOW (MGD): Estimated 0.023 (11) POP SERVED: 280 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Tot Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW SHEET	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	1

(17) pH: LOW	HIGH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) OXYGEN mg/l	(23) CHLOR RESID ppm
7.0							1.0

(24) [illegible] (mg/l): UPSTREAM DOWNSTREAM

(25) DO (mg/l): UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(26) EFFLUENT: PARAMETER VALUE UNITS

(27) [illegible] SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: DRAINFIELD

No Sludge Hauled.

(29) PLANT STAFFING:

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C3189	C6553		

DEP Form [illegible].205(7) Effective November 30, 1987

Month: July Year: 1990

(30)

	FLOW (mgd) ESTIMATED	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.023	3.5			7.1			
2	.023	3.5			7.1			
3	.023	3.5			7.1			
4	.023	3.5			6.2			
5	.023	3.5			7.0			
6	.023	3.5			7.0			
7	.023	3.5			7.1			
8	.023	3.5			6.1			
9	.023	3.5			7.0			
10	.023	3.5			7.1			
11	.023	3.5			7.2			
12	.023	3.5			7.3			
13	.023	3.5			7.1			
14	.023	3.5			7.2			
15	.023	3.5			6.4			
16	.023	3.5			7.1			
17	.023	3.5			7.1			
18	.023	3.5			7.3			
19	.023	3.5			7.3			
20	.023	3.5	5	1	7.2			<1
21	.023	3.0			7.2			
22	.023	3.5			7.2			
23	.023	3.5			7.2			
24	.023	3.5			7.2			
25	.023	1.0			7.1			
26	.023	3.5			7.2			
27	.023	3.5			7.1			
28	.023	3.5			7.1			
29	.023	3.5			6.2			
30	.023	3.5			7.2			
31	.023	3.5			7.1			
TOT								
AVG	.023	3.4	5	1	7.0			<1

Flow estimated at 70% of water plant finished water.

Page 1 of 2

0364

STATE OF FLORIDA — DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT FACILITY REPORT

August 1990

10112

William E. Fisher — 9/7/90
(1) Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) FACILITY NAME: Fox Run

(3) FACILITY ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO. 407 334 5584

(6) PERMIT NUMBER: FLO43107799 (7) AVG FLOW MGD: Estimated 0.018 (8) DESIGN FLOW MGD: 0.040 (9) TYPE: 3C

(10) MAX FLOW (MGD): Estimated 0.029 (11) POP SERVED: 280 (12) FECAL COLIFORM SAMPLE METHOD: (✓) Membrane Filter [ ] Most Probable Number

(13) SUPPLEMENTAL CONTAMINANTS: Flow MGD / BOD lbs/d / TSS lbs/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 6

(16) TSS (mg/l) EFFLUENT: 1

(17) pH: 7.0 (18) TOTAL N mg/l

(19) NITRATES mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) OrthoP mg/l

(23) COLOR RESID ppm: 3.5

(24) BOD (mg/l) UPSTREAM DOWNSTREAM — (25) DO (mg/l) UPSTREAM DOWNSTREAM — (26) EFFLUENT PERCENT R VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: DRAINFIELD

8/30/90 7,000 GALLONS DIGESTED SLUDGE HAULED BY ENVIRONMENTAL SCIENCES CORP.

(29) PLANT STAFFING:

(30) OPERATOR: SHIFT 1 (Day): C3189 SHIFT 2 (Evening): C6553 SHIFT 3 (Night):

Form 17-21.205(2) Effective November 30, 1987

DAY	FLOW (MGD)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	NITRATE (mg/l)	FECAL COLIFORM (cfu/100 ml)
1	.027	3.5			7.1			
2	.012	3.5			7.2			92
3	.020	3.5	6	I	7.4			
4	.017	3.5			7.3			
5	.017	3.5			6.5			
6	.022	3.5			7.2			
7	.026	3.5			7.1			
8	.016	3.5			7.2			
9	.018	3.5			7.1			
10	.017	3.5			7.1			
11	.016	3.5			7.1			
12	.015	3.5			7.1			
13	.018	3.5			7.1			
14	.019	3.5			7.1			
15	.018	3.5			7.1			
16	.013	3.5			7.3			< 1
17	.020	3.5			7.1			
18	.019	3.5			7.3			
19	.018	3.5			6.3			
20	.022	3.5			7.2			
21	.012	3.5			7.1			
22	.029	3.5			7.1			
23	.009	3.5			7.1			
24	.022	3.5			7.0			
25	.013	3.5			7.0			
26	.026	3.5			6.5			
27	.011	3.5			7.3			
28	.022	3.5			7.1			
29	.015	3.5			7.1			
30	.025	3.5			7.1			
31	.014	3.5			7.2			
TOT	.568							46
AVG	.018	3.5	6	I	7.0			

Page 1 of 2

FLOW ESTIMATED AT 70% OF WATER PLANT FINISHED WATER.

0365

9930

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONITORING REPORT

10112

Mike E Fisher C3189 — 10/5/90
Signature of Lead Operator In Charge — DATE

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(4) FACILITY NAME: Fox Run

(5) FACILITY ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(6) CITY: Palm City (7) COUNTY: Martin PHONE NO. 407 334 5504

(8) PERMIT NUMBER: DO43107799 (9) AVG FLOW MGD: 0.020 (10) DESIGN FLOW MGD: 0.040 (11) TYPE: 3C

(12) MAX FLOW (MGD): 0.029 (13) POP SERVED: 280 (14) FECAL COLIFORM SAMPLE METHOD: [x] Membrane Filter [ ] Most Probable Number

(15) DOMESTIC CONTRIBUTION: Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (16) % FLOW INFIL ___ (17) BOD (mg/l) EFFLUENT 11 (18) TSS (mg/l) EFFLUENT 1

(19) pH (SU) INFL	(20) AMMONIA mg/l	(21) NITRATE + NITRITE mg/l	(22) TOTAL P mg/l	(23) ORTHO P mg/l	(24) CHLOR RESID mg/l
7.0					0.7

(25) BOD (mg/l) UPSTREAM DOWNSTREAM FLOW/DATE OF SAMPLE: / ; (26) DO (mg/l) UPSTREAM DOWNSTREAM; (27) EFFLUENT PARAMETER VALUE (UNITS)

(28) TYPE SAMPLE(S): GRAB (29) TYPE EFFL DISPOSAL: DRAINFIELD

No Sludge Hauled.

(30) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
	C3189	C6553	

(31) EFFECTIVE DATE(S) OF CERTIFICATE(S): November 30, 1987

SEPT. 1990

	FLOW (MGD)	COLIFORM PER 100ML (1000)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.029	3.5			7.1			
2	.025	<3			7.1			
3	.019	0.7			7.2			
4	.022	3.5			7.2			
5	.022	3.5			7.0			
6	.023	3.5			6.9			
7	.011	3.5			7.0			
8	.025	3.5			7.1			
9	.021	3.5			6.2			
10	.022	3.5			7.2			
11	.024	3.5			7.1			
12	.024	3.5	11	1	7.1			<1
13	.017	3.5			7.0			
14	.012	3.5			7.0			
15	.015	3.5			7.0			
16	.020	3.5			6.5			
17	.014	3.5			7.0			
18	.015	3.5			7.1			
19	.019	3.5			7.1			
20	.020	3.5			7.1			
21	.012	3.5			7.0			
22	.012	3.5			7.0			
23	.020	3.5			6.4			
24	.022	1.0			7.2			
25	.022	3.5			6.9			
26	.016	3.5			7.1			
27	.025	3.5			7.1			
28	.025	1.0			7.2			
29	.018	3.5			7.1			
30	.015	3.5			6.5			
31								
TOT	.591							
AVG	.020	3.2	11	1	7.0			<1

FLOW METERS INSTALLED 9/13/90.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: OCTOBER Year: 1990

(1) FDER: 10112

Melvin E. Gulas C3189 11/5/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run / SSU Services

(3) PLANT ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO. 407 324-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D043107799 0.020 0.040 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(V) Membrane Filter
[ ] Most Probable Number

0.032 280

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Type Flow (MGD) BOD (lbs/d) TSS (lbs/d) INFL. EFFLUENT EFFLUENT

3 1

(17) pH (18) TOTAL N (19) AMMONIA (20) NITRITE + NITRATE (21) TOTAL P (22) ORTHO P (23) CHLOR RESID
su mg/l mg/l mg/l mg/l mg/l ppm

7.1 1.0

(24) DO (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

GRAB DRAINFIELD

Environmental Science Inc pumped 7,500 gallons of sludge on 10/4/90 Volatile Solids Reduction 0%

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189 C6553

FDER Form 17-21.205(2) Effective August 30, 1987

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.024	3.5			7.0			
2	.032	3.5			7.0			
3	.030	3.5	3	1	7.1			< 1
4	.022	3.5			7.1			
5	.018	3.5			7.0			
6	.024	3.5			6.4			
7	.020	3.0			6.9			
8	.024	3.5			7.2			
9	.024	3.5			7.1			
10	.020	1.0			7.2			
11	.024	3.5			7.0			
12	.021	3.5			7.1			
13	.029	3.5			7.1			
14	.019	3.5			7.1			
15	.017	3.5			7.0			
16	.016	1.0			7.1			
17	.019	3.5			7.2			
18	.012	3.5			7.2			
19	.013	3.5			7.2			
20	.021	3.5			7.1			
21	.016	1.0			7.0			
22	.017	3.5			7.1			
23	.014	3.5			7.2			
24	.012	3.5			7.3			
25	.026	1.0			7.1			
26	.022	3.5			7.1			
27	.014	3.5			6.3			
28	.016	3.5			6.7			
29	.016	3.5			7.3			
30	.018	3.5			7.2			
31	.016	3.5			7.2			
TOT	.619							
AVG	.020	3.2	3	1	7.1			< 1

0367

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) [illegible] 10112

Melvin E. Fuller C3189 12/5/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run / SSU Services

(3) PLANT ADDRESS: SW Biscayne Circle / SW Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO. (407) 334 3554

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D0 43 107799 0.018 0.040 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE ID CODE
[✓] Membrane Filter
[ ] Most Probable Number

0.022 280

(13) DOMESTIC CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Total Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

8 1

(17) pH (18) TOTAL P mg/l (19) AMMONIA (20) NITRITE + NITRATE mg/l N (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.1 1.0

(24) FOG (mg/l) (25) DO (mg/l) (26) EFFLUENT
IF USE DOWNSTREAM FOG/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

Grab Drainfield No Sludge Issue

(29) PLANT STAFFING

FLOW OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189 C4553

DER Form 17-21.205(7) Effective January 30, 1987

(30) November 1990

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	1.5	9	1	7.4			<1
2	.020	1.5			7.2			
3	.014	1.5			7.4			
4	.022	1.5			6.6			
5	.019	1.5			7.1			
6	.020	1.5			7.3			
7	.016	1.5			7.1			
8	.016	1.5			7.2			
9	.016	1.5			7.2			
10	.016	1.5			7.1			
11	.022	1.5			6.5			
12	.016	1.5			7.4			
13	.018	1.5			7.2			
14	.020	1.5			7.2			
15	.014	1.5			7.2			
16	.018	1.5			7.2			
17	.015	1.5			7.1			
18	.019	1.5			7.1			
19	.016	1.5			7.2			
20	.016	1.5			7.2			
21	.020	1.5			7.2			
22	.018	1.0			7.4			
23	.018	1.0			7.4			
24	.016	1.5			7.4			
25	.020	1.5			7.1			
26	.018	1.5			6.6			
27	.015	1.5			6.5			
28	.024	1.5			6.7			
29	.016	1.0			7.2			
30	.014	1.5			6.9			
31								
TOT	.530							
AVG	.019	1.5	9	1	7.1			<1

Page 1 of 2

0368

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) [illegible] 10112

Melvin E. Fisher C3189 1/7/91
(4) Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Fox Run / SSU Services

(3) PLANT ADDRESS: SW Vizcaya Circle / SW Pine Tree Lane

(4) CITY: Palm City (5) COUNTY: Martin PHONE NO.: (407)334-5584

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 0 4 3 1 0 7 7 9 9	0.013	0.040	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.019	280	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Dom. Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 6

(16) TSS (mg/l) EFFLUENT: 1

(17) TOTAL N mg/l	(18) AMMONIA mg/l	(19) NITRATE + NITRITE N mg/l	(20) TOTAL P mg/l	(21) ORTHO P mg/l	(22) CHLOR RESID ppm
7.0					1.5

(23) BOD (mg/l) UPSTREAM / DOWNSTREAM — (24) DOWNSTREAM TIME/DATE OF SAMPLE

(25) EFFLUENT PARAMETER — (26) VALUE — (27) UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

Environmental Services Inc. hauled 14,000 gals. of digester sludge 12/1/90.

Vol. Reduction 30.2%

(29) PLANT STAFFING

(30) OPERATOR: SHIFT 1 (Day) C3189 SHIFT 2 (Evening) C4553 SHIFT 3 (Night)

(31) [illegible] 20(5) effective November 30, 1987

(32) Month: December Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	1.5			7.1			
2	.010	1.5			6.8			
3	.008	1.5			7.2			
4	.009	1.5	6	1	7.1			41
5	.009	1.5			7.2			
6	.013	1.5			7.2			
7	.013	1.5			7.2			
8	.010	1.5			7.2			
9	.012	1.5			6.9			
10	.010				6.9			
11	.010	1.5			7.2			
12	.006	1.5			7.1			
13	.010	1.5			7.1			
14	.013							
15	.013	1.5			7.3			
16	.013	1.5			7.1			
17	.013	1.5			7.1			
18	.014	1.5			7.1			
19	.015	1.5			7.1			
20	.015	1.5			7.0			
21	.014	1.5			7.1			
22	.015	1.5			7.1			
23	.014	1.5			6.9			
24	.015	1.5			7.0			
25	.013	1.5			6.9			
26	.013	1.5			7.0			
27	.015	1.5			7.3			
28	.014	1.5			7.3			
29	.016	1.5			7.2			
30	.018	1.5			7.0			
31	.019							
TOT	.417	46.5	6	1	206			41
AVG	.013	1.4	6	1	7.0			41

6969

Holiday Haven - 573

Lake County (SSU)

Sewer

- 1992 FPSC Filing -

0370

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3035810390

Mark R Mark C7212 2-5-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa St.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8004224501 904 343-1225

(6) PERMIT NUMBER: DT35148316 (7) AVG FLOW MGD: .008 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .016 (11) POP SERVED: 400 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 0.8

(16) TSS (mg/l) EFFLUENT: 17

(17) pH: 7.2

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

AO OPERATOR 1 1/2 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

M 7212

FDER Form 17-7.205(7) Effective November 30, 1982

Month JAN Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	0.9			7.3			
2	.004	0.8			7.4			
3	.004	1.0			7.5			
4	.004	1.0	0.8	17	7.1			
5	.010	0.6						
6	.008							
7	.008	0.8			7.2			
8	.011	1.0			7.3			
9	.009	1.0			7.3			
10	.009	1.0			7.1			
11	.008	0.7			7.3			
12	.011	0.6						
13	.009							
14	.009	0.9			7.9			
15	.012	1.2			7.3			
16	.010	1.6			7.9			
17	.008	0.9			7.2			
18	.007	1.0			7.1			
19	.008	0.6						
20	.00							
21	.007	0.8			7.3			
22	.007	1.0			7.2			11
23	.007	1.0			7.2			
24	.008	0.8			7.1			
25	.007	0.5			7.0			
26	.009	0.7						
27	.010							
28	.018	0.9			7.3			
29	.008	1.0			7.1			
30	.006	0.5			7.2			
31	.010	0.8			7.4			
TOT	.227	23	0.8	17	166			11
AVG	.008	0.8	0.8	17	7.2			11

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 91

(1) GNS # 305PI0390

Mark R Mauck C7212 — 3-5-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa St.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8004324501

(6) PERMIT NUMBER: FT3514S316 (7) AVG FLOW MGD: .008 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-2

(10) MAX FLOW (MGD): .017 (11) POP SERVED: 400 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: — BOD lb/d: — TSS lb/d: —

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 8.2

(16) TSS (mg/l) EFFLUENT: 5

(17) pH: 7.2 (18) TOTAL N mg/l: — (19) AMMONIA mg/l: — (20) NITRITE + NITRATE mg/l: — (21) TOTAL P mg/l: — (22) ORTHO P mg/l: — (23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM: — DNSTREAM: — TIME/DATE OF SAMPLE: — /

(25) DO (mg/l) UPSTREAM: — DNSTREAM: —

(26) EFFLUENT PARAMETER: — VALUE: — (UNITS): —

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR: M.M. C7212 SHIFT 1 (Day): — SHIFT 2 (Evening): — SHIFT 3 (Night): —

DER Form 17-1.203(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	010	0.2			7.2			
2	009	0.6			7.2			
3	010							
4	010	1.0			7.3			
5	012	0.8			7.3			
6	017	1.9			7.2			
EST 7	006	1.5	8.2	5	7.4			
EST 8	005	1.2			7.4			
9	010	0.3						
10	009							
11	009	0.9			7.3			
12	010	0.8			7.6			
13	009	0.8			7.3			
14	010	0.9			7.2			
15	009	0.8			7.3			
16	008	1.5						
17	007							
18	007	0.6			7.3			
19	011	0.3			7.3			
20	011	0.6			7.4			
21	007	1.3			6.9			
22	013	0.2			7.0			
23	017	0.7						
24	010							
25	014	0.6			7.3			
26	011	1.0			7.4			
27	008	0.5			7.3			
28	015	2.3			7.7			
29								
30								
31								
TOT	0.254	23.9	8.2	5	154.2			
AVG	008	0.9	8.2	5	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

1) GMS # 3035810390

Mark R Mark C7212 4-9-91
Signature of Lead Operator in Charge Date

certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

2) PLANT NAME: Holiday Haven

3) PLANT ADDRESS: Pedro & Lisa Dr.

4) CITY: Astor (5) COUNTY: Lake PHONE NO. 800 472 4501

6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
T35148316 .010 .025 3C

10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.018 ☒ Membrane Filter ☐ Most Probable Number

13) INDUSTRIAL CONTRIBUTION (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT
Flow MGD BOD lb/d TSS lb/d
8.2 22

17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.2 N/A 8.5

24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perk Pond

29) PLANT STAFFING MISS 4560

30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. Mark C7212

Form 17-4.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	009	0.3			7.3			
2	011	0.6						
3	011	0						
4	012	1.0			7.4			
5	014	0.9			7.2			
6	007	0.7			7.6			
7	011	0.6			7.5			
8	003	0.6						
9	.003							
10	.010							
11	009	0.5			7.2			
12	009	0.4			7.1			
13	009	0.6			7.0			
14	009	0.7			7.1			
15	014	0.8			7.3			
16	009							
17	008							
18	018	0.0	8.2	22	7.2			
19	014	0.8			7.4			
20	007	0.6			7.3			
21	014	0.8			7.4			
22	014	0.8			7.3			
23	006	1.0						
24	010							
25	010	0.6			7.4			
26	012	0.9			7.3			
27	010	0.7			7.2			
28	011	0.6			7.4			
29	009	0.7			7.4			
30	012	0.6						
31	010							
TOT	.313	18	8.2	22	145			
AVG	010	.8	8.2	22	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) ~~DMS~~ : 3035910390

Mark D Mauk C-7212 4-30-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa St.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8004324501

(6) PERMIT NUMBER: FL0035483-LG (7) AVG FLOW MGD: .011 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .015 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/1) EFFLUENT: 2.4

(16) TSS (mg/1) EFFLUENT: 13.0

(17) pH: 7.3 (18) TOTAL N mg/1: (19) AMMONIA mg/1: (20) NITRITE + NITRATE mg/1: (21) TOTAL P mg/1: (22) ORTHO P mg/1: (23) CHLOR RESID ppm: 0.5 x

(24) BOD (mg/1) UPSTREAM / ONSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/1) UPSTREAM / ONSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perk pond

(29) PLANT STAFFING

LEAD OPERATOR: Mark Mauk C7212 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER FORM 17-1.205(7) Effective November 30, 1982

(30) Month April Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	016	0.5			7.7			
2	007	0.6			7.7			
3	013	0.5			7.3			
4	013	0.6			7.4			
5	012	0.5			7.5			
6	012	0.8						
7	012							
8	012	0.7			7.4			
9	011	0.6			7.7			
10	013	0.5			7.7			
11	013	0.6			7.7			
12	009	0.5			7.7			
13	012	0.7						
14	010							
15	009	0.6			7.4			
16	007	0.6			7.3			
17	012	0.6			7.3			
18	013	0.6	2.4	13	7.6			21
19	013	0.6			7.2			
20	012	1.0						
21	012							
22	012	0.8			7.0			
23	013	0.9			7.3			
24	013	1.0			7.6			
25	013	1.0			7.9			
26	005	1.2			7.3			
27	14600	1.0						
28	008							
29	005	1.0			7.2			
30	009	0.5			7.3			
31								
10T	.337	13.7	2.4	13	160			21
AVG	.011	.5	2.4	13	7.3			21

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) GMS # 3035810390

Mark R. Maund C7212 6-3-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: 150 S Pearl St

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 904-349-2265

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FT35148316 .009 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.020 343 [X] Membrane Filter
98 × 3.5 [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT
mgd Flow MGD BOD lb/d TSS lb/d
2.4 30.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.4 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S)
Grab

(28) TYPE EFFL DISPOSAL
Park Pond

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M.R. Maund C7212

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	014	0.4			7.2			
2	009	0.3			7.4			
3	00	0.3			7.4			
4	008	0.3			7.2			
5	009							
6	009	0.8			7.3			
7	010	0.5			7.4			
8	016	0.3			7.2			
9	010	1.0			7.3			
10	007	0.8	2.4	20	7.1			
11	011	0.8						
12	009							
13	005	0.3			7.4			
14	012	0.6			7.3			
15	011	0.6			7.6			
16	009	0.6			7.4			
17	002	1.3			7.6			
18	002	0.8						
19	008							
20	008	0.6			7.3			
21	007	0.5			7.2			
22	006	0.6			7.4			
23	010	0.5			7.2			
24	014	0.6			7.3			
25	014	0.4						
26	010							
27	010	1.0			7.4			
28	010	1.2			7.1			
29	012	0.5			7.3			
30	010	0.7			7.4			
31	011	1.0			7.3			
101	295	2.2	2.4	20	7.4			
AVG	009	0.8	2.4	20	7.3			

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Form 17-1.201(7) Effective November 30, 1982

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 91

(1) GMS # 3035P10390

Mark R Mauck C7212 7-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Linn St

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 407-880-0058 904-341-1265

(6) PERMIT NUMBER: FL0148316 (7) AVG FLOW MGD: .012 (8) DESIGN FLOW MGD: .029 (9) TYPE: 3C

(10) MAX FLOW (MGD): .027 (11) POP SERVED: 343 99 Customers

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — MGD Flow | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 0.3

(16) TSS (mg/l) EFFLUENT: 7

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 8.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

AD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

MM Mauck C7212

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	0.5			7.3			
2	.023							
3	.023	1.0			7.4			
4	.005	0.4			7.6			
5	.010	1.0			7.6			
6	.013	0.5			7.6			
7	.027	0.6	0.3	7	7.3			
8	.016	1.0			7.5			
9	.016							
10	.016	0.3			7.4			
11	.014	0.6			7.3			
12	.012	0.5			7.4			
13	.010	0.5			7.3			
14	.010	0.5			7.4			
15	.017	0.5			7.3			
16	.011							
17	.011	0.5			7.4			
18	.011	0.6			7.4			
19	.014	0.5			7.4			
20	.018	0.6			7.3			
21	.014	0.8			7.2			
22	.014	0.6						
23	.013							
24	.013	0.5			7.3			
25	.009	0.7			7.3			
26	.010	0.5			7.4			
27	.009	0.8			7.4			
28	.017	0.9			7.3			
29	.011	0.4						
30	.010							
31								
TOT	.356	16.8	0.3	7	169			
AVG	.012	.7	0.3	7	7.3			

EPA Form 3-1.20(11) Effective November 30, 1982

0375

DEP Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____ (Filled in by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month July Year 1991

Plant's DER Identification Number FL0358810390

Plant Name Holiday Haven #573

Plant Address P.O. Box 11179, Ocala, FL 32673
Pearl & Lisa St.

City Astor

County Lake

Phone Number 904-347-1265

Permit Number DT35 146316

Plant Type 3-C

Test Site Identification Number _____

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse
Perk Pond

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge _____

Plant Staffing

Day Shift Operator Class C Cert No 7212

Evening Shift Operator Class _____ Cert No _____

Night Shift Operator Class _____ Cert No _____

Lead Operator Mark Hunt (Signature) C 7212 Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.011
(17) Permitted capacity	mgd	–	.025
(18) Three-month average daily flow	mgd	–	.011 *
(19) Percent of permitted capacity	%	–	44 *
(20) $CBOD_5$ Effluent	mg/L	080082	3.4
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	16
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.5
(33) Other Effluent Parameters			

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DEM Form: 17-601(900.1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEM Application No.: (if not in DEM)

Domestic Wastewater Treatment Plant
Monthly Operating Report

#573

Month July Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
010	0.6						7.3					
009	0.5						7.3					
008	0.7						7.4					
016	0.3						7.2					
010	0.6						7.3					
010	0.5											
010												
010	0.6						7.4					
010	0.5				3.4	16	7.1			6		
010	0.5						7.3					
009	0.7						7.2					
009	0.8						7.1					
005	0.6											
017												
017	0.5						7.3					
011	0.5						7.4					
011	0.6						7.3					
009	0.6						7.2					
006	0.7						7.4					
009	0.8											
018												
018	0.7						7.3					
010	1.5											
010	1.0						7.2					<1
006	1.4						7.3					
015	1.0						7.3					
007	0.7											
014												
014	1.0						7.6					
013	0.5						7.4					
015	0.7						7.3					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Mark B March Date: 8-5-91

Name (Please Type): X Mark March Telephone No. (Please Type): X (904) 347-1265

Company Name: [illegible]

DEP Form # 17-601.900(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Acceptance No. (Filled in by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month Aug. Year 1991

(2) Plant's DER Identification Number 3035910390

(3) Plant Name Holiday Haven

(4) Plant Address Pearl & Lisa St.

(5) City Astor

(6) County Lake

(7) Phone Number 800-432-4501 904-349-1205

(8) Permit Number DT 35 148316

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Pond

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] (Signature) C.7212 (Cert. No.)

Parameter	Units	STORET -Code	Valu
(16) Monthly average daily flow	mgd	050053	010
(17) Permitted capacity	mgd	–	025
(18) Three-month average daily flow	mgd	–	011
(19) Percent of permitted capacity	%	–	44
(20) $CBOD_5$ Effluent	mg/L	080082	8.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	12
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Holiday Haven # 573 Month Aug Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	011	0.8						7.4					
2	013	1.0					12	7.2					
3	014	0.6											
4	015												
5	015	0.6						7.2					
6	013							7.3					
7	013	0.5						7.4					
8	010	0.7						7.2					
9	009	0.8						7.3					
10	016	0.3											
11	009	0.6						7.2					
12	009	1.0						7.3					
13	012	0.5						7.3					
14	007	0.6						7.5					
15	009	0.8						7.1					
16	007	0.6						7.2					
17	010												
18	010	0.7											
19	010	1.4						7.4					
20	010	0.5						7.3					
21	006	0.8						7.3					
22	009	0.7						7.4					
23	007	1.0						7.2					
24	009	0.6											
25	009												
26	009	0.5						7.2					
27	006	0.5						7.3					
28	005	0.6						7.3					
29	007	1.0				8.5		7.4					
30	007	0.9						7.3					
31	009	1.0											

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Mark R March Date 9-10-91

Name (Please Type) Mark March

Company Name S.S.U. Services Telephone No. (Please Type) 347-1265

Holiday Haven

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

) Month Sept. Year 1991

) Plant's DER Identification Number 3035810390

) Plant Name Holiday Haven

) Plant Address Pearl & Lisa St

) City Astor

) County Lake

) Phone Number 800-432-4501

Permit Number DT35-148316

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perk Pond

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark K Mark (Signature) C-7212 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.007
(17) Permitted capacity	mgd	—	.025
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	32%
(20) $CBOD_5$ Effluent	mg/L	080082	9
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	20
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate oct. 91	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

DER Form 17-601(5)(27)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month: Sept. Year: 19

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	009																				
2	009	0.6						7.5													
3	009																				
4	010	0.8						7.4													
5	007	0.7						7.3													
6	008	0.5						7.4													
7	007	0.6																			
8	010																				
9	010	0.5						7.2													
10	007	0.5						7.3													
11	007	0.5						7.3													
12	008	0.5						7.4													
13	007	0.9					25	7.4													
14	007	0.5																			
15	006																				
16	008	0.6						7.3													
17	008	1.0						7.3													
18	008	0.8						7.4													
19	008	0.6						7.3													
20	007	0.7						7.2													
21	010	0.4																			
22	005																				
23	009	0.5						7.3													
24	009	0.4						7.2													
25	007	0.7																			
26	007	0.8						7.4													
27	008	1.0					15	7.5													
28	007	0.8						7.6													
29	008																				
30	008	0.6						7.4													
31																					

d Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, rmation is true, complete and accurate.

ied: Mark R Marsh Date: 10-10-91

ne (Please Type)

pany Name: Southern State Utilities Telephone No. (Please Type)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month October Year 1991

Plant's DER Identification Number 3035P10390

Plant Name Holiday Haven

Plant Address Pearl & Lisa St.

City Astor Park

County Lake

Phone Number

Permit Number DT35-148376

Plant Type 3-C

Plant Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Park pond

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Mark Mc. Cert. No. C7212

Signature

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	–	.025
(18) Three-month average daily flow	mgd	–	.009
(19) Percent of permitted capacity	%	–	40
(20) $CBOD_5$ Effluent	mg/L	080082	0.04
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	8
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
Fecal			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

573

Month October Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
010	0.5											
010	0.6						7.3					
014	0.6						7.4					
008	0.8						7.2					
011	0.6											
007												
007	0.5						7.1					
012	0.6						7.0					
015	0.5						7.3					
010	0.7						7.2					
011	0.6		204.0		0.04	8	7.4			8		
011	0.8											<1
012												
012	0.9						7.2					
008	0.7						7.4					
011	0.5						7.3					
008	0.6						7.4					
013	0.7						7.3					
009	0.6											
009												
009	0.5						7.2					
010	3.5						7.4					
008	0.8						7.3					
008	0.6						7.4					
010	0.5						7.3					
010	0.6											
009												
009	0.5						7.2					
008	0.5						7.4					
008	3.5						7.4					
007	0.7						7.2					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete, and accurate.

Signature: Mark March Date: 11-13-91

(Please Type) Mark R. March

Company Name S.S.U.

Telephone No. (Please Type) (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month NOV Year 1991

Plant's DER Identification Number 3035810390

Plant Name Holiday Haven

Plant Address Pearl & Lisa Dr

City Astor

County Lake

Phone Number 904 3471265

Permit Number DT35 148316

Plant Type 3-C

Test Site Identification Number LA

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Pearl Road

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] Signature C7212 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.008
(17) Permitted capacity	mgd	–	.025
(18) Three-month average daily flow	mgd	–	.008
(19) Percent of permitted capacity	%	–	32
(20) BOD_5 Effluent . .	mg/L	080082	1.6
(21) BOD_5 Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	14
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.3
(32) Maximum Chlorine Residual	mg/L	–	2.4
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Holiday Haven — Month NOV — Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
008	0.8						7.1					
010	0.6											
009												
009	0.6						7.4					
009	2.9						7.4					
009	1.0						7.3					
009	0.6		98	360	16	14	7.2					
008	0.7						7.2					
011	0.5											
009												
009	0.5						7.4					
009	0.6						7.1					21
008	0.3						7.2					
010	0.8						7.3					
009	0.6						7.4					
009	0.5						7.3					
008												
008	0.5						7.4					
009	0.6						7.3					
009	0.7						7.1					
008	0.6						7.0					
009	0.6						6.5					
007	0.5											
003												
008	0.6						7.2					
008	0.5						7.3					
008	0.5						7.2					
008	0.6						7.4					
011	0.7						7.3					
012	0.5						7.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th
tion is true, complete, and accurate.

Mark March — Date: 12-11-91

Please Type: Mark R. March

Facility Name: Southern States — Telephone No. (Please Type): (904) 347-1265

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month December Year 91

Plant's DER Identification Number 3035P10390

Plant Name Holiday Haven

Plant Address Pearl and Lisa ST

City Astor

County Lake

Phone Number 904-347-1266

Permit Number DT35-148316

Plant Type III C

Reuse Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap.-Perc. Pond

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator David Connor B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	–	.025
(18) Three-month average daily flow	mgd	–	.009
(19) Percent of permitted capacity	%	–	37
(20) $CBOD_5$ Effluent	mg/L	080082	136
(21) $CBOD_5$ Effluent	lbs/day	–	1.1
(22) TSS Effluent	mg/L	900201	26
(23) TSS Effluent	lbs/day	–	2.2
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Holiday Haven — Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.009												
.009	0.5						7.4					
.009	0.6						7.6					
.008	0.5				13.6	26	7.4					
.008	0.6						7.5					
.009	0.7						7.6					
.002	0.7						7.5					
.011												
.011	0.5						7.8					
.013	0.5						7.5					
.011	0.5						7.6					
.012	0.6						7.7					
.012	0.7						7.4					
.013	0.7											
.012												
.012	0.5						7.3					
.012	0.6						7.4					
.010	0.6						7.5					
.010	1.0						7.3					
.009	0.5						7.4					
.009	0.8						7.3					
.009												
.009	0.5						7.4					
.008	0.5						7.2					
.008	0.9						7.4					
.011	0.6						7.2					
.009	0.5						7.4					
.009	0.7						7.5					
.012												
.012	0.5						7.5					
.009	0.7						7.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signature: David Connor — Date: 1-10-91

(Please Type) David Connor

Company Name S.S.U. Services — Telephone No. (Please Type): (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Jan Year: 1990

(1) GNS # 307581039O

Mark R Mauch (7212) 2-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holidays Haven

(3) PLANT ADDRESS: Pearl & Lisa st.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8004324501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FT35493716	.007	.025	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.013	317	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9.0	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID (PPM)
7.1						1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Rec Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

M Mauch 7212

DEP Form 62-601.210(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.0			7.1			
2	.005	1.0			6.9			
3	.008	1.1			6.9			
4	.008	1.2	9.0	4	7.0			
5	.006	1.2			7.0			
6	.007	1.3			7.0			
7	.011							
8	.011	1.0			7.0			
9	.011	1.5			6.9			
10	.007	2.0			7.0			
11	.007	1.5			6.9			
12	.007	1.0			7.0			
13	.008	1.5			7.1			
14								
15	.018	1.1			7.0			
16	.010	1.0			6.9			
17	.010	1.5			7.0			
18	.011	1.2			6.8			
19	.011	1.5			6.9			
20	.011	1.5						
21								
22	.010	1.0			6.9			
23	.010	1.2			7.0			
24	.006	1.0			7.0			
25	.007	1.0			7.0			
26	.007	1.3			7.1			
27	.013	2.0			7.0			
28	.013							
29	.013	2.0			6.9			
30	.011	1.3			6.9			
31	.011	1.0			7.0			
TOT	.274	34.9			194			
AVG	.009	1.3	9.0	4	7.1			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 1996

(1) GMS # 3035P10390

Mark R Marsh C 7212 2-28-96
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa dr.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8004574561

(6) PERMIT NUMBER: DT35148316 (7) AVG FLOW MGD: .008 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .012 (11) POP SERVED: 455 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 10.6

(16) TSS (mg/l) EFFLUENT: 6

(17) pH: 7.0 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) NITRITE + NITRATE mg/l: ____ (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: 0.8

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____ / ____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR ____ SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

Mark Marsh C 7212

DEP FORM 17-1.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	1.5	10.6	6	7.0			
2	.007	1.6			7.0			
3	.012	1.5			7.1			
4								
5	.011	1.2			7.1			
6	.011	1.0			7.0			
7	.009	1.7			7.0			
8	.007	1.0			7.0			
9	.007	1.8			7.1			
10		1.0						
11								
12	.010	1.0			7.0			
13	.007	1.5			7.0			
14	.008	1.2			7.2			
15	.007	1.0			7.3			
16	.011	1.0			7.2			
17		1.5						
18								
19	.016	1.0			7.0			
20	.010	1.5			7.2			
21	.007	1.0			7.1			
22	.009	1.0			7.0			
23	.009	1.5			7.0			
24		1.3						
25								
26	.022	0.8			7.2			
27	.007	0.7			7.1			
28	.007	0.5			7.2			
29								
30								
31								
TOT	.239	7.8	10.6	6	148			
AVG	.008	1.1	10.6	6	7.0			

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0390

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) GNS # 3035P10390

Mark R. Mauch C-7212 — 4-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl St & Lisa Rd.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8043245911

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35148316	.009	.025	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.013	630	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.9	13

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	3.4					1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
M Mauch C-7212			

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.0			7.5			
2	.007	1.5			7.0			
3	.010	1.0						
4	.010							
5	.010	0.8			7.2			
6	.006	1.2			7.1			
7	.007	1.5	6.9	13	7.0			
8	.006	2.0			7.0			
9	.007	1.8			7.2			
10	.007	1.5						
11	.011							
12	.010	1.0			7.1			
13	.006	1.0						
14	.010	2.0			7.2			
15	.005	2.0			7.0			
16	.010	1.5			6.9			
17	.010	1.6						
18	.010							
19	.010	1.5			7.1			
20	.006	2.0			7.2			
21	.006	2.0			7.1			
22	.006	1.5			7.2			27
23	.010	1.0			8.3			
24	.012	1.5						
25	.013							
26	.012	1.0			7.1			
27	.006	1.5			7.5			
28	.007	2.0			7.0			
29	.006	1.0			6.9			
30	.007	1.5			7.1			
31	.013	1.0						
TOT	.335	40.9			136.9			27
AVG	.011	1.5			7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 90

(1) DHS # 3035810390

Mark R. Mark — 5-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa St.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 8004324501

(6) PERMIT NUMBER: DT35148316 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .013 (11) PUP SERVED: 630

(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 8.3

(16) TSS (mg/l) EFFLUENT: 2

(17) pH: 6.1

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

M. Mark C-2 —

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.5			7.3			
2	.013	2.0			7.1			
3	.009	1.5	XX	XX	7.8			
4	.012	1.5			7.0			
5	.013	2.0			6.9			
6	.009	1.8						
7	.009							
8	.234							
9	.009	2.0			6.7			
10	.010	1.0			6.6			
11	.004	0.8			6.3			
12	.006	0.5			6.6			
13	.008	0.6			6.7			
14	.008	0.6						
15	.008							
16	.008	1.0			7.0			
17	.009	1.6			7.2			
18	.010	1.4			7.3			
19	.006	0.5			7.3			
20	.007	1.5			7.4			
21	.008	1.3						
22	.007							
23	.007	1.0			7.3			
24	.005	1.5			7.1			
25	.005	1.5			7.2			
26	.007	1.5			7.3			
27	.007	1.8			7.4			
28	.006							
29	.006							
30	.006	1.2			7.3			
31								
TOT	.234	37.5			144.3			
AVG	.007	1.63			6.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: May Year: 90

(1) DHS: 3035810390

Mark R March C-7212 6-3-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl St. & Lisa St.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO.: 352 759 4561

(6) PERMIT NUMBER: FL0035149316 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .009 (11) POP SERVED: 630 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____ (15) BOD (mg/l) EFFLUENT: 6.3 (16) TSS (mg/l) EFFLUENT: 18

(17) pH: 7.3 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) NITRITE + NITRATE mg/l: ____ (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID min: 0.5

(24) BOD (mg/l): UPSTREAM ____ DNSTREAM ____ FENCE/DATE OF SAMPLE ____/____

(25) DO (mg/l): UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT: PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Perk-Pond

(29) PLANT STAFFING:

LEAD OPERATOR: M March C-7212 SHIFT 1 (Day): ____ SHIFT 2 (Evening): ____ SHIFT 3 (Night): ____

PER CHAPTER 17-5.705(7) Effective November 30, 1982

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1		1.5			7.4			
2	.006	2.0	6.3	18	7.2			
3	.007	1.5			7.4			
4	.006	1.5			7.3			
5	.007	0.9						
6	.007							
7	.007	0.5			7.4			
8	.006	1.5			7.6			
9	.007	3.4			7.4			
10	.007	2.6			7.5			
11	.009	2.1			7.4			
12	.008	1.5						
13	.008							
14	.008	0.8			7.5			
15	.007	0.2			7.5			
16	.007	3.5	7.4	13	7.3			
17	.007	2.5			7.4			
18	.008	2.0			7.5			
19	.007	0.6						
20	.007							
21	.007	2.4			7.4			
22	.007	2.0			7.3			
23	.007	2.2			7.1			
24	.006	1.5			7.2			
25	.006	1.6			7.6			
26	.009	1.5			7.2			
27	.009							
28	.009	1.7			7.3			
29	.009	1.1			7.4			
30	.008	0.9			7.3			
31	.007	0.3			7.2			
TOT	.213	44.4	13.7	31	176			
AVG	.007	1.7	6.8	15.5	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 90

(1) GHS 3035810390

Mark Mauk C 7212 7-7-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl St.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 1-800-132-4504

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FLT251418316 .007 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.011 573 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 8.3
(16) TSS (mg/l) EFFLUENT 4

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Rapid Pond

(29) PLANT STAFFING
LEAD OPERATOR / SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark Mauk C 7212

DER Form 17-21.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	2.5			7.3			
2	.009	1.5						
3	.009				7.1			
4	.009	1.0			7.1			
5	.007	0.8						
6	.005	0.9	8.3	4	7.2			
7	.007	1.2			7.0			
8	.009	1.8			7.1			
9	.006	1.5						
10	.006							
11	.006	0.5			7.3			
12	.007	0.6			7.2			
13	.007	0.5			7.3			
14	.005	0.7			7.3			
15	.009	1.2			7.0			
16	.007	0.6						
17	.007							
18	.007	1.5			7.0			
19	.007	1.0			7.1			
20	.009	1.8			7.2			27
21	.018	1.5			7.2			
22	.010	1.8			7.0			
23	.008							
24	.008							
25	.008	3.5			6.9			
26	.011	2.3			7.0			
27	.012	2.0			6.9			
28	.005	1.5			6.9			
29	.003	2.0			7.0			
30	.006	2.0						
31								
TOT	.335	36.9			189			
AVG	.007	1.4			7.1			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JULY Year 90

(1) DHS 3035810390 Mark R. Marsh C7212 8-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven
(3) PLANT ADDRESS: Pearl & Lisa ST.
(4) CITY: Astor Park (5) COUNTY: LAKE PHONE NO 1-800-437-4501

(6) PERMIT NUMBER: FLA035148316 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .011 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT 4.8 (16) TSS (mg/l) EFFLUENT 13

(17) pH 7.1 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID PPM 0.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____ (25) DO (mg/l) UPSTREAM ____ DNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Beach Pond

(29) PLANT STAFFING
LEAD OPERATOR M. Marsh 7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-6.205(2) Effective November 30, 1982

(30)	FLOW (mgd) = MG	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006							
2	.007	1.0			7.0			
3	.008	1.3			7.0			
4	.006	1.0			7.4			
5	.007	0.8			6.9			
6	.005	1.0			7.0			
7	.007	0.9						
8	.007							
9	.007	1.0			7.2			
10	.005	0.9			7.3			
11	.008	1.8	4.8	13	7.4			
12	.006	0.9			7.2			
13	.006	0.5			7.0			
14	.006	0.6						
15	.007							
16	.006	0.5			7.1			
17	.010	1.5			7.6			
18	.011	2.0			7.1			
19	.005	2.5			6.9			
20	.006	2.5			7.1			
21	.006	2.0						
22	.008							
23	.008	2.0			7.2			
24	.008	3.0			7.0			
25	.007	1.6			7.1			
26	.007	2.0			7.2			
27	.007	1.6			7.2			
28	.007	2.0			7.1			
29	.007							
30	.007	1.8			7.0			
31	.009	2.2			7.1			
TOT	.213	57.2	4.8	13	163			
AVG	.007	1.9			7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Aug Year: 1990

(1) ORC #: 3035P10350

Mark R Mark C-7212 9-6-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl St

(4) CITY: Astor (5) COUNTY: Lake PHONE NO.: (904) 759-2501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35148316	.006	.025	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.008	365	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.6

(16) TSS (mg/l) EFFLUENT: 9.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						.85

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk pond

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

Mark Mark C7212

DEP Form 17-[illegible] Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	2.0			7.1			
2	.008	2.2			7.0			
3	.007	2.5			7.1			
4	.008	1.0						
5	.008							
6	.007	1.2			7.2			
7	.009	1.0			7.0			
8	.008	0.9	2.6	9.0	7.1			
9	.007	1.0			7.0			
10	.006	1.5			7.1			
11	.007	2.1						
12	.007							
13	.007	2.0			7.3			
14	.007	2.0			7.2			
15	.007	1.7			7.1			
16	.006	1.5			7.2			
17	.006	1.0			7.0			
18	.006	0.9						
19	.006							
20	.006	0.5			7.1			
21		0.6			7.2			
22	.00	1.0			7.3			
23	.006	1.0			7.2			
24	.007	1.2			7.0			
25	.006	1.0						
26	.006							
27	.006	0.5			7.1			
28	.006	0.5			7.3			
29	.006	0.8			7.2			
30	.006	0.9			7.0			
31	.003	1.0			7.5			
TOT	.198	35.2	2.6	9.0	7.1			
AVG	.006	1.2						

0395

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: SEPT Year: 90

(1) DNS # 3035P10390

Mark R. Mank C7212 10-5-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Cnr. Lisa & Pearl ST.

(4) CITY: Astor (5) COUNTY: LAKE PHONE NO. 1-800-732-450

(6) PERMIT NUMBER: FL35148316 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .015 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 10

(16) TSS (mg/l) EFFLUENT: 3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID
7.1						0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

Mark Mank C7212

DER Form 17-6.210(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	0.6						
2	.009							
3	.010	0.5			7.0			
4	.008	0.2			7.1			
5	.011	1.2	10	3	7.6			
6	.006	0.9			6.9			
7	.006	1.1			7.7			
8	.007	0.5						
9	.015							
10	.015	0.7			7.7			
11	.005	0.5			7.2			
12	.003	0.5			7.3			
13	.006	1.0			7.2			
14	.005	1.2			7.2			
15	.006	0.9						
16	.008							
17	.008	0.5			7.2			
18	.009	0.8			7.3			
19	.006	1.0			7.2			
20	.005	0.6			7.1			2.1
21	.009	0.5			7.1			
22	.008	0.7						
23	.008							
24	.008	0.5			7.0			
25	.007	0.3			7.1			
26	.006	0.4			7.0			
27	.007	0.7			7.1			
28	.005	1.0			7.1			
29	.006	0.8						
30	.008							
31								
TOT	.286	19.2	10	3	194.6			<2
AVG	.009	.8	.10	3	7.1			<2

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0397

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 303581039O

Mark R. Mauch C-7212 11-5-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa St

(4) CITY: Astor Fla (5) COUNTY: Lake PHONE NO. 800 432-4501

(6) PERMIT NUMBER: DT35148316 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .012 (11) POP SERVED: 392 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 1.0

(16) TSS (mg/l) EFFLUENT: 11

(17) pH: 7.4

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) ~~NITRITE~~ + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

29) PLANT STAFFING

LEAD OPERATOR: M. Mauch C7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

EPA Form 47-E. 205(7) Effective November 30, 1982

Month October Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.0			7.2			
2	.009	1.5			7.2			
3	.005	1.3			7.4			
X 4	.006	1.0	1.0	11	7.3			
5	.005	1.0			7.1			41
6	.006	0.4						
7	.006							
8	.006	1.7						
9	.007	1.6			7.0			
10	.004	1.0			7.1			
11	.006	1.3			7.4			
12	.005	1.0			7.2			
13	.006	1.6			7.1			
14	.006							
15	.006	0.6						
16	.006	0.8			7.1			
17	.006	0.8			7.2			
18	.009	1.5			7.3			
19	.005	1.4			7.1			
20	.008	2.0			7.1			
21	.008							
22	.005	2.0						
23	.007	2.0			7.1			
24	.006	1.5			7.0			
25	.007	0.8			7.0			
26	.006	0.9			7.4			
27	.010	1.5			7.1			
28	.010							
29	.012	1.08						
30	.008	1.0			7.0			
31	.009	0.6			7.2			
101	.207	30.7	1.0	11	220.9			41
AVG	.007	1.1	1.0	11	7.4			41

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov Year 90

(1) CMS # 5035[10390

Mark Mank 67212 12-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Laurel & Lisa St.

(4) CITY: Astor Park (5) COUNTY: Lake PHONE NO. 904/324-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0035148316 .008 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.010 670 [✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 6.8

(16) TSS (mg/l) EFFLUENT 24

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRITE~~ + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 8.5

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL perk pond

(29) PLANT STAFFING

LAD OPERATOR / SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
JM Mark 7212

DEP-FORM 17OT-205(1) EFFECTIVE NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	0.6			72			
2	.008	0.7			71			
3	.009	0.8			77			
4	.008							
5	.008	0.5			71			
6	.010	0.4			70			
7	.005	1.0			69			
8	.007	1.0			68			
9	.006	0.3			7.0			
10	.008	0.9						
11	.008							
12	.008	1.0			74			
13	.008	1.2			74			
14	.008	1.3	6.8	34	77			
15	.008	1.0			76			
16	.008	1.0			75			
17	.008	1.0						
18	.008							
19	.008	0.4			73			
20	.008	0.9			74			
21	.008	1.0			74			
22	.008	0.8			74			
23	.008	0.9			77			
24	.008	1.2						
25	.008							
26	.008	0.9			74			
27	.008	0.2			75			
28	.008	0.8			75			
29	.008	1.0			73			
30	.008	0.9			75			
31								
TOT	.239	22.3	6.8	24	168.8			
AVG	.008	0.9	6.8	24	73			

* Flow estimated from 11-10 - 11-30-90 due to newly installed flow meter sticking we are presently awaiting repair 3 Hours

0398

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec Year 90

(1) GMS # 3035810390

Mark R Mark C7212 1-4-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Holiday Haven

(3) PLANT ADDRESS: Pearl & Lisa st.

(4) CITY: Astor (5) COUNTY: Lake PHONE NO. 800 4324501 904-357-1261

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DT35148316 .008 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.012 630 [M] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
md Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
6.4 15

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.4 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perk Pond

(29) PLANT STAFFING

AD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. Mark C7212

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	005	0.9						
2	004							
3	008	0.6			7.6			
4	006	1.0			7.5			
5	011	1.2	6.4	15	7.4			
6	012	0.9			7.3			
7	009	0.8			7.5			
8	009	0.7						
9	009							
10	009	0.9			7.3			
11	010	0.6			7.7			
12	010	0.7			7.4			
13	008	0.6			7.4			
14	005	0.8			7.2			
15	004	1.3						
16	007							
17	007	1.2			7.5			
18	003	0.5			7.4			
19	006	0.8			7.4			
20	010	0.7			7.5			
21	006	1.0			7.4			
22	010							
23	011							
24	011	0.6			7.5			
25	007				7.4			
26	007	1.0			7.3			
27	011	1.0			7.3			
28	010	0.8			7.3			
29	012	0.9						
30	007							
31	005	1.0			7.4			
TOT	.267	22.9	6.4	15	155.5			
AVG	008	1.0	6.4	15	7.4			

NPDES Form 17-21.205(7) Effective November 30, 1982

0399

Jungle Den - 1802

Volusia County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 91

(1) CMS # 3064105710

Mark R. Mast C-7212 2/8/91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Dr & Yellow Brick Rd.

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 860 432 4501 904 749-7245

(6) PERMIT NUMBER DO64173345 (7) AVG FLOW MGD .013 (8) DESIGN FLOW MGD .025 (9) TYPE 3-3

(10) MAX FLOW (MGD) .016 (11) POP SERVED 400 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 1.8

(16) TSS (mg/l) EFFLUENT 16

(17) pH 7.2 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID mg/l 0.6

(24) MOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

M.M. 6732 17

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	1.6			7.4			
2	.010	0.9			7.4			
3	.012	1.0			7.2			
4	.011	1.0	1.8	16	7.1			
5	.012	0.8						
6	.013							
7	.013	0.8			7.3			
8	.012	0.9			7.2			
9	.011	1.0			7.4			
10	.009	0.9			7.3			
11	.009	1.0			7.3			
12	.009	0.8						
13	.007							
14	.007	1.0			7.2			
15	.009	1.2			7.1			
16	.008	0.8			7.1			
17	.009	1.0			7.3			
18	.010	1.0			7.3			
19	.011	1.3						
20	.012							
21	.012	1.3			7.4			
22	.011	1.0			7.3			<1
23	.010	0.8			7.2			
24	.009	0.9			7.3			
25	.009	0.9			7.5			
26	.015	0.9						
27	.012							
28	.012	0.9			7.4			
29	.016	1.2			7.3			
30	.010	0.9			7.4			
31	.010	1.0			7.3			
TOT	.351	1.6	1.8	16	167			<7
AVG	.011	0.9	1.8	16	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 91

(1) CMS # 3064P05710

Mitch Marsh C-7212 3-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Dixie Dr & Yellow Brick RD

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 8004324501 or 904-347-1265

(6) PERMIT NUMBER FL0041733345 (7) AVG FLOW MGD .013 (8) DESIGN FLOW MGD .025 (9) TYPE 3-C

(10) MAX FLOW (MGD) .015 (11) POP. SERVED 400 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 4.8

(16) TSS (mg/l) EFFLUENT 19.0

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM | DNSTREAM | FINC/DAIC OF SAMPLE

(25) DO (mg/l) UPSTREAM | DNSTREAM

(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

Mitch Marsh 67212

DER Form 17-1.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.015	1.1			7.4			
2	.010	0.5						
3	.013							
4	.013	1.0			7.4			
5	.015	1.0			7.3			
6	.012	0.8			7.3			
7	.011	1.5	4.8	19.0	7.4			
8	.015	1.2			8.5			
9	.012	1.0						
10	.012							
11	.012	0.9			7.3			
12	.013	1.0			7.2			
13	.011	0.5			7.1			
14	.011	0.8			7.3			
15	.013	1.0			7.2			
16	.013	0.9						
17	.012							
18	.013	0.5			7.1			
19	.010	0.6			7.3			
20	.011	0.6			7.3			
21	.008	0.5			7.4			
22	.014	0.01			7.3			
23	.013	1.0						
24	.011							
25	.011	0.6			7.4			
26	.013	0.3			7.3			
27	.010	0.6			7.4			
28	.013	1.0			7.3			
29								
30								
31								
TOT	0.151	22	4.8	19.0	146			
AVG	.013	0.9	4.8	19.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3064805710

Mark R. Mauk c-7212 — 4-9-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Ln & Yellow Brick Rd

(4) CITY: Astor Park (5) COUNTY: Volusia PHONE NO. 8004324501

(6) PERMIT NUMBER: 0064173345 (7) AVG FLOW MGD: .013 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3C

(10) MAX FLOW (MGD): .026 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 4.6

(16) TSS (mg/l) EFFLUENT: 29.

(17) pH: 7.2 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRATE mg/l: N/A (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: 8.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

MLSS 4060

(29) PLANT STAFFING

LEAD OPERATOR: M. Mauk c-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.203(7) Effective November 30, 1982

Month: March Year: 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	0.6			7.0			
2	.011	0.8						
3	.013							
4	.015	0.8			7.1			
5	.016	0.7			7.6			
6	.008	0.8			7.6			
7	.016	0.5			7.1			
8	.016	0.6			7.2			
9	.008	0.8						
10	.020							
11	.015	0.5			6.8			
12	.017	0.6			7.0			
13	.017	0.6			7.1			
14	.013	0.9			7.6			
15	.012	1.2			7.4			
16	.014	1.0						
17	.015							
18	.016	0.6	46	29	7.1			
19	.015	0.7			7.4			
20	.015	1.0			7.4			
21	.016	0.6			7.6			
22	.019	0.8			7.4			
23	.019	0.4						
24	.016							
25	.016	0.6			7.5			
26	.014	0.5			7.4			
27	.014	0.6			7.4			
28	.014	0.5			7.5			
29	.011	0.4			7.2			
30	.015	0.8						
31	.014							
TOT	.433	19	46	29	145			
AVG	.013	0.7	46	29	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3064P05710

Mark R. Mauck C7212 — 4-30-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Rd & Yellow Brick Rd

(4) CITY: Astor Park (5) COUNTY: Volusia PHONE NO. 800 432 4501

(6) PERMIT NUMBER: FL0046173345 (7) AVG FLOW MGD: .018 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .016 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 2.4

(16) TSS (mg/l) EFFLUENT: 8.0

(17) pH: 7.2 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 0.5 x

(24) BOD (mg/l) UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM | DNSTREAM

(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

Mark Mauck C7212

DER Form 17-1.205(7) Effective November 30, 1982

Month April Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	015	0.6			7.1			
2	017	0.7			7.0			
3	012	0.6			7.4			
4	013	0.8			7.3			
5	014	0.5			7.5			
6	015	0.4						
7	012	0						
8	013	0.5			7.2			
9	013	0.6			7.3			
10	012	0.8			7.3			
11	013	1.8			7.3			
12	014	1.8						
13	014	0.7						
14	013							
15	016	0.8			7.1			
16	019	0.5			7.2			
17	017	0.7			7.2			
18	013	0.6	2.4	8	7.1			21
19	013	1.0			7.2			
20	013	0.8						
21	012							
22	012	1.0			7.2			
23	011	0.9			7.3			
24	013	0.6			7.4			
25	014	0.9			7.2			
26	015	1.0						
27	012	0.5						
28	013							
29	013	1.0			7.2			
30	010	0.7			7.3			
31								
TOT	375	19.2	2.4	8	160			21
AVG	.013	.7	2.4	8	7.2			21

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0403

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) ~~DNS~~: 3064P05710

Mark R Mauch CG212 6-3-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Dr - Yellow Bluff Rd

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 904-327-1265

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO64123345	.014	.025	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.021	406 (114 S.S.)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION nd Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7.6	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

AN OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark Mauch CG212

n Form 17-7.105(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	0.8			6.3			
2	.011	0.5			7.4			
3	.011	0.5			7.4			
4	.013	0.8			7.2			
5	.011							
6	.011	0.5			7.3			
7	.011	0.5			7.4			
8	.014	0.8			7.4			
9	.009	0.6			7.4			
10	.007	0.8	7.6	18	7.4			
11	.014	1.0			7.3			
12	.008							
13	.008	0.6			7.3			
14	.012	0.5			7.3			
15	.009	0.6			7.4			
16	.009	1.0			7.4			
17	.011	1.0			7.4			
18	.008	0.7						
19	ISD							
20	.008	1.1			6.8			
21	.011	0.8			7.0			
22	.011	1.0			7.3			
23	.010	0.9			7.3			
24	.014	0.8			7.4			
25	.014	0.8			7.4			
26	.018							
27	.014	0.6			7.4			
28	.013	0.5			7.3			
29	.013	0.7			7.4			
30	.011	0.7			7.4			
31	.021	0.5			7.4			
TOT	0.400	15.1	7.6	18	184.1			
AVG	.014	0.6	7.6	18	7.4			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 3064105710

Mark R Mank C7212 — 7-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alicia Dr & Yellow Brick Rd

(4) CITY: Aston (5) COUNTY: Volusia PHONE NO. ~~407-880-0058~~ 904-347-1265

(6) PERMIT NUMBER: FL0041733345 (7) AVG FLOW MGD: .016 (8) DESIGN FLOW MGD: .021 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .029 (11) POP SERVED: 410 (116 customers)

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 1.8

(16) TSS (mg/l) EFFLUENT: 12

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) ~~NITRITE~~ NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR: MRM/C7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.203(1) Effective November 30, 1982

Month June Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	024	0.6			7.5			
2	020							
3	020	0.4			7.4			
4	019	0.6			7.3			
5	017	0.8			7.3			
6	024	0.5						
7	021	0.6	1.8	12	7.4			
8	017	0.6			7.4			
9	016							
10	016	0.6			7.5			
11	017	0.7			7.4			
12	016	0.5			7.4			
13	016	0.7			7.4			
14	013	0.6			7.3			
15	013	0.5			7.4			
16	011							
17	016	0.6			7.7			
18	013	0.5			7.4			
19	010	0.8			7.4			
20	013	0.6			7.3			
21	013	0.7			7.4			
22	019	0.6						
23	013							
24	013	0.5			7.3			
25	009	0.6			7.3			
26	011	0.5			7.5			
27	011	0.7			7.3			
28	013	0.7			7.4			
29	012	0.6						
30	012							
31								
TOT	471	16	1.8	12	167			
AVG	0.16	0.6	1.8	12	7.4			

0405

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month July Year 1991
2) Plant's DER Identification Number 3064205210
3) Plant Name Jungle Den #1802
P.O. Box 11179 Ocala 32673
4) Plant Address Alice Rd. & Yellow Bridge Rd
5) City Astor
6) County Volusia
7) Phone Number 904-347-1265
8) Permit Number FL0641733-5
9) Plant Type 3-C
10) Test Site Identification Number _____
Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
11) Type of Effluent Disposal or Reclaimed Water Reuse
Spray field
12) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
13) Cumulative Days of Wet Weather Discharge _____
14) Plant Staffing
Day Shift Operator Class C Cert. No 7212
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Mark R Mank (Signature) C 7212 (Cert. No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	–	.025
(18) Three-month average daily flow	mgd	–	.013 *
(19) Percent of permitted capacity	%	–	52 *
(20) $CBOD_5$ Effluent	mg/L	080082	2.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	13
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.5
(33) Other Effluent Parameters			

DER Form 17-601(800.h)
Name of Facility: Domestic Wastewater Treatment Plant
Name of Report: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Please see DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

*1802

Month July Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
011	0.9						7.4					
012	0.8						7.1					
012	0.7						7.5					
012	0.8						7.4					
014	0.6						7.3					
012	0.7											
013												
013	0.8						7.4					
009	0.6				25	13	7.2			10		
013	3.5						7.4					
012	2.5						7.2					
008	1.0						7.3					
013	0.9											
011												
011	0.5						7.4					
010	0.5						7.3					
210	0.5						7.2					
008	0.7						7.3					
009	0.8						7.2					
212	0.6											
024												
012	0.8						7.4					
211	2.1											
213	1.5						7.3					<1
016	1.0						7.7					
029	1.0						7.4					
014	0.6											
214												
014	0.7						7.2					
011	0.6						7.9					
214	1.0						7.5					

Operation: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Mark R March

Date 8-5-91

(Please Type) Name Mark March

Title Utilities Maintenance Supervisor

Telephone No. (Please Type) (904) 347-1265

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month AUG. Year 1991

(2) Plant's DER Identification Number 3064805710

(3) Plant Name Jungle Rem

(4) Plant Address Alice Dr. & Yellow Brick Rd.

(5) City Astor

(6) County Volusia

(7) Phone Number ~~800-432-4501~~ 904-349-2245

(8) Permit Number DO64 173345

(9) Plant Type 3-C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Field

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator M. R. Mc C7212
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	–	.024
(18) Three-month average daily flow	mgd	–	.012
(19) Percent of permitted capacity	%	–	57
(20) $CBOD_5$ Effluent	mg/L	080082	8.2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	1.1
(33) Other Effluent Parameters			

DER Form 17-601(30)(7)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ Page # of ___

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Jungle Den S.T.P. #1802 Month AUG. Year 1991

Day of the Month	Flow (mgd) (Monthly Ave. & Daily Max.)	Chlorine Residual after Contact X	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L) X	TSS Effluent (mg/L) X	pH Effluent X	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	10000	0.6						7.4					
2	11000	0.8					10	7.2					
3	12000	1.0											
4	12000												
5	12000	0.5						7.1					
6	10000												
7	10000	0.5						7.2					
8	9000	0.8						7.3					
9	19000	0.6						7.2					
10	11000	0.7											
11	10000	0.8						7.4					
12	10000	0.6						7.3					
13	10000	0.5											
14	7000	0.6						7.5					
15	10000	0.8						7.3					
16	9000	0.7						7.2					
17	2000												
18	2000	1.0											
19	3000	0.6						7.4					
20	10000	0.5											
21	7000	0.7						7.5					
22	8000	0.6						7.1					
23	8000	0.7						7.4					
24	9000	0.8											
25	9000												
26	9000	0.5						7.3					
27	7000	1.5											
28	7000	1.0						7.4					
29	9000	1.5				82		7.3					
30	8000	0.7						7.4					
31	12000	1.0											

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed Mark R Mann Date 9-10-91

Name (Please Type): Mark Mann

Company Name: C S [illegible] Telephone No. (Please Type): 247-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month Sept. Year 1991
2) Plant's DER Identification Number 3064105710
3) Plant Name Jungle Den
4) Plant Address Alice Dr. & Yellow Brick Rd.
5) City Aston Park
6) County Marion
7) Phone Number 800 432 4501
8) Permit Number DO64-173345
9) Plant Type 3-C
Test Site Identification Number
Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field
Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
Cumulative Days of Wet Weather Discharge N/A

Plant Staffing
Day Shift Operator Class C Cert. No 7212
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Mark Mauck (Signature) C-7212 (Cert. No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.00
(17) Permitted capacity	mgd	—	.02
(18) Three-month average daily flow	mgd	—	.01
(19) Percent of permitted capacity	%	—	42
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate Due Oct. 91	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

DWR Form 17-ERUSCOM
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DWR Application No. (Please do not fill in)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month: Sept. Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	011																				
2	011	0.5						7.4													
3	011	1.0																			
4	009	0.6						7.1													
5	008	1.0						7.7													
6	008	0.8						7.3													
7	007	1.0						7.4													
8	009																				
9	009	0.6						7.7													
10	008	0.5						7.4													
11	007	0.6						7.2													
12	009	0.7						7.4													
13	005	0.8				5.7	6	7.2													
14	008	0.5																			
15	008																				
16	008	0.7						7.4													
17	008	1.0						7.3													
18	007	0.7						7.2													
19	006	0.5						7.4													
20	009	0.7						7.3													
21	011	0.7																			
22	007																				
23	007	0.5						7.4													
24	007	1.0						7.6													
25	006	0.5						7.4													
26	009	0.6						7.3													
27	007	1.0						7.2													
28	007	0.4																			
29	014																				
30	014	0.5						7.4													

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, : mation is true, complete and accurate.

ed: Mark R. March Date: 10-10-91

e (Please Type)

:any Name: Southern States Utilities, Inc. Telephone No. (Please Type):

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 3064 P05710

(3) Plant Name Jungle Den

(4) Plant Address Alico Rd & Yellow Brick Rd

(5) City Gator

(6) County Volusia

(7) Phone Number 904-347-1265

(8) Permit Number DO 64 173345

(9) Plant Type 3-C

(J) Test Site Identification Number

(1) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(2) Type of Effluent Disposal or Reclaimed Water Reuse Spray field

(3) Limited Wet Weather Discharge Activated

☐ Yes ☒ No ☒ Not Applicable

(4) Cumulative Days of Wet Weather Discharge N/A

(5) Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark Marsh (Signature) C7212 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.011
(17) Permitted capacity	mgd	–	.021
(18) Three-month average daily flow	mgd	–	.010
(19) Percent of permitted capacity	%	–	52
(20) $CBOD_5$ Effluent	mg/L	080082	0.44
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	12
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			
Fecal			<1

DEA Form: (T-801.303.1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEA Application No. (Please refer to DEA)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) #1802 Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	013	0.5																				
2	015	0.6						7.4														
3	014	1.0						7.2														
4	008	0.8						7.1														
5	011	0.6																				
6	025																					
7	025	0.5						7.4														
8	011	0.6						7.3														
9	012	0.5		123.0		0.44	12	7.4			9											
10	011	0.7						7.4														
11	008	0.7						7.2														
12	009	0.6											<1									
13	014																					
14	014	0.5						7.1														
15	009	0.5						7.3														
16	018	0.5						7.4														
17	008	0.6						7.2														
18	012	0.7						7.4														
19	008	0.5																				
20	010																					
21	010	0.5						7.3														
22	011	0.5						7.5														
23	010	0.5						7.3														
24	009	0.6						7.2														
25	009	0.6						7.1														
26	010	0.7																				
27	010																					
28	010	0.5						7.1														
29	009	0.5						7.4														
30	009	0.5						7.3														
31	008	0.6						7.2														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: Mark R. March Date: 11-13-91

Name (Please Type) Mark R. March

Company Name S. S. O. Telephone No. (Please Type) (904) 347-1265

DER Form 1... Domestic Wastewater Treatment Plant
Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DI: ... Please fill in by DER

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month NOV Year 1991

Plant's DER Identification Number 3064-PO5710

Plant Name Jungle Den

Plant Address Alice Dr. & Yellow Brick RD.

City Astor

County Volusia

Phone Number 904 3471265

Permit Number DO64-173345

Plant Type 3-C

Test Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Spray field

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Mark Mauck C-7212
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.010
(17) Permitted capacity	mgd	–	.025
(18) Three-month average daily flow	mgd	–	.010
(19) Percent of permitted capacity	%	–	40
(20) $CBOD_5$ Effluent	mg/L	080082	1.9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	3.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Jungle Rose

Month NOV Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
010	0.6						7.3					
010	0.5											
009												
009	0.6						7.2					
010	0.5						7.3					
008	0.6						7.1					
011	0.6		179	568	1.9		7.3					
011	0.7						7.4					
012	0.5											
010												
010	0.5						7.1					21
010	0.6						7.2					
011	0.7						7.2					
010	0.6						7.1					
010	0.7						7.3					
011	3.5						7.3					
010												
010	0.8						7.2					
011	0.6						7.1					
010	0.6						7.3					
011	0.7						7.4					
008	0.7					5	7.2					
010	0.5											
010												
010	0.5						7.4					
010	1.0						7.3					
009	0.6						7.2					
008	0.7						7.3					
010	0.6						7.6					
012	0.5											

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th
on is true, complete and accurate.

Mark R. March

Date: 12-11-91

(Please Type) Mark R. March

Name Cynthia Peters

Telephone No. (Please Type) (904) 347-1265

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pf

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month December Year 91

Plant's DER Identification Number 3064P05710

Plant Name Jungle Den

Plant Address Alice Drive

City Astor

County Volusia

Phone Number 904-747-1265

Permit Number D064-173345

Plant Type III C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse Spray Irrigation Field

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Plant Operator David Connor B4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.009
(17) Permitted capacity	mgd	—	.023
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	40
(20) $CBOD_5$ Effluent	mg/L	080082	10.9
(21) $CBOD_5$ Effluent	lbs/day	—	.82
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	.30
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Resid.	mg/L	—	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Jungle Den

Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.010												
.010	0.5						7.4					
.010	0.5						7.5					
.009	0.5				10.9	4	7.7					
.008	0.6						7.3					
.009	0.7						7.1					
.003	0.6						7.2					
.009												
.009	0.5						7.6					
.010	3.5						7.4					
.008	2.4						7.3					
.008	1.0						7.8					
.008	0.8						7.5					
.008	0.7											
.009												
.009	0.5						7.3					
.008	0.5						7.1					
.009	0.6						7.2					
.008	1.1						7.2					
.008	1.7						7.2					
.008	0.91						7.4					
.010												
.010	0.8						7.2					
.008	0.9						7.3					
.009	0.7						7.4					
.010	0.8						7.4					
.010	0.6						7.3					
.011	0.9						7.4					
.012												
.012	3.0						7.3					
.008	1.9						7.3					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and be:
:ation is true, complete, and accurate.

= David Connor Date: 1-10-92

: (Please Type) David Connor

:=: Name S.S.U. Services Telephone No. (Please Type) (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 1990

(1) DHS # 3064PO5710

Mark R March C-7212 18 2-5-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Pearsall Dom

(3) PLANT ADDRESS: Alice Dr.

(4) CITY: Aston (5) COUNTY: Volusia PHONE NO. 8004324501

(6) PERMIT NUMBER: 0064173345 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .012 (11) POP SERVED: 250 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT: 2.1 (16) TSS (mg/l) EFFLUENT: 6

(17) pH: 7.0 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID mg: C.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: spray Field

(29) PLANT STAFFING

LEAD OPERATOR: M. March C 7211 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	.9			7.3			
2	.006	.9			7.0			
3	.005	1.9			7.2			
4	.005	1.6	2.1	6	7.0			
5	.005	1.5			7.0			
6	.007	1.2			6.9			
7	.006							
8	.005	2.3			7.3			
9	.006	2.0			7.0			
10	.007	1.5			7.1			
11	.005	2.0			7.0			
12	.005	2.0			7.3			
13	.007	1.5			7.2			
14								
15	.014	1.3			6.9			
16	.009	2.0			7.0			
17	.006	2.0			7.1			
18	.006	1.5			7.0			
19	.007	2.0			7.0			
20	.006	1.5			6.9			
21	.007							
22	.009	.9			7.6			
23	.009	.8			7.6			
24	.010	.5			7.2			
25	.006	.7			7.4			
26	.007	.5			7.1			
27	.005	.8			7.6			
28								
29	.015	1.0			7.1			
30	.012	1.0			6.9			
31	.007	.8			7.0			
TOT	.214	35			190			
AVG	.007	1.3	2.1	6	7.0			

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MR
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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Feb. Year: 1990

(1) DER: 3064805710
Mark R. March (C-7212) 3-3-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den
(3) PLANT ADDRESS: Alice Dr. off SR 40
(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 8004324501

(6) PERMIT NUMBER: 0064173345 (7) AVG FLOW MGD: .007 (8) DESIGN FLOW MGD: .025 (9) TYPE: 3C

(10) MAX FLOW (MGD): .009 (11) POP SERVED:

(12) FECAL COLIFORM SAMPLE METHOD
( ) Membrane Filter
( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFL
(15) BOD (mg/l) EFFLUENT: 5 8
(16) TSS (mg/l) EFFLUENT: 3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID
7.3						DW 0.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: spray field

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M March 7212

DER Form 17-1.201(1) Effective November 30, 1987

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.007	1.5	5.3	3	7.6			
2	.009	1.0			7.3			
3	.007	1.0			7.3			
4								
5		1.5			7.0			
6	.025	1.0			7.1			
7	.007	1.0			7.4			
8	.006	1.2			7.4			
9	.006	1.5			7.2			
10	.009	1.2						
11								
12	.009	1.0			7.2			
13	.009	1.5			7.4			
14	.009	1.0			7.3			
15	.009	1.7			7.4			
16	.009	1.8			7.1			
17	.008	1.5						
18	.007							
19	.007	1.0			7.2			
20	.009	1.5			7.4			
21	.008	0.5			7.4			
22	.009	0.7			7.6			
23	.006	1.8			7.1			
24	.009	1.1						
25	.007							
26	.007	1.0			7.3			
27		1.5			7.3			
28	.007	1.2			7.2			
29								
30								
31								
TOT	.209	28.6	5.3	3	153.4			
AVG	.007	1.0	5.3	3	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) GNS # 305480 5710

Mark R Mauk C 7212 4-2-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alex Dr

(4) CITY: Astor Park (5) COUNTY: Volusia PHONE NO. 1 904 736 1501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D0641783345 .007 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.010 640 (M) Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 1.3
(16) TSS (mg/l) EFFLUENT 11

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	2.80					1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Springfield

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Mauk C 7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	2.0			7.3			
2	.006	1.6			7.4			
3	.008	1.5						
4	.008							
5	.008	1.2			7.2			
6	.008	1.6			7.7			
7	.008	1.0	1.3	II	7.2			
8	.009	1.5			7.2			
9	.007	2.2			6.6			
10	.007	1.5			7.0			
11	.009							
12	.009	1.2			7.2			
13	.010	1.0			7.0			
14	.009	2.0						
15	.008	1.5			7.2			
16	.008	1.0			7.1			
17	.010	1.5						
18								
19	.008	2.0			7.2			
20	.005	2.0			7.3			
21	.006	1.5			7.2			
22	.006	2.0			7.3			21
23	.007	1.5			7.4			
24	.008	1.0						
25	.008							
26	.008	1.5			7.2			
27	.008	1.5			7.3			
28	.009	1.5			7.1			
29	.007	1.5			7.2			
30	.006	1.5			7.1			
31	.008	1.5						
TOT	.238	40.2	1.3	II	165			21
AVG	.007	1.5			7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 4 Year 90

(1) GHS # 3064P05710

Mark R Mond 5-2-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS:

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 8004324501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO64173345 .006 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.009 640 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
4.5 15

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.0 0.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Springfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Mond C-7212

DER Form 17-7.205(7) Effective November 30, 1982

(30)	FLOW (MGD)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.006	2.5			7.0			
3	.005	2.0			7.1			
4	.005	1.5	x4.5	x15	7.0			
5	.006	1.8			7.0			
6	.007	2.5			7.1			
7	.006	1.5						
8	.007							
9	.007	2.0			7.2			
10	.007	2.5			7.3			
11	.003	2.0			7.1			
12	.006	2.0			7.0			
13	.007	2.0			7.2			
14	.006	1.0						
15	.009							
16	.007	.08			7.2			
17	.006	1.0			7.1			
18	.007	1.2			7.1			
19	.005	1.0			7.2			
20	.005	1.5			7.3			
21	.006	1.5						
22	.006							
23	.006	1.5			7.4			
24	.004	1.3			7.3			
25	.004	1.5			6.8			
26	.004	1.5			6.9			
27	.005	2.5			7.1			
28	.006	1.5						
29	.009							
30	.009	2.0			7.2			
31								
TOT	.171	51.2			1493			
AVG	.005	1.6			6.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 90

(1) DRS # 3064905710

Mark R. Marsh C-7212 6-3-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Dr.

(4) CITY: Astor (5) COUNTY: Volusia (6) POND NO. (SEE INSTRUCTIONS)

(4) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0064173345 .005 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.007 640 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID mg/l
7.3 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)
SIC/DATE OF SAMPLE

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Spray-Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M. Marsh C-7212

DEP Form 17-1.202(7) Effective November 30, 1982

(30)	FLOW MGD	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DO EFFLUENT (mg/l)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (per 100 ml)
1	.004	2.0			7.6			
2	.006	1.0	3.9	1	2.3			
3	.006	1.3			4.6			
4	.007	1.5						
5	.005	1.0						
6	.005							
7	.005	1.2			2.3			
8	.005	2.0			7.7			
9	.005	1.5			7.5			
10	.007	1.0			7.2			
11	.004	2.0			7.3			
12	.005	1.8						
13	.005							
14	.005	1.3			7.4			
15	.007	1.5						
16	.005	1.2	6.0	6.6	7.4			
17	.007	1.5			7.4			
18	.005	1.3			7.3			
19	.004	1.0						
20	.004							
21	.004	3.5			7.4			
22	.005	3.0			7.3			
23	.005	2.5			7.5			
24	.005	1.9			7.5			
25	.003	1.3			7.4			
26	.005	1.0						
27	.006							
28	.006	1.3			7.1			
29	.007	1.4			7.3			
30	.005	1.0			7.3			
31	.005	0.5			7.3			
TOT	.0159	49.2	9.9	7.6	163			
AVG	.005	1.5	3.3	3.8	5.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 90

(1) DRS # 3064005710

Mark Mund C7212 7-7-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: JUNGLE DEN

(3) PLANT ADDRESS: Alice Dr.

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. (800-432-4504

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0064733-45 .004 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.007 402 [X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFL
(15) BOD (mg/l) EFFLUENT: 5.4
(16) TSS (mg/l) EFFLUENT: 2.

(17) pH: 6.9
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Drip Field

(29) PLANT STAFFING
LEAD OPERATOR: M. Mund / C7212
SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-6.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	2.0			7.2			
2	.006	2.0						
3	.004							
4	.004	0.8			7.2			
5	.003	1.0			7.2			
6	.003	1.0	5.4	2.0	7.0			
7	.004	1.5			6.9			
8	.004	2.0			7.0			
9	.003	1.5						
10	.003							
11	.003	0.5			7.4			
12	.003	2.5						
13	.003	2.5			7.3			
14	.002	1.2			7.0			
15	.002	1.2			6.5			
16	.005	1.0						
17	.005							
18	.005	1.5			6.6			
19	.003	1.3			6.9			
20	.004	1.0			6.8			<1
21	.005	1.5			6.7			
22	.004	2.0			7.1			
23	.007	1.5						
24	.004							
25	.004	2.0			6.8			
26	.005	1.8			7.1			
27	.005	1.5			7.1			
28	.003	2.5			6.5			
29	.004	1.5						
30								
31								
TOT	.122	36.4			139.8			
AVG	.004	1.4			6.9			

0423

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 90

(1) GNS # 3064P05710

Mark R. Mund C7212 8-4-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Dr. Yellow Brick Rd.

(4) CITY: ASTOR (5) COUNTY: Volusia PHONE NO. 800 432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO64173345 .005 .025 3-C

(10) MAX FLOW (MGD) (11) PUP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.009 630 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFLU. EFFLUENT EFFLUENT
2.8 9.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.1 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Mund C7212

OCR FORM 17-L.205(7) Effective November 30, 1982

	(30) FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.004	1.0			7.0			
3	.004	1.0			7.0			
4	.002	1.5			7.1			
5	.005	1.5			7.0			
6	.006	1.2			7.2			
7	.007	1.0						
8	.006							
9	.006	2.2			7.1			
10	.005	2.0			7.1			
11	.005	1.2	2.8	9.0	7.3			
12	.006	1.5			7.3			
13	.004	1.0			7.2			
14	.005	0.8						
15	.005							
16	.005	1.0			7.2			
17	.005	1.1			7.3			
18	.004	2.0			7.0			
19	.004	2.1			7.2			
20	.005	2.2			7.0			
21	.004	2.0						
22	.004							
23	.004	2.5			7.2			
24	.004	2.0			7.0			
25	.005	2.2			7.1			
26	.006	2.3			7.0			
27	.005	2.0			7.1			
28	.005	2.4			7.2			
29	.005							
30	.005	2.5			7.3			
31	.004	2.2			7.2			
TOT	.141	45.1	2.8	9.0	164.0			
AVG	.005	1.8			7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) DES # 3064P05710

Mark March C7212 9-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: JUNGLE DEN WASTE WATER Treatment Plant

(3) PLANT ADDRESS: Alex Dr

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 1-800-432-4504

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO64173345 .005 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.007 402 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION 1nd Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9.0	19

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
7.0						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark March C7212

DER Form 17-1.202(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	2.2			7.0			
2	.004	2.5			6.9			
3	.005	2.4			6.6			
4	.006	0.5						
5	.007							
6	.007	1.0			6.9			
7	.006	1.2			7.0			
8	.004	1.0	9.0	19	7.1			
9	.005	1.0			7.0			
10	.004	4.2			7.1			
11	.004	1.0						
12	.005							
13	.007	1.2			7.0			
14	.005	1.0			6.8			
15	.004	4.2			7.0			
16	.004	1.0			7.1			
17	.003	1.0			7.0			
18	.004	1.0						
19	.005							
20	.004	2.6			7.2			
21	.003	0.5			7.2			
22	.003	1.0			7.1			
23	.004	4.0			7.2			
24	.006	1.0			7.0			
25		0.9						
26	.005							
27	.005	0.5			7.3			
28	.004	0.6			7.1			
29	.004	0.5			7.0			
30	.003	0.5			7.0			
31	.003	4.0			7.2			
TOT	.136	77.1	9.0	19	142			
AVG	.005	1.0			7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month SEPT Year 90

(1) EMS # 3064P05710

Mark R. Mack C-7212 10-5-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: JUNGLE DEN

(3) PLANT ADDRESS: Alice Dr.

(4) CITY: Astor (5) COUNTY: Volusia PHONE NO. 1-800-432-4601

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC64173345 .011 .025 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number
.023

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
9.2 7

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.2 0.5

(24) DO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark Mack C7212

DER-FORM 17-[illegible]/28(27) EFFECTIVE November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	0.7						
2	.012							
3	.012	0.5			7.7			
4	.009	1			23			
5	.012	0.5	9.2	7	7.1			
6	.011	1.2			7.6			
7	.009	1.0			7.0			
8	.009	0.4						
9	.011							
10	.011	0.5			6.9			
11	.006	0.5			7.0			
12	.007	0.6			7.2			
13	.010	0.6			7.4			
14	.007	1.0			7.2			
15	.014	0.7						
16	.014							
17	.014	0.6			7.2			
18	.023	0.9			7.4			
19	.016	1.0			7.2			
20	.013	0.9			7.1			11
21	.011	4.0			7.3			
22	.010	1.3						
23	.011							
24	.011	0.9			7.1			
25	.010	1.0			7.2			
26	.009	0.8			7.1			
27	.009	0.8			7.0			
28	.010	1.2			7.2			
29	.008	1.0						
30	.008							
31								
TOT	.334	20.9			NOD			4
AVG	.011	.8	9.2	7	7.2			4

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month October Year 90

(1) CMS # 3064005710

Mark R. March C-7212 — 11-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Dr. & Yellow Bridge Rd.

(4) CITY: Astor Park (5) COUNTY: Volusia PHONE NO. 386 4324961

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0064173345 .005 .025 3-C
Exp 12-20-92

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.019

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 1.0

(16) TSS (mg/l) EFFLUENT: 11

(17) pH: 7.4

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: <0.5

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark March C-7212

DER Form 17-1.201(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	1.0			7.2			
2	.016	0.7			7.4			
3	.010	0.7			7.4			
X 4	.010	1.1	1.0	11	7.1			21
5	.005	1.5			7.4			
6	.005	1.0						
7	.005				7.4			
8	.005	0.5			7.2			
9	.007	1.6			7.4			
10	.004	1.0			7.4			
11	.004	0.6			7.4			
12	.005	1.0						
13	.001	0.5						
14	.004				7.0			
15	.004	0.6			7.1			
16	.003	1.5			7.1			
17	.003	0.3						
18	.005	1.3			7.1			
19	.004	1.4			7.2			
20	.003	0.5						
21	.005							
22	.005	1.0			7.0			
23	.006	1.0			7.1			
24	.004	1.0			7.0			
25	.003	0.5			6.9			
26	.003	0.9			7.0			
27	.006	0.5						
28	.004							
29	.003	1.0			6.8			
30	.006	1.0			7.0			
31	.003	1.0			7.1			
TOT	.167	25	1.0	11	142.3			21
AVG	.005	.9	1.0	11	7.4			21

0427

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov. Year 90

(1) CMS # [illegible]

[illegible] 12-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: [illegible]

(3) PLANT ADDRESS: [illegible]

(4) CITY: [illegible] (5) COUNTY: [illegible] PHONE NO. [illegible]

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
[illegible] .009 .025 3-C

(10) MAX FLOW (MGD) .016 (11) POP SERVED 325 (12) FECAL COLIFORM SAMPLE METHOD
(✓) Membrane Filter
( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____
(14) % FLOW INFIL ____
(15) BOD (mg/l) EFFLUENT 2.6
(16) TSS (mg/l) EFFLUENT 20

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____
(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____
(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Spray Field

(29) PLANT STAFFING

LEAD OPERATOR [illegible] SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1		1.6			7.2			
2	.007	0.6			7.3			
3	.010	2.2						
4	.011							
5	.013	0.9			7.3			
6	.010	0.5			7.2			
7	.008	1.0			7.0			
8	.005	0.2			7.1			
9	.006	0.5			7.0			
10	.012	0.6						
11	.010							
12	.009	0.9			7.2			
13	.010	1.4			7.6			
14	.010	1.0	2.6	20	7.0			
15	.016	0.8			7.8			
16	.009	1.3			7.7			
17	.010	1.8						
18	.010							
19	.010	0.5			7.1			
20	.007	0.4			7.3			
21	.006	1.0			7.2			
22	.002	0.9			7.3			
23	.010	0.3			7.4			
24	.011	0.7						
25	.011							
26	.011	0.9			7.4			
27	.007	1.0			7.2			
28	.008	0.8			7.3			
29	.007	1.0			7.4			
30	.010	0.9			7.4			
31								
TOT	.273	22.4	2.6	20	143			
AVG	.009	9	2.6	20	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Dec Year: 90

(1) GNS # 306480571.0

Mark R. Mask C-7217 — 1-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Jungle Den

(3) PLANT ADDRESS: Alice Rd & Yellow Bridge Rd.

(4) CITY: Osteen (5) COUNTY: Volusia PHONE NO. 8004324501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
064173345 010 .025 3-C
EP 12/20/94

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.015 640 [x] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION on Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 3.4

(16) TSS (mg/l) EFFLUENT 18

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM | DOWNSTREAM | TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM | DOWNSTREAM

(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL spray field

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

M. Mask

DER Form 17-1.202(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	0.4						
2	.010							
3	.011	0.5			7.4			
4	.010	1.3			7.4			
5	.010	1.4	3.4	14	7.4			
6	.004	1.0			7.1			
7	.010	0.8			7.4			
8	.007	0.6						
9	.000							
10	.010	0.5			7.5			
11	.005	0.8			7.2			
12	.007	0.7			7.4			
13	.009	0.8			7.4			
14	.006	0.7			7.6			
15	.014	0.6						
16	.009							
17	.009	0.5			7.2			
18	.012	0.9			7.4			
19	.013	1.0			7.3			
20	.009	1.0			7.5			
21	.010	1.0			7.5			
22	.007	0.6						
23	.012							
24	.012	1.0			7.2			
25	.005	0.4			7.1			
26	.009	1.6			7.3			
27	.009	1.0			7.3			
28	.013	1.0			7.5			
29	.017	1.2						
30	.010							
31	.010	1.0			7.3			
101	.320	41.5	3.4	14	155.5			
AVG	.010	1.5	3.4	14	7.3			

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Leilani Heights - 675

Martin County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) ORS # - - - - - 10031

Melissa E. Fike — 2/4/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Leilani Heights / SSU Services

(3) PERMIT ADDRESS: 1790 NE 24th Street

(4) CITY: Jensen Beach (5) COUNTY: Martin PHONE NO.(407)334-5584

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 0 4 3 1 1 5 8 6 4	0.146	0.150	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.179	1380	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
N/A	N/A	N/A	N/A	4	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR. RESID ppm
7.3	N/A	N/A	N/A	N/A	N/A	1.6

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	EFFL/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(27) EFF SAMPLE(S): Grab,8hr.Composite

(28) TYPE EFFL DISPOSAL: Percolation Ponds

Gals. of Sludge Hauled
Environmental Services, Inc.
2,000 gals. - (Jan. 14 • Jan. 15)

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-21.205(7) Effective November 30, 1982

C-3184 C-6553

Vol. Removed
5.1%

Month January Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.179	1.9			7.1			
2	0.146	2.6	1		7.3			
3	0.139	2.5			7.3			
4	0.134	2.5			7.3			
5	0.147	2.5			7.2			
6	0.147	2.1	5	1	7.1			41
7	0.143	2.5			7.1			
8	0.149	2.5			7.3			
9	0.150	2.0			7.3			
10	0.147	2.5			7.3			
11	0.135	2.5			7.3			
12	0.143	2.0			7.2			
13	0.143	2.5			7.2			
14	0.134	2.5			7.3			
15	0.141	2.5	1	1	7.0			
16	0.145	2.5			7.3			
17	0.134	2.0			7.2			
18	0.139	2.0			7.2			
19	0.130	2.5			7.2			
20	0.146	2.4			7.1			
21	0.146	2.5			7.2			
22	0.139	2.0			7.4			
23	0.133	2.5	1	1	7.4			
24	0.149	2.5			7.3			
25	0.151	2.5			7.1			
26	0.145	1.6			7.2			
27	0.145	1.8			7.1			
28	0.139	2.5			7.3			
29	0.143	2.7			7.2			
30	0.145	2.5	4	1	7.5			
31	0.131	2.5			7.4			
TOT	4.343	71.5			225.6			
AVG	0.140	2.3	4	1	7.3			< 1

0430

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

FINER

Month February Year 1991 Eng 4

10031

Signature of Lead Operator in Charge — Date 3/5/91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) NAME: Leilani Heights / SSU Services

(2) ADDRESS: 1790 NE 24th Street

Jensen Beach (5) COUNTY: Martin PHONE NO.(407)334-5584

(3) PERMIT NUMBER | (7) 12 MO FLOW MGD | (8) DESIGN FLOW MGD | (9) TYPE

5 04 31 15 864 | 0.103 | 0.150 | 3C

FLOW MGD (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.147 1380

(13A) BOD (5 day)	(13B) BOD (5 day)	(14A) FLOW	(14B) TSS	(15) PH	(16) CHLORINE RESIDUAL
	INFLU		EFFLUENT		
N/A	N/A	N/A	N/A	10	1.5

(17) TOTAL KJELDAHL N (mg/l)	(18) NO3 (mg/l)	(19) TOTAL P (mg/l)	(20) FECAL COLIFORM (#/100 ml)
7.3	N/A	N/A	N/A	N/A	N/A	1.5

(21) DO (mg/l)	(22) TEMP OF SAMPLE	(23) FECAL COLIFORM (#/100 ml)	(24) TOTAL SUSPENDED SOLIDS (mg/l)
N/A	N/A	N/A	N/A	N/A	N/A	N/A	N/A

(25) TYPE EFFL DISPOSAL: Grab, 8hr Composite

(26) Percolation Ponds

Gals. of Sludge Hauled
2/19/91 - 21,000 gals by Environmental Systems Inc.

(27) SHIFT 2 (Evening)

Vol. Reduction 24.7%

C-3189 C-6553

(30) DAY	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.137	2.5			7.4			
2	.147	3.5			7.4			
3	.144	3.0			7.4			
4	.144	3.5			7.4			
5	.151	3.5			7.1			
6	.149	3.5			7.4			
7	.136	2.0			7.5			
8	.139	1.5	10	1	6.9			
9	.130	1.5			7.4			
10	.142	3.0			7.1			
11	.147	1.0			7.4			
12	.146	2.5			7.4			
13	.096	1.7			7.1			
14	.096	1.5			7.0			
15	.096	1.7	11	2	7.1			<1
16	.083	2.0			7.7			
17	.071	2.2			7.4			
18	.074	3.5			7.4			
19	.071	3.0			7.3			
20	.066	2.0	10	1	7.4			
21	.069	3.0			7.4			
22	.064	3.0			7.4			
23	.075	3.0			7.4			
24	.087	2.5			7.5			
25	.065	3.0			7.4			
26	.071	3.0			7.7			
27	.059	3.0	10	2	7.5			
28	.074	2.6			7.4			
29								
30								
31								
TOTAL	3.554	75.3	98	6	211.5			<1
AVG	0.103	2.7	10	1.5	7.3			<1

0431

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) DER I.D. # 10031

Tim Vanderbilt 4/02/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Leilani Heights / SSU Services

(3) PLANT ADDRESS: 1790 NE 24th Street

(4) CITY: Jensen Beach (5) COUNTY: Martin PHONE NO. (407)334-5584

(6) PERMIT NUMBER (7) 30D FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 4 3 1 1 5 8 6 4 0.076 0.150 3C

(10) FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.106 1390

(13) DISINFECTANT INFORMATION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
CL2 lb/d INFL EFFLUENT EFFLUENT

N/A N/A N/A N/A 8 1

(17) pH (18) CHLORINE (19) CHLORIDES (20) NITRATE (21) DISS. OXY. (22) TOT. PHOS. (23) TOT. ORTHO PHOS

7.4 N/A N/A N/A N/A N/A 1.0

(24) TYPE OF SAMPLE (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TURBIDITY COLOR (PT/CO)

N/A N/A N/A N/A N/A N/A N/A N/A

(27) TYPE EFFL DISPOSAL Gals. of Sludge Hauled

Grab,Gr.Composite Percolation Ponds No Sludge Hauled

(28) OPERATOR SHIFT 1 SHIFT 2 (Evening) SHIFT 3 (Night)

C-6552 C-3189

(29) LAST EFFECTIVE CERTIFICATION RECEIVED ON: 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.065	2.5			7.5			
2	.071	3.0			7.4			
3	.088	3.5			7.5			
4	.075	3.0			7.6			
5	.073	3.5			7.5			
6	.071	3.0			7.6			
7	.074	3.4			7.7			
8	.084	3.5			7.5			
9	.091	3.0	7	1	7.5			
10	.091	3.0			7.4			
11	.077	3.5			7.3			
12	.077	3.5			7.6			
13	.079	3.5			7.6			
14	.078	4.0			7.7			
15	.077	3.5	6	2	7.5			
16	.047	3.5			7.4			
17	.106	3.5			7.4			
18	.078	3.5			7.4			
19	.064	3.0			7.7			
20	.081	3.0	10	1	7.6			41
21	.063	3.5			7.6			
22	.077	3.4			7.8			
23	.059	3.5			7.6			
24	.078	3.5			7.4			
25	.073	3.5			7.4			
26	.066	3.5			7.4			
27	.077	3.2	7	1	7.4			
28	.066	3.0			7.6			
29	.060	3.5			7.6			
30	.070	3.5			7.6			
31	.081	3.5			7.5			
TOT	2.369	93.9	30	5	230.3			41
AVG	.076	3.0	7.5	1.3	7.4			41

0432

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) [illegible] 10031

Toni Vanadale 5/7/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) Plant Name: Leilani Heights / SSU Services

(3) Plant Address: 1790 NE 24th Street

(4) City: Jensen Beach (5) County: Martin Phone No.(407)334-5584

(6) Permit Number	(7) Yrly Flow MGD	(8) Design Flow MGD	(9) Type
D 0 4 3 1 1 5 8 6 4	0.080	0.150	3C

(10) Flow (MGD)	(11) Pop Served	(12) Fecal Coliform Sample Method
0.093	1350	[X] Membrane Filter [ ] Most Probable Number

(13) % Solids in Sludge	(14) % Flow Influent	(15) BOD (mg/l) Influent	(16) TSS (mg/l) Effluent
N/A	N/A	6.0	1

(17) pH	(18) Chlorine Residual (mg/l)	(19) Sludge Age Days	(20) Sludge Conc. (mg/l)	(21) Flow Meter Calibration	(22) % Flow Design
7.5	N/A	N/A	N/A	N/A	N/A	40

(23) Date of Sample	(24) Time of Sample	(25) DO (mg/l) Downstream	(26) Effluent Temperature (Celsius)
N/A	N/A	N/A	N/A	N/A	N/A

(27) Type Effl Disposal: Percolation Ponds

Gals. of Sludge Hauled
43,000 gals. hauled by Environmental Services Co.

Vol. Reduction 0%
Stabilized with lime

Grab, Shr. Composite

Shift 1 Started: Shift 2 (Evening) Shift 3 Started:

C-6553 [illegible] Number: 1987

(28) Day	Flow (mgd)	Chlorine Residual (ppm)	BOD Effluent (mg/l)	TSS Effluent (mg/l)	pH Effluent (S.U.)	Total N (mg/l)	Total P (mg/l)	Fecal Coliform (no/100 ml)
1	.074	3.0			7.5			
2	.077	3.5			7.5			
3	.073	3.5	3	1	7.5			<1
4	.076	3.5			7.5			
5	.088	3.0			7.3			
6	.081	3.0			7.5			
7	.082	3.0			7.5			
8	.077	3.5			7.4			
9	.078	3.0			7.4			
10	.076	3.0	4	1	7.4			
11	.073	3.0			7.4			
12	.083	3.5			7.3			
13	.077	3.5			7.4			
14	.081	3.5			7.4			
15	.078	3.0			7.5			
16	.082	3.5			7.5			
17	.091	3.5			7.5			
18	.091	3.5			7.4			
19	.079	3.5	4	1	7.4			
20	.091	3.5			7.5			
21	.088	3.5			7.4			
22	.086	3.5			7.4			
23	.094	3.5			7.4			
24	.087	3.5	6	1	7.3			
25	.084	3.5			7.3			
26	.084	3.5			7.4			
27	.087	3.0			7.4			
28	.087	3.0			7.5			
29	.079	3.0			7.3			
30	.090	3.0			7.5			
31								
Total	2.391	93.0	17	4	223.5			<1
Average	0.080	3.0	5.5	1	7.5			<1

Page 1 of 2

0433

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

1 0031

Tim Vandale — 6/6/91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

FACILITY NAME: Leilani Heights / SSU Services

MAILING ADDRESS: 1790 NE 24th Street

CITY: Jensen Beach (S) COUNTY: Martin PHONE NO: (407)334-5584

PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 4 3 1 1 5 8 6 4 — 0.096 — 0.150 — 3C

FLOW (21) POP SERVED (22) FECAL COLIFORM SAMPLE HEAD
(X) Membrane Filter
( ) Most Probable Number

0.118 — 1380

SAMPLE INFORMATION MGD	(13) BOD mg/l	(14) TSS mg/l	(14A) % FLOW INFLU	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
N/A	N/A	N/A	N/A	9	1

(17) pH SU	(18) CHLORINE mg/l	(19) FLUORIDE mg/l	(20) NITRATE + NITRITE mg/l	(21) [illegible]	(22) [illegible]	(23) COLOR PT-CO UNITS
7.5	N/A	N/A	N/A	N/A	N/A	0.8

(24) TYPE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PERMITTED	CALCD	(UNITS)
N/A	N/A	N/A	N/A	N/A	N/A

(28) TYPE EFFL DISPOSAL
Grab,Shr.Composite — Percolation Ponds

Gals. of Sludge Hauled
No Sludge Hauled

SHEET 2 (Preceding) SHEET 3 (Following)

C-1553

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORMS (mg/100 ml)
1	.054	3.5			7.3			
2	.092	3.5			7.4			
3	.064	1.0			7.9			
4	.077	1.0			7.5			
5	.077	1.0			7.4			
6	.093	1.0			7.3			
7	.076	3.5			7.7			
8	.085	3.5			7.6			
9	.085							
10	.104	3.5	7	1	7.9			<1
11	.085	3.5			7.7			
12	.095	3.5			7.7			
13	.064	3.5			7.7			
14	.109	3.5			7.6			
15	.096	3.0	10	1	7.3			
16	.077	3.5			7.4			
17	.077	3.5			7.4			
18	.085	3.5			7.6			
19	.077	3.5			7.7			
20	.086	3.5			7.6			
21	.081	3.5			7.5			
22	.065	3.5			7.5			
23	.099	3.5			7.5			
24	.110	3.5	9	1	7.4			
25	.064	1.0			7.3			
26	.092							
27	.087	0.5			7.4			
28	.087	0.5	10	1	7.3			
29	.119	3.5			7.5			
30	.067	3.5			7.6			
31	.097	3.5			7.5			
TOTAL	2.664	91.1	36	4	237.6			<1
AVG	0.086	2.9	9	1	7.5			<1

0434

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) FACILITY 1 0 0 3 2

Tim Vanedek — 7/7/91
Signature of Lead Operator in Charge — Date

I certify, that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) FACILITY NAME: Leilani Heights / SSU Services

(3) FACILITY ADDRESS: 1790 NE 24th Street

(4) CITY: Jensen Beach (5) COUNTY: Martin PHONE NO.(407)334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 4 3 1 1 5 8 6 4 — 0.123 — 0.150 — 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.159 — 1380

(13) CBOD PRESERVATION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
MAX MON AVG TSS lb/d INFLUENT EFFLUENT EFFLUENT

N/A — N/A — N/A — N/A — 14 — 4

(17) pH (18) AMMONIA (19) RESIDUAL CHLORINE (20) DISSOLVED OXYGEN (21) FECAL COLIFORM
MIN MAX MON AVG MAX DAILY MIN DAILY MON AVG MIN DAILY MON AVG MAX DAILY (#/100 ml)

7.4 — N/A — mg/l N/A — mg/l N/A — mg/l N/A — mg/l N/A — mg/l N/A — /0

(22) TOTAL RESIDUAL CHLORINE (23) TYPE OF SAMPLE (24) TOTAL P (mg/l) (25) TOT KJEL N (mg/l) (26) NO2+NO3 N (mg/l) (27) TOTAL N (mg/l) (28) TOTAL AMMONIA (mg/l)
MON AVG MAX DAILY UPSTREAM DOWNSTREAM EFFLUENT EFFLUENT EFFLUENT EFFLUENT EFFLUENT

N/A — N/A — N A — N/A — N/A — N/A — N/A — N/A — N/A

(29) TYPE EFFL DISPOS Gals. of Sludge Hauled

Grab, Bar Composite — Percolation Ponds — 21,000 gals. by Environmental Sciences

(30) SWDF 2 (Expiration Date)

C-4553 — Vol Reduction 13.47%

Month June Year 1991

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	CBOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL P (mg/l)	Total N (mg/l)	FECAL COLIFORM (no/100 ml)
1	.083	3.5			7.5			
2	.083							
3	.110	3.5			7.6			
4	.084	2.0			7.5			
5	.077	1.5			7.5			
6	.119	3.0			7.4			
7	.148	1.0	21	6	6.9			
8	.145							
9	.146	1.0			7.4			
10	.130	1.0			7.3			
11	.116	1.0			7.3			
12	.105	1.0			7.3			
13	.129	1.0	14	4	7.4			
14	.103	3.5			7.4			
15	.103							
16	.105	2.5			7.5			
17	.100	2.0			7.4			
18	.085	1.0			7.3			
19	.114	2.0			7.4			
20	.111	1.5			7.6			
21	.115	2.5	9	2	7.5			<1
22	.115							
23	.158	1.5			7.5			
24	.158	1.0			7.4			
25	.157	1.0			7.4			
26	.157							
27	.153	2.5			7.3			
28	.150	2.0			7.4			
29	.150							
30	.157	1.0			7.3			
31								
TOT	3.685	47.5	47	11	176.5			<1
AVG	0.123	2.0	14	4	7.4			<1

0435

Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (Facility ID No.)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 10031

(3) Plant Name Leilani Heights

(4) Plant Address 1790 24th Street

(5) City Jensen Beach

(6) County Martin

(7) Phone Number 1(407) 334-5584

(8) Permit Number D043115864

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6553
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Tim Vanorder (Signature) C-6553 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.131
(17) Permitted capacity	mgd	—	0.150
(18) Three-month average daily flow	mgd	—	0.130
(19) Percent of permitted capacity	%	—	83
(20) BOD_5 Effluent	mg/L	080082	9
(21) BOD_5 Effluent	lbs/day	—	9.5
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	1.1
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.158	1.0						7.1					
2	.176	1.5				11	1	7.0					NO
3	.176	3.0						7.5					
4	.151	3.5						7.6					
5	.167	3.0						7.7					
6		3.5						7.9					
7	.158												
8	.156	3.5						7.6					
9	.098	3.0						7.6					
10	.139	3.5				7	1	7.7					
11	.118	3.0						7.4					
12	.125	1.0						7.2					
13	.125												
14	.110	1.0						7.1					
15	.116	1.0						7.1					
16	.130	3.5						7.6					
17	.111	3.0				6	1	7.4					
18	.136	2.0						7.2					
19	.119	2.5						7.3					
20	.103	3.5						7.8					
21	.109												
22	.099	3.5						7.7					
23	.104	1.0				10	1	7.6					
24	.105	3.5						7.6					
25	.105	3.5						7.5					
26	.105												
27	.105												
28	.105												
29	.105												
30	.179	3.5						7.4					
31	.127	2.5						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true complete and accurate.

Signed: [signature]

Date: 8/6/91

Name (Please Type): Leilani Heights

Company Name: SSU Services

Telephone No. (Please Type): 407 880 0058

DEP Form # 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____ (Filled in by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 10091

(3) Plant Name Leilani Heights

(4) Plant Address 1790 24th Street

(5) City Jensen Beach

(6) County Martin

(7) Phone Number (407) 334-5564

(8) Permit Number DO43115FHV

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Percolation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No 6563
Evening Shift Operator Class _____ Cert. No _____
Night Shift Operator Class _____ Cert. No _____
Lead Operator Tim Yarnell (Signature) 66567 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.125
(17) Permitted capacity	mgd	—	0.150
(18) Three-month average daily flow	mgd	—	0.125
(19) Percent of permitted capacity	%	—	83
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	6.3
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	6.3
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	* 0.5	3.0						7.2					
2		1.0				8	1	7.1					
3													
4													
5		1.5						7.2					
6		2.5						7.1					
7		1.5						7.1					
8		1.0				4	1	7.0					
9		2.0						7.2					
10		2.0						7.1					
11													
12		1.0						6.9					
13		2.0				3	12	6.9					NS
14		2.0						7.3					
15		3.5						7.2					
16		1.5						7.1					
17		2.0						7.1					
18													
19		2.5						7.1					
20		3.5						7					
21		1.5						7.2					
22		3.5						7.1					
23		1.0				7	5	7.1					
24													
25		1.0						7.2					
26		1.0						7.2					
27		1.5						7.2					
28		2.0						7.1					
29		2.0						7.0					
30		2.5						7.0					
31		2.5						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true complete and accurate.

Signed _____ Date 9/6/91

Name Please Type: Tim VanDale

Company Name: SSU Services

Telephone No. Please Type: 407 880 0058

* - Flow meter needs recalibrated

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (If Issued by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number 10031

(3) Plant Name LEILANI HEIGHTS SSU SERVICES

(4) Plant Address 1790 24th STREET

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43115864

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERCOLATION PONDS (3)

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert No 6553

Evening Shift Operator Class ____ Cert No ____

Night Shift Operator Class ____ Cert No ____

Lead Operator Tim Vansickle C-6553 Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.147
(17) Permitted capacity	mgd	—	.150
(18) Three-month average daily flow	mgd	—	.136
(19) Percent of permitted capacity	-%	—	91
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	—	6.13
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	3.68
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.: (Rev 4 01 90)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
01	.142												
02	.142												
03	.149	1.5						7.2					
04	.146	2.0				6	6	7.2					ND
05	.136	2.5						7.1					
06		3.5						7.1					
07	.352												
08	.142	3.5						7.3					
09	.142	2.5						7.5					
10	.142	3.5						7.4					
11	.142	2.5						7.4					
12	.152	1.0						7.4					
13	.164	1.0						7.4					
14		2.0						7.5					
15	.328												
16	.142	3.5						7.6					
17	.142	3.5						7.6					
18	.142	1.5						7.6					
19	.171	2.5						7.5					
20		3.0						7.6					
21	.343					7	1						ND
22	.142	3.5						7.6					
23	.129	2.5						7.6					
24	.119	3.0						7.5					
25	.135	2.5						7.5					
26	.138	2.0						7.4					
27	.131	2.0						7.3					
28		2.0						7.3					
29	.262												
30	.130	2.0				1	1	7.4					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: Tim Vanasdale

Date: 10/8/91

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES

Telephone No. (Please Type): (407)880-0058

Page 3 of 3

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 10031

(3) Plant Name LEILANI HEIGHTS SSU SERVICES

(4) Plant Address 1790 24th STREET

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DO-431158(;

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERCOLATION PONDS (3)

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6553

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Tami Vansickle (Signature) 0-6553 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.123
(17) Permitted capacity	mgd	—	0.150
(18) Three-month average daily flow	mgd	—	0.185
(19) Percent of permitted capacity	%	—	83
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

DEP Form 17-601.300(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEP Application No. _____ (if not a by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
01	.126	2.0						7.4												
02	.123	1.5						7.4												
03	.168	1.0						7.4												
04	.141	1.0						7.3												
05		2.0						7.3												
06	.282																			
07	.142	2.5						7.4												
08	.142	2.0						7.4												
09	.087	2.5						7.5												
10	.123	1.0						7.1												
11	.123	1.0				4	8	7.2												
12		1.0						7.2												
13	.246																			
14	.123	1.5						7.2												
15	.123	1.5						7.2												
16	.123	1.0						7.1												
17	.103	0.7						7.1												
18		1.5						6.9												
19	.258																			
20	.112	2.0						7.5												
21	.108	2.5						7.5												
22	.128	2.0		60	128	7	6	7.4					ND							
23	.109	1.5						7.5												
24	.099	0.8						7.8												
25		2.0						7.7												
26	.216																			
27	.137	1.0						7.7												
28	.139	2.5						7.8												
29	.114	2.5						7.8												
30	.097	1.2						7.8												
31	.127	1.2						7.7												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Tim Vanasdale Date: 11/7/91

Name (Please Type) TIM VANASDALE

Company Name SSU SERVICES Telephone No (Please Type) (407)880-0058

DER Form # 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number 10031

(3) Plant Name LEILANI HEIGHTS SSU SERVICES

(4) Plant Address 1790 24th STREET

(5) City JENSEN BEACH

(6) County MARTIN

(7) Phone Number (407) 334-5584

(8) Permit Number DO-43115864

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERCOLATION PONDS (3)

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [✓] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6553

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Travis Vansickle (Signature) C-6553 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.127
(17) Permitted capacity	mgd	—	.150
(18) Three-month average daily flow	mgd	—	.125
(19) Percent of permitted capacity	%	—	83
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	6.4
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	—	7.4
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.9
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

DER Form ... Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Page 4 of 5)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Novimbia Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	WAS Flow (MG)	VSS %	Sludge Handled (MG)					
01		1.0						7.4						.001							
02	.227																				
03	.114	1.3						7.7													
04	.112	1.5						7.9						.001							
05	.112	1.5						7.8													
06	.114	1.7						7.8						.001							
07	.110	2.3						7.7													
08	.119	2.5				4	5	7.6					<1	.001							
09		2.0						7.4													
10	.234																				
11	.124	1.5						7.6						.001							
12	.159	1.0						7.6													
13		1.0						7.6						.001							
14																					
15																					
16	.551	3.0						7.4													
17	.178	3.5						7.2													
18	.091	2.0						7.6						.001							
19		3.5						7.6													
20	.217													.001		.058					
21	.168	0.9						7.9													
22	.138	2.5				8	8	7.9					<1	.001							
23		3.0						7.9													
24	.271																				
25	.138	2.5						7.8						.001							
26	.132	2.0						7.8													
27	.129	2.2						7.9						.001							
28	.135	2.5						7.5													
29		2.5						7.9						.001							
30	.239																				
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Tim Vanasdale Date: 12/9/91

Name (Please Type) TIM VANASDALE

Company Name SSU SERVICES Telephone No. (Please Type) (407)880-0058

Page 3 of 3

DER Form No. 17-601.800(1)
Domestic Wastewater Treatment Plant
Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: December Year: 1991

(2) Plant's DER Identification Number: 10031

(3) Plant Name: LEILANI HEIGHTS SSU SERVICES

(4) Plant Address: 1790 24th STREET

(5) City: JENSEN BEACH

(6) County: MARTIN

(7) Phone Number: (407) 334-5584

(8) Permit Number: DO-43115864

(9) Plant Type: 3C

(10) Test Site Identification Number: _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse: PERCOLATION PONDS (3)

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge: _____

(15) Plant Staffing
Day Shift Operator Class: C Cert. No: 26553
Evening Shift Operator Class: _____ Cert. No: _____
Night Shift Operator Class: _____ Cert. No: _____
Lead Operator: Tom Vanosdol (Signature) C-6553 (Cert. No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.111
(17) Permitted capacity	mgd	--	0.150
(18) Three-month average daily flow	mgd	--	0.120
(19) Percent of permitted capacity	%	--	80
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	--	5
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	--	5
(24) Minimum pH		--	7.0
(25) Maximum pH		--	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	--	7.0
(32) Maximum Chlorine Residual	mg/L	--	
(33) Other Effluent Parameters			
Total Gallons Wasted	mgd		0.039

DEA Form [illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEA Application No. [illegible] (Assigned by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Gals. Water Used
01	0.139	3.0						7.4						
02	0.141	2.5						7.4						.003
03	0.138	2.5						7.2						
04	0.110	2.0						7.2						.003
05	0.117	2.5						7.3						
06		2.5						7.4						.003
07	0.215													
08	0.098	3.0						7.7						
09	0.117	3.0						7.6						.003
10	0.114	3.0						7.8						
11	0.149	3.0						7.1						.003
12	0.093	2.5						7.2						
13	0.099	3.0				8	1	7.4					<1	.003
14		2.5						7.5						
15	0.206													
16	0.107	3.0						7.6						.003
17	0.100	2.5						7.8						
18	0.109	2.7						7.6						.003
19	0.111	2.0						7.4						
20	0.101	1.7						7.1						.003
21		2.2						7.1						
22	0.211													
23	0.102	1.3				1	9	7.0					<1	.003
24	0.112	2.0						7.2						
25	0.112	1.6						7.2						.003
26	0.095	1.0						7.2						
27	0.114	1.0						7.1						.003
28		1.8						7.1						
29	0.221													
30	0.120	2.5						7.0						.003
31	0.094	3.0						7.0						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Tim Vanasdale Date: 1/8/92

Name (Please Type): TIM VANASDALE

Company Name: SSU SERVICES Telephone No. (Please Type): (407)880-0058

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1990

(1) CMS # 10031

Melvin E. Fisher C3189 — 2/7/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: LEILANI HEIGHTS

(3) PLANT ADDRESS: 1790 NE 24TH ST.

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. (407) 334-5584

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0431158 64	0.140	0.150	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.150	1380	(X) Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4						3.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-HR COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCOLATION PONDS

(29) PLANT STAFFING

LEAD OPERATOR: C3189

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

FRENZ ENTERPRISES HAULED SLUDGE

1/15/90	-	10,000 GAL
1/16/90	-	15,000 GAL
1/30/90	-	10,000 GAL
1/31/90	-	20,000 GAL
1/15, 1/16		0 % VOLATILE REDUCTION
1/30, 1/31		17 % VOLATILE REDUCTION

OER Form 17-21.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.140	3.5			7.5			
2	.144	3.5			7.6			
3	.147	3.5	5	1	7.3			4
4	.149	3.5			7.2			
5	.148	3.5			7.3			
6	.150	3.5			7.4			
7	.142	3.5			7.5			
8	.140	3.5			7.5			
9	.135	3.5	5	1	7.4			
10	.146	3.5			7.4			
11	.135	3.5			7.4			
12	.109	3.5			7.3			
13	.142	3.5			7.5			
14	.142	3.5			7.4			
15	.139	3.5			7.5			
16	.145	3.5	10	3	7.4			
17	.143	3.5			7.4			
18	.138	3.5			7.3			
19	.148	3.0			7.3			
20	.146	3.5			7.4			
21	.145	3.5			7.3			
22	.145	3.0			7.3			
23	.143	3.5			7.3			
24	.117	3.0			7.4			
25	.148	3.5			7.4			
26	.147	3.5	8	1	7.2			
27	.146	3.5			7.3			
28	.141	3.5			7.4			
29	.136	3.5			7.3			
30	.143	3.5			7.4			
31	.135	3.5			7.4			
TOT	4.344							
AVG	.140	3.4	7	2	7.4			4

0468

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 10031

Signature of Lead Operator in Charge — C3189 — Date 3/9/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: LEILANI HEIGHTS

(3) PLANT ADDRESS: 1790 NE 24TH ST.

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO43115864	0.138	0.150	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.149	1380	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 11

(16) TSS (mg/l) EFFLUENT: 4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4						1.4

(24) DOU (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-Hour Composite

(28) TYPE EFFL DISPOSAL: Percolation Ponds

(29) PLANT STAFFING

LEAD OPERATOR C3189 — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

FRENZ ENTERPRISES HAULED SLUDGE:
2/5/90 - 5,000 GAL
2/16/90 - 10,000 GAL
2/20/90 - 10,000 GAL
2/21/90 - 15,000 GAL

VOLATILE SOLIDS REDUCTION 25 0 %

SLUDGE STABILIZED WITH LIME.

DER FORM 17-1.203(7) Effective November 30, 1982

Month FEBRUARY Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.135	3.5	6	1	7.4			
2	.147	3.5			7.3			
3	.144	3.5			7.3			
4	.146	3.5			7.2			
5	.136	3.5			7.5			
6	.140	3.5			7.4			
7	.135	3.5			7.5			
8	.137	3.5	16	8	7.4			
9	.144	3.5			7.4			
10	.146	3.5			7.3			
11	.131	3.5			7.3			
12	.134	3.5			7.2			
13	.128	3.5			7.3			
14	.139	3.5			7.3			
15	.136	3.2			7.4			
16	.140	3.5	17	10	7.3			19
17	.137	3.5			7.4			
18	.134	2.7			7.4			
19	.149	3.5			7.5			
20	.141	3.5			7.4			
21	.148	3.5	10	1	7.5			
22	.146	3.5			7.4			
23	.140	3.5			7.3			
24	.142	3.5			7.4			
25	.110	1.4			7.5			
26	.139	3.5			7.6			
27	.143	3.5			7.5			
28	.134	3.5	8	1	7.4			
29								
30								
31								
TOT	3.878							
AVG	.138	3.4	11	4	7.4			19

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0469

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

S-FRL

(1) GMS # 10031

Wm E Fisher C3189 — Signature of Lead Operator In Charge — 4/6/90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: LEILANI HEIGHTS

(3) PLANT ADDRESS: 1790 NE 24TH ST.

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5534

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) LOS
D043115364	0.138	0.150	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.149	1380	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (Lbs/day)

Flow MGD	BOD (mg/l)	TSS (lbs/day)	INFLU	EFFLUEN	EFFICIENCY
				9	2

(16) pH (SU)	(17) TOTAL N mg/l	(18) AMMONIA mg/l	(19) NITRATE + NITRITE mg/l	(20) TOTAL P mg/l	(21) TOTAL ORTHO P mg/l	(22) CHLOR RESID mg/l
7.5						1.0

(23) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8 HR COMPOSITE, GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION PONDS

FRONT ENTERPRISES HAULED SLUDGE:
3/19/90 20,000 GAL
3/20/90 5,000 GAL

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
	C3189	C6553	

DER FORM 17E-2.205(2) Effective November 30, 1982

Volatile Solids Reduction: 0%

Month MARCH Year 1990

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	300 EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (MPN per 100 ml)
1	.143	3.5			7.4			
2	.149	1.0			6.9			
3	.122	3.5			7.1			
4	.146	2.3			7.2			
5	.129	3.5			7.3			
6	.130	3.5			7.7			
7	.146	3.5			7.7			
8	.146	3.5			7.7			
9	.140	3.5	2	1	7.7			<1
10	.132	3.0			7.6			
11	.146	3.2			7.6			
12	.134	3.0			7.5			
13	.135	3.5			7.2			
14	.135	3.5	14	3	7.5			
15	.143	3.5			7.7			
16	.149	3.5			7.7			
17	.147	3.5			7.7			
18	.145	3.5			7.4			
19	.139	3.0			7.2			
20	.136	3.5	7	1	7.5			
21	.132	3.5			7.5			
22	.133	2.5			7.2			
23	.140	3.5			7.1			
24	.140	3.5			6.9			
25	.140	3.5			7.4			
26	.138	3.5			7.7			
27	.140	3.5			7.5			
28	.145	3.5			7.7			
29	.143	3.5	8	1	7.8			
30	.119	3.5			7.7			
31	.119	3.5			7.5			
TOT	4.273							
AVG	.138	3.3	9	2	7.5			<1

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SLUDGE STABILIZED WITH LIME.

0470

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 10031

Melvin E. Fuller C3189 — Signature of Lead Operator in Charge — 5/7/90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: LEILANI HEIGHTS

(3) PLANT ADDRESS: 1790 NE 24TH ST.

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5524

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0043115864 0.142 0.150 3C

(10) HIGH FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
[ ] Most Probable Number

0.150 1380

(13) INDUSTRIAL CONTRIBUTION
Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 14 (16) TSS (mg/l) EFFLUENT 4

(17) pH (18) TOTAL N mg/l 7.6 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 2.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) 2 HR COMPOSITE, GRAB

(28) TYPE EFFL DISPOSAL PERCOLATION PONDS

ENVIRONMENTAL SCIENCES INC HAULED SLUDGE 4/26/90 - 21,000 GAL

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189 C6553

DER Form [illegible] Effective November 30, 1982

VOLATILE SOLIDS REDUCTION 0 %

SLUDGE STABILIZED WITH LIME

Month APRIL Year 1990

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.135	3.5			7.5			
2	.149	3.5			7.6			
3	.149	3.0			7.7			
4	.148	3.5			7.4			
5	.149	3.5			7.5			
6	.130	3.5	12	2	7.5			
7	.139	3.5			7.1			
8	.145	3.5			7.2			
9	.146	3.5			7.5			
10	.140	3.5			7.7			
11	.145	3.0	5	1	7.6			< 1
12	.133	3.0			7.7			
13	.108	3.0			7.6			
14	.148	3.2			7.5			
15	.150	3.5			7.5			
16	.150	3.5			7.8			
17	.135	3.5			7.7			
18	.136	3.5			7.6			
19	.131	3.5			8.1			
20	.131	3.5	18	8	8.2			
21	.147	3.5			7.8			
22	.147	3.5			7.2			
23	.147	3.5			7.6			
24	.142	3.5			7.4			
25	.147	3.0			7.1			
26	.148	3.5			7.3			
27	.148	3.5	20	7	7.3			
28	.145	3.5			7.9			
29	.144	3.5			7.5			
30	.149	3.5			7.8			
31								
TOT	4.250							
AVG	.142	3.4	14	4	7.6			< 1

0471

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 10031

Melvin E. Fuller — 6/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: LEILANI HEIGHTS

(3) PLANT ADDRESS: 1790 NE 24TH ST.

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5584

(6) PERMIT NUMBER: DO43115864 (7) AVG FLOW MGD: 0.141 (8) DESIGN FLOW MGD: 0.150 (9) CLASS: 3C

(10) MAX FLOW MGD: 0.150 (11) POP SERVED: 1380 (12) FECAL COLIFORM SAMPLE METHOD: [✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Flow MGD ___ SOD lbs/d ___ TSS lbs/d ___ (14) % FLOW INFIL ___ (15) ADD Fecal EFFLUENT ___ (16) ADD Fecal EFFLUENT ___

(17) pH (1st Reading): 7.5 (18) AMMONIA mg/l ___ (19) NITRITE + NITRATE mg/l ___ (20) TOTAL P mg/l ___ (21) TOTAL P mg/l ___ (22) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___/___/___

(23) DO (mg/l) UPSTREAM ___ DNSTREAM ___

(25) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S): 8 HR COMPOSITE, GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION PONDS

NO SLUDGE HAULED

(29) PLANT STAFFING

LEAD OPERATOR: C3189 SHIFT 1 (Day): C6553 SHIFT 2 (Evening): ___ SHIFT 3 (Night): ___

DER Form 17-7.205(7) Effective November 30, 1982

Month MAY Year 1990

(30)

	Flow MGD	Chlorine Residual (ppm)	BOD Effluent (mg/l)	TSS Effluent (mg/l)	pH Effluent (S.U.)	Total N (mg/l)	Total P (mg/l)	Fecal Coliform (#/100 ml)
1	.148	3.5			7.5			
2	.136	3.5	8	2	7.5			4
3	.137	3.5			7.6			
4	.142	3.5			7.6			
5	.150	3.5			7.4			
6	.141	3.5			7.3			
7	.149	3.5			7.6			
8	.144	3.5			7.6			
9	.145	3.5	7	1	7.6			
10	.138	3.5			7.6			
11	.143	3.5			7.6			
12	.143	3.5			7.5			
13	.143	3.5			7.2			
14	.148	3.5			7.4			
15	.144	3.5			7.4			
16	.144	1.0			6.9			
17	.130	3.0			7.3			
18	.138	3.5	8	1	7.7			
19	.147	3.5			7.7			
20	.143	3.5			7.5			
21	.146	3.5			7.6			
22	.141	3.5			7.8			
23	.144	3.5			7.7			
24	.131	3.5			7.7			
25	.126	3.5	6	3	7.7			
26	.145	3.5			7.8			
27	.147	3.5			7.5			
28	.147	3.5			7.6			
29	.149	3.5			7.2			
30	.134	3.5			7.1			
31	.109	3.5			7.5			
TOT	4.384							
AVG	.141	3.4	7	2	7.5			4

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONITORING REPORT

10031

Melvin E. Fisher C3189 — 7/11/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

PLANT NAME: LEILANI HEIGHTS

MAILING ADDRESS: 1790 NE 24TH ST.

CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334-5524

PERMIT NUMBER: D043115864 (6) AVG FLOW MGD: 0.140 (8) DESIGN FLOW MGD: 0.150 (7) TYPE: 3C

(9) FLOW (MGD): 0.150 (11) POP SERVED: 1380 (12) FECAL COLIFORM SAMPLE METHOD: (✓) Membrane Filter ( ) Most Probable Number

(13) DISINFECTION: CHLORINE 155 lb/d — (14) % FLOW (MFL): — (15) TSS (mg/l) EFFLUENT: 8 — (16) CBOD (mg/l) EFFLUENT: 1

(17) pH: 7.3 — (18) AMMONIA mg/l — (20) NITRATE NITRITE mg/l — (21) TOTAL P mg/l — (22) ORTHO P mg/l — (23) CHLORINE RESIDUAL: 3.5

(24) DO (mg/l): DATE OF SAMPLE — (25) DO (mg/l): UPSTREAM — (26) EFFLUENT: DOWNSTREAM

(27) TYPE SCHEDULE: 8 HR COMPOSITE, GRAB — (28) TYPE EFFL DISPOSAL: PERCOLATION PONDS

(29) OPERATOR: SHIFT 1 (Day) C3189 — SHIFT 2 (Evening) C6553 — SHIFT 3 (Night)

Effective January 1, 1987

ENVIRONMENTAL SCIENCES CORP
HAULED DIGESTED SLUDGE ON:
6/1/90 - 2800 GAL - 0% VOL SOLIDS REDUCED
6/27/90 - 2100 GAL - 0% VOL SOLIDS REDUCED
STABILIZED W. LIME

Month: JUNE 1990

DAY	FLOW (MGD)	TSS (mg/l)	CBOD (mg/l)	TSS EFFLUENT (mg/l)	pH (S.U.)	TOTAL P (mg/l)	TOTAL NITROGEN (mg/l)
1	.150	3.5			7.5		
2	.145	3.5			7.5		
3	.146	3.5			7.3		
4	.146	3.5			7.4		
5	.142	3.5			7.1		
6	.143	3.5	4	1	7.1		<1
7	.130	3.5			7.1		
8	.140	3.5			7.1		
9	.140	3.5			7.1		
10	.147	3.5			7.3		
11	.147	3.5			7.5		
12	.135	3.5			7.1		
13	.124	3.5	8	1	7.0		
14	.150	3.5			7.2		
15	.141	3.5			7.6		
16	.148	3.5			7.7		
17	.149	3.5			7.4		
18	.136	3.5			7.5		
19	.134	3.5			7.4		
20	.132	3.5	11	1	7.5		
21	.122	3.5			7.3		
22	.137	3.5			7.4		
23	.142	3.5			7.2		
24	.143	3.5			7.3		
25	.129	3.5			7.6		
26	.132	3.5			7.4		
27	.131	3.5			7.3		
28	.142	3.5			7.6		
29	.142	3.5	11	2	7.4		
30	.150	3.5			7.5		
TOT	4.197						
AVG	.140	3.5	8	1	7.3		<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JULY Year 1990

(1) DER: 10031

Melvin E. Fulton C3189 — 8/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: LEILANI HEIGHTS

(3) PLANT ADDRESS: 1790 NE 24TH ST.

(4) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5584

(6) PERMIT NUMBER: D043115864 (7) AVG FLOW MGD: 0.137 (8) DESIGN FLOW MGD: 0.150 (9) TYPE: 3C

(10) MAX FLOW (MGD): 0.147 (11) POP SERVED: 1380 (12) FECAL COLIFORM SAMPLE METHOD: (X) Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Type Flow MGD — BOD lb/d — TSS lb/d

(14) % FLOW SHED: — (15) BOD (mg/l) EFFLUENT: 10 (16) TSS (mg/l) EFFLUENT: 2

(17) pH: 7.5 (18) TOTAL N mg/l: — (19) AMMONIA mg/l: — (20) NITRITE + NITRATE mg/l: — (21) TOTAL P mg/l: — (22) ORTHO P mg/l: — (23) CHLOR RESID ppm: 2.0

(24) BOD (mg/l) UPSTREAM/DOWNSTREAM TIME/DATE OF SAMPLE: — (25) DO (mg/l) UPSTREAM/DOWNSTREAM: — (26) EFFLUENT PARAMETER: — VALUE: — (UNITS): —

(27) TYPE SAMPLE(S): GRAB, 8 HR COMPOSITE (28) TYPE EFFL DISPOSAL: PERCOLATION PONDS

7/26/90 - 21,000 GAL. DIGESTED SLUDGE HAULED BY ENVIRONMENTAL SCIENCES CORP.

69 % DIGESTED SLUDGE VOL. SOLIDS REDUCED

(29) PLANT STAFFING:

(30) OPERATOR: SHIFT 1 (Day): C3189 SHIFT 2 (Evening): C6553 SHIFT 3 (Night):

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.131	3.5			7.5			
2	.113	3.5			7.5			
3	.145	3.5			7.8			
4	.145	3.5			7.7			
5	.143	3.5			7.4			
6	.133	3.5	9	4	7.8			
7	.138	3.5			7.7			
8	.138	3.5			7.5			
9	.135	3.0			7.8			
10	.141	3.5			7.8			
11	.138	3.5			7.3			
12	.127	3.5			7.4			
13	.140	3.5	13	1	7.5			< 1
14	.141	2.0			7.3			
15	.143	3.5			7.5			
16	.140	3.5			7.6			
17	.133	3.5			7.4			
18	.140	3.5	5	1	7.3			
19	.128	3.5			7.5			
20	.128	3.5			7.4			
21	.147	3.5			7.5			
22	.135	3.5			7.5			
23	.135	3.5			7.5			
24	.142	2.0			7.2			
25	.142	3.5			7.0			
26	.139	3.5			7.5			
27	.144	3.5	14	4	7.4			
28	.144	3.5			7.7			
29	.144	3.5			7.5			
30	.134	3.5			7.3			
31	.138	3.5			7.2			
TOT	4.354							
AVG	.137	3.4	10	2	7.5			< 1

0474

0475

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT FACILITY OPERATING REPORT

10031

Melvin E. Linder C3189 9/7/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(3) NAME: LEILAN HEIGHTS

(4) ADDRESS: 1790 NE 24th ST.

JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5604

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0043115864	0.138	0.150	3C

(10) PEAK FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD: [✓] Membrane Filter [ ] Most Probable Number
0.148	1380	

(13) INDUSTRIAL CONTRIBUTION: BOD lb/d	TSS lb/d	(14) % FLOW INFLU	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			11	2

(17) pH (SU)	(18) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2					3.5

(24) FLOW (MGD) UPSTREAM / DOWNSTREAM (25) DO (mg/l) UPSTREAM / DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) SAMPLE(S) GRAB, 8-HR COMPOSITE (28) TYPE EFFL DISPOSAL PERCOLATION PONDS

9/30/90 - 28,000 GALLONS DIGESTED SLUDGE HAULED BY ENVIRONMENTAL SCIENCES CORP.

0% VOLATILE SOLIDS REDUCTION.

SLUDGE STABILIZED WITH LIME.

