LAW OFFICES

AUCENED FOSC ROSE, SUNDSTROM & BENTLEY, LLP ORIGINAL

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TALLAHASSEE, FLORIDA 32301

CHRIS H BENTLEY, PA. ROBERT C. BRANNAN F. MARSHALL DETERDING MARTIN S. FRIFDMAN, PA JOHN R. JENKINS, PA STIVEN T. MINDLIN, PA DARFN L. SHIPPY

WILLIAM E SUNDSTROM, PA DIANE D TREMOR, PA. JOHN L. WHARTON

JOHNISSION

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CENTRAL FLORIDA OFFICE 650 S. NORTH LAKE BLVD., SUITE 420 ALTAMONTE SPRINGS, FLORDA 32701

> (407) 830-6331 Fax (407) 830-8522

ROBERT M. C. ROSE, OF COUNSEL WAYNE L. SCHIEFELBLIN, OI COUNSEL

REPLY TO ALTAMONTE SPRINGS

August 16, 2002

HAND DELIVERY

Check received with filing and forwarded to Fiscal for deposit. Fiscal to forward a copy of check to RAR with proof of deposit.

Mittaligati person who forwarded check:

Ms. Blanca Bayo Commission Clerk and Administrative Services Director Florida Public Service Commission 2540 Shumard Oak Boulevard Tallahassee, FL 32399

Docket No. 020409-SU; Application of Utilities, Inc. of Sandalhaven for Rate Re: Increase in Charlotte County, Florida

Our File No.: 30057.10

Dear Ms. Bayo:

Enclosed are the following for filing in the above-referenced docket:

- Sixteen (16) copies of the Application for Increase in Rates 08679 02
- Sixteen (16) copies of the minimum filing requirements (Exhibit "1") 08680-02
- Sixteen (16) copies of the Affidavit require d by Rule 25-22.0407, Florida 08681-02 Administrative Code (Exhibit "2")
- Two (2) copies of the Billing Analysis (Exhibit "3") 08682-0
- Two (2) copies of the additional engineering information (Exhibit "4") og 683-02
- One (1) detailed map (Exhibit "5") O864-02

MAP formanded to ECF/REVELL

Ms. Blanca Bayo August 16, 2002 Page 2

- Three (3) copies of the Distribution of Expenses, Year End 2001 (Exhibit "6") 85-2
- The original and three (3) copies of the proposed Interim Rate Tariff Sheets (Exhibit "7") 08686002
- The original and three (3) copies of the proposed Final Rate Tariff Sheets (Exhibit "8")
- Our check in the amount of \$2,000.00 representing the appropriate filing fee.

Should you have any questions regarding this filing, please do not hesitate to give me a call.

Very truly yours,

MARTIN S. FRIEDMAN

For the Firm

MSF:dmp Enclosures

cc: Mr. Steve Lubertozzi

Mr. Don Rassmussen Mr. Frank Seidman

Chairman, Charlotte County Board of County Commissioners

Utilities\Sandalhaven\increaserate.app

ORIGINAL

Utilities, Inc. of Sandalhaven

Docket No. 020409

Charlotte County Sandalhaven WWTP

Test Year Ended December 31, 2001

EXHIBIT "3

DOCUMENT NUMBER-DATE

_ 08682 AUG 168

FPSC-COMMISSION CLERK

1) MAP FORWARDO TO ECR/REVELL

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(2) Chemicals Used

Test Year Ended December 31, 2001

UTILITIES, INC. OF SANDALHAVEN 2001 CHEMICAL USE DATA

County	System Name	Chemical Used	Water Treatment	Wastewater Treatment	Annual Cost	Quantity	Unit Price	Feed Rate
CHARLOTTE	Sandalhaven	Gas chlorine	No	Yes	\$ 2,050.00	4767 lbs	\$ 0.43	15-30 ppd
		Histosol	No	Yes	\$ 4,911.27	323 gals	\$ 15.22	5 gpd

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(3) Chemical Analyses

Test Year Ended December 31, 2001



Utilities, Inc. Robert Paver 6811 Placida Rd Englewood, FL 34224 Page: 1 of 2

Client Project: Sandalhaven Lab Project: N0112756 Report Date: 02/05/02

RECEIVED

FEB 22 2002

UTILITIES, INC.

0112756-01

Sample Description sludge anals.

Sample Source Waste Water Sample Date/Time 12/27/01 10:45

č						
nalysis	Method	Results Qual	Detection Limit	<u>Units</u>	AnalysisDate/Time	<u>Analyst</u>
Arsenic	6010B	3.33	3.01	mg/Kg dry	2/1/02 12:15	LH
admium	6010B	1.08	0.670	mg/Kg dry	2/1/02 12:15	LH
Chromium	6010B	10.2	1.08	mg/Kg dry	2/1/02 12:15	LH
) ppper	6010B	397	1.29	mg/Kg dry	2/1/02 12:15	LH
Lead	6010B	14.5	1.08	mg/Kg dry	2/1/02 12:15	LH
wercury, Total (solid)	7471	1.51	1.08	mg/Kg dry	1/11/02 12:45	DW
olybdenum	6010B	12.6	1 40	mg/Kg dry	2/1/02 12:15	LH
Nickel	6010B	14.3	1.08	mg/Kg dry	2/1/02 12:15	LH
trogen. Total %	351.2/353.2	7.73	0.01	%	12/28/01 10:30	CC
pH (solid)	9045	6.72	0.01	pH units	12/27/01 15:00	DA
osphorus, %Total	6010B	3.17	0.01	%	2/1/02 12:15	LH
Perassium, %Total	6010B	1.29	0 01	%	2/1/02 12:15	LH
Selenium	6010B	3.76	1.72	mg/Kg dry	2/1/02 12:15	LH
tal Solids %	160.3	0.93	0.01	%	12/28/01 10:30	RDA
Zine	6010B	618	2.15	mg/Kg dry	2/1/02 12.15	LH

Page: 2 of 2

Client Project: Sandalhaven Lab Project: N0112756 Report Date: 02/05/02

Approved by:

Comments:

Craje Toler/Lab Director

Laura Sullivan/QA Officer

Kathrine Bartkiewicz/Lab Supervisor

Sanders Laboratories Environmental Testing Services

350 Endeavor Ct., Nokomis, FL 34275-3623 • (941)488-8103 • FAY 484-4774

CHAIN-OF-CUSTODY RECORD

Q hertlaver

PROJECT NO11 2756

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Page: 1 of 3

Sample Source

Ground Water

Sample Date/Time

3/28/02 13:00

Client Project: Sandalhaven

690, 3.4

Lab Project: N0203648 Report Date: 04/03/02



Utilities, Inc. Robert Paver 6811 Placida Rd Englewood, FL 34224

Sample Description

monitor well #2 elevation 3.16'



Lab ID 203648-01	Sample Description monitor well #1 elevation grab				n ple Source and Water	Sample Date/Time 3/28/02 13:45
<u> palysis</u>	Method	Results	Qual Detection Limit	Units	AnalysisDate/Time	Analyst
Agenic	200.7	< 0.0028	0.0028	mg/L	4/1/02 13:01	JPW
`admium	200.7	< 0.0002	0.0002	mg/L	4/1/02 13:01	JPW
'h:oride	4500CI-B	31	4	mg/L	4/1/02 11:30	SR
imium	200.7	0.005	0.001	mg/L	4/1/02 13:01	JPW
Juctivity	120.1	300	0.1	umhos/cm	4/1/02 11:00	EW
	200.7	0.002	0.001	mg/L	4/1/02 13:01	JPW
trate-N	353.2	< 0.05	0.05	mg/L	3/29/02 18:01	CC
1.	150.1	5.54	0.01	std units	3/29/02 10:00	EW
diam	200.7	17.3	0.350	mg/L	4/1/02 13:01	JPW
fate	375.4	17	1	mg/L	4/1/02 15:30	DA
a Dissolved Solid	ds 160.1	200	5	mg/L	4/1/02 9:30	EW

gra	10						
sis	Method	Results	Qual Detection Limit	Units	AnalysisDate/Time	Analyst	
nic	200.7	< 0.0028	0.0028	mg/L	4/1/02 13:01	JPW	
n n	200.7	< 0.0002	0.0002	mg/L	4/1/02 13:01	JPW	
ride	4500Cl-B	230	20	mg/L	4/1/02 11:30	SR	

Page: 2 of 3

Client Project: Sandalhaven Lab Project: N0203648 Report Date: 04/03/02

Lab ID
¥10203648-02

Sample Description monitor well #2 elevation 3.16' grab

Sample Source Ground Water Sample Date/Time 3/28/02 13:00

<u> Analysis</u>	Method	Results	Qual Detection Limit	Units	AnalysisDate/Time	Analyst
romium	200.7	0.007	0.001	mg/L	4/1/02 13:01	JPW
Conductivity	120.1	1083	0.1	umhos/cm	4/1/02 11:00	EW
ad	200.7	0.003	100.0	mg/L	4/1/02 13:01	JPW
rate-N	353.2	0.06	0.05	mg/L	3/29/02 18:01	СС
pH	150.1	6.14	0.01	std units	3/29/02 10:00	EW
Situm	200.7	134	0.350	mg/L	4/1/02 13:01	JPW
suifate	375.4	16	1	mg/L	4/1/02 15:30	DA
l Dissolved Solids	160.1	620	5	mg/L	4/1/02 9:30	EW

J b ID
√ 0 203648-03

Sample Description monitor well #3 elevation 2.45' Sample Source Ground Water Sample Date/Time 3/28/02 13:30

lysis	Method	Results	Qual Detection Limit	Units	Analysis Date/Time	<u>Analyst</u>
rsenic	200.7	< 0.0028	0.0028	mg/L	4/1/02 13:01	JPW
ium	200.7	< 0.0002	0.0002	mg/L	4/1/02 13:01	JPW
aloxide	4500Cl-B	165	20	mg/L	4/1/02 [1:30	SR
iromium	200.7	0.002	0 001	mg/L	4/1/02 13:01	1bM
etivity	120.1	647	1.0	umhos/cm	4/1/02 11:00	EW
ad	200.7	0.002	0.001	mg/L	4/1/02 13:01	JPW
ī -N	353.2	< 0.05	0.05	mg/L	3/29/02 18:01	СС
•	150.1	4.68	0.01	std units	3/29/02 10:00	EW
	200.7	86.5	0.350	mg/L	4/1/02 13:01	JPW
ate.	375.4	20	1	mg/L	4/1/02 15:30	DA

Page: 3 of 3

Client Project: Sandalhaven Lab Project: N0203648 Report Date: 04/03/02

Lab ID 203648-03

Sample Description monitor well #3 elevation 2.45'

grab

Sample Source Ground Water

Sample Date/Time

3/28/02 13:30

<u>alvsis</u> l Dissolved Solids Method Results 160.1 332

Qual Detection Limit 5

Units

mg/L

AnalysisDate/Time 4/1/02 9:30

Analyst EW

0203648-04

Sample Description monitor well #4 elevation 2.80' grab

Sample Source Ground Water

Sample Date/Time

3/28/02 13:15

<u>Avalysis</u>	Method	Results	Qual Detection Limit	<u>Units</u>	AnalysisDate/Time	A malaus	
	1.100	resures	Ottal Detection Limit	<u>Omts</u>	AnalysisDate/ I ffile	<u>Analyst</u>	
Arsenic	200.7	< 0.0028	0 0028	mg/L	4/1/02 13.01	JPW	
'amnium	200.7	< 0.0002	0.0002	mg/L	4/1/02 13:01	JPW	
hande	4500Cl-B	175	20	mg/L	4/1/02 11:30	SR	
aomium	200.7	0.007	0.001	mg/L	4/1/02 13:01	JPW	
ductivity	120.1	665	0.1	umhos/cm	4/1/02 11:00	EW	
ad	200 7	0.004	0.001	mg/L	4/1/02 13:01	JPW	
te e-N	353.2	< 0.05	0.05	mg/L	3/29/02 18:01	CC	
·	150.1	4.80	0.01	std units	3/29/02 10:00	EW	
dea n	200.7	84.8	0.350	mg/L	4/1/02 13:01	JPW	
light.	375.4	23	1,	mg/L	4/1/02 15 30	DA	
tal Dissolved Solids	160 1	368	5	mg/L	4/1/02 9:30	EW	

Comments:

drew Konopacki/Lab Supervisor

Laura Sullivan/QA Officer

hrine Bartkiewicz/Lab Supervisor

Facility ID: Sandal Haven, Inc.

Month/Year: March/ 2002

Date Sample Obtained:03/28/02

Was the well pumped before sampling? Yes X No

Test Site Name: SU-1 Test Site ID No.: 19947 Well Type: Background Ground Water Class. G-II

Parameter	Storet Code	Analysis Result/Units	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Detection Limits/Unit
pH (standard units)	000400	5.54 standard units	GRAB	N	NONE	EPA 150.1	0.01 std units
Water Level	072020	2.96 ft	GRAB	N	N/A		
Nitrate-N (mg/L)	000630	<0.05 mg/L	GRAB	N	H2SO4	EPA 353.2	0.05 mg/L
TDS (mg/L)	070300	200 mg/L	GRAB	N	NONE	EPA 160 1	5 mg/L
Chloride (mg/L)	000940	31 mg/L	GRAB	N	NONE	SM4500CI-B	4 mg/L
Specific Conductance (umhos/cm)	000094	300 umhos/cm	GRAB	N	NONE	EPA 120.1	0.1 umhos/cm
Arsenic (mg/L)	900208	<0.0028 mg/L	GRAB	N	HNO3	EPA 200.7	0 0028 mg/L
Cadmium (mg/L)	900210	<0.0002 mg/L	GRAB	N	HNO3	EPA 200.7	0 0002 mg/L
Chromium (mg/L)	900211	0.005 mg/L	GRAB	N	HNO3	EPA 200.7	0.001 mg/L
Lead (mg/L)	900212	0.002 mg/L	GRAB	N	HNO3	EPA 200 7	0.001 mg/L

Facility ID: Sandal Haven Utility, Inc. March/ 2002

Month/Year: Date Sample Obtained: 03/28/02

Was the well pumped before sampling? Yes X No

Test Site Name: SU-2 Test Site ID No.: 19943 Well Type: Intermediate Ground Water Class. G-II

Parameter	Storet Code	Analysis Result/Units	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Detection Limits/Units
pH (standard units)	000400	6 14 standard units	GRAB	N	NONE	EPA 150.1	0 01 std units
Water Level	072020	3.16 ft	GRAB	N	N/A		
Nitrate-N (mg/L)	000630	0.06 mg/L	GRAB	N	H2SO4	EPA 353.2	0.05 mg/L
TDS (mg/L)	070300	620 mg/L	GRAB	N	NONE	EPA 160.1	5 mg/L
Chloride (mg/L)	000940	230 mg/L	GRAB	N	NONE	SM4500Cl-B	20 mg/L
Specific Conductance (umhos/cm)	000094	1083 umhos/cm	GRAB	N	NONE	EPA 120.1	0 1 umhos/cm
Arsenic (mg/L)	900208	<0.0028 mg/L	GRAB	N	HNO3	EPA 200.7	0.0028 mg/L
Cadmium (mg/L)	900210	<0.0002 mg/L	GRAB	N	HNO3	EPA 200.7	0 0002 mg/L
Chromium (mg/L)	900211	0.007 mg/L	GRAB	N	HNO3	EPA 200.7	0.001 mg/L
Lead (mg/L)	900212	0.003 mg/L	GRAB	N	HNO3	EPA 200.7	0.001 mg/L

Facility ID: Sandal Haven Utility, Inc.

Month/Year: March/2002 Date Sample Obtained:03/28/02

Was the well pumped before sampling? Yes X No

Test Site Name: SU-3 Test Site ID No., 19945 Well Type Compliance Ground Water Class. G-II

Parameter	Storet Code	Analysis Result/Units	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Detection Limits/Units
pH (standard units)	000400	4.68 standard units	GRAB	N	NONE	EPA 150.1	0.01 std units
Water Level	072020	2.45 ft.	GRAB	N	N/A		
Nitrate-N (mg/L)	000630	<0.05 mg/L	GRAB	N	H2SO4	EPA 353.2	0.05 mg/L
TDS (mg/L)	070300	332 mg/L	GRAB	N	NONE	EPA 160.1	5 mg/L
Chloride (mg/L)	000940	165 mg/L	GRAB	N	NONE	SM4500CI-B	20 mg/L
Specific Conductance (umhos/cm)	000094	647 umhos/cm	GRAB	N	NONE	EPA 120.1	0.1 umhos/cm
Arsenic (ing/L)	900208	<0.0028 mg/L	GRAB	N	HNO3	EPA 200 7	0 0028 mg/L
Cadmium (mg/L)	900210	<0.0002 mg/L	GRAB	N	HNO3	EPA 200.7	0.0002 mg/L
Chromium (mg/L)	900211	0.007 mg/L	GRAB	N	HNO3	EPA 200 7	0 001 mg/L
Lead (mg/L)	900212	0.003 mg/L	GRAB	N	1INO3	EPA 200.7	0.001 mg/L

Facility ID:

Sandal Haven Utility, Inc.

Month/Year: Date Sample Obtained: 03/28/02

March/2002

Was the well pumped before sampling? Yes X No

Test Site Name, SU-4 Test Site ID No., 19944 Well Type: Intermediate Ground Water Class: G-II

Parameter	Storet Code	Analysis Result/Units	Sampling Method	Samples Filtered (Y/N)	Preservatives Added	Analysis Method	Detection Limits/Unit
pH (standard units)	000400	4.80 standard units	GRAB	N	NONE	EPA 150.1	0.01 std units
Water Level	072020	2.80 ft.	GRAB	N	N/A		
Nitrate-N (mg/L)	000630	<0.05 mg/L	GRAB	N	H2SO4	EPA 353.2	0.05 mg/L
TDS (mg/L)	070300	368 mg/L	GRAB	N	NONE	EPA 160.1	5 mg/L
Chloride (mg/L)	000940	175 mg/L	GRAB	N	NONE	SM4500 CI-B	20 mg/L
Specific Conductance (umhos/cm)	000094	665 umhos/cm	GRAB	N	NONE	EPA 120.1	0.1 umhos/cm
Arsenic (mg/L)	900208	<0.0028 mg/L	GRAB	N	HNO3	El'A 200.7	0.0028 mg/L
Cadmium (mg/L)	900210	<0.0002 mg/L	GRAB	N	HNO3	EPA 200.7	0.0002 mg/L
Chromium (mg/L)	900211	0.007 mg/L	GRAB	N	HNO3	EPA 200.7	0.001 mg/L
Lead (mg/L)	900212	0.004 mg/L	GRAB	N	IINO3	EPA 200.7	0.001 mg/L



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Menton well #3		32811	130 and	6	1						K							3.B	
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NB203648

Page 2 of 3

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Manitor Well #4 Elevation 25 3500 1/5 pt 6 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Jamper Signature	VEN WA	S	ample	<u> </u>		ESERVE			I NEQ	N				\mathbf{I}		//	///	,
Manitor Well #4 Elevation 25 3500 1/5 pt 6 1 1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	SAMPLE DESCRIPTION		DATE	TIME	TYPE	ပ္	R SO H	S S	로	/	W)V \$	17 LY	V V	/ /	//	//	S	ample
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Manifer Well #24 Sales 1/5 pm (2) Washing Well #24 Sollo Lot OUT / DATE SHIPMENT METHOD WIA RELINQUISHED BY / AFFILIATION DATE TIME ACCEPTED BY / AFFILIATION DATE TIME COMMENTS: All wells fully Developed. COOLER #2 COOLER SEAL INTACT	Monto Well #4 Flor	Air 2 18/2	00	115	4		Ì	11	\top			1		+ +		++		 	
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All wells fully Developed. COOLER # COOLER #	COMMENTS		Julys	IT.	UŲ	Ú)		1		<i>7:280</i>	2/	702 5	$\int \!\! \Lambda$	1.0	Mu	104	تملك	3/28/02	1700
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INTACT	Developed.	MEDSEAL							_			-							
Yes No		NTACT																	
	Y	es No																	

UTILITIES, INC. OF SANDALHAVEN

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 www.utilitiesinc-usa.com

June 4, 2001

Mr. Keith Kleinmann FDEP-South District Office P. O. Box 2549 Ft. Myers, FL 33902-2549

Re:

Sandalhaven WWTP Permit No. FLA014053

Charlotte County-Domestic Wastewater

Dear Mr. Kleinmann:

The purpose of this letter is to certify that no new non-domestic wastewater discharges have been added to the Sandalhaven collection system since the last reclaimed water or effluent analysis was conducted. This pertains to the 2000 calendar year and is being submitted in lieu of the annual reclaimed water or effluent analysis report.

If you have any questions, please call me at 407.869.8588, ext. 242. Alternatively, Bill Coates, my Area Manager responsible for supervising our staff in the Ft. Myers area, can be reached at 561.286.7287. Thank you for your cooperation.

Sincerely,

UTILITIES, INC. OF SANDALHAVEN

Patrick C. Flynn Regional Manager

ec:

Bill Coates, Area Manager

stuck Collyn

Garth Armstrong, Asst. Opns. Mgr.

Page 1 of 1 Operations:673: 3:20:kleinman/annual cert/2000

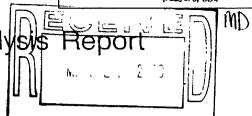


Florida Department of Environmental Regulation

Twin Towers Office Bldg. • 2600 Blair Stone Road • Tallahassee, Florida 32399-2400

DER Form #17-601900(4)	
Form Ties Reclaimed Water or Effluent Analysis R	•pon
Effective Date, July 1, 1991	
DER Approximen No	

Reclaimed Water or Effluent Analy



Part I - Instructions

- 1) All applicable items must be completed in full. Note that if parts of this application do not apply those parts of the form need not be executed.
- (2) All information is to be typed or printed in ink. ,
- 3) This form shall be submitted to the appropriate District Office in accordance with the schedule in the permit.
- (4) Analyses shall be performed using appropriate methods and shall be capable of achieving minimum detection limits less than or equal to the maximum contaminant levels shown.
- 5) The following instructions apply to Parts III through VIII of this form.
- (6) Column (a) List the parameters that are to be analyzed.
- 7) Column (b) List the STORET Code for these parameters.
- (8) Column (c) Record the results of the analysis. If the result was below the minimum detection limit, indicate by showing a less than sign preceding the detection limit for the analytical method used (i.e. < 0.01).
- (9) Column (d) List the primary or secondary drinking water standard from Chapter 17-550, F.A.C.
- (40) Column (e) Indicate the analytical method used. Record the number from Figure 1 in Chapter 17-601, F.A.C., or from other sources.
- 1) Column (f) Enter the date on which the analysis was run (MM/DD/YR).
- (12) Column (g) If the result shown in Column (c) is greater than the standard shown in Column (d) enter an asterisk (*) in Column (g).

	Part II - General Information
(1)	Facility Name Sandalhower of Utility Fric
R	Address 6811 Placida Rd.
	City Englewood, Fl. zip 34224
	Telephone Number (941) 697-8959
	Owner or Authorized Representative
_	Name MR. Don Rasmussen Vice President
	Tille Utilities Inc. of Florida
	Address 200 Weathersfield Ave.
	City Altomonte Springs Stale Fl. Zip 32714
	Telephone (407) - 869-1919
(3)	Method of Discharge Reclaim Pereculation Ponds
	·
(4)	Report Period: 1 1 100 To 3 131 100
	(Beginning Date) ' (End Date)

U

Northwest District 160 Governmental Center encacosa Finanta 3250s 5794

Northeast District 7825 Baymeadows Suite 8200 Incisonwille Florida 32256 7577 904 448 4300 Central District 3319 Maguire Blvd: Suite 232 Orianuo Florida 32503 3767 407 894 7555 Southwest District 4520 Oak Far Blvd Tampa Florida 33610 7341 813 623 5561 South District 2269 Bay St on Myen Florida 33901 289 913 732 6975 Southeast District 1900 S. Congress Ave. Suite A. Witt Paim Beach. Florida 33406 107 (13.7540) Utilities, Inc. Attn: Bob Offer 200 Weatherfield Ave. Altamonte Springs, FL 32714 DER Form #17-601.900(4)
Form Title: Reclaimed Water or Effluent Analysis Report
Effective Date: July 1, 1991
DER Application No.: ____

Sample No.: N002719 Sandal Haven

Sample Date: 2/23/00

Laboratory: Sanders Laboratories

Reclaimed Water or Effluent Analysis Report

Part III - Inorganic Analysis

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Parameter	STORET	Analysis	Standard	Analytical	Analysis	Above
Name	Code	Result (mg/L)	(mg/L)	Method	Date	Standard
Arsenic	900208	< 0.003	0.05	EPA 200.7	3/03/00	
Barium	900209	0.0018	1.0	EPA 200.7	3/03/00	
Cadmium	900210	0.0083	0.010	EPA 200.7	3/03/00	
Chromium	900211	0.31	0.05	EPA 200.7	3/03/00	*
Fluoride	000951	0.2	4.0	EPA 340.1	3/10/00	
Lead	900212	0.010	0.05	EPA 200.7	3/03/00	
Mercury	900213	< 0.001	0.002	EPA 245.1	3/03/00	
Nitrate (as N)	071850	2.20	10	EPA 353.2	2/29/00	
Selenium	900214	0.010	0.01	EPA 200.7	3/03/00	
Silver	900215	< 0.001	0.05	EPA 200.7	3/03/00	
Sodium	000929	172	160	EPA 200.7	3/10/00	*

Part IV - Volatile Organic Analysis

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Parameter	STORET	Analysis	Standard	Analytical	Analysis	Above
Name	Code	Result (ug/L)	(ug/L)	Method	Date	Standard
Ethylene dibromide	900222	<0.02	0.02	EPA 504.1	3/01/00	
Para-dichlorobenzene	: -	<0.02	75	EPA 524.2	3/01/00	
Vinyl chloride	039175	< 0.2900	1	EPA 524.2	3/01/00	
1,1-dichlorethane	034496	< 0.0200	7	EPA 524.2	3/01/00	
1,2-dichlorethane	034531	< 0.0200	3	EPA 524.2	3/01/00	
1,1,1-trichloroethane	034506	< 0.2100	200	EPA 524.2	3/01/00	
Carbon tetrachloride	032102	1.100	3	EPA 524.2	3/01/00	
Trichloroethene	-	< 0.0200	3	EPA 524.2	3/01/00	
Tetrachloroethene	_	< 0.2100	3	EPA 524.2	3/01/00	
Benzene	034030	< 0.0500	1	EPA 524.2	3/01/00	

Part V – Trihalomethane Analysis

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Parameter	STORET	Analysis	Standard	Analytical	Analysis	Above
Name	Code	Result (ug/L)	(ug/L)	Method	Date	Standard
Tot. THM's	082080	3.0	100	EPA 524.2	3/01/00	

Sample No.: N002719

DER Form #17-601.900(4)
Form Title: Reclaimed Water or Effluent Analysis Report

Effective Date: July 1, 1991 DER Application No.:

Part VI - Organic Chemical Analysis

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Parameter	STORET	Analysis	Standard	Analytical	Analysis	Above
Name	Code	Result (ug/L)	(ug/L)	Method	Date	Standard
Endrin	039390	< 0.0505	0.2	EPA 508	3/02/00	
Lindane	039782	< 0.0242	4	EPA 508	3/02/00	
Methoxychlor	039480	< 0.253	100	EPA 508	3/02/00	
Toxaphene	039400	<0.505	5	EPA 508	3/02/00	
2,4-D	039730	<7.23	100	EPA 515.1	3/03/00	
2,4,5-TP (Silvex)	039760	< 0.500	10	EPA 515.1	3/03/00	

Part VII – Radiological Analysis

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Parameter	STORET	Analysis	Standard	Analytical	Analysis	Above
Name	Code	Result (pCi/L)	(pCi/L)	Method	Date	Standard
Gross alpha	001519	<2.6	15	SW8469310	3/01/00	
Radium-226 and	011503	< 0.7	5	SM7500	3/09/00	
Radium-228 com	hined					

Part VIII - Secondary Chemical Analysis

(a)	(b)	(c)	(d)	(e)	(f)	(g)
Parameter	STORET	Analysis	Standard	Analytical	Analysis	Above
Name	Code	Result (mg/L)	(mg/L)	Method	Date	Standard
Chloride	000940	286	250	SM4500CI-B	3/09/00	*
Copper	900218	< 0.0016	l	EPA 200.7	3/03/00	
lron	900219	0.643	0.3	EPA 200.7	3/03/00	*
Manganese	900220	< 0.0002	0.05	EPA 200.7	3/03/00	
Sulfate	000945	185	250	EPA 375.4	3/09/00	
Zinc	900221	0.005	5	EPA 200.7	3/03/00	
pH (units)	000403	6.21	6.5-8.5	EPA 150.1	2/28/00	*
TDS	070300	688	500	EPA 160.1	2/29/00	*
Foaming Agents	900217	< 0.02	0.5	SM55640C	2/25/00	

INTAKE#: 532068



Date: 14-Mar-00

Utilities, Inc. Sandalhaven 200 Weathersfield Ave. Altamonte Springs, FL 32714Project Name: Sandalhaven

Project Location: WWTP

Job ID:

