

CLASS A
WATER AND/OR WASTEWATER UTILITIES

090381-SU

**FINANCIAL, RATE
AND ENGINEERING
MINIMUM FILING
REQUIREMENTS**

OF

Utilities, Inc. of Longwood
Exact Legal Name of Utility

VOLUME III



COM
ECR
GCL
OPC
RCP
SSC
SGA
ADM
CLK

FOR THE

Test Year Ended: December 31, 2008

DOCUMENT NUMBER-DATE

10014 SEP 29 8

FPSC-COMMISSION CLERK

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (1)
DETAILED MAP

Test Year Ended December 31, 2008

DOCUMENT NUMBER - DATE

10014 SEP 29 8

FPSC-COMMISSION CLERK

MAP PROVIDED SEPARATELY

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (2)
CHEMICALS USED

Test Year Ended December 31, 2008

DOCUMENT NUMBER-DATE

10014 SEP 29 8

FPSC-COMMISSION CLERK

Utilities, Inc. of Longwood
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Sodium Hypochlorite 10% solution		Deodorant DEO V or		Deodorant DEO14-SX-95		Dry Polymer LC6000		Dry Polymer LC910H	Sales Tax	Shipping	Other	TOTAL AMOUNTS
	1 Gal	Unit Price	5 Gal	Unit Price	5 Gal	Unit Price	Units	Unit Price					
12/10/2007	450	0.75											337.50
12/17/2007	450	0.75											337.50
12/24/2007	460	0.75											345.00
12/31/2007	525	0.75											393.75
1/7/2008	455	0.75											341.25
1/10/2008							216	5.95		89.96			1,375.16
1/14/2008	450	0.75											337.50
1/21/2008	450	0.75											337.50
1/28/2008	295	0.75											221.25
1/30/2008			10	20.88						14.62	27.32		250.74
2/4/2008	260	0.75											195.00
2/8/2008							216	5.95		89.96			1,375.16
2/11/2008	270	0.75											202.50
2/18/2008	205	0.75											153.75
2/25/2008	200	0.75											150.00
2/28/2008			10	20.88						33.93	34.59	275.9	553.22
3/10/2008	560	0.75											420.00
3/10/2008	490	0.75											367.50
3/11/2008							216	5.95		89.96			1,375.16
3/17/2008	340	0.75											255.00
3/24/2008	295	0.75											221.25
3/31/2008	300	0.75											225.00
4/7/2008	300	0.75											225.00
4/8/2008							216	5.95		89.96			1,375.16
4/14/2008	270	0.75											202.50
4/21/2008	305	0.75											228.75
4/22/2008			20	20.88						29.24	35.99		482.83
4/28/2008	275	0.75											206.25
4/29/2008									55	3.5	13.48		205.98
5/5/2008	255	0.75											191.25
5/6/2008									220	3.75	57.75		882.75
5/12/2008	260	0.75											195.00
5/19/2008	250	0.75											187.50
5/20/2008	125	1.25											156.25
5/26/2008	240	0.75											180.00
6/2/2008	250	0.75											187.50
6/5/2008									220	3.75	57.75		882.75
6/6/2008			5	9.72	55	8.7				36.9	88.78		652.78
6/9/2008	175	0.75											131.25
6/16/2008	250	0.75											187.50
6/23/2008	245	0.75											183.75
6/30/2008	245	0.75											183.75
7/2/2008									220	3.75	59.29		884.29
7/7/2008	250	0.75											187.50
7/14/2008	250	0.75											187.50
7/21/2008	240	0.75											180.00
7/28/2008	350	0.75											262.50
8/4/2008	290	0.75											217.50
8/11/2008	200	0.75											150.00
8/12/2008									220	4.05	62.37		953.37
8/18/2008	225	0.75											168.75
8/25/2008	350	0.75											262.50
9/1/2008	340	0.75											255.00
9/8/2008	305	0.75											228.75
9/9/2008									220	4.05	62.37		953.37
9/15/2008	305	0.75											228.75
9/22/2008	300	0.75											225.00
9/29/2008	290	0.75											217.50

DOCUMENT NUMBER-DATE

10014 SEP 29 8

FPSC-COMMISSION CLERK

Utilities, Inc. of Longwood
Schedule of Chemicals
Test Year Ended December 31, 2008

Date of Invoice	Sodium Hypochlorite 10% solution		Deodorant DEO V or		Deodorant DEO14-SX-95		Dry Polymer LC6000		Dry Polymer LC910H		Sales Tax	Shipping	Other	TOTAL AMOUNTS
	1 Gal	Unit Price	5 Gal	Unit Price	5 Gal	Unit Price	Units	Unit Price						
10/6/2008	300	0.75												225.00
10/7/2008									220	4.05	62.37			953.37
10/13/2008	305	0.75												228.75
10/20/2008	300	0.75												225.00
10/27/2008	300	0.75												225.00
11/3/2008	300	0.75												225.00
11/10/2008	300	0.75												225.00
11/11/2008									220	4.05	62.37			953.37
11/17/2008	305	0.75												228.75
11/24/2008	310	0.75												232.50
12/8/2008	325	0.75												243.75
12/15/2008	305	0.75												228.75
	16,645		45		55		864		1,595					26,656
Quantity Purchased	16,645		45		55		864		1,595					
Unit of Measure	Gallons		Gallons		Gallons		Pounds		Pounds					
Average Cost/ Unit	\$0.75		N/A		N/A		N/A		N/A					
Where Used (Water/ Sewer)	Sewer Only		Sewer Only		Sewer Only		Sewer Only		Sewer Only					
Specify Dosage Rate	Disinfecting agent		N/A		N/A		Dewatering Aid		Dewatering Aid					
Water, total item used, gallons	N/A		N/A		N/A		N/A		N/A					
Water, chemical feed rate, ppm	N/A		N/A		N/A		N/A		N/A					
Volume treated, million gal.	N/A		N/A		N/A		N/A		N/A					
Sewer, total item used, gallons	16,645		N/A		N/A		N/A		N/A					
Sewer, chemical feed rate, ppm	11		N/A		N/A		N/A		N/A					
Volume treated, million gal.	150.4		N/A		N/A		N/A		N/A					

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (3)
CHEMICAL ANALYSIS

Test Year Ended December 31, 2008

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (3)
CHEMICAL ANALYSIS

NOT APPLICABLE

Test Year Ended December 31, 2008

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (4)
OPERATIONS REPORTS

Test Year Ended December 31, 2008

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

648
FILE CO

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-1767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

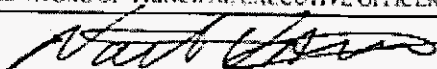
MONITORING PERIOD From: January 1, 2007 To: January 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample type
Flow	Sample Measurement	0.392		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.392 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.385		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.8			mg/L	0	Weekly	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.8	5.6		mg/L	0	Weekly	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				7.5			mg/L	0	Weekly	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				11.7	17.3		mg/L	0	Weekly	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC

1-13-07 & 1-14-07 Flows were estimated due to meter malfunction. Estimates based upon the average flows for the previous 7 days.

1-31-07 EFA-1 No3 exceeded limit. Possible causes are a cold snap 2 days prior to sampling. Also the plant effluent was cloudy on sampling day due to slightly low solids.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Nathan Van Meter / Lead Operator		(407) 869-1919	07/02/22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: January 1, 2007

To: January 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.0	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00100 I	Sample Measurement										
Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9			#/100ml	0	Weekly	Grab
PARM Code 74055 Y	Permit Requirement				200 (An. Avg.)			#/100ml		Weekly	Grab
Mon. Site No. EFA-1	Sample Measurement				<1	<1		#/100ml	0	Weekly	Grab
Coliform, Fecal	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Weekly	Grab
PARM Code 74055 I	Sample Measurement				1.7			mg/L	0	5 Days/Week	Grab
Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				14.1			mg/L	1	Weekly	8-hour FPC
PARM Code 50060 I	Permit Requirement				12.0 (Max.)			mg/L		Weekly	8-hour FPC
Mon. Site No. EFA-1	Sample Measurement				220			mg/L	0	Weekly	8-hour FPC
Nitrogen, Nitrate, Total (as N)	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
PARM Code 00620 I	Sample Measurement				203			mg/L	0	Weekly	8-hour FPC
Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20°C	Sample Measurement										
PARM Code 80082 G	Permit Requirement										
Mon. Site No. INF-1	Sample Measurement										
Solids, Total, Suspended	Permit Requirement										
PARM Code 00530 G	Sample Measurement										
Mon. Site No. INF-1	Permit Requirement										
Flow	Sample Measurement	0.392		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Mon. Site No. FLW-1	Sample Measurement	0.385	0.398	MGD					0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q	Sample Measurement				83.2 %			Percent	0	Monthly	Calculated
Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated
Percent Capacity, (TMADE/Permitted Capacity) X 100	Sample Measurement										
PARM Code 00180 I	Permit Requirement										
Mon. Site No. FLW-1	Sample Measurement										
PARM Code 00180 I	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: January 1, 2007

Facility: **Shadow Hills WWTF**
To: January 31, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00100	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.2		2.2	0.461					
2				7.3		2.2	0.430					
3	5.62	< 1	2.54	7.2	275	2.2	0.399	218	17.3			
4				7.2		2.2	0.387					
5				7.2		2.2	0.412					
6				7.3		2.2	0.414					
7				7.2		5.0	0.441					
8				7.3		2.2	0.387					
9				7.3		2.2	0.367					
10	5.24	< 1	6.16	7.1	176	2.2	0.373	229	14.8			
11				7.2		2.2	0.369					
12				7.1		2.0	0.345					
13				7.4		2.2	0.332 E					
14				7.3		4.5	0.332 E					
15				7.3		2.3	0.438					
16				7.1		2.2	0.414					
17	5.48	< 1	5.61	7.0	66.1	4.3	0.308	181	4.4			
18				7.4		2.2	0.388					
19				7.2		2.2	0.348					
20				7.0		2.1	0.376					
21				7.0		2.8	0.438					
22				7.0		5.0	0.412					
23				7.1		2.2	0.386					
24	3.42	< 1	5.64	7.2	245	2.2	0.393	234	11.2			
25				7.1		1.8	0.377					
26				7.2		2.2	0.345					
27				7.3		1.7	0.372					
28				7.3		4.9	0.441					
29				7.1		2.2	0.348					
30				7.0		2.2	0.352					
31	4.15	< 1	14.1	7.1	255	2.2	0.356	239	10.8			

PLANT STAFFING:

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweeheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Steger</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>12274</u>	Name: <u>Cory Sudol</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: January / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	0.00	0.00	2.05	2.67	1.25	0.00	0.25					
2	0.00	0.00	1.60	2.65	1.17	0.00	0.65					
3	0.00	0.00	1.28	1.15	1.10	0.00	0.95					
4	0.00	0.00	0.95	1.55	1.00	0.00	1.22					
5	0.00	0.00	0.45	1.50	0.92	0.00	1.45					
6	0.00	0.00	0.40	1.48	0.88	0.00	1.62					
7	0.00	0.00	0.06	1.46	0.80	0.00	1.88					
8	0.00	0.00	0.00	1.40	0.65	0.00	2.16					
9	0.00	0.00	0.12	2.40	0.60	0.00	1.90					
10	0.00	0.00	0.45	2.30	0.45	0.00	1.68					
11	0.00	0.00	0.68	2.25	0.40	0.00	1.50					
12	0.00	0.00	0.90	2.20	0.00	0.00	1.28					
13	0.00	0.00	1.02	2.16	0.00	0.00	1.12					
14	0.00	0.00	1.20	2.16	0.00	0.00	0.98					
15	0.00	0.00	1.45	2.10	0.00	0.00	0.80					
16	0.00	0.00	1.62	2.05	0.00	0.00	0.65					
17	0.00	0.00	1.68	2.00	0.00	0.00	0.53					
18	0.00	0.00	1.78	2.00	0.00	0.00	0.37					
19	0.00	0.00	1.90	1.95	0.00	0.00	0.20					
20	0.00	0.00	1.98	1.92	0.00	0.00	0.08					
21	0.00	0.00	2.00	1.90	0.00	0.00	0.06					
22	0.00	0.00	2.20	1.80	0.00	0.00	0.00					
23	0.00	0.00	2.25	1.95	0.00	0.00	0.00					
24	0.00	0.00	2.40	1.90	0.00	0.00	0.00					
25	0.00	0.00	2.50	1.90	0.00	0.00	0.00					
26	0.00	0.00	2.55	1.90	0.00	0.00	0.00					
27	0.00	0.00	2.58	1.90	0.00	0.00	0.00					
28	0.00	0.00	2.60	1.90	0.00	0.00	0.00					
29	0.00	0.00	2.72	1.85	0.00	0.00	0.00					
30	0.00	0.00	2.25	1.80	0.00	0.00	0.00					
31	0.00	0.00	1.85	1.80	0.00	0.00	0.15					

Attach additional sheets if necessary to list all certified operators.

DTP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FILE COPY

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From: February 1, 2007 To: February 28, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.393	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.386	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
BOD ₅ , Carbonaceous 5 day, 20C	Sample Measurement			5.9	mg/L	0	Weekly	8-hour EPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	mg/L		Weekly	8-hour EPC
BOD ₅ , Carbonaceous 5 day, 20C	Sample Measurement			9.5	mg/L	0	Weekly	8-hour EPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	mg/L		Weekly	8-hour EPC
Solids, Total Suspended	Sample Measurement			8.4	mg/L	0	Weekly	8-hour EPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	mg/L		Weekly	8-hour EPC
Solids, Total Suspended	Sample Measurement			20.7	mg/L	0	Weekly	8-hour EPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	mg/L		Weekly	8-hour EPC

2-26-07 Weekend operator accidentally left the WAS on over night. About 100 gallons of sludge & foam spilled over the side of the tank. DEP notified. Spill cleaned up & lime applied.

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Nathan Van Meter / Lead Operator		(407) 869-1919	02/03/07

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: February 1, 2007

To: February 28, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No., Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ml	0	Weekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				1.33	25.0		#/100ml	0	Weekly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4			mg/L	0	5 Days/Week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				11.6			mg/L	0	Weekly	8-hour FPC
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				244			mg/L	0	Weekly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				226			mg/L	0	Weekly	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
Flow	Sample Measurement	0.393		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.386	0.391	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (1 MADE/Permitted Capacity) X 100	Sample Measurement				83.5 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: February 1, 2007

Facility: Shadow Hills WWTF
To: February 28, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.d.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFT-1	INF-1	EFA-1			
1				7.2		2.2	0.405					
2				7.3		2.2	0.403					
3				7.3		2.2	0.433					
4				7.4		5.0	0.473					
5				7.3		2.2	0.375					
6				7.0		2.2	0.360					
7	10.3	<1	11.6	6.9	218	2.2	0.359	224	17.0			
8				7.0		1.8	0.372					
9				7.0		2.2	0.335					
10				7.3		2.0	0.441					
11				7.3		2.2	0.394					
12				7.0		2.2	0.401					
13				7.2		2.2	0.381					
14	13.4	<1	5.19	7.3	227	2.2	0.366	245	23.5			
15				7.3		2.2	0.377					
16				7.1		2.2	0.341					
17				7.1		1.4	0.365					
18				7.2		2.0	0.415					
19				7.0		2.2	0.309					
20				7.1		2.2	0.418					
21	5.83	<1	5.96	7.3	203	2.2	0.382	240	10.8			
22				7.3		2.2	0.379					
23				7.0		2.1	0.338					
24				7.1		2.2	0.401					
25				7.0		2.2	0.427					
26				7.1		2.2	0.411					
27				7.2		2.2	0.384					
28	8.64	25.0	5.06	7.0	255	1.4	0.376	265	31.6			
29												
30												
31												

PLANT STAFFING

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweigheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Steger</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14141</u>	Name: <u>Paul Woodard</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>12274</u>	Name: <u>Cory Suddol</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes: ☐ No: ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: February / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mun. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	0.00	0.00	1.48	1.75	0.00	0.00	0.45					
2	0.00	0.00	1.78	1.94	0.35	0.00	0.79					
3	0.00	0.00	1.02	1.94	0.00	0.00	1.00					
4	0.00	0.00	0.70	1.96	0.00	0.00	1.30					
5	0.00	0.00	0.40	1.90	0.00	0.00	1.60					
6	0.00	0.00	0.00	1.90	0.00	0.00	1.90					
7	0.00	0.00	0.35	1.85	0.00	0.00	1.70					
8	0.00	0.00	0.59	1.83	0.00	0.00	1.50					
9	0.00	0.00	0.85	1.80	0.00	0.00	1.35					
10	0.00	0.00	0.98	1.78	0.00	0.00	1.20					
11	0.00	0.00	1.22	1.77	0.00	0.00	1.10					
12	0.00	0.00	1.50	1.75	0.00	0.00	0.90					
13	0.00	0.00	0.65	1.70	0.00	0.00	0.80					
14	0.00	0.00	1.80	1.75	0.00	0.00	0.70					
15	0.00	0.00	1.88	1.70	0.00	0.00	0.58					
16	0.00	0.00	1.42	1.68	5.78	0.00	0.45					
17	0.00	0.00	1.20	1.64	5.00	0.00	0.72					
18	0.00	0.00	0.92	1.64	4.46	0.00	1.10					
19	0.00	0.00	0.52	1.62	4.00	0.00	1.42					
20	0.00	0.00	0.20	1.60	3.60	0.00	1.70					
21	0.00	0.00	0.00	1.55	3.23	0.00	2.05					
22	0.00	0.00	0.00	1.54	2.92	0.00	2.37					
23	0.00	0.00	0.00	1.50	2.60	0.00	2.57					
24	0.00	0.00	0.00	1.48	2.36	0.00	2.70					
25	0.00	0.00	0.00	1.48	2.10	0.00	2.96					
26	0.00	0.00	0.00	1.42	1.85	0.00	3.18					
27	0.00	0.00	0.00	1.40	1.55	0.00	3.35					
28	0.00	0.00	0.00	1.35	1.25	0.00	3.57					
29												
30												
31												

*Attach additional sheets if necessary to list all certified operators.
DEP Form 62-620.940(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

648

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FILE COPY

FACILITY: Shadow Hills WWT
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From: March 1, 2007

To: March 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon Site No. FLW-2	Sample Measurement	0.394		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	0.470 (An.Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow PARM Code 50050 I Mon Site No. FLW-2	Sample Measurement	0.380		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No. EFA-1	Sample Measurement				5.8			mg/L	0	Weekly	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No. EFA-1	Sample Measurement				8.5	13.9		mg/L	0	Weekly	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon Site No. EFA-1	Sample Measurement				8.8			mg/L	0	Weekly	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			mg/L		Weekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 I Mon Site No. EFA-1	Sample Measurement				20.0	28.4		mg/L	0	Weekly	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour FPC

3-21-07 Qualifier Code (s) for No3 is "The least of the dilutions performed did not yield sufficient oxygen depletion for valid data".

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Nathan Van Meter / Lead Operator	<i>Nathan Van Meter</i>	(407) 869-1919	07/04/24

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1, 2007

To: March 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.1			#/100ml	0	Weekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal	Sample Measurement				2.3	19.0		#/100ml	0	Weekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.5			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.18 s			mg/L	0	Weekly	8-hour FPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Weekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				219			mg/L	0	Weekly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				202			mg/L	0	Weekly	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Weekly	8-hour FPC
Flow	Sample Measurement	0.394		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.380	0.384	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADP/Permitted Capacity) X 100	Sample Measurement				83.8 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: March 1, 2007

Facility: Shadow Hills WWTF
To: March 31, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.2		2.2	0.385					
2				7.2		2.2	0.383					
3				7.3		2.2	0.395					
4				7.3		2.2	0.440					
5				7.3		2.0	0.369					
6	13.9	6.0	7.15	7.0	196	1.2	0.355	213	28.4			
7				7.1		0.5	0.377					
8				7.1		2.2	0.377					
9				7.2		2.1	0.357					
10				7.4		2.2	0.365					
11				7.4		2.2	0.415					
12				7.3		2.2	0.361					
13				7.1		2.2	0.379					
14	4.72	< 1	0.86	7.1	216	2.2	0.358	231	15.2			
15				7.3		2.2	0.391					
16				7.2		2.2	0.363					
17				7.4		2.2	0.379					
18				7.4		1.9	0.401					
19				7.3		2.2	0.388					
20				7.4		2.2	0.378					
21	8.18	19.0	8.18 s	7.0	196	0.7	0.374	196	21.6			
22				7.1		1.9	0.362					
23				7.2		1.4	0.393					
24				7.3		0.8	0.391					
25				7.3		1.6	0.421					
26				7.4		2.2	0.381					
27				7.3		2.2	0.362					
28	7.2	< 1	7.27	7.1	200	2.0	0.374	237	14.7			
29				7.1		2.2	0.366					
30				7.4		2.2	0.357					
31				7.3		2.2	0.392					

PLANT STAFFING:

Weekend Shift Operator	Class:	B	Certificate No:	7873	Name:	Jim Sweegheimer
Weekend Shift Operator	Class:	C	Certificate No:	14187	Name:	Elisa Steger
Weekend Shift Operator	Class:	A	Certificate No:	7057	Name:	Ed Roberts
Weekend Shift Operator	Class:	C	Certificate No:	14141	Name:	Paul Woodard
Weekend Shift Operator	Class:	A	Certificate No:	12274	Name:	Cerey Sudol
Lead Operator	Class:	B	Certificate No:	7676	Name:	Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

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

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: March / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7						
1	0.00	0.00	0.00	1.36	1.16	0.00	3.78						
2	0.00	0.00	0.00	1.35	0.97	0.00	3.94						
3	0.00	0.00	0.00	1.32	0.80	0.00	4.00						
4	0.00	0.00	0.00	1.30	0.78	0.00	4.08						
5	0.00	0.00	0.00	1.28	0.57	0.00	4.37						
6	0.00	0.00	0.00	1.25	0.40	0.00	4.55						
7	0.00	0.00	0.00	1.25	0.26	0.00	4.67						
8	0.00	0.00	0.00	1.25	0.00	0.00	4.78						
9	0.00	0.00	0.00	1.20	0.00	0.00	4.94						
10	0.00	0.00	0.00	1.17	0.00	0.00	5.12						
11	0.00	0.00	0.00	1.15	0.00	0.00	5.15						
12	0.00	0.00	0.00	1.12	0.00	0.00	5.25						
13	0.00	0.00	0.00	1.10	0.00	0.00	5.37						
14	0.00	0.00	0.00	1.00	0.00	0.00	5.45						
15	0.00	0.00	0.00	0.98	0.00	0.00	5.50						
16	0.00	0.00	0.00	0.98	5.17	0.00	5.18						
17	1.40	0.00	0.00	0.98	4.92	0.00	5.00						
18	2.94	0.00	0.00	0.98	4.28	0.00	4.76						
19	3.35	0.00	0.00	0.95	3.68	0.00	4.53						
20	4.05	0.00	0.00	0.90	3.15	0.00	4.28						
21	4.50	0.00	0.00	0.87	2.58	0.00	4.10						
22	4.85	0.00	0.00	0.85	2.45	0.00	3.94						
23	5.35	0.00	0.00	0.85	2.08	0.00	3.73						
24	5.64	0.00	0.00	0.85	1.88	0.00	3.58						
25	6.00	0.00	0.00	0.78	1.60	0.00	3.40						
26	6.40	0.00	0.00	0.77	1.36	0.00	3.25						
27	6.70	0.00	0.00	0.75	1.12	0.00	3.07						
28	6.85	0.00	0.00	0.70	0.90	0.00	2.89						
29	7.05	0.00	0.00	0.69	0.70	0.00	2.75						
30	7.17	0.00	0.00	0.65	0.50	0.00	2.58						
31	7.25	0.00	0.00	0.60	0.45	0.00	2.50						

*Attach additional sheets if necessary to list all certified operators.
DEP Form 62-620 910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including influent
NO DISCHARGE FROM SITE: []


FILE COPY

COUNTY: Seminole

MONITORING PERIOD From: April 1, 2007 To: April 29, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.393		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.371		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				5.5			mg/L	0	Weekly	8-hour TPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				4.3	6.1		mg/L	0	Weekly	8-hour TPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				9.1			mg/L	0	Weekly	8-hour TPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Weekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				11.8	16.8		mg/L	0	Weekly	8-hour TPC
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Weekly	8-hour TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Nathan Van Meter / Lead Operator		(407) 869-1919	07/05/22

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1, 2007

To: April 29, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.0	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon Site No. EFA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal					1.0			#/100ml	0	Weekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Sample Measurement										
	Permit Requirement				200 (An Avg.)			#/100ml		Weekly	Grab
Coliform, Fecal					0.6	1.0		#/100ml	0	Weekly	Grab
PARM Code 74055 I Mon Site No. EFA-1	Sample Measurement										
	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ml		Weekly	Grab
Total Residual Chlorine (For Disinfection)					1.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 I Mon Site No. EFA-1	Sample Measurement										
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)					9.5			mg/L	0	Weekly	8-hour EPC
PARM Code 00620 I Mon Site No. EFA-1	Sample Measurement										
	Permit Requirement				12.0 (Max.)			mg/L		Weekly	8-hour EPC
BOD, Carbonaceous 5 day, 20°C					220			mg/L	0	Weekly	8-hour EPC
PARM Code 80082 G Mon Site No. INF-1	Sample Measurement										
	Permit Requirement				Report (Mo Avg.)			mg/L		Weekly	8-hour EPC
Solids, Total Suspended					257			mg/L	0	Weekly	8-hour EPC
PARM Code 00530 G Mon Site No. INF-1	Sample Measurement										
	Permit Requirement				Report (Mo Avg.)			mg/L		Weekly	8-hour EPC
Flow		0.393		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement										
	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow		0.371	0.379	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement										
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100					83.6 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon Site No. FLW-1	Sample Measurement										
	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: April 1, 2007

Facility: Shadow Hills WWTF
To: April 29, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.1		2.8	0.390					
2				7.1		2.2	0.370					
3				7.2		2.2	0.367					
4	6.12	1.0	7.16	7.1	278	2.2	0.335	175	15.0			
5				7.2		2.2	0.367					
6				7.1		1.6	0.351					
7				7.1		1.7	0.360					
8				7.4		1.9	0.412					
9				7.1		2.2	0.384					
10				7.1		2.2	0.398					
11	< 2.0	< 1.0	5.89	7.1	345	2.2	0.374	231	9.60			
12				7.3		2.2	0.362					
13				7.2		2.2	0.346					
14				7.3		1.9	0.397					
15				7.3		1.6	0.419					
16				7.2		2.2	0.387					
17				7.0		2.0	0.342					
18	4.22	< 1.0	7.37	7.3	208	2.2	0.381	253	5.60			
19				7.2		2.2	0.336					
20				7.4		2.2	0.333					
21				7.4		2.2	0.383					
22				7.3		2.2	0.411					
23				7.4		2.2	0.372					
24				7.3		2.2	0.336					
25	5.76	< 1.0	9.53	7.3	198	2.2	0.345	220	16.8			
26				7.1		2.2	0.397					
27				7.3		2.2	0.336					
28				7.4		2.2	0.385					
29				7.3		2.2	0.401					
30				7.4		2.2	0.346					
31												

PLANT STAFFING

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweigheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Steger</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14141</u>	Name: <u>Paul Woodard</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>12274</u>	Name: <u>Corey Sudol</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable ☒ If yes, cumulative days of wet weather discharge: _____

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

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: April / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	5.80	2.26	0.00	0.60	0.00	0.00	2.28					
2	5.25	3.90	0.00	0.55	0.00	0.00	2.10					
3	4.58	3.50	0.00	0.55	5.70	0.00	1.95					
4	4.10	4.25	0.00	0.55	4.80	0.00	1.75					
5	3.60	4.80	0.00	0.50	4.20	0.00	1.60					
6	2.25	5.10	0.00	0.50	3.75	0.00	1.45					
7	2.80	5.62	0.00	0.40	3.26	0.00	1.30					
8	3.78	5.00	0.00	0.40	2.80	0.00	1.10					
9	4.70	4.50	0.00	0.40	2.60	0.00	0.95					
10	5.37	4.05	0.00	0.40	2.17	0.00	0.87					
11	5.60	3.67	0.00	0.35	1.89	0.00	0.75					
12	6.33	3.40	0.00	0.35	1.65	0.00	0.65					
13	6.60	3.15	0.00	0.00	1.49	0.00	0.50					
14	6.76	2.88	0.00	0.00	1.24	0.00	0.38					
15	7.00	2.62	0.00	0.00	0.90	0.00	0.34					
16	7.41	2.38	0.00	0.00	0.87	0.00	0.25					
17	7.55	2.2	0.00	0.00	0.70	0.00	0.20					
18	7.70	2.00	0.00	0.00	0.50	0.00	0.00					
19	7.80	1.80	0.00	0.00	0.00	0.00	0.00					
20	7.81	1.65	0.00	0.00	0.00	0.00	0.00					
21	7.08	2.90	0.00	0.00	0.00	0.00	0.00					
22	6.38	3.96	0.00	0.00	0.00	0.00	0.00					
23	5.67	5.00	0.00	0.00	0.00	0.00	0.00					
24	5.10	5.59	0.00	0.00	0.00	0.00	0.00					
25	4.58	6.00	0.00	0.00	0.00	0.00	0.00					
26	4.18	6.30	0.00	0.00	0.00	0.00	0.00					
27	4.98	5.60	0.00	0.00	0.00	0.00	0.00					
28	5.74	5.08	0.00	0.00	0.00	0.00	0.00					
29	5.90	4.50	0.00	0.00	0.00	0.00	0.00					
30	6.40	4.18	0.00	0.00	0.00	0.00	0.00					
31												

*Attach additional sheets if necessary to list all certified operators
 DLR Form 62-620910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

648

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER

FLA011105

FILE COPY

LIMIT:
CLASS SIZE:

Final
N/A

REPORT
GROUP:

Monthly
Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL

MONITORING GROUP NUMBER
MONITORING GROUP DESC:

R-001
Percolation ponds, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD

From: May 1, 2007

To: May 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.393	MGD					
PARM Code 50050 Y Mon Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.374	MGD					
PARM Code 50050 I Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow meters and totalizers
BOD5, Carbonaceous 5 day, 20C	Sample Measurement			5.3	MG/L			
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Biweekly	8-hour EPC
BOD5, Carbonaceous 5 day, 20C	Sample Measurement			4.7	MG/L			
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	MG/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement			9.8	MG/L			
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	MG/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement			15.8	MG/L			
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement			40.0 (Mo. Avg.)	MG/L		Biweekly	8-hour EPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Nathan Van Meter / Lead Operator		407-332-8055	07/06/07

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: May 1, 2007

To: May 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1	7.8		NU			
PARM Code 00400 I Mon Site No. EFA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		NU		5 Days/Week	Grab
Coliform, Fecal											
PARM Code 74055 Y Mon Site No. EFA-1	Sample Measurement				1.0			100ML			
	Permit Requirement				200 (An Avg.)			100ML		Biweekly	Grab
Coliform, Fecal											
PARM Code 74055 I Mon Site No. EFA-1	Sample Measurement				0.5	< 1		100ML			
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		100ML		Biweekly	Grab
Total Residual Chlorine (For Disinfection)											
PARM Code 50060 A Mon Site No. EFA-1	Sample Measurement				2.0			MG/L			
	Permit Requirement				0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)											
PARM Code 00620 I Mon Site No. EFA-1	Sample Measurement				7.9			MG/L			
	Permit Requirement				12.0 (Max.)			MG/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C											
PARM Code 80082 G Mon Site No. INF-1	Sample Measurement				243.4			MG/L			
	Permit Requirement				Report (Mo. Avg.)			MG/L		Biweekly	8-hour EPC
Solids, Total Suspended											
PARM Code 00530 G Mon Site No. INF-1	Sample Measurement				222.2			MG/L			
	Permit Requirement				Report (Mo. Avg.)			MG/L		Biweekly	8-hour EPC
Flow											
PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement	0.393		MGD							
	Permit Requirement	0.470 (An Avg.)		MGD							
Flow										5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement	0.374	0.375	MGD							
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) x 100											
PARM Code 00180 I Mon Site No. FLW-1	Sample Measurement				82.5 %			11 R-CEN			
	Permit Requirement				Report (Mo. Total)			19 R-CEN		Monthly	Calculated

Permit Number: 01A01105

DAILY SAMPLE RESULTS - PART B

Monitoring Period: From: May 1, 2007 To: May 31, 2007

Facility: Shadow Hills WWTF

	CHODS (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total Gas N (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect) (MG/L)	Flow (MGD)	CHODS (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1	4.45	<1	1.42	7.4	28.8	2.2	0.359	278	266
2				7.4		2.2	0.361		
3				7.4		2.2	0.338		
4				7.3		2.2	0.355		
5				7.2		2.2	0.379		
6				7.5		2.2	0.423		
7				7.2		2.2	0.350		
8	5.35	<1	7.90	7.3	19.6	2.2	0.358	204	196
9				7.3		2.6	0.346		
10				7.1		2.2	0.373		
11				7.2		2.2	0.403		
12				7.2		2.0	0.402		
13				7.6		2.2	0.384		
14				7.3		2.2	0.397		
15				7.2		2.2	0.360		
16				7.8		2.2	0.376		
17	6.77	<1	0.18	7.3	13.0	2.2	0.355	200	189
18				7.3		2.2	0.363		
19				7.4		2.2	0.381		
20				7.4		2.2	0.404		
21				7.4		2.2	0.347		
22				7.3		2.2	0.392		
23	<2	<1	0.48	7.3	6.40	2.2	0.381	279	254
24				7.3		2.2	0.379		
25				7.5		2.2	0.362		
26				7.5		2.2	0.390		
27				7.8		2.2	0.327		
28				7.4		2.2	0.410		
29				7.3		2.2	0.414		
30	6.12	<1	<0.01	7.2	11.3	2.2	0.359	256	206
31				7.3		2.2	0.350		
Total	23.69	2.5	9.99	228.1	79.1	68.4	11.58	1217	1111
Mo. Avg.	4.74	0.5	1.0	7.4	15.8	2.2	0.37	243.4	222.2

PLANT STAFFING

Day Shift Operator	Class	C	Certificate No	14187	Name	Lisa Williams
Day Shift Operator	Class	A	Certificate No	7057	Name	Ed Roberts
Day Shift Operator	Class	C	Certificate No	13141	Name	Paul Woodard
Lead Operator	Class	B	Certificate No	7676	Name	Nathan Van Meter

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: FLA011105-001 Facility: Shadow Hills WWTF
 Month/Year: May / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	6.80	3.68	0.00	0.00	0.00	0.00	0.00					
2	6.10	4.45	0.00	0.00	0.00	0.00	0.00					
3	5.48	4.80	0.00	0.00	0.00	0.00	0.00					
4	4.94	4.37	0.00	0.00	5.08	0.00	0.00					
5	4.48	4.00	0.00	2.92	5.00	0.00	0.00					
6	3.80	3.58	0.00	4.72	3.60	0.00	0.00					
7	3.45	3.33	0.00	6.32	3.23	0.00	0.00					
8	2.90	3.00	0.00	7.30	2.76	0.00	0.00					
9	2.60	3.88	0.00	6.80	2.44	0.00	0.00					
10	2.00	4.58	0.00	6.44	2.10	0.00	0.00					
11	1.00	5.42	0.00	6.07	1.74	0.00	0.00					
12	0.50	4.92	0.01	5.80	1.54	0.00	0.00					
13	0.00	4.40	0.01	5.58	1.30	0.00	0.00					
14	0.00	4.00	0.01	5.40	1.18	0.00	0.00					
15	0.00	3.50	0.35	4.15	1.00	0.00	0.00					
16	0.00	3.30	0.40	4.95	0.88	0.00	0.00					
17	0.00	3.00	0.60	4.80	0.77	0.00	0.00					
18	0.00	2.60	0.85	4.65	0.73	0.00	0.00					
19	0.00	2.30	1.00	4.50	0.60	0.00	0.00					
20	0.00	1.96	1.14	4.34	0.52	0.00	0.00					
21	0.00	1.80	1.30	4.25	0.00	0.00	0.00					
22	0.00	1.60	1.40	4.00	0.00	0.00	0.00					
23	0.00	1.30	1.50	3.92	0.00	0.00	0.00					
24	0.00	0.85	1.65	3.85	0.00	0.00	0.00					
25	0.00	0.55	1.68	3.78	0.00	0.00	0.00					
26	0.00	0.00	1.76	3.74	0.00	0.00	0.00					
27	0.00	0.00	1.78	3.70	0.00	0.00	0.00					
28	0.00	0.00	1.80	3.60	0.00	0.00	0.00					
29	0.00	0.00	1.28	3.50	6.29	0.00	0.00					
30	0.00	0.00	1.45	3.33	5.70	0.00	0.00					
31	0.00	0.00	1.50	3.15	4.65	0.00	0.00					

Attach additional sheets if necessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTED NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTP
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-4001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: 1

COUNTY: Seminole

MONITORING PERIOD From: June 1, 2007

To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.390		MGD				0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y		Permit Requirement	0.470 (An Avg.)		MGD					5 Days/Week	Flow Meters and totalizers
Mon Site No. FLW-2		Sample Measurement	0.390		MGD				0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1		Permit Requirement	Report (Mo Avg.)		MGD					5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C		Sample Measurement				5.6		mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 Y		Permit Requirement				20.0 (An Avg.)		mg/L		Biweekly	8-hour EPC
Mon Site No. EFA-1		Sample Measurement				8.7	8.7	mg/L	0	Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C		Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Biweekly	8-hour EPC
PARM Code 80082 1		Sample Measurement				10.1		mg/L	0	Biweekly	8-hour EPC
Mon Site No. EFA-1		Permit Requirement				20.0 (An Avg.)		mg/L		Biweekly	8-hour EPC
Solids, Total Suspended		Sample Measurement				9.0	15.0	mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 Y		Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/L		Biweekly	8-hour EPC
Mon Site No. EFA-1		Sample Measurement									
Solids, Total Suspended		Permit Requirement									
PARM Code 00530 1		Sample Measurement									
Mon Site No. EFA-1		Permit Requirement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	FAX/ E-MAIL
Nathan Van Meter Lead Operator	<i>Nathan Van Meter</i>	(407) 869-1000	0747-20

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD: From: June 1, 2007

To: June 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.2	7.6		u	0	5 Days/Week	Grab
PARM Code 09400 1 Mon Site No. FFA-1	Sample Measurement				6.0 (Min)	8.5 (Max)		u		5 Days/Week	Grab
	Permit Requirement										
Coliform, Fecal					1.1			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon Site No. FFA-1	Sample Measurement				200 (An Avg.)			#/100ml		Biweekly	Grab
	Permit Requirement										
Coliform, Fecal					1.4	2.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon Site No. FFA-1	Sample Measurement				Report (Mo Geo Mean)	800 (Max)		#/100ml		Biweekly	Grab
	Permit Requirement										
Total Residual Chlorine (For Disinfection)					1.1			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon Site No. FFA-1	Sample Measurement				0.5 (Min)			mg/L		5 Days/Week	Grab
	Permit Requirement										
Nitrogen, Nitrate, Total (as N)					8.4			mg/L	0	Biweekly	8-hour TPC
PARM Code 00620 1 Mon Site No. FFA-1	Sample Measurement				12.0 (Max)			mg/L		Biweekly	8-hour TPC
	Permit Requirement										
BOD, Carbonaceous 5 day, 20C					175.9			mg/L	0	Biweekly	8-hour TPC
PARM Code 80982 G Mon Site No. INF-1	Sample Measurement				Report (Mo Avg.)			mg/L		Biweekly	8-hour TPC
	Permit Requirement										
Solids, Total Suspended					201.0			mg/L	0	Biweekly	8-hour TPC
PARM Code 00530 G Mon Site No. INF-1	Sample Measurement				Report (Mo Avg.)			mg/L		Biweekly	8-hour TPC
	Permit Requirement										
Flow		0.390		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Sample Measurement	0.470 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
	Permit Requirement										
Flow		0.390	0.378	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1	Sample Measurement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD						5 Days/Week	Flow meters and totalizers
	Permit Requirement									5 Days/Week	Flow meters and totalizers
Percent Capacity, (1 MAD/Permitted Capacity) X 100					83.0 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-1	Sample Measurement				Report (Mo Total)			Percent		Monthly	Calculated
	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA01105-001
From: June 1, 2007

Facility: Shadow Hills WWTF
To: June 30, 2007

	CHOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (unit)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CHOD ₅ (mg/L)	TSS (mg/L)			
Cycle	80082	70055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1				7.3		2.2	0.398					
2				7.2		2.2	0.296					
3				7.3		4.5	0.423					
4				7.4		2.2	0.399					
5				7.3		2.2	0.374					
6				7.4		2.2	0.376					
7				7.2		2.2	0.349					
8				7.5		2.2	0.350					
9				7.4		2.1	0.366					
10				7.5		2.2	0.404					
11				7.3		2.2	0.394					
12				7.2		2.2	0.398					
13	8.7		3.0	7.2	298.0	2.2	0.395	161.7	15.0			
14		1.0		7.4		2.2	0.393					
15				7.5		2.2	0.420					
16				7.4		2.2	0.399					
17				7.2		1.4	0.393					
18				7.3		2.2	0.386					
19				7.3		1.3	0.425					
20				7.4		2.2	0.406					
21				7.4		2.2	0.368					
22				7.6		2.2	0.457					
23				7.5		2.2	0.319					
24				7.2		2.2	0.430					
25				7.5		2.2	0.411					
26				7.2		2.2	0.386					
27	8.7		8.4	7.5	104.0	1.5	0.403	190.0	3.0			
28		2.0		7.4		1.7	0.383					
29				7.2		1.6	0.377					
30				7.4		1.1	0.414					
31												

11.692

PLANT STAFFING

Weekend Shift Operator	Class	B	Certificate No.	7572	Name	Jim Sweigheimer
Weekend Shift Operator	Class	C	Certificate No.	14187	Name	Elisa Steyer
Weekend Shift Operator	Class	A	Certificate No.	7657	Name	Ed Roberts
Weekend Shift Operator	Class	C	Certificate No.	14141	Name	Paul Woodard
Weekend Shift Operator	Class	A	Certificate No.	12274	Name	Cory Sudol
Lead Operator	Class	B	Certificate No.	7676	Name	Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse

Ponds

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

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA01105-001

Facility: Shadow Hills WWTF

Month/Year: June / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OHH-1	OHH-2	OHH-3	OHH-4	OHH-5	OHH-6	OHH-7					
1	0.00	0.00	1.58	3.10	4.19	0.00	0.00					
2	0.00	0.00	1.80	3.06	4.00	0.00	0.00					
3	0.00	0.00	1.90	3.00	3.60	0.00	0.00					
4	0.00	0.00	2.05	3.00	3.30	0.00	0.00					
5	0.00	0.00	2.15	1.95	3.00	0.00	0.00					
6	0.00	0.00	2.10	1.90	2.77	0.00	0.00					
7	0.00	0.00	2.17	1.85	2.60	0.00	0.00					
8	0.00	0.00	1.90	1.85	2.40	0.00	0.00					
9	2.40	0.00	1.78	1.62	2.24	0.00	0.00					
10	3.30	0.00	1.20	3.20	2.00	0.00	0.00					
11	4.00	0.00	0.80	3.15	1.90	0.00	0.00					
12	4.65	0.00	0.50	2.60	1.75	0.00	0.00					
13	5.10	0.00	0.00	2.58	1.70	0.00	0.00					
14	5.72	0.00	0.00	2.60	1.65	0.00	0.00					
15	6.15	0.00	0.00	2.55	1.50	0.00	0.00					
16	5.44	0.00	0.20	2.48	1.30	0.00	0.00					
17	4.76	0.00	0.40	2.48	1.20	0.00	0.00					
18	4.20	0.00	0.65	2.50	1.00	0.00	0.00					
19	3.50	0.00	0.90	2.50	0.80	0.00	0.00					
20	3.10	0.00	1.30	2.54	0.98	0.00	0.00					
21	2.70	0.00	0.50	2.40	0.90	0.00	0.00					
22	2.20	0.00	1.60	2.50	0.80	0.00	0.00					
23	1.80	0.00	1.74	2.38	0.72	0.00	0.00					
24	1.40	0.00	1.80	2.34	0.66	0.00	0.00					
25	0.90	0.00	1.95	2.30	0.65	0.00	0.00					
26	0.00	0.00	2.10	2.20	0.50	0.00	0.00					
27	0.00	0.00	2.10	2.10	0.40	0.00	0.00					
28	0.00	0.00	2.15	2.00	0.40	0.00	0.00					
29	2.00	0.00	1.75	1.90	0.00	0.00	0.00					
30	3.10	0.00	1.50	1.82	0.00	0.00	0.00					
31												

* Attach additional sheets if necessary to list all certified operators.
D-3 Form 92-620 (10-10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTP
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Perculation ponds, including Influent
NO DISCHARGE FROM SITE: []

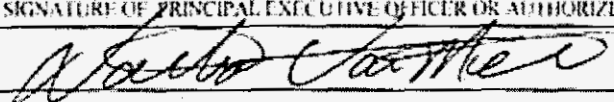
COUNTY: Seminole

MONITORING PERIOD From July 1, 2007

To July 31, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.389	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An. Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.393	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			5.9	mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)	mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.7	mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement			30.0 (Mo. Avg.)	60.0 (Max.)		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			10.2	mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An. Avg.)			Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			6.0	mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement			20.0 (Mo. Avg.)	60.0 (Max.)		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Nathan Van Meter Lead Operator		(407) 869-1919	07.08.07

FILE COPY

648

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1, 2007

To: July 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.0	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.1			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5		#/100ml	0	Biweekly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.7			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				208.2			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Ave.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				238.0			mg/L	0	Biweekly	8-hour EPC
PARM Code 00430 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Ave.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.389		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.393	0.386	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (EMADE/Permitted Capacity) X 100	Sample Measurement				82.7%			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: July 1, 2007