(29) PLANT STAFFING: LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189 C6553

Rule 17-625.205(2) Effective November 30, 1987

AUGUST 1990

(31) DAY	FLOW (MGD)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL P (mg/l)	ORTHO P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.137	3.5			7.3			
2	.138	3.5			7.3			
3	.114	3.5	11	1	7.3			< 1
4	.141	3.5			7.6			
5	.144	3.5			7.3			
6	.140	3.5			7.4			
7	.135	3.5			7.1			
8	.136	3.5			7.3			
9	.128	3.5			7.1			
10	.137	3.5			7.1			
11	.140	3.5			7.6			
12	.139	3.5			7.3			
13	.143	3.5			7.2			
14	.136	3.5			7.0			
15	.143	3.5			7.1			
16	.143	3.5			7.4			
17	.131	3.5	10	1	7.2			
18	.143	3.5			7.3			
19	.142	3.5			7.1			
20	.137	3.5			7.2			
21	.137	3.5			7.0			
22	.131	3.5	10	1	7.2			
23	.136	3.5			7.0			
24	.124	3.5			7.0			
25	.148	3.5			6.7			
26	.148	3.5			6.9			
27	.132	3.5			7.3			
28	.145	3.5			7.0			
29	.141	3.5			6.8			
30	.142	3.5			7.3			
31	.141	3.5			7.1			
TOT.	4.274		31	3	222.1			
AVG.	.138	3.5	11	1	7.2			< 1

10031

William E. Fisher C3189 — 10/5/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: LEILANI HEIGHTS

(2) PLANT ADDRESS: 1790 NE 24TH ST.

(3) CITY: JENSEN BEACH (5) COUNTY: MARTIN PHONE NO. 407 334 5594

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC43115864 0.142 0.150 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
( ) Most Probable Number

0.153 1380

(13) COMMERCIAL CONTRIBUTIONS: Dom Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 14 (16) TSS (mg/l) EFFLUENT 4

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 2.1

(24) BOD (mg/l) UPSTREAM DOWNSTREAM (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PAR METER VALUE (HOURS)

(27) TYPE SAMPLE(S): GRAB, 8 HR COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCOLATION PONDS

No Sludge Hauled.

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) C3189 SHIFT 2 (Evening) C6553 SHIFT 3 (Night)

DER Form 17-21.205(7) Effective November 30, 1982

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

MONTH: SEPT 1990

DAY	FLOW	CHLORINE RESIDUAL (ppm)	600 EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.106	3.5			7.3			
2	.145	3.5			7.4			
3	.148	3.5			7.3			
4	.138	3.5			7.2			
5	.140	3.5			7.1			
6	.140	3.5			7.1			
7	.135	3.5	9	1	7.1			
8	.136	3.5			7.2			
9	.147	3.5			7.2			
10	.148	3.5			7.6			
11	.142	3.5			7.5			
12	.139	3.5	6	1	7.6			< 1
13	.139	3.5			7.5			
14	.140	3.5			7.2			
15	.140	3.5			7.1			
16	.147	3.5			7.2			
17	.144	3.5			7.6			
18	.140	3.5			7.2			
19	.136	3.5	8	1	7.3			
20	.139	3.5			7.1			
21	.123	3.5			7.3			
22	.147	3.5			7.6			
23	.148	3.5			7.4			
24	.142	3.5			7.5			
25	.148	3.5			6.9			
26	.139	3.5			7.3			
27	.149	3.5			7.5			
28	.149	3.5	34	15	7.4			
29	.150	3.5			7.2			
30	.153	2.1			7.3			
31								
TOT	4.245							
AVE	.142	3.4	14	4	7.3			< 1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: OCTOBER Year: 1990

10031

Melvin E. Fisher C3189 11/5/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: LEILANI HEIGHTS / SSU SERVICES

(2) PLANT ADDRESS: 1790 NE 24TH ST

(3) CITY: JENSEN BEACH (4) COUNTY: MARTIN PHONE NO. 407 334 3554

(5) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0043115864 0.144 0.150 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

0.149 1380

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

Ind. # MGD BOD lb/d TSS lb/d 12 3

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.4 2.0

(24) DO (mg/l) UPSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) DOWNSTREAM (26) EFFLUENT PARAMETER (CHLOR, FLOW ETC.)

(27) # SAMPLE(S) GRAB, 8-HR COMPOSITE

(28) TYPE EFFL DISPOSAL PERCOLATION PONDS

(29) OPER STAFFING SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189 C6553

Conservation of Sciences Billed 14,000 gallons of sewage on 10/4/90. Volume Saved Returned 30.3%, Sprinkle set with time.

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.149	3.5			7.5			
2	.147	3.5			7.5			
3	.146	3.0	13	2	7.4			< 1
4	.147	2.1			7.3			
5	.146	2.0			7.4			
6	.141	2.4			7.0			
7	.147	2.1			7.1			
8	.149	2.0			7.4			
9	.148	2.0			7.4			
10	.144	2.3			7.2			
11	.148	2.4			7.2			
12	.149	3.0			7.2			
13	.149	2.0			7.2			
14	.149	2.2			7.0			
15	.140	2.5	19	5	7.6			
16	.147	3.0			7.7			
17	.140	3.0	5	1	7.6			
18	.137	3.0			7.6			
19	.146	3.0			7.6			
20	.145	3.0			7.7			
21	.149	3.5			7.7			
22	.143	3.5			7.5			
23	.145	3.5			7.7			
24	.137	3.5			7.4			
25	.14	3.6			7.4			
26	.151	3.5	7	1	7.3			
27	.128	3.5			7.4			
28	.149	3.5			7.2			
29	.140	3.5			7.5			
30	.148	3.5			7.3			
31	.142	3.0	15	4	7.0			
TOT	4.470							
AVG	.144	2.9	12	3	7.4			< 1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) Page # 10031

Melvin E. Fisher C3189 12/5/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Indian Heights / SSU Services

(3) PLANT ADDRESS: 1750 NE 24th St.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. (904) 732-2564

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO43115864 .139 0.150 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

0.150 1380

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind. Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

6 1

(17) pH (18) TOTAL CL2 (mg/l) (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) COLOR PCU

7± 10

(24) FOG (mg/l)
(25) FECAL COLIFORM SAMPLE TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
Grab, 8 hr. Composite Percolation Ponds

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C3189 C4559

EPA Form 3560-2 (8-83) Effective November 30, 1982

Environmental Services Inc. hauls out 21,000 gals of Sludge on 11/29/90.

Volatile Solids Reduction 31%

Stabilized w/ Lime

(30) Month November Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH (STANDARD UNITS)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.133	2.0			7±			
2	.129	1.5			7+			
3	.149	1.0			7±			
4	.149	2.0			7+			
5	.135	1.0			7+			
6	.139	1.0	10	1	7±			41
7	.139	1.0			7±			
8	.137	1.0			7+			
9	.143	1.5			7+			
10	.144	1.5			7+			
11	.149	2.0			7±			
12	.144	1.5			7+			
13	.146	1.5			7+			
14	.141	1.5			7+			
15	.141	1.5			7+			
16	.136	1.0			7+			
17	.135	1.0	4	1	7±			
18	.150	2.0			7±			
19	.150	1.5			7+			
20	.137	1.5	3	1	7+			
21	.139	1.5			7+			
22	.139	1.5			7+			
23	.143	2.0			7±			
24	.144	1.5			7+			
25	.136	1.5			7+			
26	.147	1.5			7+			
27	.147	1.5			7+			
28	.146	1.0	7	1	7±			
29	.135	1.5			7±			
30								
31								
TOT	4.135		24	4				
AVG	.139	.03	6	1	7±			< 1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 1990

(1) [illegible] 10031

Melvin E. Fuller C3189 — 1/7/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Leilani Heights / SSU Services

(3) PLANT ADDRESS: 1790 NE 24th Street

(4) City: Jensen Beach (5) COUNTY: Martin PHONE NO.(407)334-5584

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 4 3 1 1 5 8 6 4 0.137 0.150 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.160 1380

(13) INDUSTRIAL CONTRIBUTIONS (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d IMPT. EFFLUENT EFFLUENT

8 2

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.4 0.6

(24) DO (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE UNITS

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

Grab, 8hr. Composite Percolation Ponds

No Sludge Hauled.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C3189 C6553

PER [illegible] 403.052(3) EFFECTIVE November 30, 1987

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.145	2.6			7.2			
2	.145	2.2			6.8			
3	.143	0.6			7.2			
4	.143	1.0			7.2			
5	.125	2.5			7.1			
6	.136	3.0	6	1	7.2			<1
7	.133	3.0			7.1			
8	.119	3.0			7.2			
9	.139	1.8			7.0			
10	.139	2.1			7.1			
11	.146	1.0	12	3	7.2			
12	.139	2.0			7.2			
13	.131	3.0			7.1			
14	.131	1.9			7.0			
15	.151	1.6			7.0			
16	.151	1.5			7.1			
17	.126	1.8			7.0			
18	.141	2.0			7.0			
19	.139	2.0	8	1	7.1			
20	.136	2.0	6	2	7.0			
21	.128	1.5			7.0			
22	.116	2.0			7.1			
23	.136	1.6			7.2			
24	.160	1.7			7.1			
25	.160	1.4			7.1			
26	.120	1.6			7.3			
27	.133	2.0	8	5	7.2			
28	.129	2.5			7.3			
29	.139	1.6			7.3			
30	.136	2.1			7.1			
31	.136	2.0			7.2			
TOT	4.261	65.6			330.9			
AVG	.137	2.1	8	2	7.1			<1

0479

Leisure Lakes - 2401
(Covered Bridge)

Highlands County (SSU)

Sewer

- 1992 FPSC Filing -

Needing Copy of Sewage Permit

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 91

(1) CMS # 4 0 2 8 P 0 5 9 3 0

Donald E. Pugh — 2-14-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 2 8 - 6 4 5 4 3 .031

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.037

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 5.0
(16) TSS (mg/l) EFFLUENT: 8.0

(17) pH: 6.9
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: /
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / UNITS

(27) TYPE SAMPLE(S)
(28) TYPE EFFL DISPOSAL

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B - 2727

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.027							
2	.027	.8			7.0			
3	.028	.7			7.0			
4	.027	.7	5.0	8.0	7.0			
5	.03							
6	.01							
7	.03	.8			6.9			
8	.03	.7			6.9			
9	.031	.5			6.9			
10	.033	.8			6.9			
11	.032	.9			6.8			
12	.031							
13	.031							
14	.031	.8			6.9			
15	.033	.9			6.9			
16	.032	.6			6.9			
17	.035	.7			6.8			
18	.037	.7			6.8			
19	.038							
20	.033							
21	.033	.7			6.8			
22	.031	.8			6.9			
23	.04	.6			6.9			
24	.034	.7			6.9			
25	.031	.6			6.9			
26	.034							
27	.034							
28	.034	.7			6.9			
29	.033	.7			6.9			
30	.033	.6			7.0			
31	.031	.7			7.0			
TOT	.963							
AVG	.031	.6			6.9			

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Needing Copy of Sewage Permit

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GHS # 4 0 2 8 P 0 5 9 3 0

Donald E. Pugh — 3-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER: D 0 2 8 - 6 4 5 4 3
(7) AVG FLOW MGD: .032
(8) DESIGN FLOW MGD:
(9) TYPE:

(10) MAX FLOW (MGD): .037
(11) POP SERVED:
(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d:
(14) % FLOW INFIL:
(15) BOD (mg/1) EFFLUENT: .4
(16) TSS (mg/1) EFFLUENT: 3.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						.5

(24) BOD (mg/1) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: / /
(25) DO (mg/1) UPSTREAM / DNSTREAM:
(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S):
(28) TYPE EFFL DISPOSAL:

(29) PLANT STAFFING
LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night):

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(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	PH EFFLUENT (0.1)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.033	.6			7.0			
2	.031	.8			7.0			
3	.031							
4	.031	.9			7.0			
5	.03	1.3			7.0			
6	.031	.6			7.0			
7	.032	.8			7.0			
8	.033	1.0			7.1			
9	.035							
10	.035							
11	.035	1.1			7.0			
12	.032	.7			7.0			
13	.037	.8	.4	3.0	7.0			
14	.035	.9			7.1			
15	.032	.6			7.1			
16	.036							
17	.036							
18	.036	.6			7.0			
19	.035	.6			7.0			
20	.035	.6			7.0			
21	.03	.5			7.0			
22	.03	.6			7.0			
23	.029							
24	.029							
25	.029	.7			7.0			
26	.027	.7			7.0			
27	.03	1.8			7.0			
28	.028	.9			7.0			
29								
30								
31								
TOT	.903							
AVG	.032	.5			7.0			

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Needing Copy of Sewage Permit

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 4 0 2 8 P 0 5 9 3 0

Signature of Lead Operator in Charge — Date: 4-11-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER: D 0 2 8 - 6 4 5 4 3 (7) AVG FLOW MGD: .03 (8) DESIGN FLOW MGD: . (9) TYPE:

(10) MAX FLOW (MGD): .035 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD . | BOD lb/d | TSS lb/d | (14) % FLOW INFIL | (15) BOD (mg/1) EFFLUENT: 2.1 | (16) TSS (mg/1) EFFLUENT: 2.5

(17) pH: 7.0 (18) TOTAL N mg/l | (19) AMMONIA mg/l | (20) NITRITE + NITRATE mg/l | (21) TOTAL P mg/l | (22) ORTHO P mg/l | (23) CHLOR RESID ppm: .16

(24) BOD (mg/1) UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE: / | (25) DO (mg/1) UPSTREAM | DNSTREAM | (26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S) | (28) TYPE EFFL DISPOSAL

(29) PLANT STAFFING
LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

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Month: March Year: 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (S.U.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.03	.8			7.0			
2	.03	.9			7.0			
3	.031							
4	.032	.7			7.0			
5	.027	.6			7.0			
6	.031	.6	2.1	2.8	7.1			
7	.027	.6			7.0			
8	.030	.7			7.0			
9	.03							
10	.03							
11	.03	2.0			7.0			
12	.032	1.4			7.0			
13	.031	1.4			6.9			
14	.030	1.4			6.9			
15	.035	.7			7.0			
16	.033							
17	.033							
18	.033	1.0			7.0			
19	.034	.8			7.0			
20	.031	.7			7.0			
21	.031	.7			7.0			
22	.033	.8			7.0			
23	.031							
24	.035							
25	.03	.6			7.0			
26	.025	.6			7.0			
27	.029	.6			6.9			
28	.029	.6			6.9			
29	.032	.6			7.0			
30	.026							
31	.024							
TOT	.929							
AVG	.030	.6			7.0			

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Needing Copy of Sewage Permit

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) GMS # 4028P059300

Harold E. Bump 5-15-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER: DO28-64543 (7) AVG FLOW MGD: .021 (8) DESIGN FLOW MGD: (9) TYPE:

(10) MAX FLOW (MGD): .027 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 1.9

(16) TSS (mg/l) EFFLUENT: 5.8

(17) pH: 7.0 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRITE + NITRATE mg/l: (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S):

(28) TYPE EFFL DISPOSAL:

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.029	.7			7.0			
2	.024	.6			7.0			
3	.025	.7			7.0			
4	.026	.8			7.0			
5	.026	.7	1.9	5.8	7.1			
6	.022							
7	.022							
8	.021	.6			7.0			
9	.021	.8			7.0			
10	.022	.7			7.0			
11	.02	.7			7.0			
12	.02	.6			7.0			
13	.021	.9			7.0			
14	.021							
15	.021	.6			7.0			
16	.021	.6			7.1			
17	.022	.9			7.1			
18	.023	.6			7.1			
19	.022	.6			7.1			
20	.02							
21	.02							
22	.02	.8			7.1			
23	.019	.7			7.1			
24	.019	.7			7.1			
25	.021	.7			7.1			
26	.016	.8			7.0			
27	.015							
28	.015							
29	.015	.8			7.1			
30	.024	.8			7.0			
31								
TOT	.630							
AVG	.021	.6			7.0			

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Needing Copy of Sewage Permit

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) CMS # 4 0 2 8 P 0 5 9 3 0

Donald E. Bush
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER: D 0 2 8 - 0 4 5 4 3 (7) AVG FLOW MGD: .017 (8) DESIGN FLOW MGD: (9) TYPE:

(10) MAX FLOW (MGD): .02 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL:
(15) BOD (mg/l) EFFLUENT: .07
(16) TSS (mg/l) EFFLUENT: 1.4

(17) pH: 7.0
(18) TOTAL N mg/l:
(19) AMMONIA mg/l:
(20) NITRITE + NITRATE mg/l:
(21) TOTAL P mg/l:
(22) ORTHO P mg/l:
(23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM DNSTREAM:
(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S):
(28) TYPE EFFL DISPOSAL:

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

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DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	.6			6.9			
2	.020	.5			6.9			
3	.018	.6			6.9			
4	.018	.7						
5	.018							
6	.018	.8	.7	1.4	6.9			
7	.017	.6			7.0			
8	.017	.6			7.0			
9	.018	.8			7.0			
10	.016	.7			6.9			
11	.017							
12	.017							
13	.019	.8			7.0			
14	.015	.6			7.0			
15	.015	1.6			7.0			
16	.016	1.2			7.0			
17	.018	.9			7.0			
18	.017							
19	.017							
20	.017	1.0			6.9			
21	.015	.20			7.0			
22	.017	.8			7.0			
23	.016	1.6			7.0			
24	.016	1.9			7.0			
25	.017							
26	.017							
27	.017	.8			7.0			
28	.017	.8			7.0			
29	.017	.9			7.0			
30	.017	.7			7.0			
31	.018	.9			7.0			
101	.532							
AVG	.017	.5			7.0			

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Needing Copy of Sewage Permit

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 4 0 2 8 P 0 5 9 3 0

Donald G. Rush — 7-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER: D 0 2 8 - 6 4 5 4 3 (7) AVG FLOW MGD: .016 (8) DESIGN FLOW MGD (9) TYPE

(10) MAX FLOW (MGD): .019 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: .7
(16) TSS (mg/l) EFFLUENT: 1.0

(17) pH: 7.2 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE: /
(25) DO (mg/l) UPSTREAM | DNSTREAM
(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S)
(28) TYPE EFFL DISPOSAL: /

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

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DER Form 17-1.203(7) Effective November 30, 1982

(30) Month June Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.016	.6			7.0			
2	.016							
3	.016	.7			7.0			
4	.018	.6			7.0			
5	.016	.5			7.0			
6	.015	.6			7.1			
7	.015	.7	.7	1.0	7.0			2
8	.017							
9	.017							
10	.017	.6			7.0			
11	.016	.9			7.1			
12	.016	1.2			7.1			
13	.016	.7			7.2			
14	.018	.6			7.2			
15	.017							
16	.016							
17	.016	.7			7.2			
18	.018	.8			7.2			
19	.017	1.0			7.3			
20	.017	3.0			7.3			
21	.016	2.0			7.3			
22	.017							
23	.017							
24	.016	1.4			7.3			
25	.019	1.0			7.3			
26	.016	1.2			7.3			
27	.016	2.9			7.3			
28	.018	1.4			7.3			
29								
30								
31								
TOT	.968							
AVG	.016	.5			7.2			

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 4028P05930

(3) Plant Name Leisure Lakes Covered Bridge Southern States

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 465-3858 / 465-9841

(8) Permit Number DO28-64543

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Perk Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Donald E Pugh B-2727
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.017
(19) Percent of permitted capacity	%	—	34
(20) $\not$CBOD$_5$ Effluent	mg/L	080082	2.9
(21) ¢BOD$_5$ Effluent	lbs/day	—	.8
(22) TSS Effluent	mg/L	900201	.5
(23) TSS Effluent	lbs/day	—	.5
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.6
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

DER Form 17-601.300(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No (Page # on DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.016	.8						7.2					
2	.015	.7						7.2					
3	.016	.9				2.9	.5	7.2					
4	.015	1.3						7.2					
5	.016	3.0+						7.2					
6	.016	2.2						7.2					
7	.015												
8	.015	1.6						7.2					
9	.014	.9						7.2					
10	.015	.7						7.2					
11	.016	.9						7.1					
12	.016	.7						7.1					
13	.018												
14	.018												
15	.018	.7						7.1					
16	.015	.8						7.1					
17	.015	.6				.8	.5	7.1					
18	.015	.6						7.1					
19	.016	.7						7.1					
20	.016												
21	.016												
22	.016	.6						7.1					
23	.015	.8						7.1					
24	.017	.9						7.1					
25	.016	.7						7.1					
26	.021	.8						7.1					
27	.022												
28	.022												
29	.022	.7						7.1					
30	.02	.6						7.1					
31	.024	.7						7.1					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Darald E. Pugh Date: 8/15-91

Name (Please Type) Darald E. Pugh

Company Name Pugh Utilities Service Telephone No. (Please Type) (813) 465-6911

Page 3 of 3

DER Form No. 17-601.900(1)
Effective Date: July 1, 1991

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Aug. Year 1991

(2) Plant's DER Identification Number 4028P05930

(3) Plant Name Leisure Lakes Covered Bridge
Southern States

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 465-3858 / 465-9841

(8) Permit Number DO28-64543

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 2727
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Signature B-2727 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.017
(19) Percent of permitted capacity	%	—	40
(20) BOD_5 Effluent	mg/L	080082	1.0
(21) BOD_5 Effluent	~~Monthly~~	—	.6
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	~~Monthly~~	—	1.4
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.6
(32) Maximum Chlorine Residual	mg/L	—	.9
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Aug. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.017	.8				1.0	1.9	7.1													
2	.024	.6						7.4													
3	.022	.7						7.1													
4	.021																				
5	.021	.7						7.1													
6	.022	.8						7.1													
7	.025	.9						7.1													
8	.02	.6						7.1													
9	.022	.6						7.2													
10	.02																				
11	.02																				
12	.02	.7						7.2													
13	.019	.6						7.2													
14	.019	.7						7.1													
15	.021	.8						7.1													
16	.019	.9				.6	1.4	7.1													
17	.016																				
18	.016																				
19	.016	.8						7.1													
20	.014	.6						7.1													
21	.014	.6						7.1													
22	.019	.7						7.1													
23	.016	.6						7.1													
24	.015																				
25	.015																				
26	.016	.6						7.1													
27	.014	.7						7.1													
28	.015	.6						7.1													
29	.015	.6						7.1													
30	.013	.9						7.1													
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Darald E. Pugh Date: 9-10-91

Name (Please Type) Darald E. Pugh

Company Name Pugh Utilities Service Telephone No. (Please Type) (813) 465-6911

CER Form [illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
CER Assessment No. _____ (Areas in the CER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Sept. Year 1991

(2) Plant's DER Identification Number 4028P05930

(3) Plant Name Leisure Lakes Covered Bridge
Southern States

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 465-3858 / 465-9841

(8) Permit Number DO28-64543

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 2727
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Donald Spry B-2727
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.014
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.016
(19) Percent of permitted capacity	%	—	32
(20) $CBOD_5$ Effluent 9-4	mg/L	080082	1.0
(21) $CBOD_5$ Effluent 9-18	lbs/day	—	.8
(22) TSS Effluent 9-4	mg/L	900201	1.2
(23) TSS Effluent 9-18	lbs/day	—	1.2
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.6
(32) Maximum Chlorine Residual	mg/L	—	1.2
(33) Other Effluent Parameters			
9-4 F.C.		>	600

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Area in DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34

Month Sept. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.019												
2	.019												
3	.019	.6						7.1					
4	.015	.7				1.0	1.2	7.2					2600
5	.012	.6						7.1					
6	.013	.6						7.1					
7	.013	.8						7.1					
8	.017												
9	.014	1.2						7.1					
10	.013	1.0						7.2					
11	.013	.7						7.2					
12	.014	.8						7.2					
13	.013	.8						7.2					
14													
15													
16	.015	.7						7.2					
17	.015	.8						7.2					
18	.008	.7				.8	1.2	7.2					
19	.012	.8						7.2					
20	.017	.7						7.2					
21	.013												
22	.013												
23	.013	.9						7.2					
24	.013	1.0						7.2					
25	.013	1.2						7.2					
26	.013	1.1						7.2					
27	.013	1.0						7.2					
28	.013												
29	.013												
30	.014	.9						7.2					
31													

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

gned: Darald E. Pugh Date: 10-20-91

me (Please Type) Darald E. Pugh

mpany Name Pugh Utilities Service Telephone No. (Please Type) (813) 465-6911

Page 3 of 3

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Area or by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Oct. Year 1991

(2) Plant's DER Identification Number 4028P05930

(3) Plant Name Leisure Lakes Covered Bridge
Southern States

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 465-3858 / 465-9841

(8) Permit Number DO28-64543

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 2727
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Daniel E Pugh B-2727
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.015
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.015
(19) Percent of permitted capacity	%	—	30
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	07:850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.7
(32) Maximum Chlorine Residual	mg/L	—	1.2
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Oct. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.013	.7						7.2														
2	.012	.9						7.2														
3	.012	.8						7.2														
4	.015	1.1						7.1														
5	.016	.9						7.1														
6	.017																					
7	.017	1.0						7.1														
8	.015	.9						7.1														
9	.015	.7						7.1														
10	.017	.9						7.1														
11	.016	1.0						7.1														
12	.016																					
13	.016																					
14	.016	.8						7.1														
15	.015	.9						7.1														
16	.015	1.0						7.1														
17	.015	1.2						7.1														
18	.014	1.0						7.1														
19	.016																					
20	.016																					
21	.016	.8						7.1														
22	.015	1.0						7.1														
23	.017	.9						7.1														
24	.016	1.1						7.1														
25	.016	1.2						7.1														
26	.015																					
27	.015																					
28	.015	1.1						7.1														
29	.015	.9						7.1														
30	.015	.7						7.1														
31	.014	.7						7.1														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Darald E. Pugh Date: 11/15/91

Name (Please Type) Darald E. Pugh

Company Name Pugh Utilities Service Telephone No. (Please Type) (813) 465-6911

Page 3 of 3

CER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Area in by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month Nov. Year 1991

(2) Plant's DER Identification Number 4028P05930

(3) Plant Name Leisure Lakes Covered Bridge Southern States

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 465-3858 / 465-9841

(8) Permit Number DO28-64543

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Perk Pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2727

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Donald Spell B-2727
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.056
(19) Percent of permitted capacity	%	—	31
(20) CBOD$_5$ Effluent 11/7	mg/L	080082	4.5
(21) CBOD$_5$ Effluent 11/20	lbs/day	—	4.5
(22) TSS Effluent 11/7	mg/L	900201	1.2
(23) TSS Effluent 11/20	lbs/day	—	1.8
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.6
(32) Maximum Chlorine Residual	mg/L	—	1.2
(33) Other Effluent Parameters			

CER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
CER Application No. (Free in by CER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Nov. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.015	.8						7.1														
2	.014	.7						7.1														
3	.014																					
4	.015	.9						7.1														
5	.015	.6						7.1														
6	.016	.7						7.1														
7	.017	.8				<5	1.2	7.1														
8	.018	.9						7.1														
9	.018																					
10	.018																					
11	.018	.8						7.1														
12	.017	.6						7.1														
13	.018	.9						7.1														
14	.017	.9						7.1														
15	.018	.7						7.1														
16	.019																					
17	.019																					
18	.019	.8						7.2														
19	.019	.6						7.1														
20	.02	.7				<5	1.8	7.1														
21	.018	.8						7.1														
22	.02	.8						7.1														
23	.019																					
24	.019																					
25	.019	.8						7.1														
26	.017	.9						7.1														
27	.021	.7						7.1														
28	.019	.8						7.2														
29	.019	1.2						7.2														
30																						
31																						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Darald E. Pugh Date: 12/15/91

Name (Please Type) Darald E. Pugh

Company Name Pugh Utilities Service Telephone No. (Please Type) (813) 465-6911

Page 3 of 3

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Assigned by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month Dec. Year 1991

(2) Plant's DER Identification Number 4028P05930

(3) Plant Name Leisure Lakes Covered Bridge
Southern States

(4) Plant Address 101 Parkview Circle S.

(5) City Lake Placid

(6) County Highlands

(7) Phone Number 465-3858 / 465-9841

(8) Permit Number DO28-64543

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perk Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 2727
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Donald E Pugh B-2727
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.019
(19) Percent of permitted capacity	%	—	38%
(20) CBOD$_5$ Effluent 12-5	mg/L	080082	1.1
(21) CBOD$_5$ Effluent 12-17	lbs/day	—	1.9
(22) TSS Effluent 12-5	mg/L	900201	2.6
(23) TSS Effluent 12-17	lbs/day	—	4.5
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.7
(32) Maximum Chlorine Residual	mg/L	—	1.1
(33) Other Effluent Parameters			
Fecal Coliform	#/100 ml		2

DEA Form 17-901.902(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEA Application No (Assigned by DEA)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Dec. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.021												
2	.021	.7						7.1					
3	.019	.7						7.2					
4	.021	.9						7.2					
5	.019	.7				1.1	2.6	7.1					2
6	.022	.6						7.2					
7	.023	.9						7.2					
8	.021												
9	.024	.7						7.2					
10	.019	.8						7.2					
11	.020	.8						7.2					
12	.021	.7						7.1					
13	.021	.8						7.1					
14	.02												
15	.02												
16	.02	.7						7.1					
17	.019	.6				1.9	4.5	7.1					
18	.021	.6						7.1					
19	.019	.6						7.0					
20	.02	.7						7.0					
21	.02	.8											
22	.02												
23	.02												
24	.02	.7						7.0					
25	.02	.9						7.0					
26	.02												
27	.022	1.1						7.0					
28	.023	1.0						7.0					
29	.023												
30	.022	.8						7.0					
31	.023	.9						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Darald E. Pugh Date: 1-15-92

Name (Please Type) Darald E. Pugh

Company Name Pugh Utilities Service Telephone No. (Please Type) (813) 465-6911

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 28P05930

Howard Short — 2-11-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER: DO28-64543 (7) AVG FLOW MGD: .029 (8) DESIGN FLOW MGD: .050 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .032 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 6

(16) TSS (mg/l) EFFLUENT: 9

(17) pH: 7.1 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRITE + NITRATE mg/l: (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: 0.9

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR: C-5834 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER Rule 17-7.305(7) Effective November 30, 1982

Month: Jan Year: 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.029	0.7			7.0			
2	.028	0.6			7.1			
3	.031	0.5			7.1			
4	.030	0.6			7.2			
5	.030	0.7			7.1			
6	.028	0.8			7.1			
7								
8	.061	0.7			7.0			
9	.028	0.9			7.0			
10	.031	0.8			7.1			
11	.032	0.7			7.1			
12	.030	0.9			7.0			
13	.030	0.9			7.0			
14	.028	1.0			7.0			
15	.029	1.0			7.1			
16								
17	.058	1.0			7.0			
18	.030	0.9			7.1			
19	.028	1.0			7.2			
20	.028	1.0			7.1			
21	.029	0.9			7.1			
22	.031	0.8			7.0			
23	.028	1.0			7.0			
24	.030	0.9	6	9	7.1			
25								
26	.057	1.0			7.0			
27	.031	0.8			7.1			
28	.030	0.9			7.0			
29	.028	0.7			7.0			
30								
31	.057	1.0			7.1			
101	.911							
AVG	.029							

Page 1 of 1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEB Year 90

(1) CMS # 4028P05930

Howard Blunt 3-8-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO28-64543 .034 .050 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.0.38 | | Membrane Filter
| | Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 1
(16) TSS (mg/l) EFFLUENT 2

(17) pH 6.8
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM DNSTREAM
(25) DO (mg/l) UPSTREAM DNSTREAM
TIME/DATE OF SAMPLE
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-5834

DER Form 17-7.105(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.036	1.7			6.9			
2	.034	1.5			6.8			
3	.030	2.0			6.9			
4	.034	2.0			7.0			
5								
6	.032	2.5			7.0			
7	.038	2.0			7.0			
8	.029	2.0			6.8			
9	.034	2.0			6.8			
10	.035	1.5			6.9			
11	.036	2.0			7.0			
12								
13	.036	2.5			7.0			
14	.036	2.0			7.1			
15	.029	2.0			7.0			
16	.031	2.5			6.9			
17	.034	2.0			6.9			
18	.038	2.0			7.0			
19								
20	.069	1.8			7.0			
21	.031	1.8			6.8			
22	.035	2.0			6.9			
23	.029	2.0			6.9			
24	.031	2.5			7.0			
25	.034	1.8			7.0			
26								
27	.069	2.0	J	2	6.9			
28	.030	2.0			6.9			
29								
30								
31								
TOT	.932							
AVG	.034	2.0			6.9			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAR Year 90

(1) CNS # ~~40P05930~~ 4028905930

Howard Blunt 4-10-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO28-64543	.026	.050	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.040		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFL.	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRITE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR: C-5834

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-7.302(5) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.024	0.6			7.0			
2	.027	0.5			7.0			
3	.017	0.8			6.9			
4	.025	0.6			7.0			
5	.027	0.6			7.0			
6	.031	0.5			7.1			
7	.025	0.7			7.0			
8	.036	0.5			7.0			
9	.030	0.5			7.0			
10	.038	0.7			6.9			
11	.020	0.8			7.0			
12	.021	0.8			7.0			
13	.039	0.4			7.1			
14	.034	0.5			7.0			
15	.015	1.0			7.0			
16	.040	0.4			7.1			
17	.024	0.6			7.0			
18	.035	0.4			7.0			
19	.039	0.4			7.1			
20	.030	0.5			7.0			
21	.026	0.6			7.0			
22	.020	0.7	2	5	6.9			2
23	.025	0.6			7.0			
24	.023	0.6			7.0			
25	.028	0.6			7.0			
26	.017	1.0			6.9			
27	.020	0.8			6.9			
28	.021	0.8			7.0			
29	.023	0.7			7.0			
30	.013	1.0			7.0			
31	.023	0.7			7.1			
100	.806							
AVG	.026							

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0500

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APR Year 90

(1) CMS # 4028P05930

Howard Blount — 5-9-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO28-64543	.011	.050	3-C

(10) MAX FLOW (MGD): .013

(11) POP SERVED:

(12) FECAL COLIFORM SAMPLE METHOD
( ) Membrane Filter
( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	20

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR ACID ppm
7.0						0.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFF. DISPOSAL: Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR: C-5834 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.303(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	0.8			7.0			
2	.009	0.6			7.1			
3	.011	0.7			7.0			
4								
5	.023	0.7			7.0			
6	.012	0.6			7.0			
7	.014	0.5			7.1			
8	.011	0.7			7.0			
9								
10	.024	0.6			7.0			
11	.010	0.7			7.0			
12	.011	0.7	5	20	7.0			
13	.012	0.7			6.9			
14								
15	.027	0.6			7.0			
16	.013	0.7			7.0			
17	.010	0.8			6.9			
18	.011	0.7			7.0			
19								
20	.027	0.7			7.0			
21	.010	0.7			7.0			
22	.011	0.5			7.1			
23	.009	0.4			7.0			
24								
25	.019	0.2			7.0			
26	.010	0.4			7.0			
27	.016	0.6			7.0			
28	.010	0.6			7.0			
29	.007	0.7			6.9			
30	.011	0.6			7.0			
31								
TOT	.327							
AVG	.011	0.7			7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 90

(1) CNS # 4028P05930

Howard Blount — 6-11-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D028-64543	.005	.050	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) R FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR: C-5834 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Rule 17-1.30(2)(j) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	.7			7.1			
2	.004	.8			7.1			
3	.004	.6			7.0			
4	.005	.5			7.0			
5	.006	.4			7.1			
6	.004	.6			7.0			
7	.005	.6			7.0			
8	.005	.7			7.0			
9	.004	.8			7.0			
10	.006	.6			7.1			
11	.006	.5			7.1			
12	.004	.6			7.0			
13								
14	.009	.7			7.0			
15	.005	.6			7.0			
16	.004	.7			7.0			
17								
18	.010	.6			7.0			
19	.005	.8			7.1			
20								
21	.011	.9			7.0			
22								
23	.012	.7			7.0			
24	.004	.8			7.0			
25	.005	.7			7.0			
26	.005	.6			7.0			
27								
28	.012	.7			7.1			
29	.004	.8			7.0			
30	.005	.7	2	4	7.0			
31	.005	.6			7.0			
101	.156							
AVG	.005	.6			7.0			

0502

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) EMS # 4028P05930

Month June Year 90

Wm C Stout 7-13-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER: DO28-64543 (7) AVG FLOW MGD: .004 (8) DESIGN FLOW MGD: .050 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .007 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: (X) Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD; BOD lb/d; TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT: 2 (16) TSS (mg/l) EFFLUENT: 6

(17) pH: 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID mg: 0.4

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-5834

DER Form 17-1.201(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	0.6			7.0			
2	.004	0.7			7.0			
3	.0006	0.4			7.1			
4	.005	0.5			7.0			
5	.004	0.6			7.0			
6	.004	0.7			7.0			
7	.005	0.8			7.0			
8	.006	0.7			7.0			
9	.007	0.5			7.0			
10								
11	.003	0.6			7.1			
12	.004	0.7			7.0			
13	.004	0.8			7.0			
14	.005	0.6			7.0			
15	.004	0.8			7.0			
16	.003	0.9			7.0			
17								
18	.007	0.8			7.1			
19	.003	0.9			7.0			
20	.004	0.8			7.0			
21	.004	0.8			7.0			
22	.005	0.9			7.0			
23	.004	0.8			7.0			
24								
25	.007	0.9			7.0			
26	.004	0.7			7.0			
27	.005	0.6	2	6	7.1			<1
28	.005	0.7			7.0			
29	.006	0.6			7.0			
30	.007	0.5			7.0			
31								
TOT	.131							
AVG	.004							

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 90

(1) GNS # 4028P05930

Howard Short 8-11-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D028-64543 .008 .050 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.010

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

2 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

/

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-5834

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.016	0.6			7.1			
2	.009	0.6			7.0			
3	.008	0.6			7.0			
4	.009	0.5			7.1			
5	.009	0.6			7.0			
6	.008	0.7			7.0			
7								
8								
9	.016	0.6			7.0			
10	.009	0.7			7.1			
11								
12	.018	0.8			7.0			
13	.008	0.9			7.0			
14	.008	0.7			7.0			
15								
16	.016	0.5			7.1			
17	.009	0.6			7.0			
18	.008	0.7			7.0			
19	.008	0.6			7.1			
20	.009	0.7			7.1			
21								
22	.017	0.8			7.1			
23	.009	0.8			7.1			
24	.008	0.9			7.1			
25	.008	0.8	2	1	7.0			
26	.009	0.6			7.0			
27	.009	0.5			7.0			
28								
29	.017	0.6			7.0			
30	.009	0.7			7.1			
31	.010	0.5			7.0			
TOT	.254							
AVG	.008				7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month AUG Year 90

(1) CMS # 4028P05930

Howard Short 9-10-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO28-64543 .004 .050 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number
.006

(13) INDUSTRIAL CONTRIBUTION (14) R FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
1.3 1.4

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID
7.0 ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S)
Grab

(28) TYPE EFFL DISPOSAL
Evap/perk

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-5834

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	Flow (mgd)	Chlorine Residual (ppm)	BOD Effluent (mg/l)	TSS Effluent (mg/l)	pH Effluent (S.U.)	Total N (mg/l)	Total P (mg/l)	Fecal Coliform (no/100 ml)
1	.005	0.6			7.1			
2	.004	0.7			7.0			
3	.006	0.7			7.1			
4	.006	0.8			7.0			
5								
6	.009	0.6			7.1			
7								
8	.013	0.5			7.0			
9	.005	0.6			7.1			
10	.004	0.7			7.0			
11	.006	0.6			7.1			
12								
13	.011	0.6			7.0			
14	.003	0.7			7.0			
15	.006	0.7			7.0			
16	.004	0.5			7.0			
17	.004	0.7			7.1			
18	.003	0.6			7.1			
19								
20	.008	0.5			7.1			
21	.004	0.6			7.0			
22	.003	0.7	1.3	1.4	7.0			
23	.004	0.7			7.0			
24	.003	0.6			7.1			
25	.004	0.5			7.1			
26								
27	.007	0.6			7.0			
28	.003	0.7			7.0			
29	.003	0.6			7.1			
30	.003	0.5			7.0			
31	.004	0.5			7.0			
TOT	.133							
AVG	.004	0.5			7.0			

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0505

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 90

(1) CNI # 4028P05930

Signature of Lead Operator in Charge — Date: 10-8-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D028-64543	.005	050	3-C

(10) MAX FLOW (MGD): .009 (11) POP SERVED:

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.2	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Evap/Perk

(29) PLANT STAFFING

LEAD OPERATOR: C-7923 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	0.7			7.0			
2								
3	.007	0.8			7.0			
4	.005	0.7			7.1			
5	.003	0.8			7.0			
6	.006	0.7			7.0			
7	.006	0.6			7.0			
8	.008	0.7			7.1			
9								
10	.012	0.3			7.1			
11	.003	0.6			7.1			
12	.003	0.7			7.1			
13	.004	0.8			7.0			
14	.004	0.6			7.0			
15	.006	0.5			7.0			
16								
17	.018	0.6			7.1			
18	.004	0.5			7.0			
19	.007	0.6			7.0			
20	.003	0.8			7.0			
21	.003	0.9			7.0			
22	.009	0.8			7.0			
23								
24	.009	0.7			7.0			
25	.006	0.6			7.1			
26	.004	0.5	2.2	1.0	7.1			<1
27	.006	0.6			7.1			
28	.007	0.7			7.0			
29								
30	.006	0.6			7.1			
31								
TOT	.151							
AVG	.005	0.7			7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 4028P05930

Month OCT Year 90

Otis J. Mills — 11-10-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities

(3) PLANT ADDRESS: 1000 Color Place, Apopka, Fl 32703

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. 407-880-0100

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D028-64543	.005	.050	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.008		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.4	2.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE NITRITE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap/Perk

(29) PLANT STAFFING

LEAD OPERATOR: C-7923 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.305(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	0			7.1			
2	.005	0.7			7.1			
3	.003	0.8			7.0			
4	.006	0.9			7.0			
5	.003	0.8			7.0			
6	.004	0.9			7.0			
7								
8	.000	0.8			7.1			
9	.007	0.9			7.0			
10	.004	0.8			7.0			
11	.004	0.9			7.0			
12	.005	0.8			7.1			
13								
14	.012	0.7			7.0			
15	.006	0.9			7.0			
16	.005	0.6			7.1			
17	.007	0.8			7.1			
18	.007	0.9			7.0			
19	.005	0.8			7.1			
20								
21	.008	0.7			7.0			
22	.007	0.5			7.0			
23	.004	0.6	3.4	2.6	7.1			
24	.007	0.7			7.0			
25	.006	0.6			7.1			
26								
27								
28	.017	0.5			7.1			
29	.007	0.6			7.0			
30	.007	0.5			7.1			
31								
TOT	.172							
AVG	.005	0.5			7.0			

0507

Needing Copy of Sewage Permit

8050

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 4 0 2 8 P 0 5 9 3 0

Month NOV. Year 90

Darrell Bush 12-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS:

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO.

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 0 2 8 - 6 4 5 4 3 .021

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.029

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2.3

(16) TSS (mg/l) EFFLUENT 3.1

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S)

(28) TYPE EFFL DISPOSAL

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B - 2727

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.020	.6			7.0			
3	.020	.6			7.0			
4	.021	.5			7.0			
5	.020	.6			7.0			
6	.017	.7			7.0			
7	.017	.6			7.0			
8	.020	.7			7.1			
9	.020	.7						
10	.020	.8			7.2			
11	.023							
12	.023	.6			7.2			
13	.020	.9			7.2			
14	.021	.6			7.2			
15	.020	.7			7.2			
16	.017	.6			7.1			
17	.020							
18	.020							
19	.020	.7			7.2			
20	.024	.7			7.3			
21	.024	1.5			7.2			
22	.022	1.1			7.2			
23	.022	.8			7.3			
24	.023							
25	.024							
26	.023	.6	2.3	3.1	7.1			
27	.023	.7			7.1			
28	.024	.7			7.1			
29	.023	.8			7.0			
30	.029	.6			7.0			
31								
101	.634							
AVG	.021	.6			7.1			

Page 1 of 2

Needing Copy of Sewage Permit

0509

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec. Year 90

(1) CMS # 4 0 2 8 P 0 5 9 3 0

Donald E. Lang 1-14-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States - Leisure Lakes Covered Bridge

(3) PLANT ADDRESS: _____

(4) CITY: Lake Placid (5) COUNTY: Highlands PHONE NO. _____

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 0 2 8 - 6 4 5 4 3	.014	.	

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.023		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				1.6	3.1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S) _____ (28) TYPE EFFL DISPOSAL _____

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B - 2729
DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2								
3	.026	.8			6.9			
4	.012	.7	1.6	7.1	6.5			10
5	.014	.7			6.9			
6	.013	.6			6.9			
7	.014	.7			6.9			
8								
9								
10	.014	.6			6.9			
11	.014	.7			6.8			
12	.015	.7			6.8			
13	.014	.9			6.9			
14	.013	.7			6.9			
15								
16								
17	.042	.7			6.9			
18	.013	.6			6.9			
19	.014	.7			6.9			
20	.009	.6			6.9			
21	.012	.7			6.9			
22								
23								
24	.042	.7			6.9			
25								
26	.038	.6			6.9			
27	.013	.7			6.9			
28	.013	.7			6.9			
29								
30								
31	.069	.6			7.0			
TOT	.443	.6			6.9			
AVG	.014	.6			6.9			

Page 1 of 2

Marco Shores Utilities - 26002

Collier County (DUI)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1991

(1) DHS # 52-11P00316

Gerald Boyce — 2-5-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11157556	0.044	0.090	Z-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.079	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.4	10.2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): 8 HR. Comp.

(28) TYPE EFFL DISPOSAL: EVAP. PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR: B00Z434 Gerald Boyce SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form [illegible] Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0:1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.036	3.5			6.9			0
2	0.036	3.5	2.0	8.8	6.7			0
3	0.035	3.5			6.8			0
4	0.031	3.5			6.7			0
5	0.033	3.5			7.0			0
6	0.047	3.5			6.8			0
7	0.042	3.5			6.9			0
8	0.039	3.5			6.7			0
9	0.041	3.5			6.9			0
10	0.036	3.5			6.9			0
11	0.031	3.5			7.0			0
12	0.056	3.5			6.8			0
13	0.041	3.5			6.8			0
14	0.048	3.5			6.6			0
15	0.079	3.5			7.0			0
16	0.040	3.5	9.0	12.6	6.9			0
17	0.057	3.5			6.8			0
18	0.038	3.5			7.1			0
19	0.049	3.5			6.8			0
20	0.055	3.5			6.8			0
21	0.041	3.5			6.9			0
22	0.048	3.5			6.9			0
23	0.047	3.5			6.9			0
24	0.046	3.5			6.9			0
25	0.028	3.5			7.0			0
26	0.055	3.5			6.9			0
27	0.042	3.5			6.9			0
28	0.045	3.5			6.8			0
29	0.054	3.5			6.9			0
30	0.048	3.5	7.3	9.2	6.9			0
31	0.049	3.5			7.1			0
101	1.375	100S	19.1	30.6	2.13			200
AVG	.044	3.5	6.4	10.2	6.9			

Page 1 of 2

0510

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEBRUARY Year 1991

(1) DHS # 5211P00316

Gerald Boyce — 3-6-91
Signature of Head Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MEINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC11157556	0.057	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.062	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				12.4	19.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB COMP.

(28) TYPE EFFL DISPOSAL: EVAP. PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR -SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-002434 GERALD BOYCE

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (SU)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.057	3.5			7.0			0
2	0.057	3.5			6.9			0
3	0.054	3.5			7.0			0
4	0.064	3.5			7.0			0
5	0.073	3.5			6.9			0
6	0.039	3.5			6.9			0
7	0.058	3.5			6.9			0
8	0.036	3.5			7.0			0
9	0.020	3.5			6.8			0
10	0.020	3.5			6.8			0
11	0.057	3.5			6.8			0
12	0.063	3.5			7.0			0
13	0.053	3.5	11.2	15.2	6.9			0
14	0.059	3.5			6.9			0
15	0.059	3.5			6.8			0
16	0.060	3.5			6.9			0
17	0.078	3.5			6.9			0
18	0.057	3.5			6.8			0
19	0.063	3.5			7.1			0
20	0.067	3.5			6.9			0
21	0.062	3.5			7.0			0
22	0.053	3.5			7.1			0
23	0.082	3.5			6.8			0
24	0.068	3.5			6.9			0
25	0.061	3.5	13.6	22.8	6.8			0
26	0.058	3.5			7.0			0
27	0.058	3.5			6.8			0
28	0.056	3.5			7.0			0
29								
30								
31								
TOT	1.592	98.0	24.8	36.0	193.6			0
AVG	0.057	3.5	12.4	19.0	6.9			0

0511

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1991

(1) GMS # 5211P00316

Gerald Boyce — 4-4-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11157556	0.051	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.072	600 EST	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.7	14.2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR. COMP.

(28) TYPE EFFL DISPOSAL: EVAP./PERC. POND

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
B-002434 GERALD BOYCE			

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0:1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.038	3.5			6.9			0
2	0.066	3.5			7.0			0
3	0.072	3.5			6.9			0
4	0.060	3.5			6.8			0
5	0.052	3.5			6.8			0
6	0.061	3.5			6.7			0
7	0.056	3.5			6.8			0
8	0.059	3.5			6.8			0
9	0.059	3.5			7.0			0
10	0.057	3.5			6.7			0
11	0.041	3.5	5.0	13.0	6.9			0
12	0.061	3.5			6.8			0
13	0.046	3.5			6.8			0
14	0.050	3.5			6.8			0
15	0.037	3.5			7.0			0
16	0.059	3.5			6.7			0
17	0.049	3.5			6.8			0
18	0.040	3.5			6.8			0
19	0.039	3.5			6.8			0
20	0.044	3.5			6.6			0
21	0.046	3.5			6.8			0
22	0.048	3.5			6.6			0
23	0.043	3.5			6.8			0
24	0.061	3.5			6.6			0
25	0.042	3.5	6.4	15.4	6.8			0
26	0.044	3.5			6.7			0
27	0.044	3.5			6.9			0
28	0.045	3.5			7.0			0
29	0.044	3.5			6.8			0
30	0.053	3.5			6.7			0
31	0.056	3.5			6.8			0
TOT	1.566	108.5	11.4	28.4	210.9			0
AVG	0.051	3.5	5.7	14.2	6.8			0

0512

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1991

(1) GNE # 52LL P00316

Gerald Boyce — 5-6-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DEL1157556	0.030	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.046	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				14.6	14.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR. Comp.

(28) TYPE EFFL DISPOSAL: EVAP./PERC. Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
B-002434 Gerald Boyce			

DER Form 1-[illegible]/91(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.040	3.5			6.9			0
2	0.038	3.5			6.8			0
3	0.037	3.5			6.7			0
4	0.039	3.5			6.8			0
5	0.042	3.5			6.8			0
6	0.035	3.5			6.9			0
(7)	0.033	3.5			6.9			0
8	0.026	3.5	23	18	6.9			0
9	0.018	3.5			6.9			0
10	0.035	3.5			6.8			0
11	0.022	3.5			6.7			0
12	0.017	3.5			7.0			0
13	0.034	3.5			7.0			0
(14)	0.029	3.5			6.9			0
15	0.009	3.5			6.7			0
16	0.025	3.5			6.6			0
17	0.030	3.5			6.8			0
18	0.040	3.5			6.7			0
19	0.025	3.5			7.0			0
20	0.046	3.5			6.7			0
(21)	0.031	3.5			6.6			0
22	0.029	3.5	6.2	11.2	6.8			0
23	0.031	3.5			6.9			0
24	0.031	3.5			6.7			0
25	0.027	3.5			6.8			0
26	0.025	3.5			6.8			0
27	0.032	3.5			6.8			0
(28)	0.034	3.5			6.5			0
29	0.024	3.5			6.5			0
30	0.023	3.5			6.7			0
31								
101	0.907	105	29.2	29.2	27.6			0
AVG	0.030	3.5	14.6	14.6	6.8			0

Page 1 of 2

0513

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1991

(1) GME # 52LLP00316

Harold Boyce — 6-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11557556	0.023	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.030	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.7	9.2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR Comp.

(28) TYPE EFFL DISPOSAL: Evap./Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
B-002434 Gerald Boyce			

DER Form [illegible] Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0:1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.024	3.5			6.7			0
2	0.024	3.5			6.6			0
3	0.016	3.5			6.6			0
4	0.025	3.5			6.6			0
(5)	0.029	3.5			6.6			0
6	0.023	3.5	2.2	12.1	6.7			0
7	0.024	3.5			6.8			0
8	0.022	3.5			6.8			0
9	0.020	3.5			6.8			0
10	0.019	3.5			6.8			0
11	0.016	3.5			6.7			0
(12)	0.012	3.5			6.7			0
13	0.028	3.5			6.7			0
14	0.024	3.5			6.8			0
15	0.023	3.5			6.8			0
16	0.025	3.5			6.8			0
17	0.019	3.5			6.7			0
18	0.024	3.5			6.6			0
(19)	0.024	3.5			6.9			0
20	0.030	3.5	3.2	6.2	6.6			0
21	0.020	3.5			6.8			0
22	0.027	3.5			6.7			0
23	0.022	3.5			6.8			0
24	0.020	3.5			6.7			0
25	0.030	3.5			6.7			0
(26)	0.028	3.5			6.8			0
27	0.028	3.5			6.8			0
28	0.016	3.5			6.7			0
29	0.027	3.5			6.6			0
30	0.023	3.5			6.8			0
31	0.017	3.5			6.7			0
101	0.711	108.5	5.4	18.3	28.4			0
AVG	0.023	3.5	2.7	9.2	6.7			0

0514

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 1991

(1) DHS # 5211FC0316

Signature of Lead Operator in Charge — Date 7-1-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAIN SAN DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC11157556 0.021 0.090 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
( ) Most Probable Number

0.040 600 EST.

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 3.3 (16) TSS (mg/l) EFFLUENT 4.8

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.7 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

E-HTC Comp EVAP/PERC Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B 002434 Gerald Boyce

DER Form 17-1.201(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0:1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.022	3.5			6.6			0
(2)	0.024	3.5			6.6			0
3	0.021	3.5	2.8	5.4	6.7			0
4	0.020	3.5			6.7			0
5	0.017	3.5			6.6			0
6	0.019	3.5			6.7			0
7	0.022	3.5			6.6			0
8	0.019	3.5			6.7			0
(9)	0.024	3.5			6.8			0
10	0.019	3.5			6.9			0
11	0.022	3.5			6.7			0
12	0.019	3.5			6.6			0
13	0.023	3.5			6.6			0
14	0.011	3.5			6.7			0
15	0.017	3.5			6.8			0
(16)	0.018	3.5			6.9			0
17	0.017	3.5	3.8	4.2	6.8			0
18	0.020	3.5			6.6			0
19	0.018	3.5			6.6			0
20	0.026	3.5			6.6			0
21	0.019	3.5			6.5			0
22	0.028	3.5			6.5			0
(23)	0.023	3.5			6.6			0
24	0.023	3.5			6.5			0
25	0.019	3.5			6.6			0
26	0.019	3.5			6.6			0
27	0.020	3.5			6.7			0
28	0.030	3.5			6.6			0
29	0.035	3.5			6.5			0
(30)	0.040	3.5			6.8			0
31								
TOT	0.636	105	6.6	9.6	199.7			0
AVG	0.021	3.5	3.3	4.8	6.7			0

0515

Domestic Wastewater Treatment Plant
Monthly Operating Report
Form Title
Effective Date July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 521PCA316

(3) Plant Name MARCO SHORES UTILITIES

(4) Plant Address MANASAI DRIVE

(5) City MARCO ISLAND

(6) County COLLIER

(7) Phone Number 813 394-5595

(8) Permit Number DC11157556

(9) Plant Type Z-C

(0) Test Site Identification Number

(1) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(2) Type of Effluent Disposal or Reclaimed Water Reuse EVAP. / PERC. POND

(3) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [ ] Not Applicable

(4) Cumulative Days of Wet Weather Discharge

(5) Plant Staffing

Day Shift Operator Class C Cert. No. 0022434

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ Signature _____ Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.021
(17) Permitted capacity	mgd	–	0.090
(18) Three-month average daily flow	mgd	–	0.022
(19) Percent of permitted capacity	%	–	24.4
(20) BOD_5 Effluent	mg/L	080082	4.8
(21) BOD_5 Effluent	lbs/day	–	.84
(22) TSS Effluent	mg/L	900201	6.7
(23) TSS Effluent	lbs/day	–	1.2
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	3.5
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Effective Date JUN 1 1991
CER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month June Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	0.038	3.5		163	137	5.5	7.8	6.4					ND
2	0.032	3.5						6.7					ND
3	0.025	3.5						6.8					ND
4	0.042	3.5						6.6					ND
5	0.023	3.5						6.5					ND
6	0.029	3.5						6.6					ND
7	0.020	3.5						6.6					ND
8	0.023	3.5						6.7					ND
9	0.023	3.5						6.7					ND
10	0.016	3.5						6.6					ND
11	0.021	3.5						6.7					ND
12	0.016	3.5						6.7					ND
13	0.022	3.5						6.7					ND
14	0.022	3.5						6.6					ND
15	0.012	3.5		150	157	5.1	7.0	6.6					ND
16	0.017	3.5						6.7					ND
17	0.015	3.5						6.7					ND
18	0.012	3.5						6.7					ND
19	0.016	3.5						6.8					ND
20	0.022	3.5						6.8					ND
21	0.022	3.5						6.8					ND
22	0.021	3.5						6.7					ND
23	0.018	3.5						6.6					ND
24	0.017	3.5						6.7					ND
25	0.016	3.5						6.7					ND
26	0.016	3.5						6.6					ND
27	0.016	3.5						6.6					ND
28	0.017	3.5						6.7					ND
29	0.017	3.5		173	148	3.8	5.2	6.6					ND
30	0.022	3.5						6.5					ND
31	0.020	3.5						6.6					ND

Operation: I certify that, to the best of my knowledge, all information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed _____ Date _____

Name Please Type: Gerald Boyce

Organization: Manor Shores Utilities Telephone No. Please Type: 813-894-8898

Domestic Wastewater Treatment Plant
Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Autorization No.: (Page 1 of 2)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1991

(2) Plant's DER Identification Number 5211PCC316

(3) Plant Name MARCO SHORES UTILITIES

(4) Plant Address MAINSAIL DR.

(5) City MARCO ISLAND

(6) County COLLIER

(7) Phone Number 813-394-5595

(8) Permit Number DC11157556

(9) Plant Type 2-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse EVAP./PERC. POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class 4 Cert. No. CC24364

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ _____
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.01E
(17) Permitted capacity	mgd	–	0.090
(18) Three-month average daily flow	mgd	–	0.020
(19) Percent of permitted capacity	%	–	22.2
(20) $CBOD_5$ Effluent	mg/L	080082	5.3
(21) $CBOD_5$ Effluent	lbs/day	–	.80
(22) TSS Effluent	mg/L	900201	5.9
(23) TSS Effluent	lbs/day	–	.89
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	3.5
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Effective Date: JUN 1 1991
DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month AUGUST Year 19[illegible]

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	0.018	3.5						6.8					Nd
2	0.014	3.5						6.7					Nd
3	0.016	3.5						6.6					Nd
4	0.016	3.5						6.6					Nd
5	0.017	3.5						6.6					Nd
6	0.012	3.5						6.6					Nd
7	0.020	3.5						6.7					Nd
8	0.020	3.5						6.6					Nd
9	0.012	3.5						6.6					Nd
10	0.021	3.5						6.7					Nd
11	0.015	3.5						6.6					Nd
12	0.013	3.5		150	136	5.4	5.7	6.6					Nd
13	0.014	3.5						6.6					Nd
14	0.018	3.5						6.5					Nd
15	0.018	3.5						6.5					Nd
16	0.013	3.5						6.6					Nd
17	0.016	3.5						6.7					Nd
18	0.012	3.5						6.7					Nd
19	0.020	3.5						6.5					Nd
20	0.012	3.5						6.8					Nd
21	0.021	3.5						6.6					Nd
22	0.025	3.5						6.7					Nd
23	0.021	3.5						6.7					Nd
24	0.021	3.5						6.5					Nd
25	0.018	3.5						6.5					Nd
26	0.024	3.5		150	180	4.6	6.0	6.5					Nd
27	0.010	3.5						6.5					Nd
28	0.021	3.5						6.7					Nd
29	0.019	3.5						6.7					Nd
30	0.035	3.5						6.8					Nd
31	0.030	3.5						6.8					Nd

[illegible] Operation This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true complete and accurate

Signed _____ Date _____

Name and Title (Please Type) Gerald Boyce

Telephone No. (Please Type) 813-394-8595

Agency Name Marco Shores Utilities

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Administration No.: (If not already filled in)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: September Year: 1991

(2) Plant's DER Identification Number: 5211P00316

(3) Plant Name: MARCO SHORES UTILITIES

(4) Plant Address: MARSHALL DR.

(5) City: MARCO ISLAND

(6) County: COLLIER

(7) Phone Number: 813-394-5595

(8) Permit Number: DO11157556

(9) Plant Type: Z-C

(10) Test Site Identification Number:

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse: EVAP./ Rec. Pond

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [ ] Not Applicable

(14) Cumulative Days of Wet Weather Discharge:

(15) Plant Staffing
Day Shift Operator Class: B Oper. No.: CC2434
Evening Shift Operator Class: Oper. No.:
Night Shift Operator Class: Oper. No.:
Lead Operator: [illegible] Signature

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	50050	0.02
(17) Permitted capacity	mgd	—	0090
(18) Three-month average daily flow	mgd	—	0.024
(19) Percent of permitted capacity	%	—	22.2
(20) $CBOD_5$ Effluent	mg/L	80082	2.0
(21) $CBOD_5$ Effluent	lbs/day	—	0.3
(22) TSS Effluent	mg/L	80070	1.8
(23) TSS Effluent	lbs/day	—	0.32
(24) Minimum pH		—	6.5
(25) Maximum pH		—	7.0
(26) Total N	mg/L	00600	
(27) TKN	mg/L	00625	
(28) Ammonia (NH_3 - N)	mg/L	00610	
(29) Nitrate	mg/L	07660	
(30) Total Phosphorus	mg/L	00665	
(31) Minimum Chlorine Residual	mg/L	—	3.5
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			

Effective Date: JULY 1, 1991

CER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month SEPTEMBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.023	3.5						6.8					ND
2	.033	3.5						6.7					ND
3	.019	3.5						6.6					ND
4	.026	3.5						6.6					ND
5	.018	3.5						6.6					ND
6	.020	3.5						6.6					ND
7	.036	3.5						6.7					ND
8	.022	3.5						6.6					ND
9	.019	3.5		146	156	2.0	1.4	6.6					ND
10	.032	3.5						6.7					ND
11	.044	3.5						6.6					ND
12	.023	3.5						6.6					ND
13	.021	3.5						6.6					ND
14	.019	3.5						6.5					ND
15	.022	3.5						6.6					ND
16	.017	3.5						6.7					ND
17	.016	3.5						6.7					ND
18	.010	3.5						6.8					ND
19	.022	3.5						6.8					ND
20	.017	3.5						6.6					ND
21	.016	3.5						6.7					ND
22	.025	3.5						6.7					ND
23	.019	3.5		146	180	2.0	2.2	6.5					ND
24	.017	3.5						6.5					ND
25	.022	3.5						6.5					ND
26	.017	3.5						6.5					ND
27	.014	3.5						6.7					ND
28	.017	3.5						6.7					ND
29	.020	3.5						6.8					ND
30	.012	3.5						6.8					ND

Under Penalties of Perjury I declare that I have examined the information contained in this report and that to the best of my knowledge and belief it is true, accurate and complete.

Signature: _____ Date: 10-7-91

Name (Please Type): Gerald Boyce

Utility: Marco Shores Utilities Telephone (Please Type): 813-394-5595

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Authorization No.: [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

) Month OCTOBER Year 1991

) Plant's DER Identification Number 5211P0C316

) Plant Name MARCO SHORES UTILITIES

) Plant Address MAINSAIL DR.

) City MARCO ISLAND

) County COLLIER

) Phone Number 1-813-394-5595

) Permit Number DO11-157556

) Plant Type 2-C

Test Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

EVAP / PERC PONDS

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Operator No. 0021324

Evening Shift Operator Class _____ Operator No. _____

Night Shift Operator Class _____ Operator No. _____

Lead Operator Michael Greene C-0021324
(Name) (Operator No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	50050	0.019
(17) Permitted capacity	mgd	–	0.090
(18) Three-month average daily flow	mgd	–	0.019
(19) Percent of permitted capacity	%	–	21.1
(20) $CBOD_5$ Effluent	mg/L	80082	1.9
(21) $CBOD_5$ Effluent	lbs/day	–	0.3
(22) TSS Effluent	mg/L	80081	5.7
(23) TSS Effluent	lbs/day	–	0.9
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.8
(26) Total N	mg/L	00600	
(27) TKN	mg/L	00625	
(28) Ammonia (NH_3 - N)	mg/L	00610	
(29) Nitrate	mg/L	07660	
(30) Total Phosphorus	mg/L	00665	
(31) Minimum Chlorine Residual	mg/L	–	3.5
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month OCTOBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	0.016	3.5						6.7					ND
2	0.015	3.5						6.5					ND
3	0.021	3.5						6.6					ND
4	0.013	3.5						6.8					ND
5	0.018	3.5						6.7					ND
6	0.026	3.5						6.7					ND
7	0.017	3.5		131	121	1.2	7.2	6.6					ND
8	0.016	3.5						6.8					ND
9	0.016	3.5						6.7					ND
10	0.023	3.5						6.7					ND
11	0.016	3.5						6.6					ND
12	0.020	3.5						6.8					ND
13	0.021	3.5						6.8					ND
14	0.017	3.5						6.6					ND
15	0.026	3.5						6.7					ND
16	0.017	3.5						6.5					ND
17	0.017	3.5						6.7					ND
18	0.016	3.5						6.8					ND
19	0.022	3.5						6.7					ND
20	0.023	3.5						6.6					ND
21	0.019	3.5		146	135	2.6	4.2	6.7					ND
22	0.024	3.5						6.6					ND
23	0.020	3.5						6.7					ND
24	0.019	3.5						6.6					ND
25	0.018	3.5						6.7					ND
26	0.019	3.5						6.8					ND
27	0.024	3.5						6.8					ND
28	0.025	3.5						6.6					ND
29	0.020	3.5						6.7					ND
30	0.023	3.5						6.7					ND
31	0.015	3.5						6.5					ND

Operator Name (print or type): _____ Grade of Operator: _____

Signature: _____ Date: 11-07-91

Signature: _____

Signature: _____

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Agreement No. _____ (Facility ID)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month NOVEMBER Year 1991
2) Plant's DER Identification Number 5211P00316
3) Plant Name MARCO SHORES UTILITIES
4) Plant Address MAIN SAIL DR.
5) City MARCO ISLAND
6) County COLLIER
7) Phone Number 1-813-394-5595
8) Permit Number DO 11-157556
9) Plant Type 2-C
10) Test Site Identification Number _____

Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

11) Type of Effluent Disposal or Reclaimed Water Reuse EVAP. / PERC. PONDS

Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge _____

Plant Staffing
Day Shift Operator Class B Cert. No. 002434
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator: Harold Bruce (Signature) B-002434 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.024
(17) Permitted capacity	mgd	–	0.090
(18) Three-month average daily flow	mgd	–	0.021
(19) Percent of permitted capacity	%	–	23
(20) $CBOD_5$ Effluent	mg/L	080082	3.0
(21) $CBOD_5$ Effluent	lbs/day	–	0.6
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	–	0.6
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071E50	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	3.5
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month November Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
	0.026	3.5						6.6					ND
2	0.016	3.5						6.7					ND
3	0.023	3.5						6.7					ND
4	0.028	3.5		171	156	3.5	4.0	6.7					ND
5	0.030	3.5						6.8					ND
6	0.025	3.5						6.7					ND
7	0.020	3.5						6.7					ND
8	0.036	3.5						6.6					ND
9	0.028	3.5						6.7					ND
10	0.028	3.5						6.7					ND
11	0.028	3.5						6.6					ND
12	0.026	3.5						6.7					ND
13	0.024	3.5						6.7					ND
14	0.024	3.5						6.6					ND
15	0.028	3.5						6.7					ND
16	0.032	3.5						6.5					ND
17	0.029	3.5						6.7					ND
18	0.028	3.5		197	171	2.5	2.0	6.6					ND
19	0.023	3.5						6.8					ND
20	0.024	3.5						6.7					ND
21	0.022	3.5						6.6					ND
22	0.018	3.5						6.7					ND
23	0.028	3.5						6.7					ND
24	0.024	3.5						6.7					ND
25	0.020	3.5						6.8					ND
26	0.020	3.5						6.7					ND
27	0.019	3.5						6.7					ND
28	0.023	3.5						6.8					ND
29	0.022	3.5						6.7					ND
30	0.019	3.5						6.7					ND

Operator: I certify that, to the best of my knowledge, the information contained in this report is true, complete and accurate.

Signature: Gerald Boyce Date: 12-9-91

Printed Name: Gerald Boyce

Facility Name: Marco Shores Utilities Telephone No. Area Code: 813-394-5595

Form Title: Monthly Operation Report
Effective Date: July 1, 1991
DER Administration File: (Field Office)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month DECEMBER Year 1991
2) Plant's DER Identification Number: 5211P00316
3) Plant Name MARCO SHORES UTILITIES
4) Plant Address MAINSAIL DR.
5) City MARCO ESLAND
6) County COLLIER
7) Phone Number 1-813-394-5595
8) Permit Number DO 11-157556
9) Plant Type 2-C
10) Test Site Identification Number
11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse EVAP. / PERC. PONDS

Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing
Day Shift Operator Class B Cert. No. 002434
Evening Shift Operator Class Cert. No.
Night Shift Operator Class Cert. No.
Lead Operator Signature B-002434 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.025
(17) Permitted capacity	mgd	–	0.090
(18) Three-month average daily flow	mgd	–	0.023
(19) Percent of permitted capacity	%	–	26
(20) $CBOD_5$ Effluent	mg/L	080082	4.4
(21) $CBOD_5$ Effluent	lbs/day	–	0.9
(22) TSS Effluent	mg/L	900201	6.9
(23) TSS Effluent	lbs/day	–	1.4
(24) Minimum pH		–	6.6
(25) Maximum pH		–	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	3.5
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Form Title: monthly operating report
Effective Date: July 1, 1991
DER Application No. _____ (if req'd by DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	0.031	3.5						6.8					ND									
2	0.020	3.5		171	198	1.2	4.8	7.0					ND									
3	0.022	3.5						6.8					ND									
4	0.021	3.5						6.7					ND									
5	0.021	3.5						6.7					ND									
6	0.018	3.5						6.8					ND									
7	0.017	3.5						6.7					ND									
8	0.023	3.5						6.7					ND									
9	0.021	3.5						6.8					ND									
10	0.018	3.5						6.7					ND									
11	0.018	3.5						6.8					ND									
12	0.018	3.5						6.7					ND									
13	0.018	3.5						6.7					ND									
14	0.020	3.5						6.7					ND									
15	0.021	3.5						6.8					ND									
16	0.021	3.5		176	211	4.2	6.2	6.8					ND									
17	0.026	3.5						6.7					ND									
18	0.026	3.5						6.8					ND									
19	0.027	3.5						6.7					ND									
20	0.013	3.5						6.7					ND									
21	0.033	3.5						6.8					ND									
22	0.027	3.5						6.8					ND									
23	0.027	3.5						6.9					ND									
24	0.022	3.5						6.7					ND									
25	0.039	3.5						6.6					ND									
26	0.031	3.5						6.8					ND									
27	0.026	3.5						6.6					ND									
28	0.044	3.5						6.8					ND									
29	0.039	3.5						6.8					ND									
30	0.040	3.5		216	244	7.7	9.7	6.8					ND									
31	0.027	3.5						6.7					ND									

ad Operation This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

ned: Gerald Boyce Date: 1-9-92

me (Please Type): Gerald Boyce

mpany Name: Marco Island Utilities Telephone No. (Please Type): (813) 394-3880

Page 3 of 3

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 52112G03L6

Gerald Lyon — 2-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DRIVE

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-3353

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOLL-L57556	0.034	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.052	600 EST.	⋈ Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.4	9.1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR. COMPOSITE

(28) TYPE EFFL DISPOSAL: EVAP. PERC PONDS

(29) PLANT STAFFING

LEAD OPERATOR: B-00243U SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.209(7) Effective November 30, 1982

Month JANUARY Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.034	3.5			6.8			0
2	0.025	3.5			6.9			0
3	0.026	3.5	4.0	8.1	6.8			0
4	0.030	3.5			6.7			0
5	0.036	3.5			6.5			0
6	0.024	3.5			6.7			0
(7)	0.042	3.5			6.6			0
8	0.036	3.5			6.7			0
9	0.033	3.5			6.7			0
10	0.032	3.5			6.8			0
11	0.028	3.5			6.8			0
12	0.025	3.5			6.7			0
13	0.035	3.5			7.0			0
(14)	0.042	3.5			6.8			0
15	0.030	3.5			6.8			0
16	0.034	3.5			6.7			0
17	0.031	3.5			7.0			0
18	0.036	3.5	4.8	10.1	7.0			0
19	0.025	3.5			7.1			0
20	0.036	3.5			7.2			0
(21)	0.038	3.5			7.2			0
22	0.035	3.5			7.1			0
23	0.029	3.5			6.7			0
24	0.031	3.5			7.0			0
25	0.031	3.5			7.0			0
26	0.032	3.5			7.0			0
27	0.042	3.5			7.1			0
(28)	0.052	3.5			7.1			0
29	0.042	3.5			7.0			0
30	0.042	3.5			7.0			0
31	0.041	3.5			7.1			0
TOT	1.057	108.5	8.8	18.2	214.4			0
AVG	0.034	3.5	4.4	9.1	6.9			0

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEBRUARY Year 1990

(1) GMS # 52 11 00316

Gerald Ryan — 3-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO Shores Utilities

(3) PLANT ADDRESS: Mainsail Drive

(4) CITY: MARCO ISLAND (5) COUNTY: Collier PHONE NO. 394-3353

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO11-157556 0.048 0.090 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.062 600 EST.

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 8.9 (16) TSS (mg/l) EFFLUENT 10.3

(17) pH 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) E. HG. Comp

(28) TYPE EFFL DISPOSAL Extr. Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

FB-002434

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.040	3.5	6.2	7.2	6.5			0
2	0.052	3.5			6.9			
3	0.052	3.5			7.0			
4	0.054	3.5			7.0			0
5	0.031	3.5			7.0			
6	0.046	3.5			7.0			0
7	0.054	3.5			6.8			
8	0.046	3.5			6.9			0
9	0.039	3.5			6.8			
10	0.031	3.5			7.2			0
11	0.055	3.5			6.6			
12	0.048	3.5			6.8			0
13	0.047	3.5			6.8			
14	0.045	3.5			7.0			0
15	0.040	3.5	11.5	13.4	7.0			
16	0.041	3.5			7.0			0
17	0.051	3.5			7.1			
18	0.062	3.5			7.0			0
19	0.047	3.5			6.9			
20	0.056	3.5			7.0			0
21	0.051	3.5			7.0			
22	0.052	3.5			7.1			0
23	0.041	3.5			7.0			
24	0.060	3.5			7.2			0
25	0.060	3.5			7.0			
26	0.045	3.5			7.2			0
27	0.053	3.5			7.2			
28	0.051	3.5			7.2			0
29								
30								
31								
TOT	1.352	98	17.7	20.6	195.2			0
AVG	0.046	3.5	8.9	10.3	7.0			0

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1990

(1) DHS # 52-11P00316

Gerald L Bayer — 4-4-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO Shores Utilities

(3) PLANT ADDRESS: MAINSAIL Drive

(4) CITY: MARCO ISLAND (5) COUNTY: Collier PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC 11-157556	0.045	0.090	E.C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.069	600 Est	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				8.3	9.4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR. COMP.

(28) TYPE EFFL DISPOSAL: EVAP. PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-002434

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.069	3.5	12.	11.7	7.0			0
2	0.031	3.5			6.8			0
3	0.052	3.5			7.1			0
(4)	0.045	3.5			7.1			0
5	0.044	3.5			7.0			0
6	0.033	3.5			7.1			0
7	0.056	3.5			6.9			0
8	0.043	3.5			6.9			0
9	0.041	3.5			6.8			0
10	0.048	3.5			7.0			0
(11)	0.046	3.5			7.0			0
12	0.046	3.5			7.0			0
13	0.047	3.5			6.9			0
14	0.048	3.5			6.9			0
15	0.047	3.5	5.1	9.2	6.8			0
16	0.046	3.5			7.0			0
17	0.040	3.5			7.0			0
(18)	0.043	3.5			7.0			0
19	0.049	3.5			6.9			0
20	0.042	3.5			6.9			0
21	0.039	3.5			6.9			0
22	0.043	3.5			6.9			0
23	0.039	3.5			6.9			0
24	0.044	3.5			7.0			0
(25)	0.048	3.5			6.8			0
26	0.041	3.5			6.9			0
27	0.040	3.5			6.9			0
28	0.059	3.5			6.8			0
29	0.048	3.5	7.8	8.0	6.9			0
30	0.035	3.5			6.9			0
31	0.037	3.5			7.0			0
TOT	1.389	108.5	24.9	28.3	215.0			0
AVG	0.045	3.5	8.3	9.4	6.9			

(DHS 1941, 2/87) effective November 30, 1982

0530

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 52-11P00316

Gerald Lorgan — 5-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES Utilities

(3) PLANT ADDRESS: MAINSAIL Drive

(4) CITY: MARCO ISLAND (5) COUNTY: Collier PHONE NO. 3945595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOJ1-157556	0.033	0.090	Z-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.055	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d: ____ ____ ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 3.8

(16) TSS (mg/l) EFFLUENT: 4.7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: ____ ____ /

(25) DO (mg/l) UPSTREAM DNSTREAM: ____ ____

(26) EFFLUENT PARAMETER VALUE (UNITS): ____ ____ ____

(27) TYPE SAMPLE(S): 8 HR Comp

(28) TYPE EFFL DISPOSAL: EVAP. PERC. Ponds

(29) PLANT STAFFING

LEAD OPERATOR: B-00243 — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

DEP Form 17-1.205(7) Effective November 30, 1982

(30) Month APRIL Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.033	3.5			7.0			0
2	0.037	3.5			6.9			0
3	0.036	3.5			6.9			0
4	0.031	3.5			7.0			0
5	0.033	3.5			6.9			0
6	0.024	3.5			6.9			0
7	0.037	3.5			6.9			0
8	0.041	3.5			7.0			0
9	0.035	3.5			6.8			0
10	0.040	3.5			6.8			0
11	0.033	3.5			6.8			0
12	0.026	3.5	3.8	5.2	6.9			0
13	0.026	3.5			6.8			0
14	0.042	3.5			6.8			0
15	0.042	3.5			7.0			0
16	0.031	3.5			6.6			0
17	0.031	3.5			6.8			0
18	0.033	3.5			6.9			0
19	0.029	3.5			6.9			0
20	0.019	3.5			6.9			0
21	0.033	3.5			6.9			0
22	0.026	3.5			7.0			0
23	0.044	3.5			6.5			0
24	0.027	3.5			6.8			0
25	0.029	3.5			7.0			0
26	0.027	3.5	3.8	4.2	7.0			0
27	0.023	3.5			6.9			0
28	0.032	3.5			7.0			0
29	0.036	3.5			6.8			0
30	0.30	3.5			6.6			0
31					6.8			
TOT	0.987	105	7.6	9.4	205.8			0
AVG	0.033	3.5	3.8	4.7	6.9			0

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1990

(1) DMS # 52-LL00316

Gerald Boyce — Signature of Lead Operator In Charge — 6-5-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES Utilities

(3) PLANT ADDRESS: MAINSAIL DRIVE

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11-157556	0.028	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.051	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.3	5.1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 Hour Comp.

(28) TYPE EFFL DISPOSAL: EVAP. PERC. Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-002434

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.020	3.5			7.0			0
2	0.028	3.5			6.9			0
3	0.026	3.5			6.9			0
4	0.020	3.5			7.1			0
5	0.013	3.5			6.9			0
6	0.034	3.5			6.4			0
7	0.034	3.5			6.4			0
8	0.021	3.5			6.6			0
9	0.022	3.5	1.9	5.4	6.7			0
10	0.026	3.5			6.9			0
11	0.022	3.5			6.8			0
12	0.030	3.5			6.8			0
13	0.035	3.5			6.7			0
14	0.030	3.5			7.1			0
15	0.031	2.0			7.1			0
16	0.028	3.5			7.1			0
17	0.030	3.5			6.8			0
18	0.016	3.5			6.7			0
19	0.022	3.5			6.8			0
20	0.023	3.5			6.8			0
21	0.033	3.5			6.4			0
22	0.024	3.5			6.5			0
23	0.026	3.5	2.7	4.8	6.7			0
24	0.032	3.5			6.6			0
25	0.027	3.5			6.9			0
26	0.045	3.5			6.8			0
27	0.049	3.5			6.7			0
28	0.051	3.5			7.0			0
29	0.032	3.5			6.6			0
30	0.021	3.5			6.8			0
31	0.025	3.5			6.5			0
101	0.870	107	4.6	10.2	209.6			0
AVG	0.028	3.5	2.3	5.1	6.8			0

0532

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 52-11P00316

Harold Lorick — 7-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO Shores Utilities

(3) PLANT ADDRESS: MANASAIL DRIVE

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11-157556	0.026	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.038	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.9	2.2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 Hour Comp.

(28) TYPE EFFL DISPOSAL: EVAP. PERC. Ponds

(29) PLANT STAFFING

LEAD OPERATOR: B. Hoskins SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-1.205(7) effective November 30, 1982

(30) Month JUNE Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.028	3.5			6.7			0
2	0.028	3.5			6.9			0
3	0.032	3.5			6.7			0
4	0.028	3.5			6.8			0
5	0.027	3.5			6.7			0
6	0.028	3.5	1.4	2.5	6.6			0
7	0.028	3.5			6.5			0
8	0.029	3.5			7.1			0
9	0.033	3.5			7.0			0
10	0.038	3.5			7.2			0
11	0.036	3.5			6.8			0
12	0.026	3.5			6.9			0
13	0.025	3.5			6.8			0
14	0.023	3.5			6.6			0
15	0.018	3.5			6.7			0
16	0.027	3.5			6.8			0
17	0.035	3.5			6.7			0
18	0.021	3.5			6.7			0
19	0.023	3.5			7.2			0
20	0.019	3.5	0.4	1.9	7.1			0
21	0.026	3.5			6.7			0
22	0.014	3.5			6.5			0
23	0.027	3.5			6.7			0
24	0.025	3.5			6.8			0
25	0.021	3.5			6.6			0
26	0.018	3.5			6.8			0
27	0.028	3.5			6.6			0
28	0.022	3.5			6.8			0
29	0.017	3.5			6.8			0
30	0.035	3.5			6.5			0
31								
TOT	0.785	105.0	1.8	4.4	203.3			0
AVG	0.026	3.5	0.9	2.2	6.8			0

0533

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) GMS # 52-11P00316

Gerald Boyce — 8-3-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO Shores Utilities

(3) PLANT ADDRESS: MANASAI DRIVE

(4) CITY: MARCO ESIAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11-157556	0.025	0.090	2-C

(10) MAX FLOW (MGD): 0.045 (11) POP SERVED: 600 EST. (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				1.3	2.3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): 8 HR Comp.

(28) TYPE EFFL DISPOSAL: EVAP PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR: B-002434 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.026	3.5			6.7			0
2	0.019	3.5			6.8			0
3	0.028	3.5			6.8			0
4	0.030	3.5	0.8	2.0	6.6			0
5	0.022	3.5			7.0			0
6	0.024	3.5			6.9			0
7	0.024	3.5			6.8			0
8	0.032	3.5			6.8			0
9	0.018	3.5			6.8			0
10	0.045	3.5			6.8			0
11	0.025	3.5			6.8			0
12	0.021	3.5			6.7			0
13	0.033	3.5			6.8			0
14	0.024	3.5			6.7			0
15	0.031	3.5			6.5			0
16	0.021	3.5			6.9			0
17	0.025	3.5			6.8			0
18	0.024	3.5	1.7	2.6	6.8			0
19	0.026	3.5			6.7			0
20	0.018	3.5			6.8			0
21	0.031	3.5			6.8			0
22	0.025	3.5			6.9			0
23	0.020	3.5			6.6			0
24	0.037	3.5			6.3			0
25	0.019	3.5			6.7			0
26	0.020	3.5			6.6			0
27	0.021	3.5			6.9			0
28	0.025	3.5			6.7			0
29	0.021	3.5			6.8			0
30	0.025	3.5			6.9			0
31	0.023	3.5			6.8			0
101	0.778	MPS	2.5	4.6	20S3			0
AVG	0.025	3.5	1.3	2.3	6.8			0

Page 1 of 2

0534

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 52-11P00316

Gerald Lajoie — 9-6-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MARSAIL DRIVE

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
001L-157556	0.026	0.090	Z-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.045	6000 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.0	3.3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR Comp

(28) TYPE EFFL DISPOSAL: EVAP. PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B002434

DER Form 17-1.205(7) effective November 30, 1982

Month AUGUST Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.021	3.5	0.8	3.6	6.8			0
2	0.023	3.5			6.8			0
3	0.018	3.5			6.6			0
4	0.027	3.5			6.8			0
(5)	0.028	3.5			6.6			0
6	0.024	3.5			6.5			0
7	0.025	3.5			6.6			0
8	0.022	3.5			6.6			0
9	0.027	3.5			6.8			0
10	0.018	3.5			6.9			0
11	0.028	3.5			6.7			0
(12)	0.026	3.5			7.5			0
13	0.045	3.5			6.9			0
14	0.032	3.5			7.0			0
15	0.025	3.5	1.5	1.5	7.0			0
16	0.027	3.5			6.6			0
17	0.025	3.5			6.7			0
18	0.043	3.5			6.8			0
(19)	0.036	2.5			7.1			0
20	0.043	3.5			6.9			0
21	0.034	3.5			6.9			0
22	0.034	3.5			7.0			0
23	0.027	3.5			7.1			0
24	0.020	3.5			6.9			0
25	0.028	3.5			6.7			0
(26)	0.031	2.5			6.7			0
27	0.025	3.5			6.7			0
28	0.025	3.5			6.6			0
29	0.025	3.5	0.7	4.9	6.7			0
30	0.026	3.5			6.8			0
31	0.030	3.5			6.7			0
101	0.018	4.5	3.0	10.0	7.1			0
AVG	0.026	3.5	1.0	3.3	6.8			0

0535

0536

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 52-11P00316

Gerald Rowe — 10-3-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marco Shores Utilities

(3) PLANT ADDRESS: Mainsail Drive

(4) CITY: Marco Island (5) COUNTY: Collier PHONE NO. 394-5595

(6) PERMIT NUMBER: DO11-157556 (7) AVG FLOW MGD: 0.028 (8) DESIGN FLOW MGD: 0.090 (9) TYPE: 2-C

(10) MAX FLOW (MGD): 0.068 (11) POP SERVED: 600 EST. (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: ___ BOD lb/d: ___ TSS lb/d: ___

(14) % FLOW INFIL: ___

(15) BOD (mg/l) EFFLUENT: 1.9

(16) TSS (mg/l) EFFLUENT: 3.0

(17) pH: 6.7

(18) TOTAL N mg/l: ___

(19) AMMONIA mg/l: ___

(20) NITRITE + NITRATE mg/l: ___

(21) TOTAL P mg/l: ___

(22) ORTHO P mg/l: ___

(23) CHLOR RESID ppm: 3.5

(24) BOD (mg/l) UPSTREAM: ___ DNSTREAM: ___ TIME/DATE OF SAMPLE: ___/___/___

(25) DO (mg/l) UPSTREAM: ___ DNSTREAM: ___

(26) EFFLUENT PARAMETER: ___ VALUE: ___ (UNITS): ___

(27) TYPE SAMPLE(S): 8 hr. Comp.

(28) TYPE EFFL DISPOSAL: Evap. Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR: B222434 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CER-1 (Rev. 17-1.201(7)) Effective November 30, 1987

Month September Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.068	3.5			7.0			0
2	0.023	3.5			6.9			0
3	0.034	3.5			6.9			0
4	0.027	3.5			6.6			0
5	0.031	3.5			6.4			0
6	0.019	3.5			6.7			0
7	0.030	3.5			6.8			0
8	0.029	3.5			6.7			0
9	0.028	3.5			6.8			0
10	0.026	3.5			6.9			0
11	0.031	3.5			6.7			0
12	0.019	3.5	2.5	3.1	6.6			0
13	0.032	3.5			6.5			0
14	0.023	3.5			6.7			0
15	0.025	3.5			6.6			0
16	0.028	3.5			6.5			0
17	0.026	3.5			6.6			0
18	0.034	3.5			6.8			0
19	0.025	3.5			6.9			0
20	0.027	3.5			6.8			0
21	0.018	3.5			6.9			0
22	0.031	3.5			6.6			0
23	0.033	3.5			6.3			0
24	0.027	3.5			6.9			0
25	0.025	3.5			6.8			0
26	0.034	3.5	1.2	2.9	6.5			0
27	0.027	3.5			6.7			0
28	0.023	3.5			6.7			0
29	0.022	3.5			6.9			0
30	0.030				6.4			0
31								
TOT	0.835	105.0	3.7	6.0	201.0			0
AVG	0.028	3.5	1.9	3.0	6.7			0

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month OCTOBER Year 1990

(1) GMS # 52-11P00316

Gerald Layne — 11-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO11157556 0.030 0.090 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

0.044 600 EST. [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.1	3.7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): EFF. COMP.

(28) TYPE EFFL DISPOSAL: EVAP/PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-002434

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.022	3.5			6.5			0
2	0.020	3.5			6.6			0
3	0.032	3.5			6.6			0
4	0.033	3.5			6.7			0
5	0.032	3.5			6.6			0
6	0.026	3.5			6.7			0
(7)	0.033	3.5			6.8			0
8	0.027	3.5			6.5			0
9	0.031	3.5			6.5			0
10	0.029	3.5	1.0	2.2	6.6			0
11	0.024	3.5			6.6			0
12	0.032	3.5			6.9			0
13	0.026	3.5			6.8			0
(14)	0.036	3.5			7.0			0
15	0.024	3.5			6.8			0
16	0.033	3.5			6.8			0
17	0.044	3.5			6.6			0
18	0.032	3.5			6.6			0
19	0.018	3.5			6.7			0
20	0.038	3.5			6.8			0
(21)	0.039	3.5			6.5			0
22	0.032	3.5			6.6			0
23	0.037	3.5			6.5			0
24	0.036	3.5	1.1	5.2	6.6			0
25	0.025	3.5			6.9			0
26	0.020	3.5			6.7			0
27	0.025	3.5			6.6			0
(28)	0.027	3.5			6.9			0
29	0.036	3.5			6.8			0
30	0.024	3.5			6.9			0
31	0.025	3.5			6.7			0
TOT	0.918	108.5	2.1	7.4	207.4			0
AVG	0.030	3.5	1.1	3.7	6.7			0

0537

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOVEMBER Year 1992

(1) GMS # 521IF00316

Signature of Head Operator in Charge — Date: 12-5-92

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES UTILITIES

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: COLLIER PHONE NO. 394-5595

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO11157556 0.027 0.090 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

0.039 600 EST. [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind F)ow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 0.9 (16) TSS (mg/l) EFFLUENT 6.1

(17) pH (18) TOTAL N mg/l 6.9 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB. COMP.

(28) TYPE EFFL DISPOSAL EVAP / PERC. PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0:1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.024	3.5			6.7			0
2	0.021	3.5			6.7			0
3	0.026	3.5			6.8			0
4	0.023	3.5			6.6			0
5	0.022	3.5			6.8			0
6	0.024	3.5			6.8			0
7	0.030	3.5	0.6a	6.8	7.0			0
8	0.027	3.5			6.8			0
9	0.020	3.5			6.8			0
10	0.027	3.5			6.6			0
11	0.025	3.5			6.7			0
12	0.027	3.5			7.0			0
13	0.030	3.5			6.9			0
14	0.024	3.5			7.0			0
15	0.034	3.5			7.3			0
16	0.028	3.5			6.8			0
17	0.024	3.5			7.1			0
18	0.036	3.5			7.0			0
19	0.033	3.5			7.2			0
20	0.028	3.5			6.8			0
21	0.017	3.5	1.2	5.4	6.9			0
22	0.032	3.5			6.7			0
23	0.023	3.5			7.0			0
24	0.031	3.5			6.7			0
25	0.035	3.5			6.6			0
26	0.032	3.5			6.4			0
27	0.031	3.5			7.0			0
28	0.025	3.5			7.0			0
29	0.026	3.5			7.1			0
30	0.021	3.5			6.9			0
31								
TOT	0.816	105.0	1.8	12.2	206.2			0
AVG	0.027	3.5	0.4	6.1	6.9			0

0538

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month DECEMBER Year 1990

(1) DHS # 52-11P00316

Richard Kayser — 1-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MARCO SHORES Utilities

(3) PLANT ADDRESS: MAINSAIL DR.

(4) CITY: MARCO ISLAND (5) COUNTY: Collier PHONE NO. 394-5595

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO11557556	0.031	0.090	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.056	600 EST.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/1) EFFLUENT	(16) TSS (mg/1) EFFLUENT
				3.3	2.8

(17) pH	(18) TOTAL N mg/1	(19) AMMONIA mg/1	(20) NITRITE + NITRATE mg/1	(21) TOTAL P mg/1	(22) ORTHO P mg/1	(23) CHLOR RESID ppm
6.9						3.5

(24) DOD (mg/1) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/1) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HR. Comp.

(28) TYPE EFFL DISPOSAL: EVAP./Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR: B-002434 Gerald Dowe

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-[illegible] Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (S.U.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	0.025	3.5			6.9			0
(2)	0.033	3.5			6.9			0
3	0.023	3.5			6.8			0
4	0.026	3.5			6.7			0
5	0.028	3.5	2.9	2.6	6.7			0
6	0.026	3.5			6.6			0
7	0.023	3.5			6.9			0
8	0.036	3.5			6.8			0
(9)	0.041	3.5			7.2			0
10	0.025	3.5			6.7			0
11	0.023	3.5			7.0			0
12	0.022	3.5			7.0			0
13	0.028	3.5			6.9			0
14	0.022	3.5			6.7			0
15	0.024	3.5			7.1			0
(16)	0.035	3.5			7.1			0
17	0.032	3.5			7.1			0
18	0.026	3.5			7.1			0
19	0.027	3.5	3.7	3.1	6.8			0
20	0.026	3.5			6.8			0
21	0.019	3.5			7.0			0
22	0.032	3.5			6.8			0
(23)	0.040	3.5			7.2			0
24	0.044	3.5			7.2			0
25	0.046	3.5			7.0			0
26	0.035	3.5			7.1			0
27	0.039	3.5			7.0			0
28	0.038	3.5			7.0			0
29	0.038	3.5			6.9			0
(30)	0.056	3.5			6.6			0
31	0.036	3.5			6.8			0
TOT	0.968	NOS	6.6	5.6	214.4			0
AVG	0.031	3.5	3.3	2.8	6.9			0

0539

Marion Oaks Utilities - 11001

Marion County (UFU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month January Year 91

(1) GHS # 4 2 P 0 0 0 1 7 - -

David Conner — 2-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.123	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.146	4448 (127/M 3.5)	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.1	F.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE +~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			3.12+0.15=3.27			1.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: B-4551 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.145							
2	.109	2.6			6.7			
3	.084	2.0			6.8			
4	.088	2.4	4.1	1.0	6.8			
5	.123							
6	.114							
7	.133	2.0			6.6			
8	.102	2.5			6.7			
9	.114	2.5			6.7			
10	.112	1.3			5.2			
11	.093	2.0			6.6			
12	.120							
13	.110							
14	.106	2.0			6.7			
15	.118	2.0			6.7			
16	.136	2.0	4.4	12.0	6.6			
17	.123	2.4			6.7			
18	.126	2.0			6.7			
19	.146							
20	.135							
21	.140	2.3			6.5			
22	.124	2.0			6.6			
23	.128	2.2			6.6			
24	.134	2.0			6.7			
25	.144	2.1			6.8			
26	.136							
27	.145							
28	.136	1.5			6.5			
29	.131	1.8			6.6			
30	.146	1.7	3.0	13.0	6.5			
31	.136	1.8			6.5			
TOT	3.915	44.9	16.5	26.4	196.3			
AVG	.133	2.0	5.5	8.8	6.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 91

(1) GMS # 4 2 P 0 0 0 1 7 - -

David Conner — 3-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.125	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.161	1271 x 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) R FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.8	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			0.56 <0.10+1.02			2.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: B 4551 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-22.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.121	2.0			6.6			
2	.137							
3	.140							
4	.143	2.5			6.7			
5	.134	2.4			6.8			
6	.133	2.2			6.6			
7	.141	2.5			6.6			
8	.125	2.8			6.6			
9	.153							
10	.138							
11	.137	3.0			6.7			
12	.146	2.8			6.6			
13	.127	2.6			6.7			27
14	.134	2.0	7.8	12	6.6			
15	.137	2.4			6.8			
16	.152							
17	.139							
18	.143	2.5			6.6			
19	.150	2.0			6.7			
20	.143	2.6			6.7			
21	.125	3.0			6.6			
22	.128	2.0			6.6			
23	.141							
24	.147							
25	.150	2.5			6.6			
26	.161	2.0			6.7			
27	.112	2.0	1.7	2	6.7			
28	.124	2.0			6.7			
29								
30								
31								
101	3.847	47	9.5	14	133.2			27
AVG	.125	2.4	4.8	7	6.7			27

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

(1) GHS # 4 2P0 0 0 1 7

David Connor — 4-2-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.142	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.181	4442 / 1369*3.5	(X) Membrane Filter ( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7.7	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			<0.10+<0.10			1.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
B4551

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.141	2.0			6.6			
2	.144							
3	.149							
4	.130	2.5			6.7			
5	.181	3.0			6.6			
6	.099	2.0			6.6			
7	.138	2.0			6.7			
8	.144	2.0			6.6			
9	.144							
10	.145							
11	.139	3.0			6.6			
12	.161	2.0			6.6			
13	.144	2.0			6.7			
14	.144	2.0	7.2	5	6.6			
15	.137	1.8			6.6			
16	.141							
17	.163							
18	.144	1.7			6.7			
19	.152	2.0			6.6			
20	.147	1.8			6.6			
21	.133	2.0			6.8			
22	.138	1.8			6.6			
23	.153							
24	.111							
25	.133	2.0			6.6			
26	.148	3.5			6.7			
27	.129	2.5			6.6			
28	.144	3.5	2.2	2	6.6			
29	.136	2.0			6.7			
30	.146							
31	.133							
TOT	4.393	46.1	15.4	7	139.7			
AVG	.142	2.2	2.2	3.5	6.7			

0542

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) DHS # 42P00017

David Connor 5-1-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.138	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.184	4372 / 1249 x 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.6	3.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			1.17 / 1.07 + 1.27			1.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: 84551 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-22.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.141	2.0			6.8			
2	.141	2.0			6.7			
3	.184	1.8			6.6			
4	.140	2.0			6.6			
5	.139	1.8			6.6			
6	.139							
7	.138							
8	.152	2.0			6.7			
9	.151	1.9			6.7			
10	.180	2.0	6.6	3	6.7			
11	.073	2.0			6.9			
12	.139	1.7			6.9			
13	.139							
14	.141							
15	.140	2.0			6.5			
16	.184	2.0			6.7			
17	.086	1.6			6.7			
18	.138	2.0			6.7			
19	.139	2.0			6.7			
20	.139							
21	.137							
22	.140	1.8			6.7			
23	.142	2.0			6.7			
24	.139	2.0	7.0	3	6.7			
25	.139	1.9			6.6			
26	.142	2.0			6.7			
27	.142							
28	.133							
29	.135	2.0			6.6			
30	.165	2.0			6.7			
31								
TOT	4.136	42.3	13.2	5	147			
AVG	.138	1.9	6.6	3	6.7			

MISS 4987 4/28/91

0543

(3)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) DMS # 4 2 P 0 0 0 1 7

David Conner 6-5-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.106	.200	3C

(10) MAX FLOW (MGD): .186
(11) POP SERVED: x 3.5
(12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6	8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.6			0.69 1.27 ± 0.10			1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: 1
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): B-H.R
(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
8455/

DER-Form 17-7.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.117	2.0			6.6			
2	.136	2.0			6.6			
3	.010							
4	.105							
5	.110							
6	.124	3.0			6.6			
7	.163	2.0			6.6			
8	.159	2.0			6.6			
9	.110	1.5	6	11	6.7			
10	.078	2.0			6.4			
11	.115							
12	.108							
13	.119	2.0			6.6			
14	.152	2.0			6.6			
15	.052	2.0			6.6			
16	.094	1.5			6.6			
17	.101	2.0			6.5			
18	.109							
19	.109							
20	.106	1.4			6.6			
21	.137	1.8			6.4			
22	.116	1.8	5	5	6.5			
23	.052	1.5			6.4			
24	.104	1.7			6.6			
25	.121							
26	.103							
27	.111							
28	.107	1.8			6.6			
29	.110	1.2			6.6			
30	.089	1.6			6.4			
31	.295	1.9			6.5			
TOT	3.275	38.7	11	16	138.6			
AVG	.106	1.9	6	8	6.6			

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3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 91

(1) GMS # 4 2P0 0 0 1 7 -- David Conner 7-9-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42-178431 .103 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.146 4617 12622 8.5 [MF] Membrane Filter [T] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 6.6 (16) TSS (mg/l) EFFLUENT 6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			1.225 <0.10 = 2.35			1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): 8-H.R (28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING
LEAD OPERATOR 84551 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-21.103(1) Effective November 30, 1982

N1155 4532 A5568

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.120							
2	.119							
3	.092	3.0			6.5			
4	.107	3.0			6.6			
5	.100	3.0	AF	6.0	6.5			
6	.100	3.0			6.5			
7	.102	2.5			6.5			
8	.103							
9	.106							
10	.103	3.0			6.6			
11	.113	3.4			6.6			
12	.084	2.5			6.5			
13	.092	3.0			6.6			
14	.090	3.0			6.7			
15	.103							
16	.104							
17	.101	3.0			6.6			
18	.117	3.0			6.7			
19	.065	3.0			6.6			
20	.099	1.0			6.6			
21	.133	1.0	AF	6.0	6.9			
22	.114	1.0						
23	.106							
24	.101	1.5			7.3			
25	.106	1.5			7.3			
26	.052	1.2			7.2			
27	.103	1.4			7.0			
28	.104	1.2			7.1			
29	.123							
30	.123							
31								
TOT	3.094	47.2	13.2	12.0	134.9			
AVG	.103	2.0	6.6	6	6.7			

Page 1 of 1

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DER Form 17-601.300(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks Month July Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.123	2.0						8.2					
2	.060	1.5						8.1					
3	.097	1.2						8.2					
4	.103	1.0						8.0					
5	.129	1.0				4.7	3	7.8			1		
6	.097												
7	.112												
8	.104	2.0						8.4					
9	.100	1.0						8.3					
10	.112	1.0						8.5					
11	.180	1.5						8.5					
12	.206	1.0						8.3					
13	.206	2.0											
14	.206	1.5											
15	.145	1.8						8.5					
16	.204	1.7						8.3					
17	.102	1.8				5.6	9	8.5			.10		
18	.108	1.8						8.5					5
19	.104	1.9						8.2					
20	.090												
21	.089												
22	.089	2.0						8.3					
23	.110	1.9						8.0					
24	.109	2.0						8.0					
25	.111	1.2						8.2					
26	.113	1.0						8.1					
27	.111												
28	.110												
29	.111	1.0						8.0					
30	.112	1.5						7.8					
31	.113	2.1				4.8	9	8.0			.73		

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: David Connor Date: 8-8-91

Name (Please Type): David Connor

Company Name: SSI Services Telephone No (Please Type): (904) 347-1255

Page 3 of 3

DER Form No.	17-601.300(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month July Year 91

2) Plant's DER Identification Number 42 P00017

3) Plant Name Marion Oaks

4) Plant Address P.O. Box 11179

5) City Ocala

6) County Marion

7) Phone Number 904 - 347 - 1265

8) Permit Number DO 42 - 178431

9) Plant Type 3 C

10) Test Site Identification Number 83166

11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse Slow rate Land application-restricted public access

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge _____

15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Common 84551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.121
(17) Permitted capacity	mgd	–	.200
(18) Three-month average daily flow	mgd	–	.110
(19) Percent of permitted capacity	%	–	55
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.8
(25) Maximum pH		–	8.5+
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.61
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			

DER Form 17-601(900)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks. Month August Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.109	2.0						7.2													
2	.112	2.0						7.1													
3	.111																				
4	.112																				
5	.109	1.8						7.0													
6	.113	2.0						7.2													
7	.109	1.9						7.1													
8	.111	2.0						7.0													
9	.112	2.0						7.2													
10	.114																				
11	.107																				
12	.110	3.0						7.2													
13	.112	2.0						7.0													
14	.110	3.0						7.1													
15	.114	1.6						7.0													
16	.143	1.8						7.2													
17	.108																				
18	.089																				
19	.101	2.0						7.2													
20	.143	2.0						7.0													
21	.080	1.8						7.2													
22	.115	1.9						7.0													
23	.112	2.3						7.1													
24	.111																				
25	.118																				
26	.104	1.2						7.1													
27	.110	1.1						7.1													
28	.112	1.3						6.8													
29	.113	3.0						7.3													
30	.108	2.4						7.1													
31	.112	2.0																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: David Connor Date: 9-5-91

Name (Please Type) _____

Company Name SSC Services Telephone No. (Please Type) _____

DER Form #	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application #	(Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year 91

(2) Plant's DER Identification Number 42P00017

(3) Plant Name Marion Oaks

(4) Plant Address 3260 S.W. 157th St.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number DO42-178431

(9) Plant Type II C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Slow rate Land application-restricted public access.

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Connors. 84551
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.111
(17) Permitted capacity	mgd	—	.20
(18) Three-month average daily flow	mgd	—	.112
(19) Percent of permitted capacity	%	—	56
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.1
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Marion Oaks

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 91

(2) Plant's DER Identification Number 42P00017

(3) Plant Name Marion Oaks (SSA)
P.O. Box 11179

(4) Plant Address 14170 SW 39th Ave Rd

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-178431

(9) Plant Type 22 TC

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Slow Rate Land Application-Restricted Public Access

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 4551
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator David Connor B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.111
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.114
(19) Percent of permitted capacity	%	—	56
(20) $CBOD_5$ Effluent	mg/L	080082	6.9
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.71
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.8
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks Month September Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.112																				
2	.111																				
3	.112	2.0						7.2													
4	.112	2.0						7.1													
5	.109	2.0						7.0													
6	.113	2.0						7.0													
7	.109																				
8	.112																				
9	.111	2.5						6.8													
10	.112	3.0						7.2													
11	.110	2.0				69	6	7.0			0.10										
12	.111	2.0						7.2													
13	.116	2.0						7.0													
14	.107																				
15	.106																				
16	.119	1.8						7.0													
17	.110	2.0						7.0													
18	.113	2.0						7.2													
19	.110	2.0						7.1													
20	.115	2.0						7.2													
21	.116																				
22	.102																				
23	.113	2.5						7.0													
24	.112	2.0						7.2													
26	.112	3.0						7.2			1.32										
26	.111	3.0				6.9	7	7.1													
27	.112	2.5						7.2													
28	.110																				
29	.112																				
30	.109	2.2						7.3													
	3.339					13.8	13				1.42										

ead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, formation is true, complete, and accurate.

igned: David Connor Date: 10-6-91

ame (Please Type) _____

ompany Name S.S.U. Services Telephone No. (Please Type) _____

DER Form 17-671.900(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ Place in by DER

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month October Year 91
2) Plant's DER Identification Number 42P00017
3) Plant Name Marion Oaks
4) Plant Address 3260 S.W. 157 ST
5) City Ocala
6) County Marion
7) Phone Number 904-347-1265
8) Permit Number D042-178431
9) Plant Type II-C
Test Site Identification Number _____
Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number
Type of Effluent Disposal or Reclaimed Water Reuse Slow rate land application-restricted public access
Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
Cumulative Days of Wet Weather Discharge _____
Plant Staffing
Day Shift Operator Class B Cert. No. 4551
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator David Connor 84551
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.146
(17) Permitted capacity	mgd	–	.200
(18) Three-month average daily flow	mgd	–	.123
(19) Percent of permitted capacity	%	–	73
(20) $CBOD_5$ Effluent	mg/L	080082	.925
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.17
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.1
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			
Fecal			2

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Marion Oaks — Month October — Year 91

Daily Max Min Avg	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
	.112	2.8						7.2												
	.110	2.5						7.2												
	.112	3.0						7.1												
	.150	1.4						7.2												
	.150																			
	.148																			
	.158	2.0						7.2												
	.148	2.2						7.1												
	.146	2.5				0.82	3	7.2			P.05									
	.143	1.8						7.3												
	.139	2.0						7.3												
	.149	1.9																		
	.152																			
	.154	1.6						7.2												
	.128	2.0						7.3												
	.111	2.0						7.2												
	.131	2.0						7.1					2							
	.141	1.8						7.0												
	.152	.																		
	.145																			
	.156	2.0						7.2												
	.158	2.0						7.2												
	.145	1.8				1.03	5	7.1			1.30									
	.145	2.0						7.2												
	.145	2.0						7.2												
	.164																			
	.158																			
	.161	1.1						7.3												
	.140	2.2						7.2												
	.160	3.0						7.2												
	.160	3.0						7.1												

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, rmation is true, complete and accurate.

ned: David Connor — Date: 11-7-91

ne (Please Type): David Connor

npany Name: S. S. U. Services — Telephone No. (Please Type): (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month Nov Year 91

Plant's DER Identification Number 42P00017

Plant Name Marion Oaks

Plant Address 3260 S.W 157 St

City Ocala

County Marion

Phone Number 904-347-1265

Permit Number D042-178431

Plant Type II C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse Slow rate and application - restricted public access

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator David Conner B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.159
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.138
(19) Percent of permitted capacity	%	—	69
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.85
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.8+
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks Month Nov Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.160	3.0						7.1					
2	.190												
3	.127												
4	.185	1.5						7.2					
5	.164	2.0						7.2					
6	.122	2.0		271		2	2	7.0					
7	.159	1.8						7.0					
8	.165	2.0						7.2					
9	.126	1.6											
10	.165												
11	.172	2.0						7.2					
12	.172	3.0						7.1					
13	.142	2.0						7.0					
14	.159	1.2		220		2	5	7.1					
15	.170	2.2						7.1					
16	.143	3.0											
17	.161												
18	.160	3.0						7.1					
19	.178	1.5						7.0					
20	.159	1.0		226		2	1	7.2					
21	.192	3.0						7.2					
22	.152	3.0+						7.1					
23	.115												
24	.159												
25	.173	3.0+						7.2					
26	.172	1.5						7.3					
27	.157	1.5						7.3					
28	.150												
29	.161												
30	.165												

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief mation is true, complete, and accurate.

ied: David Connor Date: 12-5-91

ne (Please Type) David Connor

npany Name S.S.U. Services Telephone No. (Please Type) (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month December Year 91

Plant's DER Identification Number 42P00017

Plant Name Marion Oaks

Plant Address 3260 S.W. 157 ST.

City Ocala

County Marion

Phone Number 904-347-1265

Permit Number D042-178431

Plant Type II C

Plant Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap. - Perc. Ponds

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator David Connor (Signature) B4551 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.156
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.154
(19) Percent of permitted capacity	%	—	77
(20) $CBOD_5$ Effluent	mg/L	080082	4.9
(21) $CBOD_5$ Effluent	lbs/day	—	6.4
(22) TSS Effluent	mg/L	900201	9.5
(23) TSS Effluent	lbs/day	—	12.4
(24) Minimum pH		—	6.7
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.19
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks. Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.178																				
.162	3.0						6.7													
.170	3.0						7.0			.013										
.126	1.5		296	348	8.7	13	7.1													
.145	1.5						6.9													
.153	2.5						7.0													
.164																				
.165																				
.156	2.0						7.0													
.168	3.0						7.0													
.137	2.0						7.2													
.157	1.5						7.1													
.146	2.0						7.0													
.163																				
.163																				
.153	3.0						7.0													
.156	3.0						7.0			0.37										
.138	3.0		251.5	296	Lost	6	7.0													
.150	1.5						7.0													
.148	3.0						7.3													
.161	3.0																			
.160																				
.157	3.0						7.2													
.161	2.0						7.1													
.159	2.0																			
.158	2.2						7.1													
.164	3.0						7.2													
.183	2.0																			
.148																				
.168	3.0						7.2													
.131	2.5						6.8													

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signature: David Connor Date: 1-10-92

(Please Type) David Connor

Name: S.S.U. Services Telephone No. (Please Type): (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 1990

(1) GMS # 4 2 P 0 0 0 1 7 _ _

William L. Upchurch — 2/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-104214	.113	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.134	?	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			0.28 0.04+0.10+0.10			1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

STAND OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.126							
2	.130	1.7			6.9			
3	.108	1.2			6.7			
4	.131	1.5			6.7			
5	.099	3.0			6.62			
6	.131							
7	.121							
8	.108	1.7			6.7			
9	.108	1.6			6.7			
10	.104		3	8	6.7			
11	.104	1.0			6.8			
12	.103	3.0			6.7			
13	.133							
14	.109							
15	.103	2.0			6.7			
16	.120	1.60			6.5			
17	.121	1.60			6.7			
18	.105	1.6			6.7			
19	.104	1.2			6.60			
20	.127							
21	.115							
22	.111	1.6			6.7			
23	.113	1.7			6.8			
24	.104	1.3	5	5	6.7			
25	.112	1.3			6.7			
26	.103	1.0			6.7			
27	.120							
28	.128							
29	.134	1.3			6.7			
30	.111	1.3			6.6			
31	.103	1.0			6.7			
TOT	3.511	37.2	8	13	147.1			
AVG	.113	1.3	4	7	6.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 90

(1) GMS # 4 2P0 0017

William G. Yarm — 3/2/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-194214	.117	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.144	4403 act. 1245 Fx 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			<0.10 <0.20 <0.10			1.0

(24) UOU (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8-H.R	Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-1220			

DER Form 17-1.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.109	1.2			6.7			
2	.105	1.0			6.6			
3	.129	—			—			
4	.117	—			—			
5	.118	1.0			6.7			
6	.112	1.4			6.8			
7	.106	1.4			6.7			
8	.112	1.0	3	6	6.6			
9	.107	1.0			6.7			
10	.144	—			—			
11	.119	—			—			
12	.111	1.0			6.5			
13	.121	1.2			6.5			
14	.094	1.6			6.7			
15	.106	1.5			6.7			
16	.121	1.5			6.6			
17	.133	—			—			
18	.128	—			—			
19	.127	1.0			6.7			
20	.110	1.0			6.7			
21	.104	1.0	5	6	6.8			
22	.118	1.0			6.7			
23	.110	3.0			6.7			
24	.150	3.0						
25	.125	3.0						
26	.142	3.0			6.8			
27	.121	3.0			6.7			
28	.111	3.2			6.7			4
29								
30								
31								
TOT	3.283	37.0	8	12	134.2			<1
AVG	.117	1.2	4	6	6.7			<1

0559

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 4 2 P 0 0 0 1 7 - -

William R. Yarum — 4/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D042-104214 .116 .200 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

.139 4403 est. 3.5 X 1418 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 5

(16) TSS (mg/l) EFFLUENT: 7

(17) pH: 6.8 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ + NITRATE mg/l: 2.06 5.11 ± 0.61

(21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 1.2

(24) BOD (mg/l) UPSTREAM ONSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM ONSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.203(7) Effective November 30, 1982

(30) Month March Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.110	3.0			6.9			
2	.113	3.0			6.7			
3	.127							
4	.125							
5	.127	2.0			6.8			
6	.118	1.7			6.7			
7	.082	2.1	7	8	6.8			
8	.119	2.0			6.8			
9	.111	2.1			6.8			
10	.130							
11	.118							
12	.129	1.8			6.7			
13	.082	2.2			6.7			
14	.119	3.0			6.7			
15	.106	3.0			6.7			
16	.109	2.8			6.7			
17	.131							
18	.123							
19	.126	2.1			6.7			
20	.107	2.8			6.2			
21	.113	2.1	2	6	6.7			
22	.116	2.2			6.7			
23	.108	2.1			6.8			
24	.131							
25	.112							
26	.127	2.2			6.9			
27	.104	3.0			6.7			
28	.115	2.8			6.7			
29	.121	2.6			6.8			
30	.112	3.0			6.7			
31	.117							
TOT	3.609	54.5	9	14	188.5			
AVG	.116	2.5	5	7	6.8			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 4 2 P 0 0 0 1 7

Signature of Lead Operator in Charge — Date 5/9/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-109214	.110	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.132	4403 est. 3 1/4 /LWP	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	15

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			0.45			2.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM 0.79 / 6.10

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1987

Month APRIL Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.121							
2	.125	2.2			6.7			
3	.113	2.0			6.6			
4	.109	2.0			6.8			
5	.103	2.0	3	12	6.8			
6	.106	2.3			6.8			
7	.115							
8	.113							
9	.116	2.4			6.8			
10	.113	2.6			6.8			
11	.106	2.5			6.8			
12	.107	2.5			6.8			
13	.110	2.3			6.8			
14	.132							
15	.118							
16	.101	2.0						
17	.107	2.4			6.7			
18	.101	3.0	5	13	6.7			
19	.110	3.0			6.7			
20	.096	3.0			6.7			
21	.103							
22	.105							
23	.103				6.7			
24	.090				6.8			
25	.103				6.7			
26	.099				6.8			
27	.093				6.7			
28	.110							
29	.128							
30	.114	3.0			6.7			
31								
TOT	3.323	52.1	8	30	194.9			
AVG	.110	2.6	4	15	6.8			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 4 2 P 0 0 0 1 7 --

William A. Spain — 6/6/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 0 4 2 - 1 0 4 2 1 4	.105	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.125	4/1/03 est 3.5 x 1258	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 3

(16) TSS (mg/l) EFFLUENT: 6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5			0.79 calc TKN = 2.18			1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): B-H,R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1987

(30) Month May Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.110	3.0			7.0			
2	.102	3.0	2	10	6.7			< 1
3	.108	3.0			6.7			
4	.197	3.0			6.7			
5	.125							
6	.120							
7	.091	2.0			6.9			
8	.099	2.5			6.7			
9	.106	3.0			6.7			
10	.107	2.6			6.7			
11	.096	2.2			6.8			
12	.120							
13	.109							
14	.107	2.2			6.7			
15	.096	2.0			6.9			
16	.096	2.3	3	2	6.8			
17	.097	2.0			6.7			
18	.087	2.0			6.8			
19	.107							
20	.118							
21	.108	2.5			6.9			
22	.097	1.7			6.7			
23	.105	1.6			6.7			
24	.101	2.0			6.7			
25	.095	1.6			6.7			
26	.117							
27	.106							
28	.121							
29	.100	1.5			6.6			
30	.094	1.8			6.7			
31	.098	1.0			6.7			
TOT	3.258	48.2	5	14	149.4			27
AVG	.105	2.2	< 3	6	6.8			< 1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) DHS : 42P00017

William G. Clark — 7/4/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala FL (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42-178431 .103 .200 3C
EXP 5/23/95

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.128 [4] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 2
(16) TSS (mg/l) EFFLUENT: 6

(17) pH: 6.8
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) ~~NITRATE~~ + NITRITE mg/l: 2.74 / 2.57+.261
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: /
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 24HC
(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A-1220

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.092	1.8			6.7			
2	.115							
3	.100							
4	.102	6.8			6.7			
5	.096	3.0			6.7			
6	.097	3.6			6.8			
7	.093	2.8			6.8			
8	.089	3.0			6.7			
9	.128							
10	.108							
11	.119	2.5			6.8			
12	.111	2.4			6.0			
13	.110	0.5			6.8			
14	.101	2.5	2.0	7.0	6.7			
15	.098	2.8			6.7			
16	.101							
17	.123							
18	.099	3.0			6.5			
19	.093	1.0			6.7			
20	.099	2.0			6.7			
21	.094	1.6			6.7			
22	.108	1.8			6.9			
23	.116							
24	.107							
25	.100	1.5			6.7			
26	.005	2.0			6.7			
27	.094	1.0			6.9			
28	.107	1.5	1.0	5.0	7.0			
29	.088	3.5			6.9			
30	.100							
31								
TOT	3.092	46.6	3.0	12.0	144.8			
AVG	.103	1.9	2	6	6.8			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 90

(1) GMS # 4 2 P 0 0 0 1 7 _ _

William K. Yarnes — Signature of Lead Operator In Charge — 8/7/90 — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0042-178431	.105	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.135		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7	10

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
6.9			3.14 + 0.10			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

(LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-7.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.135	1			7.1			
2	.053	3.0			6.9			
3	.128	2.0			6.9			
4	.114	=			=			
5	.109	2.5			6.8			
6	.097	2.5			6.8			
7	.102	=			=			
8	.109	=			=			
9	.103	3.0			6.9			
10	.107	2.5			6.8			
11	.093	2.0	6	9	6.6			
12	.092	2.0			6.8			
13	.091	1.7			6.6			
14	.103	=			=			
15	.108	=			=			
16	.103	1.5			6.7			
17	.135	2.0			6.8			
18	.096	1.9			6.7			
19	.103	1.0			7.1			
20	.098	3.0			7.0			
21	.110	=			=			
22	.107	=			=			
23	.103	1.0			7.4			
24	.105	3.0			7.5			
25	.113	2.6			6.8			
26	.096	3.0	7	10	6.7			
27	.101	2.5			6.8			
28	.114	=			=			
29	.101	=			=			
30	.106	2.3			6.8			
31	.109	2.5			6.8			
TOT	3.243	71.5	13	19	104.3			
AVG	.105	2.3	7	10	6.9			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 4 2 P 0 0 0 1 7

William E. Gasum — 9/5/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.102	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.119	4500 est.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.0	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			0.39			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(24) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-1.103(7) Effective November 30, 1982

Month Aug. Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.098	2.0			6.8			<1
2	.105	2.0			6.8			
3	.097	2.0			6.8			
4	.107	1.1			6.8			
5	.102	1.1			6.8			
6	.109	2.2			6.7			
7	.105	2.0			6.7			
8	.096	2.0	7.0	12	6.8			
9	.103	2.2			6.8			
10	.082	1.2			6.8			
11	.106	1.1			6.8			
12	.111	1.1			6.8			
13	.110	1.0			6.8			
14	.100	1.5			6.8			
15	.090	1.0			6.8			
16	.101	1.2			6.8			
17	.091	1.0			6.8			
18	.108	1.1			6.8			
19	.113	1.1			6.8			
20	.112	1.6			6.8			
21	.096	2.0			6.8			
22	.073	1.6	3.0	3.	6.8			
23	.101	1.2			6.8			
24	.068	1.0			6.8			
25	.119	1.1			6.8			
26	.117	1.1			6.8			
27	.113	1.2			6.8			
28	.104	1.6			6.8			
29	.102	1.2			6.8			
30	.118	1.6			6.8			
31	.105	1.6			6.8			
TOT	3.172	40.4	9.0	15	136.6			<1
AVG	.102	1.8	.5	.8	6.8			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 90

(1) DHS # 4 2 P 0 0 0 1 7 - -

William A. Graham — 10/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.100	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.123	4410 / 1260 x 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			0.58 / 0.57+0.6K			1.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		1					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.056	—			—			
2	.100	—			—			
3	.133	—			—			
4	.100	1.5			6.7			
5	.101	1.5			6.8			
6	.093	1.6			6.6			
7	.092	2.0	4	6	6.7			
8	.110	—			—			
9	.107	—			—			
10	.092	2.0			6.5			
11	.099	1.8			6.8			
12	.090	1.5			6.7			
13	.101	2.0			6.8			
14	.090	1.9			6.7			
15	.109	—			—			
16	.105	—			—			
17	.093	2.0			6.7			
18	.095	1.9			6.8			
19	.094	2.0	2	4	6.7			
20	.098	2.0			6.8			
21	.079	1.2			6.8			
22	.110	—			—			
23	.104	—			—			
24	.106	1.7			6.6			
25	.099	2.0			6.8			
26	.095	2.0			6.7			
27	.098	2.0			6.7			
28	.097	2.0			6.8			
29	.114	—			—			
30	.110	—			—			
31								
TOT	3.005	35.0	6	10	128.0			
AVG	.100	1.7	.3	.5	6.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month October Year 90

(1) GHS # 4 2 P 0 0 0 1 7

William L. Upcraft — 11/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.102	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.117	1260 x 3.5 = 4410 est.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.0	5.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			1.78			1.2

0.50 + 0.74 + 0.10

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8-H.R	Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER-Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.104	2.0			6.8			
2	.100	2.6			6.9			
3	.057	1.2			6.6			
4	.109	2.0	1.3	1.1	6.7			
5	.100	1.2			6.6			
6	.111	—			—			
7	.106	—			—			
8	.108	1.2			6.5			
9	.104	2.0			6.7			
10	.118	2.0			6.7			
11	.102	2.0			6.5			
12	.093	2.0			6.8			
13	.117	—			—			
14	.107	—			—			
15	.101	1.7			6.7			
16	.092	2.0			6.6			
17	.095	2.6	4.5	2	6.6			
18	.095	2.0			6.7			
19	.110	1.8			6.6			
20	.102	—			—			
21	.104	—			—			
22	.099	1.7			6.7			
23	.094	1.9			6.6			
24	.101	2.0			6.7			
25	.114	2.0			6.7			
26	.087	1.5			6.7			
27	.109	—			—			
28	.111	—			—			
29	.107	1.2			6.7			
30	.109	2.1			6.7			
31	.097	—	4.9	3	6.6			
TOT	3.170	47.3	10.7	16	134.0			
AVG	.102	1.9	4.0	5.0	6.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month November Year 90

(1) DHS # 4 2 P 0 0 0 1 7

William G. Yoem — 12/7/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.103	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.116	4470 (1277 X 3.5)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.5	6.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
6.7			<0.10 <0.10			1.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.100	2.0			6.7			
2	.099	2.5			6.7			
3	.105	—			—			
4	.114	—			—			
5	.114	2.0			6.7			
6	.092	2.1			6.7			
7	.098	1.8	4.0	5	6.7			41
8	.105	2.5			6.7			
9	.096	2.0			6.7			
10	.114	—			—			
11	.105	—			—			
12	.116	2.2			6.8			
13	.100	2.0			6.7			
14	.101	2.0			6.7			
15	.091	2.8			6.7			
16	.096	3.0			6.6			
17	.115	—			—			
18	.104	—			—			
19	.101	20			6.6			
20	.104	3.0	3.0	8	6.7			
21	.104	2.6			6.7			
22	.102	2.5			—			
23	.101	2.8			—			
24	.114	—			—			
25	.109	—			—			
26	.103	2.6			6.7			
27	.103	3.0			6.7			
28	.104	2.3			6.8			
29	.099	2.6			6.7			
30	.092	2.5			6.6			
31								
TOT	3.096	53.8	7.0	13	134.4			41
AVG	.103	2.4	3.5	6.5	6.7			41

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 90

(1) GNS # 4 2 P 0 0 0 1 7 _ _

William E. Yocum — 1/7/91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.103	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.129	4470 (1277 X 3.5)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.2	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						1.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H,R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-1220 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.107	—			—			
2	.109	—			—			
3	.104	2.0			6.7			
4	.100	2.2			6.7			
5	.097	2.0	4.1	5	6.7			
6	.099	2.3			6.8			
7	.098	2.0			6.7			
8	.101	—			—			
9	.110	—			—			
10	.101	2.3			6.7			
11	.102	2.4			6.7			
12	.099	2.0			6.8			
13	.095	2.0			6.7			
14	.091	1.0			6.7			
15	.107	1.0			—			
16	.128	—			—			
17	.081	1.6			6.8			
18	.093	2.0			6.7			
19	.090	1.9	6.3	3	6.7			
20	.129	1.9			6.8			
21	.066	2.0			6.8			
22	.109	—			—			
23	.118	—			—			
24	.102	2.0			6.7			
25	.088	2.0			—			
26	.117	1.8			6.8			
27	.102	2.0			6.8			
28	.106	2.4			6.8			
29	.116	—			—			
30	.105	—			—			
31	.118	3.5			6.8			
TOT	3.199	57.9	10.4	8	134.9			
AVG	.103	1.9	5.2	4	6.7			

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Marion Oaks Utilities - 11001

Marion County (UFU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 91

(1) GMS # 4 2P0 0 0 17 _ _

David Comer — 2-1-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.123	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.146	4448	[✓] Membrane Filter
	1274 3.5	[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.5	5.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			3.12+(.5)+2.50			1.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: B-4551 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.145							
2	.109	2.6			6.7			
3	.089	2.0			6.9			
4	.088	2.4	4.1	1.0	6.7			
5	.123							
6	.114							
7	.135	2.0			6.6			
8	.102	3.5			6.7			
9	.111	2.6			6.7			
10	.112	4.3			6.7			
11	.093	2.0			6.6			
12	.120							
13	.110							
14	.106	2.0			6.7			
15	.118	2.0			6.7			
16	.136	2.0	4.4	12.0	6.6			
17	.123	2.0			6.7			
18	.136	2.0			6.7			
19	.146							
20	.135							
21	.140	2.3			6.5			
22	.124	2.0			6.6			
23	.128	2.0			6.6			
24	.134	2.0			6.7			
25	.124	2.7			6.8			
26	.136							
27	.145							
28	.136	1.5			6.5			
29	.131	1.8			6.6			
30	.146	1.7	3.0	13.0	6.5			
31	.136	1.8			6.5			
TOT	3.775	44.9	16.5	26.0	196.3			
AVG	.123	2.0	5.5	13.0	6.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 91

(1) DHS # 42P00017

David Conner — 3-1-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.125	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.161	1271 * 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.8	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			0.56			2.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
B4551

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.121	2.0			6.6			
2	.137							
3	.140							
4	.143	2.5			6.7			
5	.133	2.4			6.8			
6	.133	2.5			6.6			
7	.141	2.5			6.9			
8	.125	2.0			6.6			
9	.157							
10	.138							
11	.137	3.0			6.9			
12	.146	2.8			6.6			
13	.127	2.6			6.7			21
14	.122	2.0	7.8	12	6.6			
15	.137	2.4			6.9			
16	.152							
17	.139							
18	.143	2.5			6.6			
19	.150	2.0			6.7			
20	.143	2.6			6.7			
21	.125	2.0			6.6			
22	.128	2.0			6.6			
23	.141							
24	.147							
25	.150	2.5			6.6			
26	.161	2.0			6.7			
27	.112	2.0	1.7	2	6.7			
28	.124	2.0			6.7			
29								
30								
31								
TOT	3.947	47	9.5	14	133.2			21
AVG	.135	2.4	4.8	7	6.7			21

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

(1) DHS # 42P00017

David Connor — 4-2-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.142	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.181	4442 / 1269 x 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7.7	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			<0.10 + <0.10			1.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: B4551

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.203(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.141	2.0			6.6			
2	.140							
3	.149							
4	.130	2.5			6.7			
5	.181	2.9			6.6			
6	.097	2.0			6.6			
7	.133	2.0			6.9			
8	.133	2.0			6.6			
9	.144							
10	.145							
11	.139	2.0			6.7			
12	.161	2.0			6.9			
13	.114	2.0			6.9			
14	.144	2.0	7.2	5	6.6			
15	.131	1.8			6.6			
16	.141							
17	.163							
18	.144	1.7			6.7			
19	.152	2.0			6.6			
20	.147	1.1			6.6			
21	.133	2.0			6.8			
22	.138	1.8			6.6			
23	.153							
24	.171							
25	.123	2.0			6.6			
26	.148	3.5			6.7			
27	.129	3.5			6.6			
28	.164	3.5	2.2	2	6.6			
29	.136	2.0			6.7			
30	.146							
31	.132							
TOT	4.393	46.1	15.4	7	199.7			
AVG	.142	2.2	7.7	3.5	6.7			

0542

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) DHS # 42P00017

David Connor — 5-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.138	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.184	4372 (1249 x 3.5)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.6	3.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			1.17			1.6

(20) 1.07 + .27

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: B 4551

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-7.105(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.141	2.0			6.8			
2	.131	2.0			6.7			
3	.184	1.8			6.6			
4	.140	2.0			6.6			
5	.139	1.8			6.6			
6	.139							
7	.133							
8	.152	2.0			6.7			
9	.131	1.9			6.7			
10	.180	2.0	6.2	2	6.2			
11	.073	2.0			6.4			
12	.139	1.9			6.4			
13	.134							
14	.141							
15	.140	2.0			6.8			
16	.184	2.0			6.7			
17	.076	1.6			6.7			
18	.126	2.0			6.7			
19	.128	2.0			6.7			
20	.134							
21	.137							
22	.140	1.8			6.7			
23	.143	2.0			6.7			
24	.139	2.0	7.0	3	6.7			
25	.137	1.8			6.6			
26	.112	2.0			6.7			
27	.142							
28	.133							
29	.135	2.0			6.6			
30	.165	2.0			6.7			
31								
TOT	4.136	42.5	13.2	5	147			
AVG	.138	1.9	6.6	3	6.7			

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MISS 4987 4/24/91

0543

(3)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) DHS # 42P00017

David Connor 6-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0042-178431	.106	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.186	x 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6	8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.6			0.69 1.27 ± 0.10			1.2

(24) BOD (mg/l) UPSTREAM	ONSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	ONSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
84551			

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.117	2.0			6.6			
2	.116	2.0			6.6			
3	.010							
4	.109							
5	.110							
6	.124	3.0			6.6			
7	.163	2.0			6.6			
8	.157	2.0			6.6			
9	.110	4.5	6	11	6.7			
10	.091	2.0			6.6			
11	.115							
12	.108							
13	.119	2.0			6.6			
14	.153	2.0			6.6			
15	.052	2.0			6.5			
16	.094	1.5			6.6			
17	.101	2.0			6.6			
18	.109							
19	.109							
20	.106	1.9			6.6			
21	.137	1.8			6.6			
22	.116	1.8	5	5	6.5			
23	.052	1.5			6.6			
24	.104	1.7			6.6			
25	.121							
26	.103							
27	.111							
28	.107	1.8			6.6			
29	.110	1.2			6.6			
30	.084	1.6			6.4			
31	.095	1.9			6.5			
TOT	3.295	58.7	11	16	198.6			
AVG	.106	1.9	6	8	6.6			

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3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 91

(1) GMS # 4 2 P 0 0 0 1 7 --

David Conner 7-9-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.103	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.146	1622	[1] Membrane Filter [1] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flo MGD: ___ BOD lb/d: ___ TSS lb/d: ___

(14) % FLOW INFIL: ___

(15) BOD (mg/l) EFFLUENT: 6.6

(16) TSS (mg/l) EFFLUENT: 6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			1.225 c.010+1.215			7.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / ___ ___

(25) DO (mg/l) UPSTREAM DNSTREAM: ___ ___

(26) EFFLUENT PARAMETER VALUE (UNITS): ___ ___ ___

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR B4537 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-7.205(7) Effective November 30, 1982

N1155_4532_A5568

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.120							
2	.119							
3	.093	3.0			6.5			
4	.107	3.0			6.5			
5	.100	3.0	AP	6.0	6.3			
6	.100	3.0			6.5			
7	.102	2.5			6.5			
8	.107							
9	.106							
10	.103	3.0			6.6			
11	.113	3.4			6.6			
12	.084	2.5			6.5			
13	.092	3.0			6.6			
14	.090	3.0			6.7			
15	.109							
16	.104							
17	.101	3.0			6.6			
18	.137	3.0			6.7			
19	.065	3.0			6.6			
20	.099	1.0			6.5			
21	.132	1.0	4.4	6.0	6.7			
22	.074	1.0						
23	.106							
24	.101	1.5			7.3			
25	.146	1.5			7.3			
26	.052	1.2			7.2			
27	.103	1.4			7.0			
28	.104	1.2			7.1			
29	.123							
30	.123							
31								
TOT	3.099	47.3	13.2	120	1348			
AVG	.103	2.0	6.6	6	6.7			

Page 1 of 1

0545

DER Form 17-601(8/21)
Form Title: Domestic Wastewater Treatment Plant Monitoring Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks Month July Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.123	2.0						8.3					
2	.060	1.5						8.1					
3	.097	1.2						8.2					
4	.103	1.0						8.0					
5	.129	1.0				4.7	3	7.8			1		
6	.097												
7	.112												
8	.104	2.0						8.4					
9	.100	1.0						8.3					
10	.112	1.0						8.5					
11	.180	1.5						8.5					
12	.206	1.0						8.3					
13	.205	2.0											
14	.206	1.5											
15	.145	1.8						8.5					
16	.204	1.7						8.3					
17	.102	1.8				5.6	9	8.5			.10		
18	.108	1.8						8.5					5
19	.104	1.9						8.2					
20	.090												
21	.089												
22	.089	2.0						8.3					
23	.110	1.9						8.0					
24	.109	2.0						8.0					
25	.111	1.2						8.2					
26	.113	1.0						8.1					
27	.111												
28	.110												
29	.111	1.0						8.0					
30	.112	1.5						7.8					
31	.113	2.1				4.8	9	8.0			.73		

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: David Connor Date: 8-8-91

Name (Please Type): David Connor

Company Name: SSU Services Telephone No (Please Type): (504) 347-1255

Page 3 of 3

DER Form # 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month July Year 91
2) Plant's DER Identification Number 42 P00017
3) Plant Name Marion Oaks
4) Plant Address P.O. Box 11179
5) City Ocala
6) County Marion
7) Phone Number 904-347-1265
8) Permit Number DO 42-178431
9) Plant Type 3C
10) Test Site Identification Number 83166
11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse Slow rate Land application-restricted public access
13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
14) Cumulative Days of Wet Weather Discharge _____
15) Plant Staffing
Day Shift Operator Class B Cert. No. 4551
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Harold Common 84551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.121
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.110
(19) Percent of permitted capacity	%	—	55
(20) $CBOD_5$ Effluent	mg/L	080082	5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.8
(25) Maximum pH		—	8.5+
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.61
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	2.0
(33) Other Effluent Parameters			

DER Form 17-601(3)(b)(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Page # in the DMR)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks. Month August Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.109	2.0						7.2													
2	.112	2.0						7.1													
3	.111																				
4	.112																				
5	.109	1.8						7.0													
6	.113	2.0						7.2													
7	.109	1.9						7.1													
8	.111	2.0						7.0													
9	.112	2.0						7.2													
10	.114																				
11	.107																				
12	.119	3.0						7.2													
13	.112	2.0						7.0													
14	.119	3.0						7.1													
15	.114	1.6						7.0													
16	.143	1.8						7.2													
17	.108																				
18	.089																				
19	.101	2.0						7.2													
20	.143	2.0						7.0													
21	.080	1.8						7.2													
22	.115	1.9						7.0													
23	.112	2.0						7.1													
24	.111																				
25	.118																				
26	.104	1.2						7.1													
27	.110	1.1						7.1													
28	.112	1.3						6.8													
29	.113	2.0						7.3													
30	.108	2.4						7.1													
31	.112	2.0																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: David Connor Date: 9-5-91

Name (Please Type) _____

Company Name SSU Services Telephone No. (Please Type) _____

DER Form No. 17-601.800(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year 91

(2) Plant's DER Identification Number 42P00017

(3) Plant Name Marion Oaks

(4) Plant Address 3260 S.W. 157th St.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-178431

(9) Plant Type II C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Slow rate land application-restricted public access.