Sample Supply: Waste Water

Collector: Bob Offer

Sample Received

Date/Time: 2/23/00 16:30

Lab ID Sample ID Type Sample Date/Time

	Analysis			Method	Result	D. L.	Unit	Analysis Date/Time	LabID:
N00271	9 grab	EFF	2/23/2000	12:00					
	Arsenic			EPA 200.7	< 0.003	0.003	mg/L	3/3/00	E84380
	Barium			EPA 200.7	0.0018	0.001	mg/L	3/3/00	E84380
	Cadmium			EPA 200.7	0.0083	0.0002	mg/L	3/3/00	E84380
	Chromium			EPA 200.7	0.008	0.001	mg/L	3/3/00	E84380
	Fluoride			EPA 340.1	0.31	0.1	mg/L	3/10/00	E84380
	Lead			EPA 200.7	0.010	0.001	mg/L	3/3/00	E84380
	Mercury			EPA 245.1	< 0.001	0.001	mg/L	3/3/00	E84380
	Nitrate (N)			EPA 353.2	2.20	0.05	mg/L	2/29/00	E84380
	Selenium			EPA 200.7	0.010	0.002	mg/L	3/3/00	E84380
	Silver			EPA 200.7	<0.001	0.001	mg/L	3/3/00	E84380
	Sodium			EPA 200.7	172	0.350	mg/L	3/10/00	E84380
	Ethylene dibre	omide		EPA 504.1	< 0.02000	0.02000	ug/L	2/29/00	E83012
	Para-Dichloro	benzene		EPA 524.2	<0.0200	0.0200	ug/L	3/1/00	E83012
	Vinyl Chlorid	le		EPA 524.2	< 0.2900	0.2900	ug/L	3/1/00	E83012
	1,1-Dichloroe	thane		EPA 524.2	< 0.0200	0.0200	ug/L	3/1/00	E83012
	1,2-Dichloroe	thane		EPA 524.2	< 0.0200	0.0200	ug/L	3/1/00	E83012
	1,1,1-Trichlor	roethane		EPA 524.2	< 0.2100	0.2100	ug/L	3/1/00	E83012
	Carbon Tetrac	chloride		EPA 524.2	1.100	0.2900	ug/L	3/1/00	E83012
	Trichloroethe	ne		EPA 524.2	<0.0200	0.0200	ug/L	3/1/00	E83012
	Tetrachloroet	hene		EPA 524.2	< 0.2100	0.2100	ug/L	3/1/00	E83012
	Benzene			EPA 524.2	< 0.0500	0.0500	ug/L	3/1/00	E83012

HRS Certification#'s 84352 and E84380(Nokomis) 85449 and E85457(Ft. Myers)

Lab ID	Sample ID	Type	Sample Date/Time
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Analysis	Method	Result	D. L.	Unit	Analysis Date/Time	LabID:
Total THM	EPA 524.2	0.0030	0.0005	mg/L	3/1/00	E83012
Endrin	EPA 508	< 0.0505	0.0505	ug/L	3/2/00	E83012
Lindane	EPA 508	< 0.0242	0.0242	ug/L	3/2/00	E83012
Methoxychlor	EPA 508	< 0.253	0,253	ug/L	3/2/00	E83012
Toxaphene	EPA 508	< 0.505	0.505	ug/L	3/2/00	E83012
2,4-D	EPA 515.1	<7.23	7.23	ug/L	3/3/00	E83012
2,4,5-TP (Silvex)	EPA 515.1	< 0.500	0.500	ug/L	3/3/00	E83012
Gross Alpha	SW8469310	<2.6	+/-1.5	pCi/L	3/1/00	E83033
Radium 226	SM 7500	< 0.3	+/-0.2	pCi/L	3/9/00	E83033
Radium 228	SM 7500	< 0.7	+/-0.5	pCi/L	3/9/00	E83033
Chloride	SM 4500 Cl-B	286	I	mg/L	3/9/00	E84380
Copper	EPA 200.7	< 0.0016	0.0016	mg/L	3/3/00	E84380
Iron	EPA 200.7	0.643	0.030	mg/L	3/3/00	E84380
Manganese	EPA 200.7	<0.0002	0.0002	mg/L	3/3/00	E84380
Sulfate	EPA 375.4	185	1	mg/L	3/9/00	E84380
Zinc	EPA 200.7	0.005	0.002	mg/L	3/3/00	E84380
pH (units)	EPA 150.1	6.21	n/a	std units	2/28/00	E84380
TDS	EPA 160.1	688	7	mg/L	2/29/00	E84380
MBAS	SM 55640C	< 0.02	0.02	mg/L	2/25/00	E83012

Comments:

Approved by:

Debra Sanders Laboratory Director

	Effective Date July 1, 1991
	DER Application No. (FAed in by DER)
Name of Laboratory conducting the analysis: Sanders Laboratories In Address 1050 Endravas Ct.	
City Nokamis State FL	_ Zp 34275
Telephone Number (941) 458-8103	
The facilities DER identification number (also known as the GMS identification number) FLA OF	4053-278038
DER test site identification number (for the sampling location)	/ / - /
Description of the monitoring point Taken at the Chlorine cante	act Tank

Date on which the sample was taken (MM/DD/YR) 2 123 1 CO

Form Title Rectained Water or Effluent Analysis Report

DER Form	17-801.900(4)
Form Tee_	Reclaimed Water or Effluent Analysis Report
Ellective Or	July 1, 1991
DER Apple	JEANS IN DY DERI

Part VIII - Secondary Chemical Analysis (continued)

(a) Parameter Name	(b) STORET Code	(c) Analysis Result (mg/L)	(d) Slandard (mg/L)	(e) Analytical Method	(f) Analysis Dale	(g) Above Standard
Sulfate	000945		250		1 1	
Zinc	900221		5		1 1	
pH (units)	000403		6.5 - 85		1 1	
TDS	070300		500		, ,	
Foaming Agents	900217		0.5		1 1	

Part IX - Certification

I certify	under	penalty	of law th	at I have	personally	examined	and a	m tamilia	r with th	he informa	tion subm	vitted in	this do	cument	and all	attach	iments
and that	it, based	on my	inquiry o	f those in	dividuals im	mediately	respoi	nsible for	obtainir	ng the infor	mation, II	believe 1	that the	informa	ition is ti	ue, ac	curate,
and co	mplete.	lama	ware that	these ar	e significan	t penalties	for s	ubmitting	false in	nformation,	including	the po	ossibilit	y of fine	and im	prison	ment.

te: 3-24-00

Signature of Lead Operator

Robert W. Offer 6256C

Name (please type) Certification Number

SouthWest Widtert Waste

Address

L0429 Sand Rift Ave.

Englewood, Fl. 34224



MAN-CT CUSTODY TIECOTO	#	532C	68		
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Page _	_ (_ of _	

Environmental Testing Services									,										γ	
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Englewood, Ft. 3													Kit	#					<u> </u>	
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COMMENTS:	COOLER#	My CL								Y -	H''		<i>y</i>	()					7 7	
Co	OOLER SEAL INTACT Yes No							·			-	-								

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(4) Operation Reports

Test Year Ended December 31, 2001

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(1) Operation Reports 2001

Test Year Ended December 31, 2001

01

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: 1AILING ADDRESS:

Sandalhaven Utility, Inc.

68 | Placida Road

Englewood, FL 34224

ACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID: FKA9k4953

9k4953 GMS TESTSITE ID NO.:

01-01

GROUP: DOMESTIC

DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO.:
PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form.

	The control of the control	FIEASC	read instruction	is Defore co	mpieting this to	rm,					
Parameter	17. Sec. 18. 19.	Qu	antity or Loading	S		Quality or Concer	atration		No. Ex.	Frequer y of Anah ra	مثلا عرفتهج
STOLET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units]		
ROW	Saraple Measurement	080	1/29	.083	*************	*************					
154 50 1	Pennit Reparement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD			***************************************			SEE PERMIT	SEE PERUNT
C.E. DS, INFLUENT	Sample Measurement	*********			***************	.287	.287	(19)			
(FREE UENT GROS VALUE	Permit Requirement			****	**************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		ZEE PERVIL	SEE PERMIT
111, INFLUENT	Sample Measurement		***************************************		••••••	. 352	.352	(19)			
CCS.0 G	Permit Requestrent	********	***************************************	*********	***************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX.	rog/L		TIMASA 332	SEE PEPLUIT
CPGDS, EFFLUI ST	Sample Measurement	••••••		•••••		a	a	(19)	3.		
100 JUENT GROS VALUE	Paret Requerences	***************************************			debathordebary	REPORT MONTHLY AVG	REPORT DAILY MAX	rog/L		SEE PERMIT	SEE LEXMIT
111. EFFLUENT	Sample Measurement	********	••••••			1,05	1.5	(19)		-	
00030 1 HILUENT GROSS VALUE	Permit Requirement			**************************************		NEPORT MONTHLY AVG.	REPORT DAILY MAX	mpt	** **	SEE PERMIT	SEEPERMIT
(), FORM, FEE AL	Sample Measurement	D	***************************************	•••••	<.1	<1	<1	(13)			
111116 1 FILLENT GROS VALUE	Parmit Requirement	*********	***************************************	***********	REPORT WEEKLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100ml		SEE PEP LIST	GRAR

under penal of law that I have personally examined and ant familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted

HAMETTI: OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOPP - THE SIGNATURE OFFICER OR AUTHORIZED AGENT TOPP - THE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

01-07

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

Diagra wood instructions before completing this form

Sandalhaven Utility, Inc. LMITTEE NAME:

ILING ADDRESS. 6811 Placida Road

Englewood Fl 34224

CILITY: Same

CATION:

ATTN:

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD -- From:

LIMIT: FINAL CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Qu	intity or Loading			Quality or Concer	tration		No. Ex.	firquency ef Araijnu	lumi e Tope
TORET CODE MON. ITTE No.	2000年	Average	Maximum	Units	Minlmum	Average	Maximum	Units			
rit	Sumple Measurement	*******	****************	**********	6.8	************	7.2	(12)			
90400 1	Paciet Requirement		***********	41.00.000.007	MINIMUM 6.0	5429274444 4	DAJLY MAX	Σť		SEE PERMIT	SEE PERMIT
HLORINE, TOTAL RESIDUAL	Sumple Measurement			**********	20	g; c c r b s s t b t b t b t b t b t b t b t b t	***************************************	(19)			
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TRATE (# 14) F REQUIRED IN THE PERMIT)	Sample Messes emeric	***********		*********		***************************************	4.52	(19)			
200620 1 ETFLUENT GROSS VALUE	Forms Requiement		***************************************	**********		10-144111144	12.0	mpl		SEE PERMIT	SEE PERMIT
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FFFLUENT GROSS VALUE	Franc Requirement	•••••		*********	************		DAILY MAX	rogel		SEE PERMIT	SES PERMIT
BODS, EFFLUENT	Sample hissurement	**********	******************	*********	1.63	***************	*************************	(19)			
250082 Y VNTVAL AVERAGE	Pemui Raquuerrami		***************		REPORT ANNUAL AVO	************		met		SEE PERMIT	SEE PERMIT
SS, EFFLUELT	Sample Measurement		***************************************	404044444	0.99	***************************************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(19)			
MOSTO Y	Permi Requierment	********		**********	REPORT ANNUAL AVO		***************************************	my·L		SEE PERMIT	SEE PERMIT

configured populty 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 be mided 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 TELEPHONE NO SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MAME TITLE OF PROMITAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OF A MAME

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all anachments here): (Anach additional sheets if necessary.)

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Utili

941)697-8959

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FORP LIMITS (REPLACES MOR FORM) RMITTEE NAME: Sandallower Ul. anc. MILING ADDRESS: 6811 Placiala Rd.

CILITY

CATION:

ATTN:

Englused P134224

PERMIT NUMBER:

MONITORING PERIOD--From:

LIMIT: FINAL.

CLASS SIZE: FACILITY ID:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: *** NO DISCHARGE | 1***

GROUP: DOMESTIC OM9 TESTSITE ID NO.: WAFR SYSTEM IDNO:

TYPE OF EPFLUENT DISPOSAL:

Please read instructions before completing this form. Rosect facel

Parameter		Qu	matity or Loadin	g		Quality or Concen	No. Ex.	Trequery of Andbis	Sarrete Type		
TORET CODE LION SITE NO		Average	Maximum	Ilnia	Minimum	Average	Maximum	Units		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
LOW	Sample Messagegrafi	. 0	Ö	.026	webs. 200 2250. cabuya) et 100000\$pperp.	4-43,00047	***********			
SOOSO 1 SONTILY AVERAGE DAILY	Primit Requirement	REPORT NONTHEY	PYROLITYED	MCD		and proposed as				REPRUIT	SZE PREMIT
BODS, INFLUENT	Sample à ledere ameni	*********	*********	**********		241.33	268	(\$9)			
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SS, INFLUENT	Sample Management	********	***********	*********	47 4016 7 477 7 477 447	309.33	484	(19)			
00530 G NFILIENT GROSS VALUE	Postal Registronal	18-7-87-17-17-17-17-17-17-17-17-17-17-17-17-17	Seed any primary and	alantireasis.	acaper de polarellos	AMORTHLY AND	DATE MAX	mpit.		SEE PERVIT	SEE MARKE
BODS, EFFLUENT	Sample Mentiorentest	*******	***************************************	**********	*************	2.3	4	U 93			
80082] FFLUENT GROSS VALUE	Petrix Regularists		-	**************************************	Marie or	ACHORT LAYS	DAILYAUX	ngt.		SE PEDEN	SEE PARMIT
98, EPFLUENT	Sample Metrumment	********	***************************************	**********	************	1.8	3.55	(19)			
GOS30 1 PFLUENT OROSS VALUE	Purry Remirrary		***************	N. 6. 6. 12	30 000 000 000 000 000 000 000 000 000	SECONT AVE	DARTEMA	met.		REPERTY.	SEE PERMIT
OLIPORM, FECAL	Euryly Measuremen	*******	***********		<1	41	41	(13)			
91616 1 PFIJENT GROSS VALUE					HIPORT AUMENTATO	MONTHLY AVE	L DAILY HAK	iron.		SIZ PERSON	f GLA

certify under penalty of law that I have personally examined and am familiar with the information amounted begain; and based on my inquiry of those individuals immediately responsible for obtaining ibraised information is true, accousts and complete. I are aware that there are significant practice for submitting false information including the possibility of fine and imprisonment DATE (YY/MAUDD)

FIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR ALTHOREED AGENT NAME OF THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED A CENT (CAPACITAL)

TELEPHONE NO. 8(1) 6924797

OMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sixets if necessary.)

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM) PERMITTEE NAME: MAILING ADDRESS:

PERMIT NUMBER:

MONITORING PERIOD -- From:

LIMIT: FINAL CLASS SIZE:

GROUP: DOMESTIC OMS TESTSITE ID NO.: WAFR SYSTEM IDNO.:

FACILITY ID: DISCHARGE POINT NUMBER:

*** NO DISCHARGE [] ***

PLANT SIZE/TREATMENT TYPE:

TYPE OF EPFLUENT DISPOSAL:

Parameter		Qu	antity or Loadin	g		Quality or Concer	ntration		No. Ex.	Trequesy of Analysis	famile Type
FTORET CODE AND SITE No.	والرجود ومساوي	Average	Maximum	Units	Minimum	Average	Maximun	tinits	1		
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CBODS, INFLUENT	Sample & Committee of	*******	P-116181011111111111111111111111111111111	*********	***************	287	.28)	(19)			
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CBODS, EFFLUENT	Samue Maria	******	************	*********		a	a	(19)		**************************************	
DEDORZ I EFFILIENT GROSS VALUE	Remark Regularises	**************************************	010-761,51033,000000		aber, stress cored	AEPORT AVOITHONA DVA Y LINTHONA	DULYALLE	mgl		sta Pèbin	SEE PERMIT
is, effluent	Sumply Measurement	*******	**************	**********	*******	1.05	1.5	(19)			
000130 1 EPFLUENT OROSS VALUE	Pearut Regulerance	.,,,,,,,,,	2	oarnada prob		PERONA PERONA	DULT HAX	•••		TIMES	STE PERLET
COLIFORN, FECAL	Sorry la Ideanuscratzia		**********		<1	<1	21	0			
EPFILIENT GROSS VALUE					WEIGHT AVO	MONUMEN YAS	WIND HALE	8/(00-d		STRINGT	QUE

I certify under penalty of law that I have personally examined and am familier with the information submitted herein; and bared on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

MOINING DITOLLISMON IN MACHENA WAS COMPLETED. I SALE SANCE STORE OF THE PARTY OF TH	and the september 1 Trees best literage per personal die Sonstaties, on two other Bids per	(ra methr	
NAME/TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED A DENT OFFICE HAM	MONATURE OF PRANCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYMINDD)
	let & Van	() BA4/57	01-07.02

CONMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Allach additional sheets if necessary.)

FACILITY:

LOCATION:

ATTN:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM) 01.01

ERMITTEE NAME:

Sandalhaven Utility, Inc.

IAILING ADDRESS: 68

Placida Road

Englewood F1 34224

ACILITY:

Same

OCATION:

ATIN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC FACILITY ID: FLA014053

GMS TESTSITE ID NO .: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-E* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

DISCHARGE POINT NUMBER:

Parameter		Qu	antity or Loading	3		Quality or Concen	tration		No. Ex.	Exelution Ladrence	Skern e Dige
CORET CODE MON. SITE No.	- · ·	Average	Maximum	Units	Minimum	Average	Maximum	Units			
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SS. EFFLUE: F	Sample Means ement	••••••	***************************************		0.99	***************************************		(19)			
10530 Y ENNUAL AVERAGE	Parmet Requestration	*********	***************************************		ANNUAL AVO	*************		or}-L		SEE PERMIT	SEE PERMIT

certify under possing 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 to would 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 TO SEE PRINCIPAL ENECUTIVE OFFICER OR AUTHORIZED AGENT (THE AME SIGNATURE OF PRINCIPAL ENECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

Feb

27

01

01:46p

Sandalhaven

2/28/01

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ANT STAFFING:

Day Shift Operator

Evening Shift Operator Night Shift Operator

Class: Class:

Certificate No.: 6256

Certificate No.: Certificate No.: Class:

Class: C Certificate No.: 8966

Name: Probert offer Name:

Lead Operator re of Effuent Disposal or Reclaimed Water Reuse:

mited Wes Westher Discherge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: tisch additional sheets if necessary to list all certified operators.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

RMITTEE NAME: SANdAlhAUEN Utility INC. AILING ADDRESS: 6811 Placida Rd.

Englewood Fl. 34224

CLITY: **CATION:** SAMe

ATTN

PERMIT NUMBER:

MONITORING PERIOD -- From:

LIMIT: PINAL.

CLASS SIZE: FACILITY ID:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: TYPE OF EPFLUENT DISPOSAL:

Feb. 01

GROUP: DOMESTIC OMS TESTSITE ID NO.:

WALTR SYSTEM IDNO.:

*** NO DISCHARGE | | ***

Please read instructions before completing this form. Rules . Ponch

Parameter		Qı	antity or Loadin	g		Quality of Concer			No. Ex.	Treginery of Anatob	Sacrate Type
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BODS, INFLUENT	Sample & Logace arre no	*********	**********	314 1 000 1 54 1 1	Ben fatel parradupas	241.33	268	(89)			::-
180032 G NELUENT OROSS VALUE	Person Requirement		***************************************	10		REPORT C LICHTULY AVO.	DARLY MAX			SER PERSET	SEE PERMIT
rs, influent	Sample Maxeus agent	******	• •••••••••••	*******	***********	309,33	484	(19)			
00530 G HFLUENT GROSS VALUE	Perceit Pagettertratt	33.7.Y. 2.		ol-y ninet	Ajauriti jajirota	REPORT WOW, TLECKE	REPORT DAILY ACAY.	₩Ĺ.		SEE PERUT	SEE PERMIT
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COLIFORM, PECAL	Surple Measurement		***************************************	********	<1	<i>C1</i>	< !	(13)			
D31616 1 EPFLUENT GROSS VALUE	Notes Legalinges		\$1000000000000000000000000000000000000	2 5 d (4x2)	PRIORT AVO	MONTHLY AVE	BALT HAN	#100-A		STE PENET	din

critify under penalty of law that I have personally examined and an familiar with the information autualted berein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the is milect information is true, accurate and complete. I am aware that there are significant penelties for submitting false information including the possibility of five and imprisonment.

NAME/ITTLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED ACTION OF THE MONATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YYMANDD) (94)6574757 01-03-26

OMNIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Allach additional disets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

MITTEE NAME: Sandalhaven Utility, Inc.

LING ADDRESS: 68 Placida Road

Englewood Fl 34224

ILITY:

Same

ATION:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD -- From:

Feb. 01

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-2" NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

		Please	read instructio	ns before co		om. Reuse for					
Parameter		Qu	antity or Loadin	g		Quality or Concer			No. Ex.	Frequency of Arabyu	\$ <u>1−7</u> ¢ 7×7¢
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entify 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 belt

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	Kal J Pare	9416974797	01-03.26

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEPLIMITS (REPLACES MOR FORM)

PERMIT NUMBER;
MONITORING PERIOD--From:

Feb01

LIMIT: FINAL CLASS SIZE: FACILITY ID:

DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.: WAFR SYSTEM IDNO.:

PLANT SIZE/TREATMENT TYPE:

*** NO DISCHARGE [] ***

TYPE OF EPFLUENT DISPOSAL:
Please read instructions before completing this form. Resect force

Parameter		Qı	unatity or Loadin	E		Quality of Concer	itralion		No. Ex.	Tregoery of Armyria	Earrale Type
ORET CODE 100% SITE No	the state of the state of the	Average	Maximum	Units	Minimum	Average	Maximum	Units	1	~~··	
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TYS. INFLUENT	Sample Master emere	*******	0 1017 0010 70410 000		************	309.33	484	(19)		- 44. 9 to 12 to 14.	124
00530 G NFLUENT GROSS VALUE	Postel Yogelevinest	25/871.2		pinery strent	orantitemperates	HONTHLY AND	DALLY MAX	mg'L		SEE PENUT	SEE MANUE
BODS, EFFLUENT	Sample Lingueroscop	A 1	***************************************	**********	*****************	2.3	U	UM			
BOOK2 1 FFLUENT OROSS VALUE	Parrix Registraria	· (**:#*)	gen of hope products	40 (40		AEPORT MONTHLY AYG	RIPORT DALLY JUX	ngt.		ste Petun	SEE PLENHT
95, EPT LUENT	Sample Messagement	*******	***************************************	*********	18451114	1,8	3.5	(19)		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
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O 1616 1 PFILIENT UROSS VALUE	Rock Residence		Mary and the contract of		LIPORT WETGY A 10	MONTHLY AVE	SE DAIL F HAK	U.OD-A		HE HINT	CAUR

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

Diffield information is and, accorded and complete. I the savet that waste that waste that waste the submitted presenting falso subtomation in a full position and any production. I the savet that waste that waste the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted of principal executive offices or althorated account to the submitted account t

-1-

ONIMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional clusters if necessary.)

RMITTEE NAME: Sandalhauer We are.

Englised P134224

AILING ADDRESS: 6811 Placeda Rd.

SAME

ATTN:

CLITY

CATION:

FDEP LIMITS (REPLACES MOR FORM)

Sandalhaven Utility, Inc. MITTEE NAME: LING ADDRESS:

Placida Road 68

Englewood FI 34224

ILITY: :ATION:

ATTN:

Same

FLA014053-378038 Feboi PERMIT NUMBER:

MONITORING PERIOD-From:

LIMIT: FINAL

GROUP: DOMESTIC CLASS SIZE: GMS TESTSITE ID NO .: FACILITY ID: FLA014053 WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: 10-. 1

Parameter		Qua	ntity or Loading		(m. Research Polynamic Polynamics of Concentration	อน่อย		No. Ex.	Frequency el Analysis	7.78 () 4
				Units	Minimum	Average	Maximum	Units			
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	Provi Requirement	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	4	40000000000	REPORT AMPRIAL AVO	************		(19)			
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30 Y	Permit Requirement		Personal 1 1	101100000000	ANNUAL AVO	on my inquiry of those	************		,		

wify under possity 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 misermatica, I mined 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 THE PERENCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

Sandalhaven Ut:	[]1t	y,	Inc	•				DA	ILY	SAN	MPL	E RI	esui	LTS.	PA:	RT I	В				Three	e-mon	th Av	erage	Daily	Flow:	.O'	92	97.	
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DAILY SAMPLE RESULTS - PART B

ANT STAFFING:

Day Shift Operator Evening Shift Operator

Night Shift Operator

Leed Operator

Class: Class:

Conficato No.: (d56 Certificate No.: 63 94 Certificate No.: Class:

Class: C Certificate No.: 8546

Name: Mohert Offer Name: Scott-Stevent

Name: Rabbet PAUER

pe of Effluent Disposal or Reclaimed Water Rouse: mited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge; tech additional sheets if necessary to list all certified operators.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME:

Sandalhaven Utility, Inc.

AILING ADDRESS:

68// Placids Road Englewood, FL 34224

ACILITY:

Same

OCATION:

ATTN:

March 2001 PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

.150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

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Parameter		Qu	antity or Loading	3		Quality or Concent	ration		No. Ex.	frequency of Anah ra	Lite Smith
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1 - INFLUENT	Sarople Measurement		************		*************	498		(17)			
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COMIDS, EFFLUI OT	Sample Management	*********	*******	*********	***************************************	2.5		(19)	<u> </u>	-	
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", EFFLUENT	Sample Measurement			**********	******************	.75				ļ	-
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winder penal; of law that I have personally examined and am familiar with the information submitted hereing and based on my inquiry of those individuals immediately responsible for obtaining the information tion is true, e. curate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. REMODAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MANIETTI : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE BOOK

CHESENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here); (Attach additional sheets if necessity

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FREP LIMITS REPLACES MOR FORM

ERMITTEE NAME:

Sandalhaven Utility, Inc.

AILING ADDRESS:

68// Placida Road

Englewood, FL 34224

ACILITY:

Same

DCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: .150/3-C*** NO DISCHARGE [] *** PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

		Please	read instruction	ns before co	mpleting this fo	rm. Reject			-		Sangle
Parameter		Qu	antity or Loading	3		Quality or Concer	tration		Nu. Ex.	Frequency 61 Analy ns	PATKI.
TOPET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
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SHIP THEY AVENAGE DAILY	Permit Requirement	REPORT	PERMITTED	MGD	2000 1000 1000 1000 1000 1000 1000 1000				٠.	SEE PERMIT	SEE PERSON
DIS DS, INFLUENT	Sample Measurement		4119790000000000000000000000000000000000	***********	************	252		(19)			
GETTS2 G	Panik Reparation	***************	***************************************	2000		REPORT MONTHLY AVG	DAILY MAX	mg/L		SEE PERMIT	SEE PERM
1 - INFLUENT	Sample Measurement	*******		*********	**********	498		(19)			<u> </u>
HCHO G	Panal Requirement		**************************************			REPORT MONTHLY AVG.	DAILY MAX	mg/L ; (19)	1	SEE PERMIT	SEE PERM
CIMIDS, EFFLUENT	Sample Measurement	********	******	**********	***************************************	2.5			 -		
MACHEZ I	Passi Represent	**********				REPORT MONTHLY AVG	DAILY MAX	rag/L:		SPETERAGE	RELEGY
118, EFFLUENT	Sample Mousement		*************		*************	1.75		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(13)	 	
(%) V30 1 VIII.L'ENT GROSS VALUE	Penni Requirement			7.19	1	LEPORT LICHTHET AVG.	DAILY MAX	mgt (D)		SEE PERMIT	SEE PERS
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. ... under perulty of law that I have personally examined and am familiar with the information submitted hereign and based on my inquiry of those individuals immediately resp of mostion is true, a curate and complete. I am aware that there are algorificant penalties for submitting false information including the possibility of fine and imprisonment. TELEPHONE NO. SIGNATURE OF RINGSPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT HAMETTI' LOF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT THE

(2:11 :ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheet If me

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FLA014053-378038 March 2001

FDEP LIMITS (REPLACES MOR FORM)

Sandalhaven Utility, Inc. RMITTEE NAME:

ALLING ADDRESS. 68// Placida Road

Englewood F1 34224

.CILITY:

Same

CATION.

ATTN:

PERMIT NUMBER:

MONITORING PERIOD -- From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID: FLA014053

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO .: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: . 150/3-E** NO DISCHARGE () ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Qua	nuity or Loading		mpleting this for	quality or Concent	ration		No. Ex.	Fregumcy of Analysis	3670 v 7070
			34-2	Units	Minimum	Average	Maximum	Units			
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NIMUM ILORINE, TOTAL RESIDUAL	Sumple Messuurment	***********		**********	2.0		20020-00200000	(19)			
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willy under perally of the mar i me	to personally ofference that there	are significant penalties for subm	IN IN THE BUOMBACK STORES	CONTURNOSIZED AGENT	TELEPHONE NO	
			TARE OF PRACIPAL EXCENTIVE OFFICE	CONOTTION	9416974797	- 02-1
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FLA014053-378038 March 2001 FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME:

Sandalhaven Utility, Inc.

IAILING ADDRESS: 68

Placida Road

Englewood F1 34224

ACILITY: OCATION:

Same

ATTN:

PERMIT NUMBER:

MONITORING PERIOD--From:

DISCHARGE POINT NUMBER:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

GROUP: DOMESTIC

GMS TESTSITE ID NO.: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form

Parameter		Qu	antity or Loading	Š		Quality or Concen	tration		No. Ex.	Forquency of Analysia	Sarri e Tuge
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BODS, EFFLUENT	Sample Messuement	*******	*************	***************************************	163	7		(191			
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TOUR Y	Permit Requirements			************	REPORT AMMUAL AVG	*****************	***************************************	my-L		SEE PERMIT	SEE PERMIT

mented 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 AGENT MANIE THE SEPPRESCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE BOME

TELEPHONE NO 14/6974797

(MENT ANY ENPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

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PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator Lead Operator

Class: C Certificate No.:

Clate: Cartificate No.: Clear: Cortificate No.: Class: C Certificate No.1 8546

Name: Bob Offer
Name:
Name:
Reme:
Reme:
Robtet Pitve

Type of Effluent Disposal or Recisimed Water Rouse:

Limited West Westher Discharge Activated; Yes: No: Not Applicables X II you, cumulative days of we reather discharge: "Attach militions" to if necessary to list all cartifled operators.