Facility: Shadow Hills WWTF
To: July 31, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EEA-1	EEA-1	EEA-1	EEA-1	INF-1	EEA-1	EEF-1	INF-1	EEA-1			
1				7.3		2.2	0.403					
2				7.3		2.2	0.377					
3				7.2		2.2	0.333					
4				7.6		2.2	0.424					
5				7.1		1.9	0.405					
6				7.3		2.2	0.376					
7				7.5		2.2	0.370					
8				7.4		1.8	0.414					
9				7.4		0.9	0.389					
10				7.3		2.2	0.364					
11	8.5		4.06	7.2	208.0	2.2	0.383	228.9	6.0			
12		< 1		7.3		2.2	0.386					
13				7.3		2.2	0.362					
14				7.6		2.2	0.407					
15				7.4		2.2	0.381					
16				7.3		2.2	0.385					
17				7.0		2.2	0.380					
18				7.0		2.2	0.416					
19				7.3		2.2	0.369					
20				7.3		2.2	0.353					
21				7.4		2.2	0.439					
22				7.4		2.2	0.464					
23				7.1		1.6	0.424					
24				7.2		1.8	0.434					
25	8.8		5.71	7.0	268.0	2.2	0.347	187.5	6.0			
26		< 1		7.1		2.2	0.355					
27				7.3		2.2	0.476					
28				7.4		2.2	0.427					
29				7.4		2.2	0.434					
30				7.4		2.2	0.412					
31				7.4		2.2	0.298					

12.187

PLANT STAFFING:

Weekend Shift Operator	Class: B	Certificate No: 7873	Name: Jim Swegheimer
Weekend Shift Operator	Class: C	Certificate No: 14187	Name: Elisa Steger
Weekend Shift Operator	Class: A	Certificate No: 7057	Name: Ed Roberts
Weekend Shift Operator	Class: C	Certificate No: 14141	Name: Paul Woodard
Weekend Shift Operator	Class: A	Certificate No: 12274	Name: Corey Sindel
Plant Operator	Class: B	Certificate No: 7676	Name: Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

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

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: July / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Name	OHH-1	OHH-2	OHH-3	OHH-4	OHH-5	OHH-6	OHH-7					
1	3.88	0.00	1.20	1.80	0.00	0.00	0.00					
2	4.45	0.00	0.40	1.80	0.00	0.00	0.00					
3	5.13	0.00	0.40	1.80	0.00	0.00	0.00					
4	5.38	0.00	0.20	1.75	0.00	0.00	0.00					
5	5.80	0.00	0.00	1.75	0.00	0.00	0.00					
6	6.25	0.00	0.00	1.75	0.00	0.00	0.00					
7	6.38	0.00	0.00	1.70	0.00	0.00	0.00					
8	6.50	0.00	0.00	1.70	0.00	0.00	0.00					
9	6.75	0.00	0.00	1.60	0.00	0.00	0.00					
10	6.90	0.00	0.00	1.55	0.00	0.00	0.00					
11	7.00	0.00	0.00	1.55	0.00	0.00	0.00					
12	7.10	0.00	0.00	1.50	0.00	0.00	0.00					
13	7.20	0.00	0.00	1.40	0.00	0.00	0.00					
14	7.18	0.00	0.00	1.35	0.00	0.00	0.00					
15	7.28	0.00	0.00	1.30	0.00	0.00	0.00					
16	7.40	0.00	0.00	1.35	0.00	0.00	0.00					
17	7.50	0.00	0.00	1.33	0.00	0.00	0.00					
18	7.60	0.00	0.00	1.30	0.00	0.00	0.00					
19	7.70	0.00	0.00	1.30	0.00	0.00	0.00					
20	7.75	0.00	0.00	1.30	0.00	0.00	0.00					
21	7.72	0.00	0.00	1.30	0.00	0.00	0.00					
22	8.00	0.00	0.00	1.75	0.00	0.00	0.00					
23	8.50	0.00	0.00	2.00	0.00	0.00	0.00					
24	8.70	0.00	0.00	2.00	0.00	0.00	0.00					
25	8.00	0.00	0.00	4.20	0.00	0.00	0.00					
26	7.30	0.00	0.00	6.40	0.00	0.00	0.00					
27	6.40	0.00	0.00	7.10	0.00	0.00	0.00					
28	5.84	0.00	0.00	6.50	0.00	0.00	0.00					
29	5.30	0.00	0.20	6.20	0.00	0.00	0.00					
30	4.80	0.00	0.60	5.95	0.00	0.00	0.00					
31	4.40	0.00	0.65	5.25	0.00	0.00	0.00					

Use each additional sheet if necessary to list all certified operators.
 DCP Form 62-620 (5/10/10), Effective November 29, 1994

Florida Department of Environmental Protection

Central Office 3319 Maguire Blvd. Orlando, Florida 32803-1267

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

DEP Form # 62-522.600(2)
Form Title Ground Water Monitoring Report
Effective Date _____
DEP Application No. _____

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 925 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059P10659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av.
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 7-20-07


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

- Sample Organization Comp QAP # _____
- Analytical Lab Comp QAP # /HRS Certification # E84589
*Comp QAP # /HRS Certification # _____
- Lab Name Advanced Environmental Laboratories, Inc.
Address 6610 Princess Palm Avenue, Tampa, Florida 33619
Phone Number (813) 630-9616

6/20/2003

COPY

849

Groundwater Monitoring Report - Part D

County: Seminole
 Facility Name: Shadow Hills WWTF
 Permit Number: FLA011105 GMS Permit #: 3059P10659
 Quarterly Monitoring Period: From: January 2007 To: March 2007
 Well purged before sampling? (X) Yes () No
 Sampling Method Used: Pump
 Elevation T.O.C.: 89.5

Permit Builder MW ID: MW-1A

Well Type: Compliance

Description: Well Name MW-1A

Ponds

WATER: 7131

GMS Well #: 3080A13168

Date Sample Obtained: 05/22/07

Time Sample Obtained:

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/T/N)
Water Level (ft. NGVD)	082545	N/A	DRY		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	DRY		mg/L	<10	0.047	EPA 300.0	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	DRY		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	DRY		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	DRY		# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	DRY		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	DRY		NTU	Report	0.13	EPA 180.1	Ice	N

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name/Title of Principal Executive officer or Authorized	Signature of Principal Executive officer or Authorized	Telephone Number	Date (yy-mm-dd)
Nathan Van Meter/Lead operator	Nathan Van Meter	407-332-8055	07/07/20

Comments and Explanations:

Groundwater Monitoring Report - Part D

County: Seminole
Facility Name: Shadow Hills WWTP
Permit Number: FLA011105 GMS Permit #: 3059P10659
Quarterly Monitoring Period: From: April 2007 To: June 2007
Well purged before sampling? (X) Yes () No
Sampling Method Used: Pump
Elevation T.O.C.: 91.06

10756912001
Permit Builder MW ID: MWL-1B
Well Type: Compliance
Description: Well Name MW-12
Ponds
WAFR # 7133
GMS Well #: 3059A11169
Date Sample Obtained: 5/22/07
Time Sample Obtained: 1311

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level (ft. NGVD)	082545	N/A	67.48		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	3.6		mg/L	<10	0.047	SM4500N03-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	56		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	8.0	i	mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	1	U	# / 100ml	<4	1	SM 9222D	Ice	N
pH	00400	N/A	4.47		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	3.9		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

U = Not Detected Above The Detection Limit

i = The reported value is between the laboratory detection limit and the laboratory practical quantitation limit.

Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Groundwater Monitoring Report - Part D

County:

Seminole

Facility Name:

Shadow Hills WWTF

Permit Number:

FLA011105 GMS Permit #: 3059P10659

Quarterly Monitoring Period:

From: April 2007

To: June 2007

Well purged before sampling?

(X) Yes () No

Sampling Method Used:

Pump

Elevation T.O.C.:

86.15

Permit Builder MW ID: MW C-2A

Well Type: Compliance

Description: Well Name MW 2A

Ponds

WAIR # 7122

GMS Well #: 3059A13170

Date Sample Obtained: 05/22/07

Time Sample Obtained:

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level (ft. NGVD)	082545	N/A	DRY		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	DRY		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	DRY		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	DRY		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	DRY		# / 100ml	<4	1	SM 9222D	Ice	N
pH	00400	N/A	DRY		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	DRY		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

Advanced Environmental Laboratories, Inc.
9610 Princess Palm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole
Facility Name: Shadow Hills WWTP
Permit Number: FLA011105 **GMS Permit #: 3059P10659**
Quarterly Monitoring Period: From: April 2007 To: June 2007
Well purged before sampling? (X) Yes () No
Sampling Method Used: Pump
Elevation T.O.C.: 84.45

Permit Builder MW ID: M.A.C-2B
Well Type: Compliance
Description: Well Name MW-2B
Ponds
WAER #: 7131
GMS Well #: 3059A12171
Date Sample Obtained: 5/22/07
Time Sample Obtained: 1408

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (1 of N)
Water Level (ft. NGVD)	082545	N/A	67		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	0.047	U	mg/L	<10	0.047	SM4500NO3-1	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	320		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	96		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	1	U	# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	6.45		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	40		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

U= Not Detected Above The Detection Limit

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole
Facility Name: Shadow Hills WWTF
Permit Number: FLA011105 GMS Permit #: 3059P10659
Quarterly Monitoring Period: From: April 2007 To: June 2007
Well purged before sampling? (X) Yes () No
Sampling Method Used: Pump
Elevation T.O.C.: 84.18

Permit Builder MW ID: MW003A
Well Type: Compliance
Description: Well Name MW003A
Ponds
WAFB # 7130
GMS Well #: 3059A13122
Date Sample Obtained: 05/22/07
Time Sample Obtained:

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (1 = No)
Water Level (ft. NGVD)	082545	N/A	DRY		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	DRY		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	DRY		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	DRY		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	DRY		# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	DRY		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	DRY		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole
Facility Name: Shadow Hills WWTF
Permit Number: FLA011105 GMS Permit #: 3059P10659
Quarterly Monitoring Period: From: April 2007 To: June 2007
Well purged before sampling? (X) Yes () No
Sampling Method Used: Pump
Elevation T.O.C.: 83.5

Permit Builder MW ID: MW013B
Well Type: Compliance
Description: Well Name MW-01B
Ponds
WAFR # 7129
GMS Well #: 3059A13173
Date Sample Obtained: 5/22/07
Time Sample Obtained: 1048

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (1 = N)
Water Level (ft. NGVD)	082545	N/A	61.06		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	0.047	U	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	470		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	110		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	1	U	# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	6.79		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	36*		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

U = Not Detected Above The Detection Limit

* = Due to oxidation of iron in sample lab results are higher than field readings.

Advanced Environmental Laboratories, Inc.

9610 PrincessPalm Avenue

Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole
 Facility Name: Shadow Hills WWTF
 Permit Number: 1LA011105 GMS Permit #: 3059P10659
 Quarterly Monitoring Period: From: April 2007 To: June 2007
 Well purged before sampling? (X) Yes () No
 Sampling Method Used: Pump
 Elevation T.O.C.: 89.17

TO: 56042001
 Permit Builder MW ID: MW004A
 Well Type: Compliance
 Description: Well Name MW 4A
 Ponds
 WATER # 7128
 GMS Well #: 3059A15174
 Date Sample Obtained: 5/23/07
 Time Sample Obtained: 1142

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (I, F, N)
Water Level (ft. NGVD)	082545	N/A	75.11		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	0.36		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	460		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	120		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	1	U	# / 100mL	<1	1	SM 9222D	Ice	N
pH	00400	N/A	7.03		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	2.8		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations:

U = Not Detected Above The Detection Limit

Groundwater Monitoring Report - Part D

County: Seminole
 Facility Name: Shadow Hills WWTF
 Permit Number: FLA011105 GMS Permit #: 3059010659
 Quarterly Monitoring Period: From: April 2007 To: June 2007
 Well purged before sampling? (X) Yes () No
 Sampling Method Used: Pump
 Elevation T.O.C.: 89.7

10756042005
 Permit Builder MW ID: MEXC-4R
 Well Type: Compliance
 Description: Well Name: MW-4R
 Ponds
 WA/R # 7127
 GMS Well #: 3050A13174
 Date Sample Obtained: 5/22/07
 Time Sample Obtained: 1213

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/E/N)
Water Level (ft. NGVD)	082545	N/A	75.2		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	0.049	I	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	370		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	130		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	1	U	# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	6.99		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	52*		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

U= Not Detected Above The Detection Limit

I = The reported value is between the laboratory detection limit and the laboratory practical quantitation limit

* = Due to oxidation of iron in sample lab results are higher than field readings.

Groundwater Monitoring Report - Part D

County: Seminole
Facility Name: Shadow Hills WWTF
Permit Number: FLA011105 GMS Permit #: 3050P10659
Quarterly Monitoring Period: From: April 2007 To: June 2007
Well purged before sampling? (X) Yes () No
Sampling Method Used: Pump
Elevation T.O.C.: 89.11

Permit Builder MW ID: MW02-5A
Well Type: Compliance
Description: Well Name MW-5A
Ponds
WATR # 7126
GMS Well #: 3050A15176
Date Sample Obtained: 02/05/07
Time Sample Obtained:

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (I-E-N)
Water Level (ft. NGVD)	082545	N/A	DRY		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	DRY		mg/L	<10	0.017	SM4500NO3-1	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	DRY		mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	DRY		mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	DRY		# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	DRY		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	DRY		NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

U= Not Detected Above The Detection Limit

Advanced Environmental Laboratories, Inc.
9610 PrincessPalm Avenue
Tampa, FL 33619

Groundwater Monitoring Report - Part D

County: Seminole
Facility Name: Shadow Hills WWTF
Permit Number: FLA011105 **GMS Permit #: 3059P10650**
Quarterly Monitoring Period: From: April 2007 To: June 2007
Well purged before sampling? ☒ Yes ☐ No
Sampling Method Used: Pump
Elevation T.O.C.: N/A

10756012006
Permit Builder MW ID: N/A
Well Type: Equipment Blank
Description: N/A
Date Sample Obtained: 5/22/07
Time Sample Obtained: 10:11

Parameter Monitored	Permit Builder PARM Code	Other Historic PARM Code	Sample Measurement	Qualifier Codes	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level (ft. NGVD)	082545	N/A	N/A		N/A	Report	N/A	Field	N/A	N
Nitrate (as N)	00620	N/A	0.047	U	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	8.0	U	mg/L	<500	8	EPA 160.1	Ice	N
Chloride (as Cl)	00940	N/A	2.1	U	mg/L	<250	2.1	EPA 300.0	Ice	N
Coliform, Fecal	74055	N/A	1	U	# / 100mL	<4	1	SM 9222D	Ice	N
pH	00400	N/A	7.57		N/A	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab Nephelometric	00070	082079	0.13	U	NTU	Report	0.13	EPA 180.1	Ice	N

Comments and Explanations

U= Not Detected Above The Detection Limit

Longwood Monitoring Well Elevations

For samples taken 5-22-07

Well #	Permit #	GMS Permit #	WAFR #	GMS Well #	Ground	Top of Casing	Static Depth from TOC(field)	Reported Water Level NGVD
1A	FLA011105	3059P10659	7134	3059A13168	88.10	89.50	- dry	= #VALUE!
1B	FLA011105	3059P10659	7133	3059A13169	88.10	91.06	- 67.48	= 23.58
2A	FLA011105	3059P10659	7132	3059A13170	83.77	86.15	- dry	= #VALUE!
2B	FLA011105	3059P10659	7131	3059A13171	83.67	84.45	- 67	= 17.45
3A	FLA011105	3059P10659	7130	3059A13172	81.53	84.18	- dry	= #VALUE!
3B	FLA011105	3059P10659	7129	3059A13173	81.53	83.50	- 64.06	= 19.44
4A	FLA011105	3059P10659	7128	3059A13174	87.10	89.17	- 75.11	= 14.06
4B	FLA011105	3059P10659	7127	3059A13175	86.76	89.70	- 75.2	= 14.50
5	FLA011105	3059P10659	7126	3059A13176	86.40	89.11	- dry	= #VALUE!

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA01U105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: 1


COUNTY: Seminole

MONITORING PERIOD From: August 1, 2007

To: August 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.388		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.399		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5	9.5		mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.5	6.0		mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (MM/DD/YY)
Nathan Van Meter / Lead Operator		(407) 869-1919	07/09/07

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: August 1, 2007

To: August 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				2.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.98			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				215.6			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				192			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.388		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.399	0.394	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100	Sample Measurement				82.5 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Months	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: August 1, 2007

Facility: **Shadow Hills WWTF**
To: August 31, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.4		2.2	0.552					
2				7.2		2.2	0.464					
3				7.2		2.2	0.384					
4				7.0		2.2	0.403					
5				7.1		2.2	0.437					
6				7.1		2.2	0.413					
7				7.1		2.2	0.380					
8	7.5		3.98	7.0	162.0	2.2	0.377	235.0	1.0			
9		< 1.0		7.0		2.2	0.383					
10				7.2		2.2	0.369					
11				7.2		2.2	0.414					
12				7.2		2.2	0.423					
13				7.2		2.2	0.383					
14				7.2		2.2	0.408					
15				7.3		2.2	0.373					
16				7.1		2.2	0.373					
17				7.3		2.2	0.347					
18				7.3		2.2	0.409					
19				7.7		2.2	0.422					
20				7.5		2.2	0.377					
21				7.5		2.2	0.386					
22	9.5		3.71	7.1	222.0	2.2	0.382	196.1	6.0			
23		< 1.0		7.2		2.2	0.381					
24				7.4		2.2	0.458					
25				7.4		2.2	0.330					
26				7.4		2.2	0.340					
27				7.5		2.2	0.461					
28				7.4		4.9	0.364					
29				7.3		2.2	0.443					
30				7.2		2.2	0.359					
31				7.3		2.2	0.389					

PLANT STAFFING

Weekend Shift Operator	Class	<u>B</u>	Certificate No.	<u>7873</u>	Name:	<u>Jim Sweigheimer</u>
Weekend Shift Operator	Class	<u>C</u>	Certificate No.	<u>14187</u>	Name:	<u>Elisa Steger</u>
Weekend Shift Operator	Class	<u>A</u>	Certificate No.	<u>7057</u>	Name:	<u>Ed Roberts</u>
Weekend Shift Operator	Class	<u>C</u>	Certificate No.	<u>14141</u>	Name:	<u>Paul Woodard</u>
Weekend Shift Operator	Class	<u>A</u>	Certificate No.	<u>12274</u>	Name:	<u>Cory Sudol</u>
Lead Operator	Class	<u>B</u>	Certificate No.	<u>7676</u>	Name:	<u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Plant Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: August / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7						
1	4.00	0.00	1.25	5.70	0.00	0.00	0.00						
2	3.62	0.00	1.56	5.58	0.00	0.00	0.00						
3	3.25	0.00	1.88	5.47	0.00	0.00	0.00						
4	2.90	0.00	1.95	5.30	0.00	0.00	0.00						
5	2.50	0.00	2.15	5.20	0.00	0.00	0.00						
6	2.20	0.00	2.30	5.00	0.00	0.00	0.00						
7	1.65	0.00	2.49	4.69	0.00	0.00	0.00						
8	1.40	0.00	2.55	4.64	0.00	0.00	0.00						
9	1.00	0.00	2.60	4.60	0.00	0.00	0.00						
10	0.70	0.00	2.68	4.40	0.00	0.00	0.00						
11	0.60	0.00	2.70	4.40	0.00	0.00	0.00						
12	0.50	0.00	2.80	4.30	0.00	0.00	0.00						
13	0.30	0.00	2.90	4.20	0.00	0.00	0.00						
14	0.20	0.00	2.95	4.10	0.00	0.00	0.00						
15	0.00	0.00	2.98	4.00	0.00	0.00	0.00						
16	0.00	0.00	3.00	3.90	0.00	0.00	0.00						
17	0.00	0.00	3.05	3.80	0.00	0.00	0.00						
18	0.00	0.00	3.08	3.76	0.00	0.00	0.00						
19	0.00	0.00	3.20	3.66	0.00	0.00	0.00						
20	0.00	0.00	3.20	3.60	0.00	0.00	0.00						
21	0.00	0.00	3.15	3.50	0.00	0.00	0.00						
22	0.00	0.00	3.10	3.40	0.00	0.00	0.00						
23	0.00	0.00	3.15	3.35	0.00	0.00	0.00						
24	0.00	0.00	3.15	3.30	0.00	0.00	0.00						
25	0.00	0.00	3.18	3.25	0.00	0.00	0.00						
26	0.00	0.00	3.24	3.30	0.00	0.00	0.00						
27	0.00	0.00	3.50	3.15	0.00	0.00	0.00						
28	0.00	0.00	3.52	3.08	0.00	0.00	0.00						
29	0.00	0.00	3.55	3.08	0.00	0.00	0.00						
30	0.00	0.00	3.50	3.05	0.00	0.00	0.00						
31	0.00	0.00	3.48	3.00	0.00	0.00	0.00						

* Attach additional sheets if necessary to list all certified operators
 DFP Form 62-6209 (10/01), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Complete, mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER:
LIMIT:
CLASS SIZE:

FLA011105
Final
N/A

REPORT
GROUP:

Monthly
Domestic

FACILITY: Shadow Hills WWT
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: 1

COUNTY: Seminole

MONITORING PERIOD From: September 1, 2007

To: September 30, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.388	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.403	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			6.5	mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			9.5	mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement			9.7	mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An Avg.)	mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement			3.5	mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement			30.0 (Mo Avg.)	mg/L		Biweekly	8-hour EPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (MM/DD/YY)
Nathan Van Meter / Lead Operator	<i>Nathan Van Meter</i>	(407) 869-1919	07/10/08

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-091

MONITORING PERIOD From: September 1, 2007

To: September 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.9		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5		#/100ml	0	Biweekly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				6.4			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				191.5			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				156.0			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.388		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.403	0.398	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMAD/Permitted Capacity) X 100	Sample Measurement				82.5 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001

Facility: Shadow Hills WWTF

From: September 1, 2007

To: September 30, 2007

	CHOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CHOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EEA-1	EEA-1	EEA-1	EEA-1	INF-1	EEA-1	EEF-1	INF-1	EEA-1			
1				7.3		2.2	0.419					
2				7.1		2.2	0.364					
3				7.3		2.2	0.431					
4				7.3		2.2	0.384					
5	9.7		1.23	7.4	108.0	2.2	0.387	175.0	2.0			
6		< 1.0		7.3		2.2	0.366					
7				7.3		2.2	0.367					
8				7.2		2.2	0.411					
9				7.5		1.6	0.441					
10				7.5		2.2	0.367					
11				7.2		1.6	0.375					
12				7.4		2.2	0.353					
13				7.2		1.0	0.386					
14				7.1		2.2	0.502					
15				7.1		2.2	0.385					
16				7.6		5.0	0.437					
17				7.2		2.2	0.393					
18				7.3		2.2	0.372					
19	9.3		6.44	7.3	204.0	2.2	0.432	208.9	5.0			
20		< 1.0		7.2		2.2	0.411					
21				7.4		2.2	0.351					
22				7.9		2.2	0.424					
23				7.3		2.2	0.469					
24				7.2		1.9	0.398					
25				7.4		1.5	0.369					
26				7.4		2.2	0.486					
27				7.2		2.2	0.385					
28				7.2		1.8	0.440					
29				7.4		2.0	0.351					
30				7.3		1.9	0.426					
31												

12.082

PLANT STAFFING:

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweigheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Steger</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: _____	Certificate No: _____	Name: _____
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>12274</u>	Name: <u>Corey Sudol</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____ Ponds

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

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: **FLA011105-001** Facility: **Shadow Hills WWTF**
 Month/Year: **September / 2007**

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mun. Site	O111-1	O111-2	O111-3	O111-4	O111-5	O111-6	O111-7					
1	0.00	0.00	3.48	3.10	0.00	0.00	0.00					
2	0.00	0.00	3.40	3.24	0.00	0.00	0.00					
3	0.00	0.00	3.50	3.15	0.80	0.00	0.00					
4	0.00	0.00	3.50	2.85	1.00	0.00	0.00					
5	0.00	0.00	3.53	2.85	1.00	0.00	0.00					
6	0.00	0.00	3.53	2.85	1.00	0.00	0.00					
7	0.00	0.00	3.50	2.85	1.00	0.00	0.00					
8	0.00	0.00	3.50	2.85	1.00	0.00	0.00					
9	0.00	0.00	3.50	2.85	1.00	0.00	0.00					
10	0.00	0.00	3.50	2.85	1.00	0.00	0.00					
11	0.00	0.00	3.50	2.85	1.00	0.00	0.00					
12	0.00	0.00	3.53	2.85	1.00	0.00	0.00					
13	0.00	0.00	3.55	2.90	1.00	0.00	0.00					
14	0.00	0.00	3.63	3.05	1.47	0.00	0.00					
15	0.00	0.00	3.77	3.05	1.40	0.00	0.00					
16	0.00	0.00	3.78	2.98	1.35	0.00	0.00					
17	0.00	0.00	3.79	2.95	1.45	0.00	0.00					
18	0.00	0.00	3.80	2.90	1.45	0.00	0.00					
19	0.00	0.00	3.80	3.00	1.59	0.00	0.00					
20	0.00	0.00	3.85	2.98	1.63	0.00	0.00					
21	0.00	0.00	3.88	2.95	1.65	0.00	0.00					
22	0.00	0.00	3.88	2.92	1.60	0.00	0.00					
23	0.00	0.00	3.90	2.88	1.60	0.00	0.00					
24	0.00	0.00	3.95	2.90	1.65	0.05	0.00					
25	0.00	0.00	3.98	2.80	1.65	0.48	0.00					
26	0.00	0.00	4.00	2.79	1.68	0.50	0.00					
27	0.00	0.00	4.00	2.82	1.68	0.50	0.00					
28	0.00	0.00	4.05	2.84	1.68	0.50	0.00					
29	0.00	0.00	4.00	2.88	1.70	0.50	0.00					
30	0.00	0.00	4.10	2.88	1.68	0.50	0.00					
31												

*Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.91(010), Effective November 29, 1994

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648

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767


PERMITTEE NAME:	Utilities, Inc. of Longwood	PERMIT NUMBER:	FLA011105	REPORT GROUP:	Monthly Domestic
MAILING ADDRESS:	200 Weathersfield Avenue Altamonte Springs, FL 32714	LIMIT:	Final		
		CLASS SIZE:	N/A		
FACILITY:	Shadow Hills WWTP	MONITORING GROUP NUMBER:	R-001		
LOCATION:	925 Longwood Hills Road Longwood, FL 32750	MONITORING GROUP DESC:	Percolation ponds, including Influent		
		NO DISCHARGE FROM SITE:	[]		
COUNTY:	Seminole				

MONITORING PERIOD From: October 1, 2007

To October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.390		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.406		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				6.9			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.26	9.3		mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				9.8			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.0	9.0		mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter Lead Operator		(407) 869-1919	07/11/16

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1, 2007

To: October 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.2	7.5		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal											
PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement				0.8			#/100ml	0	Biweekly	Grab
	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal											
PARM Code 74055 1 Mon. Site No. EFA-1	Sample Measurement				0.707	1.0		#/100ml	0	Biweekly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (for Disinfection)											
PARM Code 50060 1 Mon. Site No. EFA-1	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)											
PARM Code 00620 1 Mon. Site No. EFA-1	Sample Measurement				6.44			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C											
PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement				201.3			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended											
PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement				208.0			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow											
PARM Code 50050 P Mon. Site No. FLW-1	Sample Measurement	0.390		MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow											
PARM Code 50050 Q Mon. Site No. FLW-1	Sample Measurement	0.406	0.403	MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100											
PARM Code 00180 1 Mon. Site No. FLW-1	Sample Measurement				82.9 %			Percent	0	Monthly	Calculated
	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: October 1, 2007

Facility: Shadow Hills WWTP
To: October 31, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (for Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	R0082	74055	00620	00400	00550	50060	50050	R0082	00550			
Mon. Site	EIA-1	EFA-1	ITA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1				7.3		2.2	0.451					
2				7.5		2.2	0.422					
3				7.2		2.2	0.414					
4	9.3		6.44	7.3	204.0	2.2	0.411	208.9	5.0			
5		< 1		7.4		2.2	0.458					
6				7.4		0.6	0.444					
7				7.3		1.3	0.487					
8				7.3		2.2	0.400					
9				7.2		2.2	0.393					
10				7.3		2.2	0.393					
11				7.3		1.6	0.365					
12				7.2		2.2	0.367					
13				7.4		2.2	0.411					
14				7.4		2.2	0.449					
15				7.4		2.2	0.385					
16				7.3		2.2	0.411					
17	8.6		5.36	7.4	146.0	1.0	0.376	196.7	9.0			
18		1.0		7.3		2.2	0.383					
19				7.2		2.2	0.374					
20				7.4		2.2	0.371					
21				7.4		2.2	0.380					
22				7.2		1.3	0.388					
23				7.5		2.2	0.383					
24				7.5		2.2	0.399					
25				7.4		2.2	0.395					
26				7.4		2.2	0.371					
27				7.3		2.2	0.438					
28				7.4		2.2	0.446					
29				7.3		2.2	0.426					
30				7.2		2.2	0.401					
31	6.9		3.47	7.5	208.0	1.6	0.404	198.3	4.0			

12.596

ANT STAFFING

Weekend Shift Operator	Class: B	Certificate No: 7873	Name: Jim Swegheimer
Weekend Shift Operator	Class: C	Certificate No: 14187	Name: Elisa Steer
Weekend Shift Operator	Class: A	Certificate No: 7057	Name: Ed Roberts
Weekend Shift Operator	Class:	Certificate No:	Name:
Weekend Shift Operator	Class: A	Certificate No: 12274	Name: Corey Sindol
Lead Operator	Class: B	Certificate No: 7676	Name: Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse: _____

Wet Weather Discharge Activated: Yes _____ No _____ Not Applicable X _____ If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: **FLA011105-001** Facility: **Shadow Hills WWTF**
 Month/Year: **October / 2007**

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	0.00	0.00	4.10	2.80	1.68	0.50	0.00					
2	0.00	0.00	4.37	3.00	1.95	0.89	0.00					
3	0.00	0.00	4.39	3.00	1.98	0.89	0.00					
4	0.00	0.00	4.40	2.95	1.95	0.89	0.00					
5	0.00	0.00	4.47	2.90	1.98	0.90	0.00					
6	0.00	0.00	4.50	2.96	1.96	1.00	0.00					
7	0.00	0.00	4.56	2.92	1.90	0.90	0.00					
8	0.00	0.00	4.65	2.90	1.95	0.95	0.00					
9	0.00	0.00	4.68	2.88	1.90	0.90	0.00					
10	0.00	0.00	4.69	2.86	1.95	0.95	0.00					
11	0.00	0.00	4.70	2.85	2.00	0.95	0.00					
12	0.00	0.00	4.25	2.80	1.95	0.95	0.00					
13	0.00	0.00	3.90	2.80	1.95	0.95	0.00					
14	4.29	0.00	3.52	2.70	1.95	0.94	0.00					
15	5.28	0.00	3.15	2.70	1.80	0.93	0.00					
16	5.85	0.00	2.80	2.65	1.75	0.90	0.00					
17	6.35	0.00	2.50	2.60	1.70	0.90	0.00					
18	6.75	0.00	2.20	2.60	1.65	0.85	0.00					
19	7.00	0.00	2.00	2.50	1.60	0.83	0.00					
20	6.30	2.20	1.90	2.40	1.45	0.90	0.00					
21	5.88	3.58	1.56	2.40	1.40	0.94	0.00					
22	5.35	4.67	1.30	2.40	1.40	0.93	0.00					
23	5.90	5.30	1.10	2.35	1.35	0.91	0.00					
24	4.55	5.90	0.90	2.30	1.30	0.90	0.00					
25	5.20	5.42	0.74	2.30	1.10	0.90	0.00					
26	5.85	5.00	0.50	2.30	1.05	0.95	0.00					
27	6.35	4.50	0.03	2.20	1.00	0.87	0.00					
28	6.96	4.20	0.03	2.14	0.86	0.90	0.00					
29	5.35	4.67	0.03	2.40	1.40	0.93	0.00					
30	8.00	3.50	0.01	2.30	0.73	0.80	0.00					
31	7.75	4.38	0.01	2.25	0.67	0.95	0.00					

Attach additional sheets if necessary to list all certified operators.
 LRP Form 62-620.910(10), Effective November 29, 1994

Florida Department of Environmental Protection

Central District 3519 Maguire Blvd Orlando, Florida 32803-3767

DEP Form # 62-522.600(2)

Form Title Ground Water Monitoring Report

Effective Date _____

DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 825 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059P10659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av.
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 10-18-07



Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # _____

Analytical Lab Comp QAP # /HRS Certification # E53076
*Comp QAP # /HRS Certification # _____

Lab Name Advanced Environmental Laboratories, Inc.

Address 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, Florida 32701

Phone Number (407) 937-1594

5/20/2003

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-1A
Compliance
Well Name MW-1A
Ponds
WAFR # 7134
GMS Well # 3059A13168
8/22/07

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 To: September 2007
X No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82945	-		Feet	Report				
Nitrate, (as N)	00620	-		mg/L	<10				
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500				
Chloride (as Cl)	00940	-		mg/L	<250				
Coliform, Fecal	74015	-		#/100	<4				
pH	00400	-		SU	5.0-8.5				
Turbidity, Lab - Nephelometric	00070	82079		NTU	Report				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / Lead operator	Nathan Van Meter	407-332-8055	07/10/18

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059F10659

Permit Builder MW ID:	MWC-1B
Well Type:	Compliance
Description:	Well Name MW-1B Ponds WAFR # 7133 GMS Well # 3059A13169
Date Sample Obtained:	8/22/07
Time Sample Obtained:	13:26

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 _____ To: September 2007 _____
X Yes _____ No _____

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Answer: _____

[illegible]

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-2A
Compliance
Well Name MW-2A
Ponds
WAFR # 7132
GMS Well # 3059A13170
8/22/07

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 To: September 2007
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/S)
Water Level Relative to Feet, NGVD	A2545	--		Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.027	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	1.3	EPA 325.1	Ice	N
Coliform, Fecal	74055	--		#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--		SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079		NTU	Report	0.13	EPA 180.1	Ice	N

5/20/2003
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-2B
Compliance
Well Name MW-2B
Ponds
WAFR # 7131
GMS Well # 3059A13171

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 To: September 2007
X Yes No

Date Sample Obtained:
Time Sample Obtained:

8/22/07
14:31

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Fort, NGVD	82345	—	67.95	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	—	0.035 U	mg/L	<10	0.035	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	280	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	—	96	mg/L	<250	1.5	SM4500-CL-E	Ice	N
Coliform, Fecal	74055	—	1U	#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	—	5.71	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	20	NTU	Report	1.0	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

040425Z JUL 95

Country:
Facility Name:
Format Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
 Well Type:
 Description:

MWC-3A
Compliance
Well Name MW-3A
Ponds
WAFR # 7130
GMS Well # 3059A13172
8/22/07

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 _____ To: September 2007 _____
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Pump _____

[illegible]

5202061

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID: MWC-3B
Well Type: Compliance
Description: Well Name MW-3B
Ponds
WAFR # 7129
GMS Well # 3059A13173
Date Sample Obtained: 8/22/07
Time Sample Obtained: 10:46

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 To: September 2007
X Yes ___ No

Sampling Method Used

Pump

Parameter	Permit Builder PARAM Code	Other Historic PARAM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	64.6	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--	0.055 U	mg/L	<10	0.055	SM4500NO3-P	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	360	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	120	mg/L	<250	1.5	SM4500-CL-E	Ice	N
Coliform, Fecal	74055	--	7	#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	6.11	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	57	NTU	Report	1.0	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Seminole
 Facility Name: Shadow Hills WWTF
 Permit Number: FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID: MWC-4A
 Well Type: Compliance
 Description: Well Name MW-4A
 Ponds
 WAFR # 7128
 GMS Well # 3059A13174

Quarterly Monitoring Period From: July 2007 To: September 2007
 Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained: 8/22/07
 Time Sample Obtained: 12:05

Sampling Method Used: Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	76.97	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--	0.053 U	mg/L	<10	0.055	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	280	mg/L	<300	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	110	mg/L	<250	1.5	SM4500-CL-E	Ice	N
Coliform, Fecal	74055	--	1 U	#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	6.33	SI	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	4.8	NTU	Report	1.0	EPA 180.1	Ice	N

5/20/2003
 I certify under penalty of law that I have personally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID: MWC-4B
Well Type: Compliance
Description: Well Name MW-4B
Ponds
WAFR # 7127
GMS Well # 3059A13175

Quarterly Monitoring Period From: July 2007 To: September 2007
Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained: 8/22/07
Time Sample Obtained: 12:30

Sampling Method Used: Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	77.3	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--	0.055 U	mg/L	<10	0.055	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	46	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	110	mg/L	<250	1.5	SM4500-CL-E	Ice	N
Coliform, Fecal	74055	--	1 U	#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	6.51	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	46	NTU	Report	1.0	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

**Seminole
Shadow Hills WWTF
FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-5A
Compliance
Well Name MW
Ponds
WAFR # 7126
GMS Well # 305

Monitoring Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 To: September 2007
 Yes No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

[illegible]

\$120,700.3

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Seminole
 Facility Name: Shadow Hills WWTF
 Permit Number: FLA011105
 Quarterly Monitoring Period: From July 2007 To September 2007
 Was the well purged before sampling? X Yes ___ No
 Sampling Method Used: Pump

Permit Builder MW ID: Equipment Blank
 Well Type: Description:
 Date Sample Obtained: 8/22/07
 Time Sample Obtained: 10:00

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/T/N)
Water Level Relative to Feet, NGVD	82545	-	N/A	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	-	0.055 U	mg/L	<10	0.055	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	10 U	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	-	1.5 U	mg/L	<250	1.5	SM4500-CL-F	Ice	N
Coliform, Fecal	74055	-	1 U	#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00480	-	5.82	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	1 U	NTU	Report	1.0	EPA 180.1	Ice	N

5/20/2003
 COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-2B
Compliance
Well Name MW-2B
Ponds
WAFR # 7131
GMS Well # 3059A13171

Quarterly Monitoring Period
Was the well purged before sampling?

From July 2007 To September 2007
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

9/27/07
14:32

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	-	63.6	Feet	Report	N/A	Field	N/A	N/A
Nitrate (as N)	00620	-		mg/L	<10	0.055	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	-		mg/L	<250	1.5	SM4500-CL-E	Ice	N
Coliform, Fecal	74055	-		#/100	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	-	6.00	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	6.7	NTU	Report	1.0	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

Well re-sampled

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-3B
Well Type:	Compliance
Description:	Well Name MW-3B Ponds WAFR # 7129 GMS Well # 3059A13173
Date Sample Obtained:	9/27/07
Time Sample Obtained:	13:53

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2007 To: September 2007
X Yes ☒ No ☐

Date Sample Obtained: 9/27/07
Time Sample Obtained: 13:53

Sampling Method Used

Plus de 1000000 de produits

[illegible]

COMMENTS AND EXPLANATION:

Well re-sampled

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seadnole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Holder MW ID: MWC-4B
 Well Type: Compliance
 Description: Well Name MW-4B
 Ponds
 WAFR # 7127
 GMS Well # 3059A13175
 Date Sample Obtained: 9/27/07
 Time Sample Obtained: 14:16

Quarterly Monitoring Period
Was the well purged before sampling?
Sampling Method Used

From: July 2007 To: September 2007
☒ Yes ☐ No

Date Sample Obtained: 9/27/07
Time Sample Obtained: 14:16

[illegible]

5/20/2003
COMMENTS AND EXPLANATION:

Well re-sampled

GROUND WATER MONITORING WELL REPORT - PART D

13:35

[illegible]

COMMENTS AND EXPLANATION:

COMMENTS AND EXPLANATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

648
12-18-01 DMV

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including influent
NO DISCHARGE FROM SITE: []

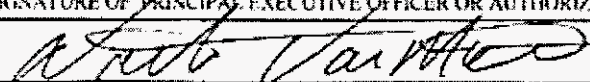
FILE COPY

COUNTY: Seminole

MONITORING PERIOD From: November 1, 2007 To November 30, 2007

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.389	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An.Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.380	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement			7.3		0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			8.65	10.7	0	Biweekly	8-hour FPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			10.6		0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)			Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement			13.25	26.0	0	Biweekly	8-hour FPC
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / Lead Operator		(407) 869-1919	07/12/14

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: November 1, 2007

To: November 30, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.1	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00300 1 Mon Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.8			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.63	1.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				1.32			mg/L	0	Biweekly	8-hour FPC
PARM Code 00620 1 Mon Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous, 5 day, 20C	Sample Measurement				196.9			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total, Suspended	Sample Measurement				333.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 G Mon Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow	Sample Measurement	0.389		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.380	0.396	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100	Sample Measurement				80.9 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001 Facility: Shadow Hills WWTF
From: November 1, 2007 To: November 30, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (at 10)	TSS (mg/L)	TRC (1st Disinfect.) (mg/L)	Flow (MGD)	CHOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74053	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFT-1	INF-1	EFA-1			
1		1.0		7.2		2.2	0.408					
2				7.3		2.2	0.409					
3				7.4		2.2	0.383					
4				7.5		2.1	0.415					
5				7.3		2.2	0.392					
6				7.1		2.2	0.368					
7				7.4		2.2	0.388					
8				7.4		2.2	0.369					
9				7.1		2.2	0.334					
10				7.3		2.1	0.376					
11				7.4		2.2	0.432					
12				7.3		2.2	0.298					
13				7.2		2.2	0.357					
14	6.6		1.32	7.2	448.0	2.2	0.368	199.4	26.0			
15		< 1		7.6		2.2	0.367					
16				7.5		2.2	0.292					
17				7.7		2.2	0.352					
18				7.5		2.0	0.412					
19				7.3		2.2	0.327					
20				7.3		2.2	0.414					
21				7.3		2.2	0.393					
22				7.3		2.2	0.406					
23				7.2		2.2	0.343					
24				7.2		2.2	0.415					
25				7.2		2.2	0.454					
26				7.2		2.2	0.378					
27				7.1		2.0	0.364					
28	10.7		0.52	7.3	218.0	2.2	0.418	194.4	< 1			
29		< 1		7.3		2.2	0.380					
30				7.3		2.2	0.388					
31												

11.900

PLANT STAFFING:

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Swegheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Steger</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>8518</u>	Name: <u>Alexander Lorenzo</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>12274</u>	Name: <u>Cory Sudol</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse

Ponds

Unlimited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: **FLA011105-001** Facility: **Shadow Hills WWTF**
 Month/Year: **November / 2007**

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OT11-1	OT11-2	OT11-3	OT11-4	OT11-5	OT11-6	OT11-7						
1	7.75	4.38	0.01	2.25	0.67	0.95	0.00						
2	7.00	5.28	0.00	2.20	0.60	0.95	0.00						
3	6.55	4.77	0.00	2.17	0.33	0.90	0.10						
4	5.99	4.05	0.00	2.14	0.15	0.88	0.25						
5	5.58	3.86	0.00	2.10	0.00	0.86	0.40						
6	5.08	3.70	0.00	2.00	0.00	0.83	0.55						
7	4.60	3.45	0.00	1.95	0.00	0.80	0.88						
8	4.28	3.20	0.00	1.78	0.00	0.76	1.08						
9	3.88	3.08	0.00	1.75	0.00	0.76	1.35						
10	3.50	2.70	0.00	1.75	0.00	0.76	1.56						
11	3.18	2.48	0.00	1.70	0.00	0.76	1.80						
12	2.85	2.25	0.00	1.70	0.00	0.70	1.14						
13	2.47	2.00	0.00	1.60	0.00	0.58	2.35						
14	2.10	1.75	0.00	1.55	0.00	0.56	2.50						
15	1.90	1.58	0.00	1.50	0.00	0.55	2.70						
16	1.50	1.30	0.00	1.40	0.00	0.48	2.90						
17	1.40	1.21	0.00	1.30	0.00	0.43	2.99						
18	1.00	0.90	0.00	1.30	0.00	0.40	3.12						
19	0.76	0.56	0.00	1.30	0.00	0.40	3.34						
20	0.00	0.54	0.00	1.28	0.00	0.36	3.38						
21	0.00	0.00	0.00	1.26	0.00	0.34	3.50						
22	0.00	0.00	0.00	1.26	0.00	0.30	3.70						
23	0.00	0.00	0.00	1.10	0.00	0.30	3.80						
24	0.00	0.00	0.00	1.10	0.00	0.25	3.90						
25	0.00	0.00	0.00	0.96	0.00	0.20	4.00						
26	0.00	0.00	0.00	0.95	0.00	0.18	4.20						
27	0.00	0.00	0.00	0.90	0.00	0.18	4.35						
28	0.00	0.00	0.00	0.93	0.00	0.20	4.45						
29	0.00	0.00	0.00	0.90	0.00	0.18	4.59						
30	0.00	0.00	0.00	0.88	0.00	0.15	4.68						
31													

Attach additional sheets if necessary to list all certified operators.
 LP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP

FILE COPY

FACILITY: Shadow Hills WWT
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []


COUNTY: Seminole

MONITORING PERIOD From: December 1, 2007

To December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.386		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon. Site No. FLW-2	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.362		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I Mon. Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.7			mg/l	0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/l		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.9	8.3		mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				10.2			mg/l	0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon. Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				0.75	1.0		mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 I Mon. Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / Lead Operator		(407) 869-1019	08/01/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: December 1, 2007

To: December 31, 2007

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				1.4	4.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				3.08			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
HClO ₂ , Carbonaceous 5 day, 20C	Sample Measurement				216.2			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				68.0			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.386		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.362	0.383	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (1 MADE/Permitted Capacity) X 100	Sample Measurement				77.0 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001 Facility: Shadow Hills WWTF
From: December 1, 2007 To: December 31, 2007

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	FFA-1	FFA-1	FFA-1	FFA-1	INF-1	FFA-1	FFA-1	INF-1	FFA-1			
1				7.2		2.2	0.423					
2				7.4		2.2	0.389					
3				7.5		2.2	0.383					
4				7.6		2.2	0.351					
5				7.4		2.2	0.283					
6				7.4		2.2	0.343					
7				7.5		2.2	0.307					
8				7.5		2.2	0.370					
9				7.2		2.2	0.397					
10				7.2		2.2	0.322					
11				7.3		1.5	0.377					
12	8.3		3.08	7.3	62.0	2.2	0.349	241.7	1.0			
13		4.0		7.3		1.6	0.368					
14				7.3		2.0	0.402					
15				7.3		2.2	0.368					
16				7.3		2.0	0.413					
17				7.1		0.6	0.342					
18				7.2		2.2	0.328					
19				7.3		2.0	0.356					
20				7.1		1.3	0.362					
21				7.1		2.2	0.418					
22				7.2		2.2	0.333					
23				7.2		2.2	0.352					
24				7.0		2.2	0.391					
25				7.3		1.4	0.256					
26	7.5		1.87	7.5	74.0	2.2	0.377	190.6	< 1.0			
27		< 1.0		7.4		2.2	0.397					
28				7.2		2.2	0.356					
29				7.2		2.2	0.327					
30				7.3		2.2	0.388					
31				7.4		2.2	0.388					

11.216

PLANT STAFFING

Weekend Shift Operator	Class: <u>B</u>	Certificate No. <u>7873</u>	Name: <u>Jim Swezheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No. <u>14187</u>	Name: <u>Elisa Steger</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No. <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No. <u>8518</u>	Name: <u>Alexander Lorenzo</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No. <u>12274</u>	Name: <u>Carey Sindol</u>
Lead Operator	Class: <u>B</u>	Certificate No. <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001 Facility: Shadow Hills WWTF

Month/Year: December / 2007

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	0.00	0.00	0.00	0.87	0.00	0.15	4.72					
2	0.00	0.00	0.00	0.86	0.00	0.15	4.88					
3	0.00	0.00	0.00	0.85	0.00	0.08	4.98					
4	0.00	0.00	0.00	0.80	0.00	0.05	5.05					
5	0.00	0.00	0.00	0.78	0.00	0.05	5.10					
6	0.00	0.00	0.00	0.73	0.00	0.05	5.18					
7	0.00	0.00	0.00	0.70	0.00	0.05	5.25					
8	0.00	0.00	0.00	0.70	0.00	0.05	5.25					
9	0.00	0.00	0.00	0.70	0.00	0.05	5.34					
10	0.00	0.00	0.00	0.65	0.00	0.05	5.45					
11	0.00	0.00	0.00	0.65	0.00	0.05	5.48					
12	1.95	0.00	0.00	0.60	0.00	0.05	5.20					
13	2.82	0.00	0.00	0.60	0.00	0.05	4.92					
14	3.60	0.00	0.00	0.50	0.00	0.05	4.68					
15	4.20	0.00	0.00	0.40	0.00	0.00	4.45					
16	4.88	0.00	0.00	0.65	0.00	0.00	4.30					
17	5.48	0.00	0.00	0.65	0.00	0.00	4.05					
18	6.00	0.00	0.00	0.60	0.00	0.00	3.80					
19	6.30	0.00	0.00	0.58	0.00	0.00	3.50					
20	6.55	0.00	0.00	0.55	0.00	0.00	3.18					
21	6.78	0.00	0.00	0.50	0.00	0.00	3.26					
22	6.10	2.30	0.00	0.05	0.00	0.00	3.20					
23	5.54	3.44	0.00	0.01	0.00	0.00	2.90					
24	5.00	4.26	0.00	0.01	0.00	0.00	2.72					
25	4.40	0.00	0.00	0.01	0.00	0.00	2.45					
26	3.98	5.76	0.00	0.01	0.00	0.00	2.38					
27	3.52	6.28	0.00	0.01	0.00	0.00	2.24					
28	4.70	5.52	0.00	0.01	0.00	0.00	2.10					
29	4.55	5.17	0.00	0.00	0.00	0.00	1.95					
30	5.80	5.70	0.00	0.00	0.00	0.00	1.70					
31	6.40	4.30	0.00	0.00	0.00	0.00	1.70					

*Attach additional sheets if necessary to list all certified operators
 DWP Form 62-626-015-10, Effective November 29, 1993

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

DEP Form # 62-522.600(2)

Form Title Ground Water Monitoring Report

Effective Date _____

DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 925 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059P10659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av.
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 1-21-08

Nathan Van Meter / Lead Operator

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # _____

Analytical Lab Comp QAP # /HRS Certification # E53076
*Comp QAP # /HRS Certification # _____

Lab Name Advanced Environmental Laboratories, Inc.