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Connor B4551
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.111
(17) Permitted capacity	mgd	—	.20
(18) Three-month average daily flow	mgd	—	.112
(19) Percent of permitted capacity	%	—	56
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.1
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Marion Oaks

DER Form 17-601.300(3)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Acceptance Ink: (Place in the DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 91

(2) Plant's DER Identification Number 42P00017

(3) Plant Name Marion Oaks (SSR)
P.O. Box 11179

(4) Plant Address 14170 SW 39th Ave Rd.

(5) City Ocala

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number DO42-178431

(9) Plant Type 2TTC

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Slow Rate Land Application-Restricted Public Access

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 4551
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator David Connor B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.111
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.114
(19) Percent of permitted capacity	%	—	56
(20) $CBOD_5$ Effluent	mg/L	080082	6.9
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	7.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.71
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.8
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marian Oaks Month September Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.112																					
2	.111																					
3	.112	2.0						7.2														
4	.112	2.0						7.1														
5	.109	2.0						7.0														
6	.113	2.0						7.0														
7	.109																					
8	.112																					
9	.111	2.5						6.8														
10	.112	3.0						7.2														
11	.110	2.0				6.9	6	7.0			0.10											
12	.111	2.0						7.2														
13	.116	2.0						7.0														
14	.107																					
15	.106																					
16	.119	1.8						7.0														
17	.110	2.0						7.0														
18	.113	2.0						7.2														
19	.110	2.0						7.1														
20	.115	2.0						7.2														
21	.116																					
22	.102																					
23	.113	2.5						7.0														
24	.112	2.0						7.2														
26	.112	3.0						7.2			1.32											
26	.111	3.0				6.9	7	7.1														
27	.112	2.5						7.2														
28	.110																					
4	.112																					
30	.109	2.2						7.3														
	3.339					13.1	13				1.42											

I and Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, information is true, complete and accurate.

Signed: David Connor Date: 10-6-91

Name (Please Type) _____

Company Name S.S.U. Services Telephone No. (Please Type) _____

DER Form 17-4.071(3)(c)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Form Title
Effective Date July 1, 1991
DER Application No. (Place in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month October Year 91
2) Plant's DER Identification Number 42 P 00017
3) Plant Name Marion Oaks
4) Plant Address 3260 S.W. 157 ST
5) City Ocala
6) County Marion
7) Phone Number 904-347-1265
8) Permit Number D042-178431
9) Plant Type II-C
Test Site Identification Number
Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number
Type of Effluent Disposal or Reclaimed Water Reuse Slow rate land application-restricted public access
Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
Cumulative Days of Wet Weather Discharge

Plant Staffing
Day Shift Operator Class B Cert. No. 4551
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator David Connor B4551
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.146
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.123
(19) Percent of permitted capacity	%	—	73
(20) $CBOD_5$ Effluent	mg/L	080082	.925
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.17
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.1
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			
Fecal			2

Domestic Wastewater Treatment Plant
Monthly Operating Report

34 Marion Oaks Month October Year 91

Day of the month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.112	2.8						7.2												
2	.110	2.5						7.2												
3	.112	3.0						7.1												
4	.150	1.4						7.2												
5	.150																			
6	.148																			
7	.158	2.0						7.2												
8	.148	2.2						7.1												
9	.146	2.5				0.82	3	7.2			8.05									
10	.143	1.8						7.3												
11	.139	2.0						7.3												
12	.149	1.9																		
13	.152																			
14	.154	1.6						7.2												
15	.178	2.0						7.3												
16	.111	2.0						7.2												
17	.131	2.0						7.1					2							
18	.141	1.8						7.0												
19	.152	-																		
20	.145																			
21	.156	2.0						7.2												
22	.158	2.0						7.2												
23	.145	1.8				1.03	5	7.1			8.30									
24	.145	2.0						7.2												
25	.145	2.0						7.2												
26	.164																			
27	.158																			
28	.161	1.1						7.3												
29	.140	2.2						7.2												
30	.160	3.0						7.2												
31	.160	3.0						7.1												

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief rmation is true, complete, and accurate.

ned: David Connor Date: 11-7-91

ne (Please Type) David Connor

mpany Name S. S. U. Services Telephone No. (Please Type) (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month Nov Year 91

Plant's DER Identification Number 42P00017

Plant Name Marion Oaks

Plant Address 3260 S.W. 157 St.

City Ocala

County Marion

Phone Number 904-347-1265

Permit Number D042-178431

Plant Type II C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse Slow rate and application - restricted public access

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Conner B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.159
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.138
(19) Percent of permitted capacity	%	—	69
(20) $CBOD_5$ Effluent	mg/L	080082	2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.85
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.8+
(33) Other Effluent Parameters			

DEP Form 17-601(3)(c)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Please fill in the DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Marion Oaks Month Nov Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.160	3.0						7.1													
2	.190																				
3	.127																				
4	.185	1.5						7.2													
5	.164	2.0						7.2													
6	.122	2.0		271		2	2	7.0													
7	.159	1.8						7.0													
8	.165	2.0						7.2													
9	.126	1.6																			
10	.165																				
11	.172	2.0						7.2													
12	.172	3.0						7.1													
13	.142	2.0						7.0													
14	.159	1.2		226		2	3	7.1													
15	.170	2.2						7.1													
16	.143	3.0																			
17	.161																				
18	.160	3.0						7.1													
19	.178	1.5						7.0													
20	.159	1.0		226		2	1	7.2													
21	.192	3.0						7.2													
22	.152	3.0+						7.1													
23	.115																				
24	.159																				
25	.173	3.0+						7.2													
26	.172	1.5						7.3													
27	.157	1.5						7.3													
28	.150																				
29	.161																				
30	.165																				
31																					

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belie mation is true, complete, and accurate.

ned: David Connor Date: 12-5-91

ne (Please Type) David Connor

mpany Name S.S.U. Services Telephone No. (Please Type) (904) 347-1265

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month December Year 91

Plant's DER Identification Number 42P00017

Plant Name Marion Oaks

Plant Address 3260 S.W. 157 ST.

City Ocala

County Marion

Phone Number 904-347-1265

Permit Number D042-178431

Plant Type II C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap. - Perc. Ponds

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Plant Operator David Connor B4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.156
(17) Permitted capacity	mgd	—	.200
(18) Three-month average daily flow	mgd	—	.154
(19) Percent of permitted capacity	%	—	77
(20) $CBOD_5$ Effluent	mg/L	080082	4.9
(21) $CBOD_5$ Effluent	lbs/day	—	6.4
(22) TSS Effluent	mg/L	900201	9.5
(23) TSS Effluent	lbs/day	—	12.4
(24) Minimum pH		—	6.7
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.19
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.5
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Marion Oaks. Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.178																				
.162	3.0						6.7													
.170	3.0						7.0			.013										
.128	1.5		286	348	8.7	13	7.1													
145	1.5						6.4													
153	2.5						7.0													
.164																				
.165																				
156	2.0						7.0													
.168	3.0						7.0													
.137	2.0						7.2													
.157	1.5						7.1													
.146	2.0						7.0													
.163																				
163																				
153	3.0						7.0													
156	3.0						7.0			.037										
138	3.0		221.5	296	6.1	6	7.0													
150	1.5						7.0													
148	3.0						7.3													
161	3.0																			
160																				
157	3.0						7.2													
161	3.0						7.1													
159	3.0																			
158	2.2						7.1													
164	3.0						7.2													
182	3.0																			
148																				
168	3.0						7.2													
131	2.5						6.8													

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete, and accurate.

Signature: David Connor Date: 1-10-92

(Please Type) David Connor

Name S.S.U. Services Telephone No. (Please Type): (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 4 2P0 0011

William L. Yocum — 2/6/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-109214	.113	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.134	?	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
6.7			0.28			1.0

0.44+0.10+0.10

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1982

Month JAN Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.136							
2	.130	1.7			6.7			
3	.018	1.2			6.7			
4	.131	1.5			6.7			
5	.099	2.0			6.6			
6	.131							
7	.121							
8	.108	1.4			6.7			
9	.108	1.6			6.7			
10	.104		3	8	6.7			
11	.104	1.0			6.8			
12	.103	3.0			6.7			
13	.135							
14	.109							
15	.103	2.0			6.7			
16	.120	1.6			6.5			
17	.121	1.6			6.7			
18	.103	1.6			6.7			
19	.104	1.2			6.6			
20	.132							
21	.115							
22	.111	1.6			6.7			
23	.113	1.4			6.8			
24	.104	1.2	5	5	6.7			
25	.113	1.3			6.7			
26	.103	1.6			6.7			
27	.134							
28	.128							
29	.134	1.5			6.7			
30	.111	1.3			6.6			
31	.013	1.0			6.7			
TOT	3.511	37.2	8	13	147.1			
AVG	.113	1.5	4	7	6.7			

0558

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 4 2 P 0 0 0 1 7 - -

William G. Yoeum — 3/2/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-104214	.117	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.144	4403 act. 125 FR 3.5	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			<0.10 <0.10			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8-H.R	Pond

(29) PLANT STAFFING

LEAD OPERATOR A-1220 | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month February Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.109	1.2			6.7			
2	.105	1.0			6.6			
3	.124	—			—			
4	.117	—			—			
5	.115	1.6			6.7			
6	.112	1.4			6.8			
7	.106	1.4			6.7			
8	.112	1.0	3	6	6.6			
9	.107	1.0			6.7			
10	.144	—			—			
11	.119	—			—			
12	.111	1.0			6.7			
13	.121	1.2			6.5			
14	.094	1.6			6.7			
15	.106	1.5			6.7			
16	.121	1.5			6.6			
17	.133	—			—			
18	.128	—			—			
19	.127	1.0			6.7			
20	.110	1.2			6.7			
21	.104	1.2	5	6	6.8			
22	.118	1.2			6.7			
23	.110	3.0			6.7			
24	.130	3.0			6.7			
25	.125	5.0						
26	.142	3.0			6.8			
27	.121	3.0			6.7			
28	.111	3.2			6.7			
29								<1
30								
31								
TOT	3.283	37.0	8	12	134.2			<1
AVG	.117	1.2	4	6	6.7			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Mar. Year 1990

(1) GMS # 4 2P0 0011

William L. Upsum 4/6/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DD42-104214	.116	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.139	4403 est. 3.5 X 1178	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			2.06 5.11 x 0.61			1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): B-H.R (28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.110	3.0			6.9			
2	.113	3.0			6.7			
3	.127							
4	.123							
5	.127	2.0			6.8			
6	.118	1.7			6.9			
7	.097	2.2	7	8	6.8			
8	.119	2.0			6.8			
9	.111	2.1			6.8			
10	.130							
11	.118							
12	.129	1.9			6.7			
13	.092	2.2			6.7			
14	.119	3.0			6.7			
15	.106	3.0			6.7			
16	.109	2.8			6.7			
17	.131							
18	.123							
19	.126	2.1			6.7			
20	.107	2.8			6.7			
21	.113	2.1	2	6	6.7			
22	.116	2.2			6.7			
23	.108	2.1			6.8			
24	.131							
25	.112							
26	.127	2.2			6.9			
27	.104	2.0			6.8			
28	.115	2.8			6.7			
29	.111	2.6			6.8			
30	.113	2.0			6.7			
31	.117							
TOT	3.609	58.5	9	14	148.5			
AVG	.116	2.3	5	7	6.8			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 4 2P0 0011

Signature of Lead Operator in Charge — Date 6/9/90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-109214	.110	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.132	4403 est. 3.4 PPP	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	15

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			0.45			2.0

(24) DOO (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: 1

(25) DO (mg/l) UPSTREAM 0.79 DNSTREAM 4.10

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month APRIL Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.121							
2	.121	2.2			6.7			
3	.113	2.0			6.8			
4	.109	3.0			6.8			
5	.103	3.0	3	17	6.8			
6	.106	2.3			6.8			
7	.113							
8	.112							
9	.116	2.4			6.8			
10	.113	2.6			6.8			
11	.106	2.2			6.8			
12	.107	2.5			6.8			
13	.110	2.3			6.8			
14	.132							
15	.118							
16	.105	2.0						
17	.107	2.4			6.7			
18	.101	3.0	5	13	6.7			
19	.116	3.0			6.7			
20	.096	3.0			6.7			
21	.123							
22	.105							
23	.103	3.0						
24	.090	3.0			6.7			
25	.115	3.0			6.8			
26	.094	3.0			6.7			
27	.093	3.0			6.9			
28	.110				6.7			
29	.128							
30	.117	3.0			6.7			
31								
TOT	3.323	55.1	8	30	141.9			
AVG	.110	2.76	4	15	6.8			

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0562

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 42P0017 — 6/6/90

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-109214	.105	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.125	4/1(3 est) 3.5 x 1252	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5			0.79 + .10+.10 = 2.18			1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): B-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.205(7) Effective November 30, 1987

Month May Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.110	2.0			7.0			
2	.102	3.0	2	10	6.7			<1
3	.108	3.0			6.7			
4	.197	3.0			6.7			
5	.125	—			—			
6	.130	—			—			
7	.091	2.0			6.8			
8	.099	2.5			6.7			
9	.106	3.0			6.7			
10	.107	2.5			6.7			
11	.096	2.2			6.8			
12	.120	—			—			
13	.109	—			—			
14	.103	2.2			6.7			
15	.096	2.0			6.9			
16	.096	2.3	3	2	6.8			
17	.097	2.0			6.7			
18	.087	2.0			6.8			
19	.107	—			—			
20	.118	—			—			
21	.108	2.5			6.9			
22	.097	1.7			6.7			
23	.105	1.6			6.7			
24	.101	2.0			6.7			
25	.075	1.6			6.7			
26	.117	—			—			
27	.106	—			—			
28	.121	—			—			
29	.100	1.5			6.6			
30	.094	1.8			6.7			
31	.078	1.0	3	7	6.7			
TOT	3.258	68.7	8	19	199.4			<1
AVG	.105	2.2	3	6	6.8			<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) DHS # 42P00017

William E. Green — 7/4/90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala Fl. (5) COUNTY: Marion PHONE NO. 904-347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431 EXP 5/23/95	.103	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.128		[4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			2.74			0.5
			2.93 + 2.61			

(24) DOU (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT

PARAMETER	VALUE	UNITS

(27) TYPE SAMPLE(S): 24HC

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) A-1220 SHIFT 2 (Evening) SHIFT 3 (Night)

DEP-Form-17ZZ-205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.092	1.8			6.7			
2	.115							
3	.100							
4	.107	6.8			6.7			
5	.096	2.0			6.7			
6	.097	3.6			6.8			
7	.093	2.8			6.8			
8	.099	2.0			6.7			
9	.128							
10	.108							
11	.119	2.5			6.8			
12	.111	2.4			6.0			
13	.110	0.5			6.8			
14	.101	2.5	2.0	7.0	6.7			
15	.098	2.8			6.7			
16	.101							
17	.123							
18	.094	3.0			6.5			
19	.093	1.0			6.7			
20	.094	2.0			6.7			
21	.094	1.6			6.7			
22	.108	1.8			6.9			
23	.116							
24	.107							
25	.100	1.5			6.7			
26	.095	2.0			6.7			
27	.094	1.0			6.9			
28	.107	1.5	1.0	5.0	7.0			
29	.098	3.5			6.9			
30	.100							
31								
TOT	3.092	50.6	3.0	12.0	144.8			
AVG	.103	1.9	2	6	6.8			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 90

(1) GMS # 4 2 P 0 0 0 1 7 _ _

William K. Yocum — 8/7/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.105	.200	3C

(10) MAX FLOW (MGD): .135 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7	10

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9			1.62 3.14 + 0.10			1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / (25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8-H.R (28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A-1220

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.135	—			—			
2	.093	3.0			6.9			
3	.078	2.0			6.9			
4	.114	—			—			
5	.109	2.5			6.9			
6	.097	2.5			6.8			
7	.102	—			—			
8	.109	—			—			
9	.103	3.0			6.9			
10	.107	2.5			6.8			
11	.093	2.0	6	9	6.6			
12	.092	2.0			6.8			
13	.091	1.7			6.6			
14	.103	—			—			
15	.108	—			—			
16	.103	1.5			6.7			
17	.135	2.0			6.8			
18	.096	1.9			6.7			
19	.103	1.0			7.1			
20	.098	3.0			7.0			
21	.110	—			—			
22	.107	—			—			
23	.103	1.0			7.4			
24	.105	3.0			7.5			
25	.113	2.6			6.9			
26	.096	3.0	7	10	6.9			
27	.101	2.5			6.8			
28	.114	—			—			
29	.101	—			—			
30	.104	2.3			6.9			
31	.109	2.5			6.8			
TOT	3.243	41.5	13	19	194.3			
AVG	.105	2.3	7	10	6.9			

0564

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Aug. Year 90

(1) GMS # 4 2P0 0 0 17

William C. Upchurch 9/5/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.102	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.119	4500 est.	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.0	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			0.39			1.0

0.01 to 0.67

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8-H.R	Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.098	2.8			6.8			<1
2	.105	3.0			6.7			
3	.092	2.5			6.7			
4	.107	=			=			
5	.102	=			=			
6	.109	2.3			6.7			
7	.105	3.0			7.5			
8	.096	2.0	6.0	12.	6.9			
9	.103	2.2			6.8			
10	.092	1.2			6.8			
11	.106	=			=			
12	.111	=			=			
13	.110	1.0			6.8			
14	.100	1.5			6.9			
15	.090	1.0			6.9			
16	.101	1.2			6.8			
17	.091	1.0			6.8			
18	.102	=			=			
19	.118	=			=			
20	.118	1.6			6.7			
21	.096	2.0			6.7			
22	.092	1.6	3.0	3.	6.9			
23	.101	1.7			6.8			
24	.069	1.0			6.8			
25	.119	=			=			
26	.117	=			=			
27	.113	1.2			6.6			
28	.104	1.6			6.8			
29	.102	1.8			6.7			
30	.118	1.6			6.7			
31	.105	1.6			6.7			
TOT	3.172	40.4	9.0	15	156.6			<1
AVG	.102	1.8	3	8	6.8			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 90

(1) DHS # 4 2 P 0 0 0 1 7 _ _

William A. Upchurch — 10/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.100	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.123	4410 (1260 x 3.5)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			0.58 (0.52+0.6K)			1.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

A-1220

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.054	—			—			
2	.100	—			—			
3	.123	—			—			
4	.100	1.5			6.7			
5	.101	1.3			6.8			
6	.093	1.6			6.6			
7	.093	2.0	4	6	6.7			
8	.110	—			—			
9	.107	—			—			
10	.092	2.0			6.5			
11	.044	1.8			6.8			
12	.090	1.8			6.7			
13	.101	2.0			6.8			
14	.090	1.9			6.7			
15	.104	—			—			
16	.105	—			—			
17	.093	2.0			6.7			
18	.095	1.4			6.8			
19	.094	2.0	2	4	6.7			
20	.098	2.0			6.8			
21	.079	1.2			6.8			
22	.110	—			—			
23	.104	—			—			
24	.106	1.7			6.6			
25	.099	2.0			6.8			
26	.095	2.0			6.7			
27	.098	2.0			6.7			
28	.097	2.0			6.8			
29	.114	—			—			
30	.110	—			—			
31								
TOT	3.005	35.0	6	10	128.0			
AVG	.100	1.5	3	5	6.7			

0567

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month October Year 90

(1) GMS # 4 2 P 0 0 0 1 7 _ _

William K. Yeomans — 11/8/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.102	.200	3C

(10) MAX FLOW (MGD): .118 (11) POP SERVED: Utility out 1260 x 5.5 out (12) FECAL COLIFORM SAMPLE METHOD: [4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.0	5.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			6.78 (0.50 + 6.74 + 0.10)			1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

TIME/DATE OF SAMPLE: /

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.104	2.0			6.8			
2	.109	2.6			6.8			
3	.057	1.2			6.6			
4	.109	2.0	1.3	IT	6.7			
5	.100	1.2			6.7			
6	.111	=			=			
7	.106	=			=			
8	.109	1.2			6.5			
9	.103	2.0			6.7			
10	.118	2.0			6.7			
11	.102	2.0			6.6			
12	.093	2.0			6.8			
13	.107	=			=			
14	.107	=			=			
15	.101	1.2			6.7			
16	.092	2.0			6.6			
17	.095	2.6	4.5	2	6.6			
18	.095	2.0			6.7			
19	.110	1.8			6.7			
20	.102	=			=			
21	.104	=			=			
22	.099	1.4			6.7			
23	.094	1.2			6.6			
24	.101	2.0			6.7			
25	.104	2.0			6.7			
26	.093	1.2			6.7			
27	.109	=			=			
28	.111	=			=			
29	.101	1.2			6.7			
30	.109	2.0			6.7			
31	.097	=	4.9	3	6.6			
TOT	3.110	47.2	10.7	16	134.0			
AVG	.102	1.9	4.0	3.0	6.7			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month November Year 90

(1) DHS # 4 2 P 0 0 0 1 7 _ _

William G. Yoe — 12/7/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO42-178431	.103	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.116	4470 (1277 X 3.5)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.5	6.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRITE~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
6.7			<0.10 (<0.10+<0.10)			1.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220
DER Form 17-21.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.100	2.0			6.7			
2	.099	2.5			6.7			
3	.103	—			—			
4	.114	—			—			
5	.114	2.0			6.7			
6	.092	2.1			6.7			
7	.098	1.8	4.0	5	6.5			<1
8	.105	2.5			6.7			
9	.096	2.0			6.9			
10	.114	—			—			
11	.105	—			—			
12	.116	2.2			6.5			
13	.100	2.0			6.7			
14	.101	2.0			6.7			
15	.091	2.8			6.7			
16	.096	3.0			6.6			
17	.115	—			—			
18	.104	—			—			
19	.101	30			6.6			
20	.104	3.0	3.0	8	6.5			
21	.104	2.6			6.5			
22	.102	2.5			—			
23	.101	2.8			—			
24	.114	—			—			
25	.109	—			—			
26	.103	2.6			6.7			
27	.103	2.6			6.8			
28	.104	2.3			6.8			
29	.099	2.6			6.7			
30	.093	2.5			7.0			
31								
101	3.056	53.8	7.0	13	194.4			<1
AVG	.103	2.4	3.5	6.5	6.7			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 90

(1) GHS # 42P00017

William T. Young — 1/7/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Marion Oaks Utilities

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Ocala, Fl. (5) COUNTY: Marion PHONE NO. (904)347-0557

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D042-178431	.103	.200	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.129	4470 (1277 x 3.5)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.2	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						1.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8-H.R

(28) TYPE EFFL DISPOSAL: Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1220
DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.107							
2	.109							
3	.104	2.0						
4	.100	2.2						
5	.097	2.0	4.1	.5				
6	.099	2.3						
7	.098	2.0						
8	.101							
9	.110							
10	.101	2.2						
11	.102	2.4						
12	.099	2.0						
13	.095	2.0						
14	.091	1.8						
15	.107	1.6						
16	.128							
17	.081	1.6						
18	.093	2.0						
19	.090	1.9	6.3	3				
20	.129	1.9						
21	.066	2.0						
22	.109							
23	.118							
24	.102	2.0						
25	.088	2.0						
26	.117	1.8						
27	.107	2.0						
28	.106	2.0						
29	.116							
30	.105							
31	.118	2.5						
TOT	3.199	43.3	10.4	8	134.9			
AVG	.103	1.9	5.2	4	6.7			

Meredith Manor - 330

Seminole County (SSU)

Sewer

- 1992 FPSC Filing -

Reference: Meredith Manor / Seminole County
Monthly Operating Reports / Wastewater

Please Note:

> Wastewater treatment for the **Meredith Manor** service area is provided by the City of Altamonte Springs Utilities.

There are no monthly operating reports for this area.

Morningview - 562

Lake County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER I.D. # 35P03398

Month January Year 1991

Brian E. Heath 1-31-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800 432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

.011 .02 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.015 35

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2.0

(16) TSS (mg/l) EFFLUENT 1.0

(17) pH 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 0.9

(24) BOD (mg/l)
UPSTREAM DOWNSTREAM FLOW/DATE OF SAMPLE

(25) DO (mg/l)
UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

PER FORM 17-1.705(7) EFFECTIVE NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.027	1.6			7.3			
2	.012	1.2			7.3			
3	.012	1.5			7.3			
4	.011	1.5			7.2			
5	.01	1.2			7.2			
6	.01	1.0			7.2			
7	.011	1.2			7.3			
8			2.0	1.0				
9	.02	1.5			7.2			
10	.007	1.2			7.3			
11	.009	1.2			7.3			
12	.014	1.5			7.3			
13	.014	1.9			7.2			
14	.009	1.9			7.2			
15	.008	1.2			7.3			
16	.014	1.5			7.3			
17	.01	1.8			7.2			
18	.005	1.0			7.2			
19	.011	1.0			7.2			
20	.012	1.2			7.3			
21	.01	1.5			7.2			
22	.009	1.8			7.3			
23	.01	1.5			7.2			
24	.011	1.5			7.2			
25	.009	0.9			7.3			
26	.009	1.0			7.3			
27	.009	1.2			7.3			
28	.015	1.0			7.3			
29	.01	1.5			7.3			
30	.012	1.5			7.4			
31								
TOT	.346	37.3	2.0	1.0	210.5			
AVG	.011	1.5	2.0	1.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER Form # 3035P05398

Month February Year 1991

Brian E. Heath 2.28.91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO35179425 .01 .02 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.014 35 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFL EFFLUENT EFFLUENT
1.0 1.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.3 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM ERR /DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR CERTIFICATION: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C 7522

DER Form 17-6.210(2) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	1.0			7.4			
2	.008	1.0			7.4			
3	.012	1.2			7.3			
4	.013	1.0			7.4			
5	.009	1.0			7.4			
6	.01	1.2			7.3			
7	.01	1.2			7.2			
8	.01	1.2			7.3			
9	.01	1.5			7.4			
10	.009	1.5			7.3			
11	.011	1.0			7.2			
12	.008	1.0			7.2			
13	.009	1.2			7.3			
14	.011	1.0			7.2			
15	.011	1.2			7.3			
16	.01	1.2			7.2			
17	.01	1.0			7.2			
18	.009	1.5			7.3			
19	.011	1.2			7.4			
20	.014	1.5	1.0	1.0	7.3			
21	.011	1.2			7.4			
22	.011	1.3			7.2			
23	.009	1.2			7.3			
24	.01	1.0			7.4			
25	.013	1.2			7.3			
26	.009	1.2			7.4			
27	.011	1.2			7.4			
28	.009	1.5			7.3			
29								
30								
31								
TOT	0.257	32.9	1.0	1.0	204.6			
AVG	0.01	1.2	1.0	1.0	7.3			

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0572

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) ORC: 30350 03398

Month: March Year: 1991

Brian E. Heath 3-31-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO.: (904) 787-1324 SC 1

(6) PERMIT NUMBER: FL0035794 (7) AVG FLOW MGD: .01 (8) DESIGN FLOW MGD: .02 (9) TYPE: 3C

(10) MAX FLOW (MGD): .016 (11) POP SERVED: 35 (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4.0

(16) TSS (mg/l) EFFLUENT: 1.0

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM / DOWNSTREAM / DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM / DOWNSTREAM

(26) EFFLUENT PARAMETER / VALUE / UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rapid Rate Land Application

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day): C-7522 SHIFT 2 (Evening): C-7659 SHIFT 3 (Night):

FOR EPA USE: (1) [illegible] (2) [illegible] November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	1.0			7.3			
2	.015	1.0			7.3			
3	.011	1.0			7.3			
4	.014	1.0			7.2			
5	.012	1.2			7.3			
6	.011	1.2			7.3			
7	.01	1.0			7.3			
8	.011	1.0			7.2			
9	.009	1.2			7.3			
10	.009	1.2			7.4			
11	.009	1.0			7.4			
12	.011	1.2			7.3			
13	.011	1.2	4.0	1.0	7.3			<1
14	.01	1.2			7.2			
15	.005	1.5			7.3			
16	.012	1.2			7.4			
17	.009	1.5			7.4			
18	.016	1.5			7.3			
19	.011	1.2			7.4			
20	.01	1.5			7.3			
21	.01	1.5			7.3			
22	.005	1.5			7.4			
23	.01	1.5			7.4			
24	.011	1.2			7.4			
25	.014	1.5			7.4			
26	.007	1.2			7.4			
27	.009	1.5			7.3			
28	.011	1.5			7.4			
29	.014	1.5			7.3			
30	.013	1.5			7.3			
31	.013	1.5			7.4			
TOT	.331	37.2	4.0	1.0	229.1			<1
AVG	.01	1.3	4.0	1.0	7.3			<1

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0573

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER I.D. # 3035P03398

Month April Year 1991

Evan E. Heath 4.30.91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(3) PLANT NAME: Morningview

(4) PLANT ADDRESS: English Road

(5) CITY: Leesburg (6) COUNTY: Lake PHONE NO. 800 432 4501

(7) PERMIT NUMBER: DO35155737 (8) AVG FLOW MGD: .01 (9) DESIGN FLOW MGD: .02 (9) TYPE: 3C

(10) MAX FLOW (MGD): .015 (11) POP SERVED: 35 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.0

(16) TSS (mg/l) EFFLUENT: 2.0

(17) pH: 7.3 (18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER / VALUE / UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Disc. Pond

(29) PLANT STAFFING
LEAD OPERATOR CLASS: 1 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-6.210(2) Effective November 30, 1982

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	BM EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	1.0			23			
2	.008	1.0			22			
3	.01	1.0			23			
4	.015	1.0			24			
5	.01	1.2			23			
6	.001	1.2			23			
7	.007	1.0			23			
8	.012	1.2			24			
9	.01	1.2			24			
10	.009	1.2	2.0	2.0	24			
11	.007	1.3			24			
12	.013	1.2			24			
13	.006	1.2			24			
14	.009	1.0			24			
15	.014	1.2			23			
16	.0096	1.2			23			
17	.009	1.3			24			
18	.01	1.2			23			
19	.046	1.5			23			
20	.01	1.2			22			
21	.01	1.2			23			
22	.013	1.3			23			
23	.006	1.0			23			
24	.01	1.1			22			
25	.013	1.2			23			
26	.011	1.5			23			
27	.007	1.2			23			
28	.02	1.0			23			
29	.07	1.2			23			
30	.01	1.5			21			
31								
TOT	0.296	39.4	30	30	703			
AVG	.01	1.1	30	30	23			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) ID: FL0035905398

Brian E. Heath 5-31-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morning View

(3) PLANT ADDRESS: English Road, Leesburg

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. (1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D035155732 .01 .02 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.015 123

(13) HORIZONTAL CONTAMINATION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 1.0

(16) TSS (mg/l) EFFLUENT 1.0

(17) pH 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7572 C-5059

DEP Form 17-1.201(5) Effective November 30, 1982

(30)

	FLOW (MGD)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	1.2			7.4			
2	.010	1.0			7.3			
3	.007	1.0			7.4			
4	.011	1.2			7.3			
5	.007	1.5			7.2			
6	.015	1.2			7.3			
7	.013	1.5	1.0	1.0	7.2			
8	.009	1.2			7.1			
9	.010	1.0			7.2			
10	.011	1.2			7.2			
11	.005	1.0			7.2			
12	.011	1.0			7.2			
13	.009	1.0			7.2			
14	.010	1.5			7.3			
15	.010	1.5			7.2			
16	.013	1.5			7.2			
17	.006	1.5			7.3			
18	.011	1.3			7.2			
19	.007	1.5			7.3			
20	.013	1.0			7.4			
21	.010	1.5			7.3			
22	.010	1.2			7.3			
23	.010	1.5			7.4			
24	.010	1.5			7.3			
25	.005	1.2			7.3			
26	.009	1.0						
27					7.3			
28	.022	1.2			7.3			
29	.010	1.0			7.3			
30	.009	1.0			7.3			
31	.013	1.2			7.3			
TOT	.309	37.6	1.0	1.0	219.1			
AVG	.010	1.3	1.0	1.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) ERC # 3035P03398

Susan E Hall 6/30/91
Signature of Plant Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morning View

(3) PLANT ADDRESS: English Rd.

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 904-435-0526

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO35155737 0.007 .02 3A

(10) MAX FLOW (MGD) (11) PWS SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.011 35

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFL EFFLUENT EFFLUENT

2.0 .00

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.4 1.0

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
Grab Perc Pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
2 7523 C-5055

FDER Form 17-1.202(2) Effective November 30, 1982
Lance D Shreffler

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.2			7.3			
2	.007	1.0			7.3			
3	.011	1.5			7.4			
4	.007	1.5			7.4			
5	.009	1.5			7.4			
6	.010	1.2			7.4			
7								
8	.020	1.2			7.4			
9	.002	1.5			7.4			
10	.012	1.2			7.4			
11	.009	1.0			7.3			
12	.007	1.0	2.0	10.0	7.3			4.0
13	.011	1.0			7.4			
14	.009	1.0			7.4			
15	.009	1.0			7.4			
16	.001	1.0			7.4			
17	.010	1.5			7.4			
18	.003	1.5			7.1			
19	.010	1.5			7.5			
20	.001	1.2			7.4			
21	.006	1.5			7.5			
22	.003	1.2			7.5			
23	.004	1.2			7.5			
24	.006	1.5			7.4			
25	.004	1.5			7.5			
26	.005	1.2			7.5			
27	.003	1.5			7.1			
28	.005	1.5			7.8			
29	.002	1.5			7.1			
30	.005	1.5			7.2			
31								
TOT	.220	37.4	2.0	10.0	213.5			4.0
AVG	.007	1.3	2.0	10.0	7.4			4.0

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0576

DER Form 17-[illegible] Domestic Wastewater Treatment Plant Monthly Operating Report July 1, 1991 DER Assession No. [illegible] Page # for DER

DER
Eng
PC/
wsy

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3035 P03398

(3) Plant Name Morning View

(4) Plant Address English Rd

(5) City Leesburg

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DO35155737

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Susan E Heath C-7522
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.005
(17) Permitted capacity	mgd	–	.02
(18) Three-month average daily flow	mgd	–	.007
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.8
(33) Other Effluent Parameters			N/A

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Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.006	1.5						7.4					
2	.004	1.5						7.5					
3	.003	1.2						7.5					
4	.004	1.2						7.1					
5	.006	1.2						7.1					
6													
7	.009	1.2						7.5					
8	.004	1.0						7.3					
9	.004	1.0						7.4					
10	.003	1.2		255	204	3.0	3.0	7.2					
11	.006	1.5						7.0					
12	.004	1.8						7.1					
13													
14	.009	1.5						7.6					
15	.004	1.5						7.5					
16	.003	1.2						7.4					
17	.004	1.0						7.5					
18	.003	1.0						7.3					
19	.004	1.2						7.4					
20													
21	.006	1.0						7.4					
22	.005	1.2						7.5					
23	.002	1.0						7.4					
24													
25	.010	1.5						7.4					
26	.005	1.5						7.6					
27													
28	.006	1.5						7.4					
29	.007	1.5						7.3					
30	.009	1.5						7.2					
31	.009	1.2						7.4					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: Brian E Heath Date 7/31/91

Name (Please Type): BRIAN E HEATH

Company Name: ESU Services Telephone No. (Please Type) 400 432 4501

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 3035P05398

(3) Plant Name Mossingview

(4) Plant Address English

(5) City Leesburg

(6) County Lake

(7) Phone Number 800-432-4501

(8) Permit Number DO35155737

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse N/A
Rapid Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 9555

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator: Susan E. Heath 15525
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.01
(17) Permitted capacity	mgd	–	.02
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH		–	7.2
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.8
(33) Other Effluent Parameters			—

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.01	1.2						7.2													
2	.006	1.5						7.2													
3																					
4	.021	1.5						7.3													
5	.013	1.8						7.2													
6	.01	1.5						7.3													
7	.009	1.5						7.3													
8	.008	1.5						7.3													
9	.008	1.0						7.3													
10																					
11	.017	1.0						7.2													
12	.013	1.2						7.3													
13	.01	1.5						7.4													
14	.01	1.2						7.3													
15	.008	1.3				2.0	1.0	7.2													
16	.011	1.2						7.3													
17																					
18	.018	1.5						7.3													
19	.014	1.2						7.4													
20	.011	1.0						7.2													
21	.011	1.2						7.3													
22	.011	1.5						7.2													
23	.01	1.8						7.2													
24																					
25	.031	1.5						7.3													
26	.011	1.5						7.3													
27	.009	1.4						7.4													
28	.01	1.7						7.3													
29	.009	1.0						7.2													
30	.01	1.3						7.3													
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Brian C Heath Date: 8/3/91

Name (Please Type): Brian Heath

Company Name: Morningview Service Telephone No. (Please Type):

Morningview

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number 3035P03398

(3) Plant Name Morning View

(4) Plant Address English Rd

(5) City Leesburg

(6) County Lake

(7) Phone Number 407 - 980-0058

(8) Permit Number DO35 155737

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge —

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 9058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Susan E Hurth (Signature) C-7532 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.01
(17) Permitted capacity	mgd	–	.02
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.4
(33) Other Effluent Parameters			
Fecal Coliform	#/100ml	–	21

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.021	1.2						7.2					
2	.010	1.2						7.3					
3	.010	1.2						7.3					
4	.010	1.5						7.4					
5	.010	1.5						7.4					
6	.011	1.5						7.3					
7													
8	.014	1.2						7.3					
9	.014	1.2						7.1					
10	.010	1.5						7.1					
11	.006	1.2						7.2					<1
12	.012	1.2						7.3					
13	.009	1.2						7.3					
14													
15	.019	1.5						7.4					
16	.007	1.2						7.2					
17	.001	1.5						7.5					
18	.010	1.2						7.5					
19	.014	1.5						7.3					
20	.006	1.2						7.2					
21													
22	.020	1.2						7.2					
23	.014	1.8						7.3					
24	.011	1.0						7.3					
25	.008	1.2						7.3					
26	.010	1.5						7.2					
27	.009	1.5						7.3					
28	.009	1.5						7.3					
29													
30	.020	1.5						6.9					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Brian E Huth Date 10-1-91

Name (Please Type): _____

Company Name: ESII Services Telephone No. (Please Type): 800 432 4501

DER Form #	17-601.300(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 3035503398

(3) Plant Name Morningview

(4) Plant Address English Road

(5) City Leesburg

(6) County Lake

(7) Phone Number 1-800-432-4511

(8) Permit Number DO35-179425

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7557

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator William T. Hall Signature C-7522 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.009
(17) Permitted capacity	mgd	—	.02
(18) Three-month average daily flow	mgd	—	.010
(19) Percent of permitted capacity	%	—	50%
(20) $CBOD_5$ Effluent	mg/L	080082	1.3
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601(30)(7)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Area in or DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.008	1.2						7.3					
2	.016	1.0						7.2					
3	.009	1.2						7.1					
4	.009	1.0						7.0					
5	.007	1.2						7.1					
6													
7	.02	1.0						6.9					
8	.01	1.2						6.9					
9	.007	1.0		165	108	1.3	7	7.0					
10	.01	1.5						7.0					
11	.01	1.2						7.0					
12	.01	1.5						7.1					
13													
14	.019	1.2						7.2					
15	.009	1.0						7.3					
16	.01	1.2						7.2					
17	.009	1.2						7.3					
18	.01	1.2						7.3					
19	.007	1.5						7.2					
20													
21	.016	1.5						7.3					
22	.01	1.2						7.3					
23	.007	1.5						7.3					
24	.01	1.2						7.3					
25	.013	1.0						7.3					
26	.006	1.2						7.3					
27													
28	.023	1.0						7.2					
29	.009	1.2						7.1					
30	.01	1.2						7.2					
31	.01	1.0						7.3					
Tot	.291												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: [signature] Date: 10/31/91

Name (Please Type): [illegible]

Company Name: [illegible] Telephone No. (Please Type): [illegible]

Page 3 of 3

DEH Form 17-601(800)1
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEH Application No. (Assigned by DEH)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month November Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.009	1.2						7.1													
2	.0076	1.5						7.2													
3																					
4	.017	1.0						7.3													
5	.0094	1.0						7.3													
6	.011	1.2						7.2													
7	.011	1.2						7.3													
8	.01	1.0						7.2													
9																					
10	.016	1.2						7.3													
11	.011	1.2						7.3													
12	.01	1.2						7.1													
13	.007	1.0						7.1													
14	.01	1.5						7.1													
15	.008	1.2						7.2													
16	.007	1.2						7.2													
17																					
18	.02	1.5						7.3													
19	.009	1.2						7.2													
20	.007	1.5						7.2													
21	.011	1.0						7.1													
22	.009	1.0						7.2													
23																					
24	.017	1.2						7.1													
25	.009	1.5						7.2													
26	.01	1.2						7.2													
27	.01	1.5						7.2													
28																					
29	.021	1.2						7.3													
30																					
Tot.	6.267																				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Brian Heath Date: 11/30/91

Name (Please Type): Brian Heath

Company Name: S.S.U. Services Telephone No. (Please Type): 1-800-432-4501

DER Form #	17-6810(8/87)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1987
DER Application No.	(Place # for DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number _____

(3) Plant Name Morningview #562

(4) Plant Address English Road

(5) City Leesburg

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DO35-179425

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Percolation Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath (Signature) C-7522 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.009
(17) Permitted capacity	mgd	–	.02
(18) Three-month average daily flow	mgd	–	.009
(19) Percent of permitted capacity	%	–	45
(20) $CBOD_5$ Effluent	mg/L	080082	3.8
(21) $CBOD_5$ Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH_3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	–
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number: 3035P03398

(3) Plant Name: Morning View

(4) Plant Address: English Rd.

(5) City: Leesburg

(6) County: Lake

(7) Phone Number: 1-800-432-4501

(8) Permit Number: DO35155737

(9) Plant Type: 3-C

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse: Perc pond

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge: —

(15) Plant Staffing

Day Shift Operator Class: C Cert. No: 8058

Evening Shift Operator Class: _____ Cert. No: _____

Night Shift Operator Class: _____ Cert. No: _____

Lead Operator: Brian Heath C 7522
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.015
(17) Permitted capacity	mgd	—	.02
(18) Three-month average daily flow	mgd	—	.011
(19) Percent of permitted capacity	%	—	55
(20) @ BOD_5 Effluent	mg/L	080082	4.7
(21) @ BOD_5 Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	15
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.017	1.0						7.3					
2	.012	1.2						7.3					
3	.006	1.0						7.2					
4	.011	1.0						7.3					
5	.008	1.2						7.3					
6	.008	1.2						7.2					
7	.027	1.2						7.2					
8													
9													
10	.053	1.0						7.1					
11	.028	1.2		228	148	4.7	15	7.2					
12	.020	1.2						7.2					
13	.025	1.5						7.1					
14													
15	.053	1.2						7.0					
16	.029	1.0						7.1					
17	.011	1.2						7.2					
18	.011	1.2						7.2					
19	.009	1.2						7.1					
20	.010	1.5						7.1					
21	.009	1.2						7.2					
22													
23	.018	1.0						7.2					A
24	.008	1.0						7.3					
25													
26	.024	1.5						7.3					
27	.008	1.5						7.2					
28	.011	1.5						7.2					
29													
30	.023	1.2						7.2					
31	.011	1.2						7.1					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Brian Heath Date: 12/31/91

Name (Please Type): Brian Heath

Company Name: SSU Services Telephone No (Please Type): 1-800-432-4501

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # _____

Brian E Heath 1-31-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Mossingview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35-98104	.01	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.012	35	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4.9

(16) TSS (mg/l) EFFLUENT: 4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-7523

DER Form 17-1.209(7) Effective November 30, 1982

Month January Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.023	1.0			7.2			
3	.009	1.0			7.3			
4	.009	1.0			7.2			
5	.101	1.0			7.2			
6	.01	1.2			7.3			
7	.01	1.0			7.2			
8	.009	1.0			7.3			
9	.011	1.0			7.3			
10	.01	1.0			7.2			
11	.01	1.0	4.8	4	7.2			
12	.009	1.2			7.2			
13	.006	1.2			7.2			
14	.012	1.3			7.2			
15	.008	1.5			7.2			
16	.011	1.2			7.2			
17	.012	1.0			7.3			
18	.006	0.9			7.3			
19	.011	1.2			7.2			
20	.01	0.9			7.2			
21	.004	1.0			7.2			
22	.017	1.0			7.3			
23	.011	1.2			7.3			
24	.007	1.0			7.3			
25	.011	1.0			7.3			
26	.009	1.2			7.3			
27	.006	1.2			7.2			
28	.009	—			—			
29	.007	1.0			7.3			
30	.009	1.0			7.3			
31	.008	1.0			7.2			
TOT	.316	31	4.8	4.0	210			
AVG	.01	1.1	4.8	4.0	7.2			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1990

(1) DHS # 2SP03399 --

Brian E Heath 2-28-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 904 787 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35-98104	.009	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.15	35	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.2	14.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) DOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-7522			

DER Form 17-E.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.0			7.3			
2	.006	1.0			7.3			
3	.01	1.0			7.2			
4	.007							
5	.012	1.2			7.3			
6	.008	1.0			7.3			
7	.007	1.0	6.2	14.0	7.3			
8	.009	1.0			7.3			
9	.006	1.0			7.3			
10	.009	1.0			7.2			
11	.009							
12	.01	1.0			7.3			
13	.006	1.3			7.2			
14	.009	1.3			7.3			
15	.005	1.0			7.3			
16	.009	1.0			7.6			
17	.011	1.5			7.2			
18	.009	1.2			7.3			
19	.006	1.1			7.5			
20	.01	1.0			7.3			
21	.011	1.0			7.3			
22	.002	1.0			7.2			
23	.015	1.2			7.3			
24	.007	1.2			7.2			
25	.009							
26	.008	1.3			7.3			
27	.009	1.0			7.3			
28	.011	1.0			7.2			
29								
30								
31								
TOT	0.345	27.2	6.2	14.0	181.0			
AVG	.0091	1.1	6.2	14.0	7.2			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) GMS # 35P03398

Brian E Heath — 4-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D035-98104	.01	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.016	126	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.6	6.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
23			11.0			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. POND

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G-7522

DER FORM 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.005	1.0			23			
2	.009	1.0			23			
3	.005	1.0			23			
4	.014	1.0			24			
5	.002	1.0			23			
6	.01	1.0			23			
7	.009	1.2	3.6a	6.0	23			31
8	.011	1.2			23			
9	.009	1.2			23			
10	.009	1.0			23			
11	.009	1.2			23			
12	.011	1.0			23			
13	.011	1.2			23			
14	.01	1.0			23			
15	.016	1.0			23			
16	.011	1.2			24			
17	.013	1.2			24			
18	.014							
19	.011	1.0			23			
20	.01	1.0			23			
21	.01	1.0			23			
22	.011	1.0			22			
23	.011	1.0			23			
24	.011	1.2			22			
25	.009	1.0			23			
26	.013	1.2			23			
27	.002	1.0			23			
28	.009	1.0			23			
29	.013	1.0			23			
30	.008	1.0			23			
31	.005	1.0			23			
TOT	.314	31.9	3.6	6.0	2299			31
AVG	.01	1.0	3.6	6.0	23			31

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

(1) DER I.D. # 351033.98

Susan E Heath 4-30-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D035-98104	.011	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.015	130	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Inst Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.7	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522
DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.01	1.0			7.3			
2	.01	1.0			7.3			
3	.011	1.0			7.3			
4	.013	1.3			7.3			
5	.011	1.0			7.3			
6	.009	1.0			7.3			
7	.011	1.0			7.3			
8	.015	1.0			7.3			
9	.009	1.0			7.3			
10	.011	1.0			7.3			
11	.014	1.0	3.7	8.0	7.2			
12	.005	1.0			7.3			
13	.01	1.0			7.3			
14	.01	1.2			7.3			
15	.011	1.3			7.3			
16	.012	1.0			7.2			
17	.011	1.0			7.3			
18	.009	1.3			7.3			
19	.011	1.0			7.4			
20	.005	1.0			7.3			
21	.007	1.5			7.3			
22	.01	1.2			7.3			
23	.015	1.0			7.3			
24	.006	1.0			7.3			
25	.012	1.0			7.2			
26	.011	1.0			7.3			
27	.01	1.0			7.3			
28	.009	1.0			7.3			
29	.013	1.0			7.3			
30	.011	1.2			7.3			
31								
TOT	0.32	31.7	3.7	8.0	211.9			
AVG	.011	1.1	3.7	8.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) DER # 35P03598

Brian E. Heath 5-31-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: MORNINGVIEW #562

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 904 324 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO35-98104 .012 .02 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MEMBRANE

.017 123 [X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

33 3.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRATE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 3.5 0.9

(24) BOD (mg/l) UPSTREAM DNSTREAM TEST/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Rice Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-3.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DM EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	1.6			7.3			
2	.012	1.6			7.4			
3	.009	1.2			7.4			
4	.012	1.6			7.3			
5	.012	1.6			7.2			
6	.01	1.2			7.3			
7	.01	1.6			7.3			
8	.013	1.0			7.3			
9	.01	1.0	3.3	3.0	7.3			<1
10	.016	1.0			7.3			
11	.014	1.2			7.3			
12	.009	1.5			7.3			
13	.015	1.0			7.3			
14	.017	1.3			7.3			
15	.011	1.3			7.4			
16	.012	1.2			7.3			
17	.011	1.0			7.3			
18	.013	1.0			7.3			
19	.009	1.0			7.3			
20	.013	1.0			7.3			
21	.013	1.2			7.4			
22	.015	1.0			7.3			
23	.011	1.0			7.2			
24	.013	1.0			7.3			
25	.015	1.0			7.4			
26	.01	1.0			7.5			
27	.014	1.2			7.4			
28								
29	.021	1.0			7.3			
30	.01	1.0			7.3			
31	.011	1.0			7.4			
TOT	0.371	32.0	3.3	3.0	219.7			<1
AVG	.012	1.1	3.3	3.0	7.3			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DOS # 35P03398

Simon E Heath — 6-30-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Montgomery

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800 432-4525

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35-98104	.09	.03	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.016	122	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): 2:2:3

(28) TYPE EFFL DISPOSAL: Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
1	2	5	2

DER Form 17-1.202(2) Effective November 30, 1982

Month: June Year: 1990

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.0			7.3			
2	.009	1.0			7.3			
3	.007	1.5			7.3			
4	.010	1.2			7.3			
5	.009	1.0			7.2			
6	.009	1.0			7.2			
7	.013	1.0			7.1			
8	.006	1.0			7.3			
9	.009	1.0			7.2			
10	.008	1.0			7.2			
11	.008	1.5			7.2			
12	.012	1.0			7.2			
13	.012	1.0	3.5	0	7.2			
14	.006	1.0			7.2			
15	.009	1.0			7.2			
16	.007	1.0			7.2			
17	.008	1.0			7.2			
18	.01	1.5			7.2			
19	.009	1.0			7.2			
20	.009	1.0			7.1			
21	.011	.9			7.2			
22	.006	.9			7.2			
23	.004	.9			7.2			
24	.008	.9			7.2			
25	.006	1.2			7.1			
26	.011	1.0			7.3			
27	.009	1.2			7.3			
28	.005	1.2			7.2			
29	.01	1.2			7.1			
30	.01	1.0			7.2			
31								
TOT	0.259	30.4	3.5	0	216.2			
AVG	.009	1.0	3.5	0	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) DHS # 3035P03398

Susan E. Heath — 7-31-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FO35179425	.01	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE MC/MMD
.012	122	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (mo Flow MGD / BOD lb/d / TSS lb/d)	(14) % FLOW INFL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
		2.0	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			9.0			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rapid Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982 — 1-7522

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.025	1.0			22			
2	.012	1.2			23			
3	.01	1.2			23			
4								
5	.021	1.0			22			
6	.012	1.0			23			
7	.006	1.5			22			
8	.008	1.2			23			
9	.009	1.0			22			
10	.011	1.0			22			
11	.009	1.5	2.0	1.0	22	9.0		31
12	.006	1.2			22			
13	.009	1.2			22			
14	.011	1.3			22			
15	.007	1.2			22			
16	.01	1.0			22			
17	.008	1.0			23			
18	.01	1.0			22			
19	.01	1.0			22			
20	.01	1.2			23			
21	.011	1.3			22			
22	.011	1.2			23			
23	.008	1.3			24			
24	.011	1.2			24			
25	.008	1.2			23			
26	.007	1.0			23			
27	.009	1.0			23			
28	.011	1.0			23			
29	.005	1.5			24			
30	.009	1.2			23			
31	.008	1.0			23			
TOT	.302	34.3	2.0	1.0	717.6	9.0		31
AVG	.01	1.1	2.0	1.0	23	9.0		31

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) DER # 3035P03398

Susan Heath 8-31-90
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 904-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 35-179425 .01 .02 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.013 122.5

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFL EFFLUENT EFFLUENT

3.0 1.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 0.9

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Rec. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1-7522

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.007	1.0			7.3			
2	.009	1.0			7.2			
3	.007	1.0			7.3			
4	.007	1.0			7.3			
5	.01	1.0			7.3			
6	.006	.9			7.2			
7	.009	1.2			7.3			
8	.01	1.2	3.0	1.0	7.3			
9	.004	1.2			7.3			
10	.004	1.8			7.3			
11	.005	1.8			7.3			
12	.009	1.5			7.3			
13	.009	1.2			7.3			
14	.009	1.2			7.3			
15	.012	1.0			7.3			
16	.006	1.0			7.3			
17	.009	1.5			7.2			
18	.01	1.2			7.3			
19	.011	1.2			7.3			
20	.006	1.3			7.2			
21	.011	1.2			7.3			
22	.013	1.0			7.2			
23	.01	1.0			7.2			
24	.007	1.0			7.3			
25	.005	1.0			7.3			
26	.013	1.0			7.3			
27	.013	1.0			7.3			
28	.009	1.0			7.3			
29	.01	1.0			7.3			
30	.013	1.0			7.3			
31	.007	1.0			7.3			
TOT	.333	35.3	3.0	1.0	225.3			
AVG	.01	1.1	3.0	1.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 1990

(1) CWC # 3035.P03398

Brian E. Heath 9.30.90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35179925	.009	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.012	122	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION ~~Influent~~ MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.3	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-7522			

DER Form 17-21.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	DH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.01	1.0			7.3			
2	.01	1.0			7.3			
3								
4	.017	1.0			7.3			
5	.009	1.0			7.4			
6	.013	1.0			7.2			
7	.006	1.0			7.3			
8	.006	1.5			7.5			
9	.01	1.2			7.4			
10	.012	1.0			7.3			
11	.009	1.0			7.2			
12	.009	1.0	2.3	<1	7.2			
13	.005	1.0			7.2			
14	.011	1.0			7.3			
15	.01	1.5			7.3			
16	.005	1.2			7.2			
17	.01	1.0			7.2			
18	.01	1.0			7.3			
19	.01	1.2			7.3			
20	.009	1.2			7.3			
21	.01	1.0			7.3			
22	.008	1.2			7.2			
23	.007	1.2			7.3			
24	.011	1.0			7.2			
25	.009	1.2			7.3			
26	.008	1.2			7.2			
27	.009	1.0			7.3			
28	.01	1.5			7.2			
29	.004	1.5			7.3			
30	.009	1.5			7.3			
31								
TOT	.265	33.1	2.3	<1	220.6			
AVG	.009	1.1	2.3	<1	7.3			

0697

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER # 3035803398

Month October Year 1990

Brian E. Heath 11-1-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 35179425 .009 .02 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.013 35

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

2 2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DNSTREAM TIME/DATE OF SAMPLE UPSTREAM DNSTREAM PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL
GRAB Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.01	1.0			7.3			
2	.01	1.2			7.2			
3	.008	1.0			7.3			
4	.011	1.0			7.2			
5	.009	1.2			7.2			
6	.005	1.2			7.2			
7	.007	1.2			7.2			
8	.012	1.0			7.3			
9	.009	1.2			7.2			
10	.008	1.2	2	2	7.2			
11	.008	1.2			7.3			
12	.01	1.0			7.2			
13	.007	1.0			7.2			
14	.009	1.0			7.2			
15	.01	1.0			7.2			
16	.006	1.2			7.2			
17	.011	1.0			7.2			
18	.007	1.2			7.3			
19	.011	1.2			7.3			
20	.006	1.5			7.3			
21	.007	1.5			7.3			
22	.013	1.2			7.2			
23	.009	1.2			7.2			
24	.009	1.0			7.3			
25	.008	1.0			7.2			
26	.008	1.2			7.2			
27	.01	1.2			7.2			
28	.006	1.2			7.2			
29	.012	1.2			7.2			
30	.007	1.5			7.3			
31	.011	1.2			7.3			
TOT	0.274	35.9	2	2	229.2			
AVG	0.009	1.2	2	2	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DNS # 303590 3398

Month Nov Year 1990

Brian E. Heath — 11-30-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Mommyguiver

(3) PLANT ADDRESS: English Road

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35-179425	.01	.02	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.014	35	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) NMO (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.3	<1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM FIND/DATE OF SAMPLE ____/____

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rive. Pond

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

(31) Form 17-1.201(2) Effective November 30, 1982

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.5			7.3			
2	.007	1.2			7.2			
3	.004	1.0			7.2			
4	.01	1.0			7.2			
5	.011	1.0			7.3			
6	.005	1.6			7.2			
7	.01	1.2			7.2			
8	.009	1.1			7.2			
9	.009	1.0			7.2			
10	.009	1.0			7.2			
11	.005	1.0			7.2			
12	.012	1.0			7.3			
13	.01	1.2			7.3			
14	.009	1.2	2.3	<1	7.3			
15	.005	1.2			7.2			
16	.011	1.5			7.2			
17	.005	1.5			7.2			
18	.009	1.5			7.2			
19	.014	1.2			7.2			
20	.01	1.2			7.2			
21	.01	1.5			7.1			
22								
23	.021	1.0			7.3			
24	.01	1.0			7.3			
25	.01	1.2			7.2			
26	.011	1.2			7.2			
27	.01	1.2			7.3			
28	.012	1.2			7.3			
29	.011	1.2			7.2			
30	.009	1.2			7.3			
31								
TOT	0.289	34.2	2.3	<1	224.7			
AVG	.01	1.2	2.3	<1	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 1990

(1) DER: FL0035905398

Brian E Heath — 12-31-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Morningview

(3) PLANT ADDRESS: English Rd.

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER: DO35179425 (7) AVG FLOW MGD: .01 (8) DESIGN FLOW MGD: .02 (9) TYPE: 3C

(10) MAX FLOW (MGD): .015 (11) POP SERVED: 123 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD: ____ BOD lb/d: ____ TSS lb/d: ____ (14) % FLOW INFIL: ____ (15) BOD (mg/l) EFFLUENT: 3.1 (16) TSS (mg/l) EFFLUENT: 7.0

(17) pH: 7.3 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) NITRITE + NITRATE mg/l: ____ (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FOR/DATE OF SAMPLE: ____ / ____ (25) DO (mg/l) UPSTREAM: ____ DOWNSTREAM: ____ (26) EFFLUENT PARAMETER: ____ VALUE: ____ UNITS: ____

(27) TYPE SAMPLE(S): GRABS (28) TYPE EFFL DISPOSAL: Rose Pond

(29) PLANT STAFFING

LEAD OPERATOR: C.7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-[illegible](2) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	1.3			7.3			
2	.008	1.5			7.3			
3	.015	1.5			7.3			
4	.01	1.2			7.3			
5	.009	1.3			7.3			
6	.01	1.2			7.3			
7	.007	1.3			7.2			
8	.009	1.2			7.2			
9	.011	1.2			7.2			
10	.01	1.3			7.3			
11	.012	1.5			7.3			
12	.01	1.5	3.1	7.0	7.2			<1
13	.01	1.3			7.3			
14	.009	1.2			7.2			
15	.009	1.3			7.3			
16	.009	1.5			7.3			
17	.008	2.0			7.3			
18	.013	2.0			7.2			
19	.01	1.5			7.3			
20	.008	1.5			7.3			
21	.012	1.5			7.3			
22	.007	1.3			7.3			
23	.011	1.3			7.3			
24	.009	1.2			7.3			
25								
26	.022	1.0			7.3			
27	.011	1.0			7.3			
28	.013	1.2			7.3			
29	.005	1.2			7.3			
30	.006	1.2			7.3			
31	.01	1.0			7.3			
TOT	0.301	41.0	3.1	7.0	218.7			<1
AVG	.01	1.4	3.1	7.0	7.3			<1

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0090

Palm Port - 440

Putnam County (SSU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 1991

(1) GMS # 3154PLQL30 A 4894 2-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DQ54-146222 .013 .040 C-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number
.023 301

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 1.5
(16) TSS (mg/l) EFFLUENT 5

(17) pH 7.1
(18) ~~TOTAL~~ N mg/l 8.9
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Perc. Ponds

(29) PLANT STAFFING
LEAD OPERATOR A 4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP-GMS-1022.03(1) Effective February 20, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL~~ N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	.5	-		7.1			
2	.014	.5			7.1	8.8		
3	.010	.6			7.1			
4	.012	.5			7.1			
5	.023	.5			7.1			
6								
7	.024	.5			7.1			
8	.011	.5			7.1			
9	.010	.5	<1	4	7.1			
10	.014	.5			7.1			
11	.009	.8			7.1			
12								
13	.037	.8			7.1			
14	.008	.8			7.1			
15	.016	.6			7.1	8.9		
16	.009	.6	2	6	7.1			
17	.011	.6			7.1			
18	.017	.6			7.1			
19								
20	.037	.5			7.1			
21	.009	.5			7.1			
22	.011	.6						
23								
24	.021	.5			7.1			
25	.008	.6			7.1			
26	.010	.6			7.1			
27	.021	.6			7.1			
28	.017	.5			7.1			
29	.014	.6			7.1			
30	.010	.5			7.1			
31	.014	.6			7.1			
TOT	.409	15.5	3	10	191.7	17.6		
AVG	.013	.5	1.5	5	7.1	8.8		

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2602

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 1991

(1) DMS # 3154P10L70 [signature] A+354 3-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO54146222 (7) AVG FLOW MGD: 0.012 (8) DESIGN FLOW MGD: .040 (9) TYPE: C-3

(10) MAX FLOW (MGD): 0.016 (11) POP SERVED: 301

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____
(14) % FLOW INFIL: ____
(15) BOD (mg/l) EFFLUENT: 3
(16) TSS (mg/l) EFFLUENT: 3

(17) pH: 7.1
(18) [redacted] NO_3: [redacted] 3.8
(19) AMMONIA: ____ mg/l
(20) NITRITE + NITRATE: ____ mg/l
(21) TOTAL P: ____ mg/l
(22) ORTHO P: ____ mg/l
(23) CHLOR RESID: 0.4 ppm

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____
(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____
(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING
LEAD OPERATOR ____ SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____
D. Cole

DEP-SWD-[illegible]-2031, Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	0.6			7.1			
2								
3								
4								
5	.009	0.5			7.1			
6	.010	0.5	3	4	7.1			
7								
8	.024	0.5			7.1			
9								
10								
11	.039	0.5			7.1			
12	.010	0.5			7.1			
13	.012	0.5			7.1	3.8		
14	.011	0.5			7.1			
15	.014	0.5			7.1			
16								
17								
18	.044	0.5			7.1			
19	.009	0.5			7.1			
20	.012	0.2	2	2	7.1			<1
21	.016	0.6			7.1	3.8		
22	.011	0.8			7.1			
23	.011	0.4			7.1			
24								
25	.025	0.4			7.1			
26	.012	0.4			7.1			
27	.010	0.6			7.1			
28	.010	0.4			7.1			
29								
30								
31								
TOT	0.348	10.6	5	6	138.9	17.6		<1
AVG	012	0.4	3	3	7.1	3.8		<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) GHS # 3154P10170

Signature of Lead Operator in Charge — A-4794 — Date 4-4-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO54-146222 .016 .040 C-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.023 308

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL: 1

(15) BOD (mg/l) EFFLUENT: 3.0

(16) TSS (mg/l) EFFLUENT: 3.0

(17) pH	(18) NO3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					.7

(24) BOD (mg/l) UPSTREAM / DNSTREAM

TIME/DATE OF SAMPLE /

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR A-4794 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	.6			7.1			
2								
3	.042	.6			7.1			
4	.009	.8			7.1			
5	.013	.6			7.1			
6	.023	.6			7.1			
7	.011	.6			7.1	8.9		
8	.007	.6			7.1			
9								
10	.030	.6			7.1			
11	.023	.6			7.1			
12	.010	.6			7.1			
13	.014	.6			7.1			
14	.016	.6			7.1			
15	.013	.6			7.1			
16								
17	.035	.8			7.1			
18	.022	.5			7.1			
19	.017	.6			7.1			
20	.016	.6	4.0	3.0	7.1			
21	.019	.6			7.1			
22	.010	.8			7.1			
23	.019	1.0			7.1			
24	.016	.8			7.1			
25	.014	.8			7.1			
26	.014	.6			7.1			
27	.015	.6	1.0	3.0	7.1	8.8		
28	.020	.8			7.1			
29	.013	.8			7.1			
30	.015	1.0			7.1			
31	.021	1.0			7.1			
TOT	.488	19.3	50	60	198.9	17.6		
AVG	.016	.7	5.0	3.0	7.1	8.8		

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0603

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) GNS #3154L0L70 — Signature of Lead Operator In Charge — A-484 — 5-8-91 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER: FL054-146222 (7) AVG FLOW MGD: .016 (8) DESIGN FLOW MGD: .040 (9) TYPE: C-3

(10) MAX FLOW (MGD): .022 (11) POP SERVED: 301 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD; BOD lb/d; TSS lb/d (14) % FLOW INFIL (15) BOD (mg/1) EFFLUENT: 4 (16) TSS (mg/1) EFFLUENT: 4

(17) pH: 7.0 (18) [redacted] NO_3 mg/l: 8.8 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-484 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	.8			7.1			
2	.015	.6			7.1			
3	.019	.8			7.1			
4		.6			7.1			
5	.029	.8			7.1			
6								
7	.032	.6			7.1			
8	.015	.6			7.1			
9	.021	.6			7.1			
10	.017	.5	3	2	7.1	8.8		<1
11	.016	.6			7.1			
12	.019	.5			7.0			
13	.019	.5			7.0			
14								
15	.028	.5			7.0			
16	.014	.5			7.0	8.8		
17		.6	4	6	7.0			
18	.035	.6			7.1			
19	.010	.5			7.1			
20		.5			7.1			
21								
22	.031	.6			7.1			
23	.022	.6			7.1			
24		.6			7.1			
25	.031	1.0			7.0			
26	.019	.8			7.0			
27		.8			7.1			
28								
29	.050	.5			7.0			
30	.016	.6			7.1			
31								
TOT	.479	16.2	7	8	183.8	17.6		<1
AVG	.016	.6	4	4	7.0	8.8		<1

0604

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) DOMS # 3154p10170

Signature of Lead Operator in Charge — A-4894 — Date 6-3-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Road

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO.: 1-000-432-4501

(6) PERMIT NUMBER: D054-146222 (7) AVG FLOW MGD: .013 (8) DESIGN FLOW MGD: .040 (9) TYPE: C-3

(10) MAX FLOW (MGD): .020 (11) POP SERVED: 301 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/1) EFFLUENT: 9

(16) TSS (mg/1) EFFLUENT: 1

(17) pH: 7.0

(18) [illegible] NO3 mg/l: 21

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: .6

(24) BOD (mg/1) UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE:

(25) DO (mg/1) UPSTREAM | DNSTREAM:

(26) EFFLUENT PARAMETER | VALUE | (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc ponds

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

A-4894

DEP Form 17-1.209 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (0.1)	[illegible] NO3 (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.02	.6			7.1			
2	.013	.6			7.1			
3	.017	.6			7.1			
4	.014	.5			7.1			
5	.013	.6			7.1			
6	.017	.5			7.1			
7	.013	.8			7.0			
8	.018	.6			7.0			
9	.015	.6	10	1	7.0			
10	.014	.6			7.1			
11	.011	.8			7.1			
12	.010	.8			7.1			
13	.015	.6			7.1			
14	.013	.6			7.1			
15	.010	.8			7.1			
16	.013	.5			7.0			
17	.008	.6	7	1	7.0			
18	.013	.5			7.0			
19	.010	.5			7.0			
20	.011	.6			7.1			
21	.012	.6			7.1			
22	.011	.6			7.1	21		
23	.010	.5			7.1			
24	.010	.6			7.0			
25	.011	.6			7.0			
26	.015	.8			7.0			
27	.018	.6			7.0			
28	.017	.5			7.0			
29	.012	.6			7.0			
30	.014	.5			7.0			
31	.010	.5			7.0			
TOT	.408	17.5	17	2	218.6	21		
AVG	.013	.6	9	1	7.0	21		

Page [illegible] of 2

0605

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) GNS # 3154 P10L90 — A-489Y — 7-11-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4581

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146222	.016	.040	C-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.023	308	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.5	7.0

(17) pH	(18) [redacted] NO_3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	17.3					.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-489Y			

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.022	.5			7.0			
2	.009	.6			7.0			
3	.019	.6			7.1			
4	.014	.5			7.1			
5	.023	.6	4.0	7.0	7.0			
6	.022	.5			7.0			
7	.022	.7			7.0			
8	.017	.6			7.0			
9								
10	.039	.5			7.0			
11	.011	.5			7.0			
12	.008	.5			7.0			
13	.017	.6			7.0			
14	.012	.5			7.0			
15	.017	.6			7.0			
16	.013	.6			7.0			
17	.010	.5			7.1			
18	.017	.8			7.0			
19	.015	.6	3.0	7.0	7.0	17.3		7
20	.015	.6			7.0			
21								
22	.041	.5			7.0			
23								
24	.036	.5			7.0			
25	.016	.5			7.0			
26	.015	.6			7.0			
27	.012	.5			7.0			
28	.014	.5			7.0			
29								
30	.025	.5			7.0			
31								
101	.481	13.4	7.0	14.0	168.3	17.3		7
AVG	.016	.6	3.5	7.0	7.0	17.3		7

9090

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3154P10170

(3) Plant Name Palm Port

(4) Plant Address Dog Branch Rd.

(5) City East Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-141222

(9) Plant Type C-3

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse _____

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator D. O'N Signature A-4894 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.015
(17) Permitted capacity	mgd	–	.050
(18) Three-month average daily flow	mgd	–	.015
(19) Percent of permitted capacity	%	–	30%
(20) $CBOD_5$ Effluent	mg/L	080082	2.7
(21) $CBOD_5$ Effluent	lbs/day	–	.34
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	–	.38
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.0
(26) [illegible] NO_3	mg/L	000600	2.0
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	.6
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(FA)

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3									
1	.02	.5						7.0															
2	.011	.6		268	132	2.5	4.0	7.0															
3	.014	.5						7.0															
4																							
5	.030	.6						7.0															
6																							
7	.035	.5						7.0															
8	.011	.5						7.0															
9	.010	.5						7.0															
10	.009	.5						7.0															
11	.009	.5						7.0															
12	.024	.5						7.0															
13																							
14	.029	.6						7.0															
15	.012	.6						7.0															
16	.014	.6						7.0															
17	.016	.6						7.0															
18	.027	.5						7.0															
19	.014	.5						7.1															
20																							
21	.025	.5						7.1															
22																							
23	.042	.5						7.0															
24	.010	.5		415	1036	2.8	2.0	7.0															
25	.017	.5						7.0															
26	.018	.5						7.0						20.0									
27	.023	.5						7.0															
28																							
29																							
30	.035	.5						7.0															
31	.015	.6						7.1															

I and Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signature: Paul D. Thompson Date: Aug. 16, 1991

Name (Please Type): Paul D. Thompson

Company Name: SSU Services Telephone No. (Please Type): 904-649-4143

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month AUGUST Year 1991

Permit/DER Identification Number 3154 P10170

Plant Name PALM PORT

Plant Address 206 BRANCH ROAD

City EAST PALATKA

County PUTNAM

Phone Number 904 649 4143

Permit Number DO 54 146 222

Plant Type C-3

Test Site Identification Number 3154X 10025

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Primary Shift Operator Class A Cert No 4894

Secondary Shift Operator Class Cert No

Third Shift Operator Class Cert No

Chief Operator [signature] A 4894
Signature Cert No

Parameter	Units	SAMPLE Code	
(16) Monthly average daily flow	mgd	050050	.013
(17) Permitted capacity	mgd	-	.050
(18) Three-month average daily flow	mgd	--	.015
(19) Percent of permitted capacity	%		30%
(20) $CBOD_5$ Effluent	mg/L	00080	3
(21) $CBOD_5$ Effluent	lbs/da	--	.38
(22) TSS Effluent	mg/l	00530	1
(23) TSS Effluent	lbs/da	-	13
(24) Minimum pH		--	6.9
(25) Maximum pH			7.1
(26) T[illegible]	mg/L	00625	
(27) TKN	mg/L	00625	
(28) Ammonia (NH_3 - N)	mg/L	00610	
(29) Nitrate	mg/l	00620	20.4
(30) Total Phosphorus	mg/l	00665	
(31) Minimum Chlorine Residual	mg/L	-	.5
(32) Maximum Chlorine Residual	mg/l	-	.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month AUGUST Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3		
.019	.5						7.0								
014	.5						7.0								
035	.5						7.1								
012	.5						7.1								
013	.5		48	132	3	1	7.0								
013	.5						7.0								
014	.6						7.0								
027	.5						7.0								
014	.6						7.0								
013	.6						7.0								
009	.6						7.0								
043	.5						7.0								
012	.5						6.9								
009	.7						6.9								
013	.6		403	420	2.0	1	6.9								
013	.6						7.0								
053	.6						7.0								
016	.8						7.0								
015	.8						7.0								
													20.4		
036	.6						7.1								

I certify that I am familiar with the information contained in this report and that to the best of my knowledge [illegible] complete, and accurate.

Signature [signature]

Date 9 10 91

Telephone Number [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number 3154P10170

(3) Plant Name PALM PORT

(4) Plant Address 006 BRANCH ROAD

(5) City EAST PALATKA

(6) County PUTNAM

(7) Phone Number 904-649-4143

(8) Permit Number DO54-146222

(9) Plant Type C-3

(10) Test Site Identification Number 3154X 10625

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

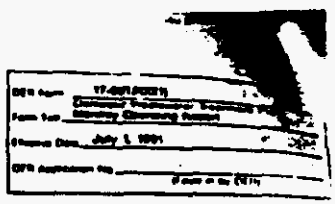
Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] Signature A-4894 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.013
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	26%
(20) $CBOD_5$ Effluent	mg/L	080082	3.3
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	7.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	27.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.4
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			
FECAL COLIFORM			<1



Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Sept. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1													
2													
3	.035	.6						7.0					
4	.009	.6		378	414	3.4	2.0	7.0					
5	.019	.6						7.1					
6	.010	.3						7.1					
7													
8	.030	.5						7.0					
9	.010	.8						7.0					
10	.008	.6						7.0					
11	.012	.5						7.0					
12	.014	.6						6.9					
13	.010	.6						7.0					
14	.013	.7						7.0					
15													
16	.028	.4						7.0					
17	.013	.5						7.0					
18	.009	.6						7.0					
19													
20	.024	.4						7.0					
21													
22	.027	.5						7.0					
23	.008	.6						6.9					
24	.017	1.0						7.0					
25	.010	1.9						7.0			27.5		<1
26	.016	1.0		415	69	3.2	1.3	7.0					
27	.014	.9						7.0					
28	.009	.8						7.0					
29													
30	.045	.4						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Paul

Date: 10-1-91

Name (Please Type): Paul Thompson

Company Name: SSU SERVICES

Telephone No. (Please Type): 904-649-4143

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Oct Year 1991

(2) Plant's DER Identification Number 3154P10190

(3) Plant Name Palm Port

(4) Plant Address Dog Branch Rd.

(5) City East Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DO54-146222

(9) Plant Type C-3

(10) Test Site Identification Number 3154X10025

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No 4894

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [signature] Signature A-4894 Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.014
(17) Permitted capacity	mgd	–	.050
(18) Three-month average daily flow	mgd	–	.013
(19) Percent of permitted capacity	%	–	28%
(20) $CBOD_5$ Effluent	mg/L	080082	1.9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	12.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.4
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(19) Palm Port Month: Oct Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.022	.5						7.0					
2	.025	.5						6.9					
3	.014	.5						7.0					
4	.016	.6						7.0					
5	.009	.6						7.0					
6													
7	.036	.7						7.0					
8	.015	.6						7.0					
9	.013	.4		335	395	1.9	<1	6.9					
10	.012	.5						6.9			12.2		
11	.013	.4						6.9					
12	.013	.7						7.0					
13													
14	.028	.5						7.0					
15	.010	.4						7.0					
16	.012	.9						7.0					
17	.011	.6						7.1					
18	.015	.7						7.1					
19													
20	.024	.5						7.1					
21	.015	.7						7.0					
22													
23	.024	.6						7.0					
24	.009	.7						7.0					
25	.012	.5						6.9					
26													
27	.020	.5						6.9					
28	.015	.8						7.0					
29	.017	.6						7.0					
30	.008	.8		393	510	1.9	<1	7.0					
31	.016	1.0						7.0					

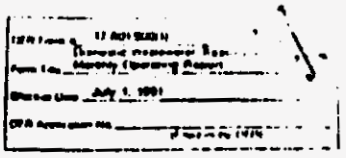
and Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this formation is true, complete and accurate

(ature) Paul N Date 11-1-91

me (Please Type) PAUL THOMPSON

ompany Name SSU SERVICES

ephone No (Please Type) 904-649-4143



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Nov Year 1991

(2) Plant's DER Identification Number 3154P10170

(3) Plant Name Palm Port

(4) Plant Address Dog Branch Rd.

(5) City East Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-146222

(9) Plant Type C-3

(10) Test Site Identification Number 3154X 10025

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class A Cert. No 4894

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [signature] A-4894
Signature Cert. No

Parameter	Units	SIDNET Code	Value
(16) Monthly average daily flow	mgd	050053	.016
(17) Permitted capacity	mgd	–	.050
(18) Three-month average daily flow	mgd	–	.014
(19) Percent of permitted capacity	%	–	28%
(20) $CBOD_5$ Effluent	mg/L	080082	3.7
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.18
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form	17-60.910(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No	(If none, leave blank)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Nov Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.009	.8						7.1					
2													
3	.030	1.0						7.1					
4	.007	.6						7.1					
5	.013	1.0		293	160	4.3	<1	7.1					
6	.015	.6						7.1					
7	.013	1.0						7.1					
8	.015	.8						7.0					
9													
10		.7						7.1					
11	.043	.6						7.1					
12	.016	.5						7.1					
13	.016	.5						7.0					
14													
15	.031	.6						7.0					
16													
17		.5						7.0					
18	.049	.5						7.0					
19													
20	.035	.5						7.1					
21	.012	.5						7.1			6.18		
22	.019	.6						7.1					
23													
24	.036	.6						7.1					
25	.013	.8						7.1					
26	.017	.6		480	103	3.0	<1	7.2					
27	.013	.5						7.2					
28													
29	.038	.6						7.1					
30	.028	.6						7.1					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed P. Dell A-4894 Date 12-24-91

Name (Please Type)

Company Name Telephone No (Please Type)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month Dec. Year 1991

2) Plant's DER Identification Number 3154P10170

3) Plant Name Palm Port

4) Plant Address Dog Branch Rd.

5) City East Palatka

6) County Putnam

7) Phone Number 904-649-4143

8) Permit Number D054-146222

9) Plant Type C-3

Test Site Identification Number 3154X10025

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class _____ Cert. No _____

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Roy White (Signature) C-8301 (Cert No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.021
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.017
(19) Percent of permitted capacity	%	—	34%
(20) $CBOD_5$ Effluent	mg/L	080082	6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	< 1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/l	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			
Fecal Coliform			< 1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Dec. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1													
2	.033	.5						7.2					
3	.018	.6						7.2					
4	.017	.5						7.2					
5	.012	1.0						7.2					
6	.018	1.0						7.1					
7													
8		.5						7.1					
9	.050	.8						7.1					
10		.6						7.1					
11	.034	1.0		278	580	4	<1	7.1					
12	.014	.6						7.2					
13	.012	1.0						7.2					
14													
15		.8						7.2					
16	.073	1.0						7.2					
17													
18	.041	.5						7.2					
19	.017	1.0						7.1			1.98		
20	.023	1.0						7.2					
21													
22		.8						7.2					
23	.0275	.5		295	120	7.9	<1	7.2					
24													
25	.038	.5						7.2					
26	.016	.7						7.1					
27	.023	.6						7.1					
28													
29	.084	1.0						7.2					
30	.026	.8						7.1				<1	
31	.0210	1.0						7.1					

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed Roy White Date: 1/10/92

Name (Please Type) WILLIAM R. WHITE

Company Name SSU SERVICES Telephone No (Please Type) 649-4143

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 90

(1) DMS #54 PIC 170 -- D.C.D.L. A-4894 2-5-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Ft.

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4301

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DOS4-146222 .010 .040 C-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.014 284 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 9.5 (16) TSS (mg/l) EFFLUENT 2.5

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE 13.3 mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID .6 ppm

(24) BOD (mg/l) UPSTREAM / DNSTREAM (25) DO (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE / (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc Pond

(29) PLANT STAFFING
LEAD OPERATOR A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.20[illegible] Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	.6			7.1			
2	.014	.7			7.1			
3	.010	.6			7.1			
4	.008	.6			7.1	20.0		
5	.011	.6			7.1			
6	.009	.6			7.1			
7	.010	.7			7.1			
8	.011	.7			7.1			
9	.009	.6			7.1			
10	.013	.6	10.4	1.0	7.1			
11	.011	.7			7.1			
12	.006	.7			7.1			
13	.007	.8			7.1			
14	.010	.7			7.1			
15	.013	.8			7.1			
16	.009	.6			7.1			
17	.008	.7			7.1			
18	.010	.7			7.1			
19	.005	.6			7.1			
20	.010	.7			7.1			
21	.014	.7			7.1			
22	.012	.6			7.1			
23	.004	.6			7.1	5.8		
24	.007	.9			7.1			
25	.012	.7	3.6	4.0	7.1			
26	.011	.6			7.1			
27	.013	.7			7.1			
28	.009	.6			7.1			
29	.009	.7			7.1	11.0		
30	.010	.8			7.1			
31	.006	.8			7.1			
101	.362	22.9	17.0	5.0	220.1	38.8		
AVG	.010	.6	9.5	2.5	7.1	13.2		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

: 54 FICI7C__

Month FEB Year 90

3-6-90
Signature of Lead Operator in Charge — Date

I certify, that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: Palm Port

(2) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D054-146322 .010 .040 C-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number
284

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4.0

(16) TSS (mg/l) EFFLUENT: 10.5

(17) pH: 7.0

(18) TOTAL N mg/l: 9.9

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.4			6.9			
2	.007	.9			6.9			
3	.011							
4	.009							
5	.008	.7			7.0			
6	.010	.9			6.9			
7	.010	.6	4.2	8	6.9			
8	.007	.8			7.0			
9	.009	.7			7.0			
10	.011	.7			7.0			
11	.010	.7			7.0			
12	.013							
13	.015	.6			7.0	11.0		
14	.009	.7			7.0			
15	.007	.7			7.0			
16	.009	.8			7.0			
17	.011	.8			7.0			
18	.007							
19	.014	.8			7.0			
20	.009	.7			7.0			
21	.009	.7	3.7	13	7.1	8.8		
22	.010	.8			7.0			
23	.011	1.0			7.0			
24	.015							
25	.013							
26	.007	1.0			7.0			
27	.007	1.5			6.9			
28	.010	1.0			7.0			
29								
30								
31								
TOT	.277	18.7	7.5	21	1536	7.4		
AVG	.010	.6	4.0	10.5	7.5	9.9		

0620

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) DES # 54P1C170 -- Signature of Lead Operator in Charge A 4854 Date 4-9-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D054-146222 .012 .040 C3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.020 284

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 3.4 (16) TSS (mg/l) EFFLUENT 6.5

(17) pH 7.0 (18) TOTAL N mg/l 4.4 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l 4.4 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-4854

DER Form 17-1.202(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	.8			7.0			
2	.014	.8			7.0			
3	.010	.8			7.0			
4	.010	.6			7.0			
5	.013	.6			7.0			
6	.010	.6			7.0			
7	.009	.6	3.8	10	7.0			
8	.013	.5			7.0			
9	.009	.5			7.0			
10	.011	1.0			7.1			
11	.007	.9			7.1			
12	.012	.5			7.1			
13	.011	.6			7.0			
14	.013	.8	5.0	3	7.1			
15	.011	.9			7.1			
16	.012	.9			7.1			
17	.015	1.0			7.0			
18	.010	1.0			7.0			
19	.012	.6			7.0	4.4		
20	.014	.5			7.1			
21	.012	.9			7.1			
22	.009	.7			7.1	4.4		
23	.012	.8			7.1			
24	.013	1.0			7.0			
25	.009	.8			7.0			
26	.020	.7			7.1			
27	.012	.8			7.1			
28	.011	1.0			7.0			
29	.010	.6			7.1			
30	.013	1.0			7.1			
31	.014	.8			7.1			
TOT	.363	22.1	4.8	13	218.4	8.8		
AVG	.012	.7	3.4	6.5	7.0	4.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Apr.1 Year 1990

(1) DNS: 54P1C170 -- Signature of Lead Operator In Charge A-4894 Date 5-10-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Beach Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO54-146222 (7) AVG FLOW MGD: .012 (8) DESIGN FLOW MGD: .040 (9) TYPE: C3

(10) MAX FLOW (MGD): .017 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD: BOD lb/d: TSS lb/d: (14) % FLOW INFIL: (15) BOD (mg/l) EFFLUENT: 4.3 (16) TSS (mg/l) EFFLUENT: 10.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					.5

(24) BOD (mg/l) UPSTREAM: DNSTREAM: TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM: DNSTREAM:

(26) EFFLUENT PARAMETER: VALUE: UNITS:

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

Certificate Number: 4894 Effective Through: DEC. 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.4			7.2			
2	.009	1.0			7.1			
3	.017	.8			7.1	8.8		
4	.012	.7			7.1			
5	.011	.7	4.6	11.0	7.1			
6								
7								
8	.038	1.0			7.1			
9	.014	2.0			7.1			
10	.011	1.4			7.1			
11		1.0			7.0			
12	.021	1.0			7.2			
13	.010	1.2			7.1			
14	.014	1.0			7.1			
15	.014							
16	.012							
17	.014	1.0			7.1			
18	.010	1.0			7.2			
19	.013	.8	4.6	5.0	7.1			
20	.007	1.0			7.1			
21	.012	1.0			7.1			
22	.014	1.0			7.0			
23								
24	.024	.7			7.1	8.8		
25	.014	.7			7.1			
26								
27		.5			7.0			
28	.038							
29	.013							
30	.014	1.0			7.1			
31								
TOT	.365	21.2	8.6	26.0	156.2	17.6		
AVG	.012	.5	4.3	10.0	7.1	8.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DNS #54PLCL70__

Signature of Lead Operator In Charge — A-4394 — 6-7-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-904-452-4501

(6) PERMIT NUMBER: DO54-146222 (7) AVG FLOW MGD: .015 (8) DESIGN FLOW MGD: .040 (9) TYPE: C-3

(10) MAX FLOW (MGD): .028 (11) POP SERVED: 301

(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 2.2

(16) TSS (mg/l) EFFLUENT: 10.0

(17) pH: 7.1

(18) TOTAL N mg/l: 6.6

(19) AMMONIA mg/l: ____

(20) NITRITE + NITRATE mg/l: ____

(21) TOTAL P mg/l: ____

(22) ORTHO P mg/l: ____

(23) CHLOR RESID ppm: .7

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4394

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Effective November 30, 1992 ____

(30) Month: May Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	.8			7.1			
2	.014	1.0			7.1			
3	.009	.8			7.0			
4	.016	.8			7.0	8.9		
5								
6								
7	.014	2.0			7.1			
8	.012	1.6			7.1			
9	.015	1.0	1.0	7.0	7.0			
10	.014	1.0			7.1			
11	.008	1.0			7.0			
12								
13								
14	.045	1.0			7.1			
15	.014	1.3			7.2			
16	.014	1.2			7.1			
17	.015	1.2			7.1			
18	.015	1.0			7.1			
19								
20								
21	.045	1.2			7.1			
22	.010	.8			7.1			
23	.010	1.0	4.0	13.0	7.1			
24	.012	1.0			7.1			
25	.017	.7			7.1	4.4		
26								
27								
28	.032	1.2			7.1			
29	.012	1.0			7.1			
30	.019	1.0			7.1			
31	.028	1.2			7.2			
101	.451	24.8	4.4	26.0	143.9	13.2		
AVG	.015	1.1	2.2	10.0	7.1	6.6		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 1990

(1) GMS # 3154P10170

Signature of Lead Operator in Charge — Date 7-3-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM PORT

(3) PLANT ADDRESS: DOG BRANCH ROAD

(4) CITY: EAST PALATKA (5) COUNTY: PUTNAM PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D0541462 22 .018 .040 C-3

(10) MAX FLOW (MGD) .021 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 4.9 (16) TSS (mg/l) EFFLUENT 9.0

(17) pH 7.1 (18) TOTAL N mg/l 8.9 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS) -

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL PERC POND

(29) PLANT STAFFING

LEAD OPERATOR A-4394 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	1.0			7.0			
2	.006	1.0			7.0			
3								
4	.030	0.8			7.1			
5	.013	1.2			7.2			
6	.013	2.0	5.8	9.0	7.1			
7	.015	1.0			7.1			
8	.010	1.0			7.1	8.8		
9								
10								
11	.045	1.2			7.1			
12	.016	1.0			7.1			
13	.013	0.8			7.1			
14	.010	0.7			7.1			
15	.011	1.0			7.1			
16								
17								
18	.039	1.2			7.1			
19	.015	1.0			7.1			
20	.018	1.0	5.8	9.0	7.1			
21	.009	0.7			7.1			
22	.020	0.5			7.1			
23								
24								
25	.045	0.7			7.1	8.8		
26	.011	0.8			7.1			
27	.005	0.6			7.1			
28	.011	0.8			7.1			
29	.013	0.8			7.1			
30	.016	0.7			7.1			
31								
TOT	.409	21.5	5.8	18.0	163.2	17.6		
AVG	.015	0.7	5.8	9.0	7.1	8.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DNS # 3154502170

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146222	.013	.040	C-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.017	301	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.9	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	5.7					.5

(24) DOU (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

[illegible]

Month July Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	.8			7.1			
2	.016	1.0			7.1			
3	.011	1.0			7.2			
4								
5	.036	.9			7.1			
6	.014	1.0			7.0			
7								
8								
9	.040	.5			7.1			
10	.009	.6			7.1			
11	.015	1.0	2.8	5.0	7.0	3.6		
12	.016	1.0			7.0			
13	.011	1.0			7.1			
14								
15								
16	.042	1.0			7.1			
17	.016	.8			7.1			
18	.011	1.0	1.0	2.0	7.0			
19	.016	.8			7.0			
20	.014	.8			7.1			
21								
22								
23	.039	1.0			7.1			
24	.018	1.0			7.1			
25	.019	1.5			7.0			
26	.014	1.0			7.0			
27	.016	1.5			7.1	5.7		
28								
29								
30	.038	.8			7.1			
31	.016	1.0			7.1			
TOT	.402	19.6	8.8	30	135.5	11.3		
AVG	0.2	.8	2	3.4	7.1	3.7		

0625

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DNS # 3154 PICL 10 D. ONL A-4854 9-14-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Point

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FD054-146222	.013	.40	C3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.016	301	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.8	7.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			8.8			.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-[illegible].20 Effective November 30, 1982

Month Aug. Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	.8	1.8	5.0	7.1	8.8		
2	.014	.8			7.1			
3	.010	1.0			7.1			
4								
5								
6	.040	1.0			7.1			
7	.011	1.0			7.1			
8	.013	.9			7.1			
9								
10	.030	.6			7.1			
11								
12								
13	.045	.5			7.1			
14	.010	.9			7.1			
15	.014	.6	1.8	9.0	7.1	8.8		
16	.014	.9			7.1			
17	.013	.6			7.1			
18								
19								
20	.043	.5			7.1			
21								
22	.028	.9			7.1			
23								
24	.033	.6			7.1			
25								
26								
27	.035	1.0			7.1			
28								
29	.026	.6			7.1			
30								
31	.027	.6			7.1			
TOT	.413	13.0	3.6	14.0	127.6	17.6		
AVG	.013	.5	1.8	7.0	7.1	8.8		

0626

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 3154P10170 Month Sept Year 90

Signature of Lead Operator in Charge — A-4994 — Date 10-9-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-904-329-4501

(6) PERMIT NUMBER: DO54-146222 (7) AVG FLOW MGD: .012 (8) DESIGN FLOW MGD: .040 (9) TYPE: C.3

(10) MAX FLOW (MGD): .017 (11) POP SERVED: 301 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT 2.25 (16) TSS (mg/l) EFFLUENT 5.5

(17) pH	(18) TOTAL NO_3 mg/l	(19) AMMONIA mg/l	(20) ~~ORTHO~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	9.9					.16

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE ____ / ____ / ____

(25) DO (mg/l) UPSTREAM DNSTREAM ____ ____

(26) EFFLUENT PARAMETER VALUE (UNITS) ____ ____

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A-4994 — —

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.014	1.0			7.0			
2								
3	.030	1.0			7.0			
4	.014	1.0			7.1			
5	.014	.7	2.1	7.0	7.1			
6	.011	.7			7.1			
7	.010	1.2			7.0			
8								
9								
10	.032	.8			7.1			
11	.012	.16			7.0	11.0		
12	.007	1.0			7.0			
13	.010	1.0			7.0			
14	.010	.16			7.0			
15								
16								
17	.034	.8			7.0			
18	.010	1.0			7.0			
19	.010	1.0	3.5	9.0	7.0			
20	.012	.8			7.0			
21	.009	.8			7.0			
22								
23								
24	.041	.16			7.0			
25	.017	.16			7.0	5.8		
26	.014	1.0			7.0			
27	.014	.8			7.0			
28	.014	.16			7.0			
29								
30	.025	.16			7.0			
31								
101	.364	1E.0	4.5	11	154.0	19.6		
AVG	.012	.16	2.25	5.5	7.0	9.9		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month OCT Year 90

(1) GNS # 3154P10170

D.O.S. A-4894 11-12-90

Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM PORT

(3) PLANT ADDRESS: DOG BRANCH RD.

(4) CITY: EAST PALATKA (5) COUNTY: PUTNAM PHONE NO. 1-800-432-4701

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO54-146222	.014	.040	C-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.020	284	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.4	17

(17) pH	(18) ~~TOTAL~~ N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.1	mg/l 5.4	mg/l	mg/l	mg/l	mg/l	ppm .6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-4894			

DC- Form 27-1.203(7), Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	[illegible] N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.014	.6			7.0			
2	.010	.7			7.1			
3	.014	.5			7.1	5.5		
4	.014	.6			7.1			
5	.014	.5	5.R	4	7.1			
6	.013	.6			7.1			
7	.013	.6			7.1			
8	.013	.5			7.1			
9	.014	.6			7.1			
10	.017	.5			7.1			
11	.015	.5			7.1			
12	.014	.5			7.1			
13	.014	.5			7.1			
14	.012	.5			7.1			
15	.008	.5			7.1	5.5		
16	.012	.5			7.0			
17	.007	.5			7.0			
18	.020	.5			7.0			
19	.018	.5			7.0			
20	.014	.5			7.0			
21	.014	.5			7.0			
22	.014	.5			7.0			
23	.014	.5			7.0			
24	.014	.6	9	30	7.0			
25	.014	.6			7.0			
26	.014	.6			7.1			
27	.014	.7			7.1			
28	.016	.6			7.1			
29	.011	.6			7.0			
30	.011	.6			7.1			
31	.012	.6			7.1			
101	.433	17.7	14.9	34	216.9	17.4		
AVG	.014	.6	7.4	17	7.1	5.5		

0628

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3154918170

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO54-146222 (7) AVG FLOW MGD: .013 (8) DESIGN FLOW MGD: .040 (9) TYPE: C-3

(10) MAX FLOW (MGD): .022 (11) POP SERVED: 284 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD — BOD lb/d — TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.8

(16) TSS (mg/l) EFFLUENT: 2.5

(17) pH: 7.1 (18) N mg/l: 5.5 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

2 ops 1 ops

DC- ... November 30, 1992

(30) Month NOV Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	.6			7.1			
2	.012	.6			7.1			
3	.022	.6			7.1			
4	.016	.5			7.1			
5								
6	.023	.6						
7	.010	.8	3	1	7.1			
8	.009	.6			7.1			
9	.012	.6			7.1			
10								
11								
12	.042	.5			7.1			
13	.003	.6			7.1			
14	.003	.6			7.1			
15	.018	1.0			7.1			
16	.010	.6			7.1	5.5		
17	.011	.6			7.1			
18								
19	.027	.5			7.1			
20	.009	.5	2.5	4	7.1	8.9		
21	.016	.5			7.1			
22	.011	.6			7.1			
23	.018	.5			7.1			
24	.013	.5			7.1			
25								
26	.036	.6			7.1			
27	.013	.6			7.1			
28	.014	.5			7.1			
29	.014	.5			7.1			
30	.012	.6			7.1			
31								
TOT	.339	14.7	5.5	5	177.5	12.6		
AVG	.013	.6	2.8	2.5	7.1	5.5		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec Year 1990

(1) DNS # 3L54PICL2C

DoN C-4994 1-10-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Port

(3) PLANT ADDRESS: Dog Branch Rd.

(4) CITY: East Palatka (5) COUNTY: Putnam PHONE NO. 1-904-329-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO54-146222 .014 .040 C-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.020 301 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 3.0 (16) TSS (mg/l) EFFLUENT 1

(17) pH	(18) ~~TOTAL~~ NO2 mg/l	(19) AMMONIA mg/l	(20) ~~NITRIC~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	.88					.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Pond's

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-4994

DO[illegible] [illegible] Revised 10, 1988

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N03 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	.6			7.1			
2	.015	.6			7.1			
3	.014	.7			7.1			
4								
5	.023	.7	3	1	7.1			
6								
7	.026	.6			7.1	8.5		
8	.012	.6			7.1			
9	.014	.6			7.1			
10	.016	.5			7.1			
11	.013	.6			7.1			
12	.011	.6	3.1	1	7.1			
13	.014	.5			7.1			
14	.013	.5			7.1			
15	.010	.6			7.1			
16	.020	.5			7.1			
17	.013	.6			7.1			
18	.013	.6			7.1			
19	.011	.6			7.1	3.3		
20	.014	.5			7.1			
21	.011	.6			7.1			
22								
23								
24	.042	.5			7.1			
25	.014	.5			7.1			
26	.013	.5			7.1			
27	.010	.5			7.1			
28	.014	.5			7.1			
29								
30								
31	.042	.6			7.1			
101	.425	14.2	6.1	2	197.5	17.4		
AVG	.014	.6	3	1	7.1	8.5		

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Palm Terrace - 1429

Pasco County (SSU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1991

(1) DHS FSL2G1846

Larry Ramsey — 2/4/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBUCKLE & JASON STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 1-800-432-4567

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA 0051150 .125 .130 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.164

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 1.5

(16) TSS (mg/l) EFFLUENT 2

(17) pH 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l 1.15

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL PERC PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 OPER: SHIFT 2 OPERATOR: SHIFT 3 OPERATOR: 1025-B

OTHER PERSONNEL ASSIGNED EFFECTIVE NUMBER OF OPERATORS

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH STANDARD UNITS	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.128	3.5			7.3			
2	.140	3.5			7.3			
3	.120	3.5			7.4			
4	.126	3.5			7.3			
5	.131	3.5			7.3			
6	.134	3.5			7.4			
7	.138	3.5			7.3			
8	.132	3.5			7.4			
9	.108	3.5			7.3			
10	.146	3.5	2	2	7.3	2.30		41
11	.134	3.5			7.4			
12	.136	3.5			7.3			
13	.120	3.5			7.3			
14	.126	3.5			7.4			
15	.112	3.5			7.3			
16	.122	3.5			7.4			
17	.129	3.5			7.3			
18	.122	3.5			7.3			
19	.164	3.5			7.4			
20	.13	3.5			7.4			
21	.116	3.5			7.3			
22	.120	3.5			7.4			
23	.116	3.5			7.3			
24	.106	3.5	1	2	7.3	1		41
25	.116	3.5			7.4			
26	.132	3.5			7.3			
27	.124	3.5			7.3			
28	.112	3.5			7.4			
29	.124	3.5			7.3			
30	.118	3.5			7.3			
31	.122	3.5			7.4			
7	3.878	102.5	3	4	227.4	3.30		41
	.125	3.5	1.5	2	7.3	1.15		41

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEBRUARY Year 1991

(1) DHS # 5LP0L846

Tommy Ramsey — 3/6/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBORDALE & JASON STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DOS1-150572 .116 .130 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.142

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

2 2.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

GRAB PERC PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
1025-B

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.128	3.5			7.3			
2	.130	3.5			7.4			
3	.142	3.5			7.4			
4	.116	3.5			7.4			
5	.120	3.5			7.3			
6	.122	3.5			7.3			
7	.109	3.5	3	3	7.3			<1
8	.112	3.5			7.4			
9	.138	3.5			7.3			
10	.136	3.5			7.3			
11	.114	3.5			7.4			
12	.122	3.5			7.3			
13	.120	3.5			7.3			
14	.110	3.5			7.3			
15	.106	3.5			7.4			
16	.104	3.5			7.3			
17	.114	3.5			7.3			
18	.124	3.5			7.3			
19	.078	3.5			7.4			
20	.110	3.5			7.4			
21	.120	3.5	1	2	7.3			<1
22	.104	3.5			7.3			
23	.124	3.5			7.4			
24	.128	3.5			7.3			
25	.100	3.5			7.3			
26	.106	3.5			7.4			
27	.102	3.5			7.3			
28	.106	3.5			7.3			
29								
30								
31								
Σ	3.252	98	4	5	205.1			<2
X	.116	3.5	2	2.5	7.3			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1991

(1) CMS # 5120L244

Larry Ramsey R-1025 — 4/4/91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBORDALE & JASON STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FLA051130528	.111	.130	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.132		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.5	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			0.965			3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
1025-B

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.112	3.5			7.3			
2	.126	3.5			7.3			
3	.118	3.5			7.4			
4	.106	3.5			7.4			
5	.106	3.5			7.4			
6	.100	3.5			7.3			
7	.132	3.5	2	2	7.3			<1
8	.100	3.5			7.3			
9	.115	3.5			7.4			
10	.115							
11	.106	3.5			7.3			
12	.108	3.5			7.3			
13	.106	3.5			7.4			
14	.102	3.5			7.3			
15	.108	3.5			7.3			
16	.112	3.5			7.3			
17	.112							
18	.110	3.5			7.4			
19	.114	3.5			7.3			
20	.126	3.5			7.3			
21	.096	3.5	1	3	7.3			<1
22	.120	3.5			7.4			
23	.116	3.5			7.3			
24	.116							
25	.114	3.5			7.3			
26	.102	3.5			7.4			
27	.116	3.5			7.3			
28	.102	3.5			7.3			
29	.120	3.5			7.3			
30	.107	3.5			7.3			
31	.107							
TOT	3.450	94.5	3	5	197.9			42
AVG	.111	3.5	1.5	2.5	7.3			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1991

(1) DHS FSIPOLE46

Jason Kaucic S-1025 5/6/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Terrace Gardens

(3) PLANT ADDRESS: Arrowdale & Jason Streets

(4) CITY: Port Richey (5) COUNTY: Pasco PHONE NO. 1-800-432-4551

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOS1-1S0S718	.104	.130	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.122		⋈ Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	DOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) DOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.5	4.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.5			1.52			3.5

(24) DOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc Ponds / Spray Irrigation

(29) PLANT CLASS: 1025-B

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	DOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH STD UNITS (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no./100 ml)
1	.107	3.5			7.3			
2	.108	3.5			7.4			
3	.112	3.5			7.3			
4	.102	3.5	3	3	7.3			61
5	.106	3.5			7.4			
6	.110	3.5			7.4			
7	.112							
8	.104	3.5			7.3			
9	.104	3.5			7.3			
10	.106	3.5			7.3			
11	.096	3.5			7.3			
12	.114	3.5			7.4			
13	.091	3.5			7.4			
14	.071							
15	.094	3.5			7.3			
16	.106	3.5			7.3			
17	.108	3.5			7.4			
18	.108	3.5	2	6	7.4			61
19	.098	3.5			7.3			
20	.111	3.5			7.3			
21	.111							
22	.118	3.5			7.4			
23	.102	3.5			7.3			
24	.102	3.5			7.3			
25	.104	3.5			7.3			
26	.122	3.5			7.3			
27	.110	3.6			7.4			
28	.110							
29	.104	3.6			7.3			
30	.24	3.5			7.3			
31								
	3118	91	5	9	150.1			122
	104	3.5	2.6	4.6	7.3			61

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 1991

(1) DMS ID SLP0L846

Larry Ramsey, R-1025 — Signature of Lead Operator In Charge
6/6/91 — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBORDALE & JASON STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 1-800-432-4567

(6) PERMIT NUMBER: DOSL-150578 (7) AVG FLOW MGD: .106 (8) DESIGN FLOW MGD: .130 (9) TYPE: 2C

(10) MAX FLOW (MGD): .136 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: DOD lb/d: TSS lb/d:
(14) % FLOW INFIL:
(15) BOD (mg/l) EFFLUENT: 4
(16) TSS (mg/l) EFFLUENT: 3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			0.049			3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM DNSTREAM:
(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): GRAB
(28) TYPE EFFL DISPOSAL: PERC PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
1025-B

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.106	3.5			7.9			
2	.094	3.5	4	2	7.3			
3	.098	3.5			7.4			
4	.111	3.5			7.9			
5	.111							
6	.100	3.5			7.3			A
7	.104	3.5			7.4			
8	.098	3.5			7.8			
9	.096	3.5			7.5			
10	.100	3.5			7.4			
11	.102	3.5			7.8			
12	.102							
13	.122	3.5			7.4			
14	.116	3.5			7.9			
15	.094	3.5			7.3			
16	.094	3.5	6	4	7.4			A
17	.098	3.5			7.3			
18	.110	3.5			7.4			
19	.110							
20	.090	3.5			7.3			
21	.098	3.5			7.3			
22	.114	3.5			7.2			
23	.094	3.5			7.3			
24	[illegible]	3.5			7.4			
25	.122	3.5			7.4			
26	.122							
27	.126	3.5			7.3			
28	.104	3.5			7.3			
29	.102	3.5			7.4			
30	.096	3.5	3	3	7.3			A
31	.108	3.5			7.3			
TOT	3.292	94.5	13	9	197.9			A
AVG	.106	3.5	4	3	7.3			A

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 1991

(1) CHS FLL6LE46

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARRONDALE & JASON STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 1-800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOSL-1506222	.111	.130	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.296		⋈ Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			2.693			3.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: 1025-B SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.091	3.5			7.3			
2	.091							
3	.096	3.5			7.4	5		
4	.096	3.5			7.3			
5	.112	3.5			7.3			
6	.100	3.5			7.4			
7	.106	3.5			7.3			
8	.116	3.5			7.3			
9	.116							
10	.098	3.5			7.3			
11	.100	3.5			7.4			
12	.092	3.5			7.3			
13	.090	3.5	3	2	7.3			<1
14	.104	3.5			7.2			
15	.105	3.5			7.2			
16	.148							
17	.134	3.5			7.4			
18	.102	3.5			7.3			
19	.120	3.5			7.3			
20	.088	3.5			7.4			
21	.104	3.5			7.3			
22	.103	3.5			7.3			
23	.103							
★ 24	.296	2.1			7.3			
25	.102	3.5			7.3			
26	.114	3.5			7.4			
27	.094	3.5	5	1	7.2			<1
28	.098	3.5			7.3			
29	.103	3.5			7.4			
30	.108							
	3.340	26.1		3	182.9			41
	.111	3.4	4	<1	7.3			<1

★ 24TH Flow meter FLOAT Hung up!

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number FLA012546

(3) Plant Name Palm Terrace Gardens

(4) Plant Address Arbuckle & Jasmine Streets

(5) City Port Richey

(6) County Pasco

(7) Phone Number (813) 842-7942

(8) Permit Number DOS/ISO572

(9) Plant Type SC

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Perc. Ponds Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class B Cert No. [illegible]

Evening Shift Operator Class _____ Cert No. _____

Night Shift Operator Class _____ Cert No. _____

Lead Operator [signature] Signature [illegible] Cert No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.096
(17) Permitted capacity	mgd	—	.130
(18) Three-month average daily flow	mgd	—	.104
(19) Percent of permitted capacity	%	—	80%
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	1.60
(24) Minimum pH		—	7.3
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.418
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	3.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
BOD	mg/L		4.5

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD Eff. (mg/L)
	.098	3.5						7.3						
	.106	3.5						7.4						
	.094	3.5						7.3						
	.094	3.5						7.4						
	.101	3.5						7.3						
	.102	3.5						7.3						
	.101													
	.102	3.5						7.3						
	.102	3.5						7.3						
	.104	3.5						7.4						
	.092	3.5					2	7.4			0.60		<1	3
	.100	3.5						7.3						
	.106	3.5						7.4						
	.100													
	.094	3.5						7.3						
	.092	3.5						7.3						
	.094	3.5						7.4						
	.098	3.5						7.3						
	.101	3.5						7.4						
	.102	3.5						7.3						
	.101													
	.090	3.5						7.3						
	.094	3.5						7.4						
	.096	3.5						7.3						
	.094	3.5					2	7.4			0.231		<1	6
	.104	3.5						7.3						
	.063	3.5						7.3						
	.063													
	.098	3.5						7.3						
	.098	3.5						7.4						
	.110	3.5						7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey Date: 8-6-91

Name (Please Type): Larry Ramsey

Company Name: SSU SERVICES

Telephone No. (Please Type): 1/813/868-7342

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1991

(2) Plant's DER Identification Number SIPL1846

(3) Plant Name PALM TERRACE GARDENS

(4) Plant Address HIGHWAY 4 AND 34TH STREETS

(5) City BAY PINES

(6) County PINELLAS

(7) Phone Number (813) 563-7342

(8) Permit Number FLS1-150576

(9) Plant Type SC

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERC PONDS SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 1025
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ (Signature) _____ Cert. No. 1025-B

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.045
(17) Permitted capacity	mgd	—	.130
(18) Three-month average daily flow	mgd	—	.104
(19) Percent of permitted capacity	%	—	80%
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2
(23) TSS Effluent	lbs/day	—	1.51
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.47
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.3
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
BOD EFFLUENT			3
FECAL			<1

DER Form	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Page # of DMR)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34)

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (M/100ml)	DO Eff. (mg/L)
1	096	3.5						7.3						
2	142	3.5						7.3						
3	090	3.5						7.4						
4	092													
5	094	3.5						7.3						
6	102	3.5						7.4						
7	104	3.5						7.4						
8	096	3.5			230	2		7.4			4.30		≤1	3
9	183	3.5						7.3						
10	084	1.3						7.2						
11	089													
12	080	3.5						7.3						
13	100	3.5						7.2						
14	092	3.5						7.3						
15	084	3.5						7.3						
16	132	3.5						7.4						
17	089	3.5						7.3						
18	079													
19	036	3.5						7.3						
20	094	3.5						7.4						
21	093	3.5						7.4						
22	036	3.5			174	2		7.3			6.63		≤1	3
23	066	3.5						7.3						
24	066	3.5						7.3						
25	066													
26	066	3.5						7.3						
27	106	3.5						7.2						
28	102	3.5						7.4						
29	070	3.5						7.5						
30	136	3.5						7.2						
31	150	1.7						7.7						

Each Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: [signature]

Date: 9-5-91

Name (Please Type): Larry Ramsey

Company Name: SSU SERVICES

Telephone No. (Please Type): 1/813/868-7342

DEP Form # 17-601.300(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DEP Application No. (Filled in by DEP)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number SIP01246

(3) Plant Name PALM TERRACE GARDENS

(4) Plant Address ARCADIA & JASON STREETS

(5) City PORT RICHEY

(6) County PASCO

(7) Phone Number (813) 842-7342

(8) Permit Number FLA-156578

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERC PONDS
SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 16425
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ Signature 16425 B Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.091
(17) Permitted capacity	mgd	—	.180
(18) Three-month average daily flow	mgd	—	.101
(19) Percent of permitted capacity	%	—	56
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	—	3.2
(24) Minimum pH		—	8.0
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	3.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
BOD EFFLUENT			2.5
FECAL			41

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

(4) Month SEPTEMBER Year 1991

Day	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD Eff. (mg/L)						
1	.100																			
2	.068	3.0						7.0												
3	.096	3.5						7.4												
4	.094	3.5						7.4												
5	.078	3.5			216		5	7.3			6.16		<1	1						
6	.132	3.5						7.4												
7	.080	3.5						7.4												
8	.086																			
9	.100	3.5						7.4												
10	.096	3.5						7.3												
11	.118	3.5						7.3												
12	.078	3.5						7.3												
13	.104	3.5						7.3												
14	.078	3.5						7.3												
15	.078																			
16	.106	3.5						7.4												
17	.084	3.5						7.3												
18	.082	3.5						7.3												
19	.090	3.5			294		1	7.3			1.20		<1	4						
20	.128	3.5						7.4												
21	.073	3.5						7.3												
22	.073																			
23	.088	3.5						7.4												
24	.082	3.5						7.1												
25	.094	3.5						7.1												
26	.074	3.5						7.3												
27	.134	3.0						7.4												
28	.073	3.5						7.3												
29	.079																			
30	.084	6.5						7.4												

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Darry Ramsey

Name (Please Type): Darry Ramsey

Company Name: SSU SERVICES

Date: 10-4-91

Telephone No. (Please Type): 1/813/868-7342

DER Form 17-601.300(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month OCTOBER Year 1991

(2) Plant's DER Identification Number SIP01246

(3) Plant Name PALM TERRACE GARDENS

(4) Plant Address ACACIABLE & JASMINE STREETS

(5) City PORT RICHEY

(6) County PASCO

(7) Phone Number (813) 862-7342

(8) Permit Number DO51-150578

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PUBLIC ACCESS SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Larry Ramey (Signature) 1025-B Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.101
(17) Permitted capacity	mgd	—	.130
(18) Three-month average daily flow	mgd	—	.094
(19) Percent of permitted capacity	%	—	72
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	2.4
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.38
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
BOD EFFLUENT			4
FECAL			61

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Month OCTOBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD Eff. (mg/L)
1	046	2.5						7.3						
2	048	3.0						7.3						
3	028	2.5			112		2	7.4			0.400		<1	4
4	136	3.0						7.3						
5	021	2.5						7.2						
6	051													
7	035	2.0						7.4						
8	042	2.2						7.4						
9	026	2.5						7.3						
10	024	2.5						7.3						
11	134	3.0						7.4						
12	051	2.5						7.3						
13	051													
14	110	2.0						7.4						
15	100	2.5						7.3						
16	048	2.5						7.3						
17	112	2.5			126		4	7.4			4.94		<1	3
18	124	2.8						7.3						
19	107	2.5						7.3						
20	107													
21	124	2.8						7.2						
22	096	3.0						7.4						
23	044	2.0						7.3						
24	028	2.5						7.3						
25	152	3.0						7.4						
26	098	2.5						7.4						
27	098													
28	100	3.0						7.4						
29	092	2.6						7.3						
30	104	3.5						7.3						
31	092	3.0			288		3	7.4			4.81		<1	5

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey Date: 11-7-91

Name (Please Type): Larry Ramsey

Company Name: SSU SERVICES Telephone No. (Please Type) 1/813/868-7342

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1991

(2) Plant's DER Identification Number SIF01846

(3) Plant Name PALM TERRACE GARDENS

(4) Plant Address ACCIACCOLE & JASON STREETS

(5) City PORT RICHEY

(6) County PASCO

(7) Phone Number (813) 848-7342

(8) Permit Number DO51-150578

(9) Plant Type 3 C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERC PONDS SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 1025

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Larry Kenney (Signature) 1025-B Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.109
(17) Permitted capacity	mgd	—	.130
(18) Three-month average daily flow	mgd	—	.096
(19) Percent of permitted capacity	%	—	74.9
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	3.3
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
BOD EFFLUENT			4.5
FECAL			<1

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month NOVEMBER Year 1991

Day of the month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	POD Eff. (mg/L)
1	.134	3.0						7.3						
2	.134							7.4						
3	.084	3.0						7.4						
4	.126	3.0						7.3						
5	.124	3.5						7.3						
6	.110	3.0						7.3						
7	.096	3.5						7.3						
8	.106	3.5						7.3						
9	.113	3.5						7.2						
10	.113													
11	.106	3.0						7.3						
12	.094	3.5						7.4						
13	.096	3.0						7.3						
14	.104	3.5			158		5	7.3			6.76		<1	4
15	.136	3.5						7.3						
16	.076	3.5						7.3						
17	.076													
18	.076	3.0						7.4						
19	.100	3.5						7.3						
20	.106	3.5						7.3						
21	.096	3.5						7.2						
22	.206	3.0						7.3						
23	.126	3.0						7.3						
24	.116	3.5						7.2						
25	.092	3.0			178		9	7.3			5.14		<1	5
26	.098	3.0						7.4						
27	.156	3.5						7.4						
28	.150	2.5						7.6						
29	.054	3.5						7.6						
30	.052	3.5						7.5						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Larry Ramsey

Name (Please Type): Larry Ramsey

Company Name: SSU SERVICES

Date: 12-5-91

Telephone No. (Please Type): 1/813/868-7341

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number SP01846

(3) Plant Name PALM TERRACE GARDENS

(4) Plant Address ARDMORE & LASSEN STREETS

(5) City PORT RICHEY

(6) County PASCO

(7) Phone Number (813) 862-7742

(8) Permit Number DC51-150575

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PUBLIC LANDS SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class B Cert No. 1025

Evening Shift Operator Class _____ Cert No. _____

Night Shift Operator Class _____ Cert No. _____

Lead Operator [signature] (Signature) 1025-B Cert No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.095
(17) Permitted capacity	mgd	—	.130
(18) Three-month average daily flow	mgd	—	.100
(19) Percent of permitted capacity	%	—	77%
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2.6
(23) TSS Effluent	lbs/day	—	1.95
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	0.151
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	3.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
BOD EFFLUENT			3
FECAL			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month: DECEMBER Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Calorine Residual after Dechlorination	CBOD5 Influent (mg/L)	TSS Influent (mg/L)	CBOD5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	DO Eff. (mg/L)
1	.052	2.0						7.-						
2	.042	3.5						7.3						
3	.032	3.0						7.3						
4	.028	3.5						7.4						
5	.022	3.5						7.4						
6	.032	3.5						7.4						
7	.027							7.4						
8	.027	3.5												
9	.026	3.0						7.3						
10	.042	3.5						7.3						
11	.022	3.5						7.4						
12	.026	3.5		224		4	7.3				<.01		<1	2
13	.042	3.0						7.4						
14	.024	3.5						7.4						
15	.040	2.5						7.3						
16	.054	3.0						7.4						
17	.050	3.5						7.3						
18	.088	1.5						7.3						
19	.076	2.5						7.3						
20	.026	3.0						7.4						
21	.020	3.5						7.3						
22	.020													
23	.088	3.5						7.4						
24	.041	3.5						7.4						
25	.091													
26	.032	1.6			284		1	7.4			0.151		<1	4
27	.164	3.5						7.3						
28	.111													
29	.111													
30	.150	3.5						7.2						
31	.110	3.6						7.3						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Larry Ramsey Date: 1-3-92

Name (Please type): Larry Ramsey

Operator Name: SSU SERVICES Telephone No. (Please type): 1/813/868-234

VR

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1990

(1) DHS # 5126126 — James Conway B-1025 #9 — 2/2/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARMENDALE & JASON STREETS

(4) CITY: PORT RICHEY FL. (5) COUNTY: PASCO PHONE NO. 1-(813)-232-4501

(6) PERMIT NUMBER: FL0035157 (7) AVG FLOW MGD: .119 (8) DESIGN FLOW MGD: .200 (9) TYPE: 2C

(10) MAX FLOW (MGD): .135 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD: — BOD lb/d: — TSS lb/d: —
(14) % FLOW INFIL: —
(15) BOD (mg/l) EFFLUENT: 2
(16) TSS (mg/l) EFFLUENT: 5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			1.26			3.3

(24) BOD (mg/l) UPSTREAM: — DNSTREAM: —
(25) DO (mg/l) UPSTREAM: — DNSTREAM: —
(26) EFFLUENT PARAMETER: — VALUE: — (UNITS): —
TIME/DATE OF SAMPLE: /

(27) TYPE SAMPLE(S): GRAB
(28) TYPE EFFL DISPOSAL: PERC PONDS / SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
1025-B

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.138	3.5			7.5			
2	.100	4.0			7.4			
3	.116	5.0			7.6			
4	.135	3.0			7.7			
5	.129	2.5			7.3			
6	.121	4.0			7.3			
7	.121							
8	.120	3.5			7.3			
9	.129	4.0			7.3			
10	.136	2.5			7.4			
11	.106	3.0	<1	<5	7.4			10
12	.120	3.5			7.3			
13	.119	4.0			7.4			
14	.117							
15	.121	3.0			7.3			
16	.116	3.5			7.4			
17	.123	3.5			7.3			
18	.106	3.0			7.3			
19	.115	3.5			7.4			
20	.121	3.5			7.3			
21	.123							
22	.114	3.0			7.3			
23	.115	3.5			7.4			
24	.114	3.5			7.4			
25	.096	3.5	3	5	7.3			41
26	.114	3.5			7.3			
27	.114	3.5			7.2			
28	.114							
29	.112	3.5			7.3			
30	.106	3.5			7.3			
31	.114	3.5			7.4			
TOT			4	10	1426			11
AVG			2	5	7.3			6

0649

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # SLP01846

Tony Ramsey B-1025 [illegible] 3/2/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Terrace Gardens

(3) PLANT ADDRESS: Arbuckle & Iasow Streets

(4) CITY: Port Richey FL. (5) COUNTY: Pasco PHONE NO. 1-Exc-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA 0 5 L-L 5 0 5 2 E .120 .200 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.148

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

15 3

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 LMI 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

TIME/DATE OF SAMPLE 1

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

GRAB Perc Ponds/Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1025-B

DER Form 17-7.205(1) Effective November 30, 1982

Month FEBRUARY Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.104	3.5			7.3			
2	.110	3.5			7.4			
3	.120	3.5			7.3			
4	.120							
5	.132	3.5			7.3			
6	.124	3.5			7.3			
7	.050	3.5			7.3			
8	.1016	3.5	6	3	7.4			41
9	.122	3.5			7.3			
10	.120	3.5			7.4			
11	.120							
12	.122	3.5			7.3			
13	.134	3.5			7.3			
14	.148	3.5			7.4			
15	.105	3.5			7.3			
16	.135	3.5			7.4			
17	.143	3.5			7.3			
18	.143							
19	.136	3.5			7.4			
20	.100	3.5			7.3			
21	.1092	3.5			7.3			
22	.100	3.5			7.4			
23	.126	3.5			7.3			
24	.130	3.5			7.3			
25	.130							
26	.136	3.5			7.4			
27	.090	3.5			7.3			
28	.105	3.5			7.3			
29								
30								
31								
101	3.356	84.0			176.6			41
AVG	.120	3.5			7.3			41

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # SL20L846

Tom Romary B-1025 4/6/90
Signature of Plant Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBORDALE & JASON STREETS

(4) CITY: PORT RICHEY, FL. (5) COUNTY: PASCO PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOSL-150528	.120	.200	20

(10) MAX FLOW (MGD): .146 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) R FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				10	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			0.170			3.5

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC. PONDS/SPRAY IRR.

(29) PLANT STAFFING

CAD OPERATION	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
1025-B			

FDEP Form 17-1.201(7) Effective November 30, 1982

Month MARCH Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.126	3.5			7.4			
2	.118	3.5			7.3			
3	.137	3.5			7.3			
4	.132							
5	.128	3.5			7.4			
6	.123	3.5			7.3			
7	.116	3.5			7.4			
8	.104	3.5	1	3	7.3	0.1		41
9	.115	3.5			7.3			
10	.122	3.5			7.3			
11	.122							
12	.130	3.5			7.4			
13	.118	3.5			7.3			
14	.134	3.5			7.4			
15	.114	3.5			7.3			
16	.096	3.5			7.3			
17	.132	3.5			7.4			
18	.130							
19	.115	3.5			7.3			
20	.102	3.5			7.3			
21	.114	3.5			7.4			
22	.056	3.5	18	4	7.3	0.1		41
23	.128	3.5			7.3			
24	.125	3.5			7.3			
25	.125							
26	.138	3.5			7.4			
27	.146	3.5			7.3			
28	.128	3.5			7.2			
29	.060	3.5			7.3			
30	.116	3.5			7.2			
31	.122	3.5			7.3			
TOT	3.743	94.5	19	7	197.5			42
AVG	.120	3.5	10	4	7.3			41

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 5LE6LE46

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBUCKLE & JASON STREETS

(4) CITY: PORT RICHEY, FL (5) COUNTY: PASCO PHONE NO. 1-[illegible]-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOS1-150578	.110	.200	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.132		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				12	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE → NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			.90			3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		1		

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC PONDS / SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1025-B

DER Form 17-1.205(7) Effective November 30, 1982

Month APRIL Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.104	3.5			7.4			
2	.115	3.5			7.3			
3	.106	3.5			7.3			
4	.101	3.5			7.4			
5	.120	3.5	10	1	7.3	0.64		1
6	.102	3.5			7.3			
7	.094	3.5			7.2			
8	.113	3.5			7.4			
9	.120	3.5			7.3			
10	.114	3.5			7.3			
11	.116	3.5			7.4			
12	.102	3.5			7.3			
13	.114	3.5			7.3			
14	.132	3.5			7.3			
15	.116	3.5			7.3			
16	.124	3.5			7.3			
17	.122	3.5			7.2			
18	.104	3.5			7.3			
19	.098	3.5	14	5	7.3	0.13		
20	.108	3.5			7.3			
21	.120	3.5			7.4			
22	.105	3.5			7.4			
23	.114	3.5			7.3			
24	.104	3.5			7.3			
25	.110	3.5			7.2			
26	.090	3.5			7.3			
27	.104	3.5			7.3			
28	.104	3.5			7.3			
29	.116	3.5			7.4			
30	.094	3.5			7.3			
31								
TOT	3.301	105	24	6	219.4	.159		1
AVG	.110	3.5	12	3	7.3	.90		1

DEP

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

0653

(1) CMS # 5L2QL846

Tony Ramos B-1045 — 6/7/96
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBORMOR & JASON STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 1-800-432-4504

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOSL-LSOSZE	.097	.200	ZC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.120		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				12	2.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			0.262			3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC PONDS / SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR 1025-B SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.209(7) Effective November 30, 1982

Month MAY Year 1996

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.100	3.5			7.3			
2	.096	3.5			7.4			
3	.090	3.5	2	2	7.3			28
4	.110	3.5			7.3			
5	.110	3.5			7.3			
6	.086	3.5			7.5			
7	.120	3.5			7.4			
8	.094	3.5			7.4			
9	.092	3.5			7.3			
10	.090	3.5			7.3			
11	.094	3.5			7.3			
12	.120	3.5			7.4			
13	.100	3.5			7.4			
14	.112	3.5			7.3			
15	.104	3.5			7.4			
16	.100	3.5			7.3			
17	.090	3.5			7.3			61
18	.092	3.5	4	2	7.4			
19	.102	3.5			7.3			
20	.086	3.5			7.3			
21	.100	3.5			7.4			
22	.104	3.5			7.3			
23	.092	3.5			7.3			
24	.082	3.5			7.4			
25	.082	3.5			7.3			
26	.096	3.5			7.4			
27	.098	3.5			7.3			
28	.096	3.5			7.3			
29	.094	3.5			7.4			
30	.084	3.5			7.4			
31	.094	3.5			7.4			
TOT	3.016	108.5			227.8			29
AVG	.097	3.5			7.3			15

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 1990

(1) CHS # 515201226

Tony Tommey B-025 — 7/5/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALMS TERRACE GARDENS

(3) PLANT ADDRESS: ARCADIA & JASON STREETS

(4) CITY: PORT RICHEY, FL. (5) COUNTY: PASCO PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-150228	.057	.200	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.122		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	DOD lb/d	ISS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) ISS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			2.24			3.5

(24) DOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC PONDS, 5004: 188.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1025-B

DER Form 17-1.201(5) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.090	3.5			7.4			
2	.122	3.5			7.4			
3	.065	3.5			7.4			
4	.094	3.5			7.3			
5	.092	3.5			7.3			
6	.088	3.5			7.4			
7	.116	3.5			7.3			
8	.098	3.5			7.4			
9	.098	3.5			7.3			
10	.094	3.5			7.3			
11	.098	3.5			7.3			
12	.104	3.5			7.3			
13	.088	3.5			7.4			
14	.084	3.5	<1	2	7.3			<1
15	.084	3.5			7.4			
16	.092	3.5			7.4			
17	.078	3.5			7.4			
18	.086	3.5			7.3			
19	.082	3.5			7.3			
20	.086	3.5			7.3			
21	.080	3.5			7.4			
22	.086	3.5			7.3			
23	.100	3.5			7.4			
24	.082	3.5			7.4			
25	.086	3.5			7.3			
26	.082	3.5			7.3			
27	.082	3.5			7.4			
28	.074	3.5	<1	2	7.3			<1
29	.084	3.5			7.3			
30	.082	3.5			7.4			
31								
TOT	2.62	105	15	4	220.4			<1
AVG	.027	3.5	7.5	2	7.3			<1

0654

0655

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) CMS # SLP0L246

Larry Ramsey B-1025 — 8/5/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Terrace Gardens

(3) PLANT ADDRESS: Arbuckle & Jason Streets

(4) CITY: Port Richey, Fl. (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOSL-150278	.085	.200	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.112		⋈ Membrane Filter ( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID (ppm)
7.3			6.64			3.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Ponds/Spray Irr.