IRP Form Q-620,996. Harden Manual ... to topic

FACILITY:

LOCATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMIT NUMBER:

PERMITTEE NAME: Sandallaun Williag line. MAILING ADDRESS: 681/ Placida Road E19/4wood, F1 34224

ATTN:

MONITORING PERIOD--From: LIMIT: PINAL. CLASS SIZE:

GROUP: DOMESTIC OMS TESTSITE ID NO .:

FACILITY ID: DISCHARGE POINT NUMBER:

WAFR SYSTEM IDNO.: *** NO DISCHARGE |] ***

PLANT SIZE/TREATMENT TYPE: TYPE OF EPFLUENT DISPOSAL:

apul 01

tions before commission this form Dassa.

Parameter			ntity or Loading		empleting this fo	Quality or Concen	dration		No. Ex.	Frequency ^[Analytis	Sacrete Type
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I certify under penalty of law that I have personally examined and am familiar with the information substitud bearing and beated on my inquiry of those individuals immediately responsible for obtaining the Submitted information is true, accurate and complete. I are sware that there are algorithmat penalties for submitting falso information in true, accurate and complete. I are sware that there are algorithmatical penalties for submitting falso information in the possibility of fice and impalsonment.

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CONIMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all stachments here): (Affach additional cheets if necessary.)

FDEP LIMITS (REPLACES MOR FORM)

FLA014053-378038

April 01

ERMITTEE NAME: Sandalhaven Utility, Inc. IAILING ADDRESS: 68 Placida Road

68 Placida Road Englewood Fl 34224 PERMIT NUMBER: FLA01 MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

FACILITY ID: FLA014053
DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

ACILITY:

Same

OCATION:

ATTN:

Please read instructions before completing this form.

Parameter		Qu	antity or Loading	g		Quality or Concen	uration		No. Ex.	Frequency of Analynu	Barry e Tope
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entify 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 true emailies for submitting false information including the possibility of fine and imprisonment.

HAME THE SEPRESCRAL ENECUTIVE OFFICER OR ALTHORIZED AGENT TIPE AND SHOWATURE OF PRESCRAL ENECUTIVE OFFICER OR ALTHORIZED AGENT TO SHOW AT THE SEPRESCRAL ENECUTIVE OFFICER OR ALTHORIZED AGENT

⁽MENT ANY EMPLANATION OF ANY VIOLATIONS (Reference all anachments here): (Anach additional sheets if necessary.)

FACILITY:

LOCATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FORP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: SANdalhaves Willity Inc.

SAME

MAILING ADDRESS: 641/ PACHARA. 24224

ATIN:

PERMIT NUMBER:

MONITORING PERIOD -- From:

LIMIT: FINAL. CLASS SIZE:

FACILITY ID: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

april 01

GROUP: DOMESTIC OMS TESTSITE ID NO.: WAFR SYSTEM IDNO.;

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form. Parant

Parameter			entity or Londing		ompleting this fo	Quality of Conces	iration		No. Ex.	Trequery of Andysis	Soringto Type
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I actilly under penalty of law that I have personally exemined and are families with the information automitted berein; and bastd on my inquiry of those individuals immediately responsible for obtaining under penalty of law that I have personally exemined and are families with the information automitted berein; and bastd on my inquiry of those individuals immediately responsible for obtaining the personal control of the co Submissed information is true, accurate and complete. I are sween that there are algorithman possible for unbashing files information including the possibility of fine and imprisonment.

MARGINER OF PRICUPAL EXECUTIVE OFFICER OF AUTHORIZED AGENT (PROCESS AGENT (PROCESS OF AUTHORIZED AGENT (PROCESS OF AUTH TELEPHONE NO. (24)6974797

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all stinchments here): (Alach additional Livets if necessary.)

FDEP LIMITS (REPLACES MOR FORM)

FLA014053-378038 PERMIT NUMBER:

APRIL OF

MITTEE NAME:

Sandalhaven Utility, Inc.

ILING ADDRESS: 6811 Placida Road

Englewood Fl 34224

Same ILITY: CATION:

ATTN:

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID: FLA014053

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL:

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Sandalhaven Utility	J.n.	c.					_										8 1	9	20	21	27. 1	<u>د</u> م	- · · · ·	l	1	1 _	+	-	03	967	-
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PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68 // Placida Road Englewood, FL 34224

FACILITY: LOCATION:

Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: LIMIT: FINAL

CLASS SIZE:

FACILITY ID: DISCHARGE POINT NUMBER:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO .: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-G*** NO DISCHARGE |] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter 1101-RE CODE MON. SITE Me.	Treatment of Marie Commission of the Commission	Q.	untity or Loadin	g		Or EFFLURN DI Oren, Cuality or Concen	tration	to the Property of the second	No.	Frager sy	Earne le Type
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me from in true, t. cirple and complete. I am aware that there are significant penalties for submitting fairs information including the possibility of fine and imprisonment.

PROMETRY : OF PURCHAL EXECUTIVE OFFICER OR AUTHORITED AGENT TOWN THE SIGNATURE OF PROCEPAL EMPORTIVE OFFICER OF AUTHORIZED AGENT TELEPHONE NO.

CINESTENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional share) if processing)

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

THROUTTEE NA	ME.
MAJLING Appr	FCC

Sandalhaven Urility, Inc. 68 // Placida Road

Englewood Fl 34224

FACILITY LOCATION

Same

ATTN

PERMIT NUMBER:

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO: WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE. . 1.50 / 3-C** NO DISCHARGE | 1 ***

TYPE OF EFFLUENT DISPOSAL:

Parameter Parameter Nov. 105. 94		•	antity or Loading	g		Quality or Concen	uation	Agramatic II . I stammed a co	No. Ex.	fittiplemes of Attales a	Same 4 Sign
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MENTANEXPLANATION OF ANY VIOLATIONS (Reference all anothments here). (Anoth additional sheets if necessary.)

PERMITTEE NAME: MAILING ADDRESS: Sandalhaven Utility, Inc.

68 // Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID:

FKA9k4953 DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C*** NO DISCHARGE |] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Qı	antity or Loadin	g		Orm, Resear Quality or Concer			Ne	Feedun Ly	Fang
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m ^{1,5} 5 0 1	Parcel Balquirement	**********	***************	*********	PPRISAUSSIPERSIA SA	6.45	12.3	(19)			
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME.

Sandalhaven Utility, Inc.

MAJLING ADDRESS. 68 // Placida Road

Englewood Fl 34224

FACILITY

Same

LOCATION:

ATTN

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD -- From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

GROUP: DOMESTIC

GMS TESTSITE ID NO .:

DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO .: PLANT SIZE/TREATMENT TYPE. . 150 / 3-4* NO DISCHARGE 11 ***

TYPE OF EFFLUENT DISPOSAL:

Parameter Court cope — year no. 46		Qu	antity or Loading		(Juality or Concert	นาย่อก		No. Ex	Forstumes of 1	Jarry 1
Carling And the No	CARREST CO.	Average	Maximum	Units	Minimum	Average	Maximum	Units			
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SIGNATURE OF PAINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE VO 941697475

PUT TO THE

INENT AN EXPLANATION OF ANY VIOLATIONS (Reference all anachments here) (Attach additional sheets if necessary.)

Sandalhaven Utility, Inc.

DATLY SAMPLE RESULTS - PART B

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PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Class: (Captificate No.:

Class: Comitions No.: Class: Cordificate No.: Close: C Certificate No.: 8846

Name: Bob Offer Warne: Name: Gobiet Pito

Lend Operator type of Efflornt Disposal or Reclaimed Water Rouse;

Limited Wel Weather Discharge Activated: Yes: No: Not Applicablet X If yes, cumulative days of w regimer discharge: 'Attach additions' as if necessary to list all certified operators. .-

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68 // Placida Road

Same

Englewood, FL 34224

MONITORING PERIOD-From: LIMIT: FINAL

PERMIT NUMBER: FLA014053-278038

June 2001

CLASS SIZE: FACILITY ID:

GROUP: DOMESTIC GMS TESTSITE ID NO .: FKA9k4953

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

FACILITY: LOCATION:

ATTN: PLANT SIZETREATMENT TYPE: .150/3-C*** NO DISCHARGE |] *** TYPE OF EFFLUENT DISPOSAL: Please read instructions before completing this form. Reuse Parameter Quantity or Loading Quality or Concentration No. 1

STOPET CODE MON. SITE NA		`				Quanty or concen	Marion		Ex.	Ol Nedayat	וגנ
		Average	Maximum	Units	Minimum	Average	Maximum	Units			
HOW	Sample Management	047	150.	070	************	***************************************	***********	**********			
THEY AVERAGE DAILY	Petruk Raquiremont	REPORT, MONTHLY, AVG.	PERMITTED	Мор			properties	************		BEE PERMIT	SEE M
CIP DS, INFLUENT	Sample Mountainment	*********	***************************************	**********		1845	198	(19)			
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1:5, INFLUENT	Sample Mauntement	********	************	b+ m+ 4 + 1 + m - m +	**********	188	216	(19)			
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CTMODS, EFFLUE OF	Sample Maurement	*********	**********	*********	Dávarskapsáras Laya	1	1	(19)			
13) LUENT ORG S VALUE	Petroi Requirement	*******	CARLET CONTROLS	\$ 38.4 · ·	W. Barrer	REPORT REDORDELY AVID	REPORT DAILY MAX	mg/L	- (4) - (4)	SEE PEPACT	SEE ?
1 % EFFLUENT	Sample Measurement	********	************		***************	0.6	40.6	(19)			
(99150 1 11) LUENT GRO-S VALUE	Parnh Reportment	***************************************				REPORT MONTHLY AVO.	DAILY MAK			SEE PEPAIN	ster
1 12 FORM, FECAL,	Sample Measurment	*********		#Beetguesta	aa	2.99	60	(13)			
1-11 UFNT GROWS VALUE	Parndt Requirement	************			REPORTS WEEKLYAVO	REPORT:	REPORT DAILY MAX	9/100ml		REE PERLIT	CI

which the trade of law that I have personally examined and am familiar with the information submitted berein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the

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ENT AND EXPLANATION OF ANY VIOLATIONS (B.C. Town of all all about here)	/Artanh in Military	Laurence

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FACILITY:

LOCATION:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

PERMITTEE NAME: SANGI HAVE USINY TWO

MAILING ADDRESS: GEII Placity Read.

ATTN: SAMe

Englewood, FL34224

PERMIT NUMBER:

MONITORING PERIOD-From:

June 2001

LIMIT: PINAL,

CLASS SIZE: FACILITY ID:

GROUP: DOMESTIC GMS TESTSITE IDNO.:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

WAFR SYSTEM ID NO.:

*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL

Please rend instructions before completing this form Rende

Parameter		Qı	antity or Loadin	ıg	ompleting this f	Quality or Concer	tration	-	No. Ex	Progressy of Analysia	Songle Type
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I corally under pensity of law that I have personally extended and am familiar with the information submitted herein; and based on may inquiry of those individuals inspeciately responsible for obtaining the information, I believe in submitted information is true, securate and complete. I am aware that there are significant members for submitted information is true, securate and complete. I am aware that there are significant members for submitted information is true, securate and complete. I am aware that there are significant members for submitted information in the submitted information is true, securate and complete. I am aware that there are significant members for submitted information in the submitted in the submitted information in the submitted information in the submitted information in the submitted in the subm

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COMMENT AND FXPLANATION OF ANY VIOLATIONS (Reference all associonents here) (Attach additional skeets if necessary.)

ERMITTEE NAME:

Sandalhaven Utility, Inc.

IAILING ADDRESS:

68 Placida Road

Englewood, FL 34224

'ACILITY: **CCATION:**

Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID: FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO .:

June 2001

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL: Please read instructions before completing this form /Volonf

Parameter		Qt	uentity or Loadin	g		Quality or Concen	tration		No. Ex.	Frequency of Analysis	Seraple Type
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TOW	Entagle Manageret	042	.109	044	*************	*********	ionestectures.	**********			
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O DS. INFLUENT	Sarrylle Measurement	Bettappay	**************	*********	******	184.5	158	(19)			
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· : INFLUENT	Sample Measurement	# ABHILIS IN A	440400404045	Water Salaman 183	************	188	216	(19)			
GIND G COLUENT GROSS VALUE	Permit Requirement	to be appeared to the second	The same of the sa	A. S.	ate and a second	REPORT MONTHLY AVO.	REPORT DAILY MAX.	me/L	;	SIR PERSON	SKE PET
1703, EFFLUETT	Barryle Meanareters	Witness & B	P#####################################	#04#1400a.44	***********	/	1	[69]			
FORE 1	Pennis Requirement	#464 paper 46		2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		ACRONING AVA	REPORT DAILY HAZ	mpl	g. V.	SEE N. FO.CIT	EEE 11
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ITCLENT GROSS VALUE	Permit Repairment					PEPORT IS MONTHLY AVO.	DARYMAX.) SEE PEAMIT	HEN
X .FORM, FLA'AL	Cample Mauremera	Prespayers.	**************************************	4.14.7	λλ	a. 99	60	(136)			
HELT GROES VALUE	Femal Requirement	********	- No. 10 King St.	burdyani ang	No.	•	REPORT DAILY MAK	илоона.	-	SEE PERLIT	GŁ

COMMIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional shorts if respectatry.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

TERMITTEE NAME: Sandalhaven Utility, Inc.

MAILING ADDRESS: 68 // Placida Road

Englewood F1 34224

FACILITY: LOCATION:

Same

ATTN

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL CLASS SIZE:

June 2001 GROUP: DOMESTIC

FACILITY ID: FLA014053

GMS TESTSITE ID NO .:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .: PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE | | **

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:10060 <u>1</u>	L.	*********	************	Baverabland	0.0	Peterongorosop	**************************************	(19)		SET PERMIT	SEE PER
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9082 Y	Penne Requirement	*********		*********	1.71	a bangganggangg	*************	(19)			74.72.60
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under penalty of law that I have seed information is true, accurate at MANETTE OF FRINCIPAL EXECUTION	Personally avania			*********	CIVA JAUNKA	44640 0044 + 4 04444		trp/L	T	SEE PERMIT	SEE FERNI

remed 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 smilliar with the information submitted becein; and based on my inquiry of those individuals brunediately responsible for obtaining the uni impairen. The SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO

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(Attach additional ele	All I C

(MENT AND EMPLANATION OF ANY VIOLATIONS (Reference all anachmonts here): (Attach additional sheets if neversary.)

Jane 2001

Sandalhaven Utility, Inc. FIANIANSS

DAILY SAMPLE RESULTS - PART B

Days of the Month	1	7	<u> </u>	-	5	- V	-	-	andra and	Lq+tess	Carrier 10										Thr	es-ino la Flac	nth A	orage Dan	Daily	Flow	ity:	かん	0/0	
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Day Shift Operator Evening Shift Operator

Night Shift Operator

Class: C Certificate No.: 6256 Class: C Certificate No.: 6394 Class: Cottificate No.:

Name: Bob offer
Name: Scott Stynut
Name: RobELT PAVES

Lead Operator by a of Efficient Disposal or Recisimed Water Reuses

Classic Certificate No.: 8946 Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wather discharge:

PERMITTEE NAME: Sandel hours U.H.
MAILING ADDRESS: GEI HACIA 14.
Englewood Pl. 34224

JAMe

ATTN

FACILITY:

LOCATION:

PERMIT NUMBER; MONITORING PER

MONITORING PERIOD - From:

LIMIT: PINAL

CLASS SIZE:

CROUP: DON

FACILITY ID: DISCHARGE POINT NUMBIR; PLANT SIZE/TREATMENT TYPE: GROUP: DOMESTIC GMS TESTSITE ID NO.: WAFR SYSTEM ID NO.: *** NO DISCHARGE | | | ***

TYPE OF EPFLUENT DISPOSAL:

Please read instructions before completing Parameter Quantity or Londing storage completing						Quality or Conce	ntredien	Machine (in the control of	No. Ex.	The endoy	Sample Type
	est fried representation of	Average Maximum Halis Minimum Average Maximum Halis			Inite		Analysh				
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00530 O Influent gross value		A NOTE OF	and representations	- 12 12 C	agment (sinceredes	Alcourage Ave	PARANA SA	The state of	3.3	SEE PROOFT	SEE PERLOT
BODS, EFFLUENT	Burges Mingliment	to laster		reces steed to be		7.7	2	(195)		1000	
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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A TOEP LIMITS (REPLACES VER FORM) CHARLES VER FORM)

PERMITTEE NAME: Sandal haven wel: MAILING ADDRESS: GT II Placed Rd.

E19/2 wood F134284

FACILITY: LOCATION:

ATTN:

MONITORING PERIOD -- From:

LIMIT: PINAL, CLASS SIZE: FACILITY ID:

DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: TYPE OF EPFLUENT DISPOSAL:

7-01

GROUP: DOMESTIC OMS TESTSITE ID NO.: WAFR SYSTEM IDNO.:

*** NO DISCHARGE [] ***

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Sandalhaven Utility, Inc.

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Class: C Certificate No.: 6256

Clam: Contificate Ho.: Class: C Centiliante No.1 8946

Name: Robelt Pares

117-6 of Ellivent Dispusal or Reclaimed Water Rouse;

Limited West Weather Discherge Assiveted; Yes: No: 13st Applicables H. If yes, cumulative days of w stather discharge:

PACILITY:

LOCATION:

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DEPARTMENT OF PRICES	The base of the	
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PERMITTEE NAME: Soudal haves Ukity Too MAILING ADDRESS: 631 Placida Rd.	ENTAL PROTECTION DISCHARGE MONITORI	NG REPORT - PART A
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MAILING ADDRESS: 631 Placida Rd.	PERMIT NUMBER:	The state of the s
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ATTN:

MONITORING PERIOD--Prom:

LIMIT: PINAL CLASS SIZE:

FACILITY ID: - DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE:

GROUP: DOMESTIC CIMS TESTSITE ID NO .: WAFR SYSTEM IDNO.:

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FRED LIMITS (REPLACES MOR FORM)

TERMITTEE NAME:

Sandalhaven Utility, Inc.

ESS: 68 // Placida Road Englewood F1 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

GROUP: DOMESTIC

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE []

TYPE OF EFFLUENT DISPOSAL:

Parameter Nov. one va		g Q	unntity or Loadi	ng		Quality or Conce			No.	imauenti el	1 Part
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COMMENT AND EXPLANATION OF ANY VKH, ATTONS (Reference all attachments here): (Attach additional livets if necessary.) 441 BN 4797

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

TERMI	TIEE	NAME:
77 .		

Sandalhaven Utility, Inc.

MALING ADDRESS. 68 // Placida Road

Englewood Fl 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .: PLANT SIZE/TREATMENT TYPE: . 150/3-2 NO DISCHARGE |] ""

TYPE OF FEFT LIENT DISPOSAL.

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MANIET THE PERMICIPAL EXECUTIVE OFFICER OF AUTHORIZED A GENT TOWN - MAN

SKINATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

INTENT AN EXPLANATION OF ANY VIOLATIONS (Reference off anachmony here): (Anach additional alients if necessary.)

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INT STAFFING:

Day Shift Operator

Evening Shift Operator Night Shift Operator

Class: Classi Class; Contificate No.: 8946

Certificate No.: 6356 Certificate No.:

Name: Protect OFFER Name:

Lend Operator e of Effluent Divrous or Reclaimed Water Reuse:

nited Wet Weather Discherge Activated: Yes: No: Not Applicable: X If yes, ourseletive days of wet weather discharge:

PERMITTEE NAME: MAILING ADDRESS: Sandalhaven Utility, Inc.

68 L Placids Road

Englewood, FL 34224

FACILITY: LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONTTORING PERIOD-From:

9.2001

LIMIT: FINAL CLASS SIZE:

GROUP: DOMESTIC FKA9k4953 GMS TESTSITE ID NO.:

PACILITY ID: DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Qu	antity or Loadin	g		Quality or Concen	tration		Ne Ex	Property of	Sangle Type
STEALET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	}	Anahes	}
FireW	Comply Management	072	146	.067	neg White termination of	111 404 1204 100 104 10		***************************************			
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Cap DS, INFLUENT	Sample blandersome	*********	**********	+=+++++++++	***********	716	120	(123			
OFFICE OF STALUE	通過激	***************************************	Mostly Car	S. Maria St.	South Sections	MONTHS Y AVG	DALLY MAX	met.		SEE PERMIT	SEEPENMY
THE (NPLUEN)	Zample Manteresant	********	2-2-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1-2-1	40410EAVOUR	******	1515	178	(17)			-
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CTY ON, EFFLUETT	Sarajie Massaraseri	*******	100ml 645/2000 000 000	**********	enstedissis toke such	٧.	۷)	(79)			
media † 	Total Reprint	***************************************	# 1000x	80 S	PANELSON AND THE	LEFORT LACTUREY AND	REPORT			SELTIMAT	SEEMANT
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1. under perally of few that I have personally examined and are familiar with the information submitted hereig; and based on any inquiry of those individuals instructioned proporable for obtaining the information, I believe the submate. the constitution in true, in curate and complete. I are aware that there are algorithmat for publishing lights information including the possibility of time and imprisonment. EGNATURE OF PRENCEPAL IMPOUNTIVE OFFICIER OF AUTHORIZED ACREST TELEPHONE NO. DATE (YYAM DU) HAMILITY ! OF PRINCIPAL EXECUTIVE DITTICES OR AUTHORIZED AGENT (Provisional) 01-09-03

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

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: Sandalhaven Utility, Inc.

HAILING ADDRESS: 68// Placida Road

Englewood Fl 34224

FACILITY:

Same

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER: GROUP: DOMESTIC

GMS TESTSITE ID NO.: WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-6 NO DISCHARGE [] ***

9-2001

TYPE OF EFFLUENT DISPOSAL:

Parameter		Quantity or Loading			Ompleting this form. Russe Quality or Concentration				No. Ex.	Frequency	\$2-0 e
TORET CODE MOY, SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units), 	Arahyua	
·if	Perspir Management		*************		6.8	**************	7.1	(12)		Ì	
10.400 I	Perret Requirement	######################################	****	*********	- ADMONDA	******************	DATLY MAX	SU		SEE PERMIT	SE PERM
HLORINE, TOTAL RESIDUAL	Sample Mesturanen)		***************************************	*******	134		ashashabbanyopy	(10)		!	
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TROGEN, TOTAL (M.N) REQUIRED IN THE PERMIT)	Sample Mesoperated	100 per 100 pe	B160+4 Jepth P44240	400-1-40-1-40	dina hang managera	***************		(1 0)			
nam ! Tluent gross value	Pentil Requirement		girma in C. (Tippe and Improv	Pdeliteraspess	***************	**************************************	DARLY MAX.	rapî		SEE PERMIT	NE PERM
HODS, EFFLUENT	Sample Measurement			#41 to 440	1,29	***************************************	***********	(19)	,		
0092 Y NNUAL AVERAGE	France Responsesses	**********		adlayespussii	AMMIAL AVO	4 100 0 100 100 100 100 100 100 100 100	*******	arl		STE PERMIT	SEE PERMIT
S. EFFLUE'- T	Sample Management	t erd rabung		***********	1,01	**************	**********	(19)	٠.		
1930 Y NUAL AVIRAGE	Period Requirement	barra adasa		**********	AND LANGERA	42290'499457756	***********	mpl		SEE PERMIT	SEE PERMIT

mily 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 internation. I belied a military responsibility of fine and imprisonment.

NAME THE PROPERTY OF ALL PROCURING OFFICER ON ALTHORIZED AGENT (Type of Proc	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	P417 (13 MULT)
	the town	941-697	
IMENT AND ENPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Anach additional lifets if necessary.)		

FORP LIMITS (REPLACES MON FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68/L Placida Road

Englewood, FL 34224

FACILITY: LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

PKA914953 DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter struct code monete na		Quantity or Loading			Quality or Concentration				Ne Ex.	Frequency of Analysis	Pylor
		Average	Maximum	Units	Minimum	Average	Maxinum	Units]	7,540,116	
ii n#	Sangle Manuscrat	٠,01λ	.146	,004 (m)	-	20/44 70072 0130749	3-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6-6	4646464444 44			
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Cay DS, INFLUENT	largic Mantenant	2-751-6639	***********	P-10-0-10-0-10-0	140-W167149514940	176	120	(19)			
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T-" INFLUENT	Sample Measurement	***************************************	***********	**********	**************	151.5	178	(117)			
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CHOS, EFFLUENT	Satisfia Management	********	************	40000000	919040-41-410-40-w14	41	41	(19)			
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1 C. EFFLUENT	Suspin Mountment		***		************************	40.6	10.6				
eresso 1 FITUENT GROSS VALUE	See la					anagett Ava	DARTMAX			SEE PERMIT	SEPERSON.
CON FORM, FECAL	Sarple Measurement	J287/9/5144	*************	*********	1.01	103	之	(13)			
021-16 1 1-1-LENT GRO S VALUE	Panel Repaired	*********	15-16 WAS	2.33		MEMORY:	DAILY MAX	S/100mg	• 1	SAS PERMIT	ORAN

. At a under penalty of law that I have personally examined and unafamiliar with the inform or sticet is true, a curate and complete. I am sweet that there are algolificant promitties for submitting these information including the possibility of fine and imprisonment TELEPHONE NO. DATE (YYMM DU)

SIGNATURE OF PRINCIPAL ENGINEEVE OFFICER OR ANTHORIZED ADDREST HAME/TILE IN PRINCIPAL EXECUTIVE OF PICER OR AUTHORISED AGENT MAN THE

COSPIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all exactments here): (Artach additional sheets if passettery.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME: Sandalhaven Utility, Inc.

-LAILING ADDRESS: 68/1 Placida Road

Englewood F1 34224

ACILITY:

Same

.OCATION:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:
FACILITY ID: FLA014053
DISCHARGE POINT NUMBER:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:
WAFR SYSTEM ID NO.:

9-2001

PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

		والمراكب المراكب والمراكب المراكب			ompleting this fo		lyeco				
Parameter		Qu	antity or Loadin	g		Quality or Concer	ncijen 		No. Ex.	Friquency of Aralysis	Jar-pr
TOWER CODE MOV. SITE No.	60 S - 1 1 1 1 1	Average	Maximum	Units	Miaimum	Average	Maximum	Units			1
ril	Surple Measurement	***********		-	6.8	h j p è side out-dograph	71	(12)			
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is, efflue: f	Statistic Mountainment	Bugarishu	atory attraction of the state o	959-05944556	1.01	Abutation to send	Anstronegro-tone	(14)	,		
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mind under penalty of law that I have personally examined and am familiar with the information submitted hereig, and based on my inquiry of those individuals immediately responsible for obtaining the personal information is true, accurate and complete. I am aware that there are significant penalties for submitting false information including the penaltity of fine and imprisonment

WASHETTER PROCEDURE OFFICER ON ALTHORISM AGENT (INCOME.)

WONATURE OF PENCHAL EXECUTIVE OFFICER ON ALTHORISM AGENT (INCOME.)

INIENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

Sandalhaven	Utility.	Tne
	~ CLLLLLLLLLL	THC.

DAILY SAMPLE RESULTS - PART B

10-P

selling ID: FLA014053											AMP						4.7				Thre	e-1150	mh As	/01100	Q-		g 1	06	7	
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55 Effluent (mg/L)	-	1								1					1		 -	 						121	-					
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Day Shift Operator Evening Shift Operator

Class: C Cartificate No.: Class: Costificate No.:

Might Shift Operator Lead Operator

Clears Conflicate No.;

the of Efficent Disposal or Reclaimed Water Rouse:

Name: Bob Offer Name: Bobbet Poten Ches: C Certificate No.: 8546

imited Wel Westler Discharge Astivated: Yes: No: Not Applicable: X If you, cumulative days of w centher discharge: as if necessary to But all certified operators.

When Completed mail this report to: Department of Environmental	Protection, South District, P.O. Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME.

Utilities Incorporated of Sandalhaven

PERMIT NUMBER: FLA014053

MAILING ADDRESS:

200 Weathersfield Avenue Altamonte Springs, FL 32714

LIMIT:

CLASS SIZE:

Final N/A

REPORT. GROUP:

Monthly Domestic

FACILITY:

Sandalhaven WWTP

MONITORING GROUP NUMBER.

R-001 and Influent

LOCATION:

6811 Placida Road Englewood, FL 33533

COUNTY.