Address 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, Florida 32701

Phone Number (407) 937-1594

5/20/2003

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID	Well Type	Description
----------------------	-----------	-------------

MWC-1A
Compliance
Well Name MW-1A
Ponds
WAFR # 7134
GMS Well # 3059A13168
11/15/2007

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
X No

Date Sample Obtained
Time Sample Obtained

Sampling Method Used

[illegible]

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / Lead Operator	<i>Nathan Van Meter</i>	407-332-8055	08/01/21

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # J059P10659

Permit Builder MW ID	Well Type	Description
----------------------	-----------	-------------

MWC-1B
Compliance
Well Name MW-1B
Ponds
WAFR # 7133
GMS Well # 3059A13169
11/15/2007
14 29

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
☒ Yes ☐ No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used

Pump _____

[illegible]

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Number	MW ID	Well Type	Description

MWC-2A
Compliance
Well Name MW-2A
Ponds
WAFR # 7132
GMS Well # 3059A13170
11/15/2007

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
☒ Yes ☐ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

PLATE 1

[illegible]

5/20/2003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-2B
Compliance
Well Name MW-2B
Ponds
WAFR # 7131
GMS Well # 3059A13171
11/15/2007
16:02

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
X Yes No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used

Pump

[illegible]

5/20/2001

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County
Facility Name
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID
Well Type:
Description:

MWC-3A
Compliance
Well Name MW-3A
Ponds
WAFR # 7130
GMS Well # 3059A13172
11/15/2007

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From October 2007 To December 2007
X Yes ___ No

Date Sample Obtained
Time Sample Obtained:

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--		Feet	Report			N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10			Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500			Ice	N
Chloride (as Cl)	00940	--		mg/L	<250			Ice	N
Coliform, Fecal	74055	--		#/100	<4			Ice, NaThio	N
pH	00400	--		SU	5.0-8.5			N/A	N
Turbidity, Lab - Nephelometric	00070	42079		NTU	Report			Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID
Well Type:
Description:

MWC-5B
Compliance
Well Name MW-3B
Ponds
WAFR # 7129
GMS Well # 3059A13173
11/15/2007
15 32

Quarterly Monitoring Period
Was the well purged before sampling?

From October 2007 To December 2007
X Yes ___ No

Date Sample Obtained
Time Sample Obtained

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	68.35	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--	0.047 U	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	340	mg/L	<500	8.0	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	93	mg/L	<250	3.6	EPA 325.2	Ice	N
Coliform, Fecal	74055	--	1 U	#/100	<4	1	SM9222D	Ice, NaThio	N
pH	00400	--	7.01	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82078	39	NTU	Report	0.13	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

Country
Facility Name
Permit Number

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Holder MW ID	Well Type	Description
---------------------	-----------	-------------

MWC-4A
Compliance
Well Name MW-4A
Ponds
WAFR # 7128
GMS Well # 3059A13174
11/15/2007
1452

Quarterly Monitoring Period From October 2007 To December 2007
Was the well purged before sampling? X Yes No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used	Pump
-----------------------------	-------------

[illegible]

5/20/2003

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)

GROUND WATER MONITORING WELL REPORT - PART D

County: _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Number	MW ID	Well Type	Description

MWC-4B
Compliance
Well Name MW-4B
Ponds
WAFR # 7127
GMS Well # 3059A13175
11/15/2007
13.06

Quarterly Monitoring Period
Was the well purged before sampling?

From October 2007 To: December 2007
☒ Yes ☐ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Pump

[illegible]

1002003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID	Well Type	Description
----------------------	-----------	-------------

MWC-5A
Compliance
Well Name MW-5A
Ponds
WAFR # 7126
GMS Well # 3059A13176
11/15/2007

Monitoring Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?
Sampling Method Used

From October 2007 To: December 2007
 Yes No

Date Sample Obtained: _____
Time Sample Obtained: _____

[illegible]

GROUND WATER MONITORING WELL REPORT - PART D

County
Facility Name
Permit Number
Quarterly Monitoring Period
Was the well purged before sampling?
Sampling Method Used

Seminole
Shadow Hills WWTF
FLA011105
From October 2007 To December 2007
GMS Permit # 3059P10659
X Yes ☐ No
Pump _____

Permit Builder MW ID
Well Type
Description
Date Sample Obtained
Time Sample Obtained
Equipment Blank
11/15/2007
14:10

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	N/A	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--	0.047 U	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	8.0 U	mg/L	<500	8.0	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	3.6 U	mg/L	<250	3.6	EPA 325.2	Ice	N
Coliform, Fecal	74055	--	1 U	#/100	<4	1	SM9222D	Ice, NaThio	N
pH	00400	--		SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	0.13 U	NTU	Report	0.13	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MVC-2B
Compliance
Well Name MW-2B
Ponds
WAFR # 7131
GMS Well # 3059A13171

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

12/6/2007
11:13

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurements (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/FOS)
Water Level Relative to Feet, NGVD	82545	--	70.65	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	8.0	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.6	EPA 125.2	Ice	N
Cobiform, Fecal	74055	--		#/100	<4	1	SM9222D	Ice, NaThio	N
pH	00400	--	6.5	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	11	NTU	Report	0.13	EPA 180.1	Ice	N

5/20/2003

Re-Sample

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-3B
Compliance
Well Name MW-3B
Ponds
WAFR # 7129
GMS Well # 3059A13173

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

12/6/2007
12:45

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	—	68.30	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	—		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70295		mg/L	<500	8.0	EPA 160.1	Ice	N
Chloride (as Cl)	00940	—		mg/L	<250	3.6	EPA 325.2	Ice	N
Coliform, Fecal	74055	—		#/100	<4	1	SM9222D	Ice, NaThio	N
pH	00409	—	6.8	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	40	NTU	Report	0.13	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION:

Re-Sample

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-4B
Compliance
Well Name MW-4B
Ponds
WAFR # 7127
GMS Well # 3059A13175

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2007 To: December 2007
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

12/6/2007
10:17

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	71.83	Feet	Report	N/A	Field	N/A	N/A
Nitrate (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70295		mg/L	<500	8.0	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.6	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		#/100	<4	1	SM9222D	Ice, NaThio	N
pH	00400	--	7.0	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	20	NTU	Report	0.13	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

Re-sample

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 34 35 36 37 38 39 40 41 42 43 44 45 46 47 48 49 50 51 52 53 54 55 56 57 58 59 60 61 62 63 64 65 66 67 68 69 70 71 72 73 74 75 76 77 78 79 80 81 82 83 84 85 86 87 88 89 90 91 92 93 94 95 96 97 98 99 100

Semiotic

Equipment Blank

Shadow Hills WWTF

Well type:

FLA011105

GMS Permit # 3059P10659

Design report:

From: October 2007 To: December 2007

Date Sample Obtained:

12/11/2007

X Yes No

Time Sample Obtained:

958

[illegible]

3/20/2003

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

648

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

FILE COPY

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

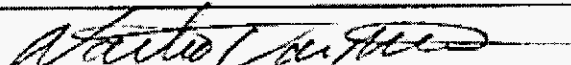
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: 1

COUNTY: Seminole

MONITORING PERIOD From: January 1, 2008 To: January 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.385		MGD					0	5 Days/Week	Flow Meters and Totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow Meters and Totalizers
Flow	Sample Measurement	0.372		MGD					0	5 Days/Week	Flow Meters and Totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Meters and Totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3	10.3		mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				9.3			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				1.25	2.0		mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour EPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Nathan Van Meter / Lead Operator		(407) 869-1919	07/02/13

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: January 1, 2008

To: January 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.5	< 1.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.0			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.87			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				192			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				156			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.385		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.372	0.371	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 O Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100	Sample Measurement				79.1 %			Percent	9	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: January 1, 2008

Facility: Shadow Hills WWTF
To: January 31, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (unit)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.2		2.2	0.389					
2				7.2		2.2	0.331					
3				7.2		2.2	0.363					
4				7.4		2.2	0.379					
5				7.3		2.2	0.381					
6				7.2		2.1	0.399					
7				7.4		2.2	0.376					
8				7.2		1.6	0.319					
9				7.3		2.2	0.354					
10	10.3		4.58	7.3	158.0	2.2	0.364	225.0	2.0			
11		< 1.0		7.4		2.2	0.412					
12				7.4		2.2	0.456					
13				7.4		2.2	0.343					
14				7.2		2.2	0.365					
15				7.2		2.2	0.316					
16				7.3		2.2	0.338					
17				7.4		2.2	0.415					
18				7.4		2.2	0.401					
19				7.4		2.2	0.466					
20				7.1		2.2	0.296					
21				7.1		2.2	0.385					
22				7.1		2.2	0.379					
23	8.3		5.87	7.2	154.0	2.2	0.351	158.9	< 1.0			
24		< 1.0		7.2		2.2	0.424					
25				7.3		2.0	0.422					
26				6.9		1.6	0.374					
27				7.0		1.1	0.317					
28				7.0		1.6	0.353					
29				7.2		1.0	0.231					
30				7.0		1.5	0.421					
31				7.1		1.6	0.411					

11.531

PLANT STAFFING:

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweigheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14182</u>	Name: <u>Elisa Williams</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>8518</u>	Name: <u>Alexander Lorcenzo</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14776</u>	Name: <u>Lunes Alhry</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

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

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: January / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	6.56	3.38	0.00	0.00	0.00	0.00	1.20					
2	7.10	2.90	0.00	0.00	0.00	0.00	1.25					
3	7.20	2.40	0.00	0.00	0.00	0.00	1.26					
4	7.50	2.17	0.00	0.00	0.00	0.00	1.10					
5	7.00	3.58	0.00	0.00	0.00	0.00	1.00					
6	6.48	5.00	0.00	0.00	0.00	0.00	0.90					
7	5.65	4.88	0.00	0.00	0.00	0.00	0.80					
8	5.00	5.80	0.00	0.00	0.00	0.00	0.60					
9	4.63	6.85	0.00	0.00	0.00	0.00	0.50					
10	5.15	6.10	0.00	0.00	0.00	0.00	0.35					
11	5.88	5.90	0.00	0.00	0.00	0.00	0.20					
12												
13												
14	7.28	4.48	0.00	0.00	0.00	0.00	0.10					
15	7.50	4.20	0.00	0.00	0.00	0.00	0.10					
16	7.65	4.02	0.00	0.00	0.00	0.00	0.10					
17	7.98	3.80	0.00	0.10	0.00	0.00	0.10					
18	7.32	0.47	0.00	0.00	0.00	0.00	0.10					
19	6.04	6.50	0.00	0.00	0.00	0.00	0.10					
20	6.04	6.50	0.00	0.40	0.00	0.00	0.10					
21	5.62	6.88	0.00	0.70	0.00	0.00	0.10					
22	6.35	6.30	0.00	0.00	0.00	0.00	0.01					
23	6.90	5.90	0.00	0.00	0.00	0.00	0.01					
24	7.28	5.50	0.00	0.00	0.00	0.00	0.01					
25	7.70	5.25	0.00	0.00	0.00	0.00	0.01					
26												
27	7.54	5.30	0.00	0.00	0.00	0.00	0.01					
28	7.55	5.30	0.00	0.00	0.00	0.00	0.01					
29	7.40	5.20	0.00	0.00	0.00	0.00	0.01					
30	7.35	5.30	0.00	0.00	0.00	0.00	0.01					
31	7.30	5.55	0.00	0.00	0.00	0.00	0.01					

*Attach additional sheets if necessary to list all certified operators.
DHP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER:
LIMIT:
CLASS SIZE:

FLA011105
Final
N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

FILE COPY

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From: February 1, 2008 To February 29, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon. Site No. FLW-2	Sample Measurement	0.383		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow PARM Code 50050 1 Mon. Site No. FLW-2	Sample Measurement	0.366		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon. Site No. EFA-1	Sample Measurement				8.3			mg/L	0	Biweekly	8-hour EPC
	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon. Site No. EFA-1	Sample Measurement				12.2	12.9		mg/L	0	Biweekly	8-hour EPC
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour EPC
Solids, Total Suspended PARM Code 00530 Y Mon. Site No. EFA-1	Sample Measurement				8.0			mg/L	0	Biweekly	8-hour EPC
	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended PARM Code 00530 1 Mon. Site No. EFA-1	Sample Measurement				5.0	8.0		mg/L	0	Biweekly	8-hour EPC
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour EPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Nathan Van Meter / Lead Operator		(407) 860-1919	08/03/14

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: February 1, 2008

To: February 29, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.8	7.5		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.9			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				1.7	3.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				8.27			mg/L	0	Biweekly	8-hour FPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				205.3			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				179.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow	Sample Measurement	0.383		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.366	0.367	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, ((TMADE/Permitted Capacity) X 100)	Sample Measurement				77.9 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: February 1, 2008

Facility: Shadow Hills WWTF
To: February 29, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.2		2.2	0.448					
2				7.0		1.6	0.344					
3				7.3		2.2	0.349					
4				7.4		2.2	0.357					
5				7.2		2.2	0.338					
6	12.4		8.27	7.1	232.0	1.9	0.409	210.6	2.0			
7		3.0		7.2		2.0	0.342					
8				7.3		1.8	0.388					
9				6.8		1.2	0.418					
10				7.2		0.8	0.301					
11				7.5		1.2	0.365					
12				7.1		1.0	0.402					
13				7.2		1.3	0.369					
14				7.0		1.0	0.335					
15				7.2		1.3	0.427					
16				6.8		1.6	0.347					
17				7.3		1.2	0.346					
18				7.4		1.6	0.288					
19				7.3		0.7	0.356					
20	12.9		0.41	7.1	126.0	1.1	0.342	200.0	8.0			
21		1.0		7.3		2.0	0.388					
22				7.3		1.1	0.433					
23				6.8		1.1	0.329					
24				7.4		1.3	0.379					
25				7.1		2.2	0.355					
26				7.2		2.2	0.372					
27				7.2		2.2	0.341					
28				7.2		2.2	0.331					
29				7.3		2.2	0.410					
30												
31												

PLANT STAFFING

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweigheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Williams</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>8518</u>	Name: <u>Alexander Lorenzo</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14776</u>	Name: <u>James Alday</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable: X If yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: FLA011105-001 Facility: Shadow Hills WWTF
 Month/Year: February / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	7.20	5.70	0.00	0.00	0.00	0.00	0.01					
2												
3												
4	7.18	5.78	0.00	0.00	0.00	0.00	0.01					
5	7.10	5.75	0.00	0.00	0.00	0.00	0.01					
6	7.00	5.70	0.00	0.00	0.00	0.00	0.01					
7	6.40	5.10	0.00	0.00	0.00	0.00	0.01					
8	5.93	5.00	0.00	0.00	0.00	0.00	0.01					
9												
10	5.00	4.20	.56	0.00	0.00	0.00	0.01					
11	4.70	3.90	0.74	0.00	0.00	0.00	0.00					
12	4.32	3.76	0.90	0.00	0.00	0.00	0.00					
13	4.00	3.50	1.28	0.00	0.00	0.00	0.00					
14	3.62	3.35	1.55	0.00	0.00	0.00	0.00					
15	3.30	3.10	1.47	0.00	0.00	0.00	0.00					
16												
17												
18	2.47	2.37	1.98	0.00	0.00	0.00	0.00					
19	2.00	2.08	2.15	0.00	0.00	0.00	0.00					
20	1.88	1.88	2.18	0.00	0.00	0.00	0.00					
21	1.57	1.59	2.28	0.00	0.00	0.00	0.00					
22	1.40	1.48	2.37	0.00	0.00	0.00	0.00					
23												
24	0.94	1.00	2.52	0.00	0.00	0.00	0.00					
25	0.68	0.85	2.65	0.00	0.00	0.00	0.00					
26	0.45	0.60	2.50	0.00	0.00	0.00	0.00					
27	0.20	0.37	2.80	0.00	0.00	0.00	0.00					
28	0.01	0.00	2.80	0.00	0.00	0.00	0.00					
29	0.00	0.00	2.85	0.00	0.00	0.00	0.00					
30												
31												

* Attach additional sheets if necessary to list all certified operators.
 DEP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

6480

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750


MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From: March 1, 2008 To March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-2	Sample Measurement	0.383		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	0.470 (An.Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow PARM Code 50050 1 Mon.Site No. FLW-2	Sample Measurement	0.376		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				8.5			mg/l.	0	Biweekly	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			mg/l.		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon.Site No. EFA-1	Sample Measurement				10.75	11.1		mg/l.	0	Biweekly	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/l.		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				6.9			mg/l.	0	Biweekly	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			mg/l.		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 1 Mon.Site No. EFA-1	Sample Measurement				6.5	8.0		mg/l.	0	Biweekly	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/l.		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)
Nathan Van Meter / Lead Operator		(407) 869-1919	08/04/18

FILE COPY

	ple type
	Grab
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	8-hour FPC
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	8-hour FPC
	8-hour FPC
	Flow meters and totalizers
	Flow meters and totalizers
	Flow meters and totalizers
	Flow meters and totalizers
	Calculated
	Calculated

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

6480

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From: March 1, 2008

To March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.383		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.376		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.5			mg/l.	0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/l.		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				10.75	11.1		mg/l.	0	Biweekly	8-hour FPC
PARM Code 80082 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/l.		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.9			mg/l.	0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/l.		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				6.5	8.0		mg/l.	0	Biweekly	8-hour FPC
PARM Code 00530 1 Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/l.		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY-MM-DD)
Nathan Van Meter / Lead Operator		(307) 569-1919	03/01/08

FILE COPY

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: March 1, 2008

To: March 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample type
pH	Sample Measurement				6.7	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				0.8			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.5	< 1.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.8			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				5.12			mg/L	0	Biweekly	8-hour FPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				194.5			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				249.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow	Sample Measurement	0.383		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.376	0.371	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADP/Permitted Capacity) X 100	Sample Measurement				80.0%			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: March 1, 2008

Facility: Shadow Hills WWTF
To: March 31, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1				7.1		1.6	0.321					
2				7.1		1.7	0.387					
3				7.4		1.8	0.386					
4				7.3		1.1	0.368					
5	10.4		5.12	7.3	234.0	1.5	0.333	198.3	8.0			
6		<1.0		7.3		1.6	0.378					
7				7.3		1.4	0.466					
8				6.7		2.2	0.381					
9				7.3		2.2	0.317					
10				7.3		1.8	0.385					
11				7.4		2.0	0.365					
12				7.2		2.2	0.386					
13				7.2		2.0	0.374					
14				7.3		2.1	0.444					
15				6.9		1.2	0.406					
16				7.0		0.8	0.320					
17				7.2		1.3	0.356					
18				7.1		2.2	0.371					
19				7.4		0.9	0.372					
20	11.1		3.44	7.1	264.0	1.3	0.360	190.6	5.0			
21		<1.0		7.2		1.4	0.446					
22				6.9		1.2	0.415					
23				7.2		0.8	0.333					
24				7.3		1.4	0.375					
25				7.2		1.5	0.351					
26				7.2		1.3	0.365					
27				7.3		1.4	0.353					
28				7.2		1.7	0.411					
29				6.7		1.4	0.402					
30				7.1		1.8	0.328					
31				7.1		1.5	0.415					

11.67

PLANT STAFFING:

Weekend Shift Operator	Class: <u>B</u>	Certificate No: <u>7873</u>	Name: <u>Jim Sweeheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>14187</u>	Name: <u>Elisa Williams</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No: <u>7057</u>	Name: <u>Ed Roberts</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>8518</u>	Name: <u>Alexander Lorenzo</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>8241</u>	Name: <u>Ray Hogue</u>
Lead Operator	Class: <u>B</u>	Certificate No: <u>7876</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: March / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1												
2												
3	0.00	0.00	3.00	0.00	0.00	0.00	0.00					
4	0.00	0.00	3.10	0.00	0.00	0.00	0.00					
5	0.00	2.28	2.75	0.00	0.00	0.00	0.00					
6	0.00	3.35	2.35	0.00	0.00	0.00	0.00					
7	0.00	4.38	2.05	0.00	0.00	0.00	0.00					
8												
9												
10	0.10	6.38	1.30	0.95	0.00	0.00	0.00					
11	0.10	6.88	1.00	0.90	0.00	0.00	0.00					
12	2.10	6.38	0.78	0.88	0.00	0.00	0.00					
13	3.70	5.68	0.50	0.87	0.00	0.00	0.00					
14	4.55	5.20	0.20	0.83	0.00	0.00	0.00					
15												
16												
17	6.30	4.10	0.00	0.68	0.00	0.00	0.00					
18	6.60	3.80	0.00	0.64	0.00	0.00	0.00					
19	7.00	3.50	0.00	0.50	0.00	0.00	0.00					
20	7.30	3.30	0.00	0.58	0.00	0.00	0.00					
21	7.53	3.08	0.00	0.55	0.00	0.00	0.00					
22												
23												
24	5.70	5.80	0.00	0.33	0.00	0.00	0.00					
25	5.10	6.50	0.00	0.21	0.00	0.00	0.00					
26	5.80	5.00	0.00	0.00	0.00	0.00	0.00					
27	6.23	5.45	0.00	0.00	0.00	0.00	0.00					
28	6.65	5.02	0.00	0.00	0.00	0.00	0.00					
29												
30												
31	5.00	3.95	0.55	0.00	0.00	0.00	0.00					

*Attach additional sheets if necessary to list all certified operators.
DEP Form 62-620.910(10), Effective November 29, 1994

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

DEP Form # 62-522.600(2)
Form Title Ground Water Monitoring Report
Effective Date _____
DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 925 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059P10659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av.
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 4-18-08



Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

- Sample Organization Comp QAP # _____
- Analytical Lab Comp QAP # /HRS Certification # E53076
*Comp QAP # /HRS Certification # _____
- Lab Name Advanced Environmental Laboratories, Inc.
Address 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, Florida 32701
Phone Number (407) 937-1594

5/20/2003

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / lead operator				Nathan Van Meter		407-337-8055	08/04/18
COMMENTS AND EXPLANATION:							

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-1B
Compliance
Well Name MW-1B
Ponds
WAFR # 7133
GMS Well # 3059A13169

Quarterly Monitoring Period
Was the well purged before sampling?

From: January 2008 To: March 2008
 X Yes No

Date Sample Obtained:
Time Sample Obtained:

342008
12:55

Sampling Method Used

Pump _____

[illegible]

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-2A
Well Type:	Compliance
Description:	Well Name MW-2A Ponds WAFR # 7132 GMS Well # 3059A13170
Date Sample Obtained:	3/4/2008

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: January 2001 To: March 2002
 X Yes ☐ No ☐

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Pumps

[illegible]

5202001

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-2B
Well Type:	Compliance
Description:	Well Name MW-2B Ponds WAFR # 7131 GMS Well # 3059A13171
Date Sample Obtained:	3-4-2008
Time Sample Obtained:	14:27

Quarterly Monitoring Period
Was the well purged before sampling?

From: January 2008 To: March 2007
☒ Yes ☐ No

Date Sample Obtained: 1-4-2008
Time Sample Obtained: 14:27

Sampling Method Used

[illegible]

5702003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GIS Permit # 3059P10659

Permit Holder MW ID:
Well Type:
Description:

MWC-3A
Compliance
Well Name MW-3A
Ponds
WAFR # 7130
GMS Well # 3059A13172
3/4/2005

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: January 2008 To: March 2007
X Yes ☐ No ☐

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Pump _____

[illegible]

5:20/2001

COMMENTS AND EXPLANATION:

County:	Seminole	Permit Builder MW ID:	MWC-3B
Facility Name:	Shadow Hills WWTF	Well Type:	Compliance
Permit Number:	FLA011105	1/4/2008	Well Name MJW-3B
	GMS Permit # 3059P10659		Ponds
			WAFR # 7129
Quarterly Monitoring Period	From January 2008 To March 2007	Date Sample Obtained:	GMS Well # 3059A13173
Was the well purged before sampling?	X Yes ___ No	Time Sample Obtained:	1/4/2008
Sampling Method Used	Pump _____		14:04

[illegible]

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

Sampling Method Used	Errors
1. Random Sampling	1. Selection Bias
2. Systematic Sampling	2. Non-response Bias
3. Convenience Sampling	3. Coverage Bias
4. Purposive Sampling	4. Measurement Bias
5. Snowball Sampling	5. Sampling Frame Error
6. Quota Sampling	6. Data Collection Error
7. Judgment Sampling	7. Data Analysis Error
8. Volunteer Sampling	8. Interpretation Error
9. Expert Sampling	9. Reporting Error
10. Targeted Sampling	10. Publication Bias

[illegible]

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

GROUND WATER MONITORING WELL REPORT - PART D

Sampling Method Used Pump[illegible]

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-5A
Compliance
Well Name MW-5A
Ponds
WAFR # 7126
GMS Well # 3059A13176
3/4/2008

Monitoring Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: January 2008 To: March 2007
Yes No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

[illegible]

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:
Quarterly Monitoring Period:
Was the well purged before sampling?
Sampling Method Used:

Seminole
Shadow Hills WWTF
FLA011105
From: January 2001 To: March 2007
X Yes ___ No
GMS Permit # 3059P10659
Pump _____

Permit Builder MW ID:
Well Type:
Description:
Date Sample Obtained:
Time Sample Obtained:

Equipment Blank

3/4/2005

14:32

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	N/A	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--	0.047 U	mg/L	<10	0.047	SM4500NO3 F	Ice	N
Solids, Total Dissolved (TDS)	70295	70295	10 U	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	3.8 U	mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--	1.0 U	Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--		SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	0.065 U	NTU	Report	0.065	EPA 180.1	Ice	N

3/20/2003

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County:

Facility Name:

Permit Number:

Seminole

Shadow Hills WVTF

FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:

Well Type

Description

MWC-1B

Compliance

Well Name MW-1B

Ponds

WAFR # 7133

GMS Well # 3059A13169

Quarterly Monitoring Period

Was the well purged before sampling?

From: January 2021 To: March 2021

X Yes No

Date Sample Obtained:

Time Sample Obtained:

126209

07:12

Sampling Method Used

Page 10

[illegible]

COMMENTS AND EXPLANATION:

Re-sample

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
3/4/2008

MWC-3B
Compliance
Well Name MW-3B
Ponds
WAFR # 7129
GMS Well # 3059A13173

Quarterly Monitoring Period
Was the well purged before sampling?

From January 2001 To: March 2002
X Yes No

Date Sample Obtained:
Time Sample Obtained:

3/26/2008
07:43

Sampling Method Used

Notes

[illegible]

COMMENTS AND EXPLANATION: *Re-sample*

GROUND WATER MONITORING WELL REPORT - PART D

County:
 Facility Name:
 Permit Number:

Seminole
 Shadow Hills WWTF
 FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
 Well Type:
 Description:

MWC-4A
 Compliance
 Well Name MW-4A
 Ponds
 WAFR # 7128
 GMS Well # 3059A13174
 3/26/2008
 07:59

Quarterly Monitoring Period From: From: January 2008 To: March 2008
 Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained:
 Time Sample Obtained:

Sampling Method Used Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	76.11	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	6.51	SI	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00970	82079	1.1	NTU	Report	0.065	EPA 180.1	Ice	N

5/20/2003

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / Lead operator	<i>Nathan Van Meter</i>	407-332-8055	08/04/10

Re-Sample

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-4B
Well Type:	Compliance
Description:	Well Name MW-4B Ponds WAFR # 7127 GMS Well # 3059A13175
Date Sample Obtained:	1/26/2008
Time Sample Obtained:	05:16

Quarterly Monitoring Period
Was the well purged before sampling?

From: January 2003 To: March 2007
☒ Yes ☐ No

Date Sample Obtained: 1/26/2008
Time Sample Obtained: 08:16

Sampling Method Used

Design _____

[illegible]

2020

COMMENTS AND EXPLANATION:

Re-sample

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

678

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 222, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
GROUP: Domestic

FACILITY: Shadow Hills WWT
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Inflow
NO DISCHARGE FROM SITE: []

FILE COPY


COUNTY: Seminole

MONITORING PERIOD From: April 1, 2008

To April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon.Site No. FLW-2	Sample Measurement	0.384		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	0.470 (An.Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow PARM Code 50050 I Mon.Site No. FLW-2	Sample Measurement	0.382		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	Report (Mo.Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon.Site No. EFA-1	Sample Measurement				8.9			mg/l.	0	Biweekly	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon.Site No. EFA-1	Sample Measurement				9.2	9.7		mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/l.		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon.Site No. EFA-1	Sample Measurement				6.3			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				20.0 (An.Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 I Mon.Site No. EFA-1	Sample Measurement				4.7	6.0		mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				30.0 (Mo.Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Nathan Van Meter / Lead Operator		(407) 869-1919	08/05/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: April 1, 2008

To: April 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.5		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				2.6	13.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				7.7			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				209.8			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total, Suspended	Sample Measurement				124.0			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.384		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.382	0.375	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100	Sample Measurement				81.3 %			Percent	0	Monthly	Calculated
PARM Code 00180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Unadjusted

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: April 1, 2008

Facility: Shadow Hills WWTF
To: April 30, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00520	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.3		2.0	0.348					
2	8.7		3.85	7.2	194.0	1.9	0.414	227.8	6.0			
3		< 1.0		7.3		2.0	0.395					
4				7.3		2.2	0.342					
5				7.5		2.9	0.454					
6				7.2		1.7	0.398					
7				7.2		1.5	0.399					
8				7.3		1.1	0.476					
9				7.3		1.2	0.338					
10				7.1		0.7	0.423					
11				7.4		1.3	0.454					
12				7.0		2.2	0.394					
13				7.2		2.2	0.338					
14				7.3		2.1	0.377					
15				7.4		1.9	0.377					
16	9.7		7.73	7.1	62.0	1.0	0.368	245.6	6.0			
17		13.0		7.1		1.1	0.378					
18				7.2		1.1	0.410					
19				7.2		2.1	0.388					
20				7.3		2.2	0.319					
21				7.2		1.9	0.359					
22				7.3		2.0	0.349					
23				7.2		2.2	0.368					
24				7.3		1.9	0.341					
25				7.3		1.5	0.474					
26				7.3		2.7	0.339					
27				7.3		2.2	0.320					
28				7.3		2.0	0.387					
29				7.3		1.9	0.378					
30	9.2		7.25	7.3	116.0	1.8	0.352	155.9	2.0			

11.457

PLANT STAFFING

Weekend Shift Operator	Class: B	Certificate No: 7873	Name: Jim Sweigheimer
Weekend Shift Operator	Class: C	Certificate No: 14187	Name: Elisa Williams
Weekend Shift Operator	Class: A	Certificate No: 7057	Name: Ed Roberts
Weekend Shift Operator	Class: C	Certificate No: 8518	Name: Alexander Lorenzo
Weekend Shift Operator	Class: C	Certificate No: 8241	Name: Ray Hogue
Lead Operator	Class: B	Certificate No: 7676	Name: Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Limited Wet Weather Discharge Activated: Yes No Not Applicable: X If Yes, cumulative days of wet weather discharge: _____

*Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: April / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	4.70	3.70	0.80	0.00	0.00	0.00	0.00					
2	4.30	3.60	1.05	0.00	0.00	0.00	0.00					
3	4.00	3.50	1.30	0.00	0.00	0.00	0.00					
4	3.50	3.40	1.48	0.00	0.00	0.00	0.00					
5												
6												
7	2.80	2.55	2.33	0.95	0.01	0.00	0.00					
8	2.50	2.40	2.48	0.85	0.00	0.00	0.00					
9	2.20	2.20	2.60	0.80	0.00	0.00	0.00					
10	2.00	2.00	2.70	0.75	0.00	0.00	0.00					
11	1.78	1.80	2.90	0.68	0.00	0.00	0.00					
12												
13												
14	1.00	1.10	3.20	0.58	0.00	0.00	0.00					
15	0.85	0.92	3.25	0.52	0.00	0.00	0.00					
16	0.60	0.75	3.35	0.50	0.00	0.00	0.00					
17	0.43	0.55	3.37	0.45	0.00	0.00	0.00					
18	3.28	0.29	3.40	0.38	0.00	0.00	0.00					
19												
20												
21	4.23	0.00	2.33	0.10	0.00	0.00	0.00					
22	4.72	0.00	2.00	0.10	0.00	0.00	0.00					
23	5.38	0.00	1.70	0.10	0.00	0.00	0.00					
24	5.80	0.00	1.42	0.10	0.00	0.00	0.00					
25	6.18	0.00	1.20	0.01	0.00	0.00	0.00					
26												
27												
28	4.23	0.00	2.33	0.10	0.00	0.00	0.00					
29	4.72	0.00	2.00	0.10	0.00	0.00	0.00					
30												

*Attach additional sheets if necessary to list all certified operators.
DEP Form 62-620.910(10), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

648

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilites, Inc. of Longwood
MAILING ADDRESS: 209 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA001105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY LOCATION: Shadow Hills WWTP
925 Longwood Hills Road
Longwood, FL 32740

FILE COPY

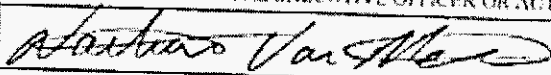
MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Inflow
NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From May 1, 2008 To May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		0.383		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y	Sample Measurement										
Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow		0.368		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 1	Sample Measurement										
Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C					9.3			mg/L	0	Biweekly	8-hour TPC
PARM Code 80082 Y	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour TPC
BOD, Carbonaceous 5 day, 20C					9.45	12.3		mg/L	0	Biweekly	8-hour TPC
PARM Code 80082 1	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour TPC
Solids, Total Suspended					5.2			mg/L	0	Biweekly	8-hour TPC
PARM Code 00530 Y	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour TPC
Solids, Total Suspended					3.0	3.0		mg/L	0	Biweekly	8-hour TPC
PARM Code 00530 1	Sample Measurement										
Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Nathan Van Meter / Lead Operator		(407) 800-1919	05-06-08

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD: From May 1, 2008

To: May 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				6.9	7.5		unit	0	5 Days/Week	Grab
PARM Code 00400 1 Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		unit		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.0			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				1.0	2.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.35			mg/L	0	Biweekly	8-hour F/P
PARM Code 00620 1 Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour F/P
BOD, Carbonaceous 5 day, 20C	Sample Measurement				193.1			mg/L	0	Biweekly	8-hour F/P
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour F/P
Solids, Total Suspended	Sample Measurement				101.0			mg/L	0	Biweekly	8-hour F/P
PARM Code 00510 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour F/P
Flow	Sample Measurement	0.383		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.368	0.375	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMADE/Permitted Capacity) X 100	Sample Measurement				78.3 %			Percent	0	Monthly	Calculated
PARM Code 60180 1 Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: May 1, 2008

Facility: Shadow Hills WWTF
To: May 31, 2008

	CHOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (ave)	ISS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CHOD ₅ (mg/L)	ISS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1		< 1.0		7.3		1.4	0.366					
2				7.2		1.6	0.395					
3				6.9		1.7	0.360					
4				7.3		2.2	0.350					
5				7.2		2.2	0.334					
6				7.2		2.2	0.383					
7				7.3		2.0	0.344					
8				7.3		2.0	0.358					
9				7.2		2.2	0.425					
10				6.9		2.2	0.388					
11				7.1		2.2	0.299					
12				7.3		2.1	0.353					
13				7.2		2.0	0.353					
14	12.3		9.35	7.3	122.0	2.2	0.345	181.7	3.0			
15		1.0		7.3		2.2	0.356					
16				7.2		2.0	0.368					
17				7.4		1.9	0.432					
18				7.3		1.2	0.315					
19				7.3		2.0	0.361					
20				7.2		2.0	0.367					
21				7.3		2.1	0.353					
22				7.2		1.5	0.402					
23				7.3		1.6	0.375					
24				7.3		2.2	0.462					
25				7.3		2.1	0.279					
26				7.3		2.2	0.414					
27				7.2		2.2	0.349					
28	6.6		0.14	7.2	80.0	2.1	0.367	204.4	3.0			
29		2.0		7.3		2.0	0.373					
30				7.5		2.2	0.358					
31				7.4		2.1	0.414					

PLANT STAFFING

Weekend Shift Operator	Class	B	Certificate No.	7873	Name	Jim Swegheimer
Weekend Shift Operator	Class	C	Certificate No.	14187	Name	Elsa Williams
Weekend Shift Operator	Class	A	Certificate No.	7052	Name	Ed Roberts
Weekend Shift Operator	Class	C	Certificate No.	8548	Name	Alexander Lorenzo
Weekend Shift Operator	Class	C	Certificate No.	8244	Name	Ray Hogue
Lead Operator	Class	B	Certificate No.	7676	Name	Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Re-use: _____

Ponds

Controlled Wet Weather Discharge Activated: Yes ☐ No ☐ Not Applicable ☒ If Yes, cumulative days of wet weather discharge _____

Attach additional sheets if necessary to list all certified operators _____

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: May / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7						
1	3.35	6.31	0.01	0.00	0.00	0.00	0.00						
2	3.00	6.68	0.01	0.00	0.00	0.00	0.00						
3													
4													
5	5.50	4.99	0.00	0.00	0.00	0.00	0.00						
6	5.80	4.45	0.00	0.00	0.00	0.00	0.00						
7	6.10	4.10	0.00	0.00	0.00	0.00	0.00						
8	6.48	3.75	0.00	0.00	0.00	0.00	0.00						
9	6.82	3.30	0.00	0.00	0.00	0.00	0.00						
10													
11													
12	7.40	2.65	0.00	0.00	0.00	0.00	0.00						
13	7.55	2.40	0.00	0.00	0.00	0.00	0.00						
14	7.60	2.20	0.00	0.00	0.00	0.00	0.00						
15	6.78	3.58	0.00	0.00	0.00	0.00	0.00						
16	6.15	4.38	0.00	0.00	0.00	0.00	0.00						
17													
18													
19	4.50	6.10	0.00	0.00	0.00	0.00	0.00						
20	4.00	6.60	0.00	0.00	0.00	0.00	0.00						
21	4.85	5.88	0.00	0.00	0.00	0.00	0.00						
22	5.28	5.35	0.00	0.00	0.00	0.00	0.00						
23	5.80	4.85	0.00	0.00	0.00	0.00	0.00						
24													
25													
26	6.90	3.85	0.00	0.00	0.00	0.00	0.00						
27	6.80	3.50	0.00	0.00	0.00	0.00	0.00						
28	6.70	3.20	0.00	0.00	0.00	0.00	0.00						
29	6.15	3.00	0.00	0.00	0.00	0.00	0.00						
30	5.58	2.80	0.00	0.00	0.00	0.00	0.00						
31													

Attach additional sheets if necessary to list all certified operators.
 D1 P Form 62-620 (010) (01) Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: 1

COUNTY: Seminole

FILE COPY

MONITORING PERIOD From: June 1, 2008

To June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow		Sample Measurement	0.380	MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y		Permit Requirement	0.470 (An Avg.)	MGD						5 Days/Week	Flow Meters and totalizers
Mon Site No. FLW-2		Sample Measurement	0.357	MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I		Permit Requirement	Report (Mo Avg.)	MGD						5 Days/Week	Flow Meters and totalizers
Mon Site No. FLW-2		Sample Measurement			9.3			mg/l	0	Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C		Permit Requirement			20.0 (An Avg.)			mg/l		Biweekly	8-hour EPC
PARM Code 80082 Y		Sample Measurement			9.1	10.3		mg/l	0	Biweekly	8-hour EPC
Mon Site No. EFA-1		Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)		mg/l		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement			4.7			mg/l	0	Biweekly	8-hour EPC
PARM Code 00530 Y		Permit Requirement			20.0 (An Avg.)			mg/l		Biweekly	8-hour EPC
Mon Site No. EFA-1		Sample Measurement			3.0	3.0		mg/l	0	Biweekly	8-hour EPC
Solids, Total Suspended		Permit Requirement			30.0 (Mo Avg.)	60.0 (Max.)		mg/l		Biweekly	8-hour EPC
PARM Code 00530 I		Sample Measurement									
Mon Site No. EFA-1		Permit Requirement									

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY MM DD)
Nathan Van Meter / Lead Operator	<i>Nathan Van Meter</i>	(407) 860-1919	08/07/21

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: June 1, 2008

To: June 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No., Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.6	7.2		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Cobiform, Fecal	Sample Measurement				0.9			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Cobiform, Fecal	Sample Measurement				0.5	< 1.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				0.1			mg/L	1	5 Days/Week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.68			mg/L	0	Biweekly	8-hour TPC
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				202.5			mg/L	0	Biweekly	8-hour TPC
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				180.0			mg/L	0	Biweekly	8-hour TPC
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour TPC
Flow	Sample Measurement	0.380		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.357	0.369	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, ((MADE)/Permitted Capacity) X 100	Sample Measurement				76.0 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

* 6/8/08 Sunday, Low Cl2 reading of 0.1 mg/l recorded. DEP notified 6/9/08.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: June 1, 2008

Facility: Shadow Hills WWTF
To: June 30, 2008

	CROD ₅ (mg/L)	Fecal Coliform Bacteria (cfu/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CROD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00520	50060	50050	80082	00530			
Mon. Site	EEA-1	EEA-1	EEA-1	EEA-1	INF-1	EEA-1	EFF-1	INF-1	EEA-1			
1				7.4		2.2	0.299					
2				7.4		2.2	0.368					
3				7.4		2.2	0.163					
4				7.4		2.1	0.364					
5				7.2		0.6	0.359					
6				7.2		2.2	0.373					
7				7.3		2.1	0.406					
8				7.3		0.1	0.292					
9				7.3		0.9	0.345					
10				7.2		2.2	0.352					
11	10.3		4.37	7.2	120.0	2.2	0.364	198.3	3.0			
12		< 1.0		7.3		2.2	0.373					
13				7.5		1.8	0.379					
14				7.5		1.5	0.413					
15				7.4		1.5	0.326					
16				7.3		2.1	0.385					
17				7.6		2.2	0.372					
18				7.2		2.2	0.388					
19				7.3		2.1	0.355					
20				7.3		1.9	0.377					
21				7.3		1.7	0.420					
22				7.4		1.9	0.326					
23				7.2		2.2	0.360					
24				7.6		2.2	0.379					
25	7.9		4.68	7.2	240.0	2.2	0.343	206.7	3.0			
26		< 1.0		7.3		2.2	0.367					
27				7.3		1.3	0.401					
28				7.3		1.3	0.392					
29				7.2		1.4	0.314					
30				7.3		1.7	0.353					
31												

10.708

PLANT STAFFING

Weekend Shift Operator	Class	B	Certificate No	7575	Name	Jim Sweigheimer
Weekend Shift Operator	Class	C	Certificate No	14187	Name	Elisa Williams
Weekend Shift Operator	Class	A	Certificate No	7037	Name	Ed Roberts
Weekend Shift Operator	Class	C	Certificate No	8518	Name	Alexander Lorenzo
Weekend Shift Operator	Class	C	Certificate No	6241	Name	Roy Hogue
Head Operator	Class	B	Certificate No	7076	Name	Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse

Bonds

Limited Wet Weather Discharge Authorized: Yes ☐ No ☒ Not Applicable ☒ If Yes, cumulative days of wet weather discharge

(Attach additional sheets if necessary to list all certified operators)

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: June / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OHH-1	OHH-2	OHH-3	OHH-4	OHH-5	OHH-6	OHH-7						
1													
2	4.30	2.00	0.70	0.00	0.00	0.00	0.00						
3	3.90	1.85	0.90	0.00	0.00	0.00	0.00						
4	3.40	1.60	1.10	0.00	0.00	0.00	0.00						
5	3.00	1.34	1.20	0.00	0.00	0.00	0.00						
6	2.65	1.10	1.35	0.00	0.00	0.00	0.00						
7													
8													
9	2.00	0.10	1.58	0.00	0.00	0.00	0.00						
10	1.60	0.00	1.65	0.00	0.00	0.00	0.00						
11	1.38	0.00	1.70	0.00	0.00	0.00	0.00						
12	1.18	0.00	1.78	0.00	0.00	0.00	0.00						
13	1.05	0.00	1.80	0.00	0.00	0.00	0.00						
14													
15													
16	0.62	0.00	1.93	0.00	0.00	0.00	0.00						
17	0.75	0.00	2.18	0.00	0.00	0.00	0.00						
18	0.62	0.00	2.20	0.00	0.00	0.00	0.00						
19	0.62	0.00	2.27	0.00	0.00	0.00	0.00						
20	0.47	0.00	2.28	0.00	0.00	0.00	0.00						
21													
22													
23	0.17	0.00	2.30	0.00	0.00	0.00	0.00						
24	0.10	0.00	2.32	0.00	0.00	0.00	0.00						
25	0.00	0.00	2.32	0.00	0.00	0.00	0.00						
26	0.00	0.00	2.32	0.00	0.00	0.00	0.00						
27	0.00	0.00	2.35	0.00	0.00	0.00	0.00						
28													
29													
30	0.00	0.00	2.35	0.00	0.00	0.00	0.00						
31													

Attach additional sheets if necessary to list all certified operators.
DDP Form 62-620-9 (Rev. 10). Effective November 29, 1994

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3787

DEP Form # 62-522.600(21)
Form Title Ground Water Monitoring Report
Effective Date _____
DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 925 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059P10659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av.
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 7-21-08


Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP # _____

Analytical Lab Comp QAP # /HRS Certification # E53078
 *Comp QAP # /HRS Certification # _____

Lab Name Advanced Environmental Laboratories, Inc.

Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs, Florida 32701

Phone Number (407) 937-1594

5/20/2003

County:

Seminole

Shadow Hills WYTF

FLA011105

GMS Permit # 3059P10659

Permit Builder HW ID

Web Type:

Description:

MWC-1A

Compliance

Well Name MW-1A

Ponds

WAFR # 7134

GMS Well # 3059A13168

SIGNATURE

Well Is Dry

Quarterly Monitoring Period

Was the well purged before sampling?

From: April 2008 To: June 2008

X Mg

Drugs Sample Obtained:

Time Sample Obtained:

Sampling Method Used

[illegible]

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED
---	--

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT		TELEPHONE NO.		DATE (YY/MM/DD)	
Nathan Van Meter / lead operator				Nathan Van Meter		407-352-8057		08/07/21	
COMMENTS AND EXPLANATION:									

GROUND WATER MONITORING WELL REPORT - PART D

County: _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WYTF
FLA011105

GMS Permit # 3059P10659

Permit Holder MW ID:	MWC-1B
Well Type:	Compliance
Description:	Well Name MW-1B Ponds WAFR # 7133 GMS Well # 3059A13160

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2001 To: June 2001
X Yes No

Date Sample Obtained: 5/15/2008
Time Sample Obtained: 14:12

Sampling Method Used

frump _____

[illegible]

COMMENTS AND EXPLANATION:

015

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-2A
Compliance
Well Name MW-2A
Ponds
WAFR # 7132
GMS Well # 3059A13170
5/15/2008

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2001 To: June 2003
X Yes No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

Num: _____

[illegible]

5/20/2003

COMMENTS AND EXPLANATION:

196

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-2B
Well Type:	Compliance
Description:	Well Name MW-2B Ponds WAFR # 7131 GMS Well # 3059A13171
Date Sample Obtained:	5/15/2008
Time Sample Obtained:	15:38

Quarterly Monitoring Period
Was the well purged before sampling?

From April 2003 To June 2003
X Yes No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

Plasma

[illegible]

520-2003

COMMENTS AND EXPLANATION:

17

GROUND WATER MONITORING WELL REPORT - PART D

County: _____
Facility Name: _____
Permit Number: _____

Semhole
Shadow HUU: WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-3A
Compliance
Well Name MW-3A
Ponds
WAFR # 2130
GMS Well # 3059A13172
5/14/2003

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2003 To: June 2003
X Yes ___ No ___

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Answer

[illegible]

3/20/2003

COMMENTS AND EXPLANATION:

818

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
3/4/2008

MWC-3B
 Compliance
 Well Name MW-3B
 Ponds
 WAFR # 7129
 GMS Well # 3059A13173
 5/15/2008
 13:33

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2003 To: June 2003
X Yes ☒ No ☐

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

Planning

[illegible]

COMMENTS AND EXPLANATION:

9/18

GROUND WATER MONITORING WELL REPORT - PART D

County: ..
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-4A
Well Type:	Compliance
Description:	Well Name MW-4A Ponds WAFR # 7128 GMS Well # 3059A13174
Date Sample Obtained:	5/15/2008
Time Sample Obtained:	14:39

Quarterly Monitoring Period From: April 2003 To: June 2003
Was the well purged before sampling? X Yes No

Sampling Method Used _____

[illegible]

5/26/2003

5/20/2001
I certify under penalty of law that I have personally examined and am familiar with the information submitted herein and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM)
--	--------------	--------------

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT _____

TELEPHONE NO

DATE (YYMMDD)

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MVC-4B
Compliance
Well Name M1
Ponds
WAFR # 7127
GMS Well # 30
5/15/2008
14:42

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2008 To: June 2008
☒ Yes ☐ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Pres
Water Level Relative to Foot. NGVD	82545	—	76.15	Feet	Report	N/A	Field	
Nitrate, (as N)	00620	—	0.047 U	mg/L	<10	0.047	SM4500NO3-F	
Solids, Total Dissolved (TDS)	70295	70296	400	mg/L	<500	10	EPA 160.1	
Chloride (as Cl)	00940	—	120	mg/L	<230	3.4	EPA 325.2	
Coliform, Fecal	74055	—	1.0 U	Col/100 mL	<4	1.0	SM9222D	
pH	00400	—	7.06	SU	3.0-8.5	N/A	Field	
Turbidity, Lab - Nephelometric	00070	82079	33	NTU	Report	0.065	EPA 180.1	

3/20/2008

COMMENTS AND EXPLANATION:

8.21

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-5A
Compliance
Well Name MW-5A
Ponds
WAFR # 7126
GMS Well # 3059A13176
3/15/2003

Monitoring Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2003 To: June 2003
Yes No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	12545	-		Feet	Report				
Nitrate, (as N)	00620	-		mg/L	<10				
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500				
Chloride (as Cl)	00940	-		mg/L	<250				
Coliform, Fecal	74055	-		Col/100 mL	<4				
pH	00400	-		SU	5.0-8.5				
Turbidity, Lab - Nephelometric	00070	12079		NTU	Report				

County.

Facility Name:

Permit Number:

Quarterly Monitoring Period

Was the well purged before sampling?

Sampling Method Used

Seminole

Shadow Hills WBTF

FLAD11105

From: April 2008 To: June 2008

X Yes ☐ No

Pump

Formit Builder MW ID:

Well Type

Description:

Date Sample Obtained:

Time Sample Obtained:

Equipment Blank

10

Sigmond

[illegible]

3212093

COMMENTS AND EXPLANATION:

Florida Department of Environmental Protection

Central District 1319 Maguire Blvd. Orlando, Florida 32803-3367

DEP Form # 62-522.600(21)
Form Title Ground Water Monitoring Report
Effective Date _____
DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 925 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059P10659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av.
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 7-21-08



Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

- Sample Organization Comp QAP # _____
- Analytical Lab Comp QAP # /HRS Certification # E53076
*Comp QAP # /HRS Certification # _____
- Lab Name Advanced Environmental Laboratories, Inc.
Address 528 S. North Lake Blvd. Suite 1016 Altamonte Springs, Florida 32701
Phone Number (407) 937-1594

5/20/2003

* Re-samples

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Sendnote
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-1B
Compliance
Well Name MW-1B
Ponds
WAFR # 7133
GMS Well # 3059A13169
Date Sample Obtained: 6/17/2008
Time Sample Obtained: 09:01

Quarterly Monitoring Period
Was the well purged before sampling?

From: April 2008 To: June 2008
X Yes ___ No

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	68.35	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.047	SM4500NO3.F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		Col/100 ml	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	5.02	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	0.15 <i>1.18</i>	NTU	Report	0.065	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION

Re-sample

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
3/4/2008

MWC-3B
Compliance
Well Name MW-3B
Ponds
WAFR # 7120
GMS Well # 3059A13173

Quarterly Monitoring Period
Was the well purged before sampling?

From April 2008 To June 2008
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

6/17/2008
09:24

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82543	--	64.15	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 125.2	Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	7.07	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	39 X 18	NTU	Report	0.065	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION:

Re-Sample

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-4A
Compliance
Well Name MW-4A
Ponds
WAFR # 7128
GMS Well # 3059A13124

Quarterly Monitoring Period From: April 2008 To: June 2008
Was the well purged before sampling? ☒ Yes ☐ No

Date Sample Obtained: 6/17/2008
Time Sample Obtained: 09:50

Sampling Method Used: Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	76.52	Feet	Report	N/A	Field	N/A	N/A
Nitrate (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	7.19	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	6.5 <i>18</i>	NTU	Report	0.065	EPA 180.1	Ice	N

5/20/2003

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY-MM-DD)
Nathan Van Meter / Lead operator	<i>Nathan Van Meter</i>	407-392-8855	08/07/21

Re-Sample

GROUND WATER MONITORING WELL REPORT - PART D

Permit Builder MW ID:	MWC-4B
Well Type:	Compliance
Description:	Well Name MW Ponds WAFR # 7127 GMS Well # 30
Date Sample Obtained:	6/17/2008
Time Sample Obtained:	10:01

Date Sample Obtained: 6/17/2008
Time Sample Obtained: 10:01

Presento

[illegible]

COMMENTS AND EXPLANATION:

Re-Sample

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3310 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT GROUP: Monthly
Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

FILE COPY

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Perculation ponds, including Inflow
NO DISCHARGE FROM SITE: 1 1

COUNTY: Seminole

MONITORING PERIOD From: July 1, 2008 To: July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. EX.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon Site No. FLW-2	Sample Measurement	0.380		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow PARM Code 50050 1 Mon Site No. FLW-2	Sample Measurement	0.390		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	Report (Mo. Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No. EFA-1	Sample Measurement				9.5			mg/L	0	Biweekly	8-hour FPL
	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour FPL
BOD, Carbonaceous 5 day, 20C PARM Code 80082 1 Mon Site No. EFA-1	Sample Measurement				11.5	12.0		mg/L	0	Biweekly	8-hour FPL
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPL
Solids, Total Suspended PARM Code 00530 Y Mon Site No. EFA-1	Sample Measurement				6.0			mg/L	0	Biweekly	8-hour FPL
	Permit Requirement				20.0 (An. Avg.)			mg/L		Biweekly	8-hour FPL
Solids, Total Suspended PARM Code 00530 1 Mon Site No. EFA-1	Sample Measurement				21.8	43.0		mg/L	0	Biweekly	8-hour FPL
	Permit Requirement				30.0 (Mo. Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPL

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY MM DD)
Nathan Van Meter / Lead Operator		(307) 869-1010	08/08/08

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: July 1, 2008

To: July 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.1	7.5		s.u.	0	5 Days/Week	Grab
PARM Code 00400 I Mon. Site No. EFA-1	Sample Measurement								0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Cobform, Fecal					0.9			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Sample Measurement								0	Biweekly	Grab
	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal					0.71	1.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Sample Measurement								0	Biweekly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)					0.6			mg/L	0	5 Days/Week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Sample Measurement								0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)					5.9			mg/L	0	Biweekly	8-hour FPC
PARM Code 60620 I Mon. Site No. EFA-1	Sample Measurement								0	Biweekly	8-hour FPC
	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C					218.5			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 G Mon. Site No. INF-1	Sample Measurement								0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended					153.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 G Mon. Site No. INF-1	Sample Measurement								0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow		0.380		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Sample Measurement								0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow		0.390	0.372	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Sample Measurement								0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (1/MADE/Permitted Capacity) X 100					83.0 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Sample Measurement								0	Monthly	Calculated
	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period

FLA011105-001
From: July 1, 2008

Facility: Shadow Hills WWTF
To: July 31, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFF-1	INF-1	EFA-1			
1				7.3		2.2	0.353					
2				7.3		2.0	0.374					
3				7.3		2.2	0.372					
4				7.3		2.2	0.395					
5				7.2		1.2	0.352					
6				7.1		2.1	0.347					
7				7.3		2.2	0.375					
8				7.3		2.2	0.412					
9	12.0		5.90	7.2	134.0	2.2	0.347	221.0	< 1.0			
10		< 1.0		7.3		2.2	0.370					
11				7.3		2.1	0.370					
12				7.3		2.2	0.366					
13				7.5		2.2	0.396					
14				7.5		2.2	0.381					
15				7.4		2.0	0.407					
16				7.3		2.2	0.380					
17				7.2		2.2	0.402					
18				7.3		2.2	0.439					
19				7.3		2.1	0.371					
20				7.2		1.5	0.484					
21				7.4		2.2	0.294					
22				7.4		2.2	0.383					
23	11.0		1.52	7.3	172.0	0.8	0.401	216.0	43.0			
24		1.0		7.2		0.6	0.455					
25				7.3		2.2	0.335					
26				7.3		1.8	0.386					
27				7.2		1.7	0.513					
28				7.3		2.0	0.335					
29				7.1		0.8	0.448					
30				7.4		1.0	0.430					
31				7.3		1.0	0.431					

PLANT STAFFING

Weekend Shift Operator	Class:	B	Certificate No:	7873	Name:	Jim Swegheimer
Weekend Shift Operator	Class:	C	Certificate No:	14187	Name:	Elisa Williams
Weekend Shift Operator	Class:	A	Certificate No:	7052	Name:	Ed Roberts
Weekend Shift Operator	Class:	C	Certificate No:	8518	Name:	Alexander Lorenzo
Weekend Shift Operator	Class:	C	Certificate No:	8003	Name:	Alan Bailey
Lead Operator	Class:	B	Certificate No:	7676	Name:	Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Unlimited Wet Weather Discharge Authorized: Yes ☐ No ☐ Not Applicable: ☒ If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: July / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7						
1	0.00	0.00	2.35	0.00	0.00	0.00	0.00						
2	0.00	0.00	2.35	0.00	0.00	0.00	0.00						
3	0.00	0.00	2.35	0.00	0.00	0.00	0.00						
4	0.00	0.00	2.20	0.00	0.00	0.00	0.00						
5													
6													
7	0.00	4.80	0.80	0.00	0.00	0.00	0.00						
8	0.00	5.25	0.48	0.00	0.00	0.00	0.00						
9	2.00	4.55	0.20	0.00	0.00	0.00	0.00						
10	1.80	3.97	0.40	0.00	0.00	0.00	0.00						
11	1.40	3.58	0.60	0.00	0.00	0.00	0.00						
12													
13													
14	0.15	2.64	1.10	0.00	0.00	0.00	0.00						
15	0.10	2.42	1.34	0.00	0.00	0.00	0.00						
16	0.00	2.26	1.58	0.00	0.00	0.00	0.00						
17	0.00	2.00	1.76	0.00	0.00	0.00	0.00						
18	0.00	1.70	1.90	0.00	0.00	0.00	0.00						
19													
20													
21	0.00	0.90	2.10	0.20	0.00	0.00	0.00						
22	0.00	0.30	2.20	0.30	0.00	0.00	0.00						
23	0.00	0.10	2.32	0.40	0.00	0.00	0.00						
24	0.00	0.00	2.45	0.40	0.00	0.00	0.00						
25	0.00	0.00	2.48	0.40	0.00	0.00	0.00						
26													
27													
28	0.20	0.00	2.92	1.10	0.50	0.00	0.00						
29	0.20	0.00	3.05	1.30	0.58	0.00	0.00						
30	0.00	0.00	3.17	1.20	0.62	0.00	0.00						
31	0.00	0.00	3.22	1.25	0.65	0.00	0.00						

*Attach additional sheets if necessary to list all certified operators.
DEP Form 62-620 (4/06/00), Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTED NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
LIMIT: Final
CLASS SIZE: N/A

REPORT: Monthly
RECEIVED: **FILE COPY**

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including Influent
NO DISCHARGE FROM SITE: 1

COUNTY: Seminole

MONITORING PERIOD From: August 1, 2008 To: August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration		Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.389		MGD				0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)		MGD					5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.508		MGD				0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD					5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.4		mg/l	0	Biweekly	8-hour TPC
PARM Code 80082 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)		mg/l		Biweekly	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				7.1	12.0	mg/l	0	Biweekly	8-hour TPC
PARM Code 80082 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/l		Biweekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				6.1		mg/l	0	Biweekly	8-hour TPC
PARM Code 00530 Y Mon Site No. EFA-1	Permit Requirement				20.0 (An Avg.)		mg/l		Biweekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				4.5	7.0	mg/l	0	Biweekly	8-hour TPC
PARM Code 00530 I Mon Site No. EFA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)	mg/l		Biweekly	8-hour TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (Y/M/D)
Nathan Van Meter Lead Operator	<i>Nathan Van Meter</i>	(407) 869-1910	08/01/08

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: August 1, 2008

To: August 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH PARM Code 00400 1 Mon Site No. EFA-1	Sample Measurement				7.0	7.4		s.u.	0	5 Days/Week	Grab
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal PARM Code 74055 Y Mon Site No. EFA-1	Sample Measurement				1.2			#/100ml	0	Biweekly	Grab
	Permit Requirement				200 (Ar. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal PARM Code 74055 1 Mon Site No. EFA-1	Sample Measurement				4.0	8.0		#/100ml	0	Biweekly	Grab
	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (for Disinfection) PARM Code 50060 1 Mon Site No. EFA-1	Sample Measurement				0.7			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N) PARM Code 00620 1 Mon Site No. EFA-1	Sample Measurement				8.8			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 G Mon Site No. INF-1	Sample Measurement				197.0			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 G Mon Site No. INF-1	Sample Measurement				248.0			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow PARM Code 50050 P Mon Site No. ELW-1	Sample Measurement	0.389		MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.470 (Ar. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow PARM Code 50050 Q Mon Site No. ELW-1	Sample Measurement	0.508	0.418	MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (TMAU/Permitted Capacity) X 100 PARM Code 00180 1 Mon Site No. ELW-1	Sample Measurement				89.0 %			Percent	0	Monthly	Calculated
	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

* High flow through plant due to Tropical Storm Fay

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: August 1, 2008

Facility: Shadow Hills WWTF
To: August 31, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (v/v)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1				7.2		0.8	0.410					
2				7.2		1.1	0.399					
3				7.2		1.5	0.440					
4				7.1		1.1	0.456					
5				7.1		1.3	0.393					
6	7.0		8.76	7.0	268.0	1.1	0.353	184.0	7.0			
7		8.0		7.2		0.8	0.451					
8				7.1		0.7	0.336					
9				7.3		2.1	0.425					
10				7.1		1.7	0.415					
11				7.2		1.8	0.396					
12				7.0		1.6	0.369					
13				7.3		0.8	0.407					
14				7.3		1.1	0.445					
15				7.1		0.7	0.423					
16				7.3		1.1	0.424					
17				7.1		1.3	0.421					
18	12.0		5.50	7.4	228.0	2.2	0.439	210.0	2.0			
19		2.0		7.1		1.1	0.417					
20				7.2		1.3	0.467					
21				7.3		2.1	0.546					
22				7.0		0.8	0.689					
23				7.0		1.7	0.915					
24				7.0		1.9	0.772					
25				7.0		1.1	0.614					
26				7.2		2.2	0.780					
27				7.0		1.7	0.627					
28				7.1		1.8	0.615					
29				7.1		1.7	0.585					
30				7.3		1.8	0.615					
31				7.2		1.7	0.710					

PLANT STAFFING

Weekend Shift Operator	Class	B	Certificate No.	7473	Name	Jim Sweeheimer
Weekend Shift Operator	Class	C	Certificate No.	14187	Name	Elisa Williams
Weekend Shift Operator	Class	C	Certificate No.	14476	Name	James Alday
Weekend Shift Operator	Class	C	Certificate No.	8518	Name	Alexander Lorenzo
Weekend Shift Operator	Class	C	Certificate No.	8241	Name	Ray Thomas
Lead Operator	Class	B	Certificate No.	7676	Name	Nathan Van Meter

Type of Effluent Disposal or Recycled Water Reuse

Ponds

Unaired Wet Weather Discharge Activated: Yes ☐ No ☒ Not Applicable ☒ If yes, cumulative days of wet weather discharge.

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

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: August / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	0.00	0.00	3.35	1.30	0.68	0.00	0.00					
2												
3	0.00	0.00	3.50	1.28	0.65	0.00	0.00					
4	0.00	0.00	3.55	1.15	0.65	0.00	0.00					
5	0.00	0.00	3.58	1.13	0.65	0.00	0.00					
6	0.00	0.00	3.60	1.10	0.65	0.00	0.00					
7	0.00	0.00	3.62	1.00	0.63	0.00	0.00					
8	0.00	0.00	3.65	1.00	0.65	0.00	0.00					
9												
10												
11	4.25	0.00	2.50	1.00	0.65	0.00	0.00					
12	4.80	0.00	2.20	1.00	0.60	0.00	0.00					
13	5.40	0.00	1.90	1.00	0.60	0.00	0.00					
14	6.10	0.00	1.55	0.98	0.56	0.00	0.00					
15	6.40	0.00	1.30	0.95	0.55	0.00	0.00					
16												
17												
18	7.63	0.00	0.30	1.13	0.52	0.18	0.00					
19	7.00	2.78	0.60	1.30	0.57	0.28	0.00					
20	6.50	1.00	0.65	1.80	0.80	0.50	0.00					
21	6.30	5.88	0.68	2.18	1.10	0.87	0.00					
22	7.65	6.75	1.37	3.30	2.08	1.70	0.00					
23												
24												
25	6.94	6.00	3.94	3.50	2.47	2.17	0.25					
26	6.70	5.79	4.55	3.48	2.50	2.21	0.23					
27	6.45	5.60	4.90	3.45	2.52	2.25	0.20					
28	6.24	5.40	4.55	5.62	2.53	2.28	0.18					
29	6.00	5.22	4.25	8.43	2.54	2.32	0.15					
30												
31												

*Attach additional sheets if necessary to list all certified operators.
 D11 Form 62620-910-101, Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
 MAILING ADDRESS: 200 Weathersfield Avenue
 Altamonte Springs, FL 32714

PERMIT NUMBER: FLA011105
 LIMIT: Final
 CLASS SIZE: N/A

REPORT GROUP: Monthly
 Domestic

FACILITY: Shadow Hills WWTF
 LOCATION: 925 Longwood Hills Road
 Longwood, FL 32750


MONITORING GROUP NUMBER: R-001
 MONITORING GROUP DESC: Percolation ponds, including Influent
 NO DISCHARGE FROM SITE: []

COUNTY: Seminole

MONITORING PERIOD From: September 1, 2008 To September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow PARM Code 50050 Y Mon Site No. FLW-2	Sample Measurement	0.402		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow PARM Code 50050 I Mon Site No. FLW-2	Sample Measurement	0.551		MGD					0	5 Days/Week	Flow Meters and totalizers
	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C PARM Code 80082 Y Mon Site No. FLA-1	Sample Measurement				9.2			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C PARM Code 80082 I Mon Site No. FLA-1	Sample Measurement				7.5	8.0		mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 Y Mon Site No. FLA-1	Sample Measurement				5.9			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended PARM Code 00530 I Mon Site No. FLA-1	Sample Measurement				1.5	2.0		mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YYMMDD)
Nathan Van Meter Lead Operator		(407) 869-1919	08/10/10

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: September 1, 2008

To: September 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. FFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.2			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon Site No. FFA-1	Permit Requirement				200 (An Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.5	0.5		#/100ml	0	Biweekly	Grab
PARM Code 74055 1 Mon Site No. FFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (for Disinfection)	Sample Measurement				0.9			mg/L	0	5 Days/Week	Grab
PARM Code 50060 1 Mon Site No. FFA-1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				4.4			mg/L	0	Biweekly	8-hour EPC
PARM Code 00620 1 Mon Site No. FFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour EPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				186.5			mg/L	0	Biweekly	8-hour EPC
PARM Code 80082 G Mon Site No. INE-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Solids, Total Suspended	Sample Measurement				120.0			mg/L	0	Biweekly	8-hour EPC
PARM Code 00530 G Mon Site No. INE-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour EPC
Flow	Sample Measurement	0.402		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon Site No. FFW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.551	0.483	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon Site No. FFW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (IMAD)/Permitted Capacity) X 100	Sample Measurement				102.8 %			Percent	0	Monthly	Calculated
PARM Code 00180 J Mon Site No. FFW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

* High flow through plant due to Tropical Storm Fay & subsequent rains causing ground saturation.

DAILY SAMPLE RESULTS - PART B

Permit Number
Monitoring Period

FLA011105-001 Facility: Shadow Hills WWTF
From: September 1, 2008 To: September 30, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (unit)	TSS (mg/L)	Turbidity Disinfectant (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00409	00530	50000	50050	80082	00530			
Mon. Site	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1	FFA-1			
1				7.2		1.6	0.609					
2				7.1		1.2	0.651					
3	7.0		2.4	7.3	140.0	2.2	0.578	182.0	2.0			
4		< 1.0		7.2		2.0	0.619					
5				7.1		2.2	0.571					
6				7.3		1.7	0.532					
7				7.1		2.0	0.537					
8				7.0		1.8	0.548					
9				7.1		1.7	0.533					
10				7.1		1.7	0.474					
11				7.3		2.2	0.555					
12				7.1		1.5	0.504					
13				7.2		2.0	0.524					
14				7.2		1.7	0.587					
15				7.4		2.2	0.490					
16				7.3		1.5	0.576					
17	8.0		4.4	7.1	100.0	2.0	0.594	191.0	1.0			
18		< 1.0		7.1		2.0	0.518					
19				7.2		1.8	0.560					
20				7.4		2.2	0.455					
21				7.3		1.8	0.611					
22				7.2		1.5	0.501					
23				7.2		1.3	0.500					
24				7.0		0.9	0.744					
25				7.1		1.5	0.563					
26				7.3		1.1	0.555					
27				7.3		1.3	0.507					
28				7.2		1.4	0.595					
29				7.3		1.7	0.465					
30				7.0		1.3	0.479					
31												

PLANT STAFFING:

Weekend Shift Operator	Class: <u>B</u>	Certificate No. <u>7873</u>	Name: <u>Jim Swegheimer</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No. <u>14187</u>	Name: <u>Elisa Williams</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No. <u>14476</u>	Name: <u>James Alday</u>
Weekend Shift Operator	Class: <u>C</u>	Certificate No. <u>8518</u>	Name: <u>Alexander Lorenzo</u>
Weekend Shift Operator	Class: <u>A</u>	Certificate No. <u>12274</u>	Name: <u>Corey Sudol</u>
Lead Operator	Class: <u>B</u>	Certificate No. <u>7676</u>	Name: <u>Nathan Van Meter</u>

Type of Effluent Disposal or Reclaimed Water Reuse: _____ Ponds _____

Unlimited Wet Weather Discharge Activated: Yes _____ No _____ Not Applicable: X _____ If yes, cumulative days of wet weather discharge: _____

Attach additional sheets if necessary to list all certified operators _____

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: FLA01105-001 Facility: Shadow Hills WWTP
 Month/Year: September, 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Station Site	OHH-1	OHH-2	OHH-3	OHH-4	OHH-5	OHH-6	OHH-7					
1		4.90	3.70	7.60	2.90							
2	8.74	4.85	3.52	9.75	2.93	2.60	0.25					
3	8.30	6.25	3.40	9.20	3.00	2.60	0.25					
4	7.77	6.35	3.80	8.67	3.08	2.65	0.23					
5	7.40	6.10	4.23	8.35	3.12	2.65	0.20					
6												
7												
8	6.45	5.35	3.50	7.40	3.10	2.68	1.95					
9	6.00	5.00	3.31	7.25	3.05	2.67	1.54					
10	5.85	4.87	3.10	6.95	3.00	2.65	2.90					
11	5.66	4.73	2.70	6.80	2.88	2.72	3.42					
12	5.55	4.60	2.60	6.68	2.80	2.72	3.83					
13	5.30	4.46	2.48	6.66	2.74	2.72	4.14					
14	5.05	4.35	2.35	6.38	2.70	2.70	4.57					
15	4.90	4.10	2.10	6.15	2.55	2.68	4.90					
16	5.00	4.25	2.00	6.30	2.75	2.98	5.55					
17	4.90	4.15	1.90	6.15	2.60	2.88	5.85					
18	4.78	4.00	1.80	5.95	2.55	2.80	6.18					
19	4.60	3.88	1.40	5.75	2.42	2.90	6.50					
20												
21												
22	4.55	3.85	3.00	5.58	2.42	3.00	6.10					
23	4.52	3.82	3.42	5.52	2.42	3.10	5.92					
24	4.55	3.80	3.83	5.40	2.45	3.15	5.75					
25	4.50	3.78	4.22	5.30	2.47	3.13	5.59					
26	4.58	3.70	4.55	5.20	2.50	3.14	5.38					
27												
28												
29	7.90	3.65	3.70	4.90	2.49	3.10	4.95					
30												
31												

Attach additional sheets if necessary to list all certified operators.
 EPA Form 62-620.910-101, Effective November 29, 1994

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number: FLA011105-001 Facility: Shadow Hills WWTF
 Month/Year: September 2005

PLANT STAFFING

Weekend Shift Operator	Class: <u>C</u>	Certificate No: <u>16346</u>	Name: <u>Paul Izareff</u>
Weekend Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Weekend Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Weekend Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Weekend Shift Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>
Lead Operator	Class: <u> </u>	Certificate No: <u> </u>	Name: <u> </u>

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

Florida Department of Environmental Protection

Central District 3339 Maguire Blvd. Orlando, Florida 32809-4767

DEP Form # 62-522.600(11)
Form Title Ground Water Monitoring Report
Effective Date _____
DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Shadow Hills WWTF / Seminole County

Address 925 Longwood Hills Rd

City Longwood Zip 32750

Telephone Number (407) 332-8055

(2) The GMS Permit Identification Number 3059P10659

(3) DEP Permit Number FLA011105

(4) Authorized Representative Name Nathan Van Meter

Address 200 Weathersfield Av.

City Altamonte Springs Zip 32714

Telephone Number (407) 869-1919

(5) Type of Discharge Domestic Wastewater Treatment Facility

(6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 9-17-08 Nathan Van Meter

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification # E53076

*Comp QAP # /HRS Certification #

Lab Name Advanced Environmental Laboratories, Inc.

Address 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, Florida 32701

Phone Number (407) 937-1594

5/20/2003

County
Facility Name
Permit Number

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Number MW 10
Well Type
Description

MWC-1A
Compliance
Well Name MW-1A
Ponds
WAFR # 7134
GMS Well # 3059A13168

Well Was Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From July 2008 To September 2008
X No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used

[illegible]

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

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	TELEPHONE NO	DATE (YY/MM)
--	--------------	--------------

I certify under penalty of law that I am a person who believes the submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.			
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meeter / lead operator	<i>Nathan Van Meeter</i>	407-369.1919	08/09/17

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder NW ID	Well Type	Description
----------------------	-----------	-------------

MWC-1B
Compliance
Well Name MW-1B
Ponds
WAFR # 7133
GMS Well # 3059A13169
08/13/08
12:50

Quarterly Monitoring Period
Was the well purged before sampling?

From July 2008 To September 2008
X Yes No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used

Pump _____

[illegible]

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County
 Facility Name
 Permit Number

Seminole
 Shadow Hills WWTF
 FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID
 Well type
 Description

MWC-2A
 Compliance
 Well Name MW-2A
 Ponds
 WAFR # 7132
 GMS Well # 3059A13170

Well Is Dry

Quarterly Monitoring Period
 Was the well purged before sampling?

From July 2008 To September 2008
 X Yes ☐ No

Date Sample Obtained
 Time Sample Obtained

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (LF/AS)
Water Level Relative to Feet, NGVD	82545	--		Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--		SIU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079		NTU	Report	0.065	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

County _____
 Facility Name _____
 Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

Permit Builder MW ID	Well Type	Description
----------------------	-----------	-------------

MWC-2B
Compliance
Well Name MW-2B
Ponds
WAFR # 7131
GMS Well # 3059A13131

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2001 To: September 2002
☒ Yes ☐ No

Date Sample Obtained _____
Time Sample Obtained _____

1452

Sampling Method Used

[illegible]

5202003

COMMENTS AND EXPLANATION

MWC-3A
Compliance
Well Name MW-3A
Ponds
WAFR # 7120
GMS Well # 3059A13172

Date Sample Obtained _____
Time Sample Obtained _____**Pumps**5/20/2003

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3052PI0659

Permit Builder MW 10
Well Type
3410008

MWC-3B
Compliance
Well Name MWC-3B
Ponds
WAFR = 7129
GMS Well = 3059A13173
08/13/08
14:25

Quarterly Monitoring Period

'Was the well purged before sampling?'

From July 2008 To September 2008
X Yes No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used

Pump

[illegible]

COMMENTS AND EXPLANATION:

County	Seminole	Permit Builder MW ID	MWC-4A
Facility Name	Shadow Hills WWTF	Well Type	Compliance
Permit Number	FLA011105	Description	Well Name MW-4A
	GMS Permit # 3059P10659		Ponds
			WAFR # 7128
Quarterly Monitoring Period	From <u>July 2008</u> To <u>September 2008</u>		GMS Well # 3059A13174
Was the well purged before sampling?	<u>X</u> Yes <u> </u> No	Date Sample Obtained	08/11/08
Sampling Method Used	Pump	Time Sample Obtained	13:20

[illegible]

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED
---	--

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT				SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)

GROUND WATER MONITORING WELL REPORT - PART D

County _____
 Facility Name _____
 Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID	Well Type	Description

MWC-4B
Compliance
Well Name MW-4B
Ponds
WAFR # 7127
GMS Well # 3059A15175
08/01/08
12:38

Quarterly Monitoring Period
Was the well purged before sampling?

From July 2008 To September 2008
☒ Yes ☐ No

Date Sample Obtained
Time Sample Obtained

Sampling Method Used

Birth _____

[illegible]

5202013

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Fermat Builder MW ID	Well Type	Description
1	1	1
2	2	2
3	3	3
4	4	4
5	5	5
6	6	6
7	7	7
8	8	8
9	9	9
10	10	10
11	11	11
12	12	12
13	13	13
14	14	14
15	15	15
16	16	16
17	17	17
18	18	18
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21	21	21
22	22	22
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25	25	25
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42	42	42
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46	46	46
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80	80	80
81	81	81
82	82	82
83	83	83
84	84	84
85	85	85
86	86	86
87	87	87
88	88	88
89	89	89
90	90	90
91	91	91
92	92	92
93	93	93
94	94	94
95	95	95
96	96	96
97	97	97
98	98	98
99	99	99
100	100	100

MWC-5A
Compliance
Well Name MW-5A
Ponds
WAFR # 7126
GMS Well # 3059A13176

Monitoring Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: July 2004 To: September 2008
☐ Yes ☒ No

Date Sample Obtained _____
Time Sample Obtained _____

Sampling Method Used

[illegible]

GROUND WATER MONITORING WELL REPORT - PART D

County

Seminole

Permit Builder MW ID

Equipment Blank

Facility Name

Shadow Hills WWTF

Well Type

Permit Number

FLA011105

GMS Permit # 3059P10659

Description

Quarterly Monitoring Period

From July 2008 To September 2008

Date Sample Obtained

08/21/08

Was the well purged before sampling?

X Yes No

Time Sample Obtained

13:00

Sampling Method Used

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analytic Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F-N)
Water Level Relative to Feet, NGVD	82545	-		Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	-	0.047 U	mg/L	<10	0.047	SM4500N03-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70295	10 U	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	-	3.8 U	mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	71055	-		CoV100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	-		SC	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	0.065 U	NTU	Report	0.065	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER:
LIMIT:
CLASS SIZE:

FLA011105
Final
N/A

REPORT
GROUP:

Monthly
Domestic

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: Percolation ponds, including influent
NO DISCHARGE FROM SITE: 1

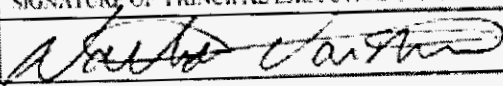
FILE COPY

COUNTY: Seminole

MONITORING PERIOD From: October 1, 2008 To: October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.406		MGD					0	3 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.463		MGD					0	3 Days/Week	Flow Meters and totalizers
PARM Code 50050 1 Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.3			mg/L	0	Biweekly	8-hour TPC
PARM Code 80082 Y Mon Site No. FEA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour TPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.3	9.0		mg/L	0	Biweekly	8-hour TPC
PARM Code 80082 1 Mon Site No. FEA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				5.6			mg/L	0	Biweekly	8-hour TPC
PARM Code 00530 Y Mon Site No. FEA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour TPC
Solids, Total Suspended	Sample Measurement				2.0	4.4		mg/L	0	Biweekly	8-hour TPC
PARM Code 00530 1 Mon Site No. FEA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE AND TIME
Nathan Van Meter / Lead Operator		(107) 866-1919	08/11/08

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: October 1, 2008

To: October 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.4		s.u.	0	5 Days/Week	Grab
PARM Code 06490 I Mon. Site No. EFA-1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal	Sample Measurement				1.2			#/100ml	0	Biweekly	Grab
PARM Code 74055 Y Mon. Site No. EFA-1	Permit Requirement				200 (An. Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal	Sample Measurement				0.63	1.0		#/100ml	0	Biweekly	Grab
PARM Code 74055 I Mon. Site No. EFA-1	Permit Requirement				Report (Mo. Geo. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.2			mg/l	0	5 Days/Week	Grab
PARM Code 50060 I Mon. Site No. EFA-1	Permit Requirement				0.5 (Min.)			mg/l		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				9.2			mg/L	0	Biweekly	8-hour LPR
PARM Code 00620 I Mon. Site No. EFA-1	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour LPR
BOD, Carbonaceous 5 day, 20C	Sample Measurement				182.3			mg/l	0	Biweekly	8-hour LPR
PARM Code 80082 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour LPR
Solids, Total Suspended	Sample Measurement				175.3			mg/l	0	Biweekly	8-hour LPR
PARM Code 00530 G Mon. Site No. INF-1	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour LPR
Flow	Sample Measurement	0.406		MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 P Mon. Site No. FLW-1	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0.463	0.507	MGD					0	5 Days/Week	Flow meters and totalizers
PARM Code 50050 Q Mon. Site No. FLW-1	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (FMADF/Permitted Capacity) X 100	Sample Measurement				107.9 %			Percent	0	Monthly	Calculated
PARM Code 00180 I Mon. Site No. FLW-1	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

* High flow through plant due to Tropical Storm Fay & subsequent rains causing ground saturation.