(29) PLANT STAFFING

LEAD OPERATOR: 1025-B SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-1.201(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.080	3.5			7.4			
2	.090	3.5			7.3			
3	.084	3.5			7.3			
4	.094	3.5			7.4			
5	.089	3.5			7.3			
6	.082	3.5			7.3			
7	.094	3.5			7.4			
8	.077	3.5			7.4			
9	.056	3.5			7.3			
10	.081	3.5			7.3			
11	.076	3.5			7.4			
12	.076	3.5	4	6	7.3			19
13	.076	3.5			7.3			
14	.079	3.5			7.2			
15	.089	3.5			7.4			
16	.073	3.5			7.3			
17	.065	3.5			7.3			
18	.083	3.5			7.4			
19	.079	3.5			7.3			
20	.070	3.5			7.3			
21	.102	3.5			7.4			
22	.094	3.5			7.4			
23	.092	3.5			7.3			
24	.062	3.5			7.3			
25	.080	3.5			7.3			
26	.080	3.5			7.4			<1
27	.094	3.5			7.3			
28	.112	3.5			7.2			
29	.076	3.5			7.2			
30	.098	3.5			7.3			
31	.094	3.5			7.3			
TOT	2.625	108.5			227			30
AVG	.085	3.5			7.3			10

0656

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 5120126 __

Tom Ramsey RWPS — 9/6/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARBUCKLE & LOCUST STREETS

(4) CITY: PORT RICHEY, FL. (5) COUNTY: PASCO PHONE NO. 1-813-432-4521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOSL-1500226	.080	.200	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.168		⋈ Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				8	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			4.0			3.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC PONDS/SPRAY IRR.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
TOM B

DER Form 17-21.205(7) Effective November 30, 1982

Month AUGUST Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.098	3.5			7.3			
2	.094	3.5			7.3			
3	.082	3.5			7.4			
4	.104	3.5			7.3			
5	.082	3.5			7.4			
6	.081	3.5			7.3			
7	.082	3.5			7.3			
8	.092	3.0			7.4			
9	.094	3.5			7.3			41
10	.080	3.5	6	2	7.3			
11	.084	3.5			7.3			
12	.086	3.5			7.3			
13	.094	3.5			7.3			
14	.094	3.5			7.4			
15	.084	3.5			7.3			
16	.104	3.5			7.3			
17	.080	3.5			7.4			
18	.080	3.5			7.4			
19	.074	3.5			7.3			
20	.100	3.6			7.3			
21	.096	3.0			7.4			
22	.088	3.6			7.3			
23	.086	3.0	9	2	7.3			3
24	.082	3.0			7.3			
25	.108	3.0			7.3			
26	.086	3.0			7.3			
27	.092	3.0			7.4			
28	.094	3.0			7.3			
29	.082	3.0			7.3			
30	.076	3.0			7.4			
31	.086	3.0			7.3			
TOT	2.722	103	15	4	227			4
AVG	.090	3.3	8	2	7.3			2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month SEPTEMBER Year 1990

(1) GMS # 5126146

Larry Ramey, B-1025 — 10/4/90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARRCRAIG & JASON STREETS

(4) CITY: PORT RICHEY, FL. (5) COUNTY: PASCO PHONE NO. 1-800-442-4520

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOSL-150578	.090	.260	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.146		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				13	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			0.23			3.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	(25) DO (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
				/			

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL:

(29) PLANT STAFFING

LEAD OPERATOR: 1025-B SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-21.205(1) Effective November 30, 1982 — PERC Ponds/SPRAYIRRIGATION

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.102	3.0			7.4			
2	.108	3.0			7.4			
3	.088	3.0			7.2			
4	.094	3.0			7.3			
5	.087	3.0			7.3			
6	.094	3.0	15	2	7.3			<1
7	.094	3.0			7.4			
8	.104	3.5			7.3			
9	.096	3.0			7.3			
10	.094	3.0			7.3			
11	.060	3.0			7.4			
12	.058	3.0			7.3			
13	.083	3.0			7.3			
14	.066	3.0			7.4			
15	.076	3.0			7.3			
16	.066	3.0			7.4			
17	.076	3.0			7.3			
18	.076	3.0			7.3			
19	.084	3.0			7.4			
20	.104	3.0	10	2	7.3			
21	.092	3.0			7.3			
22	.078	3.0			7.4			
23	.050	3.0			7.3			
24	.082	3.0			7.3			
25	.114	3.5			7.3			
26	.102	3.0			7.4			
27	.066	3.0			7.4			
28	.126	3.0			7.3			
29	.098	3.0			7.4			
30	.146	3.0			7.2			
31								
TOT	2.700	30	25	5	220			<1
AVG	.090	3.0	13	4	7.3			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month OCTOBER Year 1990

(1) DHS # FLA011846

Larry Ramey B-1025 — 11-5-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Terrace Gardens

(3) PLANT ADDRESS: Arbordale & Jasmine Streets

(4) CITY: Port Richey, Fl. (5) COUNTY: Pasco PHONE NO. 1-200-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DOS1-150526 .101 .200 25

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.140 [X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				8	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			2.39			3.0

(24) DOH (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc Ponds / Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: 1025-B SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.074	3.0			7.8			
2	.098	3.0			7.5			
3	.100	3.0			7.3			
4	.100	3.0	14	3	7.4			<1
5	.088	3.0			7.4			
6	.140	3.0			7.3			
7	.098	3.0			7.3			
8	.100	3.0			7.4			
9	.108	3.0			7.4			
10	.094	3.0			7.3			
11	.102	3.0			7.4			
12	.108	3.0			7.4			
13	.104	3.0			7.3			
14	.100	3.0			7.5			
15	.100	3.5			7.3			
16	.098	3.0			7.4			
17	.084	3.0			7.4			
18	.090	3.0	2	4	7.3			
19	.088	3.0			7.3			
20	.012	3.5			7.3			
21	.104	3.0			7.3			
22	.100	3.0			7.3			
23	.106	3.0			7.3			
24	.096	3.0			7.3			
25	.164	3.0			7.4			
26	.07	3.0			7.2			
27	.124	3.0			7.3			
28	.136	3.0			7.3			
29	.083	3.0			7.4			
30	.114	3.0			7.3			
31	.105	3.0			7.3			
101	.156	4.5		7	7.271			<1
AVG	.101	3.0	8	3.5	7.3			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOVEMBER Year 1990

(1) CMS # 512015846

Larry Ramsey
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Palm Terrace Gardens

(3) PLANT ADDRESS: Arborvale & Jason Streets

(4) CITY: Port Richey (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DOSL-150578 .115 .130 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
⋈ Membrane Filter
[ ] Most Probable Number

.154

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 2 (16) TSS (mg/l) EFFLUENT 4

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l 1.2 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT TIME/DATE OF SAMPLE / PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL Perc Ponds/Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
1025-B

DER Form 17-1.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.106	3.5	2	5	7.3			
2	.094	3.5			7.3			
3	.110	3.5			7.4			
4	.108	3.5			7.4			
5	.114	3.5			7.3			
6	.100	3.5			7.3			
7	.082	3.5			7.3			
8	.060	3.5			7.4			
9	.128	3.5			7.4			
10	.130	3.5			7.4			
11	.150	3.5			7.4			
12	.137	3.5			7.3			
13	.122	3.5			7.3			
14	.088	3.5			7.3			
15	.094	3.5	2	2	7.3			1
16	.094	3.5			7.4			
17	.117	3.5			7.3			
18	.148	3.5			7.3			
19	.115	3.5			7.3			
20	.120	3.5			7.3			
21	.086	3.5			7.4			
22	.154	3.5			7.4			
23	.136	3.5			7.4			
24	.138	3.5			7.3			
25	.142	3.5			7.3			
26	.128	3.5			7.4			
27	.117	3.5			7.4			
28	.104	3.5			7.3			
29	.103	3.5	2	4	7.3			
30	.100	3.5			7.3			
31								
TOT	3.435	105	6	11	220			2
AVG	.115	3.5	2	4	7.3			1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month DECEMBER Year 1994

(1) DHS # 5126446

Signature of Lead Operator in Charge — Date 1-7-95

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: PALM TERRACE GARDENS

(3) PLANT ADDRESS: ARRONAX & JASMINE STREETS

(4) CITY: PORT RICHEY (5) COUNTY: PASCO PHONE NO. 727-842-4501

(6) PERMIT NUMBER: DO51-152578 (7) AVG FLOW MGD: .123 (8) DESIGN FLOW MGD: .130 (9) TYPE: ZC

(10) MAX FLOW (MGD): .154 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT: 2 (16) TSS (mg/l) EFFLUENT: 13

(17) pH: 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l: 9.36 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: .25

(24) BOD (mg/l) UPSTREAM / DNSTREAM (25) DO (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1025-B

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.117	3.5			7.4			
2	.128	3.5			7.4			
3	.124	3.4			7.3			
4	.121	3.5			7.3			
5	.120	3.5			7.4			
6	.110	3.4			7.3			
7	.122	3.5			7.4			
8	.096	3.5			7.4			
9	.084	3.5			7.4			
10	.102	3.5			7.3			
11	.102	3.5			7.3			
12	.128	3.5			7.4			
13	.132	3.5	1	4	7.3			1
14	.134	3.5			7.3			
15	.142	3.5			7.3			
16	.164	3.5			7.3			
17	.125	3.5			7.4			
18	.112	3.5			7.3			
19	.120	3.5			7.3			
20	.116	3.5			7.3			
21	.118	3.5			7.3			
22	.130	3.5			7.3			
23	.124	3.5			7.3			
24	.150	3.5			7.4			
25	.124	3.5			7.4			
26	.124	3.5			7.3			
27	.132	3.5	3	22	7.3			1
28	.128	3.5			7.3			
29	.154	3.5			7.3			
30	.152	3.5			7.3			
31	.140	3.5			7.4			
TOT	3.812	108.5	4	26	227.4			2
AVG	.123	3.5	2	13	7.3			1

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Park Manor - 444

Putnam County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 1991

(1) DNS #3154PCCQ96 [signature] 1-4594 2-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				<1	3

(17) pH	(18) ~~Total~~ N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

29. PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A. Usry

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	.6			7.1			
2	.002	.5			7.1	8.8		
3	.003	.5			7.1			
4	.002	.5			7.1			
5		.5			7.1			
6		.5			7.1			
7	.006	.5			7.1			
8	.001	.5			7.1			
9	.003	.5	<1	3	7.1			
10	.001	.5			7.1			
11	.002	.6			7.1			
12	.002	.6			7.1			
13	.002	.5			7.1			
14	.002	.5			7.1			
15	.002	.5			7.1			
16	.002	.6			7.1			
17	.002	.6			7.1			
18	.002	.6			7.1			
19	.002	.6			7.1			
20	.001	.5			7.1			
21	.003	.6			7.1			
22	.002	.5			7.1			
23	.001	.5			7.1			
24	.002	.5			7.1			
25	.002	.5			7.1			
26								
27								
28	.006	.5			7.1			
29	.002	.6			7.1			
30	.003	.5			7.1			
31	.002	.6			7.1			
TOT	.062	15.5	<1	3	205.3	8.8		
AVG	.002	.5	<1	3	7.1	8.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 1991

(1) DHS # 3L54PD4659 — A-4814 — 3-11-91

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO54-146586 (7) AVG FLOW MGD: .002 (8) DESIGN FLOW MGD: .015 (9) TYPE: D-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 105 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 5
(16) TSS (mg/l) EFFLUENT: 2

(17) pH: 7.1
(18) NO_3: 4.4
(19) AMMONIA mg/l:
(20) NITRITE + NITRATE mg/l:
(21) TOTAL P mg/l:
(22) ORTHO P mg/l:
(23) CHLOR RESID ppm: 5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM / DNSTREAM:
(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING
LEAD OPERATOR: A-4814 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-6.510(3) Effective Tuesday 30, 1702

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NO_3	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.5			7.1			
2	.002	.5			7.1			
3	.002	.5			7.1			
4	.001	.5			7.1			
5	.003	.5			7.1			
6	.002	.5	5	2	7.1			
7	.002	.5			7.1			
8	.002	.5			7.1			
9	.002	.6			7.1			
10	.002	.5			7.1			
11	.002	.6			7.1			
12	.002	.6			7.1	4.4		
13	.002	.5			7.1			
14	.002	.5			7.1			
15	.002	.5			7.1			
16	.002	.5			7.1			
17	.002	.5			7.1			
18								
19	.004	.6			7.1			<1
20	.002	.6			7.1			
21	.001	.5			7.1			
22	.002	.5			7.1			
23	.002	.5			7.1			
24	.002	.5			7.1			
25	.002	.5			7.1			
26	.002	.5			7.1			
27	.001	.6			7.1			
28	.002	.6			7.1			
29								
30								
31								
TOT	.054	14.2	5	2	197.1	4.4		<1
AVG	.002	.5	5	2	7.1	4.4		<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) CMS # 3154P00096

D.O.N. A-4 of 4-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manne

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.0	2.0

(17) pH	(18) NO3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	8.8					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rec. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4 of 4 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-6.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	.5			7.1			
2	.002	.6			7.1			
3								
4	.004	.5			7.1			
5	.001	.5			7.1	8.8		
6	.003	.5			7.1			
7	.002	.5			7.1			
8	.002	.5			7.1			
9	.002	.5			7.1			
10	.002	.5			7.1			
11	.002	.5			7.1			
12	.002	.5			7.1			
13	.001	.5			7.1			
14	.002	.6			7.1			
15	.002	.5			7.1			
16	.003	.5			7.1			
17	.002	.5			7.1			
18	.001	.5			7.1			
19	.002	.5			7.1			
20	.002	.6	2.0	2.0	7.1			
21	.003	.5			7.1			
22	.002	.5			7.1			
23	.003	.5			7.1			
24								
25	.004	.5			7.1			
26	.003	.5			7.1			
27	.003	.6			7.1			
28	.002	.5			7.1			
29	.002	.6			7.1			
30	.002	.5			7.1			
31	.003	.5			7.1			
TOT	.061	15.0	2.0	2.0	205.9	8.8		
AVG	.002	.5	2.0	2.0	7.1	8.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) GNS # 3154P00096

A-4894 5-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO54-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	105	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	2

(17) pH	(18) [redacted] NO_3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	4.4					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.6			7.0			
2	.002	.5			7.1			
3	.002	.6			7.1			
4	.002	.6			7.1			
5	.002	.5			7.0			
6								
7	.005	.6			7.1			
8	.002	.5			7.1			
9	.002	.5			7.1			
10	.003	.7	2	2	7.1	4.4		1
11	.003	.6			7.0			
12	.002	.6			7.0			
13	.003	.6			7.0			
14	.002	.7			7.0			
15	.003	.7			7.0			
16	.003	.6			7.0			
17								
18	.005	.6			7.0			
19								
20	.004	.5			7.0			
21	.003	.5			7.0			
22	.002	.6			7.0			
23	.002	.5			7.0			
24	.003	.6			7.0			
25	.002	.5			7.0			
26	.003	.6			7.0			
27	.002	.5			7.0			
28	.003	.6			7.0			
29	.002	.5			7.1			
30	.003	.5			7.0			
31								
TOT	.072	14.8	2	2	189.8	4.4		1
AVG	.002	.5	2	2	7.0	4.4		1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 3154P00096

Month May Year 1991

A-4894 6-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Road

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO.1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D054-146586 .002 .015 D-3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.004 105

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) R FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 3

(16) TSS (mg/l) EFFLUENT: 4

(17) pH: 7.0

(18) [illegible] NO_3 mg/l: 11

(19) AMMONIA mg/l

(20) NITRITE & NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: .7

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A -4894

DEP Form 17-1.209 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[illegible] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.6			7.0			
2	.002	.5	3	4	7.0			
3	.002	.6			7.0			
4								
5	.006	.5			7.0			
6	.002	.7			7.0			
7	.003	.8			7.0			
8	.003	.8			7.0			
9	.002	.7			7.0			
10	.007	.8			7.0			
11	.002	.7			7.0			
12	.002	.8			7.1			
13	.003	.8			7.0			
14	.003	.7			7.0			
15	.004	.6			7.0			
16	.002	.8			7.0			
17	.002	.7			7.0			
18	.003	.8			7.0			
19	.004	.7			7.0			
20	.001	.7			7.0			
21	.003	.8			7.0			
22	.002	.8			7.0	18		
23	.003	.8			7.0			
24	.002	.8			7.0			
25	.003	.7			7.0			
26								
27	.005	.5			7.0			
28	.002	.7			7.0			
29	.003	.7			7.0			
30	.002	.6			7.0			
31	.002	.8			7.0			
TOT	.082	20.5	3	4	203.1	18		
AVG	.002	.7	3	4	7.0	18		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) CNS # 3154P00096 [redacted] A-4794 7-11-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4561

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO54-146586	.003	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.005	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.0	5.0

(17) pH	(18) [redacted] NO_3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	18					.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rec. Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-4894			

EPA Form 3320-1, 12-85 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	.8			6.9			
2	.002	.8			6.9			
3	.002	.7			7.0			
4	.002	.7			6.9			
5	.002	.8	4.0	5.0	6.9			
6	.004	.6			7.0			
7	.003	.6			7.0			
8	.005	.6			6.9			
9	.003	.8			7.0			
10	.003	.7			7.0			
11	.004	.6			7.0			
12	.003	.7			7.0			
13	.003	.6			6.9			
14	.002	.6			6.9			
15	.003	.6			7.0			
16	.003	.6			7.0			
17	.003	.6			7.0			
18								
19	.005	.8			7.0	18		<1
20	.002	1.0			7.0			
21								
22	.004	.8			7.0			
23								
24	.004	.5			6.9			
25	.003	.6			7.0			
26	.002	.6			7.0			
27	.003	.7			7.0			
28	.002	.5			7.0			
29								
30	.005	.5			7.0			
31								
TOT	.080	17.2	4.0	5.0	181.2	18		<1
AVG	.003	.7	4.0	5.0	7.0	18		<1

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DER Form 17-601(8)(21)
Domestic Wastewater Treatment Plant Monthly Operating Report
Form No.
Effective Date: July 1, 1991
DER Application No.
Page # of ##

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3154P000916

(3) Plant Name Park Manor

(4) Plant Address Lot 8 Blk. 2 Park Rd.

(5) City Hollister

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-146581b

(9) Plant Type D-3

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] (Signature) A-489Y (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0024
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.0026
(19) Percent of permitted capacity	%	–	16%
(20) $CBOD_5$ Effluent	mg/L	080082	2.1
(21) $CBOD_5$ Effluent	lbs/day	–	.04
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	–	.08
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.0
(26) [illegible] NO_3	mg/L	000600	17.3
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	0.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(14) Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3
1	.0024	.5						7.0						
2	.0022	.8		400	352	2.1	40	7.0						
3	.0022	.6						7.0						
4														
5	.0059	.5						7.0						
6														
7														
8	.0066	.5						7.0						
9	.0020	.5						7.0						
10	.0020	.7						7.0						
11	.0025	.6						7.0						
12	.0025	.6						7.0						
13														
14														
15	.0081	.5						7.0						
16	.0019	.5						7.0						
17	.0018	.5						7.0						
18	.0034	.6						7.0						
19	.0024	.5						7.0						
20														
21														
22	.0084	.5						7.0						
23														
24	.0038	.5						7.0						
25	.0026	.5						7.0						
26														17.3
27														
28														
29	.0092	.5						7.0						
30	.0024	.6						7.0						
31	.0023	.5						7.0						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature: Paul D. Thompson Date: Aug 16 1991

Name (Please Type) Paul D. Thompson

Facility Name SSU Services Telephone No. (Please Type) 904-649-4143

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month AUGUST Year 1991

2) Plant's DER Identification Number 3154 P00096

3) Plant Name PARK MANOR

4) Plant Address LOT 5 BLK 2 PARK RD

5) City HOLLISTER

6) County PUTNAM

7) Phone Number 904-649 4143

8) Permit Number DO 54-146586

9) Plant Type D-3

10) Test Site Identification Number 3154X 10843

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class A Cert. No 4594

Evening Shift Operator Class ____ Cert No ____

Night Shift Operator Class ____ Cert No ____

Lead Operator [signature] A 4594
Signature Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0023
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.0025
(19) Percent of permitted capacity	%	–	17%
(20) $CBOD_5$ Effluent	mg/L	00080R2	2
(21) $CBOD_5$ Effluent	lbs/day	–	.04
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	–	.02
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Fecal N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	26.1
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.4
(32) Maximum Chlorine Residual	mg/L	–	.6
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month AUGUST Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3
.002	.4						7.0						
.002	.5						7.0						
.007	.5						7.0						
.005	.5						7.0						
.002	.5						7.0						
.0002	.5						7.0						
.003	.5						7.0						
.003	.5						7.0						
.002	.5		123	252	2	1	7.0						
.002	.5						7.1						
.003	.4						7.1						
.005	.5						7.0						
.002	.5						7.1						
.002	.5						7.1						
.002	.5						7.1						
.002	.5						7.0						
.002	.4						7.1						
.002	.5						7.1						
.002	.4						7.0						
.002	.4						7.1						264
.003	.5						7.0						
.003	.6						7.1						

[illegible] Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

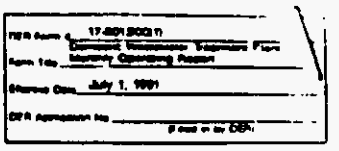
Signed [illegible]

Date [illegible]

Paul Thompson

SSU SERVICES

Telephone No. (Please Type) 904-644-4114



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number 3154P00096

(3) Plant Name PARK MANOR

(4) Plant Address PARK ROAD

(5) City HOLLISTER

(6) County PUTNAM

(7) Phone Number 904-649-4143

(8) Permit Number D054-146586

(9) Plant Type D-3

(10) Test Site Identification Number 3154X 10843

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] Signature A-4894 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.002
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.31
(19) Percent of permitted capacity	%	–	13%
(20) $CBOD_5$ Effluent	mg/L	080082	4.1
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	35.6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.4
(32) Maximum Chlorine Residual	mg/L	–	1.4
(33) Other Effluent Parameters			
FECAL COLIFORM			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(TM)

Month Sept Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1													
2													
3	.008	.6						7.0					
4	.021	1.0		315	220	4.1	3.0	7.0					
5	.003	.7						7.0					
6	.002	.6						7.1					
7													
8													
9	.007	.5						7.0					
10	.002	.9						7.1					
11	.003	.6						7.1					
12	.001	.7						7.0					
13	.002	.5						7.0					
14													
15													
16	.007	.4						7.0					
17	.002	.5						7.1					
18	.002	.7						7.1					
19													
20	.004	.4						7.0					
21													
22													
23	.007	.4						7.1					
24	.002	.4						7.1					
25	.002	1.4						7.0			35.6		<1
26	.003	.9						7.0					
27	.001	.6						7.0					
28													
29													
30	.006	.4						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Paul Thompson Date: 10-1-91

Name (Please Type) Paul Thompson

Company Name SSU SERVICES Telephone No. (Please Type) 904-649-4143

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

) Month Oct. Year 1991

) Plant's DER Identification Number 3154P000916

) Plant Name Park Manor

) Plant Address Park Rd.

) City Hollister

) County Putnam

) Phone Number 904-649-4143

) Permit Number DO54-146586

Plant Type D-3

Test Site Identification Number 3154X 10843

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class A Cert. No 4894

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [signature] Signature A-4894 Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.003
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.002
(19) Percent of permitted capacity	%	–	13%
(20) $CBOD_5$ Effluent	mg/L	080082	1.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.04
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form 17-601(9)(b) n
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ If not a DER

Domestic Wastewater Treatment Plant
Monthly Operating Report

19) Park Manor) Month Oct. Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.003	0.5						6.9					
.004	0.6						7.0					
.001	0.6						7.0					
.003	0.9						7.0					
.016	.04						7.0					
.004	1.0		155	152	1.5	3.0	7.0					
.004	0.9						7.0			1.7		
.003	0.6						7.0					
.011	0.4						7.0					
.003	0.5						7.0					
.002	0.7						7.0					
.005	0.6						7.0					
.002	0.3						7.0					
.005	0.6						7.0					
.004	0.5						7.0					
.002	0.6						7.0					
.002	0.9						7.0					
.005	0.6						6.9					
.010	0.5						6.9					
.005	0.5						6.9					
.003	1.0						7.2					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate

Signed PAUL THOMPSON Date 11-1-91

Name (Please Type) PAUL THOMPSON

Company Name SSU SERVICES Telephone No (Please Type) 904-649-4143

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month NOV Year 1991

(2) Plant's DER Identification Number 3154P00096

(3) Plant Name Park Manor

(4) Plant Address Park Rd.

(5) City Hollister

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-146586

(9) Plant Type D-3

(10) Test Site Identification Number 3154X 10843

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ (Signature) A-4894 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.004
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.003
(19) Percent of permitted capacity	%	–	20%
(20) $CBOD_5$ Effluent	mg/L	080082	5.9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10.0
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month NOV. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.063	1.0						7.2					
2													
3													
4	.012	0.6						7.2					
5													
6	.05	0.7						7.2					
7	.03	0.6						7.2					
8	.05	0.5						7.2					
9													
10													
11	.011	0.8						7.1					
12	.04	1.0						7.1					
13	.005	1.0						7.3					
14	.003	1.0						7.2					
15													
16													
17													
18	.017	.8						7.2					
19													
20	.006	0.5						7.2					
21	.004	0.5		253	304	5.9	3.5	7.1			10.0		
22	.03	0.8						7.1					
23													
24													
25	.013	0.5						7.1					
26	.002	1.0						7.2					
27	.005	0.6						7.2					
28													
29	.008	0.8						7.2					
30	.002	0.9						7.0					

Chief Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature: Paul Thompson

Date: 12-24-91

Name (Please Type): PAUL THOMPSON

Company Name: SSU SERVICES

Telephone No (Please Type): 904-649-4143

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Dec. Year 1991

(2) Plant's DER Identification Number 3154 P000916

(3) Plant Name Park Manor

(4) Plant Address Park Rd.

(5) City Hollister

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number D054-146586

(9) Plant Type D-3

(10) Test Site Identification Number 3154X 10843

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No _____

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Roy White (Signature) C-8301 Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050051	.004
(17) Permitted capacity	mgd	—	.015
(18) Three-month average daily flow	mgd	—	.004
(19) Percent of permitted capacity	%	—	27%
(20) $CBOD_5$ Effluent	mg/L	080082	3.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	530201	2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.2
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.083
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			
Fecal Coliform			<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Dec. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.005	.5						7.2					
2	.003	.6						7.3					
3	.003	.7						7.2					
4	.006	.8						7.2					
5	.009	1.0						7.2					
6	.003	1.0						7.2					
7													
8													
9	.009	.8						7.2					
10	.003	1.0						7.2					
11	.005	1.0						7.2					
12	.005	.7						7.2					
13	.003	.8						7.2					
14													
15													
16	.013	.5						7.4					
17	.005	1.0						7.4					
18	.002	1.0						7.4					
19	.003	1.0		183	76	3.5	2	7.2			.083		
20	.005	1.0						7.3					
21													
22													
23	.010	1.0						7.4					
24													
25													
26	.010	.5						7.2					
27	.004	1.0						7.3					
28													
29													
30	.014	.8						7.2					<1
31	.005	1.0						7.2					

I and Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signed: Roy White

Name (Please Type): WILLIAM R. WHITE

Company Name: SSU SERVICES

Date: 1/14/92

Telephone No (Please Type): 649-4143

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 1990

(1) DNS # 54PD00096

A-4894 2-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FD054-146586	.003	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.004	102	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7.9	21

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			17.2			.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	1.2			7.0			
2	.002	1.0			7.1			
3	.002	1.0			7.1			
4	.003	1.2			7.0	30		
5	.003	1.6			7.0			
6		.9			7.1			
7		1.0			7.1			
8	.008	1.0			7.1			
9	.003	.7			7.1			
10	.002	1.0			7.0			
11	.001	.8	7.9	21	7.1			
12	.004	1.0			7.1			
13		.8			7.1			
14		.6			7.1	4.4		
15	.008	.8			7.1			
16	.002	.8			7.1			
17	.002	.8			7.1			
18	.002	.6			7.2			
19	.003	.8			7.1			
20		1.0			7.1			
21		1.0			7.0			
22	.008	.8			7.1			
23	.002	.8			7.1			
24		.8			7.1			
25	.006	.6			7.1			
26	.003	1.0			7.1			
27		.8			7.1			
28		.8			7.1			
29	.006	.8			7.1			
30	.003	1.0			7.0			
31	.002	.8			7.1			
TOT	.083	31.8	7.9	21	219.6	34.4		
AVG	.003	.6	7.9	21	7.1	17.2		

Page 1 of

6790

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Signature of Lead Operator in Charge — Date: 3-6-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO54-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.002	102	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION

Ind Flow MGD	BOD lb/d	TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 3.8

(16) TSS (mg/l) EFFLUENT: 7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0			8.8			.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT

PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-4894			

DEP Form ... 205 ... Effective November 30, 1982

(30) Month Feb Year: 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	1.0			7.0			
2	.002	1.0			7.0			
3	.002	.9			7.0			
4	.001	.9			7.0			
5	.002							
6	.002	.7			7.0			
7	.001	.7	3.8	7	7.1			
8	.001	.6			7.1			
9	.002	.7			7.1			
10	.002	.7			7.1			
11	.002	.8			7.0			
12	.002	.7			7.0			
13	.002	.7			7.0	R.R		
14	.002	.6			7.0			
15	.002	.8			7.0			
16	.002	.8			7.0			
17	.002	1.0			7.0			
18	.002							
19	.002	.7			7.0			
20	.002	.7			7.0			
21	.002	.6			7.0			
22	.002							
23	.002	.6			7.0			
24	.002	.7			7.0			
25	.002	.6			7.0			
26	.002							
27	.002	.8			7.0			
28	.002	.7			7.0			
29								
30								
31								
TOT	.053	18.8	3.8	7	166.4	8.9		
AVG	.002	.6	3.8	7	7.0	8.9		

0680

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: March Year: 1990

(1) DHS #54P00096

Signature of Lead Operator in Charge — 1-4594 — 4-9-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.003	.015	D3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.004	102	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				.8	12.

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			8.6			.5

(24) DOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

3 - 794

DER Form 17-22.202(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.6			7.1			
2	.003	.9			7.1			
3	.003	.7			7.1			
4	.003	.6			7.1			
5	.001	.8			7.1			
6	.003	.7			7.1			
7	.002	.7	.8	12.0	7.1			
8	.002	.6			7.1			
9	.003	.6			7.1			
10	.004	.5			7.1			
11	.002	1.0			7.0			
12	.002	1.0			7.0			
13	.002	.6			7.1			
14	.003	.5			7.1			
15	.001	.6			7.1			
16	.003	.7			7.1			
17	.003	.5			7.0			
18	.003	.6			7.0			
19	.002	.7			7.1	BP		
20	.002	.7			7.1			
21	.003	.6			7.1			
22	.002	.7			7.1			
23	.003	.5			7.1			
24	.004	.7			7.1			
25	.002	.7			7.1			
26	.002	.7			7.1			
27	.003	.8			7.1			
28	.003	.6			7.1			
29	.002	.7			7.1			
30	.003	.8			7.1			
31	.002	.8			7.1			
TOT	.078	21.0	.8	12.0	214.7	BP		
AVG	.003	.5	.8	12.	7.1	BP		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

(1) DNS #54P00096

A-4764 5-10-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO54-146586 .015 D3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 5.8 (16) TSS (mg/l) EFFLUENT 16.0

(17) pH 7.1 (18) TOTAL N 8.8 mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID .5 ppm

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A-4764

DEP-SWD-176, 2/87, Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	.6			7.1			
2	.002	.7			7.1			
3	.002	.6			7.1			
4	.003	.7			7.1	3.3		
5	.003	.6	5.8	16.0	7.1			
6	.004	.8			7.1			
7								
8								
9	.008	.6			7.1			
10	.003	.8			7.1			
11								
12	.003	.5			7.1			
13	.002	.6			7.1			
14								
15								
16	.010	.5			7.1			
17	.003	.7			7.1			
18	.003	.7			7.1			
19								
20	.005	.8			7.1			
21								
22								
23	.008	.8			7.1			
24	.002	.6			7.1			
25	.003	.8			7.1			
26	.002	.6		-	7.1			
27	.003	.7			7.1			
28								
29								
30	.008	.5			7.1			
31								
TOT	.085	12.4	5.8	16.0	142.0	3.3		
AVG	.003	.5	5.8	16.0	7.1	3.3		

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DES # 54P00096 — Sheet: May — Year: 1990

Signature of Lead Operator In Charge — Date: 1-4994 6-7 90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO.: 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.002	.05	C-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.6	14.0

(17) pH	(18) TOTAL N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.1	2.4	mg/l	mg/l	mg/l	mg/l	ppm .5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Rec. Pond

(29) PLANT STAFFING

LEAD OPERATOR: ASST

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP-ENP-117-E.2057(1) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	.6			7.1			
2	.002	.8			7.1			
3	.003	.8			7.0			
4	.002	.7			7.1	4.4		
5	.003	.8			7.2			
6	.002	.5			7.1			
7	.002	.6			7.1			
8	.001	.6			7.1			
9	.003	.6			7.1			
10	.002	.7			7.1			
11	.003	.5			7.0			
12								
13	.007	.5			7.0			
14	.002	.6			7.0			
15								
16	.004	.7			7.0			
17	.001	.8			7.0			
18	.002							
19								
20								
21	.007	.7			7.0			
22	.002	.6			7.1			
23	.002	.8	0.6	14.0	7.1			
24	.002	.8			7.1			
25	.002	.6			7.1			
26								
27								
28	.007	.7			7.1			
29	.002	.8			7.1			
30	.002	.6			7.1			
31	.002	.7			7.1			
TOT	.076	15.6	0.6	14.0	197.8	4.4		
AVG	.002	.7	0.6	14.0	7.1	4.4		

0683

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year: 1990

(1) GMS # 31541000096 — Signature of Lead Operator in Charge — 7-3-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO54-146586 (7) AVG FLOW MGD: .003 (8) DESIGN FLOW MGD: .015 (9) TYPE: C-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 105 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD; BOD lb/d; TSS lb/d
(14) % FLOW INFIL:
(15) BOD (mg/l) EFFLUENT: 7.7
(16) TSS (mg/l) EFFLUENT: 8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	4.4					.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM DNSTREAM:
(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): GRAB
(28) TYPE EFFL DISPOSAL: PERC POND

(29) PLANT STAFFING
LEAD OPERATOR: A. Ford SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER-Form 17-7.202(7) Effective January 20, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.7			7.1			
2								
3								
4	.006	.6			7.1			
5	.002	.7			7.1			
6	.002	1.0	7.7	8.0	7.1	4.4		
7	.002	.8			7.1			
8	.003	.8			7.1			
9	.002	.7			7.1			
10								
11	.004	.6			7.1			
12	.002	.7			7.1			
13	.003	.6			7.1			
14								
15								
16	.007	.5			7.1			
17								
18	.004	.5			7.1			
19	.003	.5			7.1			
20	.002	.7			7.1			
21								
22	.005	.6			7.1			
23								
24								
25	.007	.6			7.1			
26								
27	.006	.7			7.1			
28	.001	.7			7.1			
29	.002	.6			7.1			
30	.003	.7			7.1			
31								
TOT	.69	13.3	7.7	8.0	142	4.4		
AVG	.030	.7	7.7	8.0	7.1	4.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) PERMIT NO. FL0042196 Cecil 4.4794 E-1-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-ECC-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/1) EFFLUENT	(16) TSS (mg/1) EFFLUENT
				3.4	4.0

(17) pH	(18) TOTAL N mg/1	(19) AMMONIA mg/1	(20) NITRITE + NITRATE mg/1	(21) TOTAL P mg/1	(22) ORTHO P mg/1	(23) CHLOR RESID ppm
7.1	8.8					.5

(24) BOD (mg/1) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/1) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C. Cecil SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

PERMIT EFF. 2/25/87 EXPIRES ON November 30, 1992

Month: July Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (s.u.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.003	.6			7.1			
2	.003	.7			7.1			
3								
4								
5	.006	.5			7.1			
6	.003	.7			7.1			
7	.003	.6			7.1			
8								
9	.005	.6			7.1			
10	.002	.8			7.1			
11	.002	.5	3.4	4.0	7.1	8.8		
12	.003	.8			7.1			
13	.002	.7			7.1			
14								
15								
16	.006	.5			7.1			
17	.002	.7			7.1			
18								
19	.005	.6			7.1			
20	.002	.7			7.1			
21								
22								
23	.006	.6			7.1			
24								
25								
26	.007	.5			7.1			
27	.003	.6			7.1			
28	.002	.6			7.1			
29	.003	.8			7.1			
30	.002	.6			7.1			
31	.003	.7			7.1			
TOT	.073	13.6	3.4	4.0	MIN 7.1	8.8		
AVG	.002	.5	3.4	4.0	7.1	8.8		

0685

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Aug Year 1990

(1) GNS # 3154P00096 D_DN A-4894 9-14-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Pl.

(4) CITY: Hilliston (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.004	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.0	5.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			2.2			.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

EFFECTIVE October 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.6	2.0	5.0	7.1	8.8		
2	.002	.8			7.1			
3	.002	.6			7.1			
4								
5								
6	.001	.7			7.1			
7	.002	.8			7.1			
8	.002	.8			7.1			
9	.003	.7			7.1			
10	.003	.7			7.1			
11	.002	.6			7.1			
12								
13	.005	.5			7.1			
14	.003	.7			7.1			
15								
16	.005	.6			7.1			
17	.002	.7			7.1			
18								
19								
20	.009	.5			7.1			
21	.004	.7			7.1			
22								
23								
24	.009	.5			7.1			
25								
26								
27	.004	.6			7.1			
28	.002	.5			7.1			
29	.002	.5			7.1			
30	.002	.7			7.1			
31	.002	.6			7.1			
TOT	.071	13.7	2.0	5.0	149.1	8.8		
AVG	.002	.5	2.0	5.0	7.1	8.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3154FCCC96

Signature of Lead Operator in Charge — Date: 10-9-96

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO54-146586 (7) AVG FLOW MGD: .002 (8) DESIGN FLOW MGD: .015 (9) TYPE: D3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 105 (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD: ___ BOD lb/d: ___ TSS lb/d: ___ (14) % FLOW INFIL: ___ (15) BOD (mg/l) EFFLUENT: 4.6 (16) TSS (mg/l) EFFLUENT: 6

(17) pH: 7.1 (18) ~~TOTAL~~ N mg/l: 5.4 (19) AMMONIA mg/l: ___ (20) ~~NITRATE~~ NITRATE mg/l: ___ (21) TOTAL P mg/l: ___ (22) ORTHO P mg/l: ___ (23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM: ___ DNSTREAM: ___ TIME/DATE OF SAMPLE: ___ / ___

(25) DO (mg/l) UPSTREAM: ___ DNSTREAM: ___ (26) EFFLUENT PARAMETER: ___ VALUE: ___ (UNITS): ___

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Rec Pond

(29) PLANT STAFFING

LEAD OPERATOR: A. Yagi SHIFT 1 (Day): ___ SHIFT 2 (Evening): ___ SHIFT 3 (Night): ___

DEP Form 17?1-.203(?) Effective November 30, 1982

(30) Month Sept Year 96

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL~~ No3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2								
3								
4	.010	.5			7.1			
5	.002	.7	4.6	6	7.1	5.8		
6	.003	.8			7.1			
7								
8	.004	.5			7.1			
9								
10	.005	.5			7.1			
11	.002	.7			7.1			
12	.002	.5			7.1			
13	.003	.7			7.1			
14	.002	.6			7.1			
15								
16								
17	.007	1.0			7.1			
18	.003	1.0			7.1			
19	.003	1.0			7.1			
20								
21	.005	.8			7.1			
22								
23								
24	.006	.4			7.1			
25	.002	.7			7.1			
26								
27	.004	.6			7.1			
28	.002	.5			7.1			
29								
30	.004	.6			7.1			
31								
TOT	.071	12.3	4.6	6	127.8	5.8		
AVG	.002		4.6	6	7.1	5.8		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS #3154226896

A-4994 — Signature of Lead Operator in Charge — 11-5-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D054-146586	.002	.015	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	105	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.3

(16) TSS (mg/l) EFFLUENT: <1

(17) pH	(18) ~~TOTAL~~ N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	3.9					.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-4994

DER Form 17-1.203(7) Effective November 30, 1982

(30) Month Oct. Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	~~TOTAL~~ N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	.7			7.1			
2	.002	.7			7.1			
3	.002	.6			7.1			
4	.003	.6			7.1	3.9		
5	.002	.7	2.3	<1	7.1			
6	.003	.7			7.1			
7	.002	.6			7.1			
8	.002	.6			7.1			
9	.002	.7			7.1			
10	.001	.6			7.1			
11	.003	.6			7.1			
12	.002	.5			7.1			
13	.003	.6			7.1			
14	.002	.5			7.1			
15	.003	.5			7.1			
16	.003	.5			7.1			
17	.002	.5			7.1			
18	.002	.5			7.0			
19	.002	.5			7.0			
20	.003	.5			7.0			
21	.002	.5			7.0			
22	.002	.5			7.0			
23	.002	.5			7.0			
24	.003	.6			7.0			
25	.002	.5			7.0			
26	.002	.5			7.0			
27	.002	.6			7.0			
28	.003	.6			7.0			
29	.002	.5			7.0			
30	.003	.6			7.0			
31	.002	.6			7.0			
101	.072	17.7	2.3	<1	218.7	3.9		
AVG	.002	.6	2.3	<1	7.1	3.9		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DNS # 3154 PCCC96 — Signature of Lead Operator in Charge — Date 12-1-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-904-432-4501

(6) PERMIT NUMBER: DC54-146586 (7) AVG FLOW MGD: .002 (8) DESIGN FLOW MGD: .015 (9) TYPE: D-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 105 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) Industrial Contribution Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % Flow Infil	(15) BOD (mg/l) Effluent	(16) TSS (mg/l) Effluent
				2	2

(17) pH	(18) [redacted] N mg/l	(19) Ammonia mg/l	(20) Nitrite + Nitrate mg/l	(21) Total P mg/l	(22) Ortho P mg/l	(23) Chlor Resid ppm
7.1	3.9					.6

(24) BOD (mg/l) Upstream	Onstream	Time/Date of Sample	(25) DO (mg/l) Upstream	Onstream	(26) Effluent Parameter	Value	(Units)
		/					

(27) Type Sample(s): Grab (28) Type Effl Disposal: Perc Pond

(29) Plant Staffing

Lead Operator | Shift 1 (Day) | Shift 2 (Evening) | Shift 3 (Night)

DC [illegible] November 30, 1992

Month Nov Year 1990

(30)

	Flow (mgd)	Chlorine Residual (ppm)	BOD Effluent (mg/l)	TSS Effluent (mg/l)	pH Effluent (S.U.)	[redacted] N (mg/l)	Total P (mg/l)	Fecal Coliform (no/100 ml)
1	.002	.6			7.1			
2	.002	.6			7.1			
3	.002	.5			7.1			
4	.002	.5			7.1			
5								
6	.005	.5			7.1			
7	.002	.9	<	2	7.1			
8	.002	.6			7.1			
9	.002	.5			7.1			
10								
11								
12	.007	.6			7.1			
13								
14	.005	.8			7.1			
15	.003	.5			7.1	3.9		
16	.002	.6			7.1			
17	.002	.6			7.1			
18								
19	.005	.5			7.1			
20	.003	.5			7.1			
21	.002	.5			7.1			
22	.002	.6			7.1			
23	.003	.6			7.1			
24	.002	.6			7.1			
25								
26	.005	.6			7.1			
27	.00[illegible]	.7			7.1			
28	.00[illegible]	.6			7.1			
29	.003	.5			7.1			
30	.002	.5			7.1			
31								
TOT	.059	13.9	2	2	190.4	3.9		
AVG	.002	.6	2	2	7.1	3.9		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month DEC Year 1990

(1) GHS # 3154P00096

Signature of Lead Operator in Charge — A-4894 — Date 1-10-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Park Manor

(3) PLANT ADDRESS: Park Rd.

(4) CITY: Hollister (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO54-146586	.002	.015	D3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	102	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/1) EFFLUENT	(16) TSS (mg/1) EFFLUENT
				1	3

(17) pH	(18) ~~TOTAL~~ N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.1	44 mg/1	mg/1	mg/1	mg/1	mg/1	ppm .5

(24) BOD (mg/1) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/1) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-T.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (S.U.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.002	.5			7.1			
2	.003	.6			7.1			
3	.002	.5			7.1			
4	.002	.5			7.1			
5	.002	.6	1	3	7.1			
6	.003	.6			7.1			
7	.001	.6			7.1	4.4		
8	.002	.7			7.1			
9	.002	.5			7.1			
10	.002	.6			7.1			
11	.002	.5			7.1			
12	.002	.5			7.1			
13	.001	.6			7.1			
14	.002	.5			7.1			
15	.002	.6			7.1			
16	.002	.6			7.1			
17	.002	.5			7.1			
18	.002	.6			7.1			
19	.002	.5			7.1			
20	.002	.5			7.1			
21	.003	.5			7.1			
22								
23	.004	.6			7.1			
24	.001	.6			7.1			
25								
26	.004	.5			7.1			
27	.002	.5			7.1			
28	.002	.5			7.1			
29								
30								
31	.003	.5			7.1			
TOT	.059	14.8	1	3	191.9	4.4		
AVG	.002	.5	1	1	7.1	4.4		

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Point O' Woods - 987

Citrus County (SSU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 1991

(1) GMS # 21P03441

Robert Bourgeois 2-1-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: R+ 470 - Cagpil Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO.: 352-422-4561

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC 09159336	.012	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.016	75+	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION		(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD	BOD lb/d TSS lb/d	INFIL	EFFLUENT	EFFLUENT
.			1.2	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						1.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond Spray Irr

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

16936

DER Form 17-1.205(7) Effective November 30, 1982

RECEIVED By D.E.R. FEB 12 1991 At: Southwest District Tampa
DEPARTMENT OF ENVIRONMENTAL REGULATION STATE OF FLORIDA

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.5			7.6			
2	.015	1.4			7.6			
3	.012	1.8			7.6			
4	.014	1.4			7.6			
5	.010							
6	.011	1.5	1.2	2.0	7.6			
7	.015	.8			7.6			41
8	.012	1.6			7.6			
9	.012	1.5			7.6			
10	.013	1.8			7.6			
11	.010	1.8			7.4			
12	.013	1.8			7.6			
13	.012							
14	.012	1.8			7.6			
15	.011	1.8			7.6			41
16	.014	1.8			7.6			
17	.011	1.6			7.6			
18	.014	1.8			7.6			
19	.017							
20	.013	1.8			7.6			
21	.012	1.8			7.6			
22	.015	1.8			7.6			
23	.018	.8			7.6			200
24	.016	1.8			7.6			
25	.015	1.4			7.6			
26	.014	1.4			7.6			
27	.012							
28	.014	1.4			7.6			
29	.013	1.4			7.6			
30	.013	1.4			7.6			80
31	.013	1.5			7.6			
TOT	.390	48.4			235.2			
AVG	.012	1.8			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 2 Year 91

(1) GMS # _____

Robert Boggetto — 3-5-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 Gospil Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-800-432-4601

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D0091159336 .013 .068 DW

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

.019 75 +..

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

0.3 4

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.6 1.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Perc / Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6936

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	1.8			7.6			
2	.013	1.8			7.6			
3	.013							
4	.014	1.8			7.6			
5	.012	1.8			7.6			
6	.012	1.8			7.6			
7	.014	1.8			7.6			<1
8	.012	1.8			7.6			
9	.019	1.8			7.6			
10	.013							
11	.013	1.8			7.6			
12	.014	1.8			7.6			
13	.009	1.8	0.3	4	7.6			<1
14	.015	1.8			7.6			
15	.015	1.8			7.6			
16	.015							
17	.015	1.8			7.6			
18	.015	1.8			7.6			
19	.014	1.8			7.6			
20	.010	1.8			7.6			<1
21	.015	1.8			7.6			
22	.013	1.8			7.6			
23	.009	1.8			7.6			
24	.014							
25	.014	1.8			7.6			
26	.013	1.8			7.6			
27	.017	1.8			7.6			
28	.011	1.8			7.6			<1
29								
30								
31								
TOT	.392	43			182			
AVG	.013	1.8			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 09P03461

Robert Bogosta — 4-1-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: R+ 470 Gospel Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 904-489-3452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09159336	.013	.058	III

(10) MAX FLOW (MGD)	(11) PWP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.019	75+	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.7	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						1.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Percpond/Spray Fir

(29) PLANT STAFFING

LEAD OPERATOR: C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-T. 202(7) Effective November 30, 1982

Month 3 Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.8			7.6			
2	.014	1.8			7.6			
3	.014							
4	.012	1.8			7.6			
5	.011	1.8			7.6			
6	.015	1.8			7.6			<1
7	.009	1.8			7.6			
8	.010	1.8			7.6			
9	.012	1.8			7.6			
10	.012							
11	.014	1.8			7.6			
12	.011	1.8			7.6			
13	.016	1.8	0.7	2	7.6			<1
14	.011	1.8			7.6			
15	.012	1.8			7.6			
16	.012							
17	.019	1.8			7.6			
18	.013	1.8			7.6			
19	.012	1.8			7.6			
20	.012	1.8			7.6			<1
21	.013	1.8			7.6			
22	.008	1.8			7.6			
23	.014	1.8			7.6			
24	.014							
25	.015	1.8			7.6			
26	.012	1.8			7.6			
27	.017	1.8			7.6			<1
28	.012	1.8			7.6			
29	.013	1.8			7.6			
30	.017	1.8			7.6			
31	.014							
101	.405	40.8			197.6			
AVG	.013	1.8			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 4 Year 91

(1) GHS # 09P0346

Robert Bogatto — 5-6-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Crespil Island Rd.

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO: 904-489-2452

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DD09159336	.013	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.023	75+	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW DIFFL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.4	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						1.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc ponds/spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CL936

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	C15	1.6			7.6			
2	C13	1.6			7.6			
3	C14	1.6			7.6			<1
4	C11	1.6			7.6			
5	C13	1.6			7.6			
6	C13							
7	C13	1.6			7.6			
8	C12	1.6			7.6			
9	C16	1.6			7.6			
10	C15	1.6	4	1	7.6			<1
11	C09	1.6			7.6			
12	C13	1.6			7.6			
13	C12	1.6			7.6			
14	C12							
15	C12	1.6			7.6			
16	C11	1.6			7.6			
17	C09	1.6			7.6			<1
18	C12	1.6			7.6			
19	C14	1.6			7.6			
20	C13	1.6			7.6			
21	C13							
22	C13	1.6			7.6			
23	C23	1.6			7.6			
24	C13	1.6			7.6			<1
25	C17	1.6			7.6			
26	C15	1.6			7.6			
27	C15	1.6			7.6			
28	C15							
29	C11	1.6			7.6			
30	C11	1.6			7.6			
31								
101	.016	1.6			7.6			
AVG	C13	1.6			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER: 09P03461

Signature of Lead Operator In Charge — Date: 6-2-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Cospi Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. [illegible]

(6) PERMIT NUMBER: 0091159336 (7) AVG FLOW MGD: .611 (8) DESIGN FLOW MGD: .058 (9) TYPE: III

(10) MAX FLOW (MGD): .618 (11) POP SERVED: 75+ (12) FECAL COLIFORM SAMPLE METHOD
[*] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INDIC

(15) BOD (mg/l) EFFLUENT: 21

(16) TSS (mg/l) EFFLUENT: 3

(17) pH: 7.6

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID: [illegible] PPM

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc pond/spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR: C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month: May Year: 1991

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.613	1.6			7.6			0
2	.611	1.6			7.6			
3	.611	1.6			7.6			
4	.611	1.6			7.6			
5	.611	1.6			7.6			
6	.613	1.6			7.6			
7	.607	1.6			7.6			
8	.613	1.6	21	3	7.6			
9	.611	1.6			7.6			1
10	.621	1.6			7.6			
11	.611	1.6			7.6			
12	.613				7.6			
13	.610	1.6			7.6			
14	.609	1.6			7.6			
15	.610	1.6			7.6			
16	.618	1.6			7.6			-1
17	.612	1.6			7.6			
18	.610	1.6			7.6			
19	.611				7.6			
20	.610	1.6			7.6			
21	.610	1.6			7.6			
22	.608	1.6			7.6			
23	.610	1.6			7.6			-1
24	.611	1.6			7.6			
25	.610	1.6			7.6			
26	.610				7.6			
27	.613	1.6			7.6			
28	.613	1.6			7.6			
29	.610	1.6			7.6			
30	.614	1.6			7.6			-1
31	.612	1.6			7.6			
101	.334	4.32			265.2			
AVG	.611	1.6			7.6			

Page 1 of 2

0695

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 6 Year 91

(1) DNS #09P03461

Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods
(3) PLANT ADDRESS: Gospel Island Rd
(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 637-3262

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC09159336 .011 .038 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.018 75+ [4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW DIFF
(15) BOD (mg/l) EFFLUENT .5
(16) TSS (mg/l) EFFLUENT 3

(17) pH 7.6
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID PPM 1.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Rapid Rate Land Application

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Ed Ford 4536

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	1.8			7.6			
2	.011							
3	.009	1.8			7.6			
4	.015	1.8			7.6			
5	.017	1.8	.5	3	7.6			2
6	.014	1.8			7.6			
7	.015	1.8			7.6			
8	.012	1.8			7.6			
9	.013							
10	.011	1.8			7.6			
11	.013	1.8			7.6			<1
12	.013	1.8			7.6			
13	.008	1.8			7.6			
14	.012	1.8			7.6			
15	.009	1.8			7.6			
16	.009							
17	.010	25			7.6			
18	.010	25			7.6			
19	.011	25			7.6			<1
20	.009	25			7.6			
21	.012	25			7.6			
22	.013	25			7.6			
23	.010							
24	.010	25			7.6			
25	.008	25			7.6			<1
26	.012	25			7.6			
27	.011	25			7.6			
28	.013	25			7.6			
29	.011	26			7.6			
30	.011							
31								
TOT	.333	53.0			190			
AVG	.011	2.1			7.6			

Page 1 of 2

0690

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

th July Year 1991
's DER Identification Number 09P03461
t Name Point of Woods

t Address Gospil Island Rd

Inverness
ty Citrus
ne Number 1904-489-2452
it Number DO09159336
t Type 3-C
Site Identification Number
l Coliform Sample Method
Membrane Filter ☐ Most Probable Number
of Effluent Disposal or Reclaimed Water Reuse
Perc Pond / spray Irrigation
ed Wet Weather Discharge Activated
es ☐ No ☒ Not Applicable
ulative Days of Wet Weather Discharge

Staffing
Shift Operator Class C Cert. No 6936
ng Shift Operator Class _____ Cert. No _____
Shift Operator Class _____ Cert. No _____
Operator Robert Bogart C6936
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.009
(17) Permitted capacity	mgd	–	.058
(18) Three-month average daily flow	mgd	–	.010
(19) Percent of permitted capacity	%	–	58%
(20) $CBOD_5$ Effluent	mg/L	080082	1.01
(21) $CBOD_5$ Effluent	lbs/day	–	5
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.6
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	2.5
(32) Maximum Chlorine Residual	mg/L	–	2.5
(33) Other Effluent Parameters			

DER Form 17-601(2)(3)(5)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No: (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month: July Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.011	2.5						7.6													
2	.009	2.5						7.6													
3	.011	2.5						7.6													
4	.012	2.5						7.6													
5	.010	2.5						7.6													
6	.009	2.5						7.6													
7	.009																				
8	.010	2.5						7.6													
9	.010	2.5						7.6													
10	.011	2.5						7.6													
11	.007	2.5						7.6													
12	.007	2.5						7.6													
13	.010	2.5						7.6													
14	.008																				
15	.008	2.5						7.6													
16	.010	2.5						7.6													
17	.008	2.5						7.6													
18	.010	2.5						7.6													
19	.008	2.5						7.6													
20	.008	2.5						7.6													
21	.010																				
22	.010	2.5						7.6													
23	.010	2.5						7.6													
24	.010	2.5						7.6													
25	.008	2.5						7.6													
26	.012	2.5						7.6													
27	.009	2.5						7.6													
28	.009																				
29	.010	2.5						7.6													
30	.010	2.5						7.6													
31	.008	2.5						7.6													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, information is true, complete and accurate.

Signed: Robert Bogosta Date: 8-5-91

Name (Please Type): Robert Bogosta

Company Name: Southern States Utilities Telephone No (Please Type): 904-489-2452

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month (8) Aug Year 1991

(2) Plant's DER Identification Number FL0034161

(3) Plant Name Point of Woods

(4) Plant Address Crystal Island Rd

(5) City Inverness

(6) County Citrus

(7) Phone Number 1-904-637-2323

(8) Permit Number DC09-159336

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

percolation / spray irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6931

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator Richard Peacock C-6931
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.012
(17) Permitted capacity	mgd	—	.058
(18) Three-month average daily flow	mgd	—	.01
(19) Percent of permitted capacity	%	—	6.9
(20) $CBOD_5$ Effluent	mg/L	080082	9.41
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			

DEN Form 17-801[OCT] (Domestic Wastewater Treatment Plant Monthly Operating Report)
Effective Date: July 1, 1991
DEN Application No. _____ (If not = by DEN)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Point D Woods — Month 8 — Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.012	2.5						7.6					
2	.010	2.5						7.6					
3	.012	2.5						7.6					
4	.012												
5	.009	2.5						7.6					
6	.014	2.5						7.6					
7	.009	2.5						7.6					<1
8	.011	2.5						7.6					
9	.013	2.5						7.6					
10	.018	2.5						7.6					
11	.018												
12	.013	2.5						7.6					
13	.012	2.5						7.6					
14	.011	2.5				9.4	4	7.6					<1
15	.015	2.5						7.6					
16	.015	2.5						7.6					
17	.010	2.5						7.6					
18	.011												
19	.012	2.5						7.6					
20	.012	2.5						7.6					
21	.011	2.5						7.6					<1
22	.010	2.5						7.6					
23	.013	2.5						7.6					
24	.012	2.5						7.6					
25	.010												
26	.011	2.5						7.6					
27	.013	2.5						7.6					
28	.010	2.5						7.6					<1
29	.012	2.5						7.6					
30	.013	2.5						7.6					
31	.010	2.5						7.6					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete, and accurate.

Signed: Robert Bogoste — Date: 9-3-91

Name (Please Type): Robert Bogoste

Company Name: Southern States Utilities — Telephone No. (Please Type): 904-489-2452

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Assessment No. (Area to be DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month 9 Year 91

(2) Plant's DER Identification Number 09f03461

(3) Plant Name Point of Woods

(4) Plant Address Gospil Island Rd

(5) City Inverness

(6) County Citrus

(7) Phone Number 1-904-489-2452

(8) Permit Number D009159336

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond / Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6936

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Edward Bogart (Signature) C6936 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.011
(17) Permitted capacity	mgd	—	.058
(18) Three-month average daily flow	mgd	—	.011
(19) Percent of permitted capacity	%	—	6.3
(20) $CBOD_5$ Effluent	mg/L	080082	5.26
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 9 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.010	•																				
2	014	2.5						7.6														
3	.018	2.5						7.6														
4	.010	2.5						7.6					<1									
5	010	2.5						7.6														
6	012	2.5						7.6														
7	009	2.5						7.6														
8	009	•																				
9	007	2.5						7.6														
10	007	2.5						7.6														
11	007	2.5				5.26	1	7.6					<1									
12	012	2.5						7.6														
13	011	2.5						7.6														
14	012	2.5						7.6														
15	012	•																				
16	012	2.5						7.6														
17	010	2.5						7.6														
18	012	2.5						7.6					<1									
19	013	2.5						7.6														
20	015	2.5						7.6														
21	012	•																				
22	012	2.5						7.6														
23	013	2.5						7.6														
24	012	2.5						7.6														
25	010	2.5						7.6					<1									
26	012	2.5						7.6														
27	010	2.5						7.6														
28	012	2.5						7.6														
29	012	•																				
30	012	2.5						7.6														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bogosta Date: 10-3-91

Name (Please Type) Robert Bogosta

Company Name Southern State Utilities Telephone No. (Please Type) (904) 489-2452

Page 3 of 3

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month 10 Year 91

Plant's DER Identification Number 09P03461

Plant Name Point of Woods

Plant Address Gasp'l Island Rd

City Inverness

County Citrus

Phone Number 904-726-2612

Permit Number DO09159336

Plant Type 3C

Test Site Identification Number

Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

percolation pond / spray irrigation

Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No. 0936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] 0936
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.012
(17) Permitted capacity	mgd	—	.068
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	.54
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	25
(33) Other Effluent Parameters			

DER Form 17-601(900)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____ (if not in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 10 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.010	2.5						7.6														
2	.014	2.5						7.6					4									
3	.009	2.5						7.6														
4	.013	2.5						7.6														
5	.013	2.5						7.6														
6	013																					
7	.014	2.5						7.6														
8	.008	2.5						7.6														
9	.016	2.5				.54	1.0	7.6					41									
10	.015	2.5						7.6														
11	005	2.5						7.6														
12	010	2.5						7.6														
13	010																					
14	012	2.5						7.6														
15	011	2.5						7.6														
16	.013	2.5						7.6					41									
17	008	2.5						7.6														
18	012	2.5						7.6														
19	012	2.5						7.6														
20	012																					
21	012	2.5						7.6														
22	015	2.5						7.6														
23	009	2.5						7.6					41									
24	013	2.5						7.6														
25	012	2.5						7.6														
26	017	2.5						7.6														
27	017																					
28	013	2.5						7.6														
29	012	2.5						7.6														
30	012	2.5						7.6														
31	012	2.5						7.6														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert Bogosta Date: 11-3-91

Name (Please Type) Robert Bogosta

Company Name SSU SERVICES Telephone No (Please Type) (904) 489-2452

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No: (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month 11 Year 91

(2) Plant's DER Identification Number FL0034461

(3) Plant Name Point of Woods

(4) Plant Address Gospil Island Rd

(5) City Inverness

(6) County Citrus

(7) Phone Number 904-489-2452

(8) Permit Number D009 159 336

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond / Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6936

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] C6936
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.014
(17) Permitted capacity	mgd	—	.058
(18) Three-month average daily flow	mgd	—	.012
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	2.44
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			

DER Form 17-601(2)(3)(4)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (If not a DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 11 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.013	2.5						7.6					
2	.013	2.5						7.6					
3	.013												
4	.013	2.5						7.6					
5	.012	2.5						7.6					
6	.012	2.5		132	198	2.4	1	7.6					<1
7	.014	2.5						7.6					
8	.015	2.5						7.6					
9	.015	2.5						7.6					
10	.015												
11	.014	2.5						7.6					
12	.014	2.5						7.6					
13	.013	2.5						7.6					<1
14	.013	2.5						7.6					
15	.011	2.5						7.6					
16	.014	2.5						7.6					
17	.014												
18	.026	2.5						7.6					
19	.014	2.5						7.6					
20	.012	2.5						7.6					<1
21	.016	2.5						7.6					
22	.014	2.5						7.6					
23	.014	2.5						7.6					
24	.014												
25	.014	2.5						7.6					
26	.014	2.5						7.6					
27	.011	2.5						7.6					<1
28	.015	2.5						7.6					
29	.014	2.5						7.6					
30	.014	2.5						7.6					
31													

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

gned: Robert Bogosta Date: 12-3-91

ame (Please Type) Robert Bogosta

ompany Name SSU SERVICES Telephone No. (Please Type) (904) 489-2452

Page 3 of 3

Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month 12 Year 91

(2) Plant's DER Identification Number 09P03461

(3) Plant Name Point of Woods

(4) Plant Address Gospil Island Rd

(5) City Inverness

(6) County Citrus

(7) Phone Number (904) 498-2452

(8) Permit Number DO09 159336

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
percpond/Spray Irrigation

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 16936
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Edward Bagosta (Signature) 16936 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.013
(17) Permitted capacity	mgd	—	0.58
(18) Three-month average daily flow	mgd	—	013
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	9.1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.6
(25) Maximum pH		—	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.5
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			

DER Form 17-601(3)(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (If Issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month 12 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.015																					
2	.015	2.5						7.6														
3	.015	2.5						7.6														
4	.012	2.3				7.1	4	7.6					<1									
5	.020	2.5						7.6														
6	.012	2.5						7.6														
7	.015	2.5						7.6														
8	.015																					
9	.014	2.5						7.6														
10	.011	2.5						7.6														
11	.013	2.5						7.6					<1									
12	.013	2.5						7.6														
13	.011	2.5						7.6														
14	.016	2.5						7.6														
15	.016																					
16	.019	2.5						7.6														
17	.011	2.5						7.6														
18	.014	2.5						7.6					<1									
19	.014	2.5						7.6														
20	.010	2.5						7.6														
21	.013	2.5						7.6														
22	.013																					
23	.010	2.5						7.6					<1									
24	.014	2.5						7.6														
25	.010	2.5						7.6														
26	.006	2.5						7.6														
27	.015	2.5						7.6														
28	.015	2.5						7.6														
29	.015																					
30	.013	2.5						7.6														
31	.009	2.5						7.6														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Robert Bogosta Date: 1-2-92

Name (Please Type) Robert Bogosta

Company Name SSU SERVICES Telephone No. (Please Type) (904) 489-2452

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 90

(1) GNS # C9PC3461

Robert Boggs Jr 2-3-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: POINT OF WOODS

(3) PLANT ADDRESS: R+ 470 Gospel Island Rd

(4) CITY: INVERNESS (5) COUNTY: CITRUS PHONE NO. 1-800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DOC9159336	.014	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.024	75	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.5	<1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4						1.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: percpond / spray irrigation

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

2-6-90

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.006	1.5			7.4			<1
2	.006	1.5			7.4			<1
3	.018	1.8			7.4			<1
4	.016	1.6			7.4			<1
5	.024	1.7			7.4			
6	.019	2.0			7.6			
7	.023	1.9			7.5			<1
8	.019	2.0			7.4			<1
9	.013	2.0			7.5			<1
10	.007	2.5	2.5	<1	7.4			
11	.011	2.5			7.5			
12	.005	2.5			7.5			
13	.011	2.0			7.4			
14	.007	3.5			7.5			
15	.007	3.0			7.4			
16	.009	2.0			7.4			
17	.008	2.0			7.4			
18	.006	2.0			7.4			
19	.009	2.0			7.5			
20	.008	2.0			7.4			
21	.0008	2.0			7.4			
22	.008	2.0			7.4			<1
23	.007	1.5			7.4			<1
24	.008	1.8			7.5			<1
25	.010	1.8			7.5			<1
26	.009	2.0			7.4			
27	.006	1.8			7.4			
28	.008	2.2			7.5			<1
29	.005	2.0			7.4			<1
30	.007	2.0			7.5			
31	.009	2.0			7.5			
101	.025	FLT			230			
AVG	.014	2.0			7.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1990

(1) GMS # 09PC03461

Robert Pacquale Jr — March 1 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 Gospel Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1500 #324561

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC09159336 .009 .058 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.020 75 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 1.4 (16) TSS (mg/l) EFFLUENT 2.0

(17) pH 7.4 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL perc pond/Spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	2.0			7.4			
2	.007	2.5			7.4			
3	.006	2.0			7.1			
4	.010	1.5			7.4			<1
5	.006	2.0			7.6			<1
6	.010	2.5			7.4			
7	.006	2.0			7.6			<1
8	.010	2.1			7.4			<1
9	.010	2.0			7.4			
10	.009	2.0			7.4			
11	.012							
12	.012	2.0			7.6			<1
13	.009	2.1			7.6			<1
14	.006	2.0			7.4			<1
15	.020	2.0			7.4			<1
16	.009	2.2			7.6			
17	.006	2.2			7.4			
18	.006							
19	.007	2.0			7.8			4
20	.011	2.2			7.4			<1
21	.010	2.2			7.4			<1
22	.011	2.2	1.4	2.0	7.6			<4
23	.010	2.3			7.4			
24	.010	2.2			7.4			
25	.010							
26	.010	2.0			7.4			<1
27	.010	2.0			7.4			<1
28	.006	2.0			7.6			
29								
30								
31								
TOT	.256	52.5	1.4	2.0	185			
AVG	.009	2.1	1.4	2.0	7.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) GHS # 09F03461

Robert Beggata — 4-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 Gospel Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1904 344501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09159336	.010	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.014	95	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.25	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
7.6						2.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: perc pond / Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-6934 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	2.0			7.6			27
2	.012	2.0			7.6			
3	.009	2.0			7.6			
4	.011							
5	.011	2.2			7.6			27
6	.009	2.0			7.6			27
7	.010	2.0			7.6			27
8	.010	2.0			7.6			27
9	.011	2.0			7.6			
10	.011	2.0			7.6			
11	.011							
12	.011	2.0			7.6			
13	.008	3.0			7.6			
14	.010	2.0			7.6			
15	.008	2.0			7.6			27
16	.008	2.0			7.6			
17	.010	2.0			7.6			
18	.006							
19	.006	2.0	1.25	1.5	7.6			
20	.009	2.0			7.6			
21	.011	2.0			7.6			
22	.010	2.0			7.6			27
23	.007	2.0			7.6			
24	.012	2.0			7.6			
25	.012	2.0			7.6			
26	.010							
27	.006	2.0			7.6			
28	.014	2.0			7.6			
29	.010	2.0			7.6			27
30	.006	2.0			7.6			
31	.006	2.0			7.6			
TOT	.345	54.0			30.5			
AVG	.010	2.0			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

(1) GMS # C9PC3461

Robert Bergatta — 5-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 Gospel Island Rd.

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-904-637-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D009159336	.010	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.013	75	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				.7	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						2.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: percpond/Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.011	2.0			7.6			
2	.011	2.0			7.6			
3	.011	2.0			7.6			
4	.007	2.0			7.6			
5	.010	2.0			7.6			<1
6	.008	2.0			7.6			
7	.008	2.0			7.6			
8	.010							
9	.010	2.0			7.6			
10	.010	2.0			7.6			
11	.011	2.0			7.6			
12	.010	2.0	.7	2	7.6			<1
13	.006	2.0			7.6			
14	.007	2.0			7.6			
15	.012							
16	.012	2.0			7.6			
17	.013	2.0			7.6			
18	.006	2.0			7.6			
19	.006	2.0			7.6			<1
20	.005	2.0			7.6			
21	.010							
22	.010	2.0			7.6			
23	.012	2.0			7.6			
24	.012	2.0			7.6			
25	.012	2.0			7.6			
26	.008	2.0			7.6			<1
27	.013	2.0			7.6			
28	.010	2.0			7.6			
29	.012							
30	.012	2.0			7.6			
31								
TOT	.262	52			197.6			4
AVG	.010	2.0			7.6			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) GMS # 0960346 1

Robert Bergosta — 6-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 - Gospel Island Rd.

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1 800 432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC09L59336	.010	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.015	75	[4] Membrane filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				.6	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						2.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perc pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-6936			

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	2.0			7.6			21
2	.011	2.0			7.6			
3	.013	2.0			7.6			
4	.006	2.0			7.6			
5	.011	2.0			7.6			
6	.011							
7	.009	2.0			7.6			
8	.010	2.0	.6	1	7.6			
9	.014	2.0			7.6			
10	.005	2.0			7.6			<1
11	.013	2.0			7.6			
12	.010	2.0			7.6			
13	.010							
14	.010	2.0			7.6			
15	.010	2.0			7.6			
16	.014	2.0			7.6			
17	.009	2.0			7.6			<1
18	.015	2.0			7.6			
19	.012	2.0			7.6			
20	.012							
21	.012	2.0			7.6			
22	.010	2.0			7.6			
23	.013	2.0			7.6			<1
24	.008	2.0			7.6			
25	.010	2.0			7.6			
26	.007	2.0			7.6			
27	.009							
28	.009	2.0			7.6			
29	.010	2.0			7.6			
30	.009	2.0			7.6			
31	.012	2.0			7.6			<1
101	.322	54			7.6			
AVG	.010	2.0			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) GMS # 09C03461

Signature of Lead Operator in Charge — Date 7-2-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 41N - Gospel Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. (352) 726-1321

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC09152336	.010	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.011	75+	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						3.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: C 6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008	2.0			7.6			
2	.008	2.0			7.6			
3	.011							
4	.011	2.0			7.6			
5	.008	2.0			7.6			
6	.009	2.0			7.6			
7	.010	2.0	.6	2	7.6			31
8	.010	2.0			7.6			
9	.010	2.0			7.6			
10	.010							
11	.010	2.0			7.6			
12	.010	2.0			7.6			
13	.008	2.0			7.6			
14	.008	2.0			7.6			41
15	.008	2.0			7.6			
16	.008	2.0			7.6			
17	.006							
18	.006	2.0			7.6			
19	.005	2.0			7.6			
20	.006	2.0			7.6			
21	.007	2.0			7.6			<1
22	.008	2.0			7.6			
23	.011	2.0			7.6			
24	.010							
25	.010	2.0			7.6			
26	.006	2.0			7.6			
27	.008	2.0			7.6			
28	.007	2.0			7.6			
29	.007	2.0			7.6			<1
30	.006	2.0			7.6			
31								
TOT	.250	52.0						
AVG	.008	2.0						

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 7 Year 90

(1) GMS # 09P03461

Robert Boscola 8-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 - Gospil Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1800432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D009159336 .009 .058 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number

.012 75

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT .8

(16) TSS (mg/l) EFFLUENT 1

(17) pH 7.6

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 20

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL perc-pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.008							
2	.008	2.0			7.6			
3	.009	2.0			7.6			
4	.011	2.0			7.6			
5	.012	2.0			7.6			<1
6	.009	2.0			7.6			
7	.009	2.0			7.6			
8	.010	.						
9	.010	2.0			7.6			
10	.009	2.0	.8	1	7.6			
11	.010	2.0			7.6			
12	.012	2.0			7.6			<1
13	.007	2.0			7.6			
14	.009	2.0			7.6			.
15	.011	.						
16	.011	2.0			7.6			
17	.008	2.0			7.6			
18	.007	2.0			7.6			
19	.009	2.0			7.6			<1
20	.008	2.0			7.6			
21	.010	2.0			7.6			
22	.009	.						
23	.009	2.0			7.6			
24	.008	2.0			7.6			
25	.009	2.0			7.6			
26	.009	2.0			7.6			<1
27	.009	2.0			7.6			
28	.007	2.0			7.6			
29	.008	.						
30	.009	2.0			7.6			<1
31	.008	2.0			7.6			
101	.227	52.0			1976			
AVG	.009	2.0			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 8 Year 90

(1) GMS # 0202441

Paul Bryant — 9-5-76
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Pines

(3) PLANT ADDRESS: Cedar Island Rd Rt 470

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-352-637-4201

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0021539 .012 .058 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.011 75

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD — BOD lb/d — TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 2.6
(16) TSS (mg/l) EFFLUENT 2

(17) pH 7.6
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond/Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.010	1.2			7.6			
2	.009	1.2			7.6			
3	.009	2.0			7.6			<1
4	.009	2.0			7.6			
5	.009							
6	.010	2.0	2.6	2	7.6			
7	.009	2.0			7.6			
8	.009	2.0			7.6			
9	.005	2.0			7.6			1
10	.009	2.0			7.6			
11	.009	2.0			7.6			
12	.009							
13	.010	2.0			7.6			
14	.011	2.0			7.6			
15	.008	2.0			7.6			<1
16	.010	2.0			7.6			
17	.009	2.0			7.6			
18	.011	2.0			7.6			
19	.011							
20	.006	2.0			7.6			
21	.010	2.0			7.6			
22	.007	2.0			7.6			
23	.009	2.0			7.6			<1
24	.009	2.0			7.6			
25	.010	2.0			7.6			
26	.010							
27	.010	2.0			7.6			
28	.009	2.0			7.6			
29	.009	2.0			7.6			
30	.011	2.0			7.6			<1
31	.010	2.0			7.6			
101	.334	2.0			7.6			
AVG	.012	1.9			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 9 Year 90

(1) GMS # [illegible]

Robert Proctor 10-1-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Pint of Coco's

(3) PLANT ADDRESS: Good Island Rd Rt 470

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-800 432-4821

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DC09159336 .008 .058 III

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[x] Membrane Filter
[ ] Most Probable Number

.013 75

(13) INDUSTRIAL CONTRIBUTION 1nd Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 1.3 (16) TSS (mg/l) EFFLUENT 1.0

(17) pH 7.6 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL perc pond / spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.2			7.6			
2	.011							
3	.011	1.2			7.6			
4	.013	1.2			7.6			
5	.010	1.2			7.6			
6	.010	1.2			7.6			<1
7	.007	1.2			7.6			
8	.006	1.2	1.3	1.0	7.6			
9	.009							
10	.009	1.2			7.6			
11	.008	1.2			7.6			
12	.010	1.2			7.6			
13	.010	1.2			7.6			51
14	.007	1.2			7.6			
15	.008	1.2			7.6			
16	.010							
17	.010	1.2			7.6			
18	.010	1.2			7.6			
19	.006	1.2			7.6			
20	.005	1.2			7.6			<1
21	.009	1.2			7.6			
22	.008	1.2			7.6			
23	.004							
24	.006	1.2			7.6			
25	.009	1.2			7.6			
26	.007	1.2			7.6			
27	.013	1.2			7.6			51
28	.008	1.2			7.6			
29	.008	1.2			7.6			
30	.009							
31								
TOT	.261	30			150			4
AVG	.009	1.2			7.6			51

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 10 Year 1990

(1) CMS # 09P03461

Richard Brooks — 11-5-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 - Gospel Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC09159336	.011	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.018	75	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) N FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.4	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						.48

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: percolation/spray Irrg.

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)
C-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.8			7.6			
2	.011	1.8			7.6			15
3	.009	1.8			7.6			
4	.009	1.8			7.6			
5	.003	1.8			7.6			
6	.010	1.8			7.6			
7	.009							
8	.009	1.8			7.6			
9	.003	1.8			7.6			15
10	.012	1.8			7.6			
11	.014	1.8			7.6			
12	.011	1.8			7.6			
13	.013	1.8	1.4	2.0	7.6			
14	.013							
15	.013	1.8			7.6			
16	.010	1.8			7.6			13
17	.013	1.8			7.6			
18	.012	1.8			7.6			
19	.012	1.8			7.6			
20	.012	1.8			7.6			
21	.014							
22	.014	1.8			7.6			
23	.013	1.8			7.6			15
24	.013	1.8			7.6			
25	.013	1.8			7.6			
26	.011	1.8			7.6			
27	.015	1.8			7.6			
28	.009							
29	.009	1.8			7.6			
30	.014	1.8			7.6			15
31	.012	1.8			7.6			
101	.340	494			2052			
AVG	.011	1.8			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0910346

Robert Bogrett 12-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: Rt 470 - Ospil Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-800-432-4504

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D009159336	.011	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.014	75	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.3	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						1.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc/Spray Irr

(29) PLANT STAFFING

LEAD OPERATOR C-6936 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month 11 Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.013	1.8			7.6			
2	.010	1.8			7.6			
3	.012	1.8			7.6			
4	.011							
5	.011	1.8			7.6			
6	.013	1.8			7.6			
7	.011	1.8			7.6			
8	.009	1.8			7.6			<1
9	.011	1.8			7.6			
10	.011	1.8	1.3	2.0	7.6			
11	.010							
12	.010	1.8			7.6			
13	.015	1.8			7.6			
14	.012	1.8			7.6			<1
15	.012	1.8			7.6			
16	.010	1.8			7.6			
17	.010	1.8			7.6			
18	.013							
19	.013	1.8			7.6			
20	.013	1.8			7.6			
21	.011	1.8			7.6			
22	.008	1.8			7.6			
23	.011	1.8			7.6			
24	.012	1.8			7.6			
25	.009							
26	.009	1.8			7.6			
27	.014	1.8			7.6			
28	.014	1.8			7.6			
29	.012	1.8			7.6			<1
30	.011	1.8			7.6			
31								
TOT	.337	46.8			197.6			
AVG	.011	1.8			7.6			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 12 Year 90

(1) GMS # 09F03461

Kalwi Boccata — 1-7-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Point of Woods

(3) PLANT ADDRESS: R+470 - Crystal Island Rd

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0091591336	.011	.058	III

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.013	75+	[M] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.2	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.6						1.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc/Spray Irr

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

C-6936

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.009	1.8			7.6			
2	.013							
3	.013	1.8			7.6			
4	.012	1.8			7.6			
5	.010	1.8			7.6			<1
6	.013	1.8			7.6			
7	.011	1.8			7.6			
8	.009	1.8	1.2	2.0	7.6			
9	.012							
10	.012	1.8			7.6			
11	.010	1.8			7.6			
12	.010	1.8			7.6			<1
13	.011	1.8			7.6			
14	.010	1.8			7.6			
15	.015							
16	.010	1.8			7.6			
17	.013	1.8			7.6			
18	.013	1.8			7.6			
19	.013	1.8			7.6			<1
20	.015	1.8			7.6			
21	.010	1.8			7.6			
22	.009	1.8			7.6			
23	.011							
24	.011	1.8			7.6			
25	.009	1.8			7.6			
26	.011	1.8			7.6			
27	.010	1.8			7.6			
28	.010	1.8			7.6			
29	.012	1.8			7.6			
30	.013							
31	.013	1.8			7.6			
TOT	.344	46.8			197.6			
AVG	.011	1.8			7.6			

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Salt Springs - 1115

Marion County (SSU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 91

(1) GMS # 3042P00110

Mark R. Mand C7212 2-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY Marion PHONE NO. 800 432-4501 904-347-1265

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0042154 .040 .085 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.064 1995 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___

(14) % FLOW INFIL ___

(15) BOD (mg/1) EFFLUENT 0.9

(16) TSS (mg/1) EFFLUENT 13

(17) pH 7.1 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) ~~NITRITE~~ + NITRATE mg/l 8.0 (21) TOTAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___/___/___

(25) DO (mg/l) UPSTREAM ___ DNSTREAM ___

(26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Perk pond

(29) PLANT STAFFING

LEAD OPERATOR ___ SHIFT 1 (Day) M. Mand C7212 SHIFT 2 (Evening) ___ SHIFT 3 (Night) ___

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.050	2.0			5.4			
2	.040	2.5			5.7			
3	.052	2.0			6.8			
4	.043	2.5	0.7	13	6.5			
5	.045	1.5						
6	.038	2						
7	.038	3.0			6.6			
8	.038	3.0			6.8			
9	.042	3.0			7.2			
10	.036	2.5			7.3			
11	.041	2.5			7.2			
12	.043	2.0						
13	.042							
14	.042	2.5			7.4			
15	.023	2.5			7.3			
16	.039	3.0			7.4			
17	.039	2.0			6.9			
18	.036	2.5			7.2			
19	.064	2.0						
20	.041							
21	.041	2.0			7.5			
22	.059	3.5			7.6			C
23	.031	2.5			7.5			
24	.041	2.5			7.6			
25	.025	3.5	1.9	19	7.5			
26	.045	2.5						
27	.037							
28	.033	2.5			7.4			
29	.037	2.5			7.3			
30	.045	2.5			7.2			
31	.037	1.2			7.0			
TOT	1.258	66.5	1.9	32	160			1
AVG	.040	2.5	.9	13	5.1			1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 91

(1) GNS # 3042900110

Mark R March C7212 — 3-5-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 19 & SR 316

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 800 432-4501 or 904 387-1265

(6) PERMIT NUMBER: 0042154300 (7) AVG FLOW MGD: .042 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .060 (11) POP SERVED: 427 est. 122 hsehlds x 3.5 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW INFIL ___ (15) BOD (mg/l) EFFLUENT: 9.0 (16) TSS (mg/l) EFFLUENT: 26

(17) pH: 7.2 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) NITRITE + NITRATE mg/l ___ (21) TOTAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___ / ___ (25) DO (mg/l) UPSTREAM ___ DNSTREAM ___ (26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: perk ponds

(29) PLANT STAFFING

LEAD OPERATOR: M. March C7212 SHIFT 1 (Day) ___ SHIFT 2 (Evening) ___ SHIFT 3 (Night) ___

DER-FORM 17-1.203(17) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.039	2.5	9.0	27	7.3			
2	.044	3.3						
3	.045							
4	.045	2.0			7.5			
5	.060	1.5			7.3			
6	.043	1.5			7.3			
7	.044	1.9			7.3			
8	.035	1.3			7.9			
9	.044	1.3			6.2			
10	.043							
11	.043	1.0			6.3			
12	.042	2.0			7.9			
13	.037	2.8			7.3			
14	.037	0.9			7.4			
15	.042	1.3	9.1	25	7.5			
16	.060	2.0						
17	.046	0						
18	.046	0.0			7.6			
19	.043	0.8			7.9			
20	.035	0.8			7.5			
21	.030	3.5			7.4			
22	.042	2.0			7.6			
23	.043	3.3			6.4			
24	.044							
25	.044	3.5			7.5			
26	.044	3.9			7.4			
27	.038	2.0			7.6			
28	.046	3.9			7.4			
29								
30								
31								
101	1.203	52	181	52	159			
AVG	.042	2.2	9.0	26	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

(1) GMS # 3042800110

Mark R Mark C7212 4-9-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 19 & SR 316

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 8004224501

(6) PERMIT NUMBER: DO42154300 (7) AVG FLOW MGD: .042 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .051 (11) POP SERVED: _____ (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD _____ BOD lb/d _____ TSS lb/d _____ (14) % FLOW INFIL _____ (15) BOD (mg/l) EFFLUENT 6.0 (16) TSS (mg/l) EFFLUENT _____

(17) pH 7.8 (18) TOTAL N mg/l _____ (19) AMMONIA mg/l _____ (20) NITRITE + NITRATE mg/l _____ (21) TOTAL P mg/l _____ (22) ORTHO P mg/l _____ (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM _____ DNSTREAM _____ TIME/DATE OF SAMPLE _____ / _____

(25) DO (mg/l) UPSTREAM _____ DNSTREAM _____

(26) EFFLUENT PARAMETER _____ VALUE _____ (UNITS) _____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Pond

MISS 3984

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark Mark C7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.040	3.0			8.3			
2	.041	3.5						
3	.039							
4	.040	2.3			8.3			
5	.049	2.3			8.6			
6	.037	3.0			8.0			
7	.037	3.0			8.1			
8	.047	3.0			7.6			
9	.028	2.5						
10	.030							
11	.037	0.8			7.5			
12	.049	1.0			7.6			
13	.043	1.2			7.3			
14	.040	0.5			7.7			
15	.045	0.6	6.0	28	7.6			
16	.035	0.5						
17	.040							
18	.042	0.6			8.1			
19	.033	0.5			7.7			
20	.034	0.5			7.6			
21	.037	0.6			7.9			
22	.043	0.6			7.6			
23	.044	0.6						
24	.050							
25	.050	0.6			8.0			
26	.029	0.5			7.9			
27	.046	0.5			7.6			
28	.040	0.6			7.5			
29	.043	0.5	5.8	39	7.9			
30	.047	0.7						
31	.050							
TOT	1.303	34	11.8	65	163			
AVG	.042	1.3	5.9	32.5	7.8			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) GMS # 3042900110

Mark R March C7212 4-30 91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 346 & SR 19

(4) CITY: Salt Springs (5) COUNTY Marion PHONE NO. 800 432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0042154300 .039 .085 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.055 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 3
(16) TSS (mg/l) EFFLUENT: 12

(17) pH: 7.3
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) ~~NITRATE~~ + NITRATE mg/l: 3.5
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID mg/l: 0.5 X

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: perk pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark March C7212

DER Form 17-1.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.051	0.5			7.6			
2	.046	0.6			7.7			
3	.045	0.5			7.3			
4	.044	0.3			7.2			
5	.043	0.8			7.4			
6	.055	1.6						
7	.049							
8	.050	0.6			7.6			
9	.035	0.5			7.3			
10	.037	0.5	1.8	9	7.3			
11	.026	0.6			7.4			
12	.033	0.5			7.3			
13	.040	0.6						
14	.046							
15	.044	0.8			7.6			
16	.033	3.3			7.4			
17	.032	3.3			7.4			
18	.034	3.0			7.2			21
19	.027	3.0			7.1			
20	.043	2.5						
21	.032							
22	.037	3.0			7.3			
23	.036	3.5			7.3			
24	.037	3.0			7.3			
25	.032	3.0			7.7			
26	.021	3.0	4.2	15.	7.3			
27	.042	2.0						
28	.039							
29	.034	1.0			6.8			
30	.043	1.5			6.9			
31								
TOT	1.180	44.6	6.0	24.0	168			21
AVG	.039	1.5	3.0	12	7.3			21

0724

0725

(3)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 91

(1) CMS #: 3042P00110

Mark R. Mank C7212 6-3-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 904-347-1265

(6) PERMIT NUMBER: 0042154300 (7) AVG FLOW MGD: .031 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .060 (11) POP SERVED: 420 (120 X 3.5)

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___

(14) % FLOW INFIL: ___

(15) BOD (mg/l) EFFLUENT: 2.2

(16) TSS (mg/l) EFFLUENT: 8.5

(17) pH: 6.9

(18) TOTAL N mg/l: ___

(19) AMMONIA mg/l: ___

(20) NITRITE + NITRATE mg/l: 9.47

(21) TOTAL P mg/l: ___

(22) ORTHO P mg/l: ___

(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___

(25) DO (mg/l) UPSTREAM ___ DNSTREAM ___

(26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk pond

(29) PLANT STAFFING

LEAD OPERATOR ___ SHIFT 1 (Day) ___ SHIFT 2 (Evening) ___ SHIFT 3 (Night) ___

M/M/C7212

DEP Form 17-6.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	
1	023	1.5			7.0				
2	027	1.5			7.0				
3	029	1.0			6.9				
4	030	1.4							
5	026								
6	028	1.0			7.0				
7	029	1.5			6.8				
8	028	1.2			7.0				
9	029	0.5			6.8				
10	031	1.0	1.9	5	7.0				X
11	040	0.5							
12	037								
13	037	0.6			7.3				
14	033	2.0			7.1				
15	025	0.4			7.1				
16	027	0.4			7.7				
17	027	1.5			7.8				
18	031	1.0							
19	032								
20	031	0.8			7.4				
21	026	1.0			7.3				
22	028	1.5			7.2				X
23	028	1.0	2.4	12	7.1				
24	032	1.5			7.2				
25	046	0.3							
26	060								
27	060	0.5			7.4				
28	033	3.5			7.1				
29	027	2.0			7.6				
30	031	2.0			7.2				
31	027	1.5			7.3				
101	.960	36.3	46.3	17	7.8				
AVG	031	1.5	2.2	8.5	6.9				

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 91

(1) GMS # 3042P00110

David Connor 7-9-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: P.O. Box 11179

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. (904)347-0557 ~ 347-1265

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42-154300 .031 .085 CIII

(10) MAX FLOW (MGD) .046 (11) POP SERVED 120 estimate (12) FECAL COLIFORM SAMPLE METHOD — per gdl 91
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT 1.3 (16) TSS (mg/l) EFFLUENT 6

(17) pH 6.9 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) ~~NITRITE~~ NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/1 (25) DO (mg/l) UPSTREAM ____ DNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Pond

(29) PLANT STAFFING
LEAD OPERATOR 84551 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Ordinance 1781.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.033	0.6			7.2			
2	.034							
3	.033	0.8			7.3			
4	.026	2.6			7.4			
5	.019	2.0			7.3			
6	.037	3.5			7.0			
7	.034	1.9	0.5	4	6.4			
8	.032	0.9						
9	.039							
10	.033	0.9			7.0			
11	.032	1.0			7.0			
12	.026	1.0			≤6.5			
13	.032	1.4			≤6.5			
14	.033	1.1			≤6.5			
15	.026	1.0			≤6.5			
16	.037							
17	.037	0.8			7.0			
18	.030	1.6			6.8			
19	.026	1.0			6.9			
20	.028	1.0	2	8	6.8			
21	.029	0.9			6.7			
22	.039	0.6						
23	.046							
24	.022	1.5			6.8			
25	.023	3.0			6.7			
26	.035	1.4			6.8			
27	.036	0.9			6.8			
28	.026	1.1			6.7			
29	.043	0.5						
30	.040							
31								
TOT	.935	30.9	2.5	12	150.5			
AVG	.031	1.2	1.3	6	6.9			

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DER Form No. 17-601 (5/87)
Domestic Wastewater Treatment Plant
Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (Place # on DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month July Year 91

Plant's DER Identification Number 3042.P00110

Plant Name Salt Springs #1115

P.O. Box 11179 Ocala 32673

Plant Address S.R. 19

City Salt Springs

County Marion

Phone Number 904-347-1265

Permit Number DO42-154300

Plant Type 3C

Test Site Identification Number 83166

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse Slow rate Land application-restricted public access

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge _____

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Connor 84551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.036 *
(17) Permitted capacity	mgd	—	.085 *
(18) Three-month average daily flow	mgd	—	.033 *
(19) Percent of permitted capacity	%	—	39 *
(20) $CBOD_5$ Effluent	mg/L	080082	3.8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	<6.5
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

DER Form	17-6015003(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

SALT SPRINGS — Month July — Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.041	0.5						7.1														
.028	0.8						7.2														
.043	0.6						7.1														
039	0.5						7.2														
.049	0.8						7.2														
.060	0.5																				
042																					
042	3.5+						6.9														
031	3.5+				1.1	10	6.8			8											
.030	3.5+						6.9														
040	0.7						6.9														
.021	2.1						6.7														
031	2.5																				
.042																					
041	2.0						<6.5														
031	3.5+						<6.5														
031	2.6						6.7														
033	1.4						<6.5						8								
025	3.4						<6.5														
037	1.5																				
040																					
040	2.4						<6.5														
022	3.5+																				
035	0.9						6.7														
024	2.3				6.4	10	6.6														
025	1.3						6.6														
036	0.8																				
039																					
039	3.2						6.8														
031	2.5						6.6														
029	1.5						6.6														

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ation is true, complete and accurate.

Signature: David Connor — Date: 8-8-91

Name (Please Type): David Connor

Company Name: S.S.U. Services — Telephone No. (Please Type): (904) 347-1265

904-347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month August Year 91

2) Plant's DER Identification Number 3042P00110

3) Plant Name Salt Springs #1145

4) Plant Address S.R. 19 & S.R. 316

5) City Salt Springs

6) County Marion

7) Phone Number 904-347-1265

8) Permit Number D042-154300

9) Plant Type III C

10) Test Site Identification Number

11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse Slow rate Land application - restricted public access

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator David Conner B4551
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.035
(17) Permitted capacity	mgd	—	.085
(18) Three-month average daily flow	mgd	—	.034
(19) Percent of permitted capacity	%	—	40
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.3
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	3.5+
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Place # or DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Salt Springs. Month August Year 91

Day	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.061	2.1						6.8														
2	.026	1.5						6.3														
3	.036	1.0																				
4	.039																					
5	.039	1.7						6.7														
6	.033	1.0						6.4														
7	.027	1.4						6.7														
8	.041	1.0						6.4														
9	.032	0.7						6.9														
10	.062	0.9																				
11	.028	1.5						7.2														
12	.028	3.5+						6.7														
13	.036	0.7						6.6														
14	.028	1.0						6.7														
15	.033	1.5						6.6														
16	.027	1.6						6.5														
17	.048																					
18	.042	0.9																				
19	.042	0.9						6.7														
20	.038	1.4																				
21	.024	3.5+						6.5														
22	.025	2.0						6.5														
23	.036	1.0						6.6														
24	.024	3.0																				
25	.054																					
26	.024	2.5						6.7														
27	.024	1.5						6.6														
28	.030	2.0						6.5														
29	.026	1.3						6.6														
30	.025	1.7						6.7														
31	.044	1.0																				

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: David Conner Date: 9-5-91

Name (Please Type)

Company Name S.S.U. Services Telephone No. (Please Type)

Salt Springs

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 91

(2) Plant's DER Identification Number 3042 P00110

(3) Plant Name Salt Springs Village -

(4) Plant Address S.R 19 + S.R. 316
Salt Springs

(5) City Salt Springs

(6) County Marion

(7) Phone Number 904-347-1265

(8) Permit Number D042-154300

(9) Plant Type 3 C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Slow Rate Land Application - Restricted Public Access

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No. 4551
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator David Conner (Signature) R4551 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.031
(17) Permitted capacity	mgd	—	.085
(18) Three-month average daily flow	mgd	—	.034
(19) Percent of permitted capacity	%	—	36
(20) $CBOD_5$ Effluent	mg/L	080082	3
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.4
(25) Maximum pH		—	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate Dec. 91	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	3.5+
(33) Other Effluent Parameters			

Salt Springs

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Salt Springs Month September Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.06÷												
2	.061	0.7						6.6					
3	.031	0.9						6.7					
4	.030	1.4						6.5					
5	.019	3.5+						6.7					
6	.030	2.5						6.7					
7	.021	2.0											
8	.040												
9	.039	1.8						6.7					
10	.019	2.4						6.7					
11	.024	1.9						6.6					
12	.024	3.3						6.8					
13	.020	2.8				2.56	1	6.7					
14	.026	3.2											
15	.033												
16	.033	0.5						7.0					
17	.029	2.1						6.5					
18	.030	1.1						6.4					
19	.026	2.4						6.6					
20	.029	1.0						6.7					
21	.036	3.5+											
22	.035												
23	.034	1.4						6.6					
24	.027	3.1						6.8					
25	.023	3.0						6.6					
26	.031	2.8						6.6					
27	.020	1.8						6.7					
28	.031	0.7											
29	.036												
30	.036	1.0				3.1	6	6.7					

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, t ormation is true, complete, and accurate.

gned: David Connor Date: 10-6-91

ame (Please Type) _____

ompany Name S.S.U. Services Telephone No. (Please Type) _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month October Year 1991

Plant's DER Identification Number 3042600110

Plant Name Salt Springs

Plant Address SR 19 & SR 316

City Salt Springs

County Marion

Phone Number 904-347-1265

Permit Number 0042-154300

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Perk Ponds

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark Marsh Signature C7212 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.030
(17) Permitted capacity	mgd	—	.085
(18) Three-month average daily flow	mgd	—	.032
(19) Percent of permitted capacity	%	—	35
(20) $CBOD_5$ Effluent	mg/L	080082	0.45
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.4
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
Flow			41

Domestic Wastewater Treatment Plant
Monthly Operating Report

#1115

Month October Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.030	3.5						6.5					
.032	2.0						7.3					
.023	1.5						7.2					
.025	1.8						7.3					
.023	1.1						7.2					
.036												
.036	2.0						7.2					
.028	1.8						7.3					
.029	3.5						6.5					
.030	2.5						7.0					
.026	1.9		275.0		0.04	8	7.3			6		
.021	2.0											<1
.040												
.040	1.0						7.2					
.029	9						7.3					
.019	3.5						6.5					
.033	1.5						7.0					
.030	.8						7.1					
.026	.7											
.040												
.040	.6						7.2					
.017	3.5						6.5					
.027	3.5						6.6					
.030	.7						7.0					
.020	.9		206.3		0.86	5	7.3					
.039	1.0											
.034												
.034	.8						7.3					
.029	.9						6.4					
.027	.8						6.5					
.030	.9						7.0					

7.3

perator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th
ion is true, complete, and accurate.

Mark March Date: 11-13-91

Please Type) Mark R. March

ny Name S.S.U

Telephone No. (Please Type: (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month NOV Year 1991

Plant's DER Identification Number 3042800110

Plant Name Salt Springs Village

Plant Address SR 19 & 316

City Salt Springs

County Marion

Phone Number 904 347 1265

Permit Number FL0042 154300

Plant Type 3-C

Plant Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Park Pond

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] (Signature) C7212 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.030
(17) Permitted capacity	mgd	—	.085
(18) Three-month average daily flow	mgd	—	.030
(19) Percent of permitted capacity	%	—	35
(20) $CBOD_5$ Effluent	mg/L	080082	5.9
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.5
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs Month NOV Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
027	0.6						7.0					
026	3.0											
036												
036	2.0						7.2					
019	3.5						6.5					
032	1.0						7.0					
027	0.5		284	330	1.8	7	6.8					
029	0.7						6.6					
030	0.6											
033												
033	0.7						7.0					
044	1.0						7.0					5.1
029	0.5						6.9					
028	0.8						6.8					
025	0.6						6.9					
033	1.5						6.5					
031												
031	0.6						7.6					
020	1.0						7.0					
020	0.8						6.9					
029	0.9						6.8					
028	0.6				10	3	6.7					
024	0.6											
032												
032	0.8						6.9					
021	0.6						6.5					
024	0.5						6.8					
030	0.7						6.9					
043	0.5						6.7					
048	0.8											

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Mark March

Date: 12-11-91

(Please Type) Mark R. March

Name Southern States

Telephone No. (Please Type) (904) 347-1265

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month December Year 91

Plant's DER Identification Number 3042P00110

Plant Name Salt Springs Village

Plant Address S.R. 19 + S.R. 316

City Salt Springs

County Marion

Phone Number 904-347-1265

Permit Number DO 42-154300

Plant Type III C

Plant Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap-perc. ponds

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class B Cert. No. 4551

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Plant Operator David Connor B4551
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mgd	—	.085
(18) Three-month average daily flow	mgd	—	.029
(19) Percent of permitted capacity	%	—	34
(20) $CBOD_5$ Effluent	mg/L	080082	6.9
(21) $CBOD_5$ Effluent	lbs/day	—	1.4
(22) TSS Effluent	mg/L	900201	11
(23) TSS Effluent	lbs/day	—	2.2
(24) Minimum pH		—	6.3
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	2.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Salt Springs . Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.041												
.041	0.5						6.3					
.030	0.5						6.6					
.019	0.6				10	10	6.3					
.025	0.5						6.6					
.023	0.6						6.8					
.014	0.7						7.0					
030												
.030	1.0						7.0					
.019	0.9						6.6					
.019	2.3						6.7					
.027	1.5						6.7					
.027	2.0						6.9					
.013	1.0											
.026												
026	1.1						7.0					
013	1.0						6.6					
021	1.2						6.7					
024	2.2						7.1					
020	1.4				6.9	12	6.7					
019	2.8						6.6					
024												
023	1.2						6.6					
019	0.9						6.5					
015	1.8						6.8					
021	1.0						6.6					
023	1.5						6.5					
030	1.0						6.4					
030												
030	1.2						7.3					
029	1.4						7.0					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature: David Connor Date: 1-10-92

(Please Type) David Connor

Company Name: S.C.U. Services Telephone No. (Please Type): (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 1990

(1) DNS # 3042800110

Mark R Marsh C7212 2-5-90
Signature of Land Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 19 & SR 316

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 042154300	.033	.085	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.047	1130	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.4	4.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.3						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR: M Marsh C-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.202(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.030	2.0			5.2			
2	.035	1.5			5.0			
3	.030	1.4			5.6			
4	.030	2.0	0.2	4	6.5			
5	.031	2.0			6.2			
6	.045	1.5			6.3			
7								
8	.033	1.0			6.9			
9	.029	1.5			6.7			
10	.037	1.2			6.9			
11	.042	1.2			6.4			
12	.033	1.0			6.6			
13	.029	1.4			6.4			
14								
15	.030	1.6			6.6			
16	.032	1.0			6.5			
17	.027	1.5			6.4			
18	.031	1.5	8.5	5	6.5			
19	.027	1.4			6.4			
20	.041	1.0			6.4			
21								
22	.029	1.5			6.5			
23	.035	1.4			6.7			
24	.030	1.5			6.7			
25	.026	2.0			6.6			
26	.029	2.8			6.3			
27	.030	2.5			6.6			
28								
29	.028	2.0			6.9			
30	.043	2.0			6.5			
31	.026	2.2			6.5			
TOT	1.030	43.8	8.7	9	190.1			
AVG	.033	1.5	4.35	4.5	6.3			

4.5

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 1990

(1) DMS 3042800110

Mark R. Marsh C-7212 3-3-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs Village

(3) PLANT ADDRESS: SR. 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0042154300	.038	.085	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.056	1455	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/1) EFFLUENT	(16) TSS (mg/1) EFFLUENT
				6.2	7.1

(17) pH	(18) TOTAL N mg/1	(19) AMMONIA mg/1	(20) NITRITE + NITRATE mg/1	(21) TOTAL P mg/1	(22) ORTHO P mg/1	(23) CHLOR RESID ppm
6.9						0.7

(24) BOD (mg/1) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/1) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

M. Marsh C-7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	PH EFFLUENT (0.1)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.031	2.0	11.3	23	7.1			
2	.042	2.0			7.4			
3	.039	1.5			7.3			
4								
5	.078	2.2			7.2			
6	.040	2.0			7.2			
7	.031	2.0			7.4			
8	.033	2.0			7.1			
9	.035	2.0			7.3			
10	.039	2.0			7.0			
11								
12	.065	1.3			7.3			
13	.035	2.0			7.1			
14	.049	2.0			7.3			
15	.056	2.2			7.2			
16	.031	2.0			6.5			
17	.039	2.0			6.4			
18	.050							
19	.050	1.3			6.9			
20	.033	1.0			6.8			
21	.030	2.0	7.1	10	6.5			
22	.047	2.0			6.4			
23	.021	1.5			6.4			
24	.051	1.5			6.2			
25								
26	.062	1.5			6.6			
27	.052	1.5			6.5			
28	.034	1.9			6.8			
29								
30								
31								
TOT	1.064	42.3	18.4	23	116.4			
AVG	.038	1.8	9.2	11.5	6.9			

0740

0741

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) GNS # 3042 000110

Mark R. Marcel C-7212 — Signature of Lead Operator In Charge — 4-2-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Lake Kearney

(3) PLANT ADDRESS: SR 316 & SR 19

(4) CITY: Lake Kearney (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER: 0042154300 (7) AVG FLOW MGD: .038 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .061 (11) POP SERVED: 1455 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 2.15

(16) TSS (mg/l) EFFLUENT: 9

(17) pH: 6.5 (18) TOTAL N: .84 .87 mg/l (19) AMMONIA mg/l: ____ (20) NITRITE + NITRATE mg/l: ____ (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: 1.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____ / ____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: M. Marcel C-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-21.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.042	2.0			6.3			
2	.043	2.0			7.3			
3	.036	1.5			6.8			
4	.035							
5	.035	1.5			7.0			
6	.037	2.0			6.9			
7	.033	2.5	0.8	13	7.1			
8	.046	1.5			7.6			
9	.030	2.0			6.9			
10	.045	1.5			6.1			
11	.045	2.0						
12	.045	2.5			6.2			
13	.032	1.5			6.5			
14	.032	4.0			6.1			
15	.035	2.0			6.4			
16	.038	2.0			6.6			
17	.046	1.5						
18	.048	4						
19	.033	2.0			6.0			
20	.050	1.5			5.9			
21	.036	3.2	3.2	5	7.3			
22	.033	2.5			7.3			<1
23	.027	3.0			6.9			
24	.064	2.0						
25	.037							
26	.037	1.5			7.2			
27	.042	2.0			7.4			
28	.049	2.0			2.5			
29	.041	2.0			2.0			
30	.037	1.5			7.0			
31	.039							
TOT	1.208	60.3	4.3		76.9			<1
AVG	.038	1.8	2.15		6.5			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Apr Year 90

(1) DHS # 3042P00110

Mark R. Marsh — 5-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 800 432 4501

(6) PERMIT NUMBER: FL0042154300 (7) AVG FLOW MGD: .034 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .057 (11) POP SERVED: 1455 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/1) EFFLUENT: 36

(16) TSS (mg/1) EFFLUENT: 19

(17) pH: 6.6 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRITE + NITRATE mg/l: (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: 1.0

(24) BOD (mg/1) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/1) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / UNITS:

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night): M. Marsh C 7212

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.040	1.8			7.2			
3	.036	1.9			7.4			
4	.038	3.2	x28	x17	7.5			
5	.036	2.0			7.3			
6	.039	2.0			7.4			
7	.041	1.5						
8	.045							
9	.043	1.8			7.3			
10	.036	1.3			7.5			
11	.036	1.0			7.3			
12	.036	1.5			7.3			
13	.034	1.5						
14	.057	1.0						
15	.045							
16	.045	2.7			7.4			
17	.033	2.5			7.2			
18	.033	2.4			7.3			
19	.036	1.5	24.1	21	7.4			
20	.038	1.5			7.2			
21	.032	1.3						
22	.035							
23	.045	1.8			7.3			
24	.018	2.5			7.0			
25	.027	2.5			7.1			
26	.027	2.5			7.1			
27	.031	2.2			7.3			
28	.047	2.0						
29	.035							
30	.035	1.0			7.2			
31								
TOT	1.037	47.7			137.9			
AVG	.034	1.9	3.6	19	6.6			

DER Form 17-1.205(7) Effective November 30, 1982

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 90

(1) GNS # 3042P00110

Mark R. March C-7212 6-3-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: S.R. 316 & S.R. 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO.: 904 685 4501

(6) PERMIT NUMBER: 0042154300 (7) AVG FLOW MGD: .035 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .068 (11) POP SERVED: 1465 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: ____ BOD lb/d: ____ TSS lb/d: ____
(14) % FLOW INFIL: ____
(15) BOD (mg/l) EFFLUENT: 7.4
(16) TSS (mg/l) EFFLUENT: 2.2

(17) pH: 7.0
(18) TOTAL N mg/l: ____
(19) AMMONIA mg/l: ____
(20) NITRITE + NITRATE mg/l: ____
(21) TOTAL P mg/l: ____
(22) ORTHO P mg/l: ____
(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM: ____ DOWNSTREAM: ____ TIME/DATE OF SAMPLE: ____/____
(25) DO (mg/l) UPSTREAM: ____ DOWNSTREAM: ____
(26) EFFLUENT PARAMETER: ____ VALUE: ____ (UNITS): ____

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Reclaimed

(29) PLANT STAFFING

LEAD OPERATOR: M March C7212 SHIFT 1 (Day): ____ SHIFT 2 (Evening): ____ SHIFT 3 (Night): ____

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.026	3.5			6.9			
2	.041	2.0	4.9	1	6.6			
3	.021	2.0			7.2			
4	.055	2.5			7.4			
5	.050	1.5						
6	.034							
7	.039	1.5			7.3			
8	.029	1.5			7.4			
9	.026	1.6			7.2			
10	.026	1.3			7.7			
11	.030	1.3			7.2			
12	.028	1.3						
13	.041							
14	.044	1.5			7.2			
15	.019	1.5			7.2			
16	.033	1.2	10.0	3.5	7.2			
17	.029	1.5			7.6			
18	.028	1.8			7.2			
19	.032	1.5						
20	.026							
21	.033	2.5			7.4			
22	.029	2.5			6.8			
23	.034	1.5			6.8			
24	.025	1.0			6.6			
25	.038	1.5			6.5			
26	.034	1.5			5.5			
27	.026							
28	.026	1.6			5.6			
29	.037	1.5			5.5			
30	.033	1.5			5.4			
31	.033	1.4			5.5			
TOT	1.091	44.1	14.9	4	166			
AVG	.035	1.6	7.5	2.6	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 90

(1) DNS # 304280011.0

Phil R March — 7-7-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SALT SPRINGS

(3) PLANT ADDRESS: HWY 316

(4) CITY: SALT SPRINGS (5) COUNTY: MARION PHONE NO. 1-904 685 5801

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC 42-154300 .030 .085 3-C

(10) MAX FLOW (MGD) .042 (11) POP SERVED 1465 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 8.
(16) TSS (mg/l) EFFLUENT: 11

(17) pH: 7.0
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l: 1.24
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Tank Truck

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
PHIL MARCH 7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (mg/l)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.035	2.0			7.2			
2	.038	2.0			6.9			
3	.037							
4	.038	2.0			7.0			
5	.035	2.0			7.1			
6	.037	3.0	8.6	6	6.9			
7	.026	3.0			7.7			
8	.029	2.0			6.9			
9	.037	1.5						
10	.042							
11	.004	1.8			7.2			
12	.035	2.5			7.4			
13	.029	3.5			7.1			
14	.035	3.0			7.0			
15	.028	2.5			7.2			
16		2.0						
17	.033							
18	.033	2.5			7.1			
19	.033	1.6			7.6			
20	.037	4.6	7.5	16	7.1			<1
21	.038	0.5			7.3			
22	.024	0.6			7.6			
23	.040							
24	.041							
25	.041	2.5			7.0			
26	.037	2.5			7.6			
27	.028	2.5			7.0			
28	.027	3.0			7.2			
29	.031	3.0			7.0			
30	.040	2.6						
31								
TOT	.986	55.3	16.1	22	154.3			
AVG	.035	2.2	8.	11.	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 3042P00110

Mark R Mank C7212 8-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 800 432 4501

(6) PERMIT NUMBER: FL0042154300 (7) AVG FLOW MGD: .050 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .048 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: BOD lb/d: TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 1.2 (16) TSS (mg/l) EFFLUENT: 10

(17) pH: 6.9 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRITE + NITRATE mg/l: (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM: DNSTREAM: TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM: DNSTREAM:

(26) EFFLUENT PARAMETER: VALUE: UNITS:

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR: M. Mank C7212 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-1.205(7) Effective November 30, 1982

Month: July Year: 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.024							
2	.025	2.0			6.7			
3	.036	2.0			6.4			
4	.037	1.9			6.4			
5	.026	2.5			6.8			
6	.017	2.8			7.0			
7	.043	2.0						
8	.044							
9	.044	2.2			6.4			
10	.034	2.0			6.4			
11	.037	2.9	1.2	3	6.4			
12	.032	2.5			6.7			
13	.046	2.0			6.5			
14	.043	2.0			6.6			
15	.043							
16	.043	2.0			6.7			
17	.026	2.5			6.5			
18	.037	2.4			7.0			
19	.024	2.1			6.3			
20	.034	2.5			6.4			
21	.033							
22	.040							
23	.040	2.5			6.3			
24	.032	2.5			6.5			
25	.035	3.0	<1	17	6.6			
26	.041	3.6			6.5			
27	.025	2.5			6.6			
28	.029	2.0						
29	.040							
30	.040	1.5						
31	.035	0.8			6.4			
TOT	1.045	58.9	1.2	20	6.9			
AVG	.0337	2.1		10	6.9			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) DMS # 3042900110

Mark March C-7212 9-6-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs Waste Water Treatment Plant

(3) PLANT ADDRESS: Hwy 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY: MARION PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO42154300 .033 .085 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.046 1520 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
2.6 9.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.0 0.3

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S)
Grab

(28) TYPE EFFL DISPOSAL
Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark Mark C 7212

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	034	2.0			6.9			
2	.030	2.5			7.0			
3	.040	3.2			7.1			
4	042	2.0						
5	.040							
6	.043	2.0			6.7			
7	043	4.5			6.6			
8	045	5.5	2.1	10	6.7			
9	033	1.5			6.7			
10	029	2.5			6.7			
11	041	2.0						
12	041							
13	041	2.0			6.0			
14	033	2.5			6.5			
15	033	3.5			6.4			
16	037	3.0			6.4			
17	034	2.5			6.5			
18	039	2.0						
19	.040							
20	.040	2.6			6.7			
21	029	3.0			6.6			
22	.025	3.0	5.2	8.0	6.5			
23	.033	2.5			6.6			
24	029	2.5			6.4			
25	038	2.0			6.7			
26	041							
27	041	1.5			6.5			
28	031	0.5			6.7			
29	041	1.0			6.8			
30	034	0.5			6.9			
31	034	0.7			6.5			
TOT	1.038	56.6	5.2	18.	15.3			
AVG	033	2.0	2.6	9.	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3C42PCC11C

Month SEPT Year 90

Mark R. March C-7212 10-5-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: S.R. 316 & SR 19

(4) CITY: Salt Springs (5) COUNTY: MARION PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: FL0215430 (7) AVG FLOW MGD: .030 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .064 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL: ____ (15) BOD (mg/l) EFFLUENT: 2.7 (16) TSS (mg/l) EFFLUENT: 6.4

(17) pH: 6.9 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) ~~NITRITE~~ + NITRATE mg/l: 22.8 (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID PPM: 0.8

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: ____ / ____ (25) DO (mg/l) UPSTREAM DNSTREAM: ____ ____ (26) EFFLUENT PARAMETER VALUE (UNITS): ____ ____ ____

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR: Mark R. March C-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-6.209(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.042	2.0						
2	.043							
3	.064	1.5			6.4			
4	.052				6.8			
X 5	.021	2.5	2.4	11.0	7.0			
6	.023	2.3			6.4			
7	.029	2.5			7.0			
8	.030	1.5						
9	.035							
10	.035	0.9			6.9			
11	.028	0.8			6.5			
12	.020	0.9			6.9			
13	.030	1.9			6.7			
14	.021	1.9			6.2			
15	.029	1.0						
16	.028							
17	.035	1.3			6.9			
18	.043	1.5			6.9			
19	.024	1.6			6.9			
* 20	.024	1.5	3.6	1.5	6.6			<1
21	.024	1.9			5.7			
22	.030	2.0						
23	.032							
24	.032	2.0			6.8			
25	.028	2.0			7.2			
26	.044	1.8			7.0			
27	.026	1.0			6.9			•
28	.027	2.0			6.7			
29	.061	1.5						
30	.060							
31								
TOT	.963	51.6	5.4	12.9	191.2			41
AVG	.030	1.6	2.7	6.4	6.9			4

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 90

(1) GMS # 3042200110

Mark R. Mauck C7212 11-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR. 316 & SR. 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DO42154300 (7) AVG FLOW MGD: .031 (8) DESIGN FLOW MGD: .085 (9) TYPE: 3-C
P. 10-1-90

(10) MAX FLOW (MGD): .067 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD
(X) Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___

(14) % FLOW INFIL: ___

(15) BOD (mg/l) EFFLUENT: 1.0

(16) TSS (mg/l) EFFLUENT: 8

(17) pH: 7.3

(18) TOTAL N mg/l: ___

(19) AMMONIA mg/l: ___

(20) NITRITE + NITRATE mg/l: <0.10

(21) TOTAL P mg/l: ___

(22) ORTHO P mg/l: ___

(23) CHLOR RESID ppm: 0.8

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___/___/___

(25) DO (mg/l) UPSTREAM ___ DNSTREAM ___

(26) EFFLUENT PARAMETER VALUE (UNITS): ___

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk Pond

(29) PLANT STAFFING

LEAD OPERATOR: M. Mauck C7212
SHIFT 1 (Day): ___
SHIFT 2 (Evening): ___
SHIFT 3 (Night): ___

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N NITRATE (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.047	1.8			7.1			
2	.032	1.5			7.0			
3	.023	1.5			7.3			
X 4	.030	2.2	1.0	11	6.3	0.10		<1
5	.026	1.9			7.1			
6	.025	1.8						
7	.032							
8	.032	2.0			7.0			
9	.030	2.0			7.1			
10	.028	1.8			7.1			
11	.027	1.2			7.1			
12	.025	1.0			7.0			
13	.035	1.2						
14	.030							
15	.031	1.6			7.1			
16	.040	0.6			7.0			
17	.041	1.0			7.1			
X 18	.079	1.5	1.0	5	7.2			
19	.029	2.5			7.0			
20	.040	2.0						
21	.030							
22	.058	2.2			7.0			
23	.036	2.0			7.0			
24	.032	1.0			7.0			
25	.027	1.0			7.1			
26	.029	0.9			7.0			
27	.026	1.0						
28	.037							
29	.027	1.5			7.2			
30	.021	2.5			6.9			
31	.029	2.0			6.3			
101	.963	31.8	2.0	16	11.9	0.10		<1
AVG	.031	1.6	1.0	8	7.3	0.10		<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov Year 90

(1) GMS # 3042/00110

Mark Marsh C7212 12-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: SR. 19 & 316

(4) CITY: Salt Springs (5) COUNTY: MARION PHONE NO. 904-685-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0421511-001 .033 .035 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.058 1456 [X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
5 7.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.7 .6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: perk pond

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M.M. C7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	032	1.0			7.0			
2	022	1.0			6.9			
3	.029	1.5						
4	032							
5	032	2.5			7.1			
6	022	2.0			7.0			
7	027	2.5			6.9			
8	031	2.5			7.0			
9	032	2.0			7.1			
10	040	1.5						
11	.036							
12	.036	1.0			6.6			
13	.031	1.0			6.5			
14	038	1.0	6.5	15	6.5			
15	032	1.0			6.6			
16	029	1.0			6.7			
17	.027	1.0						
18	035							
19	033	1.0			6.9			
20	024	1.0			6.8			
21	029	1.0			6.9			
22	028	1.5			6.6			
23	031	1.0			6.6			
24	038	1.3						
25	040							
26	039	1.0			6.3			
27	032	1.0	3.5	1	6.9			
28	038	1.0			7.0			
29	035	1.5			7.1			
30	029	1.0			6.9			
31								
TOT	.994	35	10	16	148			
AVG	.033	1.3	5	9.5	6.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec Year 90

(1) GMS # 3042100110

Mark R. Mauck C-7212 1-4-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Salt Springs

(3) PLANT ADDRESS: CR. 316 & SR. 19

(4) CITY: Salt Springs (5) COUNTY: Marion PHONE NO. 8004324501 or 904-347-1265

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0042154300 .034 .085 3-C
EXP. 10-1-93

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.056 1,455 [X] Membrane filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 4.5

(16) TSS (mg/l) EFFLUENT 6.5

(17) pH 6.8 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.9

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Park pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
Mark Mauck C7212

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.033	0.9			6.9			
2	.033							
3	.033	3.0			7.3			
4	.042	2.5			7.0			
5	.024	2.0	4	4	7.4			
6	.029	2.0			7.1			
7	.022	2.0			7.0			
8	.020	1.0						
9	.035							
10	.035	2.5			6.8			
11	.030	2.0			6.9			
12	.035	2.2			6.7			
13	.032	1.5			6.4			
14	.032	1.0			6.3			
15	.030	0.9						
16	.030							
17	.030	2.0			6.5			
18	.027	1.0			6.8			
19	.025	1.0			6.2			
20	.033	1.5	5	12	6.0			
21	.034	1.0			6.2			
22	.029	1.5						
23	.037							
24	.037	2.5			6.9			
25	.035	2.0			7.0			
26	.038	2.0			7.1			
27	.032	2.5			7.3			
28	.032	2.5			7.3			
29	.056	1.5						
30	.053							
31	.054	1.0			6.9			
TOT	1.047	55.7	9	16	141.1			
AVG	.034	1.7	4.5	6.5	6.8			

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Silver Lake Oaks - 473

Putnam County (SSU)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan. Year 91

(1) DNS # 3154PC0392

D.A.754 2-1-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC54-144628 .002 .012 D3

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.003 75 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: <1
(16) TSS (mg/l) EFFLUENT: <1

(17) pH: 7.1
(18) ~~TOTAL~~ N mg/l: 4.4
(19) AMMONIA mg/l:
(20) NITRITE + NITRATE mg/l:
(21) TOTAL P mg/l:
(22) ORTHO P mg/l:
(23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)
D.A.754

DEP Form 17-[illegible] Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL~~ N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.004	.5			7.1	4.4		
3	.003	.5			7.1			
4	.002	.5			7.1			
5	.001	.6			7.1			
6	.002	.5			7.1			
7	.002	.5			7.1			
8	.002	.5			7.1			
9	.002	.6	<1	<1	7.1			
10	.003	.6			7.1			
11	.002	.5			7.1			
12	.002	.6			7.1			
13	.002	.5			7.1			
14	.001	.5			7.1			
15	.001	.5			7.1			
16	.002	.7			7.1			
17	.001	.5			7.1			
18	.001	.7			7.1			
19	.002	.6			7.1			
20	.001	.6			7.1			
21	.002	.5			7.1			
22	.001	.7			7.1			
23	.001	.7			7.1			
24	.002	.5			7.1			
25	.001	.7			7.1			
26								
27								
28	.004	.6			7.1			
29	.001	.5			7.1			
30	.002	.5			7.1			
31	.001	.6			7.1			
TOT	.050	15.8	<1	<1	146.2	4.4		
AVG	.002	.6	<1	<1	7.1	4.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 1991

(1) GMS # 3154200390 — A 4894 — 3-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .001 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .002 (11) POP SERVED: 63

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/1) EFFLUENT: 3

(16) TSS (mg/1) EFFLUENT: 3

(17) pH: 7.1

(18) [redacted] NO_3: 4.4

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: .5

(24) BOD (mg/1) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE:

(25) DO (mg/1) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR: Aug 94 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DEP-SOP-001/92 Effective January 30, 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (S.U.)	[redacted] NO_3	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.001	.7			7.1			
2	.002	.6			7.1			
3	.002	.5			7.1			
4	.001	.5			7.1			
5	.002	.5			7.1			
6	.001	.5	3	3	7.1			
7								
8	.002	.5			7.1			
9	.001	.7			7.1			
10	.001	.5			7.1			
11	.002	.7			7.1			
12	.002	.5			7.1			
13	.001	.5			7.1	4.4		
14	.001	.6			7.1			
15	.001	.6			7.1			
16	.001	.5			7.1			
17	.002	.6			7.1			
18	.002	.6			7.1			
19	.001	.6			7.1			<1
20	.002	.5			7.1			
21	.002	.5			7.1			
22	.001	.5			7.1			
23	.001	.5			7.1			
24	.001	.5			7.1			
25	.001	.5			7.1			
26	.001	.5			7.1			
27	.001	.5			7.1			
28	.001	.5			7.1			
29								
30								
31								
TOT	.037	14.7	3	3	194.7	4.4		<1
AVG	.001	.5	3	3	7.1	4.4		<1

0752

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) GMS # 3L54P00390

A-4894 4-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.001	.012	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.002	70	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.0	12.0

(17) pH	(18) [redacted] NO_3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	0.0					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

CERTIFIED 17-F.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.001	.6			7.1			
2								
3								
4	.004	.5			7.1			
5	.001	.6			7.1	0.0		
6	.002	.5			7.1			
7	.001	.5			7.1			
8	.001	.5			7.1			
9	.001	.5			7.1			
10	.002	.6			7.1			
11	.002	.5			7.1			
12	.002	.5			7.1			
13	.001	.5			7.1			
14	.001	.5			7.1			
15	.002	.5			7.1			
16	.001	.5			7.1			
17	.002	.5			7.1			
18	.001	.6			7.1			
19	.001	.6			7.1			
20	.001	.6	3.0	3.0	7.1			
21	.002	.5			7.1			
22	.001	.5			7.1			
23	.001	.5			7.1			
24								
25	.003	.5			7.1			
26	.001	.5			7.1			
27	.002	.6			7.1			
28	.001	.6			7.1			
29	.002	.6			7.1			
30	.002	.6			7.1			
31	.002	.5			7.1			
TOT	.044	14.5	30	10	168.8	0.0		
AVG	.001	.5	3.0	1.0	7.1	0.0		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) CMS # 3154P00390

D.C.N. A-4974 5-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-144678 (7) AVG FLOW MGD: .001 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .002 (11) POP SERVED: 80 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/1) EFFLUENT: 1 (16) TSS (mg/1) EFFLUENT: 4

(17) pH	(18) [redacted] NO_3 mg/1	(19) AMMONIA mg/1	(20) NITRITE + NITRATE mg/1	(21) TOTAL P mg/1	(22) ORTHO P mg/1	(23) CHLOR RESID ppm
7.0	4.4					.6

(24) BOD (mg/1) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____ / ____

(25) DO (mg/1) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR: A-4974 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP-SWF-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.002	.6			7.0			
2	.001	.6			7.0			
3	.001	.5			7.1			
4	.001	.5			7.1			
5	.001	.5			7.1			
6								
7	.003	.6			7.1			
8	.001	.5			7.1			
9	.001	.7			7.1			
10	.001	.6	1	4	7.1	4.4		<1
11	.001	.8			7.1			
12	.001	.8			7.1			
13	.001	.7			7.1			
14	.001	.6			7.0			
15	.001	.6			7.0			
16	.001	.5			7.0			
17								
18	.002	.6			7.0			
19								
20	.002	.5			7.0			
21	.002	.5			7.0			
22	.001	.5			7.0			
23	.001	.6			7.0			
24	.001	.6			7.0			
25	.001	.7			7.0			
26	.001	.7			7.0			
27	.001	.6			7.0			
28	.002	.7			7.0			
29	.001	.5			7.0			
30	.001	.5			7.0			
31								
TOT	.034	16.1	1	4	190.0	4.4		1
AVG	.001	.6	1	4	7.0	4.4		1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) DMS # 3154P00390

Signature of Lead Operator In Charge — A-4894 — Date 6.3.91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Drive

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO.: 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.001	.012	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.001	80	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	4

(17) pH	(18) [redacted] NO_3 mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	20					.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-4894

DC- Form 1T-T.205 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.001	.7			7.0			
2	.001	.7	4	4	7.0			
3	.001	.6			7.0			
4								
5	.003	.7			7.0			
6	.001	.6			7.0			
7	.001	.5			7.0			
8	.001	.7			7.0			
9	.001	.7			7.0			
10	.001	.7			7.0			
11	.001	.6			7.0			
12	.001	.5			7.0			
13	.001	.6			7.0			
14	.001	.7			7.0			
15	.001	.6			7.0			
16	.001	.7			7.0			
17	.001	.8			7.0			
18	.001	.8			7.0			
19	.001	.5			7.0			
20	.001	.7			7.0			
21	.001	.7			7.0			
22	.001	.5			7.0	20		
23	.001	.9			7.1			
24	.001	.7			7.0			
25	.001	.6			7.0			
26								
27	.003	.5			6.9			
28	.001	.7			7.0			
29	.001	.6			7.0			
30	.001	.5			7.0			
31	.001	.7			7.0			
TOT	.033	18.8	4	4	203	20		
AVG	.001	.6	4	4	7.0	20		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) GNS # 3154P00390

Signature of Lead Operator in Charge — A-4894 — Date 7-11-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lakeshore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .001 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .002 (11) POP SERVED: 63 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD — BOD lb/d — TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 10.0

(16) TSS (mg/l) EFFLUENT: 3.0

(17) pH: 6.9

(18) ~~NO3~~ NO3 mg/l: .369

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: .4

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night):

DC... DEP FORM 2... Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.7			6.9			
2	.001	.6			7.0			
3	.001	.8			6.9			
4	.001	.6			6.9			
5	.001	.7	10.0	3.0	6.9			
6	.002	.5			6.9			
7	.002	.5			6.9			
8	.002	.5			6.9			
9	.001	.5			6.9			
10	.001	.5			6.9			
11	.002	.6			6.8			
12	.001	.5			6.8			
13	.001	.5			6.8			
14	.001	.6			6.9			
15	.002	.6			6.9			
16	.001	.6			6.9			
17	.001	.4			7.0			
18	.002	.6			7.0			
19	.001	.6			7.0	.369		>1
20	.001	.6			7.0			
21								
22	.003	.6			7.0			
23								
24	.002	.5			7.0			
25	.002	.6			7.0			
26	.001	.6			7.0			
27	.001	.8			7.0			
28	.002	.7			7.0			
29								
30	.003	.6			7.0			
31								
TOT	.041	15.9	10.0	3.0	187.2	.369		>1
AVG	.001	.4	10.0	3.0	6.9	.369		>1

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Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3154P00390

(3) Plant Name Silver Lake Oaks

(4) Plant Address Lake Shore Drive

(5) City Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DC54-144628

(9) Plant Type D-3

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse DRAIN FIELD

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ A-4894
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0015
(17) Permitted capacity	mgd	—	.0012
(18) Three-month average daily flow	mgd	—	.0012
(19) Percent of permitted capacity	%	—	10%
(20) $CBOD_5$ Effluent	mg/L	080082	3.8
(21) $CBOD_5$ Effluent	lbs/day	—	.05
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	.0013
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.0
(26) Total NO_3	mg/L	000600	.141
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	0.9
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3
1	.0016	.5						7.0						
2	.0009	.9		308	212	34	1.0	7.0						
3	.0016	.7						7.0						
4														
5	.0031	.5						7.0						
6														
7														
8	.0044	.5						7.0						
9	.0015	.5						7.0						
10	.0013	.5						7.0						
11	.0015	.5						7.0						
12	.0016	.5						7.0						
13														
14														
15	.0047	.5						7.0						
16	.0015	.7						7.0						
17	.0013	.5						7.0						
18														
19	.0034	.5						7.0						
20														
21														
22	.0050	.5						7.0						
23	.0013	.7						7.0						
24	.0012	.6						7.0						
25														
26	.0044	.5						7.0						.141
27														
28														
29	.0053	.5						7.0						
30	.0009	.6						7.0						
31	.0013	.5						7.0						

Plant Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature: Paul D. Thompson

Date: AUG 16 1991

Name (Please Type): Paul D. Thompson

Company Name: SSU Services

Telephone No. (Please Type): 904-649-4143

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1991

(2) Plant's DER Identification Number 3154 P00390

(3) Plant Name SILVER LAKE OAKS

(4) Plant Address LAKE SHORE DRIVE

(5) City PALATKA

(6) County PUTNAM

(7) Phone Number 904 649 4143

(8) Permit Number DC 54 - 144628

(9) Plant Type D-3

(10) Test Site Identification Number 3154X12521

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

DRAINFIELD

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No 4894

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [signature] 17-4894
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0014
(17) Permitted capacity	mgd	–	.012
(18) Three-month average daily flow	mgd	–	0018
(19) Percent of permitted capacity	%	–	12%
(20) $CBOD_5$ Effluent	mg/L	080182	3
(21) $CBOD_5$ Effluent	lbs/day	–	.04
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	–	.01
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000611	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	20.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	
(32) Maximum Chlorine Residual	mg/L	–	
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(39) Month AUGUST Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NO_3
1	.002	.5						7.1						
2	.001	.5						7.1						
3														
4														
5	.004	.5						7.0						
6														
7	.003	.5						7.0						
8	.001	.7						7.0						
9	.001	.5						7.0						
10														
11														
12	.004	.5						7.0						
13	.001	.5						7.0						
14	.002	.5		228	128	3	1	7.0						
15	.001	.5						7.0						
16	.002	.5						7.0						
17														
18														
19	.004	.5						7.1						
20	.001	.6						7.0						
21	.001	.7						7.1						
22	.002	.5						7.1						
23	.002	.7						7.1						
24														
25														
26	.004	.4						7.1						
27	.002	.5						7.0						
28	.001	.7						7.1						
29	.001	1.1						7.1						16.3
30	.002	.6						7.1						
31	.001	.8						7.1						

(41) Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signature [signature] Date 9 3 91

Name (Please Type) Paul Thompson

Company Name SSU Services Telephone No. (Please Type) 904-649-4141

Page 1 of 1

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number 3154.P00390

(3) Plant Name SILVER LAKE OAKS

(4) Plant Address EAST LAKE SHORE DAVE

(5) City PALATKA

(6) County PUTNAM

(7) Phone Number 904-649-4143

(8) Permit Number DC54-144628

(9) Plant Type D-3

(10) Test Site Identification Number 3154X 12521

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

DRAIN FIELD

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ A 4894
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0013
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	9%
(20) $CBOD_5$ Effluent	mg/L	080082	3.5
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	< 1.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	11.3
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.4
(32) Maximum Chlorine Residual	mg/L	–	2.0
(33) Other Effluent Parameters			
FECAL COLIFORM			< 1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Sept. Year 1991

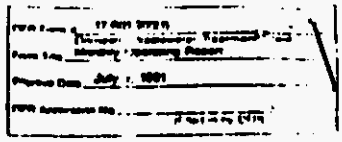
Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1																					
2																					
3	.004	.8						7.1													
4	.001	.8		150	6.8	3.5	<1.0	7.0													
5	.001	.5						7.0													
6	.001	.7						7.1													
7																					
8																					
9	.004	.4						7.0													
10	.002	1.4						7.0													
11	.002	.5						7.0													
12	.001	.8						7.0													
13	.001	.5						7.0													
14																					
15																					
16	.003	.4						7.1													
17	.002	.6						7.1													
18	.001	.9						7.1													
19																					
20	.002	.5						6.9													
21																					
22																					
23	.004	.4						7.0													
24	.001	.4						7.0													
25	.002	1.8						7.0			163		<1	113							
26	.001	2.0						7.0													
27	.001	1.0						7.0													
28																					
29																					
30	.004	.5						7.0													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: P. Thompson Date: 10-1-91

Name (Please Type) Paul Thompson

Company Name SSU SERVICES Telephone No. (Please Type) 904-649-4143



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: Oct. Year 1991

(2) Plant's DER Identification Number 3154P00390

(3) Plant Name D Silver Lake Oaks

(4) Plant Address 2AST LAKE SHORE DRIVE

(5) City Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DC-5414468

(9) Plant Type D-3

(10) Test Site Identification Number 3154X12521

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

DRAIN FIELD

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 4894

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator _____ A-4894
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0013
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.0013
(19) Percent of permitted capacity	%	–	9%
(20) $CBOD_5$ Effluent	mg/L	080082	2.9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	17.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.4
(32) Maximum Chlorine Residual	mg/l	–	1.2
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(4) Silver Lake Oaks Month: Oct Year: 1991

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.001	0.9						7.0												
2	.002	1.8						7.0												
3	.002	1.0						7.0												
4	.001	1.2						7.0												
	.007	0.4		208	136	2.9	5.0	7.0												
2	.001	1.0						7.0			17.4									
	.001	0.7						7.0												
	.002																			
	.001																			
1	.004	0.4						7.1												
	.001	0.5						7.0												
2	.001	0.9						7.0												
	.002	0.8						7.1												
	.001	0.6						7.0												
	.003	0.6						7.0												
	.003	0.5						7.0												
1	.001	0.9						7.0												
	.002	0.7						7.0												
	.002	0.9						6.9												
7	.001	0.7						6.9												
	.002	0.5						6.9												
	.002	0.6						7.0												
	.001	1.0						7.2												

rd Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete, and accurate.

ture: Paul Thompson Date: 11-1-91

me (Please Type): PAUL THOMPSON

mpany Name: SSU SERVICES Telephone No. (Please Type): 904-649-4143

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Nov Year 1991

(2) Plant's DER Identification Number 3154P00390

(3) Plant Name Silver Lake Oaks

(4) Plant Address Lake Shore Dr.