Charlotte

NO DISCHARGE FROM SITE: 1

MONITORING PERIOD

10-01-01 To 10-31-01

Parameter		Quantity	or Loading Units		Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	,677	,	1					LA.		
PARM Code 50050 Y Mon Site No. OTH-1B (Rapid Rate Ponds)	Permit Requirement	0.15 (An Avg.)		mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	.066					3,	Managary (FL 31 or		the transfer of the transfer o	ALL STATES
PARM Code 50050 Mon Sile No OTH-1B (Rapid Rate	Permit Requirement	Report (Mo Ava.)		mgd "						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement		114		1,71	MAN TAN TAN UNITED	CATALOG ST. CARAS DES.	S. C. C. S.	ABOUT A ASSE	Marie Control of the Control	11 1 1 1 1 1 1 1 1 1
PARM Cole 80082 Y	Permit Requirement				20,0			mg/l		Every Two	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement			- 1,	41				1.3		
	Fermi Kaglinanan									Every Two	8-how FPC
Solids, Total Suspended	Sample Measurement				1.38						
PARATORIA DO STORY					2007						AND DESCRIPTION OF THE PERSON

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/DI
	Kalt Paun	9416974797 01-18-18

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

DISCHARGE MONI. AING REPORT - PART A (Continued)

FACILITY NAME

Sendelhaven WWTP

PERMIT NUMBER: FLA014053 MONITORING PERIOD From: MONITORING GROUP No.:

10-01-01
To

R-001 and Influent

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				1.1						
PARM Code 00530	Permit. Requirement			2	Roport	60.0 (Mixa)		me/L		Le Every Two	38-houri PPC
p11	Sample Measurement				6.9	7/	Section of the State of		back week	The last state of the state of	The second secon
PARM Code 00400 Manual Code Do AFA	Pennil Regulinement				THE CHART AND	(Max.)		7.10		5 Days/Week	Snepa
Coliform, Fecal	Sample Measurement										
PARM CONTINUES NO. EPA-1	Requenent				200 (An AVB)			#(100ml		ALEVEY TYO	Oneb 3/1
Coliform, Fecal	Sample Measurement				<1						
PARM Code 7A055	Requirement				Report (MDCea,Man)	100 (MEX)***		#100ml		Livery Two	Call
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.97						
RARM Code 50060 A	Permit Requirement							11 mg/s		5 Days/Week	Orbi
Nitrogen, Nitrate, Total (as N)	Sample Measurement			1.11/3.11/2.11							
Mort Site No. BPA-1	Permit Requirement				Mild C			mg/l*		Bvery (wo	8-hour FPC
Flow	Sample Measurement	,077									
PARM Code 50050 P Mon Sile No. OTH-18 (Rapid Rate Pontal	Permit Requirement	0.15 (An Ayg.)		mgd						5 Days/Week	Flow meters and localizers
Flow	Sample Measurement	066	.068								
Mon Site No OTH-1B (Rapid Rate	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo Avg.)	mgd Tribally						5 Days/Week	Flow motern and totalizer
BOD, Carbonaceous 5 day, 20C	Sample Measurement	A.) = (450-11 H-12)	the same of the sa	-ALC: 12 DETAIN	101.7	The second of th					
Mon Site No. INTUI	Permit Requirement				A CANADA			a Property		Eyely Two Weeks	8-bour FPC
Solids, Total Suspended	Sample Measurement				81.5						
	Perimit Requirement **			44	A COUNTY OF			TINE!		Viva viva	

When Completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME:

Utilities Incorporated of Sandalhaven

MAILING ADDRESS:

200 Weathersfield Avenue

Altemonte Springs, FL 32714

LIMIT:

Final

R-002

N/A

REPORT:

Monthly

FACILITY: LOCATION: Sandalhaven WWTP

MONITORING GROUP NUMBER:

PERMIT NUMBER: FLA014053

GROUP:

Domestic

6811 Placids Road Englewood, FL 33533

NO DISCHARGE FROM SITE:

CLASS SIZE:

COUNTY: Charlotto

MONITORING PERIOD

10-01-01 To 10-31-01

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No.	Frequency of Analysis	Sample Type	
Flow	Sample Measurement	.001										
PARA Code 50050 Y Mon Sile No. O'H I A (Rense 1945) Start B. Popo)	Permit Requirement	0.100 (An Ays)		mgd						3 Days/Week	NOVE TO SERVICE TO SER	
Flow	Sample Measurement	0										
PARM Code 50050 1 Mon Sije No. OTH-1A (Reuse Soup Ponds)	Permit Requirement	Report (Mo Avg.)		mgd						5 Days/Week	Plow meters and totalizers	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.71							
PARM Code 80082 Y Mod Sile No. BFA	Pendit Requirement				20.0 An Ayan			i me/ini		Byery Two	8-hour FPC	
BOD, Carbonaceous 5 day, 20C	Sample Measurement				۷١							
PARM Code 80082 1 Mon Sign No. EPA-1	Kogurenen (Report 2					AL WASTER		
Solids, Total Suspended	Sample Messurement				1.38							
PARM Code ODSID	Permit Kealinemen										COD BE	

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 belie submitted information is true, accurate and complete. I am aware that there are significant penalties for submitting falso 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)
		6974797	01-10-18

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

DISCHARGE MONI RING REPORT - PART A (Continued)

FACILITY NAME:

Sandalhaven WWTP

PERMIT NUMBER: FLA014053 MONITORING PERIOD From: MONITORING GROUP No.:

R-002 10-30-01

Parameter		Quantity	or Loading	Units	Que	lity or Concent	ation	Units	No.	Frequency of Analysis	Sample Type
pH	Sample Measurement				69	21					
PARMICOGO 00400 MOS SE NICERAL	Pennit Reconnect				(Min)	(Mex.)				S Poy/Wesk	Oreb
Coliform, Fecal	Sample Measurement				41]
PARMORE DE L'ALLES								#190m		A PARK	Grab State of Section
Total Residual Chlorine (For Disinfection)	Sample Measurement				1,97						
PARM Code 50060 A Supplies the Mark Street	Partition of the state of the s									Coltinuolu	Ont
Turbidity	Sample Measurement				2.011				aliface to cons		
PARM Code 00070 Manufile Not BFB /	Regulament Se Sample				A (MIX)					Continuous	
	Measurement Permit Requirement							4			
elikarian (k. 1943). Likarian (k. 1943).	Sample Measurement	e de la sase	nie dikumakan				全国的 社会的社会。	122 (1878)	122	ELMINE WAS	
	Requirement Sample Measurement			8. E. W.							
	Rogunturion.									24 第2 章	10 20 31
BERTHMAN (A. F. 19 + BERT	Sample Measurement Permit	Sign of the second									
	Requirement Sample Measurement			134家提高				4.54.57 5 7.6			
新疆,	Perinit Requirement	ALC: CANA	26.5个15人的第三人称				4年,10年,10年,10年,10年,10年,10年,10年,10年,10年,10				公长 经分配
	Sample Measurement			525124 (24. G.)		and the second s	Managaria (1984 - 1200) (1984)	Jaga Vonesta	25/05/2004	en e	Shannyer are
	Paris						Maria de la				

DAILY SAMPLE RESULTS - PART B

PermitNumber:

FLA014053

From: 10-9-01 Monitoring Period

To: 10-3101

Facility: Sandalhaven WWTP

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/1)	TSS (mg/l)	TSS (mg/l)	pH (s.u.)	Fecal Coliform Bacteria (#/100ml)	TRC (For Disinfect.) (mg/l)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turbidity (ntus)
Code	50050	80082	80082	00530	00530	00530	00400	74055	50060	50060	00620	00070
Mon. Site	OTH-IA&	EFA-I	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-I	EFA-1	EFA-1	EFA-1	EFB-1
1	073				·		7,0		20,			.503
2	044				40.6		7.0	<1	2.0+			.6/1
3	047			ļ	20.6		7.0	41	2.0.			,601
4	05/				40,6		7.0	<1	2.0.			.511
5	058				60.6		7.1	۷١	2.0+			.681
6	056						7.0		2.0.			.571
7	094				<u> </u>		7.0		1.97			.501
8	048	. *	41-	40.6	172	40.6	6.5	41	2.0.			71/
9	057				<0.6		7P	41	200			613
10	054			ļ	<6.6		7.0	< 1	a.0.			,501
11	064			<u> </u>	<0.6	<u></u>	7.0	41	2.0			.511
12	079		173			94	6.9		20.			.429
13	051						7.0		2.0.			.653
14	080						7.0		2.0.			.683
15	074						70		20.			.701
16	049				6.6		6.5	<1	2.0.			2.011
17	060				0.8		6.9	<1	a.0.			, uua
18	057				206		7.0	41	20			, 562
19	022				60.6		7.0	<1	2.0			, <u>5</u> -u3
20	026						7.0		0.0			
21	097						6.9		20.			,613
22	091	4	130	1.6	1.9	150	6,5	41	2.0			1.15-1
23	076				1.4		20	21	20			1.151
24	078				0.9		7.0	4	20.			.781
25	084				(0.6		7.0	61	2.0.			1612
26	086						7.0		2.0			1384
27	066						7.0		2.0			, 317
28	084).0		2.0,			. 279
29	047						70		2.0.	1	1	1439
30	047				40.6		70	61	2,0,		T	.312
31	080				Ko. 6	1	7.0	 	2.0.	1		1307
Total	2.043	21	30\$.0	3.2		244.59				†		
Mo. Avg	066	121	101.7	11.1		\$1.5	Ì					

PLANT STAFFING:					- · · · · ·
Day Shift Operator	Class:	Certificate No:	Na	ame:	Bob Offer
Evening Shift Operator	Class:	Certificate No:	Na	ame:	
Night Shift Operator	Class:	Certificate No:	Na	ame:	
ead Operator	Class:	Certificate No:	8596 No	ame:	Robert NAVER

When Completed mall this report to: Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME:

Utilities Incorporated of Sandalhaven

MAILING ADDRESS:

200 Weathersfield Avenue

Altamonte Springs, FL 32714

PERMIT NUMBER: FLA014053

LIMIT: CLASS SIZE: Final N/A REPORT: GROUP: Monthly Domestic

FACILITY: LOCATION. Sandalhaven WWTP 6811 Placida Road

MONITORING GROUP NUMBER:

R-001 and influent

Englewood, FL 33533

NO DISCHARGE FROM SITE:

COUNTY:

Charlotte

MONITORING PERIOD

rom:

11-01-01 To 1/- 30-01

Parameter	Parameter Quantity or L				Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.014							0		
PARM Code: 50050 Y Mon. Side No. OTH-1B (Ripid Rate Pends)	Permit Requirement	0:15 (An Aya)		mgd				era) Maria Maria		3 Days/Week	Flow meters
Flow	Sample Measurement	Q.							+		
PARM Gode 50050 1 Mon Site No. OTH-1B (Rapid Rate Prode)	Permit Requirement	Report (Mc Avg.)		mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.35				O		
PARM Code 80082 Y	Permit Requirement				20.0 (An Aya)	第五章 第二章		mg/(::)) ja (1) ja (1) ja (1)	Every Two Weeks	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.5	2			0		10.100
PARM Code 80082 Non-Buene: DAT	Pennif Resignioment				Report (Mo.Ays.)	MAX		mg/		Every Two	8-hour FPC
Solids, Total Suspended	Sample Measurement				1.28				6		
PARM Code 00530	Permit Requirement	Vient Sign			20.0 (An Ave		A LANGE	(NS)		Every Ivo	ashow 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 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 AG	ENT TELEPHONE NO	DATE (YY/MM/DD)
	Pal & Pau	697-9747	12-16-01

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

DISCHARGE MONI. AING REPORT - PART A (Continued)

FACILITY NAME:

Sandalhaven WWTP

PERMIT NUMBER: FLA014053
MONITORING PERIOD From:

MONITORING GROUP No.:

R-001 and Influent

Parameter		Quantity	or Loading	Units	Qua	ality or Concent	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				6,6	20.6			0		
PARM Gode 00330 Mon Sile No. EPA-1	Permit Requirement				Report	60.0 (Max)		me/l	4	Hyay Two	8-hour PPC
pl4	Sample Messurement				6.9	71		Part Charles	0	ARTHUR S	
PARM Code 00400	Pormi Regulrement				(Min.)	(ML)			.0.0	5 Deve/Week	* Orab
Coliform, Feval	Sample Measurement				1.08	223302,000,000	- N	105 361- 661-	0	F(4,1 1-5), 1-562, 23.	2 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
PARM Code // 4055 Mon Bite No. EBA-	Permit Requirement				(AniAyg.)			#/100ml		LEVGTY Two	Orab S
Coliform, Fecal	Sample Measurement										
PARM Code 74055 Modišjie No. BPA-1	Permit Requirement				Report (Mo Geo Mean)	(Max.)		#/100m/		Byery Two Weeks	A SERVICE
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4				0		
PARM Code 50060	Permit Requirement				(Min) 計畫			mg/l		5 Days/Webk	Grab
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.36				6	NA	
PARM Code 00620 1	Permit Requirement				12.0 (Max)	地震情報的		mg/l		Byery Two Weeks	8-hour FPC
Flow	Sample Measurement	.OI4							Ø		
PARM Code 50050 P Mon.Sile No. OTH-1B (Rapid Rate Ponds)	Permit Requirement	0.15 (An.Avg.)		mgd						5 Days/Week	Flow meters and totalizers
Flow	Sample Measurement	0	.004						0		
PARM Code 50050 Moji Silo No. OTH-IB (Rapid Rate Rapid Silo No. OTH-IB (Rapid Rate	Permit Requirement	Report (Mo.Avg.)	Report (3-Mo Avg.)	mgd teals						5 Days/Week	Plow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				201				Ð		
PARM Code 80082 G	Permit Requirement				Report (Mo Ayg.)			me/		Eyery Two	8-hour BPC
Solids, Total Suspended	Sample Measurement		30 - 0' - 10		151				0		
PARM Code 00530 O	Percul.				Report We Ave it					A1.0 (A1.7 (A)1)(A1.7 (A1.7 (A	ew Hinipadyor

Version 7/I 1/2001

When Completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME:

Utilities Incorporated of Sandalhaven

PERMIT NUMBER FLA014053

MAILING ADDRESS:

200 Weathersfield Avenue Altamonte Springs, Fl. 32714

LIMIT: CLASS SIZE:

Finel N/A

R-002

REPORT

Monthly

FACILITY: LOCATION: Sandalhaven WWTP 6811 Placida Road

Charlotte

MONITORING GROUP NUMBER:

GROUP:

Domestic

COUNTY:

Englewood, FL 33533

NO DISCHARGE FROM SITE:

MONITORING PERIOD

11-01-01 To 11-30-01

					TOKING PERIOD		7-07-0,	10		30-0	
Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	.084					ļ	ļ	0		
PARM Code 50050 Y Mon Site No. OTH-1A (Reuse Signal Pond)	Permit Requirement	0.100 (Ап.Avg.)		mgd						5 Days/Week	Flow meters
Flow	Sample Measurement	067							0		
PARM Code 50050 Mon Sile No. OTH-IA (Rause Singus Ponta)	Permit Requirement	Report (Mo.Avg.)		mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.35				ф		
PARM Code 80082 Mon sile No. EPA-1	Permit Requirement		第45年 第45年 第45年 第45年 第45年 第45年 第45年 第45年		20.0 (An Ayr)			inglish man		Byery Two	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1,5	₹		المراقع المراقع	6		
PARM Code 80/82 I	Pernut Requirement			A STATE OF THE STA	Report (Mo Ave.)	Mari A		me/		E SWARF	8 hour FPC
Solids, Total Suspended	Sample Measurement				10.6				0		
PARM Code 00530 Mon Sie No EFB	Permit Sequirement .**			0.0						AD V AVOV	

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 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)
	Key & + Pars	6914757	12-16.01

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

Version 7/11/2001 3

DISCHARGE MON) RING REPORT - PART A (Continued)

FACILITY NAME:

Sandalhaven WWTP

PERMIT NUMBER: FLA014053
MONITORING PERIOD From:

MONITORING GROUP No..

R-002 11-30-01

Parameter		Quantity	or Loading	Units	Qua	ality or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sumple Type
pH	Sample Measurement				69	7.1			0		
PARM Code 00400	Permit Requirement				6.0 (Min.)	(Max.)		8.U. X		5 Days/Week	Grab
Coliform, Fecul	Sample Measurement					<1			5		
MONE SIANS BY A.	Permit Requirement		MILE THE PROPERTY.	4.4	Non Detectable	25 (Max.) 40 10		#/100ml		4 Days/Week	Grab 1. 934
Total Residual Chlorine (For Disinfection)	Sample Measurement				1.4				0		
PARM Code 50060	Permit Regurement			翻翻	S (Min)			mg		Continuous	Gnb
Turbidity	Sample Measurement				1241				•		
PARM Code 00070	Pelmul Requirement		N. William		AMMAN	HANT		ntus E		Continuous	Meler
	Sample Measurement					140		A. Andr	र्गास कर		1. 1. 1. 2 · 1. 10
A MARKATAN AND AND AND AND AND AND AND AND AND A	Permit Requirement	海拔型海拔		22.5	NI MARKANIA						***
	Sample Measurement										
	Permit Regularment		Mornage &			全型的					
Assess Secretary	Sample Meusurement	The second		en a sel an in the	11074V02 S.S. 1002 - 1500	SA LUS / S SACRO TARGET SINGEN	a service and service	: he Streinica	West State	Stalling Nad Meritar	mark our they till
A CANADA SAN SAN SAN SAN SAN SAN SAN SAN SAN SA	Permit Regulacinent Sample			新疆			HAMP		Mili	PERSONAL CO.	
	Measurement						-10-01-01-0		95	0.46.23.13.5.36	der water that
	Permit Reguliement	1	460		A A A STATE			100		A A A	
Ĺ	Sample Measurement										
计算数据数据的现在分词数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据数据		STATE OF STA	的可能是的意思。 第四個的概念	的 新語 新語 新語	all designation of				機構		
	Sample Measurement										
	Parrell Regularments	in 3.									

DAILY SAMPLE RESULTS - PART B

PermitNumber

FLA014053

Monitoring Period

From: [1-01-01 To 11-30-01

Facility: Sandalhaven WWTP

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)	TSS (mg/l)	TSS (mg/l)	1	pH (s.u.)	Fecal Coliform Bacteria	TRC (For Disinfect.) (mg/l)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N)	Turbidity (ntu
				Revar	Dim.			(#/100ml)			(mg/l)	
Code	50050	80082	80082	00530	00530	00530	00400	74055	50060	50060	00620	00070
Mon. Site	OTH-IA&	EFA-l	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-l	EFA-l	EFA-I	EFA-1	EFB-1
1	063			20.6			7.0	ا	a.o			(37)
2	061			<0.6			7.0	ا ل	a.0			.371
3	069						7.0		2.0			301
4	079						7.0		2.0			.617
5	060	<1	179	40.6	40.6	124	7.0	41/41	a. 5			1.241
6	074			<0.6			7.0	<1	2.0			.601
7	072			40.6			7.0	<1	2.0			.413
8	070			40.6			7.0	<1	2.0			.321
9	074						7.0		3.0			.340
10	070						7.0		2.0			219
11	066						7.0		2.0			.326
12	069						7.0		3.0			.405
13	039			40:6			6.9	<1	2.0			,471
14	oes		T	10.6			7.0	41	1.4			,401
15	073	1	1	60.6			7.0	41	2.0			.407
16	७ ५			4/2			7.0	41	2.0			649
17	078						7.0		2.0			391
18	070						7.0		2.0			671
19	076	a	423	0.7	40.6	178	7.0	<ve1< td=""><td>2.0</td><td></td><td>0.36</td><td>701</td></ve1<>	2.0		0.36	701
20	074			0.7			7.0	</td <td>1.7</td> <td></td> <td></td> <td>. P3 (</td>	1.7			. P3 (
21	069			08			69	CI	2,0			.624
22	071			0.6			69	41	Do			.501
23	.062						20		20			-531
24	1080						70		20			. 6/3
25	110						7.1		2.0			.572
26	.054						7.1		2.0			. 573
27	034			0.9			. 7.1	21	2.0			.653
28	059			1.1			7.1	<1	2.0			.673
29	.060			1.0	1.		7/	41	1.0			.813
30	.061			40.6			10	41	2.0			7/7
31				1.			1				1	
Total	2.008	3	462	9.9	20.12	302	210.2	416/22				16.2
Mo. Avg	.067	1.5	201	. 55	40.6	151	7.01		1.97			.54

PLANT STAFFING: Day Shift Operator Evening Shift Operator	Class. Class	 Certificate No-	 Name:	Bob Offer	-
Night Shift Operator ead Operator	Class Class	 Certificate No: Certificate No:	 Name. Name:	Robert Pauel	- :

When Completed mail this report to: Department of Environmental Protection, South District, P.O. Box 2549, Fort Myers, FL, 33902-2549

PERMITTEE NAME: MAILING ADDRESS: Utilities Incorporated of Sandalhaven

200 Weathersfield Avenue

Altamonte Springs, FL 32714

LIMIT: CLASS SIZE:

Final N/A

REPORT: GROUP:

Monthly Domestic

FACILITY: LOCATION:

COUNTY:

Sandalhaven WWTP 6811 Placids Road

Englewood, FL 33533

Charlotte

MONITORING GROUP NUMBER

PERMIT NUMBER: FLA014053

NO DISCHARGE FROM SITE:

MONITORING PERIOD

R-002

12-01-01 To 12.31-01

Parameter		Quantity	or Loading	Units Quality or Cor			ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Messurement	0.074							0		
ALVICACE SOUS		0 00 (An Ave.)		mgd						5 Days/Week	Flowmeler
Flow	Sample Measurement	0.067							0		
ARM Code 50050 Mon Sile No. OTH-IA (Reuse	Permit Requirement	Report (Mo.AVg.)		mgd						5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 20C	Sample Measurement				1.61				0		
PARM Code 80082 Y	Permi Reducement				20.0			the land		EVENT WO	8 hour PPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2.3	3			0		
PANC60 8082 THE TANK	RESULTATION OF THE										8-hour FPC
Solids, Total Suspended	Sample Measurement		The state of the s		<0.6			,	0		
3/XX (2007x00510) 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1										11.11.11.11.11.11.11.11.11.11.11.11.11.	94.46

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)
Robert IM PAVER head opp.	Roberthefauer	6974797	02-01-09

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

When Completed mail this report to:	Department of Environmental Protection,	South District, P.O. Box 25	9. Fort Myers, FL, 33902-2549
-------------------------------------	---	-----------------------------	-------------------------------

PERMITTEE NAME: MAILING ADDRESS: Utilities Incorporated of Sandalhaven

200 Weathersfield Avenue Altamonte Springs, FL 32714 PERMIT NUMBER: FLA014053

LIMIT: CLASS SIZE: Final N/A

REPORT: GROUP:

Monthly Domestre

FACILITY: LOCATION:

COUNTY:

Sandalhaven WWTP 6811 Placida Road

Englewood, FL 33533

MONITORING GROUP NUMBER:

NO DISCHARGE FROM SITE:

R-001 and Influent

Charlotte

MONITORING PERIOD

From:

12-01-01 To 12-31-01

Parameter		Quantity	or Loading	Units	Quality or Concentration			Units	No. Ex.	Frequency of Analysis	Sample Type
Flow	Sample Measurement	0.01							0		
PARM Code 50050 Monistic No. OTH-1B (Rapid Rate)	Permit Requirement	0.15 An AVET		mgd						Days/Weck	Flow meters and totalizers this at the last
Flow	Sample Measurement	0.0							0		
PARM Code 59050 Mg Sile No oth IB (Rapid Pale	Permi Regarrement	Report (Mo Aye La		mgd					4	5 Days/Week	Flow meters and totalizers
BOD, Carbonaceous 5 day, 200	Sample				1.61						
PARV (00 - 20082 5 - Y)	Permananananananananananananananananananan				20.0 (All Avg) & 1			mg/		Every Two	8-hour FPC
BOD, Carbonaceous 5 day, 20C	Sample Measurement				a .3	3			0		
	Perputation of the Control of the Co	1971									8-hour FPC
Solids, Total Suspended	Sample Measurement				1.37				0		
								建學機			AV S HOW FPC

I certify under penalty of law that I have personally examined and amedamitian 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)
RobertsMPaver Lead op.	Relightein	941 6974797	or-04-09

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

DISCHARGE MON1. AING REPORT - PART A (Continued)

Parameter		Quantity	or Loading	Units	Qua	lity or Concentr	ation	Units	No. Ex.	Frequency of Analysis	Sample Type
Solids, Total Suspended	Sample Measurement				400	<06					
MARIA Tode 00530	Pennil				Resort A	(60.0 kg		100		Every Two	8 hour FPC
ьн	Sample Measurement				6.9	7.1	HARRY EMILIAN AVE.		0	Hauriner reed - 9.	1346924
PARM Code 00400	Period 1				604					Days/Week	Grab
Coliform, Fecal	Sample Measurement	THE STATE OF THE S	The second second second		/	TANK TONING TONING	PACTIMIZED TO COMPANY	PERSONAL PROPERTY.	0	4455 (1 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 / 5 /	310. 440.47
								***************************************			Crab **
Coliform, Fecal	Sample Measurement										
12.737					Manage Mem)	4 (MC)		W100-1		TYPE I	
Total Residual Chlorine (For Disinfection)	Sample Measurement				2.0						
PLRIVE CHISOSOFT AND THE PROPERTY OF THE PROPE											Gnb
Nitrogen, Nitrate, Total (as N)	Sample Measurement				0.8			<i>]:</i>	Ð	N/A	
PARM COL 00620	Pennula Requirement									Every Two Weeks	8-hour FPC
Flow	Cample	0.074									
PARM Gode 50050 P PARM Gode 50050 P PARM Gode 50050 P PARM GODE 1	Raturencii Raturencii	O.15 ATAVADA		S S						S Days/Week	Flow meters
Flow	Sample Measurement	0.067	0.067					<i>:</i>	Ð		
PARM Code,50050 Mod Site No. CTH-1B (Rapid Rate)	Permit Requirement	Report (Mo, Avg.)	Report (3-Mo AVg.)	mgd						5 Days/Week	Flow meters
BOD, Carbonaceous 5 day, 20C	Sample Measurement				2 36.33				0		
PARM COLE SOOR ON ON ON ON	Pemil Requiepen										S Hour TPC
Solids, Total Suspended	Sample Measurement				177.07				0		
PATYTON TOURS OF THE PATY OF T	Permit		THE THE					"" "		10/10/20/20	or BH to high and live

DAILY SAMPLE RESULTS - PART B

PermitNumber: Monitoring Period FLA014053 From: /20/--/

To. /2-30- 01

Facility Sandalhaven WWTP

	Flow (mgd)	CBOD5 (mg/l)	CBOD5 (mg/l)		TSS (mg/l)	TSS (mg/i)	pH (s.u.)	Pecal Coliform Bacteria (8/100ml)	TRC (For Disinfect) (mg/l)	TRC (For Disinfect.) (mg/l)	Nitrogen, Nitrate, Total (as N) (mg/l)	Turbidity (ntus)
Code	50050	EOOB2	80082	00530	00530	00530	00400	74055	50060	50060	00620	00070
Mon. Site	OTH-: A&	EFA-1	INF-1	EFA-1	EFB-1	INF-1	EFA-1	EFA-I	EFA-I	EFA-1	EFA-I	EFB-1
1	090						7.1		2.0			0.671
2	080						7./		2.0			0.401
3	073	4	181	<0.6	1.1	1603	70	41/41	۵. °		0.80	0613
4	063				28	,	7.1	41	3.0			0. 801
5	066				0.6		7.1	41	2.0			b. 571
6	068				0.8		7./	41	2.0			6.445
7	063						7.1		2.0			0.395
8	080						7./		3,5			0.429
9	012						7./		3.0			0.469
10	048				60.6		7.0	21	2.0			2371
11	068				106		7.0	41	3.0			0.311
12	064				40.6		7.1	41	2,0			0.401
13	051				0.7		7.0	<1	2.0			2411
14	074						7.0		2.0			0.351
15	063						7.1		2.0			0.413
16	060						7.0		3.0			0.371
17	050	42	194	20.6		103	7.0	41/41	2.0			0.37/
18	068			I	10.6		69	<1	2.0			0.37/
19	063				206	<u> </u>	70	<1	2.0			0.301
20	052				406		70	<1	2.0			0.28
21	071				<u> </u>		7.0		۵.۵			0.54
22	063				<u> </u>	<u> </u>	70	<u> </u>	20	<u> </u>		0.204
23	277				1		1.0	<u> </u>	20		<u> </u>	4.71
24	026						70		120			<u>Ф. Зіа</u>
2.5	070				∠0.6		70	41	20			0.251
26	069				40.6		20	41	30	ļ		0.98
27	067				40.6		70	41	2.0	-	ļ	0.38
28	069				20.0		6.5	41	2,0	ļ	_	0251
29	1072			↓	<u> </u>	<u> </u>	6.5		36	ļ	ļ	0.351
30	081						6.5	1	2.0			07.61
31	070		334	<0.6	406		7.0	1 < 1	2.0		0.79	0441
Total	2.086	7	709		//.a	231.7	1217.6		62	ļ <u>.</u>	1.59	19.92
Ma. Avg	0.067	2.3	7360	3 4.6	0.66	177.07	7.0	1.31.	2.0	<u> </u>	0.80	0.395

PLANT STAFFING: Day Shift Operator Evening Shift Operator	Class: Class	<u>c</u>	Certificate No:	6256	Name: Name:	Bob Offer
Night Shift Operator cad Operator	Class:		Certificate No: Certificate No:	8946	Name:	Robert fauer

Version 7/11/2001

5

DITFILIEZ INC EF .

1969698100 ÞT:EI 1002/01/11

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(1) Operation Reports 2000

Test Year Ended December 31, 2001

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: / January 60

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Reclaim/Reuse

Please read instructions before completing this form

	Committee of the commit		Toda Institution	is belone co	impleting this to	L 111,					
Parameter		Qu	antity or Loading	3		Quality or Concen	tration		No. Ex.	Freque .y Cf Analy es	Satiske Type
5"OFET CODE MON. SITE No.	<u>}</u>	Average	Maximum	Units	Minimum	Average	Maximum	Units			
HOW	Sample Measurement	,090	,113	(03)	*************	***********		************			
NO THLY AVE AGE DAILY	Pernut Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD .	*************	***************************************	***************************************	**********		SEE PERMIT	TIMUTEM 332
Ca D3, INFLUENT	Sample Measurement	********	************	*********	************	217		(19)			
11: UENT GROS VALUE	Permit Requirement	•	P4		***************************************	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PENMIT	SEE PERMIT
1 / INFLUENT	Sample Measurement	•••••	************	**********	***************************************	242		(19)			
195 0 G 19 UENT GROS VALUE	Permit Requirement	•	*********	********	************	REPORT MONTHLY AVG.	REPORT DAILY MAX.	rog/L		SEE PEPMIT	SEE PERMIT
C.Y DS, EFFLUENT	Sample Measurement	•••••		*********	******	1.6		(19)			
101 UENT GROS VALUE	Penni Requirement	*******			*****************	REPORT MONTHLY AVG.	REPORT DAILY MAX	πg/L ′.		SEE PERMUT	SEE PERMIT
7 . EFFLUENT	Sample Measurement	•••••	*****	••••••	***************************************	60.7		(19)			
(1973) 1 HILUENT GRO S VALUE	Permit Requirement	********	***************************************	**********		REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PEPMIT	SEE PERMIT
CO (FORM, FECAL)	Sample Measurement	••••••	*************	•••••		41	41	(13)			
1 - CUENT GRO S VALUE	Pennit Requirement	•••••	************	***************************************	REPORT WEEKLYAVG	REPORT MONTHLY AVG	REPORT DAILY MAX	#/100mL		SEE PEPMIT	GRAR

- under pens' 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 wation is true, a mirate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAMETTI' : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TOWN WIND SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO. DATE (YYAM DD) 941 474-5191

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if persons)

Robert Offer, Operator

FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME.