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001
From: October 1, 2008

Facility: Shadow Hills WWTF
To: October 31, 2008

	CBOD ₅ (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate Total (as N) (mg/L)	pH (s.u.)	TSS (mg/L)	TRC (For Disinfect.) (mg/L)	Flow (MGD)	CBOD ₅ (mg/L)	TSS (mg/L)			
Code	80082	71055	00620	00400	00530	50060	50050	80082	60530			
Mon Site	FFA-1	FFA-1	FFA-1	FFA-1	INF-1	FFA-1	FFA-1	INF-1	FFA-1			
1				7.1		1.5	0.534					
2	9.0		6.9	7.3	196.0	2.1	0.490	183.0	1.0			
3		1.0		7.3		1.9	0.500					
4				7.2		2.0	0.472					
5				7.1		1.8	0.491					
6				7.2		2.2	0.531					
7				7.3		2.0	0.423					
8				7.2		2.2	0.454					
9				7.3		1.9	0.456					
10				7.1		2.0	0.537					
11				7.2		1.9	0.558					
12				7.1		2.2	0.491					
13				7.2		2.2	0.562					
14				7.0		1.8	0.500					
15	8.0		6.3	7.1	150.0	2.0	0.507	198.0	< 1.0			
16		< 1.0		7.0		1.6	0.381					
17				7.0		1.3	0.448					
18				7.4		2.0	0.472					
19				7.3		1.9	0.400					
20				7.3		2.2	0.437					
21				7.3		1.2	0.408					
22				7.3		1.2	0.421					
23				7.2		1.2	0.434					
24				7.2		1.5	0.457					
25				7.0		2.2	0.548					
26				7.1		1.4	0.432					
27				7.3		1.6	0.373					
28				7.3		1.4	0.430					
29				7.2		1.9	0.383					
30	8.0		9.2	7.3	180.0	2.1	0.408	166.0	4.4			
31		< 1.0		7.3		2.2	0.392					

PLANT STAFFING:

Weekend Shift Operator	Class:	B	Certificate No:	7873	Name:	Jim Sweigheimer
Weekend Shift Operator	Class:	C	Certificate No:	14187	Name:	Elisa Williams
Weekend Shift Operator	Class:	B	Certificate No:	14141	Name:	Paul Weyland
Weekend Shift Operator	Class:	C	Certificate No:	8538	Name:	Alexander Loriggio
Weekend Shift Operator	Class:	C	Certificate No:	10016	Name:	Paul Lzaretz
Head Operator	Class:	B	Certificate No:	7676	Name:	Nathan Van Meter

Type of Effluent Disposal or Reclaimed Water Reuse: Ponds

Impaired Wet Weather Discharge Activated: Yes No Not Applicable ☒ If yes, cumulative days of wet weather discharge:

Attach additional sheets if necessary to list all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: October / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7						
Code	NA	NA	NA	NA	NA	NA	NA						
Mon. Site	OHH-1	OHH-2	OHH-3	OHH-4	OHH-5	OHH-6	OHH-7						
1	7.15	6.85	3.15	4.68	2.43	3.10	4.62						
2	8.08	6.52	2.90	4.60	2.38	3.08	4.52						
3	8.92	6.18	2.68	4.48	2.32	3.04	4.37						
4													
5													
6	6.78	5.75	3.60	4.27	3.25	3.00	4.08						
7	7.40	5.60	3.86	4.20	2.22	3.00	3.96						
8	7.10	5.60	4.00	4.10	2.20	3.00	3.90						
9	6.95	5.80	4.35	4.60	2.35	3.10	3.88						
10	6.80	5.45	4.68	4.65	2.55	3.27	3.84						
11													
12													
13	6.18	5.00	3.84	4.50	2.55	3.25	4.98						
14	5.97	4.90	3.48	4.42	2.52	3.25	5.35						
15	5.78	4.75	3.22	4.35	3.45	3.20	5.55						
16	5.58	4.60	2.92	4.28	2.40	3.18	5.85						
17	5.40	4.44	2.65	4.20	2.35	3.15	6.09						
18													
19													
20	6.00	6.60	2.00	4.00	2.15	3.07	5.55						
21	6.90	5.15	1.80	3.93	2.08	3.05	5.38						
22	7.70	5.90	1.65	3.85	2.00	3.00	5.22						
23	8.48	5.65	1.40	3.80	1.92	2.95	5.03						
24	8.88	5.88	1.35	3.82	1.95	3.05	5.00						
25													
26													
27	7.68	5.52	2.40	3.62	1.75	2.98	4.62						
28	7.25	5.30	2.75	3.60	1.72	2.95	4.45						
29	7.00	5.05	2.98	3.57	1.70	2.93	4.05						
30	6.85	4.80	3.20	3.54	1.68	2.90	3.80						
31	6.34	4.70	3.38	3.30	1.68	2.87	4.05						

Attach additional sheets if necessary to install certified operators
 DE P Form 62-620-910-100, Effective November 29, 1994

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME	Utilities, Inc. of Longwood	PERMIT NUMBER	FLA011105		
MAILING ADDRESS	200 Weatherfield Avenue	LIMIT	Final	REPORT GROUP	Monthly
	Altamonte Springs, FL 32714	CLASS SIZE	N/A		Domestic
FACILITY	Shadow Hills WWTP	MONITORING GROUP NUMBER	R-001		
LOCATION	925 Longwood Hills Road	MONITORING GROUP DESC	Percolation ponds, including	Influent	
	Longwood, FL 32750	NO DISCHARGE FROM SITE	1		
COUNTY	Seminole				

MONITORING PERIOD From November 1, 2008 To November 30, 2008

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.408	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y	Permit Requirement	0.470 (An Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
Mon Site No. FFW-2	Sample Measurement	0.395	MGD			0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I	Permit Requirement	Report (Mo Avg.)	MGD				5 Days/Week	Flow Meters and totalizers
Mon Site No. FFW-2	Sample Measurement			9.4	mg/L	0	Biweekly	8-hour TPC
BOD ₅ Carbonaceous 5 day, 20°C	Permit Requirement			20.0 (An Avg.)	mg/L		Biweekly	8-hour TPC
PARM Code 80082 Y	Sample Measurement			10.5	mg/L	0	Biweekly	8-hour TPC
Mon Site No. FFA-1	Permit Requirement			30.0 (Mo Avg.)	mg/L		Biweekly	8-hour TPC
BOD ₅ Carbonaceous 5 day, 20°C	Sample Measurement			11.0	mg/L	0	Biweekly	8-hour TPC
PARM Code 80082 I	Permit Requirement			60.0 (Max.)	mg/L		Biweekly	8-hour TPC
Mon Site No. FFA-1	Sample Measurement			4.8	mg/L	0	Biweekly	8-hour TPC
Solids Total Suspended	Permit Requirement			20.0 (An Avg.)	mg/L		Biweekly	8-hour TPC
PARM Code 00150 Y	Sample Measurement			3.8	mg/L	0	Biweekly	8-hour TPC
Mon Site No. FFA-1	Permit Requirement			4.0	mg/L	0	Biweekly	8-hour TPC
PARM Code 00150 I	Sample Measurement			30.0 (Mo Avg.)	mg/L		Biweekly	8-hour TPC
Mon Site No. FFA-1	Permit Requirement			60.0 (Max.)	mg/L		Biweekly	8-hour TPC

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMMDD)
Nathan Van Meter Lead Operator		(407) 869-1919	08/12/16

DISCHARGE MONITORING REPORT - PART A (Continued)

LA CHERITY SANIT - Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From November 1, 2008

To November 30, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH	Sample Measurement				7.0	7.6		s.u.	0	5 Days/Week	Grab
PARAM Code 00100 1	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Mon Site No. 11A-1	Sample Measurement				1.2			#/100ml	0	Biweekly	Grab
Coliform Total	Permit Requirement				200 (An Avg.)			#/100ml		Biweekly	Grab
PARAM Code 74035 Y	Sample Measurement				< 1.0	< 1.0		#/100ml	0	Biweekly	Grab
Mon Site No. 11A-1	Permit Requirement				Report (Mo Geo Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Coliform Fecal	Sample Measurement				1.1			mg/L	0	5 Days/Week	Grab
PARAM Code 74035 1	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Mon Site No. 11A-1	Sample Measurement				8.4			mg/L	0	Biweekly	8-hour FPC
Total Residual Chlorine (1.0g Disinfection)	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
PARAM Code 50060 1	Sample Measurement				193.0			mg/L	0	Biweekly	8-hour FPC
Mon Site No. 11A-1	Permit Requirement				Report (Mo Avg.)			mg/L		Biweekly	8-hour FPC
Nitrogen Nitrate Total (as N)	Sample Measurement				147.0			mg/L	0	Biweekly	8-hour FPC
PARAM Code 00620 1	Permit Requirement				Report (Mo Avg.)			mg/L		Biweekly	8-hour FPC
Mon Site No. 11A-1	Sample Measurement	0.408		MGD					0	5 Days/Week	Flow meters and totalizers
Flow	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow meters and totalizers
PARAM Code 80082 0	Sample Measurement	0.395	0.470	MGD					0	5 Days/Week	Flow meters and totalizers
Mon Site No. 11A-1	Permit Requirement	Report (Mo Avg.)	Report (3-Mo Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Solids Total Suspended	Sample Measurement				99.9 %			Percent	0	Monthly	Calculated
PARAM Code 00520 0	Permit Requirement				Report (Mo Total)			Percent		Monthly	Calculated
Mon Site No. 11A-1	Sample Measurement										
Flow	Permit Requirement										
PARAM Code 50050 1	Sample Measurement										
Mon Site No. 11W-1	Permit Requirement										
Percent Capacity (FMAD) Permitted Capacity (X 100)	Sample Measurement										
PARAM Code 00150 1	Permit Requirement										
Mon Site No. 11W-1	Sample Measurement										
Flow	Permit Requirement										

DAILY SAMPLE RESULTS - PART B

Permit Number:
Monitoring Period:

FLA011105-001 Facility: Shadow Hills WWTF
From: November 1, 2008 To: November 30, 2008

	COD _{Cr} (mg/L)	Fecal Coliform Bacteria (#/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (at 25°C)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	Flow (MGD)	COD _{Cr} (mg/L)	TSS (mg/L)			
Code	80082	74055	100620	00400	100530	50060	50050	50082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1				7.2		2.1	0.476					
2				7.0		2.2	0.443					
3				7.1		2.2	0.385					
4				7.3		1.6	0.427					
5				7.3		1.8	0.414					
6				7.3		2.0	0.437					
7				7.2		2.0	0.380					
8				7.3		2.1	0.423					
9				7.1		2.2	0.466					
10				7.2		1.3	0.319					
11				7.2		1.5	0.397					
12	11.0		8.36	7.2	234.0	1.1	0.402	199.0	4.0			
13		< 1.0		7.3		2.0	0.415					
14				7.2		2.2	0.409					
15				7.1		2.1	0.386					
16				7.3		2.2	0.422					
17				7.3		2.0	0.380					
18				7.1		1.8	0.377					
19				7.3		2.2	0.406					
20				7.3		2.0	0.359					
21				7.1		2.2	0.379					
22				7.2		2.0	0.401					
23				7.3		1.4	0.341					
24	10.0		6.30	7.1	60.0	1.9	0.421	187.0	3.6			
25		< 1.0		7.1		2.2	0.311					
26				7.6		2.2	0.373					
27				7.3		2.0	0.362					
28				7.5		2.2	0.324					
29				7.2		1.2	0.437					
30				7.4		2.2	0.387					
31												

PLANT STAFFING

Weekend Shift Operator	Class:	A	Certificate No.	9003	Name:	Kathy Salazar
Weekend Shift Operator	Class:	C	Certificate No.	9003	Name:	Van Bailey
Weekend Shift Operator	Class:	B	Certificate No.	13141	Name:	Paul Woodard
Weekend Shift Operator	Class:	C	Certificate No.	9318	Name:	Alexander Lorenzo
Weekend Shift Operator	Class:	C	Certificate No.	16046	Name:	Paul Lorell
Plant Operator	Class:	A	Certificate No.	7676	Name:	Sandra Van Meter

Type of Effluent Disposal: ☐ Reclaimed Water Reuse ☐ Other

Unlimited Wet Weather Discharge Authorized: Yes ☐ No ☐ Not Applicable ☒ If yes, cumulative days of wet weather discharge: _____

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

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: November / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OHH-1	OHH-2	OHH-3	OHH-4	OHH-5	OHH-6	OHH-7					
1												
2												
3	5.63	4.35	3.95	3.20	1.75	2.80	3.70					
4	5.40	4.28	4.10	3.20	1.78	2.78	3.58					
5	5.30	4.10	4.20	3.15	1.78	2.78	3.45					
6	5.10	4.10	4.20	3.10	1.75	2.78	3.35					
7	4.65	3.95	4.40	3.03	1.88	2.78	3.20					
8												
9												
10	7.38	3.70	3.47	2.95	1.92	2.74	2.88					
11	8.00	3.68	3.18	2.92	1.88	2.70	2.75					
12	8.78	3.60	2.90	2.90	1.88	2.68	2.67					
13	8.15	5.50	2.65	2.85	1.82	2.66	2.57					
14	7.52	6.00	2.45	2.80	3.78	2.64	2.48					
15												
16												
17	6.50	5.40	3.10	2.70	1.68	2.60	2.20					
18	5.85	4.90	3.48	2.60	1.65	2.55	1.88					
19	5.85	4.90	3.48	2.60	1.65	2.55	1.88					
20	5.57	4.65	3.62	2.58	1.62	2.51	1.88					
21	5.35	4.60	3.77	2.55	1.65	2.52	1.78					
22												
23												
24	3.80	4.10	4.10	2.20	1.70	2.50	1.50					
25	5.30	4.00	3.40	2.20	1.40	2.40	1.40					
26	6.10	3.90	3.40	2.20	1.40	2.30	1.30					
27	5.70	5.40	3.20	2.20	1.60	2.40	1.20					
28	5.50	5.90	2.90	2.20	1.60	2.40	1.10					
29												
30												
31												

* Attach additional sheets if necessary to list all certified operators.
 CFP Form 92-920.910 (rev. Effective November 27, 1994)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT PART

FILE COPY

When Completed mail this report for Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, Florida 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weatherfield Avenue
Altamonte Springs, FL 32714

PERMIT NUMBER:

FLA011105

LIMIT:

Final

CLASS SIZE:

N/A

REPORT

Monthly

GROUP:

Domestic

FACTORY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL 32750

MONITORING GROUP NUMBER:

R-001

MONITORING GROUP DESC:

Percolation ponds, including Influent

NO DISCHARGE FROM SITE:

1 1


COUNTY: Seminole

MONITORING PERIOD From: December 1, 2008

To: December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.408		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 Y Mon Site No. FLW-2	Permit Requirement	0.470 (An Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
Flow	Sample Measurement	0.372		MGD					0	5 Days/Week	Flow Meters and totalizers
PARM Code 50050 I Mon Site No. FLW-2	Permit Requirement	Report (Mo Avg.)		MGD						5 Days/Week	Flow Meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				9.4			mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 Y Mon Site No. FLA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				8.0	8.0		mg/L	0	Biweekly	8-hour FPC
PARM Code 80082 I Mon Site No. FLA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				5.0			mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 Y Mon Site No. FLA-1	Permit Requirement				20.0 (An Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended	Sample Measurement				3.3	3.8		mg/L	0	Biweekly	8-hour FPC
PARM Code 00530 I Mon Site No. FLA-1	Permit Requirement				30.0 (Mo Avg.)	60.0 (Max.)		mg/L		Biweekly	8-hour FPC

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

NAME (TITLE) OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY-MM-DD)
Nathan Van Meter Lead Operator		(407) 864-1919	09-01-14

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY NAME: Shadow Hills WWTF

PERMIT NUMBER: FLA011105-001

MONITORING GROUP NUMBER: R-001

MONITORING PERIOD From: December 1, 2008

To: December 31, 2008

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH					7.0	7.7		s.u.	0	5 Days/Week	Grab
PARM Code 00400 1 Mon Site No. 1 FA-1	Sample Measurement										
	Permit Requirement				6.0 (Min.)	8.5 (Max.)		s.u.		5 Days/Week	Grab
Coliform, Fecal											
PARM Code 74055 4 Mon Site No. 1 FA-1	Sample Measurement				1.1			#/100ml	0	Biweekly	Grab
	Permit Requirement				200 (An Avg.)			#/100ml		Biweekly	Grab
Coliform, Fecal											
PARM Code 74055 1 Mon Site No. 1 FA-1	Sample Measurement				< 1.0	< 1.0		#/100ml	0	Biweekly	Grab
	Permit Requirement				Report (Mo. Oco. Mean)	800 (Max.)		#/100ml		Biweekly	Grab
Total Residual Chlorine (for Disinfection)											
PARM Code 50060 1 Mon Site No. 1 FA-1	Sample Measurement				0.9			mg/L	0	5 Days/Week	Grab
	Permit Requirement				0.5 (Min.)			mg/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)											
PARM Code 00620 1 Mon Site No. 1 FA-1	Sample Measurement				7.2			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				12.0 (Max.)			mg/L		Biweekly	8-hour FPC
BOD, Carbonaceous, 5 day, 20C											
PARM Code 30082 0 Mon Site No. 1 FA-1	Sample Measurement				203			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Solids, Total Suspended											
PARM Code 00530 0 Mon Site No. 1 FA-1	Sample Measurement				105			mg/L	0	Biweekly	8-hour FPC
	Permit Requirement				Report (Mo. Avg.)			mg/L		Biweekly	8-hour FPC
Flow											
PARM Code 30050 0 Mon Site No. 1 FA-1	Sample Measurement	0.408		MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	0.470 (An. Avg.)		MGD						5 Days/Week	Flow meters and totalizers
Flow											
PARM Code 30150 0 Mon Site No. 1 FA-1	Sample Measurement	0.372	0.410	MGD					0	5 Days/Week	Flow meters and totalizers
	Permit Requirement	Report (Mo. Avg.)	Report (3-Mo. Avg.)	MGD						5 Days/Week	Flow meters and totalizers
Percent Capacity, (1 MGD Permitted Capacity) (100)											
PARM Code 04180 1 Mon Site No. 1 FA-1	Sample Measurement				87.2%			Percent	0	Monthly	Calculated
	Permit Requirement				Report (Mo. Total)			Percent		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number

FLA011105-001

Facility: Shadow Hills WWTF

Monitoring Period

From: December 1, 2008

To: December 31, 2008

	COD (mg/L)	Fecal Coliform Bacteria (cfu/100ml)	Nitrogen, Nitrate, Total (as N) (mg/L)	pH (unit)	TSS (mg/L)	TRC (For Disinfect) (mg/L)	Flow (MGD)	COD (mg/L)	TSS (mg/L)			
Code	80082	74055	00620	00400	00530	50260	50050	80082	00530			
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	INF-1	EFA-1	EFA-1	INF-1	EFA-1			
1				7.2		2.2	0.424					
2				7.2		1.8	0.393					
3				7.1		1.3	0.357					
4				7.1		1.3	0.356					
5				7.2		1.8	0.367					
6				7.3		1.6	0.425					
7				7.5		2.1	0.334					
8				7.5		2.0	0.359					
9				7.5		2.2	0.372					
10	8.0		0.34	7.3	96.0	2.2	0.385	204.0	3.8			
11		< 1.0		7.2		2.1	0.373					
12				7.1		2.2	0.401					
13				7.2		2.1	0.356					
14				7.4		1.0	0.368					
15				7.3		1.8	0.358					
16				7.3		2.1	0.398					
17				7.2		1.8	0.350					
18				7.4		2.2	0.385					
19				7.1		0.9	0.358					
20				7.3		1.8	0.385					
21				7.0		1.0	0.362					
22	8.0		7.15	7.2	114.0	0.9	0.344	202.0	2.8			
23		< 1.0		7.7		2.2	0.345					
24				7.3		2.2	0.416					
25				7.3		1.9	0.389					
26				7.3		2.0	0.392					
27				7.2		2.1	0.442					
28				7.5		1.6	0.301					
29				7.3		2.0	0.443					
30				7.3		1.3	0.265					
31				7.4		1.6	0.311					

PERSONNEL

Weekend Shift Operator	Class	A	Certificate No.	7104	Name	Ferry Sillbue
Weekend Shift Operator	Class	C	Certificate No.	8003	Name	Alan Bailey
Weekend Shift Operator	Class	B	Certificate No.	34141	Name	Paul Woodard
Weekend Shift Operator	Class	C	Certificate No.	8518	Name	Alexander Lorenzo
Weekend Shift Operator	Class	C	Certificate No.	10046	Name	Paul Traxell
Lead Operator	Class	B	Certificate No.	7675	Name	Nathan Van Meter

Type of Disposal or Reclaimed Water Reuse

Unimpaired Water Discharge Activated: Yes ☐ No ☒ Not Applicable: X If yes, cumulative days of wet weather discharge

* Attach additional sheets if necessary for all certified operators

DAILY SAMPLE RESULTS - PART B (Cont.)

Permit Number:

FLA011105-001

Facility: Shadow Hills WWTF

Month/Year: December / 2008

	Staff Gauge Pond #1	Staff Gauge Pond #2	Staff Gauge Pond #3	Staff Gauge Pond #4	Staff Gauge Pond #5	Staff Gauge Pond #6	Staff Gauge Pond #7					
Code	NA	NA	NA	NA	NA	NA	NA					
Mon. Site	OTH-1	OTH-2	OTH-3	OTH-4	OTH-5	OTH-6	OTH-7					
1	4.80	5.30	3.60	2.20	1.60	2.38	0.92					
2	4.20	5.05	3.78	2.20	1.60	2.42	0.82					
3	3.50	4.87	3.87	2.10	1.57	2.38	0.75					
4	3.20	4.70	4.00	2.08	1.58	2.38	0.67					
5	3.00	4.48	4.15	2.08	1.58	2.38	0.58					
6												
7												
8	6.69	4.00	3.18	2.00	1.56	2.33	0.33					
9	7.33	2.30	2.85	2.00	1.55	2.33	2.30					
10	7.80	2.65	2.75	2.00	1.55	2.33	0.25					
11	8.20	3.00	2.50	2.00	1.55	2.37	0.18					
12	8.10	2.80	2.40	2.00	1.50	2.20	0.10					
13	7.81	7.81	2.36	1.95	1.48	2.28	0.10					
14												
15	6.90	8.69	1.75	1.95	1.35	2.28	0.10					
16	7.50	7.50	1.50	1.93	1.28	2.25	0.10					
17	8.00	5.89	1.37	1.90	1.20	2.22	0.10					
18	8.65	5.50	1.05	1.08	1.02	2.20	0.05					
19	7.90	8.54	1.00	1.80	0.95	2.18	0.05					
20												
21												
22	6.70	5.50	1.90	1.80	0.90	2.10	0.05					
23	6.32	5.21	2.11	1.80	0.89	2.05	0.05					
24	5.97	4.95	2.39	1.80	0.81	2.00	0.05					
25	5.65	4.70	2.65	1.60	0.80	2.00	0.05					
26	5.39	4.50	2.85	1.60	0.80	2.00	0.05					
27												
28												
29	5.20	4.30	3.40	1.40	0.80	2.00	0.05					
30	5.10	4.20	3.50	1.40	0.80	2.00	0.05					
31	5.10	4.20	3.50	1.40	0.80	2.00	0.00					

*Attach additional sheets if necessary to list all certified operators.
DPR Form 6-2 (2/9/06/10), Effective November 29, 1994

Florida Department of Environmental Protection

1900 North U.S. 1 South Highway Blvd., Orlando, Florida 32819-2700

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

DATE: 1-14-09
Form Title: Ground Water Monitoring Report
ES: 1000-100
DE: 1000-100

PART I GENERAL INFORMATION

- (1) Facility Name Shadow Hills WWTF / Seminole County
Address 925 Longwood Hills Rd
City Longwood Zip 32750
Telephone Number (407) 332-8055
- (2) The GMS Permit Identification Number 3059110659
- (3) DEP Permit Number FLA011105
- (4) Authorized Representative Name Nathan Van Meter
Address 200 Weathersfield Av
City Altamonte Springs Zip 32714
Telephone Number (407) 869-1919
- (5) Type of Discharge Domestic Wastewater Treatment Facility
- (6) Method of Discharge Rapid Infiltration Basins

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date: 1-14-09

Nathan Van Meter

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization Comp QAP #

Analytical Lab Comp QAP # /HRS Certification # E53076
*Comp QAP # /HRS Certification #

Lab Name Advanced Environmental Laboratories, Inc.

Address 528 S. North Lake Blvd, Suite 1016 Altamonte Springs, Florida 32701

Phone Number (407) 937-1594

5/20/2003

GROUND WATER MONITORING WELL REPORT - PART D

County
 Facility Name
 Permit Number

Seminole
 Shadow Hills WWTF
 FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
 Well Type
 Description:

MWC-1A
 Compliance
 Well Name MW-1A
 Ponds
 WAFR # 7134
 GMS Well # 3059A13168

Well Was Dry

Quarterly Monitoring Period
 Was the well purged before sampling?

From October 2008 To December 2008
 X No

Date Sample Obtained:
 Time Sample Obtained:

Sampling Method Used

Parameter	Permit Builder PARAM Code	Other Historic PARAM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	-		Feet	Report				
Nitrate, (as N)	00620	-		mg/L	<10				
Solids, Total Dissolved (TDS)	70295	70295		mg/L	<500				
Chloride (as Cl)	00940	-		mg/L	<250				
Coliform, Fecal	34855	-		1/100	<1				
pH	00400	-		SU	5.0-8.5				
Turbidity, Lab - Nephelometric	00070	82079		NTU	Report				

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)
Nathan Van Meter / Lead operator	Nathan Van Meter	407-332-8055	09/01/14

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County _____
 Facility Name _____
 Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-1B
Well Type	Compliance
Description:	Well Name MW-1B Ponds WAFR # 7133 GMS Well # 3059A13169
Date Sample Obtained	10/22/08
Time Sample Obtained	13:37

Quarterly Monitoring Period
'Was the well purged before sampling?'

From: October 2004 To: December 2004
X Yes No

Date Sample Obtained: 10/22/08
Time Sample Obtained: 13:37

Sampling Method Used

Part 2

[illegible]

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Permit Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID	Well Type	Description
----------------------	-----------	-------------

MWC-2A
Compliance
Well Name ?
Ponds
WAFR # 713
GMS Well #

Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From October 2004 To December 2005
X Yes No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

Pump.....

[illegible]

526203

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

Facility Name

Petroleum Number

Shadow Hills WWTF

FLA011105

GMS Permit # 3059P10659

Well Type

Description

Compliance

Well Name MW-28

Ponds

WAFR # 7131

GMS Well # 3059A13171

107208

15-05

Was the well purged before sampling?

X Yes _____ No _____

X Yes _____ No _____

Time Sample Obtained:

Time Sample Obtained:

Sampling Method Used

Purpose

[illegible]

2020

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-3A
Compliance
Well Name MW-3A
Ponds
WAFR # 7130
GMS Well # 3059A13172

Well Is Dry

Quarterly Monitoring Period:
Was the well purged before sampling?

From: October 2008 To: December 2008
X Yes ___ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used:

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/S)
Water Level Relative to Feet NGVD	82545	--		Feet	Report			N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10			Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500			Ice	N
Chloride (as Cl)	00940	--		mg/L	<250			Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4			Ice, NaThio	N
pH	00400	--		SI	5.0-8.5			N/A	N
Turbidity, Lab - Nephelometric	00070	82079		NTU	Report			Ice	N

5/20/2003

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County _____
Facility Name _____
Form Number _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
3/4/2008

MWC-3B
Compliance
Well Name MW-3B
Ponds
WAFR # 7129
GMS Well # 3059A13173
102203
14.41

Quarterly Monitoring Period
Was the well purged before sampling?

From October 2008 To December 2008
X Yes No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

Form _____

[illegible]

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

MWC-4A
Compliance
Well Name MW-4A
Ponds
WAFR # 7128
GMS Well # 3059A13174
10/22/08
1401

Date Sample Obtained _____
Time Sample Obtained _____

Pump _____

[illegible]

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YY/MM/DD)

GROUND WATER MONITORING WELL REPORT - PART D

County:
Facility Name:
Permit Number:

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type:
Description:

MWC-4B
Compliance
Well Name MW-4B
Ponds
WAFR # 7127
GMS Well # 3059A13175
10/22/08
14:15

Quarterly Monitoring Period:
Was the well purged before sampling?

From October 2008 To December 2008
☒ Yes ☐ No

Date Sample Obtained:
Time Sample Obtained:

Sampling Method Used:

Pump

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet NGVD	82545	--	79.62	Feet	Report	N/A	Field	N/A	N/A
Nitrate (as N)	00620	--	0.22	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	370	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	120	mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--	1.0 U	Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	7.00	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	20	NTU	Report	0.065	EPA 180.1	Ice	N

5/20/2003
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: _____
Facility Name: _____
Permit Number: _____

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MFW ID:
Well Type:
Description:

MWC-5A
Compliance
Well Name MW-5A
Ponds
WAFR # 7126
GMS Well # 3059A13176

Monitoring Well Is Dry

Quarterly Monitoring Period
Was the well purged before sampling?

From: October 2008 To: December 2008
☐ Yes ☐ No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

[illegible]

GROUND WATER MONITORING WELL REPORT - PART D

County
 Facility Name
 Permit Number
 Quarterly Monitoring Period
 Was the well purged before sampling?
 Sampling Method Used

Seminole
 Shadow Hills WWTF
 FLA011105
 From October 2008 To December 2008
 X Yes ___ No
 Pump _____

Permit Builder MW ID:
 Well Type:
 Description:
 Date Sample Obtained: 10/22/08
 Time Sample Obtained: 13:05
 Equipment Blank

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--		Feet	Report	N/A	Field	N/A	N/A
Nitrate (as N)	00629	--	0.161	mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296	10 U	mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--	3.8 U	mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--	1.011	Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--		SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	K2079	0.065 U	NTU	Report	0.065	EPA 180.1	Ice	N

5/20/2003

COMMENTS AND EXPLANATION

GROUND WATER MONITORING WELL REPORT - PART D

County
Facility Name
Permit Number

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID
Well Type
Description

MWC-1B
Compliance
Well Name MW-1B
Ponds
WAFR # 7133
GMS Well # 3059A13169

Quarterly Monitoring Period
Was the well purged before sampling?

From October 2008 To December 2008
X Yes ☐ No

Date Sample Obtained
Time Sample Obtained

11/18/08
13:45

Sampling Method Used

Pump _____

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	74.34	Feet	Report	N/A	Field	N/A	N/A
Nitrate, (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	4.74	SIU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lat - Nephelometric	00070	82079	0.90	NTU	Report	0.065	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County
Facility Name
Permit Number

Seminole
Shadow Hills WWTF
FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:
Well Type
3/4/2008

MWC-3B
Compliance
Well Name MW-3B
Ponds
WAFR # 7129
GMS Well # 3059A13173
11/18/08
14:38

Quarterly Monitoring Period
Was the well purged before sampling?
Sampling Method Used

From: October 2008 To: December 2008
X Yes ___ No
Pump _____

Date Sample Obtained:
Time Sample Obtained:

Parameter	Permit Builder PARM Code	Other Historic PARM Codes	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545	--	71.84	Feet	Report	N/A	Field	N/A	N/A
Nitrate (as N)	00620	--		mg/L	<10	0.047	SM4500NO3-F	Ice	N
Solids, Total Dissolved (TDS)	70295	70296		mg/L	<500	10	EPA 160.1	Ice	N
Chloride (as Cl)	00940	--		mg/L	<250	3.8	EPA 325.2	Ice	N
Coliform, Fecal	74055	--		Col/100 mL	<4	1.0	SM9222D	Ice, NaThio	N
pH	00400	--	7.09	SU	5.0-8.5	N/A	Field	N/A	N
Turbidity, Lab - Nephelometric	00070	82079	21	NTU	Report	0.065	EPA 180.1	Ice	N

COMMENTS AND EXPLANATION:

1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25 26 27 28 29 30 31 32

MWC-4B
Compliance
Well Name MW-4B
Ponds
WAFR # 7127
GMS Well # 3059A13175

Date Sample Obtained:
Time Sample Obtained:

Funny

[illegible]

5202003

COMMENTS AND EXPLANATION

FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

WASTEWATER COMPLIANCE INSPECTION REPORT

FACILITY AND INSPECTION INFORMATION

@ = Optional

Name and Physical Location of Facility SHADOW HILLS WWTF 925 LONGWOOD HILLS ROAD LONGWOOD FL	WAFR ID: FLA011105	County Seminole Phone	Entry Date/Time 5/15/08 1:25 AM @ Exit Date/Time 5/15/08 2:44 PM
Name(s) of Field Representatives(s) NATHAN VANMETER EDDIE ROBERTS	Title OPERATOR OPERATOR	Phone 407-332-8055	
Name and Address of Permittee or Designated Representative PATRICK FLYNN UTILITIES INC OF FLORIDA 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS FL 32714	Title REGIONAL DIRECTOR	Phone	@ Operator Certification # B-7873 A-7057

Inspection Type	<input type="checkbox"/> C <input type="checkbox"/> E <input type="checkbox"/> I	Samples Taken(Y/N): No	@ Sample ID#:	Samples Split (Y/N):
<input checked="" type="checkbox"/> Domestic	<input type="checkbox"/> Industrial	Were Photos Taken(Y/N): N	@ Log book Volume : 11	@ Page 214

FACILITY COMPLIANCE AREAS EVALUATED

IC = In Compliance; NC = Out of Compliance; SC = Significant out of Compliance; NA = Not Applicable; NE = Not Evaluated
Significant Non-Compliance Criteria Should be Reviewed when Out of Compliance Ratings Are Given in Areas Marked by a "♦"

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

Facility and/or Order Compliance Status:	<input type="checkbox"/> In-Compliance	<input checked="" type="checkbox"/> Out-Of-Compliance	<input type="checkbox"/> Significant-Out-Of-Compliance
Recommended Actions: NONCOMPLIANCE LETTER			
Name(s) and Signature(s) of Inspector(s) David Smicherko <i>David Smicherko</i>	District Office/Phone Number Central District 407-893-3313	Date 6/2/08	
Name(s) and Signature(s) of Reviewer Kalina Warren <i>Kalina Warren</i>	District Office/Phone Number Central District 407-893-3313	Date June 2, 2008	

Fill Out This Section For All Surface Water Discharger Inspections (CEI, CSI, CBI, PAI, XSI, RI, ASI, ANI)

Transaction Code	NPDES Number	YR/MO/DA	Insp Type	Inspector	Fac Type
N 5			1	2	3

ADDITIONAL NPDES COMMENTS

Inspection Type (Field 1) A:PAI, B:CBI, C:CEI, S:CSI, X:XSI, R:RI, \:ASI, =:ANI
Inspection Code (Field 2): S: State, J: Joint EPA/State-EPA Lead, T: Joint State/EPA-State Lead, L: Local Program
Facility Type (Field 3): 1: Municipal (Publicly Owned), 2: Industrial and Privately Owned Domestic, 3: Agricultural, 4: Federal
Every other field is self explanatory

INSPECTION COMMENTS

PERMIT: In Compliance

The FDEP Permit No. FLA011105 expires July 8, 2008. A permit renewal application was received on January 10, 2008. The permit authorizes the operation of an existing 0.470 mgd permitted capacity step aeration activated sludge wastewater treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification and chlorination. Land application is via a 0.47 mgd AADF restricted access rapid rate infiltration basin system consisting of seven percolation ponds with a total wetted area of 8 acres.

A copy of the permit was onsite and available for operators.

COMPLIANCE SCHEDULE: N/A

LABORATORY: N/E

The facility uses Tri-Tech Laboratory for sample analysis.

SAMPLING: In Compliance

The influent and effluent composite samples are collected by hand and proportioned to the flow meter. Log of samples and compositing data is kept on-site.

A HACH Pocket Colorimeter is used to test the residual chlorine. The calibration is checked daily with secondary standards. The quarterly verification of the secondary standards is being performed. The meter's calibration is checked quarterly with primary standards. A log of calibration checks is kept. There are two meters available for use.

An Orion 410 A pH meter is used to test the effluent pH. A 4.00, 7.00 and 10.00 SU buffer is used to calibrate the meter daily. The buffers were within expiration dates. Fresh buffers are used daily.

The sampling points are as stated in the permit.

RECORDS AND REPORTS: In Compliance

A bound and numbered operations logbook was on-site showing the plant is staffed as required by permit. Copies of the operators' certifications, O&M manuals and lab certification were on site.

A review of the permit file and Discharge Monitoring Reports (DMRs) from January 2007 to March 2008 showed no deficiencies in the effluent reporting requirements.

Copies of the Annual Reuse Report and letter stating no new non-domestic connections have been made to the treatment plant have been submitted.

FACILITY SITE REVIEW: In Compliance

ACCESS: The facility is enclosed by a continuous fence with a lockable gate.

HEADWORKS: There is a surge tank and a manual barscreen. Screenings are deposited in a dumpster which taken to landfill. There are two surge tank pumps.

AERATION: Aeration is provided by three blowers. Two blowers are used at a time. All blowers are operational. Good air distribution and mixing were noted. The plant is operated in step feed treatment system.

CLARIFIERS: The stilling well was clean. The weir is level and clean. The skimmer was working. The effluent was clear.

DISINFECTION: Sodium hypochlorite is used for disinfection. Storage consists of a 900 gallon tank in a secondary containment vessel. Approximately 750 gallons are in tank, 30-40 gallons of hypochlorite are used daily.

CHLORINE CONTACT CHAMBER: The chlorine contact chamber was clear. There was foam noted on the surface that was being broken up by water sprays.

DIGESTER: There are three digester/holding tanks for residuals. One is part of the ring plant and there are two external tanks. Both areas have deodorant sprayers for odor control. When the operator is supernating the digester the deodorant concentration is increased in the sprayers. No odors were present.

BACKFLOW PREVENTION: The RPZ appeared to be in working condition (no leaks). The RPZ was certified on April 29, 2008.

FLOW MEASUREMENT: In Compliance

Flow is measured at a 90° V-notch weir with an ultrasonic flow meter. The calibration was completed on December 7, 2007.

OPERATION AND MAINTENANCE: In Compliance

Operations and Maintenance manuals are on-site. The facility grounds were well maintained.

EFFLUENT QUALITY: Out of Compliance

A review of the Discharge Monitoring Reports from January 2007 to March 2008 showed the following exceedances to the effluent quality limits.

The nitrate result reported on the DMR for January 2007 was 14.1 mg/L this exceeded the permit limit of 12.0 mg/L. The exceedance was reported to the Department.

EFFLUENT DISPOSAL: In Compliance

The reuse system consists of seven ponds. Pond #2 was being loaded at the time of inspection. The water depth in the pond was approximately 3.75 ft. Pond #1 also contained effluent at a depth of 6.68 ft. The ponds are rotated on a regular basis; schedule is contained in logbook. The berms were in good condition. All ponds contain staff gauges.

RESIDUALS/SLUDGE: In Compliance

The facility can use Shelley's Environmental Services RMF for residuals treatment and disposal.

GROUND WATER: Out of Compliance

A review of the ground water files for this facility indicates the following deficiencies:

The Department has not received the ground water monitoring report for the third quarter of 2007. Please submit this report.

For the fourth quarter of 2007 only re-sample results were submitted. Please submit this entire report.

A certification form was not submitted with the re-sample results submitted for the fourth quarter of 2007. Please include a certification form with all ground water monitoring results.



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

SENT VIA E-MAIL TO: pcflyn@uiwater.com

June 4, 2008

UTILITIES INC OF LONGWOOD
200 WEATHERSFIELD AVENUE
ALTAMONTE SPRINGS FL 32714

OCD-C-WW-08-0461

ATTENTION PATRICK C FLYNN
REGIONAL DIRECTOR

Seminole County - DW
Shadow Hills WWTF
Wastewater Facility - Permit No. FLA011105
Noncompliance Letter

Dear Mr. Flynn:

On May 15, 2008, Department personnel conducted a routine inspection of your wastewater facility. A copy of the inspection report is enclosed for your review. During the course of the inspection, and/or determined from records on file in this office, the following ground water deficiencies were noted:

1. The Department has not received the ground water monitoring report for the third quarter of 2007. Please submit this report.
2. For the fourth quarter of 2007 only re-sample results were submitted. Please submit this entire report.
3. A certification form was not submitted with the re-sample results submitted for the fourth quarter of 2007. Please include a certification form with all ground water monitoring results.

Please respond to these items, in writing, with a schedule of corrective action. Pursuant to Rule 62-4.100(2), F.A.C., failure to comply with pollution control rules shall be grounds for permit suspension or revocation and initiation of formal enforcement action. Your reply is requested within 14 days from the date of this letter. Ground water questions should be directed to Marsha Johnson at (407) 893-3308, Ext. 2275. Your reply and any other questions should be addressed to David Smicherko at (407) 893-3313.

Sincerely,

Gary P. Miller
Program Manager
Wastewater Compliance/Enforcement

GM/ds/ar

Enclosure: Inspection Report

cc: Scotty Haws, Utilities Inc., slhaws@uiwater.com
Anil Desai, FDEP, anil.desai@dep.state.fl.us



June 6, 2008

Mr. Gary P. Miller, Program Manager
Florida Department of Environmental Protection
3319 Maguire Blvd., Suite 232
Orlando, Florida 32803-3767

RE: Shadow Hills WWTP
Wastewater Facility Permit No. FLA011105
Response to Noncompliance Letter

Dear Mr. Miller:

This letter is in response to your recent correspondence concerning the routine compliance inspection conducted on May 15, 2008 at the above referenced facility. For your reference, the deficiency has been reiterated in bold followed by the Utility's response.

1. The Department has not received the ground water monitoring report for the third quarter of 2007. Please submit this report.

Please find the enclosed copy of the third quarter Ground Water monitoring reports.

2. For the fourth quarter of 2007 only re-sample results were submitted. Please submit this entire report.

Please find the enclosed copy of the complete Ground Water monitoring report for the fourth quarter 2007.

3. A certification form was not submitted with the re-sample results submitted for the fourth quarter of 2007. Please include a certification form with all ground water monitoring results.

Please find the enclosed copy of the complete Ground Water monitoring report for the fourth quarter of 2007.

I anticipate this response adequately addresses the Department's comments. If you have any questions or require additional information, please contact me at 407-682-5651.

Sincerely,

UTILITIES INC. OF LONGWOOD

Area Manager

Enclosures: Third and fourth quarter 2007 monitoring well reports

Ec: Patrick Flynn, Regional Director
Bryan Gongre, Regional Manager
Scotty Haws, Regional Compliance Manager

a Utilities, Inc. company Utilities, Inc. of Longwood

200 Weathersfield Ave. • Altamonte Springs, FL 32714-4027 • P:407-869-1919 • F:407-869-6961 • www.uiwater.com

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (5)
INSPECTION REPORTS

Test Year Ended December 31, 2008

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (5)
INSPECTION REPORTS

NOT APPLICABLE

Test Year Ended December 31, 2008

Utilities, Inc. of Longwood

Docket No.: 090381 –SU

Seminole County

25.30.440 (6)
PERMITS

Test Year Ended December 31, 2008

Utilities, Inc. of Longwood

Docket No.: 090381 –SU

Seminole County

25.30.440 (6)
PERMITS

NOT APPLICABLE

Test Year Ended December 31, 2008



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

Sent via email: pcflyn@uiwater.com

UTILITIES INC OF LONGWOOD
200 WEATHERSFIELD AVE
ALTAMONTE SPRINGS FL 32714

OCD-DW-09-0147

ATTENTION PATRICK C FLYNN
 REGIONAL DIRECTOR

Seminole County - DW
Shadow Hills WWTF
Permit No. FLA011105

Dear Mr. Flynn:

The Department has received and reviewed your letter dated December 22, 2008, regarding clarifications and corrections for the recently issued permit for the referenced facility. The Discharge Monitoring Report (DMR) and permit have been revised as follows:

- The Total Nitrogen monitoring requirement has been removed from condition I.A.1.
- The effluent flow meter has been labeled FLW-1 in conditions I.A.2 and I.B.2
- The submittal date of June 28 in condition I.B.8 cannot be changed because this is a rule requirement; however, submitting the report in January or each year is acceptable.
- Your request for reduced ground water monitoring must be done through a permit revision.

Please replace the previously issued DMR and the Permit with the enclosed ones. We regret any inconvenience this may have caused.

Should you have any questions please feel free to contact Mala C. Choksi at (407) 893-3315.

Sincerely,

Dennise Judy
Program Manager
Domestic Waste Permitting

Date: March 20, 2009

DJ/mcc/ply

Enclosures: Revised DMR and Permit

cc: Scotty Haws (via email: slhaws@uiwater.com)



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen Castille
Secretary

NOTICE OF PERMIT ISSUANCE

Sent via email: dave@ava905.com

In the Matter of an
Application for Permit by:

AMERICAN VILLAGE ACADEMY
905 LONGWOOD HILLS ROAD
LONGWOOD FL 32750

ATTENTION DAVE MICKELSEN
OWNER

Seminole County - CS
American Village Academy
Connected to: Shadow Hills WWTF

Dear Mr. Mickelsen:

Enclosed is Permit Number CS59-0254932-001 to construct a sewage transmission system, issued pursuant to 403.087(1), Florida Statutes.

The Department's proposed agency action shall become final unless a timely petition for an administrative hearing is filed under Sections 120.569 and 120.57, Florida Statutes, within fourteen days of receipt of notice. The procedures for petitioning for a hearing are set forth below.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative proceeding (hearing) under Sections 120.569 and 120.57, Florida Statutes. The petition must contain the information set forth below and must be filed (received by the clerk) in the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000.

Petitions by the applicant or any of the persons listed below must be filed within fourteen days of receipt of this written notice. Petitions filed by any persons other than those entitled to written notice under Section 120.60(3), Florida Statutes, must be filed within fourteen days of publication of the notice or within fourteen days of receipt of the written notice, whichever occurs first. Under Section 120.60(3), Florida Statutes, however, any person who has asked the Department for notice of agency action may file a petition within fourteen days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the applicant at the address indicated above at the time of filing. The failure of any person to file a petition within fourteen days of receipt of notice shall constitute a waiver of that person's right to request an administrative determination (hearing) under Sections 120.569 and 120.57, Florida Statutes. Any subsequent intervention (in a proceeding initiated by another party) will be only at the discretion of the presiding officer upon the filing of a motion in compliance with Rule 28-106.205, Florida Administrative Code.

A petition that disputes the material facts on which the Department's action is based must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the name, address, and telephone number of the petitioner's representative, if any; the Department permit identification number and the county in which the subject matter or activity is located;
- (b) A statement of how and when each petitioner received notice of the Department action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department action;
- (d) A statement of all disputed issues of material fact. If there are none, the petition must so indicate;
- (e) A statement of facts that the petitioner contends warrant reversal or modification of the Department action;
- (f) A concise statement of the ultimate facts alleged, as well as the rules and statutes which entitle the petitioner to relief; and
- (g) A statement of the relief sought by the petitioner, stating precisely the action that the petitioner wants the Department to take.

Because the administrative hearing process is designed to formulate final agency action, the filing of a petition means that the Department's final action may be different from the position taken by it in this notice. Persons whose substantial interests will be affected by any such final decision of the Department have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Mediation under Section 120.573, Florida Statutes, is not available for this proceeding.

This permit action is final and effective on the date filed with the clerk of the Department unless a petition is filed in accordance with the above. Upon the timely filing of a petition this permit will not be effective until further order of the Department.

Any party to the permit has the right to seek judicial review of the permit action under Section 120.68, Florida Statutes, by the filing of a notice of appeal under Rules 9.110 and 9.190, Florida Rules of Appellate Procedure, with the clerk of the Department in the Office of General Counsel, Mail Station 35, 3900 Commonwealth Boulevard, Tallahassee, Florida, 32399-3000; and by filing a copy of the notice of appeal accompanied by the applicable filing fees with the appropriate district court of appeal. The notice of appeal must be filed within 30 days from the date when this permit action is filed with the clerk of the Department.



Department of Environmental Protection

Jeb Bush
Governor

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Colleen Castille
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER COLLECTION/TRANSMISSION INDIVIDUAL PERMIT

Permittee:
American Village Academy
905 Longwood Hills Road
Longwood FL 32750

Attention: Dave Mickelsen
Owner

Permit Number: CS59-0254932-001
Date of Issue: November 7, 2005
Expiration Date: November 6, 2010
County: Seminole
Project: American Village Academy
Connected to: Shadow Hills WWTF

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and Chapters 62-4 and 62-604, Florida Administrative Code (F.A.C.).

The above named permittee is hereby authorized to construct the facilities shown on the application and other documents on file with the Department and made a part hereof and specifically described as follows:

DESCRIPTION OF PROJECT:

Construction of a sewage transmission system for the American Village Academy project, serving one school and generating a flow of 1,950 gpd.

The sewage transmission system shall consist of: (A) lift station with dual submersible grinder pumps operating at 60 GPM, (B) 174 LF of 2-inch PVC force main and (C) associated valves and appurtenances.

LOCATION OF PROJECT: Longwood Hills Road and West of Lake Emma Road, Longwood, Seminole County, Florida.

IN ACCORDANCE WITH: The limitations, requirements and other conditions set forth in pages 1 through 3 of this permit.