(5) City Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DC54-144628

(9) Plant Type D-3

(10) Test Site Identification Number 3154X12521

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
DRAIN FIELD

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class A Cert. No 4894
Evening Shift Operator Class ____ Cert. No ____
Night Shift Operator Class ____ Cert. No ____
Lead Operator [signature] Signature A-4894 Cert. No

Parameter	Units	SIDNET Code	Value
(16) Monthly average daily flow	mgd	050053	.0014
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.0014
(19) Percent of permitted capacity	%	–	9%
(20) $CBOD_5$ Effluent	mg/L	080082	4.2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	< 1.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	6.05
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form 17-601(97)(1) (Domestic Wastewater Treatment Plant Monthly Operating Report)
Form No. _____
Effective Date: July 1, 1991
DER Application No. _____ (Page # of # Pages)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Nov Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_4 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.001	.9						7.2					
2													
3													
4	.005	.6						7.2					
5													
6	.001	.7						7.2					
7	.002	.7						7.2					
8	.002	.6						7.2					
9													
10													
11	.005	.5						7.0					
12	.002	1.0						7.1					
13	.001	.8						7.1					
14	.002	1.0						7.1					
15	.001	.8						7.1					
16													
17													
18	.004	.6						7.1					
19													
20	.002	.5		223	120	4.2	<1	7.2					
21	.001	.8						7.2			6.05		
22	.001	.9						7.1					
23													
24													
25	.004	.5						7.1					
26	.001	1.0						7.0					
27	.002	.6						7.2					
28													
29	.003	.5						7.2					
30	.001	.6						7.1					

Plant Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true complete and accurate

Signed: _____ Date: 12-24-91

Name (Please Type): PAUL THOMPSON

Company Name: SSU SERVICES

Telephone No (Please Type): 904-649-4143

DER Form 17-Ref-Group II
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month Dec. Year 1991

(2) Plant's DER Identification Number 3154P00390

(3) Plant Name Silver Lake Oaks

(4) Plant Address Lake Shore Drive

(5) City Palatka

(6) County Putnam

(7) Phone Number 904-649-4143

(8) Permit Number DC54-144628

(9) Plant Type D-3

(10) Test Site Identification Number 3154X12521

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Drain field

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Roy White (Signature) C-8301 (Cert No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.0013
(17) Permitted capacity	mgd	–	.015
(18) Three-month average daily flow	mgd	–	.0014
(19) Percent of permitted capacity	%	–	9%
(20) $CBOD_5$ Effluent	mg/L	080082	1.8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			
Fecal Coliform			2

Domestic Wastewater Treatment Plant
Monthly Operating Report

(1)

Month Dec. ... Year 19[illegible]

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.002	.4						7.2					
2	.001	.8						7.2					
3	.001	.9						7.1					
4	.002	.8						7.2					
5	.001	.5						7.4					
6	.001	1.0						7.3					
7													
8													
9	.004	.5						7.2					
10	.001	1.0						7.2					
11	.001	1.0						7.2					
12	.002	.8						7.2					
13	.001	1.0						7.1					
14													
15													
16	.004	.5						7.2					
17													
18	.002	1.0						7.2					
19	.001	1.0		278	232	1.8	<1	7.2			.7		
20	.002	1.0						7.1					
21													
22													
23	.003	.8						7.1					
24													
25													
26	.003	.5						7.1					
27	.002	1.0						7.1					
28													
29													
30	.004	1.0						7.2					2
31	.002	.8						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate

Signed Roy White

Date 1/10/92

Name (Please Type) WILLIAM R. WHITE

Company Name SSU SERVICES

Telephone No (Please Type) 649-4143

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 90

(1) GHS # 315492003990

A-4894 — 2-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Silver Lake Drive

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .004 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .006 (11) POP SERVED: 75 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 3.2
(16) TSS (mg/l) EFFLUENT: 1

(17) pH: 7.1
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l: 8.0
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING
LEAD OPERATOR: A-4894
SHIFT 1 (Day)
SHIFT 2 (Evening)
SHIFT 3 (Night)

DER FORM 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	.7			7.1			
2	.006	.7			7.1			
3	.005	.8			7.1			
4	.004	.6			7.1	.03		
5	.006	1.0			7.1			
6	.006	.6			7.1			
7	.003	.7			7.1			
8	.005	.6			7.1			
9	.005	.7			7.1			
10	.003	.8			7.1			
11	.003	1.0	3.2	1.	7.1			
12	.003	.6			7.1			
13	.003	.7			7.1			
14	.003	.6			7.1			
15	.003	.8			7.1			
16	.003	.6			7.1			
17	.003	.8			7.1			
18	.004	.7			7.1			
19	.003	.7			7.1			
20	.003	.6			7.1			
21	.003	.8			7.1			
22	.003	.7			7.1	0.0		
23	.003	.8			7.1			
24	.003	.6			7.1			
25	.003	.6			7.1			
26	.003	.7			7.1			
27	.003	.7			7.1			
28	.003	.8			7.1			
29	.003	.8			7.1			
30	.004	.8			7.1			
31	.005	1.0			7.1			
TOT	.113	22.8	3.2	1	220.1	0.03		
AVG	.004	.6	3.2	1.	7.1	.03		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEB Year 90

(1) GMS # 3154PC0391

3-6-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Silver Lake Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-904-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.003	.012	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.006	75	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.3	8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
7.1	8					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.0			7.0			
2	.004	.7			7.1			
3	.003	.7			7.1			
4	.003	.8			7.1			
5	.008	.9			7.1			
6	.003	.6			7.1			
7	.003	.9	4.3	8	7.1			
8	.003	.9			7.0			
9	.003	.8			7.0			
10	.003	.6			7.0			
11	.003	.7			7.0			
12	.003							
13	.003	.6			7.0	0		
14	.002	.6			7.1			
15	.002	.8			7.1			
16	.002	.8			7.0			
17	.002	1.0			7.0			
18	.003							
19	.003	.7			7.0			
20	.002	.9			7.1			
21	.003	.6			7.1			
22	.002							
23	.002	.6			7.1			
24	.003	.7			7.1			
25	.002	.7			7.1			
26	.003	.6			7.1			
27	.006	.5			7.1			
28	.004	.8			7.1			
29								
30								
31								
TOT	.083	15.1	4.3	8	196.4			
AVG	.003	.5	4.3	8	7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3154PCC390

Month: March Year: 1990

Signature of Lead Operator in Charge — A-1894 — Date: 4-9-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Silver Lake Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.002	.012	D3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.004	75	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.5	11

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			0			.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-1894

DEP-DOMW-1720.2057 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.7			7.1			
2	.002	.8			7.1			
3	.003	.6			7.1			
4	.002	.6			7.1			
5	.002	.7			7.1			
6	.002	.6			7.1			
7	.002	.8	4.5	11	7.1			
8	.002	.6			7.1			
9	.003	.6			7.1			
10	.003	.6			7.1			
11	.001	.8			7.0			
12	.002	.8			7.0			
13	.002	.5			7.1			
14	.002	.6			7.1			
15	.002	.6			7.1			
16	.002	.6			7.1			
17	.002	.5			7.1			
18	.002	.6			7.1			
19	.003	.6			7.1	0		
20	.002	.6			7.1			
21	.002	.7			7.1			
22	.002	.7			7.1			
23	.004	.6			7.1			
24	.003	.6			7.1			
25	.002	.5			7.1			
26	.002	.5			7.1			
27	.002	.6			7.1			
28	.003	.6			7.1			
29	.002	.7			7.1			
30	.002	.6			7.1			
31	.002	.6			7.1			
TOT	.068	19.5	4.5	11	219.9	0		
AVG	.002	.5	4.5	11	7.1	0		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 92

(1) DHS # 3154PCC390 — A-4894 — 5-10-92
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Silver Lake Drive

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
- - - - - - - - - -	.002	.012	D3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.6	13.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	0.5					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
Grab	Drainfield

(29) PLANT STAFFING

LEAD OPERATOR: A-4894 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-601.202(1) Effective January 30, 1992

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.003	1.0			7.1			
2	.003	.9			7.1			
3	.003	.7			7.1	0.0		
4	.003	.8	5.6	ALC	7.1			
5	.003	.8			7.1			
6	.002	.9			7.1			
7								
8								
9	.003	.6			7.1			
10	.002	.9			7.1			
11								
12	.003	.7			7.1			
13	.002	.8			7.1			
14								
15								
16	.002	.5			7.1			
17	.003	.7			7.1			
18	.003	.6			7.1			
19	.003	.5			7.1			
20								
21	.003	.5			7.1			
22								
23								
24	.002	.6			7.1			
25	.003	.7			7.1			
26	.001	.5			7.1			
27	.002	.7			7.1			
28								
29								
30	.005	.5			7.1			
31								
TOT	.059	13.3	5.6	13.0	142.6	0.0		
AVG	.002	.5	5.6	13.0	7.1	0.0		

0772

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: May Year: 1990

(1) GNS # 3154800390

A-4794 6-7-90
Signature of Lead Operator in Charge · Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Silver Lake Dr.

(4) CITY: Labelle (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.002	.012	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.002	75	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.6	13.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	0.0					.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

J 4794

DC [illegible] EFFECTIVE [illegible] EXPIRES [illegible]

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.I.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.7			7.1			
2	.002	.6			7.1			
3	.002	.6			7.1			
4	.002	.5			7.1	0.0		
5	.002	.7			7.1			
6	.002	.5			7.1			
7	.002	.6			7.1			
8	.001	.6			7.1			
9	.002	.6			7.1			
10	.002	.5			7.0			
11	.002	.4			7.0			
12	.002	.4			7.1			
13								
14	.003	.4			7.1			
15	.002	.8			7.0			
16								
17	.004	.3			7.1			
18	.002	.8			7.1			
19								
20								
21	.007	1.0			7.1			
22	.002	.6			7.1			
23	.001	1.0	0.6	13.0	7.1			
24	.002	.7			7.1			
25	.002	.5			7.1			
26								
27								
28	.006	.7			7.1			
29	.002	1.4			7.2			
30	.002	1.0			7.1			
31	.002	1.0			7.1			
TOT	.060	19.4	0.6	13.0	177.3	0.0		
AVG	.002	.4	0.6	13.0	7.1	0.0		

0773

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1990

(1) GNS # 315472003900

Signature of Lead Operator In Charge — Date 7-3-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Silver Lake Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.003	.012	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.003	75	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.7	3.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	4.4					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: DRAIN FIELD

(29) PLANT STAFFING

LEAD OPERATOR: A-4994

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-22.203(1) Effective January 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.001	.07			7.1			
2								
3								
4	.006	.06			7.1			
5	.002	0.0			7.1			
6	.002	1.0	2.7	3.0	7.1	4.4		
7	.002	1.0			7.1			
8	.002	.9			7.1			
9	.002	.7			7.1			
10								
11	.003	.6			7.1			
12	.002	.8			7.1			
13	.003	.7			7.1			
14								
15								
16	.005	.5			7.1			
17								
18	.003	.5			7.1			
19								
20	.003	.6			7.1			
21	.003	.7			7.1			
22	.002	.6			7.1			
23								
24								
25	.001	.5			7.1			
26								
27	.006	.7			7.1			
28								
29	.003	.6			7.1			
30	.002	.7			7.1			
31								
TOT	.052	13	2.7	3.0	134.5	4.4		
AVG	.003	.7	2.7	3.0	7.1	4.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS #3154P00392

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.002	.012	D-3

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.007		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				10.2	6.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	0.0					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

4994

DESIGNATED TYPE, 2025 — Effective Treatment Hr. Time

Month: 9-94 Year: 1994

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.004	1.6			7.1			
2	.004	.5			7.1			
3								
4								
5	.004	.6			7.1			
6	.007	.6			7.1			
7	.002	.7			7.1			
8								
9	.003	.6			7.1			
10	.002	.6			7.2			
11	.002	.7	10.2	6.0	7.1	0.0		
12	.002	.7			7.2			
13	.002	.6			7.1			
14								
15								
16	.005	.5			7.1			
17	.002	.6			7.1			
18								
19	.003	.7			7.1			
20	.002	.6			7.1			
21	.002	.6			7.1			
22								
23	.003	.5			7.1			
24								
25								
26	.005	.5			7.1			
27	.003	.7			7.1			
28								
29	.003	.7			7.1			
30	.002	.5			7.1			
31	.001	.6			7.1			
TOT	.063	13.1	10.2	6.0	69.5	0.0		
AVG	.002	.5	10.2	6.0	7.1	0.0		

0775

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Aug Year 1990

(1) DNS # _____

Signature of Lead Operator in Charge — A-4894 — 9-14-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .002 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: _____ (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD: _____ BOD lb/d: _____ TSS lb/d: _____ (14) % FLOW INFIL: _____ (15) BOD (mg/l) EFFLUENT: 4.0 (16) TSS (mg/l) EFFLUENT: 1.0

(17) pH: 7.1 (18) TOTAL N mg/l: _____ (19) AMMONIA mg/l: _____ (20) NITRITE + NITRATE mg/l: 17.4 (21) TOTAL P mg/l: _____ (22) ORTHO P mg/l: _____ (23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM: _____ DNSTREAM: _____ TIME/DATE OF SAMPLE: _____ / _____

(25) DO (mg/l) UPSTREAM: _____ DNSTREAM: _____

(26) EFFLUENT PARAMETER: _____ VALUE: _____ (UNITS): _____

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-[illegible].201 Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.001	.6	4.0	1.0	7.1	4.4		
2	.003	.7			7.1			
3	.002	.5			7.1			
4								
5								
6	.004	.5			7.1			
7	.002	.7			7.1			
8	.001	.6			7.1			
9								
10	.003	.5			7.1			
11	.002	.6			7.1			
12								
13	.004	.6			7.1			
14								
15	.003	.5			7.1			
16								
17	.003	.6			7.1			
18								
19								
20	.004	.7			7.1			
21	.002	.5			7.1			
22								
23								
24	.003	.5			7.1			
25								
26	.004	.6			7.1			
27	.002	.5			7.1			
28	.002	.7			7.1			
29	.001	.6			7.1			
30	.001	.6			7.1			
31	.001	.6			7.1			
TOT	.046	11.7	4.0	1.0	142	4.4		
AVG	.002	.5	4.0	1.0	7.1	4.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3154PCC390 Month Sept Year 90

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4504

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC54-144628	.001	.012	D3

(10) MAX FLOW (MGD): .002 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	4

(17) pH	(18) TOTAL NO3 mg/l	(19) AMMONIA mg/l	(20) NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	4.4					.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A Upgd			

DER Form 17-601.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2								
3								
4	.006	.5			7.3			
5	.002	.7	5	4	7.1	4.4		
6								
7	.002	.6			7.1			
8	.001	.7			7.1			
9								
10	.003	.5			7.1			
11	.002	.7			7.1			
12	.001	.6			7.1			
13	.002	.6			7.1			
14	.001	.5			7.1			
15								
16								
17	.004	.6			7.1			
18	.001	.6			7.1			
19	.002	.6			7.1			
20	.002	1.0			7.1			
21	.001	.6			7.1			
22								
23								
24	.003	.5			7.1			
25	.001	.6			7.1			
26								
27	.003	.6			7.1			
28	.001	.5			7.1			
29								
30	.003	.7			7.1			
31								
TOT	.043	12.1	5	4	135			
AVG	.001	.5	5	4	7.1			

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0277

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct. Year 1990

(1) GMS # 3154P0C390 — Signature of Lead Operator in Charge — A-4894 — Date 11-5-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-450

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .001 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 75 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) Industrial Contribution Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				<1	<1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
7.1	0.0					.6

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-4894

DER Form 17-6.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NITRATE N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.001	.5			7.1			
2	.002	.5			7.1			
3	.001	.6			7.1	0.0		
4	.002	.6			7.1			
5	.001	.5	<1	<1	7.1			
6	.001	.5			7.1			
7	.002	.5			7.1			
8	.001	.5			7.1			
9	.001	.7			7.1			
10	.002	.6			7.1			
11	.001	.7			7.1			
12	.001	.6			7.1			
13	.001	.5			7.1			
14	.001	.6			7.1			
15	.002	.6			7.1			
16	.001	.6			7.1			
17	.002	.5			7.1			
18	.002	.5			7.1			
19	.001	.5			7.1			
20	.003	.5			7.1			
21	.001	.5			7.1			
22	.003	.5			7.1			
23	.001	.5			7.1			
24	.001	1.0			7.1			
25	.002	1.0			7.1			
26	.001	.6			7.1			
27	.001	.6			7.1			
28	.001	.5			7.1			
29	.001	.5			7.1			
30	.001	.7			7.1			
31	.001	.6			7.1			
TOT	.043	18.2	<1	<1	220.1	0.0		
AVG	.001	.6	<1	<1	7.1	0.0		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 315492DC39C

Signature of Lead Operator In Charge — Date: 12-7-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .011 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 75 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: /

(16) TSS (mg/l) EFFLUENT: /

(17) pH: 7.0

(18) [redacted] N: mg/l 4.4

(19) AMMONIA: mg/l

(20) NITRITE + NITRATE: mg/l

(21) TOTAL P: mg/l

(22) ORTHO P: mg/l

(23) CHLOR RESID: ppm .6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Drainfield

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

A. Usry

DEP-SOP-003.03) Effective November 30, 1982

(30) Month: NOV Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	[redacted] N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.002	.7			7.0			
2	.001	.7			7.0			
3	.001	.6			7.0			
4	.001	.6			7.0			
5								
6	.002	.8						
7	.001	.8			7.0			
8	.001	.8			7.0			
9	.001	1.0			7.0			
10								
11								
12	.003	.6			7.0			
13		.8			7.0			
14	.003	.5			7.0			
15	.001	.6			7.0	4.4		
16	.001	.7			7.0			
17	.001	.6			7.0			
18								
19	.002	.5			7.0			
20	.001	.6			7.0			
21	.001	.6			7.0			
22	.001	.6			7.0			
23	.001	.5			7.0			
24	.001	.5			7.0			
25								
26	.002	.6			7.0			
27	.001	.6			7.0			
28	.002	.5			7.0			
29	.001	.5			7.0			
30	.001	.5			7.0			
31								
TOT	.033	16.2	1	1	7.5	4.4		
AVG	.001	.6	1	1	7.0	4.4		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec. Year 1990

(1) OMS # 3154000590 — Signature of Lead Operator in Charge — B-1994 — Date 1-10-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Silver Lake Oaks

(3) PLANT ADDRESS: Lake Shore Dr.

(4) CITY: Palatka (5) COUNTY: Putnam PHONE NO. 1-904-329-4501

(6) PERMIT NUMBER: DC54-144628 (7) AVG FLOW MGD: .001 (8) DESIGN FLOW MGD: .012 (9) TYPE: D-3

(10) MAX FLOW (MGD): .003 (11) POP SERVED: 75 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 2

(16) TSS (mg/l) EFFLUENT: <1

(17) pH: 7.1

(18) ~~Total~~ Nox mg/l: 0.0

(19) AMMONIA mg/l: ____

(20) NITRITE + NITRATE mg/l: ____

(21) TOTAL P mg/l: ____

(22) ORTHO P mg/l: ____

(23) CHLOR RESID ppm: .6

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap Perc

(29) PLANT STAFFING

LEAD OPERATOR: B-1994 SHIFT 1 (Day): ____ SHIFT 2 (Evening): ____ SHIFT 3 (Night): ____

DC Form 3560-1005, Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
						Nox		
1	.001	.7			7.1			
2	.002	.7			7.1			
3	.001	.6			7.1			
4	.001	.7			7.1			
5	.001	.5	2	<1	7.1			
6	.001	.6			7.1			
7	.001	.7			7.1	0.0		
8	.001	.7			7.1			
9	.001	.6			7.1			
10	.001	.6			7.1			
11	.001	.6			7.1			
12	.001	.5			7.1			
13	.001	.6			7.1			
14	.001	.5			7.1			
15	.001	.6			7.1			
16	.002	.6			7.1			
17	.001	.6			7.1			
18	.001	.5			7.1			
19	.001	.5			7.1			
20	.002	.6			7.1			
21	.002	1.0			7.1			
22								
23	.003	.6			7.1			
24	.002	.6			7.1			
25								
26	.002	.5			7.1			
27	.002	.5			7.1			
28	.002	.5			7.1			
29								
30								
31	.002	.5			7.1			
TOT	.044	16.1	2	<1	219.9	2.5		
AVG	.001	.6	2	<1	7.1	2.5		

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South Forty - 1113

Marion County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 91

(1) CMS # 3042P01392

Mark R Mask C7212 2-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33 AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 432 4501 904-347-1261

(6) PERMIT NUMBER: DO42L74196 (7) AVG FLOW MGD: .032 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .045 (11) POP SERVED: 315 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 1.3
(16) TSS (mg/l) EFFLUENT: 9

(17) pH: 6.7 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) ~~NITRATE~~ + NITRATE mg/l: 16.0 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 8.9

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: sprayfield

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Mask C7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	028	2.0			7.1			
2	030							
3	030	2.5			7.3			
4	030	2.0	1.4	3	7.3			
5	024							
6	014	1.5						
7	016	2.0			7.3			
8	014	2.0			7.0			
9	026	1.5			7.1			
10	026	2.0			6.8			
11	045	1.5			6.9			
12	029	1.0						
13	030							
14	030	2.0			6.8			
15	038	1.0			6.6			
16	035	1.5			6.8			
17	044	1.5			6.6			
18	029	1.0	1.3	15	6.6			
19	[illegible]	2.0						
20	034							
21	036	2.5			6.6			
22	027	2.0			7.0			1
23	035	1.5			7.2			
24	035	4.0			7.2			
25	039	2.0			7.1			
26	040	2.0						
27	029							
28	040	2.5			7.0			
29	040	3.0			7.0			
30	041	2.0			5.9			
31	043	2.0			8.6			
101	.990	47	2.7	18	150			1
AVG	032	1.8	1.3	9	6.7			1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 3042801392

Mark March C7212 — 3-5-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 3155 W 33RD AVE

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 800 432 4501

(6) PERMIT NUMBER: FL0042-174196 (7) AVG FLOW MGD: .033 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .055 (11) POP SERVED: 420 (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/1) EFFLUENT: 3.5

(16) TSS (mg/1) EFFLUENT: 20.5

(17) pH: 6.4 (18) TOTAL N mg/1 (19) AMMONIA mg/1 (20) NITRITE + NITRATE mg/1 (21) TOTAL P mg/1 (22) ORTHO P mg/1 (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/1) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/1) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night): M March C7212

DER Form 17-1.203(7) Effective November 30, 1982

Month: Feb. Year: 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	020	2.0	3.1	12.0	7.0			
2	019	1.5						
3	036							
4	031	1.0			6.3			
5	047	0.9			6.6			
6	040	2.0			6.4			
7	032	1.5			6.7			
8	048	2.0			6.0			
9	027	2.8						
10	021							
11	026	2.0			7.1			
12	033	0.6			6.9			
13	016	1.5			5.5			
14	055	1.0			5.9			
15	020	2.0	3.8	29.0	5.0			
16	040	2.5						
17	025							
18	023	2.0			5.7			
19	043	0.7			6.5			
20	027	1.0			6.4			
21	053	1.0			6.8			
22	029	1.0			5.4			
23	042	2.5			5.1			
24	034							
25	033							
26	040	0.8			7.3			
27	049	2.0			6.0			
28	047	2.0			5.6			
29					5.5			
30								
31								
TOT	.975	41	6.9	41	178			
AVG	.033	1.8	3.5	20.5	6.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 91

(1) GMS # 3042 PO 1392

Mark B. Marsh C-7212 — 4-9-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: SE 315 SE 33rd AV

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 472 4501

(6) PERMIT NUMBER: 0042174196 (7) AVG FLOW MGD: .037 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .064 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 5

(16) TSS (mg/l) EFFLUENT: 20

(17) pH: 6.6

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID: 0.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

MISS 4400

(29) PLANT STAFFING

LEAD OPERATOR: Mark C-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.031	3.0			5.9			
2	.044	2.5			5.9			
3	.040	2.5			6.0			
4	.040	3.0			6.0			
5	.034	2.0			7.0			
6	.039	2.0			6.9			
7	.040	3.0			6.9			
8	.064	3.0			6.9			
9	.053	3.5						
10	.040	2.5						
11	.039	2.7			7.0			
12	.044	2.5			6.0			
13	.049	2.0			6.4			
14	.042	2.5			5.8			
15	.042	2.0	5.2	15	7.0			
16	.033	2.0						
17	.044							
18	.064	1.5			6.8			
19	.039	0.9			6.9			
20	.041	1.5			6.4			
21	.045	0.9			6.3			
22	.036	1.0			6.3			
23	.043	0.8						
24	.027							
25	.034	1.0			7.2			
26	.030	1.5			7.0			
27	.040	1.0			6.8			
28	.035	1.8			6.7			
29	.039	1.6	4.2	25	7.0			
30	.044	1.0						
31	.030							
101	.032	5.1	9.9	40	139			
AVG	.037	1.9	.510	20	6.6			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) GMS # 304280 1392

Mark R. Mack C7212 4-30-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 33RD ST.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 400 432 4501

(6) PERMIT NUMBER: FL0042174196 (7) AVG FLOW MGD: .030 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3C

(10) MAX FLOW (MGD): .064 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 3.4

(16) TSS (mg/l) EFFLUENT: 9

(17) pH: 5.5 (18) TOTAL N mg/l: (19) AMMONIA mg/l: (20) NITRITE + NITRATE mg/l: 0.96 (21) TOTAL P mg/l: (22) ORTHO P mg/l: (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR: Mark Mack C7212

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	048	1.0			7.1			
2	034	0.8			7.3			
3	033	0.9			7.5			
4	035	1.8			7.0			
ES 5	030	1.5			6.21			
6	011	1.5						
7	025							
CS 8	033	1.5			6.9			
ES 9	024	2.6			6.9			
10	034	2.0	5.0	2	7.0			
11	043	2.3			6.7			
12	031	2.0						
13	024	2.3						
14	013							
CS 15	020	2.0			6.9			
16	020	2.0			7.3			
17	020	2.5			7.0			
18	064	3.0			6.9			
19	034	2.5			6.8			<1
20	037	3.0			7.0			
21	041							
22	041	2.5			6.9			
23	030	3.0			6.9			
24	024	3.0			6.6			
25	027	2.5			6.9			
26	027	3.0	6.2	10	6.9			
27	031	2.5						
28	028							
29	028	2.0			7.0			
30	040	2.5			6.5			
31								
TOT	.917	55.1	6.8	18	137.6			41
AVG	.030	2.1	3.4	9	5.5			41

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 91

(1) GMS # 3042P01392

Mark R Mut C7212 — 6-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33RD AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 904-349-126[illegible]

(6) PERMIT NUMBER: 0042174196 (7) AVG FLOW MGD: .037 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .078 (11) POP SERVED: ? (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Some Commercial
Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.5

(16) TSS (mg/l) EFFLUENT: 9.0

(17) pH: 7.1

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRATE + NITRITE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 0.7

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark Mut C7212

DER Form 17M-20[illegible](1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	040	2.0			7.0			
2	042	0.5			5.9			
3	017	2.5			6.0			
4	034	3.5						
5	037							
6	023	3.4			5.6			
7	035	3.0			5.6			
8	037	3.6			5.9			
9	057	2.5			6.1			
10	026	2.0			6.6			
11	037	3.0						
12	036							
13	036	2.0			7.0			
14	037	2.6			6.8			
15	075	1.6			7.4			
16	032	1.8			7.4			
17	046	3.4			7.0			
18	023	2.0						
19	017							
20	038	1.9			7.7			
21	068	4.7			7.0			
22	053	3.0			7.3			
23	037	4.2	2.5	9	7.4			
24	078	0.7			7.7			
25	021	1.0						
26	041							
27	041	0.8			7.4			
28	033	0.7			7.4			
29	022	1.6			7.4			
30	043	0.9			7.1			
31	043	1.0			7.0			
TOT	1140	47	2.5	9	163			
AVG	037	1.9	2.5	9	7.1			

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(3)

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CHS: 3042101392

Mark R Mast C7212 7-8-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33RD AV

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. ~~407-880-8058~~ 904-347-1265

(6) PERMIT NUMBER: 0042174196 (7) AVG FLOW MGD: .036 (8) DESIGN FLOW MGD: .050 (9) TYPE: 2-C

(10) MAX FLOW (MGD): .051 (11) POP SERVED: 546 3 Customers (12) FECAL COLIFORM SAMPLE METHOD – Dec July 91: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW INFIL ___ (15) BOD (mg/l) EFFLUENT: 1.6 (16) TSS (mg/l) EFFLUENT: 8

(17) pH: 7.8 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) ~~NITRITE~~ + NITRATE mg/l ___ @N- July 91 (21) TOTAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___ / ___ (25) DO (mg/l) UPSTREAM ___ DNSTREAM ___ (26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR: Mark Mast C7212 SHIFT 1 (Day) ___ SHIFT 2 (Evening) ___ SHIFT 3 (Night) ___

DEP Form 17-1.205(1) Effective November 30, 1982

(30) Month: June Year: 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	033	1.5						
2	032							
3	034	1.0			7.7			
4	039	1.5			7.6			
5	044	1.5			7.6			
6	046	0.6			7.7			
7	023	0.7	0.8	8	7.3			
8	046	2.0						
9	034							
10	035	1.5						
11	032	1.0			7.3			
12	030	1.5			7.7			
13	032	1.5			7.2			
14	029	0.8			7.4			
15	036	1.0			7.4			
16	036				6.5			
17	036	1.0						
18	045	2.0			6.9			
19	044	2.5			6.8			
20	035	3.0			7.1			
21	044	2.5	2.5	8	6.6			
22	046	1.0			5.2			
23	036							
24	036	1.0			7.4			
25	051	1.3			7.1			
26	044	1.5			7.0			
27	051	1.1			7.3			
28	038	1.5			7.1			
29	031	2.0						
30	.031							
31								
TOT	1041	37	3.3	16	164			
AVG	.036	1.5	1.6	8	7.8			

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month July Year 1991

Plant's DER Identification Number 3042 P01392

Plant Name South 40 #1113

P.O. Box 11179 OCALA 32673

Plant Address 315 SW 33rd AV

City Ocala

County Marion

Phone Number 904-347-1265

Permit Number DO42174195

Plant Type 3-C

Test Site Identification Number _____

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Spray field

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge _____

Plant Staffing

Day Shift Operator Class C Cert. No. C-7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Mark R. Mund (Signature) C-7212 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.037
(17) Permitted capacity	mgd	–	.075
(18) Three-month average daily flow	mgd	–	.037 *
(19) Percent of permitted capacity	%	–	49 *
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	9
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.2
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	8
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

DER Form 17-601(900)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Place on by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

South #40 # 1113 Month July Year 1991

Flow (mgd)	Chlorine Residual after Contact x	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent x	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
032	1.5						7.1					
040	3.5						6.5					
040	2.0						7.0					
032	1.6						7.3					
040	1.2						7.1					
231	0.9											
228												
228	1.0						7.2					
260	0.9			[ ]	10.4	12	7.1			4		
035	0.6						6.5					
241	0.8						7.0					
237	1.0						6.9					
231	1.2											
231												
231	1.0						7.4					
231	1.0						7.3					
234	10.8						7.2					
234	10.9						7.1					
234	10.8						7.2					
030	1.0											
228												
229	0.9						7.1					
251	0.8						[illegible]					
224	0.9						7.0			[ ]	K1	
020	1.5				5.6	7	7.3			12		
047	1.0						7.2					
063	0.9											
029												
025	1.5						7.4					
034	3.5						6.2					
047	2.5						7.1					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: Mark R. March Date: 8-6-91

(Please Type) Name: Mark March

Company Name: Southern States Utilities Telephone No. (Please Type): (904) 347-1265

Page 3 of 3

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Pass on by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month August Year 1991
2) Plant's DER Identification Number 3042201392
3) Plant Name South 40 IWDus - Trail Park
4) Plant Address 315 SW 33rd AV
5) City Ocala
6) County Marion
7) Phone Number 800 432 4501
8) Permit Number DO 42 174 196
9) Plant Type 3-C
10) Test Site Identification Number
11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number
12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Field
13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
14) Cumulative Days of Wet Weather Discharge
15) Plant Staffing
Day Shift Operator Class C Cert. No. 7212
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator W. R. Mc / C 7212
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	034
(17) Permitted capacity	mgd	–	050
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	14.7
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	7.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.1
(25) Maximum pH		–	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.7
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

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

40/

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Aug Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	029	2.0					7	7.3					
2	031	1.5						7.4					
3	031	1.0											
4	034												
5	034	0.7						7.1					
6	030												
7	036	0.5						7.3					
8	046	1.0						7.2					
9	021	0.8						7.3					
10	041	1.0											
11	039	1.2											
12	040	1.5						7.8					
13	054	3.5											
14	033	3.0						7.6					
15	031	2.5						7.5					
16	049	1.5				20.9	8	7.6					
17	022	2.0											
18	022												
19	023	2.5						7.7					
20	057	3.5						7.6					
21	035	2.0						7.2					
22	045	1.0						7.1					
23	037	2.5											
24	032	2.0											
25	032												
26	032	2.5						7.1					
27	039	1.0											
28	038	1.2						7.1					
29	041	2.0				8.5		7.2					
30	026	2.0						7.4					
31	044	1.9											

ed Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete, and accurate.

ned: Mark R Marcl Date: 9-10-91

me (Please Type) _____

mpany Name S.S.U. Services Telephone No. (Please Type) _____

South 40

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month Sept. Year 1991

2) Plant's DER Identification Number 3042 P01392

3) Plant Name South 40 Industrial Park

4) Plant Address 315 SW 33RD AV

5) City Ocala

6) County Marion

7) Phone Number 800-432-4501

8) Permit Number

9) Plant Type 3-C

10) Test Site Identification Number

11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse Spray Field

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge N/A

15)

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Mark C Mark (Signature) C7212 (Cert. No)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.035
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.035
(19) Percent of permitted capacity	%	—	70%
(20) $CBOD_5$ Effluent	mg/L	080082	2.9
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	
(25) Maximum pH		—	
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate Dec T. 91	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

$0 40

Domestic Wastewater Treatment Plant
Monthly Operating Report

34

Month Sept. Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
034												
035	2.0						7.4					
033	0.5						7.3					
037	1.L						7.3					
037	2.0						7.4					
031	3.5											
030	3.5						7.2					
038												
038	1.5						7.2					
039	3.5						7.3					
021	3.0						7.3					
045	3.0						7.0					
021	3.9				57	1	7.5					
033	2.5											
038												
035	2.0						7.4					
043	2.0						7.3					
024	2.0						7.4					
053	2.5						7.2					
016	2.0						7.3					
038	2.5											
040												
040	3.0						7.6					
046	2.5						7.4					
021							7.2					
037	2.0						7.0					
025	2.9				11	4	7.3					
042	1.8											
039												
039	1.5						7.2					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, t
nation is true, complete, and accurate.

ed: Mark R. Marsh Date: 10-10-91

e (Please Type)

pany Name Southern States Utilities Inc Telephone No. (Please Type)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month October Year 1991

Plant's DER Identification Number 3042801392

Plant Name South 40 Industrial Park

Plant Address 315 SW 33rd AV

City Ocala

County F Marion

Phone Number 904-347-1265

Permit Number DO 42-174196

Plant Type 3-C

Plant Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Mode of Effluent Disposal or Reclaimed Water Reuse

Sprayfield

Treated Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class ____ Cert. No. ____

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Mark R Mack (Signature) C7212 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.031
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.033
(19) Percent of permitted capacity	%	—	62
(20) $CBOD_5$ Effluent	mg/L	080082	.84
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4.6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.4
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	10
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
Fecal			41

Page 1 of 2

DEA Form 17-4(19001)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
OMB Approval No. [illegible] Expires on [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Facility #1113 South 40, S.T.P. Month Oct Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
031	3.5																				
042	2.8						7.2														
035	3.0						7.1														
037	2.5						7.2														
040																					
041	2.0																				
049	2.5						7.4														
050	2.0						7.1														
024	3.5						6.4														
036	2.7						7.0														
020	1.5		183		1.04	3	7.2			10											
045	1.0										:	41									
033																					
038	2.0						7.2														
038	1.0						7.3														
031	3.5						6.5														
023	3.0						7.0														
008	3.1						6.5														
030 [ESI]	2.5																				
030 [ESI]																					
032 [ESI]	3.0						7.2														
010	3.5						6.5														
015	3.5						6.5														
019	2.8						7.0														
022	3.0		2760		.64	6	7.2														
017	2.0																				
024																					
024	2.1						7.1														
025	3.5						6.5														
043	3.5						6.5														
034	2.5						7.0														

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, such information is true, complete and accurate.

Signature: Mark R. March

Date: 11-12-91

(Please Type) Mark R. March

Company Name S. S. U.

Telephone No. (Please Type) (904) 347-1265

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month NOV Year 1991

Plant's DER Identification Number 30 42 P0 1392

Plant Name South 90

Plant Address 315 SW 33RD AV

City Ocala

County Marion

Phone Number 904 347 1265

Permit Number D042-174196

Permit Type 3-C

Plant Site Identification Number N/A

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Spray field

Permitted Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 7212

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] C7212

Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	036
(17) Permitted capacity	mgd	—	050
(18) Three-month average daily flow	mgd	—	034
(19) Percent of permitted capacity	%	—	68
(20) BOD_5 Effluent . .	mg/L	080082	2.7
(21) BOD_5 Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	8.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	5.8
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

South 40 — Month NOV — Year 199

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
040	1.0						7.2													
034	0.9																			
038																				
038	1.2						7.3													
035	0.5						6.5													
044	0.6						7.0													
036	0.7		11.5	56.4	2.4	8	7.1													
033	1.0						7.0													
026	0.8																			
037																				
037	2.0						7.1													
042	2.5						7.0					<1								
042	0.9						6.9													
023	1.0						7.1													
050	1.1						7.0													
035	3.6						6.5													
033																				
033	2.0						7.1													
037	1.5						7.0													
038	1.0						7.1													
023	1.2						6.8													
038	3.0				3.84	9	6.5													
047	1.0																			
037																				
037	1.1						6.8													
236	3.5						6.5													
228	2.5						6.9													
036	2.0						7.1													
050	1.5						6.8													
226	2.0						7.0													

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this report is true, complete, and accurate.

Signature: Mark March Date: 12-11-91

Name (Please Type): Mark R. March

Facility Name: Southern States Telephone No. (Please Type): (904) 347-1265

Page 2 of 3

pd

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month December Year 91

2) Plant's DER Identification Number 3042P01392

3) Plant Name South Forty

4) Plant Address 315 S.W. 33 Ave

5) City Ocala

6) County Marion

7) Phone Number 904-347-1265

8) Permit Number 0042-174196

9) Plant Type III C

10) Test Site Identification Number

11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation Field

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing

Day Shift Operator Class R Cert. No. 4551

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator David Conner B 4551
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.031
(17) Permitted capacity	mgd	–	.075
(18) Three-month average daily flow	mgd	–	.033
(19) Percent of permitted capacity	%	–	44
(20) $CBOD_5$ Effluent	mg/L	080082	6.7
(21) $CBOD_5$ Effluent	lbs/day	–	1.7
(22) TSS Effluent	mg/L	900201	20
(23) TSS Effluent	lbs/day	–	5.2
(24) Minimum pH		–	6.0
(25) Maximum pH		–	7.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Plant South Forty Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.025												
.026	1.0						6.5					
.034	1.1						6.0					
.034	3.0				12.18	10	7.0					
.038	1.2						6.4					
.035	1.0						7.0					
.034												
.034	1.6											
.036	2.0						6.8					
.024	2.5						7.1					
.045	3.5						6.7					
.040	2.5						7.1					
.039	2.0						7.0					
.036	2.0											
.029												
.029	1.0						7.6					
.047	0.6						6.5					
.033	2.0						6.4					
.022	3.5						6.3					
.032	1.9				1.21	30	6.4					
.033	2.2						6.3					
.023												
.023	2.8						6.3					
.031	2.0						6.4					
.016	1.2						6.6					
.029	1.2						6.6					
.021	0.6						6.5					
.031	2.7						6.4					
.026												
.026	0.5						6.3					
.027	3.1						6.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signature: David Connor Date: 10-1-92

(Please Type) David Connor

Company Name S.S.U. Services Telephone No (Please Type) (904) 347-1265

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: Jan. Year: 1990

(1) DHS: 3042P01392

Mark R Mauck C-7212 — 2-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 33rd ave South of SR 40

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER: DI42152250 (7) AVG FLOW MGD: .023 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .047 (11) POP SERVED: 108

(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4.8

(16) TSS (mg/l) EFFLUENT: 3

(17) pH: 6.8

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID mg/l: 0.8

(24) BOD (mg/l) UPSTREAM | DNSTREAM | TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM | DNSTREAM

(26) EFFLUENT PARAMETER | VALUE | (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

M Mauck C7212

DEP Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.012	1.2			6.6			
2	.014	1.0			6.2			
3	.022	0.8			6.6			
4	.022	1.9	2.2	4	7.0			
5	.033	2.0			6.8			
6	.015	2.9			6.6			
7								
8	.044	1.9			6.9			
9	.029	2.0			6.7			
10	.017	1.3			6.8			
11	.017	1.1			6.8			
12	.023	1.5			6.9			
13	.023	1.4			6.9			
14								
15	.040	1.0			6.6			
16	.010	1.2			6.3			
17	.024	1.3			6.2			
18	.018	1.5	7.5	2	6.5			
19	.037	2.5			6.5			
20	.024	0.6			6.9			
21	.014							
22	.032	1.5			7.6			
23	.036	1.0			6.7			
24	.018	1.5			6.7			
25	.027	2.0			6.6			
26	.047	1.5			6.9			
27	.028	2.0			7.0			
28	.010							
29	.024	2.5			7.1			
30	.014	2.0			7.0			
31	.030	1.6			7.1			
TOT	.776	40	9.7	6	184			
AVG	.023	1.4	4.8	3	6.8			

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DER

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb. Year 1990

(1) GNS # 3042P01392

Mark R. Marek C-7212 3-3-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW. 33RD AV. (5) COUNTY: Marion PHONE NO. 800432 4501

(4) CITY: Ocala

(6) PERMIT NUMBER FL0122250 (7) AVG FLOW MGD .014 (8) DESIGN FLOW MGD .075 (9) TYPE 3-C

(10) MAX FLOW (MGD) .024 (11) POP SERVED 420 (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/1) EFFLUENT 3

(16) TSS (mg/1) EFFLUENT 6

(17) pH 6.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.5

(24) BOD (mg/1) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / /

(25) DO (mg/1) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray Field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark Marek 7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (U.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.011	2.5	4.5	6	7.1			
2	.016	2.0			7.0			
3	.014	2.0			7.1			
4	.021							
5	.007	1.6			6.9			
6		2.0			6.6			
7	.015	1.6			6.6			
8	.025	2.0			6.9			
9		2.0						
10		2.5						
11	.012				6.7			
12	.016	2.0			6.5			
13	.013	1.8			6.5			
14	0.013	2.0			6.3			
15	.026	2.5			6.6			
16	.019	2.0						
17	.013	2.0						
18	.014				6.5			
19	.014	2.0			6.6			
20	.020	1.5			7.0			
21	.009	2.5	1.0	6	6.9			
22	.018	2.5			6.4			
23	.019	2.0			7.4			
24	.016	1.5						
25					6.5			
26	.019	2.5			6.5			
27	.022	2.0			6.7			
28	.013	2.5						
29								
30								
31								
TOT	.402	51.5	5.0	12	145.8			
AVG	.014	2.1	5.0	6	6.9			

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0080

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1990

-D&R to Sludge

(1) GMS # 3042P01392

Mark R. Mauk C 7212 4-2-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33RD AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004132241501

(6) PERMIT NUMBER DT42152250 (7) AVG FLOW MGD .010 (8) DESIGN FLOW MGD .075 (9) TYPE 3-C

(10) MAX FLOW (MGD) .027 (11) POP SERVED 420 (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2.3

(16) TSS (mg/l) EFFLUENT 7

(17) pH 5.7 (18) TOTAL N mg/l 66 (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE / . .

(25) DO (mg/l) UPSTREAM DNSTREAM . .

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Sprayfield

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

M. Mauk C 7212

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	3.0			6.0 6.7			
2	.009	2.5						
3								
4					4.7 5.4			
5	.031	3.0			5.1			21
6	.027	2.5			4.7			
7	.014	2.1	3.2	7	5.0			
8	.015	3.5						
9	.014	3.0						
10								
11					4.7 5.6			
12	.025	2.6						
13	.017	1.6			5.5 5.8			
14	.008	3.5			5.4			
15	.016	3.0						
16	.019	2.5						
17		2.0						
18	.010	2.5			6.2 6.0			
19		3.0			6.5			
20	.010	2.5			6.8			
21	.019	3.0	1	7	7.0			
22	.017	2.5						
23	.012	3.0						
24		1.5						
25					5.5 6.4			
26	.015	4.2			5.5			
27	.014	3.0			5.0			
28	.012	2.5			5.1			
29	.015	3.0						
30	.018	2.0						
31		1.5						
101	.237	6.1	4.6	14	14.7			
AVG	.010	2.4	2.3		5.7			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 90

(1) DHS # 3042P01392

Mark R Marsh 5-2-90
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 3.3rd AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 437 4561

(6) PERMIT NUMBER 0042174196 (7) AVG FLOW MGD .017 (8) DESIGN FLOW MGD .075 (9) TYPE 3-C

(10) MAX FLOW (MGD) .024 (11) POP SERVED 420 (12) FECAL COLIFORM SAMPLE METHOD [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT 2.6 (16) TSS (mg/l) EFFLUENT 10

(17) pH 6.3 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____ (25) DO (mg/l) UPSTREAM ____ DNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR M Marsh C-7212 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night) ____

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.016							
2	.017	2.5			6.0			
3	.019	2.1			6.3			
4	.019	2.0	<3.0	<5	6.2			
5	.010	2.0			6.9			
6	.010	2.0			6.8			
7	.012	2.0						
8	.004							
9	.031	2.1			6.3			
10	.025	2.5						
11	.006	2.0			6.4			
12	.019	1.9			6.3			
13	.017	2.0			6.7			
14	.011	2.3			6.4			
15	.007	2.5						
16	.007	2.0			6.2			
17	.024	2.0			6.3			
18	.011	2.0			6.3			
19	.024	2.0	9.2	15	6.3			
20	.021	2.0			6.6			
21	.017	1.5						
22	.004							
23	.008	1.8			6.2			
24	.018	2.0			6.3			
25	.019	2.7			6.1			
26	.018	2.3			6.0			
27	.016	2.3			6.3			
28	.012	2.0						
29	.007							
30	.012	1.5			6.6			
31								
TOT	.526	63.7			134.1			
AVG	.017	2.5	2.6	10	6.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 90

(1) DNS # 3042901392

Mark R. Mark C7212 6-3-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33RD AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. (Sec. 132-450)

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DT42152250 .013 .075 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number
.019 420

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 5.3 (16) TSS (mg/l) EFFLUENT 2.1

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.0

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)
M Mark C-7212

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.016	2.5			6.4			
2	.019	2.0	1.5	1	6.6			
3	.014	1.9			6.5			
4	.012	2.0			6.7			
5	.007	2.5			6.7			
6								
7	.005	2.0			7.1			
8	.016	1.5			7.2			
9	.012	1.0			7.2			
10	.013	1.5			7.1			
11	.013	2.0			7.2			
12	.016	1.5						
13	.007							
14	.010	2.0			7.1			
15	.013	1.5			7.0			
16	.012	1.5	9.0	3.2	7.0			
17	.016	1.5			7.2			
18	.014	1.5			7.1			
19	.012	1.5						
20	.005							
21	.014	1.0			7.3			
22	.014	2.0			7.4			
23	.015	1.5			7.3			
24	.015	1.5			7.4			
25	.015	1.5						
26	.012	1.5						
27	.010							
28	.010	1.9			7.4			
29	.010	2.0			7.6			
30	.015	2.0			7.3			
31	.013	2.0			7.3			
TOT	.396	52.4	10.5	4.2	172.1			
AVG	.013	1.9	5.3	2.1	7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JUNE Year 1990

(1) GMS 304280139Z

Mark Ward C7212 7-7-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33rd Ave.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 8004324501

(6) PERMIT NUMBER FO42174196 (7) AVG FLOW MGD .018 (8) DESIGN FLOW MGD .075 (9) TYPE 3-C

(10) MAX FLOW (MGD) .049 (11) POP SERVED 88 (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) N FLOW INFIL ___ (15) BOD (mg/l) EFFLUENT 12.3 (16) TSS (mg/l) EFFLUENT 11

(17) pH 6.58 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) NITRITE + NITRATE mg/l 0.97 (21) INITAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM ___ DNSTREAM ___ TIME/DATE OF SAMPLE ___ / ___ (25) DO (mg/l) UPSTREAM ___ DNSTREAM ___ (26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Sprayfield

(29) PLANT STAFFING

LEAD OPERATOR Mark Ward C7212 SHIFT 1 (Day) ___ SHIFT 2 (Evening) ___ SHIFT 3 (Night) ___

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.018	2.0			6.7			
2	.012	1.5			6.4			
3	.011				6.3			
4	.012	1.5			6.0			
5	.021	2.2	15.5	16	6.3			
6	.023	2.5			6.6			
7	.023	2.5			6.8			
8	.011	1.0			6.3			
9	.006							
10	.010	0.5			7.1			
11	.010				6.7			
12	.027	4.5			7.1			
13	.029	3.0			7.2			
14	.024	4.5			7.0			
15	.017	1.0						
16	.019							
17	.028	3.0			6.9			
18	.022	0.5			6.7			<1
19	.015	1.0	9.15	14	6.6			
20	.010	2.0			6.3			
21	.018	2.0			6.6			
22	.008	1.5						
23	.028							
24	.026	2.0			6.3			
25	.042	2.5			6.3			
26	.042	2.5			6.1			
27	.049	3.0			6.6			
28	.025	2.5			6.4			
29	.024	2.0			6.8			
30								
31								
TOT	.5517	51.2	24.65	30	158.1			
AVG	.0178	1.96	12.3	15	6.59			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JULY Year 1990

(1) GMS # 3042P01392

Mark R. Marcel — 8-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33RD AV (5) COUNTY: MARION PHONE NO. 8004324501

(4) CITY: Ocala

(6) PERMIT NUMBER: DO42174196 (7) AVG FLOW MGD: .038 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .057 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.1

(16) TSS (mg/l) EFFLUENT: 24.5

(17) pH: 6.8 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID mg/l: 1.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray Field

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Marcel C 7212

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.033	2.0			6.7			
2	.034	2.0			6.9			
3	.029	1.5			7.1			
4	.033	1.5			6.5			
5	.035	1.5						
6	.032	1.5						
7	.033				6.0			
8	.033	2.0			6.3			
9	.036	2.0			6.3			
10	.041	1.5	1.8	2.4	6.6			
11	.040	2.0			6.6			
12	.040	2.0						
13	.039	2.0						
14	.039				6.6			
15	.037	1.5			6.6			
16	.031	1.5			6.7			
17	.029	2.0			6.5			
18	.027	1.5						
19	.027	2.0						
20	.027	1.5						
21	.027				7.1			
22	.033	2.0			7.4			
23	.043	2.0	2.2	2.5	7.0			
24	.032	1.5			7.2			
25	.032	1.5						
26	.032	2.0						
27	.035				7.4			
28	.034	2.0			7.3			
29	.035	2.0						
30	.029		4.1	4.3	7.4	10.0		
31	.029	1.7	2.1	2.5	6.8			
AVG	.034							

DER Form 17-1.205(1) Effective November 30, 1982

0805

Tk Eng

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month AUG Year 90

(1) GNS # 304201397

Mark Mark C7212 9-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 3155 W 33RD AV

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 800 432 4501

(6) PERMIT NUMBER: 0042174196 (7) AVG FLOW MGD: .038 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .056 (11) POP SERVED: 357 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind. Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 7.9

(16) TSS (mg/l) EFFLUENT: 7.0

(17) pH: 6.9

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID: 0.5 ppm

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

Mark Mark C7212

AER Form 1941.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.037	2.0			7.0			
2	.041	2.5			6.6			
3	.020	2.0			6.9			
4	.053	2.0						
5	.037							
6	.034	2.5			6.6			
7	.023	1.0			7.4			
X 8	.056	2.0	7.9	12.	7.2			
9	.053	2.5			7.4			
10	.035	2.0			7.0			
11	.049	2.6						
12								
13	.050	2.6			7.6			
14	.040	2.4			7.1			
15	.039	1.7			7.0			
16	.040	2.0			7.7			
17	.031	2.3			7.1			
18	.035	2.0						
19	.045							
20	.045	1.0			7.7			
21	.057	1.5			7.4			
22	.034	1.0	13.4	2.0	6.9			
23	.038	1.7			7.0			
24	.056	1.0			7.1			
25	.025	1.5						
26	.025							
27	.025	0.5			7.0			
28	.035	0.7			7.1			
29	.040	0.9			7.0			
30	.035	0.9			7.0			
31	.033	0.9			7.0			
101	1.121	42.2	15.8	14.	15.8			
AVG		1.6	7.9	7.0	7.2			

Page 1 of 2

0806

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sep Year 90

(1) EMS # 3042FL1372

Mark D. Mark C7212 10-5-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33rd AV

(4) CITY: Ocala (5) COUNTY: MARION PHONE NO. 1 800 472 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC42-174196 .033 .075 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number
.070

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 6.5

(16) TSS (mg/l) EFFLUENT 9.5

(17) pH 6.8

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l 25.1

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID mg/l 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray fields

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Mark Mc C7212

DER Form 17-6.003(7) EFFECTIVE NOVEMBER 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	042	1.0						
2	045							
3	025	0.7			6.9			
4	022	0.5			6.8			
X 5	034	2.8	16.1	10	6.8			
6	027							
7	028	05			6.9			
8	033	2.6						
9	036							
10	036	1.6			6.8			
11	038	1.5			6.7			
12	041	0.5			6.8			
13	039	0.6			6.9			
14	029							
15	039	2.6			6.9			
16	039	2.5			6.9			
17	039	2.5			6.6			
18	042	0.6			6.5			
X 19	041	4.8	2.8	9.5	6.8			21
20	031	3.2			6.6			
21	026	2.6						
22	027							
23	022	1.0			6.8			
24	022	1.5			6.5			
25	026	3.0			6.9			
26	026	2.0			6.9			
27	026	2.2			7.0			
28	034	2.0						
29	.028							
30								
31								
TOT	1.008	46.4	13.1	19	139.7			21
AVG	.033	1.6	6.5	9.5	6.8			21

0807

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3042P01392

Mark R. Mench C7212 11-6-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 315 SW 33RD AVE

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 800 432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
FL0421174196 .035 .075 3-C
Exp 2-1-95

(10) MAX FLOW (MGD) .070 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) N FLOW INFIL (15) BOD (mg/l) EFFLUENT 1.0 (16) TSS (mg/l) EFFLUENT 9.5

(17) pH 5.9 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE ppm <0.10 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
M Mench C7212

DER Form 17-1.203(1) Effective November 30, 1982

Month OCT Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.070	1.0			5.9			
2	.047	0.9			5.6			
3	.024	1.1			5.0			
4	.026	1.0	1.0	11	5.6	<0.10		61
5	.030	1.0			5.4			
6	.070	1.3						
7	.032							
8	.033	1.0			6.6			
9	.042	1.5			5.6			
10	.013	1.2			5.3			
11	.014	1.0			5.8			
12	.015	1.5			5.7			
13	.021	1.9						
14	.021							
15	.032	2.0			5.8			
16	.031	2.9			5.9			
17	.024	2.5			5.9			
18	.029	2.5	1.0	8	5.6			
19	.041	2.5			5.8			
20	.036	2.0			5.5			
21	.015							
22	.023	1.3			5.8			
23	.029	1.0			5.2			
24	.045	1.2			5.0			
25	.032	1.2			5.1			
26	.026	2.7			5.3			
27	.046	0.5						
28	.033							
29	.033	0.9			5.6			
30	.030	0.8			5.4			
31	.037	0.4			5.7			
101	1.092	40.7	20	19	127	<0.10		61
AVG	.035	1.4	1.0	9.5	5.9	<0.10		61

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 3C42FC1392

Mark Mank C7212 — 12-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 215 SW 32 Ave

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 352 438-4501

(6) PERMIT NUMBER: DC42-174166 (7) AVG FLOW MGD: .036 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .063 (11) POP SERVED: 25 Customers (12) FECAL COLIFORM SAMPLE METHOD
[1] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 3.1
(16) TSS (mg/l) EFFLUENT: 15.5

(17) pH: 5.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)
MM C7212

DER Form 17-1.205(17) Effective November 30, 1982

Month NOV Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.034	1.0			5.0			
2	.037	1.7			4.6			
3	.036	1.5						
4	.033							
5	.032	1.7			5.6			
6	.042	2.5			5.5			
7	.023	1.5						
8	.063	1.7			5.7			
9	.033	1.0			5.6			
10	.039							
11	.039							
12	.039	0.5			4.3			
13	.050	1.0			4.7			
14	.052	1.9	2.7	15	4.7			
15	.046	1.1			4.8			
16	.050	1.0			5.1			
17	.051	1.9						
18	.028							
19	.021	2.3			4.3			
20	.040	1.8			4.5			
21	.043	2.0			4.4			
22	.039	0.5			5.0			
23	.034	0.5			6.0			
24	.033							
25	.031							
26	.031	1.0			4.6			
27	.027	1.1	5.5	16	4.8			
28	.036	1.8			4.8			
29	.050	1.5			5.0			
30	.032	1.5			5.2			
31								
TOT	1.046	37.5	6.2	31	[illegible]			
AVG	.036	1.5	3.1	15.5	5.0			

6080

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec Year 90

(1) GMS # 3042801392

Mark R. Mark C7212 — 1-4-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: South 40

(3) PLANT ADDRESS: 3155 W 33rd AV.

(4) CITY: Ocala (5) COUNTY: Marion PHONE NO. 806 432 4501 or 904-347-1265

(6) PERMIT NUMBER: DO42174196 Exp 2-1-95 (7) AVG FLOW MGD: .031 (8) DESIGN FLOW MGD: .075 (9) TYPE: 3C

(10) MAX FLOW (MGD): .048 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 1.9

(16) TSS (mg/l) EFFLUENT: 16.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
5.5						0.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Spray field

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

M. Mark C7212

DER Form 17-1.201(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.034	1.5						
2	.033							
3	.031	0.5			7.0			
4	.046	1.0			5.0			
5	.045	2.2	2.7	19	4.6			
6	.048	1.0			4.4			
7	.040	1.0			4.9			
8	.039	1.5			5.4			
9	.033							
10	.034	1.5			5.0			
11	.048	1.5			6.0			
12	.041	2.0			6.0			
13	.046	2.1			4.6			
14	.036	2.5			5.7			
15	.038	0.7						
16	.035							
17	.038	0.6			6.4			
18	.026	1.5			6.9			
19	.029	0.6			5.3			
20	.025	1.0	1.2	14	4.7			
21	.028	1.5			4.7			
22	.020	2.5						
23	.026							
24	.027	2.5			6.1			
25	.025	2.0			6.4			
26	.024	2.3			6.3			
27	.034	1.5			5.5			
28	.025	1.5			6.6			
29	.017							
30	.012	1.5						
31	.030	2.0			6.8			
101	.990	50.0	1.9	33	121.21			
AVG	.031	1.9	1.9	16.5	5.5			

0810

Spring Hill Utilities - 27001

Hernando County (DUI)

Sewer

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS #27P004725

Ruby Zeal — 2-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608

(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-7267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0037-137917	.940	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.011	13,660	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				8	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr composite
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (~~Grave~~ Aft)	SHIFT 3 (Night)
A5618	CJ599	C7281	

DER Form 17-1.203(7) Effective November 30, 1982

Month JAN Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.852	.6			6.6			
2	.939	.6	6		6.7			
3	.986	.7		4	6.7			
4	.963	.7			6.8			
5	.921	.7			6.7			
6	.906	.6			6.8			
7	.965	.6			6.8			
8	.904	.6	6		6.7			
9	.923	.6			6.8			
10	.952	.6		7	6.7	2.3		1600
11	.921	.7			6.8			
12	.947	.8			6.6			
13	.941	.7			6.7			
14	.968	.6			6.9			
15	.960	.6	7		6.8			
16	.961	.6			6.7			
17	.980	.6		7	6.7	1.5		13
18	.979	.7			6.7			
19	1.003	.9			6.6			
20	.881	.7			6.6			
21	.949	.9			6.7			
22	.878	.8	11		6.5			
23	.903	.6			6.5	1.7		17
24	.902	.6		3	6.7			2
25	.941	.7			6.7			
26	.875	.7			6.4			
27	.933	.5			6.6			
28	1.011	.5			6.7			
29	.928	.5	11		6.8			
30	.984	.5			6.8			
31	.907	.5		5	6.7			
101	29.146	19.9	41	26	205.2			
AVG		.6	8	5	6.7			

0811

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 2 Year 91

(1) CMS # 27PQ0975

Ricky Lee 3-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Spring Hill Utilities

(3) PLANT ADDRESS: 9501 Elgin Blvd. / Hwy 595 east

(4) CITY: Spring Hill (5) COUNTY: Hern. PHONE NO. 683-1267

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
2027-137917 .955 2.000 2B

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
1.027 13,160 [ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 8 (16) TSS (mg/l) EFFLUENT 7

(17) pH 6.7 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 8 hr composite (28) TYPE EFFL DISPOSAL spray irrigation

(29) PLANT STAFFING

LEAD OPERATOR A5614 SHIFT 1 (Day) C3599 SHIFT 2 (Evening) C7291 SHIFT 3 (Night)

EPA Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.972	.5			6.8			
2	.773	.5			6.7			
3	.940	.6			6.8			
4	.976	.5			6.8			
5	.854	.6	9		6.8			
6	.916	.6			6.8	.51		33
7	.996	.5		4	6.7			
8	.966	.5			6.7			
9	.894	.6			6.4			
10	.927	.6			6.4			
11	.983	.5			6.7			
12	.931	.5	4		6.7	1.1		0
13	.941	.5			6.6			
14	1.000	.5		4	6.7			
15	.911	.6			6.6			
16	.918	.5			6.5			
17	.893	.5			6.7			
18	1.037	.6			6.5			
19	.959	.6	9		6.5	.50		0
20	.968	.6			6.6			
21	.935	.6		9	6.6			
22	.929	.5			6.8			
23	.973	.6			6.5			
24	.918	.6			6.5			
25	.931	.6			6.7			
26	.956	.5	10		6.7			
27	.920	.5			6.7			
28	.919	.5		10	6.5			
29								
30								
31								
TOT	26.750	15.3	32	27	195.9			
AVG	.955	.6	8	7	6.7			

Page 1 of 2

0812

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS 127P00475

Ricky Leal — 4-5-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34602
(4) CITY: Spring Hill (5) COUNTY: Her. PHONE NO. 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D027-137917	.891	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.981	13725	[ ] Membrane Filter [x] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr composite
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (~~Evening~~)	SHIFT 3 (Night)
A 5618	C 3599	C 7281	

DER Form 17-1.203(7) Effective November 30, 1982

Month 3 Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.913	.5			6.8			
2	.951	.5			6.6			
3	.961	.5			6.8			
4	.892	.5			6.7			
5	.709	.5	8		6.6			
6	.932	.5			6.8			
7	.916	.6		8	6.7	.02		11
8	.878	.6			6.6			
9	.837	.6			6.8			
10	.896	.5			6.6			
11	.870	.5			6.4			
12	.883	.5	10		6.6			
13	.969	.5			6.7			
14	.918	.5		6	6.6	.71		79
15	.896	.5			6.7			
16	.893	.5			6.5			
17	.910	.5			6.6			
18	.937	.5			6.8			
19	.942	.6	8		6.7			
20	.830	.5			6.8	.23		11
21	.900	.5		5	6.7			
22	.934	.6			6.8			
23	.867	.5			6.5			
24	.860	.5			6.6			
25	.900	.5			6.6			
26	.935	.5	8		6.5			
27	.889	.5			6.7	0		140
28	.840	.5		5	6.7			
29	.865	.5			6.7			
30	.879	.5			6.5			
31	.900	.5			6.9			
TOT	27649	15.6	34	24	207	1.01		241
AVG	.891	.5	9	6	6.7	.25		60

0813

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 91

(1) CMS # 27PQ0475

Ricky Leach — 5-3-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Her. PHONE NO. 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO27-C37917	.859	2.0	28

(10) MAX FLOW (MGD)	(11) PBP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.928	13,715	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5						.5

(24) BOD (mg/l) UPSTREAM DNSTREAM FINC/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8 hr composite & Grab
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A5618	C3599	C7281	

DER Form 17-C.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.900	.5			6.6			
2	.903	.5	8		6.6			
3	.893	.5			6.6			
4	.815	.5		2	6.6	2.02		280
5	.900	.5			6.6			
6	.920	.5			6.2			
7	.898	.6			6.4			
8	.910	.6			6.6			
9	.723	.5	7		6.6			
10	.755	.5			6.5			
11	.852	.5		2	6.8	.71		72400
12	.847	.5			6.6			
13	.849	.5			6.4			
14	.763	.5			6.4			
15	.915	.5			6.5			
16	.759	.6	7		6.5			
17	.854	.5			6.5			
18	.826	.5		6	6.5	2.02		110
19	.887	.5			6.6			
20	.936	.5			6.7			
21	.846	.5			6.6			
22	.859	.5			6.5			
23	.890	.5	8		6.5			22
24	.906	.5			6.4			
25	.900	.7		2	6.3	2.02		22
26	.928	.6			6.4			
27	.870	.8			6.4			
28	.825	.7			6.4			
29	.890	.5			6.5			
30	.818	.6	5		6.4			
31								
TOT	26.777	16.9	35	15	194.8			194
AVG	.859	.5	7	4	6.5	2.19		99

0814

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 91

(1) CMS # 27 P00475

Ricky Jones 6-4-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 1-904-683-1467

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO27-137917	.801	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.918	14,078	[ ] Membrane Filter [x] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9	6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.4						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr composite/grab
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A 5618	C 3599	C7281	

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.819	.6			6.3	.18		22
2	.805	.6		5	6.4			
3	.746	.8			6.4			
4	.784	.6			6.5			
5	.744	.9			6.4			
6	.827	.5			6.3			
7	.774	.7	5		6.3			
8	.761	.6			6.2	.02		22
9	.809	.8		3	6.3			
10	.778	.7			6.5			
11	.752	.8			6.6			
12	.680	.7			6.2			
13	.839	.7			6.3			
14	.741	.8	4		6.5			
15	.819	.7			6.4	.09		22
16	.753	.7		6	6.4			
17	.862	.7			6.4			
18	.788	.7			6.8			
19	.739	.6			6.4			
20	.860	.6			6.3			
21	.825	.7	13		6.2			
22	.811	.6			6.4	.05		22
23	.830	.6		7	6.5			
24	.918	.7			6.4			
25	.801	.6			6.3			
26	.782	.5			6.3			
27	.842	.7			6.6			
28	.813	.7	13		6.7			
29	.795	.6			6.5			
30	.854	.6		10	6.4			
31	.784	.5			6.5			
101	24.831	21.0	35	31	197.5			
AVG	.801	.7	9	6	6.4			

Page 1 of 2

0815

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month June Year 1991

Plant's DER Identification Number GMS 27 P00475

Plant Name Spring Hill Utilities

Plant Address Hwy 575 West

City Spring Hill

County Hernando

Phone Number (904) 683-1267

Permit Number 0027-137917

Plant Type 2B

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

N/A

Plant Staffing

Day Shift Operator Class C Cert. No. 3599

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Ricky Lee Signature A 5618 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.755
(17) Permitted capacity	mgd	—	2.0
(18) Three-month average daily flow	mgd	—	.802
(19) Percent of permitted capacity	%	—	40%
(20) $CBOD_5$ Effluent	mg/L	080082	11
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	10
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.0
(25) Maximum pH		—	6.6
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	.8
(33) Other Effluent Parameters			

DER Form 17-601(903)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (If issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month June Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.820	.5						6.4					
.782	.6						6.3					
.843	.7						6.4					
.777	.7		202		10		6.3					
.908	.8						6.3			.05		<2
.786	.7			202		10	6.5					
.783	.7						6.3					
.762	.7						6.2					
.704	.5						6.6					
.768	.6						6.4					
.741	.7		312		12		6.5					
.706	.6						6.5					
.679	.7			196		6	6.3			<.02		<2
.688	.7						6.3					
.741	.7						6.4					
.688	.6						6.3					
.762	.7						6.5					
.781	.6		289		12		6.3					
.740	.7						6.3			.06		<2
.758	.7			278		12	6.2					
.629	.7						6.3					
.756	.6						6.0					
.752	.7						6.6					
.809	.6						6.3					
.683	.7		289		11		6.3					
.720	.7						6.4					
.789	.7			198		13	6.4					
.698	.7						6.2					
.771	.7						6.1					
Est .775	.7						6.4					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete and accurate.

Signed: Ricky Leach Date: 7-2-91

Name (Please Type) Ricky Leach

Telephone No. (Please Type) (904) 683-1267

Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number GMS 27P00475

(3) Plant Name Spring Hill Utilities

(4) Plant Address Hwy 595 west

(5) City Spring Hill

(6) County Hernando

(7) Phone Number 904-683-1267

(8) Permit Number D027-137917

(9) Plant Type 2B

(0) Test Site Identification Number _____

1) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

4) Cumulative Days of Wet Weather Discharge

NA

5) Plant Staffing

Day Shift Operator Class C Cert. No. 3599

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Ruy Lesh (Signature) A5618 Cert No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.74 E
(17) Permitted capacity	mgd	–	2.0
(18) Three-month average daily flow	mgd	–	.72 E
(19) Percent of permitted capacity	%	–	38
(20) $CBOD_5$ Effluent	mg/L	080082	10
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.1
(25) Maximum pH		–	6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	.5
(32) Maximum Chlorine Residual	mg/L	–	1.3
(33) Other Effluent Parameters			

EST. = Estimated
meter sent out for repair

DEP Form 17-601(30)(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____
Please fill in by DEP

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	Est .734	.6						6.3					
2	Est .785	.7		325		10		6.4					
3	Est .755	.7			170		10	6.3			.07		<2
4	Est .755	.6						6.1					
5	Est .755	.6						6.3					
6	Est .740	.7						6.3					
7	Est .750	.7						6.5					
8	Est .780	.5		254		11		6.5					
9	Est .750	.6						6.4					
10	Est .760	.6						6.3			.13		<2
11	Est .770	.7			226		11	6.3					
12	Est .755	.6						6.3					
13	Est .760	.7						6.1					
14	Est .745	.7						6.4					
15	Est .785	.5						6.3					
16	Est .755	.6		242		13		6.2					
17	Est .770	.7						6.2			.08		<2
18	Est .750	.6			204		4	6.1					
19	Est .750	.6						6.3					
20	Est .740	.6						6.4					
21	Est .755	.5						6.8					
22	Est .760	.5						6.7					
23	Est .775	.7		201		9		6.1					
24	Est .745	.7						6.2			.35		<2
25	Est .760	.7			260		3	6.4					
26	Est .770	.7						6.2					
27	Est .785	1.3						6.2					
28	Est .755	.7						6.2					
29	Est .785	.7						6.3					
30	Est .750	.7		289		9		6.2					
31	Est .780	.7						6.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ricky Lench

Date: 8-1-91

Name (Please Type) Ricky Lench

Company Name Spring Hill Utilities

Telephone No. (Please Type) 904-683-1267

DER Form ... 1-1-91 ...
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. ... (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number GMS - 27P00475

(3) Plant Name Spring Hill Utilities

(4) Plant Address Hwy 595 West

(5) City Spring Hill

(6) County Hernando

(7) Phone Number 904-683-1267

(8) Permit Number 0027-137917

(9) Plant Type 2B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

NA

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3599

Evening Shift Operator Class ... Cert. No. ...

Night Shift Operator Class ... Cert. No. ...

Lead Operator Ricky Leach (Signature) A5618 Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.766
(17) Permitted capacity	mgd	–	2.0
(18) Three-month average daily flow	mgd	–	.761
(19) Percent of permitted capacity	%	–	38
(20) $CBOD_5$ Effluent	mg/L	080082	8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.2
(25) Maximum pH		–	6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.5
(32) Maximum Chlorine Residual	mg/L	–	3.0+
(33) Other Effluent Parameters			

DEP Form 17-601(30)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Facility ID No.)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month Aug Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	EST .755	3.0+			220		4	6.4													
2	EST .750	3.0+						6.2													
3	EST .740	3.0+						6.4													
4	EST .755	3.0						6.3													
5	EST .760	3.0+						6.4													
6	EST .780	3.0+		271		8		6.2													
7	EST .755	3.0+						6.3			.56		62								
8	EST .765	3.0+			170		3	6.3													
9	EST .755	3.0+						6.2													
10	EST .765	3.0+						6.4													
11	EST .740	3.0+						6.3													
12	EST .760	3.0+						6.6													
13	EST .785	3.0+		277		9		6.3													
14	EST .755	3.0+						6.3			.14		62								
15	ES .760	3.0+			110		4	6.5													
16	ES .785	3.0+						6.6													
17	ES .755	3.0+						6.5													
18	EST .750	3.0+						6.4													
19	EST .750	3.0+						6.3													
20	EST .755	4.0+		230		5		6.4													
21	EST .753	3.0+						6.3			.42		62								
22	EST .790	3.0+			492		3	6.3													
23	EST .810	3.0+						6.3													
24	EST .799	3.0+						6.7													
25	EST .760	1.5						6.3													
26	EST .780	2.4						6.8													
27	EST .750	3.0+		289		12		6.8													
28	EST .770	3.0						6.8													
29	EST .790	3.0			450		2	6.8													
30	EST .810	3.0						6.6													
31	EST .800	3.0						6.7													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ricky Leach Date: 9-5-91

Name (Please Type) Ricky Leach

Company Name Spring Hill Utilities Telephone No. (Please Type) 904 683-1267

Page 3 of 3

DER Form No. 17-6.[illegible]
Form Title: Domestic [illegible] Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. [illegible]

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number GMS-27P00475

(3) Plant Name SPRING HILL UTILITIES

(4) Plant Address HWY 595 WEST

(5) City SPRING HILL

(6) County HERNANDO

(7) Phone Number 904-683-1267

(8) Permit Number D027-137917

(9) Plant Type 2B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY IRRIGATION

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3599

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Richy Lark (Signature) A5618 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.768
(17) Permitted capacity	mgd	–	2.0
(18) Three-month average daily flow	mgd	–	.765
(19) Percent of permitted capacity	%	–	38
(20) ¢BOD$_5$ Effluent	mg/L	080082	10
(21) CBOD$_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.3
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.25
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.8
(32) Maximum Chlorine Residual	mg/L	–	3.07
(33) Other Effluent Parameters			

DEA Form 17-621.900(11)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEA Application No. (Please Type or Use BCR)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month SEPT. Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	EST .750	3.0+						6.9					
2	EST .755	3.0+						6.7					
3	EST .800	2.4		336		11		6.4					
4	EST .820	2.6						6.5			.62		6
5	EST .810	2.4			152		2	6.7					
6	EST .800	2.6						6.5					
7	EST .820	3.0+						6.3					
8	EST .810	2.6											
9	EST .820	2.4						6.3					
10	EST .800	2.6		295		9		6.4					
11	EST .810	2.3						6.8			.26		5
12	EST .790	2.4			278		7	6.6					
13	.756	2.4						6.8					
14	.753	2.6						6.6					
15	.742	2.4											
16	.747	2.4						6.8					
17	.726	3.4		266		13		6.8					
18	.761	2.0						6.9			.10		<2
19	.737	2.2			218		4	6.8					
20	.751	2.3						6.9					
21	.688	2.7						6.9					
22	.725	2.4											
23	.790	1.8						6.9					
24	.733	2.6		230		9		6.9					
25	.733	2.4						6.9			.03		<2
26	.738	2.4			204		7	6.6					
27	.730	2.6						6.8					
28	.719	2.3						6.7					
29	.761	2.0											
30	.855	2.0						6.9					
											1.01 AVG. .25		275 AVG 4

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Ricky Leach Date: 10-15-91

Name (Please Type) Ricky Leach

Company Name Spring Hill Utilities Telephone No. (Please Type) 683-1267

Page 3 of 3

DER Form No. 17-5.015(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number FLA-27P00475

(3) Plant Name Spring Hill Utilities

(4) Plant Address Hwy 595 West

(5) City Spring Hill

(6) County Hernando

(7) Phone Number 904-683-1267

(8) Permit Number DO27-137917

(9) Plant Type 2B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge
N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3599
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Ruby Leach (Signature) A 5618 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.749
(17) Permitted capacity	mgd	–	2.0
(18) Three-month average daily flow	mgd	–	761
(19) Percent of permitted capacity	%	–	37
(20) ¢BOD_5 Effluent	mg/L	080082	10
(21) ¢BOD_5 Effluent	lbs/day	–	-
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.5
(32) Maximum Chlorine Residual	mg/L	–	3.0 T
(33) Other Effluent Parameters			

DEM Form 17-601.300(1)
Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If not in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month Oct Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.782	1.5		277		7		6.7					
2	.806	1.6						6.5					
3	.801	1.5			244		3	6.8			<.02		5
4	.776	1.9						6.8					
5	.798	1.7						6.8					
6	.759	1.7											
7	.806	1.9						6.8					
8	.761	2.6		153		12		6.7					
9	.773	2.4						6.5					
10	.752	2.8			306		6	6.6			<.02		<2
11	.715	3.0+						6.5					
12	.718	3.0+						6.6					
13	.710	3.0+											
14	.759	3.0+						6.6					
15	.764	2.4		234		12		6.7					
16	.727	2.2						6.7					
17	.732	2.8			192		11	6.6			.04		<2
18	.679	3.0						6.6					
19	.736	3.0+						6.6					
20	.712	2.8											
21	.735	2.8						6.6					
22	.750	3.0		219		13		6.8					
23	.740	3.0						6.6					
24	.772	3.0			186		9	6.5			<.02		<2
25	.712	2.6						6.7					
26	.750	1.5						6.5					
27	.658	1.6											
28	.784	1.5						6.8					
29	.750	2.2		155		6		6.6					
30	.757	2.8						6.6			.03		2
31	.742	2.8			160		4	6.6					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ricky Leach Date: 11-4-91

Name (Please Type) Ricky Leach

Company Name Spring Hill Utilities Telephone No. (Please Type) 904-683-1267

DER Form [illegible] Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number GMS-27P00475

(3) Plant Name Spring Hill Utilities

(4) Plant Address Hwy 595 west

(5) City Spring Hill

(6) County Hernando

(7) Phone Number 904 683 1267

(8) Permit Number D027-137917

(9) Plant Type 2B

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3599

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] (Signature) A 5618 (Cert No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.801
(17) Permitted capacity	mgd	—	2.0
(18) Three-month average daily flow	mgd	—	.773
(19) Percent of permitted capacity	%	—	40
(20) ¢BOD_5 Effluent	mg/L	080082	12
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.3
(25) Maximum pH		—	6.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.08
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	2.2
(32) Maximum Chlorine Residual	mg/L	—	3.0
(33) Other Effluent Parameters			

DER Form	17-601.900(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(If assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

4 Month Nov. Year '91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.750	2.4						6.6														
.747	2.4						6.6														
.786	2.6																				
.855	2.6						6.5														
.733	2.4		155		11		6.6			.16		<2									
.790	2.2						6.4														
.772	2.4			148		8	6.7														
.875	2.6						6.6														
.796	2.4						6.3														
.758	2.2																				
.856	2.8						6.7														
.753	2.8		129		11		6.6														
.778	2.6						6.6			<.02		<2									
.806	2.4			175		4	6.7														
.825	2.4						6.6														
.723	2.6						6.6														
.774	2.6																				
.874	2.4						6.5														
.864	2.4		232		12		6.6														
.765	2.4			178		7	6.6			.04		2									
.786	2.6						6.7														
.837	2.8						6.7														
.808	2.6						6.3														
.755	2.4																				
.578	2.2		271		12		6.6														
.809	2.6						6.7			.03		2									
.765	3.0			144		6	6.7														
.783	2.4						6.5														
.849	2.0						6.4														
.823	2.2						6.6														

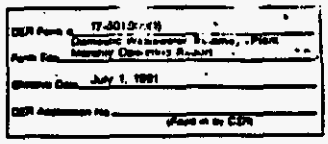
I Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate.

ed: Ricky Leach Date: 12-16-91

e (Please Type) Ricky Leach

pany Name Spring Hill Utilities Telephone No. (Please Type) 904-683-1267

Page 3 of 3



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number Gms-27P00425

(3) Plant Name Spring Hill Utilities

(4) Plant Address Hwy 595 West

(5) City Spring Hill

(6) County Hernando

(7) Phone Number 904 683 1267

(8) Permit Number D027-137917

(9) Plant Type 2B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3599

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Ricky Leach (Signature) A5618 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.815
(17) Permitted capacity	mgd	–	2.0
(18) Three-month average daily flow	mgd	–	.788
(19) Percent of permitted capacity	%	–	41%
(20) ¢BOD$_5$ Effluent	mg/L	080082	12
(21) CBOD$_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.5
(25) Maximum pH		–	6.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.02
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.7
(32) Maximum Chlorine Residual	mg/L	–	3.0
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (If app. is by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month DEC Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.838	1.8						6.7														
2	.860	2.0		260		9		6.7														
3	.861	2.2						6.6														
4	.831	2.6			178		4	6.7			<.02		2									
5	.838	2.6						6.7														
6	.798	2.4						6.8														
7	.849	2.2																				
8	.845	2.0																				
9	.840	2.4		277		13		6.7														
10	.850	2.6						6.7														
11	.761	2.6						6.5			<.02		<2									
12	.769	3.0			190		3	6.6														
13	.798	2.6						6.8														
14	.852	2.6						6.7														
15	.780	2.8																				
16	.847	2.8						6.6														
17	1.003	2.4		401		11		6.8														
18	.739	1.7						6.7			.091		7									
19	.813	2.3			185		5	6.8														
20	.740	1.9						6.8														
21	.654	2.2						6.8														
22	.712	2.4																				
23	.840	2.4						6.8														
24	.828	2.4		285		13		6.7														
25	.733	2.8						6.5														
26	.803	2.6			164		8	6.8			<.02		5									
27	.845	3.0						6.8														
28	.824	2.4						6.8														
29	.833	2.4																				
30	.858	3.0						6.7														
31	.850	3.0		295		14		6.7														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Ricky Leach Date: 1-9-92

Name (Please Type): Ricky Leach

Company Name: Spring Hill Utilities Telephone No. (Please Type): 904-683-1267

Page 3 of 3

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 90

(1) GMS 27P00475

Ricky Lewis 2-6-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: SPRING Hill (5) COUNTY: Hernando PHONE NO. 682-1267

(6) PERMIT NUMBER: PY27-56668
(7) AVG FLOW MGD: .899
(8) DESIGN FLOW MGD: 2.0
(9) TYPE: 2B

(10) MAX FLOW (MGD): .977
(11) POP SERVED: 11,240 ÷ 196 (Tourist Factor) = 13,123 POP
(12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL:
(15) BOD (mg/l) EFFLUENT: 9
(16) TSS (mg/l) EFFLUENT: 8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7						.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8hr composite
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR: AS618 SHIFT 1 (Day): <3559 SHIFT 2 (DAY): <7281 SHIFT 3 (Night): C7621

Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.914	.5						
2	.874	.6	9		6.8			
3	.834	.6			6.8			
4	.843	.5		5	6.9			
5	.830	.5			6.9	.15		3
6	.998	.6						
7	.977	.5						
8	.883	.5			6.8			
9	.905	.6	10		6.6			
10	.914	.6			6.8			
11	.885	.6		7	6.6	.62		3
12	.870	.6			6.7			
13	.906	.7						
14	.878	.7						
15	.913	.6			6.7			
16	.885	.5	12		6.7	.69		3
17	.941	.5			6.5			
18	.915	.6		6	6.5			
19	.836	.6			6.7			
20	.946	.6						
21	.927	.7						
22	.960	.6			6.5			
23	.879	.5	3		6.9	.50		3
24	.861	.5			6.9			
25	.906	.5		12	6.5			
26	.847	.5			6.9			
27	.925	.6						
28	.893	.6						
29	.960	.6			6.7			
30	.929	.5	3		6.5			
31	.904	.6			6.8			
TOT	27.867	17.7	35	30	146.3	1.99		12
AVG	.899	.6	9	8	6.7	.50		3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEB Year 90

(1) CMS # 27P00475

Richard Searl — 3-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-1267

(6) PERMIT NUMBER: FL27-56668 (7) AVG FLOW MGD: .927 (8) DESIGN FLOW MGD: 2.0 (9) TYPE: 2B

(10) MAX FLOW (MGD): 1.025 (11) POP SERVED: 11260 + 1863 = 13123 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 4
(16) TSS (mg/l) EFFLUENT: 5

(17) pH: 6.7
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) ORTHO P mg/l
(23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): 8 hour Comp
(28) TYPE EFFL DISPOSAL: Spray Irrig.

(29) PLANT STAFFING

LEAD OPERATOR: A5618 SHIFT 1 (Day): C3599 SHIFT 2 (~~Evening~~ Day): C7281 SHIFT 3 (~~Night~~ Day): C7631

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.972	.6		7	6.8			
2	.939	.6			6.8			
3	.887	.6			6.8			
4	.886	.6			6.8			
5	.911	.6			6.9			
6	.803	.6	3		6.8			
7	.853	.5			6.4			
8	.939	.5		9	6.6			
9	.849	.6			6.5			
10	.952	.6			6.8			
11	.914	.6			6.8			
12	.900	.6			6.9			
13	.855	.6	5		6.6	1.5		3
14	.880	.6			6.6			
15	.918	.6		3	6.5			
16	.919	.6			6.4			
17	1.001	.6			6.7			
18	.898	.6			6.7			
19	.973	.6			6.8			
20	.947	.6	6		7.0			
21	.967	.6			6.7			
22	1.025	.6		2	6.6			
23	.995	.6			6.5			
24	.932	.6			6.9			
25	.919	.6			6.7			
26	.911	.6			6.8			
27	.957	.6	3		6.5			
28	.938	.6			6.8			
29								
30								
31								
TOT	25.967	16.6	17	21	187.9			
AVG	.927	.6	4	5	6.7			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 27P00475

Richard Jones — 4-2-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 904 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL27-56668	.921	2.0	28

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.987	1260 + 1865 = 13,125	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hour composite
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: A-5619 SHIFT 1 (Day): C-3599 SHIFT 2 (~~Swing~~): C-7281 SHIFT 3 (~~Night~~): C-7631

DER Form 17-1.205(7) Effective November 30, 1982

Month MARCH Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.910	.6		2	6.7			
2	.886	.6			6.6			
3	.838	.5			6.4			
4	.967	.6			6.8			
5	.902	.6			6.5			
6	.906	.5	11		6.7			
7	.858	.6			6.5			
8	.934	.6		3	6.5			
9	.883	.6			6.5			
10	.941	.6			6.2			
11	.938	.6			6.1			
12	.963	.6			6.4			
13	.937	.5	1		6.5			
14	.938	.5			6.5	.04		3
15	.954	.6		4	6.4			
16	.911	.7			6.5			
17	.939	.6			6.3			
18	.981	.6			6.3			
19	.928	.6			6.6			
20	.960	.6	2		6.5			
21	.834	.6			6.4			
22	.868	.5		4	6.5			
23	.709	.5			6.9			
24	.930	.6			6.1			
25	.902	.6			6.1			
26	.987	.6			6.6			
27	.901	.6	1		6.5			
28	.863	.6			6.6			
29	.918	.5		4	6.6			
30	.918	.5			6.6			
31	.869	.6			6.5			
101	28.540	17.8	15	17	200.6			
AVG	.921	.6	4	3	6.5			

No sample of P(N) or Fecal NT was as kits used shipped to us in time

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month APRIL Year 1990

(1) GMS # 27P00475

Ricky Kesch — 5-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 5300 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-2267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL27-5668	.872	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.950	13,460	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr. Comp.
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (~~Evening~~)	SHIFT 3 (~~Night~~)
A5618	C3599	C-7281	C-7621

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.874	.6			6.8			
2	.945	.6			6.8			
3	.871	.5	6		6.5	.02		3
4	.876	.6			6.5			
5	.859	.6			6.5			
6	.856	.6		2	6.6			
7	.891	.6			6.4			
8	.834	.6			6.6			
9	.847	.6			6.6			
10	.853	.6			6.4	.03		3
11	.877	.6	2		6.4			
12	.874	.6			6.4			
13	.881	.6		5	6.4			
14	.933	.5			6.4			
15	.912	.6			6.5			
16	.950	.6			6.5			
17	.899	.6			6.4			
18	.936	.6	2		6.5			
19	.901	.5		5	6.6			
20	.867	.5			6.5			
21	.841	.5			6.5			
22	.866	.5			6.4			
23	.911	.5			6.6			
24	.844	.5	4		6.4			
25	.825	.6			6.4			
26	.884	.6		4	6.5			
27	.845	.6			6.5			
28	.862	.6			6.4			
29	.842	.6			6.5			
30	.930	.6			6.4			
31								
TOT	26.168	17.3	14	16	193.9			
AVG	.872	.6	4	4	6.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 90

(1) DHS # 27 P00475

Rodney Leach — 6-5-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9600 ELDRIDGE ROAD
SPRING HILL, FL 34608

(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-1267

(6) PERMIT NUMBER: P427-56668 (7) AVG FLOW MGD: .819 (8) DESIGN FLOW MGD: 2.0 (9) TYPE: 2B

(10) MAX FLOW (MGD): .880 (11) POP SERVED: 13475 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____
(14) % FLOW INFIL: ____
(15) BOD (mg/l) EFFLUENT: 3
(16) TSS (mg/l) EFFLUENT: 7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.4						5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____
(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____
(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): 8 hr Composite
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (~~Evening~~)	SHIFT 3 (~~Night~~)
A-5619	C3599	C-7281	C-7631

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.815	.6	4		6.4	1.8		23
2	.825	.6			6.3			
3	.826	.6		8	6.3			
4	.811	.6			6.3			
5	.847	.6			6.4			
6	.836	.6			6.2			
7	.880	.6			6.4			
8	.803	.6	3		6.5	.01		4
9	.864	.5			6.5			
10	.829	.6		10	6.6			
11	.861	.6			6.4			
12	.828	.6			6.1			
13	.794	.6			6.2			
14	.840	.5			6.6			
15	.830	.6	4		6.4			
16	.795	.6			6.4	.02		3
17	.816	.5		5	6.4			
18	.753	.6			6.4			
19	.834	.5			6.3			
20	.769	.7			6.1			
21	.838	.5			6.2			
22	.791	.6	2		6.4			
23	.773	.6			6.4			
24	.816	.6		3	6.4			
25	.809	.5			6.3			
26	.783	.6			6.3			
27	.793	.6			6.0			
28	.852	.6			6.4			
29	.870	.5	1		6.9			
30	.758	.5			6.5			
31	.794	.6			6.3			
TOT	25.410	17.9	14	26	196.9			
AVG	.819	.6	3	7	6.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) GMS # 27000475

Ricky Leach 7-5-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Spring Hill Utilities

(3) PLANT ADDRESS: 9500 Eldridge Rd.

(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL27-56668	.763	2.0	28

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.837	13,420	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.3						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A5618	C3599	C7281	C7621

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.802	.6			6.3			
2	.803	.5			6.4			
3	.759	.6			6.0			
4	.837	.5			6.3			3
5	.811	.5	2		6.4	.11		
6	.769	.6			6.3			
7	.758	.6		2	6.3			
8	.810	.6			6.3			
9	.788	.6			6.1			
10	.729	.6			6.1			
11	.799	.5			6.3			
12	.717	.6	2		6.3			
13	.704	.6			6.3	.04		9
14	.743	.6		2	6.2			
15	.715	.6			6.0			
16	.714	.7			6.2			
17	.740	.5			6.6			
18	.771	.5			6.1			
19	.724	.5	1		6.6			D:C
20	.823	.6			6.2			
21	.757	.6		3	6.1			
22	.765	.7			6.1			
23	.823	.7			6.7			
24	.774	.6			6.9			
25	.755	.5			6.1			
26	.731	.5	.5		6.9			K:C
27	.761	.5			6.4			
28	.747	.6		3	6.0			
29	.717	.6			6.0			
30	.732	.7			6.6			
31								
TOT	22.890	17.3	10	14	189.1			
AVG	.763	.6	3	4	6.3			

0836

0837

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) GMS # 27000475

Ricky [illegible] 8-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES 9500 ELDRIDGE ROAD SPRING HILL, FL 34608 | SPRING HILL UTILITIES 9500 ELDRIDGE ROAD SPRING HILL, FL 34608

(3) PLANT ADDRESS:

(4) CITY: SPRING Hill (5) COUNTY: HERNANDO PHONE NO. 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL27-56668	.760	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.840	13,420	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				3	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.1						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): 8hr composite

(28) TYPE EFFL DISPOSAL: SPRAY irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (~~Evening~~)	SHIFT 3 (~~Night~~)
A-5618	C-3599	C-7281	C-7671

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.657	.5			6.2			
2	.766	.6			6.1			
3	.751	.6	4		6.1			
4	.718	.6			6.0			
5	.788	.5		2	6.0			
6	.784	.6			6.0	.47		2
7	.856	.6			6.0			
8	.675	.6			6.0			
9	.747	.6			6.0			
10	.796	.6	4		6.1			
11	.697	.5			6.2			
12	.792	.5		3	6.0	.32		23
13	.783	.3			6.2			
14	.859	.5			6.2			
15	.786	.5			6.2			
16	.836	.5			6.3			
17	.762	.5	2		6.3			
18	.793	.5			6.3	.67		6
19	.785	.3		3	6.2			
20	.696	.6			6.3			
21	.740	.5			6.1			
22	.768	.3			6.2			
23	.750	.3			6.2			
24	.761	.5	3		6.1			
25	.737	.5			6.2			
26	.779	.5		3	6.2			
27	.795	.5			6.2			20
28	.800	.6			6.1			
29	.753	.5			6.1			
30	.786	.5			6.2			
31	.783	.5	3		6.1			
TOT	23.554	16.5	16	11	190.6			
AVG	.760	.5	3	3	6.1			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Aug. Year 1990

(1) GMS # 27P00475

Ricky Leach — 9-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: ~~5500 ELGIN BLVD ROAD~~ SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO/904-683-2267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO27-137997	.779	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.882	13943	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.2						5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 Hour Composite
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A5618	C3599	C-7281	

DLH Form 17-1.207(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.739	.5			6.2	2.5		2
2	.754	.5		4	6.0			
3	.750	.6			6.2			
4	.739	.5			6.2			
5	.718	.5			6.2			
6	.786	.7			6.3			
7	.722	.6	3		6.2			
8	.612	.5			6.4			
9	.775	.5		2	6.2	4.6		2
10	.780	.6			6.2			
11	.727	.6			6.1			
12	.795	.6			6.2			
13	.792	.6			6.2			
14	.765	.6	3		6.1	.92		2
15	.818	.6			6.2			
16	.780	.6		4	6.2			
17	.772	.5			6.3			
18	.760	.6			6.2			
19	.761	.6			6.1			
20	.835	.5			6.2			
21	.747	.5	4		6.2			5
22	.834	.5			6.1			
23	.789	.5		4	6.1			
24	.819	.5			6.1			
25	.851	.5			6.1			
26	.760	.5			6.2			
27	.843	.5			6.4			
28	.840	.5	4		6.3			20
29	.823	.5			6.3			
30	.817	.6		3	6.3			
31	.778	.6			6.3			
101	24.134	11.0	14	17	192.3			
AVG	.779	.5	4	3	6.2			

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0839

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept Year 90

(1) GMS # 27 P00475

Ricky Lee 10-2-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34609
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 904-683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO27-137917	.799	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.876	14,072	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.3						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr comp.
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A Sleik	C 3599	C 7231	

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.760	.5			6.3			
2	.773	.6			6.3			
3	.759	.5			6.1			
4	.776	.5	5		6.3			
5	.805	.5			6.3	.876		2
6	.807	.5		2	6.3			
7	.781	.5			6.3			
8	.807	.5			6.1			
9	.793	.5			6.2			
10	.842	.5			6.4			
11	.780	.6	5		6.3	.169		2
12	.794	.5			6.3			
13	.825	.5		3	6.4			
14	.771	.5			6.4			
15	.810	.5			6.4			
16	.773	.5			6.2			
17	.854	.6			6.4			
18	.785	.6	7		6.3	.19		5
19	.767	.6			6.3			
20	.812	.5		3	6.3			
21	.759	.6			6.3			
22	.821	.7			6.1			
23	.775	.5			6.5			
24	.827	.6			6.3			
25	.775	.6	6		6.4			
26	.810	.5			6.3			20
27	.790	.5		3	6.4			
28	.756	.5			6.4			
29	.876	.5			6.4			
30	.741	.5			6.5			
31								
TOT	23967	16.1	23	11	199.5			
AVG	.799	.5	6	3	6.3			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 27P004775

Ruby Jean — 11-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9600 ELDRIDGE ROAD SPRING HILL, FL 34609
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-1267

(6) PERMIT NUMBER: 0027-137917 (7) AVG FLOW MGD: .833 (8) DESIGN FLOW MGD: 2.0 (9) TYPE: 2B

(10) MAX FLOW (MGD): .909 (11) POP SERVED: 14,072 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL:
(15) BOD (mg/l) EFFLUENT: 4
(16) TSS (mg/l) EFFLUENT: 3

(17) pH: 6.4
(18) TOTAL N mg/l:
(19) AMMONIA mg/l:
(20) NITRITE + NITRATE mg/l:
(21) TOTAL P mg/l:
(22) ORTHO P mg/l:
(23) CHLOR RESID ppm: .5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:
(25) DO (mg/l) UPSTREAM / DNSTREAM:
(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): 8 hr comp
(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING
LEAD OPERATOR: A-5618 SHIFT 1 (Day): C 3599 SHIFT 2 (~~Evening~~ Day): C7281 SHIFT 3 (Night):

DER Form 17-1.203(7) Effective November 30, 1982

Month OCT Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.909	.5			6.4			
2	.831	.5	2		6.3			
3	.922	.5			6.4			
4	.844	.5		3	6.3	.27		2
5	.847	.5			6.4			
6	.769	.5			6.2			
7	.755	.5			6.3			
8	.846	.5			6.6			
9	.837	.5	4		6.4	.19		2
10	.900	.5			6.6			
11	.888	.6		4	6.4			
12	.818	.6			6.4			
13	.850	.5			6.4			
14	.762	.5			6.4			
15	.827	.5			6.6			
16	.784	.5	2		6.6	1.3		2
17	.811	.5			6.5			
18	.836	.5		3	6.4			
19	.821	.5			6.3			
20	.808	.5			6.1			
21	.800	.5			6.5			
22	.881	.5			6.4			
23	.875	.6	5		6.2			
24	.793	.5			6.3			
25	.847	.6		3	6.3			
26	.831	.6			6.2			
27	.850	.6			6.2			
28	.856	.6			6.4			
29	.906	.5			6.4			
30	.862	.5	6		6.4			
31	.836	.5			6.4			
TOT	25.816	16.4	19	13	198.9			
AVG	.833	.5	4	3	6.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov Year 90

(1) GMS # 27P00475

Ricky Lear — 12-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SPRING HILL UTILITIES
(3) PLANT ADDRESS: 9500 ELDRIDGE ROAD SPRING HILL, FL 34608
(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0027-127917	.829	2.0	2B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.929	13,650	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.4						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 hr Comp.
(28) TYPE EFFL DISPOSAL: Spray Irrigation.

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A 5618	C 3599	C 7251	

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.867	.5		4	6.4	.99		2
2	.843	.6			6.6			
3	.898	.5			6.7			
4	.826	.5			6.4			
5	.707	.6			6.3			
6	.883	.5	5		6.6	.61		2
7	.906	.6			6.4			
8	.900	.5		3	6.5			
9	.909	.5			6.3			
10	.860	.5			6.4			
11	.850	.6			6.3			
12	.869	.6			6.4			
13	.860	.5	5		6.4	1.6		2
14	.890	.5			6.3			
15	.856	.6		4	6.5			
16	.831	.6			6.4			
17	.904	.6			6.4			
18	.835	.6			6.5			
19	.572	.6			6.4	1.1		11
20	.822	.6	8		6.3			
21	.839	.5		3	6.2			
22	.857	.5			6.5			
23	.911	.6			6.3			
24	.913	.3			6.2			
25	.920	.5			6.4			
26	.929	.5			6.4			
27	.918	.5	7		6.4			
28	.881	.5			6.4			
29	.911	.6		3	6.5			
30	.864	.6			6.5			
31								
TOT	26.351	14.5	25	17	192.6			
AVG	.878	.6	6	3	6.4			

0841

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month DEC Year 1990

(1) GMS # 27P00475

Ricky Jones 1-3-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Spring Hill Utilities

(3) PLANT ADDRESS: Hwy 595 west of 19

(4) CITY: Spring Hill (5) COUNTY: Hernando PHONE NO. 683-1267

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO27-137917	.894	2.0	26

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.966	13,650	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5						.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		1					

(27) TYPE SAMPLE(S): 8hr composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (~~Evening~~ Day)	SHIFT 3 (Night)
A5618	C3579	C2281	

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.838	.6			6.5			
2	.502	.5			6.5			
3	.966	.5			6.6			
4	.878	.4	9		6.5			
5	.873	.6			6.4	.57		2
6	.878	.6		2	6.5			
7	.907	.6			6.6			
8	.899	.6			6.4			
9	.884	.6			6.0			
10	.913	.6			6.4			
11	.351	.6	6		6.4	2.1		2
12	.869	.6			6.5			
13	.876	.6		5	6.6			
14	.842	.5			6.5			
15	.857	.5			6.5			
16	.893	.6			6.3			
17	.896	.5			6.3			
18	.915	.5	13		6.4	.58		2
19	.904	.6			6.4			
20	.899	.6		4	6.8			
21	.872	.6			6.5			
22	.891	.6			6.4			
23	.864	.6			6.3			
24	.907	.6			6.5			
25	.763	.6	8		6.4			
26	.902	.6			6.4			
27	.914	.6			6.4			
28	.921	.6		2	6.4			
29	.946	.7			6.6			
30	.923	.6			6.6			
31	.934	.6			6.6			
TOT	27.713	18.1	35	13	200.4			
AVG	.894	.6	9	3	6.5			

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Sugar Mill - 1801

Volusia County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month January Year 1991

(1) GNS # 306400485X

Bert A Zigler 1-31-91
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 100 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134622	.125	.270	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.181	1168	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD: ____ BOD lb/d: ____ TSS lb/d: ____

(14) % FLOW INFIL: ____ (15) BOD (mg/l) EFFLUENT: 2.9 (16) TSS (mg/l) EFFLUENT: 6.75

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE + NITRITE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	____	____	____	____	____	0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
____	____	____/____/____	____	____	____	____	____

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Evap-Perc Ponds

(29) PLANT STAFFING:

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C 6501			

DER Form 17-21.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.111	1.0			7.0			
2	.142	1.0	2.8	6.5	7.0			
3	.090	1.0			7.0			
4	.106	1.0			7.0			
5	.138	1.0			7.0			
6	.126	1.0			7.0			
7	.145	1.0			7.0			
8	.098	1.0			7.0			
9	.106	1.0			7.0			
10	.113	1.0			7.0			
11	.160	1.0			7.0			
12	.080	1.0			7.0			
13	.138	1.0			7.0			
14	.117	1.0			7.0			
15	.120	1.0			7.0			
16	.152	1.0	3.0	7	7.0			
17	.091	1.0			7.0			
18	.139	1.0			7.0			
19	.106	1.0			7.0			
20	.060	1.0			7.0			
21	.126	1.0			7.0			
22	.159	1.0			7.0			
23	.099	1.0			7.0			
24	.067	1.0			7.0			
25	.154	1.0			7.0			
26	.126	1.0			7.0			
27	.141	1.0			7.0			
28	.164	1.0			7.0			
29	.102	1.0			7.0			
30	.141	1.0			7.0			
31	.180	0.5			7.0			
TOT	3.882	30.5	5.8	13.5	217			
AVG	.125	0.9	2.9	6.75	7.0			

0843

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 91

(1) GDS # 3064004854 Peter A Zigle 3-5-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club
(3) PLANT ADDRESS: 100 Clubhouse Blvd
(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134622	.138	.270	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE MC/100D
.192	1172	[X] Membrane Filter [ ] Most Probable Number

(11) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.5	8.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						0.5

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab
(28) TYPE EFFL DISPOSAL: Evap-Perc Ponds
(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
6501

DER Form 17-1.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.123	1.0			7.0			<1
2	.125	1.0			7.0			
3	.136	1.0			7.0			
4	.131	1.0			7.0			
5	.130	.8			7.0			
6	.132	.5		6	7.0			
7	.191	.5			6.8			
8	.103	.5			6.8			
9	.123	.5			6.8			
10	.198	.5			6.8			
11	.113	.5			6.8			
12	.142	1.0			6.9			
13	.105	.8	5	9	6.9			
14	.143	.8			6.9			
15	.163	.8			6.9			
16	.116	.5			6.5			
17	.117	.9			7.0			
18	.141	.5			7.0			
19	.128	.6			6.8			
20	.151	.6	5	11	6.8			
21	.142	.8			7.0			
22	.130	1.0			7.0			
23	.153	1.0			7.0			
24	.140	1.0			7.0			
25	.143	1.0			7.0			
26	.133	1.0			7.0			
27	.141	1.0			6.5			
28	.133	1.0			7.0			
29								
30								
31								
TOT	3.89	22.1	13.0	26.0	199			<1
AVG	.135	0.7	6.5	8.6	6.9			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 91

(1) DHS # 3064004854

Brett C Zigler 4-3-91
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 100 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134622	.156	.270	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.209	1128	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.5	8.0

(17) pH	(18) SU'M N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C 6501

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.170	1.0			7.0			
2	.125	1.0			7.0			
3	.124	1.0			7.0			
4	.181	0.5			7.0			
5	.151	0.5			6.9			
6	.097	1.0	5.5	4.0	7.0			
7	.146	1.0			7.0			
8	.121	1.0			7.0			
9	.130	1.0			7.0			
10	.107	1.0			7.0			
11	.209	1.0			7.0			
12	.141	1.0			7.0			
13	.160	1.0			7.0			
14	.161	1.0			7.0			
15	.206	0.5			7.0			
16	.184	1.0			7.0			
17	.201	0.5			7.0			
18	.196	1.0			7.0			
19	.160	1.0			7.0			
20	.169	1.0			7.0			
21	.205	1.0	6.0	12.0	7.0			
22	.198	1.0			7.0			
23	.191	1.0			7.0			
24	.114	1.0			7.0			
25	.171	0.5			7.0			
26	.205	0.5			7.0			
27	.161	0.5			6.8			
28	.208	0.5			7.0			
29	.184	0.5			7.0			
30	.087	0.5			7.0			
31	.122	0.5			7.0			
TOT	4.858	30.5	11	16.0	216.9			
AVG	.156	0.9	5.5	8.0	6.99			

0845

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 91

(1) DES # 306400485 4

Bret C Ziglar 4-30-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 100 Clubhouse Blvd

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO64134622 .169 .290 II-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MC|MPN
[4] Membrane Filter
[ ] Most Probable Number

.206 1200

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

3.0 5.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.9 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Evap-Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G.6501

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.201	1.0			7.0			
2	.127	0.5			7.0			
3	.195	0.8	5.0	5.0	7.0			
4	.120	0.5			7.0			
5	.174	0.8			7.0			
6	.205	0.5			7.0			
7	.130	0.8			7.0			
8	.205	0.5			7.0			
9	.206	1.0			7.0			
10	.140	1.0			7.0			
11	.150	0.5			6.8			
12	.127	0.8			6.8			
13	.184	0.8			6.8			
14	.199	0.8			6.8			
15	.185	0.8			7.0			
16	.182	0.6			7.0			
17	.193	0.9	1.0	2.0	7.0			21
18	.199	1.0			7.0			
19	.200	1.0			7.0			
20	.083	1.0			7.0			
21	.201	1.0			7.0			
22	.198	1.0			7.0			
23	.132	1.0			7.0			
24	.185	1.0			7.0			
25	.141	1.0			7.0			
26	.152	1.0			7.0			
27	.191	1.0			7.0			
28	.189	1.0			7.0			
29	.186	0.5			7.0			
30	.186	0.5			7.0			
31								
TOT	5.096	24.8	6.0	10.0	209.1			
AVG	.169	0.8	3.0	5.0	6.9			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMD: 3064004854

Month May Year 91

Bert a Zigler 6-1-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 100 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER: D064134622 (7) AVG FLOW MGD: .158 (8) DESIGN FLOW MGD: .290 (9) TYPE: II-C

(10) MAX FLOW (MGD): .234 (11) POP SERVED: 1178 (12) FECAL COLIFORM SAMPLE M.F. [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW IMPIL ____ (15) BOD (mg/l) EFFLUENT 6.5 (16) TSS (mg/l) EFFLUENT 6.5

(17) pH: 6.9 (18) TOTAL N mg/l ____ (19) AMMONIA mg/l ____ (20) NITRITE + NITRATE mg/l ____ (21) TOTAL P mg/l ____ (22) ORTHO P mg/l ____ (23) CHLOR RESID ppm 8.5

(24) DOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE ____ / ____ (25) DO (mg/l) UPSTREAM ____ DOWNSTREAM ____ (26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Evap-Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR: C.6501 SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.163	1.0	4.0	7.0	7.0			
2	.143	1.0			7.0			
3	.146	1.0			7.0			
4	.122	1.0			7.0			
5	.098	1.0			7.0			
6	.104	1.0			7.0			
7	.234	1.0			7.0			
8	.203	1.0			7.0			
9	.116	1.0			7.0			
10	.129	1.0			7.0			
11	.144	1.0			7.0			
12	.210	1.0			7.0			
13	.122	2.0			6.8			
14	.206	1.0			7.0			
15	.216	1.0	9.0	11.0	7.0			
16	.183	1.0			6.8			
17	.166	1.0			6.9			
18	.099	1.0			7.0			
19	.181	1.0			6.8			
20	.094	1.0			7.0			
21	.201	1.0			7.0			
22	.124	1.0			6.8			
23	.167	2.0			6.8			
24	.086	1.5			6.8			
25	.100	1.5			7.0			
26	.120	2.0			7.0			
27	.131	1.0			7.2			
28	.120	1.0			7.2			
29	.210	2.2			7.0			
30	.250	2.2			6.8			
31	.199	0.5			6.9			
TOT	4.914	36.5	13.0	13.0	215.3			
AVG	.158	1.2	6.5	6.5	6.9			

Page 1 of 2

0847

FDER Form 17-1.205(2) Effective November 30, 1982

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (if issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month June Year 1991

(2) Plant's DER Identification Number 3064D04854

(3) Plant Name Sugar Mill C C

(4) Plant Address 401 Clubhouse Blvd
New Smyrna Beach Fl 32168

(5) City New Smyrna Beach

(6) County ~~Volusia~~

(7) Phone Number 904-427-8319

(8) Permit Number D064134622

(9) Plant Type II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap.-Perc.-Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6501
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator [signature] 6501
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.193
(17) Permitted capacity	mgd	—	.270
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	71
(20) $CBOD_5$ Effluent	mg/L	080082	5.0
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.8
(25) Maximum pH		—	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601(900)(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Form No.
Effective Date July 1, 1991
DER Application No. (If app. is by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month June Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)										
1	237	1.0						7.0															
2	217	1.0						6.8															
3	176	1.0						7.0															
4	116	1.0						7.0															
5	208	1.0		85		4.7	7.0	7.0															
6	206	1.0						7.0															
7	191	1.0						7.0															
8	175	1.0						7.2															
9	200	1.0						7.0															
10	283	0.5						7.0															
11	216	1.0						7.0															
12	134	1.0						7.0															
13	205	0.5						7.0															
14	244	1.0						7.0															
15	208	1.0						7.0															
16	116	1.0						7.0															
17	183	1.0						7.0															
18	172	0.8						7.0															
19	185	0.7		65		3.4	5.0	6.8															
20	240	0.6						6.9															
21	179	1.0						7.0															
22	219	1.0						7.0															
23	190	1.0						7.2															
24	212	1.0						7.0															
25	204	1.0						7.0															
26	200	1.0						7.0															
27	210	1.0						7.0															
28	197	1.5						7.0															
29	198	1.5						7.0															
30	152	1.5						7.0															
31																							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Robert G. Zigler

Date: 7-2-91

Name (Please Type): Robert G. Zigler

Company Name: Southern States/Sugar Mill 2.2

Telephone No. (Please Type): 904-427-8319

DER Form 17-601 902(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ (If Applicable)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3064D04854

(3) Plant Name Sugar Mill C.C.

(4) Plant Address 401 Clubhouse Blvd

New Smyrna Beach Fl 32168

(5) City New Smyrna Beach

(6) County ~~Volusia~~

(7) Phone Number 904-427-8319

(8) Permit Number D064134622

(9) Plant Type II-C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Evap.-Perc.-Ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class C Cert. No 6501

Evening Shift Operator Class _____ Cert. No _____

Night Shift Operator Class _____ Cert. No _____

Lead Operator [signature] 6501
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.187
(17) Permitted capacity	mgd	–	.270
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	69%
(20) $CBOD_5$ Effluent	mg/L	080082	2.2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	2.1
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Page 3 of 3)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.204	.8						7.0					
2	.162	.8						7.0					
3	.130	1.0		160	68	2.4	8.0	7.0					21
4	.113	1.0						7.0					
5	.160	1.0						7.8					
6	.171	1.0						7.8					
7	.113	1.0						7.8					
8	.203	1.0						7.2					
9	.198	1.0						7.2					
10	.103	1.0						7.0					
11	.160	1.0						7.0					
12	.121	1.0						7.0					
13	.204	1.0						7.0					
14	.199	1.0						7.0					
15	.204	1.0						7.0					
16	.216	1.0						7.0					
17	.160	1.0		25	60	2.0	3.0	7.0					
18	.199	1.0						7.0					
19	.198	1.0						7.0					
20	.196	1.0						7.0					
21	.209	1.0						7.0					
22	.202	1.0						7.0					
23	.207	1.7						7.0					
24	.199	2.0						7.4					
25	.221	2.0						7.2					
26	.212	2.1						7.2					
27	.205	1.8						7.0					
28	.195	1.9						7.1					
29	.199	1.5						7.0					
30	.198	1.0						7.0					
31	.221	1.0						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Bret A. Zigler

Date: 8-5-91

Name (Please Type) Bret A Zigler

Company Name Southern States/Sugar Mill C.C.

Telephone No. (Please Type) 904-427-8319

Page 3 of 3

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year 91

(2) Plant's DER Identification Number 3064D04854

(3) Plant Name Sugar Mill C.C.

(4) Plant Address 401 Clubhouse Blvd
New Smyrna Beach Fl 32168

(5) City New Smyrna Beach

(6) County ~~Volusia~~

(7) Phone Number 904-427-8319

(8) Permit Number D064134622

(9) Plant Type II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap.-Perc.-Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6501
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Burt A Zigler (Signature) 6501 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.195
(17) Permitted capacity	mgd	–	.220
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	72
(20) $CBOD_5$ Effluent	mg/L	080082	4.3
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	3.75
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

[redacted]

DER Form 17-601(9031)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (if one or DH)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.178	0.8						7.0					
2	.195	10.2						7.0					
3	.202	10.9						7.0					
4	.214	1.0						7.2					
5	.191	1.0						7.0					
6	.188	1.0						7.0					
7	.220	1.0						7.1					
8	.186	1.0		155	88	3.1	5.5	7.0					
9	.216	1.0						7.0					
10	.156	1.0						7.0					
11	.220	1.0						7.0					
12	.193	1.0						7.0					
13	.178	1.0						7.0					
14	.208	1.0						7.0					
15	.207	1.0						7.1					
16	.210	1.0						7.2					
17	.196	1.0						7.0					
18	.195	1.0						7.0					
19	.173	10.5						7.2					
20	.174	1.0						7.0					
21	.223	1.0		193	52	5.5	2.0	7.0					
22	.187	1.0						7.0					
23	.193	1.0						7.0					
24	.220	1.0						7.1					
25	.198	1.0						7.1					
26	.207	1.0						7.1					
27	.210	1.0						7.2					
28	.142	1.0						7.0					
29	.180	1.0						7.0					
30	.212	1.0						7.0					
31	.205	1.0						7.0					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief th information is true, complete and accurate.

Signed: Bret A Zigler Date: 9-3-91

Name (Please Type) Bret A Zigler

Company Name Southern States/Sugar Mill C C Telephone No. (Please Type) 904-427-8319

Page 3 of 3

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month September Year 91

(2) Plant's DER Identification Number 3064D04854

(3) Plant Name Sugar Mill C C

(4) Plant Address 401 Clubhouse Blvd
New Smyrna Beach Fl 32168

(5) City New Smyrna Beach

(6) County Volusia

(7) Phone Number 904-427-8319

(8) Permit Number D064134622

(9) Plant Type II-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Evap.-Perc.-Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 6501
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator _____ 6501
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.174
(17) Permitted capacity	mgd	–	.270
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	.64%
(20) $CBOD_5$ Effluent	mg/L	080082	4.7
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month September Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.093	1.0						7.0													
2	.209	1.0						7.0													
3	.152	1.0						7.0													
4	.196	1.0		120	80	2.4	7.0	7.0													
5	.121	1.0						7.0													
6	.158	1.0						7.0													
7	.154	1.0						7.0													
8	.194	1.0						7.0													
9	.188	1.0						7.0													
10	.134	1.0						7.0													
11	.132	1.0						7.1													
12	.180	1.0						7.0													
13	.196	1.0						7.0													
14	.218	1.0						7.0													
15	.200	1.0						7.0													
16	.162	1.0						7.0													
17	.190	2.0						7.0													
18	.190	2.0		123	120	6.0	5.0	7.0													
19	.127	2.0						7.2													
20	.151	1.0						7.0													
21	.159	1.0						7.0													
22	.120	1.0						7.0													
23	.216	1.0						7.0													
24	.215	1.0						7.0													
25	.131	1.0						7.0													
26	.183	1.0						7.0													
27	.213	1.0						7.0													
28	.146	1.0						7.0													
29	.154	1.0						7.0													
30	.210	1.0						7.0													
31																					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Bret A Zigler

Date 10-2-91

Name (Please Type) Bret A Zigler

Company Name Southern States/Sugar Mill C.C.

Telephone No (Please Type) 904-427-8319

Page 3 of 3

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (If Applicable)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 3064D04854

(3) Plant Name Sugar Mill C C

(4) Plant Address 401 Clubhouse Blvd
New Smyrna Beach Fl 32168

(5) City New Smyrna Beach

(6) County Volusia

(7) Phone Number 904-427-8319

(8) Permit Number D064134622

(9) Plant Type II-C

0) Test Site Identification Number _____

1) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse
Evap.-Perc.-Ponds

3) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

4) Cumulative Days of Wet Weather Discharge _____

5) Plant Staffing
Day Shift Operator Class C Cert. No. 6501
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] 6501
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.177
(17) Permitted capacity	mgd	—	.270
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	65
(20) $CBOD_5$ Effluent	mg/L	080082	4.2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	8.75
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

DER Form 17-601(30)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Please fill in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

4) Month October Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
.199	1.0						7.0													
.190	1.0		103	60	45	14	7.0													
.125	1.0						7.0													
.180	1.0						7.0													
.200	1.0						7.0													
.130	1.0						7.2													
.223	1.0						7.0													
.200	1.0						7.0													
.215	1.0						7.0													
.300	1.0						7.0													
.214	1.0						7.0													
.156	1.0						7.0													
.197	1.0						7.0													
.118	1.0						7.0													
.184	1.0						7.0													
.126	1.0						7.0													
.204	1.0		85	104	39	3.5	7.2													
.150	1.0						7.0													
.214	1.0						7.0													
.134	1.0						7.0													
.117	1.0						7.0													
.126	1.0						7.0													
.194	1.0						7.0													
.205	1.0						7.2													
.196	1.0						7.0													
.206	1.0						7.2													
.106	1.0						7.0													
.148	1.0						7.0													
.222	1.0						7.0													
.196	1.0						7.0													
.196	1.0						7.0													

I Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this mation is true, complete, and accurate.

ed: Bret A Zigler Date: 11-6-91

ıe (Please Type) Bret A Zigler

ıpany Name Southern States/Sugar Mill C.C. Telephone No. (Please Type) 904-427-8319

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If Assigned by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

Month November Year 1991

Plant's DER Identification Number 3064D04854

Plant Name Sugar Mill C.C.

Plant Address 401 Clubhouse Blvd.

New Smyrna Beach Fl 32168

City New Smyrna Beach

County Volusia

Phone Number 904-427-8319

Permit Number D064134622

Plant Type II-C

Test Site Identification Number

Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Evap.-Perc.-Ponds

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No. 6501

Evening Shift Operator Class Cert. No.

Night Shift Operator Class Cert. No.

Lead Operator Britt Zeigler 6501
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.166
(17) Permitted capacity	mgd	–	.61
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	2.95
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	7
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form 17-601(30)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If applicable)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month November Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.189	1.0						7.0					
.196	1.0						7.0					
.200	1.0						7.0					
.161	1.0						7.0					
.173	1.0						7.0					
.200	1.0						7.0					<1
.151	1.0				2.8	7	7.0					
.160	1.0						7.0					
.165	1.0						7.0					
.210	1.0						7.0					
.105	1.0						7.0					
.152	1.0						7.0					
.160	1.0						7.0					
.142	1.0						7.0					
.200	1.0						7.0					
.202	1.0						7.0					
.176	1.0						7.0					
.176	1.0						7.0					
.121	1.0						7.0					
.113	1.0						7.0					
.202	1.0						7.0					
.210	1.0						7.0					
.164	1.0						7.0					
.075	1.0						7.0					
.116	1.0						7.0					
.138	1.0						7.0					
.171	1.0				2.8	7.0	7.0					
.172	1.0						7.0					
.185	1.0						7.0					
.196	1.0						7.0					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Bret A Zeigler Date: 12-4-91

Name (Please Type) Bret A Zeigler

Company Name Southern States/Sugar Mill C C Telephone No (Please Type) 904-427-8319

Page 3 of 3

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number 3064D04854

(3) Plant Name Sugar Mill C.C.

(4) Plant Address 401 Clubhouse Blvd.
New Smyrna Beach Fl 32168

(5) City New Smyrna Beach

(6) County Volusia

(7) Phone Number 904-427-8319

(8) Permit Number D064134622

(9) Plant Type II-C

(0) Test Site Identification Number

1) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse
Evap.-Perc.-Ponds

3) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☐ Not Applicable

4) Cumulative Days of Wet Weather Discharge

5) Plant Staffing
Day Shift Operator Class C Cert. No. 6501
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Burt Zeyla (Signature) 6501 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.143
(17) Permitted capacity	mgd	–	.270
(18) Three-month average daily flow	mgd	–	
(19) Percent of permitted capacity	%	–	53
(20) $CBOD_5$ Effluent	mg/L	080082	3.1
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	6.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			

DER Form 17-601(20)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (if new = to be DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34)

Month December Year 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
.191	1.0						7.0														
.160	1.0						7.0														
.171	1.0						7.0														
.138	1.0		213	288	20	3.0	7.0														
.175	1.0						7.0														
.207	1.0						7.0														
.153	1.0						7.0														
.159	1.0						7.0														
.150	1.0						7.0														
.168	1.0						7.0														
.166	1.0						7.0														
.169	1.0						7.0														
.157	1.0						7.0														
.182	1.0						7.0														
.140	1.0						7.0														
.110	1.0						7.0														
.146	1.0						7.0														
.122	1.0						7.0														
.110	1.0		178	260	14.2	10.	7.0														
.146	1.0						7.0														
.145	1.0						7.0														
.115	1.0						7.0														
.166	1.0						7.0														
.130	1.0						7.0														
.152	1.0						7.0														
.155	1.0						7.0														
.165	1.0						7.0														
.188	1.0						7.0														
.128	1.0						7.0														
.163	1.0						7.0														
.188	1.0						7.0														

ıd Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this ormation is true, complete, and accurate.

ned: Bret A Zigler Date: 1-7-92

me (Please Type) Bret A Zigler

mpany Name Southern States/Sugar Mill C.C. Telephone No. (Please Type) 904-427-8319

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Ok DRM

(1) DHS # 3e64Do4854

Burta Zeglen — 2-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C.

(3) PLANT ADDRESS: 100 Clubhouse Blvd.

(4) CITY: New Smyrna (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER: DO64134622 (7) AVG FLOW MGD: .128 (8) DESIGN FLOW MGD: .270 (9) TYPE: II-C

(10) MAX FLOW (MGD): .171 (11) POP SERVED: 1140 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 5.05

(16) TSS (mg/l) EFFLUENT: 6

(17) pH: 2.0

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID: 8.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: ___:___ ___/___/___

(25) DO (mg/l) UPSTREAM DNSTREAM: ___ ___

(26) EFFLUENT PARAMETER VALUE (UNITS): ___ ___ ___

(27) TYPE SAMPLE(S): Grab.

(28) TYPE EFFL DISPOSAL: Evap-perc-pond

(29) PLANT STAFFING

LEAD OPERATOR: C6501 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30) Month: January Year: 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.171	.8			2.0			
2	.142	1.0			2.0			
3	.108	1.0			2.0			
4	.120	1.0	0.31	9	2.0			
5	.135	1.0			2.0			
6	.123	1.0			2.0			
7	.165	1.0			2.0			
8	.101	1.0			2.0			
9	.117	1.0			2.0			
10	.146	.5			2.0			
11	.095	.5			2.0			
12	.145	.8			2.0			
13	.117	.4			2.0			
14	.169	1.0			2.0			
15	.133	1.0			2.0			
16	.153	1.0			2.0			
17	.129	1.0			2.0			
18	.139	1.5	28	3.0	2.0			21
19	.096	1.0			2.0			
20	.158	.8			2.0			
21	.102	.5			2.0			
22	.090	.5			2.0			
23	.155	1.0			2.0			
24	.144	1.0			2.0			
25	.145	.8			2.0			
26	.114	.5			2.0			
27	.122	.5			2.0			
28	.124	.5			2.0			
29	.127	.5			2.0			
30	.157	1.0			2.0			
31	.117	1.0			2.0			
TOT	3.995	26.	10.11	120	2.0			21
AVG	.128	.8	5.05	6	2.0			21

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1990

(1) GNS # 306400498 54 Beth Zigler 3-2-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C.

(3) PLANT ADDRESS: 100 Clubhouse Blvd

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-3319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO64134622	.180	.270	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE ML/MOD
.240	1080	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.85	0.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						.05

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc-Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6 65 21

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.130	1.0	.2	8.0	7.0			
2	.129	1.0			7.0			
3	.160	1.0			7.0			
4	.125	1.0			7.0			
5	.157	0.5			7.0			
6	.156	.5			7.0			
7	.178	.5			7.0			
8	.696	.5			7.0			
9	.171	1.0			7.0			
10	.161	1.0			7.0			
11	.125	1.0			7.0			
12	.190	1.0			7.0			
13	.156	1.0			7.0			
14	.188	1.0			7.0			
15	.199	1.0	.5	9.0	7.0			
16	.200	1.0			7.0			
17	.200	1.0			7.0			
18	.198	1.0			7.0			
19	.224	1.0			7.0			
20	.220	1.0			7.0			
21	.209	0.5			7.0			
22	.185	.5			7.0			
23	.199	.5			7.0			
24	.213	.5			7.0			
25	.217	.5			7.0			
26	.859	.5			7.0			
27	.195	1.0			7.0			
28	.209	1.0			7.0			
29								
30								
31								
TOT	5.05	23.9	1.2	17	196			
AVG	.180	.85	0.6	0.85	7.0			

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) GNS # 206400485 4 Bret A Zigler 3-31-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C.

(3) PLANT ADDRESS: 100 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO641346 22 .211 .220 IIC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.266 1080

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.3

(16) TSS (mg/l) EFFLUENT: 8.5

(17) pH: 7.0

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM DNSTREAM:

(26) EFFLUENT PARAMETER VALUE (UNITS):

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc-Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C 6 50 1

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd) ✓	CHLORINE RESIDUAL (ppm) ✓	BOD EFFLUENT (mg/l) ✓	TSS EFFLUENT (mg/l) ✓	pH EFFLUENT (0-14) ✓	TOTAL N (mg/l) ✓	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.273	0.6	2	20	7.0			
2	.215	0.5			7.0			
3	.257	0.5			7.0			
4	.259	0.5			7.0			
5	.183	0.5			7.0			
6	.170	0.5			7.0			
7	.249	0.6			7.0			
8	.193	0.5			7.0			
9	.250	0.5			7.0			
10	.215	0.6			7.0			
11	.256	0.5			7.0			
12	.266	0.5			7.0			
13	.170	0.5			7.0			
14	.218	1.0	4.1	10	7.0			
15	.201	1.0			7.0			
16	.169	1.0			7.0			
17	.229	1.0			7.0			
18	.254	1.0			7.0			
19	.199	0.5			7.0			
20	.211	1.0			7.0			
21	.211	1.0			7.0			
22	.215	1.0			7.0			
23	.207	1.0			7.0			
24	.217	1.0			7.0			
25	.185	0.5			7.0			
26	.204	0.5			7.0			
27	.216	1.0			7.0			
28	.205	1.0			7.0			
29	.204	1.0			7.0			
30	.214	1.0			7.0			
31	.190	1.0			7.0			
TOT	6.534	26.2	4.6	17	210			
AVG	.211	0.9	2.3	95	7.0			

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0864

T-1
PC

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: April Year: 1990

(1) GNS # 306400485 4

Bud a Zyler 5-2-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C.

(3) PLANT ADDRESS: 100 Clubhouse Blvd

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8719

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DE64134622 .207 .270 II=C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.253 1070

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

5.2 12.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-perc-Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6650l

DEP Form 17-7.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.230	1.0			7.0			
2	.220	0.8			7.0			
3	.215	1.0			7.0			
4	.218	1.0			7.0			
5	.253	1.2	.6	18.0	7.0			
6	.209	1.0			7.0			
7	.221	.8			7.0			
8	.185	.5			7.0			
9	.174	1.0			7.0			
10	.209	1.0			7.0			
11	.210	1.0			7.0			
12	.208	1.0			7.0			
13	.178	1.0			7.0			
14	.207	.8			7.0			
15	.241	.5			7.0			
16	.194	.5			7.0			
17	.194	.5			7.0			
18	.207	2.0			7.0			
19	.231	2.0	9.8	6.0	7.0			
20	.222	1.0			7.0			
21	.201	1.0			7.0			
22	.202	.5			7.0			
23	.176	.5			7.0			
24	.160	1.0			7.0			
25	.162	1.0			7.0			
26	.207	.5			7.0			
27	.206	2.0			7.0			
28	.227	1.0			7.0			
29	.228	.8			7.0			
30	.194	.8			7.0			
31								
TOT	6.223	28.8	10.4	24.0	210			
AVG	.207	.96	5.2	12.0	7.0			

0865

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER # 3064024854

Brent A Vigh 1-5-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C

(3) PLANT ADDRESS: 7100 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904 427-5715

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DC64134622 .190 .220 II-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
244 1146 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 6.1

(16) TSS (mg/l) EFFLUENT 10.5

(17) pH 7.0

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM FREQ/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Evap-Perc-Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
G 650

DER Form 17-7.205(7) Effective November 30, 1982

Month May Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.192	1.5			7.0			
2	.163	1.5			7.0			
3	.209	1.0	6.9	16	7.0			
4	.223	1.0			7.0			
5	.136	1.0			7.0			
6	.209	1.0			7.0			
7	.214	0.5			7.0			
8	.149	1.0			7.0			
9	.230	1.0			7.0			
10	.165	1.0			7.0			
11	.193	1.0			7.0			
12	.172	1.0			7.0			
13	.205	1.0			7.0			
14	.216	0.5			7.0			
15	.226	0.5			7.0			
16	.182	0.5			7.3			
17	.148	1.0			7.0			
18	.229	1.0			7.0			21
19	.220	0.5			7.0			
20	.191	0.5			7.0			
21	.235	0.5			7.0			
22	.201	1.0			7.0			
23	.198	1.0	5.4	5.0	7.0			
24	.239	1.0			7.0			
25	.203	1.0			7.0			
26	.244	1.0			7.0			
27	.135	1.0			7.0			
28	.186	1.0			7.0			
29	.173	1.0			7.0			
30	.149	1.0			7.0			
31	.174	1.0			7.0			
TOT	5.9	28.5	12.3	21.0	217			
AVG	.190	0.9	1.1	10.5	7.0			21

0980

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) GNS # 3064D048E4

Bruce Ziglar — Signature of Lead Operator In Charge — 7-3-90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C C

(3) PLANT ADDRESS: 100 Clubhouse Blvd

(4) CITY: New Smyrna (5) COUNTY: Volusia PHONE NO. 904-428-3627

(6) PERMIT NUMBER: DO64L34622 (7) AVG FLOW MGD: .131 (8) DESIGN FLOW MGD: .270 (9) TYPE: E C

(10) MAX FLOW (MGD): .191 (11) POP SERVED: 1924 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 5.6

(16) TSS (mg/l) EFFLUENT: 5.0

(17) pH: 7.0 (18) TOTAL N mg/l: ____ (19) AMMONIA mg/l: ____ (20) NITRITE + NITRATE mg/l: ____ (21) TOTAL P mg/l: ____ (22) ORTHO P mg/l: ____ (23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE ____/____/____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc-Ponds

(29) PLANT STAFFING

LEAD OPERATOR ____ SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

C 6507

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.165	.8			7.0			
2	.174	.8			7.0			
3	.157	.5			7.0			
4	.093	.5			7.0			
5	.191	1.0			7.0			
6	.109	1.0			7.0			
7	.121	1.0	16.5	22	6.9			
8	.113	1.0			7.0			
9	.188	1.0			7.0			
10	.071	1.0			7.0			
11	.114	1.0			7.0			
12	.115	.5			7.0			
13	.132	.8			7.0			
14	.127	1.0			6.9			
15	.111	1.5			7.0			
16	.144	1.5			7.0			
17	.132	1.0			7.0			
18	.160	.5			7.0			
19	.112	4.0+			7.0			
20	.107	4.0+			7.0			
21	.155	.5	9.5	5.0	7.0			
22	.132	1.0			7.0			
23	.105	1.0			7.0			
24	.106	1.0			7.0			
25	.136	1.0			7.0			
26	.161	1.0			7.0			
27	.139	1.0			7.0			
28	.119	1.0			7.0			
29	.134	1.0			7.0			
30	.120	1.0			7.0			
31								
TOT	3.93	35.9	4.25	10.0	210			
AVG	.131	1.1	5.6	5.0	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) GNS # 306400454 Bret A Zigler 8-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C.
(3) PLANT ADDRESS: 100 Clubhouse Blvd.
(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
D064139622 .144 .220 II-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number
.217 1156

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
3.5 4.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID PPM
2.0 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM DNSTREAM
(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab
(28) TYPE EFFL DISPOSAL Evap-Perc-Ponds

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C650/

DER FORM 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.112	.1			7.0			
2	.114	.5			7.0			
3	.118	1.0			7.0			
4	.121	1.0			7.0			
5	.190	1.0	3.1	4.0	7.0			<1
6	.131	1.0			7.0			
7	.110	1.0			7.0			
8	.107	.8			7.0			
9	.101	.5			7.0			
10	.115	.8			7.0			
11	.139	.8			7.0			
12	.061	.5			7.0			
13	.152	.5			7.0			
14	.151	.5			7.0			
15	.145	.5			7.0			
16	.178	1.0			7.0			
17	.079	1.0			7.0			
18	.165	1.0			7.0			
19	.186	1.0			7.0			
20	.092	1.0			7.0			
21	.170	1.0			7.0			
22	.147	.8			7.0			
23	.152	.5			7.0			
24	.094	.8			7.0			
25	.196	.8	3.9	4.0	7.0			
26	.219	1.0			7.0			
27	.217	1.0			7.0			
28	.196	1.0			7.0			
29	.176	1.0			7.0			
30	.187	1.0			7.0			
31								
TOT	4.347	23.7	7.0	8.0	210			<1
AVG	.144	0.79	3.5	4.5	7.0			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) GMS # 3C64DC18854

Signature of Lead Operator In Charge — Date: 9-4-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C C.