Sandalhaven Utility, Inc.

MAILING ADDRESS. 68// Placida Road

Englewood Fl 34224

FACILITY: LOCATION: Same

ATTN:

FLA014053-378038 PERMIT NUMBER: MONITORING PERIOD -- From: January 00

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-t+* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

Parameter		Qua	antity or Loading	3		Quality or Concen	uration		No Ex.	Frequency of Analysis	iere Tipe
FORET CODE MON SITE No.	24	Average	Maximum	Units	Minimum	Average	Maximum	Units			
7-1	Sample Measurement				6.7	***************************************	7.2	(12)			
* 90400 - 1 * *!NIMUM	Permut Requirement		***************************************		6.0 MINIMUM		8 5 DAILY MAX	SU		see Permit	SEE PERMIT
HLORINE, TOTAL RESIDUAL	Sample Measurement	•••••		***********	3.6		•	(19)			
FFLUENT GROSS VALUE	Perma Requirement	***********	***************************************	**********	мимим	•••••	*************	mg.L		SEE PERMIT	SEE रहरू शर
NITRATE (#2 %) OF REQUIRED IN THE PERMIT)	Sample Measurement	*********	,				3.005	(19)			
FIFLUENT GPOSS VALUE	Perrut Requirement	**********	***************************************	**********			120	mg/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (as N) IT REQUIRED IN THE PERMIT)	Sample Messurement			.,,				(19)			
# 1 FFLUENT GROSS VALUE	Permit Requirement		***************************************		,	***************************************	REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
BODS, EFFLUENT	Sample Measurement		***************************************		1.49	***********		(19)			
S0082 Y ANNUAL AVERAGE	Permut Requirement		••••••		REPORT ANNUAL AVG		************	mgrl		SEE PERMIT	SEE PERMIT
iss, EFFLUE's F	Sample Measurement				0.88	••••••		(19)			
(10530 Y (NUAL AVERAGE	Permat Requirement		***************************************		REPORT ANNUAL AVG			my·L		SEE PERMIT	SEE PERMIT

and talk 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 wined 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 TELEPHONE NO SIGNATURE OF PRINCIPAL EXECUTIVE OFFICEBOR AUTHORIZED AGENT NAME TO SEE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OFFICER OF 941-474-5191 Robert Offer, Operator

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road

Englewood, FL 34224

FACILITY: LOCATION: Same

ATTN:

FKA9k4953 DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE []***

January 2000

TYPE OF EFFLUENT DISPOSAL: Ponds

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

Please read instructions before completing this form.

Parameter			antity or Loading			Quality or Concent	tration		Ne. Ex.	Freque::y of Anah 118	Sample Type
STOLET CODE MON. SITE No.	\$ 10 miles	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	,117	,123	(03)		••••••	••••••				
10 THLY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	•••••••	***************************************			ļ	SEE PERMIT	SEE PERMIT
Cal DS, INFLUENT	Sample Measurement	********	************	**********	•••••	217		(19)			
GROCS2 G THE DENT GROSS VALUE	Pennit Requirement	••••••	•••••	••••••		REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L ·		SEE PERMIT	SEE PERMIT
1 · INFLUENT	Sample Measurement	••••••	************	*********	***************************************	242		(19)			
175-0 G	Permut Requirement	*******	***************************************	********		REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
C.YODS, EFFEUR NT	Sample Measurement	********	*************		•••••	1.6		(19)			
1 11 UENT GRO S VALUE	Permit Requirement	•••••	*************			REPORT MONTHLY AVC	REPORT DAILY MAX	mg/L	l.	SEE PI FAUT	SEEPERMIT
3 - , EFFLUENT	Sample Measurement		***************************************	**********	**************	<0.7		(19)			
OHORO I	Pennit Requirement		***************************************	**********	,	REPORT MONTHLY AVG.	REPORT DAILY MAX	tng/L		SEE PEPMIT	SEE PERMIT
(1) FORM, FECAL	Sample Measurement	•••••	***************************************	***************************************	4 1	<1	C1	(13)			
1 - VENT GRO SVALUE	Pennit Requirement	*********		••••••	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100mL		SEE PEPMIT	GRAR

we under penal to of law that I have personally examined and am familiar with the information submitted hereig; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted tion is true, r. surate and complete. I am aware that there are significant penalties for submitting false judgemation including the possibility of fine and imprisonment. TELEPHONE NO. DATE (YYMM DU)

MANIETTI : E OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (TYPE - PMG) RIGHATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

941 474-5191

CONTENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

Robert Offer, Operator

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: Sandalhaven Utility, Inc. MAILING ADDRESS. 68 // Placida Road

Englewood F1 34224

FACILITY:

Same

LOCATION:

ATTN

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From: January OC

LIMIT: FINAL

CLASS SIZE: GROUP: DOMESTIC FACILITY ID: FLA014053 GMS TESTSITE ID NO.: DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-2** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Reclaim/Reuse Please read instructions before completing this form

		r iease	read matruction	ns before co	impleting this to	A 111.			<u>/</u>		
Parameter		Qu	antity or Loading	g		Quality or Concen	tration		No Ex.	Frequency of Analysis	31-1 e 7-7e
CORET CODE MON SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			1
7:1	Sample Messurement	**********	•••••	**********	6.7	************	7.2	(12)			ľ
200400 I MINIMUM	Perma Requirement	********	***************		60 MINIMUM		8.5 DAILY MAX	su		SEE PERMIT	SEE PERMIT
HILORINE, TOTAL RESIDUAL	Sample Measurement	************		•••••	2.0			(19)			
940060 1 FFLUENT GROSS VALUE	Permit Requirement		*************	**********	MINIMUM	******	***************************************	mg.L		SEE PERMIT	SEE FERDIT
NTRATE (25 N) OF REQUIRED IN THE PERMIT)	Sample Measurement	•••••	***************************************	********	***************************************	***************************************	3,005	(19)			
000620 1 FIFLUENT GROSS VALUE	Permit Requirement	***************************************	***************************************	*********	***************************************	***********	12.0	mg/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (25 N) (17 REQUIRED IN THE PERMIT)	Sample Measurement	,	***************************************	**********	******	***********		(19)			
1 FFLUENT GROSS VALUE	Permit Requirement	**********	**************		*************		REPORT DAILY NAX	mgpI		SEÉ PERMIT	SEE PERMIT
C BODS, EFFLUENT	Sample Measurement		***************************************		1.49	**************	***************************************	(19)			
080082 Y NNUAL AVERAGE	Pettrut Requirement	**********	240000000000000000000000000000000000000		REPORT ANNUAL AVG	*******************************	************	mg·L		SEE PERMIT	SEE PERMIT
ISS, EFFLUE'S ?	Sample Measurement	********	*****************		0.88	*************		(19)			
NNUAL AVERAGE	Permit Requirement	*********	****************	**********	REPORT ANNUAL AVG	************	***************************************	m _P ·L		SEE PERMIT	SEE PERMIT

and tife 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 intermation. I believe the mined 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 (Type or Pres) SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO 941-474-5191 Robert Offer, Operator IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here). (Attach additional sheets if necessary)

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

Three-month Average Daily Flow: 1080 FLA014053 ocility ID: Daily Flow % of Permitted Capacity: donth/Year: January 2000 22 23 24 25 28 29 Unve of the Month 2 3 12 13 16 17 18 19 20 21 26 27 30/37 11 Flow (MGD) Re 031/03/03/03/03/03/07/4038/08/08/09/025///0087/73/09/07/07/09/09/4/1909/08/08/08 Chlorine Residual after Contact (mg/L as Cl.) CBOD, Influent (mg/L as O2) TSS influent (mg/L) CBOD, Effluent (mg 'L as O₃) TSS Effluent (mg/L) 0. Xe. 124 NO, Eliliuent (mg/L as N) Total N Effluent (n g/L as N) Fecal Coliform (#/170ML) K/ K/ ell effluent, minimena eH effluent, maximem Turbid by (N.T.U.) 993910101088115090100 1341/301/3/1881/274/3330 ROSST 74 TYPE OF SAMPLE (C=COMPOSITE, G 6 6 6 6 6 6 6 19 G = GRABTIME OF SAMPLE 1500 14M 11001145 1330 Flow MGD to ponds Studge Analysis 0 0 0 19 19 00 pa

PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Lead Operator

Of .

Class: Certificate No.:

Certificate No.: Certificate No.: Name: Name:

Class: C Certificate No.: 6256

Name: Robert Offer

-3-

Type of Effluent Disposal or Reclaimed Water Reuse:

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.

Class:

DEP From 62-600.910(10), Effective November 29, 1994

content with about coupling deficiences. He will content while affect 155 + Feedbar ongrand to be Shappfurch. Also test (RID) whenever as you to about 15 per per the improved to be to writing the first proper the energy there is no per to it in a sick.

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road

Englewood, FL 34224

FACILITY: LOCATION:

Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: February 2000

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

DISCHARGE POINT NUMBER:

GMS TESTSITE ID NO.: WAFR SYSTEM ID NO .:

- GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Raclain / Reuse Please read instructions before completing this form.

Parameter Quantity or Loading Quality or Concentration No. Frequency Type Ex. Analy sur 57 OF ET CODE MON. SITE No. Average Maximum Units Minimum Maximum Units Average (03) II CW Semple Measurement ••••• 104 059050 1 REPORT Parmit Requirement ************* SEE PERMIT SEE PERMIT MONTHLY PERMITTED · MGD -------------************ MOSTRLY AVERAGE DAILY CAPACITY AVG. CPC DS, INFLUENT Sample Measurement (19) Permit Requirement 050 82 G REPORT REPORT ****** ******** MONTHLY AVG. DAILY MAX. me/L SEE PERMIT SEE PERMIT I' II UENT GROS VALUE I · INFLUENT Sample Measurement (19) ------REPORT 0.45 (d) G Permit Requirement REPORT --------------MONTHLY AVG. SEE PERMIT SEE PERMIT IN FOUENT GROSS VALUE DAILY MAX. Car DS. EFFLUENT Sample Measurement (19) *********** ******** *************** SN 32 1 : REPORT REPORT Permit Requirement ********* rog/L ----------MONTHLY AVG DAILY MAX. SEE PERMIT SEE PERMIT IN UENT GROSS VALUE EFFLUENT Sample Measurement (19) ******** 000130 1 REPORT REPORT Permit Requirement ***** ******** me/L ***** ******** MONTHLY AVG. SEE PEPMIT SEE PERMIT FILLIENT GRO 3 VALUE DAILY MAX 1 OF FORM, FECAL Sample Measurement (13) ******** 037-16 1 Pennit Requirement REPORT REPORT REPORT ------WEEKLYAVG THE UENT GRO A VALUE MONTHLY AVG DAILY MAX #/IMnnL SEE PERMIT

1. 10 under pens to 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 mation is true, a structe and complete. I am aware that there are significant penalties for submitting false jugormation including the possibility of fine and imprisonment,

NAME/TITE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (TIPE OFFICE

SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO DATE (YYMM/DU) 943 474-5191

Robert Offer, Operator

(O) TENT AND INFLANATION OF ANY VIOLATIONS (Reference all attachments here): (Altach additional sheets if necessary.)

FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS. 68// Placida Road

Englewood Fl 34224

FACILITY: LOCATION: Same

ATTN.

CLASS SIZE: FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

PERMIT NUMBER:

LIMIT: FINAL

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE [| ***

FLA014053-378038

TYPE OF EFFLUENT DISPOSAL: Rackaim/Reuse.

MONITORING PERIOD--From: February 2000

Please read instructions before completing this form.

Parameter		Qua	antity or Loading	3		Quality or Concen	tration		No Ex.	Frequency of Analysia	Same e Trae
TORET CODE MON SITE No.	24 - 20	Average	Maximum	Units	Minimum	Average	Maximum	Units			<u> </u>
1 -11	Sample Measurement				6.6		7.1	(12)			
600400 I	Permet Requirement		*************	*********	6.0 MINIMUM		8 5 DAILY MAX	su		SEE PERMIT	SEE PERMIT
HLORINE, TOTAL RESIDUAL	Sample Measurement	************	,	**********	2.0			(19)			
#20060 1 FFELUENT GROSS VALUE	Permit Requirement	•••••	************	**********	MINIMUM	400000000000000	**************	mŧľ		SEE PERMIT	sध रहर त
- N.TRATE (45 N) - N.TRATE (45 N) - N.TREQUIRED IN THE PERMIT)	Sample Measurement	***********			***************************************	************	40.05	(19)			
000620 1 EFFLUENT GPOSS VALUE	Permit Requirement	***************************************	**************	. ,		************	120	mg/l		SEE PERMIT	SEE PERMIT
TITROGEN, TOTAL (25 N) TITREQUIRED IN THE PERMIT)	Sample Measurement	••••••	*************	************	***************************************	***********		(19)			
1 FFLUENT GROSS VALUE	Permit Requirement			**********	***************************************	p	REPORT DAILY MAX	mp1		SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT	Sample Measurement	•••••	***************************************	***********	1.51		***************************************	(19)			
ISO082 Y NNUAL AVERAGE	Petrut Requirement	***********			REPORT ANNUAL AVO		**************	ngl		SEE PERMIT	SEE PERMIT
158, EFFLUE'S F	Sample Measurement		peauphoaneseeee	**********	.96		************	(19)			
NNUAL AVERAGE	Permit Requirement	••••••	************	**********	REPORT ANNUAL AVG		************	my/L		SEE PERMIT	SEE PERMIT

while 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 mined 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

TELEPHONE NO NAME TITLE OF FRO-CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (1794 at Anni SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT Robert Offer, Operator

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if negets any.)

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road Englewood, FL 34224

FACILITY: LOCATION:

ATTN:

Same

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: February 2000

LIMIT: FINAL

CLASS SIZE:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO.:

FACILITY ID: DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE | | ***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

D	200 CO. 2 2 CO 6000		- L'in a l'								Sample
Parameter		Qu	antity or Loading	3		Quality or Concen	tration		Ne. Ex.	Frequency of Analysis	Type
STILET CODE MON. SITE No.	50 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.101	.113	(03)	***************************************	***************************************	***************************************				
15 THEY AVERAGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD	**************	***********	***************************************			SEE PERMIT	SEE PERMIT
CO DS, INFLUENT	Sample Measurement	••••••	*************	**********		339.5		(19)			
FIGURET GROS VALUE	Permit Requirement	•••••	•••••	**********	**************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
1 ', INFLUENT	Sample Measurement	•••••		***********	***************************************	383		(19)			
10550 G 151 UENT GRO'S VALUE	Permit Requirement	*******		*********		REPORT MONTHLY AVG	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
C.YODS, EFFLUI NT	Sample Measurement	•••••	***************************************	********	***************************************	1.8		(19)			
FOR UENT GROSS VALUE	Pennet Requerment	**********		•	4. KA-1134 - 1	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L .		SEE PERMOT	SEE PERMIT
THE EFFLUENT	Sample Measurement		***************************************	••••••	••••••	1,9		(19)			
00K 30 I FIFE WENT GRO S VALUE	Permit Requirement	*********	21. 32. 34.34 A		***************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PEPMIT	SEEPERMIT
(1) (FORM, FECAL	Sample Measurement	•••••	***************************************	***************************************	</td <td><u> </u></td> <td>21</td> <td>(13)</td> <td></td> <td></td> <td></td>	<u> </u>	21	(13)			
10016 1 1-HUENT GROS VALUE	Pennit Requirement	•••••	***************************************	***********	REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100mL		SEE PERMIT	GRAR

the under penal to 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 watton is true, recurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

SIGNATURE OF RINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YYMM DU) NAME TTI : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Photo 941 474-5191 Robert Offer, Operator

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

TERMITTEE NAME.

Sandalhaven Utility, Inc.

MAILING ADDRESS. 68// Placida Road

Englewood F1 34224

FACILITY:

Same

LOCATION.

ATTN:

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD--From: February 2000

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC

FACILITY ID: FLA014053

GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

941-474-5191

PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

Parameter		Qua	intity or Loading			Quality or Concen	tration		No Ex.	Frequence of Analysia	2875 € 7.5€
CORET CODE MON SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			· · · · · ·
71	Sample Measurement				6.6	***************************************	7.1	(12)			
100400 1	Permit Requirement		*************	**********	6.0 MINIMUM		DAILY MAX	SU		SEE PERMIT	SEE PERMIT
HLORINE, TOTAL RESIDUAL	Sample Meastment		**************	**********	7-0	*************	***************************************	(19)			
erroo60 1 FELUENT GROSS VALUE	Permu Requirement		**********		MINIMUM	44406148544444		mgL		SEE PERMIT	SEE रहरू शरी
NITRATE (\$5 N) FO REQUIRED IN THE PERMIT)	Sample Measurement	•	401000000000000000000000000000000000000	***********		************	40.05	(19)			
000620 1 EFFLUENT GROSS VALUE	Permit Requirement	************	***************************************	***************************************	***************************************	**********	12.0	mg/l	<u> </u>	SEE PERMIT	SEE PERMIT
TITROGEN, TOTAL (45 N)	Sample Messurement		***************************************					(19)			
1 100600 1 1 FFLUENT GROSS VALUE	Petrut Requirement				P	940200000000000000	REPORT DAILY MAX	mg/l		SEE PERMIT	SEE PERMIT
V BODS, EFFULENT	Sample Measurement		***************************************		1.51	************	***************************************	(19)			
S0082 Y NNUAL AVERAGE	Petrut Requirement	**********	640141111111111111111111111111111111111		REPORT ANNUAL AVO			mgil		SEE PERMIT	SEE PERMIT
ISS, EFFLUE: F	Sample Measurement		***************************************	**********	.96	************	*************	(19)			
100530 Y INNUAL AVERAGE	Permut Requirement	***********		************	REPORT ANNUAL AVG		************	mp·L		SEE PERMIT	SEE PERMIT

. Titly 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 mined 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 TELEPHONE NO SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAME TO DE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type # 1944)

Robert Offer, Operator

IMENT AN EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary

-2-

Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B

	Sand	alha	ven Ut	ili	ty,	Inc	•				D.	ILY	SA	MPL	ER	ESUI	LTS .	- PA	RT E	3											~	_	1
cility ID:	FLAO,	14053	i																				•	Three	mont	n Ave	rage I	Daily '	Flow:	- 16	940	ng	d
inti/Year:	rela	MAR	130	00								_			-									Daily	Flow	70 OL	Perm	illed C	Capaci	ity:	(00	10	
ayr of the Mo	mth			1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20 1	21 2	2 2	23	24	25	26	27	28	29	اذ/30
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mg/L as Cl.)				20	20	20	30	20	20	20	20	20	20	20	20	20	30	20	201	20	ad	20	201	2010	7/2	70	30	30	20	20	20	20	
BOD, Influent	4 (mg/L	13 O ₃)															244									1	435	- 1		i l			
SS Influent (m	ng/L)			1													176								\neg	-	590						
BOD, EMuen	nt (me 'L	as O.)		┼	├─		├──																						<u> </u>		 		
·		op		<u> </u>			<u> </u>										1.7										19	<u> </u>					
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CO, Effluent (1	mg/L rs	14)															005										205	-					
fotal N EMuer	m (mg/L	as N)			†	1	1			<u> </u>			-								_						-						
ecal Coliform	n (#/1001	1L)		41		 				-							21	4		21	<1			41		<1	<1	41			K1		
H efővent, m	inimum			120	16.8	10	, 7,	16.6	1.8	1.7	/2-7	1.8	1.9	/	1/28	1.8			Γ-			713	70	7/	70	7.19	20	7/	21	7/	70	Z)	
H efficient, m	uximum			1	1000	12.7	120	TRE.	120	12.7	1	12:0	101	4		1	1	2.7	1	18.2			1	7.7									
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				1,9	11/5	3.5	124	13.4	121	36	3.0	25	1/9	166	1/16	1.9	147	1.8	18	1.9	124	11.8	30	1.8	4.2	1,6	1/9	142	16	1/4_	4.7	14/	
TYPE OF SAN	MPLi (=COM	POSTTE,	G	1										,		0	1	1	6	6	<u> </u>		6		6	1 .		_		6		
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			-						1											1				1	<u> </u>			ᆂ					

PLANT STAFFING:

Day Shift Operator

Certificate No.: Class:

Name:

Evening Shift Operator Night Shift Operator

Certificate No.: Class: Class: Certificate No.: Name: Name:

Lead Operator

Class: C Certificate No.: 6256

Name: Robert Offer

Type of Effluent Disposal or Reclaimed Water Reuse:

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.

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

6800 Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:



PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: March 2000

LIMIT: FINAL

GROUP: DOMESTIC

FKA9k4953 GMS TESTSITE ID NO .: DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Reclaim/Reuse.

		Please	read instruction	is before co	ompleting this fo	rm.	Rec	lain/ Ke	euse.		
Parameter		Qu	and by or Loading	3		Quality or Concen	tration		No. Ex.	Frequency of Analysis	Sariy le Type
S'CLET CODE MON. SITE No.	50 / / Wag	Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺĺ		
Fi C: W	Sample Measurement	105	1/29	(03)	***************************************	************	************	••••••			
1 THLY AVI AGE DAILY	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED CAPACITY	MGD ·	************		***************************************			SEE PERMIT	SEE PERMIT
Cal DS, INFLUE IT	Sample Measurement	••••••		***********	**************	323		(19)			
COMBINED GROSS VALUE	Permit Requirement	••••••		•=•••••	***************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
1 : : INFLUENT	Sample Measurement	••••••	***************************************	**********	***************************************	410		(19)			
101:0 G 1:1 UENT GRO 3 VALUE	Permit Requirement	********		*********	***************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
C. GDS, EFFLUI NT	Sample Measurement	••••••	*************	**********	***************************************	1.35		(19)			
1331 UENT GRO S VALUE	Pennst Requirement	********	100 100 100 100 100 100 100 100 100 100		**************************************	REPORT MONTHLY AVG	REPORT DAILY MAX	те∕∟	1	SEE PERMIT	SEE PERMIT
1'', EFFLUENT	Sample Measurement		••••••	•••••	***************************************	1.8		(19)			
0.60530 1 FIT LUENT GROES VALUE	Panul Requirment		***************************************		••••••	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L	<u>.</u>	· SEE PEPMIT	SEE PERMIT
CONFORM, FECAL	Sample Measurement	**********	***************************************	•••••	2.1	</td <td><!--</td--><td>(13)</td><td></td><td></td><td></td></td>	</td <td>(13)</td> <td></td> <td></td> <td></td>	(13)			
100016 1 5 VALUE	Pennit Requirement		11 21 - 25 A	•••••	REPORT WEEKLYAVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100mL		SEE PEP MIT	GRAR

1 with under penally 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 witten is true, executate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAMETTI' : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type - Mail SIGNATURE OPPRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. Robert Offer, Operator 941 474-5191

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary

IRCHIEN PROTECTION DISCLARUS MONIOR RE

FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS. 6800 Placida Road

Englewood F1 34224

FACILITY: LOCATION

ATTN:

Same

FACILITY ID: FLA014053

LIMIT: FINAL

CLASS SIZE:

FLA014053-378038 PERMIT NUMBER:

MONITORING PERIOD-From: March 2000

GROUP: DOMESTIC GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-t** NO DISCHARGE [] *** TYPE OF EFFLUENT DISPOSAL: Reclaim / Reuse

		Please	read instruction	ns before co	empleting this fo	rm.	NEC	win	REU	<i>SE</i>	
Parameter		Qu	antity or Loading	g		Quality or Concer	tration	<u>-</u>	No Ex.	Frequency of Analysia	Same e Type
TORET CODE MON SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺ		
nd .	Sample Measurement		***************************************	***********	6.9	**********	7.2	(12)			
10400 1 1NIMUM	Parmet Requirement		****************	**********	60 MINIMUM		DAILY MAX	SU		SEE PERMIT	SEE PERMIT
HLORINE, TOTAL RESIDUAL	Sample Messurement	********	**************	**********	2.0			(19)			
FFLUENT GPOSS VALUE	Permu Requirement		***********	***********	MINIMUM	100000000000000000000000000000000000000		mg. L		SEE PERMIT	sध्यस्थात
NTRATE (45 %) TREQUIRED IN THE PERMIT)	Sumple Measurement	***********	***************************************	**********	•••••		3.56	(19)			
000620 1 FUFFLUENT GPOSS VALUE	Permit Requirement	***********	*************	**********	*****************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	120	lug/l		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (25 N) ALT REQUIRED IN THE PERMIT)	Sample Measurement			4444444	*****************			(19)			
1 FFLUENT GROSS VALUE	Permit Requirement	*********		**********	***********	\$\$\$\$\$\$\$\$\$\$\$\$\$\$\$	REPORT DAILY MAX	mpl		SEE PERMIT	SEE PERMIT
K BODS, EFFLUENT	Sample Measurement	********			1.49	*************		(19)			
NOUSE Y	Petrut Requirement	********	***********	**********	REPORT ANNUAL AVO		***************************************	ರ್ಣಾಓ		SEE PERMIT	SEE PERMIT
SS, EFFLUE'S F	Sample Measurement		***************************************		1.03	**************		(19)			
1 MOS30 Y 1 NNUAL AVERAGE 7	Pennal Requirement	*********	***************************************	**********	REPORT ANNUAL AVO	-	***************************************	m ₂ ·L		SEE PERMIT	SEE PERMIT

this under penalty of law that I have personally examined and am familiar with the information submitted begin; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe wined 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 OF DICER OR AUTHORIZED AGENT TELEPHONE NO NAME TO UP OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type at Print)

Rolant Offer, Operator

941-474-519

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all anachments here): (Attach additional sheets if negetyly,)

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

6800 Placida Road

Englewood, FL 34224

FACILITY: LUCATION:

Same

ATTN:

FACILITY ID:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: March 2000

LIMIT: FINAL

CLASS SIZE:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

Parameter		Qu	antity or Loading	3		Quality or Concer	ntration		No. Ex.	Frequency of Analysis	Sample Type
CI- TET CODE MON. SITE No.	\$5.00	Average	Maximum	Units	Minimum	Average	Maximum	Units		•	
LOW	Sertiple Measurement	,692	-092	(03)	••••••	***************************************	************	***************************************		ı	
*** >50 1 >*/ > THLY AVERAGE DAILY	Permit Requerement	REPORT MONTHLY AVG	PERMITTED CAPACITY	Mad	••••••	***********	*************	*********		SEE PERMIT	SEE PERMIT
ODS, INFLUI (T	Sample Measurement			**********	••••••	323		(19)			
051082 G 15 (LUENT GROES VALUE	Permit Requirement	********		***********	***************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PEPAIT	SEE PERMIT
INFLUENT	Sample Measurement	*******	***************************************	*********	*************	410		(19)			
6 (30 G 1) () WENT GRO-S VALUE	Permit Requirement	*******	*************	********	*************	REPORT MONTHLY AVG.	REPORT DAILY MAX	rog/L		SEE PERMIT	SEE PERMIT
CHODS, EFFLUENT	Sample Measurement	•••••	********	*********	•••••	1.35		(19)			
030982 1 LUENT GRO S VALUE	Permit Requirement	*******		**********	4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.4.	report Monthly avg.	REPORT DAILY MAX.	mg/L		SEE PERMIT	SEE PERMIT
: ST EFFLUENT	Sample Measurement	•••••	•••••	•••••	***************************************	1.8		(19)			
FF LUENT GRC S VALUE	Permit Requirement	••••••	••••••••	*********	***************************************	REPORT ::: MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
CON FORM, FECAL	Sample Measurement	•••••	***************************************	*********	</td <td>21</td> <td><1</td> <td>(13)</td> <td></td> <td></td> <td></td>	21	<1	(13)			
COME TO STATE TO STAT	Permit Requirement	*******	***********		REPORT WEEKLY AVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100mL		SEE PEPMIT	GRAPI

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

NAME/THE F OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type a Man SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO DATE (YYAM DD) Robert Offer, Operator 941 474-5191

OF TENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS. 6800 Placida Road

Englewood F1 34224

FACILITY: LOCATION: Same

ATTN:

FLA014053-378038 PERMIT NUMBER:

MONITORING PERIOD--From: March 2000

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER: GMS TESTSITE ID NO.: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

Parameter		Qua	nntity or Loading			Quality or Concen	tration		No. Ex.	Frequency of Analysis	Sum e
TORET CODE NON SITE Yo.		Average	Maximum	Units	Minimum	Average	Maximum	Units			:
2.1	Sample Measurement			••••••	6.9		フョ	(12)			
100400 I	Permit Requirement		***************************************		6.0 MINIMUM		B 3 DAILY MAX	su		SEE PERMIT	SEE PERMIT
. HLORINE, TOTAL RESIDUAL	Sample Messurement	•••••		**********	2.0	•••••	•••••	(19)			
FFLUENT GPOSS VALUE	Permit Requirement		************	***********	MINIMUM	*************	•••••	mg L		SEE PERMIT	<u>इस्ट</u> स्ट्रशत
NTRATE (25 %) TREQUIRED IN THE PERMIT)	Sample Measurement		***************************************		•	•••••	3.56	(19)			
000620 1 FIFFLUENT GROSS VALUE	Permit Requirement	***************************************	***************************************	***************************************		*************	12.0	mpl		SEE PERMIT	SEE PERMIT
TITROGEN, TOTAL (25 N) TO REQUIRED IN THE PERMIT)	Sample Measurement				***************************************	*********		(19)			
FFFLUENT GROSS VALUE	Permit Requirement		•••••		***************************************	***************************************	REPORT DAILY MAX	mp1		SEE PERMIT	SEE PERMIT
V BODS, EFFLUENT	Sample Measurement		•••••	••••••	1.49	*************		(19)			
NO082 Y NNUAL AVERAGE	Petrut Requirement	**********			REPORT ANNUAL AVO	************		mgrl		SEE PERMIT	SEE PERMIT
(IS, EFFLUE I	Sample Messurement				1.03	***************************************		(19)			
NOVAL AVERAGE	Permat Requirement	***********		***********	RÉPORT ANNUAL AVO			mg/L		SEE PERMIT	SEE PERMIT