Permittee:
American Village Academy

Permit Number: CS59-0254932-001
Expiration Date: November 6, 2010

Attention: Dave Mickelsen
Owner

PERMIT CONDITIONS:

1. This permit is subject to the general conditions of Rule 62-4.160, F.A.C., as applicable. This rule is available at the Department's Internet site at:
<http://www.dep.state.fl.us/water/wastewater/rules.htm#domestic> [62-4.160]
2. Upon completion of construction of the collection/transmission system project, and before placing the facilities into operation for any purpose other than testing for leaks or testing equipment operation, the permittee shall submit to the Department's Central District Office Form 62-604.300(8)(b), Request for Approval to Place a Domestic Wastewater Collection/Transmission System into Operation. This form is available at the Department's Internet site at:
<http://www.dep.state.fl.us/water/wastewater/forms.htm> [62-604.700(2), 11-6-03]
3. The new or modified collection/transmission facilities shall not be placed into service until the Department clears the project for use. [62-604.700(3), 11-6-03]
4. Permit revisions shall only be made in accordance with Rule 62-4.050(4)(s), F.A.C. Request for revisions shall be made to the Department in writing and shall include the appropriate fee. Revisions not covered under Rule 62-4.050(4)(s), F.A.C., shall require a new permit. [62-604.600(8), 11-6-03]
5. Abnormal events shall be reported to the Department's Central District office in accordance with Rule 62-604.550, F.A.C. For unauthorized spills of wastewater in excess of 1000 gallons per incident, or where information indicates that public health or the environment may be endangered, oral reports shall be provided to the STATE WARNING POINT TOLL FREE NUMBER, (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee or other designee becomes aware of the circumstances. Unauthorized releases or spills less than 1000 gallons per incident are to be reported orally to the Department's Central District office within 24 hours from the time the permittee, or other designee becomes aware of the circumstances. [62-604.550, 11-6-03]
6. The permittee shall be responsible for proper operation and maintenance of the pump station, including clean-up of spills resultant from pump station malfunction and providing temporary service power generating and pumping equipment for emergency situations. In the event of equipment breakdown, power outages, destruction by hazard of fire, wind or by other cause, the permittee shall notify the Department, within 24 hours when such abnormal events result in the disposal of inadequately treated waste in violation of DEP Rule 62-604.130(1), F.A.C. in accordance with DEP Rule 62-604.550, F.A.C.

Permittee:
American Village Academy

Permit Number: CS59-0254932-001
Expiration Date: November 6, 2010

Attention: Dave Mickelsen
Owner

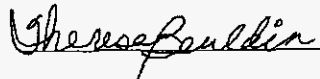
Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT
OF ENVIRONMENTAL PROTECTION


Dennise Judy
Program Manager
Domestic Waste Permitting

FILING AND ACKNOWLEDGEMENT

FILED, on this date, under Section 120.52, Florida Statutes, with the designated deputy clerk, receipt of which is hereby acknowledged.



Clerk

November 7, 2005
Date

DJ/sm/ply

Copies furnished to:
Patrick C. Flynn (via email: p.c.flynn@utilitiesinc-usa.com)
William C. Bentley, P.E.(via email: bill@baeonline.com)

CERTIFICATE OF SERVICE

This is to certify that this NOTICE OF PERMIT ISSUANCE and all copies were mailed before the close of business on November 7, 2005 to the listed persons, by [Signature].



Florida Department of Environmental Protection

Central District
3319 Maguire Boulevard, Suite 232
Orlando, Florida 32803-3767

Charlie Crist
Governor

Jeff Kottkamp
Lt. Governor

Michael W. Sole
Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

Utilities, Inc. of Longwood

PERMIT NUMBER:

FLA011105

PA FILE NUMBER:

FLA011105-006-DW2P

ISSUANCE DATE:

December 12, 2008

EXPIRATION DATE:

December 3, 2013

Revised 03/20/2009

RESPONSIBLE AUTHORITY:

Mr. Patrick C Flynn
Regional Director
200 Weathersfield Avenue
Altamonte Springs, FL 32174

(407) 869-1919

FACILITY:

Shadow Hills WWTF
925 Longwood Hills Road
Longwood, FL
Seminole County
Latitude: 28° 42' 54" N Longitude: 81° 21' 44" W

This permit is issued under the provisions of Chapter 403, Florida Statutes (F.S.), and applicable rules of the Florida Administrative Code (F.A.C.). The above named permittee is hereby authorized to operate the facilities shown on the application and other documents attached hereto or on file with the Department and made a part hereof and specifically described as follows:

TREATMENT FACILITIES:

An existing 0.500 mgd annual average daily flow (AADF) design capacity, 0.470 mgd aadf permitted capacity step aeration activated sludge domestic wastewater treatment plant consisting of flow equalization, influent screening, aeration, secondary clarification, chlorination, and aerobic digestion of residuals. The flows to the facility are limited to 0.470 MGD, the permitted capacity of the reuse system.

REUSE:

Land Application: An existing 0.470 MGD AADF permitted capacity rapid infiltration basin system (R-001). R-001 consists of seven (7) rapid infiltration basins (RIBS) with a total wetted area of 8 acres located approximately at latitude 28° 42' 54" N, longitude 81° 21' 44" W.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 16 of this permit.

FACILITY: Shadow Hills WWTF
 PERMITTEE: Utilities, Inc. of Longwood

PERMIT NUMBER: FLA011105
 EXPIRATION DATE: December 3, 2013

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

- During the period beginning on the issuance date and lasting through the expiration date of this permit, the permittee is authorized to direct reclaimed water to Reuse System R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

Parameter	Units	Max/Min	Reclaimed Water Limitations				Monitoring Requirements			
			Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow	MGD	Maximum	0.47	-	-	-	5 Days/Week	Recording flow meters and totalizers	FLW-1	See Cond. I.A.3.
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	MG/L	Maximum	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
pH	SU	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100 ML	Maximum	See Permit Condition I.A.4.				Every Two Weeks	Grab	EFA-1	
Total Residual Chlorine (For Disinfection)	MG/L	Minimum	-	-	-	0.5	5 Days/Week	Grab	EFA-1	See Cond. I.A.5.
Nitrogen, Nitrate, Total (as N)	MG/L	Maximum	-	-	-	12.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	See Cond. I.A.6.

FACILITY: Shadow Hills WWTF
PERMITTEE: Utilities, Inc. of Longwood

PERMIT NUMBER: FLA011105
EXPIRATION DATE: December 3, 2013

2. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 1. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFA-1	Chlorine contact chamber effluent
FLW-1	Effluent flow meter

3. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
4. The arithmetic mean of the monthly fecal coliform values collected during an annual period shall not exceed 200 per 100 mL of reclaimed water sample. The geometric mean of the fecal coliform values for a minimum of 10 samples of reclaimed water, each collected on a separate day during a period of 30 consecutive days (monthly), shall not exceed 200 per 100 mL of sample. No more than 10 percent of the samples collected (the 90th percentile value) during a period of 30 consecutive days shall exceed 400 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 800 fecal coliform values per 100 mL of sample. Note: To report the 90th percentile value, list the fecal coliform values obtained during the month in ascending order. Report the value of the sample that corresponds to the 90th percentile (multiply the number of samples by 0.9). For example, for 30 samples, report the corresponding fecal coliform number for the 27th value of ascending order. [62-610.510 and 62-600.440(4)(c)]
5. A minimum of 0.5 mg/L total residual chlorine must be maintained for a minimum contact time of 15 minutes based on peak hourly flow. [62-610.510 and 62-600.440(4)(b)]
6. Nitrate nitrogen (NO₃) concentration in the water discharged to the land application system shall not exceed 12.0 mg/L, or as required to comply with Rule 62-610.510, F.A.C. [62-610.510]

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I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS (cont.)

B. Other Limitations and Monitoring and Reporting Requirements

1. During the period beginning on the issuance date and lasting through the expiration date of this permit, the treatment facility shall be limited and monitored by the permittee as specified below and reported in accordance with condition I.B.7:

			Limitations				Monitoring Requirements			
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
BOD, Carbonaceous 5 day, 20C	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Solids, Total Suspended	MG/L	Maximum	-	Report	-	-	Every Two Weeks	8-hour flow proportioned composite	INF-1	See Cond. I.B.3.
Percent Capacity, (TMADF/Permitted Capacity) x 100	PER CENT	Maximum	-	Report	-	-	Monthly	Calculated	FLW-1	

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2. Samples shall be taken at the monitoring site locations listed in Permit Condition I. B. 1 and as described below:

Monitoring Location Site Number	Description of Monitoring Location
FLW-1	Effluent flow meter
INF-1	Raw influent to surge tank

3. Influent samples shall be collected so that they do not contain digester supernatant or return activated sludge, or any other plant process recycled waters. [62-601.500(4)]
4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6)]
5. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method to assure compliance with applicable water quality standards and effluent limitations in accordance with 40 CFR (Code of Federal Regulations) Part 136. All monitoring shall be representative of the monitored activity. [62-620.320(6)]
6. The permittee shall provide safe access points for obtaining representative influent, reclaimed water, and effluent samples which are required by this permit. [62-601.500(5)]
7. Monitoring requirements under this permit are effective on the first day of the second month following permit issuance. Until such time, the permittee shall continue to monitor and report in accordance with previously effective permit requirements, if any. During the period of operation authorized by this permit, the permittee shall complete and submit to the Department's Central District Office Discharge Monitoring Reports (DMRs) in accordance with the frequencies specified by the REPORT type (i.e., monthly, toxicity, quarterly, semiannual, annual, etc.) indicated on the DMR forms attached to this permit. Monitoring results for each monitoring period shall be submitted in accordance with the associated DMR due dates below.

REPORT Type	Monitoring Period	Due Date
Monthly or Toxicity	first day of month – last day of month	28 th day of following month
Quarterly	January 1 - March 31	April 28
	April 1 – June 30	July 28
	July 1 – September 30	October 28
	October 1 – December 31	January 28
Semiannual	January 1 – June 30	July 28
	July 1 – December 31	January 28
Annual	January 1 – December 31	January 28

DMRs shall be submitted for each required monitoring period including months of no discharge. The permittee shall make copies of the attached DMR form(s) and shall submit the completed DMR form(s) to the Department's Central District Office at the address specified in Permit Condition I.B. 10 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18)][62-601.300(1), (2), and (3)]

8. During the period of operation authorized by this permit, reclaimed water or effluent shall be monitored annually for the primary and secondary drinking water standards contained in Chapter 62-550, F.A.C., (except for asbestos, color, and corrosivity). These monitoring results shall be reported to the Department's Central District Office annually on the DMR. During years when a permit is not renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system since the last reclaimed water or effluent analysis was conducted may be submitted in lieu of the report. The annual reclaimed water or effluent analysis report or the certification shall be completed and submitted in a timely manner so as to be received by Department's Central District Office by June 28 of each year. Approved analytical methods identified in Rule 62-620.100(3)(j), F.A.C., shall be used for the analysis. If no method is included for a parameter, methods specified in Chapter 62-550, F.A.C., shall be used. [62-601.300(4)][62-601.500(3)][62-610.300(4)]

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9. The permittee shall submit an Annual Reuse Report using DEP Form 62-610.300(4)(a)2. on or before January 1 of each year. [62-610.870(3)]
10. Unless specified otherwise in this permit, all reports and other information required by this permit, including 24-hour notifications, shall be submitted to or reported to, as appropriate, the Department's Central District Office at the address specified below:
Central District Office
3319 Maguire Boulevard Suite 232
Orlando, Florida 32803-3767
Phone Number - (407) 894-7555
FAX Number - (407) 897-2966
All FAX copies shall be followed by original copies. All reports and other information shall be signed in accordance with the requirements of Rule 62-620.305, F.A.C. [62-620.305]

II. RESIDUALS MANAGEMENT REQUIREMENTS

1. The method of residuals use or disposal by this facility is transport to a DEP approved residuals management facility or disposal in a Class I or II solid waste landfill.
2. The permittee shall be responsible for proper treatment, management, use, and land application or disposal of its residuals. [62-640.300(5)]
3. The permittee shall not be held responsible for treatment, management, use, or land application violations that occur after its residuals have been accepted by a permitted residuals management facility with which the source facility has an agreement in accordance with Rule 62-640.880(1)(c), F.A.C., for further treatment, management, use or land application. [62-640.300(5)]
4. Disposal of residuals, septage, and other solids in a solid waste landfill, or disposal by placement on land for purposes other than soil conditioning or fertilization, such as at a monofill, surface impoundment, waste pile, or dedicated site, shall be in accordance with Chapter 62-701, F.A.C. [62-640.100(6)(k)3 & 4]
5. If the permittee intends to accept residuals from other facilities, a permit revision is required pursuant to Rule 62-640.880(2)(d), F.A.C. [62-640.880(2)(d)]
6. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

Source Facility

1. Date and Time Shipped
2. Amount of Residuals Shipped
3. Degree of Treatment (if applicable)
4. Name and ID Number of Residuals Management Facility or Treatment Facility
5. Signature of Responsible Party at Source Facility
6. Signature of Hauler and Name of Hauling Firm

Residuals Management Facility or Treatment Facility

1. Date and Time Received
2. Amount of Residuals Received
3. Name and ID Number of Source Facility
4. Signature of Hauler
5. Signature of Responsible Party at Residuals Management Facility or Treatment Facility

These records shall be kept for five years and shall be made available for inspection upon request by the Department. A copy of the hauling records information maintained by the source facility shall be provided upon delivery of the residuals to the residuals management facility or treatment facility. The permittee shall report to the Department within 24 hours of discovery any discrepancy in the quantity of residuals leaving the source facility and arriving at the residuals management facility or treatment facility. [62-640.880(4)]

7. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4)]

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III. GROUND WATER REQUIREMENTS

Construction Requirements

Section Construction Requirements is not applicable to this facility.

Operational Requirements

1. For the Part IV land application system(s), all ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge. The zone of discharge for this project shall extend horizontally 100 feet from the application site or to the facility's property line, whichever is less, and vertically to the base of the surficial aquifer. [62-520.200(23)][62-522.400 and 62-522.410]
2. The ground water minimum criteria specified in Rule 62-520.400 F.A.C., shall be met within the zone of discharge. [62-520.400 and 62-520.420(4)]
3. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and the approved ground water monitoring plan prepared in accordance with Rule 62-522.600, F.A.C. [62-522.600][62-610.510]
4. The following monitoring wells shall be sampled quarterly. Sampling must be reasonably spaced to be representative of potentially changing conditions.

Facility MW Name	Permit Builder MW ID	WAFR #	GMS Well #	Depth (Feet)	Aquifer Monitored	Well Type	New or Existing
Pond Site							
MW-1A	MWC-1A	7134	3059A13168	10	Surficial	Compliance	Existing
MW-1B	MWC-1B	7133	3059A13169	50	Surficial	Compliance	Existing
MW-2A	MWC-2A	7132	3059A13170	10	Surficial	Compliance	Existing
MW-2B	MWC-2B	7131	3059A13171	50	Surficial	Compliance	Existing
MW-3A	MWC-3A	7130	3059A13172	10	Surficial	Compliance	Existing
MW-3B	MWC-3B	7129	3059A13173	48	Surficial	Compliance	Existing
MW-4A	MWC-4A	7128	3059A13174	10	Surficial	Compliance	Existing
MW-4B	MWC-4B	7127	3059A13175	50	Surficial	Compliance	Existing
MW-5A	MWC-5A	7126	3059A13176	17	Surficial	Compliance	Existing

MWC = Compliance Well

[62-522.600][62-610.510(3)]

5. The following parameters shall be analyzed for each of the monitoring well(s) identified in Permit Condition(s) III. 4:

Parameter	Compliance Well Limit	Units	Sample Type	Monitoring Frequency
Water Level Relative to Feet, NGVD	Report	FEET	In Situ	Quarterly
Nitrogen, Nitrate, Total (as N)	10	MG/L	Grab	Quarterly
Solids, Total Dissolved(TDS)	500	MG/L	Grab	Quarterly
Chloride (as Cl)	250	MG/L	Grab	Quarterly
Coliform, Fecal	4	#/100ML	Grab	Quarterly
pH	5.0-8.5	SU	Grab	Quarterly
Turbidity	Report	NTU	Grab	Quarterly

[62-522.600(11)(b)] [62-601.300(3), 62-601.700, and Figure 3 of 62-601][62-601.300(6)] [62-520.300(9)]

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6. If the concentration for any constituent listed in Permit Condition III. 5. in the natural background quality of the ground water is greater than the stated maximum, or in the case of pH is also less than the minimum, the representative natural background quality shall be the prevailing standard. The lower limit for pH is 5.0 SU based on natural background conditions. [62-520.420(2)]
7. In accordance with Part D of Form 62-620.910(10), water levels shall be recorded before evacuating wells for sample collection. Elevation references shall include the top of the well casing and land surface at each well site (Feet, NGVD) at a precision of plus or minus 0.1 foot. [62-610.510(3)(b)]
8. Ground water monitoring wells shall be purged prior to sampling to obtain representative samples. [62-601.700(5)]
9. Analyses shall be conducted on unfiltered samples, unless filtered samples have been approved by the Department's Central District, Ground Water Section as being more representative of ground water conditions. [62-520.300(9)]
10. Ground water monitoring parameters shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18)]
11. Ground water monitoring test results shall be submitted on Part D of Form 62-620.910(10). A completed Certification Page shall accompany each quarter of monitoring data. For reuse or land application projects, the quarterly ground water monitoring results shall be submitted with the DMR as shown in the following schedule. [62-4.070(3)] [62-522.600(10) and (11)(b)] [62-601.300(3), 62.601.700, and Figure 3 of 62-601] [62-620.610(18)]

SAMPLE PERIOD	REPORT DUE DATE
January - March	April 28
April - June	July 28
July - September	October 28
October - December	January 28

12. If any monitoring well becomes damaged or cannot be sampled for any reason, the permittee shall notify the Department's Central District, Ground Water Section within 24 hours of the permittee becoming aware of the situation and shall follow with a written report within seven days that details the circumstances and remedial measures taken or proposed. Repair or replacement of monitoring wells shall be approved in advance by the Department's Central District, Ground Water Section. [62-522.600][62-4.070(3)]
13. The Permittee shall provide verbal notice to the Department's Central District, Ground Water Section as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department's Central District, Ground Water Section in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
14. All piezometers and wells not part of the approved ground water monitoring plan are to be plugged and abandoned in accordance with Rule 62-532.500(4), F.A.C., unless there is intent for their future use. [62-532.500(4)]

IV. ADDITIONAL REUSE AND LAND APPLICATION REQUIREMENTS

Part IV Rapid Infiltration Basins (R-001)

1. Advisory signs shall be posted around the site boundaries to designate the nature of the project area. [62-610.518]
2. The annual average hydraulic loading rate to the seven (7) rapid infiltration basins (RIBS) with a total wetted area of 8 acres shall be limited to a maximum of 2.3 inches per day (as applied to the entire bottom area). [62-610.523(3)]
3. The seven (7) rapid infiltration basins (RIBS) with a total wetted area of 8 acres normally shall be loaded for 7 days and shall be rested for 7 days. Infiltration ponds, basins, or trenches shall be allowed to dry during the resting portion of the cycle. [62-610.523(4)]

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4. Rapid infiltration basins shall be routinely maintained to control vegetation growth and to maintain percolation capability by scarification or removal of deposited solids. Basin bottoms shall be maintained to be level. [62-610.523(6) and (7)]
5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414]
6. Overflows from emergency discharge facilities on storage ponds or on infiltration ponds, basins, or trenches shall be reported as an abnormal event to the Department's Central District Office within 24 hours of an occurrence. The provisions of Rule 62-610.800(9), F.A.C., shall be met. [62-610.800(9)]

V. OPERATION AND MAINTENANCE REQUIREMENTS

1. During the period of operation authorized by this permit, the wastewater facilities shall be operated under the supervision of a(n) operator(s) certified in accordance with Chapter 62-602, F.A.C. In accordance with Chapter 62-699, F.A.C., this facility is a Category II, Class C facility and, at a minimum, operators with appropriate certification must be on the site as follows:

A Class C or higher operator 6 hours/day for 5 days/week and one visit on each weekend day. The lead operator must be a Class C operator, or higher.

[62-620.630(3)] [62-699.310] [62-610.462]

2. An operator meeting the lead operator classification level of the plant shall be available during all periods of plant operation. "Available" means able to be contacted as needed to initiate the appropriate action in a timely manner. [62-699.311(1)]
3. The application to renew this permit shall include an updated capacity analysis report prepared in accordance with Rule 62-600.405, F.A.C. [62-600.405(5)]
4. The application to renew this permit shall include a detailed operation and maintenance performance report prepared in accordance with Rule 62-600.735, F.A.C. [62-600.735(1)]
5. The permittee shall maintain the following records and make them available for inspection on the site of the permitted facility:
 - a. Records of all compliance monitoring information, including all calibration and maintenance records and all original strip chart recordings for continuous monitoring instrumentation and a copy of the laboratory certification showing the certification number of the laboratory, for at least three years from the date the sample or measurement was taken;
 - b. Copies of all reports required by the permit for at least three years from the date the report was prepared;
 - c. Records of all data, including reports and documents, used to complete the application for the permit for at least three years from the date the application was filed;
 - d. Monitoring information, including a copy of the laboratory certification showing the laboratory certification number, related to the residuals use and disposal activities for the time period set forth in Chapter 62-640, F.A.C., for at least three years from the date of sampling or measurement;
 - e. A copy of the current permit;
 - f. A copy of the current operation and maintenance manual as required by Chapter 62-600, F.A.C.;

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- g. A copy of the facility record drawings;
- h. Copies of the licenses of the current certified operators; and
- i. Copies of the logs and schedules showing plant operations and equipment maintenance for three years from the date of the logs or schedules. The logs shall, at a minimum, include identification of the plant; the signature and certification number of the operator(s) and the signature of the person(s) making any entries; date and time in and out; specific operation and maintenance activities; tests performed and samples taken; and major repairs made. The logs shall be maintained on-site in a location accessible to 24-hour inspection, protected from weather damage, and current to the last operation and maintenance performed.

[62-620.350]

VI. SCHEDULES

Section VI is not applicable to this facility.

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500]

VIII. OTHER SPECIFIC CONDITIONS

1. The permittee shall apply for renewal of this permit at least 180 days before the expiration date of the permit using the appropriate forms listed in Rule 62-620.910, F.A.C., including submittal of the appropriate processing fee set forth in Rule 62-4.050, F.A.C. The existing permit shall not expire until the Department has taken final action on the application renewal in accordance with the provisions of 62-620.335(3) and (4), F.A.C. [62-620.335(1)-(4)]
2. Florida water quality criteria and standards shall not be violated as a result of any discharge or land application of reclaimed water or residuals from this facility. [62-610.850(1)(a) and (2)(a)]
3. In the event that the treatment facilities or equipment no longer function as intended, are no longer safe in terms of public health and safety, or odor, noise, aerosol drift, or lighting adversely affects neighboring developed areas at the levels prohibited by Rule 62-600.400(2)(a), F.A.C., corrective action (which may include additional maintenance or modifications of the permitted facilities) shall be taken by the permittee. Other corrective action may be required to ensure compliance with rules of the Department. Additionally, the treatment, management, use or land application of residuals shall not cause a violation of the odor prohibition in Rule 62-296.320(2), F.A.C. [62-600.410(8) and 62-640.400(6)]
4. The deliberate introduction of stormwater in any amount into collection/transmission systems designed solely for the introduction (and conveyance) of domestic/industrial wastewater; or the deliberate introduction of stormwater into collection/transmission systems designed for the introduction or conveyance of combinations of storm and domestic/industrial wastewater in amounts which may reduce the efficiency of pollutant removal by the treatment plant is prohibited, except as provided by Rule 62-610.472, F.A.C. [62-604.130(3)]
5. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550] [62-620.610(20)]
6. The operating authority of a collection/transmission system and the permittee of a treatment plant are prohibited from accepting connections of wastewater discharges which have not received necessary pretreatment or which contain materials or pollutants (other than normal domestic wastewater constituents):
 - a. Which may cause fire or explosion hazards; or
 - b. Which may cause excessive corrosion or other deterioration of wastewater facilities due to chemical action or pH levels; or

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- c. Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- d. Which result in the wastewater temperature at the introduction of the treatment plant exceeding 40°C or otherwise inhibiting treatment; or
- e. Which result in the presence of toxic gases, vapors, or fumes that may cause worker health or safety problems.

[62-604.130(5)]

- 7. The treatment facility, storage ponds, rapid infiltration basins, and/or infiltration trenches shall be enclosed with a fence or otherwise provided with features to discourage the entry of animals and unauthorized persons. [62-610.518(1)] [and 62-600.400(2)(b)]
- 8. Screenings and grit removed from the wastewater facilities shall be collected in suitable containers and hauled to a Department approved Class I landfill or to a landfill approved by the Department for receipt/disposal of screenings and grit. [62-701.300(1)(a)]
- 9. The Permittee shall provide verbal notice to the Department as soon as practical after discovery of a sinkhole within an area for the management or application of wastewater, wastewater residuals (sludges), or reclaimed water. The Permittee shall immediately implement measures appropriate to control the entry of contaminants, and shall detail these measures to the Department in a written report within 7 days of the sinkhole discovery. [62-4.070(3)]
- 10. The permittee shall provide adequate notice to the Department of the following:
 - a. Any new introduction of pollutants into the facility from an industrial discharger which would be subject to Chapter 403, F.S., and the requirements of Chapter 62-620, F.A.C. if it were directly discharging those pollutants; and
 - b. Any substantial change in the volume or character of pollutants being introduced into that facility by a source which was identified in the permit application and known to be discharging at the time the permit was issued.

Adequate notice shall include information on the quality and quantity of effluent introduced into the facility and any anticipated impact of the change on the quantity or quality of effluent or reclaimed water to be discharged from the facility.

[62-620.625(2)]

IX. GENERAL CONDITIONS

- 1. The terms, conditions, requirements, limitations and restrictions set forth in this permit are binding and enforceable pursuant to Chapter 403, Florida Statutes. Any permit noncompliance constitutes a violation of Chapter 403, Florida Statutes, and is grounds for enforcement action, permit termination, permit revocation and reissuance, or permit revision. [62-620.610(1)]
- 2. This permit is valid only for the specific processes and operations applied for and indicated in the approved drawings or exhibits. Any unauthorized deviations from the approved drawings, exhibits, specifications or conditions of this permit constitutes grounds for revocation and enforcement action by the Department. [62-620.610(2)]
- 3. As provided in subsection 403.087(7), F.S., the issuance of this permit does not convey any vested rights or any exclusive privileges. Neither does it authorize any injury to public or private property or any invasion of personal rights, nor authorize any infringement of federal, state, or local laws or regulations. This permit is not a waiver of or approval of any other Department permit or authorization that may be required for other aspects of the total project which are not addressed in this permit. [62-620.610(3)]

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4. This permit conveys no title to land or water, does not constitute state recognition or acknowledgment of title, and does not constitute authority for the use of submerged lands unless herein provided and the necessary title or leasehold interests have been obtained from the State. Only the Trustees of the Internal Improvement Trust Fund may express State opinion as to title. [62-620.610(4)]
5. This permit does not relieve the permittee from liability and penalties for harm or injury to human health or welfare, animal or plant life, or property caused by the construction or operation of this permitted source; nor does it allow the permittee to cause pollution in contravention of Florida Statutes and Department rules, unless specifically authorized by an order from the Department. The permittee shall take all reasonable steps to minimize or prevent any discharge, reuse of reclaimed water, or residuals use or disposal in violation of this permit which has a reasonable likelihood of adversely affecting human health or the environment. It shall not be a defense for a permittee in an enforcement action that it would have been necessary to halt or reduce the permitted activity in order to maintain compliance with the conditions of this permit. [62-620.610(5)]
6. If the permittee wishes to continue an activity regulated by this permit after its expiration date, the permittee shall apply for and obtain a new permit. [62-620.610(6)]
7. The permittee shall at all times properly operate and maintain the facility and systems of treatment and control, and related appurtenances, that are installed and used by the permittee to achieve compliance with the conditions of this permit. This provision includes the operation of backup or auxiliary facilities or similar systems when necessary to maintain or achieve compliance with the conditions of the permit. [62-620.610(7)]
8. This permit may be modified, revoked and reissued, or terminated for cause. The filing of a request by the permittee for a permit revision, revocation and reissuance, or termination, or a notification of planned changes or anticipated noncompliance does not stay any permit condition. [62-620.610(8)]
9. The permittee, by accepting this permit, specifically agrees to allow authorized Department personnel, including an authorized representative of the Department and authorized EPA personnel, when applicable, upon presentation of credentials or other documents as may be required by law, and at reasonable times, depending upon the nature of the concern being investigated, to:
 - a. Enter upon the permittee's premises where a regulated facility, system, or activity is located or conducted, or where records shall be kept under the conditions of this permit;
 - b. Have access to and copy any records that shall be kept under the conditions of this permit;
 - c. Inspect the facilities, equipment, practices, or operations regulated or required under this permit; and
 - d. Sample or monitor any substances or parameters at any location necessary to assure compliance with this permit or Department rules.[62-620.610(9)]
10. In accepting this permit, the permittee understands and agrees that all records, notes, monitoring data, and other information relating to the construction or operation of this permitted source which are submitted to the Department may be used by the Department as evidence in any enforcement case involving the permitted source arising under the Florida Statutes or Department rules, except as such use is proscribed by Section 403.111, Florida Statutes, or Rule 62-620.302, Florida Administrative Code. Such evidence shall only be used to the extent that it is consistent with the Florida Rules of Civil Procedure and applicable evidentiary rules. [62-620.610(10)]
11. When requested by the Department, the permittee shall within a reasonable time provide any information required by law which is needed to determine whether there is cause for revising, revoking and reissuing, or terminating this permit, or to determine compliance with the permit. The permittee shall also provide to the Department upon request copies of records required by this permit to be kept. If the permittee becomes aware of relevant facts that were not submitted or were incorrect in the permit application or in any report to the Department, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11)]

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12. Unless specifically stated otherwise in Department rules, the permittee, in accepting this permit, agrees to comply with changes in Department rules and Florida Statutes after a reasonable time for compliance; provided, however, the permittee does not waive any other rights granted by Florida Statutes or Department rules. A reasonable time for compliance with a new or amended surface water quality standard, other than those standards addressed in Rule 62-302.500, F.A.C., shall include a reasonable time to obtain or be denied a mixing zone for the new or amended standard. *[62-620.610(12)]*
13. The permittee, in accepting this permit, agrees to pay the applicable regulatory program and surveillance fee in accordance with Rule 62-4.052, F.A.C. *[62-620.610(13)]*
14. This permit is transferable only upon Department approval in accordance with Rule 62-620.340, F.A.C. The permittee shall be liable for any noncompliance of the permitted activity until the transfer is approved by the Department. *[62-620.610(14)]*
15. The permittee shall give the Department written notice at least 60 days before inactivation or abandonment of a wastewater facility and shall specify what steps will be taken to safeguard public health and safety during and following inactivation or abandonment. *[62-620.610(15)]*
16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300 and the Department of Environmental Protection Guide to Wastewater Permitting at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.325(2) for minor modifications to the permitted facility. A revised permit shall be obtained before construction begins except as provided in Rule 62-620.300, F.A.C. *[62-620.610(16)]*
17. The permittee shall give advance notice to the Department of any planned changes in the permitted facility or activity which may result in noncompliance with permit requirements. The permittee shall be responsible for any and all damages which may result from the changes and may be subject to enforcement action by the Department for penalties or revocation of this permit. The notice shall include the following information:
 - a. A description of the anticipated noncompliance;
 - b. The period of the anticipated noncompliance, including dates and times; and
 - c. Steps being taken to prevent future occurrence of the noncompliance.*[62-620.610(17)]*
18. Sampling and monitoring data shall be collected and analyzed in accordance with Rule 62-4.246, Chapters 62-160 and 62-601, F.A.C., and 40 CFR 136, as appropriate.
 - a. Monitoring results shall be reported at the intervals specified elsewhere in this permit and shall be reported on a Discharge Monitoring Report (DMR), DEP Form 62-620.910(10), or as specified elsewhere in the permit.
 - b. If the permittee monitors any contaminant more frequently than required by the permit, using Department approved test procedures, the results of this monitoring shall be included in the calculation and reporting of the data submitted in the DMR.
 - c. Calculations for all limitations which require averaging of measurements shall use an arithmetic mean unless otherwise specified in this permit.
 - d. Except as specifically provided in Rule 62-160.300, F.A.C., any laboratory test required by this permit shall be performed by a laboratory that has been certified by the Department of Health Environmental Laboratory Certification Program (DOH ELCP). Such certification shall be for the matrix, test method and analyte(s) being measured to comply with this permit. For domestic wastewater facilities, testing for parameters listed in Rule 62-160.300(4), F.A.C., shall be conducted under the direction of a certified operator.
 - e. Field activities including on-site tests and sample collection shall follow the applicable standard operating procedures described in DEP-SOP-001/01 adopted by reference in Chapter 62-160, F.A.C.

FACILITY: Shadow Hills WWTF
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- f. Alternate field procedures and laboratory methods may be used where they have been approved in accordance with Rules 62-160.220 and 62-160.330, F.A.C.

[62-620.610(18)]

19. Reports of compliance or noncompliance with, or any progress reports on, interim and final requirements contained in any compliance schedule detailed elsewhere in this permit shall be submitted no later than 14 days following each schedule date. [62-620.610(19)]
20. The permittee shall report to the Department any noncompliance which may endanger health or the environment. Any information shall be provided orally within 24 hours from the time the permittee becomes aware of the circumstances. A written submission shall also be provided within five days of the time the permittee becomes aware of the circumstances. The written submission shall contain: a description of the noncompliance and its cause; the period of noncompliance including exact dates and time, and if the noncompliance has not been corrected, the anticipated time it is expected to continue; and steps taken or planned to reduce, eliminate, and prevent recurrence of the noncompliance.
- a. The following shall be included as information which must be reported within 24 hours under this condition:
1. Any unanticipated bypass which causes any reclaimed water or effluent to exceed any permit limitation or results in an unpermitted discharge,
 2. Any upset which causes any reclaimed water or the effluent to exceed any limitation in the permit,
 3. Violation of a maximum daily discharge limitation for any of the pollutants specifically listed in the permit for such notice, and
 4. Any unauthorized discharge to surface or ground waters.
- b. Oral reports as required by this subsection shall be provided as follows:
1. For unauthorized releases or spills of treated or untreated wastewater reported pursuant to subparagraph a.4 that are in excess of 1,000 gallons per incident, or where information indicates that public health or the environment will be endangered, oral reports shall be provided to the Department by calling the STATE WARNING POINT TOLL FREE NUMBER (800) 320-0519, as soon as practical, but no later than 24 hours from the time the permittee becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:
 - a) Name, address, and telephone number of person reporting;
 - b) Name, address, and telephone number of permittee or responsible person for the discharge;
 - c) Date and time of the discharge and status of discharge (ongoing or ceased);
 - d) Characteristics of the wastewater spilled or released (untreated or treated, industrial or domestic wastewater);
 - e) Estimated amount of the discharge;
 - f) Location or address of the discharge;
 - g) Source and cause of the discharge;
 - h) Whether the discharge was contained on-site, and cleanup actions taken to date;
 - i) Description of area affected by the discharge, including name of water body affected, if any; and
 - j) Other persons or agencies contacted.
 2. Oral reports, not otherwise required to be provided pursuant to subparagraph b.1 above, shall be provided to the Department within 24 hours from the time the permittee becomes aware of the circumstances.

FACILITY: Shadow Hills WWTF
PERMITTEE: Utilities, Inc. of Longwood

PERMIT NUMBER: FLA011105
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- c. If the oral report has been received within 24 hours, the noncompliance has been corrected, and the noncompliance did not endanger health or the environment, the Department shall waive the written report.

[62-620.610(20)]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 17., 18. and 19. of this permit at the time monitoring reports are submitted. This report shall contain the same information required by Permit Condition IX. 20 of this permit. [62-620.610(21)]

22. Bypass Provisions.

- a. Bypass is prohibited, and the Department may take enforcement action against a permittee for bypass, unless the permittee affirmatively demonstrates that:
 - 1. Bypass was unavoidable to prevent loss of life, personal injury, or severe property damage; and
 - 2. There were no feasible alternatives to the bypass, such as the use of auxiliary treatment facilities, retention of untreated wastes, or maintenance during normal periods of equipment downtime. This condition is not satisfied if adequate back-up equipment should have been installed in the exercise of reasonable engineering judgment to prevent a bypass which occurred during normal periods of equipment downtime or preventive maintenance; and
 - 3. The permittee submitted notices as required under Permit Condition IX. 22. b. of this permit.
- b. If the permittee knows in advance of the need for a bypass, it shall submit prior notice to the Department, if possible at least 10 days before the date of the bypass. The permittee shall submit notice of an unanticipated bypass within 24 hours of learning about the bypass as required in Permit Condition IX. 20. of this permit. A notice shall include a description of the bypass and its cause; the period of the bypass, including exact dates and times; if the bypass has not been corrected, the anticipated time it is expected to continue; and the steps taken or planned to reduce, eliminate, and prevent recurrence of the bypass.
- c. The Department shall approve an anticipated bypass, after considering its adverse effect, if the permittee demonstrates that it will meet the three conditions listed in Permit Condition IX. 22. a. 1. through 3. of this permit.
- d. A permittee may allow any bypass to occur which does not cause reclaimed water or effluent limitations to be exceeded if it is for essential maintenance to assure efficient operation. These bypasses are not subject to the provisions of Permit Condition IX. 22. a. through c. of this permit.

[62-620.610(22)]

23. Upset Provisions

- a. A permittee who wishes to establish the affirmative defense of upset shall demonstrate, through properly signed contemporaneous operating logs, or other relevant evidence that:
 - 1. An upset occurred and that the permittee can identify the cause(s) of the upset;
 - 2. The permitted facility was at the time being properly operated;
 - 3. The permittee submitted notice of the upset as required in Permit Condition IX. 20. of this permit; and
 - 4. The permittee complied with any remedial measures required under Permit Condition IX. 5. of this permit.

FACILITY: Shadow Hills WWTF
PERMITTEE: Utilities, Inc. of Longwood

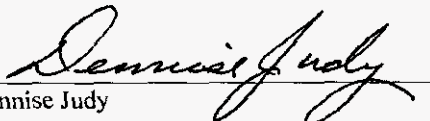
PERMIT NUMBER: FLA011105
EXPIRATION DATE: December 3, 2013

- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.
- c. Before an enforcement proceeding is instituted, no representation made during the Department review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23)]

Executed in Orlando, Florida.

STATE OF FLORIDA DEPARTMENT OF
ENVIRONMENTAL PROTECTION


Dennise Judy
Program Manager
Domestic Waste

DATE: December 11, 2008

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

When Completed mail this report to: Department of Environmental Protection, Central District, 3319 Maguire Boulevard Suite 232, Orlando, FL, 32803-3767

PERMITTEE NAME: Utilities, Inc. of Longwood
MAILING ADDRESS: 200 Weathersfield Avenue
Altamonte Springs, FL 32174

PERMIT NUMBER

FLA011105

Expiration Date: December 3, 2013

FACILITY: Shadow Hills WWTF
LOCATION: 925 Longwood Hills Road
Longwood, FL

LIMIT:
CLASS SIZE:

Final
N/A

REPORT: Monthly
GROUP: Domestic

MONITORING GROUP NUMBER: R-001
MONITORING GROUP DESC: RIBs, including Influent

COUNTY: Seminole

NO DISCHARGE FROM SITE: ☐

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading	Units	Quality or Concentration	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement							
PARM Code 50050 Y Mon.Site No. FLW-1	Permit Requirement	0.47 (An.Avg.)	MGD				5 Days/Week	Flow Totalizer
Flow	Sample Measurement							
PARM Code 50050 1 Mon.Site No. FLW-1	Permit Requirement	Report (Mo.Avg.)	MGD				5 Days/Week	Flow Totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement							
PARM Code 80082 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 Y Mon.Site No. EFA-1	Permit Requirement			20.0 (An.Avg.)	MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended	Sample Measurement							
PARM Code 00530 A Mon.Site No. EFA-1	Permit Requirement			30.0 (Mo.Avg.)	60.0 (Max.)	MG/L	Every Two Weeks	8-hr. FPC

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

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

DISCHARGE MONITORING REPORT - PART A (Continued)

FACILITY: Shadow Hills WWTF

MONITORING GROUP NUMBER: R-001

PERMIT NUMBER: FLA011105

MONITORING PERIOD From: _____ To: _____

Parameter		Quantity or Loading		Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
pH		Sample Measurement									
PARM Code 00400 A Mon.Site No. EFA-1		Permit Requirement			6.0 (Min.)	8.5 (Max.)		SU		5 Days/Week	Grab
Coliform, Fecal		Sample Measurement									
PARM Code 74055 Y Mon.Site No. EFA-1		Permit Requirement			200 (An.Avg.)			#/100ML		Every Two Weeks	Grab
Coliform, Fecal		Sample Measurement									
PARM Code 74055 A Mon.Site No. EFA-1		Permit Requirement			Report (Mo.Geo.Mean)	400 (90%)	800 (Max.)	#/100ML		Every Two Weeks	Grab
Total Residual Chlorine (For Disinfection)		Sample Measurement									
PARM Code 50060 A Mon.Site No. EFA-1		Permit Requirement			0.5 (Min.)			MG/L		5 Days/Week	Grab
Nitrogen, Nitrate, Total (as N)		Sample Measurement									
PARM Code 00620 A Mon.Site No. EFA-1		Permit Requirement			12.0 (Max.)			MG/L		Every Two Weeks	8-hr. FPC
BOD, Carbonaceous 5 day, 20C		Sample Measurement									
PARM Code 80082 G Mon.Site No. INF-1		Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Solids, Total Suspended		Sample Measurement									
PARM Code 00530 G Mon.Site No. INF-1		Permit Requirement			Report (Mo.Avg.)			MG/L		Every Two Weeks	8-hr. FPC
Flow		Sample Measurement									
PARM Code 50050 Q Mon.Site No. FLW-1		Permit Requirement	Report (Mo.Avg.)	Report (3-Mo.Avg.)	MGD					5 Days/Week	Flow Totalizer
Percent Capacity, (TMADF/ Permitted Capacity) x 100		Sample Measurement									
PARM Code 00180 I Mon.Site No. FLW-1		Permit Requirement			Report (Mo.Avg.)			PER-CENT		Monthly	Calculated

DAILY SAMPLE RESULTS - PART B

Permit Number: FLA011105

Monitoring Period

From: _____

To: _____

Facility: Shadow Hills WWTF

	CBOD5 (MG/L)	Fecal Coliform Bacteria (#/100ML)	Nitrogen, Nitrate, Total (as N) (MG/L)	pH (SU)	TSS (MG/L)	TRC (For Disinfect.) (MG/L)	Flow (MGD)	CBOD5 (MG/L)	TSS (MG/L)
Code	80082	74055	00620	00400	00530	50060	50050	80082	00530
Mon. Site	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	EFA-1	FLW-1	INF-1	INF-1
1									
2									
3									
4									
5									
6									
7									
8									
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20									
21									
22									
23									
24									
25									
26									
27									
28									
29									
30									
31									
Total									
Mo. Avg.									

PLANT STAFFING:

Day Shift Operator	Class: _____	Certificate No: _____	Name: _____
Evening Shift Operator	Class: _____	Certificate No: _____	Name: _____
Night Shift Operator	Class: _____	Certificate No: _____	Name: _____
Lead Operator	Class: _____	Certificate No: _____	Name: _____

Florida Department of Environmental Protection

Central District 3319 Maguire Blvd. Orlando, Florida 32803-3767

DEP Form # 62-522.900(2)

Form Title Ground Water Monitoring Report

Effective Date _____

DEP Application No. _____

GROUND WATER MONITORING REPORT--Certification
Rule 62-522.600(11)

PART I GENERAL INFORMATION

(1) Facility Name Shadow Hills WWTF / Seminole County

Address _____

City _____ Zip _____

Telephone Number () _____

(2) The GMS Permit Identification Number 3059P10659

(3) DEP Permit Number FLA011105

(4) Authorized Representative Name _____

Address _____

City _____ Zip _____

Telephone Number () _____

(5) Type of Discharge _____

(6) Method of Discharge _____

Certification

I certify under penalty of law that I have personally examined and am familiar with the information submitted in this document and all attachments and that, based on my inquiry of those individuals immediately responsible for obtaining the information, I believe 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.