(3) PLANT ADDRESS: 401 Clubhouse Blvd

(4) CITY: New Smyrna Beach. (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134622	0.124	270	FC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.217	1146	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.0	4.0

(17) PH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc-Ponds.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C6501

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.136	0.5			7.0			
2	.102	0.8			7.0			
3	.217	0.8	7.6	5.0	7.0			
4	.205	0.8			7.0			
5	.195	0.8			7.0			
6	.113	1.0			7.0			
7	.164	1.0			7.0			
8	.209	1.0			7.0			
9	.185	1.0			7.0			
10	.122	1.0			7.0			
11	.199	1.0			7.0			
12	.145	1.0			7.0			
13	.109	1.0			7.0			
14	.139	1.0			7.0			
15	.160	1.0			7.0			
16	.108	2.0			7.0			
17	.126	1.0			7.0			
18	.153	0.8			7.0			
19	.162	0.5			7.0			
20	.119	0.5			7.0			
21	.072	0.8			7.0			
22	.085	0.8	4.5	30	7.0			
23	.052	0.8			7.0			
24	.114	0.8			7.0			
25	.109	1.0			7.0			
26	.073	0.5			7.0			
27	.038	0.5			7.0			
28	.057	0.5			7.0			
29	.025	0.5			7.0			
30	.070	0.5			7.0			
31	.021	0.5			7.0			
TOT	3.85	25.2	12.1	8.0	217			
AVG	0.124	0.8	6.0	4.0	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month September Year 1990

(1) GDS # 3064D01854

Beth Zigler 9-30-90
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill C.C.

(3) PLANT ADDRESS: 401 Clubhouse Blvd

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8329

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO64134622	.088	.220	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.122	1160	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.1	7.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR ACSID ppm
7.0						85

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc-Ponds.

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C6501

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.068	1.0			7.0			
2	.070	1.0			7.0			
3	.110	1.0			7.0			
4	.071	1.0			7.0			
5	.075	1.0	5.0	6.0	7.0			
6	.114	1.0			7.0			
7	.090	1.0			7.0			
8	.080	1.0			7.0			
9	.080	1.0			7.0			
10	.074	1.0			7.0			
11	.082	.8			7.0			
12	.092	.5			7.0			
13	.098	.5			7.0			
14	.101	.5			7.0			
15	.122	.5			7.0			
16	.098	.5			7.0			
17	.092	.5			7.0			
18	.086	.8			7.0			
19	.099	.8	3.2	9.0	7.0			
20	.095	.8			7.0			
21	.086	1.0			7.0			
22	.085	1.0			7.0			
23	.109	1.0			7.0			
24	.078	1.0			7.0			
25	.082	1.0			7.0			
26	.109	1.0			7.0			
27	.091	1.0			7.0			
28	.118	1.0			7.0			
29	.068	1.0			7.0			
30	.085	1.0			7.0			
31								
TOT	2.663	26.2	8.2	15.0	210.0			
AVG	.088	0.8	4.1	7.5	7.0			

0870

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month October Year 90

(1) GNS # 306400485Y

Brett G Zeigler 11-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 86 Clubhouse Blvd

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134632	.092	.270	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.112	1160	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				8.25	13.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	1	.	.			

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc. Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-6501

DER Form 17-1.207(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.100	1.0			7.0			
2	.094	1.0			7.0			
3	.073	1.0			7.0			
4	.097	1.0	2.5	9	7.0			31
5	.101	1.0			7.0			
6	.089	1.0			7.0			
7	.079	1.0			7.0			
8	.111	0.[illegible]			7.0			
9	.096	0.[illegible]			7.0			
10	.102	0.8			7.0			
11	.099	0.5			7.0			
12	.088	1.0			7.0			
13	.092	1.0			7.0			
14	.111	1.0			7.0			
15	.090	1.0			7.0			
16	.100	0.6			7.0			
17	.095	0.6			7.0			
18	.081	0.9	19	17	7.0			
19	.087	0.5			7.0			
20	.090	0.5			7.0			
21	.104	0.5			7.0			
22	.084	0.5			7.0			
23	.088	0.8			7.0			
24	.102	1.0			7.0			
25	.087	1.0			7.0			
26	.093	1.0			7.0			
27	.085	0.5			7.0			
28	.089	0.5			7.0			
29	.083	0.5			7.0			
30	.101	0.5			7.0			
31	.089	0.8			7.0			
TOT	2.852	24.6	76.5	26	217			<1
AVG	.092	0.8	8.25	13	7.0			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month November Year 90

(1) DMS # 3064004854

Bret A Zigler 12-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 100 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134.22	0.099	.270	II-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.189	1160	[ ] Membrane Filter [ ] Most Probable Number

(11) COMMERCIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.9	4.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.5

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	. .			

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C 6501			

DER Form 17-6.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.099	1.0	3.9	8	7.0			
2	.128	1.0			7.0			
3	.164	1.0			7.0			
4	.189	1.0			7.0			
5	.176	0.6			7.0			
6	.141	0.5			7.0			
7	.109	0.5			7.0			
8	.133	0.5			7.0			
9	.122	0.5			7.1			
10	.113	0.8			7.0			
11	.104	0.8			7.0			
12	.118	1.0			7.0			
13	.128	1.0			7.0			
14	.148	1.0			7.0			
15	.107	1.0			7.0			
16	.138	1.0			7.0			
17	.088	1.0			7.0			
18	.158	1.0			7.0			
19	.173	1.0			7.0			
20	.183	1.0			7.0			
21	.083	1.0	4	41	7.0			
22	.122	1.0			7.0			
23	.076	1.0			7.0			
24	.120	1.0			7.0			
25	.096	0.5			7.0			
26	.085	0.5			7.0			
27	.094	1.0			7.0			
28	.086	1.0			7.0			
29	.017	1.0			7.0			
30	.080	1.0			7.0			
31								
TOT	2.90	24.5	7.7	9	210			
AVG	.099	0.8	3.9	4.5	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 90

(1) DER I.D. 3064004854

Signature of DWW Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugar Mill Country Club

(3) PLANT ADDRESS: 400 Clubhouse Blvd.

(4) CITY: New Smyrna Beach (5) COUNTY: Volusia PHONE NO. 904-427-8319

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D064134422	.105	.270	II-C

(10) MAX FLOW (MGD): .154 (11) POP SERVED: 1160 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	7.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.5

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Evap-Perc Ponds

(29) PLANT STAFFING

LEAD OPERATOR: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C 6501

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.103	1.0			7.0			
2	.108	1.0			7.0			
3	.109	1.0			7.0			
4	.103	1.0			7.0			
5	.123	1.0	5	6	7.0			
6	.089	1.0			7.0			
7	.073	1.0			7.0			
8	.068	0.8			7.0			
9	.060	0.5			7.0			
10	.070	1.0			7.0			
11	.095	1.0			7.0			
12	.127	1.0			7.0			
13	.100	1.0			7.0			
14	.137	1.0			7.0			
15	.084	1.0			7.0			
16	.131	1.0			7.0			
17	.122	1.0			7.0			
18	.084	1.0			7.0			
19	.148	1.0			7.0			
20	.076	1.0			7.0			
21	.055	1.0			7.0			
22	.119	1.0			7.0			
23	.132	1.0			7.0			
24	.108	1.0			7.0			
25	.126	1.0			7.0			
26	.059	0.8	<1	9	7.0			
27	.142	0.6			7.0			
28	.120	1.5			7.0			
29	.139	1.0			7.0			
30	.154	1.0			7.0			
31	.123	1.0			7.0			
TOT	3.256	30.8	26	15				
AVG	.105	0.9	23	12	7.0			

0873

Sugar Mill Woods - 989

Citrus County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0 9 P 0 5 4 9 9

Thomas P. Seager — 2-1-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SSU Services "Sugarmill Woods"

(3) PLANT ADDRESS: 7177 W. International Hwy

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0092158879	.260	.500	2.6

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.426	5950	[4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.88	1.95

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + (NITRATE) mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			1.94			1.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Rte Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: ⓪ C-3086 SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month January Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l) N Trate	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.289	1.7			6.6			
2	.315	1.4	10.5	2.41	6.6			
3	.207	1.4			6.7	2.0		<1
4	.230	1.5			6.6			
5	.241	1.2			6.6			
6	.241							
7	.296	1.4			6.7			
8	.292	1.5	8.26	1.51	6.7	1.3		
9	.293	1.5			6.7			
10	.208	2.0			7.2			
11	.277	2.0			7.2			
12	.454	1.5			7.2			
13								
14	.271	1.8			7.2			
15	.160	2.0	4.73	.65	7.2			
16	.196	1.0			7.2	2.2		
17	.373	1.1			7.2			
18	.325	1.0			7.2			
19	.472	1.5			7.2			
20								
21	.196	1.6			7.2			
22	.198	1.5	8.56	3.88	7.4	1.4		
23	.428	1.2			7.1			
24	.249	1.5			7.3			
25	.378	1.4			7.2			
26	.349	1.4			7.1			
27								
28	.240	1.6			7.1	1.8		
29	.246	1.5	2.74	.91	7.3			
30	.216	1.6			7.1			
31	.228	1.5			7.1			
101	.2014							
AVG	.260	1.6	6.88	1.95	7.1	1.94		<1

0874

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1991

(1) GMS # 09P054[illegible]

Thomas P. Beagle — 3-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services "Sugarmill Woods"

(3) PLANT ADDRESS: 7177 W. International Pl 0-3

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 29158829 .269 .500 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.340 5950

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 5.25

(16) TSS (mg/l) EFFLUENT: 2

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRATE mg/l: 2.9

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.2

(24) BOD (mg/l) UPSTREAM / DNSTREAM

TIME/DATE OF SAMPLE /

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8hr Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP 3086

DER Form 17-1.203(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL-N (mg/l) Nitrate	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.254	1.5			7.7			
2	.294	1.5			7.4			
3	.294							
4	.220	1.1			7.3			
5	.267	1.8	5	2	7.3	2.5		≤1
6	.300	1.1			7.3			
7	.209	1.2			7.2			
8	.197	1.5			7.9			
9	.247	1.8			7.8			
10	.287							
11	.287	2.0			7.9			
12	.240	1.8	8	3	7.9	5.5		
13	.236	1.9			7.9			
14	.247	1.6			7.9			
15	.297	2.0			7.9			
16	.287	2.0			7.9			
17	.262							
18	.262	1.5			7.9			
19	.284	1.9	2	1	7.9	3.0		
20	.276	1.5			7.9			
21	.317	2.0			7.9			
22	.206	1.5			7.9			
23	.278	1.6			7.9			
24	.295							
25	.285	2.0			7.9			
26	.292	2.5	5	2	7.9	1.5		
27	.295	2.1			7.9			
28	.276	1.5			7.9			
29								
30								
31								
TOT	7.523							
AVG	.269	1.7	5.25	2	7.9	2.9		≤1

Page 1 of 2

0875

0876

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) GMS # GFE054225

Signature of Lead Operator in Charge — Date: 4.1.91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: [illegible] "Sugarmill Woods"

(3) PLANT ADDRESS: 1 Bird Dog Ln.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-2500

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC09158879	.271	.500	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.372	5950	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
—	—			6.25	2.75

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			2.41			1.1

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	/					

(27) TYPE SAMPLE(S): 8hr Composit

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6) G-3086

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	µ Mole TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.317	2.0			7.3			
2	.250	2.5			7.3			
3	.251							
4	.251	2.4			7.3			
5	.195	2.5			7.7			
6	.291	2.5			7.3			
7	.249	2.0	9	5	7.3	7.7		<1
8	.226	2.5			7.7			
9	.180	2.5			7.3			
10	.227							
11	.223	2.0			7.6			
12	.241	2.5			7.8			
13	.235	2.6			7.1			
14	.254	2.4	4	2	7.7	5.4		
15	.269	1.5			7.7			
16	.255	1.6			7.7			
17	.278							
18	.258	1.1			7.7			
19	.272	1.5			7.3			
20	.305	1.1			7.3			
21	.274	1.8	4	2	7.9	2.5		
22	.261	1.8			7.8			
23	.313	2.0			7.3			
24	.117							
25	.281	2.0			7.7			
26	.248	2.5			7.3			
27	.192	2.4			7.3			
28	.182	2.4	5	2	7.3	.02		
29	.301	2.0			7.7			
30	.262	2.1			7.7			
31	.281							
101	8.393							
AVG	.271	2.1	6.25	2.75	7.5	2.91		4

0877

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

DPR

(1) GMS # 03805402

Thomas E Seager — 5-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SSU Services (Sugarmill Woods)

(3) PLANT ADDRESS: 1 Bird Dog La.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO291588 19 — .266 — .500 — 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.497 — 5950

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 9.5 (16) TSS (mg/l) EFFLUENT 5.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2			1.3			1.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM (25) DO (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8hr Composit

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

OC 1086

DER Form 17-1.203(7) Effective November 30, 1982

Month March Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l) Nitrate	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.281	2.0			7.3			
2	.279	1.8			7.2			
3	.259	1.8			7.3			
4	.349	2.2	7	4	7.1	.007		<1
5	.272	2.9			7.2			
6	.291	2.2			7.3			
7	.275							
8	.275	2.5			7.2			
9	.300	2.0			7.2			
10	.497	1.8			7.2			
11	.217	2.9	11	5	7.3	.083		
12	.292	2.5			7.2			
13	.283	2.4			7.2			
14	.253							
15	.253	2.6			7.3			
16	.289	2.1			7.2			
17	.276	2.5			7.2			
18	.244	2.6	6	4	7.3	2.025		
19	.269	2.5			7.3			
20	.282	2.2			7.3			
21	.241							
22	.241	2.9			7.3			
23	.296	2.2			7.2			
24	.211	1.5			7.1			
25	.255	1.8	14	9	7.2	7.02		
26	.242	2.5			7.2			
27	.302							
28	.302	1.5			7.1			
29	.235	2.0			7.2			
30	.235	1.8			7.1			
31								
TOT	7.969							
AVG	.266	2.0	9.5	5.5	7.2	1.3		<1

0878

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) GMS # 09F054599

Thomas P Lange — 6-5-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SSU Services (Sugarmill Woods)

(3) PLANT ADDRESS: 1 Third Day Ln.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0911288 19	.253	.500	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.423	5950	[4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				8.0	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			4.2			1.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: spray field

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

RD C-3086

DER FORM 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l) Nitrate	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.221	1.5			7.1			
2	.329	1.5	14	5	7.2	3.8		
3	.273	1.1			7.1			
4	.264	2.5			7.1			
5	.265							
6	.265	1.4			7.2			
7	.253	1.2			7.3			
8	.250	1.5			7.1			
9	.277	1.5	6	0	7.3	4.85		<1
10	.331	1.2			7.3			
11	.234							
12	.427	1.8			7.2			
13	.423	2.0			7.3			
14	.214	2.0			7.1			
15	.141	2.5			7.1			
16	.245	2.2	7	1	7.2	3.9		
17	.272	2.0			7.2			
18	.220	2.4			7.2			
19	.271							
20	.272	2.8			7.1			
21	.317	2.0			7.2			
22	.239	2.5			7.2			
23	.212	2.6	5	0	7.3	4.5		
24	.246	2.8			7.2			
25	.278	2.0			7.1			
26	.253							
27	.253	2.2			7.1			
28	.266	2.6			7.2			
29	.221	2.5			7.3			
30	.270	2.0			7.1			
31	.270	2.0			7.3			
TOT	7.829		39	6				
AVG	.253	2.2	8.3	1.5	7.2	4.2		<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) GMS # 09P054900

Thomas P Seeger — 7-1-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SSU Services (Sugarmill Woods)

(3) PLANT ADDRESS: 1 Bird Dog Ln.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-2500

(6) PERMIT NUMBER: 0229155679 (7) AVG FLOW MGD: .237 (8) DESIGN FLOW MGD: .500 (9) TYPE: 3.C

(10) MAX FLOW (MGD): .286 (11) POP SERVED: 5,950 (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4.9

(16) TSS (mg/l) EFFLUENT: .25

(17) pH: 7.1

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l: 1.7

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.9

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: sprayfield

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

TP 6-30-96

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	Nitrate TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.237	2.0			7.2			
2	.241							
3	.241	2.3			7.1			
4	.218	2.0			7.0			
5	.279	2.2			7.3			
6	.201	2.2	14	1	7.2	1.2		<1/100
7	.234	2.1			7.1			
8	.240	2.5			7.1			
9	.200							
10	.226	1.3			6.9			
11	.249	1.0			7.1			
12	.191	2.6			7.1			
13	.259	1.3	1.95	.10=1	7.2	2.5		
14	.205	2.2			7.2			
15	.212							
16	.188	2.2			7.0			
17	.287	2.5			7.1			
18	.226	1.2			7.1			
19	.249	1.0			7.1			
20	.225	1.3	1.6	.2=1	7.2	.5		
21	.240	1.4			7.1			
22	.245	1.5			7.2			
23	.228							
24	.229	1.5			7.2			
25	.259	1.6			7.0			
26	.236	1.9	2.2	.21	7.1	1.5		
27	.256	1.5			7.0			
28	.206	1.6			7.1			
29	.247	1.8			7.1			
30	.220	1.8			7.1			
31								
101	7.113							
AVG	.237	1.9	4.9	.25	7.1	6.7		<1

0879

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date July 1, 1991
DER Accession No. (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month July Year 1991
2) Plant's DER Identification Number
3) Plant Name Sugarmill Woods
4) Plant Address 1 Bird Dog La.
5) City Homosassa
6) County Citrus
7) Phone Number 904-795-2500
8) Permit Number FL0019588
9) Plant Type D-C
10) Test Site Identification Number
11) Fecal Coliform Sample Method
☑ Membrane Filter ☐ Most Probable Number < 1/100
12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation
13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable
14) Cumulative Days of Wet Weather Discharge N/A
15) Plant Staffing
Day Shift Operator Class C Cert. No. 3086
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Thomas P. Langer (Signature) C-3086 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.239
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.243
(19) Percent of permitted capacity	%	—	49%
(20) $CBOD_5$ Effluent	mg/L	080082	—
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	.17
(23) TSS Effluent	lbs/day	—	.34
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	1.75
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	.9
(32) Maximum Chlorine Residual	mg/L	—	2.6
(33) Other Effluent Parameters			
(34) BOD_5 EFF			2.1

DER Form 17-601(900)(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If issued by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 19 91

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.231	1.1						7.1					
.117	1.5						7.2					
.227	1.2						7.0					
.221	1.1						7.3					
.256	1.5				.5	0	7.2			1.0		
.222	1.5						7.3					
.259												
.260	1.6						7.0					
.244	1.4						7.3					
.267	1.1						7.2					
.257	1.2				4.2	.15	7.2			2.0		
.229	1.0						7.2					
.234	.9						7.1					
.252												
.257	1.6						7.2					
.266	1.9						7.3					
.282	2.0						7.2					
.209	2.5						7.3					
.203	2.0				.59	.42	7.1			.5	<1/ml	
.215	2.1						7.3					
.224												
.224	1.6						7.3					
.204	2.5						7.2					
.224	2.4						7.2					
.276	2.6				2.8	.05	7.3			3.5		
.241	1.8						7.2					
.289												
.290	2.6						7.2					
.172	1.8						7.1					
.280	2.2						7.1					
.216	2.5						7.2					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: Thomas P Seager Date: 8-2-91

Name (Please Type) Thomas P Seager

Company Name S.S.U. "Sugarmill Woods" Telephone No. (Please Type) (904) 382-4441

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month August Year 1991

Plant's DER Identification Number 09P05400

Plant Name Sugarmill Woods

Plant Address 1 Bird Dog Ln.

City Homosassa

County Citrus

Phone Number 904-782-2500

Permit Number DO 09 158879

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No. 3086

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Thomas P Seager (Signature) C-3086 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.234
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.237
(19) Percent of permitted capacity	%	—	47%
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	.05
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.9
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
34 BOD_5 EFF.			4.3
35 Fecal Coliform			<100

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No (if used in DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Aug. Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD 5 Day EFF
227	2.6					.037	7.3						3.8
.350	2.0						7.2						
.294	.5												
.262	.8						7.1						
.222	2.0						7.2						
.272	2.2						7.1						
.270	1.8						7.1						
.135	2.1					.05	7.2						2.6
.225	.5						7.0						
.226	2.5						6.8					<Vlod	
.202	.7						6.8						
.267	1.1						6.8						
.206	2.7						6.9						
.206	1.2						7.1						
.202	2.1					.09	7.0						6.4
.232							6.7						
.207	1.0												
.239	2.0						7.1						
.267	2.1						7.1						
.282	1.8						7.0						
.243	2.5						7.1						
.224	1.0					.01	7.2						5.2
.246							7.1						
.207	.8												
.226	2.5						7.7						
.250	2.5						7.3						
.240	2.6						7.3						
.250	2.1						7.1						
.212	1.2						7.3						
.241	1.0						7.0						
.177	.7						7.7						

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate

Signature: Thomas P. Seager Date: 9-3-91

(Please Type) Thomas P. Seager

Company Name SSU. Service: "Sugarmill Woods" Telephone No (Please Type) 904/382-4441

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month Sept. Year 1991

(2) Plant's DER Identification Number 09P05400

(3) Plant Name Sugarmill Woods

(4) Plant Address 1 Bird Dog La.

(5) City Homosassa

(6) County Citrus

(7) Phone Number 904-382-4441

(8) Permit Number DO 09158879

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spary Irrigation

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3086

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Thomas P Seaman (Signature) 03086 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.221
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.231
(19) Percent of permitted capacity	%	—	46
(20) $CBOD_5$ Effluent	mg/L	080082	1.2
(21) $CBOD_5$ Effluent	lbs/day	—	.1
(22) TSS Effluent	mg/L	900201	.4
(23) TSS Effluent	lbs/day	—	1
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	2.5
(33) Other Effluent Parameters			
TKN BOD EFF	mg/L		4

DER Form: 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application no. (if one is on file)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Sept. Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD 5 Day EFF.							
229	1.5						7.4													
269	1.6						7.1													
210	2.0						7.1													
196	1.8						7.0													
208	2.1					1	7.3			1.6			4							
241	1.9						7.4													
176																				
226																				
199	1.5						7.4													
239	2.2						7.3													
281	2.5						7.4													
213	2.0					0	7.6			1.0			4.6							
241	2.3						7.3													
230																				
229	1.0						7.7					Virus								
174	1.0						7.5													
263	1.4						7.5													
201	1.0						7.6													
204	1.6					0	7.4			1.5			3.9							
223	1.2						7.3													
239																				
240	1.0						7.7													
186	1.8						7.5													
231	1.9						7.7													
218	1.6					1.5	7.4			2.5			3.6							
220	2.1						7.5													
193	2.4						7.6													
235																				
236	2.0						7.4													
198	1.8						7.4													
6639	1.8					.4	7.4			1.4			4							

For 5 days - M-F only

(Operator) I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this report is true, complete and accurate.

Signature: Thomas P. Singer Date: 10-3-91

(Please Type) _____

Name: SSU Services "Sugarmill Woods" Telephone No. (Please Type) _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) EPA/State NPDES Identification Number 0990540 0

(3) Facility Name Saggamill Woods

(4) Facility Address 1 Red Dog Ln.

(5) City Kerrville

(6) County Kerr

(7) Telephone Number 924-382-4441

(8) Permit Number 000 9158829

(9) Facility Type 3-C

(10) Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

(13) Injected Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3086

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Thomas P. Sharp C-3086
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.227
(17) Permitted capacity	mgd	—	.508
(18) Three-month average daily flow	mgd	—	.287
(19) Percent of permitted capacity	%	—	45%
(20) $CBOD_5$ Effluent	mg/L	080082	3.25
(21) $CBOD_5$ Effluent	lbs/day	—	27
(22) TSS Effluent	mg/L	900201	2.0
(23) TSS Effluent	lbs/day	—	17
(24) Minimum pH		—	6.1
(25) Maximum pH		—	7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	71850	2.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	2.3
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month Oct. Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.274	1.6						7.4					
.253	2.2						7.3					
.196	2.3		69	112	2	2	7.4			5.0		
.263	1.2						7.7					
.423	1.0											
							7.5					
.341	1.4						7.5					
.231	1.5						7.6					
.233	1.1		98	21	2	1	7.4			1.5		
.233	1.2						7.6					
.202	1.3						7.6					
.245												
.245	1.0						7.4					
.165	1.3						7.4					
.231	1.5		201	20	8	1	7.6			2.0		<1/100
.232	1.4						7.4					
.211	1.6						6.8					
.283	1.8						6.8					
.216												
.216	1.2						7.0					
.183	1.8						7.4					
.242	1.9						7.6					
.220	1.9						7.5					
.215	2.2						7.4					
.243	1.0		71	30	1	4	7.6			1.0		
.266												
.260	1.0						7.9					
.185	1.6						7.6					
.240	1.8						7.0					
.252	2.1						6.9					
.216	2.0						6.1					

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate.

ed: Thomas P. Seager Date: 11-11-91

ne (Please Type) Thomas P. Seager

ıpa... ame S.E.O. Services, Inc. Telephone No. (Please Type) 1/904/382-4441

DER Form No. 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Place in the DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month: November Year: 1991

(2) Plant's DER Identification Number: 09P05400

(3) Plant Name: Sugarmill Woods

(4) Plant Address: 1 Bird Dog La.

(5) City: Homosassa

(6) County: Citrus

(7) Phone Number: 904-382-4441

(8) Permit Number: D 09 9158879

(9) Plant Type: _____

(10) Treatment Site Identification Number: _____

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Spray Irrigation

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge: _____

(15) Plant Staffing
Day Shift Operator Class: C Cert. No. 3086
Evening Shift Operator Class: _____ Cert. No. _____
Night Shift Operator Class: _____ Cert. No. _____
Lab Operator: Thomas P Logan C-3086
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.247
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.232
(19) Percent of permitted capacity	%	—	49%
(20) $CBOD_5$ Effluent	mg/L	080082	2.1
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.5
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	2.4
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	2.6
(33) Other Effluent Parameters			
Fecal		<	1/100

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Page 1 of 3)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month November Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.226	1.2		85.5		.7	2.0	7.1			4.0		
.287	1.0						7.9					
.211												
.241	1.4						7.6					
.259	1.9						7.6					
.266	1.7		141		4.2	1.8	7.4			7.0		
.295	1.5						7.5					
.277	1.1						7.4					
.277												
.278	1.0						7.9					
.301	1.2						7.8					<100
.287	1.0						7.6					
.240	1.1						7.3					
.212	1.0						7.1					
.244	1.6		107		2.4	0	7.6			1.5		
.258												
.258	1.2						7.9					
.280	1.2						7.4					
.251	1.1						7.0					
.241	1.8						7.3					
.254	1.7						7.4					
.254	1.4		128		1	2.2	7.4			2.0		
.254							7.4					
.256	1.1											
.182	1.5						7.8					
.267	2.6						7.7					
.279	1.1						7.8					
.276	1.0						7.2					
.275	1.1						7.6					
.300	1.2						7.8					

Total Nitrogen 1.5 / 0.15

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: Thomas P. Seager

Name (Please Type) Thomas P. Seager

Company Name S.S.U. Services, Inc.

Date: December 9, 1991

Telephone No. (Please Type) 904-382-4441

DER Form 17-601.900(3)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1989
DER Application No. _____ (Page # in DER _____)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

1) Month December Year 1991

2) Plant's DER Identification Number 09P05400

3) Plant Name Sugarmill Woods

4) Plant Address 1 Bird Dog Ln.

5) City Homosassa

6) County Citrus

7) Phone Number 904-382-2500

8) Permit Number D009158879

9) Plant Type 3 C

10) Test Site Identification Number _____

11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

Spray Irrigation

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

14) Cumulative Days of Wet Weather Discharge _____

15) Plant Staffing

Day Shift Operator Class C Cert. No. 3086

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Thomas P. Sanger (Signature) C-3086 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.248
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	—	.241
(19) Percent of permitted capacity	%	—	49%
(20) BOD_5 Effluent	mg/L	080082	7.6
(21) BOD_5 Effluent	lbs/day	—	16.9
(22) TSS Effluent	mg/L	900201	2.3
(23) TSS Effluent	lbs/day	—	4.76
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	1.5
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			
(34) Fecal			< 1/100
BOD INF.	mg/L		153
TSS INF.	mg/L		47

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DER Form 17-601(8)(07)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Please Print or Type)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month December Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	$^{*}BOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.362	1.2						7.6					
.203	1.2						7.5					
.211	1.5		42	21	9	3	7.5			1.5		<4/100
.245	1.0						7.0					
.257	1.8						7.6					
.257	1.1						7.7					
.249												
.249	1.0						7.5					
.210	3.5		230	20	10	2	7.4					
.203	2.2						7.2			1.0		
.644	1.8						7.7					
.616	1.4						7.7					
.245	1.4						6.9					
.257												
.253	2.0						7.4					
.196	2.1		174	98	4	2	7.5					
.242	1.9						7.2			3.0		
.255	1.8						7.3					
.627	1.4						7.2					
.254	1.6						7.4					
.667												
.668	3.5						7.6					
.190	1.2		165	50	7.3	2	7.5					
.624	2.6						7.7			.5		
.708	1.5						7.4					
.191	2.4						7.6					
.289	2.6						7.4					
.241												
.272	1.3						7.6					
.186	1.1						7.6					
.297	1.6						7.5					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Thomas P. Seuger Date: 1-5-92

Name (Please Type): Thomas P. Seuger

Company Name: S.S.U. Services, Inc. Telephone No. (Please Type) 904-782-2500

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0910540

Thomas P Reagan
Signature of Lead Operator in Charge

2-2-90
Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7177 W. Interontinental Ct.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4644

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0041564 .270 .500 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[x] Membrane Filter
[ ] Most Probable Number

.514 5,855

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

5.76 1.96

(17) pH 7.06 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l 2.68 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.74

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 8hr Composite (28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-305: (E)

DER Form 17-1.205(7) Effective November 30, 1982

Month January Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.308	1.0			7.1	2.9		
2	.442	1.0			7.0			
3	.207	1.0			7.1			
4	.256	1.0	6.6	2	7.2			
5	.257	2.5			7.1			
6								
7	.500	1.0			7.1			
8	.176	1.2			7.1	2.0		
9	.277	1.0			7.1			
10	.324	1.0	3.8	>1	7.0	2.0		
11	.257	1.0			7.0			
12	.273	1.0			7.0			
13	.221	1.0			7.2			
14								
15	.468	3.0			7.1			
16	.277	2.5			7.1	2.0		
17	.514	2.5	4	3	7.0			
18	.285	2.5			7.1			
19	.202	2.5			7.1			
20	.269	2.5			7.1	2.5		
21								
22	.464	2.5			7.0	2.8		
23	.270	2.5			7.1			
24	.264	2.5	8.4	2.8	6.9			<1
25	.250	2.0			7.0	2.0		
26	.261	2.5			7.1	2.5		
27	.581	2.5			7.0			
28								
29	.233	2.5			7.1			
30	.274	2.5	2	>1	7.1	2.5		
31	.205	2.5			7.0			
TOT	8,260							
AVG	.270	2.94	5.76	1.96	7.06	2.48		<1

0893

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0980540

Thomas P. Seager — 3-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities / Sugarmill Woods

(3) PLANT ADDRESS: 7177 W. International Ct. U-3

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0031569	.260	.500	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.390	5855	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				6.48	2.68

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0			4.7			3.5+

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8hr. composit

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: C-3086 (RG) SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.303(7) Effective November 30, 1982

(30) Month Feb. Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	Nit. TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.658	3.5+			7.0			
2	.379	3.5			7.1			
3	.416	3.5			7.0			
4								
5	.251	3.5						
6	.293	3.5	12.9	5.0	7.1	3.8		
7	.226	3.5			7.0			<1
8	.297	3.5			7.1			
9	.415	3.5			7.1			
10					7.1			
11	.351	3.5						
12	.471	3.5	6.8	2.7	7.0			
13	.780	3.5			7.1	5.0		
14	.207	3.5			7.0			
15	.169	3.5			7.0			
16	.270	3.5			7.2			
17	.640	3.5			7.0			
18					7.1			
19	.354	3.5						
20	.246	3.5	4.5	<1	7.1			
21	.190	3.5			7.0	4.0		
22	.241	3.5			6.8			
23	.615	3.5			6.9			
24					6.9			
25	.200	3.5						
26	.189	3.5	2.6	<1	7.0			
27	.231	3.5			6.9	3.8		
28	.215	3.5			7.0			
29					7.1			
30								
31								
TOT	7.140.							
AVG	.260	3.5+	6.48	2.68	7.0	4.3		<1

0894

0895

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0900540

Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7177 W International Cr. Hwy

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0225135627 .239 .500 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number

.459 1855

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 6.24

(16) TSS (mg/l) EFFLUENT 4.45

(17) pH 6.7

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l 6.7

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 3.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) S.H. Composite

(28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR (FT) SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month March Year 96

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l) N.1.	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.265	3.5+			6.8	5.3		
2	.429	3.5			6.9			
3	.437	3.5			6.8			
4								
5	.277	3.5	12	6	6.9			
6	.455	3.5			7.0			<1
7	.277	3.5			6.9			
8	.269	3.5			7.0	5.5		
9	.407	3.5			6.8			
10								
11	.188	3.5			6.9			
12	.222	3.5	5.6	2.8	7.1	6.9		
13	.264	3.5			7.0			
14	.454	3.5+			7.0			
15	.208	3.5			6.8			
16	.525	3.5			6.8			
17								
18	.249	3.5			7.1			
19	.252	3.5	3.11	<1	7.1	5.0		
20	.186	3.5			7.0			
21	.289	3.5			7.1			
22	.309	3.5			7.0			
23	.498	3.5			7.0			
24								
25	.287	3.5			6.8			
26	.264	3.5	4.93	8	7.1	5.0		
27	.291	3.5			7.0			
28	.147	3.5			7.2			
29	.202	3.5			7.1			
30	.462	3.5			7.2			
31								
TOT	7397							
AVG	.239	3.5	6.24	4.45	6.9	5.3		<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0910540

Thomas E. Lacy — 5-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7122 W Internationl Hy US 3

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER: FLA012562 (7) AVG FLOW MGD: .217 (8) DESIGN FLOW MGD: .500 (9) TYPE: 3C

(10) MAX FLOW (MGD): .298 (11) POP SERVED: 1762 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 3.23

(16) TSS (mg/l) EFFLUENT: 3.42

(17) pH: 7.2

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l: 4.15

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm: 1.9

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: / /

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): 8 Hr. Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night): 6-2086 B

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month April Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.298	2.5			7.0	5.5		
3	.257	3.0			6.8			
4	.293	3.0	2.35	> 1	7.0			< 2
5	.239	2.5			7.1			
6	.210	3.0			7.0	3.5		
7	.225	1.5			6.9			
8								
9	.563	1.0			6.9	5.0		
10	.196	1.0			7.0			
11	.215	.8	3.5	6.5	7.1			
12	.261	1.4			7.0			
13	.228	1.4			7.0			
14	.251	1.4			6.9	4.5		
15								
16	.497	1.0			6.9			
17	.250	3.0			7.1	3.5		
18	.221	1.5	4.8	5	7.2			
19	.209	1.5			7.2			
20	.232	.5			7.0			
21	.253	.8			7.0			
22								
23	.170	1.0			7.1			
24	.224	1.5			7.1			
25	.254	2.0	2.25	< 1	7.2			
26	.233	1.8			7.1			
27	.233	3.5			7.1			
28	.105	3.0			7.0			
29	.224	2.5			7.0			
30	.198	1.0			7.0	3.5		
31								
TOT	6507							
AVG	.217	1.9	3.63	3.45	7.0	4.25		< 2

Page 1 of 2

9680

0897

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DMS # 02E054000

Thomas E Lange — 5-1-96
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7122 W Interstate 44 Dr

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER: FL0025623 (7) AVG FLOW MGD: .215 (8) DESIGN FLOW MGD: .500 (9) TYPE: 36

(10) MAX FLOW (MGD): .346 (11) POP SERVED: 5450 (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: ____

(15) BOD (mg/l) EFFLUENT: 1.71

(16) TSS (mg/l) EFFLUENT: 1.35

(17) pH: 6.8

(18) TOTAL N mg/l: ____

(19) AMMONIA mg/l: ____

(20) NITRITE + NITRATE mg/l: 4.6

(21) TOTAL P mg/l: ____

(22) ORTHO P mg/l: ____

(23) CHLOR RESID ppm: 1.5

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S): 8 Hr. Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR (10) SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-3986

DER Form 17-1.203(7) Effective November 30, 1982

(30) Month May Year 1996

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.160	1.6			7.2			
2	.248	1.5			7.0			
3	.176	1.6	2.45	2.54	6.9	5.5		
4	.212	1.5			7.1			
5	.418	1.3			7.0			
6	.300							
7	.346	2.6			6.9			23
8	.215	1.8			6.9			
9	.203	1.2			6.8			
10	.217	2.2	1.63	.85	7.0	4.5		
11	.280	1.8			7.0			
12	.379	1.5			6.9			
13								
14	.199	1.2			6.8			
15	.181	1.4			7.0			
16	.181	1.8	.30	.22	7.2	5.5		
17	.136	1.4			7.1			
18	.217	1.2			6.9			
19	.238	1.0			7.0			
20								
21	.250	1.2			6.9			
22	.151	1.4			6.4			
23	.220	1.6			7.0			
24	.252	1.5	1.95	1.80	7.0	4.2		
25	.204	1.5			7.0			
26	.424	1.8			7.0			
27								
28	.129	1.2			6.9			
29	.187	1.0			6.8			
30	.186	1.5			6.9	3.5		
31	.197	1.3			7.1			
TOT	6654							
AVG	.215	1.5	1.71	1.35	6.8	4.6		23

0898

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 099805400

Thomas P. Singer (1-328)
Signature of Lead Operator in Charge — Date 7-2-92

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7177 W International Cr. Cr 3

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

099812562.7 .201 .500 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[✓] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 1.66

(16) TSS (mg/l) EFFLUENT 1.0

(17) pH 6.98

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l 3.66

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm 1.5

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE 1

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) 5 Hr. Composite

(28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR / SHIFT 1 (Day) / SHIFT 2 (Evening) / SHIFT 3 (Night)

ES/C3086

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month June Year 1992

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	186	12			69			
2	391	15			70			
3								
4	210	16			71			
5	186	18	1.93	C	70	3.5		
6	193	8			70			
7	228	16			70			
8	208	10			71			
9	348	11			70			
10								
11	235	10			69			
12	380	20	.93	.002	70	5.5		
13	165	18			68			
14	185	15			69			
15	207	18			70			
16	344	15			71			
17								
18	198	1.2			70			
19	198	3.5	2.85	1.85	71	3.5		<2
20	152	2.0			70			
21	203	1.2			69			
22	289	1.6			70			
23	326	.5			69			
24								
25	210	12			69			
26	227	15	1.12	.74	68			
27	199	15			70			
28	186	16			70			
29	247	14			70	.55		
30	320	14			71			
31								
TOT	6039							
AVG	201	1.5	1.66	.60	6.98	3.26		<2

Page 1 of

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0900054000

Thomas P Boggs — 8-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7177 W Intercontinental Ct @ 13

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0018562 . .500 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number

.814 5,952

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

2.91 2.41

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

6.9 2.6 1.4

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) 8 Hr. Composite (28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-7086 (3)

DER FORM 17-1.205(7) Effective November 30, 1982

Month July Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l) Nitrate	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.665	1.6			7.0			
3	.629	1.2	4.85	6.40	6.8	5.5		
4	.695	1.5			6.9			
5	.168	1.5			6.9			
6	.709	1.6			6.8			
7	.135	1.5			6.7			
8								
9	.407	1.2			6.9			
10	.699	1.4	.66	.55	6.9	14		
11	.485	1.6			6.8			
12	.149	1.5			6.9			
13	.279	1.5			6.9			
14	.179	1.8			7.1			
15								
16	.449	1.5			6.8			>1600
17	.473	1.4	1.82	.92	6.7	.6		
18	.401	1.0			7.0			
19	.115	1.2			6.8			
20	.814 2	1.9			7.0			
21	.469	1.8			6.9			
22	.448							
23	.459	1.5			6.9			
24	.558	1.6	3.92	1.72	6.9	.55		
25	.230	1.4			6.9			
26	.457	1.1			6.9			
27	.273	1.0			6.9			
28	.298	1.5			6.9			
29								
30	.569 2	1.6			6.8			
31	.262	1.2			6.9			
TOT	8.259							
AVG	.266	1.4	2.81	2.41	6.9	2.6		>1600

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0899

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 0990054000

Thomas P. Seager — 9-4-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities - Sugarmill Woods

(3) PLANT ADDRESS: 7177 W. Internationl Ct. US 3

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0099135627	.266	.500	36

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.492		[M] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION

Ind Flow MGD	BOD lb/d	TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.53

(16) TSS (mg/l) EFFLUENT: 2.49

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9			1.51			1.1

(24) BOD (mg/l)

UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE
		/

(25) DO (mg/l)

UPSTREAM	DNSTREAM

(26) EFFLUENT

PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): 8 Hr. Composite

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
RC 7086			

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month Aug Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	N, Nitrate TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.355	1.1			6.8			
2	.180	2.0			6.7			
3	.348	—			6.7	1.55		
4	.349	1.0			6.9			
5	.250							
6	.455	1.5			6.8			
7	.375	1.2	2.58	.88	6.9			
8	.186	1.1			6.8			
9	.244	1.3			7.0			
10	.274	1.0			6.9	1.25		
11	.470	1.0			6.8			
12								
13	.257	.6			6.9			
14	.250	1.9	.80	1.38	6.9			
15	.244	1.1			6.7			<2
16	.267	1.0			7.0			
17	.255	.9			6.9	1.75		
18	.270	.8			6.9			
19	.250							
20	.250	.6			6.9			
21	.226	.8	5.60	6.96	6.9	1.50		
22	.391	2.5			7.0			
23	.213	.9			6.9			
24	.245	1.0			6.8			
25	.492	1.0			6.9			
26								
27	.265	1.2			6.8			
28	.472	1.1	6.14	.74	7.1	1.50		
29	.255	1.0			6.9			
30	.450	1.7			6.9			
31	.256	1.0			6.8			
TOT	8.620							
AVG	.266	1.1	2.53	2.49	6.9	1.51		<2

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0060

0901

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month 8qt Year 1992

(1) GMS # 29125432

Thomas F Seagraves — 10/1/92
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities "Sugarmill Woods"

(3) PLANT ADDRESS: 7172 W. Interconnect Ct. W.J

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904 382-4441

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0009158879	.252	.500	3.6

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.500	4,250	[4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				2.89	3.11

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8			2.71			1.2

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): 8hr Composit

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR (.3086 P) SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l) NITRATE	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.423	1.2			6.7			
3	.390	1.1			6.8			
4	.183	1.0	3.74	.98	6.7			
5	.101	1.0			6.8	2.8		
6	.478	1.1			6.9			
7	.239	1.2			6.9			
8	.164	1.2			7.0			
9								
10	.500	1.1			6.8			
11	.115	1.5	.97	7.82	6.7	144		≤ 2
12	.166	1.2			6.7			
13	.469	1.0			6.7			
14	.142	.8			6.8			
15								
16	.441	1.0			6.9			
17	.158	1.1	1.80	7.60	7.0			
18	.153	1.8			6.6	2.5		
19	.247	1.6			6.5			
20	.100	1.8			6.7			
21	.213	1.6			6.9			
22	.465	1.0			7.0			
23								
24	.647	1.4			6.7			
25	.178	1.2	5.54	4.02	6.7	2.55		
26	.175	1.1			6.8			
27	.161	1.5			6.9			
28	.239	1.1			6.9			
29	.434	1.0			6.8			
30								
31								
TOT	7522							
AVG	.252	1.2	2.89	3.11	6.8	2.31		≤ 2

'Our File

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 1990

(1) GHS # 0990540900

Thomas P Seager 11.2.90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sugarmill Woods "S.S.U. Services"

(3) PLANT ADDRESS: 1 Bird Dog La.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904 382 4441

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0209158829 .264 .500 E-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number

.370 4,250

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 4.78 (16) TSS (mg/l) EFFLUENT 3.93

(17) pH 6.8 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l 2.41 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.2

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

/ / 1

(27) TYPE SAMPLE(S) 24hr. Composite (28) TYPE EFFL DISPOSAL Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

[signature] 6 2026

DER FORM 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	µ1wk TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.268	1.0			67			
2	.326	1.1	8.20	1.23	67			
3	.267	1.4			68	3.55		
4	.268	1.5			67			
5	.370	1.4			69			
6	.363	1.6			70			
7								
8	.282	1.5			70			
9	.330	1.1	2.86	3.80	67	6.4		
10	.161	1.2			66			
11	.219	1.1			67			
12	.279	1.5			70			
13	.278	1.6			70			
14	.200							
15	.256	1.9			66			
16	.254	1.5			68	5.5		>1600
17	.311	1.4	4.50	4.58	67			
18	.306	1.2			69			
19	.287	1.4			69			
20	.319	1.4			69			
21	.276							
22	.250	.8			68			
23	.359	1.2	3.55	6.12	68	6.8		
24	.259	1.0			69			
25	.240	1.0			70			
26	.277	1.2			68			
27	.272	1.0			69			
28	.252							
29	.284	1.6			67			
30	.334	1.5			69			
31	.305	1.4			70			
101	8.158							
AVG	.264	1.3	4.78	3.93	6.8	<4.1		>1600

0902

0903

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov Year 1990

(1) GMS # 09005400

Thomas P Sager — 12-3-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services "Sugarmill Woods

(3) PLANT ADDRESS: 3177 W. Enterprise Ct. U.S.

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4491

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0097158879	.294	.500	3.6

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.516	5,950	[x] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.89	.89

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.7			2.15			4.3

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Flow Composit

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-1086

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~TOTAL N~~ Nitrate (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.261	1.1			6.7			
2	.356	1.5			6.8			
3	.361	1.4			6.7			
4	.350							
5	.516	1.0			6.7	1.5		
6	.240	1.1	1.60	.016	6.6			
7	.307	1.0			6.7			
8	.290	1.0			6.7			<2
9	.440	1.5			6.7			
10	.441	1.8			6.9			
11	.484							
12	.450	1.4			6.7			
13	.467	1.0	4.80	1.40	6.7	2.6		
14	.438	1.0			6.6			
15	.223	1.1			6.8			
16	.424	1.0			6.8			
17	.395	1.0			6.9			
18	.393							
19	.418	1.4			6.8	2.0		
20	.463	1.4	6.44	.90	6.6			
21	.496	1.9			6.7			
22	.426	2.0			6.6			
23	.391	1.7			6.7			
24	.345	1.2			6.6			
25	.450							
26	.420	1.0			6.7			
27	.301	1.2	2.92	1.64	6.6	2.5		
28	.270	1.5			6.6			
29	.316	1.8			6.7			
30	.307	1.1			6.8			
31								
TOT	8.819							
AVG	.294	1.3	3.89	.89	6.7	2.15		<2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 0910254002

Thomas P Beaver — 1-2-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SSU. Services "Sugarmill Woods"

(3) PLANT ADDRESS: 7177 W. International Ct. U.S

(4) CITY: Homosassa (5) COUNTY: Citrus PHONE NO. 904-382-4441

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO09158879	.283	.500	3.6

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.349	5,950.	[4] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
N/A				8.39	1.97

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) ~~NITRATE~~ NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.6			1.8			1.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
N/A		/					

(27) TYPE SAMPLE(S): 8h. Composit

(28) TYPE EFFL DISPOSAL: Spray Irrigation

(29) PLANT STAFFING

LEAD OPERATOR: B C-7086 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.205(7) Effective November 30, 1982

Month December Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	~~NITRATE~~ (mg/l) Nitrate	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.297	1.0			6.6			
2	.292							
3	.247	1.5	12.58	2.4	6.6			
4	.319	1.0			6.6	1.0		
5	.298	2.5	--		6.5			
6	.310	1.1	--		6.5			≤1
7	.273	1.1			6.7			
8	.294	1.0						
9	.284				6.6	1.8		
10	.310	1.2			6.6			
11	.335	1.3	7.40	.96	6.6			
12	.277	1.0			6.7			
13	.619	1.4			6.6			
14	.329	1.2			6.7			
15	.299	1.2						
16	.289				6.7	1.4		
17	.281	1.2			6.6			
18	.295	1.3	2.82	1.37	6.8			
19	.349	1.5			6.6			
20	.339	1.3			6.7			
21	.296	1.2						
22	.296				6.7	1.5		
23	.282	1.5			6.7			
24	.297	1.6			6.7			
25	.304	1.6	9.74	2.16	6.6			
26	.331	1.8			6.6			
27	.249	1.8			6.7			
28	.247	1.6			6.6			
29	.299	1.0			6.6			
30	.289							
31	.296	1.3			6.6	1.5		
TOT	8.769							
AVG	.283	1.4	8.39	1.97	6.6	1.3		≤1

Page 1 of 2

0904

Sunny Hills Utilities - 28001

Washington County (UFU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 1067X1014Q

JANUARY - 1991
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES Blvd.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO67-183836	.025	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC Pond

(29) PLANT STAFFING

LEAD OPERATOR: B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

EFFECTIVE NOVEMBER 30, 1982

Month JANUARY Year 91

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.024	0.9			7.3			
2	.024	0.9			7.3			
3	.021	0.8			7.4			
4	.027	0.8			7.3			
5	.028							
6	.024	1.0			7.4			
7	.022	0.9			7.3			
8	.022	0.8			7.2			
9	.024	0.9			7.3			
10	.021	0.9			7.2			
11	.024	0.9	3	3	7.3			
12	.025							
13	.021	0.7			7.3			
14	.021	0.7			7.3			
15	.028	0.6			7.3			
16	.022	0.7			7.3			
17	.021	0.6			7.3			
18	.027	0.6			7.3			
19	.027							
20	.023	0.7			7.3			
21	.022	0.7			7.2			
22	.021	0.8			7.3			
23	.025	0.7			7.2			
24	.010	0.7			7.3			
25	.021	0.6	3	4	7.3			
26	.021							
27	.030	0.6			7.2			
28	.022	0.7			7.1			
29	.034	0.7			7.2			
30	.028	0.7			7.3			
31	.030	0.8			7.2			
101	.767	20.1	6	7	124.4			
AVG	.025	0.7	3	4	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1087X10140

Harold Register — February-1991
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO67-183836	.022	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.027		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	13

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
GRAB	EVAP/PERC Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-2521

DER Form 17-1.205(7) Effective November 30, 1982

Month February Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.027	0.8			7.2			
2	.027							
3	.023	0.7			7.1			
4	.024	0.6			7.2			
5	.021	0.7			7.2			
6	.025	0.6			7.2			
7	.022	1.0			7.2			
8	.022	1.0	3	8	7.3			
9	.022							
10	.021	1.0			7.2			
11	.024	1.2			7.2			
12	.022	0.9			7.3			
13	.024	0.8			7.3			
14	.022	0.9			7.3			
15	.021	0.8			7.3			
16	.020							
17	.023	1.0			7.3			
18	.022	2.0			7.3			
19	.020	1.0			7.2			
20	.021	0.5			7.2			
21	.021	0.6			7.2			
22	.022	0.7			7.2			<2
23	.023							
24	.021	0.9			7.3			
25	.019	1.4			7.2			
26	.019	1.0			7.3			
27	.024	0.9	3	18	7.3			
28	.020	0.9			7.2			
29								
30								
31								
TOT	.625	22.3	6	26	173.7			<2
AVG	.022	0.8	3	13	7.2			<2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1087X10140 Month March Year 1991

Harold Royster — MARCH - 1991
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: CABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0067-183836 .022 .050 2C

(10) MAX FLOW (MGD) .037 (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 7.5
(16) TSS (mg/l) EFFLUENT: 1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC POND

(29) PLANT STAFFING

LEAD OPERATOR: B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM ...(/100 ml)
1	.037	0.6			7.1			
2	.036							
3	.022	0.7			7.2			
4	.021	0.9			7.3			
5	.022	0.8			7.3			
6	.022	0.9			7.3			
7	.023	1.0			7.2			
8	.020	1.2	8	1	7.3			
9	.020							
10	.021	1.3			7.4			
11	.017	0.9			7.2			
12	.023	2.2			7.4			
13	.017	1.5			7.2			
14	.021	1.0			7.3			
15	.022	0.9			7.1			
16	.022							
17	.026	1.8			7.2			
18	.021	1.0			7.1			
19	.020	0.9			7.2			
20	.019	0.8	7	1	7.1			
21	.023	0.9			7.2			
22	.025	1.1			7.1			
23	.025							
24	.019	1.0			7.2			
25	.020	1.0			7.2			
26	.021	1.0			7.3			
27	.020	0.8			7.2			
28	.024	0.9			7.2			
29	.022	0.9			7.1			
30	.023							
31	.019	0.8			7.3			
TOT	.692	26.2	15	2	137.7			
AVG	.022	1.0	7.5	1	7.2			

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8060

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1087X10140

Harold Regiator — April - 1991
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0178836	.022	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.034		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC POND

(29) PLANT STAFFING

LEAD OPERATOR: B2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month April Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.021	1.5			7.1			
2	.023	0.5			7.0			
3	.021	1.2			7.1			
4	.021	1.1			7.2			
5	.021	1.0			7.2			
6	.021							
7	.020	0.8			7.1			
8	.024	0.9			7.1			
9	.026	0.8			7.1			
10	.021	0.9			7.2			
11	.022	0.8		1	7.1			
12	.023	1.1			7.2			
13	.021							
14	.021	1.1			7.1			
15	.023	0.9	6.7		7.0			
16	.020	1.2			7.0			
17	.021	1.5			7.0			
18	.022	1.8			7.0			
19	.022	1.0			6.9			
20	.023							
21	.020	0.7			7.0			
22	.021	1.0			7.1			
23	.021	1.8			7.1			
24	.020	0.9		1	7.1			
25	.026	2.1			7.1			
26	.028	0.9			7.1			
27	.028							
28	.021	0.6			7.2			
29	.022	0.8	*		7.0			
30	.023	0.7			7.1			
31								
TOT	.677	27.4	13.7	2	184.1			
AVG	.022	1.1	7	1	7.1			

6060

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1087X10140

Harold Register — MAY - 1991
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES BLVD

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0671838 36	.022	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.029		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.45	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/PERC POND

(29) PLANT STAFFING

LEAD OPERATOR: B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month MAY Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (#/100 ml)
1	.022	0.7			7.2			
2	.029	0.8			7.3			
3	.020	1.0			7.2			
4	.020							
5	.022	0.9			7.3			
6	.022	1.0			7.1			
7	.020	0.9			7.2			
8	.020	0.7		1	7.1			
9	.023	0.6			7.2			
10	.024	0.9			7.3			
11	.025							
12	.019	0.7			7.2			
13	.020	0.9	4.2		7.2			
14	.024	0.8			7.3			-2
15	.021	0.9			7.3			
16	.018	1.0			7.2			
17	.021	0.9			7.3			
18	.021							
19	.025	1.0			7.2			
20	.025	0.9			7.3			
21	.024	1.0			7.2			
22	.023	0.5			7.3			
23	.024	0.8		1	7.4			
24	.024	0.9			7.3			
25	.025							
26	.023	0.6			7.2			
27	.025	0.8	4.7		7.3			
28	.021	0.9			7.2			
29	.021	1.0			7.3			
30	.021	1.0			7.2			
31	.018	0.8			7.1			
TOT	.690	22.7	8.9	2	195.4			-2
AVG	.022	0.8	4.45	1	7.2			-2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GHS # 1687X10140

Harold Register — JUNE-1991
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunny Hills Utilities

(3) PLANT ADDRESS: Gables Blvd.

(4) CITY: Sunny Hills (5) COUNTY: Washington PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
De6718836	.022	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.033		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.95	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Evap/Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: B2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month JUNE Year 1991

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (---/100 ml)
1	.019							
2	.023	0.9			7.2			
3	.019	1.0			7.3			
4	.021	1.1			7.2			
5	.019	0.9	4.09	1.	7.3			
6	.019	1.0			7.3			
7	.019	1.1			7.2			
8	.019							
9	.019	0.9			7.3			
10	.022	0.8			7.2			
11	.016	0.8			7.3			
12	.024	1.0			7.1			
13	.017	1.1			7.1			
14	.019	1.0			7.2			
15	.020							
16	.019	0.8			7.3			
17	.019	0.9			7.2			
18	.024	1.0			7.3			
19	.020	1.1			7.2			
20	.021	1.0			7.3			
21	.026	1.0			7.3			
22	.026							
23	.031	0.8			7.3			
24	.023	0.9			7.2			
25	.033	1.0			7.1			
26	.021	1.0	3.92	1.	7.2			
27	.023	0.9			7.3			
28	.022	0.8			7.3			
29	.023							
30	.021	0.9			7.3			
31								
TOT	.667	21.6	7.01	2.	191			
AVG	.022	0.9	3.96	1.	7.2			

Page 1 of 2

0910

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

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 1087X10140

(3) Plant Name SUNNY HILLS UTILITIES

(4) Plant Address GABLES BLVD.

(5) City SUNNY HILLS

(6) County WASHINGTON

(7) Phone Number 904-773-2802

(8) Permit Number D0067183836

(9) Plant Type 2.C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class B Cert. No B2521
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Harold Register (Signature) B-2521 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.022
(19) Percent of permitted capacity	%	—	46
(20) $CBOD_5$ Effluent	mg/L	080082	4.05
(21) $CBOD_5$ Effluent	lbs/day	—	.78
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	.19
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.9
(32) Maximum Chlorine Residual	mg/L	—	1.1
(33) Other Effluent Parameters			

DER Form 17-[illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Place # by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

4) Month July Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
.023	1.0						7.3												
.023	0.8						7.3												
.019	0.9						7.2												
.020	0.8						7.3												
.024	0.8						7.4												
.024																			
.023	1.0						7.3												
.022	0.9						7.3												
.020	0.8						7.3												
.022	0.9		100	18	4.19	1	7.2												
.023	0.9						7.3												
.023	1.0						7.3												
.022																			
.023	1.0						7.3												
.027	1.0						7.3												
.022	1.0						7.3												
.027	0.9						7.4												
.027	1.0						7.3												
.020	1.0						7.0												
.021																			
.025	1.0						7.2												
.017	1.0						7.1												
.022	1.0						7.2												
.022	0.9						7.1												
.028	1.0		41	17	3.92	1	7.2												
.021	0.8						7.4												
.022																			
.022	0.9						7.3												
.024	1.0						7.3												
.024	1.0						7.2												
.024	1.1						7.3												

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, t rmation is true, complete and accurate.

ied: Harold Register Date: 8-3-91

ne (Please Type) Harold Register

npany Name Sunny Hills Utilities Telephone No (Please Type) (904) 773-2802

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

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 1067 P023444

(3) Plant Name SUNNY HILLS UTILITIES

(4) Plant Address 712 SUNNY HILLS BLVD.

(5) City SUNNY HILLS FLA.

(6) County WASHINGTON

(7) Phone Number 904 773-2802

(8) Permit Number D067-183836

(9) Plant Type 2-C

(10) Test Site Identification Number 1067X10140

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERCULATION PONDS

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.023
(19) Percent of permitted capacity	%	—	48
(20) $CBOD_5$ Effluent	mg/L	080082	2.98
(21) $CBOD_5$ Effluent	lbs/day	—	.59
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	.2
(24) Minimum pH		—	7.1
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			

DER Form 17-601 (1) (1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1	.024	1.0						7.2												
2	.025	0.9						7.1												
3	.025																			
4	.031	1.0						7.3												
5	.026	0.9						7.2												
6	.030	0.9						7.3												
7	.024	0.8		70	26	2.86	1	7.2												
8	.022	0.9						7.3												
9	.024	0.8						7.4												
10	.024																			
11	.026	0.7						7.4												
12	.020	0.8						7.3												
13	.024	0.9						7.4					<2							
14	.026	0.8						7.3												
15	.022	0.8						7.3												
16	.024	0.8						7.3												
17	.025																			
18	.022	0.9						7.4												
19	.025	0.8						7.3												
20	.022	0.9						7.3												
21	.021	0.8						7.2												
22	.022	1.0		60	25	3.11	1	7.3												
23	.023	1.0						7.2												
24	.024																			
25	.025	1.0						7.4												
26	.025	0.9						7.4												
27	.025	0.8						7.3												
28	.023	0.8						7.4												
29	.020	0.9						7.3												
30	.021	1.0						7.4												
31	.021																			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Harold Register

Date: September 9, 1991

Name (Please Type) Harold Register

Company Name Sunny Hills Utilities

Telephone No. (Please Type) (904)773-2802

Page 3 of 3

DER Form No. 17-601(900(1))
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number 1067PO2344

(3) Plant Name SUNNY HILLS UTILITIES

(4) Plant Address 712 SUNNY HILLS BLVD.

(5) City SUNNY HILLS FLA.

(6) County WASHINGTON

(7) Phone Number 904-773-2802

(8) Permit Number D067-183836

(9) Plant Type 2-C

(10) Test Site Identification Number 1067X10140

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERCULATION PONDS

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Rajeter (Signature) B-2521 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.023
(19) Percent of permitted capacity	%	—	44
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	.18
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	
(32) Maximum Chlorine Residual	mg/L	—	
(33) Other Effluent Parameters			
BOD5 EFFLUENT	lbs/day		.56
BOD5 EFFLUENT	mg/L		3.07
FECAL COLIFORM	#/100 mL	031616	

DER Form 17-[illegible].003(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(4) Month: September Year: 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD5 Influent BOD5 Effluent (mg/L)							
.022	0.9						7.2													
.023	0.9						7.1													
.022	0.8						7.1													
.026	0.9						7.2													
.022	0.8						7.2													
.023	0.9			31		1	7.2						64	3.88						
.023																				
.023	0.8						7.2													
.021	0.9						7.2													
.023	0.9						7.2													
.017	0.8						7.2													
.020	0.9						7.3													
.022	0.8						7.2													
.022																				
.021	0.9						7.3													
.020	0.8						7.2													
.023	0.9						7.2													
.025	0.9						7.2													
.023	0.8			29		1	7.3						100	2.26						
.022	1.0						7.2													
.023																				
.021	0.9						7.1													
.024	0.8						7.2													
.020	0.9						7.2													
.022	1.0						7.1													
.022	0.7						7.1													
.023	0.8						7.1													
.022																				
.021	1.0						7.0													
.024	0.9						7.0													

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Harold Register Date: October 1, 1991

Name (Please Type): Harold Register

Company Name: Sunny Hills Utilities Telephone No. (Please Type): (904)773-2802

Page 3 of 3

DER Form No. 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month OCTOBER Year 1991

2) Plant's DER Identification Number 1067PO2344

3) Plant Name SUNNY HILLS UTILITIES

4) Plant Address 712 SUNNY HILLS BLVD.

5) City SUNNY HILLS FLA.

6) County WASHINGTON

7) Phone Number 904-773-2802

8) Permit Number DO67-183836

9) Plant Type 2-C

10) Test Site Identification Number 1067X10140

11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

PERCULATION PONDS

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register B-2521
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mgd	—	.060
(18) Three-month average daily flow	mgd	—	.023
(19) Percent of permitted capacity	%	—	48
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	.20
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.6
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			
BOD5 Effluent	lbs/day		.65
BOD5 Effluent	mg/L		3.24

DEP Form 17-601.900(1)
Form Title Domestic Wastewater Facility Monthly Operating Report
Effective Date July 1, 1991
DEP Application No. (Filled in by DEP)

9:25 A.M.
9:35 A.M.
7:35 A.M.

Domestic Wastewater Treatment Plant
Monthly Operating Report

34)

Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	BOD5 Influent (mg/L)	BOD5 Effluent (mg/L)						
	.027	0.8						7.1													
	.023	0.9						7.0													
	.025	0.9						7.0													
	.026	0.6			27		2	7.0						72	3.06						
	.026																				
	.026	0.7						7.0													
	.023	0.8						7.0													
	.024	0.9						7.0													
	.023	0.8						7.1													
	.018	0.9						7.0													
	.024	0.9						7.0													
	.026																				
	.023	0.8						7.0													
	.034	1.0						7.1													
	.023	0.9						7.1													
	.022	1.0						7.2													
	.023	0.8						7.0													
	.021	0.5			44		1	7.1						94	3.00						
	.022																				
	.023	0.6						7.0													
	.022	0.7						7.1													
	.021	0.8						7.2													
	.024	0.9						7.1													
	.023	0.8						7.1													
	.027	0.9						7.0													
	.028																				
	.030	1.0						7.0													
	.028	0.9						7.1													
	.027	0.9						7.1													
	.020	0.8						7.0													
	.022	0.9			50		1	7.0						50	3.68						

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Harold Register Date: NOVEMBER 13, 1991

Name (Please Type) HAROLD REGISTER

Company Name SUNNY HILLS UTILITIES Telephone No. (Please Type) (904) 773-2802

Page 3 of 3

DER Form [illegible] Domestic Wastewater Treatment Plant Monthly Operating Report
Form No. [illegible]
Effective Date July 1, 1991
DER Application No. [illegible] (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1991

2) Plant's DER Identification Number 1067P02344

3) Plant Name SUNNY HILLS UTILITIES

(4) Plant Address 712 SUNNY HILLS BLVD.

(5) City SUNNY HILLS FLA

(6) County WASHINGTON

(7) Phone Number 904-773-2802

(8) Permit Number D067-183836

(9) Plant Type 2-C

(10) Test Site Identification Number 1067X101 40

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse

PERCULATION PONDS

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register (Signature) A 2521 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	–	.050
(18) Three-month average daily flow	mgd	–	.023
(19) Percent of permitted capacity	%	–	44
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	–	.18
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.6
(32) Maximum Chlorine Residual	mg/L	–	1.0
(33) Other Effluent Parameters			
BOD5 EFFLUENT	lbs/day		.53
BOD5 EFFLUENT	mg/L		2.9
FECAL COLIFORM	#/100		<2

DER Form 17-601(9/91)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Month NOVEMBER Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.021	1.0						7.1					
.022												
.023	0.9						7.0					
.020	0.8						7.1					
.019	0.9						7.0					
.020	0.8						7.0					
.021	0.9						7.1					
.022	0.8						7.0					
.022												
.025	0.8						7.0					
.022	0.9						7.0					
.022	0.8						7.1					2
.020	0.7						7.0					
.018	0.8		94	44	3	1	7.0					
.021	0.8						7.0					
.021												
.025	0.7						7.0					
.022	0.8						7.1					
.021	0.8						7.1					
.020	0.6						7.0					
.029	0.7						7.0					
.019	0.8						7.1					
.020												
.021	0.9						7.1					
.025	0.8						7.1					
.019	0.8						7.0					
.021	0.9						7.1					
.025	0.8		51	40	2.8	1	7.0					
.021	0.9						7.1					
.021												

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate.

ed: Harold Register Date: 12-10-91

ıe (Please Type) HAROLD REGISTER

ipany Name SUNNY HILLS UTILITIES Telephone No. (Please Type) (904) 773-2802

DER Form 4 [illegible] Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number 1067P02344

(3) Plant Name SUNNY HILLS UTILITIES

(4) Plant Address 712 SUNNY HILLS BLVD.

(5) City SUNNY HILLS

(6) County WASHINGTON

(7) Phone Number 904-773-2802

(8) Permit Number D067183836

(9) Plant Type 2C

(10) Test Site Identification Number 1067X10140

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERCULATION PONDS

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☐ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class B Cert. No. 2521

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Harold Register (Signature) B-2521 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mgd	—	.050
(18) Three-month average daily flow	mgd	—	.023
(19) Percent of permitted capacity	%	—	46
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	.19
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.0
(33) Other Effluent Parameters			
BOD^5 EFFLUENT	lbs/day		.65
BOD^5 EFFLUENT	mg/L		3.38

DER Form ... Domestic Wastewater Treatment Plant
Form No. ... Monthly Operating Report
Effective Date July 1, 1991
DER Approved No. ... Form No. by DEP

Domestic Wastewater Treatment Plant
Monthly Operating Report

34)

Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
	.024	0.8						7.1														
	.022	0.7						7.0														
	.025	0.8						7.1														
	.017	0.7						7.0														
	.021	0.8						7.0														
	.023	0.9						7.0														
	.023																					
	.022	0.9						7.1														
	.024	1.0						7.0														
	.020	0.9						7.0														
	.020	0.8						7.1														
	.023	0.9		112	19	397	1	7.2														
	.023	0.9						7.2														
	.024																					
	.022	0.8						7.1														
	.020	0.9						7.2														
	.020	0.8						7.1														
	.021	0.9						7.2														
	.025	0.8						7.0														
	.021	0.9						7.1														
	.021																					
	.021	0.8						7.1														
	.023	0.9						7.0														
	.023	0.8						7.1														
	.020	0.9						7.1														
	.025	1.0		51	40	230	1	7.0														
	.029	1.0						7.1														
	.025																					
	.025	0.8						7.1														
	.023	0.9						7.0														
	.030	0.9						7.1														

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete and accurate.

ed: Harold Register Date: 01-09-92

ne (Please Type) HAROLD REGISTER

pany Name SUNNY HILLS UTILITIES Telephone No. (Please Type) (904) 773-3802

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1067X10140

Harold Register — JANUARY-1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: CABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
067-60336	.021	.050	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				2.59	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
7.1	7.00		5.12			0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): 8 GCT

(28) TYPE EFFL DISPOSAL: EVAP/POND

(29) PLANT STAFFING

LEAD OPERATOR: B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month JANUARY Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.017	0.7			7.1			
2	.021	0.9			7.0			
3	.021	0.8			7.0			
4	.014	0.9			7.0			
5	.024	0.9			7.0			
6	.023							
7	.021							
8	.021	0.9			7.0			
9	.021	0.9			7.1			
10	.020	0.9			7.2			
11	.020	0.9			7.2			
12	.027	0.8		1	7.1			
13	.020							
14	.014							
15	.021	0.7			7.1			
16	.016	0.9			7.1			
17	.022	0.7	2.54		7.2			
18	.021	0.7			7.2			
19	.025	0.6			7.2			
20	.024							
21	.016							
22	.020	0.7			7.1			
23	.022	0.9			7.1			
24	.022	0.7			7.1			
25	.019	0.9			7.0	7.00		-2
26	.021	0.7		2	7.1			
27	.020							
28	.018							
29	.023	0.7			7.1			
30	.022	0.8			7.1			
31	.020	0.7	2.65		7.1			
101	.642	19.6	5.19	3	161.5	7.00		-2
AVG	.021	0.8	2.59	2.5	7.1	7.00		-2

0923

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1990

(1) GMS # 1067X10140

Harold Register — February – 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D67-60336 .021 .050 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 3.37

(16) TSS (mg/l) EFFLUENT: 1.5

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8 CCT

(28) TYPE EFFL DISPOSAL: EVAP/ POND

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-2521

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	0.6			7.3			
2	.023	0.7			7.3			
3	.024							
4	.017	0.7						
5	.020	0.8			7.3			
6	.019	0.8			7.3			
7	.022	0.7			7.2			
8	.019	0.7		2	7.3			
9	.024	0.9			7.3			
10	.024							
11	.019	0.7						
12	.018	0.9			7.3			
13	.020	0.7	2.65		7.3			
14	.021	0.9			7.2			
15	.022	0.6			7.3			
16	.024	0.7			7.3			
17	.024							
18	.021	0.8						
19	.020	0.7			7.3			
20	.022	0.8			7.3			
21	.023	0.8			7.2			
22	.023	0.7		(	7.2			
23	.023	0.8			7.3			
24	.024							
25	.028	0.7						
26	.015	0.7			7.3			
27	.015	0.8	4.1		7.2			
28	.019	0.8			7.3			- 2 -
29								
30								
31								
TOT	.573	17.9	6.75	3	145.5			- 2 -
AVG	.021	0.7	3.37	1.5	7.3			- 2 -

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 1067X10140

Harold Register — MARCH- 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES Blvd.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2902

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0-60336	.021	.050	2.C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.04	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
	.76		1.21			0.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 CCT-

(28) TYPE EFFL DISPOSAL: EVAP / Pond

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

B-2521

DER Form 17-1.203(7) Effective November 30, 1982

(30) Month MARCH Year 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	0.7			7.3			
2	.023	0.8			7.3			
3	.024							
4	.017	0.9						
5	.019	0.8			7.3			
6	.028	08			7.3			
7	.016	0.9			7.3			
8	.020	0.9		1	7.3			
9	.022	0.8			7.2			
10	.022							
11	.019	0.8						
12	.020	0.9			7.3			
13	.024	1.0	4.99		7.2			
14	.019	0.9			7.3			
15	.023	0.9			7.2			
16	.022	0.9			7.2			
17	.023							
18	.022	0.9						
19	.019	0.8						
20	.021	0.9			7.3			
21	.019	0.9			7.2	.86		-2
22	.020	0.8		1	7.3			
23	.021	0.9			7.2			
24	.021							
25	.017	0.9						
26	.018	0.9			7.3			
27	.019	0.8	3.59		7.3			
28	.022	0.8			7.2			
29	.021	0.8			7.3			
30	.024	1.0			7.3			
31	.024							
TOT	.648	22.3	8.09	2	159.9	.86		-2
AVG	.021	0.9	4.04	1	7.3	.86		-2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1067X10140

Harold Register — APRIL-1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: Gables Blvd.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-771-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0060336	.019	.060	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				4	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3	1.47		2.02			0.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): 8 GCT

(28) TYPE EFFL DISPOSAL: EVAP/POND

(29) PLANT STAFFING

LEAD OPERATOR: B-2521

SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.202(7) Effective November 30, 1982

Month APRIL Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.014							
2	.023	0.7			7.3			
3	.020	1.0			7.2			
4	.022	0.9			7.3			
5	.020	1.0			7.3			
6	.022	1.0			7.3			
7	.022							
8	.018	0.9						
9	.020	0.9			7.3			
10	.021	0.9			7.2			<2
11	.021	0.9	3	1	7.3	1.47		
12	.021	0.9			7.2			
13	.021	0.9			7.3			
14	.021							
15	.017	0.7						
16	.021	0.8			7.3			
17	.019	0.7			7.2			
18	.020	0.8			7.3			
19	.020	0.9	4	1	7.2			
20	.020	0.9			7.3			
21	.021							
22	.017	0.8						
23	.016	0.7			7.3			
24	.016	0.7			7.2			
25	.014	0.8			7.3			
26	.017	0.9			7.2			
27	.017	0.9			7.3			
28	.018							
29	.023	0.7						
30	.021	0.9			7.3			
31								
TOT	.582	20.4	7	2	152.6	1.47		<2
AVG	.019	0.8	4	1	7.3	1.47		<2

0926

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 1067X10140

Harold Register — MAY - 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: CABLES BLVD

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL67-60336	.020	.050	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			0.53			0.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 ECT.

(28) TYPE EFFL DISPOSAL: EVAP/POND

(29) PLANT STAFFING

LEAD OPERATOR: B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30) Month MAY Year 1990

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.022	0.8			7.2			
2	.021	0.8			7.3			
3	.017	0.9	3	2	7.3	0.16		-2
4	.020	0.8			7.2			
5	.020							
6	.021							
7	.019	0.7			7.2			
8	.019	0.8			7.3			
9	.024	0.9			7.3			
10	.020	0.9			7.2			
11	.021	0.9			7.3			
12	.021							
13	.018							
14	.017	0.9			7.2			
15	.019	0.8			7.3			
16	.019	0.9			7.3			
17	.020	0.8			7.3			
18	.020	0.9			7.3			
19	.021							
20	.019							
21	.023	0.9			7.3			
22	.019	1.0			7.2			
23	.018	0.9			7.3			
24	.020	0.9	3	1	7.2			
25	.019	0.9			7.3			
26	.020							
27	.019							
28	.022	0.9			7.2			
29	.019	0.9			7.3			
30	.018	0.8			7.3			
31	.022	0.8			7.3			
101	.617	19.7	6	3	167.1	0.16		-2
AVG	.020	0.9	3	2	7.3	0.16		-2

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # L067X10140

Harold Register — June-1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunny Hills Utilities

(3) PLANT ADDRESS: Gables Blvd.

(4) CITY: Sunny Hills (5) COUNTY: Washington PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL067-60336	.019	.050	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.025		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3	.13		6.85			0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): 8 ECT

(28) TYPE EFFL DISPOSAL: Evap/Pond

(29) PLANT STAFFING

LEAD OPERATOR: D-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.209(7) Effective November 30, 1982

Month June Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.023	0.9			7.3			
2	.023							
3	.018							
4	.025	0.8			7.3			
5	.014	1.0			7.3			
6	.021	0.9			7.3			
7	.022	0.9	3	1	7.3	.13		< 2
8	.024	0.8			7.3			
9	.025							
10	.020							
11	.018	0.9			7.3			
12	.012	1.0			7.3			
13	.014	0.9			7.3			
14	.018	0.8			7.3			
15	.020	1.0			7.3			
16	.020							
17	.020							
18	.018	1.0			7.3			
19	.020	0.9			7.3			
20	.017	0.9	3	1	7.4			
21	.019	1.0			7.3			
22	.019	0.9			7.3			
23	.019							
24	.019							
25	.020	1.0			7.3			
26	.019	0.9			7.4			
27	.021	0.9			7.3			
28	.018	1.0			7.3			
29	.018	0.9			7.3			
30	.018							
31								
TOT	.582	19.2	6	2	153.5	.13		< 2
AVG	.019	0.9	3	1	7.3	.13		< 2

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0928

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 106.7810140

Harold Register — July - 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: Gables Blvd.

(4) CITY: Sunny Hills (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC6716924	.020	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.026		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3	.56		6.29			0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 GCT

(28) TYPE EFFL DISPOSAL: EVAP/POND

(29) PLANT STAFFING

LEAD OPERATOR: B-7521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.207(7) Effective November 30, 1982

(30) Month July Year 1990

	ESTIMATED FLOW / METER OUT FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.014	1.0			7.2			
2	.024	0.6			7.2			
3	.020	0.7			7.2			
4	.025	0.8			7.3			
5	.020	0.9			7.3			
6	.019	1.0			7.2			
7	.019							
8	.019	1.0			7.3			
9	.019	1.0		1	7.3			
10	.020	0.9	4		7.2	.56		< 2
11	.026	1.0			7.3			
12	.025	0.9			7.3			
13	.015	1.0			7.5			
14	.015							
15	.015	1.0			7.3			
16	.025	1.0			7.3			
17	.018	1.1			7.2			
18	.019	1.0			7.3			
19	.025	1.0			7.3			
20	.020	0.9			7.3			
21	.020							
22	.020	1.0			7.3			
23	.024	1.0			7.3			
24	.017	1.0		2	7.2			
25	.023	0.9	4		7.3			
26	.025	1.0			7.3			
27	.018	1.0			7.3			
28	.019							
29	.019	1.0			7.3			
30	.022	1.0			7.2			
31	.018	0.9			7.3			
TOT	.613	25.6	8	3	196.2			< 2
AVG	.020	0.9	4	2	7.3			< 2

0929

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1 0 1 7 X 1 0 L 4 0

Harold Register — August- 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: CABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLA 0169924 .023 .050 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.034

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4

(16) TSS (mg/l) EFFLUENT: 1.5

(17) pH

(18) TOTAL N mg/l: .96

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l: 14.53

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 8 CCT

(28) TYPE EFFL DISPOSAL: EVAP/POND

(29) PLANT STAFFING

LEAD OPERATOR B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

Month August Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l) T.K.N.	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.023	0.8			7.3			
2	.025	0.7			7.3			
3	.020	0.8			7.3			
4	.020							
5	.019	0.7			7.1			
6	.021	0.8			7.2			
7	.027	0.7			7.3			
8	.030	0.7			7.3			
9	.020	0.8			7.2			
10	.015	0.7			7.3			
11	.015							
12	.016	0.8			7.3			
13	.025	0.7			7.2			
14	.020	0.6	4	1	7.2	.96		< 2
15	.023	1.0			7.3			
16	.014	0.9			7.2			
17	.022	0.7			7.1			
18	.022							
19	.027	0.8			7.5			
20	.014	0.8			7.3			
21	.010	0.6			7.2			
22	.024	0.6	4	2	7.3			
23	.014	0.8			7.2			
24	.022	0.8			7.2			
25	.022							
26	.026	0.7			7.2			
27	.023	1.0			7.0			
28	.024	0.8			7.1			
29	.023	0.9			7.0			
30	.022	1.0			7.1			
31	.023	1.0			7.0			
101	.701	21.2	8	3	194.7	.96		< 2
AVG	.023	0.9	4	1.5	7.2	.96		< 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1067X10140

Harold Register — September - 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0716992 4	.023	.050	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.027		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4	1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4			3.95			0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM
		/		

(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8 ECT	EVAP/POND

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-2521

DER Form 17-1.205(7) Effective November 30, 1987

Month September Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N T.K.N. (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.024							
2	.025	1.0			7.5			
3	.022	0.9			7.5			
4	.024	0.8			7.4			
5	.023	0.9	3		7.5	.85		
6	.023	1.2		1	7.5			< 2
7	.023	1.0			7.4			
8	.023							
9	.024	0.9			7.5			
10	.025	0.8			7.3			
11	.023	0.9			7.2			
12	.025	1.0			7.3			
13	.024	0.9			7.4			
14	.024	1.0			7.2			
15	.025							
16	.024	1.0			7.5			
17	.021	0.5			7.3			
18	.021	0.6			7.4			
19	.021	0.5	4		7.3			
20	.022	0.8		1	7.4			
21	.023	1.0			7.5			
22	.023							
23	.020	0.9			7.4			
24	.021	1.0			7.5			
25	.022	0.9			7.4			
26	.020	1.0			7.5			
27	.019	0.8			7.4			
28	.023	1.1			7.5			
29	.024							
30	.027	1.0			7.5			
31								
101	.698	22.4	7	2	184.9	.85		< 2
AVG	.023	0.9	4	1	7.4	.85		< 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1067810140

Harold Register — October 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: GABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO67183836	.021	.05	2C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.027		[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5	5.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3			15.49			0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: EVAP/ POND

(29) PLANT STAFFING

LEAD OPERATOR: B-2521 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

Month OCTOBER Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l) T.K.N	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	0.9			7.5			
2	.020	0.9			7.4			
3	.020	0.9			7.4			
4	.024	0.5			7.3			
5	.021	0.6			7.1			
6	.022							
7	.022	0.9			7.2			
8	.021	0.9			7.3			
9	.021	0.6			7.0			
10	.021	0.5	3	4	7.2	.18		<2
11	.023	0.9			7.2			
12	.020	0.6			7.1			
13	.021							
14	.021	0.9			7.3			
15	.023	1.0			7.2			
16	.018	0.5			7.4			
17	.023	1.1			7.3			
18	.021	0.5			7.2			
19	.021	0.6			7.3			
20	.022							
21	.023	1.5			7.0			
22	.024	0.6			7.1			
23	.027	0.7			7.4			
24	.021	0.9			7.3			
25	.022	0.9	7	7	7.2			
26	.022	0.8			7.3			
27	.022							
28	.012	0.9			7.2			
29	.022	0.8			7.2			
30	.021	0.8			7.3			
31	.019	0.5			7.3			
101	.669	20.9	10	11	195.9	.18		<2
AVG	.021	0.8	5	5.5	7.3	.18		<2

0932

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # L067X101L40

Harold Regalado — NOVEMBER - 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SUNNY HILLS UTILITIES

(3) PLANT ADDRESS: CABLES BLVD.

(4) CITY: SUNNY HILLS (5) COUNTY: WASHINGTON PHONE NO. 904-773-2802

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO67188-16 .022 .050 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.026

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT (16) TSS (mg/l) EFFLUENT

9 4

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.6

(24) DO (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL

(29) PLANT STAFFING

LEAD OPERATOR B-2571 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.205(7) Effective November 30, 1982

Month NOVEMBER Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.026	0.7			7.2			
2	.021	0.8			7.3			
3	.021							
4	.022	0.7			7.2			
5	.020	0.7			7.3			
6	.024	0.6			7.4			
7	.019	0.7	3	3	7.3			
8	.021	0.8			7.4			
9	.025	0.8			7.3			
10	.024							
11	.018	0.9			7.4			
12	.020	0.9			7.3			
13	.021	1.0			7.2			
14	.017	0.9			7.2			
15	.020	0.8			7.3			
16	.021	0.6			7.2			
17	.021							
18	.022	0.8			7.3			
19	.018	0.9			7.1			
20	.020	0.7			7.2			
21	.023	0.9	15	5	7.3			
22	.023	0.7			7.2			
23	.023	0.8			7.3			
24	.023							
25	.024	0.7			7.3			
26	.019	0.8			7.3			
27	.024	0.9			7.3			
28	.023	0.7			7.2			
29	.024	0.7			7.3			
30	.024	0.6			7.3			
31								
TOT	.651	19.9	18	8	189.1			
AVG	.022	0.9	9	4	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 1067X10140

Month December Year 1990

December - 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunny Hills Utilities

(3) PLANT ADDRESS: Gables Blvd.

(4) CITY: Sunny Hills (5) COUNTY: Washington PHONE NO. 914-771-2802

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO 67 088836 .050 2C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.026

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 3 (16) TSS (mg/l) EFFLUENT 4

(17) pH 7.3 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.5

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL EVAP/PERC Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

B-2521

FDEP Form 17-1.205(7) Effective November 30, 1987

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no./100 ml)
1	.024							
2	.026	0.7			7.2			
3	.024	0.8			7.3			
4	.021	0.7			7.2			
5	.018	0.8			7.3			
6	.020	0.7	3	2	7.2			
7	.022	0.9			7.3			
8	.022							
9	.022	1.0			7.3			
10	.019	0.8			7.3			
11	.017	0.7			7.3			
12	.020	0.8			7.4			
13	.020	0.7			7.3			
14	.020	0.6			7.5			
15	.021							
16	.020	1.0			7.4			
17	.021	0.9			7.3			
18	.023	0.7			7.3			
19	.024	0.9	3	5	7.4			
20	.023	0.9			7.3			
21	.022	0.8			7.2			
22	.023							
23	.023	0.9			7.3			
24	.019	0.8			7.1			
25	.021	0.7			7.2			
26	.022	0.6			7.2			
27	.024	0.7			7.3			
28	.023	0.6			7.2			
29	.026							
30	.023	0.5			7.1			
31	.024	0.7			7.3			
TOT	.679	19.9	6	7	189.1			
AVG	.022	0.8	3	4	7.3			

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Sunshine Parkway - 560

Lake County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS: 130358000168

Brian Heath — 1-31-91
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway #560

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER: PT 35-131150 (7) AVG FLOW MGD: .032 (8) DESIGN FLOW MGD: .25 (9) TYPE: 3C

(10) MAX FLOW (MGD): .048 (11) POP SERVED: 7 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____ (14) % FLOW INFIL ____ (15) BOD (mg/l) EFFLUENT 33 (16) TSS (mg/l) EFFLUENT 1.8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE ____ / ____

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-21.205(2) Effective November 30, 1982

(30) Month: January Year: 1991

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.046	1.0			7.3			
3	.034	1.5			7.3			
4	.041	1.5			7.3			
5	.0336	1.5			7.2			
6	.04	1.8			7.3			
7	.0333	1.8			7.3			
8	.034	1.5			7.3			
9			26	2.5				
10	.07	1.2			7.4			
11	.033	1.0			7.3			
12	.031	1.2			7.3			
13	.033	1.8			7.4			
14	.034	1.3			7.3			
15	.039	1.5			7.3			
16	.041	1.5			7.2			
17	.031	1.5			7.3			
18	.038	1.2			7.2			
19	.039	1.2			7.3			
20	.036	1.5			7.2			
21	.029	1.2			7.2			
22	.044	1.5			7.3			
23	.032	1.5	40	10	7.3			
24	.032	1.8			7.3			
25	.038	1.8			7.3			
26	.048	1.5			7.2			
27	.045	1.5			7.3			
28	.038	1.7			7.2			
29	.038	1.5			7.2			
30	.045	1.5			7.3			
31	.048	1.8			7.4			
TOT.	1.135	42	66	35	211.1			
AVG	.037	1.3	3.3	1.8	7.3			

0935

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: February Year: 1991

(1) GID: 3035P000168

Brian E. Heath 2-28-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO: 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35131150	.041	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.049	7	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION		(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD	BOD lb/d TSS lb/d	INFL	EFFLUENT	EFFLUENT
			4.0	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	UNITS
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Rec. Pond

(29) PLANT STAFFING

LEAD OPERATOR: 6.7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.201(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.0445	1.2			7.3			
2	.037	1.2			7.2			
3		1.0			7.3			
4	.102	1.2			7.3			
5	.041	1.0			7.3			
6	.043	1.2			7.3			
7	.045	1.2			7.3			
8	.043	1.5			7.3			
9	.1037	1.5			7.3			
10	.041	1.5			7.3			
11	.037	1.2			7.4			
12	.038	1.2			7.3			
13	.042	1.2			7.3			
14	.025	1.0			7.3			
15	.042	1.2			7.3			
16	.043	1.0			7.3			
17	.046	1.2			7.3			
18	.033	1.2			7.3			
19	.035	1.0			7.4			
20	.048	1.0	4.0	2.0	7.3			
21	.049	1.2			7.4			
22	.037	1.0			7.4			
23	.033	1.0			7.3			
24	.037	1.5			7.4			
25	.05	1.2			7.4			
26								
27	.088	1.2	4.0	2.0	7.3			
28	.1033	1.0			7.4			
29								
30								
31								
TOT	1.45	31.8	8.0	4.0	197.7			
AVG	0.041	1.2	4.0	2.0	7.3			

Page 1 of 2

0936

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

DEP Eng Tech sup

(1) ARC # 3035P000168

Erin E. Hurtt — 3-31-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27/19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT 35 131150	0.045	0.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE MEMBRANE FILTER
0.07	700 (commercial)	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT

(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FDH / DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-7522 SHIFT 1 (Day): SHIFT 2 (Evening): SHIFT 3 (Night): C-9058

DEP Form 17-1.205(2) Effective November 30, 1982

(30) Month: March Year: 1991

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.05	1.0			7.4			
2	.04	1.0			7.4			
3	.028	1.0			7.4			
4	.126	1.2			7.4			
5	.236	1.0			7.4			
6	.059	1.2			7.4			
7	.049	1.2			7.3			
8	.045	1.2			7.4			
9	.046	1.2			7.3			
10	.043	1.0			7.2			
11	.05	1.5			7.2			
12	.025	1.2			7.3			
13	.043	1.0	1.0	1.0	7.4			<1
14	.055	1.2			7.4			
15	.04	1.0			7.3			
16	.044	1.2			7.4			
17	.044	1.2			7.4			
18	.07	1.2			7.4			
19	.0042	1.5			7.3			
20	.036	1.2			7.4			
21	.04	1.2			7.3			
22	.038	1.5			7.2			
23	.053	1.2			7.3			
24	.036	1.2			7.2			
25	.05	1.2			7.3			
26	.044	1.0			7.3			
27	.0440	1.5	2.0	2.0	7.3			
28	.052	1.5			7.4			
29	.044	1.5			7.4			
30	.044	1.5			7.2			
31	.052	1.5			7.3			
TOT.	1.394	38.2	3.0	3.0	227.1			<1
AVG	.045	1.2	1.6	1.5	7.3			<1

0937

0938

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) DES FL0035P000168

Brian E. Thatch 4-30-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 19 & 27S

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO: 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DT35131150 .049 .35 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.071 8 commercial

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFL EFFLUENT EFFLUENT

2 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) Grab

(28) TYPE EFFL DISPOSAL Rapid Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-7513

DER Form 17-1.201(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.046	1.5			7.3			
2	.049	1.2			7.3			
3	.043	1.5			7.4			
4	.056	1.5			7.4			
5	.053	1.2			7.4			
6	.043	1.5			7.4			
7	.044	1.5			7.4			
8	.048	1.5			7.3			
9	.044	1.5			7.3			
10	.042	1.5	3	1	7.4			
11	.103	1.2			7.4			
12	.048	1.2			7.4			
13	.051	1.2			7.4			
14	.03	1.2			7.4			
15	.028	1.5			7.4			
16	.033	1.5			7.4			
17	.06	1.5			7.3			
18	.052	1.2			7.3			
19	.053	1.5			7.4			
20	.032	1.5			7.3			
21	.045	1.5			7.3			
22	.043	1.2			7.3			
23	.056	1.2			7.3			
24	.053	1.2	1	1	7.3			
25	.066	1.5			7.3			
26	.06	1.2			7.3			
27	.071	1.2			7.3			
28	.051	0			7.3			
29	.063	.0			7.4			
30	.047	1.2			7.3			
31								
TOT	1.457	39.1	4	2	220.5			
AVG	.049	1.3	2	1	7.3			

Page 1 of 2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

DCL
Eng
1/4/1992

(1) GDC # 30 35 80 00 168

Month May Year 1991

Brian E Heath 5/31/91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 19 & 27 9

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800 432 4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35131150	.063	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.084	8 (Seasonal)	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.5	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM	FDH / DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
	/				

(27) TYPE SAMPLE(S): grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-2522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-1.201(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.062	1.3			7.3			
2	.074	1.2			7.3			
3	.056	1.5			7.0			
4	.072	1.0			7.2			
5	.05	1.3			7.1			
6	.084	1.3			7.4			
7	.071	1.2			7.1			
8	.06	1.3	1.0	1.0	7.2			
9	.072	1.5			7.1			
10	.066	1.2			7.3			
11	.084	1.3			7.3			
12	.063	1.3			7.3			
13	.075	1.0			7.3			
14	.072	1.0			7.3			
15	.056	1.5			7.2			
16	.054	1.5			7.2			
17	.06	1.5			7.3			
18	.059	1.2			7.3			
19	.064	1.2			7.4			
20	.084	1.5			7.3			
21	.06	1.5			7.3			
22	.057	1.2	2.0	1.0	7.3			
23	.064	1.5			7.4			
24	.05	1.5			7.3			
25	.057	1.2			7.3			
26	.083	1.2			7.3			
27								
28	.132	1.2			7.3			
29	.053	1.2			7.4			
30	.056	1.5			7.4			
31	.074	1.2			7.3			
TOT	1.958	38.7	3.0	3.0	224.6			
AVG	.063	1.24	1.5	1.0	7.3			

0939

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) GW # 1305SP000169

Susan E Heath 6/30/91
Signature of Land Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & 19 - Minneola

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 1-800 432-6301

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FT 3513 1 30 0.069 .25 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.085 2-Commercial ☒ Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW SHED (15) BOD (mg/l) EFFLUENT 1.0 (16) TSS (mg/l) EFFLUENT 4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4						1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Rapid Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

J-7523

DER Form 17-1.201(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.060	1.2			7.3			
2	.047	1.2			7.3			
3	.059	1.0			7.4			
4	.074	1.2			7.3			
5	.059	1.5			7.4			
6	.074	1.2			7.4			
7	.069	1.2			7.3			
8	.060	1.2			7.3			
9	.053	1.5			7.3			
10	.061	1.5			7.4			
11	.085	1.5			7.6			
12	.0776	1.2	1.0	4.0	7.4			41
13	.093	1.2			7.5			
14	.077	1.2			7.4			
15	.075	1.0			7.3			
16	.092	1.2			7.4			
17	.061	1.0			7.4			
18	.072	1.2			7.4			
19	.080	1.2			7.4			
20	.073	1.0			7.3			
21	.079	1.0			7.5			
22								
23	.155	1.0			7.5			
24	.066	1.2			7.3			
25	.061	1.0			7.4			
26	.071	1.2	1.0	1.0	7.5			
27	.078	1.5			7.4			
28	.051	1.2			7.1			
29	.054	1.2			7.1			
30	.077	1.5			7.2			
31								
TOT	2.072	35.5	2.0	5.0	223.6			41
AVG	.069	1.2	1.0	2.5	7.4			41

0940

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

DER
PC/W
Sup
Eng

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3035P0000168

(3) Plant Name Sunshine Parkway

(4) Plant Address Hwy 19 & 27

(5) City Minneola

(6) County Lake

(7) Phone Number 800 432 4501

(8) Permit Number DT35131150

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian E Heath C-7522
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.071
(17) Permitted capacity	mgd	–	.25
(18) Three-month average daily flow	mgd	–	.068
(19) Percent of permitted capacity	%	–	
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.8
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.076	1.2						7.1					
2	.076	1.2						7.5					
3	.054	1.2						7.4					
4	.052	1.0						7.0					
5	.05	1.5						6.9					
6													
7	.183	1.5						7.0					
8	.091	1.0						7.0					
9	.096	1.2						7.1					
10	.075	1.2		105	28	2.0	1.0	7.0					
11	.105	1.0						7.0					
12	.068	1.0						7.0					
13													
14	.163	1.2						6.9					
15	.052	1.2						7.2					
16	.095	1.2						7.2					
17	.083	1.5						7.3					
18	.076	1.5						7.1					
19	.057	1.2						7.3					
20													
21	.147	1.0						7.2					
22	.076	1.5						7.1					
23	.067	1.2						7.2					
24	.062	1.2		173	48	2.2	1.5	7.1					
25	.091	1.0						7.0					
26	.065	1.2						7.1					
27													
28	.056	1.5						7.1					
29	.040	1.5						7.0					
30	.043	1.5						7.3					
31	.035	1.5						7.3					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Brian E Heath Date: 7/31/91

Name (Please Type): BRIAN E HEATH

Company Name: S.S.U. Services Telephone No. (Please Type): 800 432 4501

DER Form [illegible]
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Place in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 3035PO00168

(3) Plant Name Sunshine Parkway

(4) Plant Address Hwy 27 & 19

(5) City Minneola

(6) County Lake

(7) Phone Number 800-432-4501

(8) Permit Number DT 35131150

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian E Heath C-5525
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.074
(17) Permitted capacity	mgd	—	0.25
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	4.0
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	6.0
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.4
(33) Other Effluent Parameters	—	—	—

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.04	1.5	N/A					7.1					
2	.074	1.0						7.0					
3													
4	.15	1.2						7.2					
5	.079	1.2						7.2					
6	.091	1.2						7.3					
7	.083	1.0						7.2					
8	.097	1.2						7.1					
9	.089	1.2						7.3					
10	.069	1.2						7.3					
11													
12	.099	1.2						7.2					
13	.096	1.5						7.4					
14	.088	1.5						7.3					
15	.085	1.2				2.0	1.0	7.2					
16	.085	1.5						7.3					
17													
18	.133	1.5						7.2					
19	.083	1.8						7.4					
20	.064	1.8						7.4					
21	.081	1.5						7.3					
22	.094	1.2						7.2					
23	.066	1.0						7.2					
24													
25	.139	1.2						7.3					
26	.071	1.2						7.4					
27	.066	1.2						7.3					
28	.077	1.5						7.4					
29	.067	1.2				6.0	1.0	7.2					
30	.056	1.2						7.2					
31	.044	1.0						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian E Heath

Name (Please Type): Brian E. Heath

Company Name: [illegible]

Sunshine Pkwy

Date: 9/3/91

Telephone No. (Please Type):

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number 3035 PO 001168

(3) Plant Name Sunshine Parkway

(4) Plant Address Hwy 19/27

(5) City Mineola

(6) County Lake

(7) Phone Number 407-880-0058

(8) Permit Number DT 35131150

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge —

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian E Heath (Signature) C-7522 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.058
(17) Permitted capacity	mgd	—	.25
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	1.5
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.4
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			
Fecal Coliform			<1

DEM Form: 17-4015(07)
Form Title: Domestic Wastewater Treatment Monthly Operating Report
Effective Date: July 1, 1991
DEM Application No. (Also on my DEM)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1																						
2	.140	1.0						7.1														
3	.0946	1.2						7.3														
4	.0856	1.2						7.3														
5	.0856	1.0						7.3														
6	.0945	1.2						7.4														
7	.075	1.0						7.4														
8																						
9	.141	1.5						7.0														
10	.059	1.5						7.2														
11	.0160	1.5		100	76	2.0	1.0	7.3					<1									
12	.035	1.2						7.2														
13	.022	1.2						7.3														
14																						
15	.093	1.5						7.2														
16	.051	1.5						7.2														
17	.057	1.0						7.3														
18	.058	1.2						7.2														
19	.083	1.5						7.3														
20	.065	1.2						7.2														
21	.065	1.2						7.2														
22																						
23	.115	1.5						7.3														
24	.055	1.5						7.0														
25	.063	1.2						7.2														
* 26	.062	1.5		103	76	1.0	1.0	7.3														
27	.069	1.2						7.3														
28	.058	1.5						7.3														
29																						
30	.118	1.5						7.2														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian E. Huth

Date: 10-1-91

Name (Please Type)

Company Name: SSU Services

Telephone No. (Please Type): 800 432 4501

Results missing (host)
will resample occasion 9th

DER Form #	17-0210071
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number

(3) Plant Name Leesburg Subway

(4) Plant Address Hwy 27 & 19

(5) City Minneola

(6) County Lake

(7) Phone Number 1-400-432-4601

(8) Permit Number DT35-131150

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Rapid Pond ?

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 9655

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Hall 1-7577
Signature Cert. No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.049
(17) Permitted capacity	mgd	–	.25
(18) Three-month average daily flow	mgd	–	.060
(19) Percent of permitted capacity	%	–	24%
(20) $CBOD_5$ Effluent	mg/L	080082	.85
(21) $CBOD_5$ Effluent	lbs/day	–	—
(22) TSS Effluent	mg/L	900201	<1
(23) TSS Effluent	lbs/day	–	—
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	1.8
(33) Other Effluent Parameters			

DEM Form	17-0902070 Domestic Wastewater Treatment Plant
Form Title	Monthly Operating Report
Effective Date	July 1, 1991
DEM Application No.	(Assigned by DEM)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.052	1.5						7.2														
2	.06	1.2						7.3														
3	.055	1.2						7.3														
4	.062	1.5						7.3														
5																						
6	.137	1.5						7.2														
7	.054	1.8						7.0														
8	.047	1.5						7.1														
9	.06	1.5						7.1														
10	.055	1.8						7.0														
11	.092	1.5						7.1														
12	.064	1.5						7.3														
13																						
14	.116	1.2						7.2														
15	.069	1.2						7.0														
16	.069	1.2		60	84	1.2	21	7.0														
17	.06	1.2						7.2														
18	.034	1.5						7.3														
19																						
20	.053	1.0						7.7														
21	.022	1.8						7.8														
22	.028	1.5						7.1														
23	.032	1.8						7.1														
24	.029	1.8						7.2														
25	.043	1.5						7.3														
26	.03	1.5						7.3														
27																						
28	.088	1.2						7.2														
29	.039	1.5						7.3														
30	.032	1.2		138	28	.5	21	7.2														
31	.034	1.0						7.2														

TOT - 1.526

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Brian E Heath Date: 10/31/91

Name (Please Type) Brian E Heath

Company Name ESI Services Telephone No. (Please Type) 1-800-472-4501

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number

(3) Plant Name Sunshine Parkway #560

(4) Plant Address Hwy 27 & 19

(5) City Minneola

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DT-131150

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc. Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath (Signature) C-9533 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.054
(17) Permitted capacity	mgd	—	.25
(18) Three-month average daily flow	mgd	—	.054
(19) Percent of permitted capacity	%	—	22
(20) $CBOD_5$ Effluent	mg/L	080082	2.4
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			

DEM Form	17-0213007
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DEM Application No.	(Assigned by DEM)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(3M)

Month November Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.04	1.2						7.2														
2	.037	1.2						7.1														
3																						
4	.076	1.8						6.9														
5	.03	1.8						7.6														
6	.04	1.5						7.0														
7	.03	1.8						7.1														
8	.066	1.5						7.3														
9																						
10	.132	1.2						7.2														
11	.072	1.5						7.1														
12	.054	1.5						7.1														
13	.053	1.5						7.0														
14	.065	1.5						7.0														
15	.051	1.2						7.1														
16	.056	1.2						7.1														
17																						
18	.135	1.5						7.2														
19	.061	1.2						7.2														
20	.059	1.5						7.1														
21	.05	1.0						7.2														
22	.062	1.5						7.1														
23																						
24	.114	1.2						7.2														
25	.048	1.2						7.2														
26	.062	1.5						7.3														
27	.055	1.2						7.2														
28																						
29	.11	1.0						7.2														

1.559

Said Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian Heath Date: 11/30/91

Name (Please Type) Brian Heath

Company Name S.S.U. Services Telephone No. (Please Type) 1-800-432-4501

DER Form No.	17-601.300(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month December Year 1991

(2) Plant's DER Identification Number 3035P0001168

(3) Plant Name Sunshine Parkway

(4) Plant Address Hwy 19 + 27

(5) City Minneola

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DT 35131150

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse Pond, Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge —

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Tiedt (Signature) 17522 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.061
(17) Permitted capacity	mgd	—	.25
(18) Three-month average daily flow	mgd	—	.055
(19) Percent of permitted capacity	%	—	22
(20) @BOD_5 Effluent	mg/L	080082	2.5
(21) @BOD_5 Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			
Fecal Coliform			ND

DEA Form: 727-0330
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEA Application No.: (Please refer to DEA)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	BOD_5 Influent (mg/L)	TSS Influent (mg/L)	BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.094	1.2						7.2					
2	.057	1.5						7.2					
3	.055	1.5						7.3					
4	.0169	1.2						7.3					
5	.0416	1.2						7.2					
6	.0160	1.5						7.2					
7	.0150	1.2						7.2					
8													
9													
10	.1516	1.5						7.3					
11	.054	1.2		36	80	36	/	7.3					
12	.041	1.2						7.2					
13	.0160	1.2						7.0					
14													
15	.087	1.2						7.1					
16	.058	1.0						7.2					
17	.048	1.5						7.2					
18	.057	1.5						7.2					
9	.055	1.2						7.3					
20	.064	1.2						7.1					
21													
22	.131	1.5						7.2					
23	.0162	1.2		64	110	1.3	/	7.3					ND
24	.0416	1.2						7.2					
25													
26	.123	1.5						7.3					
27	.0160	1.5						7.2					
28	.0164	1.5						7.2					
29													
30	.185	1.2						7.3					
31	.091	1.0						7.2					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Brian Heath Date: 12/31/91

Name (Please Type): Brian Heath

Company Name: SSU Services Telephone No. (Please Type): 1-800-432-4501

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3035P000168

Donald B. Cowles / Brian Heath — 2-14-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 19 & 27

(4) CITY: Leesburg (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FT3513150	.07	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.086	Commercial	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/1) EFFLUENT	(16) TSS (mg/1) EFFLUENT
				4.0	3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.9

(24) BOD (mg/1) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/1) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab (28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

1-7577

DER Form 17-1.205(7) Effective November 30, 1982

Month January Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.175	1.0			7.2			
3	.069	1.2			7.2			
4	.049	1.2			7.3			
5	.075	1.2			7.3			
6	.077	1.2			7.3			
7	.078	1.2			7.3			
8	.076	1.0			7.3			
9	.06	1.0			7.2			
10	.075	1.0			7.2			
11	.059	1.0	2.5	5.0	7.2			
12	.073	1.0			7.2			
13	.065	1.0			7.2			
14	.055	1.0			7.3			
15	.086	1.0			7.3			
16	.056	0.9			7.3			
17	.06	1.5			7.3			
18	.063	1.2			7.2			
19	.062	1.0			7.3			
20	.065	0.9			7.2			
21	.073	1.5			7.3			
22	.065	1.2			7.3			
23	.061	1.2			7.3			
24	.044	1.2			7.3			
25	.083	1.2	5.4	1.0	7.3			
26	.056	1.2			7.2			
27	.061	1.0			7.2			
28								
29	.123	1.0			7.2			
30	.058	1.0			7.3			
31	.07	1.2			7.2			
TOT	2.07	32.4	7.9	6.0	224.9			
AVG	.07	1.1	4.0	3.0	7.2			

Page 1 of 2

0953

DER PC

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 303580000168

Brian E Heath — 2-28-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & State Rd 19

(4) CITY: Mineola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35131150	.08	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.118	8	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.4	4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC Pond

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

A-7522

DER FORM 17-1.205(7) Effective November 30, 1982

Month February Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.096	1.0			7.2			
2	.063	1.2			7.3			
3	.063							
4	.063	1.3			7.2			
5	.077	1.2			7.3			
6	.096	1.0			7.3			
7	.105	1.0	3.8	2.0	7.3			
8	.078	1.2			7.3			
9	.066	1.2			7.4			
10	.068	1.2			7.3			
11	.062							
12	.117	1.2			7.3			
13	.05	1.3			7.3			
14	.072	1.0			7.3			
15	.077	1.2			7.3			
16	.108	1.2			7.3			
17	.092	1.5			7.3			
18	.105	1.0			7.3			
19	.078	1.2			7.3			
20	.101	1.3			7.3			
21	.103	1.2	5.0	6.0	7.3			
22	.107	1.0			7.3			
23	.118	1.0			7.4			
24								
25	.087	1.0			7.4			
26	.069	1.0			7.3			
27	.106	1.0			7.3			
28	.094	1.2			7.2			
29								
30								
31								
TOT	2.26	28.3	8.8	8.0	182.4			
AVG	.08	1.1	4.4	4.0	7.3			

0954

DER
PC

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) CMS I 3035P000168

Brian E Heath — 4-2-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 441275

(4) CITY: Mineola (5) COUNTY: LAKE PHONE NO. 8004324501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0T35-131150	.086	.250	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.109	8-Commercial	[M] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/1) EFFLUENT	(16) TSS (mg/1) EFFLUENT
				5.1	4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR | SHIFT 1 (Day) | SHIFT 2 (Evening) | SHIFT 3 (Night)

C-7522

DER Form 17-C.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.096	1.3			7.3			
2	.096	1.0			7.3			
3	.077	1.0			7.3			
4	.101	1.3			7.2			
5	.094	1.3			7.3			
6	.085	1.2			7.2			
7	.091	1.2	6.0	7.0	7.3			<1
8	.089	1.0			7.3			
9	.089	1.2			7.3			
10	.093	1.2			7.3			
11	.079	1.2			7.3			
12	.087	1.3			7.3			
13	.09	1.2			7.3			
14	.09	1.2			7.3			
15	.066	1.3			7.2			
16	.104	1.0			7.3			
17	.082	1.0			7.2			
18	.083	1.0			7.3			
19	.086	1.0			7.4			
20	.089	1.2			7.4			
21	.078	1.0	4.1	1.0	7.4			
22	.082	1.0			7.3			
23	.095	1.3			7.4			
24	.089	1.2			7.4			
25	.093	1.0			7.4			
26	.048	1.3			7.4			
27	.073	1.2			7.3			
28	.079	1.0			7.3			
29	.077	1.0			7.3			
30	.109	1.2			7.3			
31	.076	1.0			7.3			
TOT	2.665	34.6	10.1	8.0	226.6			51
AVG	.096	1.1	5.1	4.0	7.3			51

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

(1) GNS # 3035P000168

Brian E Heath 4-30-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Clermont (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DT35131150 .079 .25 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.105 Commercial (7)

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

6.4 5.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.4 1.0

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DNSTREAM TIME/DATE OF SAMPLE UPSTREAM DNSTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

GRAB Rapid Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.081	1.0			7.4			
2	.084	1.2			7.4			
3	.081	1.2			7.4			
4	.057	1.2			7.3			
5	.071	1.2			7.4			
6	.08	1.2			7.4			
7	.073	1.2			7.4			
8	.072	1.0			7.4			
9	.085	1.2			7.3			
10	.097	1.2			7.3			
11	.105	1.2			7.4			
12	.091	1.0	5.5	4.0	7.4			
13	.098	1.2			7.3			
14	.081	1.2			7.4			
15	.08	1.2			7.4			
16	.053	1.2			7.4			
17	.07	1.0			7.4			
18	.081	1.2			7.4			
19	.075	1.0			7.3			
20	.09	1.0			7.4			
21	.071	1.0			7.3			
22	.091	1.0			7.4			
23	.095	1.2			7.4			
24	.082	1.0			7.4			
25	.058	1.0			7.4			
26	.103	1.0	7.3	2.0	7.3			
27	.083	1.2			7.4			
28	.088	1.2			7.4			
29	.061	1.2			7.4			
30	.035	1.0			7.4			
31								
TOT	2.361	33.6	12.8	11.0	221.9			
AVG	.079	1.1	6.4	5.5	7.4			

0956

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) GDS # 3035V0005168

Brian E. Heath 5-31-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway #560

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER DT 35-131150 (7) AVG FLOW MGD .071 (8) DESIGN FLOW MGD .25 (9) TYPE 3C

(10) MAX FLOW (MGD) .104 (11) POP SERVED 7 (Commercial) (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL ____

(15) BOD (mg/l) EFFLUENT 3.85

(16) TSS (mg/l) EFFLUENT 5.5

(17) pH 7.3

(18) TOTAL N mg/l ____

(19) AMMONIA mg/l ____

(20) NITRITE + NITRATE mg/l ____

(21) TOTAL P mg/l ____

(22) ORTHO P mg/l ____

(23) CHLOR RESID ppm 0.9

(24) BOD (mg/l) UPSTREAM ____ DNSTREAM ____ FINE/DATE OF SAMPLE ____/____

(25) DO (mg/l) UPSTREAM ____ DNSTREAM ____

(26) EFFLUENT PARAMETER ____ VALUE ____ (UNITS) ____

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR CLASS C-7522 SHIFT 1 (Day) ____ SHIFT 2 (Evening) ____ SHIFT 3 (Night) ____

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.091	1.2			7.3			
2	.104	1.2			7.4			
3	.071	1.0			7.3			
4	.069	1.0			7.3			
5	.063	1.0			7.4			
6	.071	1.0			7.4			
7	.071	1.2			7.4			
8	.065	1.2			7.3			
9	.07	1.2	3.3	3.0	7.3			<1
10	.086	1.0			7.3			
11	.065	1.0			7.3			
12	.05	1			7.3			
13	.073	1.0			7.3			
14	.085	1.2			7.3			
15	.076	1.2			7.3			
16	.081	1.0			7.5			
17	.068	1.2			7.3			
18	.062	1.2			7.3			
19	.062	1.2			7.3			
20	.041	1.2			7.3			
21	.096	1.2			7.3			
22	.078	1.2			7.2			
23	.073	1.2	7.4	8.0	7.3			
24	.076	1.2			7.4			
25	.064	1.2			7.3			
26	.062	1.2			7.3			
27	.072	1.0			7.3			
28								
29	.135	1.2			7.3			
30	.073	1.2			7.3			
31	.063	1.2			7.3			
TOT	2.214	33.9	22	11.0	226.1			<1
AVG	.071	1.1	3.85	5.5	7.3			<1

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1990

(1) GDS # 3035136000164

Brian E. Heath 6-30-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 1-800-432-4770

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35131150	.08	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.117	760 mm	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 3 3 P 3

(28) TYPE EFFL DISPOSAL: Irrig Land

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A-7522

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.072	1.0			7.3			
2	.071	1.2			7.3			
3	.083	1.5			7.3			
4	.084	1.2			7.2			
5	.09	1.2			7.2			
6	.082	1.0			7.2			
7	.105	1.0			7.2			
8	.079	1.2			7.2			
9	.083	1.2			7.2			
10	.083	1.2			7.2			
11	.117	1.0			7.2			
12	.085	1.0			7.2			
13	.091	1.0	3.9	5.0	7.1			
14	.082	1.0			7.2			
15	.076	1.0			7.2			
16	.058	1.0			7.3			
17	.052	1.0			7.3			
18	.101	1.5			7.3			
19	.084	1.2			7.2			
20	.095	1.0			7.3			
21	.077	1.5			7.4			
22	.085	1.2			7.3			
23	.061	1.2			7.3			
24	.098	1.2			7.3			
25	.082	1.0			7.2			
26	.088	1.2			7.2			
27	.083	1.0			7.2			
28	.066	1.0	3.4	1.0	7.2			
29	.069	1.0			7.2			
30	.063	1.2			7.2			
31								
TOT	2.45	33.9	7.3	6.0	225			
AVG	.08	1.1	3.65	3.0	7.2			

0958

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) GNS # 3036P0001G8

Brian E. Heath — 7-31-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27219

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT35131150	.07	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.102	25	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.1	5.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	FINC/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DEP Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.075	1.2			7.2			
2	.071	1.0			7.2			
3	.076	1.2			7.3			
4								
5	.16	1.0			7.2			
6	.058	1.2			7.2			
7	.071	1.8			7.3			
8	.091	1.2			7.2			
9	.102	1.2			7.2			
10	.066	1.2			7.2			
11	.065	1.2	5.3	8.0	7.2			4
12	.051	1.2			7.2			
13	.042	1.2			7.2			
14	.038	1.2			7.2			
15	.069	1.2			7.2			
16	.097	1.2			7.2			
17	.088	1.0			7.2			
18	.079	1.2			7.3			
19	.094	1.2			7.2			
20	.067	1.0			7.2			
21	.072	1.0			7.3			
22	.066	1.0			7.3			
23	.061	1.0			7.3			
24	.076	1.0			7.2			
25	.052	1.0			7.3			
26	.039	1.0			7.4			
27	.031	1.0	2.9	2.0	7.3			
28	.037	1.0			7.3			
29	.044	1.0			7.3			
30	.099	1.2			7.3			
31	.069	1.0			7.3			
TOT	2.14	33.8	8.2	10.0	220.3			4
AVG	.07	1.1	4.1	5.0	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) GHS # 30_36P000168

Brian Hiatt 8-31-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 19&27

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DF35131150	.046	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.113	24.5	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.3	4.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER FORM 17-1.203(17) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.098	1.0			7.3			
2	.085	1.2			7.3			
3	.058	1.0			7.4			
4	.065	1.0			7.4			
5	.113	1.0			7.4			
6	.065	1.0			7.4			
7	.093	1.0			7.4			
8	.088	1.0	1.1	2.0	7.3			
9	.035	1.0			7.3			
10	.047	1.0			7.4			
11	.03	1.3			7.3			
12	.029	1.5			7.3			
13	.035	1.2			7.3			
14	.033	1.3			7.3			
15	.042	1.2			7.3			
16	.035	1.0			7.3			
17	.035	1.2			7.3			
18	.031	1.2			7.3			
19	.031	1.0			7.3			
20	.03	1.0			7.3			
21	.029	1.0			7.3			
22	.04	1.0	3.4	7.0	7.3			
23	.036	1.0			7.3			
24	.033	1.0			7.3			
25	.033	1.0			7.3			
26	.031	1.0			7.3			
27	.03	1.0			7.4			
28	.029	1.0			7.3			
29	.03	1.0			7.3			
30	.025	1.0			7.3			
31	.025	1.0			7.3			
101	1.413	32.9	4.5	9.0	7.4			
AVG	.046	1.1	2.3	4.5	7.3			

Page 1 of 2

DEK PC Eng

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 1990

(1) GNS # 3035P000168

Brian E Heath 9-30-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT 35 131159	.036	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.074	25	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION			(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Ind Flow MGD	BOD lb/d	TSS lb/d	INFIL	EFFLUENT	EFFLUENT
				1.9	3.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/ /					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.027	1.0			7.3			
2	.027	1.0			7.3			
3								
4	.05	1.0			7.2			
5	.03	1.0			7.2			
6								
7	.052	1.0			7.1			
8	.018	1.0			7.3			
9	.024	1.0			7.3			
10	.022	1.2			7.2			
11	.057	1.0			7.3			
12	.069	1.0	2.7	41	7.3			
13	.069	1.0			7.2			
14	.059	1.0			7.2			
15	.071	1.0			7.2			
16	.044	1.0			7.2			
17	.074	1.2			7.3			
18	.069	1.2			7.3			
19	.065	1.2			7.3			
20	.066	1.2			7.3			
21	.017	1.2			7.3			
22	.015	1.0			7.3			
23	.015	1.0			7.3			
24	.018	1.2			7.3			
25	.019	1.2			7.1			
26	.019	1.0			7.1			
27	.016	1.0	1	6	7.3			
28	.017	1.2			7.3			
29	.014	1.8			7.3			
30	.026	1.5			7.3			
31								
TOT	1.07	31.1	3.7	7	203.7			
AVG	.018	1.0	1.9	3.5	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 1990

(1) GDS # 3035000168

Brian E. Heath 11-1-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 27 & 19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DT35131150 .06 .25 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.09 7

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

3.1 3.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.2 T.C

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Rosa Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

A. 7522

DEP Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.024	1.0			7.3			
2	.026	1.0			7.2			
3	.015	1.2			7.3			
4	.024	1.2			7.3			
5	.034	1.2			7.2			
6	.076	1.2			7.2			
7	.042	1.2			7.2			
8	.066	1.0			7.2			
9	.077	1.2			7.2			
10	.069	1.2	4	4	7.2			
11	.055	1.5			7.3			
12	.069	1.2			7.3			
13	.044	1.2			7.2			
14	.044	1.2			7.3			
15	.031	1.0			7.2			
16	.075	1.0			7.2			
17	.077	1.0			7.3			
18	.062	1.0			7.2			
19	.074	1.2			7.2			
20	.058	1.0			7.2			
21	.069	1.5			7.2			
22	.090	1.2			7.3			
23	.072	1.2			7.3			
24	.075	1.2	2.3	3	7.2			
25	.074	1.0			7.2			
26	.074	1.2			7.3			
27	.041	1.2			7.3			
28	.064	1.2			7.3			
29	.041	1.0			7.3			
30	.053	1.0			7.3			
31	.053	1.0			7.2			
TOT	1.87	34.2	6.3	7	224.3			
AVG	0.06	1.1	3.1	3.5	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov Year 1990

(1) GDS # 3035P000168

Brian E. Heath 11-30-90
Signature of Land Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway

(3) PLANT ADDRESS: Hwy 19 & 27

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DT 35131150	.074	.25	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.113	7	[7] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW UNTIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.1	<1

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.0

(24) MPN (mg/l) UPSTREAM DOWNSTREAM FIELD/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/				

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Rapid Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.106	1.0			7.3			
2	.106	1.0			7.2			
3	.1075	1.0			7.2			
4	.1071	1.2			7.2			
5	.1069	1.2			7.2			
6	.1083	1.4			7.3			
7	.106	1.5			7.1			
8	.106	1.5			7.2			
9	.1081	1.8			7.2			
10	.1074	1.8			7.2			
11	.108	1.8			7.1			
12	.1071	1.5			7.2			
13	.1071	1.5			7.2			
14	.1078	1.5	2.3	<1	7.3			5/L
15	.1083	1.3			7.3			
16	.1087	1.3			7.2			
17	.1051	1.5			7.2			
18	.1072	1.5			7.3			
19	.113	1.2			7.3			
20	.108	1.2			7.2			
21	.108	1.2			7.2			
22								
23	.143	1.2			7.3			
24	.09	1.0			7.3			
25	.106	1.2			7.3			
26	.108	1.2			7.2			
27	.074	1.5			7.2			
28	.075	1.5			7.3			
29	.1068	1.5	1.9	<1	7.3			
30	.071	1.5			7.3			
31								
TOT	2.225	37.9	4.2	<1	209.8			5/L
AVG	.1074	1.3	2.1	<1	7.2			5/L

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 1990

(1) GNS # 3035P000168

Brian E Heath 12-31-90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Sunshine Parkway #560

(3) PLANT ADDRESS: Hwy 27&19

(4) CITY: Minneola (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DT35131150 .046 .35 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

.09 7 (commercial) [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFL (15) BOD (mg/l) EFFLUENT 2.4 (16) TSS (mg/l) EFFLUENT 1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.2

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FREQ./DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Percs Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-1.205(7) Effective November 30, 1982

(28)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.057	1.5			7.3			
2	.069	1.5			7.3			
3	.096	1.3			7.3			
4	.065	1.3			7.3			
5	.066	1.2			7.2			
6	.059	1.2			7.3			
7	.051	3.0			7.2			
8	.071	1.2			7.2			
9	.053	1.2			7.3			
10	.071	2.5			7.2			
11	.06	1.8			7.3			
12	.066	1.3	2.8	1.5	7.2			
13	.034	1.5			7.3			
14	.031	1.5			7.4			
15	.032	1.5			7.3			
16	.029	1.9			7.3			
17	.025	1.9			7.4			
18	.033	1.5			7.3			
19	.038	1.5	2.0	1.5	7.2			
20	.036	1.9			7.3			
21	.03	1.5			7.3			
22	.023	1.5			7.3			
23	.037	1.5			7.3			
24	.034	1.2			7.3			
25								
26	.073	1.5			7.3			
27	.035	1.5			7.2			
28	.03	1.8			7.2			
29	.042	1.8			7.3			
30	.031	1.5			7.3			
31	.048	1.5			7.3			
TOT	1.413	47.5	4.8	3.0	218			
AVG	.046	1.6	2.4	1.5	7.3			

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University Shores - 106

Orange County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048P02944

A-389 [signature] 02-09-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 8600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DQ48-168924	0.2415	0.275	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.2958		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
/	/	/	/	3.46	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.5	5.05	/	/	0.07	/	1.52

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	/	/	/	/	/	/	/

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
DANIEL DEOCA	TRAN TRAN	JOSE DEPEDRO	ERNEST JACKSON
A-389	C-7600	C-7701	C-7623

OCR Form 17-1.202(11) Effective November 30, 1982

(30) Month JAN Year 1991

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)	DISCHARGE TO SO. (mgd)
1	*0.2415	3.5			7.1					0
2	*0.2415	1.5	8.0	1.0	5.7					0
3	*0.2415	2.2			5.8					0
4	*0.2415	2.1			6.2	5.6	0.05	2200	0.82	0
5	*0.2415	2.6			6.3					0
6	*0.2415	1.2			6.3					0
7	*0.2415	1.5			5.9					0
8	*0.2415	0.5			6.3					0
9	*0.2415	1.5	3.5	1.0	6.4	3.6	0.10	2200	0.92	0
10	*0.2415	3.0			6.0					0
11	*0.2415	3.5			6.9					0
12	*0.2415	3.5			5.4					0
13	0.1581	3.5			5.4					0
14	0.1693	0.7			6.1					0
15	0.1382	0.5			6.8					0
16	0.2785	0.5	5.5	1.0	5.9					0
17	0.8028	0.5			6.8	2.5	0.10	2200	1.1	0
*18	0.8500	0.5			6.9					0
*19	0.8500	0.5			6.8					0
*20	0.8500	0.5			6.6					0
*21	0.8500	0.7			6.8					0
*22	0.8500	1.0			7.1					0
23	0.8886	1.5	3.0	1.0	5.0	0.59	<0.05	4	0.83	0
24	0.2946	8.0			6.8					0
25	0.2858	1.7			6.8					0
*26	0.2500	1.5			6.8					0
*27	0.8500	1.8			6.8					0
28	0.1768	0.5			7.1					0
29	0.2858	0.5			7.1					0
30	0.2785	1.5			6.8					0
31	0.2768	0.5	3.3	1.0	6.8	1.30	<0.05	2800	8.4	0
TOT	7.4865	47	17.3	5.0	201.5	25.39	0.35	27004	11.57	0
AVG	0.2415	1.52	3.46	1.0	6.5	3.05	0.07	2800	9.51	0

* Using the Average Flow from the 1st through the 31 is due for Flow totalizer was out of service.
+ Fecal Coliform was Exceed the permit due problems with SO2.