	<u> </u>								
. tife under penalty of law that I has	ve personally examined	and am famil	liar with the informa	tion submitted	herein; and based or	n my inquiry of those i	individuals immediatel	y responsible for obtaining	the information, I believe
mined information is true, accurate	and complete. I am aw	are that there	are significant penalt	ies for submitt	ing false information	including the possibili	ty of fine and imprison	ment	
NAME THE OF FREICIPAL EXEC	TATIVE OFFICER OR AUTHO	ORIZED AGENT	(Date of Print)	SIGNATU	RE OF PRINCIPAL EXEC	UTIVE OFFICER OR AUTHO	ORIZED AGENT	TELEPHONE NO	PATERIANCE
				12	11/1/			941-474-5191	00-4-25
Robert Offer,	Operator		1	1 1 100	let III	WW.		341-171 3217	00-7 25
MENT AND EXPLANATION O	FANY VIOLATIONS	(Reference al	attachments here):	(Attach additio	nal sheets if necessa	W/			

Sandalhaven	Htility.	Inc
Dandatilaren	OFTITE	1.111

DAILY SAMPLE RESULTS - PART B

1 minus

cellity ID: FLA014053	-0																				Three	-moni	h Av	ernge Pern	Daily nitted	Flow Capa	/: _ / ·	[W	ng e	Ľ
Pays of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21				25	26	27	28	29	30/31
low (MGD) Rellan Reuse	0	100	100	118	090	100	11/2	107	105	וח	129	//5	10%	101	116	110	1/3	1063	///	sy s	110	100	13/3	138	09/	109	12	3//8	05:5	13/14
Chlorine Residual after Contact	1 1	1	1		i	Ĭ [_	i i	l	l			1		ļ !	1		- 1	1		1	1	1	1	1	1 1	00/
(mg/L as Cl ₂)	20	30	20	20	20	35	3/1	a.C.	30	20	340	3.0	120	30	20	30	20	30	00	30	20	30	36	20	20	30	130	120	230	220
CROD, Influent (mg/L as O ₂)														300	1						- }	ļ							340	ļ
ISS Influent (mg/L)														380												1			4/4	
CBOD, Effluent (mg 'L as O ₂)												 		1,4	-				-								†	1	43	
TSS EMuent (mg/L)	Kush	200	LA-	,		20.7		 	597	روري	_		2	1.7	- (2)	-0.2	1.9	,		1.0	0.9	(0,7	40	,		1	60	1		1.46.1
NO, Effluent (mg/L 18 N)	74	2	\ \(\frac{1}{2} \)			7.0.7		17.4	7.	0,1	1	1	╁	0.4%]		1	-		17.1		<u> </u>	(7	1			1	1	(,)	-
Total N Effluent (mg/L as N)	-					-			-	-	+			P140			-	+						 	T	1-	+	+	TIM	
Feest Coliform (#/100ML)	<u> </u>	4	4			</td <td></td> <td><!--</td--><td>4</td><td>4/</td><td> </td><td></td><td> </td><td>k/</td><td>4/</td><td><!--</td--><td>21</td><td>1</td><td> -</td><td>21</td><td>۷/</td><td>4</td><td>21</td><td></td><td></td><td> </td><td>Z-,</td><td>1</td><td>41</td><td>4/21</td></td></td>		</td <td>4</td> <td>4/</td> <td> </td> <td></td> <td> </td> <td>k/</td> <td>4/</td> <td><!--</td--><td>21</td><td>1</td><td> -</td><td>21</td><td>۷/</td><td>4</td><td>21</td><td></td><td></td><td> </td><td>Z-,</td><td>1</td><td>41</td><td>4/21</td></td>	4	4/	 			k/	4 /	</td <td>21</td> <td>1</td> <td> -</td> <td>21</td> <td>۷/</td> <td>4</td> <td>21</td> <td></td> <td></td> <td> </td> <td>Z-,</td> <td>1</td> <td>41</td> <td>4/21</td>	21	1	-	21	۷/	4	21				Z-,	1	41	4/21
pH effluent, minimum	T			21	20	1		I		T-	T	7/2/	77/		1		1		17.1				[320	72	2 2/	12	2/2	7.10
H effluent, maximum								,						T		1								1						1
Terbidity (N.T.U.)	777	4/./	100	172	81	99	1.1	1.0	172	1.3	361	90	90	25	1/.5	3 9	11.4	16.1	1.0	99	90	61	1.1	1/.	3 /2	5/1	46	28	4/2	1.182
TYLE OF SAMPLE (C = COMPOSITE, G = CP(AB)	G		G			6		G	6	1 /		,		C	G	1 /	1/	1		6	6	٠.	1 /	1			6		1c	126
TIME OF SAMPLE		1	147			08/0		1	143	1				10	7150		2/3	1		140	15A	140	14	3-			15	76	14	1530
	124	arce.	774	1		1/40	1	100	772	1 10		1-		130	2/300	7-4				1								\top		T-10-
Flow Ponds	04	20	0	0	C	20	0	0	0	0	2/2	20	20	0	0	0	0	0	0	0	0	0	2	20	0		2 6	20	20	26
						_		_	_	_	_	_		1	_				_	_	_	<u> </u>	_		_	_ _	_	_		
A Lab ERROR		_	_	_		_		_	_	_				_	_	_	_		_	_	-	<u> </u>	_	_	_	_ _	4	_		-
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					1			1																	وملت				مياحد	حد حسات

PLANT STAFFING:

Day Shift Operator

Evening Shift Operator

Class: Certificate No.:

ate No.;

Night Shift Operator

Class: Certificate No.:
Class: Certificate No.:
Class: Certificate No.: 6256

Name: Name: Name: Name: Robert Offer

Lead Operator

Type of Effluent Disposal or Reclaimed Water Reuse:
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.

INTAKE #: 532310



Date: 14-Apr-00

Southwest Water & Waste 10429 Sandrift Ave. Englewood, FL 34224Project Name: Sandelhaven

Project Location: WWTP

Job ID:

Sample Supply: Waste Water

Collector: Bob Offer

Sample Received

Date/Time: 3/1/00 16:50

Lab ID	Sample ID	Type	Sample Date/Time					
Analysis			Method	Result	D. L.	Unit Ar	nalysis Date/Time	LabID:
N003126	grab	EFF	3/1/2000 13:30					
Total Suspende	d Solids		EPA 160.2	**	0.7	mg/L		E84380
Fecal Coliform			SM9222D	<1	1	col/100ml	3/1/00 16:50	E84380
N003165	grab	EFF	3/2/2000 15:00					
Total Suspende	d Solids		EPA 160.2	0.9	0.7	mg/L	3/3/00	E84380
Fecal Coliform			SM9222D	<1	1	col/100ml	3/2/00 16:45	E84380
N003202	grab _.	EFF	3/3/2000 14:30					
Total Suspende	d Solids		EPA 160.2	<0.7	0.7	mg/L	3/6/00	E84380
Fecal Coliform			SM9222D	<	1	col/100ml	3/3/00 16:50	E84380
N003235	grab	eff	3/6/2000 9:00					
Total Suspende	d Solids		EPA 160.2	< 0.7	0.7	mg/L	3/6/00	E84380
Fecal Coliform			SM9222D	<1	1	col/100ml	3/6/00 10:50	E84380
N003397	grab	EFF	3/8/2000 14:00					
Total Suspende	d Solids		EPA 160.2	< 0.7	0.7	mg/L	3/9/00	E84380
Fecal Coliform			SM9222D	<]	1	col/100ml	3/8/00 17:00	E84380
N003436	grab	£FF	3/9/2000 14:30					
Total Suspende	d Solids		EPA 160.2	<0.7	0.7	mg/L	3/10/00	E84380
N003472	grab	EFF	3/10/2000 14:00					
Total Suspende	d Solids		EPA 160.2	<0.7	0.7	mg/L	3/13/00	E84380

Lab ID	Sample ID	Туре	Sample Date/Time					
Analysis			Method	Result	D. L.	Unit A	nalysis Date/Time	LabID:
Fecal Coliforn	m		SM9222D	<1	1	col/100ml	3/10/00 16:30	E84380
N003678	composite	INF	3/14/2000 15:00					
cBOD	٠, ٠		SM5210B	306	1	mg/L	3/15/00 15:00	E84380
Total Suspend	led Solids		EPA 160.2	380	0.7	mg/L	3/15/00	E84380
N003679	composite	EFF	3/14/2000 15:00					
cBOD			SM5210B	1.4	1	mg/L	3/15/00 15:00	E84380
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	3/15/00	E84380
Fecal Coliforn	n		SM9222D	<1	ì	col/100ml	3/14/00 16:50	E84380
Nitrate-N			EPA 353.2	0.48	0.05	mg/L	3/16/00	E84380
N003771	grab	EFF	3/15/2000 15:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	3/16/00	E84380
Fecal Coliforn	m		SM9222D	<1	1	col/100ml	3/15/00 16:55	E84380
N003832	grab	EFF	3/16/2000 14:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	3/17/00	E84380
Fecal Coliforn	n		SM9222D	<1	1	col/100ml	3/16/00 16:55	E84380
N003878	grab	EFF	3/17/2000 13:00					
Total Suspend	ded Solids		EPA 160.2	1.9	0.7	mg/L	3/20/00	E84380
Fecal Coliforn	m		SM9222D	<1	1	col/100ml	3/17/00 16:55	E84380
N003967	grab	EFF	3/20/2000 14:00					
Total Suspend	ded Solids		EPA 160.2	1.9	0.7	mg/L	3/23/00	E84380
Fecal Coliforn	m		SM9222D	<1	1	col/100ml	3/20/00 17:50	E84380
N004007	grab	EFF	3/21/2000 15:00					
Total Suspend	ded Solids		EPA 160.2	0.9	0.7	mg/L	3/23/00	E84380
Fecal Coliforn	m		SM9222D	<1	l	col/100ml	3/21/00 17:05	E84380
N004102	grab	EFF	3/22/2000 14:00					
Total Suspend	ded Solids		EPA 160.2	<0.7	0.7	mg/L	3/23/00	E84380
Fecal Coliforn	m		SM9222D	</td <td>1</td> <td>col/100ml</td> <td>3/22/00 17:05</td> <td>E84380</td>	1	col/100ml	3/22/00 17:05	E84380
N004299	grab	EFF	3/23/2000 14:30					
Total Suspend	ded Solids		EPA 160.2	<0.7	0.7	mg/L	3/24/00	E84380
Fecal Coliforn	m		SM9222D	<1	ī	col/100ml	3/23/00 16:50	E84380

HRS Certification#'s 84352 and E84380(Nokomis) 85449 and E85457(Ft. Myers)

Lab ID	Sample ID	Type	Sample Date/Time					
Analysis			Method	Result	D. L.	Unit A	nalysis Date/Time	LabID:
N004467	grab	EFF	3/27/2000 15:00					
Total Suspend	ded Solids		EPA 160.2	1.6	0.7	mg/L	3/28/00	E84380
Fecal Coliforn	m .,		SM9222D	<1	1	col/100ml	3/27/00 17:00	E84380
N004631A	composite	INF	3/29/2000 14:00					
cBOD			SM5210B	340	1	mg/L	3/31/00 10:15	E84380
Total Suspend	ded Solids		EPA 160.2	440	0.7	mg/L	3/30/00	E84380
N004632	composite	EFF	3/29/2000 14:00					
cBOD			SM5210B	1.3	1	mg/L	3/31/00 10:15	E84380
Total Suspend	ded Solids		EPA 160.2	1.8	0.7	mg/L	3/31/00	E84380
Fecal Colifor	m		SM9222D	<1	1	col/100ml	3/29/00 17:10	E84380
Nitrate-N			EPA 353.2	6.65	0.05	mg/L	4/4/00	E84380
N004718	grab	EFF	3/30/2000 15:30					
Total Suspen	ded Solids		EPA 160.2	1.4	0.7	mg/L	3/31/00	E84380
Fecal Colifor	m		SM9222D	<1	1	col/100ml	3/30/00 17:05	E84380
N004793	grab	EFF	3/31/2000 15:00					
Total Suspen	ded Solids		EPA 160.2	< 0.7	0.7	mg/L	4/3/00	E84380
Fecal Colifor	m		SM9222D	. <1	1	col/100ml	3/31/00 17:15	E84380

Approved by:

Debra Sanders Laboratory Director Comments:

** LAB ERROR

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE	NAME:
-----------	-------

Sandalhaven Utility, Inc.

MAILING ADDRESS:

681. Placida Road

Sample Measurement

Permit Requirement

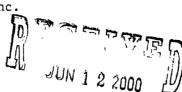
Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:



PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: Appil 2000

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC

FACILITY ID: FKA9k4953

GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form. Reclaim/Reuse Parameter Quantity or Loading Quality or Concentration Samele Frequency of Ex. Anah 115 2.01 EL CODE MON, SITE No. Average Maximum Units Minimum Average Maximum Units Filly Semple Measurement ************** -------*********** 1 0 1 Permit Requerement REPORT MONTHLY PERMITTED ************* -----------YE THLY AVI AGE DAILY MGD ************* SEE PERMIT SEE PERMIT AVG. CAPACITY Cal DS, INFLUE ST Sample Measuremen (19) 600032 G Permit Requirement REPORT REPORT ******* ------THE UENT GROSS VALUE MONTHLY AVG. DAILY MAX SEE PERMIT SEE PERMIT mg/L 1.5 miles (8) 1 :NFLUENT Sample Measurement (19) ------.......... 105-0 G Permit Requirement REPORT REPORT -------********* ************ SEE PERMIT SEE PERMIT UENT GROSS VALUE MONTHLY AVG. DAILY MAX. mg/L C. Y. D.S. EFFLUI ST Sample Measurement (19) 1.2 free (£2 1 Penne Requeement REPORT REPORT. *** SEE PERMIT ---------MONTHLYAVG SEE PF PAUT DAILY MAX. mg/L . FILLUENT GRO S VALUE : EFFLUENT (19) Sample Measurement VON. 10 1 REPORT REPORT Permit Requirement ******** SEE PERMIT SEE PEPMIT ************ MONTHLY AVG. DAILY MAX. mg/Li THUENT GRO S VALUE vigaga der . .

1 with under penal y of law that I have personally examined and am familian with the information submitted hespin; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted tion is true, recurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

41

REPORT)

WEEKLY AVG

NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type of Principal)

SUCHATURA OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

REPORT

MONTHLY AVG

TELEPHONE NO. DATE (YYMM DD) 941 474-5191

SEE PEPMIT

GRAR

(13)

#/100mL

REPORT

DAILY MAX .

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

Robert Offer, Operator

FORM, FEVAL

1 - UFNT GRO S VALUE

(0)1-16 1

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS: 68// Placida Road

Englewood F1 34224

FACILITY: LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From: April 2000

LIMIT: FINAL

CLASS SIZE: GROUP: DOMESTIC FACILITY ID: FLA014053 GMS TESTSITE ID NO.: WAFR SYSTEM ID NO.: DISCHARGE POINT NUMBER:

PLANT SIZE/TREATMENT TYPE: . 150/3-t* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Rooln. m / Reuse

		Piease	read instruction	is before co	mpleting this fo	rm.	Kecla	im/1	reus	<u> </u>	
Parameter		Qua	antity or Loading	3		Quality or Concen	tration	7	No. Ex.	Frequence of Analysis	Sumble Type
TOPET CODE MON SITE Vo.	2.5	Average	Maximum	Units	Minimum	Average	Maximum	Units			
nrI	Sumple Messurement			***********	6.7		7,2	(12)			ı
490400 1 MINIMUM	Permit Requirement	***********	***************************************	••••••	6.0 MINIMUM		DAILY MAX	รบ		SEE PERMIT	SEE PERMIT
. HLORINE, TOTAL RESIDUAL	Sumple Messurement	**********	***************************************		2.0	************		(19)			
10060 1 FFLUENT GPOSS VALUE	Perma Requirement		***********		мимим	***************************************		mg⊳L		SEE PERMIT	SEE रहरः शत
NITRATE (#2 N) IT REQUIRED IN THE PERMIT)	Sample Measurement	••••••	***************************************				3.93	(19)			
000620 1 FIFELUENT GROSS VALUE	Permit Requirement	***************************************		*************************		************	120	mp/l		SEE PERMIT	SEE PERMIT
TITROGEN, TOTAL (25 N) IT REQUIRED IN THE PERMIT)	Sample Measurement				***************************************	•••••		(19)			
FFLUENT GROSS VALUE	Permst Requirement	*********	***************************************		***************************************	***************************************	REPORT DAILY MAX	ութ		SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT	Sample Measurement		***************************************	•••••	1.46	***************************************	*************	(19)			
NNUAL AVERAGE	Pennst Requirement	**********	0404044444		REPORT ANNUAL AVO	*************		mgl		SEE PERMIT	SEE PERMIT
ISS, EFFLUE: IT	Sample Measurement				1.01	\$454 \$ \$\$\$\$\$		(19)			
OPOSSO Y ONNUAL AVERAGE	Permat Requirement	************	***************************************		REPORT ANNUAL AVO			mg·L		SEE PERMIT	SEE PERMIT

tify under peralty of law that I have personally examined and am familiar with the information submitted hereig; and based on my inquiry of those individuals immediately responsible for obtaining the information. I helieve mined 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 TELEPHONE NO NAME TITLE OF FRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Print)

Robert Offer, Operator

941-474-519

IMENT AN EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary)

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: April 2000

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: Ponds

Please read instructions before completing this form.

Parameter		Qu	antity or Loading			Quality or Concer	atration		No. Ex.	Frequency of Analysis	Sample Type
STOTET CODE MON. SITE No.	100	Average	Maximum	Units	Minimum	Average	Maximum	Units			
FLOW	Sample Measurement	.087	.110	(03)	***************************************	************	***************************************	*******			-
110 JTHLY AVI TAGE DAILY	Permit Requirement	REPORT . MONTHLY . AVG.	PERMITTED CAPACITY	MGD	**********	************	************			SEE PERMIT	SEE PERMIT
C.: DS, INFLUE IT	Sample Measurement		***********	*********	***************	236		(19)			
FIFT VENT GROS VALUE	Pennut Requirement				14.3. XV. 1	REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PERMIT	SEE PERMIT
1 · / INFLUENT	Sample Measurement	•••••	***************************************	**********	**************	334		(19)			
105-0 G 1941 VENT GROUS VALUE	Permit Requirement	•	•••••	*******	************	REPORT MONTHLY AVG	REPORT DAILY MAX	rog/L		SEE PERMIT	SEE PERMIT
COGDS, EFFLUI NT	Sample Measurement	******		•••••	***************************************	1.2		(19)			
FILUENT GRO S VALUE	Penns Requirement				**************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX	sng/L		SEE PE PLOT	SEE PERMIT
31%, EFFLUENT	Sample Measurement	********	***************************************		*************	0.8		(19)			
100030 1 FIFEUENT GRO S VALUE	Permit Requirement	********	**************************************	*********		REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L		SEE PEPAIIT	SEE PERMIT
(1) FORM, FECAL	Sample Measurement		***************************************	***********	4	21	<1	(13)			
FOR 1 FOR UFNT GROS VALUE	Pennil Requirement		***************************************	*********	REPORT WEEKLYAVG	REPORT MONTHLY AVG.	REPORT DAILY MAX	#/100mL		SEË PEPMIT	GRAR

🖖 under pens) - of law that I have personally examined and am familiar with the information submitted hereig; and based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted mation is true, recurate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAMETTI : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE PARTY SIGNATURE OF RINGERAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. 941 474-5191 Robert Offer, Operator

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessity)

FDEP LIMITS (REPLACES MOR FORM)

PERMIT NUMBER:

LIMIT: FINAL

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road

Englewood F1 34224

FACILITY: LOCATION:

ATTN

Same

CLASS SIZE: FACILITY ID: FLA014053 GMS TESTSITE ID NO.: DISCHARGE POINT NUMBER:

MONITORING PERIOD-From: April acco

WAFR SYSTEM ID NO.:

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: . 150/3-t** NO DISCHARGE | 1 ***

FLA014053-378038

TYPE OF EFFLUENT DISPOSAL Ponds

Please read instructions before completing this form.

Parameter		Qu	antity or Loading	3		Quality or Concen	uration		No Ex.	Frequence of Analysia	3L=c e Tope
CORET CODE MON SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
oil	Sample Measurement			************	6.7	***********	7.2	(12)			
000400 1 MINIMUM	Permit Requirement	*********	***************************************	**********	6.0 MINIMUM		B J DAILY MAX	รบ		SEE PERMIT	SEE PERMIT
: HLORINE, TOTAL RESIDUAL	Sample Measurement	***********	***************************************	*********	2.0	***************************************		(19)			
::10060 1 : FFLUENT GPOSS VALUE	Permit Requirement		***************************************	**********	MINIMUM	***********	***************************************	mg.L		SEE PERMIT	SEE FERVIO
NITRATE (\$5.1) BIT REQUIRED IN THE PERMIT)	Sample Measurement	**********	***************************************			***********	3.93	(19)			
F00620 1 ETFLUENT GPOSS VALUE	Permit Requirement		***************************************	. ,			12 0	mg/l		SEE PERMIT	SEE PERMIT
MITROGEN, TOTAL (45 N) OF REQUIRED IN THE PERMIT)	Sample Measurement		•••••		***************************************			(19)			
0:0600 1 FFLUENT GROSS VALUE	Permit Requirement	**********	***************************************		***************************************		REPORT DAILY MAX	त्युक्त		SEE PERMIT	SEE PERMIT
CBODS, EFFLUENT	Sample Measurement		***************************************	*********	1.46	************	•••••	(19)			
S0082 Y ANNUAL AVERAGE	Petrut Requirement	*********	*************		REPORT ANNUAL AVO	***************************************	***************************************	mgrl		SEE PERMIT	SEE PERMIT
ISS, EFFLUED T	Sample Measurement			*********	1,01			(19)			
CH0530 Y →NNUAL AVTRAGE	Permut Requirement			********	REPORT ANNUAL AVG	***************************************	*************	m ₂ ·L		SEE PERMIT	SEE PERMIT

The order of the mistrue, accurate and complete. I am aware that there are significant;	penalties for submitting false information including the possibility of fine and impo	isonment	411
NAME TO THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE WHITE)	SUCYATURE OF PRINCIPAL EXECUTIVE OF PICER OR AUTHORIZED AGENT	TELEPHONE NO	9711 GE 701 D.
Robert Offer, Operator	What Market	941-474-5191	00-5-24
WENT AND ENDLANDING OF ANY WOLLTIONS (Beforence all exactments to	eral of Stack additional sheets if he death;		

DAILY SAMPLE RESULTS - PART B

unitalYear: April 2000			-		-		7	_										10	آدر	00					25	26	city:	28	120 1	ا ذ/30
ays of the Month	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21			27	23					30.51
low (MGD) Reclaim Reuse. hlorine Residual after Contact	118	295	354	119	090	1/3	050	129	095	094	0	0	0	0	/32	124	Œ	010	073	256:	071	113	030	096	073	Ola	0	0	276	054
	2/2	لمبرد	اسر	لمد	اس.	70	200		יג כי	20	20	ا الم	مدا	20	7	2	محا	2	20	3/	20	لردو	30	رسود	2	بهوا	120	12	17/	20
BOD, Influent (mg/L == O ₂)	(42)	2127	-	24/	-182	ac.	-12/	T.C.	4. 2	1			25/							7.2		2.62					216	1		
SS Influent (mg/L)													37	,													394	á		
BOD, Effuent (mg/L as O2)													1.0														<1			
SS EMuent (mg/L)		4	50.7	17.		27	0.8			-	0.7	0.	12/	Kr2.	,		4	-23	08	Cie.	(0.7	,			£0.	160.	70.8	16	a	
CO, Effluent (mg/L es N)			التعد										4,4	1													3.4			
Total N Effluent (mg/L as N)													1																	
Feeal Coliform (#/100ML)			<1	<1		41	<1				K1	K/	K1	4/				K1	41	4	4				41	14	12	121		
H effluent, minimum	1.2	<u> </u>	1	1		T	\Box	i	160	160		1 '	ı	1	1	121		1				ĺ	69	2	100	3/2/	2/15	300	3 25	37.1
H efficent, maximum																1					ĺ	1	1							
Terbelity (N.T.U.)	.73	49	1 50-	157	43	3	61	1/2	3 7/	18:	2/.1	1.	7,87	3.57	52	1.67	7.79	1,80	1/-17	180	274	86	92	7/4	227	2/2	1/2!	Z	2 76	168
TYLE OF SAMPLE (C = COMPOSITE,	1		G	1	1	6	ĺ.				(6	1 .	6				1 -	1 .	1 -	6	1					, C			
G=GRAB) TIME OF SAMPLE	 	-		130	1		niac		-	+		Ţ	1	714				1		T	130	1		1	1	- 1	2714	ŀ	- 1	
Flow MGO, pands	0	0	0	1 -	1	1	O	1	مراد	0	09		_			0	, ,	Τ-	0	7	1		0	1		ľ	- 1	Ť1	20	10
1-01105								1				414		1										-	_	-	\perp	+		-
	-	-	-	-	-	-	+	-	+	-		-	+-	- -	-	+	-	-	+	-	+	+	-	+-	+	+	+	+	+	-
	-	-	+	-	+	+	+	+	+	-	+	+	+-	+	+	+	+	+	+	+	-	-	-	+	+	+	+	+		+
			4_			4			4-					- 	+-	- 							+-						+	

PLANT STAFFING:

Day Shift Operator
Evening Shift Operator

Class: Certificate No.: Class: Certificate No.:

No.: Name:

Night Shift Operator Lead Operator Class: Certificate No.: 6256

Name: Robert Offer

Type of Effluent Disposal or Reclaimed Water Reuse:

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.

INTAKE #: 533316



Date: 04-May-00

Utilities, Inc. Sandalhaven 200 Weathersfield Ave. Altamonte Springs, FL 32714Project Name: Sandalhaven
Project Location: WWTP

Job ID:

Sample Supply: Waste Water

Collector: Bob Offer

Sample Received

Date/Time: 4/3/00 16:40

Lab ID	Sample ID	Туре	Sample Date/Time					
Analysis			Method	Result	D. L.	Unit A	nalysis Date/Time	LabID:
N004875	grab	EFF	4/3/2000 12:00					
Total Suspended	d Solids		EPA 160.2	<0.7	0.7	mg/L	4/7/00	E84380
Fecal Coliform			SM9222D	<1	t	col/100ml	4/3/00 17:00	E84380
N004928	grab	егг	4/4/2000 13:00					
Total Suspender	d Solids		EPA 160.2	<0.7	0.7	mg/L	4/5/00	E84380
Fecal Coliform			SM9222D	<1	1	col/100ml	4/4/00 16:50	E84380
N005039	grab	Eff	4/6/2000 14:00					
Total Suspende	d Solids		EPA 160.2	<0.7	0.7	mg/L	4/10/00	E84380
Fecal Coliform			SM9222D	<1	l	col/100ml	4/6/00 17:00	E84380
N005060	grab	eff	4/7/2000 12:00					
Total Suspende	d Solids		EPA 160.2	0.8	0.7	mg/L	4/10/00	E84380
Fecal Coliform			SM9222D	<1	1	col/100ml	4/7/00 16:40	E84380
N005200	grab	EFF	4/11/2000 15:30					
Total Suspende	d Solids		EPA 160.2	<0.7	0.7	mg/L	4/12/00	E84380
Fecal Coliform			SM9222D	<1	1	col/100ml	4/11/00 17:50	E84380
N005266	grab	eff	4/12/2000 15:30					
Total Suspende	d Solids		EPA 160.2	<0.7	0.7	mg/L	4/13/00	E84380
Fecal Coliform			SM9222D	<1	i	col/100ml	4/12/00 19:00	E84380
N005284A	grab	EFF	4/20/2000 13:00					

IIRS Certification#'s 84352 and E84380(Nokomis) 85449 and E85457(Ft. Myers)

Lab ID	Sample ID	Туре	Sample Date/Time					
Analysis			Method	Result	D. L.	Unit An	nalysis Date/Time	LabID:
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	4/21/00	E84380
Fecal Coliforn	n		SM9222D	<1	1	col/100ml	4/20/00 17:00	E84380
N005314	composite	INF	4/13/2000 14:00					
cBOD			SM5210B	256	ı	mg/L	4/14/00 13:00	E84380
Total Suspend	led Solids		EPA 160.2	272	0.7	mg/L	4/14/00	E84380
N005315	composite	EFF	4/13/2000 14:00					
cBOD			SM5210B	1.2	1	mg/L	4/14/00 13:00	E84380
Total Suspend	led Solids		EPA 160.2	< 0.7	0.7	mg/L	4/14/00	E84380
Fecal Coliforn	n		SM9222D	<1	l	col/100mi	4/13/00 17:15	E84380
Nitrate-N			EPA 353.2	4.41	0.05	mg/L	4/18/00	E84380
N005389	grab	EFF	4/14/2000 14:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	4/17/00	E84380
Fecal Coliforn	n		SM9222D	<1	1	col/100ml	4/14/00 17:05	E84380
N005481	grab	EFF	4/18/2000 15:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	4/19/00	E84380
Fecal Coliforn	n		SM9222D	<1	l	col/100ml	4/18/00 16:50	E84380
N005520	grab	EFF	4/19/2000 14:00					
Total Suspend	led Solids		EPA 160.2	0.9	0.7	mg/L	4/21/00	E84380
Fecal Coliforn	n		SM9222D	<1	l	col/100ml	4/19/00 17:30	E84380
N005563	grab	EFF	4/21/2000 13:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	4/24/00	E84380
Fecal Coliforn	n		SM9222D	<1	1	col/100ml	4/21/00 16:50	E84380
N005770	grab	EFF	4/25/2000 15:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	4/28/00	E84380
Fecal Coliforn	n		SM9222D	<l< td=""><td>1</td><td>col/100ml</td><td>4/25/00 16:45</td><td>E84380</td></l<>	1	col/100ml	4/25/00 16:45	E84380
N005805	grab	EFF	4/26/2000 11:00					
Total Suspend	led Solids		EPA 160.2	<0.7	0.7	mg/L	4/28/00	E84380
Fecal Coliforn	n		SM9222D	<1	1	col/100ml	4/26/00 13:50	E84380
N006047	composite	INF	4/27/2000 14:00					
cBOD	•		SM5210B	216	1	mg/L	4/28/00 10:50	E84380

HRS Certification#'s 84352 and E84380(Nokomis) 85449 and E85457(Ft. Myers)

Lab ID	Sample ID	Туре	Sample Date/Time					
Analysis	i		Method	Result	D. L.	Unit Ar	nalysis Date/Time	LabID:
Total Suspend	ded Solids		EPA 160.2	396	0.7	mg/L	5/3/00	E84380
N006048	composite	EFF	4/27/2000 14:00					
cBOD			SM5210B	<1	1	mg/L	4/28/00 10:50	E84380
Total Suspend	ded Solids		EPA 160.2	0.8	0.7	mg/L	5/2/00	E84380
Fecal Coliforn	m		SM9222D	<1	1	col/100ml	4/27/00 17:00	E84380
Nitrate-N			EPA 353.2	3.46	0.05	mg/L	4/28/00	E84380
N006115	grab	EFF	4/28/2000 14:30					
Total Suspend	ded Solids		EPA 160.2	< 0.7	0.7	mg/L	5/2/00	E84380
Fecal Coliforn	m		SM9222D	<1	I	col/100ml	4/28/00 16:55	E84380

Comments:

Approved by:

Debra Sanders Laboratory Director

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68 L Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From: MAY 2000

LIMIT: FINAL

CLASS SIZE: FACILITY ID: FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form.