Date:

Signature of Owner or Authorized Representative

PART II QUALITY ASSURANCE REQUIREMENTS

Sample Organization

Comp QAP #

Analytical Lab

Comp QAP # /HRS Certification #

*Comp QAP # /HRS Certification #

Lab Name

Address

Phone Number ()

10/24/2008

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
 Facility Name: **Shadow Hills WWTF**
 Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: **MWC-1A**
 Well Type: **Compliance**
 Description: **Well Name MW-1A**
Ponds
WAFR # 7134
GMS Well # 3059A13168

Quarterly Monitoring Period From: _____ To: _____
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Monitoring Frequency	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	<10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	<500			Quarterly		
Chloride (as Cl)	00940		mg/L	<250			Quarterly		
Coliform, Fecal	74055		#/100	<4			Quarterly		
pH	00400		SU	5.0-8.5			Quarterly		
Turbidity, Lab – Nephelometric	00070		NTU	Report			Quarterly		

10/24/2008

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

NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATE (YY/MM/DD)

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
 Facility Name: **Shadow Hills WWTF**
 Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: **MWC-1B**
 Well Type: **Compliance**
 Description: **Well Name MW-1B**
Ponds
WAFR # 7133
GMS Well # 3059A13169

Quarterly Monitoring Period From: _____ To: _____
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Monitoring Frequency	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	<10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	<500			Quarterly		
Chloride (as Cl)	00940		mg/L	<250			Quarterly		
Coliform, Fecal	74055		#/100	<4			Quarterly		
pH	00400		SU	5.0-8.5			Quarterly		
Turbidity, Lab – Nephelometric	00070		NTU	Report			Quarterly		

10/24/2008
 COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
 Facility Name: **Shadow Hills WWTF**
 Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: **MWC-2A**
 Well Type: **Compliance**
 Description: **Well Name MW-2A**
Ponds
WAFR # 7132
GMS Well # 3059A13170

Quarterly Monitoring Period
 Was the well purged before sampling? ☐ Yes ☐ No From: _____ To: _____

Date Sample Obtained: _____
 Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Monitoring Frequency	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	<10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	<500			Quarterly		
Chloride (as Cl)	00940		mg/L	<250			Quarterly		
Coliform, Fecal	74055		#/100	<4			Quarterly		
pH	00400		SU	5.0-8.5			Quarterly		
Turbidity, Lab - Nephelometric	00070		NTU	Report			Quarterly		

10/24/2008
 COMMENTS AND EXPLANATION:

Date Sample Obtained: _____
Time Sample Obtained: _____

10/24/2008
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
 Facility Name: **Shadow Hills WWTF**
 Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: **MWC-3A**
 Well Type: **Compliance**
 Description: **Well Name MW-3A**
Ponds
WAFR # 7130
GMS Well # 3059A13172

Quarterly Monitoring Period From: _____ To: _____
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Monitoring Frequency	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	<10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	<500			Quarterly		
Chloride (as Cl)	00940		mg/L	<250			Quarterly		
Coliform, Fecal	74055		#/100	<4			Quarterly		
pH	00400		SU	5.0-8.5			Quarterly		
Turbidity, Lab - Nephelometric	00070		NTU	Report			Quarterly		

10/24/2008
 COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
 Facility Name: **Shadow Hills WWTF**
 Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: **MWC-3B**
 Well Type: **Compliance**
 Description: **Well Name MW-3B**
Ponds
WAFR # 7129
GMS Well # 3059A13173

Quarterly Monitoring Period
 Was the well purged before sampling? From: _____ To: _____
 Yes No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Monitoring Frequency	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	<10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	<500			Quarterly		
Chloride (as Cl)	00940		mg/L	<250			Quarterly		
Coliform, Fecal	74055		#/100	<4			Quarterly		
pH	00400		SU	5.0-8.5			Quarterly		
Turbidity, Lab - Nephelometric	00070		NTU	Report			Quarterly		

10/24/2008
 COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: Seminole
Facility Name: Shadow Hills WWTF
Permit Number: FLA011105

GMS Permit # 3059P10659

Permit Builder MW ID:	MWC-4A
Well Type:	Compliance
Description:	Well Name MW-4A Ponds WAFR # 7128 GMS Well # 3059A13174

Quarterly Monitoring Period From: _____ To: _____
Was the well purged before sampling? Yes No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used

[illegible]

10/24/2008
COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
Facility Name: **Shadow Hills WWTF**
Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: MWC-4B
Well Type: Compliance
Description: **Well Name MW-4B**
Ponds
WAFR # 7127
GMS Well # 3059A13175

Quarterly Monitoring Period From: _____ To: _____
Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
Time Sample Obtained: _____

Sampling Method Used _____

[illegible]

10/24/2008

COMMENTS AND EXPLANATION:

GROUND WATER MONITORING WELL REPORT - PART D

County: **Seminole**
 Facility Name: **Shadow Hills WWTF**
 Permit Number: **FLA011105**

GMS Permit # 3059P10659

Permit Builder MW ID: **MWC-5A**
 Well Type: **Compliance**
 Description: **Well Name MW-5A**
Ponds
WAFR # 7126
GMS Well # 3059A13176

Quarterly Monitoring Period From: _____ To: _____
 Was the well purged before sampling? ☐ Yes ☐ No

Date Sample Obtained: _____
 Time Sample Obtained: _____

Sampling Method Used _____

Parameter	Permit Builder PARM Code	Sample Measurement (Analysis Results)	Units	Compliance Limit	Detection Limits	Analysis Method	Monitoring Frequency	Preservatives Added	Samples Filtered (L/F/N)
Water Level Relative to Feet, NGVD	82545		Feet	Report			Quarterly		
Nitrate, (as N)	00620		mg/L	<10			Quarterly		
Solids, Total Dissolved (TDS)	70295		mg/L	<500			Quarterly		
Chloride (as Cl)	00940		mg/L	<250			Quarterly		
Coliform, Fecal	74055		#/100	<4			Quarterly		
pH	00400		SU	5.0-8.5			Quarterly		
Turbidity, Lab – Nephelometric	00070		NTU	Report			Quarterly		

10/24/2008

COMMENTS AND EXPLANATION:

INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT

Read these instructions as well as the SUPPLEMENTAL INSTRUCTIONS FOR COMPLETING THE WASTEWATER DISCHARGE MONITORING REPORT before completing the DMR. Hard copies and/or electronic copies of the required parts of the DMR were provided with the permit. All required information shall be completed in full and typed or printed in ink. A signed, original DMR shall be mailed to the address printed on the DMR by the 28th of the month following the monitoring period. The DMR shall not be submitted before the end of the monitoring period.

The DMR consists of three parts--A, B, and D--all of which may or may not be applicable to every facility. Facilities may have one or more Part A's for reporting effluent or reclaimed water data. All domestic wastewater facilities will have a Part B for reporting daily sample results. Part D is used for reporting ground water monitoring well data.

When results are not available, the following codes should be used on parts A and D of the DMR and an explanation provided where appropriate. Note: Codes used on Part B for raw data are different.

CODE	DESCRIPTION/INSTRUCTIONS
ANC	Analysis not conducted.
DRY	Dry Well
FLD	Flood disaster.
IFS	Insufficient flow for sampling.
LS	Lost sample.
MNR	Monitoring not required this period.

CODE	DESCRIPTION/INSTRUCTIONS
NOD	No discharge from/to site.
OPS	Operations were shutdown so no sample could be taken.
OTH	Other. Please enter an explanation of why monitoring data were not available.
SEF	Sampling equipment failure.

When reporting analytical results that fall below a laboratory's reported method detection limits or practical quantification limits, the following instructions should be used:

1. Results greater than or equal to the PQL shall be reported as the measured quantity.
2. Results less than the PQL and greater than or equal to the MDL shall be reported as the laboratory's MDL value. These values shall be deemed equal to the MDL when necessary to calculate an average for that parameter and when determining compliance with permit limits.
3. Results less than the MDL shall be reported by entering a less than sign ("<") followed by the laboratory's MDL value, e.g. < 0.001. A value of one-half the MDL or one-half the effluent limit, whichever is lower, shall be used for that sample when necessary to calculate an average for that parameter. Values less than the MDL are considered to demonstrate compliance with an effluent limitation.

PART A -DISCHARGE MONITORING REPORT (DMR)

Part A of the DMR is comprised of one or more sections, each having its own header information. Facility information is preprinted in the header as well as the monitoring group number, whether the limits and monitoring requirements are interim or final, and the required submittal frequency (e.g. monthly, annually, quarterly, etc.). Submit Part A based on the required reporting frequency in the header and the instructions shown in the permit. The following should be completed by the permittee or authorized representative:

No Discharge From Site: Check this box if no discharge occurs and, as a result, there are no data or codes to be entered for all of the parameters on the DMR for the entire monitoring group number; however, if the monitoring group includes other monitoring locations (e.g., influent sampling), the "NOD" code should be used to individually denote those parameters for which there was no discharge.

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Sample Measurement: Before filling in sample measurements in the table, check to see that the data collected correspond to the limit indicated on the DMR (i.e. interim or final) and that the data correspond to the monitoring group number in the header. Enter the data or calculated results for each parameter on this row in the non-shaded area above the limit. Be sure the result being entered corresponds to the appropriate statistical base code (e.g. annual average, monthly average, single sample maximum, etc.) and units.

No. Ex.: Enter the number of sample measurements during the monitoring period that exceeded the permit limit for each parameter in the non-shaded area. If none, enter zero.

Frequency of Analysis: The shaded areas in this column contain the minimum number of times the measurement is required to be made according to the permit. Enter the actual number of times the measurement was made in the space above the shaded area.

Sample Type: The shaded areas in this column contain the type of sample (e.g. grab, composite, continuous) required by the permit. Enter the actual sample type that was taken in the space above the shaded area.

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comment and Explanation of Any Violations: Use this area to explain any exceedances, any upset or by-pass events, or other items which require explanation. If more space is needed, reference all attachments in this area.

PART B - DAILY SAMPLE RESULTS

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Daily Monitoring Results: Transfer all analytical data from your facility's laboratory or a contract laboratory's data sheets for all day(s) that samples were collected. Record the data in the units indicated. Table 1 in Chapter 62-160, F.A.C., contains a complete list of all the data qualifier codes that your laboratory may use when reporting analytical results. However, when transferring numerical results onto Part B of the DMR, only the following data qualifier codes should be used and an explanation provided where appropriate.

CODE	DESCRIPTION/INSTRUCTIONS
<	The compound was analyzed for but not detected.
A	Value reported is the mean (average) of two or more determinations.
J	Estimated value, value not accurate.
Q	Sample held beyond the actual holding time.
Y	Laboratory analysis was from an unpreserved or improperly preserved sample.

Add the results to get the Total and divide by the number of days in the month to get the Monthly Average.

Plant Staffing: List the name, certificate number, and class of all state certified operators operating the facility during the monitoring period. Use additional sheets as necessary.

PART D - GROUND WATER MONITORING REPORT

Monitoring Period: Enter the month, day, and year for the first and last day of the monitoring period (i.e. the month, the quarter, the year, etc.) during which the data on this report were collected and analyzed.

Date Sample Obtained: Enter the date the sample was taken. Also, check whether or not the well was purged before sampling.

Time Sample Obtained: Enter the time the sample was taken.

Sample Measurement: Record the results of the analysis. If the result was below the minimum detection limit, indicate that.

Detection Limits: Record the detection limits of the analytical methods used.

Analysis Method: Indicate the analytical method used. Record the method number from Chapter 62-160 or Chapter 62-601, F.A.C., or from other sources.

Sampling Equipment Used: Indicate the procedure used to collect the sample (e.g. airlift, bucket/bailer, centrifugal pump, etc.)

Samples Filtered: Indicate whether the sample obtained was filtered by laboratory (L), filtered in field (F), or unfiltered (N).

Signature: This report must be signed in accordance with Rule 62-620.305, F.A.C. Type or print the name and title of the signing official. Include the telephone number where the official may be reached in the event there are questions concerning this report. Enter the date when the report is signed.

Comments and Explanation: Use this space to make any comments on or explanations of results that are unexpected. If more space is needed, reference all attachments in this area.

SPECIAL INSTRUCTIONS FOR LIMITED WET WEATHER DISCHARGES

Flow (Limited Wet Weather Discharge): Enter the measured average flow rate during the period of discharge or divide gallons discharged by duration of discharge (converted into days). Record in million gallons per day (MGD).

Flow (Upstream): Enter the average flow rate in the receiving stream upstream from the point of discharge for the period of discharge. The average flow rate can be calculated based on two measurements; one made at the start and one made at the end of the discharge period. Measurements are to be made at the upstream gauging station described in the permit.

Actual Stream Dilution Ratio: To calculate the Actual Stream Dilution Ratio, divide the average upstream flow rate by the average discharge flow rate. Enter the Actual Stream Dilution Ratio accurate to the nearest 0.1.

No. of Days the SDF > Stream Dilution Ratio: For each day of discharge, compare the minimum Stream Dilution Factor (SDF) from the permit to the calculated Stream Dilution Ratio. On Part B of the DMR, enter an asterisk (*) if the SDF is greater than the Stream Dilution Ratio on any day of discharge. On Part A of the DMR, add up the days with an "*" and record the total number of days the Stream Dilution Factor was greater than the Stream Dilution Ratio.

CBOD₅: Enter the average CBOD₅ of the reclaimed water discharged during the period shown in duration of discharge.

TKN: Enter the average TKN of the reclaimed water discharged during the period shown in duration of discharge.

Actual Rainfall: Enter the actual rainfall for each day on Part B. Enter the actual cumulative rainfall to date for this calendar year and the actual total monthly rainfall on Part A. The cumulative rainfall to date for this calendar year is the total amount of rain, in inches, that has been recorded since January 1 of the current year through the month for which this DMR contains data.

Rainfall During Average Rainfall Year: On Part A, enter the total monthly rainfall during the average rainfall year and the cumulative rainfall for the average rainfall year. The cumulative rainfall for the average rainfall year is the amount of rain, in inches, which fell during the average rainfall year from January through the month for which this DMR contains data.

No. of Days LWWD Activated During Calendar Year: Enter the cumulative number of days that the limited wet weather discharge was activated since January 1 of the current year.

Reason for Discharge: Attach to the DMR a brief explanation of the factors contributing to the need to activate the limited wet weather discharge.

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

**25.30.440 (7)
NOTICES**

NOT APPLICABLE

Test Year Ended December 31, 2008

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (8)
FIELD EMPLOYEES

Test Year Ended December 31, 2008

Utilities, Inc. Of Longwood: Personnel

<u>Employee</u>	<u>Job Title</u>	<u>Job Descriptions</u>
BONAGURA, JOHN	Business Manager	
CALLAHAN, ROBERT	Field Tech, Lift Stns	
CARVER, NATHANIEL	Project Manager	<i>*Please see attached job</i>
COOPER, KEVIN	Field Supervisor	<i>descriptions for duties performed</i>
DURHAM, RICHARD	Regional Vice President	
EBERT, SHAWN	Field Tech	
FLYNN, PATRICK	Regional Director	
GALARZA, RICHARD	Field Tech	
GONGRE, BRYAN	Regional Manager	
HAWS, SCOTTY	Reg Comp & Safety Mgr	
HOLLISTER, JIMMIE	Field Tech	
LEARD, MARK	Field Tech	
LEARNED, SCOTT	Field Tech, Lift Stns	
MARINELLI, JOHN	Area Manager	
MORRELL, MATTHEW	Field Tech	
PENNINGTON, JONATHAN	Field Tech	
PHILLIPS, CHRIS	Meter Reader	
PINDER, JEFFREY	Field Supervisor	
SHUE, MICKEY	Field Tech, Lift Stns	
VANMETER, NATHAN	Lead Operator	
WRIGHT, THOMAS	Field Tech	

** Allocation method for all employees is based on ERCs. Employee salary allocations by employee are attached. Please note Patrick Flynn's salary allocation is based off the FL ERC count, and John Bonagura's, Scotty Haws's, and Rick Durham's salary allocations are based off the FL and South ERC Count.*

ERC COUNT 12/08
FLORIDA FIELD EMPLOYEES

w/p d-3

<u>Neal, William</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100	Tierra Verde	S	2,093.2	14.07%	14.07%
248100	Cypress Lakes	W	1,247.0	8.38%	
248101	Cypress Lakes	S	1,145.5	7.70%	16.09%
250100	Mid-County	S	3,355.0	22.56%	22.56%
	Utilities, Inc. of Florida				
252106	Orangewood	W	1,788.3	12.02%	
252107	Orangewood	S	162.0	1.09%	
252125	Summertree	W	1,225.0	8.24%	
252126	Summertree	S	1,023.0	6.88%	
252128	Lake Tarpon	W	433.3	2.91%	31.14%
257100	Bayside	W	242.0	1.63%	
257101	Bayside	S	241.0	1.62%	3.25%
259100	Labrador	W	781.1	5.25%	
259101	Labrador	S	760.7	5.12%	10.37%
262100	Sandy Creek	W	203.8	1.37%	
262101	Sandy Creek	S	171.0	1.15%	2.52%
			14,871.9	100.00%	100.00%

<u>Finehirsh, Jeffrey</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100	Tierra Verde	S	2,093.2	31.13%	31.13%
	Utilities, Inc. of Florida				
252106	Orangewood	W	1,788.3	26.59%	
252107	Orangewood	S	162.0	2.41%	
252125	Summertree	W	1,225.0	18.22%	
252126	Summertree	S	1,023.0	15.21%	
252128	Lake Tarpon	W	433.3	6.44%	68.87%
			6,724.8	100.00%	100.00%

<u>Stewart, Malcolm</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100	Lake Placid	W	130.7	3.39%	
242101	Lake Placid	S	130.7	3.39%	6.78%
249100	Eagle Ridge	S	1,602.6	41.56%	
249101	Eagle Ridge	S	908.0	23.55%	65.11%
256100	Sandalhaven	S	1,083.9	28.11%	28.11%
			3,855.9	100.00%	100.00%

<u>Chard, Ronald</u>	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100	Lake Placid	W	130.7	0.71%	
242101	Lake Placid	S	130.7	0.71%	1.42%
248100	Cypress Lakes	W	1,247.0	6.78%	
248101	Cypress Lakes	S	1,145.5	6.23%	13.01%
249100	Eagle Ridge	S	1,602.6	8.71%	
249101	Eagle Ridge	S	908.0	4.94%	13.65%
250100	Mid-County	S	3,355.0	18.24%	18.24%
	Utilities, Inc. of Florida				
252106	Orangewood	W	1,788.3	9.72%	
252107	Orangewood	S	162.0	0.88%	
252125	Summertree	W	1,225.0	6.66%	
252126	Summertree	S	1,023.0	5.56%	
252128	Lake Tarpon	W	433.3	2.36%	25.18%

253101 Miles Grant	W	1,104.7	6.01%	
253102 Miles Grant	S	1,030.2	5.60%	11.61%
256100 Sandalhaven	S	1,083.9	5.89%	5.89%
257100 Bayside	W	242.0	1.32%	
257101 Bayside	S	241.0	1.31%	2.63%
259100 Labrador	W	781.1	4.25%	
259101 Labrador	S	760.7	4.14%	8.38%
		18,394.7	100.00%	100.00%

Wilson, Michael

<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W	130.7	0.68%	
242101 Lake Placid	S	130.7	0.68%	1.37%
248100 Cypress Lakes	W	1,247.0	6.52%	
248101 Cypress Lakes	S	1,145.5	5.99%	12.51%
249100 Eagle Ridge	S	1,602.6	8.38%	
249101 Eagle Ridge	S	908.0	4.75%	13.12%
250100 Mid-County	S	3,355.0	17.54%	17.54%
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	9.35%	
252107 Orangewood	S	162.0	0.85%	
252125 Summertree	W	1,225.0	6.40%	
252126 Summertree	S	1,023.0	5.35%	
252128 Lake Tarpon	W	433.3	2.26%	24.21%
253101 Miles Grant	W	1,104.7	5.77%	
253102 Miles Grant	S	1,030.2	5.38%	11.16%
256100 Sandalhaven	S	1,083.9	5.67%	5.67%
257100 Bayside	W	242.0	1.26%	
257101 Bayside	S	241.0	1.26%	2.52%
259100 Labrador	W	781.1	4.08%	
259101 Labrador	S	760.7	3.98%	8.06%
261100 Hutchinson Island	W	195.2	1.02%	
261101 Hutchinson Island	S	167.2	0.87%	1.89%
262100 Sandy Creek	W	203.8	1.07%	
262101 Sandy Creek	S	171.0	0.89%	1.96%
		19,131.9	100.00%	100.00%

Worrell, David

<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
241100 Tierra Verde	S	2,093.2	20.77%	20.77%
250100 Mid-County	S	3,355.0	33.28%	33.28%
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	17.74%	
252107 Orangewood	S	162.0	1.61%	
252125 Summertree	W	1,225.0	12.15%	
252126 Summertree	S	1,023.0	10.15%	
252128 Lake Tarpon	W	433.3	4.30%	45.95%
		10,079.8	100.00%	100.00%

Anderson, Daniel

<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	16.01%	
252130 Golden Hills	S	78.8	2.37%	18.38%
260100 Pennbrooke	W	1,465.0	44.09%	

260101 Pennbrooke	S	1,247.0	37.53%	81.62%
		3,322.9	100.00%	100.00%

Bailey, Alan
Brown, Donna
Finch, Allan
Keys, Eugene
Lorenzo, Alexander
Swegheimer, James
Tzareff, Paul

System

ERC Count (1) Percentage to Total

255100 Sanlando	W	11,797.7	56.29%	
255101 Sanlando	S	9,158.0	43.69%	
255102 Sanlando	R	4.0	0.02%	100.00%
		20,959.7	100.00%	100.00%

Blasco, Christopher
Richardson, James
Schwades, Charles
Smith, Donald
White, Donald

System

ERC Count (1) Percentage to Total

LUSI				
251100 Four Lakes	W	66.0	0.42%	
251101 Lake Saunders	W	43.0	0.27%	
251102 South	W	3,065.1	19.29%	
251103 South	S	2,966.8	18.67%	
251106 North	W	5,684.5	35.77%	74.42%
Utilities, Inc. of Florida				
252129 Golden Hills	W	532.1	3.35%	
252130 Golden Hills	S	78.8	0.50%	3.84%
254101 ACME	N R	742.5	4.67%	4.67%
260100 Pennbrooke	W	1,465.0	9.22%	
260101 Pennbrooke	S	1,247.0	7.85%	17.07%
		15,890.8	100.00%	100.00%

Callahan, Robert
Cooper, Robert
Ebert, Shawn
Galarza, Richard
Hollister, Jimmie
Leard, Mark
Learned, Scott
Marinelli, John
Morrell, Matthew
Pennington, Jonathan
Pinder, Jeffrey
Shue, Mickey
Wright, Thomas

System

ERC Count (1) Percentage to Total

245100 Alafaya	S	7,545.9	21.16%	
245101 Alafaya	R	1,065.0	2.99%	24.15%
246100 Longwood	S	1,745.0	4.89%	4.89%
Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	3.29%	
252111 Weathersfield	S	1,160.5	3.25%	
252113 Oakland Shores	W	225.5	0.63%	
252114 Little Wekiva	W	61.0	0.17%	
252115 Park Ridge	W	102.0	0.29%	
252116 Phillips	W	77.0	0.22%	
252117 Crystal Lake	W	171.0	0.48%	
252118 Ravenna Park	W	345.0	0.97%	
252119 Ravenna Park	S	245.0	0.69%	
252121 Bear Lake Manor	W	224.5	0.63%	
252122 Jansen	W	250.5	0.70%	
252123 Crescent Heights	W	260.5	0.73%	
252124 Davis Shores	W	43.0	0.12%	12.17%

255100	Sanlando	W	11,797.7	33.09%	
255101	Sanlando	S	9,158.0	25.68%	
255102	Sanlando	R	4.0	0.01%	58.78%
			35,655.1	100.00%	100.00%

Cardinal, Anthony
Habery, Stephen
Schneider, Keith

	System		ERC Count (1)	Percentage to Total	
Utilities, Inc. of Florida					
252106	Orangewood	W	1,788.3	38.61%	
252107	Orangewood	S	162.0	3.50%	
252125	Summertree	W	1,225.0	26.45%	
252126	Summertree	S	1,023.0	22.09%	
252128	Lake Tarpon	W	433.3	9.36%	100.00%
			4,631.6	100.00%	100.00%

Carver, Nathaniel

	System		ERC Count (1)	Percentage to Total	
245100	Alafaya	S	7,545.9	14.85%	
245101	Alafaya	R	1,065.0	2.10%	16.95%
246100	Longwood	S	1,745.0	3.43%	3.43%
LUSI					
251100	Four Lakes	W	66.0	0.13%	
251101	Lake Saunders	W	43.0	0.08%	
251102	South	W	3,065.1	6.03%	
251103	South	S	2,966.8	5.84%	
251106	North	W	5,684.5	11.19%	23.28%
Utilities, Inc. of Florida					
252110	Weathersfield	W	1,174.0	2.31%	
252111	Weathersfield	S	1,160.5	2.28%	
252113	Oakland Shores	W	225.5	0.44%	
252114	Little Wekiva	W	61.0	0.12%	
252115	Park Ridge	W	102.0	0.20%	
252116	Phillips	W	77.0	0.15%	
252117	Crystal Lake	W	171.0	0.34%	
252118	Ravenna Park	W	345.0	0.68%	
252119	Ravenna Park	S	245.0	0.48%	
252121	Bear Lake Manor	W	224.5	0.44%	
252122	Jansen	W	250.5	0.49%	
252123	Crescent Heights	W	260.5	0.51%	
252124	Davis Shores	W	43.0	0.08%	
252129	Golden Hills	W	532.1	1.05%	
252130	Golden Hills	S	78.8	0.16%	9.74%
255100	Sanlando	W	11,797.7	23.22%	
255101	Sanlando	S	9,158.0	18.03%	
255102	Sanlando	R	4.0	0.01%	41.26%
260100	Pennbrooke	W	1,465.0	2.88%	
260101	Pennbrooke	S	1,247.0	2.45%	5.34%
			50,803.4	100.00%	100.00%

Coffee Jr, John

	System		ERC Count (1)	Percentage to Total	
Utilities, Inc. of Florida					
252110	Weathersfield	W	1,174.0	4.64%	
252111	Weathersfield	S	1,160.5	4.59%	
252113	Oakland Shores	W	225.5	0.89%	
252114	Little Wekiva	W	61.0	0.24%	
252115	Park Ridge	W	102.0	0.40%	
252116	Phillips	W	77.0	0.30%	
252117	Crystal Lake	W	171.0	0.68%	
252118	Ravenna Park	W	345.0	1.36%	
252119	Ravenna Park	S	245.0	0.97%	
252121	Bear Lake Manor	W	224.5	0.89%	
252122	Jansen	W	250.5	0.99%	
252123	Crescent Heights	W	260.5	1.03%	

252124 Davis Shores	W	43.0	0.17%	17.15%
255100 Sanlando	W	11,797.7	46.63%	
255101 Sanlando	S	9,158.0	36.20%	
255102 Sanlando	R	4.0	0.02%	82.85%
		25,299.2	100.00%	100.00%

Eubanks, Brian

	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
LUSI					
251100 Four Lakes	W	66.0	0.44%		
251101 Lake Saunders	W	43.0	0.28%		
251102 South	W	3,065.1	20.23%		
251103 South	S	2,966.8	19.59%		
251106 North	W	5,684.5	37.53%	78.06%	
Utilities, Inc. of Florida					
252129 Golden Hills	W	532.1	3.51%		
252130 Golden Hills	S	78.8	0.52%	4.03%	
260100 Pennbrooke	W	1,465.0	9.67%		
260101 Pennbrooke	S	1,247.0	8.23%	17.90%	
		15,148.3	100.00%	100.00%	

Gentilucci, Domenic

	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S	7,545.9	16.60%		
245101 Alafaya	R	1,065.0	2.34%	18.94%	
LUSI					
251100 Four Lakes	W	66.0	0.15%		
251101 Lake Saunders	W	43.0	0.09%		
251102 South	W	3,065.1	6.74%		
251103 South	S	2,966.8	6.53%		
251106 North	W	5,684.5	12.50%	26.01%	
Utilities, Inc. of Florida					
252129 Golden Hills	W	532.1	1.17%		
252130 Golden Hills	S	78.8	0.17%	1.34%	
255100 Sanlando	W	11,797.7	25.95%		
255101 Sanlando	S	9,158.0	20.14%		
255102 Sanlando	R	4.0	0.01%	46.10%	
254101 ACME	N R	742.5	1.63%	1.63%	
260100 Pennbrooke	W	1,465.0	3.22%		
260101 Pennbrooke	S	1,247.0	2.74%	5.97%	
		45,461.4	100.00%	100.00%	

Gongre, Brian

	<u>System</u>		<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S	7,545.9	14.64%		
245101 Alafaya	R	1,065.0	2.07%	16.71%	
246100 Longwood	S	1,745.0	3.39%	3.39%	
LUSI					
251100 Four Lakes	W	66.0	0.13%		
251101 Lake Saunders	W	43.0	0.08%		
251102 South	W	3,065.1	5.95%		
251103 South	S	2,966.8	5.76%		
251106 North	W	5,684.5	11.03%	22.94%	
Utilities, Inc. of Florida					
252110 Weathersfield	W	1,174.0	2.28%		
252111 Weathersfield	S	1,160.5	2.25%		
252113 Oakland Shores	W	225.5	0.44%		
252114 Little Wekiva	W	61.0	0.12%		
252115 Park Ridge	W	102.0	0.20%		
252116 Phillips	W	77.0	0.15%		
252117 Crystal Lake	W	171.0	0.33%		

252118	Ravenna Park	W	345.0	0.67%	
252119	Ravenna Park	S	245.0	0.48%	
252121	Bear Lake Manor	W	224.5	0.44%	
252122	Jansen	W	250.5	0.49%	
252123	Crescent Heights	W	260.5	0.51%	
252124	Davis Shores	W	43.0	0.08%	
252129	Golden Hills	W	532.1	1.03%	
252130	Golden Hills	S	78.8	0.15%	9.60%
254101	ACME	N R	742.5	1.44%	1.44%
255100	Sanlando	W	11,797.7	22.89%	
255101	Sanlando	S	9,158.0	17.77%	
255102	Sanlando	R	4.0	0.01%	40.66%
260100	Pennbrooke	W	1,465.0	2.84%	
260101	Pennbrooke	S	1,247.0	2.42%	5.26%
			51,545.9	100.00%	100.00%

Hogue, Raymond

System

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100	Alafaya	S	7,545.9	25.52%	
245101	Alafaya	R	1,065.0	3.60%	29.12%
255100	Sanlando	W	11,797.7	39.90%	
255101	Sanlando	S	9,158.0	30.97%	
255102	Sanlando	R	4.0	0.01%	70.88%
			29,570.6	100.00%	100.00%

McPhee, Allison

System

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
260100	Pennbrooke	W	1,465.0	54.02%	
260101	Pennbrooke	S	1,247.0	45.98%	100.00%
			2,712.0	100.00%	100.00%

Overton, Michael

System

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245101	Alafaya	R	1,065.0	4.51%	4.51%
LUSI					
251100	Four Lakes	W	66.0	0.28%	
251101	Lake Saunders	W	43.0	0.18%	
251106	North	W	5,684.5	24.10%	24.56%
Utilities, Inc. of Florida					
252110	Weathersfield	W	1,174.0	4.98%	
252113	Oakland Shores	W	225.5	0.96%	
252114	Little Wekiva	W	61.0	0.26%	
252115	Park Ridge	W	102.0	0.43%	
252116	Phillips	W	77.0	0.33%	
252117	Crystal Lake	W	171.0	0.72%	
252118	Ravenna Park	W	345.0	1.46%	
252121	Bear Lake Manor	W	224.5	0.95%	
252122	Jansen	W	250.5	1.06%	
252123	Crescent Heights	W	260.5	1.10%	
252124	Davis Shores	W	43.0	0.18%	
252129	Golden Hills	W	532.1	2.26%	14.69%
255100	Sanlando	W	11,797.7	50.01%	
255102	Sanlando	R	4.0	0.02%	50.03%
260100	Pennbrooke	W	1,465.0	6.21%	6.21%
			23,591.3	100.00%	100.00%

Parrish, Raymond

System

			<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
LUSI					
251100	Four Lakes	W	66.0	0.45%	
251101	Lake Saunders	W	43.0	0.30%	
251102	South	W	3,065.1	21.08%	
251103	South	S	2,966.8	20.41%	
251106	North	W	5,684.5	39.10%	81.34%

260100 Pennbrooke	W	1,465.0	10.08%	
260101 Pennbrooke	S	1,247.0	8.58%	18.66%
		14,537.4	100.00%	100.00%

<u>Phillips, Christopher</u>	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
245100 Alafaya	S	7,545.9	56.78%	
245101 Alafaya	R	1,065.0	8.01%	64.79%
246100 Longwood	S	1,745.0	13.13%	13.13%
Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	8.83%	
252113 Oakland Shores	W	225.5	1.70%	
252114 Little Wekiva	W	61.0	0.46%	
252115 Park Ridge	W	102.0	0.77%	
252116 Phillips	W	77.0	0.58%	
252117 Crystal Lake	W	171.0	1.29%	
252118 Ravenna Park	W	345.0	2.60%	
252121 Bear Lake Manor	W	224.5	1.69%	
252122 Jansen	W	250.5	1.88%	
252123 Crescent Heights	W	260.5	1.96%	
252124 Davis Shores	W	43.0	0.32%	22.08%
		13,289.9	100.00%	100.00%

<u>Remigio, Robert</u>	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
255100 Sanlando	W	11,797.7	99.97%	
255102 Sanlando	R	4.0	0.03%	100.00%
		11,801.7	100.00%	100.00%

<u>Sillitoe, Terry</u>	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
Utilities, Inc. of Florida				
252110 Weathersfield	W	1,174.0	8.14%	
252113 Oakland Shores	W	225.5	1.56%	
252114 Little Wekiva	W	61.0	0.42%	
252115 Park Ridge	W	102.0	0.71%	
252116 Phillips	W	77.0	0.53%	
252117 Crystal Lake	W	171.0	1.19%	
252118 Ravenna Park	W	345.0	2.39%	
252121 Bear Lake Manor	W	224.5	1.56%	
252122 Jansen	W	250.5	1.74%	18.23%
255100 Sanlando	W	11,797.7	81.77%	81.77%
		14,428.2	100.00%	100.00%

<u>Vanmeter Jr, Nathan</u>	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
246100 Longwood	S	1,745.0	100.00%	100.00%
		1,745.0	100.00%	100.00%

<u>Weirzbicki, Anthony</u>	<u>System</u>	<u>ERC Count (1)</u>	<u>Percentage to Total</u>	
242100 Lake Placid	W	130.7	0.77%	
242101 Lake Placid	S	130.7	0.77%	1.54%
248100 Cypress Lakes	W	1,247.0	7.34%	
248101 Cypress Lakes	S	1,145.5	6.74%	14.08%
249100 Eagle Ridge	S	1,602.6	9.43%	
249101 Eagle Ridge	S	908.0	5.34%	14.77%
250100 Mid-County	S	3,355.0	19.74%	19.74%
Utilities, Inc. of Florida				
252106 Orangewood	W	1,788.3	10.52%	
252107 Orangewood	S	162.0	0.95%	
252125 Summertree	W	1,225.0	7.21%	
252126 Summertree	S	1,023.0	6.02%	
252128 Lake Tarpon	W	433.3	2.55%	27.25%

256100 Sandalhaven	S	1,083.9	6.38%	6.38%
257100 Bayside	W	242.0	1.42%	
257101 Bayside	S	241.0	1.42%	2.84%
259100 Labrador	W	781.1	4.60%	
259101 Labrador	S	760.7	4.48%	9.07%
261100 Hutchinson Island	W	195.2	1.15%	
261101 Hutchinson Island	S	167.2	0.98%	2.13%
262100 Sandy Creek	W	203.8	1.20%	
262101 Sandy Creek	S	171.0	1.01%	2.21%
		16,997.0	100.00%	100.00%

ERC COUNT 12/08
FLORIDA REGION

w/p d-2

<u>State</u>	<u>Company</u>	<u>Business Unit</u>	<u>ERC</u>	<u>% to Total Florida</u>	
Florida	00241	241100	2,093.2	2.87%	2.87% Tierra Verde
	00242	242100	130.7	0.18%	
	00242	242101	130.7	0.18%	0.36% Lake Placid
	00245	245100	7,545.9	10.34%	
	00245	245101	1,065.0	1.46%	11.80% Alafaya
	00246	246100	1,745.0	2.39%	2.39% Longwood
	00248	248100	1,247.0	1.71%	
	00248	248101	1,145.5	1.57%	3.28% Cypress Lakes
	00249	249100	1,602.6	2.20%	
	00249	249101	908.0	1.24%	3.44% Eagle Ridge
	00250	250100	3,355.0	4.60%	4.60% Mid-County
	00251	251100	66.0	0.09%	
	00251	251101	43.0	0.06%	
	00251	251102	3,065.1	4.20%	
	00251	251103	2,966.8	4.07%	
	00251	251106	5,684.5	7.79%	16.21% LUSI
	00252	252106	1,788.3	2.45%	
	00252	252107	162.0	0.22%	
	00252	252125	1,225.0	1.68%	
	00252	252126	1,023.0	1.40%	5.75% UIF - Pasco
	00252	252110	1,174.0	1.61%	
	00252	252111	1,160.5	1.59%	
	00252	252113	225.5	0.31%	
	00252	252114	61.0	0.08%	
	00252	252115	102.0	0.14%	
	00252	252116	77.0	0.11%	
	00252	252117	171.0	0.23%	
	00252	252118	345.0	0.47%	
	00252	252119	245.0	0.34%	
	00252	252121	224.5	0.31%	
	00252	252122	250.5	0.34%	5.53% UIF - Seminole
	00252	252123	260.5	0.36%	
	00252	252124	43.0	0.06%	0.42% UIF - Orange
	00252	252128	433.3	0.59%	0.59% UIF - Pinellas
	00252	252129	532.1	0.73%	
	00252	252130	78.8	0.11%	0.84% UIF - Marion
	00253	253101	1,104.7	1.51%	
	00253	253102	1,030.2	1.41%	2.93% Miles Grant
	00254	254100	197.0	0.27%	
	00254	254101	742.5	1.02%	1.29% ACME
	00255	255100	11,797.7	16.17%	
	00255	255101	9,158.0	12.55%	
	00255	255102	4.0	0.01%	28.72% Sanlando
	00256	256100	1,083.9	1.49%	1.49% Sandalhaven
	00257	257100	242.0	0.33%	
	00257	257101	241.0	0.33%	0.66% Bayside
	00259	259100	781.1	1.07%	

00259	259101	760.7	1.04%	2.11% Labrador
00260	260100	1,465.0	2.01%	
00260	260101	1,247.0	1.71%	3.72% Pennbrooke
00261	261100	195.2	0.27%	
00261	261101	167.2	0.23%	0.50% Hutchinson Island
00262	262100	203.8	0.28%	
00262	262101	171.0	0.23%	0.51% Sandy Creek
		<u>72,968.0</u>	<u>100.00%</u>	<u>100.00%</u>

ERC COUNT 12/08
FLORIDA AND SOUTH REGIONS

w/p d-1

<u>State</u>	<u>Company</u>	<u>Business Unit</u>	<u>ERC</u>	<u>% to Total Florida/South</u>		
Florida	00241	241100	2,093.2	2.23%	2.23%	Tierra Verde
	00242	242100	130.7	0.14%		
	00242	242101	130.7	0.14%	0.28%	Lake Placid
	00245	245100	7,545.9	8.04%		
	00245	245101	1,065.0	1.14%	9.18%	Alafaya
	00246	246100	1,745.0	1.86%	1.86%	Longwood
	00248	248100	1,247.0	1.33%		
	00248	248101	1,145.5	1.22%	2.55%	Cypress Lakes
	00249	249100	1,602.6	1.71%		
	00249	249101	908.0	0.97%	2.68%	Eagle Ridge
	00250	250100	3,355.0	3.58%	3.58%	Mid-County
	00251	251100	66.0	0.07%		
	00251	251101	43.0	0.05%		
	00251	251102	3,065.1	3.27%		
	00251	251103	2,966.8	3.16%		
	00251	251106	5,684.5	6.06%	12.60%	LUSI
	00252	252106	1,788.3	1.91%		
	00252	252107	162.0	0.17%		
	00252	252125	1,225.0	1.31%		
	00252	252126	1,023.0	1.09%	4.48%	UIF - Pasco
	00252	252110	1,174.0	1.25%		
	00252	252111	1,160.5	1.24%		
	00252	252113	225.5	0.24%		
	00252	252114	61.0	0.07%		
	00252	252115	102.0	0.11%		
	00252	252116	77.0	0.08%		
	00252	252117	171.0	0.18%		
	00252	252118	345.0	0.37%		
	00252	252119	245.0	0.26%		
	00252	252121	224.5	0.24%		
	00252	252122	250.5	0.27%	4.30%	UIF - Seminole
	00252	252123	260.5	0.28%		
	00252	252124	43.0	0.05%	0.32%	UIF - Orange
	00252	252128	433.3	0.46%	0.46%	UIF - Pinellas
	00252	252129	532.1	0.57%		
	00252	252130	78.8	0.08%	0.65%	UIF - Marion
	00253	253101	1,104.7	1.18%		
	00253	253102	1,030.2	1.10%	2.28%	Miles Grant
	00254	254100	197.0	0.21%		
	00254	254101	742.5	0.79%	1.00%	ACME

Louisiana

00255	255100	11,797.7	12.58%			
00255	255101	9,158.0	9.76%			
00255	255102	4.0	0.00%	22.34%		Sanlando
00256	256100	1,083.9	1.16%	1.16%		Sandalhaven
00257	257100	242.0	0.26%			
00257	257101	241.0	0.26%	0.51%		Bayside
00259	259100	781.1	0.83%			
00259	259101	760.7	0.81%	1.64%		Labrador
00260	260100	1,465.0	1.56%			
00260	260101	1,247.0	1.33%	2.89%		Pennbrooke
00261	261100	195.2	0.21%			
00261	261101	167.2	0.18%	0.39%		Hutchinson Island
00262	262100	203.8	0.22%			
00262	262101	171.0	0.18%	0.40%		Sandy Creek
00356	356102	511.0	0.54%			
00356	356103	493.0	0.53%			
00356	356105	2,101.7	2.24%			
00356	356106	2,069.9	2.21%			
00356	356108	672.7	0.72%			
00356	356109	661.8	0.71%			
00356	356111	672.5		0.72%		
00356	356112	668.5	0.71%			
00356	356114	386.5	0.41%			
00356	356115	363.0	0.39%			
00356	356117	556.4	0.59%			
00356	356118	534.6	0.57%			
00356	356120	49.5	0.05%			
00356	356121	47.8	0.05%			
00356	356122	41.8	0.04%			
00356	356124	161.0	0.17%			
00356	356125	158.0	0.17%			
00356	356127	105.0		0.11%	10.93%	LWS
00357	357101	4,575.8	4.88%			
00357	357102	4,265.4	4.55%			
00357	357104	940.8	1.00%			
00357	357105	811.8	0.87%	11.29%		UIL
		93,816.5	100.00%		100.00%	



JOB TITLE	Meter Reader
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for the accurate and timely reading and recording of water meters to facilitate customer billing; to identify water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Walks 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Documents customer interaction and field activities in CC&B. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Maintains accurate and up-to-date records. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Performs minor meter maintenance and repair duties. ▪ Assists with repairs of water/wastewater treatment plant equipment. ▪ Assists with ordering parts and job costing. ▪ May assist with on-site customer communication. ▪ May assist with customer inquiries, requests and minor issues regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ May prepare a variety of operational reports related to water meter reading activities. ▪ Assists with the installation and disconnect of water meters. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word; ability to learn internal software programs Preferred: MS Excel, Outlook



ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to read and transfer digits accurately. ▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn to read a variety of water meters. ▪ Ability to learn and understand tariffs as they apply to assigned duties. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. *May be in the process of obtaining Distribution and/or Collections Systems certification or first-level plant operating license.
EXPERIENCE	Some water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

*Management maintains the right to assign or reassign duties and responsibilities at any time.
This description is a working draft, subject to revision.*



JOB TITLE	Field Technician I
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for the accurate and timely reading and recording of water meters to facilitate customer billing; to identify water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> • Walks 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. • Determines consistency of meter readings; reports unusual cases to supervisor. • Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. • Indicates irregularities on forms for necessary action by servicing department. • Documents customer interaction and field activities in CC&B. • Turns off service for nonpayment of charges in vacant premises, or on for new occupants. • Maintains accurate and up-to-date records. • Acts as liaison between the customers and customer service personnel for problem/complaint resolution. • Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> • Performs minor meter maintenance and repair duties. • Assists with repairs of water/wastewater treatment plant equipment. • Assists with ordering parts and job costing. • May assist with on-site customer communication. • May assist with customer inquiries, requests and minor issues regarding meter reading schedule, billing, how meters are read and other customer service related matters. • May prepare a variety of operational reports related to water meter reading activities. • Assists with the installation and disconnect of water meters. • Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word; ability to learn internal software programs Preferred: MS Excel, Outlook



ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to read and transfer digits accurately. ▪ Ability to work independently in the absence of supervision. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn to read a variety of water meters. ▪ Ability to learn and understand tariffs as they apply to assigned duties. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions.
EDUCATION	Required: HS diploma or GED
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. *May be in the process of obtaining Distribution and/or Collections Systems certification or first-level plant operating license.
EXPERIENCE	Some water meter reading experience preferred, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.
PHYSICAL DEMANDS	Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.
EQUIPMENT USED	Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

*Management maintains the right to assign or reassign duties and responsibilities at any time.
This description is a working draft, subject to revision.*



JOB TITLE	Field Technician II
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater system; identifying water meter equipment problems; and to perform minor water meter and/or system maintenance.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains ▪ Maintains and tests water meters; performs new meter installation. ▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. ▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic plumbing tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. ▪ Inspects area for cross connection violations and other unsafe conditions. ▪ Maintains accurate and up-to-date records. ▪ Documents customer interaction and Field Activities in CC&B. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ Provides on-site customer communication. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May assist with repairs of water/wastewater treatment plant equipment. ▪ May walk 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Assists with ordering parts and job costing. ▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. ▪ Assists with the installation and/or disconnection of water and/or sewer services. ▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. ▪ May assist in maintaining plant compliance with Federal, state and local



	<p>regulatory requirements.</p> <ul style="list-style-type: none"> ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel; ability to learn internal software programs Preferred: Outlook</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to read and transfer digits accurately. ▪ Ability to work independently in the absence of supervision. ▪ Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ▪ Ability to learn to read a variety of water meters. ▪ Ability to learn the methods, techniques, tools, equipment and materials used in the minor repair and installation of water meters. ▪ Ability to learn and understand tariffs as they apply to assigned duties. ▪ Ability to read maps, electrical schematics, blueprints, etc. ▪ Ability to follow verbal and written instructions.
EDUCATION	<p>Required: HS diploma or GED</p>
CERTIFICATIONS/LICENSES	<p>Required: Must maintain a valid driver's license. Preferred: Distribution and/or Collections certification as required by statute or regulation, or the ability to attain certification within 12 months of hire. *May be in the process of obtaining first-level operating license.</p>
EXPERIENCE	<p>A minimum of one year water meter reading experience required, in addition to previous mechanical or maintenance experience. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions. General knowledge of water meters, care and operation of a variety of tools and equipment, and safe work practices is helpful.</p>
PHYSICAL DEMANDS	<p>Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.</p>
EQUIPMENT USED	<p>Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.</p>
TRAVEL REQUIRED	<p>Within service area.</p>
SHIFT	<p>May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

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JOB TITLE	Field Supervisor
DEPARTMENT	Operations
STATUS	Non-exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Responsible for maintaining and cleaning water/wastewater systems; identifying water meter equipment problems; and performing water meter and/or system maintenance activities.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Performs manual labor such as installing, repairing, maintaining water/sewer lines and force mains ▪ Maintains and tests water meters; performs new meter installation. ▪ Conducts a variety of tasks related to water and sewer infrastructure maintenance and rehabilitation. ▪ Installs, repairs and replaces underground water and wastewater mains and service laterals, using basic plumbing tools, tapping machine, pipe cutters, reamer, pipe wrenches and assorted pneumatic and hydraulic tools. ▪ Inspects area for cross connection violations and other unsafe conditions. ▪ Maintains accurate and up-to-date records. ▪ Documents customer interaction and Field Activities in CC&B. ▪ Acts as liaison between the customers and customer service personnel for problem/complaint resolution. ▪ Responds to customer inquiries regarding meter reading schedule, billing, how meters are read and other customer service related matters. ▪ Provides on-site customer communication. ▪ Assists with maintaining mechanical, electrical and piping systems for area water/wastewater facilities, collections and distribution systems.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May assist AM with overseeing the daily tasks of other field technicians. ▪ May assist with repairs of water/wastewater treatment plant equipment. ▪ May walk 5 – 10 miles per day over established route, reading between 200 and 1200 meters per day and records volume used by residential and commercial customers. ▪ Determines consistency of meter readings; reports unusual cases of water usage to supervisor. ▪ Inspects meters and connections for defects, damage and unauthorized connections; ensures meters are registering properly. ▪ Indicates irregularities on forms for necessary action by servicing department. ▪ Turns off service for nonpayment of charges in vacant premises, or on for new occupants. ▪ Assists with ordering parts and job costing. ▪ Prepares a variety of operational reports related to water meter reading activities as well as collection and distribution systems. ▪ Assists with the installation and disconnection of water meters and sewer services. ▪ May perform routine tasks related to the operation of water/wastewater treatment facilities while learning the treatment process and plant equipment. ▪ May assist in maintaining plant compliance with Federal, state and local



	<p>regulatory requirements.</p> <ul style="list-style-type: none"> ■ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: Outlook</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ■ Ability to read and transfer digits accurately. ■ Ability to work independently in the absence of supervision. ■ Possesses strong electrical and mechanical maintenance skills in the area of water and wastewater maintenance and repair, including working knowledge of collection and distribution systems, pumps, motors, controls and piping. ● Ability to establish and maintain effective working relationships with the general public, co-workers, vendors and regulatory agencies. ● Ability to learn to read a variety of water meters. ■ Ability to learn the methods, techniques, tools, equipment and materials used in the repair, installation and testing of water and flow meters. ■ Ability to learn and understand tariffs as they apply to assigned duties. ■ Ability to read maps, electrical schematics, blueprints, etc. ■ Ability to follow verbal and written instructions.
EDUCATION	<p>Required: HS diploma or GED</p>
CERTIFICATIONS/LICENSES	<p>Required: Must maintain a valid driver's license.</p> <p>Preferred: Distribution and/or Collections certification as required by State regulatory laws, or the ability to attain certification within 12 months of hire.</p> <p>*May be in the process of obtaining dual certifications or first-level operating license.</p>
EXPERIENCE	<p>A minimum of three years water meter reading experience required, in addition to previous mechanical or maintenance experience; in-depth, working knowledge of water meters, care and operation of a variety of tools and equipment used in maintaining water/wastewater systems, and safe work practices. Knowledge of cross connection regulations and ability to report violations and other unsafe conditions.</p>
PHYSICAL DEMANDS	<p>Extreme physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair. You will be expected to work in all weather conditions: rain, snow, extreme heat and cold, etc; you may encounter various potential hazards in the field.</p>
EQUIPMENT USED	<p>Operates a variety of tools and equipment, including hand-held computers and hand tools; laptop, blackberry.</p>
TRAVEL REQUIRED	<p>Within service area.</p>
SHIFT	<p>May include weekend scheduling; on-call duty, emergency response and paid overtime on a rotating basis may be required.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

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JOB TITLE	Lead Water/Wastewater Treatment Operator
DEPARTMENT	Operations
STATUS	Non-Exempt
SUPERVISOR'S TITLE	Area Manager
JOB SUMMARY	Under limited supervision, performs routine tasks related to the operation of a water/wastewater treatment facility. Responsible for maintaining plant compliance with EPA standards and state water Commission. Assists with training of other personnel and leading work crews. Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes and works cooperatively to provide quality seamless utility service. Works with AM and RM to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees the operation and maintenance of water/wastewater treatment equipment, ensuring compliance with state and federal environmental protection limits. ▪ Oversees the organization and delegation of team tasks. ▪ Develops and maintains operational records and prepares reports in compliance with regulatory standards. ▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. ▪ Installs and repairs pumps, motors, valves and piping; diagnoses, repairs and clarifies aeration equipment, ion exchange bins, filtration equipment and other major apparatuses. ▪ Monitors and samples well and groundwater upon entry to the system. Adjusts treatment levels when non-standard variances are detected. Samples water prior to exiting system. ▪ Detects and reports atypical conditions, such as: identifying damaged, malfunctioning and tampered meters, detecting and reporting leaks, high/low consumption, exposed wiring and other safety hazards. ▪ Cleans and maintains treatment plant, pumping stations and wells. Conducts ongoing repairs to equipment, or shuts down equipment for more extensive maintenance and repair, activating alternate equipment as needed. Requests services of outside maintenance vendor for major repairs and overhauls. ▪ Activates pumps, valves and other processing equipment to move water through various treatment processes. Disposes of waste materials removed from water in line with Company procedures and government controls. ▪ Implements emergency procedures in the event of overflow or spill of chemicals or unpurified water. Follows safety protocol and notifies local emergency responders. ▪ Adds chemicals to water by predetermined formula. Maintains minimum inventory levels of these materials. ▪ Reads and interprets meters and gauges on central control panel, or at individual machines or stages in the treatment process. Adjusts controls as needed. Retrieves computer reports on treatment process. ▪ Prepares reports and maintains logs on meter readings, tests, chemical and equipment usage, and all other recordkeeping requirements; maintains various Company records and other reports as required by the state.