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 3048P00417

A-389 Daniel DeBaca 02-09-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #2

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2450

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FD048-LL4829	0.5441	1.0	EB

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.8872		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
/	/	/	/	6.78	2.4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.92	/	/	/	/	/	3.06

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/		/	/	/	/	/	

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCULATION & SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
DAN DEBACA	TRAV TOAL	JOE DEPEDRO	ERNEST JACKSON
A 389	C-7600	C 7701	C 7623

DER Form 17-1.205(7) Effective November 30, 1982

(30) Month JAN Year 91

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU
1	0.5543	3.0			6.6				3.4
2	0.3585	3.1	8.0	6.0	6.3				2.8
3	0.4878	3.5			6.4				0.41
4	0.8872	2.8			6.6			>200	1.60
5	0.5687	3.1			6.7				1.23
6	0.6492	3.5			6.5				1.55
7	0.4074	3.6			6.6				1.22
8	0.5684	3.5			6.8				1.81
9	0.8625	3.0	7.0	8.0	7.1			>200	1.53
10	0.3628	3.5			6.8				1.67
11	0.8272	3.5			6.9				1.72
12	0.5148	1.1			7.1				1.85
13	0.6081	3.5			7.0				1.75
14	0.4916	3.5			7.4				1.93
15	0.3499	3.5			7.5				1.87
16	0.8542	3.5	5.5	8.0	7.5				1.80
17	0.6932	3.5			7.1			>200	1.60
18	0.5560	3.5			7.2				1.52
19	0.5389	3.5			6.9				1.62
20	0.5580	3.5			7.0				1.36
21	0.5816	3.5			7.4				1.68
22	0.7168	3.5			7.4				1.47
23	0.6788	3.5	5.0	1.0	7.0			>200	1.35
24	0.4289	3.3			6.9				1.04
25	0.3000	3.5			6.9				1.10
26	0.3061	3.5			7.1				1.62
27	0.2905	3.5			7.1				2.98
28	0.4530	1.0			6.6				2.89
29	0.6848	3.5			6.6				1.25
30	0.5664	3.5			6.8				3.38
31	0.2896	3.0	8.4	1.0	6.8			>200	0.67
101	16.8687	94.9	35.9	12.0	214.6			>2000	56.78
AVG	0.5441	3.06	6.78	2.4	6.92			>200	1.83

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★ - Fecal Coliform was exceed the Permit didn't received the result near by the end of month.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEB Year 1991

(1) GMS # 3048P028944

Daniel De Zaca A-389 03-01-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP # 1

(3) PLANT ADDRESS: 8600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2450

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO48-168974 0.1618 0.275 IC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.2994 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d: /

(14) % FLOW INFIL: /

(15) BOD (mg/1) EFFLUENT: 2.05

(16) TSS (mg/1) EFFLUENT: 1.25

(17) pH: 6.73

(18) TOTAL N: 4.4 mg/l

(19) AMMONIA: / mg/l

(20) NITRITE + NITRATE: / mg/l

(21) TOTAL P: 0.096 mg/l

(22) ORTHO P: / mg/l

(23) CHLOR RESID: 2.56 ppm

(24) BOD (mg/1) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: / / /

(25) DO (mg/1) UPSTREAM / DNSTREAM: / /

(26) EFFLUENT PARAMETER / VALUE / (UNITS): / /

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: DANIEL DEZACA
SHIFT 1 (Day): TRAN TRAN
SHIFT 2 (Evening): FRANK JACKSON
SHIFT 3 (Night): JOSE DEPEDRO
A 389 C-7600 C-7263 C-7701

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)	SO_4
1	0.8657	1.0			6.8					0
2	0.8552	1.5			6.8					0
3	0.8915	1.0			6.8					0
4	0.2669	1.7			6.3					0
5	0.2994	0.5			7.1					0
6	0.1462	0.5	3.0	1.0	6.9					0
7	0.1487	3.5			7.0	6.9	0.062	<1	0.45	0
8	0.1645	3.5			6.7					0
9	0.1576	3.5			6.7					0
10	0.1263	1.0			6.5					0
11	0.1531	3.5			7.1					0
12	0.1668	2.5			7.0					0
13	0.1437	3.5	2.0	2.0	7.0	6.3	0.14	<1	0.56	0
14	0.1505	3.5			6.9					0
15	0.1358	3.5			6.8					0
16	0.1688	3.5			6.7					0
17	0.2400	3.5			6.3					0
18	0.1595	1.8			6.7					0
19	0.1444	2.0			6.7					0
20	0.1576	3.5			6.6	8.8	0.11	<1	0.61	0
21	0.1469	0.5	3.0	1.0	7.0					0
22	0.1654	2.8			6.7					0
23	0.1519	3.5			6.7					0
24	0.1523	2.0			6.1					0
25	0.1393	3.0			6.0					0
26	0.0995	3.5			7.2					0
27	0.1373	3.5	1.3	1.0	7.1	1.5	0.021	<1	0.57	0
28	0.1284	3.5			6.4					0
29	/	/	/	/	/	/	/	/	/	/
30										
31										
TOT	4.5136	71.8	5.3	5.0	188.6	17.5	0.383	<4	2.19	
AVG	0.1612	2.56	3.05	1.25	6.73	4.4	0.096	<1	0.55	0

* Nitrogen high in early month due to high suspended solids in ditch. Now under control - Bill

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8960

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 3048 PD0417 — Month FEB Year 1991

Daniel DeBaca A-389 03-01-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORE STP II

(3) PLANT ADDRESS: 2600 HARBEEL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2450

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0048-114889	0.5524	1.0	II B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.9016		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	2.3	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9	✓	✓	✓	✓	✓	3.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
✓	✓	✓	✓	✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCULATION POND & SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: DANIEL DEBACA SHIFT 1 (Day): TRAN TOAN SHIFT 2 (Evening): ERNIE JACKSON SHIFT 3 (Night): JOSE DEPEDRO

A-389 C-7600 C-7263 C-7701

DER Form 17-1.201(7) Effective November 30, 1982

(30)

DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU mg/L
1	0.7896	3.5			6.9				2.2
2	0.3936	4.2			7.0				2.1
3	0.4915	1.5			7.1				2.3
4	0.4544	3.5			6.5				2.7
5	0.7217	3.5			6.9				2.07
6	0.4080	3.5	2.0	1.0	7.1				0.85
7	0.5850	3.5			7.2			<1	1.5
8	0.4980	3.0			6.9				1.3
9	0.7152	3.5			6.8				1.4
10	0.4518	3.5			6.9				1.4
11	0.6303	2.5			6.6				1.1
12	0.3552	2.7			7.0				1.8
13	0.4944	4.0	3.0	2.0	6.8			<1	1.3
14	0.4598	3.5			7.2				3.0
15	0.7040	2.2			6.7				2.2
16	0.4795	2.7			7.1				1.9
17	0.4976	3.5			6.5				1.4
18	0.5864	3.5			7.2				1.7
19	0.8818	3.5			6.4				1.1
20	0.4560	3.0			7.0			<1	3.16
21	0.4840	3.5	2.0	2.0	7.0				2.1
22	0.7800	4.5			7.1				1.6
23	0.4840	3.5			6.9				2.38
24	0.9016	2.7			6.9				2.5
25	0.4398	1.5			7.0				2.4
26	0.5398	3.5			7.0				2.2
27	0.5084	2.8	2.30	1.0	7.0			<1	2.1
28	0.3776	3.4			6.9				2.6
29									
30									
31									
TOT	15.4625	86.1	9.3	6.0	195.4			<4	3091
AVG	0.5584	3.0	2.3	1.5	6.9			<1	1.78

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 1991

(1) GNS # 3048 P02944

Signature of Lead Operator in Charge — Date 04-09-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO48-168974	0.1421	0.275	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.2633	7395	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	2.0	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.54	3.18	✓	✓	0.662	✓	2.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
✓	✓	✓	✓	✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE (28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
DANIEL DEBACA	TRAN TAN	JOSE DEPEDRO	ERNIE JACKSON
A389	C-7600	C 7701	C 7623

DER Form 17-1.105(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)	SC (...)
1	0.1458	2.1			6.8					
2	0.1483	2.2			6.9					
3	0.1629	2.5			6.1					
4	0.1285	1.5			6.3					
5	0.0656	2.5			6.2					
6	0.1350	2.5	2.0	1.0	6.6					
7	0.1516	2.5			6.6					
8	0.0846	2.5			6.8	1.01	0.055	<1	0.68	
9	0.1728	2.5			6.6					
10	0.1351	2.0			6.0					
11	0.1242	2.5			6.5					
12	0.1433	2.5			6.4					
13	0.1580	2.5	2.0	1.0	6.8					
14	0.1359	2.5			6.6	2.60	0.65	<1	0.48	
15	0.1512	2.5			6.8					
16	0.1561	1.2			6.6					
17	0.1898	2.0			6.5					
18	0.1443	2.5			6.7					
19	0.1447	2.0			6.8	0.556	0.08	<1	0.46	
20	0.1452	2.5	2.0	1.0	6.9					
21	0.1384	2.5			6.8					
22	0.1379	2.5			6.9					
23	0.1663	1.5			6.5					
24	0.1802	1.5			6.8					
25	0.1457	2.5			6.5					
26	0.1527	2.5			6.5					
27	0.1447	2.5	2.0	1.0	6.3					
28	0.1424	2.5			6.1					
29	0.1440	1.0			6.8	0.58	0.064	<1	0.28	
30	0.1405	2.5			6.6					
31	0.1339	3.0			6.2					
TOT	4.4066	76.7	60.0	30.0	203.2	13.746	0.239	<4	4.63	
AVG	0.1421	2.80	2.0	1.0	6.55	2.19	0.062	<1	1.10	

Page 1 of 2

* The total Nitrogen Average of this month was exceed the Limit. The explanation letter will follow to you as soon as possible.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3048 P00417 — Month MARCH Year 1991

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP # 2

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
P048-114429	0.5731	1.0	IIB

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.1048		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
/	/	/	/	3.5	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.94	/	/	/	/	/	0.42

(24) DUO (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	/	/	/	/	/	/	/

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCOLATION POND & SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
DAN DEPACA A-389	TRAN TRAN C-7600	JOSE DEPEDRO C-7701	ERVIE JACKSON C-7623

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU's (mg/l)
1	0.4960	3.5			7.2				0.76
2	0.3886	3.0			7.0				0.95
3	0.3329	3.5			7.1				1.65
4	0.2080	3.5			7.1				1.97
5	0.5358	3.2			7.0				1.06
6	0.4760	2.8	2.0	2.0	7.6				1.10
7	0.4321	3.5			6.6				1.60
8	0.9960	3.5			6.6			<1	1.95
9	0.3769	1.4			7.3				1.51
10	0.4698	1.5			6.5				1.05
11	0.6919	3.5			6.0				1.69
12	0.5573	3.5			6.9				1.32
13	0.4953	3.2	4.0	1.0	6.6				1.18
14	0.4491	3.5			6.9			<1	0.45
15	0.4777	3.1			6.7				1.38
16	0.3865	1.3			6.0				3.56
17	0.2150	0.4			7.0				2.19
18	0.7193	2.3			7.0				1.72
19	0.4480	3.5			6.9			<1	2.07
20	0.5504	3.0	6.0	1.0	6.9				1.91
21	0.4956	1.6			6.9				0.70
22	0.5140	2.9			7.0				1.21
23	0.4385	2.1			6.9				1.16
24	0.6209	2.9			6.9				0.82
25	1.1048	3.5			7.1				0.72
26	0.6276	2.8			7.0				0.89
27	0.4895	3.1	2.0	1.0	7.3				1.02
28	0.5044	3.5			7.1				0.75
29	0.4418	3.5			6.8			<1	0.71
30	0.7600	3.5			6.8				0.98
31	0.4987	1.2			7.2				1.51
TOT	17.7675	87.6	N.A	6.0	215.2			<4	39.11
AVG	0.5731	2.82	3.5	1.5	6.94			<1	1.26

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 3048902944 Daniel DeBaca A-389 05-01-1991
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 2600 HARBELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2450

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0048-168924	0.1470	0.225	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.1827	8,337	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	1.9	2.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.63	1.89	✓	✓	0.075	✓	0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
✓	✓	✓	✓	✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE (28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: DANIEL DEBACA A-389 SHIFT 1 (Day): JOAN JOSE DEPEDRO C-7600 SHIFT 2 (Evening): ERNEST JACKSON C-7701 SHIFT 3 (Night): C-7623

OCR Form 17-1.203(7) Effective November 30, 1982

Month APRIL Year 1991

(30) DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)	SOR (mg/l)	
1	0.1504	0.5			6.3						0
2	0.1536	1.0			6.5						0
3	0.1478	0.7			6.6						0
4	0.1314	0.6	2.0	2.0	6.6	4.6	<0.05	≤1	1.6		0
5	0.1438	2.0			6.6						0
6	0.1469	1.5			2.0						0
7	0.1847	2.6			6.8						0
8	0.1367	2.5			6.3						0
9	0.1365	3.5			6.5						0
10	0.1443	3.5			6.8	1.67	0.067	≤1	0.78		0
11	0.1801	3.5	1.0	4.0	6.6						0
12	0.1475	2.5			6.8						0
13	0.1508	3.0			6.8						0
14	0.1507	3.5			6.8						0
15	0.1523	1.8			6.7						0
16	0.1454	1.5			6.7						0
17	0.1188	2.0			6.4	0.70	0.106	1.0	0.60		0
18	0.1326	2.5	3.4	3.0	6.9						0
19	0.1674	3.5			6.8						0
20	0.1636	3.5			6.2						0
21	0.1458	2.0			6.4						0
22	0.1407	3.5			6.9						0
23	0.1526	2.8			6.4						0
24	0.1594	3.5			6.9	1.13	0.12	* 2400	0.76		0
25	0.1669	2.5	1.2	4.0	7.0						0
26	0.1692	3.5			7.0						0
27	0.1555	3.5			7.4						0
28	0.1727	2.5			6.1						0
29	0.1687	2.8			6.8						0
30	0.1436	1.0			6.7						0
31											
TOT	4.4186	76.9	7.6	10.0	198.8	3.1	0.298	203	3.72		0
AVG	0.1470	2.56	1.9	2.5	6.63	1.38	0.075	50.8	0.93		0

Page 1 of 2

* THE FEBAL COLIFORM AT 04-24-91 WAS HIGH, WE'LL HAVE LETER TO EXPLAINED LATER.

0971

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048P00417 Daniel McGuire A-389 04-01-91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #2

(3) PLANT ADDRESS: 8600 HARBELL BD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO48-L14829 0.5906 1.0 IIB

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.9999 8,337 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD | BOD lb/d | TSS lb/d | INFIL | EFFLUENT | EFFLUENT
— | — | — | — | 2.9 | 2.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
6.94 | — | — | — | — | — | 0.7

(24) DOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE
— | — | —

(25) DO (mg/l) UPSTREAM DNSTREAM
— | —

(26) EFFLUENT PARAMETER VALUE (UNITS)
— | — | —

(27) TYPE SAMPLE(S)
GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL
SPRAY IRRIGATION & PERCOLATION POND

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
DAN DEDACA TRAN TRAN JOSE DEPEDRO ERNEST JACKSON
A-389 C-7600 C-7701 C-7623

DER Form 17-7.205(1) Effective November 30, 1982

(30) Month APRIL Year 1991

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU (mg/l)
1	0.7204	3.5			6.4				1.9
2	0.3865	1.8			6.6				1.5
3	0.5240	2.0			6.9				1.1
4	0.4800	2.1	3.0	2.0	7.2			≤1	1.7
5	0.2200	1.5			7.0				1.6
6	0.6234	0.7			7.2				2.1
7	0.6396	2.2			7.0				1.8
8	0.9560	2.5			6.3				1.6
9	0.1560	3.0			7.0				1.4
10	0.4830	2.5			6.9			≤1	2.4
11	0.2480	2.0	1.0	1.0	7.1				1.9
12	0.4080	1.0			7.0				0.5
13	0.5688	1.1			7.0				0.7
14	0.7696	1.0			7.0				0.7
15	0.5104	2.5			6.9				0.9
16	0.5016	1.0			6.9				1.1
17	0.5260	2.5			7.1			1.0	1.5
18	0.5160	2.5	2.9	2.0	6.8				1.9
19	0.5040	3.5			6.7				2.0
20	0.8808	2.5			6.6				1.7
21	0.5904	1.9			6.9				1.2
22	0.6960	1.0			6.9				1.4
23	0.4858	1.9			6.8				1.1
24	0.5671	1.5			6.7			≤1	1.5
25	0.9999	2.5	4.5	3.0	7.2				1.1
26	0.9560	2.0			7.3				1.3
27	0.6687	2.0			7.1				0.9
28	0.6971	2.0			7.2				0.6
29	0.5160	1.5			7.1				1.2
30	0.5144	2.5			7.5				1.6
31									
TOT	17.7187	64.5	11.4	8.0	205.2			<4	41.1
AVG	0.5906	2.15	2.9	2.0	6.94			<1	1.4

Page 1 of 2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) DHS # 3048P02944 Daniel McBaca-A-369 06-05-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORE STP #1

(3) PLANT ADDRESS: 2600 HARBELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0481722 14	0.1631	0.275	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.1996	8,337	(X) Membrane Filter ( ) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	3.25	1.375

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.8	0.645	✓	✓	0.1472	—	0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
✓	✓	✓	✓	✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: DAN DEBACA SHIFT 1 (Day): TRAN TRAN SHIFT 2 (Evening): JEAN PITZER SHIFT 3 (Night): ERNEST JACKSON

DER Form 17-1.205(7) Effective November 30, 1982

A 399 C 7693

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN mg/L	Dechlorination Sec.
1	0.1587	3.3	5.0	1.5	7.0					0
2	0.1545	3.5			6.8					0
3	0.1588	3.0			7.0	0.771	0.223	≤1	0.511	0
4	0.1537	2.5			7.1					0
5	0.1663	3.0			7.2					0
6	0.1251	2.5			7.1					0
7	0.1758	3.5			6.7	0.676	0.175	≤1	0.676	0
8	0.1823	3.3	1.0	1.0	6.8					0
9	0.1679	2.1			6.7					0
10	0.1685	3.4			6.5					0
11	0.1996	3.5			6.7					0
12	0.1676	3.5			6.5					0
13	0.1530	3.0			7.1					0
14	0.1695	0.5			7.1					0
15	0.1836	0.6			7.3					0
16	0.1739	3.5	5.0	2.00	7.1	0.638	0.132	≤1	0.506	0
17	0.1512	3.5			6.8					0
18	0.1559	3.5			6.5					0
19	0.1619	3.5			7.2					0
20	0.1065	3.5			6.9					0
21	0.1537	3.5			6.7					0
22	0.1665	3.2			6.7					0
23	0.1676	3.1	2.0	1.0	6.2	0.487	0.099	≤1	0.487	0
24	0.1819	3.2			6.6					0
25	0.1391	3.5			6.8					0
26	0.1383	3.5			7.0					0
27	0.1915	3.5			6.5					0
28	0.1810	3.5			6.5					0
29	0.1788	3.5			6.7	0.665	0.108	≤1	0.478	0
30	0.1458	3.5			6.8					0
31	0.1791	3.5			7.0					0
TOT	5.0572	97.2	15.0	5.5	211.7	3.387	0.736	≤5	2.617	0
AVG	0.1631	3.15	3.85	1.375	6.8	0.645	0.1472	≤1	0.524	0

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048P00417 Month May Year 91

Lucille Baca 1.389 06.09-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP # 2.

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0481149829	0.6787	1.0	IIB

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.3344	4,337	[x] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	5.0	7.10

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.04	✓	✓	✓	✓	✓	0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
✓	✓	✓	✓	✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SPRAY IRRIGATION & PERCOLATION POND

(29) PLANT STAFFING

LEAD OPERATOR: DAN DE BACA SHIFT 1 (Day): TRAN TON SHIFT 2 (Evening): JEAN PITZER SHIFT 3 (Night): ERNEST JACKSON

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU (mg/l)
1	.5056	1.5	5.1	1.0	7.5				1.1
2	.4998	1.5			7.1				0.99
3	.7560	3.0			7.1			≤1	4.47
4	1.3344	2.5			7.4				4.84
5	.6442	2.5			7.4				2.02
6	.5625	2.7			7.2				2.25
7	.6156	0.9			6.9			≤1	0.89
8	.6160	1.6	1.5	1.0	6.6				1.17
9	.5520	2.2			6.9				1.10
10	.6432	1.2			6.9				1.21
11	.6728	1.5			7.0				1.01
12	.3266	1.5			6.9				1.26
13	.8768	1.0			7.3				1.45
14	.3460	3.2			7.3				1.37
15	.4510	0.5	6.5	2.0	6.5				1.71
16	.7250	1.5			7.3				1.97
17	.2950	2.5			6.5			≤1	1.51
18	.6030	2.0			6.7				2.31
19	.7550	2.0		30.0	7.5				
20	.5460	1.8		2.0	7.0				
21	.5780	1.2		2.0	7.2				
22	.6115	1.0		10.0	7.1				
23	.6136	1.0	6.8	3.0	7.1			≤1	
24	1.0940	1.0		1.0	7.1				
25	1.0960	1.2			7.3				
26	.2850	1.2		4.0	7.8				
27	.5920	0.5		2.0	6.9				
28	1.3000	1.0		26.0	7.1				
29	.3958	1.0		15.0	7.1			≤1	
30	.9357	1.5		9.0	6.5				
31	.6685	2.2			6.8				
TOT	21.0414	44.6	19.4	99	218.3			≤5	32.73
AVG	0.6787	1.6	5.0	7.10	7.04			≤1	1.41

DEP Form 17-1.205(7) Effective November 30, 1982

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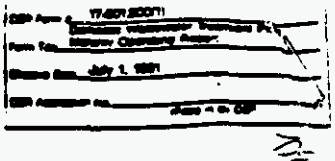

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month JUNE Year 1991

(2) Plant's DER Identification Number 3048P02944

(3) Plant Name UNIVERSITY SHORE WWTP #1

(4) Plant Address 2600 HARRELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number D048187714

(9) Plant Type I C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7600

Evening Shift Operator Class C Cert. No. 6659

Night Shift Operator Class C Cert. No. 7623

Lead Operator [signature] A-389
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.13808
(17) Permitted capacity	mgd	—	0.275
(18) Three-month average daily flow	mgd	—	0.1507
(19) Percent of permitted capacity	%	—	50.2
(20) $CBOD_5$ Effluent	mg/L	080082	2.75
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.75
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	5.8
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	0.411
(27) TKN	mg/L	000625	0.247
(28) Ammonia (NH_3 - N)	mg/L	000610	0.11
(29) Nitrate	mg/L	071850	0.171
(30) Total Phosphorus	mg/L	000665	0.298
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month JUNE Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TOTAL NITROGEN
1	0.1520	3.5	<0.01					7.3						
2	0.1515	3.5	<0.01					6.7						
3	0.1550	3.5	<0.01					6.6						
4	0.1694	3.5	<0.01					6.7						
5	0.1661	3.5	<0.01					6.3						
6	0.1123	3.5	<0.01	165	160	4.0	3.0	5.8						
7	0.1745	3.5	<0.01					6.8	0.32	<0.10	0.045	0.053	<1	0.365
8	0.1538	3.5	<0.01					7.2						
9	0.1231	3.5	<0.01					6.9						
10	0.1166	3.5	<0.01					6.9						
11	0.1144	3.5	<0.01					6.8						
12	0.1372	2.7	<0.01	260	156	2.0	2.0	6.3						
13	0.1329	3.5	<0.01					6.4						
14	0.1272	3.5	<0.01					6.8						
15	0.1085	3.5	<0.01					6.8						
16	0.1890	3.5	<0.01					6.9						
17	0.1192	3.5	<0.01					7.1						
18	0.1870	3.5	<0.01					6.7	0.16	0.12	0.32	0.11	<1	0.48
19	0.1379	3.5	<0.01					6.8						
20	0.1439	3.5	<0.01	193	146	2.0	1.0	7.0						
21	0.1280	3.5	<0.01					7.1	0.19	0.11	0.22	0.12	<1	0.47
22	0.1373	3.5	<0.01					7.1						
23	0.1443	3.5	<0.01					6.9						
24	0.1349	3.0	<0.01					6.9						
25	0.1260	1.0	<0.01					7.2	0.33	<0.10	<0.10	0.91	<1	0.33
26	0.1399	2.0	<0.01					7.2						
27	0.1380	1.0	<0.01	193	128	3.0	1.0	7.3						
28	0.1444	3.5	<0.01					7.1						
29	0.1723	3.5	<0.01					7.1						
30	0.1303	1.0	<0.01					6.9						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Daniel A Baca Date: July 15, 1991

Name (Please Type): Daniel DeBaca

Company Name: SSU Services

Telephone No. (Please Type): 407-880-0058

University Shores #1

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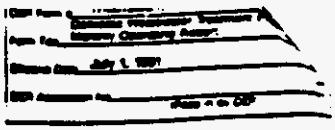

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month JUNE Year 1991

(2) Plant's DER Identification Number 3048P00417

(3) Plant Name UNIVERSITY SHORES WWTP # 8.

(4) Plant Address 2600 HARBELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-8430

(8) Permit Number DO48114829

(9) Plant Type II B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY IRRIGATION & PERCULATION POND

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A.

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7600

Evening Shift Operator Class C Cert. No. 6659

Night Shift Operator Class C Cert. No. 7623

Lead Operator [signature] Cert. No. A-389

Signature

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	0.6736
(17) Permitted capacity	mgd	–	1.0
(18) Three-month average daily flow	mgd	–	0.6141
(19) Percent of permitted capacity	%	–	67.4
(20) $CBOD_5$ Effluent	mg/L	080082	5.8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	6.3
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	✓
(27) TKN	mg/L	000625	✓
(28) Ammonia (NH_3 - N)	mg/L	000610	✓
(29) Nitrate	mg/L	071850	✓
(30) Total Phosphorus	mg/L	000665	✓
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

DEP Form 17-601.300(1)
Domestic Wastewater Treatment
Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. _____ Page 1 of 2

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month JUNE Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	0.7065	2.0						7.1														
2	0.6303	2.0					10.0	6.8														
3	0.6026	1.7					6.0	7.0														
4	0.5980	1.5					9.0	7.2														
5	0.5749	2.0					9.0	7.0														
6	0.7157	1.0		165	160	11.0	10.0	7.1														
7	0.5564	1.0					6.0	7.1					<1									
8	0.6565	1.0						6.9														
9	0.6603	1.0					19.0	7.2														
10	0.6603	1.0					11.0	7.2														
11	0.6996	1.5					17.0	7.1														
12	0.5741	1.7					4.0	7.0														
13	0.4050	1.1		260.0	156	5.0	11.0	6.9														
14	0.4618	3.0						6.9														
15	0.4317	2.5						7.0														
16	0.4502	2.2					4.0	7.2														
17	0.6960	1.0					2.0	7.3														
18	0.7760	3.5					1.0	7.0					<1									
19	0.7680	1.3					4.0	7.0														
20	0.5780	1.1		193	146	4.0	1.0	7.1														
21	0.3080	1.0					5.0	7.1					<1									
22	1.1720	2.0						6.9														
23	0.8340	1.0						7.1														
24	0.6326	3.2					6.0	7.0														
25	0.6160	3.5					3.0	7.1					<1									
26	0.6466	3.5					1.0	7.0														
27	0.4980	2.1		193	128	30	2.0	7.2														
28	1.0600	3.5						7.1														
29	0.7192	3.0					1.0	7.3														
30	0.5901	1.0					3.0	7.2														

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Daniel DeBaca

Date: July 10 1991

Name (Please Type): Daniel DeBaca

Company Name: SSU Services

Telephone No. (Please Type): 407-880-0058

University Shores #2

Page 2 of 2

DER Form 4 [illegible] Domestic Wastewater Treatment Plant
Form Title Monthly Operating Report
Effective Date July 1, 1991
DER Acronym No. Place at top DER

DER Rec'd
DCS Rec'd
Eng

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month JULY Year 1991

(2) Plant's DER Identification Number 3048P08944

(3) Plant Name UNIVERSITY SHORE STP #1

(4) Plant Address 3600 HARBELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number D 048187714

(9) Plant Type I C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
SURFACE WATER

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class TRAN T Cert. No. C7600
Evening Shift Operator Class JACKSON Cert. No. C-7623
Night Shift Operator Class PITZER Cert. No. C-6659
Lead Operator [signature] Signature [illegible] Cert No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.1472
(17) Permitted capacity	mgd	-	0.275
(18) Three-month average daily flow	mgd		0.14939
(19) Percent of permitted capacity	%	-	53.5
(20) $CBOD_5$ Effluent	mg/L	080082	2.65
(21) $CBOD_5$ Effluent	lbs/day	-	/
(22) TSS Effluent	mg/L	900201	1.075
(23) TSS Effluent	lbs/day	-	/
(24) Minimum pH		-	3.8
(25) Maximum pH		-	7.4
(26) Total N	mg/L	000600	1.595
(27) TKN	mg/L	000625	0.5775
(28) Ammonia (NH_3 - N)	mg/L	000610	0.3925
(29) Nitrate	mg/L	071850	1.04
(30) Total Phosphorus *	mg/L	000665	1.1875
(31) Minimum Chlorine Residual	mg/L	-	1.0
(32) Maximum Chlorine Residual	mg/L	-	3.5
(33) Other Effluent Parameters			

* Due to heavy Rain Fall the first part of the month total Phosphorus exceeded permit condition by 0.18 mg/L
** Nitrogen, Phosphorus & Fecal Coliform analysis not performed the 1st week in July.

DER Form 17-601(8/90)
Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Area for use by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month JULY Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	TN (mg/L	Biomass (attached)
1	.1053	3.0	0					6.9							
2	.0464	3.2	0					6.6							
3	.1215	3.5	0	228	125	1.4	1.0	6.7							
4	.1739	3.5	0					7.0							
5	.1767	3.5	0					7.0							
6	.1791	3.5	0					7.0							
7	.1161	3.5	0					7.4							
8	.1784	3.5	0					7.1							
9	.1675	3.0	0					7.1	1.4	1.2	1.85	1.90	<1	3.26	
10	.1902	3.0	0					6.9							
11	.1719	3.0	0	193	198	3.0	1.0	7.0							
12	.2047	3.0	0					6.9	0.37	0.13	2.10	1.94	<1	2.47	
13	.1643	1.0	0					7.0							
14	.1093	1.0	0					6.9							
15	.1296	3.5	0					7.2							
16	.1717	3.5	0					6.7							
17	.1302	3.5	0					6.9							
18	.1683	3.5	0	148	124	3.0	1.0	7.0							
19	.1669	3.5	0					7.0	0.32	<.10	0.11	0.76	<1	0.43	
20	.1189	3.5	0					6.9							
21	.1741	3.0	0					6.9							
22	.1088	3.3	0					6.6							
23	.1462	3.5	0					3.8							
24	.1687	3.5	0					6.8							
25	.1578	3.5	0	185	156	3.2	1.3	6.7	0.22	0.14	<0.10	0.15	<1	0.22	
26	.1564	2.5	0					6.7							
27	.1443	3.5	0					6.3							
28	.1219	3.5	0					6.5							
29	.1279	3.5	0					6.6							
30	.1124	3.0	0					6.0							
31	.1541	3.4	0					6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, the information is true, complete, and accurate.

Signed: Sam Sparks

Date 8-13-91

Name (Please Type): Sam Sparks

Company Name: Southern States Utilities

Telephone No. (Please Type): 407-880-0058

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month JULY Year 1991

(2) Plant's DER Identification Number 3048P00417

(3) Plant Name UNIVERSITY SHORES STP #2

(4) Plant Address 2600 HARRELL RD.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number DO48114929

(9) Plant Type II B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
SPRAY IRRIGATION & PERCOLATION POND

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class TRAN T Cert. No. C-7600
Evening Shift Operator Class JACKSON Cert. No. C-7623
Night Shift Operator Class PITZER Cert. No. C-6659
Lead Operator [signature] Signature A.942 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.7094
(17) Permitted capacity	mgd	–	1.0
(18) Three-month average daily flow	mgd	–	0.6476
(19) Percent of permitted capacity	%	–	70.9
(20) $CBOD_5$ Effluent	mg/L	080082	5.5
(21) $CBOD_5$ Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	5.40
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.7
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH_3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	–
(30) Total Phosphorus	mg/L	000665	–
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
* FECAL COLIFORM	mg/L		<1

* Fecal Coliform analysis not performed the 1st week of July
Letter attached

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month JULY Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	D.O (mg/L)
1	0.6595	3.0					11.0	7.2						6.8
2	0.6359	3.0					24.0	7.0						6.9
3	0.6894	3.3		228	125	14.0	3.0	6.9						7.1
4	0.6557	3.5					11.0	7.1						6.9
5	0.3879	3.4					8.0	7.7						7.0
6	0.7250	3.5					7.0	7.1						7.0
7	0.6328	3.5					2.0	7.1						6.8
8	0.6146	2.5					5.0	6.9						5.4
9	0.6151	3.0					2.0	7.0					<1	6.9
10	0.5464	2.5					6.0	6.9						6.9
11	0.6290	3.5		193	198	2.0	2.0	7.0						6.9
12	0.5379	2.5					9.0	6.8					<1	7.1
13	1.3120	2.1					8.0	6.9						6.9
14	0.9324	2.0					8.0	6.8						6.5
15	0.6674	2.5					7.0	7.3						6.5
16	0.6965	0.8					1.0	7.0						6.8
17	0.6529	1.8					1.0	7.2						7.0
18	0.7160	1.7		148	124	3.0	1.0	7.2						6.9
19	0.6971	2.0					2.0	7.2					<1	6.9
20	0.8043	2.4					13.0	6.8						6.2
21	0.7979	2.0					3.0	6.8						6.2
22	0.5892	3.5					2.0	6.8						7.0
23	0.6000	2.1					3.0	6.9						6.9
24	0.6864	3.5					1.0	6.9						7.0
25	0.6736	3.2		185	156	3.0	2.0	6.9					<1	6.9
26	0.6600	1.8					1.0	7.0						6.9
27	0.5960	1.8					1.0	7.1						6.2
28	0.6511	1.6					8.0	7.0						6.2
29	1.2240	2.1					4.0	7.1						6.0
30	0.0640	2.7					4.0	7.1						6.9
31	0.6939	3.1					7.0	7.1						7.0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

Signed: Sam Sparks

Date: 8-13-91

Name (Please Type): SAM SPARKS

Company Name: Southern States Utilities

Telephone No. (Please Type): 407-880-0058

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUG Year 1991

(2) Plant's DER Identification Number 3048P02944

(3) Plant Name UNIVERSITY SHORES W.W.T.P #1

(4) Plant Address 2600 HARRELL RD.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number DO48197714

(9) Plant Type I C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7600

Evening Shift Operator Class C Cert. No. 7623

Night Shift Operator Class C Cert. No. 6659

Lead Operator: [signature] Cert No.

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.1358
(17) Permitted capacity	mgd	–	.2750
(18) Three-month average daily flow	mgd	–	0.1403
(19) Percent of permitted capacity	%	–	49.4
(20) $CBOD_5$ Effluent	mg/L	080082	3.2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.1
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	4.09
(27) TKN	mg/L	000625	2.61
(28) Ammonia (NH_3 - N)	mg/L	000610	2.1
(29) Nitrate	mg/L	071850	1.49
(30) Total Phosphorus	mg/L	000665	0.03
(31) Minimum Chlorine Residual	mg/L	–	2.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

* total nitrogen monthly average) exceeds Permit condition of 2.5, letter of Explanation attached

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month AUGUST Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total Cl2 Cmg/L
1	.1389	3.5	0	224	185	3.0	1.0	6.6	0.18	<0.10	<.10	0.06	<1	0.18
2	.1502	3.5	0					6.6						
3	.1290	3.5	0					6.8						
4	.1136	3.5	0					6.5						
5	.1271	3.0	0					6.8						
6	.1290	3.5	0					6.8						
7	.1309	2.5	0					6.1						
8	.1192	3.5	0	230	100	2.0	1.0	6.5	0.23	<0.10	0.11	0.04	<1	034
9	.0822	3.5	0					6.6						
10	.1053	3.5	0					6.1						
11	.1371	3.5	0					6.2						
12	.1239	3.5	0					6.2						
13	.1469	3.4	0					7.0						
14	.1170	3.5	0					7.0						
15	.1160	3.5	0	290	178	3.0	1.0	6.5	0.34	<0.10	0.11	0.02	<1	0.45
16	.1283	3.5	0					6.6						
17	.1389	3.5	0					6.5						
18	.1187	3.5	0					6.2						
19	.1498	3.5	0					6.5						
20	.1393	3.5	0					6.2						
21	.1973	3.5	0					6.4						
22	.1340	2.5	0	183	124	3.0	1.0	6.3	4.1	3.6	6.6	0.02	<1	10.7
23	1390	2.8	0					6.3						
24	.1326	3.0	0					6.4						
25	.1073	3.0	0					6.5	8.2	6.6	0.53	<.001	<1	8.8
26	.1217	3.5	0					6.8						
27	.1267	3.5	0					6.3						
28	.1515	3.5	0					6.5						
29	.1343	3.0	0	290	100	5.0	1.0	6.5						
30	.2468	3.5	0					7.1						
31	.1767	3.5	0					6.8						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete and accurate.

Signed: [signature]

Name (Please Type): [illegible]

Company Name: [illegible]

Date: [illegible]

Telephone No. (Please Type): [illegible]

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month AUGUST Year 1991

(2) Plant's DER Identification Number 3048P00417.

(3) Plant Name UNIVERSITY SHORES W.W.T.P #2.

(4) Plant Address 2600 HARBELL RD.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number DO48-193001

(9) Plant Type II B

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
SPRAY IRRIGATION - PERCULATION POND

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7600
Evening Shift Operator Class C Cert. No. 6659
Night Shift Operator Class C Cert. No. 7263
Lead Operator: Signature 11-94 Cert No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.650
(17) Permitted capacity	mgd	–	1.0
(18) Three-month average daily flow	mgd	0.677	0.671M
(19) Percent of permitted capacity	%	–	65
(20) $CBOD_5$ Effluent	mg/L	080082	5.8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.32
(23) TSS Effluent	lbs/day	–	✓
(24) Minimum pH		–	6.7
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	✓
(27) TKN	mg/L	000625	✓
(28) Ammonia (NH_3 - N)	mg/L	000610	✓
(29) Nitrate	mg/L	071850	✓
(30) Total Phosphorus	mg/L	000665	✓
(31) Minimum Chlorine Residual	mg/L	–	1.1
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			✓
FECAL COLIFORM	#g/L		<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month AUG Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	NTU.	FLOW TO SA SO POND	FLOW TO TRAVETHON POND	FLOW TO ON SITE POND	FLOW TO FPE **	FLOW TO CHAPEL HILL
1	.693990	1.7		284	185	4.0	1.0	7.0					<1	1.8	223330	223330	0	0	223330
2	.776000	1.8					2.0	6.7						1.7	258649	258649	0	0	258649
3	.684000	1.6					2.0	6.8						1.7	234150	234150	0	0	234150
4	.680000	1.1					3.0	6.9						2.3	113300	113300	0	0	113300
5	.649827	1.5					1.0	7.1						1.8	198040	198040	0	0	198040
6	.706600	2.2					2.0	7.2						1.7	241350	241350	0	0	241350
7	.780299	2.1					2.0	6.9						1.7	280850	280850	0	0	280850
8	.637209	3.5		230	100	5.0	1.0	7.0					<1	2.2	195300	195300	0	0	195300
9	.396000	3.0					1.0	7.0						1.8	132000	132000	0	0	132000
10	.757000	3.0					2.0	6.9						1.7	246400	246400	0	0	246400
11	.632000	3.0					1.0	6.9						1.8	199500	199500	0	0	199500
12	1.332000	2.8					12.0	6.8						2.2	421650	421650	0	0	421650
13	.608000	2.9					1.0	7.2						*	274050	274050	0	0	274050
14	.952659	3.5					2.0	6.9						2.3	275850	275850	0	0	275850
15	.899663	2.2		220	178	12.0	1.0	7.0						1.5	284250	284250	0	0	284250
16	.513600	2.1					5.0	6.9					<1	2.1	333900	333900	0	0	333900
17	.596000	1.9					1.0	7.0						2.2	166250	166250	0	0	166250
18	.618812	1.7					2.0	6.9						2.0	309400	309400	0	0	0
19	.623430	3.5					3.0	7.0						3.2	341715	341715	0	0	0
20	.500000	3.5					1.0	6.9						1.7	137150	137150	0	0	225700
21	.496000	3.5					1.0	7.01					<1	1.7	115300	115300	0	0	246400
22	.558000	3.5		183	184	4.0	2.0	6.9						1.3	241350	241350	0	0	248300
23	.560000	3.5					2.0	6.9						1.3	253850	253850	0	0	253700
24	.756000	3.5					3.0	6.9						1.0	246800	246800	0	0	246400
25	.652000	2.8					1.0	7.0					<1	0.9	197650	197650	0	0	256700
26	.630357	3.5					1.0	7.2						1.5	315179	315179	0	0	0
27	.586400	2.2					1.0	6.8						1.6	146400	146400	0	0	246400
28	.577600	2.7					3.0	7.2						1.7	157600	157600	0	0	260200
29	.576000	3.0		290	100	4.0	5.0	6.9						1.8	152300	152300	0	0	201600
30	.652000	3.5					4.0	7.2						1.1	193300	193300	0	0	265300
31	.659065	3.0					3.0	6.9						1.0	229050	229050	0	0	0

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate

Signed: Sam Sparks Date: 9.16.91

Name (Please Type): Sam Sparks

Company Name: Southern States Utilities Telephone No (Please Type): 407 - 880 - 0055

☆. Calibration for NTU's meter.

Page 3 of 3

* & underdrain system not cleared for service until September

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number 3048P00417

(3) Plant Name UNIVERSITY SHORES STP #2.

(4) Plant Address 2600 HARRELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number D048-193001

(9) Plant Type TL B.

(10) Test Site Identification Number N/A.

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY IRRIGATION & PERCOLATION POND

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A.

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7600

Evening Shift Operator Class C Cert. No. 7623

Night Shift Operator Class C Cert. No. 6654

Lead Operator William M. Schmidt (Signature) B 6067 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.5467
(17) Permitted capacity	mgd	–	1.0
(18) Three-month average daily flow	mgd	–	0.6361
(19) Percent of permitted capacity	%	–	54.67
(20) $CBOD_5$ Effluent	mg/L	080082	7.0
(21) $CBOD_5$ Effluent	lbs/day	–	/
(22) TSS Effluent	mg/L	900201	3.76
(23) TSS Effluent	lbs/day	–	/
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.7
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
Fecal	mg/L		<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 09 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	FLOW TO OLD SITE POND	FLOW TO SR 50 PONDS	FLOW TO NEW INFILTRATION POND	FLOW TO CHAPEL HILL	FLOW TO F.D.E	UT U'S			
01	0.4872	3.0					2.0	6.9						0	[illegible]	[illegible]	0	0	2.49			
02	0.8840	3.5					1.0	7.0						0	[illegible]	[illegible]	[illegible]	0	2.12			
03	0.4754	3.5					1.0	7.0						0	[illegible]	[illegible]	[illegible]	0	2.05			
04	0.6326	1.0		243	156	5.0	6.0	6.9						0	[illegible]	[illegible]	0	0	1.11			
05	0.3640	2.3					6.0	7.0						0	[illegible]	[illegible]	[illegible]	0	1.72			
06	0.3840	1.2					6.0	7.1						0	0	0	[illegible]	[illegible]	2.45			
07	0.5264	3.5					4.0	7.0						0	[illegible]	[illegible]	0	0	2.68			
08	0.6155	3.5					2.0	7.1						0	[illegible]	[illegible]	0	0	2.56			
09	0.5273	3.5					20	7.0					<1	0	[illegible]	[illegible]	0	0	2.52			
10	0.5726	3.5					2.0	7.0					<1	0	[illegible]	[illegible]	0	0	2.10			
11	0.5172	3.3					11.0	7.0					<1	0	[illegible]	[illegible]	0	0	3.15			
12	0.4600	0.7		213	116	2.0	5.0	7.0					<1	0	[illegible]	[illegible]	[illegible]	0	2.19			
13	0.8120	3.2					1.0	7.0					<1	0	[illegible]	[illegible]	[illegible]	[illegible]	1.92			
14	0.6760	1.7					2.0	7.1					<1	0	[illegible]	[illegible]	[illegible]	[illegible]	1.72			
15	0.4294	3.5					3.0	6.9					<1	[illegible]	[illegible]	[illegible]	0	0	2.06			
16	0.4637	2.0					2.0	6.9					<1	[illegible]	[illegible]	[illegible]	[illegible]	0	2.16			
17	0.6080	1.2					3.0	7.0					<1	0	0	[illegible]	[illegible]	[illegible]	1.49			
18	0.5360	2.2					1.0	6.9					<1	0	[illegible]	0	[illegible]	[illegible]	1.66			
19	0.4591	2.7		195	177	4.0	5.0	6.8					<1	0	[illegible]	[illegible]	[illegible]	0	2.22			
20	0.8800	1.2					6.0	6.9					<1	0	[illegible]	[illegible]	[illegible]	[illegible]	1.32			
21	0.5680	1.5					3.0	7.0					<1	0	[illegible]	[illegible]	[illegible]	[illegible]	1.72			
22	0.4960	1.0					2.0	7.0					<1	0	[illegible]	[illegible]	[illegible]	0	1.97			
23	0.5512	1.0					1.0	7.2					<1	0	0	0	[illegible]	[illegible]	2.03			
24	0.4808	2.1					1.0	7.1					<1	0	0	0	[illegible]	[illegible]	3.06			
25	0.5409	2.0					1.0	7.0					<1	0	[illegible]	[illegible]	0	[illegible]	2.32			
26	0.4880	3.1		273	216	17.0	2.0	6.9					<1	0	[illegible]	0	[illegible]	0	.96			
27	0.5360	3.5					2.0	6.9					<1	0	[illegible]	[illegible]	0	0	0.82			
28	0.4618	3.5					3.0	6.9					<1	0	[illegible]	[illegible]	0	0	0.80			
29	0.6309	3.0					1.0	7.0					<1	0	[illegible]	0	0	[illegible]	0.77			
30	0.5440	3.0					8.0	6.9					<1	0	[illegible]	[illegible]	0	0	0.88			

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: William M. Shrader

Name (Please Type) William M. Shrader

Company Name SSU Utilities

Date: 10/15/91

Telephone No. (Please Type) 407-880-0058

RECEIVED
OCT 23 1991
DER

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month SEPTEMBER Year 1991

(2) Plant's DER Identification Number EPD-90-54

(3) Plant Name UNIVERSITY SHORES WWTP#1

(4) Plant Address 2600 HARRELL RD.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number DO-91-08

(9) Plant Type C.I

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7600

Evening Shift Operator Class C Cert. No. 7623

Night Shift Operator Class C Cert. No. 6657

Lead Operator William M. Palmer (Signature) B5067 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.1602
(17) Permitted capacity	mgd	—	0.275
(18) Three-month average daily flow	mgd	—	0.147
(19) Percent of permitted capacity	%	—	59.3
(20) $CBOD_5$ Effluent	mg/L	080082	3.5
(21) $CBOD_5$ Effluent	lbs/day	—	/
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	—	/
(24) Minimum pH		—	5.7
(25) Maximum pH		—	7.2
(26) Total N *	mg/L	000600	6.32
(27) TKN	mg/L	000625	1.55
(28) Ammonia (NH_3 - N)	mg/L	000610	1.22
(29) Nitrate	mg/L	071850	4.75
(30) Total Phosphorus	mg/L	000665	0.099
(31) Minimum Chlorine Residual	mg/L	—	2.2
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

* Total N exceed 2.5 mg/L MCL by 3.825 mg/L for a monthly total avg. of 6.325 mg/L

Please see attached letter Page 2 of 3

DEH Form	17-607(XXX)M
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DEH Application No.	(Page 4 of 5)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month 09 Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total N (mg/L)
01	0.1498	3.5	0					6.7						
02	0.1613	3.5	0					7.9						
03	0.1709	3.5	0					6.9						
04	0.0868	3.5	0	243	156	5.0	2.0	6.9						
05	0.1395	3.5	0					5.8	4.6	4.4	4.82	0.18	<1	9.48
06	0.1483	3.5	0					6.9						
07	0.1634	3.5	0					6.9						
08	0.1383	3.5	0					6.6						
09	0.1696	3.5	0					6.6						
10	0.1371	3.5	0					6.7						
11	0.1498	3.5	0					6.7						
12	0.1537	3.5	0	213	116	3.0	1.0	7.0				0.05		
13	0.1516	3.5	0					7.0	.82	0.22	6.66		<1	7.49
14	0.1780	3.5	0					7.0						
15	0.1522	3.5	0					6.7						
16	0.1411	3.5	0					6.6						
17	0.1301	3.5	0					6.0						
18	0.1477	2.7	0					6.5						
19	0.1661	3.5	0	195	177	3.0	5.0	6.4	0.38	<0.10	7.09	0.06	<1	7.47
20	0.1498	2.5	0					6.5						
21	0.1639	3.5	0					6.9						
22	0.1760	3.5	0					6.7						
23	0.1541	2.7	0					6.5						
24	0.1724	2.5	0					6.9	0.41	0.18	2.44			0.86
25	0.1395	2.9	0					5.7						
26	0.1629	2.6	0	273	216	3.0	2.0	6.7				1.09	<1	
27	0.1646	3.0	0					6.9						
28	0.3555	3.5	0					7.1						
29	0.1798	2.5	0					6.6						
30	0.1553	2.5	0					6.4						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William M. Shrader Date: 10/15/91

Name (Please Type) William M. Shrader

Company Name SSLL Services Telephone No. (Please Type) 407-880-00:

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month OCT Year 1991

(2) Plant's DER Identification Number 3048P02944

(3) Plant Name UNIVERSITY SHORES STP #1

(4) Plant Address 2600 HARBELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number DO48-187714

(9) Plant Type T C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 2600 E6659

Evening Shift Operator Class C Cert. No 7263

Night Shift Operator Class C Cert. No 7576

Lead Operator _____ _____
Signature Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.153*
(17) Permitted capacity	mgd	—	0.275
(18) Three-month average daily flow	mgd	—	0.147
(19) Percent of permitted capacity	%	—	55.7
(20) $CBOD_5$ Effluent	mg/L	080082	2.53
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	2.4
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	5.9
(25) Maximum pH		—	7.0
(26) Total N	mg/L	000600	3.18
(27) TKN	mg/L	000625	1.42
(28) Ammonia (NH_3 - N)	mg/L	000610	0.148
(29) Nitrate	mg/L	071850	1.72
(30) Total Phosphorus	mg/L	000665	0.128
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
FECAL COLIFORM	#/L		< 1

* Total nitrogen exceeded 2.5 mg/L permit requirement this month. Increased sludge hauling and more diligent operation cured problem.

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month OCT Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total Nitrogen
01	0.1680	3.5	0					6.7						
02	0.1870	0.7	0					5.9						
03	0.1729	3.5	0	180	158	3.1	3.5	7.0				0.11	<1	
04	0.1487	3.5	0					7.0	1.0	0.05	4.5			5.5
05	0.1821	3.5	0					7.0						
06	0.1790	3.5	0					6.1						
07	0.1770	0.5	0					6.2						
08	0.1519	3.5	0					6.5						
09	0.1680	3.5	0					6.4						
10	0.1799	3.5	0	253	184	3.5	1.0	6.4				0.08	<1	
11	0.3436	3.5	0					6.6	4.7	0.61	3.8			8.6
12	0.1911	3.5	0					6.5						
13	0.1864	3.5	0					6.6						
14	0.1567	3.5	0					6.5						
15	0.1570	3.5	0					6.9						
16	0.1582	2.5	0					6.3	0.53	0.06	0.15	0.15	<1	0.69
17	0.1537	3.5	0	185	180	2.06	1.0	6.4						
18	0.1458	3.5	0					6.5						
19	0.1356	3.5	0					6.6						
20	0.1247	3.0	0					6.5						
21	0.1392	3.5	0					6.7						
22	0.1415	3.5	0					6.6	0.37	0.01	0.07	0.13	<1	0.45
23	0.1256	3.5	0	303	176	3.4	5.5	6.5						
24	0.1240	3.5	0					6.6						
25	0.0960	3.5	0					6.5						
26	0.1162	1.5	0					6.6						
27	0.1364	3.5	0					6.5						
28	0.1263	3.5	0					6.4						
29	0.0917	3.5	0					6.6						
30	0.0939	3.5	0					6.7						
31	0.1008	1.7	0	333	172	0.6	1.0	6.5	0.51	<0.01	0.09	0.12	<1	0.62

Lead Operator This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate

Signed _____ Date 10/19/91

Name (Please Type ~~William M. Schrader~~

Company Name ~~S.S.U. Services~~ Telephone No (Please Type 671-2430

Page 3 of 3

DER Form [illegible]
Agency Title [illegible]
Effective Date July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 3049900417

(3) Plant Name University Shores STP no 2

(4) Plant Address 3600 Harrell Rd

(5) City Orlando

(6) County Orange

(7) Phone Number 671-2000

(8) Permit Number DO48-197001

(9) Plant Type 2 13

(10) Test Site Identification Number n/a

(11) Fecal Coliform Sample Method

☑ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse spray field, low rate irrig. golf course ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☑ Not Applicable

(14) Cumulative Days of Wet Weather Discharge n/a

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 6654 & 7606

Evening Shift Operator Class C Cert. No. 7632

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] (Signature) 10506 1 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.505
(17) Permitted capacity	mgd	–	.870
(18) Three-month average daily flow	mgd	–	.5666
(19) Percent of permitted capacity	%	–	537o
(20) $CBOD_5$ Effluent	mg/L	080082	2.64
(21) $CBOD_5$ Effluent	lbs/day	–	\
(22) TSS Effluent	mg/L	900201	3.96
(23) TSS Effluent	lbs/day	–	\
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	c.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
fecal coliform	mg/L		< 1

DEA Form	17-8213(001)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DEA Assignment No.	(Keep in by DEA)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(39) Month October Year 91

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	n+a	flow to on-site ponds	flow to SR ponds	flow to Irrigation ponds (flow to chlorination)	flow to Effluent Storage (flow to disposal field)	flow to irrigation
1	.539	2.0					1.0	7.6					<1	0.95		.260	.279		
2	4.97	1.0		180	163	5.0	1.3	6.9					<1	2.17		.154	.154		.989
3	.544	2.0					2.5	6.9			0.4		<1	1.86		.199	.395		
4	.343	1.5					1.0	7.0					<1	1.50		.172	.172		
5	.580	2.5					<1.0	7.0					<1	0.99		.144	.386		.20
6	.560	2.5					1.5	7.0					<1	1.14		.140	.148		.272
7	.429	0.6					4.0	7.0					<1	1.11		.129	.128		.272
8	.418	3.0					2.0	6.9					<1	1.86		.200	.213		
9	.473	3.5		253	184	1.7	<1.0	6.9					<1	2.00		.222	.250		
10	.411	1.5					<1.0	7.0			<.01		<1	2.40		.122	.130	.016	.193
11	.432	1.7					<1.0	7.1					<1	<1.50		.268	0	.032	.252
12	.534	1.9					-	7.1					<1	1.51		.315	0	.060	.169
13	.598	2.0					-	7.1					<1	1.13		.298	.300		
14	.509	2.5					-	6.9					<1	1.86		.250	.253		
15	.483	2.0					-	6.9					<1	2.02		.187	.217		.109
16	.386	1.9		115	130	1.2	2.0	6.9					<1	1.01		.156	.200		
17	.413	1.1					2.0	7.0			5.2		<1	1.42		.107	.109		.198
18	.466	3.5					3.0	7.0					<1	1.70		.067	.100		.293
19	.514	3.5					1.5	6.9					<1	2.00		.067	.110		.252
20	.644	3.0					200	6.9					<1	2.20	.249	.065	.255		.285
21	.429	2.5					2.5	6.9					<1	3.00		.200	.228		
22	.389	3.5		303	176	3.6	11	6.9					<1	4.48		.089	.200		
23	.377	3.0					8.0	6.9			.010		<1	3.69	.100	.077	.100		
24	.439	3.5					8	7.1					<1	2.23	.255	.088	.093		
25	.324	2.0					20	7.0					<1	2.27	.151	.039	.078		
26	.480	3.5					3.0	7.1					<1	2.50	.266	.061	.089		
27	.492	3.5					50	7.0					<1	2.00	.275	.096	.0101		
28	.494	2.3					7.0	7.0					<1	2.00	.282	.100	.112		
29	.499	3.0					-	7.1					<1	1.52	.341	.30	.086		
30	.559	2.5					2.0	7.1					<1	2.00	.155	0	.090	.300	
31	.712	1.8		393	212	1.7	6.0	7.0			.24		<1	2.01	.100	0	.100	.300	.242

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: William M Schrader Date: 11/26/91

Name (Please Type): William M Schrader

Company Name: S.S.J. Service Telephone No. (Please Type): 320 0055

+ operator error no TSS run, nTV reading substituted

DER Form 17-601.900(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Area in for DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1991

(2) Plant's DER Identification Number 3048P029944

(3) Plant Name UNIVERSITY SHORE STP #1

(4) Plant Address 260 HARRELL RD.

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number D 048-187714

(9) Plant Type IC

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No 7600

Evening Shift Operator Class CCC Cert. No 726367576

Night Shift Operator Class C Cert. No 6659

Lead Operator [signature] [illegible] Cert No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.1064
(17) Permitted capacity	mgd	–	0.275
(18) Three-month average daily flow	mgd	–	0.1399
(19) Percent of permitted capacity	%	–	38.7
(20) $CBOD_5$ Effluent	mg/L	080082	5.475
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.5
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.0
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	2.1
(27) TKN	mg/L	000625	07
(28) Ammonia (NH_3 - N)	mg/L	000610	0.048
(29) Nitrate	mg/L	071850	1.21
(30) Total Phosphorus	mg/L	000665	0.195
(31) Minimum Chlorine Residual	mg/L	–	1.5
(32) Maximum Chlorine Residual	mg/L	–	50
(33) Other Effluent Parameters			
FECAL COLIFORM			<1
chlorine Residual after Dechlorinator			<0.01

please note attached bioassay report pgs 3 and 4.
re testing is inprogress as per permit requirement.

DER Form 17-601(3)(b)
Form Title: Domestic Wastewater Treatment Plant Monitoring Operating Report
Effective Date: July 1, 1991
DER Application No. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOVEMBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total Nitrogen
01	0.0866	1.5	0					7.1						
02	0.0894	5.0	0					6.8						
03	0.0781	4.2	0					6.8						
04	0.0997	3.5	0					6.7						
05	0.0973	2.5	0	1255	198	2.5	1.0	6.0						
06	0.1321	3.5	0					6.7	1.0	0.08	0.07	0.21	<1	1.1
07	0.2686	3.0	0					7.0						
08	0.1090	3.5	0					6.8						
09	0.1121	3.5	0					6.9						
10	0.0623	3.5	0					6.8						
11	0.1706	3.5	0					6.8						
12	0.1232	3.5	0					6.8						
13	0.1476	3.9	0	219	136	3.0	1.0	6.7						
14	0.1202	3.5	0					6.9	0.63	0.03	1.8	0.05	<1	2.5
15	0.1052	3.4	0					6.7						
16	0.1036	3.5	0					6.9						
17	0.0844	3.0	0					6.9						
18	0.1155	3.5	0					6.7						
19	0.1061	3.5	0					6.5						
20	0.1126	1.5	0	235	168	4.5	2.0	6.3						
21	0.0980	3.5	0					6.9	0.46	0.06	0.70	0.25	<1	1.6
22	0.1020	3.5	0					6.9						
23	0.1100	3.5	0					6.9						
24	0.0734	3.0	0					6.8						
25	0.1076	3.5	0					6.5						
26	0.1035	3.5	0					6.9						
27	0.0294	3.5	0	255	132	11.9	3.0	6.9	0.31	0.03	2.9	0.27	<1	3.2
28	0.0967	3.5	0					6.6						
29	0.0760	3.5	0					6.7						
30	0.0690	3.5	0					6.9						

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete, and accurate.

Signed: William M. Schrader

Date: 12/09/91

Name (Please Type): William M. Schrader

Company Name: S.S.U. Services inc.

Telephone No. (Please Type): (407)880-0058

Page 3 of 3

DER Form 17-601.300(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Area or by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month NOVEMBER Year 1991

(2) Plant's DER Identification Number 3048P00417

(3) Plant Name UNIVERSITY SHORES STP#2

(4) Plant Address 3600 HARRELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2630

(8) Permit Number D048-193001

(9) Plant Type II B

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SPRAY IRRIGATION & PERCOLATION POND

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7[illegible]

Evening Shift Operator Class C EC Cert. No. 7263 & 7576

Night Shift Operator Class C Cert. No. 6659

Lead Operator [signature] Signature 45067 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.6653
(17) Permitted capacity	mgd	–	1.0
(18) Three-month average daily flow	mgd	–	.565
(19) Percent of permitted capacity	%	–	64.5
(20) $CBOD_5$ Effluent	mg/L	080082	3.375
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	2.53
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.5
(25) Maximum pH		–	7.2
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	5.2
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
FECAL COLIFORM			<1

DEA Form 17-601.900(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEP Application No. (Facility No. for DEP)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month NOVEMBER Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Flow to Travelhon pond	Flow to Chapel Hill	Flow to SO pond	Flow on Site pond	Flow to FDE
01	0.5200	1.2					3.0	7.1					<1	0	.2850	0	0	2350
02	0.8240	23					5.0	7.1					<1	.1455	.2850	.1455	0	2130
03	0.6600	12					1.0	6.8					<1	.0660	.2840	.0660	0	2210
04	0.5240	1.8					2.0	6.9					<1	0	.2850	0	0	2410
05	0.5780	1.0		255	129	2.5	1.0	7.0					<1	0	.2850	0	0	2870
06	0.5880	1.3					1.0	6.8			6.9		<1	.0285	.2860	.0285	0	2170
07	0.5400	2.0					3.0	6.9					<1	0	.2840	0	0	2560
08	0.6320	2.7					1.0	7.1					<1	.0920	.2840	.0920	0	2480
09	0.7440	2.0					1.0	6.8					<1	.1060	.2880	.1060	0	2500
10	0.7160	2.0					3.0	6.5					<1	.0915	.2850	.0915	0	2480
11	0.6132	2.1					2.0	7.0					<1	.0526	.2850	.0526	0	2840
12	0.5736	3.0					1.0	6.9					<1	0	.2840	0	0	2896
13	0.9382	2.3		215	136	3.8	1.0	6.7					<1	.2836	.2850	.2836	0	2510
14	0.5560	2.9					1.0	7.2			4.1		<1	0	.2850	0	0	2710
15	0.5392	3.5					1.0	7.1					<1	0	.2840	0	0	2554
16	1.5280	1.7					7.0	7.1					<1	.4961	.2850	.4961	0	2510
17	0.6349	2.2					1.0	7.1					<1	.1919	0	.1919	0	2510
18	0.5400	1.5					2.0	6.9					<1	0	.2850	0	0	2550
19	0.3920	2.2					1.0	6.9					<1	0	.2850	0	0	1070
20	0.5680	1.0		235	168	4.7	1.0	6.8					<1	0	.2840	0	0	2500
21	0.5880	2.1					1.0	6.8			1.3		<1	.056	.2850	.056	0	2500
22	0.6360	1.3					1.0	7.0					<1	.0515	.2846	.0515	0	2490
23	0.5880	2.0					1.0	6.8					<1	0	.2850	0	0	2060
24	0.6280	2.0					2.0	7.2					<1	0	.2840	0	0	2480
25	0.5720	3.5					3.0	7.1					<1	0	.2850	0	0	2900
26	0.4960	3.5					3.0	7.1					<1	0	.2840	0	0	2130
27	0.5504	3.5		255	132	2.8	2.0	6.8			8.5		<1	0	.2840	0	0	2660
28	1.1440	1.2					9.0	6.8					*	.3040	.2850	.3040	0	2510
29	0.4560	3.5					5.0	6.9					<1	0	.2850	0	0	1710
30	0.6320	3.0					1.0	6.9					<1	0	.2840	0	0	1500
													<					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: William Schrader Date: 12/9/91

Name (Please Type): William M. Schrader

Company Name: S.S.U. Services inc. Telephone No. (Please Type): (407) 880-0058

* no sample given to lab due to operator error on holiday. Page 3 of 3
procedure has been modified to ensure compliance.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number 3048P02946

(3) Plant Name UNIVERSITY SHORES STP #1

(4) Plant Address 2600 HARRELL RD

(5) City ORLANDO

(6) County ORANGE

(7) Phone Number (407) 671-2430

(8) Permit Number D 048-187714

(9) Plant Type T C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER

(13) Limited Wet Weather Discharge Activated

[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 26CC

Evening Shift Operator Class C E C Cert. No. 2263 E 7576

Night Shift Operator Class C Cert. No. 6659

Lead Operator [signature] Cert No 45067

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.0895
(17) Permitted capacity	mgd	–	0.275
(18) Three-month average daily flow	mgd	–	0.1163
(19) Percent of permitted capacity	%	–	32.5
(20) $CBOD_5$ Effluent	mg/L	080082	2.85
(21) $CBOD_5$ Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH		–	5.9
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	0.87
(27) TKN	mg/L	000625	0.74
(28) Ammonia (NH_3 - N)	mg/L	000610	0.06
(29) Nitrate	mg/L	071850	0.12
(30) Total Phosphorus	mg/L	000665	0.09
(31) Minimum Chlorine Residual	mg/L	–	2.0
(32) Maximum Chlorine Residual	mg/L	–	4.0
(33) Other Effluent Parameters			
FECAL COLIFORM			<1
ORGANIC NITROGEN	mg/L		0.69

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month: DECEMBER Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Total Nitrogen	Organic Nitrogen
01	0.0876	35	0					6.8							
02	0.0906	35	0					6.8							
03	0.1052	35	0					6.4							
04	0.0808	35	0					6.5							
05	0.1022	35	0	200	160	2.0	1.0	6.5	0.42	0.07	0.08	0.19	<1	0.52	0.35
06	0.0959	35	0					6.5							
07	0.0694	35	0					6.5							
08	0.0897	35	0					6.5							
09	0.0964	35	0					6.5							
10	0.0857	31	0					7.0							
11	0.0830	35	0					7.2							
12	0.0892	35	0	305	160	4.2	1.0	7.3	0.86	0.06	0.21	0.06	<1	1.1	0.90
13	0.0747	35	0					6.9							
14	0.0735	35	0					7.0							
15	0.0844	35	0					7.1							
16	0.1634	35	0					6.7							
17	0.0911	35	0					6.2							
18	0.0700	35	0					5.9							
19	0.0386	2.0	0	215	152	2.1	1.0	6.7	1.4	0.08	0.13	0.07	<1	1.5	1.3
20	0.1076	35	0					6.6							
21	0.0522	32	0					6.5							
22	0.0160	35	0					6.0							
23	0.3736	30	0					6.5							
24	0.0679	20	0	270	208	3.1	1.0	6.5							
25	0.0727	32	0					6.5							
26	0.0699	20	0					6.4							
27	0.0621	30	0					6.6	0.31	0.01	0.05	0.03	<1	0.36	0.30
28	0.0637	35	0					6.5							
29	0.0723	35	0					6.5							
30	0.0809	35	0					6.5							
31	0.0950	40	0					6.6							

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: [signature] Date: 1/9/91

Name (Please Type): William Schrader

Company Name: S.S.U. Services Telephone No. (Please Type): 880-0058

Page 3 of 3

* pH on 12/18 was 5.9. Limit is 6.0 - 8.5.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number: 3048P00617

(3) Plant Name: UNIVERSITY SHORES STP #2

(4) Plant Address: 2600 HARFELL RD

(5) City: ORLANDO

(6) County: ORANGE

(7) Phone Number: (407) 671-2630

(8) Permit Number: DO48-193001

(9) Plant Type: E B

(10) Test Site Identification Number: N/A

(11) Fecal Coliform Sample Method
[X] Membrane Filter [ ] Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse:
SPRAY IRRIGATION & RECULATION POND

(13) Limited Wet Weather Discharge Activated
[ ] Yes [ ] No [X] Not Applicable

(14) Cumulative Days of Wet Weather Discharge: N/A

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7600
Evening Shift Operator Class D & C Cert. No. 7263 87576
Night Shift Operator Class C Cert. No. 6659
Lead Operator: [signature] 35067
Signature Cert. No

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	0.6253
(17) Permitted capacity	mgd	–	1.0
(18) Three-month average daily flow	mgd	–	0.5912
(19) Percent of permitted capacity	%	–	625
(20) $CBOD_5$ Effluent	mg/L	080082	2.65
(21) $CBOD_5$ Effluent	lbs/day	–	–
(22) TSS Effluent	mg/L	900201	1.8
(23) TSS Effluent	lbs/day	–	–
(24) Minimum pH		–	6.8
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	–
(27) TKN	mg/L	000625	–
(28) Ammonia (NH_3 - N)	mg/L	000610	–
(29) Nitrate	mg/L	071850	1.77
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	6.8
(32) Maximum Chlorine Residual	mg/L	–	7.3
(33) Other Effluent Parameters			
FECAL COLIFORM	#/L		<1

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month: DECEMBER Year: 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Flow to Trowathon	Flow to SS pond	Flow to Chapel Hill	Flow to on site flow	Flow to FDE				
01	0.8440	2.8					20	7.0					≤1	0.154	0.158	0.298	0	0.251				
02	0.5680	2.0					-	-					≤1	0	0	0.298	0	0.376				
03	0.6780	3.5					10	6.9					≤1	0.078	0.078	0.272	0	0.251				
04	0.5680	1.3					-	-					≤1	0	0	0.269	0	0.306				
05	0.5280	1.9		200	160	17	10	7.1			0.46		≤1	0	0	0.294	0	0.248				
06	0.5560	1.8					10	6.9					≤1	0	0	0.284	0	0.272				
07	0.5400	1.3					10	6.9					≤1	0	0	0.269	0	0.270				
08	0.9520	1.9					30	6.8					≤1	0.241	0.241	0.196	0	0.272				
09	0.8280	1.2					-	7.0					≤1	0.148	0.148	0.296	0	0.269				
10	1.3800	3.5					10	7.0					≤1	0.432	0.432	0.294	0	0.251				
11	0.5400	3.5					10	7.2					≤1	0	0	0.294	0	0.251				
12	0.6280	1.0		205	160	32	40	7.3			0.22		≤1	0.092	0	0.295	0	0.251				
13	0.5360	1.3					40	6.9					≤1	0	0	0.288	0	0.252				
14	0.5640	2.8					20	7.0					≤1	0	0	0.285	0	0.279				
15	0.6160	2.1					10	7.1					≤1	0	0	0.294	0	0.249				
16	0.5292	1.3					-	7.1					≤1	0	0	0.289	0	0.248				
17	0.6308	3.5					10	6.9					≤1	0.096	0	0.284	-	0.250				
18	0.6240	1.1					10	7.1					≤1	0.180	0	0.282	0	0.251				
19	0.5180	3.0		215	180	2.1	10	7.0			3.6		≤1	0	0	0.284	0	0.249				
20	0.4720	1.2					-	7.0					≤1	0	0	0.282	0	0.190				
21	0.6280	2.0					-	6.8					≤1	0	0.100	0.285	-	0.242				
22	0.6420	1.0					10	7.0					≤1	0	0.108	0.284	0	0.249				
23	0.6460	1.0		270	208	3.6	40	6.8					≤1	0.111	0	0.285	0	0.251				
24	0.6280	3.5					-	-					≤1	0.098	0	0.285	0	0.249				
25	0.5240	3.5					-	-					≤1	0	0	0.280	0	0.093				
26	0.6440	2.5					-	6.9					≤1	0	0.111	0.284	0	0.248				
27	0.1200	0.8					10	6.8			3.1		≤1	0	0	0.280	0	0				
28	0.5800	0.7					60	6.9					≤1	0.044	0	0.298	0	0.251				
29	0.5960	1.9					-	7.0					≤1	0.061	0	0.285	0	0.249				
30	0.5930	0.5					-	6.9					≤1	0.057	0	0.284	0	0.250				
31	0.5920	0.5					-	6.9					≤1	0	0.158	0.284	0	0.249				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: _____ Date: 1/9/92

Name (Please Type): William Schrader

Company Name: SSU Services Telephone No. (Please Type): 880-0058

TSS readings missed due to operator error on 12/2, 4, 9, 16, 20, 21, 24, 25, 26 (Page 3 of 3)
pH readings missed due to operator error on 12/2, 4, 24, 30, 31
procedures and permits have been released. 24, 25. See back →

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 90

(1) CMS # 3048P08944

Daniel DeBaca A-389 02-06-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #1

(3) PLANT ADDRESS: 8600 HARRELL RD

(4) CITY: ORANGE ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2450

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FL0489858 0.1453 0.275 IC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

0.2743 7,395 [X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)

Ind Flow MGD	BOD lb/d	TSS lb/d	INFIL	EFFLUENT	EFFLUENT
✓	✓	✓		2.93	2.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	1.5	0.4	<0.03	0.18	0.18	0.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

✓	✓	✓			✓		✓

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

COMPOSITE & GRAB SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Daniel DeBaca Trak Foam PAT TURNER GERALD WILLIAMS

DER Form 17-1.203(7) Effective November 30, 1982

(30)

DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	0.1804	3.5			7.0				
2	0.1509	3.3			6.9				
3	0.1835	3.3			7.1				
4	0.1744	3.5	3.2	3.0	7.0	1.4	0.17	≤1	<0.03
5	0.1416	1.8			7.1				
6	0.1066	2.1			6.9				
7	0.1898	3.0			6.7				
8	0.1416	3.5			7.1				
9	0.1416	2.8			6.9				
10	0.1688	3.5			6.8				
11	0.1594	1.5	5.2	4.0	7.3	0.59	0.22	≤1	0.46
12	0.1593	3.5			7.1				
13	0.1773	2.2			6.9				
14	0.1830	2.5			7.0				
15	0.1530	3.5			7.1				
16	0.1999	3.5			7.1				
17	0.1945	3.5			7.3				
18	0.1865	3.5	1.9	1.0	7.2	0.66	0.21	≤1	0.61
19	0.1732	2.8			7.3				
20	0.2017	3.5			6.9				
21	0.1940	1.5			7.0				
22	0.1580	3.5			7.1				
23	0.1898	3.5			7.1				
24	0.1509	2.9			7.0				
25	0.1555	2.5	2.4	1.0	7.1	3.3	0.10	≤1	3.1
26	0.1345	2.5			7.0				
27	0.1468	3.4			7.1				
28	0.2743	2.0			7.5				
29	0.2588	3.5			7.2				
30	0.1787	2.5			7.3				
31	0.1782	1.0			7.3				
TOT	4.506	96.1	11.7	8.0	219.1	5.95	0.7	≤4	4.19
AVG	0.1453	3.8	2.93	2.0	7.1	1.5	0.18	≤1	1.0

1003

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048800417 — Month Jan — Year 90

Daniel DeBaca A-389 02-06-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WASTEWATER PLANT # 2

(3) PLANT ADDRESS: 2600 HARRELL ROAD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO: (407)671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 042119829	0.4823	1.0	II-B

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.8160	2328	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
—	—	—	—	3.3	

	(16) TSS (mg/l) EFFLUENT
RAW	
FINAL	2.8
PONDS	

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR PPM
7.1						2.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	/ —	—	—	—	—	

(27) TYPE SAMPLE(S): COMPOSITE & GRAB

(28) TYPE EFFL DISPOSAL: PONDS / SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: Daniel DeBaca — SHIFT 1 (Day): Fran Fann — SHIFT 2 (Evening): Pat Turner — SHIFT 3 (Night): Swing Gerald Williams

DER Form 17-7.203(7) Effective November 30, 1982

(30) DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TURBIDITY HIGHS
1	.4400	2.5		2.0	7.3				
2	.4880	2.7		2.0	7.5				
3	.4180	2.1		2.0	7.5				
4	.4680	1.7	0.61	3.0	6.9			<1	
5	.4000	1.3		2.0	7.1				
6	.5360	1.7		3.0	7.1				
7	.5000	1.4		1.0	6.7				
8	.4760	1.8		2.0	7.3				
9	.4440	2.5		3.0	6.9				
10	.5480	2.9		2.0	6.8				
11	.4810	2.7	3.5	3.0	7.0			<1	
12	.4280	2.5		2.0	7.1				
13	.6000	2.6		2.0	7.8				
14	.8160	2.4		2.0	7.3				
15	.3580	2.2		3.0	6.9				
16	.3980	1.5		2.0	7.3				
17	.5840	2.5		2.0	7.1				
18	.3880	2.2	6.6	1.0	7.2			<1	
19	.3518	2.1		1.0	7.1				
20	.4848	2.9		2.0	7.0				
21	.6840	3.0		4.0	6.9				
22	.7440	3.2		1.0	7.3				
23	.4440	1.4		1.0	7.3				
24	.5200	1.7		1.0	6.9				
25	.4850	1.1	2.4	1.0	7.3			<1	
26	.4198	2.1		2.0	7.1				
27	.6604	1.9		2.0	7.0				
28	.6604	1.5		3.0	7.3				
29	.4098	2.1		3.0	7.2				
30	.4028	2.2		1.0	7.3				
31	.3160	1.7		2.0	6.9				
TOT	14.952	65.3	13.11	67	225.4			< 4	
AVG	.4823	2.2	3.3	2.2	7.1			<1	

1004

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: FEBRUARY Year: 1990

(1) DHS # 3048P02894 Camille Bass A-389 March 07, 1990
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #1

(3) PLANT ADDRESS: 2600 HARBELL RD OR

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
2048928	0.1654	0.275	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.2752	7,395	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
-	-	-		3.1	1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.15	1.4	0.23	<0.03	0.21	0.13	1.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
-	-	Y	-	-	-	-	-

(27) TYPE SAMPLE(S): GRAB & COMPOSITE (28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

CAO OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
Dan Rebeca	Jean Joa	Pat Turner	Gerald Williams

(Swing)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	.1770	1.5	3.2	1.0	7.2	*	0.12	≤1	*
2	.1854	1.3			7.0				
3	.1589	2.1			7.1				
4	.1894	1.6			7.3				
5	.1938	1.5			7.1				
6	.1744	1.5			7.0				
7	.2086	1.7			7.1				
8	.1806	1.3	4.0	2.0	7.0	1.1	0.09	≤1	0.89
9	.1436	1.4			7.2				
10	.1858	2.1			7.0				
11	.1513	1.7			7.2				
12	.1979	1.6			7.1				
13	.1861	1.5			7.2				
14	.2059	1.8			7.5				
15	.1790	1.5	2.9	2.0	7.1	2.0	0.13	≤1	1.6
16	.1509	1.5			7.2				
17	.1625	2.5			7.0				
18	.1089	1.8			7.1				
19	.1687	2.0			7.2				
20	.1886	3.0			7.0				
21	.1118	3.5			7.3				
22	.2137	1.5	2.3	1.0	7.1	1.2	0.38	6.	1.1
23	.1686	2.2			7.1				
24	.1692	1.4			7.3				
25	.1630	1.2			7.1				
26	.1657	1.7			7.1				
27	.1451	1.5			7.4				
28	.2752	1.9			7.2				
29									
30									
31									
TOT	4.6333	49.4	12.4	6.0	200.1	4.3	0.62	9 C.	3.59
AVG	0.1654	1.8	3.1	1.5	7.15	1.4	0.21	3.25	1.2

1005

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 3048P00417

Daniel DeBaca A-389 March 7th 1990
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WASTE WATER PLANT # 2

(3) PLANT ADDRESS: 8600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D048114829	0.5441	1.0	II-D

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.8796	9328	[X] Membrane Filter [ ] Most Probable Number

(11) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
—	—	—		2.8	2.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	—		—	—	—	2.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	/ —	—	—	—	—	—

(27) TYPE SAMPLE(S): COMPOSITE & GRAB

(28) TYPE EFFL DISPOSAL: PONDS / SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
Daniel DeBaca Tech Team	Pat Turner		Swing Gerald Williams

Month FEBRUARY Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.4360	2.5	4.44	2.0	7.1			<1
2	.3640	1.3		3.0	7.0			
3	.4944	1.0		2.0	7.2			
4	.7056	1.3		4.0	7.1			
5	.4480	1.1		1.0	7.0			
6	.2800	2.2		2.0	7.2			
7	.3800	2.2		3.6	6.9			
8	.3768	3.5	1.1	5.0	7.0			<1
9	.4768	3.0		3.0	6.9			
10	.5512	1.7		2.0	7.1			
11	.2648	1.5		3.0	7.2			
12	.7080	1.5		2.0	7.2			
13	.4880	2.1		3.0	7.1			
14	.4840	1.7		2.0	7.6			
15	.4160	1.4	2.5	4.0	7.3			<1
16	.5800	2.5		3.0	7.0			
17	.5160	2.5		2.0	7.1			
18	.5000	1.5		3.0	6.9			
19	.7000	2.5		2.0	7.2			
20	.6580	2.1		3.0	7.1			
21	.5040	2.5		2.0	6.9			
22	.8080	3.1	3.2	2.0	7.1			<1
23	.6856	2.1		1.0	7.0			
24	.3788	2.0		3.0	7.2			
25	.8796	1.5		2.0	7.2			
26	.6104	1.2		4.0	7.2			
27	.6616	2.5		3.0	7.4			
28	.8040	1.5		2.0	7.1			
29								
30								
31								
TOT	15.356	55.5	11.2	73	199.8			<4
AVG	0.5441	2.0	2.8	2.6	7.1			<1

1006

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) CMS # 3048P03944

Signature of Lead Operator In Charge — Date: APRIL 6 1990

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #1

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER: FL0489352 (7) AVG FLOW MGD: 0.1528 (8) DESIGN FLOW MGD: 0.275 (9) TYPE: IC

(10) MAX FLOW (MGD): 0.2099 (11) POP SERVED: 7259

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d:

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 3.8

(16) TSS (mg/l) EFFLUENT: 2.25

(17) pH: 7.1

(18) TOTAL N: 2.62 mg/l

(19) AMMONIA: 0.2 mg/l

(20) NITRITE + NITRATE: 1.04 mg/l

(21) TOTAL P: 0.09 mg/l

(22) ORTHO P: 0.07 mg/l

(23) CHLOR RESID: 1.8 ppm

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM / DNSTREAM:

(26) EFFLUENT PARAMETER / VALUE / (UNITS):

(27) TYPE SAMPLE(S): COMPOSITE & GRAB

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Alan Shapca Alan Shapca Pat Turner Gerald Williams

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	0.1410	1.5	2.3	2.0	7.1	.25	0.18	<1	.28
2	0.1696	1.5			7.6				
3	0.1465	1.3			7.2				
4	0.1654	1.9			7.3				
5	0.1963	1.6			7.6				
6	0.1610	1.6			7.2				
7	0.2099	2.1			7.1				
8	0.1660	2.2	5.3	4.0	7.2	.52	.05	<1	.52
9	0.1531	1.5			7.1				
10	0.1499	2.0			7.2				
11	0.1647	1.1			7.1				
12	0.1483	1.5			7.2				
13	0.1383	1.5			7.3				
14	0.1702	1.3			7.1				
15	0.1602	1.0	2.9	1.0	7.0	.36	.05	<1	.36
16	0.1423	8.1			7.1				
17	0.1014	3.0			6.9				
18	0.0973	3.0			7.1				
19	0.1659	2.3			7.3				
20	0.1484	1.3			7.0				
21	0.1772	2.2			7.1				
22	0.1155	1.3	3.9	1.0	7.3	1.6	.01	2	1.4
23	0.1553	1.3			7.4				
24	0.1539	3.0			7.2				
25	0.1638	1.0			7.2				
26	0.1448	8.1			7.1				
27	0.1534	2.3			7.3				
28	0.1254	1.5			6.9				
29	0.1485	1.7	3.6	1.0	7.2	.36	.04	<1	.37
30	0.1615	1.3			7.0				
31	0.1905	3.0			7.1				
TOT	4.738	55.8	19	9.0	221.2	3.12	0.44		
AVG	0.1528	1.8	3.8	2.25	7.13	.62	0.09		

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 90

(1) DHS # 3048P00417

Manuel de Jesus A-339 APRIL 6 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WASTE WATER PLANT #2

(3) PLANT ADDRESS: 2600 HARBELL ROAD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D048114829 0.6246 1.0 IIB

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.012 9328

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
—	—	—		7.0	4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.15						1.94

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	/	—	—	—	—	—

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

COMPOSITE & GRAB PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
Manuel DeJesus	Tran Tran	Pat Turner	Gerald Williams

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.7456	2.1	3.7	3.0	7.3			<1
2	0.7096	2.2		4.0	7.2			
3	0.8888	3.2		3.0	7.1			
4	0.9760	2.1		5.0	7.1			
5	0.7858	2.2		5.00	6.9			
6	0.4960	3.1		2.0	7.3			
7	0.3960	2.0		6.0	6.9			
8	0.4640	1.7	8.4	5.0	7.3			<1
9	0.4680	1.5		6.0	7.1			
10	0.7160	1.9		5.0	7.4			
11	0.8800	2.5		4.0	7.1			
12	0.4192	2.2		3.0	7.2			
13	0.5788	1.5		3.0	6.9			
14	0.7020	1.0		4.0	7.3			
15	0.4840	1.5	4.7	4.0	7.5			<1
16	0.4040	2.2		4.0	7.1			
17	0.7000	2.0		3.0	7.1			
18	1.0180	1.7		3.0	7.2			
19	0.7960	1.3		5.0	7.1			
20	0.8480	2.1		4.0	7.3			
21	0.4380	1.5		6.0	7.1			<1
22	0.4120	2.7	7.7	9.0	7.4			
23	0.6320	1.9		5.0	7.1			
24	0.5400	1.5		4.0	6.9			
25	0.7320	1.1		3.0	7.1			
26	0.4680	2.5		3.0	6.9			
27	0.4040	2.2		4.0	7.3			
28	0.4224	2.1	3.3	3.0	7.1			
29	0.6096	2.1		4.0	6.9			<1
30	0.4440	1.6		2.0	7.4			
31	0.7320	1.5		3.0	7.2			
TOT	19.3648	60.3	27.8	124	221.8			
AVG	0.6246	1.94	7.0	4.0	7.15			

1008

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # A-389 — Signature of Lead Operator In Charge: David McBee — Date: 04-10-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #1

(3) PLANT ADDRESS: 2600 HARBELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 671-2430

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0489852	0.1574	0.275	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.250	7259	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
—	—	—		4.7	5.3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1	0.85			0.10		1.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	—	— / —	—	—	—	—	—

(27) TYPE SAMPLE(S): COMPOSITE & GRAB

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: Dan Rebeca Tran SHIFT 1 (Day): Pat Turner SHIFT 2 (Evening): SWIP SHIFT 3 (Night): Gerald Williams

DER Form 17-1.203(7) Effective November 30, 1982

A389 C-76 A3513 C-216

Month APRIL Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN mg/l
1	0.1632	2.0			7.2				
2	0.1457	2.1			7.0				
3	0.1428	1.3			7.3				
4	0.1500	1.7			6.7				
5	0.1887	2.0	3.7	5.2	7.0	1.4	0.10	≤1	1.4
6	0.1701	2.1			7.3				
7	0.1494	2.0			7.5				
8	0.1634	2.0			6.9				
9	0.1819	2.2			7.1				
10	0.1694	1.7			7.2				
11	0.1592	2.2			7.0				
12	0.1551	2.5	4.8	2.0	6.9	0.20	0.06	≤1	0.15
13	0.1606	2.3			6.9				
14	0.1383	2.0			7.2				
15	0.1185	2.1			7.0				
16	0.1555	2.5			7.3				
17	0.1739	2.3			7.1				
18	0.1726	1.3	7.2	8.0	7.0	0.8	0.07	≤1	0.8
19	0.1436	1.7			7.2				
20	0.1634	1.4			7.2				
21	0.1479	2.0			7.0				
22	0.1344	2.0			7.1				
23	0.2018	1.8			7.3				
24	0.1570	1.3			7.2				
25	0.2094	1.5			6.9				
26	0.1356	2.2	3.2	6.0	7.1	1.0	0.16	≤1	0.85
27	0.2500	2.1			6.9				
28	0.1537	2.0			7.1				
29	0.1836	2.0			7.2				
30	0.1322	1.8			7.1				
31									
TOT	4.7237	58.1	18.9	81.	218.8	3.4	0.34	≤4	3.2
AVG	0.1574	1.9	4.7	5.3	7.1	0.85	0.10	≤1	0.8

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3 048 900417

A-389 Daniel DeBeca 4-10-1990
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WASTEWATER PLANT # 2

(3) PLANT ADDRESS: 2600 HARRELL ROAD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO (407)671-2430

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D 042119829 0.5586 1.0 II-B

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD

0.9856 2328 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD ✓ BOD lb/d ✓ TSS lb/d ✓

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT 2.9

(16) TSS (mg/l) EFFLUENT ~~MONTHLY~~ FINAL 2.1 ~~ANNUAL~~

(17) pH 7.2

(18) TOTAL N mg/l ✓

(19) AMMONIA mg/l ✓

(20) NITRITE + NITRATE mg/l ✓

(21) TOTAL P mg/l ✓

(22) ORTHO P mg/l ✓

(23) CHLOR RESID 4.7 ppm

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) COMPOSITE & GRAB

(28) TYPE EFFL DISPOSAL PONDS/SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Dan DeBeca Tom Toon Pat Turner Gerald Williams

A-389 C-7605 B-3543 C-7160

OER-FORM 17-1.202(7) Effective November 30, 1982

(30) Month APRIL Year 90

DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TURBIDITY HIGHS
1	0.8560	2.2		3.0	7.1				
2	0.9856	1.1		4.0	2.3				
3	0.4920	3.2		5.0	7.2				
4	0.4180	1.5		5.0	7.1				
5	0.4610	3.2	2.2	8.0	7.2			<1	
6	0.3800	3.0		3.0	7.1				
7	0.9040	1.7		4.0	7.3				
8	0.6091	1.0		6.0	7.1				
9	0.4296	1.6		5.0	7.2				
10	0.4742	2.5		4.0	7.3				
11	0.4710	1.8	3.7	4.0	7.3			<1	
12	0.4663	1.3		6.0	7.1				
13	0.4751	1.3		2.0	7.3				
14	0.5410	1.0		1.0	7.3				
15	0.5930	1.0		3.0	7.1				
16	0.5181	1.0		4.0	6.9				
17	0.4210	1.8		2.0	7.3				
18	0.5864	3.2	3.2	6.0	7.1			<1	
19	0.4687	2.1		5.0	7.2				
20	0.4980	1.1		3.0	7.0				
21	0.5274	1.0		4.0	7.2				
22	0.5091	2.0		3.0	7.3				
23	0.3880	1.0		4.0	7.2				
24	0.5080	1.3		6.0	7.3				
25	0.5280	1.4		5.0	7.0				
26	0.5800	1.8	3.5	8.0	7.1			<1	
27	0.5080	1.1		6.0	7.3				
28	0.5840	1.7		3.0	6.9				
29	0.5680	2.0		2.0	7.2				
30	0.5160	1.8		2.0	7.1				
31									
TOT	16.6759	50.2	11.6	122	215			<4	
AVG	0.5586	1.7	2.9	4.1	7.2			<1	

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 3048102944 Danielle Ezara A-389 06-07-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #1

(3) PLANT ADDRESS: 8600 HARBELL RD.

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 671-2430

(6) PERMIT NUMBER: FL0033852 (7) AVG FLOW MGD: 0.1483 (8) DESIGN FLOW MGD: 0.975 (9) TYPE:

(10) MAX FLOW (MGD): 0.2188 (11) POP SERVED: 7259 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ~ BOD lb/d ~ TSS lb/d ~ (14) % FLOW INFIL ~ (15) BOD (mg/l) EFFLUENT: 3.6 (16) TSS (mg/l) EFFLUENT: 2.6

(17) pH: 7.0 (18) TOTAL N: 1.5 mg/l (19) AMMONIA: ~ mg/l (20) NITRITE + NITRATE: ~ mg/l (21) TOTAL P: 0.35 mg/l (22) ORTHO P: ~ mg/l (23) CHLOR RESID: 8.6 ppm

(24) BOD (mg/l) UPSTREAM ~ DNSTREAM ~ TIME/DATE OF SAMPLE ~/~ (25) DO (mg/l) UPSTREAM ~ DNSTREAM ~ (26) EFFLUENT PARAMETER ~ VALUE ~ (UNITS) ~

(27) TYPE SAMPLE(S): GRAB & COMPOSITE (28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: Danielle Ezara SHIFT 1 (Day): Alan Tran SHIFT 2 (Evening): Gerald Williams SHIFT 3 (Night): ~

OCR FORM 17-1.205(7) (Effective November 30, 1982)

A-389 C-7600 C-7160

Month MAY Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	0.2157	7.5			7.2	0.73	0.16	<1	0.38
2	0.1679	1.7	4.5	4.0	7.0				
3	0.1446	1.5			7.1				
4	0.1646	1.7			7.2				
5	0.1556	2.2			7.6				
6	0.1084	2.3			7.3				
7	0.1084	2.0			7.2				
8	0.0967	3.5			7.1	0.69	0.16	<1	0.60
9	0.1251	3.5	2.3	3.0	7.0				
10	0.1499	2.0			7.2				
11	0.1401	2.2			7.4				
12	0.2188	3.0			7.2				
13	0.0930	3.0			7.1				
14	0.1387	3.5			6.5				
15	0.1034	3.0			6.7				
16	0.2655	3.5	1.9	6.0	6.5	2.3	0.97	<1	2.1
17	0.1370	3.5			6.7				
18	0.1443	3.5			6.7				
19	0.8040	3.5			7.0				
20	0.0837	3.5			6.7				
21	0.1586	3.5			6.6				
22	0.1716	2.4			7.2				
23	0.1564	4.5	5.0	3.0	6.7	0.93	0.68	<1	0.57
24	0.1599	1.6			7.1				
25	0.1742	1.3			6.7				
26	0.1320	1.7			6.9				
27	0.1557	2.0			7.0				
28	0.1636	2.2			7.3				
29	0.1575	2.0			7.3	3.0	0.25	<1	2.7
30	0.1562	3.5	4.2	7.0	7.1				
31	0.1301	4.0			6.9				
101	4.5965	74.6	17.9	13.0	217.5	7.54	1.98	<5	6.35
AVG	0.1483	2.6	3.6	3.6	7.0	1.5	0.38	<1	1.3

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048800417

A-309 Daniel Alvarez 06-07-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WASTEWATER PLANT # 2

(3) PLANT ADDRESS: 2600 HARRELL ROAD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO: (407)671-2430

(6) PERMIT NUMBER: D 042114829 (7) AVG FLOW MGD: 0.5636 (8) DESIGN FLOW MGD: 1.0 (9) TYPE: II- B

(10) MAX FLOW (MGD): 0.6906 (11) POP SERVED: 2328 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ✓ | BOD lb/d — | TSS lb/d —

(14) % FLOW INFIL —

(15) BOD (mg/l) EFFLUENT: 5.1

(16) TSS (mg/l) EFFLUENT: RAW [illegible] / FINAL 12.2 / PONDS

(17) pH: 7.1 (18) TOTAL N mg/l — (19) AMMONIA mg/l — (20) NITRITE + NITRATE mg/l — (21) TOTAL P mg/l — (22) ORTHO P mg/l — (23) CHLOR RESID: 2.2 ppm

(24) BOD (mg/l) UPSTREAM — DNSTREAM — TIME/DATE OF SAMPLE —

(25) DO (mg/l) UPSTREAM — DNSTREAM —

(26) EFFLUENT PARAMETER — VALUE — (UNITS) —

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: POND & SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: Dan Stokes SHIFT 1 (Day): Jean Jean SHIFT 2 (Evening): Gerald Williams SHIFT 3 (Night):

DER-Form 17-1.202(7) Effective November 30, 1982

A 398 C 7600 C 7160

(30) Month: MAY Year: 90

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TURBIDITY
1	.4660	1.3		1.0	6.9				
2	.5160	2.3	2.7	2.0	7.1			<1	
3	.4960	2.5		2.0	7.1				
4	.5800	1.3		1.0	7.3				
5	.5980	2.5		1.0	7.5				
6	.4760	2.5		2.0	7.3				
7	.6470	1.5		2.0	6.9				
8	.5460	3.5		2.0	7.6				
9	.5480	3.5	5.3	1.0	7.2			<1	
10	.5680	2.5		3.0	7.1				
11	.5460	3.0		1.0	7.2				
12	.6360	3.0		3.0	7.5				
13	.5036	1.9		2.0	7.2				
14	.5444	1.5		2.0	7.1				
15	.5560	3.6		1.0	6.9				
16	.5986	2.2	6.8	1.0	7.1				
17	.5904	2.5		6.0	6.5				
18	.5480	1.5		1.0	6.9			≤1	
19	.6720	1.5		4.0	7.1				
20	.5340	1.4		6.0	6.8				
21	.5980	1.4		3.0	7.6				
22	.6012	1.5		1.0	7.0				
23	.6304	3.5	6.0	1.0	7.1				
24	.5992	2.5		6.0	6.9				
25	.6468	1.1		1.0	7.6			<1	
26	.4760	1.5		3.0	6.8				
27	.6906	1.0		2.0	7.0				
28	.6064	1.8		3.0	6.9				
29	.4824	3.0		1.0	7.3				
30	.4616	2.0	4.5	5.0	7.2			2.1	
31	.5216	2.3		1.0	7.4				
101	17.4756	67.5	55.3	68	214.2			4.5	
AVG	0.5636	2.2	5.1	2.2	7.1			<1	

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) GMS # 3048P02944 A-389 Daniel DeBaca July 10, 1990
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 671-2630

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO48933552 0.108 0.275 IC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.1823 7395 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT 3.8
(16) TSS (mg/l) EFFLUENT 3.25

(17) pH 6.8
(18) TOTAL N mg/l 0.93
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l 0.12
(22) ORTHO P mg/l
(23) CHLOR RESID ppm 2.4

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) GRAB & COMPOSITE
(28) TYPE EFFL DISPOSAL SURFACE WATER

(29) PLANT STAFFING
LEAD OPERATOR: Daniel DeBaca
SHIFT 1 (Day): Tracy Tom Gerald William Ernest
SHIFT 2 (Evening):
SHIFT 3 (Night):

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	.1533	3.5			6.8				
2	.1363	3.0			6.9				
3	.1653	3.5			7.1				
4	.1575	4.0			7.0	0.98	0.15	<1	0.71
5	.1492	3.5			6.8				
6	.1234	1.0			6.7				
7	.1515	3.5	4.9	1.0	6.8				
8	.1883	3.5			7.1				
9	.1431	2.1			7.3				
10	.1713	2.5			7.6				
11	.1590	2.1			6.6	0.73	0.13	<1	0.55
12	.1394	1.5			7.1				
13	.1241	2.5	1.4	8.0	7.7				
14	.1209	3.5			6.8				
15	.1380	3.5			6.8				
16	.1163	3.0			6.6				
17	.0795	1.7			7.0				
18	.0877	3.5			6.6	1.1	0.18	<1	0.87
19	.0747	3.5			6.5				
20	.0941	3.5	4.95	9.0	6.5				
21	.0747	2.0			6.8				
22	.0770	3.5			6.9				
23	.0414	2.8			6.9				
24	.0219	2.5			7.1				
25	.0388	0.6			6.3	0.95	0.09	<1	0.65
26	.0890	1.5			6.4				
27	.0198	0.5	4.0	1.0	6.5				
28	.1000	0.3			6.8				
29	.1194	1.6			6.9				
30	.1049	1.5			6.8				
31									
TOT	3.2614	74.5	15.25	13.0	204.2	3.71	0.49	<4	2.78
AVG	0.1087	2.4	3.8	3.25	6.8	0.93	0.12	<1	0.7

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 3 0 4 8 1 0 0 4 1 7

A-389 Daniel De Baca 07-9-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WASTEWATER PLANT # 2

(3) PLANT ADDRESS: 2600 HARRELL ROAD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO (407)671-2430

(6) PERMIT NUMBER: D 042114829 ___ (7) AVG FLOW MGD: 0.5131 (8) DESIGN FLOW MGD: 1.0 (9) TYPE: II- B

(10) MAX FLOW (MGD): 0.9456 (11) POP SERVED: 2328 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d: ~ ~ ~

(14) % FLOW INFIL: ~

(15) BOD (mg/l) EFFLUENT: 2.1

(16) TSS (mg/l) EFFLUENT: FINAL 4.53

(17) pH: 7.1

(18) TOTAL N mg/l: ~

(19) AMMONIA mg/l: ~

(20) NITRITE + NITRATE mg/l: ~

(21) TOTAL P mg/l: ~

(22) ORTHO P mg/l: ~

(23) CHLOR (RESID) ppm: 1.9

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: ~ ~ <1

(25) DO (mg/l) UPSTREAM DNSTREAM: ~ ~

(26) EFFLUENT PARAMETER VALUE (UNITS): ~ ~

(27) TYPE SAMPLE(S): COMPOSITE & GRAB

(28) TYPE EFFL DISPOSAL: ROADS & IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: Daniel De Baca Grade A-11 SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night) —

(30) Month June Year 90

DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TURBIDITY HIGHS
1	.4364	1.3		1.0	6.9				
2	.4680	2.0		2.0	7.1				
3	.8552	2.5		1.0	7.0				
4	.3948	1.0		3.0	7.1				
5	.4876	1.0		3.0	6.8			<1	
6	.4000	3.5		2.5	7.0				
7	.5208	2.4	3.2	1.0	7.1				
8	.5112	1.4		2.0	7.2				
9	.4968	1.0		2.0	7.3				
10	.5744	1.0		2.0	7.1				
11	.5048	1.3		1.0	6.8				
12	.4140	2.0		1.0	7.1			<1	
13	.7336	2.5		2.0	6.8				
14	.8456	1.2	14.9	2.0	7.0				
15	.6768	1.2		1.0	6.9				
16	.4136	2.0		3.0	7.1				
17	.5996	1.5		2.5	7.0				
18	.5508	1.0		3.0	6.9			4.6	
19	.5116	1.5		3.0	6.8				
20	.4536	2.3		2.0	6.9				
21	.4825	1.0	4.4	4.0	7.1				
22	.4960	2.1		2.0	7.4				
23	.4992	3.0		1.0	7.0				
24	.4695	3.0		3.0	7.1				
25	.3805	1.9		2.5	6.8				
26	.3992	3.9		1.0	6.6			<1	
27	.4916	1.8		1.0	6.8				
28	.5116	1.9	3.9	1.0	6.9				
29	.4789	2.2		1.0	7.0				
30	.5180	1.8		1.0	6.9				
31									

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048203944 Month July Year 1990

Daniel DeBaca Aug 2nd 1990
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #1

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO (407) 671-2450

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
2048932-52 0.0529 0.275 IC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.1172 7,395 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 2.1 (16) TSS (mg/l) EFFLUENT 3.0

(17) pH 6.84 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 1.58

(24) DOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) COMPOSITE & GRAB (28) TYPE EFFL DISPOSAL SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: DANIEL DEBACA
SHIFT 1 (Day): JEAN TOMO GRUEST JACSON
SHIFT 2 (Evening): SWING
SHIFT 3 (Night): GERALD WILLIAMS....

DER Form 17-1.205(1) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN mg/l
1	0.1172	2.5			6.9				
2	0.0653	1.1			6.9	0.75	0.18	≤1	0.69
3	0.0680	2.0			6.7				
4	0.0650	0.6			6.8				
5	0.0450	1.4			6.8				
6	0.07200	1.2	3.6	2.0	6.6				
7	0.0694	2.0			6.9				
8	0.0646	1.5			6.7				
9	0.0590	2.0			6.8	0.51	0.10	≤1	0.40
10	0.0694	2.5			6.6				
11	0.0593	2.1	0.5	9.0	7.0				
12	0.0660	1.7			6.9				
13	0.0301	1.3			6.9				
14	0.0301	1.0			7.1				
15	0.0145	1.0			6.9				
16	0.01130	3.5			6.5	0.66	0.15	≤1	0.39
17	0.0289	3.5			6.6				
18	0.0157	2.1	2.6	0.4	7.0				
19	#	2.5			7.3				
20	#	1.3			6.8				
21	#	1.5			6.9				
22	#	1.0			6.7				
23	#	1.5			7.3	1.9	0.08	≤1	<0.60
24	#	1.8			6.6				
25	#	0.2	1.7	0.6	6.8				
26	#	0.5			6.9				
27	#	1.0			6.7				
28	#	1.4			6.9				
29	#	1.0			7.2				
30	#	0.8			6.6	1.8	<0.05	≤1	0.57
31	#	1.5			6.9				
TOT	0.9524	49	8.4	12.0	213.1				
AVG	0.0529	1.58	2.1	3.0	6.84				

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GHS # 3048900417 Daniel DeBaca Aug 8nd 1990
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #2.

(3) PLANT ADDRESS: 2600 HARBELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2630

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0021148	0.6265	1.0	IIB

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
1.144		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	2.13	1.9

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.93	✓	✓	✓	✓	✓	1.85

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
✓	✓	✓	✓	✓	✓	✓	✓

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERCOLATION PONDS.

(29) PLANT STAFFING

LEAD OPERATOR: Daniel DeBaca SHIFT 1 (Day): Fran Joan SHIFT 2 (Evening): Ernest Jacson SHIFT 3 (Night): Gerald Williams

DER Form 17-1.203(7) Effective November 30, 1982

Month July Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.5540	2.1		1.0	6.9			
2	0.5044	1.5		2.0	6.9			<1
3	0.4688	1.0		1.0	6.9			
4	0.5400	3.5		2.0	6.9			
5	0.5184	1.6		2.0	7.0			
6	0.4634	2.1	1.9	2.0	6.8			
7	0.5192	1.1		2.0	7.1			
8	0.5409	1.8		2.0	6.8			
9	0.5860	2.5		1.0	7.0			<1
10	0.5040	3.0		1.0	6.8			
11	0.5040	2.8	2.8	2.0	6.9			
12	0.2880	2.8		2.0	7.0			
13	0.4552	2.0		2.0	7.0			
14	0.5518	1.5		1.0	6.8			
15	0.9528	3.5		2.0	6.9			
16	0.6809	1.5		2.0	7.2			
17	0.9160	1.8		1.0	7.1			
18	0.7090	1.8	2.3	3.0	7.1			
19	0.3256	3.5		2.0	7.3			<1
20	0.5750	1.6		2.0	7.0			
21	0.3848	1.1		2.0	6.9			
22	0.3900	1.5		1.0	6.8			
23	0.5456	2.8		2.0	6.9			<1
24	0.4048	1.0		1.0	7.1			
25	0.8160	1.5	1.5	1.0	6.7			
26	0.8580	1.5		1.0	6.6			
27	0.8240	1.7		2.0	6.6			
28	0.9690	1.5		2.0	6.9			
29	1.1440	1.5		2.0	7.1			
30	0.8120	1.0		4.0	7.2			
31	0.9520	1.7		2.0	6.8			
TOT	19.4234	52.4	8.5	59	215			<4
AVG	0.6265	1.85	2.13	1.9	6.93			<1

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DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Aug Year 1990

(1) DER: 3048P03944 [signature] Sept 6th 1990
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO48-168924 0.0636 0.275 IC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

0.150 7,395

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Type Industry BOD lb/d TSS lb/d LIMIT EFFLUENT EFFLUENT

2.08 1.8

(17) pH (18) TOTAL N (19) AMMONIA (20) NITRITE + NITRATE (21) TOTAL P (22) ORTHO P (23) CHLOR RESID

6.70 mg/l 2.38 mg/l mg/l 0.21 mg/l ppm 0.6

(24) RAIN (in/l) UPSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(28) TYPE EFFL DISPOSAL

SURFACE WATER

(29) SHIFT 2 (Evening) SHIFT 3 (Night)

(30) ERNEST JACKSON, GERALD WILLIAMS JOE DEPEDRO.
November 30, 1992

(31) EFFLUENT (AVE)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	[illegible]	1.7	<1	2.0	6.9				
2	[illegible]	1.1			6.8				
3	[illegible]	1.0			6.7				
4	[illegible]	2.0			6.9				
5	[illegible]	2.0			6.8				
6	[illegible]	0.6			6.5	3.7	0.06	<1	0.45
7	[illegible]	0.7			6.6				
8	[illegible]	1.0	1.8	1.0	6.5				
9	[illegible]	0.8			6.5				
10	0636	1.5			6.8				
11	0636	1.9			6.9				
12	0636	2.0			7.0				
13	0636	3.5			6.9	1.3	0.13	<1	0.40
14	0636	1.0			6.7				
15	0636	1.0	2.2	1.0	6.3				
16	0636	1.1			6.9				
17	0636	0.9			7.1				
18	0.1508	1.8			7.0				
19	0.0682	1.8			6.9				
20	0.0768	1.5			6.6	0.94	0.24	<1	0.55
21	0.0387	3.5			6.4				
22	0.0650	1.2	3.7	4.0	6.7				
23	0.0499	1.0			6.6				
24	0.0847	0.7			6.9				
25	0.0698	1.5			6.7				
26	0.0297	1.5			6.8				
27	0.0846	0.8			6.5	4.6	0.49	811	1.9
28	0.0385	0.7			6.5				
29	0.0348	1.0	1.7	<1	6.6				
30	0.0413	0.6			6.5				
31	0.0545	1.0			6.5				
TOT	2.9148	41.8	10.4	9.0	208.4	9.54	0.82	14.	3.28
AVG	0.0636	1.35	2.08	1.8	6.70	2.38	0.21	3.5	0.82

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DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month: AUG Year: 1990

3048P00417 Daniel B Baca A-389 Sept 6th 1990

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(1) PLANT NAME: UNIVERSITY SHORES WWTP #2.

(2) PLANT ADDRESS: 2600 HARBELL RD.

(3) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2430

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

048-LL4829 0.6077 1.0 IIB

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

1.4032

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

3.18 1.8

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID mg/l

6.78 0.4

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
GRAB SINGLE GRAB TIME/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

GRAB PERCOLATION PONDS & IRRAGATION.

(29) PLANT STAFFING

(30) OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

Daniel Baca Tom Tapp Ernest Jackson Gerald Williams, Joe Depedro

A-389 C-7600 C-7263 C-7160 C-7701

Form 17-1.20(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.6980	4.3	1.9	1.0	7.0			
2	.4840	1.1		1.0	6.8			
3	.5060	1.6		3.0	6.7			
4	.5080	1.5		5.0	6.8			
5	.6360	1.5		3.0	6.9			
6	.4780	1.2		1.0	6.7			
7	.4896	1.0		3.0	6.8			<1
8	.4584	0.6	3.4	1.0	6.7			
9	.5116	1.0		1.0	6.7			
10	.5364	0.7		1.0	6.9			
11	.5180	1.1		2.0	7.0			
12	.8044	1.0		3.0	6.7			
13	.6032	3.5		2.0	7.0			<1
14	.3528	0.8		1.0	6.8			
15	.5958	0.5	3.4	2.0	6.8			
16	.6028	1.5		1.0	6.3			
17	.8096	1.0		3.0	6.7			
18	1.6032	1.0		2.0	6.9			
19	.6560	1.0		1.0	6.7			
20	.8860	1.0		2.0	6.9			
21	.9984	1.5		2.0	6.8			
22	.8880	1.0	5.6	1.0	7.1			
23	.6684	2.0		1.0	6.8			<1
24	.5200	1.5		1.0	6.7			
25	.5936	2.5		1.0	6.8			
26	.8544	3.0		1.0	6.9			
27	.5900	2.5		1.0	6.6			<1
28	.6780	2.0		3.0	6.7			
29	.6604	0.8	3.6	1.0	6.9			
30	.6928	0.5		1.0	6.7			
31	.5681	0.8		1.0	6.8			
TOT	18.8397	42.8	15.9	56.0	210.4			<4
AVG	0.6077	1.38	3.18	1.8	6.78			<1

Page 1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month SEPT Year 1990

(1) GID: 330482C2040

A-389 — Signature of Lead Operator in Charge — OCT 10, 1990 — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 3600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-3430

(6) PERMIT NUMBER: DO48-163974 (7) AVG FLOW MGD: 0.044 (8) DESIGN FLOW MGD: 0.225 (9) TYPE: IC

(10) MAX FLOW (MGD): 0.116 (11) POP SERVED: 7395

(12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD / BOD lb/d / TSS lb/d: / / /

(14) % FLOW INFIL: /

(15) BOD (mg/l) EFFLUENT: 2.5

(16) TSS (mg/l) EFFLUENT: 1.25

(17) pH: 6.7 (18) TOTAL N: mg/l 5.0 ** (19) AMMONIA: mg/l / (20) NITRITE + NITRATE: mg/l / (21) TOTAL P: mg/l 0.12 (22) ORTHO P: mg/l / (23) CHLOR RESID: mg/l 0.4

(24) BOD (mg/l) UPSTREAM / DOWNSTREAM / DIL/DATE OF SAMPLE: / / /

(25) DO (mg/l) UPSTREAM / DOWNSTREAM: / .

(26) EFFLUENT PARAMETER / VALUE / (UNITS): / / /

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATER

** Exceeds Permit
Explanation attached

(29) PLANT STAFFING

LEAD OPERATOR — SHIFT 1 (Day) — SHIFT 2 (Evening) — SHIFT 3 (Night)

DAN DEBACA — TRAU TRAU — ERNEST JACKSON — GERALD WILLIAMS

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (mg)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	0.054	1.5			7.1				
2	0.034	1.5	3.0	1.0	7.1				
3	0.042	0.9			7.3				
4	0.030	0.8			6.3				
5	0.060	1.3			6.5	5.2	0.11	<1	0.35
6	0.013	2.1			7.0				
7	0.054	1.0			6.6				
8	0.061	0.5			6.9				
9	0.074	1.0	1.5	1.0	6.7				
10	0.081	1.0			6.8				
11	0.087	1.5			6.7	9.1	0.07	<1	0.66
12	0.034	0.8			6.6				
13	0.081	0.9			6.8				
14	0.018	0.9			6.6				
15	0.048	1.2			6.3				
16	0.030	1.0	2.7	2.0	6.9				
17	0.018	0.5			6.0				
18	0.018	3.5			6.6	3.7	0.18	<1	3.8
19	0.049	0.4			6.8				
20	0.042	0.6			6.8				
21	0.036	3.5			6.6				
22	0.026	2.5			6.8				
23	0.051	3.0	2.0	1.0	6.6				
24	0.116	3.5			6.6	3.1	0.11	<1	0.35
25	0.055	2.5			6.7				
26	0.071	2.0			6.9				
27	0.054	3.0			6.6				
28	0.037	1.8			6.6				
29	0.089	0.4			6.9				
30	0.026	0.5			6.7				
31									
TOT	1.332	44.5	9.2	5.0	201	20.1	0.47	<4	4.16
AVG	0.044	1.48	2.3	1.25	6.7	5.0	0.12	<1	1.04

1019

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month SEPT Year 1990

(1) ID: 30481 0041 3

A-389 Camille Baca OCT 10 1990
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #2

(3) PLANT ADDRESS: 3600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 407 871-2450

(6) PERMIT NUMBER: DO48-114829 (7) AVG FLOW MGD: 0.5531 (8) DESIGN FLOW MGD: 1.0 (9) TYPE: II B

(10) MAX FLOW (MGD): 0.9852 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d: ✓ / ✓ / ✓

(14) % FLOW INFIL: ✓

(15) BOD (mg/l) EFFLUENT: 4.0

(16) TSS (mg/l) EFFLUENT: 2.0

(17) pH: 6.76 (18) TOTAL N mg/l: ✓ (19) AMMONIA mg/l: ✓ (20) NITRITE + NITRATE mg/l: ✓ (21) TOTAL P mg/l: ✓ (22) ORTHO P mg/l: ✓ (23) CHLOR RESID ppm: 0.6

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE: ✓ / ✓ / ✓

(25) DO (mg/l) UPSTREAM DOWNSTREAM: ✓ / ✓

(26) EFFLUENT PARAMETER: ✓ VALUE: ✓ UNITS: ✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCOLATION POND & SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR: DAN DEDRICK SHIFT 1 (Day): TRAN TRAN SHIFT 2 (Evening): ERNEST JACKSON SHIFT 3 (Night): GERALD WILLIAMS

A 389 C 7600 C 7601 C 7110

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	0.7312	2.3			7.1			
2	0.9643	2.1	5.2	6.0	6.9			
3	0.3537	1.3			7.2			
4	0.5768	1.0		1.0	5.6			
5	0.3390	1.5			6.1			
6	0.1849	2.3			6.6			
7	0.4984	1.4			7.1			6.0
8	0.9666	2.3			6.8			
9	0.5038	1.1	2.3	1.0	7.0			
10	0.4268	3.0		1.0	7.1			
11	0.3740	2.5			6.7			<1
12	0.3530	2.3			6.5			
13	0.4596	2.6			6.7			
14	0.6336	3.5			6.9			
15	0.4760	1.0			6.7			
16	0.8694	3.5	4.5	4.0	6.9			
17	0.8056	1.9		1.0	6.8			
18	0.9580	1.3			6.5			<1
19	0.5793	2.5			6.7			
20	0.4660	0.6			6.9			
21	0.4260	1.9		1.0	7.2			
22	0.5580	1.0			6.7			
23	0.4640	1.0	4.0	1.0	6.9			
24	0.4916	1.3			6.8			<1
25	0.7084	1.5		2.0	6.8			
26	0.9900	3.0			6.9			
27	0.7560	1.8			6.7			
28	0.7504	2.5			6.9			
29	0.9852	1.8			6.9			
30	0.9584	2.1			7.0			
31								
TOT.	16.5930	56.6	16.0	19.3	209.8			9.0
AVG	0.5531	1.90	4.0	2.0	6.76			9.25

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month OCT Year 1990

(1) CMS # 2048P03944 Daniel de Paca A-389 11-06-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 2600 HARRELL RD

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 880-0058

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
2048-168974 0.085 0.275 IC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number
0.185 7395

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d: / / /
(14) % FLOW INFIL: /
(15) BOD (mg/l) EFFLUENT: 1.94
(16) TSS (mg/l) EFFLUENT: 1.04

(17) pH: 6.8
(18) TOTAL N mg/l: 1.38
(19) AMMONIA mg/l: /
(20) NITRITE + NITRATE mg/l: /
(21) TOTAL P mg/l: 0.11
(22) ORTHO P mg/l: /
(23) CHLOR RESID ppm: 0.4

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: / / /
(25) DO (mg/l) UPSTREAM / DNSTREAM: / /
(26) EFFLUENT PARAMETER / VALUE / UNITS: / / /

(27) TYPE SAMPLE(S): GRAB & COMPOSITE
(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: DANIEL DEPACA
SHIFT 1 (Day): TRAN TOAN
SHIFT 2 (Evening): JOSE DEPEDRO
SHIFT 3 (Night): ERNEST JACKSON

A 389 C-7600 C-7701 C-7623

OCR Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/L)
1	0.037	3.5			6.9	1.26	0.13	≤1	0.85
2	0.045	3.0			6.8				
3	0.041	3.0	3.7	1.0	6.8				
4	0.096	3.5			7.0				
5	0.041	0.8			6.8				
6	0.050	2.0			6.9				
7	0.041	2.0			7.1				
8	0.043	1.0			6.8	1.2	0.16	≤1	0.40
9	0.064	1.6			7.2				
10	0.072	1.5	1.0	1.0	6.9				
11	0.069	0.7			7.2				
12	0.114	1.2			6.9				
13	0.079	1.0			6.9				
14	0.066	2.5			7.3				
15	0.059	2.0			6.4	1.7	0.11	11.0	0.97
16	0.063	2.0			6.5				
17	0.071	2.4	1.3	1.0	6.3				
18	0.108	2.2			6.7				
19	0.087	2.1			6.3				
20	0.089	3.0			6.7				
21	0.104	2.5			6.8				
22	0.100	2.0			6.5	8.2	0.07	4.0	0.57
23	0.096	2.0			6.6				
24	0.185	0.4	2.7	1.0	6.9				
25	0.183	0.7			6.8				
26	0.150	0.6			6.9				
27	0.112	1.9			6.9				
28	0.110	1.5			6.8				
29	0.111	2.2			6.5	0.57	0.10	9.0	0.30
30	0.130	1.2			7.1				
31	0.100	0.5	1.0	1.2	7.2				
TOT	2.632	50.7	9.7	5.2	211.4	6.93	0.57	26	2.09
AVG	0.085	1.64	1.94	1.04	6.8	1.38	0.11	5.2	0.52

Page 1 of 2

* THE FLOW TOTALIZER NOT WORKING PROPERLY, WE ALREADY ORDER THE NEW ONE, SHOULD COME IN ANY TIME NOW.

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048100417

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #2

(3) PLANT ADDRESS: 2600 HARRELL RD.

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2630

Month OCT Year 1990

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO48-114829	0.5799	1.0	II B

(10) MAX FLOW (MGD): 1.1004 (11) POP SERVED: (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
✓	✓	✓	✓	4.12	1.76

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.81	✓	✓	✓	✓	✓	1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE: ✓ ✓ ✓

(25) DO (mg/l) UPSTREAM DNSTREAM: ✓ ✓

(26) EFFLUENT PARAMETER VALUE (UNITS): ✓ ✓

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCULATION POND & SPRAY IRRIGATION

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
DAN DEBACA	TRAN TOAN	JOSE DEPEDRO	ERNEST JACKSON
A 389	C-7600	C-7701	C-7623

DER Form 17-1.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU. TURBIDITY
1	0.7296	1.5			6.5			1.0	0.6
2	0.4750	1.0			6.5				0.9
3	0.6060	1.1	12.6	42.	6.8				1.1
4	0.3880	1.0			6.8				1.8
5	0.4659	1.0			7.1				1.8
6	0.2525	1.0			7.0				1.2
7	0.5035	1.5			6.9				1.3
8	0.4984	1.7			6.8			2800	1.4
9	0.3802	1.0			7.2				1.6
10	0.4418	1.8	2.2	1.0	6.9				0.9
11	0.5087	1.4			7.2				0.8
12	0.4703	1.0			6.9				1.0
13	0.9826	1.1			6.9				0.9
14	1.1004	1.1			6.9				1.5
15	0.6348	1.0			6.4			87	0.4
16	0.6483	1.0			6.3				1.4
17	0.4972	1.0	2.5	1.0	6.5				0.9
18	0.3184	1.0			6.8				0.9
19	0.3580	1.5			6.7				0.8
20	0.8584	1.5			6.7				1.8
21	0.6453	1.0			7.0				2.3
22	0.4703	1.4			6.6			2800	2.6
23	0.4956	1.4			6.7				3.1
24	0.6320	1.5	2.5	1.0	6.9				1.8
25	0.5192	1.4			7.0				1.7
26	0.6468	1.3			6.9				1.1
27	0.7760	2.2			7.0				0.7
28	0.5081	1.0			6.9				0.8
29	0.4109	1.3			7.1			4.0	1.2
30	0.5088	3.5			6.9				0.9
31	0.2840	1.1	10	1.6	7.0				0.5
TOT	12.9769	40.5	200	8.8	211.4			498	39.6
AVG	0.2799	1.3	4.12	1.76	6.81			98.4	1.27

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOV Year 1990

(1) DHS # 2048102944 Samuel DeLeon A-369 DEC - 07-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP # 1

(3) PLANT ADDRESS: 2600 HARRELL RD.

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2950

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
2048-168974	0.1266	0.275	IC

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.3608	7395	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
/	/	/	/	1.92	1.2

(17) pH	(18) TOTAL N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.1	mg/l 0.74	mg/l /	mg/l /	mg/l 0.48	mg/l /	PPM 0.4

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	/	/	/	.	/	/	

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
DAN DEBACA	TRAN TOAN	JOSE DEPEDRO	ERNEST JACKSON
A 289	C-7600	C-7701	C-7683

DER Form 17-1.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	0.1091	0.7	1.0	1.0	7.1				
2	0.1108	0.5			7.2				
3	0.1101	1.1			7.1				
4	0.0993	0.5			7.8				
5	0.1088	1.7			7.1				
6	0.1119	3.5			6.8				
7	0.1330	1.2			7.1	1.2	1.4	52	0.88
8	0.1039	0.8	2.0	1.0	7.1				
9	0.1198	1.7			7.1				
10	0.1042	3.5			6.8				
11	0.0989	3.0			7.0				
12	0.1090	1.5			7.1				
13	0.1131	1.3			7.1				
14	0.1341	2.5			7.1	0.63	0.17	≤1	0.53
15	0.1127	0.5	3.6	4.0	7.3				
16	0.1271	0.5			7.1				
17	0.1546	2.5			7.3				
18	0.1918	0.5			7.1				
19	0.1051	2.8			7.4				
20	0.1239	0.6			7.0				
21	0.1298	1.2			7.4	0.59	0.21	≤1	0.28
22	0.1006	0.5	2.0	1.0	7.1				
23	0.1129	0.5			7.4				
24	0.3608	0.5			7.0				
25	0.1308	2.0			7.0				
26	0.2414	1.6			7.3				
27	0.0554	1.3			6.7				
28	*	2.1			6.8	0.72	0.13	≤1	0.20
29	*	2.9	1.0	2.0	6.8				
30	*	1.0			6.09				
31									
TOT	3.419	44.2	9.6	6.0	213.5	2.95	1.91	55	1.89
AVG	0.1466	1.47	1.92	1.2	7.1	0.74	0.48	13.7	0.47

* Flow totalizer been out of order.

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DEP pc Eng.

DER
PC
Eng

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOV Year 1990

(1) GMS # 2048P00417 Danielle Baca A-389 DEC - 07 - 90.
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES WWTP #2

(3) PLANT ADDRESS: 2600 HARRELL RD.

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2630

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
2048-114829	0.5595	1.0	IB

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
0.7876		[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
/	/	/	/	1.6	1.8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	/	/	/	/	/	0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	/	/	/	/	/	/	/

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: PERCOLATION POND

(29) PLANT STAFFING

LEAD OPERATOR: DAN DEBACA SHIFT 1 (Day): TRAN TRAN SHIFT 2 (Evening): JOSE DEPEDRO SHIFT 3 (Night): ERNEST JACKSON

(30)

DAY	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU.
1	0.4844	0.6	1.0	2.0	6.9				0.9
2	0.4780	0.8			6.9				0.9
3	0.5613	1.4			7.0				1.3
4	0.5990	1.5			6.5				3.6
5	0.5068	1.1			6.7				3.5
6	0.6284	2.5			7.1				2.7
7	0.5388	1.0			7.0			19.0	3.4
8	0.7876	1.0	2.0	1.0	7.1				2.5
9	0.6380	1.8			7.0				1.4
10	0.5660	1.1			7.1				1.4
11	0.5684	2.3			7.2				3.6
12	0.7440	1.1			7.0				2.0
13	0.6532	2.3			7.0				1.1
14	0.5428	1.3			7.0			1.0	0.6
15	0.4664	0.8	3.0	1.0	7.0				0.6
16	0.4984	0.8			7.1				0.7
17	0.6656	2.5			7.2				1.8
18	0.5722	1.0			7.1				1.5
19	0.4523	1.2			6.8				2.4
20	0.6096	2.5			7.4				2.2
21	0.6216	2.5			7.3			1.0	0.8
22	0.5580	1.4	1.0	3.0	6.9				0.9
23	0.4467	1.3			6.8				1.7
24	0.5423	2.5			6.7				1.9
25	0.5169	1.5			6.6				1.3
26	0.5356	2.1			7.1				0.9
27	0.5226	2.0			6.8				2.5
28	0.5424	2.0			6.9			<1.0	2.8
29	0.4720	0.9	1.0	2.0	7.0				3.5
30	0.4460	1.8			7.1				3.1
31									
TOT	16.7858	52	4.0	9.0	209.4			22	59.7
AVG	0.5595	1.73	1.6	1.8	7.0			1.1	1.9

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) CMS # 3048P089944 Month DECEMBER Year 1990

Signature of Lead Operator in Charge — Date: 01-07-1991

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP #1

(3) PLANT ADDRESS: 8600 HARBAL BD.

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. 671-2430

(6) PERMIT NUMBER: DO48-168924 (7) AVG FLOW MGD: 0.800 (8) DESIGN FLOW MGD: 0.275 (9) TYPE: IS

(10) MAX FLOW (MGD): / (11) POP SERVED: 7395 (12) FECAL COLIFORM SAMPLE METHOD: [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD: / BOD lb/d: / TSS lb/d: /

(14) % FLOW INFIL: / (15) BOD (mg/l) EFFLUENT: 3.47 (16) TSS (mg/l) EFFLUENT: 1.0

(17) pH: 6.9 (18) TOTAL N: 1.02 mg/l (19) AMMONIA: / mg/l (20) NITRITE + NITRATE: / mg/l (21) TOTAL P: 0.12 mg/l (22) ORTHO P: / mg/l (23) CHLOR RESID: 0.5 ppm

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM / DNSTREAM: /

(26) EFFLUENT PARAMETER / VALUE / (UNITS): /

(27) TYPE SAMPLE(S): GRAB & COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATER

(29) PLANT STAFFING

LEAD OPERATOR: JAN DEPACA SHIFT 1 (Day): TRAN TRAN SHIFT 2 (Evening): JOSE DEPEDRO SHIFT 3 (Night): ERVIE JACKSON, ANGEL LOPEZ

DER Form 17-1.205(7) Effective November 30, 1982

A-389 C-7600 C-7701 C-7963

(30)

		FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	TKN (mg/l)
1	*		1.8			6.8				
2	*		0.5			6.9				
3	*		1.2			7.1				
4	*		1.7			6.9				
5	*		1.7	3.0	1.0	7.8	0.42	0.18	<1	0.34
6	*		3.5			7.1				
7	*		2.5			6.9				
8	*		0.6			7.1				
9	*		1.8			7.0				
10	*		2.0			7.4				
11	*		1.1			7.1				
12	*		1.8	3.7	1.0	7.2	0.86	007	<1	<.2
13	*		1.2			6.9				
14	*		2.0			7.1				
15	*		1.3			7.0				
16	*		2.0			7.1				
17	*		3.5			6.7				
18	*		1.2			7.0				
19	*		1.8	4.0	1.0	6.9	1.24	0.11	<1	0.79
20	*		3.5			6.6				
21	*		1.0			7.1				
22	*		3.5			7.2				
23	*		2.4			7.1				
24	*		3.5			6.7				
25	*		1.0			6.9				
26	*		3.5	4.2	1.0	6.0	1.58	0.11	>200	0.48
27	*		3.5			6.5				
28	*		3.5			6.6				
29	*		3.5			6.5				
30	*		2.1			6.6				
31	*		1.0			6.1				
TOT	ESTIMATE	62.4	15.9	4.0	213.3	4.1	0.47	203	1.50	
AVG		0.800	2.05	3.47	1.0	6.9	1.02	0.12	20.9	0.38

* THE FLOW TOTALIZE WAS OUT OF ORDER FOR

1025

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 3048P00417 Daniel DeBaca 01-07-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: UNIVERSITY SHORES STP # 2.

(3) PLANT ADDRESS: 2600 HARBELL AD.

(4) CITY: ORLANDO (5) COUNTY: ORANGE PHONE NO. (407) 671-2450

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D48-114139 0.4780 1.0 IIB

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
0.7548 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD / BOD lb/d / TSS lb/d
(14) % FLOW INFIL
(15) BOD (mg/l) EFFLUENT: 2.185
(16) TSS (mg/l) EFFLUENT: 2.3

(17) pH
(18) TOTAL N mg/l
(19) AMMONIA mg/l
(20) NITRITE + NITRATE mg/l
(21) TOTAL P mg/l
(22) URTHO P mg/l
(23) CHLOR RESID ppm: 0.4

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE
(25) DO (mg/l) UPSTREAM / DNSTREAM
(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): GRAB & COMPOSITE
(28) TYPE EFFL DISPOSAL: PERCOLATION POND & SPRAY IRRIGATION

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
DAN DEBACA TRAN TRAN JOSE DEPEDRO ERNIE JACKSON ANGEL LOPEZ

DER FORM 17-1.203(7) Effective November 30, 1982

Month DECEMBER Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	NTU (mg/L)
1	0.5780	2.5			6.8				0.85
2	0.5780	2.5			7.1				0.77
3	0.4960	1.8		3.0	6.9				1.16
4	0.6760	2.5		4.0	6.7				1.03
5	0.4440	2.3	2.0	1.0	7.1			<1	1.20
6	0.4640	3.0			7.0				1.57
7	0.4840	4.7			6.9				0.92
8	0.4271	2.5			7.1				0.73
9	0.4932	2.5			7.0				0.78
10	0.5028	3.5		2.0	7.1				0.96
11	0.4180	3.5			7.0				0.64
12	0.4798	0.7	3.0	1.0	7.1			<1	0.49
13	0.4992	1.0			7.2				0.96
14	0.4536	0.5			7.1				1.04
15	0.4285	2.7			7.2				1.2
16	0.3269	3.5			7.3				1.83
17	0.2518	1.0		2.0	7.0				1.88
18	0.4536	0.4		1.0	7.0				0.81
19	0.5080	2.0	2.5	2.0	7.0			<1	0.62
20	0.6684	1.8			7.1				0.96
21	0.4986	2.4		6.0	7.2				1.93
22	0.4106	1.9			7.3				1.87
23	0.5368	1.0			7.0				1.95
24	0.5748	3.5			7.1				1.94
25	0.4532	2.0			6.9				2.0
26	0.7548	2.0	1.0	1.0	6.9			>200	2.0
27	0.4276	0.5			7.2				1.9
28	0.4344	3.5			7.1				1.7
29	0.4364	2.5			7.3				2.2
30	0.4663	2.1			7.0				2.6
31	0.4273	3.0			6.5				2.5
TOT	14.9303	69.1	8.05	25.0	218.9			805	42.98
AVG	0.4780	2.19	2.185	2.3	7.03			50.8	1.34

Page 1 of 2

1026

Venetian Village - 567

Lake County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DER: 3059P01268

Month: January Year: 1991

Brian E Heath 1-31-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0035-141059	.02	.036	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.032	82	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: <1

(16) TSS (mg/l) EFFLUENT: 1.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: A.7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.045	1.0			7.4			
3	.023	1.0			7.4			
4	.021	1.0			7.4			
5	.021	1.0			7.3			
6	.023	1.2			7.2			
7	.03	1.5			7.3			
8	.022	1.5			7.3			
9			<1	1.5				
10	.041	1.5			7.2			
11	.023	1.2			7.2			
12	.024	1.0			7.3			
13	.023	1.2			7.3			
14	.025	1.2			7.4			
15	.023	1.5			7.4			
16	.032	1.5			7.2			
17	.026	1.5			7.2			
18	.024	1.5			7.3			
19	.026	1.5			7.3			
20	.023	1.5			7.3			
21	.022	1.5			7.3			
22	.027	1.5			7.3			
23	.021	1.5			7.3			
24	.022	1.2			7.2			
25	.023	1.5			7.3			
26	.019	1.5			7.3			
27	.023	1.2			7.5			
28	.029	1.5			7.4			
29	.021	1.5			7.3			
30	.026	1.5			7.3			
31	.026	1.2			7.4			
TOT	.733	39.9	<1	1.5	111.1			
AVG	.024	1.4	<1	1.5	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1991

(1) ID: #3059P01268

Brian E. Heath 2-28-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tamiami Dr.

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO35141059 .024 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.035 82

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFL EFFLUENT EFFLUENT

2.0 2.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.02	1.2			7.2			
2	.02	1.3			7.2			
3	.026	1.5			7.3			
4	.034	1.2			7.4			
5	.02	1.8			7.3			
6	.029	1.5			7.2			
7	.023	1.2			7.3			
8	.027	1.2			7.4			
9	.02	1.0			7.4			
10	.022	1.2			7.3			
11	.027	1.3			7.3			
12	.021	1.5			7.3			
13	.022	1.2			7.3			
14	.021	1.2			7.4			
15	.025	1.2			7.4			
16	.026	1.2			7.3			
17	.023	1.5			7.3			
18	.023	1.8			7.4			
19	.013	1.5			7.3			
20	.035	1.2	2.0	2.0	7.2			
21	.024	1.5			7.3			
22	.023	1.0			7.4			
23	.019	1.5			7.4			
24	.025	1.5			7.4			
25	.03	1.2			7.3			
26								
27	.049	1.9			7.4			
28	.021	2.0			7.4			
29								
30								
31								
TOT	0.663	32.4	2.0	2.0	197.8			
AVG	0.024	1.4	2.0	2.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNV # 3059P01268

Month March Year 1991

Signature of Land Operator in Charge — Date 3-31-91

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Villags

(3) PLANT ADDRESS: Tammi Dr.

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

De 35155737 .029 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[M] Membrane Filter
[ ] Most Probable Number

.067 82

(13) INDUSTRIAL CONTRIBUTION — Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 2.0

(16) TSS (mg/l) EFFLUENT: 3.0

(17) pH: 7.4 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm: 0.5

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FLOW/DATE OF SAMPLE: /

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522 C-8058

DER Form 17-1.201(5) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.036	1.0			7.4			
2	.023	1.0			7.4			
3	.015	1.0			7.4			
4	.041	1.2			7.3			
5	.024	1.5			7.4			
6	.017	1.0			7.3			
7	.029	1.2			7.4			
8	.024	1.2			7.4			
9	.025	1.2			7.3			
10	.033	1.0			7.4			
11	.017	1.0			7.4			
12	.025	1.2			7.3			
13	.032	1.0	2.0	3.0	7.3			21
14	.028	1.5			7.4			
15	.019	1.2			7.4			
16	.025	1.2			7.3			
17	.021	1.3			7.4			
18	.067	0.5			7.4			
19	.05	1.0			7.3			
20	.032	1.3			7.3			
21	.029	1.2			7.3			
22	.031	1.5			7.3			
23	.035	1.2			7.3			
24	.029	1.2			7.4			
25	.036	1.0			7.4			
26	.025	1.2			7.3			
27	.025	1.2			7.4			
28	.032	1.0			7.4			
29	.025	1.5			7.3			
30	.025	1.2			7.4			
31	.029	1.2			7.3			
TOT:	.895	36	20	3.0	229			21
AVG:	.029	1.2	2.0	3.0	7.4			21

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) GID # 3059P012683

Brian E Heath 4-30-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tamiami Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 1-800-732-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

P0351410.59 .029 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.049 82

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

3.0 4.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.3 .9

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FLOW/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL Percolation Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

0.7522

DER Form 17-1.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (SU.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.031	1.2			7.4			
2	.031	1.5			7.4			
3	.02	1.0			7.4			
4	.03	1.2			7.4			
5	.025	1.0			7.4			
6	.025	1.0			7.4			
7	.023	.9			7.4			
8	.034	1.3			7.3			
9	.026	1.0			7.3			
10	.027	1.0	3.0	4.0	7.4			
11	.022	1.0			7.3			
12	.023	1.0			7.3			
13	.032	1.0			7.3			
14	.015	1.0			7.3			
15	.034	1.0			7.4			
16	.034	1.3			7.4			
17	.02	1.2			7.4			
18	.029	1.0			7.3			
19	.026	1.5			7.4			
20	.025	1.3			7.3			
21	.025	1.5			7.3			
22	.031	1.2			7.3			
23	.028	1.5			7.2			
24	.049	1.2			7.2			
25	.039	1.2			7.3			
26	.039	1.2			7.3			
27	.043	1.0			7.3			
28	.032	1.0			7.3			
29	.036	1.0			7.4			
30	.028	1.2			7.3			
31								
TOT	0.872	33.8	3.0	4.0	220.9			
AVG	.029	1.1	3.0	4.0	7.3			

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1030

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) GMS # 305990126 9

Brian E. Heath 5/31/91
Signature of Plant Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO35191059 .028 .036 3.