Parameter	\$ 17 TO 17 TO 17 TO 18	Qu	antity or Loading	3		Quality or Concen-	tration		No Ex	Frequency of Areh to	gaidge
STOLET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
Fi c: W	Sangle Management	,045	,075	(O)		043101041011011					
1 THEY AVE AGE DAILY	Pennt Reprisoners	REPORT MONTHLY AVG.	PERMITTED	мор	***************************************	***************************************	***************************************	************		SEE PERMIT	SEE MERUNITI
at D3, INFLUE T	Sample Measurement	*********	**************	********	************	207		(19)			
TTC32 G	Penni Reparament	*********	***************************************	1	- 440 5-480 2-480 3-50 3-60 3-60 3-60 3-60 3-60 3-60 3-60 3-6	REPORT MONTHLY AVO.	REPORT DAILY MAX	mg/U		SEE PERMIT	SEE PERMIT
I :NFLUENT	Sample Measurvacre			**********	***********	380		(19)			
00530 G	Permit Represent	********	**************************************	**********		REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PENANT	SEE PERLUTT
CP DS, EFFLUI ST	Sample Memoranos	*******	*************	*********	**********	1,15		(19)			
650 (R2 -) FEELUENT GROS VALUE	Pent Represent			2 (5)		REPORT MONTHLY AVG	REPORT DAILY MAX	~		SENIMAT	SEE PERMIT
1 EFFLUENT	Suspin Management	********	**************	D1000000000	***************************************	, 72		(19)			
(04/10]	Possil Registrated				2.00	REPORT MONTHLY AVG.	DAILY MAX	-4	5 4 5	SEE PEPAIT	EE PLIMIT
FORM, FECAL	Suph Herrord		************	•••••	* ****	<1	<1	(13)			
1011-16 1 1-11 UTNT GRO S VALUE	Parall Repairment			***************************************	C. CRIPORT	REPORT MONTHLY AVO	REPORT DAILY MAX	F/190mL		SEEPERMIT	GRATI

we under penally of law that I have personally examined and am familiar with the information submitted hereix; and based on try inquiry of those individuals immediately responsible for obtaining the information metion is true, a cruate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. DATE (YYAMADU) TELEPHONE NO SIGNATURE OF PRINCIPAL EMECUTIVE OFFICER OR AUTHORIZED AGENT NAME/TITE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT IN-UER

COMPLENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional shorts if acc

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME.

Sandalhaven Utility, Inc.

MAILING ADDRESS: 68/1 Placida Road

Englewood F1 34224

FACILITY:

Same

LOCATION:

ATTN

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD-From: MAY 200

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053 **DISCHARGE POINT NUMBER:** GROUP: DOMESTIC

GMS TESTSITE ID NO.: WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-2 NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form. Reuse /foranch

Разапесет		Qu	antity or Loading	g		Quality or Concer	uration		No. Ex.	Frequency of Analysis	2 km2 r 7 rps
CORET CODE MON SITE No	inches in the se	Average	Maximum	Units	Minimum	Average	Maximum	Units	Í <u>i</u>		
(Sumple Measurement		****************	***********	6,8	**************	7.0	(12)	•		
(40400 1 (103MUM	Person Requestrant	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	***************************************		MONTAUM MONTAUM		DAILY MAX	זני		SEE PERMIT	SEE PERMIT
HEORINE, TOTAL RESIDUAL	Sample 32 earns others	**********	***************************************	*********	2,0	************	***************************************	(19)	0		
FFLUENT GROSS VALUE	Permit Requirement				мимим	*************	***************************************	meL		SEE PERMIT	१९५ ग्रहण्डत
TRATE (u X) TREQUIRED IN THE PERMIT)	Sample Measurement	*******	***************************************		***************************************	*************	18.5	(19)	3		
NIN620 I EXPLUENT GROSS VALUE	Pama Requirement	\$ 0.00 \$	***************************************	************		***********	12.0	mg/1		SEE PERMIT	ME SERVIT
ITROGEN, FOTAL (M.N) IT REQUIRED IN THE PERMIT)	Sample Measurement	***************************************	**************	***********		***********		(19)			
FFLUENT OROSS VALUE	Permit Removement	***************************************		**********		40212121214462257	PEPORT DAILY MAX	rrgeT		SEE PERMIT	THESE PERMIT
BODS, EFFLUENT	Sample blassavenute		***************************************	****************	1.18	802000000000000000000000000000000000000	***************************************	(19)	B		
ROOTZ Y NNUAL AVERAGE	Paris Representa	*********	*************************		REPORT ANNUAL AVO	*************		≈ pl		SEE PERMIT	SEE PERMIT
SS, EFFLUE: I	Sample Mannes arrant	,,,,,,,,,,,	***************************************	••••••	0.87	***********************		(19)	8		
10530 Y NNUAL AVERAGE	Person Requirements	be-1-1-1-1	***********	********	REPORT ANNUAL AVO		************	mpt		SEE PERMIT	SEE PERMIT

entify under penalty of law that I have personally examined and are familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe in mitted inform than 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: 132 SF FRONCIFAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (NAME OF NAME)	SIGNATURE OF PRENCIPAL ENECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	12/11/11/2005
Robert YAVER	Rely Par	941-657-8555	00/6/92
INIENT AN ENPLANATION OF ANY VIOLATIONS (Reference all attachments bere	\ (ABach additional sheets if necessary)		

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68 | Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038 MONITORING PERIOD-From: MAY 2000

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form. 2004

Parameter		Qu	antity or Loading			Quality or Concen	tration		No. Ex.	Frequency of Analytis	Ehin Zenta
COLET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
ri ciw	Sangh Massettered	,036	ous	(03)		-4940000000000000000	4444444444				
STARSO 1	Paralt Reparement	REPORT. MONTHLY AVG.	PERMITTED	MGD		***************************************	***************************************	**********		SEE PERMIT	SEE PERMIT
CD DS, INFLUENT	Sample Management	*********			******	207		(19)			
GENERAL G	Paris Repirement	*********		97.4		REPORT MONTHLY AVG.	REPORT DAILY MAX	mpl.		SEE PERMIT	SEE PERMIT
1 INFLUENT	Sumple Measurement	•••••	************	*********	*****************	380		(17)			
HOSEO G	Persit Repirement		Septiment in the	•••••	******************	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L S		TIMMINES	SEE PERMIT
COMOS, EFFLUENT	Suspix Hasserment		************		***************************************	1.15		(19)			
terera 1 FEH UENT GRO S VALUE						MEPORT MONTHLY AVG	DATE Y MAX	reft.		SEE PERMIT	SEE PERMIT
1 % EFFLUENT	Sample Management		**********	***********		,72		(19)			
04m2130 1	Parall Requirement	**********		7. 20			REPORT			SEE PEPMIT	SEE PEANIT
CONFORM, FECAL	Sample Management	********		*********		21	< 1	(13)			
100/216 L FERLENT GROSS VALUE	Frank Repairment			**********	NEIONT	REPORT NONTHLY AVG	REPORT	9/100mL		SEE PERMIT	GRAR

under penal . 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

metion is true, excisente and complete. I am aware that there are significant penalties for nubr	mitting faire information excluding the positionary of fine and an	TELEPHONE NO. DATE (YYAM DU)
NAME/TITE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT # 100	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHO	MUNICIPAL TO THE PARTY OF THE P
Plant War	(2) 1 (Y).	1941 69787271 00/6/782
-Kobi (+ William)	1 (9a > + \)(\)	

COMPENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Artach additional affects if pacestary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: San

Sandalhaven Utility, Inc.

WAILING ADDRESS: 68/1 Placida Road

Englewood F1 34224

FACILITY:

Same

LOCATION.

ATTN

PERMIT NUMBER:

FLA014053-378038

MONITORING PERIOD-From: MAY 2000

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053
DISCHARGE POINT NUMBER:

GROUP: DOMESTIC

GMS TESTSITE ID NO: WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Poma Please read instructions before completing this form. 31-, e Quantity or Loading No. Parameter Quality or Concentration Frequence ---Ex. Acabera TORET CODE MON SITE No. Average Maximum Units Minimum Maximum Units Average --1 (12) **!! フ*ロ* 0 ·-00400 I SEE PERMIT SET PERMIT DAILY MAY MINIMUM 5U UNDADA .: ILORINE, TOTAL RESIDUAL Sumple Measurement 20 :10060 1 Permit Reputement SEE PERMIT 短视觉镜 MINIMUM mg L FFLUENT GROSS VALUE (19) MIRATE (BE) Sample Measurement 18.9 ****** ********** -----AT REQUIRED IN THE PERMIT) 000620 I Petrol Requirement SEE PERMIT SEE PERMIT _____ mel EFFLUENT GROSS VALUE TITROGEN, TOTAL (MEN) Sumple Minusurement (19) ********** HE REQUIRED IN THE PERMIT) 666061 Permet Renaument THARREST SEE PERMIT DAILY MAX my T I FFLUENT GROSS VALUE (19) BODS, EFFLUENT Juryle Manner -----1,18 o 1800\$2 Y Page Asperance SER PERMIT SEE PERMIT mer.L APRICAL AVO INNUAL AVERAGE SS. EFFLUE: T REPORT 10530 Y Personal Report annual SEE PERMIT SEE PERMIT AMMUAL AVO ·NNUAL ANTRAGE

with under possity 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 color a special 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

HAME TITLE OF PADICIPAL EXECUTIVE OF	FICER OR AUTHORIZED AGENT (Fryster Print)	SIGNATURE	OF PREVEIBAL EXECUTIVE OF	CER OR AUTHORIZED AGENT	TELEPHONE NO	11 (1) (1)
Rober		R	Por		941-657.8955	00-6/22
IMENT AND EXPLANATION OF ANY V	IOLATIONS (Reference all attachments here): (Attach additional	sheets if necessary.)			

Sandal have n	Utility,	Inc.
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dity ID: FLA014053										0.4.	MPL									•	Three- Daily I	monti Flow	Ave Sof	rege l Permi	Jaily Had	Flow:	; , '	50%	Ъ	(60
anth/Year: MAY 2005	1	1	3	1	5	6	7	•	9	10	11	12	13	14	15	16	17	18	19 :		21 2				25		27	28	1 1	303)
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Marian Beridual affer Contact		1	20			2	70,	30	20+	3.0	À.0	0	2.0	10	29	20	2,0	29	1.0	1.0	201	2	10,	2.5	2.4	2.9	2.9	20	20	A A
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BOD; Effluent (mg/L as O ₂)				 							1.3															K1				
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PLANT STAFFING:

Day Shift Operator

Class: C Certificate No.: 6256

Name: Robert Offer Name:

Evening Shift Operator Night Shift Operator

Lead Operator

Class: Certificate No.: Certificate No.:

Class: Clam: C Coriffente No.: 8546

Name: Robert PAUS R

,

Type of Efficiet Disposal or Reclaimed Water Reuse:

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: Anoth additional shorts if ascenmey to list all certified operators.

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

MAILING ADDRESS:

68 Placida Road

Englewood, FL 34224

FACILITY: LOCATION:

Same

ATTN:

Sandalhaven Utility, Inc.

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC

2000

GMS TESTSITE ID NO .: WAFR SYSTEM ID NO .:

Tune

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Reclan/Reuse Please read instructions before completing this form.

	عصيصان فيناوا		read instruction		والمسمود والأسمار التروشيون						Serryle
Parameter		Qu	lantity or Loading	3		Quality or Concent	ration		Ne. Ex.	Firquitary of Analysis	1777
STOLET CODE MON. SITE NA.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
fi i: u	Sample Management	047	.109	06	•••••••	***************************************	***********				
15 4-50 1	Parait Repairment	REPORT MONTRLY	PERMITTED	MOD	**************************************	***************************************	**************************************			SEE PERMIT	SEE PERMIT
CD DS, INFLUENT	Sample Majorarunese		***************************************	**********	*************	198,5		(19)			
CONCELL G	Parnit Requirement			2 YSW. 78		REPORT MONTHLY AVG.	REPORT DAILY MAX	mg/L ²		SEE PEPMIT	SEE PENMIT
1 " INFLUENT	Sample Menagement		************	***************************************	***************************************	287		(19)			
19530 G	Permit Requirement			***********		REPORT MONTHLY AVG.	REPORT DAILY MAX.	mg/L		SEE PENANT	SEE PERMIT
C. 16:03, EFFLUI ST	Satisfic Management		**************************************	*********	***************************************	7		(19)			
645-R2 1 1111-UENT GRO'S VALUE	Penid Reprinter			in the same		MONTHLY AVO.	DAILY MAX	met.	Ž (ME HINT	SEEPERMIT
117 EFFLUENT	Surph Meanning		**********	***************************************	***************************************	0.63		(19)		<u> </u>	
(mr. C10 1 FIT LUENT GROSS VALUE			V2			REPORT MONTHLY AVO.	DAILY MAX			· SEE PEPAIIT	SEEPERMIT
CO. FORM, FECAL	Surple Measurement		**************************************	**********		<1	<1	(13)			
FERUTATION S VALUE	Panil Repértual			***************************************	NEECLY AVG	REPORT MONTHLY AVG	REPORT DAILY MAX	9/100ml	ş: []	SEE PEPAIR	GRAN

11'- under penal; 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

ı	The result of the state and complete. I am aware that there are significant penalties for sub-	metting false enformation sactuding the possibility of fine and imprisonment.	TELEPHONE NO. DATE (YYAM DU)
	NAME TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (Type or Principal)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO. DATE (YYAM DO)
	Robert PAULE	NI + Va	00-07-28
-		Mars Vain	

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART	Å
FDEP LIMITS (REPLACES MOR FORM)	

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS. 68

Placida Road

Englewood F1 34224

PERMIT NUMBER: MONITORING PERIOD--From: LIMIT: FINAL

CLASS SIZE: FACILITY ID: FLA014053

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE [) ***

FLA014053-378038

TYPE OF EFFLUENT DISPOSAL:

FACILITY:

LOCATION:

ATTN:

Same

Please read instructions before completing this form. Parameter Quantity or Loading No Quality or Concentration Frequency Ex. APAISTS FINET CODE MOS SITE No. Units Average Maximum Units Minimum Maximum Average (n. 100400 Permit Americans 60 SEE PERMIT MINIMUM SEE PERMIT 2C ------------DAILY MAX MENDALIN HLORINE TOTAL RESIDUAL Sample Measurement ----------...10060 1 Permi Requirement 55378でに SEE PERMIT FFLUENT GROSS VALUE mg L MINIMUM TRATE(B) Sample Measurement 802 AT REQUIRED IN THE PERMIT 100620 1 Parent Requirement SEE PERMIT SEE PERMIT ETFLUENT GROSS VALUE *********** me/ TITROGEN, TOTAL (MIN) Sergio Messagonare IF REQUIRED IN THE PERMIT) ,............ ' 10400 1 France Requirement EFORT TIMES PERMIT SEE PERMIT FILLENT GROSS VALUE ere i DAILY NAX . BODS, EFFLUENT (17) Surple Management 180082 Y France Lagrangia REPORT SEE PERMIT SEE PERMIT ***** INNUAL AVERAGE T'00 007 04 000 00 00 ANNUAL AVO S. EFFLUE .. T (19) Servic Management 10530 Y Person Requirement SE PERMIT SEE PERMIT WUAL AVERAGE erl ANNUAL AVO

mify under possily 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 submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the information is the information of the information in the informat mined 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 THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT mysic must	SIGNATURE OF PRENCIPAL EXECUTIVE OFFICER OR AUTHOR		0
MINT NO. 1851	Palet San	08-07-0	<u>8</u>
IMENT AND EMPLANATION OF ANY VIOLATIONS (Reference all attachments here)); (Attach additional sheets if necessary.)		

PERMITTEE NAME:

FACILITY:

LOCATION-

Sandalhaven Utility, Inc.

MAILING ADDRESS:

Placida Road Englewood, FL 34224

Same

ATTN:

FDEP LIMITS (REPLACES MOR FORM) PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC

GMS TESTSITE ID NO .: WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL: D. 10 et

Parameter		1 1623	e read instruction	us peinte co	impleting this to	TTB.	- iCC	per-			
LET CODE MON. SITE No.		Q	uantity or Loadin	g		Quality or Concent	tration		No Ex.	Frequency of Anshma	Lista Sazit; p
I;W		Аусгаде	Maximum	Units	Minimum	Average	Maximum	Units			
··50 1	Sample History	.003	.038	106	************	**************	***********	44444444			
DS, INFLUENT	Permit Repairment	REPORT MONTHLY AVG	PERMITTED	МОО	***************************************	***************************************	*************			SEE PERMIT	SEE PERMIT
23 G	Sample Management	********	4-1-1-4-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	••••••	*************	198.5		(19)			
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0 G	Surple Measurement	••••••	*************	••••••	************	287	<u>Ta Tana aya</u>	(19)			
UENT GROS VALUE	Panit Repirement	********		***********	***************************************	REPORT MONTHLY AVG.	REPORT DAILY MAX.	=-1.		see penant	SEE PERMI
2 1	Sample Meanward	********	***********	**********	*******	3		(19)			
FFLUENT	Parall Registrates - S. C. S. C. C. C. C.	***************************************		r Normalista North St.		MENTHRY AVG	BARY MAX	meA		SEE PT PAUT	SEE PERM
))	Somph Monormal	*******	************	*********	••••••	0.63	3001.51	(19)			
TENT GROSS VALUE ORM, FECAL	Paris Represent	•				REPORT MONTHLY AVG	REPORT DAILY MAX	-4		STE KPAIT	SEE MEN
OKAL FECAL	Steple Measurement	*********	**************	********	41	1	171	(13)			
FNT GRO'S VALUE	Punit Represent	***************************************	******************	************	WEEKLYAVO	REPORT MONTHLY AVQ.	REPORT DARLY MAX	6/100ml		SEE PERLIFT	GRAT

onally examined and any familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information, I restion is true, receivate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

NAME/TIT : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (The - Find TELEPHONE NO. SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

IN SENT AND SAPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

ERMITTEE NAME.

Sandalhaven Utility, Inc.

MAILING ADDRESS. 68

Placida Road

Englewood Fl 34224

ACILITY: **JOCATION**

Same

ATTN.

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD -- From:

LIMIT: FINAL

(2-00 CLASS SIZE:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER: GMS TESTSITE ID NO .: WAFR SYSTEM ID NO .:

GROUP: DOMESTIC

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions bufore completing this form

Parameter		Qu	antity or Loading	3		Quality or Concent	tration		No. Ex.	Errquency of Analysia	21-24 31-24
TORET CODE MON SITE No		Average	Maximum	Units	Minimum	Average	Maximum	Units		!	
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200400 1 2001MUM	Permit Requirement	*********	***************************************		6.0 MONOMUM		DAILY WAY	st!		SEE PERMIT	SEFFERME
A TILORINE TOTAL RESIDUAL	Sample Messewement	**********	***************************************	***********	20	00000000000000000000000000000000000000	40.0000000011490	(19)			
#10060 1 FFLUENT GROSS VALUE	Perma Requestrant	*************	************	***********	MINIMUM	arrayandressadd	***********	mgl		SEE PERMIT	ध्यमण्य
MITRATE (W.M) IT REQUIRED IN THE PERMIT)	Sample Measurement	**********	**************	*********	***************************************	2720051907027802	8,02	(19)			
HIGE TO THE PROPERTY OF THE PR	Festival Responsement	***************************************		************	***************************************	************	(20	ind)		SEE PERMIT	DEE PERMIT
MITROGEN, TOTAL (MEN) OF REQUIRED IN THE PERMIT)	Sample Measurement		*************	**********	*************	***********		(191			
1 : FLUENT GROSS VALUE	Promit Requirement		***************************************	**********	Page 192 192 292 292 292 292 292 292 292 292	200000000000000000000000000000000000000	DAILY MAX	mp1		SEE PERMIT	SEE PERMIT
· BODS, EFFLUENT	Sarryle Motorground	7719449		********	1.7	************	***********	(19)			
SSOOS2 Y SNNUAL AVERAGE	Peteral Requirement	4100000004 4	*************		REPORT ANDIANA DVA JAURPIA		***************************************	myl		SEE PERMIT	SEE PERMIT
(35, EFFLUE: , T	Sample Meangerque			********	a,a.		**********	(19)			
10530 Y INVIAL AVERAGE	Petrus Requestions	********	***************************************	**********	REPORT ANIQUAL AVO	************		Jes.		SEE PERMIT	TE PERMI

entify under paralty 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 intermation. I believe

miled 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 TO BE OF FRONCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE TELEPHONE NO SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here); (Anach additional sheets if necessary.)

600

DAILY SAMPLE RESULTS - PART B

Sandalhaven Ut	:111	ty,	Inc	•				DA	ILY	SA	MPL	E RI	ESUL	TS ·	PAF	et B	i				Thre	e-mon	dh Avg	u Le	Daily	Flor	v: 10 evry:	(a)	%_		
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ANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Class: C Certificate No.: Certificate No.:

Land Operator

Certificate No.: Class: C Certificate No.: 8946

Name:

Name:

-3-

e of Effluent Disposal or Reclaimed Water Reuse:

sited Wet Wasther Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: tech additional shoets if mecannery to list all cartified operators.

FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68// Placida Road

Englewood, FL 34224

FACILITY: LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FKA9k4953 FACILITY ID: DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

Tuly 00

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] *** Reus-Reclan

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form. Sample No. Frequency **Quality or Concentration** ALK Quantity or Loading Ex. ANAL 128 Parameter Units Maximum Minimum Average Units Maximum Average MON. SITE No. STOLET CODE (03) -------------............ 058 FIGW SEE PERUAT ********* SEE PERMIT ********** *********** REPORT. 4 . . Particle Requirement 必嫌 十二十 MOD PERMITTED 1. 3°45 . 37 p. 65350 1 \$ 65**8**7.55 MONTRLY HE STHLY AVE AGE DAILY CAPACITY (19) AVG. ---------Sample Measurement CA DS, INFLUENT REPORT me/L REPORT ; SEE PEUMI SEE PENNIT 100 100 ********* DAILY HAX. MONTHLY AVO. : Pernit Requirement 7 890 a.d. 650032 G THE WENT GROSS VALUE · ···;... Sample Mouserment TO INFLUENT REPORT me/L (A) SEE PEP.M REPORT SEE PERMIT ____ DATLY HAX ******* MONTHLY AVG. 48. Sec. 41 Petric Requirement Brailing +6530 G HERMAN WAR (19) 114 JUENT GROSS VALUE Sample Management -----C. V. DS. EFFLUI. T PEPORT . SEE PLAN F REPORT SEE PERMIT DAILY HAX MONTHLY AVO Pennit Requirement 25.27 1 \$3100-0 1数符禁水 ₹. HIT WENT GRO'S VALUE Sample Management *********** EFFLUENT A REPURTADO CAN REPORT IN SEEPERN SEE PEPMIT mg/L DAILY MAX MONTHLY AVO. Perrit Requirement (005550 1 -----**100** S. 18 Sept. 1 1865. (13) FIT LUENT GROSS VALUE Sumple Meanurement ************* () FORM, FECAL REPORT DAILY HAX GRAR REPORT SEE PERMIT REPORT #/100mL . MONTHLY AVO. WZEKLYŻYC Parril Requirement ******* mate 16 1

with 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 su I - ELET ORD S VALUE the section is true, a curate 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 AGENT NAMETTI : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TIME - 1000

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional affects if necessary.)

-8959

FERMITTEE NAME:

MAILING ADDRESS:

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCLE FDEP LIMITS (REPLACES MOR FORM)

Sandalhaven Utility, Inc.

Englewood Fl 34224

Placida Road

FLA014053-378038 PERMIT NUMBER:

MONITORING PERIOD-From:

7-00

LIMIT: FINAL CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

FACILITY ID: FLA014053

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [) *** Double

Same			TYPE OF	ZE/TREATMEN EFFLUENT DIS	POSAL:	D s	حنز		
FACILITY: LOCATION:	Please read instructions	helore co	mpleting this form	M.		1	No.	Frequency	1740
Kr	Please read instructions		Ò	uality or Concent	Indon		Ex.	Yunjaa	
The Theory	Quantity or Loading				Maximum	Units			
Parameter		Units	Minimum	Average	IVIA	(12)			
The same area to	Average Maximum	Onics	611	******************	12.7	-		SEE PERMIT	STE PERM
FORET CODE MON. STE Sumple Messesment	Philipped		. 6.0	*************	DAILY MAX	N			
Farms Lagurement	***********	***********	1	*************	************	(19)	\		
	**********	*********	· 2,0	010000000000000000000000000000000000000	1	mg·L	T	SEE PERMIT	SERV
Fermi Requirement	2100200100011	*******		***********	4.0	(19)			
:: 0060 1 : FFLUENT GROSS VALUE Sample Messurement	auguananananan auguanananananan	• ••••••	***		120	regel	1	SEE PERMIT	SIEPER
N.TRATE (M. C) N.TRATE (M. C) THE PERMIT)	000000000000000000000000000000000000000		***			(10)	-		
Fare Sedanting	***************************************		****	***********				SEE PERMIT	SEL PE
1000620 10000 Surgio Misseurement	***************************************				DAILY NAX	1		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-
TITROGEN, TOTAL (45 N) SET REQUIRED IN THE PERMIT) From Acquirment	***********		1 2	F4=40=24+20=44	1000000000000	(19	<u> </u>		
1:70600 1.FFLUENT GROSS VALUE Sumple Montroller		****	- PEORY			199	12	SEE PERMI	T SEE PE
LBODS, EFFLUENT		****					9)		
1		*****	/1.5	antanage to the			n	SEE FERN	IIT SEE?
			ANNUAL AVO)			soonible	for obtaining th	e ini remair
7 Ferran Requier	MCM assumed incomment		in a bassing and has	ed on my inquiry of th	ose individuals in	ubuseus	ni.	50 YO	PATE
1:0530 Y	femiliar with the	information &	molni elet painimen	ation including the pos	AUTHORIZED AGENT		TELEPH	077	30: 3 7
Clay that I have personally	examined and an there are significa	int penantes to	SHONATURE OF PRINCIPAL	EXECUTIVE OFFICER OF		10	27/4	64	0.0-0
25082 NOVAL AVERAGE Sample Measurem Forms Requirem Portal AVERAGE Portal Requirem Forms	ER OR AUTHORIZED AGENT (1944 MA	1/	Lt Na	cessary.)		6	974	797	
MINE OF THE OF PRINCIPAL ENECUTIVE OFFICE	NATIONS (Reference all anachmen	its here): (An	rep additional speem a te	· ·					
MENT AND ENPLANATION OF ANY VIO	APPLIANCE A		-2-						

0

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

Placida Road

Englewood, FL 34224

FACILITY: LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FKA9k4953 FACILITY ID:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: .150/3-C*** NO DISCHARGE [] *** PLANT SIZE/TREATMENT TYPE: TYPE OF EFFLUENT DISPOSAL:

ATTN:		Diane re	2d instructions	bcfore con	pleting this for	m.		ejec	No. T	Frequency	Sample Type
	11.7 年 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Quan	atity or Loading			Quality or Concent	ration		Ex.	Anah TII	••
Parameter					Minimum	Average	Maximum	Units			
OUET CODE MONISTE No.	3/4	Average	Maximum	Units	JATTITUTE	*********	**********	**********			
IOW	Sample Measurement	()	0		****************		***********	********		SEE PERMIT	SEE PENA
CASO 1	Permit Requirement	REPORT MONTHLY AVG.	PERMITTED	MGD .	The Allege and the	163	1 (S ' 2)	(19)			
THE DI INFLUENT	Sample Measurement		************	*****	*************	REPORT :	REPORT	met	 	SEE PERMIT	SEE PER
, , , , , , , , , , , , , , , , , , ,			*************	*********	Contractor of the second	MONTHLY AVO	DAILYMAX		-	ļ	
OF DOSE G	Postril Requirement	((J-534-54	*************	77.57. Mayor 4.5. 1.5.		(19)			
1:5.INFLUENT	Sample Measurement	*******	**********	*********	\	REPORT	REPORT DNLY MAX	reg/L 22	1	SEE PENAIT	SEE PET
υξ5:0 G	Paris Repirement				• • • • • • • • • • • • • • • • • • • •	MONTHLY AVG		(19)			
PROJUENT GROSS VALUE	1 1 2 2 2 2 2 3 S		***********	********	***********	12.0		7 0 60	5 5		SERIE
CTODI, EFFLUE ST	Sample Management	********	·	8 You	(an batta abatta batta	REPORT MONTHLY AVG	DAILY MAX	yug/L		SEE M PLOT	SERTE
(67)E) FELLUENT GRO'S VALUE	Penni Repairment			1444	**************************************	N77	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	(19)			
1: 1. EFFLUENT	Sample Measurement	*******	*************	*********	\		REPORT DAILY MAX	- AND		SEE PEPAIT	SEEM
1	Parint Requirement					MONTHLY AVO.		(13)	27.0	-	1
GRESSO I		- 1			1	T/L					
CO. FORM, FECAL	Sample Measuremen	1			REPORT-	REPORT MONTHLY AVO.		17 1 B/ 1005149		SEE PERMIT	1
1 :: 16 I S VALUE The UFNT GROES VALUE The under penalty of law that the penalty of law that	Parmit Requirement	•••••			1000	Sill Saran Bergera	i-mediately	responsible for o	btaining (he information, I	believe th
1 - ELUENT GRO'S VALUE - Crounder penalty of law that - grantion is true, a curate and		mel ma bee here	iliar with the informat	ion submitted	herein; and based on -Compation including	my inquiry of those mon the possibility of fine and	d imprisonment	TELE	PHONE N	O. DAT	E (YYA)
the under sensite of law that	I have personally exam	unto and am izin	licant penalties for sub	mitting lake t	UK HIMION DECISION	THE OFFICER OF AL	ITHORIZED AGENT				

mention is true, a curate and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment. NAME/TIL: OF PRINCIPAL EXECUTIVE OF FICER OR AUTHORIZED AGENT (THE PAGE

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

FDEP LIMITS (REPLACES MOR FORM)

Sandalhaven Utility, Inc.