	<ul style="list-style-type: none"> ▪ Back-washes filters and basins; handles chlorine in a safe, effective manner; assures proper working order of chlorine-related equipment. ▪ Ensures regulatory compliance and adherence to Company policies and standards. ▪ Coordinates construction and excavation involved in system repairs; estimates required labor and materials; identifies equipment needed for all projects; orders necessary parts. ▪ Maintains a safe working environment and reports safety concerns to Area Manager. ▪ Trains personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures. ▪ Ensures all operators are equipped with necessary tools, parts and safety equipment to work effectively. ▪ Stays abreast of Federal, State and local regulations and environmental guidelines regarding water/wastewater treatment and distribution.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ May assist with training personnel on safety procedures. ▪ Assists with overseeing and inspections of local construction projects. ▪ Assists with the development of short and long term plans for operation of facilities, including contingency plans as well as plant and equipment removal/replacement. ▪ Assists with the design and construction of extension and improvement projects. ▪ Provides on-site customer communication. ▪ Acts as liaison between the customers and customer service. ▪ Responds to requests and inquiries from the general public. ▪ Demonstrates continuous effort to improve operations, decrease turnaround times, streamline work processes, and work cooperatively and jointly to provide quality seamless utility service. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel; ability to learn internal software programs</p> <p>Preferred: Outlook, Internet Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Must be able to work independently. ▪ Ability to read meters, charts and gauges and accurately maintain records of plant operations. ▪ Ability to read and comprehend written technical information and to communicate clearly and effectively, both verbally and in writing. ▪ Ability to review, classify, categorize, prioritize and/or analyze data. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to perform mathematical equations to determine chemical doses required for flow rates and proper treatment. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers and regulatory agencies. ▪ Ability to follow verbal and written instructions. ▪ Ability to operate, maneuver and/or control the actions of equipment, machinery, tools and/or materials used in performing essential functions.
EDUCATION	<p>Required: HS Diploma or GED</p>



CERTIFICATIONS/LICENSES	Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license.
EXPERIENCE	Requires a minimum of 5 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld and/or Blackberry, laptop; water/wastewater facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment; operates and oversees the use of heavy equipment, including agricultural sludge spreaders.
TRAVEL REQUIRED	Within service area.
SHIFT	May include weekend scheduling; on-call, emergency call duty and paid overtime may be required. Requires 24 hour responsiveness to various situations.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Area Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Manager
JOB SUMMARY	Oversees the operation and maintenance of water and wastewater treatment plants. Provides leadership and guidance in water and wastewater plant management. Works with Regional Manager and Regional Director to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Develops strategic plans for water and wastewater facility needs; manages the design and construction of facilities and infrastructure. ▪ Hires, directs, evaluates, promotes and disciplines subordinate employees, including meter readers, operators, field technicians, etc, engaged in the operation of water/wastewater plants and distribution systems. ▪ Manages the operation of multiple water systems and wastewater treatment facilities. ▪ Oversees sampling and testing systems, and the functionality of pumps, conveyors, blowers and other equipment. ▪ Ensures water and wastewater quality consistently meet Federal, state and local laws. ▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. ▪ Stays abreast of Federal, state and local regulations and environmental guidelines regarding water/wastewater treatment and distribution. ▪ Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures; trains employees of safety policies and procedures. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Responds to all emergency situations, including coordination of contractors, public notification and informing UI personnel and governmental agencies as needed. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Word, Excel Preferred: PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency.



	<ul style="list-style-type: none"> ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Must have ability to effectively communicate and interact with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Proven ability to motivate others in the pursuit of Company goals.
EDUCATION	<p>Required: HS Diploma or GED</p> <p>Preferred: Bachelor's degree, this may be required in some circumstances; completion of multiple utility industry related courses, seminars, management and supervisory training is preferred.</p>
CERTIFICATIONS/LICENSES	<p>Required: Must hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment; must maintain a valid driver's license.</p>
EXPERIENCE	<p>Requires a minimum of 6 years progressive experience working in utility management or the utility industry. Requires knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.</p>
PHYSICAL DEMANDS	<p>Moderate to heavy physical demands, including lifting (75 lbs.), walking (10+ miles daily), climbing and mechanical repair.</p>
EQUIPMENT USED	<p>Handheld and/or Blackberry, laptop; water facility equipment and machinery including pumps, aerators, chemical feed equipment, booster pumps, etc.; jack hammer and other construction equipment.</p>
TRAVEL REQUIRED	<p>Within service area.</p>
SHIFT	<p>Requires 24 hour responsiveness to various situations.</p>
ADDITIONAL COMMENTS	<p>This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.</p>
CONTACT INFORMATION	

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JOB TITLE	Project Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for all water and wastewater utility construction projects from initial contract negotiations through warranty termination.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees complex technical projects, adhering to strict goals and deadlines. ▪ Creates and maintains activity and progress reports for internal and external customers. ▪ Responsible for all project development. ▪ Hires, directs, evaluates and disciplines Construction Inspectors. ▪ Obtains engineering proposals, monitors project budgets, construction activity and coordinates timing with operations. ▪ Tracks all budget related information, such as hours worked and expenses, etc. ▪ Coordinates all daily activities and personnel for each project. ▪ Processes paperwork, including invoices, for each project in a timely manner and submits to Regional Director. ▪ Ensures the success of projects, while remaining in line with time and budget parameters. ▪ Notifies management staff of any current or pending escalations relating to projects, or items that could impact the success of projects. ▪ Coordinates and completes the work necessary to obtain approval on emergency projects.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists AM & RM with forecasting and planning capital projects up to 5 years in advance. ▪ Attends project team status meetings as required. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel, Outlook; ability to learn internal software programs</p> <p>Preferred: PowerPoint and Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to calculate basic mathematical equations. ▪ Ability to read and interpret soil and hydro-geological reports and maps. ▪ Ability to complete work that will ensure the approval of all capital projects in a timely manner. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Excellent organizational and problem solving skills, including negotiating, decision-making research and analysis, and interpersonal skills.



	<ul style="list-style-type: none">▪ Ability to provide safe working conditions for fellow workers.▪ Ability to effectively communicate and interact with other employees and the public.▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	Required: Bachelor's Degree in Civil/Environmental Engineering or similar field. Preferred: MS or MBA
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license
EXPERIENCE	Requires a minimum of 3 years engineering experience, preferably related to water and/or wastewater projects and design.
PHYSICAL DEMANDS	Moderate to heavy physical demands, including lifting (50 lbs.), walking (2+ miles daily), climbing and mechanical repair.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within the region; up to 25% for training, meetings, project management, etc.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Regional Compliance & Safety Advisor
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Responsible for developing and administering safety programs, as outlined in the UI Safety Manual, and to ensure compliance with all Company, local, state and federal regulations for all employees and facilities located within assigned region(s).
ESSENTIAL FUNCTIONS	<p>SAFETY:</p> <ul style="list-style-type: none"> ▪ Coordinates all safety and compliance initiatives with RVP, RD, Corporate Compliance & Safety Coordinator and managers. ▪ Ensures every location conducts monthly safety meetings involving all employees; collects and files attendance forms. ▪ Works with all regional facilities to ensure safe working conditions and interact with team members and management to continually reinforce safe work practices, pointing out both the issues and encouraging positive behavior. Promotes good safety culture. ▪ Ensures all safety plans and programs are implemented, reviewed and updated according to changes in regulations or process/policy/equipment. ▪ Performs local safety inspections and training. ▪ Investigates accidents and injuries and recommends ways to avoid reoccurrence. ▪ Assists with all regional accident and injury claims. ▪ Oversees and assists managers with annual facility inspections and follow-ups. ▪ Performs facility safety inspections on newly acquired facilities and/or properties, within assigned region. ▪ Provides inspection reports to RD and CCSC. ▪ Ensures that correct PPE for all job tasks are provided with associated training. ▪ Ensures that drivers comply with all safety regulations and that monthly vehicle inspection forms are completed by all employees that drive a Company vehicle. ▪ Actively participates in safety committee meetings. <p>COMPLIANCE:</p> <ul style="list-style-type: none"> ▪ Ensures compliance with applicable OSHA, EPA, NIOSH, state departments of health and public service commissions' standards. ▪ Communicates regularly with employees and management to ensure assigned region operates in compliance with all local, state and federal regulations. ▪ Monitors monthly DMR's and all water results for issues. ▪ Tracks implementation of capital projects to ensure compliance (e.g. radium, arsenic, etc.).



	<ul style="list-style-type: none"> ▪ Performs follow-up on all non-compliance advisories to address the specific issue and any underlying issues. ▪ Negotiates and tracks consent orders/compliance schedules to assure timely completion and closure. ▪ Provides reports to senior management to demonstrate compliance assurance. ▪ Maintains files on Notice of Violations, inspection reports, etc. for all facilities and Company response. ▪ Distributes annual Consumer Confidence Report and any customer notifications regarding water quality. ▪ Acts as liaison to Corporate Compliance & Safety Coordinator to implement standardized practices, policies and procedures. ▪ Stays abreast of upcoming regulations and works with Operations Support team to evaluate their impact on UI operations and capital planning.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Performs employee job safety observations as needed. ▪ Conducts or assists managers with New Employee Safety Orientation for all new hires prior to entering the workplace. ▪ Assists managers with general and specific security concerns. ▪ Ensures that all documents regarding the safety program are completed and filed appropriately. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	<p>Required: MS Word, Excel</p> <p>Preferred: PowerPoint, Outlook and Explorer</p>
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Strong written and verbal communication skills; previous public speaking experience required. ▪ Excellent analytical, communication and organizational skills. ▪ Proven ability to motivate others in pursuit of Company goals. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Relies on previous experience and judgment to plan and accomplish goals.
EDUCATION	<p>Required: Bachelors degree in Environmental Health Sciences, Safety or related field, or the equivalent in related work experience demonstrating the ability to manage compliance and safety programs, as well as incident investigations.</p>
CERTIFICATIONS/LICENSES	<p>Required: Valid driver's license</p> <p>Preferred: Certified Safety Professional, OSHA 30-hour course, Operator certification(s) in water and/or wastewater</p>
EXPERIENCE	<p>Requires a minimum of 5 year regulatory compliance and/or safety experience and an in-depth and up-to-date knowledge of relevant codes and standards associated with regulatory agencies such as OSHA, EPA, etc. One or more years of experience in environmental health and safety, or the equivalent in related work experience, demonstrating experience in aggressive worker's compensation claims management is preferred.</p>
PHYSICAL DEMANDS	<p>Light to moderate physical activity, requires normal hearing and vision.</p>



EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
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JOB TITLE	Regional Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Director
JOB SUMMARY	Responsible for the management of water and wastewater treatment operations for the region, including directing, planning, managing, staffing, and organizing the safe and efficient operation of all UI subsidiaries in assigned region. Provides leadership and guidance in water and wastewater plant management. Works with Area Managers and Regional Director to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees plant operations and maintenance, customer contact and capital planning. ▪ Provides support and follow up to Area Managers. ▪ Maintains accurate and timely reports, records and permits associated with facility operations and customer relations, ensuring they meet compliance regulations. ▪ Assists Regional Director in the development and implementation of operational and regional strategies. ▪ Ensures water and wastewater quality consistently meet Federal, state and local laws. ▪ Ensures water and wastewater treatment is carried out in accordance with specified environmental protection regulations. ▪ Provides expertise as required to maintain compliance with local, state, regional and Federal regulatory requirements regarding water/wastewater treatment and distribution. ▪ Offers opportunities to increase efficiency by identifying and implementing operational cost saving ideas. ▪ Serves as the contact for inquiries regarding operational issues; answers routine and ad hoc information requests that are regional or unit-specific in nature. ▪ Responsible for safety and maintaining a safe work environment. ▪ Oversees the training of personnel in the areas of laboratory analysis, operations and maintenance procedures, as well as compliance to Company policies and procedures, in addition to safety policies and procedures. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Provides leadership and guidance in energy management. ▪ Acts as point of contact with developers, engineers, consultants, regulators and customers. ▪ Assists Regional Director in executing any additional assigned duties. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Performs other related duties as assigned.



COMPUTER SKILLS	Required: MS Word, Excel; ability to learn internal software programs Preferred: PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Ability to effectively supervise skilled and unskilled employees, including ability to mentor, evaluate and guide staff to increase skill level, morale and efficiency. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Ability to follow verbal and written instructions. ▪ Ability to provide for safe working conditions for fellow workers. ▪ Must have ability to effectively communicate with other employees and the public. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to motivate others in the pursuit of Company goals.
EDUCATION	Required: Bachelor's degree in Business, Engineering, Environmental Science or similar field, or a combination of education and experience. Preferred: Completion of multiple utility industry related courses, seminars, management and/or supervisory training.
CERTIFICATIONS/LICENSES	Required: Must maintain a valid driver's license. Preferred: Ability to hold the minimum licensing in order to be responsible operator in charge, or ability to attain within 1 year of employment.
EXPERIENCE	Requires a minimum of 7 years progressive experience working in utility management or the utility industry. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of the controls, instrumentation and mechanical equipment in the utility industry; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of local, state and Federal water/wastewater regulations; knowledge and experience with the materials and chemicals used in these treatment processes.
PHYSICAL DEMANDS	Light to moderate physical activity; requires normal hearing and vision.
EQUIPMENT USED	PC and/or laptop, copy/fax/san machine, telephone and other general office equipment.
TRAVEL REQUIRED	Within region.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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JOB TITLE	Regional Business Operations Manager
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Provides analytical and business support to the Regional Vice President, including cash maintenance and planning, etc. Works with Regional Director and Regional staff to assure continuity of processes, goals and vision of Utilities, Inc.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Directs the annual regional financial budgeting process, including an array of excel based statistical and financial reports, which are used internally and/or distributed to the Corporate office. ▪ Coordinates the annual regional capital project planning effort. ▪ Manages monthly regional capital spending and financial re-forecasting efforts, including preparing all corporate schedules. ▪ Evaluates and reports on monthly and YTD regional financial performance results vs. budget and prior year's results. ▪ Reviews progress of monthly capital spending to ensure regional conformity to projected budgetary goals. ▪ Responsible for the accuracy of regional financial reporting. ▪ Drives revenue and cost savings by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Assists in the determination of monthly regional Operations & Maintenance posting validity and suggests corrective measures where necessary. ▪ Assists with the completion of special projects for the Corporate Operations Support Team. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Able to maintain confidential information. ▪ Experience in strategic planning and execution. Knowledge of contracting, negotiating and change management. Knowledge of finance, accounting, budgeting and cost control principles including Generally Accepted Accounting Principles. Knowledge of automated financial and accounting reporting systems. Knowledge of Federal and State financial regulations. Ability to analyze financial data and prepare financial reports, statements and projections. ▪ Exceptional analytical skills and experience interpreting a strategic vision into an operational model. ▪ Excellent analytical, communication and organizational skills.



	<ul style="list-style-type: none">▪ Proven ability to motivate others in pursuit of Company goals.▪ Ability to understand and implement a variety of the field's concepts, practices and procedures.▪ Ability to keep accurate records and prepare and submit accurate reports.▪ Detail oriented.▪ Ability to develop and maintain effective working relationships with a wide variety of individuals.
EDUCATION	Required: Bachelor's degree in Business, Finance, Management, Accounting or similar field. Preferred: MBA
EXPERIENCE	Minimum 3 years business and finance or accounting experience, preferably in water /wastewater utility management, with increasing levels of responsibility.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Occasional travel will be required as necessary.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

*Management maintains the right to assign or reassign duties and responsibilities at any time.
This description is a working draft, subject to revision.*



JOB TITLE	Regional Director
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Regional Vice President
JOB SUMMARY	Responsible for directing the safe and efficient operation of all Utilities, Inc. subsidiaries in assigned region. Oversees all areas of operations: water, wastewater, customer service, development, etc.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Monitors financial performance on a regional and business unit basis. ▪ Leads operations team to be in compliance with all applicable local, state and federal regulations. ▪ Manages the preparation and execution of all rate case, pass-through and indexing activity, changes to service territory, and any other PSC related activities in coordination with the company's regulatory department. ▪ Oversees the development and execution of developer agreements, including payment of fees. ▪ Oversees the maintenance of facilities, company vehicles, tools and equipment to guarantee they are in good operating condition. ▪ Develops monitors and executes approved capital expense plan and operating budget. ▪ Provides stewardship of legal issues. ▪ Coordinates with the VP of Corporate Development regarding potential acquisitions and divestitures. ▪ Provides information to corporate headquarters and to staff in a timely and comprehensive manner. ▪ Recruits, retains, manages and provides leadership for regional operations staff. ▪ Drives revenue by effectively challenging and motivating employees.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Develops and maintains positive relationships with community. ▪ Remains up to date on new and revised regulations that may impact the company. ▪ Develops familiarity with other regulated industries.
COMPUTER SKILLS	Required: MS Word, Excel, PowerPoint, Outlook and Explorer
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Excellent analytical, communication and organizational skills. ▪ Ability to develop successful relationships with a wide variety of individuals. ▪ Proven ability to motivate others in pursuit of Company goals. ▪ Ability to read and comprehend maps, plans and surveys.
EDUCATION	Required: Bachelors Degree or a combination of related experience and education. Preferred: MBA



CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
EXPERIENCE	Minimum 9 years experience with water and/or wastewater utility management with increasing levels of responsibility. Knowledge of all local, state and federal tariffs, regulations and laws pertaining to the assigned region.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/Blackberry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

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This description is a working draft, subject to revision.*



JOB TITLE	Regional Vice President
DEPARTMENT	Operations
STATUS	Exempt
SUPERVISOR'S TITLE	Chief Operating Officer
JOB SUMMARY	Responsible for directing the safe, efficient and profitable operation of assigned region's assets. Works with Regional Managers, Regional Director, Regional Business Manager, Regional Compliance & Safety Manager and Regional Office Manager to ensure continuity of processes, goals and vision of UI.
ESSENTIAL FUNCTIONS	<ul style="list-style-type: none"> ▪ Oversees all operations of the regional offices. ▪ Drives revenue by effectively challenging and motivating employees. ▪ Develops capital plan to meet customer growth and maintenance requirements and adherence to that plan. ▪ Leads operations team to be in compliance with all applicable local, state and federal regulations. ▪ Maintains assets in good operating condition. ▪ Ensures and promotes a safe work environment for all employees. ▪ Analyzes margins to ensure efficient operations. ▪ Manages and provides leadership to regional staff. ▪ Serves as the regional ambassador and local company contact for customers, community organizations and representatives; manages UI's relationship with communities by attending local and regional community events. ▪ Maintains partial profit and loss responsibility for the region. ▪ Oversees new business development. ▪ Supports the CEO, COO, CFO and CRO (Executive Team) to achieve the Company's goals and objectives.
ADDITIONAL RESPONSIBILITIES	<ul style="list-style-type: none"> ▪ Performs strategic planning for operations and provides input and assists the Executive Team on policy issues. ▪ Serves as main contact for local media and manages relationship. ▪ Stays abreast of local environment and upcoming regulation changes. ▪ Meets Company goals and objectives in conformance with budgetary guidelines. ▪ Performs other related duties as assigned.
COMPUTER SKILLS	Required: MS Office, Outlook, Explorer Preferred: PowerPoint, JD Edwards
ADDITIONAL SKILLS	<ul style="list-style-type: none"> ▪ Able to maintain confidential information. ▪ Ability to establish and maintain effective working relationships with the general public, co-workers, regulatory agencies and their personnel.



	<ul style="list-style-type: none"> ▪ Experience in strategic planning and execution. Knowledge of contracting, negotiating and change management. Knowledge of finance, accounting, budgeting and cost control principles including Generally Accepted Accounting Principles. ▪ Exceptional organizational and analytical skills and experience interpreting a strategic vision into an operational model. ▪ Exceptional verbal and written communication skills. ▪ Ability to motivate others in pursuit of Company goals; strong leadership skills. ▪ Ability to understand and implement a variety of the field's concepts, practices and procedures. ▪ Ability to keep accurate records and prepare and submit accurate reports. ▪ Detail oriented.
EDUCATION	Required: Bachelor's degree Preferred: MBA or equivalent
CERTIFICATIONS/LICENSES	Required: Valid driver's license Preferred: Evidence of having obtained certification in plant or system operations in one or more states.
EXPERIENCE	Minimum 10 years experience with water and/or wastewater utility management with increasing levels of responsibility. Requires extensive knowledge and experience in the operations, maintenance and processes of water/wastewater treatment; knowledge of standard practices, terminology and safety standards in the utility industry; thorough knowledge of all local, state and Federal water/wastewater tariffs, regulations and laws pertaining to the assigned region.
PHYSICAL DEMANDS	Light to moderate physical activity, requires normal hearing and vision.
EQUIPMENT USED	Handheld/BlackBerry, PC and/or laptop, copy/fax/scan machine, telephone and other general office equipment.
TRAVEL REQUIRED	Frequent travel may be required.
ADDITIONAL COMMENTS	This document describes typical duties and responsibilities and is not intended to limit management from assigning other work as desired.
CONTACT INFORMATION	

*Management maintains the right to assign or reassign duties and responsibilities at any time.
This description is a working draft, subject to revision.*

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (9)
VEHICLES

Test Year Ended December 31, 2008

Vehicle Schedule

Company: Utilities, Inc. of Longwood

Docket No.: 090381-SU

Test Year Ended: December 31, 2008

Vehicle #	Year	Model	Serial Number	Driver	Position	Original Cost	Allocation Method
0000726	2007	CHVRL SILVERADO 15	1GCEC14V37E150478	CALLAHAN, ROBERT	Field Tech, Lift Stns	17,224.42	ERCs
0000659	2006	CHVRL TRAILBLAZER	1GNDT13S462302634	CARVER, NATHANIEL	Project Manager	27,706.16	ERCs
0000431	2004	CHVRL SILVERADO 25	1GCHK24U04E296751	COOPER, KEVIN	Field Supervisor	25,036.88	ERCs
0000650	2006	CHVRL TAHOE 4X4 SP	1GNEK13TX6R148941	DURHAM, RICHARD	Regional Vice President	38,005.83	ERCs
0000455	2004	CHVRL SILVERADO 15	1GCEC14X94Z320851	EBERT, SHAWN	Field Tech	18,204.00	ERCs
0000512	2005	CHVRL TAHOE 4X2 SP	1GNEC13T85R199267	FLYNN, PATRICK	Regional Director	37,478.51	ERCs
0000812	2008	CHVRL SILVERADO 15	1GCEC14028Z104431	GALARZA, RICHARD	Field Tech	23,047.01	ERCs
0000818	2008	TOYOT HIGHLANDER	JTEDS41A482011962	GONGRE, BRYAN	Regional Manager	29,220.44	ERCs
0000729	2007	CHVRL TRAILBLAZER	1GNDS13S572108957	HAWS, SCOTTY	Reg Comp & Safety Mgr	29,355.64	ERCs
0000810	2008	CHVRL SILVERADO 15	1GCEC14068Z104173	HOLLISTER, JIMMIE	Field Tech	20,347.01	ERCs
0000807	2008	CHVRL SILVERADO 15	1GCEC140X8Z100756	LEARD, MARK	Field Tech	20,347.01	ERCs
0000658	2006	CHVRL SILVERADO 25	1GCHC24U26E156264	LEARNED, SCOTT	Field Tech, Lift Stns	23,373.33	ERCs
0000509	2005	CHVRL SILVERADO 15	1GCEK19T35E230984	MARINELLI, JOHN	Area Manager	29,472.75	ERCs
0000808	2008	CHVRL SILVERADO 15	1GCEC140X8Z100840	MORRELL, MATTHEW	Field Tech	20,347.01	ERCs
0000813	2008	CHVRL SILVERADO 15	1GCEC14078Z104411	PENNINGTON, JONATHAN	Field Tech	20,494.48	ERCs
0000503	2005	CHVRL COLORADO 4X2	1GCCS146658179178	PHILLIPS, CHRIS	Meter Reader	18,200.90	ERCs
0000809	2008	CHVRL SILVERADO 15	1GCEC14048Z102261	PINDER, JEFFREY	Field Supervisor	20,347.01	ERCs
0000688	2006	TOYOTA HIGHLANDER	JTEEW21A060032524	SCHIOPU, MIRCEA	Northbrook; Mailroom Clerk	35,567.16	ERCs
0000312	2003	CHVRL SILVERADO 15	1GCEC14X03Z114378	SHUE, MICKEY	Field Tech, Lift Stns	18,519.00	ERCs
0000062	2000	CHVRL S10 4X2 REG	1GCCS14W7YK246782	VANMETER, NATHAN	Lead Operator	14,889.15	ERCs
0000731	2007	CHVRL COLORADO 4X2	1GCCS19E078137723	WRIGHT, THOMAS	Field Tech	18,386.81	ERCs

Level 4	Unit	Company	Address	Assigned Last Name	Assigned First Name	Model Year	Make	Model
FL	0000726	SANLANDO UTILITIES CORP	144 LEDBURY DR, LONGWOOD, FL 32779	CALLAHAN	ROBERT	2007	CHVRL	SILVERADO 15
FL	0000659	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAMONTE SPRINGS, FL 32	CARVER	NATHANIE	2006	CHVRL	TRAILBLAZER
FL	0000431	ALAFAYA UTILITIES	1067 MCKINNON AVE, OVIEDO, FL 32765	COOPER	KEVIN	2004	CHVRL	SILVERADO 25
FL	0000455	SANLANDO UTILITIES CORP	144 LEDBURY DR, LONGWOOD, FL 32779	EBERT	SHAWN	2004	CHVRL	SILVERADO 15
FL	0000812	SANLANDO UTILITIES CORP	125 WESTERN FORK, LONGWOOD, FL 32750	GALARZA	RICHARD	2008	CHVRL	SILVERADO 15
FL	0000818	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAMONTE SPRINGS, FL 32	GONGRE	BRYAN	2008	TOYOT	HIGHLANDER H
FL	0000810	SANLANDO UTILITIES CORP	125 WESTERN FORK, LONGWOOD, FL 32750	HOLLISTER	JIMMIE	2008	CHVRL	SILVERADO 15
FL	0000807	SANLANDO UTILITIES CORP	144 LEDBURY DR, LONGWOOD, FL 32779	LEARD	MARK	2008	CHVRL	SILVERADO 15
FL	0000509	UTILITIES INC OF FLORIDA	125 WESTERN FORK, LONGWOOD, FL 32750	MARINELLI	JOHN	2005	CHVRL	SILVERADO 15
FL	0000808	SANLANDO UTILITIES CORP	144 LEDBURY DR, LONGWOOD, FL 32779	MORRELL	MATTHEW	2008	CHVRL	SILVERADO 15
FL	0000813	SANLANDO UTILITIES CORP	125 WESTERN FORK, LONGWOOD, FL 32750	PENNINGTON	ONATHAN	2008	CHVRL	SILVERADO 15
FL	0000503	UTILITIES INC OF FLORIDA	125 WESTERN FORK, LONGWOOD, FL 32750	PHILLIPS	CHRIS	2005	CHVRL	COLORADO 4X2
FL	0000809	SANLANDO UTILITIES CORP	144 LEDBURY DR, LONGWOOD, FL 32779	PINDER	JEFFREY	2008	CHVRL	SILVERADO 15
FL	0000312	SANLANDO UTILITIES CORP	125 WESTERN FORK, LONGWOOD, FL 32750	SHUE	MICKEY	2003	CHVRL	SILVERADO 15
FL	0000062	UTILITIES INC OF LONGWOOD	925 LONGWOOD HILLS RD, LONGWOOD, FL 32750	VANMETER	NATHAN	2000	CHVRL	S10 4X2 REG
FL	0000062	UTILITIES INC OF LONGWOOD	925 LONGWOOD HILLS RD, LONGWOOD, FL 32750	VANMETER	NATHAN	2000	CHVRL	S10 4X2 REG
FL	0000731	ALAFAYA UTILITIES	1067 MCKINNON AVE, OVIEDO, FL 32765	WRIGHT	THOMAS	2007	CHVRL	COLORADO 4X2
FL	0000729	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAMONTE SPRINGS, FL 32	HAWS	SCOTTY	2007	CHVRL	TRAILBLAZER
FL	0000512	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAMONTE SPRINGS, FL 32	FLYNN	PATRICK	2005	CHVRL	TAHOE 4X2 SP
FL	0000650	UTILITIES INC OF FLORIDA	200 WEATHERSFIELD AVE, ALTAMONTE SPRINGS, FL 32	DURHAM	RICHARD	2006	CHVRL	TAHOE 4X4 SP
FL	0000658	ALAFAYA UTILITIES	1067 MCKINNON AVE, OVIEDO, FL 32765	LEARNED	SCOTT	2006	CHVRL	SILVERADO 25

VIN		
1GCEC14V37E150478	CHVRL SILVERADO 15	CALLAHAN, ROBERT
1GNDT13S462302634	CHVRL TRAILBLAZER	CARVER, NATHANIEL
1GCHK24U04E296751	CHVRL SILVERADO 25	COOPER, KEVIN
1GCEC14X94Z320851	CHVRL SILVERADO 15	EBERT, SHAWN
1GCEC14028Z104431	CHVRL SILVERADO 15	GALARZA, RICHARD
JTEDS41A482011962	TOYOT HIGHLANDER H	GONGRE, BRYAN
1GCEC14068Z104173	CHVRL SILVERADO 15	HOLLISTER, JIMMIE
1GCEC140X8Z100756	CHVRL SILVERADO 15	LEARD, MARK
1GCEK19T35E230984	CHVRL SILVERADO 15	MARINELLI, JOHN
1GCEC140X8Z100840	CHVRL SILVERADO 15	MORRELL, MATTHEW
1GCEC14078Z104411	CHVRL SILVERADO 15	PENNINGTON, JONATHAN
1GCCS146658179178	CHVRL COLORADO 4X2	PHILLIPS, CHRIS
1GCEC14048Z102261	CHVRL SILVERADO 15	PINDER, JEFFREY
1GCEC14X03Z114378	CHVRL SILVERADO 15	SHUE, MICKEY
1GCCS14W7YK246782	CHVRL S10 4X2 REG	VANMETER, NATHAN
1GCCS14W7YK246782	CHVRL S10 4X2 REG	VANMETER, NATHAN
1GCCS19E078137723	CHVRL COLORADO 4X2	WRIGHT, THOMAS
1GNDS13S572108957	CHVRL TRAILBLAZER	HAWS, SCOTTY
1GNEC13T85R199267	CHVRL TAHOE 4X2 SP	FLYNN, PATRICK
1GNEK13TX6R148941	CHVRL TAHOE 4X4 SP	DURHAM, RICHARD
1GCHC24U26E156264	CHVRL SILVERADO 25	LEARNED, SCOTT

Utilities, Inc. of Longwood

Docket No.: 090381 -SU

Seminole County

25.30.440 (10)
CUSTOMER COMPLAINTS

Test Year Ended December 31, 2008

UTILITIES, INC. OF LONGWOOD SERVICE ORDERS AND RESOLUTIONS 01/01/2008 TO
05/31/2008

SUBDIVISION :. 00648
ROUTE :. 648
SERVICE ORDER# :. 258533
ACCOUNT# :. 006480037025
CUSTOMER NAME :. OWENS, TINA
SERVICE ADDRESS: 145 SUNSET DR
EDATE :. 01/15/08
TYPE :. 36
FOPER :.
COMMENT :. CUSTOMER CALLED REGARDING CLOGGED SEWER AGAIN. SHE WANTS A
SUPERVISOR TO GIVE HER A CALL. PAGED JOHN M
RESOLUTION :. SPOKE WITH CUST.FOUND RAG IN LINE.TV'D AFTER REMOVAL EVRYTHING
LOOKS FINE.
. RG/MC
RDATE :. 01/15/08

SUBDIVISION :. 00648
ROUTE :. 648
SERVICE ORDER# :. 277793
ACCOUNT# :. 006480056571
CUSTOMER NAME :. GREENSPAN, ELSIE
SERVICE ADDRESS: 1387 DUNHILL DR
EDATE :. 03/17/08
TYPE :. 37
FOPER :.
COMMENT :. CUSTOMER CALLED DUE TO ODOR COMING FROM PLANT.
. PAGED TO NATHAN
RESOLUTION :. DOUBLED THE DEODERANT OUTPUT AT ALL 3 MISTERS. INCREASED AIR TO
DIGESTERS.
. MC
RDATE :. 03/17/08

SUBDIVISION :. 00648
ROUTE :. 648
SERVICE ORDER# :. 276608
ACCOUNT# :. 006480110080
CUSTOMER NAME :. AMERICAN VILLAGE,
SERVICE ADDRESS: 905 LONGWOOD HILLS RD
EDATE :. 03/12/08
TYPE :. 39
FOPER :.
COMMENT :. ODOR IN AREA FOR SEWER IS BAD
. PER; DAVE NICOLSON PH; 407-620-2872

RESOLUTION . PAGED TO NATHAN; 11:43AM
:. 3/12 1PM: MET WITH CUSTOMER. HE SAID THE SMELL WAS BAD THIS
MORNING,BUT HE HAD NOT SMELLED ANYTHING W/IN THE PAST HOUR OR SO
OF MY VISIT. I DOUBLED THE DODORANT OUTPUT FROM WHAT I USUALLY
SPRAY. HE SAID HE HAS NOT HAD ANY ODOR ISSUES IN QUITE SOME TIME.
IT USED TO BE MUCH WORSE 5YRS AGO. THE WIND WAS FROM THE NORTH,
BLOWING TOWARDS THE DAYCARE TO THE SOUTH OF THE PLANT. I HAD NO
DETECTABLE ODORS AT THE PLANT THIS MORNING AND I COULD NOT SMELL
ANY ODORS DURING THE VISIT TO THE CUSTOMER. I HAD 2 CONTRACTORS
ON SITE TODAY. NEITHER ONE SMELLED ANYTHING. I DID SUPERNATE
NV/JS
RDATE . DIG#2 THIS AM.AIR OFF 2.5HRS,NO ODOR WHEN T/ON AIR.TOLD HIM I
WOULD LEAVE A NOTE FOR WEEKEND OPS TO DOUBLE UP ON DEODORANT.
:. 03/12/08

Service Order Detail Report from 06/01/2008 to 12/31/2008

0362910033

Sub Division : 450 Route : Service Order # :
Account # : 9140776514 Customer Name : Karleskint, Jeremy
Address : 109 CASHEW CT Phone # : (407) 227-9964
Entry Date : 12/22/2008 SO Type : M-SIO Operator : ICEBALLO
Comments : Customer's problem.j.h.
Due Date : 12/22/2008 Resolution Date : 12/22/2008
Resolution : Customer's problem.j.h.

0756300030

Sub Division : 450 Route : Service Order # :
Account # : 8671040734 Customer Name : JACKSON, SHERRI
Address : 978 WILDFLOWER WAY Phone # : (321) 303-6400
Entry Date : 12/11/2008 SO Type : M-SIO Operator : MRCHANDL
Comments :
Due Date : 12/11/2008 Resolution Date : 12/11/2008
Resolution : customers problem - left door tag

1089400571

Sub Division : 450 Route : Service Order # :
Account # : 1089400000 Customer Name: SCALISE,JOSEPH J
Address : 1143 AUTUMN BROOK CIR Phone # : (407) 383-6880
Entry Date : 06/18/2008 SO Type : M-SIO Operator : JMSILLIT
Comments : checked the station & raised the phase monitor - low voltage will speak with the Vac company about getting on lawn they just cleaned the station- I will see about C&A alarm instead of audible 6/18/08 JAM
Due Date : 06/18/2008 Resolution Date: 06/19/2008
Resolution :

3603400791

Sub Division : 450 Route : Service Order # :
Account # : 3603400000 Customer Name: CZEKALINSKI, MARGARET
Address : 400 PARSON BROWN WAY Phone # : (407) 332-7199
Entry Date : 08/25/2008 SO Type : M-SIO Operator : FLTROVIN
Comments : replaced dirt - ruts from vac truck doing work in the area
Due Date : 08/26/2008 Resolution Date : 08/27/2008
Resolution :

6858810617

Sub Division : 450 Route : Service Order # :
Account # : 6858810000 Customer Name : HILL,FRANK R
Address : 113 PINEAPPLE CT Phone # : (000) 830-1531
Entry Date : 09/08/2008 SO Type : M-SIO Operator : KJBENNET
Comments : 6 inch clay sewer line is cracked..Repaired 4 foot section of pipe and two ferncos for repair r.g.badge#14550240

Service Order Detail Report from 06/01/2008 to 12/31/2008

read-750510

Due Date : 09/08/2008 Resolution Date : 09/08/2008

Resolution :

Sub Division : 450 Route : Service Order # : 7097300406

Account # : 7097300000 Customer Name : DESSEREAUX,SCOTT P

Address : 107 CASHEW CT Phone # : (407) 620-2280

Entry Date : 11/24/2008 SO Type : M-SIO Operator : LMLOEFFE

Comments : found root intrusion in sewer latarel.routed sewer line/line cleared.r.g.read-247360 11-25-08

Due Date : 11/25/2008 Resolution Date : 11/25/2008

Resolution :

Sub Division : 450 Route : Service Order # : 8970500049

Account # : 8970500000 Customer Name : ADAMOUR,MATT

Address : 612 FALLS MEAD CIR Phone # : (813) 731-2856

Entry Date : 08/27/2008 SO Type : M-SIO Operator : FLTEMP2

Comments : tested alarm no alarm going off when we arrived- checked station

Due Date : 08/27/2008 Resolution Date : 08/27/2008

Resolution :

Sub Division : 450 Route : Service Order # : 9449400428

Account # : 9449400000 Customer Name : ZIMMER,NANCY

Address : 711 SANDPIPER CIR Phone # : (407) 332-1215

Entry Date : 12/23/2008 SO Type : M-SIO Operator : KJBENNET

Comments : Drain cap in middle of the driveway left off.Put back on and taged door.j.p.

Due Date : 12/24/2008 Resolution Date : 12/24/2008

Resolution : Drain cap in middle of the driveway left off.Put back on and taged door.j.p.

Sub Division : 450 Route : Service Order # : 9449400318

Account # : 9449400000 Customer Name : ZIMMER,NANCY

Address : 711 SANDPIPER CIR Phone # : (407) 332-1215

Entry Date : 12/18/2008 SO Type : M-SIO Operator : JMSILLIT

Comments : spoke with customer & informed him of the problem on his side- we tv'd the area & rodded out the line JAM

Due Date : 12/18/2008 Resolution Date : 12/18/2008

Resolution : Spoke with customer and informed him that the problem was on his side.Tv'd and rotted out line.JAM.

Service Order Detail Report from 06/01/2008 to 12/31/2008

Sub Division : 450 Route : Service Order # : 9527500819
Account # : 9527500000 Customer Name : ROBINSON,ROBERT D
Address : 848 HILLARY CT Phone # : (407) 263-3909
Entry Date : 11/24/2008 SO Type : M-SIO Operator : LLMAYESK
Comments :
Due Date : 11/24/2008 Resolution Date : 11/24/2008
Resolution :

10 Field Activities listed.