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.045 287

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

1.0 1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) (25) DO (mg/l) (26) EFFLUENT
UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE UPSTREAM DOWNSTREAM PARAMETER VALUE (UNITS)

/

(27) TYPE SAMPLE(S) (28) TYPE EFFL DISPOSAL

Grab Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G-2522 G-9059

DER Form 17-1.201(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.030	1.0			7.3			
2	.026	1.2			7.4			
3	.033	1.2			7.3			
4	.028	1.0			7.2			
5	.030	1.0			7.2			
6	.035	1.5			7.2			
7	.033	1.2			7.3			
8	.035	1.0	1.0	1.0	7.2			
9	.030	1.5			7.2			
10	.026	1.2			7.3			
11	.032	1.2			7.3			
12	.032	1.2			7.3			
13	.032	1.5			7.3			
14	.029	1.5			7.2			
15	.035	1.0			7.2			
16	.033	1.0			7.3			
17	.035	1.5			7.4			
18	.030	1.2			7.3			
19	.019	1.5			7.4			
20	.037	1.0			7.4			
21	.035	1.5			7.4			
22	.030	1.2			7.4			
23	.027	1.2			7.3			
24	.036	1.5			7.3			
25	.035	1.2			7.2			
26	.030	1.2			7.3			
27								
28	.030	1.0			7.3			
29	.024	1.0			7.3			
30	.035	1.2			7.4			
31	.045	1.0			7.4			
TOT	.965	36.7	1.0	1.0	219.0			
AVG	.029	1.2	1.0	1.0	7.3			

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Page 1 of 2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1991

(1) GID: FS059P01269

Susan E. Heath 6/30/91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village #567

(3) PLANT ADDRESS: Tamme Drive

(4) CITY: Inverness (5) COUNTY: Citrus PHONE NO. 904-637-4524

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO35141039 .036 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
☒ Membrane Filter
[ ] Most Probable Number
.248 92

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
4.0 11.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID mg/l
7.4 0.8

(24) BOD (mg/l) UPSTREAM DOWNSTREAM FOR /DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) grab (28) TYPE EFFL DISPOSAL Rive. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

G-7522

DER Form 17-1.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (mg)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (0-14)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.029	1.0			24			
2	.03	.8			24			
3	.032	1.0			24			
4	.032	1.2			25			
5	.018	1.5			24			
6	.04	1.5			24			
7	.032	1.5			25			
8	.038	1.2			23			
9	.033	1.2			24			
10	.039	1.0			24			
11	.029	1.0			23			
12	.013	1.5	4.0	11.0	23			21
13	.019	1.0			24			
14	.019	1.0			24			
15	.021	1.2			24			
16	.021	1.2			24			
17	.016	1.2			23			
18	.017	1.2			24			
19	.019	1.0			24			
20	.028	1.2			24			
21	.029	1.2			25			
22	.043	1.2			23			
23	.033	1.2			23			
24	.031	1.2			24			
25	.023	1.2			24			
26	.036	1.2			24			
27	.048	1.5			23			
28	.049	1.2			23			
29	.025	1.0			24			
30	.025	1.0			24			
31								
TOT	.797	36.5	4.0	11.0	22.5			51
AVG	.036	1.2	4.0	11.0	24			51

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DER
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Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 3059P01268

(3) Plant Name Venetian Village

(4) Plant Address Tammi Drive

(5) City Tavares

(6) County Lake

(7) Phone Number 800 432 4501

(8) Permit Number D03514.059

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc. Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian C. Heath 1.7522
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.028
(17) Permitted capacity	mgd	—	.036
(18) Three-month average daily flow	mgd	—	.027
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.7
(26) Total N	mg/L	000600	N/A
(27) TKN	mg/L	000625	N/A
(28) Ammonia (NH_3 - N)	mg/L	000610	N/A
(29) Nitrate	mg/L	071850	N/A
(30) Total Phosphorus	mg/L	000665	N/A
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			N/A

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.030	1.0						7.2					
2	.043	1.5						7.2					
3	.023	1.5						7.7					
4	.009	1.0						7.3					
5	.016	1.2						7.4					
6													
7	.053	1.2						7.5					
8	.036	1.0						7.3					
9	.022	1.2						7.6					
10	.020	1.0		245	144	3.0	1.0	7.4					
11	.024	1.0						7.2					
12	.027	1.5						7.1					
13													
14	.046	1.0						7.2					
15	.030	0.8						7.5					
16	.030	1.0						7.5					
17	.026	0.8						7.6					
18	.050	1.2						7.5					
19	.022	1.2						7.5					
20													
21	.051	1.2						7.5					
22	.023	1.0						7.3					
23	.022	1.0						7.1					
24	.021	1.2						7.0					
25	.033	1.5						7.1					
26	.044	1.0						7.0					
27													
28	.025	1.0						7.1					
29	.038	1.2						7.0					
30	.030	1.5						7.2					
31	.026	1.2						7.2					

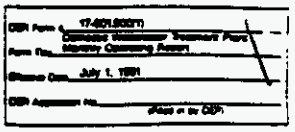
Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Brian E Heath Date: 7/31/91

Name (Please Type): BRIAN E HEATH

Company Name: SSU Services Telephone No. (Please Type): 800 432 450

Page 3 of 3



Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 3059P012168

(3) Plant Name Venetian Village #567

(4) Plant Address Tammi Drive

(5) City Tavares

(6) County Lake

(7) Phone Number 800-432-4501

(8) Permit Number DO35141059

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class ____ Cert. No. ____

Evening Shift Operator Class C Cert. No. 8058

Night Shift Operator Class ____ Cert. No. ____

Lead Operator Brian E Heath C-7522
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mgd	—	.036
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	2.0
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1.0
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.5
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	0.9
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters	—	—	—

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.024	1.0						7.0					
2	.030	1.0						7.1					
3													
4	.043	1.2						7.3					
5	.031	1.0						7.2					
6	.025	1.2						7.1					
7	.024	1.4						7.2					
8	.018	1.5						7.3					
9	.032	1.8						7.2					
10	.033	1.5						7.2					
11													
12	.047	1.2						7.1					
13	.023	1.2						7.2					
14	.023	1.2						7.1					
15	.027	1.5				2.0	1.0	7.1					
16	.017	1.2						7.0					
17													
18	.041	1.5						7.2					
19	.023	1.4						7.0					
20	.022	1.2						7.0					
21	.027	1.2						7.1					
22	.021	1.4						7.1					
23	.021	1.5						7.2					
24													
25	.044	1.0						7.5					
26	.025	0.9						7.1					
27	.024	1.2						7.0					
28	.023	1.5						7.0					
29	.021	1.4						6.9					
30	.023	1.2						6.9					
31													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief information is true, complete and accurate.

Signed: Brian E Heath Date: 9/3/91

Name (Please Type) Brian Heath

Company Name SSI Services Telephone No. (Please Type)

Page 3 of 3

Venetian Village

DEP Form ...
Form Title Lakeside Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number 3059P012168

(3) Plant Name Venetian Village

(4) Plant Address Tammi Dr.

(5) City Tavares

(6) County Lake

(7) Phone Number 407-589-0058

(8) Permit Number DO35141059

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge —

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8059

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian E Huth (Signature) C-7522 (Cert No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.023
(17) Permitted capacity	mgd	—	.036
(18) Three-month average daily flow	mgd	—	
(19) Percent of permitted capacity	%	—	
(20) $CBOD_5$ Effluent	mg/L	080082	
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.5
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			
Fecal Coliform	#/100ML	—	4

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.043	1.2						7.0													
2	.019	1.2						7.0													
3	.021	1.0						7.1													
4	.023	1.2						7.3													
5	.017	1.5						7.0													
6	.024	1.0						6.9													
7	.017	1.2						7.0													
8																					
9	.047	1.2						6.9													
10	.022	1.0						6.9													
11	.031	1.5						6.9					4								
12	.020	1.5						7.0													
13	.015	1.2						7.2													
14																					
15	.045	1.0						7.1													
16	.022	1.2						7.0													
17	.010	1.0						7.0													
18	.013	1.2						7.1													
19	.026	1.2						7.0													
20	.035	1.2						7.1													
21	.026	1.2						7.0													
22																					
23	.048	1.0						7.1													
24	.032	1.0						7.1													
25	.017	1.5						7.0													
26	.025	1.5						7.0													
27	.024	1.0						7.0													
28	.018	1.0						7.2													
29																					
30	.044	1.0						7.0													

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Brian Heath Date: 10-1-91

Name (Please Type) _____

Company Name SSU Swans Telephone No. (Please Type) 904 432 4501

Page 1 of 1

DER Form # 17-6010(2007)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 30-359012688

(3) Plant Name Venetian Village

(4) Plant Address Tamiami Trail

(5) City Tavares

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DA35-165727

(9) Plant Type [illegible]

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Rapid Infiltration

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 19054

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator [signature] [illegible] 19054
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.022
(17) Permitted capacity	mgd	—	.036
(18) Three-month average daily flow	mgd	—	.023
(19) Percent of permitted capacity	%	—	87%
(20) $CBOD_5$ Effluent	mg/L	080082	1
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			

DER Form	17-6015(3)(1)
Form Title	Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date	July 1, 1991
DER Application No.	(Field in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.027	1.0						7.0					
2	.03	1.2						8.0					
3	.024	1.0						6.9					
4	.023	1.2						7.0					
5													
6	.055	1.0						7.0					
7	.031	1.0						6.9					
8	.024	1.0						7.0					
9	.021	1.0		138	56	<1	<1	7.0					
10	.018	1.8						6.9					
11	.027	1.8						6.9					
12	.018	1.5						7.1					
13													
14	.044	1.5						7.0					
15	.017	1.8						6.9					
16	.019	1.8						6.9					
17	.016	1.5						7.0					
18	.02	1.8						7.0					
19	.016	1.5						7.0					
20													
21	.059	1.5						7.0					
22	.015	1.5						7.1					
23	.019	1.2						6.9					
24	.017	1.5						6.7					
25	.025	1.5						7.0					
26	.017	1.2						7.0					
27													
28	.042	1.2						7.1					
29	.021	1.5						7.2					
30	.018	1.2						7.1					
31	.017	1.0						7.3					

T.T. 0.674

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signed: Brian E. Heath

Date: 10/3/91

Name (Please Type) BRIAN E. HEATH

Company Name SSU Services

Telephone No. (Please Type) 1-900-032-4501

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number 3059 P012108

(3) Plant Name Venetian Village #567

(4) Plant Address Tammi Dr.

(5) City Tavares

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DO 35141059

(9) Plant Type 3-C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge —

(15) Plant Staffing

Day Shift Operator Class _____ Cert. No. _____

Evening Shift Operator Class C Cert. No. 8058

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath (Signature) C-7522 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.017
(17) Permitted capacity	mgd	—	.036
(18) Three-month average daily flow	mgd	—	.021
(19) Percent of permitted capacity	%	—	58
(20) $CBOD_5$ Effluent	mg/L	080082	3.7
(21) $CBOD_5$ Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	1
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.3
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	.9
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			

DER Form 17-601(3)(c) Domestic Wastewater Treatment Plant Monthly Operating Report
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Page 3 of 3)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month November Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.017	1.0						7.2													
2	.021	1.2						7.3													
3																					
4	.042	1.0						7.0													
5	.015	1.0						7.0													
6	.020	1.5						7.0													
7	.015	1.5						7.1													
8	.023	1.2						7.2													
9	.017	1.0						7.1													
10																					
11	.0316	.9						6.9													
12	.017	1.8						7.0													
13	.019	1.5						7.1													
14	.016	1.5						7.1													
15	.016	1.9						7.2													
16	.017	1.0						7.2													
17																					
18	.036	1.8						7.1													
19	.018	1.8						7.1													
20	.018	1.5						7.0													
21	.018	1.8						7.0													
22	.021	1.8						7.1													
23																					
24	.032	1.5						7.2													
25	.015	1.5						7.1													
26	.018	1.2						7.0													
27	.015	1.5						7.1													
28																					
29	.038	1.2						7.1													
30																					
31																					
ot.	.505																				

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete, and accurate.

Signed: Brian Heath

Name (Please Type): Brian Heath

Company Name: SSU Services

Date: 11/30/91

Telephone No. (Please Type): 1-800-432-4501

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number 3059 P012628

(3) Plant Name Venetian Village

(4) Plant Address Tammi Dr.

(5) City Tavares

(6) County Lake

(7) Phone Number 1-800-432-4501

(8) Permit Number DO 35141059

(9) Plant Type 3C

(10) Test Site Identification Number N/A

(11) Fecal Coliform Sample Method

☒ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

PERC Pond

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge —

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 8058

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Brian Heath, C-7522
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.019
(17) Permitted capacity	mgd	—	.036
(18) Three-month average daily flow	mgd	—	.019
(19) Percent of permitted capacity	%	—	53
(20) @BOD_5 Effluent	mg/L	080082	5.7
(21) @BOD_5 Effluent	lbs/day	—	—
(22) TSS Effluent	mg/L	900201	2.7
(23) TSS Effluent	lbs/day	—	—
(24) Minimum pH		—	6.7
(25) Maximum pH		—	7.2
(26) Total N	mg/L	000600	—
(27) TKN	mg/L	000625	—
(28) Ammonia (NH_3 - N)	mg/L	000610	—
(29) Nitrate	mg/L	071850	—
(30) Total Phosphorus	mg/L	000665	—
(31) Minimum Chlorine Residual	mg/L	—	0.9
(32) Maximum Chlorine Residual	mg/L	—	1.8
(33) Other Effluent Parameters			
Fecal Coliform			ND

DEM Form 17-607(5/91) Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DEM Application No. _____ Page ___ of ___

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month December Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	@BOD_5 Influent (mg/L)	TSS Influent (mg/L)	@BOD_5 Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.038	1.5						7.1					
2	.021	1.5						7.1					
3	.022	1.6						7.0					
4	.017	1.5						7.0					
5	.016	1.8						7.0					
6	.012	1.2						7.1					
7	.022	1.2						7.1					
8													
9	.038	1.2						7.0					
10	.021	1.0						7.0					
11	.017	1.2		258	180	5.7	27	7.2					
12	.021	1.2						7.2					
13	.016	1.2						7.2					
14	.018	1.0						7.2					
15													
16	.038	.9						7.1					
17	.017	1.0						6.9					
18	.019	1.2						6.8					
19	.016	1.2						6.8					
20	.021	1.5						6.4					
21	.018	1.5						6.7					
22													
23	.038	1.5						6.4					A
24	.017	1.5						6.8					
25													
26	.044	1.2						6.9					
27	.018	1.8						6.9					
28	.015	1.5						7.0					
29													
30	.046	1.8						7.0					
31	.018	1.8						6.9					

Lead Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Brian Heath Date 12/31/91

Name (Please Type): Brian Heath

Company Name SSL Services Telephone No. (Please Type): 1-860-432-4501

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month January Year 1990

(1) GNS # 3051P01268

Brian Heath / Donald R. Cook — 2-14-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 900-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35141059	.019	.036	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.026	277	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.7	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.9

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Pine Pond

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-7522			

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.04	1.0			7.2			
3	.03	1.0			7.3			
4	.02	1.3			7.2			
5	.025	1.2			7.1			
6	.017	1.0			7.2			
7	.015	1.0			7.2			
8	.019	1.0			7.2			
9	.025	1.2			7.2			
10	.024	1.0			7.2			
11	.019	1.0	4.7	2	7.3			
12	.0231	1.2			7.2			
13	.02	1.3			7.2			
14	.02	1.2			7.2			
15	.026	1.0			7.3			
16	.02	0.9			7.2			
17	.017	1.0			7.2			
18	.019	0.9			7.3			
19	.023	1.0			7.3			
20	.018	0.9			7.2			
21	.019	1.0			7.3			
22	.02	1.0			7.3			
23	.016	1.2			7.3			
24	.019	1.2			7.2			
25	.02	1.2			7.3			
26	.019	1.2			7.3			
27	.014	1.0			7.2			
28	.025	—			—			
29	.02	1.0			7.4			
30	.016	1.0			7.3			
31	.015	1.0			7.3			
TOT	0.597	30.7	4.7	2	210.1			
AVG	.019	1.1	4.7	2	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month February Year 1990

(1) GMS # 305900126Z

Brian Heath — Signature of Lead Operator in Charge
2-28-90 — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: VENETIAN VILLAGE

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0035141059	.018	.036	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.029	79	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.6	5.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
GRAB	PERC. POND

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
G-7522			

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.018	1.0			7.3			
2	.018	1.0			7.2			
3	.02							
4	.014	1.0			7.2			
5	.021	1.0			7.3			
6	.014	1.2			7.3			
7	.011	1.2	4.6	5.0	7.4			
8	.015	1.0			7.3			
9	.017	1.0			7.3			
10	.016	1.0			7.2			
11	.024							
12	.022	1.0			7.3			
13	.016	1.2			7.3			
14	.016	1.0			7.3			
15	.018	1.0			7.3			
16	.021	1.0			7.4			
17	.019	1.0			7.4			
18	.017	1.3			7.3			
19	.016	1.0			7.3			
20	.016	1.0			7.2			
21	.015	1.3			7.3			
22	.016	1.0			7.4			
23	.029	1.0			7.4			
24								
25	.033	1.0			7.3			
26	.02	1.2			7.3			
27	.022	1.2			7.3			
28	.029	1.2			7.3			
29								
30								
31								
TOT	0.511	26.6	4.6	5.0	182.4			
AVG	0.018	1.1	4.6	5.0	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1990

(1) DHS # 3059202268

Brian E. Heath — 4-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tamiami Avenue

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO35141059	.02	.036	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.029	280	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.5	10.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR: C-7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER FORM 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.022	1.0			7.2			
2	.022	1.2			7.3			
3	.026	1.3			7.2			
4	.024	1.2			7.3			
5	.018	1.2			7.3			
6	.023	1.2			7.3			
7	.025	1.0	2.5	10.0	7.4			<1
8	.023	1.2			7.3			
9	.018	1.0			7.4			
10	.016	1.0			7.4			
11	.017	1.0			7.4			
12	.02	1.3			7.3			
13	.019	1.0			7.4			
14	.022	1.0			7.4			
15	.019	.8			7.3			
16	.018	1.2			7.3			
17	.024	1.2			7.2			
18	.016							
19	.022	1.0			7.3			
20	.017	1.0			7.2			
21	.023	1.0			7.3			
22	.019	1.0			7.3			
23	.023	1.0			7.3			
24	.017	1.0			7.4			
25	.025	1.2			7.3			
26	.018	1.2			7.4			
27	.026	1.0			7.4			
28	.022	1.0			7.3			
29	.015	1.0			7.4			
30	.016	1.0			7.5			
31	.019	1.0			7.3			
101	.64	32.0	2.5	10.0	209.6			<1
AVG	.02	1.1	2.5	10.0	7.3			<1

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1990

(1) DHS # 3059801268

Brian E Heath — 4-30-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 800-432-4521

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0035141059	.024	.036	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.032	290	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				5.4	4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.4						1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-7522

DER-Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	1.0			—			
2	.023	1.0			7.4			
3	.019	1.2			7.4			
4	.02	1.0			7.3			
5	.029	2.0			7.3			
6	.024	1.3			7.3			
7	.029	1.2			7.3			
8	.029	1.0			7.3			
9	.026	1.0			7.4			
10	.02	1.3			7.4			
11	.021	1.2			7.5			
12	.023	1.0	5.4	4.0	7.4			
13	.023	1.2			7.4			
14	.029	1.2			7.3			
15	.03	1.0			7.3			
16	.019	1.0			7.4			
17	.028	1.0			7.4			
18	.03	1.2			7.3			
19	.022	1.0			7.3			
20	.023	1.2			7.4			
21	.02	1.0			7.3			
22	.026	1.0			7.3			
23	.019	1.2			7.4			
24	.03	1.2			7.3			
25	.029	1.0			7.3			
26	.026	1.2			7.3			
27	.025	1.0			7.4			
28	.014	1.0			7.4			
29	.032	1.0			7.4			
30	.025	1.2			7.3			
31								
TOT	0.73	33.6	5.4	4.0	213.2			
AVG	0.024	1.1	5.4	4.0	7.4			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) GNS # 305988 1265

Brian E. Heath — 5-31-90
Signature of Lead Operator In Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tanni Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 800-432-4567

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

FLC 352416 .029 .026 .036 SC

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[X] Membrane Filter
[ ] Most Probable Number

.034 287

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 4.1

(16) TSS (mg/l) EFFLUENT: 4.0

(17) pH: 7.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERC POND

(29) PLANT STAFFING

LEAD OPERATOR: C-7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

PER Form 17-C. 205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.02	1.0			7.3			
2	.02	1.3			7.3			
3	.023	1.0			7.4			
4	.029	1.2			7.4			
5	.032	1.0			7.3			
6	.032	1.0			7.3			
7	.03	1.0			7.3			
8	.031	1.0			7.3			
9	.036	1.2	4.1	4.0	7.3			31
10	.032	1.0			7.3			
11	.029	1.0			7.3			
12	.012	1.0			7.3			
13	.024	1.0			7.3			
14	.029	1.2			7.3			
15	.027	1.0			7.3			
16	.035	1.0			7.3			
17	.031	1.6			7.4			
18	.031	1.5			7.4			
19	.028	1.5			7.4			
20	.032	1.5			7.4			
21	.032	1.0			7.3			
22	.029	1.3			7.4			
23	.027	1.0			7.4			
24	.034	1.0			7.4			
25	.028	1.3			7.4			
26	.033	1.2			7.3			
27	.03	1.0			7.3			
28								
29	.046	1.0			7.3			
30	.015	1.0			7.3			
31	.023	1.0			7.4			
TOT	.804	33.5	4.1	4.0	220.1			<1
AVG	.026	1.1	4.1	4.0	7.3			<1

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DEP
FC
Fig 2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 1990

(1) SID # 3059001368

Susan E Heath 6-30-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tamms Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 904-742-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
0035141059 .023 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.039 287 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 1.0 (16) TSS (mg/l) EFFLUENT 4.9

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.2

(24) BOD (mg/l) UPSTREAM DNSTREAM (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) Grab (28) TYPE EFFL DISPOSAL Disinf

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
1 3522

DER FORM 17-1.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.029	1.0			7.3			
2	.033	1.0			7.3			
3	.018	1.0			7.3			
4	.033	1.0			7.2			
5	.0315	1.0			7.2			
6	.03	1.0			7.2			
7								
8	.036	1.0			7.2			
9	.033	1.0			7.2			
10	.024	1.0			7.2			
11	.024	1.0			7.3			
12	.025	1.0			7.3			
13	.019	1.0	1.0	4.9	7.2			
14	.019	1.2			7.2			
15	.018	1.0			7.2			
16	.015	1.0			7.2			
17	.018	1.0			7.2			
18	.032	1.0			7.3			
19	.033	1.0			7.3			
20	.025	1.0			7.3			
21	.019	1.0			7.2			
22	.02	1.2			7.3			
23	.038	1.0			7.3			
24	.039	1.0			7.3			
25	.028	1.2			7.2			
26	.033	1.2			7.2			
27	.038	1.2			7.2			
28	.027	1.2			7.2			
29	.025	1.2			7.2			
30	.011	1.2			7.2			
31								
TOT	.699	30.5	1.0	4.9	219.8			
AVG	.023	1.1	1.0	4.9	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month July Year 1990

(1) GNS # 3059P01268

Brian E. Heath 7-31-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tommi Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FO35141059	.023	.036	3C

(10) MAX FLOW (MGD): .041 (11) POP SERVED: 287

(12) FECAL COLIFORM SAMPLE MF/MPN
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD 16/d	TSS 16/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				1.6	6.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB (28) TYPE EFFL DISPOSAL: Perc Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

6-7577

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.027	1.0			7.2			
2	.025	1.0			7.2			
3	.033	1.0			7.2			
4								
5	.049	1.2			7.2			
6	.0188	1.2			7.2			
7	.022	1.2			7.3			
8	.02	1.0			7.2			
9	.025	1.0			7.2			
10	.018	1.0			7.2			
11	.017	1.5	1.6a	6.0	7.2			20
12	.023	1.2			7.2			
13	.041	1.2			7.2			
14	.028	1.2			7.2			
15	.033	1.2			7.2			
16	.032	1.2			7.2			
17	.025	1.2			7.2			
18	.019	1.2			7.2			
19	.026	1.0			7.2			
20	.023	1.0			7.2			
21	.025	1.0			7.2			
22	.025	1.2			7.2			
23	.021	1.0			7.3			
24	.016	1.0			7.3			
25	.024	1.0			7.4			
26	.018	1.0			7.3			
27	.019	1.0			7.3			
28	.019	1.0			7.3			
29	.018	1.5			7.3			
30	.023	1.2			7.4			
31	.014	1.2			7.3			
TOT	0.725	33.6	1.6	6.0	217.2			20
AVG	.023	1.1	1.6	6.0	7.2			32

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1996

(1) DER I.D. # 3059901368

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tamiami Drive

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 800 432-4501

(6) PERMIT NUMBER: DO3514105T (7) AVG FLOW MGD: .024 (8) DESIGN FLOW MGD: .036 (9) TYPE: 3C

(10) MAX FLOW (MGD): .047 (11) POP SERVED: 441 (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL

(15) BOD (mg/l) EFFLUENT: 1.8

(16) TSS (mg/l) EFFLUENT: 3.0

(17) pH: 2.3

(18) TOTAL N mg/l

(19) AMMONIA mg/l

(20) NITRITE + NITRATE mg/l

(21) TOTAL P mg/l

(22) ORTHO P mg/l

(23) CHLOR RESID ppm: 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DOWNSTREAM

(26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR: C. 7522 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.021	1.0			2.3			
2	.018	1.2			2.4			
3	.02	1.0			2.3			
4	.019	1.0			2.3			
5	—	1.0			2.3			
6	.031	1.2			2.3			
7	.046	1.3			2.3			
8	.019	1.2	1.8	3.0	2.3			
9	.019	1.2			2.3			
10	.016	1.5			2.3			
11	.019	1.0			2.3			
12	.02	1.2			2.3			
13	.018	1.0			2.3			
14	.035	1.0			2.2			
15	.047	1.2			2.3			
16	.03	1.2			2.3			
17	.038	1.0			2.2			
18	.038	1.0			2.2			
19	.03	1.0			2.3			
20	.026	1.0			2.3			
21	.033	1.0			2.2			
22	.025	1.0			2.3			
23	.026	1.0			2.2			
24	.027	1.2			2.3			
25	.022	1.2			2.3			
26	.031	1.2			2.3			
27	.024	1.0			2.3			
28	.021	1.0			2.2			
29	.021	1.0			2.3			
30	.02	1.0			2.2			
31	.021	1.0			2.3			
TOT.	.749	33.7	1.8	3.0	71.6			
AVG.	.024	1.1	1.8	3.0	2.3			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept. Year 1990

(1) DER # 3 0 5 9 1 0 1 2 6 3

Brian Heath 9-30-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tanni Drive

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 600-432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0 2 3 5 1 4 1 0 5 9 .018 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number
.023 287

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
3.1 1

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm
7.2 1.0

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL Perc. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-7.203(2) Effective November 30, 1982 A-7522

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	1.0			7.2			
2	.023	1.0			7.2			
3								
4	.039	1.2			7.3			
5	.021	1.0			7.3			
6	.013	1.0			7.4			
7	.03	1.2			7.1			
8	.015	1.2			7.2			
9	.018	1.2			7.3			
10	.02	1.3			7.2			
11	.022	1.0			7.3			
12	.013	1.0	3.1	<1	7.2			
13	.015	1.5			7.3			
14	.019	1.5			7.2			
15	.018	1.5			7.2			
16	.015	1.2			7.2			
17	.023	1.2			7.3			
18	.016	1.0			7.3			
19	.017	1.0			7.3			
20	.016	1.2			7.3			
21	.016	1.0			7.3			
22	.017	1.0			7.3			
23	.016	1.0			7.2			
24	.018	1.0			7.3			
25	.015	1.2			7.3			
26	.015	1.2			7.3			
27	.015	1.0			7.3			
28	.014	1.2			7.2			
29	.013	1.2			7.2			
30	.022	1.0			7.2			
31								
TOT	.528	30.9	3.1	<1	210.1			
AVG	.018	1.1	3.1	<1	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DRS # 3059901268

Month October Year 1990

Brian C. Heath — 11-1-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Tavares (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER: DO35-01059 (7) AVG FLOW MGD: .018 (8) DESIGN FLOW MGD: .036 (9) TYPE: 3C

(10) MAX FLOW (MGD): .022 (11) POP SERVED: 82 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD | BOD lb/d | TSS lb/d

(14) % FLOW INFIL:

(15) BOD (mg/l) EFFLUENT: 1.0

(16) TSS (mg/l) EFFLUENT: 1.0

(17) pH: 7.2

(18) TOTAL N mg/l:

(19) AMMONIA mg/l:

(20) NITRITE + NITRATE mg/l:

(21) TOTAL P mg/l:

(22) ORTHO P mg/l:

(23) CHLOR RESID ppm:

(24) BOD (mg/l) UPSTREAM | DNSTREAM | DOC/DATE OF SAMPLE:

(25) DO (mg/l) UPSTREAM | DNSTREAM:

(26) EFFLUENT PARAMETER | VALUE | (UNITS):

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING:

LEAD OPERATION: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.022	1.0			7.3			
2	.016	1.0			7.2			
3	.016	1.0			7.1			
4	.016	1.0			7.1			
5	.017	1.2			7.2			
6	.016	1.2			7.2			
7	.014	1.2			7.2			
8	.019	1.0			7.2			
9	.02	1.2			7.2			
10	.016	1.0	1	1	7.2			
11	.021	1.5			7.2			
12	.014	1.0			7.2			
13	.019	1.0			7.0			
14	.021	1.2			7.1			
15	.018	1.2			7.1			
16	.018	1.0			7.2			
17	.019	1.0			7.2			
18	.014	1.0			7.3			
19	.022	1.0			7.3			
20	.017	1.0			7.3			
21	.015	1.0			7.3			
22	.016	1.3			7.2			
23	.02	1.2			7.2			
24	.03	1.0			7.2			
25	.015	1.0			7.2			
26	.019	1.0			7.3			
27	.016	1.0			7.3			
28	.016	1.0			7.3			
29	.019	1.2			7.2			
30	.022	1.2			7.1			
31	.02	1.0			7.2			
TOT	.5532	33.5	1	1	223.7			
AVG	.0018	1.1	1	1	7.2			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Nov. Year 1990

(1) DER I.D. # 3059P01268

Brian E. Heath 11-30-90
Signature of Head Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tamiami Drive

(4) CITY: Inverness (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
0035141059	.023	.036	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.04	82	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION			(14) % FLOW	(15) BOD (mg/l)	(16) TSS (mg/l)
Total Flow MGD	BOD lb/d	TSS lb/d	INFIL	EFFLUENT	EFFLUENT
				2.1	2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.3						1.0

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	(TOD/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc. Pond

(29) PLANT STAFFING

HEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-7522			

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.022	1.0			7.3			
2	.022	1.0			7.2			
3	.022	1.2			7.2			
4	.024	1.0			7.2			
5	.023	1.0			7.3			
6	.023	1.2			7.3			
7	.024	1.5			7.3			
8	.032	1.5			7.3			
9	.023	1.5			7.3			
10	.025	1.5			7.3			
11	.021	1.5			7.3			
12	.024	1.2			7.3			
13	.023	1.2			7.2			
14	.024	1.1	2.1	2	7.3			
15	.021	1.2			7.3			
16	.023	1.2			7.2			
17	.016	1.2			7.2			
18	.023	1.0			7.3			
19	.029	1.2			7.3			
20	.022	1.2			7.3			
21	.04	1.2			7.2			
22								
23	.044	1.2			7.2			
24	.021	1.2			7.3			
25	.025	1.2			7.4			
26	.027	1.0			7.2			
27	.026	1.0			7.3			
28	.019	1.2			7.3			
29	.027	1.0			7.3			
30	.02	1.2			7.3			
31								
TOT	0.703	33.4	2.1	2	216.6			
AVG	0.023	1.2	2.1	2	7.3			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month December Year 1990

(1) GNS # 305990126B

Brian E. Heath 1-10-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Venetian Village

(3) PLANT ADDRESS: Tammi Drive

(4) CITY: Lake Jem (5) COUNTY: Lake PHONE NO. 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO35141059 .023 .036 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.035 287 [X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT
3.1 3.0

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) COLOR RESID ppm
7.3 1.0

(24) BOD (mg/l) UPSTREAM DOWNSTREAM TIME/DATE OF SAMPLE / (25) DO (mg/l) UPSTREAM DOWNSTREAM (26) EFFLUENT PARAMETER VALUE UNITS

(27) TYPE SAMPLE(S) GRAB (28) TYPE EFFL DISPOSAL Rese. Pond

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-7522

DER Form 17-1.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.018	1.5			7.3			
2	.021	1.5			7.3			
3	.034	1.2			7.2			
4	.02	1.2			7.3			
5								
6	.033	1.2			7.3			
7	.025	1.4			7.3			
8	.023	1.2			7.3			
9	.022	1.2			7.3			
10	.021	1.0			7.3			
11	.02	1.2			7.2			
12	.019	1.2	3.1	3.0	7.2			<1
13	.019	1.5			7.3			
14	.021	1.5			7.2			
15	.017	1.2			7.3			
16	.015	1.2			7.3			
17	.025	1.2			7.3			
18	.021	1.0			7.2			
19	.022	1.5			7.3			
20	.021	1.5			7.4			
21	.022	1.5			7.3			
22	.017	1.5			7.3			
23	.027	1.8			7.3			
24	.024	1.2			7.3			
25								
26	.051	1.0			7.3			
27	.024	1.5			7.3			
28	.021	1.5			7.3			
29	.024	1.5			7.4			
30	.016	1.5			7.3			
31	.055	1.2			7.2			
TOT	.692	38.9	3.1	3.0	211.3			<1
AVG	.022	1.3	3.1	3.0	7.3			<1

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Woodmere - 888

Duval County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1991

(1) GMS # 16P02312

James Schrader A16484 2-4-91
Signature(s) of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: WOODMERE (STP) - SOUTHERN STATES UTILITIES (SSU SERVICES)

(3) PLANT ADDRESS: 5710 EDENFIELD ROAD

(4) CITY: JACKSONVILLE (5) COUNTY: DUVAL PHONE NO. 744-4186

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0026786	.455	0.500	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED
.542	3511

(12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION
Ind Flow MGD ____ BOD lb/d ____ TSS lb/d ____

(14) % FLOW INFIL: 15%

(15) BOD (mg/l) EFFLUENT: 7.4

(16) TSS (mg/l) EFFLUENT: 2.8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 16 Hour Composites

(28) TYPE EFFL DISPOSAL: SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
AGUAY	AGUAY	C 7715	C 7805

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.520	0.8			7.3			
2	.742	0.8	3	2	7.3			560
3	.416	0.8			7.2			
4	.384	0.9			7.2			
5	.476	0.8			7.2			
6	.537	0.7			7.3			
7	.412	0.9			7.4			
8	.547	0.8	3	5	7.3			120
9	.431	0.9			7.2			
10	.415	0.8			7.1			
11	.435	0.9			7.2			
12	.503	0.7			7.2			
13	.452	0.8			7.1			
14	.396	0.9			7.1			
15	.449	1.0	4	2	7.1			20
16	.469	0.9			7.1			
17	.386	0.9			7.1			
18	.573	0.9			7.1			
19	.542	0.7			7.1			
20	.504	0.9			7.1			
21	.496	0.8			7.1			
22	.416	0.9			7.1			
23	.464	0.9	18	3	7.0			1
24	.416	0.8			7.1			1600
25	.423	0.7			7.1			
26	.482	0.7			7.1			
27	.511	0.9			7.1			
28	.514	1.0			7.1			
29	.476	0.6	9	2	7.1			360
30	.482	0.9			7.1			
31	.471	0.7			7.1			
TOT	14.095	25.5	37	14	221.80			2
AVG	.455	0.82	7.4	2.8	7.2			2,560

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C. Street

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GNS # 16P02312

Month February Year 1991

Jerry Schrader A 16484 — 3-1-91

Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: WOODMERE (STP) SOUTHERN STATES Utilities (SSU) SERVICES

(3) PLANT ADDRESS: 5710 EDELFIELD ROAD

(4) CITY: JACKSONVILLE FLORIDA (5) COUNTY: DUVAL PHONE NO. 744-4188

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL0026786	.447	.5	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.555	3511	[ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			15%	3.3	4.3

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						0.7

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 16 Hour Composites

(28) TYPE EFFL DISPOSAL: SURFACE WATERS

* Note: Gals. of sludge hauled = 102,000 gal.

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A 16484	A 16484	C 7715	C 7005

DER Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.427	1.10			7.0			
2	.509	1.0			7.0			
3	.595	0.9			7.1			
4	.477	0.9			7.1			
5	.462	1.0			7.1			
6	.474	1.0	2.1	4	6.9			70
7	.487	1.0			7.0			
8	.401	1.2			7.1			
9	.472	1.3			7.1			
10	.524	1.0			7.1			
11	.414	0.8			7.1			
12	.435	1.0			7.1			
13	.414	0.8	2.3	4	7.0			170
14	.463	0.9			7.2			
15	.428	0.8			7.2			
16	.462	0.9			7.1			
17	.506	0.8			7.2			
18	.503	0.9			7.2			
19	.510	0.7	2.9	16	7.1			50
20	.490	0.7			7.1			
21	.495	0.8			7.1			
22	.446	0.8			7.1			
23	.484	0.7			7.1			
24	.423	0.9			7.3			
25	.395	0.9			7.2			
26	.445	0.8			7.3			
27	.3316	0.7	16	3	7.0			11
28	.532	0.8			7.2			
29								
30								
31								
TOT	12.971	26.5	13.3	17	199.1			675
AVG	.447	1.0	3.3	4.3	7.11			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 1991

(1) GMS # 1 6 P 0 2 3 1 2 _ _ _

Tony Arbadu 'A 6484 April 1, 1991
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (Woodmere)

(3) PLANT ADDRESS: 5710 Ebenfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 743-1888

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D0 1 E = 6 6 7 8 0 _ _ .364 .500 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.484 4200

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d — NA —

(14) % FLOW INFIL 15%

(15) BOD (mg/1) EFFLUENT 1.9

(16) TSS (mg/1) EFFLUENT 10.25

(17) pH	(18) TOTAL N mg/1	(19) AMMONIA mg/1	(20) NITRITE + NITRATE mg/1	(21) TOTAL P mg/1	(22) ORTHO P mg/1	(23) CHLOR RESID ppm
7.05	—	—	—	—	—	0.7

(24) BOD (mg/1) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/1) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
—	NA	/	—	NA	—	—	—

(27) TYPE SAMPLE(S): 16 hr, Composite

(28) TYPE EFFL DISPOSAL: Surface Waters

NOTE: GALLONS OF SLUDGE HAULED 108,054 gallons.

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
'A 6484	'A 6484	C 7715	C7005

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/1)	TSS EFFLUENT (mg/1)	pH EFFLUENT (S.U.)	TOTAL N (mg/1)	TOTAL P (mg/1)	FECAL COLIFORM (no/100 ml)
1	.392	1.1			7.1			
2	.386	0.9			7.1			
3	.408	0.8			7.0			
4	.494	0.7			7.0			
5	.419	0.8			7.0			
6	.383	1.0	0.75	16	7.0			4
7	.410	1.0			7.0			
8	.433	1.3			7.1			
9	.375	1.1			7.1			
10	.379	0.8			7.0			
11	.377	2.3			7.1			
12	.338	1.1	1.65	7	7.1			30
13	.315	1.1			7.0			
14	.337	1.6			7.1			
15	.404	1.1			7.0			
16	.316	1.1			7.0			
17	.370	1.1			7.1			
18	.456	1.1			7.1			
19	.430	1.3	4.6	12	7.1			8
20	.373	1.4			7.1			
21	.453	1.8			7.0			
22	.395	1.3			7.1			
23	.382	1.1			7.0			
24	.481	1.0			7.0			
25	.457	0.8	1.2	16	7.1			110
26	.396	0.9			7.1			
27	.393	1.0			7.1			
28	.403	1.0			7.0			
29	.429	1.0			7.0			
30	.429	0.7			7.2			
31	.454	0.8			6.9			
TOT	12.066 39	34.1	7.6	41.0	218.6			152
AVG	.389.24	1.1	1.9	10.25	7.05			38.0

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # L E P C 2 3 1 2

Jerry Schrader A6484 4.21.91
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (Woodmere)

(3) PLANT ADDRESS: 5710 Blanchfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 743-1888

(6) PERMIT NUMBER: DO16-66780 (7) AVG FLOW MGD: .376 (8) DESIGN FLOW MGD: .500 (9) TYPE: 3-C

(10) MAX FLOW (MGD): .480 (11) POP SERVED: 4300 (12) FECAL COLIFORM SAMPLE METHOD: [ ] Membrane Filter [X] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION: Ind Flow MGD ___ BOD lb/d ___ TSS lb/d ___ (14) % FLOW INFIL: 15% (15) BOD (mg/l) EFFLUENT: 3.7 (16) TSS (mg/l) EFFLUENT: 5.6

(17) pH: 7.0 (18) TOTAL N mg/l ___ (19) AMMONIA mg/l ___ (20) NITRITE + NITRATE mg/l ___ (21) TOTAL P mg/l ___ (22) ORTHO P mg/l ___ (23) CHLOR RESID ppm 1.64

(24) BOD (mg/l) UPSTREAM / DNSTREAM TIME/DATE OF SAMPLE ___ (25) DO (mg/l) UPSTREAM ___ DNSTREAM ___ (26) EFFLUENT PARAMETER ___ VALUE ___ (UNITS) ___

(27) TYPE SAMPLE(S): 16 hr. Composite (28) TYPE EFFL DISPOSAL: Surface Waters Sludge hauled: 102,000 gal

(29) PLANT STAFFING

LEAD OPERATOR: A6454 SHIFT 1 (Day): A6484 SHIFT 2 (Evening): ___ SHIFT 3 (Night): ___

(30) Month: April Year: 1991

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.480	1.0			7.1			
2	.328	1.0	3.2	4.0	7.1			93
3	.325	1.1			7.1			
4	.438	1.3			7.0			
5	.320	1.1			7.0			
6	.402	1.0			7.0			
7	.400	1.0			7.0			
8	.412	0.9			7.1			
9	.413	0.8	5.0	6.0	7.1			27
10	.415	1.0			7.0			
11	.405	1.1			7.0			
12	.480	0.9			6.9			
13	.382	0.9			6.9			
14	.418	0.8			6.9			
15	.471	1.0			7.1			
16	.413	1.1	3.4	6.0	7.1			<2
17	.413	1.3			6.9			
18	.372	1.5			6.9			
19	.398	1.1			6.9			
20	.480	0.9			7.1			
21	.440	1.0			7.0			
22	.395	1.1			7.0			
23	.480	1.2	4.0	3.0	7.1			11
24	.424	1.0			7.0			
25	.441	1.1			7.0			
26	.384	1.2			7.1			
27	.440	0.9			7.0			
28	.471	0.8			7.0			
29	.415	1.2			7.0			
30	.438	1.5			7.0			
31								
TOT	11.89	31.50	14.6	19.0	210.8			97

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DER Form 17-6015031(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month MAY Year 1991

(2) Plant's DER Identification Number FLA042312

(3) Plant Name SSU Services (Southern States Util.) Woodmere S.T.P

(4) Plant Address 5710 Edenfield Rd.

(5) City Jacksonville

(6) County Duval

(7) Phone Number (904) 743-1888

(8) Permit Number DC16-144990

(9) Plant Type 3-C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Surface water discharge

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class A Cert. No. 6484

Evening Shift Operator Class C Cert. No. 7715

Night Shift Operator Class C Cert. No. 7005

Lead Operator Amy Schrader (Signature) A6484 (Cert. No)

Parameter	Units	SUNNET Code	Values
(16) Monthly average daily flow	mgd	050051	.418
(17) Permitted capacity	mgd	—	.05
(18) Three-month average daily flow	mgd	--	.401
(19) Percent of permitted capacity	%		83%
(20) $CBOD_5$ Effluent	mg/L		
(21) $CBOD_5$ Effluent	lbs/day		
(22) TSS Effluent	mg/L	900201	4.8
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	6.9
(25) Maximum pH		—	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	--	0.7
(32) Maximum Chlorine Residual	mg/L	—	1.5
(33) Other Effluent Parameters			
Nolc: 144000 gal. sludge hauled. Dechlorination permit not yet issued			
	—		—

DER Form 17-6019003(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application no. (if app. is by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month MAY Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.429	1.0		235	44	3.1	3.0	7.0					4
.493	1.0	0.8					7.0					
.378	1.0						7.0					
.399	0.7						7.0					
.426	1.0						7.0					
.443	1.5						7.1					
.454	1.1	0.4	225	124	3.0	3.0	7.1					<2
.499	1.2						7.1					
.435	1.3						7.0					
.389	1.6	0.7					7.0					
.342	1.0						7.0					
.380	0.8						7.1					
.367	1.2	0.4					7.1					
.411	0.9	0.9	200	120	1.1	2.0	7.1					8
.434	1.2	0.9					7.0					
.428	1.0	0.7					7.1					
.387	1.2	0.6					7.1					
.318	0.8						7.0					
.401	0.9						7.0					
.406	0.8	0.5	128	124	5.3	1.1	7.1					<2
.379	0.9	0.6					7.1					
.443	1.4	0.9					6.9					
368	1.2	/					7.0					
.412	1.1	0.4					7.1					
.391	1.0	1.3					7.0					
.390	1.2						7.0					
.381	0.9	0.5					7.1					
.461	1.0	0.9	170	110	3.1	5.8	7.0					4
.549	1.1	0.7					7.0					
.402	1.3	0.4					7.0					
.387	1.1	0.3					7.0					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Amy Schrader A16484 Date: June 6, 1991

Name (Please Type) Amy Schrader

Company Name 3311 Services Woodmere STP Telephone No. (Please Type) (904) 744-4188

Page 3 of 3

Note: Dechloranation permit not yet issued

Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (if known)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month JUNE Year 1991

Plant's DER Identification Number 16FO2312

Plant Name SSU SERVICES (SOUTHERN STATES UTILITIES) Westmere S.T.P.

Plant Address 5710 EDENFIELD RD

City JACKSONVILLE

County DUVAL

Phone Number 904-743-1888

Permit Number DC16-144910

Plant Type 3-C

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER DISCHARGE

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A

Plant Staffing

Day Shift Operator Class A Cert. No. 6484

Evening Shift Operator Class C Cert. No. 7715

Night Shift Operator Class C Cert. No. 7655

Lead Operator _____ Cert. No.
Signature

Parameter	Units	SR[illegible] Code	Value
(16) Monthly average daily flow	mgd	050053	.462
(17) Permitted capacity	mgd	--	0.5
(18) Three-month average daily flow	mgd	--	.420
(19) Percent of permitted capacity	%	--	84%
(20) $CBOD_5$ Effluent	mg/L	[illegible]	5
(21) $CBOD_5$ Effluent	lbs/day	--	
(22) TSS Effluent	mg/L	900201	
(23) TSS Effluent	lbs/day	--	
(24) Minimum pH		--	6.8
(25) Maximum pH		--	7.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	--	0.6
(32) Maximum Chlorine Residual	mg/L	--	1.9
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (if not A by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

34) Month JUNE Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
	.349	1.4						6.9												
	.356	1.3						6.9												
	.429	1.7	0.7					7.0												
	.598	1.1	0.5	305	151	2.5	4	6.9					7							
	.540	1.5						6.8												
	.451	1.1	0.4					6.9												
	.381	1.1	0.2					6.9												
	.427	1.1						6.9												
	.434	1.2						6.9												
	.414	1.7	0.5					6.9												
	.371	1.3	0.4	168	100	2.9	5	6.9					9							
	.498	1.0						6.9												
	.424	0.8						7.0												
	.484	1.2						7.0												
	.525	1.5						7.0												
	.540	1.7						7.0												
	.493	1.9	1.7					7.0												
	.488	1.8	1.5	237	95	7.4	5	7.0					2							
	.524	1.1	0.6					7.0												
	.464	1.0	0.3					6.9												
	.511	.07	0.5					6.9												
	.501	0.6						6.9												
	.525	0.9						6.9												
	.511	0.8	0.4					7.0												
	.496	0.8	0.5	188	60	2.1	5	7.0												
	.653	0.8	0.4					6.9					11							
	.465	0.7	0.6					6.9												
	.511	1.0	0.4					7.0												
	.505	0.9						6.9												
	.505	0.9						6.9												

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief the information is true, complete and accurate.

Signed: A Schneider A6484 Date: July 8, 1991

Name (Please Type) Amy Schneider

Company Name Southern States Utilities Telephone No. (Please Type) 744-4188

Page 3 of 3

DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 16FO2312

(3) Plant Name SSU Services (Southern States Utilities) Woodmere (STP.)

(4) Plant Address 5710 EDGEFIELD RD

(5) City Jacksonville

(6) County Duval

(7) Phone Number 904-743-1888

(8) Permit Number DC16-144990

(9) Plant Type 3-C

(0) Test Site Identification Number _____

1) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

2) Type of Effluent Disposal or Reclaimed Water Reuse

Surface Water Discharge

3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

4) Cumulative Days of Wet Weather Discharge N/A

5) Plant Staffing

Day Shift Operator Class A Cert. No. 6484

Evening Shift Operator Class C Cert. No. T115

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Amy Schroeder (Signature) 16484 (Cert. No.)

Parameter	Units	SIC/RE Code	Value
(16) Monthly average daily flow	mgd	050053	.554
(17) Permitted capacity	mgd	–	.500
(18) Three-month average daily flow	mgd	–	.478
(19) Percent of permitted capacity	%	–	96%
(20) $CBOD_5$ Effluent	mg/L	00080	
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	00020	
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.1
(26) Total N	mg/L	00600	
(27) TKN	mg/L	00625	
(28) Ammonia (NH_3 - N)	mg/L	00610	
(29) Nitrate	mg/L	07150	
(30) Total Phosphorus	mg/L	00665	
(31) Minimum Chlorine Residual	mg/L	–	BDL
(32) Maximum Chlorine Residual	mg/L	–	2.8
(33) Other Effluent Parameters			
Decl. Effective 7-27-91 MAX	0.01		BDL

DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

34)

Month July Year 1991

	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)							
1.	.529	6.8	6.4					7.0												
2.	.499	0.8	0.4					7.0												
3.	.539	0.9	0.6	225	104	2.4	4	7.0												
4.	.493	0.9	0.5					6.9					8							
5.	.516	1.3	0.6					7.0												
6.	.453	1.8	/					7.1												
7.	.683	1.0	/					7.0												
8.	.537	1.5	0.8					7.1												
9.	.456	1.5	0.8					7.1												
10.	.424	1.1	0.8					7.0												
11.	.458	1.2	0.3	280	96	9.4	10	7.0					<2							
12.	.684	1.0	0.3					7.0												
13.	.686	1.0	/					7.0												
14.	.559	0.9	/					7.0												
15.	.991	0.9	0.4					7.1												
16.	.664	1.2	0.9	89	116	3.0	8	7.0					8							
17.	.685	1.0	0.4					7.0												
18.	.574	1.0	0.6					7.1												
19.	.518	1.0	0.5					7.0												
20.	.546	0.8	/					7.0												
21.	.574	0.8	/					7.0												
22.	.631	2.8	0.9					7.0												
23.	.655	1.1	0.6	250	150	21	5	7.1												
24.	.604	0.9	0.6					7.0					17							
25.	.604	0.9	0.1					7.0												
26.	.582	0.9	0.1					7.0												
27.	.572	0.9	0	(2)				7.0												
28.	.546	0.9	0					7.0												
29.	.624	0.9	BDL					7.0												
30.	.573	0.9	BDL					7.1												
31.	.546	0.9	BDL					7.0												

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Amy Schrader A 6484 Date: August 2nd 1991

Name (Please Type) Amy Schrader

Company Name SSU Telephone No. (Please Type) (904) 744-[illegible]

Page 3 of 3

DER Form 17-601.900(1)
Effective Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (If Applicable)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number 16F02312

(3) Plant Name SSU Services (Southern States Utilities) Woodmere (S.T.P.)

(4) Plant Address 5710 Edenfield Road

(5) City Jacksonville

(6) County Duval

(7) Phone Number (904) 744-4188

(8) Permit Number DC 16 144990

(9) Plant Type 3-C

(0) Test Site Identification Number

(1) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(2) Type of Effluent Disposal or Reclaimed Water Reuse

(3) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(4) Cumulative Days of Wet Weather Discharge

Surface Water Discharge

(5) Plant Staffing

Day Shift Operator Class A Cert. No 64884

Evening Shift Operator Class C Cert. No 7715

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Gary Schrader A 64884
Signature Cert. No

Parameter	Units	SIORE I Code	Value
(16) Monthly average daily flow	mgd	050053	.413
(17) Permitted capacity	mgd	–	.5
(18) Three-month average daily flow	mgd	–	.476
(19) Percent of permitted capacity	%	–	95%
(20) $CBOD_5$ Effluent	mg/L	[illegible]	1.52
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	4.6
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.9
(25) Maximum pH		–	7.1
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.8
(32) Maximum Chlorine Residual	mg/L	–	2.3
(33) Other Effluent Parameters			
Dechlorination			BDL

DER Form
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month August Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.592	1.3	BDL	203	86	1.3	3	7.0					2
.528	1.1	BDL					7.0					
.480	0.9	BDL					6.9					
.480	0.8	BDL					7.0					
.511	1.1	BDL					7.0					
.440	1.1	BDL					7.1					
414	1.4	BDL	270	122	1.9	4	7.0					300
.424	1.7	BDL					7.0					
.419	1.2	BDL					7.0					
411	1.5	BDL					7.0					
.412	1.5	BDL					7.0					
302	1.4	BDL					7.1					
.300	1.0	BDL					7.1					
.394	1.5	BDL	367	96	3.4	9	7.0					30
.326	1.2	BDL					7.0					
.323	1.2	BDL					7.0					
.315	1.4	BDL					7.0					
.380	0.9	BDL					7.1					
361	1.2	BDL					7.1					
408	1.4	BDL					7.1					
345	1.3	BDL	225	144	<1	<1	7.0					220
387	1.8	BDL					7.0					
.643	1.7	BDL					7.0					
286	1.2	BDL					7.0					
.364	1.4	BDL					7.0					
.393	1.6	BDL					6.9				580	
.362	2.3	BDL					6.9				500	
.367	2.7	BDL	382	146	20	3.0	6.9				<2	
311	2.3	BDL					6.9					
290	1.6	BDL					6.9					
336	2.3	BDL					7.0					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

Signed: Amy Schrader A16484 Date: 1 September, 1991

Name (Please Type) Amy Schrader

Company Name Southern States Utilities (SSU Services) Telephone No. (Please Type) 744-4188

Page 3 of 3

DER Form 17-[illegible] Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. [illegible]

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

1) Month September Year 1991

2) Plant's DER Identification Number 16FO2312

3) Plant Name SJU Services (Southern States Utilities) Woodmere Branch STP

4) Plant Address 5710 Edenfield RD.

5) City Jacksonville

6) County Duval

7) Phone Number 904-743-1888 / 744-4188

8) Permit Number Dc 16144990

9) Plant Type 3-C

10) Test Site Identification Number

11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

12) Type of Effluent Disposal or Reclaimed Water Reuse MA

13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge N/A

Surface Water Discharge

15) Plant Staffing

Day Shift Operator Class A Cert. No. 6484

Evening Shift Operator Class C Cert. No. 7715

Night Shift Operator Class — Cert. No. —

Lead Operator Amy Schaub (Signature) A16484 (Cert No)

Parameter	Units	SIC/NPDES Code	Value
(16) Monthly average daily flow	mgd	50050 1	.322
(17) Permitted capacity	mgd		.500
(18) Three-month average daily flow	mgd		.429
(19) Percent of permitted capacity	%		86%
(20) $CBOD_5$ Effluent	mg/L	00082 1	8.0
(21) $CBOD_5$ Effluent	lbs/day		28.6
(22) TSS Effluent	mg/L	00530 1	2.4
(23) TSS Effluent	lbs/day		8.7
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	00600 1	
(27) TKN	mg/L	00625 1	
(28) Ammonia (NH_3 - N)	mg/L	00610 1	
(29) Nitrate	mg/L	00620 1	
(30) Total Phosphorus	mg/L	00665 1	
(31) Minimum Chlorine Residual	mg/L		1.5
(32) Maximum Chlorine Residual	mg/L		2.5
(33) Other Effluent Parameters			
Dechlorination			BDL

Page 2 of 3

DER Form 17-601(30)(1)
Domestic Wastewater Treatment Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

(4) Month September Year 91

Day	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Post Cl_2	Post Sea
1	.346	2.4						6.9							
2	.244	2.4	BDL					7.0							
3	.392	2.3	BDL	307	132	2.7	18	6.9					→	4	900
4	.360	2.5	BDL					6.9							
5	.352	1.6	BDL					6.9							
6	.390	2.2	BDL					6.9							
7	.364	2.0	BDL					6.9							
8	.393	2.0	BDL					6.9							
9	.395	1.7	BDL					6.9							
10	.311	1.8	BDL					6.9							
11	.398	1.5						6.9							
12	.353	1.9	BDL					7.0					→	13	280
13	.336	1.6	BDL	1165	94	2.0	3	6.9							
14	.349	1.5	BDL					7.0							
15	.391	1.8	BDL					6.9							
16	.360	1.5	BDL					6.9							
17	.356	1.9	3.6					7.1							
18	.349	1.8	BDL					7.0							
19	.301	1.7	BDL	1245	108	12.0	8	7.0						1600	1600
20	.312	12.0	BDL					7.0							
21	.268	1.9	BDL					7.0							
22	.349	1.8	BDL					7.0							
23	.343	1.9	BDL					7.2							
24	.319	2.0	BDL					7.0							
25	.225	1.9	BDL	3360	150	.3	2	7.0						2	240
26	.315	2.3	BDL					7.0						11	50
27	.275	1.6	BDL					7.0						14	50
28	.292	2.0	BDL					7.0							
29	.306	1.6	BDL					7.0							
30	.338	2.3	BDL					7.1						130	500

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, th ormation is true, complete and accurate.

ined: Amy Schrader

Date: Sept 4, 1991

me (Please Type) Amy Schrader

mpany Name Southern States Utilities

Telephone No. (Please Type) 744-4188

Page 3 of 3

DER Form No. 17-601(9)(11)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month October Year 1991

Plant's DER Identification Number 16F02312

Plant Name SSU Services (Southern States Utilities) Woodmere Branch STP #888

Plant Address 5710 Edenfield Rd

City Jacksonville

County Duval

Phone Number (904) 743-1888 / 744-4188

Permit Number DC 16144990

Plant Type 3-C

Test Site Identification Number _____

Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse N/A
Discharge to St. Johns River

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge N/A
Surface Water Discharge

Plant Staffing

Day Shift Operator Class A Cert. No. A6484

Evening Shift Operator Class C Cert. No. 7781

Night Shift Operator Class C Cert. No. 7715

Lead Operator [signature] Signature C7715 Cert. No.

Parameter	Units	SUBJECT Code	Value
(16) Monthly average daily flow	mgd	050053	.353
(17) Permitted capacity	mgd		.500
(18) Three-month average daily flow	mgd		.363
(19) Percent of permitted capacity	%		70%
(20) $CBOD_5$ Effluent	mg/L	(illegible)	1.5
(21) $CBOD_5$ Effluent	lbs/day		4.4
(22) TSS Effluent	mg/L	000530	3
(23) TSS Effluent	lbs/day		8.8
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	(illegible)	/
(27) TKN	mg/L	(illegible)	/
(28) Ammonia (NH_3 - N)	mg/L	(illegible)	/
(29) Nitrate	mg/L	(illegible)	/
(30) Total Phosphorus	mg/L	(illegible)	/
(31) Minimum Chlorine Residual	mg/L		1.3
(32) Maximum Chlorine Residual	mg/L		2.5
(33) Other Effluent Parameters			
Dechlorination			BDL

Page 2 of 3

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month October Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Post Cl_2	Post SO_2
396	1.8	BDL					7.0					→	2	30
439	1.6	BDL	177	132	2	4	7.1					→	<2	2160
377	2.1	BDL					7.0					→	<2	680
364	2.1	BDL					7.0					→	2	23
486	2.2	BDL					7.0							
365	2.2	BDL					7.0							
327	2.3	BDL					7.0					→	7	30
376	1.8	BDL					7.0					→	<2	17
375	1.5	BDL	150	112	3	3	7.0					→	2	17
383	1.6	BDL					6.9					→	4	30
355	1.9	BDL					6.9					→	<2	30
432	1.3	BDL					7.0							
352	2.0	BDL					7.0							
350	1.7	BDL					7.0					→	17	60
334	2.5	BDL					7.0					→	50	80
322	1.7	BDL					7.0					→	80	2980
307	2.0	BDL	165	104	1	2	7.0					→	14	13
320	2.1	BDL					7.0					→	17	17
331	2.1	BDL					7.0							
351	2.0	BDL					7.0							
339	2.5	BDL					7.0					→	<2	80
300	2.0	BDL					7.0					→	70	110
323	1.9	BDL					7.0					→	<2	9
334	2.5	BDL	221	90	2	3	7.0							
316	1.4	BDL					6.9					→	9	2
264	1.9	BDL					7.0							
512	2.4	BDL					7.0							
316	2.2	BDL					7.0							
306	2.0	BDL					6.9					→	33	130
289	2.0	BDL					7.0					→	<2	170
302	2.2	BDL					6.9					→	8	110

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief this information is true, complete and accurate.

C7715 Date: 11-13-91

(Please Type) JAMES J HARVEY

Company Name Southern States Utilities (SSU Services) Telephone No. (Please Type) 744-4188

Page 3 of 3

Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Facility ID#)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

Month NOVEMBER Year 1991

Plant's DER Identification Number 16F02312

Plant Name SSU (SOUTHERN STATES UTILITIES)

LOOMERE BRANCH WWTP #888

Plant Address 5710 EDENFIELD Rd.

City JACKSONVILLE

County DUVAL

Phone Number 904-744-4188

Permit Number DO16L194530

Plant Type 2-3

Test Site Identification Number

Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATERS

Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

Cumulative Days of Wet Weather Discharge

Plant Staffing

Day Shift Operator Class C Cert. No. 7781

Evening Shift Operator Class C Cert. No. 7715

Night Shift Operator Class Cert. No.

Lead Operator Daniel Stanwood (Signature) B-4370 Cert. No.

Parameter	Units	SR WWTF Code	Value
(16) Monthly average daily flow	mgd	(50050)	.308
(17) Permitted capacity	mgd		.500
(18) Three-month average daily flow	mgd		.327
(19) Percent of permitted capacity	%		65
(20) $CBOD_5$ Effluent	mg/L	(80082)	2
(21) $CBOD_5$ Effluent	lbs/day		
(22) TSS Effluent	mg/L	(00530)	4
(23) TSS Effluent	lbs/day		
(24) Minimum pH			6.9
(25) Maximum pH			7.1
(26) Total N	mg/L	(00600)	
(27) TKN	mg/L	(00625)	4.95
(28) Ammonia (NH_3 - N)	mg/L	(00610)	
(29) Nitrate	mg/L	(00620)	
(30) Total Phosphorus	mg/L	(00665)	
(31) Minimum Chlorine Residual	mg/L		1.6
(32) Maximum Chlorine Residual	mg/L		2.01
(33) Other Effluent Parameters			
FECAL COLIFORM			35

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month November Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.279	2.2	.01					7.0					
.329	1.9	.01					7.0					
.329	1.6	.01					7.0					
.332	3.2	.01					7.0					
.307	2.3	.01					7.0					
.311	4.3	.01					7.0					
.328	2.3	.01					6.9					
.305	3.8	.01					7.1					
.356	5.7	.01	208	98	12.0	2.0	7.1					150
.363	3.0	.01					7.1					
.350	3.9	.01					7.1					
.270	3.0	.01					7.0					
.331	3.9	.01					7.0					
.317	2.3	.01					7.0					
.262	4.8	.01					7.0					
.326	3.6	.01					7.0					
.331	3.1	.01					7.1					
.302	3.4	.01		84		3.0	7.0					30
.277	3.0	.01					7.0					
.299	3.4	.01					7.0					
.281	2.2	.01	175	124	2.0	6.0	7.0					21
.260	2.4	.01					7.0					
.310	3.3	.01					7.1					
.336	3.1	.01					7.1					
.293	2.3	.01					7.0					
.327	2.8	.01					7.0					
.288	2.0	.01	198	112	2.0	7.0	7.0					30
.316	2.8	.01					7.1					
.224	2.2	.01					7.1					
.310	3.3	.01					7.1					

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this information is true, complete and accurate.

Signature: _____ Date: 12-10-91

(Please Type) Daniel Sherwood

Company Name: Southern States Utilities Telephone No. (Please Type) 904-744-4188

Page 3 of 3

Form No. _____
Effective Date: July 1, 1991
DER Application No. _____ Areas in our DER:

Domestic Wastewater Treatment Plant Monthly Operating Report

Part II - General Information

(1) Month DECember Year 1991

(2) Plant's DER Identification Number 16 F02312

(3) Plant Name SSU (Southern States Utilities) Woodmere WWTP # 988

(4) Plant Address 5710 EDENFIELD Rd.

(5) City JACKSONVILLE

(6) County DUVAL

(7) Phone Number 904-744-4188

(8) Permit Number DO16-194530

(9) Plant Type 3-C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

SURFACE WATER Discharge

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge N/A

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 7781

Evening Shift Operator Class B Cert. No. 4370

Night Shift Operator Class C Cert. No. 7715

Lead Operator [signature] Signature A-6035 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.293
(17) Permitted capacity	mgd	—	.500
(18) Three-month average daily flow	mgd	900238	.318
(19) Percent of permitted capacity	%	—	.54
(20) $CBOD_5$ Effluent	mg/L	080082	1.5
(21) $CBOD_5$ Effluent	lbs/day	—	3.7
(22) TSS Effluent	mg/L	000530	9.8
(23) TSS Effluent	lbs/day	—	24
(24) Minimum pH		900241	7.0
(25) Maximum pH		900242	7.4
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	9.09
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	000620	
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	900243	.20
(32) Maximum Chlorine Residual	mg/L	900244	3.9
(33) Other Effluent Parameters			
Fecal Coliform			
Dechlorination			<.01

Domestic Wastewater Treatment Plant
Monthly Operating Report

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Month December Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)	Post Cl_2	Post SO_2
.310	13.2	K.01					7.1							
.325	12.9	K.01					7.3					→	8	1760
.299	13.0	K.01	243	136	2	9	7.2	9.09				→	K2	50
.268	13.4	K.01					7.1					→	K2	30
.293	13.2	K.01					7.0					→	50	70
.302	13.4	K.01					7.0					→	80	30
.284	12.8	K.01					7.1							
.299	12.3	K.01					7.1							
.302	12.9	K.01					7.2					→	K2	900
.286	12.8	K.01	167	116	2	5	7.2							
.282	13.4	K.01					7.2					→	K2	14
.264	13.4	K.01					7.1					→	8	70
.287	13.4	K.01					7.1					→	21	30
.302	12.6	K.01					7.2							
.329	12.9	K.01					7.1							
.278	13.0	K.01					7.1					→	22	80
.277	12.6	K.01	147	126	2	11	7.2					→	K2	220
.267	12.0	K.01					7.0					→	11600	21600
.289	13.0	K.01					7.1					→	21600	21600
.273	12.6	K.01					7.1							
.294	12.5	K.01					7.1							
.307	12.6	K.01	198	110	K1	14	7.1							
.312	12.5	K.01					7.2							
.305	12.4	K.01					7.1							
.283	12.4	K.01					7.2							
.270	12.9	K.01					7.1					→	11	50
.278	12.9	K.01					7.1							
.291	13.2	K.01					7.3							
.318	12.9	K.01					7.4							
.293	13.5	K.01					7.1					→	K2	50
.302	13.9	K.01					7.1							

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete and accurate.

nature: Glenn Whitcomb Date: 1-10-92

me (Please Type) GLENN Whitcomb

mpany Name SOUTHERN STATES Utilities Telephone No. (Please Type) 904-744-4188

Page 3 of 3

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JAN Year 90

(1) DER FL6P02312

Michael Dan Allen — C-7627 SF88 90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Woodmere W.W.T.P. (Southern States Utilities)

(3) PLANT ADDRESS: 5110 EDENFIELD RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 743-1888

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D0166780	.315	.500	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.386	3654	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				7	15

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9	5.3					.7

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 8 HC

(28) TYPE EFFL DISPOSAL: Surface waters

(29) PLANT STAFFING

(30) OPERATOR: SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(31) [illegible] effective November 11, 1982

(32)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.280	.6			7.1			
2	.359	.5			7.1			
3	.314	.5			7.1			
4	.324	.7	11	16	7.0	2.89		1
5	.283	.6			7.0			
6								
7								
8	.327	.5			7.2			
9	.339	1.0			6.9			
10	.326	.7			7.0			
11	.266	1.1	5	18	6.8	0.92		
12	.305	1.0			6.9			
13								
14								
15	.325	1.0			7.0			
16	.324	1.3			7.0			
17	.353	1.0			6.9			
18	.305	1.0			6.9			
19	.222	.9	8	14	6.9	1.86		
20								
21								
22	.329	.9			7.0			
23	.305	.7			7.0			
24	.245	.9			7.0			
25	.386	.9			6.9			
26	.222	.8			6.9			
27								
28								
29	.317	.7	5	13	7.0	0.24		
30	.381	.5			6.9			
31	.308	.5			6.9			
TOT	7.257	18.5	29	61	204.4	21.36		
AVG	.315	.7	7	15	6.9	5.5		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month FEBRUARY Year 90

(1) GNS # _____

Signature of Land Operator in Charge — 6 MAR 90 Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Woodmere W.W.T.F. (Southern States Utilities)

(3) PLANT ADDRESS: 5710 EDENFIELD RD

(4) CITY: Jacksonville (5) COUNTY: DUVAL PHONE NO. 743-1888

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
_____	.330	.500	_____

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.427	_____	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
_____	_____	_____	_____	9	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
6.9	12.76	_____	_____	_____	_____	.5

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
_____	_____	_____ / _____	_____	_____	_____	_____	_____

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
8 HC	SURFACEWATERS

(29) PLANT STAFFING

OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
[illegible]	C-7627		

EFFECTIVE NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.529	.5			6.9			
2	.324	.5			6.9			
3								
4								
5	.427	.5			7.0			
6	.207	.5			6.9			
7	.260	.5			6.9			
8	.308	.5	6	5	7.0	12.96		
9	.410	.5			7.0			
10								
11								
12	.345	.5			6.9			
13	.245	.5			6.9			
14	.319	.5			6.9			
15	.315	.5	19	10	6.9	13.16		
16	.320	.5			6.9			
17								
18								
19	.321	.5			7.0			
20	.335	.5			6.9			
21	.321	.5			6.9			
22	.342	.5			6.9			
23	.380	.5	6	2	6.9	13.72		
24								
25								
26	.381	.5			7.0			1
27	.322	.5			6.9			
28	.346	.5	5	10	6.9	11.76		
29								
30								
31								
TOT	6.410	15.0	36	27	193.5	51.10		
AVG	.350	.5	6	4	6.9	12.76		

1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month March Year 90

(1) GNS # L6P02312

4-6-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Woodmere Southern States Utilities

(3) PLANT ADDRESS: 5710 EDENFIELD RD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 904-743-1888

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO16678O	.321	.500	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.419	3511	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9	7

(17) pH	(18) TOTAL N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.0	.93	mg/l	mg/l	mg/l	mg/l	ppm .5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 16HC

(28) TYPE EFFL DISPOSAL: SURFACEWATERS

(29) PLANT STAFFING

OPERATION SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

EFFECTIVE NOVEMBER 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.414	.5			7.0			
2	.265	.5			7.0			
3	.314	.5			6.9			
4	.319	.6			6.9			
5	.353	.6			6.9			
6	.362	.5			6.9			
7	.243	.5			7.0			
8	.252	.6	5	2	6.9	1.26		
9	.391	.5			7.0			
10	.276	.5			7.0			
11	.404	.5			6.9			
12	.316	.6			6.9			
13	.318	.6			6.9			
14	.341	.5			7.0			
15	.341	.5	8	10	7.1	.91		
16	.339	.5			7.0			
17	.390	.5			7.1			
18	.340	.5			7.1			
19	.293	.5			7.0			
20	.279	.5			7.1			
21	.282	.5			7.0			
22	.419	.5	7	4	7.2	.42		
23	.168	.5			7.2			
24	.359	.5			7.1			
25	.347	.6			7.2			
26	.295	.7			7.1			
27	.321	.5			7.1			
28	.263	.5	15	18	7.2	1.12		
29	.348	.6			7.2			
30	.356	.6			7.2			
31	.342	.5			7.2			
TOT	9.957	16.5	35	28	216.5	3.71		
AVG	.321	.5	9	7	7.0	.93		

1 of 2

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # L 6 P 0 2 3 1 2 _ _ _

Richard D Mack 5-7-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (Woodmere)

(3) PLANT ADDRESS: 5710 Bluefield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 743-1888

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 0 1 6 - 6 6 7 8 0 _ _	.312	.500	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.370		[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
.				10	9

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
.	.	/	.	.			

(27) TYPE SAMPLE(S): 8 hr, Composite

(28) TYPE EFFL DISPOSAL: Surface Waters

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.205(7) Effective November 30, 1982

Month April Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.340	.5			7.2			
2	.340	.5			7.1			
3	.273	.5			7.3			
4	.278	.5			7.2			
5	.264	.5	9	12	7.2			
6	.289	.5			7.2			
7	.315	.5			7.2			
8	.303	.5			7.2			
9	.320	.5			7.1			
10	.312	.5			7.1			
11	.357	.5			7.0			
12	.292	.5	14	11	7.0			
13	.311	.6			7.2			
14	.337	.7			7.1			
15	.350	.5			7.3			
16	.355	.5			7.3			
17	.326	.6			7.0			
18	.279	.6			7.2			
19	.303	.6	8	6	7.0			
20	.309	.7			7.2			
21	.350	.5			7.1			
22	.257	.7			7.1			
23	.257	.6			7.2			
24	.324	.6			7.1			
25	.327	.6			2.3			
26	.324	.5	12	9	7.4			1
27	.370	.5			7.1			
28	.291	.5			7.0			
29	.309	.5			7.1			
30	.312	.5			7.1			
31								
TOT	9.315	16.6	43	38	3.149			1
AVG	.310	.5	10	9	7.1			

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1990

(1) OMB # 16+0331 2

Larry Schrader 1 6484 6-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (Woodmere)

(3) PLANT ADDRESS: 5710 Edenfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 743-4198

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO16667801 .357 .500 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[ ] Membrane Filter
[ ] Most Probable Number

.565

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL 15%

(15) BOD (mg/l) EFFLUENT 15.73

(16) TSS (mg/l) EFFLUENT 67.25

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						.09

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 16 hour Comp.

(28) TYPE EFFL DISPOSAL: Surface Waters

Note: 14,000 gal. sludge hauled. See attached for letters of Non-compliance. (AD)

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.346	1.1			7.2			
2	.345	1.2			7.3			
3	.314	1.0			7.3			
4	.287	0.69			7.3			
5	.387	0.8			7.5			
6	.383	1.4			7.3			
7	—	0.6	15.06	10.0	7.3			40
8	—	0.7	3.74	3.0	7.4			
9	.352	0.9			7.3			
10	—	0.7			7.2			
11	—	1.0			7.3			
12	—	1.19			7.3			
13	.349	1.0			7.3			
14	.345	1.2			7.2			
15	.338	1.1			7.2			
16	.373	1.1	10.6	2.0	7.3			TNTC
17	.457	0.6			7.2			
18	.362	0.6			7.2			
19	.362	0.4			7.1			
20	.362	0.9			7.2			
21	.209	0.6			7.2			
22	.334	0.7			7.0			
23	.353	0.9	MOD	168.0	7.1			51
24	.309	1.16			7.0			
25	.369	1.1			7.0			
26	.345	0.9			7.1			
27	.345	1.2			7.1			
28	.397	—			—			
29	.407	0.4			7.2			
30	.367	0.7			7.2			
31	.341	0.6	23.0	96	7.2			
101	7.969	25.92	62.93	281.0	216.5			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year '90

(1) GMS # 16P02312

Arnz Labaeler A.6484 July 3, 1990
(Signature of Lead Operator in Charge) Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: S.S.U. Services (Woodmere WWTP)

(3) PLANT ADDRESS: 5710 Edenfield Road Jacksonville Fl. 32211

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 744-4186

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO46667 80 .369 .500 3-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[4] Membrane Filter
[ ] Most Probable Number

.429 3511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d

(14) % FLOW INFIL 15%

(15) BOD (mg/l) EFFLUENT 17.5

(16) TSS (mg/l) EFFLUENT 7.25

(17) pH 7.2 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm .71

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S): 16 hour Composite

(28) TYPE EFFL DISPOSAL: Surface Waters

Note See attached letter of Non-Compliance

* 3,600 Gal. of Sludge hauled

(29) PLANT STAFFING

LEAD OPERATOR: A.6484 SHIFT 1 (Day): A.6484 SHIFT 2 (Evening): C-7005 SHIFT 3 (Night): A 2331 Swing shift

DER Form 17-1.203(7) Effective November 30, 1982

(28)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	
1	341	1.0			7.2				
2	434	0.8			7.1				
3	436	0.7			7.3				
4	460	1.0			7.1				
5	347	1.0			7.1				
6	364	0.7	22.0	8.0	7.1			50	
7	385	0.7			7.0				
8	385	0.7			7.1				
9	398	0.7			7.3				
10	455	0.6			7.2				
11	371	0.6			7.5				
12	339	0.7			7.3				
13	336	0.7	9.0	1.0	7.2			60	
14	402	0.7			7.3				
15	377	0.7			7.3				
16	401	0.6			7.3				
17	374	0.7			7.5				
18	374	0.6			7.4				
19	379	0.7			7.2				
20	379	0.6	19.0	4.0	7.0			570	* See attached
21	409	0.6			7.2				
22	361	0.6			7.1				
23	320	0.8			7.1				
24	419	0.6			7.1				
25	351	0.8			7.2				
26	342	1.0			7.1				
27	342	0.9	20.0	11	7.1			270	* See attached
28	340	0.9			7.1				
29	352	0.8			7.1			140	
30	309	0.3			7.2				
31									
TOT	11090	21.9	70	29	215			1090	
AVG	369.7	.71	17.5	7.25	7.2			273	

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # 16-P02312

Amy Schrader 'A6484 7-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (SSU) Woodmere WWTP

(3) PLANT ADDRESS: 5710 Edenfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 744-4188

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO16667 80	.373	.500	3-C

(10) MAX FLOW (MGD)	(11) PWP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.550	3511	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			15%	8.2	3.25

(17) pH	(18) TOTAL N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.2	mg/l	mg/l	mg/l	mg/l	mg/l	ppm 0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

(27) TYPE SAMPLE(S): 24 hour Composites

(28) TYPE EFFL DISPOSAL: Surface Waters

* 36,000 gallons of sludge hauled. See letters of non-compliance.

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A-6484	'A6484	'C-7005	'A2331

EPA Form 3560-7 (7-81) Previous Revisions Are Obsolete

Month July Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	350	0.7			7.1			
2	485	0.8			7.1			
3	536	1.2			7.2			
4	372	0.5	14.0	1.0	7.2			<1
5	366	0.8			7.3			
6	435	0.8			7.2			
7	379	0.6			7.3			
8	448	0.8			7.3			
9	425	0.8			7.3			
10	370	1.1			7.1			
11	349	0.9	2.0	1.0	7.1			140
12	367	0.8			7.1			
13	364	0.7			7.2			
14	370	0.7			7.2			
15	452	0.7			7.2			
16	370	0.8			7.2			
17	330	0.8			7.3			
18	361	0.8	5.0	1.0	7.3			4
19	376	0.7			7.2			
20	370	0.8			7.2			
21	383	0.6			7.2			
22	458	0.7			7.2			
23	359	0.7			7.2			
24	378	0.8			7.3			
25	369	0.8	10.0	5.0	7.3			<10
26	364	0.7			7.2			
27	283	0.7			7.2			
28	347	0.7			7.2			
29	426	0.7	8.0		7.3			
30	302	0.7	6.0		7.2			
31	385	0.7			7.1			
TOT	11,454	24.9	49.0	13.0	224.7			150
AVG	373	0.8	8.2	3.25	7.2			

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DEPARTMENT of ENVIRONMENTAL REGULATION

DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month August Year 1990

(1) GNS # 167023 12

Signature of Lead Operator in Charge — Date: 9-1-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (SSU) Woodmere WWTP

(3) PLANT ADDRESS: 5710 Edenfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 744-4180

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
D 16666780	.382	.500	3-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.496	3511	[X] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			15%	14	6.6

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.2						0.76

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S)	(28) TYPE EFFL DISPOSAL
16 hour Composites	Surface waters

Note - gals of sludge hauled.

See letters on Non Compliance. Summary of unusual events.

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A 1-6484	A 6484	C 7005	A 2331

Total suspension due to Bird removal from plant.

DER Form 17-1.205(7) Effective November 30, 1982

(30)	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.378	0.7	16	1	7.2			180
2	.376	0.8			7.2			
3	.387	0.7			7.1			
4	.403	0.7			7.1			
5	.373	0.6			7.2			
6	.414	0.7			7.2			
7	.396	1.0			7.1			
8	.295	0.9	12	3	7.2			120
9	.295	0.8			7.2			
10	.305	0.7			7.2			
11	.247	0.6			7.2			
12	.380	0.8			7.2			
13	.410	0.8			7.2			
14	.446	0.8			7.2			
15	.372	0.8	3	8	7.1			310
16	.349	0.6			7.2			
17	.401	0.8			7.2			
18	.372	0.7			7.2			
19	.359	0.7			7.2			
20	.419	0.7			7.2			
21	.417	1.0			7.2			
22	.343	0.8	11	6	7.1			<10
23	.363	0.8			7.2			
24	.398	0.7			7.2			
25	.383	0.6			7.2			
26	.325	0.7			7.2			
27	.446	0.6			7.2			
28	.395	0.9			7.2			
29	.315	0.8	26	15	7.2			>7600
30	.300	0.6			7.2			
31	.496	1.0			7.2			
TOT	11.883	23.6	70	33	222.8			920
AVG	.383	0.76	14	6.6	7.2			184

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month September Year 1990

(1) GMS # 16P02312

Arnu Dalgado A1648-4 10-4-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (SSU) Woodmere WWTP

(3) PLANT ADDRESS: 5710 Edinfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. (904) 744-4188

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO16666780 .5089 .500 2-C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
[M] Membrane Filter
[ ] Most Probable Number

.616 3511

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d

(14) % FLOW INFIL 15%

(15) BOD (mg/1) EFFLUENT 8

(16) TSS (mg/1) EFFLUENT 10.5

(17) pH 7.1

(18) TOTAL N mg/1

(19) AMMONIA mg/1

(20) NITRITE + NITRATE mg/1

(21) TOTAL P mg/1

(22) ORTHO P mg/1

(23) CHLOR RESID ppm 0.7

(24) BOD (mg/1) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/1) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) 16 hour Composite

(28) TYPE EFFL DISPOSAL surface waters

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
A1648-4 A1484 C7005 A 2331

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (0.1)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.598	0.6			7.2			
2	.591	0.7			7.2			
3	.614	0.7			7.2			
4	.617	0.8			7.2			
5	.520	0.7	6	7	7.1			21600 *
6	.425	0.6			7.1			
7	.810	0.7			7.1			
8	.574	0.7			7.1			
9	.605	0.6			7.1			
10	.489	0.6			7.1			
11	.490	0.6			7.2			
12	.499	0.7	6	3	7.2			21600 *
13	.506	0.7			7.2			
14	.484	0.6			7.2			
15	.564	0.6			7.2			
16	.567	0.7			7.2			
17	.495	0.7			7.2			
18	.515	0.7			7.2			
19	.484	0.6	9	9	7.2			21600 *
20	.459	0.6			7.1			
21	.570	0.6			7.1			
22	.562	0.6			7.1			
23	.585	0.6			7.1			
24	.493	0.7			7.1			
25	.452	0.9			7.1			
26	.470	0.8	11	9	7.1			31600 *
27	.477	0.9			7.1			
28	.479	0.6			7.1			
29	.437	0.7			7.1			
30	.498	0.8			7.1			
31	—	—			—			—
TOT	15.023	20.8	32	26	214.3			(400) * 71600 * SEE BELOW
AVG	.5007	0.7	8	10.5	7.1			

* 65 Tons of Grit removed from plant.
Note: 9 loads of sludge hauled. Total = 90,000 gals. hauled (See letters of non-compliance)

* Fecal Coliform containers contaminated.

* (DES) simultaneous samples indicate

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 16-P02312

Amy Schrader A 6484 10-31-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Southern States Utilities (SSU) Woodmere WWTP

(3) PLANT ADDRESS: 5710 Edenfield Road

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 744-1888

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO 16667 80	.489	.500	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.576	3511	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			15%	6.4	8.2

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0						0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 16 Hour Hand Composite

(28) TYPE EFFL DISPOSAL: Surface Waters

GALLONS OF SLUDGE HAULED = 96,000 gallons

* See letters of non-compliance

High meter Down supplies ordered - shipped not yet received - sent to wrong address in Apopka instead of 32x. 10-25-90

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A 6484	A 6484	C7005	A 2331

DER Form 17-1.205(7) Effective November 30, 1982

Month OCTOBER Year 1990

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)	
1	.503	0.7			7.1				
2	.477	0.7			7.1				
3	.481	0.8	8	12	7.0			≥ 1600	*
4	.525	0.7			7.0				
5	.447	0.6			7.0				
6	.497	0.7			7.1				
7	.573	0.6			7.1				
8	.518	0.7			7.1				
9	.519	0.9			7.0				
10	.574	0.7	12	5	7.0			≥ 1600	* (7.2) P.C.
11	.539	0.8			7.0				
12	.540	0.9			7.0			≥ 1600	*
13	.546	0.7			7.0				
14	.588	0.7			7.0				
15	.505	0.9			7.1			≥ 1600	*
16	.468	1.0			7.0				
17	.546	0.8	10	8	7.0			≥ 1600	*
18	.499	0.9			7.0				
19	.457	0.9			7.1				
20	.522	0.8			7.0				
21	.580	0.9			7.0				
22	.545	0.9			7.0				
23	.521	0.8			—				
24	.476	0.6	1	6	—			460	
25	.458	0.6			—				
26	.458	0.8			—				
27	.399	0.6			—				
28	.479	0.6			—				
29	.598	1.0			—				
30	.441	0.8			—				
31	.463	0.7	1	10	—			30	
TOT	15.171	23.9	32	41	154.3			8116	
AVG	.489	0.8	10.7	8.2	7.0			1159	

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month November Year 90

(1) GMS # 16-P02312

Jerry A. Lirada A 6464 Dec. 1, 90
Signature of Lead Operator in Charge | Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: SOUTHERN STATES UTILITIES (SSU SERVICES) WOODMERE STP

(3) PLANT ADDRESS: 5710 EDGEFIELD ROAD

(4) CITY: JACKSONVILLE (5) COUNTY: DUVAL PHONE NO. 744-4188

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
FL016-44780	.460	.500	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.542	3511	[1] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			15%	1.0	7.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1						0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
/	/	/	/	/			

(27) TYPE SAMPLE(S): 16 HOUR COMPOSITE

(28) TYPE EFFL DISPOSAL: SURFACE WATERS

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
A 6464	A 6464	C-7005	C-7715

Note: ① Hauled 96,000 gals of sludge on 11-5-90.
② Received supplies for pH analyses on 11-5-90.
③ Possible contamination of fecal on 11-27-90.
④ See letters of non-comp. for ch violations.

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.483	0.7			7.1			
2	.451	0.8			7.1			
3	.522	0.8			7.1			
4	.542	0.7			7.1			
5	.495	0.8			7.1			
6	.497	1.0			7.1			
7	.451	0.9	2	7	7.0			220
8	.493	0.8			7.1			
9	.468	0.7			7.0			
10	.459	0.8			7.0			
11	.487	0.8			7.0			
12	.528	0.8			7.1			
13	.457	0.8	2	7	7.1			52
14	.424	0.8	3	6	7.1			
15	.441	0.7			7.0			
16	.502	0.9			7.1			
17	.479	0.7			7.1			
18	.443	0.8			7.1			
19	.467	0.8			7.1			
20	.459	0.8			7.1			
21	.457	1.0	31	4	7.1			23
22	.470	1.0			7.1			
23	.439	0.9			7.1			
24	.467	0.7			7.1			
25	.454	0.9			7.1			
26	.525	1.7			7.1			
27	.470	0.8	2	6	7.1			500
28	.477	0.8			7.0			
29	.447	0.9			7.1			
30	.459	0.8			7.1			
31								
101	13.849	24	5	33	6.9			743
AVG	.460	0.8	1	2	7.1			196

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) GMS # 16-P02312

Amy Johnson — 1-2-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: WOODMERE (SSU Service) SOUTHERN STATES UTILITIES (STP)

(3) PLANT ADDRESS: 5710 EDENFIELD ROAD

(4) CITY: Jacksonville (5) COUNTY: Duval PHONE NO. 448-4188

Month December Year 1990

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
PO16-166780	.438	.5	2-C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.543	3511	(1) Membrane Filter (2) Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) S FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
			157	3.5	5.8

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID PPM
7.1						.08

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 16 Hour Flow Composite (28) TYPE EFFL DISPOSAL: Surface Discharge

Gallons of sludge hauled 72,000
* See letters of non-compliance-eb

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
AL 46~	16464	C7005	C7715

DER Form 17-1.201(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.464	0.7			7.1			
2	.588	0.6			7.1			
3	.450	0.8			7.1			
4	.385	0.9	3	5	7.1			4
5	.556	0.8			7.0			
6	.413	0.9			7.1			
7	.497	0.8			7.0			
8	.421	0.9			7.0			
9	.401	0.6			7.0			
10	.493	0.7			7.1			
11	.485	0.6	5	4	6.9			2
12	.529	0.8			7.0			
13	.415	0.9			7.0			
14	.377	0.9			7.1			
15	.435	0.8			7.0			
16	.454	0.7			7.1			
17	.405	1.0			7.1			
18	.464	0.8			7.1			
19	.455	0.7			7.2			<2
20	.455	0.8			7.2			
21	.415	0.8	3	8	7.2			
22	.482	0.8			7.1			
23	.456	0.9			7.2			
24	.445	0.7			7.2			
25	.474	0.8			7.2			
26	.444	1.0			7.2			<2
27	.365	0.8	2	6	7.2			
28	.493	0.9			7.2			
29	.504	0.6			7.2			
30	.542	0.8			7.2			
31	.462	0.8			7.2			
TOT	12.374	22	42	73	220.6			6
AVG	.438	0.8	3.5	6.1	7.1			3

Page 1 of 2

Zephyr Shores - 1427

Pasco County (SSU)

Sewer

- 1992 FPSC Filing -

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month JANUARY Year 1991

(1) DER #: 51P-00713

Dewey A. Chancey 2-8-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: ZEPHRYHILLS M.H.C.

(3) PLANT ADDRESS: HWY 54 WEST, ZEPHRYHILLS

(4) CITY: ZEPHRYHILLS (5) COUNTY: PASCO PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

D051-22971 .029 .080 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MC|MOD
[ ] Membrane Filter
[ ] Most Probable Number

.046 1478

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 6 (16) TSS (mg/l) EFFLUENT 5

(17) pH 7.1 (18) TOTAL N mg/l 30 (19) AMMONIA mg/l (20) NITRATE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.8

(24) BOD (mg/l) UPSTREAM / DNSTREAM / TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM / DNSTREAM

(26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL PERK-EVAP. PONDS

(29) PLANT STAFFING

(CAO OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-4409 C-3128

DER-Form 17-7.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.030							
2	.030	1.0			7.0			
3	.029	1.0			7.0			
4	.031	1.0			7.0			
5	.030							
6	.028							
7	.028	1.0			7.0			
8	.020	1.0			7.0			
9	.025	1.0			7.0			
10	.024	1.0			7.0			
11	.022	1.0			7.0			
12	.026							
13	.026							
14	.026	1.0			7.0			
15	.035	1.0			7.0			
16	.025	1.0			7.0			
17	.031	1.4			7.0	30		<200
18	.026	1.4			7.0			
19	.023							
20	.023							
21	.023	1.4			7.0			
22	.037	1.3	6	5	7.0			
23	.025	0.8			7.0			
24	.037	0.8			7.0			
25	.034	0.8			7.4			
26	.023							
27	.024							
28	.046	1.2			7.4			
29	.038	1.0			7.4			
30	.030	1.0			7.2			
31	.036	1.0			7.2			
TOT	.871		6	5	155.4	30		<200
AVG	.028	1.1	6	5	7.06	30		<200

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Feb Year 91

(1) DMS FL51-P00713

Doug A. Chaney 3-7-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: HWY 54 W Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO 51-22971 .060 .080 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MC[illegible]
.088 1000 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 4.5 (16) TSS (mg/l) EFFLUENT 7.0

(17) pH	(18) TOTAL N	(19) AMMONIA	(20) NITRITE + NITRATE	(21) TOTAL P	(22) ORTHO P	(23) CHLOR RESID
7.0	mg/l 24	mg/l	mg/l	mg/l	mg/l	ppm 0.5

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk-EVAP Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
	C 4409	C 3128	

DER Form 17-21.205(7) Effective November 30, 1982

(28)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	C626	1.2			7.0			
2	C775							
3	C775							
4	C776	1.0			7.0			
5	C743	1.0			7.0			
6	C686	1.2			7.0			
7	C686	1.0			7.0			
8	C876	1.2			7.0			
9	C665							
10	C665							
11	C680	1.2			7.0			
12	C741	1.0			7.0			
13	C686	1.0	4.5	7.0	7.0	24		
14	C588	1.0			7.0			
15	C644	1.0			7.0			
16	C438							
17	C438							
18	C434	0.5			7.0			
19	C554	0.5			7.0			
20	C737	0.5			7.0			
21	C440	0.5			7.0			
22	C731	0.8			7.0			
23	C360							
24	C360							
25	C370	0.5			7.0			
26	C414	0.8			7.0			
27	C315	0.8			7.0			
28	C734	0.8			7.0			
29								
30								
31								
TOT	1.6873	16.7	4.5	7.0	-	24		
AVG	.0603	0.8	4.5	7.0	7.0	24		

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Clarce

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 91

(1) GNS # FL0007213

Dewey A. Chaney 4-8-91
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: ZEPHYRHILLS M.H.C.

(3) PLANT ADDRESS: Hwy 54 3 miles WEST OF ZEPHYRHILLS

(4) CITY: ZEPHYRHILLS (5) COUNTY: PASCO PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO5122971	.047	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.070	1475	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				<3.0	<5.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	4.2					1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): GRAB

(28) TYPE EFFL DISPOSAL: PERK-EVAP PONDS

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-4409	C-3128		

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.041	1.3			7.0			
2	.043							
3	.049							
4	.049	1.0			7.0			
5	.061	1.0			7.0			
6	.042	1.0	<3.0	<5.0	7.2	4.2		
7	.044	1.2			7.0			
8	.041	1.2			7.2			
9	.046							
10	.046							
11	.046	1.2			7.2			
12	.038	1.0			7.2			
13	.044	1.0			7.0			
14	.047	1.0			7.2			
15	.039	1.0			7.0			
16	.037							
17	.037							
18	.037	1.0			7.0			
19	.060	1.0			7.0			
20	.051	1.0			7.2			
21	.053	1.0			7.2			
22	.044	1.0			7.0			
23	.043							
24	.045	1.0						
25	.040	1.0			7.0			
26	.037	1.0			7.2			
27	.060	1.0			7.2			
28	.052	1.0			7.2			
29	.049	1.2			7.2			
30	.045							
31	.040							
TOT	1.450	23.1			15.2			
AVG	.047	1.05			7.1			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 1991

(1) GMS # FLP0007137

Dennis M. Fuller — 5/6/91
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrshores MHP

(3) PLANT ADDRESS: Hwy 54 West of Zephyrhills (3 miles)

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO5122971	.033	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.059	1475	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				<3	16.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRATE (NITRATE) mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			.081			0.8

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk - Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR: C-6709 SHIFT 1 (Day): C-3128 SHIFT 2 (Evening): SHIFT 3 (Night):

DER Form 17-1.202(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	NO3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.032	1.2			7.2			
2	.030	1.0			7.1			
3	.059	1.0			7.2			
4	.046	1.2			7.1			
5	.044	1.4			7.1			
6	.033							
7	.033							
8	.033	0.8			7.1			
9	.053	1.0			7.1			
10	.035	0.8			7.1			
11	.043	0.8	<3	16.0	7.1	.081		<1
12	.043	1.0			7.1			
13	.033							
14	.033							
15	.033	1.0			7.1			
16	.041	1.2			7.1			
17	.029	1.0			7.1			
18	.027	1.0			7.1			
19	.030	1.4			7.1			
20	.022	1.2			7.1			
21	.022							
22	.027	1.0			7.1			
23	.029	0.8			7.1			
24	.027	0.8			7.1			
25	.025	3.5			7.0			
26	.034	3.0			7.0			
27	.024	3.0			7.1			
28	.024							
29	.024	3.0			7.1			
30	.022	3.0			7.1			
31								
TOT	1.000	36.7			170.4			
AVG	.033	1.2			7.1			

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Clear

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month May Year 1991

(1) GNS # 51 P00713

Robert Barnett 6-6-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrshores MHP

(3) PLANT ADDRESS: Hwy 54 West of Zephyrhills (3 miles)

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-23971	.020	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.028	1475	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				<3.0	11.5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			.074			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perc Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR: C3128 SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

DER Form 17-1.203(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	Dissolved NO_3 (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	3.0			7.1			
2	.025	2.8			7.1			
3	.024	2.5			7.1			
4	.018	2.8			7.1			
5	.025							
6	.026	2.0			7.1			
7	.019		<3.0	11.5		.074		
8	.018	2.1			7.2			
9	.017	2.0			7.1			
10	.020	1.5			7.1			
11	.017	2.0			7.1			
12	.021							
13	.021	1.8			7.1			
14	.018	1.0			7.2			
15	.021	1.0			7.3			
16	.016	1.0			7.2			
17	.028	1.2			7.3			
18	.019	1.0			7.2			
19	.018							
20	.019	1.2			7.1			
21	.017	1.0			7.1			
22	.018	1.2			7.2			
23	.019	1.2			7.3			
24	.023	1.2			7.3			
25	.018	1.0			7.2			
26	.019							
27	.019	1.1			7.3			
28	.025	1.2			7.0			
29	.017	1.0			7.0			
30	.019	1.2			7.0			
31	.018	1.5			7.1			
101	.620	40.5			225.8			
AVG	.020	1.6			7.1			

1093

Form Title: Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. (Area to be DER)

Clara

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month June Year 1991

(2) Plant's DER Identification Number FLP00713

(3) Plant Name Zephyrshores MHP

(4) Plant Address Hwy 54, 3 miles West of Zephyrhills

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 1-800-432-4501

(8) Permit Number DO5122971

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc. Evaporation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NA

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3128
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Robert D Barnett (Signature) C3128 Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.017
(17) Permitted capacity	mgd	–	.080
(18) Three-month average daily flow	mgd	–	.023
(19) Percent of permitted capacity	%	–	29%
(20) $CBOD_5$ Effluent	mg/L	080082	<3.0
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	10.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.3
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	32
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.6
(33) Other Effluent Parameters			

DER Form 17-601.300(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No.
Page # of ###

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month June Year 1991

Day of the	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.018	1.0						7.2														
2	.018																					
3	.018	1.2						7.0														
4	.018	1.5						7.0														
5	.020	3.5				3.0	10.0	7.0			30.8											
6	.016	3.5						7.0														
7	.021	3.5						7.0														
8	.011	3.5						7.0														
9	.019																					
10	.019	3.5						7.0														
11	.034	3.5						7.0														
12	.018	3.5						7.0														
13	.014	3.5						7.0														
14	.019	3.5						7.0														
15	.016																					
16	.016																					
17	.016	3.5						7.0														
18	.016	3.5						7.0														
19	.016	3.5						7.0														
20	.016	3.5						7.0														
21	.015	3.5						7.0														
22	.023	3.5						7.0														
23	.016																					
24	.016	3.6						7.0			32											
25	.014	3.6						7.0														
26	.015	3.6						7.0														
27	.015	3.6						7.1														
28	.015	3.6						7.3														
29	.017																					
30	.017	3.0						7.1														
	.522																					

ad Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

ned: Robert D Barrett Date: 7/5/91

me (Please Type) Robert D. Barrett

mpany Name SSU SERVICES Telephone No. (Please Type) 1-800-432-4501

Page 3 of 3

Monthly Operating Report
July 1, 1991
(Filed in the DER)

Clearw

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month July Year 1991

(2) Plant's DER Identification Number 51P00713

(3) Plant Name Zephyrshores MHP

(4) Plant Address Hwy 54, 3 miles West of Zephyrhills

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 1-800-432-4501

(8) Permit Number D051229 71

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge NA

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 3128
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Robert D Barnes
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.018
(17) Permitted capacity	mgd	–	.080
(18) Three-month average daily flow	mgd	–	.019
(19) Percent of permitted capacity	%	–	24%
(20) $CBOD_5$ Effluent	mg/L	080082	2.8
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	18
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.0
(25) Maximum pH		–	7.5
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	22
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

DER Form 17-601(30)(1)
Form Title: Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application no. (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month July Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)									
1	.014	2.0						7.0														
2	.019	3.0						7.0														
3	.014	1.5						7.0														
4	.022	2.0						7.0														
5	.013							7.0														
6	.018	3.5						7.0														
7	.014																					
8	.014	3.5						7.0														
9	.015	3.5						7.0														
10	.017	3.5						7.0														
11	.018	3.5						7.0														
12	.016	3.5						7.5														
13	.025																					
14	.025	3.0						7.3														
15	.021	3.0						7.3														
16	.022	3.5				2.9	18	7.3			22		130									
17	.019	1.0						7.3														
18	.024	1.0						7.3														
19	.015	3.5						7.2														
20	.019	1.0						7.3														
21	.017																					
22	.017	0.5						7.2														
23	.023	1.0						7.2														
24	.018	0.8						7.5														
25	.021	3.0						7.5														
26	.015	2.0						7.5														
27	.017																					
28	.017	2.0						7.2														
29	.019	1.0						7.5														
30	.016	3.0						7.5			21											
31	.019	3.0						7.5														
	.563																					

d Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete, and accurate.

ed: Robert D Barrett Date: 8-9-91

e (Please Type) Robert D. Barrett

pany Name SSU SERVICES Telephone No. (Please Type) 1-800-432-4501

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

clear

Part II - General Information

(1) Month August Year 1991

(2) Plant's DER Identification Number FL0000713

(3) Plant Name Zephyrshores MHP

(4) Plant Address Hwy 54, 3 miles West of Zephyrhills

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 1-813-626-3011

(8) Permit Number D051122971

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing

Day Shift Operator Class C Cert. No. 3128

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Dennis M. Fuller (Signature) B-6709 (Cert. No.)

Parameter	Units	STORET -Code	Value
(16) Monthly average daily flow	mgd	050053	.019
(17) Permitted capacity	mgd	–	.080
(18) Three-month average daily flow	mgd	–	.018
(19) Percent of permitted capacity	%	–	22.2
(20) $CBOD_5$ Effluent	mg/L	080082	1.9
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	8.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	6.5
(25) Maximum pH		–	7.8
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	4.7
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	0.5
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month August Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
1	.018	3.0						7.5					
2	.024	2.0						7.5					
3	.021	1.2						6.5					
4	.017												
5	.017	1.0						7.0					
6	.016	0.5						7.6					
7	.016	1.0						7.5					
8	.017	1.5						7.5					
9	.017	1.2						7.5					
10	.026	1.3						6.8					
11	.017												
12	.017	0.5						7.4					
13	.013	1.5						7.5					
14	.017	1.0				1.9	8.0	7.5			4.7		
15	.018	0.5						7.5					
16	.018	3.5						7.5					
17	.016	0.7						7.4					
18	.016												
19	.016	3.5						7.5					
20	.018	3.0						7.3					
21	.017	0.5						7.5					
22	.022	0.5						7.5					
23	.028	0.5						7.5					
24	.025												
25	.025	0.5						7.8					
26	.020	0.5						7.5					
27	.020	1.0						7.5					
28	.024	0.6						7.8					
29	.015	3.5						7.2					
30	.028	3.0						7.2					
31	.020												
	.599												

I Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mission is true, complete and accurate.

ed: Dennis M. Fuller Date: 9/8/91

e (Please Type) Dennis M. Fuller

pany Name SSU SERVICES Telephone No. (Please Type) 813-626-3011

Monthly Operating Report
July 1, 1991
C

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month September Year 1991

(2) Plant's DER Identification Number SIP00713

(3) Plant Name Zephyrshores MHP

(4) Plant Address Hwy 54, 3 miles West of Zephyrhills

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 1-813-626-3011

(8) Permit Number D05122971

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc. Evaporation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7631
Evening Shift Operator Class ____ Cert. No. ____
Night Shift Operator Class ____ Cert. No. ____
Lead Operator Bruce Barto (Signature) C-7631 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.021
(17) Permitted capacity	mgd	—	.080
(18) Three-month average daily flow	mgd	—	.020
(19) Percent of permitted capacity	%	—	25%
(20) $CBOD_5$ Effluent	mg/L	080082	0.6
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	3.2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.3
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.04
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.5
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			

DER Form 17-601.900(1)
Form Title Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date July 1, 1991
DER Application No. _____ Page 4 of 5

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34)

Month September Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.029	3.5						7.8													
2	.020	3.0						7.7													
3	.025	2.8						7.9													
4	.020	3.5						7.7													
5	.026	0.5						7.8													
6	.025	3.5						7.7													
7	.026																				
8	.019	3.5						7.7													
9	.021	3.5						7.7													
10	.018	2.5				0.6	3.2	7.8			.04										
11	.019	3.0						7.8													
12	.020	2.5						7.9													
13	.020	0.9						7.7													
14	.020	3.5						7.8													
15	.021																				
16	.022	1.7						8.0													
17	.021	2.5						7.8													
18	.021	3.5						7.8													
19	.019	3.5						7.7													
20	.021	1.2						7.6													
21	.018																				
22	.020																				
23	.020	3.5						7.8													
24	.019	3.5						7.3													
25	.019	3.5						7.4													
26	.028	3.5						7.4													
27	.022	3.5						7.4													
28	.012	3.5						7.4													
29	.026																				
30	.021	3.5						7.5													
	.631																				

ed Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ormation is true, complete and accurate.

ned: Bruce Batten Date: 10/11/91

me (Please Type) Bruce Batten

mpany Name SSU SERVICES Telephone No. (Please Type) 1-813-626-3011

Page 3 of 3

Domestic Wastewater Treatment Plant - Plant
Monthly Operating Report
Effective Date: July 1, 1991
DER Acquisition No. _____ (Place at by DER)

Charles

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month October Year 1991

(2) Plant's DER Identification Number 51 P00713

(3) Plant Name Zephyrshores MHP

(4) Plant Address Hwy 54, 3 miles West of Zephyrhills

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 1-813-626-3011

(8) Permit Number D05122971

(9) Plant Type 3C

(10) Test Site Identification Number _____

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☒ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge _____

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 7631
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator Brian Baker (Signature) C-7631 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.024
(17) Permitted capacity	mgd	—	.080
(18) Three-month average daily flow	mgd	—	.022
(19) Percent of permitted capacity	%	—	28%
(20) $CBOD_5$ Effluent	mg/L	080082	0.8
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	6.2
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.5
(25) Maximum pH		—	8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	.04
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	0.8
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
Fecal Coliform			>2400
Recheck " "			>2400

DER Form 17-601(30)(1) Domestic Wastewater Treatment Plant Monthly Operating Report
Effective Date: July 1, 1991
DER Application No. _____ (Filled in by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

(34) Month October Year 1991

Day of the Month	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
1	.018	3.5						7.6													
2	.021	3.5						7.6													
3	.020	3.5						7.5													
4	.020	3.5						7.5													
5	.020	3.5						7.6													
6	.020																				
7	.018	3.5						7.6													
8	.021	3.5						7.6													
9	.019	3.5						7.6													
10	.020	3.5						7.7													
11	.030	3.5						7.7													
12	.015	3.5						7.7													
13	.024																				
14	.024	1.7						7.8													
15	.028	1.6						7.8													
16	.028	1.0				0.8	6.2	7.9			.04		>2400								
17	.029	1.0						7.9													
18	.030	1.4						7.7													
19	.029	1.3						7.6													
20	.026																				
21	.026	0.8						8.0													
22	.025	3.5						7.9													
23	.027	2.0						7.9													
24	.026	1.6						7.9													
25	.030	0.9						7.6													
26	.020	1.0						7.7													
27	.028																				
28	.028	1.0						8.0													
29	.029	3.5						7.4					>2400								
30	.027	3.5						7.7													
31	.025	2.7						8.0													
	.751																				

I Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this rmation is true, complete, and accurate.

:31

ed: Bruce Batten Date: 11-7-91

e (Please Type) Bruce Batten

pany Name SSU SERVICES Telephone No. (Please Type) 813-626-3011

Page 3 of 3

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II • General Information

(1) Month November Year 1991

(2) Plant's DER Identification Number 51P00713

(3) Plant Name Zephyrshores MHP

(4) Plant Address Hwy 54, 3 miles West of Zephyrhills

(5) City Zephyrhills

(6) County Pasco

(7) Phone Number 1-813-626-3011

(8) Permit Number DO5122971

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method

☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse

Perc Evaporation Ponds

(13) Limited Wet Weather Discharge Activated

☐ Yes ☐ No ☒ Not Applicable

14) Cumulative Days of Wet Weather Discharge

15) Plant Staffing

Day Shift Operator Class C Cert. No. 7631

Evening Shift Operator Class _____ Cert. No. _____

Night Shift Operator Class _____ Cert. No. _____

Lead Operator Bruce Rattee (Signature) 7631 (Cert. No.)

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.030
(17) Permitted capacity	mgd	–	.80
(18) Three-month average daily flow	mgd	–	.025
(19) Percent of permitted capacity	%	–	3%
(20) $CBOD_5$ Effluent	mg/L	080082	2.2
(21) $CBOD_5$ Effluent	lbs/day	–	
(22) TSS Effluent	mg/L	900201	5.0
(23) TSS Effluent	lbs/day	–	
(24) Minimum pH		–	7.2
(25) Maximum pH		–	8.0
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<.02
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	–	1.0
(32) Maximum Chlorine Residual	mg/L	–	3.5
(33) Other Effluent Parameters			
Fecal Coliform 11/11			920
Fecal Coliform 11/26			350

Domestic Wastewater Treatment Plant
Monthly Operating Report

34

Month November Year 1991

Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)
.023	3.5						7.9					
.020	3.5						7.6					
.022												
.023	3.2						8.0					
.023	2.0						7.7					
.026	1.4						7.6					
.023	3.5						7.6					
.027	3.5						7.6					
.025	3.5						7.3					
.023												
.023	3.0						7.4					920
.034	1.0						7.9					
.033	3.5				2.2	5.0	7.8			<.02		
.032	1.0						7.9					
.028	1.2						7.8					
.030	2.0						7.6					
.040												
.039	2.0						7.8					
.010	3.5						7.6					
.030	3.5						7.7					
.039	2.5						7.7					
.027	3.5						7.7					
.037	3.0						7.2					
.032												
.033	1.6						7.8					
.042	3.5						7.8					350
.036	3.5						8.0					
.026	3.5						7.8					
.030	2.5						7.8					
.046	1.5						7.3					

.892

Operator: This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this ation is true, complete and accurate.

Signature: C-7631 Date: 12/10/91

(Please Type) Bruce Batten

Company Name SSU SERVICES Telephone No. (Please Type) 813-626-3011

Form No. Monthly Operating Report
Effective Date July 1, 1991
DER Application No. (Assigned by DER)

Domestic Wastewater Treatment Plant
Monthly Operating Report

Part II - General Information

(1) Month DECEMBER Year 1991

(2) Plant's DER Identification Number SIP00713

(3) Plant Name ZEPHYRSHORES MHP

(4) Plant Address HWY 54 3 MILES WEST OF ZEPHRHILLS

(5) City ZEPHYRHILLS

(6) County PASCO

(7) Phone Number 1-813-624-3011

(8) Permit Number DO5122971

(9) Plant Type 3C

(10) Test Site Identification Number

(11) Fecal Coliform Sample Method
☐ Membrane Filter ☐ Most Probable Number

(12) Type of Effluent Disposal or Reclaimed Water Reuse
PERC EVAPORATION POND(

(13) Limited Wet Weather Discharge Activated
☐ Yes ☐ No ☒ Not Applicable

(14) Cumulative Days of Wet Weather Discharge

(15) Plant Staffing
Day Shift Operator Class C Cert. No. 8170
Evening Shift Operator Class _____ Cert. No. _____
Night Shift Operator Class _____ Cert. No. _____
Lead Operator [signature] C-8170
Signature Cert. No.

Parameter	Units	STORET Code	Value
(16) Monthly average daily flow	mgd	050053	.040
(17) Permitted capacity	mgd	—	.80
(18) Three-month average daily flow	mgd	—	.031
(19) Percent of permitted capacity	%	—	38.8%
(20) $CBOD_5$ Effluent	mg/L	080082	3.2
(21) $CBOD_5$ Effluent	lbs/day	—	
(22) TSS Effluent	mg/L	900201	4.0
(23) TSS Effluent	lbs/day	—	
(24) Minimum pH		—	7.0
(25) Maximum pH		—	7.9
(26) Total N	mg/L	000600	
(27) TKN	mg/L	000625	
(28) Ammonia (NH_3 - N)	mg/L	000610	
(29) Nitrate	mg/L	071850	<.02
(30) Total Phosphorus	mg/L	000665	
(31) Minimum Chlorine Residual	mg/L	—	1.0
(32) Maximum Chlorine Residual	mg/L	—	3.5
(33) Other Effluent Parameters			
FECAL COLIFORM			13

Domestic Wastewater Treatment Plant
Monthly Operating Report

Month DECEMBER Year 1991

Daily Max	Flow (mgd)	Chlorine Residual after Contact	Chlorine Residual after Dechlorination	$CBOD_5$ Influent (mg/L)	TSS Influent (mg/L)	$CBOD_5$ Effluent (mg/L)	TSS Effluent (mg/L)	pH Effluent	TKN Effluent (mg/L)	NH_3 - N Effluent (mg/L)	Nitrate Effluent (mg/L)	Total P Effluent (mg/L)	Fecal Coliform (#/100ml)								
	.040	2.0						7.7													
	.041	1.0						7.5													
	.042	1.0						7.6													
	.033	1.0						7.8													
	.041	1.0						7.6													
	.034	1.0						7.5													
	.039																				
	.040	1.0						7.9													
	.035	3.5						7.7													
	.043	3.5						7.9													
	.026	3.5						7.9													
	.034	2.0						7.8													
	.042	2.5						7.4													
	.037																				
	.035	1.7						7.8													
	.037	3.5						7.8													
	.049	3.5						7.2													
	.034	3.5				3.2	4.0	7.5			<.02										
	.030	3.5						7.4					13								
	.042	12.0						7.3													
	.046	3.5																			
	.035							7.2													
	.027	3.5						7.3													
	.052	2.4						7.0													
	.031	3.5						7.1													
	.033	3.5						7.2													
	.058	3.5						7.2													
	.027	3.5																			
	.062	1.2						7.6													
	.076	1.2						7.7													
	.049	1.6																			
	1.248																				

I Operator. This is to certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief, this mation is true, complete and accurate.

92

ed: _____ Date: 1/9/92

e (Please Type) Edward Eberle

pany Name SSII SERVICES Telephone No. (Please Type) 1-813-626-3011

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Jan Year 90

(1) FINS FL0002673

Denny A. Chaney 2-1-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 3miles west Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-229711	.032	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE MC/MOD
.055	1020	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.7	7

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0			0.016			0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): 9grab

(28) TYPE EFFL DISPOSAL: Perk, Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-4409	C-7018		

OCR-Form 17-T.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.0725	1.0			7.0			
3	.0364	1.2			7.0			
4	.0351	0.8			7.0			
5	.0351	1.8			7.0			
6								
7								
8	.1105	1.2			7.0			
9	.0596	1.8			7.0			
10	.0143	1.5			7.0			
11	.0273	1.5			7.0			
12	.0254	0.6			7.0			
13								
14								
15	.0962	1.0			7.0			
16	.0354	1.0			7.0			
17	.0299	1.2			7.0			
18	.0273	1.2			7.0			
19	.0273	1.8			7.0			
20								
21								
22	.0299	1.4			7.0			
23	.0273	1.4			7.0			
24	.0247	1.4	4.7	7	7.0	0.06		96
25	.0256	1.4			7.0			
26	.0249	1.3			7.0			
27								
28								
29	.0923	1.2			7.1			
30	.0216	1.0			7.1			
31	.0390	1.0			7.0			
TOT	.9850		4.7	7				
AVG	.0317	1.1	4.7	7	7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month F+6 Year 90

(1) DHS # 51P-00713 Danny A. Chaney II 3-5-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills M H C

(3) PLANT ADDRESS: E Hwy 54

(4) CITY: Zephyrhills (5) COUNTY: PASCO PHONE NO. 1-500 432 4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO 51 22921 .035 .080 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.066 [ ] Membrane Filter
[ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 7.7 (16) TSS (mg/l) EFFLUENT 7

(17) pH 7.1 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l .14 (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm 0.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) grab (28) TYPE EFFL DISPOSAL Perk Evap Ponds

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-4409 C-7018

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.0663	1.0			7.0			
2	.0338	1.6			7.0			
3								
4								
5	.0923	1.5			7.0			
6	.0195	1.4			7.0			
7	.0559	1.4			7.1			
8	.0351	1.5			7.2			
9	.0260	1.3			7.2			
10								
11								
12	.1001	0.8			7.2			
13	.0390	1.2			7.1			
14	.0318	1.2			7.1			
15	.0373	1.2	7.7	7	7.0	.14		
16	.0351	1.0			7.1			
17								
18								
19	.1053	1.8			7.2			
20	.0325	2.8			7.2			
21	.0338	1.6			7.1			
22	.0351	1.0			7.1			
23	.0299	1.0			7.1			
24								
25								
26	.1019	1.7			7.2			
27	.0278	1.7			7.2			
28	.0345	1.8			7.1			
29								
30								
31								
TOT	.9607		7.7	7	7	.14		
AVG	.035	1.7	7.7	7	7.1	.14		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MARCH Year 90

(1) DHS I.D. FLC00_7213

Jerry A. Chancey — 4-5-90
Signature of Land Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 3 miles west of Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 813-782-1521

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO51 22 971 D31 .080 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.046 800 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD BOD lb/d TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 4.1 (16) TSS (mg/l) EFFLUENT 4

(17) pH 7.0 (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE .08 mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID 1.0 ppm

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM DNSTREAM (26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S): grab (28) TYPE EFFL DISPOSAL: Pink-Escape Ponds

(29) PLANT STAFFING
LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)
C-4409 C-7018

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.0325	1.0			7.0			
2	.0372	1.0			7.0			
3	.0279							
4	.0234							
5	.0390	1.4			7.0			
6	.0325	1.0			7.0			
7	.0273	1.2			7.0			
8	.0273	1.2			7.0			
9	.0377	1.0			7.0			
10	.0377							
11	.0260							
12	.0325	1.4			7.0			
13	.0325	1.4			7.0			
14	.0338	1.2			7.0			
15	.0286	1.4			7.0			
16	.0455	1.4			7.0			
17	.0260							
18	.0234							
19	.0390	1.2			7.0			
20	.0286	1.3			7.0			
21	.0286	1.0			7.0			
22	.0260	1.2	4.1	4	7.0	.08		
23	.0299	1.2			7.0			
24	.0247							
25	.0325							
26	.0338	1.0			7.0			
27	.0325	1.0			7.0			
28	.0299	1.0			7.0			
29	.0286	1.0			7.0			
30	.0351	1.2			7.0			
31	.0182							
TOT	.9516	25.3						
AVG	.0306	1.2	4.1	4	7.0	.08		

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month April Year 90

(1) GMS # FLP00213

Dewey N. Chancy — 5-9-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 3 miles west of Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-1301

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO5122971	.047	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.062	800	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				3.8	5

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.1			9.3			0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)

TIME/DATE OF SAMPLE: /

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-4409	C-3128		

DER FORM 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.194	1.3			7.0			
3	.043	1.3			7.0			
4	.062	1.2			7.0			
5	.046	1.2			7.0			
6	.024	1.0			7.0			
7								
8								
9	.087	1.0			7.0			
10	.044	1.2			7.1			
11	.046	1.2			7.1	9.3		<1
12	.045	1.0	3.8	5	7.1			
13	.044	0.8			7.1			
14								
15								
16	.076	1.0			7.1			
17	.044	1.2			7.1			
18	.044	1.2			7.1			
19	.044	1.2			7.1			
20	.024	1.0			7.0			
21								
22								
23	.062	1.0			7.0			
24	.046	1.0			7.0			
25	.045	1.2			7.1			
26	.044	1.1			7.1			
27	.044	1.0			7.1			
28								
29								
30	.054	1.4			7.0			
TOT	1.560				148.1			
AVG	.047	1.1	3.8	5	7.1	9.3		<1

Page 1 of 2

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month MAY Year 93

(1) DARS FL 0041718

Danny A. Cranman 6-7-93
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 3 mi. West of Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-932-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DC51-22921	.019	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.022	200	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9	1.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0			12			1.0

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): grab

(28) TYPE EFFL DISPOSAL: Perk-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C4409	C3128		

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	1.5			7.0			
2	.020	1.4			7.0			
3	.021	1.5			7.0			
4	.021	1.4			7.0			
5								
6								
7	.017	1.3			7.1			
8	.019	1.2			7.1			
9	.020	1.6			7.0			
10	.021	2.0			7.0			
11	.017	1.7			7.0			
12								
13								
14	.019	1.6			7.0			
15	.020	1.5	9	1.0	7.0	12		
16	.016	1.4			7.0			
17	.022	1.4			7.1			
18	.019	1.4			7.0			
19								
20								
21	.017	1.4			7.1			
22	.021	1.5			7.1			
23	.019	1.5			7.1			
24	.019	1.6			7.1			
25	.018	1.5			7.0			
26								
27								
28	.0203	1.4			7.1			
29	.018	1.5			7.1			
30	.019	1.6			7.1			
31	.017	1.5			7.1			
101	.563	37.3						
AVG	.018	1.4			7.0			

Charles

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month June Year 90

(1) DES # FLA 00 2713

Danny A. Chancey — 7-10-90
Signature of Lead Operator in Charge — Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 3 miles W Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-813-973-1321

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-22971	.021	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.030	100	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				0.8	4.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID ppm
7.0	0.09					0.8

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Brk-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-4409	C-3128		

DER Form 17-21.205(2) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.020	1.4			7			
2								
3								
4	.056	1.8			7.1			
5	.019	1.6			7.0			
6	.015	1.3			7.0			
7	.015	1.2			7.1			
8	.016	1.2			7.1			
9								
10								
11	.060	.0			7.1			
12	.020	1.2			7.1			
13	.015	1.2			7.0			
14	.019	1.0	0.8	4.0	7.0	0.09		
15	.019	1.0			7.0			
16								
17								
18	.058	1.0			7.0			
19	.016	0.8			7.0			
20	.016	1.2			7.0			
21	.018	1.0			7.0			
22	.019	1.2			7.0			
23								
24								
25	.081	1.9			7.0			
26	.017	1.2			7.0			
27	.023	1.9			7.1			
28	.014	1.4			7.1			
29	.020	1.2			7.1			
30								
31								
TOT	.634							
AVG	.021	1.2	0.8	4.0	7.0	0.09		

Charles

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

RECEIVED
AUG 15 1990
FDER

Month July Year 1990

(1) GID # FL-P007213 Jerry A. Chaman Sr. 8-10-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 3 miles west of Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE
DO51-229721 .020 .080 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE METHOD
.030 580 [ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD / BOD lb/d / TSS lb/d (14) % FLOW INFIL (15) BOD (mg/l) EFFLUENT 4.4 (16) TSS (mg/l) EFFLUENT 4.0

(17) pH 7.0 (18) TOTAL N 28 mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID 1.2 mg/l

(24) BOD (mg/l) UPSTREAM / DOWNSTREAM / TIME/DATE OF SAMPLE (25) DO (mg/l) UPSTREAM / DOWNSTREAM (26) EFFLUENT PARAMETER / VALUE / (UNITS)

(27) TYPE SAMPLE(S) grab (28) TYPE EFFL DISPOSAL Perk-Evap Ponds

(29) PLANT STAFFING
LEAD OPERATOR 6 4409 SHIFT 1 (Day) SHIFT 2 (Evening) 6 3128 SHIFT 3 (Night)

DER Form 17-4.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2	.089	1.5			7.0			
3	.011	1.2			7.0			
4	.015	1.4			7.0			
5	.024	1.2			7.0			
6	.022	1.2			7.0			
7								
8								
9	.048	1.2			7.0			
10	.013	1.2			7.0			
11	.020	1.1	4.4	4.0	7.0	28		21
12	.009	1.3			7.0			
13	.015	1.3			7.0			
14								
15								
16	.052	1.4			7.4			
17	.022	1.3			7.6			
18	.015	1.2			7.6			
19	.029	1.4			7.6			
20	.023	1.0			7.0			
21								
22								
23	.049	1.0			7.0			
24	.030	1.4			7.0			
25	.096	1.4			7.0			
26	.075	1.2			7.0			
27	.028	1.2			7.0			
28								
29								
30	.083	1.2			7.0			
31	.016	1.4			7.0			
TOT	.627	39.8						
AVG	.020	1.3			7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

(1) DHS # FL0020713

Dewey A. Chaney 9/10/90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 & Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-8501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-22921	.019	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.022	100	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				9.2	8.0

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
7.0	.022					0.6

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): Grab

(28) TYPE EFFL DISPOSAL: Perk-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C 9/09	C 3/28		

DER Form 17-1.205(7) Effective November 30, 1982

Month Aug Year 90

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.019	1.4			7.0			
2	.019	1.4			7.0			
3	.011	1.2			7.0			
4								
5								
6	.038	1.2			7.0			
7	.022	1.2			7.0			
8	.020	1.2			7.0			
9	.019	1.0			7.0			
10	.021	1.4			7.0			
11								
12								
13	.064	1.2			7.0			
14	.022	1.2			7.0			
15	.021	1.6	9.2	8.0	7.0	.03		
16	.016	2.0			7.2			
17	.010	1.4			7.1			
18								
19								
20	.057	1.6			7.0			
21	.013	1.0			7.0			
22	.054	1.6			7.0			
23	.030	1.6			7.0			
24	.020	1.0			7.0			
25								
26								
27	.058	1.4			7.0			
28	.02	1.4			7.0			
29	.011	1.4			7.0			
30	.009	1.2			7.0			
31	.004	1.2			7.0			
TOT	.607	39.6			161.3			
AVG	.019	1.3			7.0			

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Charles

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Sept Year 90

(1) GDS # FLP007173

Dewey A. Chancey 9/10/90
Signature of Lead Operator In Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 E. Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

0051229-71 .020 .050 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MF/MPN
[ ] Membrane Filter
[ ] Most Probable Number

.029 590

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

5.6 13

(17) pH (18) TOTAL N (19) AMMONIA (20) NITRITE + NITRATE (21) TOTAL P (22) ORTHO P (23) CHLOR RESID

7.0 220 mg/l mg/l mg/l mg/l ppm 0.1e

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) grab

(28) TYPE EFFL DISPOSAL Perk-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C4409 C3128

DER Form 17-1.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	PH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1								
2								
3	.038	1.3			7.0			
4	.014	1.3			7.0			
5	.015	1.3			7.0			
6	.019	1.3			7.0			
7	.015	1.2			7.0			
8	.018							
9	.018							
10	.029	1.0			7.0			
11	.029	1.0			7.0			
12	.021	1.0	5.6	13	7.0	22.0		
13	.021	1.0			7.0			
14	.011	1.0			7.0			
15	.033							
16	.023							
17	.038	1.0			7.0			
18	.014	1.0			7.0			
19	.017	0.6			7.0			
20	.016	0.6			7.0			
21	.016	0.6			7.0			
22	.021							
23	.023							
24	.018	1.0			7.0			
25	.018	1.0			7.0			
26	.026	1.1			7.0			
27	.020	1.2			7.0			
28	.016	1.0			7.0			
29	.028							
30	.028							
31								
TOT	.605							
AVG	.020	1.0			7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Oct Year 90

(1) GNS # 51 R00713

Dewey A. Duncan 11-1-90
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 West Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-432-4501

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-22971	.026	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.037	200	[✓] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				2.5	4

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) COLOR RESID ppm
7.0			8.3			1.2

(24) BOD (mg/l) UPSTREAM	DOWNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DOWNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/	.	.			

(27) TYPE SAMPLE(S): grab

(28) TYPE EFFL DISPOSAL: Perk-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C-4409	C-3128		

DER Form 17-7.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (s.u.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.024	1.0			7.0			
2	.023	1.0			7.0			
3	.019	1.2			7.0			
4	.019	1.2			7.0			
5	.027	1.2			7.0			
6	.023							
7	.023							
8	.023	1.4			7.0			
9	.017	1.4			7.0			
10	.027	1.4			7.0			
11	.019	1.3			7.0			
12	.020	1.4			7.0			
13	.036							
14	.036							
15	.036	1.4			7.0			
16	.037	1.4			7.0			
17	.031	1.4			7.0	8.3		<1
18	.020	1.2	2.5	4	7.0			
19	.020	1.2			7.0			
20	.024							
21	.024							
22	.025	1.2			7.0			
23	.022	1.2			7.0			
24	.025	1.4			7.0			
25	.017	1.4			7.0			
26	.020	1.4			7.0			
27	.018							
28	.018							
29	.028	1.2			7.0			
30	.032	1.2			7.0			
31	.026	1.2			7.0			
TOT	0.819	39.8	2.5	4	161.0	8.3		<1
AVG	0.026	1.3			7.0			

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month NOV Year 90

(1) GNS # FL0027103

Signature of Lead Operator in Charge — Date 12-7-90

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: Zephyrhills

(3) PLANT ADDRESS: Hwy 54 W Zephyrhills

(4) CITY: Zephyrhills (5) COUNTY: Pasco PHONE NO. 1-800-998-4587

(6) PERMIT NUMBER	(7) AVG FLOW MGD	(8) DESIGN FLOW MGD	(9) TYPE
DO51-22971	.032	.080	3C

(10) MAX FLOW (MGD)	(11) POP SERVED	(12) FECAL COLIFORM SAMPLE METHOD
.057	200	[ ] Membrane Filter [ ] Most Probable Number

(13) INDUSTRIAL CONTRIBUTION Ind Flow MGD	BOD lb/d	TSS lb/d	(14) % FLOW INFIL	(15) BOD (mg/l) EFFLUENT	(16) TSS (mg/l) EFFLUENT
				4.2	10

(17) pH	(18) TOTAL N mg/l	(19) AMMONIA mg/l	(20) NITRITE + NITRATE mg/l	(21) TOTAL P mg/l	(22) ORTHO P mg/l	(23) CHLOR RESID mg/l
7.0			12.0			0.5

(24) BOD (mg/l) UPSTREAM	DNSTREAM	TIME/DATE OF SAMPLE	(25) DO (mg/l) UPSTREAM	DNSTREAM	(26) EFFLUENT PARAMETER	VALUE	(UNITS)
		/					

(27) TYPE SAMPLE(S): grab

(28) TYPE EFFL DISPOSAL: Rock-Evap Ponds

(29) PLANT STAFFING

LEAD OPERATOR	SHIFT 1 (Day)	SHIFT 2 (Evening)	SHIFT 3 (Night)
C 4409	C 3128	[redacted]	

DER Form 17-1.203(7) Effective November 30, 1982

(20)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.073	0.6			7.0			
2	.032	0.6			7.0			
3	.032							
4	.029							
5	.029	0.6			7.0			
6	.038	0.6			7.0			
7	.034	0.6			7.0			
8	.030	0.5			7.0			
9	.031	0.8			7.0			
10	.031							
11	.042							
12	.043	0.8			7.0			
13	.030	0.8			7.0			
14	.032	1.0			7.0			
15	.031	0.8			7.0			
16	.036	1.0			7.0			
17	.039							
18	.032							
19	.033	0.8			7.0			
20	.031	1.0			7.0			
21	.033	1.2			7.0			
22	.020	1.2			7.0			
23	.021	1.2			7.0			
24	.040							
25	.040							
26	.039	1.2			7.0			
27	.039	1.2			7.0			
28	.037	1.0			7.0	12.0		
29	.035	1.0	4.2	10	7.0			
30	.036	1.0			7.0			
31								
TOT	.966	19.7						
AVG	.032	0.9			7.0			

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Charles

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL REGULATION
DOMESTIC WASTEWATER TREATMENT PLANT MONTHLY OPERATING REPORT

Month Dec. 31 Year 90

(1) FID 51P00713

Davey L Chancey Co. 1-7-91
Signature of Lead Operator in Charge Date

I certify that I am familiar with the information contained in this report and that to the best of my knowledge and belief such information is true, complete, and accurate.

(2) PLANT NAME: ZEPHRYHILLS M.H.C

(3) PLANT ADDRESS: E. HWY 54 & AMERICAN COND. BLVD.

(4) CITY: ZEPHRYHILLS (5) COUNTY: PASCO PHONE NO.: 800-432-4501

(6) PERMIT NUMBER (7) AVG FLOW MGD (8) DESIGN FLOW MGD (9) TYPE

DO5122971 .039 .080 3C

(10) MAX FLOW (MGD) (11) POP SERVED (12) FECAL COLIFORM SAMPLE MC|MOD
[ ] Membrane Filter
[ ] Most Probable Number

.087 1475

(13) INDUSTRIAL CONTRIBUTION (14) % FLOW (15) BOD (mg/l) (16) TSS (mg/l)
Ind Flow MGD BOD lb/d TSS lb/d INFIL EFFLUENT EFFLUENT

1 1.5

(17) pH (18) TOTAL N mg/l (19) AMMONIA mg/l (20) NITRITE + NITRATE mg/l (21) TOTAL P mg/l (22) ORTHO P mg/l (23) CHLOR RESID ppm

7.0 <.03 0.8

(24) BOD (mg/l) UPSTREAM DNSTREAM TIME/DATE OF SAMPLE

(25) DO (mg/l) UPSTREAM DNSTREAM

(26) EFFLUENT PARAMETER VALUE (UNITS)

(27) TYPE SAMPLE(S) GRAB

(28) TYPE EFFL DISPOSAL PERK-EVAP PONDS

(29) PLANT STAFFING

LEAD OPERATOR SHIFT 1 (Day) SHIFT 2 (Evening) SHIFT 3 (Night)

C-4409 C-3128

DER Form 17-61.205(7) Effective November 30, 1982

(30)

	FLOW (mgd)	CHLORINE RESIDUAL (ppm)	BOD EFFLUENT (mg/l)	TSS EFFLUENT (mg/l)	pH EFFLUENT (S.U.)	TOTAL N (mg/l)	TOTAL P (mg/l)	FECAL COLIFORM (no/100 ml)
1	.041							
2	.041							
3	.041	1.0			7.0			
4	.035	1.0			7.0			
5	.030	1.0			7.0			
6	.031	1.0			7.0			
7	.023	1.0			7.0			
8	.032							
9	.035							
10	.035	1.0			7.0			
11	.019	1.0			7.0			
12	.012	1.0			7.0			
13	.015	0.8			7.0			
14	.014	0.8			7.0			
15	.063							
16	.063							
17	.044	0.8			7.0			
18	.035	1.0			7.0			
19	.068	1.0	1	1.5	7.0	<.03		
20	.068	0.8			7.0			
21	.087	0.8			7.0			
22	.036	0.8						
23	.036							
24	.037	1.0			7.0			
25	.045							
26	.046	1.0			7.0			
27	.039	1.3			7.0			
28	.011	1.2			7.0			
29	.031							
30	.032							
31	.030	1.4			7.0			
TOT	1.232	20.6	1	1.5	140			
AVG	.039	1.01	1	1.5	7.0			