FERMITTEE NAME: MAILING ADDRESS: 68 Placida Road

Englewood Fl 34224

FACILITY: LOCATION: Same

ATTN.

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZÉ: FACILITY ID: FLA014053

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [) ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form.

Parameter		Qua	intity or Loading	3		Quality or Concen	tration		No. Ex.	Frequency of Analysis	dert e Type
	· · · ·	Average	Maximum	Units	Minimum	Average	Maximum	Units			
init	Sumple Meanutement		50000000000000000000	***************************************	611	1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	7.1	(12)			
**************************************	Ferris Requirement		**************	\$45514840 0	MDMINUM MDMINUM	#4000\$\$000\$\$\$\$\$	DAILY MAX	5℃		SEE PERMIT	SEE PERMIT
TILORINE, TOTAL RESIDUAL	Sample Steumenners	*********	**************	*********	2,0	*************	************	(19)			
erooso 1 FFFLUENT GROSS VALUE	Perme Requirement		24244022224001222444	######################################	MINDAUM	***************************************	*************	Jam		SEE PERMIT	SEFFUR
N.TRATE (U.S)	Sample Messwerners	**********	*************	********	**************	************	40	(19)			
000620 1 ETFLUENT GROSS VALUE	Ferris Requiement	7020477074657	*************	********	***************************************		120	TEMP)		SEE PERMIT	SEE PERMIT
NITROGEN, TOTAL (45 N)	Sample Alexanderment	**********	***************************************	10000000000	h.cp4p0p0d00011706	***********		(19)			
CIF REQUIRED IN THE PERMIT)	Femul Requirement	*********	************	*********	Phresidentification	*************	DAILY NAY	mpl		SEE PERMIT	SEE PERUIT
LEPTUENT GROSS VALUE L BODS, EFFLUENT	Sample historiem	********	***************	**********	1/25	f====4+4++++++44	1000004000000	(19)			
280082 Y	Penne Requirement	*********	***************************************	**********	REPORT AMNUAL AVO	***********	************	mgl		SEE PERMIT	SEE PERMIT
ANNUAL AVERAGE	Sample \Learns ement	*******	***************************************	**********	11.5	22400022000000	****************	(19)			
. (10)30 Y	Permi Requiement	********	**************	848444444	AMNUAL AVO	#446Hessesses	######################################	mpl		SEE PERMIT	SEE PERMI
INDUAL AVERAGE					d bassian and based of	n my inquiry of those i	adividuals immedia	ely respon	sible for	obtaining the tal	ermatten, I

creatly 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 immedimined 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. TELEPHONE NO 17 (17 17 V) NAME THE OF FROICIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OF A MA 100.8-26

(MENT AND EXPLANATION OF ANY VIOLATIONS (Reference all strachments here): (Attach additional sheets if necessary.)

6974797

Facility ID:

Sandalhaven Utility, Inc.

FLA014053

DAILY SAMPLE RESULTS - PART B

200

Three-month Average Delty Flow: 05 / J

Month/Year;																					Daily	Flow	70 01	renn	HIGO C	Capaci	<u></u>	-		
Days of the Month	1	2	3	4	5	6	7	8	9	10	13	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	i	3031
Flow (MGD)	9,6	66	₆ 2)		95	056	0K/	ره	€0	3	3	•	CE'S	K.	9,	39	25	6,	038	3	244	34E	245	03,-				37		080
Chlorine Residual after Contact (mg/L as Cl ₂)	20,	a,e	3.0	2,0	3,0	ગ્રેથ) !!	2.0	2.0	1.0	2.0	2.5	<i>و</i> . د	ړ٥ړ	2.0	35	ع,د	2.6	0,5	مد	1.0	70	710	2.0	1.0	110	7,0	70	10,5	200
CBOD, Influent (mg/L to O ₃)			204														119													168
TSS Influent (mg/L)																														
CBOD, Effluent (mg/L so O3)			3.2														2.3								3.6					1
TSS Effluem (mg/L)			206														1.9							4	06					10
NO, Effluent (mg/L rs N)	_		6)9	1													269								36)			{		أان
Total N Effluem (mg/L as N)			1														269													
Feral Collform (#/100ML)			<1														۲)								1					3
pH efficent, minimum	69	6.9	6.5	69	6.5	69	6.8	6.8	6.8	7.1	6.7	6.7	49	6.8	6,9	61	6.5	6.9	68	6.8	w 1°	69	6.5	6.9	6.9	€.9	69	70	6.1	6,8
pH efficient, maximum					1																									
Turbidity (N.T.U.)	1.37	وتزا	518	163	539	1569	1/2	685	3/8,	361	676	21	180	379	61	1819	10,	913	爱	1/6	· 8sip	1577	1/4	63,	30/5	35	362	64)	-583	100
TYPE OF SAMPLE (C = COMPOSITE,	1	1	C									·					C								C		_			1
TIME OF SAMPLE			WS	, ·	-												045								358	1_	<u> </u>	<u> </u>		1095
Reuse Samples																					_		_	100	<u> </u>	1		 	<u> </u>	
735	T		Koi	,	206	for				0,6	13	Pb	10				10	08.	106	Ŀ	80,6		_	100	1.4	6.6	106	1	<u> </u>	1
Fect	T		KI	T	KI	KI				K1	<1	K1	KI				KI	51	KI		41		L	K1	141	31	KI	上	_	3
Type			B	T	6	6				6	6	6	9				0	G	C.	6	Q		L	હ	8		6		_	G
Time		T	101	1	129	21315	1			1315	12/5	BHS	406				110	130	1bdo	1	150			30	_	1535			_	095.
Flow	060	3	00	050	Pus	100	De	43	10:3	076			1036	00	010	031	05)	02	030	0	Ö	O	0	1,125	105	३०५	1053	CYS	1075	268

PLANT STAFFING:

Day Shift Operator

Class: Certificate No.:

Name:

Evening Shift Operator Night Shift Operator Class: Certificate No.: Class: Certificate No.: Class: C Certificate No.: Name: Name: Name:

Lead Operator
Type of Effuent Disposal or Reclaimed Water Reuse:

Type of Effluent Disposal or Reclaimed Water Reuse:
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.

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID:

GROUP: DOMESTIC

GMS TESTSITE ID NO .: FKA9k4953 WAFR SYSTEM ID NO .: DISCHARGE POINT NUMBER:

08-2000

PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL:

TO DS, TRELLENT Serph Management ANG. CANACTY ANG. CANA	_	Quantity or Loading Quality or Concentration Average Maximum Units Minimum Average				ration		Nu. Ex.	Frequency of Analysis	Surg's		
SEEPTRAIT SEEPTRAIT Front Lagistration MOD MOD Front Lagistration	TOLET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
SEE PERMIT SECTION SEE PERMIT SEE PERMI	ri ow	Sample Measurement	.076	. 123		****************	***************************************	4********	4			
DS, INFLUENT Permit Requirement SEE PERMIT SEE PERM		Permit Reparement	MONTHLY		MGD			***********			see permit	ELE PERU
CONTRACT OF STALLE Sumple Measurement CONTRACT OF STALLE CONTRA	19/ DS, INFLUENT	Sample Management	********	# 1 4 # 2 # 2 P P P P P P P P P P P P P P P P	******	******	157.5		(19)			
TOTAL SEEPERMIT SEEP CONTROL VALUE					*********		MONTHLY AVO.	REPORT DAILY MAX	12.		see pennit	SET PERM
CONTROL SEPTEMENT SEEP CONTROL SEEP FEMALE	1 ", INFLUENT			**********	8010-804-888	*************	482.5		(17)			ļ
CONTROL Sample Management (NOT 152 Partie Registrate (NOT 152 Partie Registrate (NOT 150			************		***************************************	MONTHLY AVG.			·	see Penmit	SET PETJ	
Partit Registrate Format Registrate Forma	CPODS, EFFLUENT	Sample Management	*******		1	***************************************	1.2					
CONTINUENT GROUS VALUE CONTINUENT GROUS VALUE Sample Measurement CONTINUENT GROUS VALUE CONTINUENT GROUS VALUE Sample Measurement CONTINUENT GROUS VALUE CONTINUENT GRO		Patric Representa			1000 mg	7 P. Chi.	MONTHLY AVO.	DAILY MAX	Pol.		SEEPERMOT	LEE PER
CONTINUENT GROUS VALUE CONTINUENT GROUS VALUE Sample Measurement CONTINUENT GROUS VALUE CONTINUENT	150 EFFLUENT	Sumple Honourement	********		1.	*****	0,6		(1)			1
CON IFORM, FECAL Sample Measurement		一 化温馨无效 。 化	- consumption		2.28		REPORT FACHTHELY AVO	DAILY NAK	13990		SEE PEPMIT	SEE PLY.
REPORT : REPORT :	CONFORM, FECAL		********	1	1	<.1	<1	<1	(13)			
WERK A vid. ASCRITHLY AVO. DARLY MAX. Steepersonally 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 namifold in the personally examined and am familiar with the information in the inform	OVER TEST GROSS VALUE	.			6	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	The second second	DAILYMAX			bee perun	GRA

tion is true, r. civiale and complete. I am aware that there are significant penalties for sub-	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO.	DATE (YYA!
KANDING OF FUNCTIAL EXECUTIVE DIFFICER OF HOLITONIZED HOLEST WIND		697 4797	00/08

COMM: ENT AND ENPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional shocts if raccessary.)

FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS: 68

68 Placida Road

Englewood Fl 34224

FACILITY:

Same

LOCATION:

ATTN.

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:
FACILITY ID: FLA014053
DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.

PLANT SIZE/TREATMENT TYPE: . 150/3-6 NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter						rm. Keus Quality or Concen			No. Ex.	Farquenes ef Analysis	Samuel Samuel
	184 m	Average	Maximum	Units	Minimum	Average	Maximum	Units		,	
oil •	Sample Measurement		*************	,	6.5	***********	701	(12)			
100400 I	Person Requirement	***********	**************	26041084844	MINIMUM .	************************	DAJLY MAX	su		SET PERMIT	SEE PERMIT
HILORINE TOTAL RESIDUAL	Sample Mesourement	**********	***************************************	*************	20	************		(19)			
. 10060 1 FFLUENT GROSS VALUE	Регли Верметем		***********	P+44.5-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0-0	MINDOM		*****	me L		SEE PERMIT	ध्यस्थान
NITRATE (a) N) OF REQUIRED IN THE PERMIT)	Sample Measurement	**********	******************	P0004404+48+	***************************************	*************	6.28	(19)			
000620 I EFFLUENT GROSS VALUE	Penni Requirement	*************	*****************	***************************************	***************************************	\$	12.0	rap1		SEE PERVAIT	SEFFERMIT
TITROGEN, TOTAL (44 N) OF REQUIRED IN THE PERMIT)	Sample Alreaucoment	***********	**************		***************************************	***********		(19)			
P-10600 t FFLUENT GROSS VALUE	Редик Яндоичести	***********	A	**********		***********	REPORT DATLY MAX	mp]		SEE PERMIT	उस श्टब्यवा
BODS, EFFLUENT	Surple Meury month	*******			1.33	@33449450fm1U0\$\$	************	(19)			
NOOSZ V NNUAL AVERAGE	Print Repairmen	*********	************	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	REPORT ANOUAL AVG	***********		sel		SEE PERMIT	SELPERMIT
SS. EFFLUE'T	Sample Measurement	*********			181	*************		(19)			
10530 Y INNUAL AVERAGE	Perrot Requirement	***********	9944994994994	*********	REPORT AMNUAL AVG		010000000000000000000000000000000000000	r>l.		SEE PERMIT	METERAM

with under peralty of law that I have personally examined and an familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the maximum. I believe

NAME THE OFFICE PALEXECUTIVE OFFICER OR AUTHORIZED AGENT (TIME MA)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	DATEGRAPHES
	Rest Rau	697.4797	∞-0 Q

MENT AND EXPLANATION OF ANY VIOLATIONS (Reference all anachments here): (Anach additional sheets if necessary.)

FREP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68 Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID: 8-2000

GROUP: DOMESTIC GMS:TESTSITE ID NO.:

FACILITY ID: FKA9k4953
DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Qu	antity or Loading	,		Quality or Concer	uration		No. Ex.	Frequency of Anch es	Sample Type
STOLET CODE MON. SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
LI DA	Scrople Management	£30	.085	(69)	***************************************	***************		**********			
65-50 1	Pormit Requirement	MEMORT MONTHLY AVG.	PERMITTED	MGD		***************************************	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	************		SEE PERMIT	SEE PERM
CO DS, INFLUENT	Sample Management		\$61550meetstaane	4+++++++++	***************************************	157.5		(19)			
GERTSE G	Persit Represent					PEPORT MONTHLY AVO.	DATTMAX	mg/L		see penvill	SEE PERM
1 ' INFLUENT	Sample Measurement		****************		***********	482.5		(19)			
HE WENT GROSS VALUE	Fund Replicated	20 A 10 Age .	× 53.50 (\$5.50)	***	Spirit S	REPORT MONTHLY AVG	REPORT DAILY MAX	reg/L	;	SEE PENAIT	SERPERA
COVEDS, EFFLUI OT	Saryle Management			**********	************	1.2		(19)			
6-7-002 1 FEHLUENT GRO'S VALUE	Permit Requirement			\$ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		REPORT MONTHLY AVO	REPORT DAILY MAX	re/L		SEEPERAGE	SETPER
100 EFFLUENT	Sample Measurement	********	***************************************	*********		0.6		(19)			
MM 130 1	Femil Repairment	***************************************				REPORT SENETHELY AVO.	DAILY HAX	-1		SEE PEPART	SEL MA
COLOFORM, FECAL	Sample Museuronery		************	*********	41.	1 < 1	< ((13)			
1010-16 1 1-11-UFNT GROS VALUE	Parail Requirement	***************************************		1000000000	WEELLYAVE	REPORT MONTHELY AVO.	REPORT DAILY MAX	9/100mL	ž į	SEE PERMIT	GRAI

the under perulty of law that I have personally examined and are familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the

the firstion is true, a circle and complete. I am aware that there are significant penalities for soon		TELEPHONE NO.	DATECYYMM
NAME/TO '2 OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE STARS)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELETIONE IN.	THE CT THE
got oo forger transect. R1 (C(17)	ROBERT PAVER	697 4797	0/08

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS: 68

Placida Road

Englewood F1 34224

FACILITY. LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-378038 MONITORING PERIOD-From: LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

GROUP: DOMESTIC GMS TESTSITE ID NO .: WAFR SYSTEM ID NO.

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: . 150/3-6 NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Qu	antity or Loading	ş		Quality or Concen	uration		No. Ex.	Fraguence of Analysis	Service Trans
CONET CODE NON SITE NO.	营养 三、	Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺ		
•1	Sample Monan errora	**********	***************************************	***********	6.5	**********	701	(12)			
10400 : ENIMUM	Perset Requirement	**********		**********	MENTAL N	***************************************	DAILY MAX	TU.		SEE PERMIT	SELPERMIT
MLORINE, TOTAL RESIDUAL	Sample Measurement			**********	20	************	***********	(19)			
FFLUENT GROSS VALUE	Perme Requirement	b		***************************************	MENDAGM	22	*************	mgl		SEE PERMIT	SERVE
STRATE (#15) TREQUIRED IN THE PERMIT)	Sample Measuremens	***********		**********	************	**********	6.78	(19)			
100620 I	Penn Requirement	***************************************		***************************************	************************		12.0	mg/l		SEE PERMIT	ME FERMIT
HTROGEN, NOTAL (MEN) III REQUIRED IN THE PERMIT)	Sample Afrancement	***************************************	***************************************	*********	***************************************			(19)			
FILUENT GROSS VALUE	Primt Requirement	*************		**********	***************************************	0 h 4 h m m m m m m m m m m m m m m m m m	DATLY VILL	mpl		SEE PERMIT	SEE PERMIT
BODS, EFFLUENT	Sample Meangement	*************			1.33	4	*************	(19)			
KOOSZ Y	Person Requirement	********			REFORT ANNUAL AVG	*************	***************************************	mgt		SEE PERMIT	SEE PERMIT
SS, EFFLUE: . F	Sumple Minusermont	********		***********	,81	*****	*********	(19)			
0530 Y NNUAL AVERAGE	Premi Requirement	*****	***********	********	REPORT ANNUAL AVG	*********	***************************************	ent		SEE PERMIT	ME PERMI

wife under peralty 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 intermisent I

NAME THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (1900 Man)	SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT	TELEPHONE NO	PATE 01 1012
	Rolt Par	697-4797	∞-0 0

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if necessary.)

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Sandalhaven	Utility.	TUC.

DAILY SAMPLE RESULTS - PART B

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PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator Leed Operator

Cless: Class:

Certiflests No.: Certificate No.: Certificate No.:

Name: Name: Name:

Class: Class: C Certificate No.: Name:

Tyle of Efficent Disposal or Reclaimed Water Reuse:

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

Attach additional shocts if necessary to flat all certified operators.

FORE LIMITS (REPLACES MOR FORM)

PERMITTEE NAME: SANDALHAVEN Utility, INC. MAILING ADDRESS:

Call Placida Road

Englewood, Flasgally

FACILITY:

SAMe LOCATION:

PERMIT NUMBER:

MONITORING PERIOD -- From:

9-00

LIMIT: FINAL CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

FACILITY ID: DISCHARGE POINT NUMBER: WAITR SYSTEM IDNO.: *** NO DISCHARGE []***

PLANT SIZE/TREATMENT TYPE:

TYPE OF EPFLUENT DISPOSAL:

Please read instructions before completing this form.

Parameter			read instruction intity or Londing			Quality or Concen	iration		No. Ex.	Vinging Vi Liedocah	Sample Type
PROPERT CODE STON. SITE No.	-1-0:	Average	Marinam	Units	Minimum	Average	Maximum	Halts			
LOW	Stroply Museument	075	. 143	070	406	#41 was 4040 mbdv 404	***********	404000000000			
050050 1 MONTHLY AVERAGE DAILY	Propili Projectores	ESTORT KNOWTHELY	FROATTED CAPACITY	1400	4,000	pandy party areas	Annual contracts	(19)	40.	SER PERMIT	nes yerant
CBODS, INFLUENT	Sample & Galeur report		*********	*********	**********	198				1000	
080082 O Influent oross value	Faresh Dagslares and		V 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	**************************************	***************************************	MENTAL Y AVO	BARY MAX	(19)		BEE PERMIT	SEE PERMIT
TSS, INFLUENT	Sample Missaue ment	*********		*********	47 0004 1000 1100 1	449					100
00530 G Influent gross value	Percoli Requirement	A AYAZA	Control of the Contro	· Sassivigent	aquantible mentedes	EMORT MONTHLY AWO.	REPORT DULY MAX	(1) may 1	198	SEE PERUT	JEE PEKLAT
CBOOS, EFFLUENT	Surepla Lineau americ	*******	****	********	***************************************	76			ļ		1 23.72 / 3.
060082 EFFLUENT OROSS VALUE	Factor Regularization		Han of Bridge of Same		Manager and best of	APPORT NONTHLY AVG.	DATEVALLE	(19)		SEE PENIT	SEE PERMIT
T98, EFFLUENT	Sample Measurement	*****	************	********	10425417-002001041	6.6		(<u> </u>
000530 1 EPFLUENT GROSS VALUE	Perret Rapido read	eyesdeekge	100			SECRETIE Y AVID	philamx	(13)		RES PERMIT	SEE PERMIT
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031616 1 EPFLUENT CROSS VALUE	Accel Learning		Charles			Acceptive AVA	Surius	4 WAR 12		BET PENUT	

I certify under ponalty of law that I have personally examined and am familier with the information submitted herein; and based on my inquiry of those individuals immediately resp submitted information is true, accurate and complete. I amasware that there are algoritheast penalties for submitting falso information including the possibility of fine and imprisonment. DATE (YYMAYDD) TELEPHONE NO. STORATURE OF PRESCRIAL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAME/TITLE OF PRINCIPAL RESCUTIVE OFFICER OR AUTHORIZED AGENT OFFI-() 6514757

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all strachments here): (Allach additional cheets if necessary.)

FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME: Sandalhaven Utility, Inc. MAILING ADDRESS: 68 Placida Road

Englewood F1 34224

FACILITY: LOCATION: Same

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: GROUP: DOMESTIC FACILITY ID: FLA014053 GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter	A STATE OF THE STA	Qua	antity or Loading	3	(Quality or Concer	uration		No.	Frequency	32-74
									Ex.	ef Analysus	,•
TARET CODE NOV. SITE No.	EXCEPT STORY	Average	Maximum	Units	Minimum	Average	Maximum	Units			
rit .	Sample Messurement	*********	*************		6.5	************	6,5	(12)			
-00400 1 -101MUM	Permit Requirement	40-045-007904	***************************************		. 6.0 MINTAUX	***********	DAILYNAX	ຮບ		SEE PERMIT	SETE PERMI
HLORINE, TOTAL RESIDUAL	Sample Mesawement	T24 2 0 3 0 4 4 0 8 1 1 2			2.0	*************	***********	(19)			
110060 I	Permu Requirement	**********	************	**********	миилим	4	************	mg.L		SEE PERMIT	SEE 727217
NITRATE (18 %) OF REQUIRED IN THE PERMIT)	Sample Measurement	***********	************	*********	444444	************		(19)			
POSS VALUE	Ferror Requirement		Parky and adjourners	***************************************		************	362	रमध्ये		SEE PERMIT	SEE PERMI
SITROGEN, TOTAL (# M)	Sample Measurement	*********	************	********	************	, , , , , , , , , , , , , , , , , , , ,		(19)			
0:0600 1 FFLUENT GROSS VALUE	Permit Requirements	14844114444	*************		***************************************	*************	REPORT DAILY NAX	mpl		SEL PERMIT	SEE PERM
CHODS, EFFLUENT	Surple Newtrement		*******	**********		500129284624 1414	*************	(19)			
980082 Y ANNUAL AVERAGE	Pemul Requirment	********	***************************************	D017777	REPORT ANNUAL AVO	P03,4000-6509014	************	mgl.		SEE PERMIT	SEE PERM
; 5S, EFFLUE: F	Sample Measurement		4920000480004400			144444021448618	***********	(19)			
(16530 Y (NNUAL AVERAGE	Permit Requirement		*****************		REPORT ANNUAL AVO		************	erl		SEE PERMIT	32E PERM

mined information is true, accurate and complete. I am aware that there are significant penalties for submitting false information

TELEPHONE NO SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT MANE TITLE OF FRENCIFAL ENGINEEVE OFFICER OR AUTHORIZED AGENT THE A NOR

(MENT ANY EXPLANATION OF ANY VIOLATIONS (Reference all anachments here): (Anach additional sheets if necessary.)

VIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A PORPLINITS (REPLACES MOR FORM)

PERMIT NUMBER: PERMITTEE NAME: MONITORING PERIOD-From: MAILING ADDRESS:

Sandalhaver Utl inc.

FACILITY: LOCATION: Goll Placida Rd Englwood Pl34224

LIMIT: FINAL. CLASS SIZE: FACILITY ID:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

GROUP: DOMESTIC OMS TESTSITE ID NO. WAITR SYSTEM IDNO.: *** NO DISCHARGE [] ***

9,00

TYPE OF EFFLUENT DISPOSAL:

ATTN: GAME

Parameter			read instruction nuity or Loading			Quality or Concen	tration		No. Ex.	Wangipipi UL Est Granch	Sompte Type
STORET CODE MON. SITE No.		Average	Maximum	Unlix	Minimum	Average	Maximum	Units			
FLOW	Bangle Menanterint		7	৫৩	************	441 479 546 5 114 11 11 11	Dr. 140 \$4 107 - 1-47	**********			·
050050 1 MONTHLY AVERAGE DAILY	Promit Bugstonmen	ELFORT LEOKTHLY	PROGITED :	M00	Fig. 10 - 10 - 17 depart update are not a fed.	gandara anna an		(19)		SEE PERMIT	AND PROMIT
CBODS, INFLUENT	Succession & Commissional		0=04838194 L094447	********	\$44 1 MH+1 95 9 9 9 9 9 9 9 9	158		(, ,			e
080082 O INFLUENT OROSS VALUE			with the state of	**************************************		MONTHLY AVO	DANY KAX	47		SER MEDIEL	REE PERMIT
TS8, INFLUENT	Sample Wasserman	41 201 71078	***********	*******	*******	449 .			<u> </u>		1975
00530 O INFLUENT GROSS VALUE	Punit Inglicement	22.00	Santage Prosests and	adamentant	25000 1700 0010 0000 000 000 000 000 000 0	ELPORT LICONTYLLY AND	DATA POST	1195		SEE PERCUT	SEE DERAG
CBODS, EFFLUENT	Sarapia Linuxecament				***********	,76			ļ		1862
OFFICE T GROSS VALUE	Frank Regulation	de très serié	percentification of the second	1 Taribina	Sandingson in the service of	APPORT MONTH Y AVO.	PART YALK	(19)		sta Pentit	ARE PARME
TSS, EPFLUENT	Sample Metrominant	*******	Palas parent-44 5 24	*******	*******	(0,8				3. 82 3. 9 3. 7	179.5.
000530 1 EPPLUENT GROSS VALUE	Purple Proping Proping				1-04-06-00-00-00-01	MONTH Y AV	DIETHA	63.00		PER PERIOT	SIE PERLA
COLIFORM, FECAL	Correla Manhagement	5 -+ 5 5+0 b 0 m	4111714-1-41171-111	*********	14/	(1)	(1)			0 (2-) 1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	the state of the s
031616 i EPFLUENT GROSS VALUE		TALK BANK			To a series	Mornity Ave		7000	(I) (A)		(1659 · ·

I certify under penalty of law that I have personally exemined and are familier with the information submitted havele; and based on my inquiry of the submined information is true, accorde and complete. I am aware that there are algorithest possible for culmining false information lockeding the possibility of fine and imprisonment. DATE (YYMAVDD) TELEPHONE NO. NAMED TITLE OF PRINCIPAL EXECUTIVE OFFICER OR AUT HORSE BLACKING PRINCIPAL 16 97 4797

CONDIBNT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Affach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

FERMITTEE NAME: Sandalhaven Utility, Inc.

MAILING ADDRESS: 68 Placida Road

Englewood F1 34224

FACILITY: LOCATION: Same

ATTN:

nglewood FI 342.

DISC PLA

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053

DISCHARGE POINT NUMBER:

GROUP: DOMESTIC

GMS TESTSITE ID NO.:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form.

Parameter		Qua	antity or Loading	,		Quality or Concen	tration		No. Ex.	Frequency of Analysia	32 4 7-76
STORET CODE MOY SITE No.	100	Average	Maximum	Units	Minimum	Average	Maximum	Units			
ril	Sumple Meson errorit	40	400,00,000,000,000	**********	(0,5	***************************************	6.9	(1=1			
000400 I	Permet Requirement	**********		**********	MINIMUM 6.0	*************	DAILY NO.Y	şu		SEE PERMIT	see permit
CHLORINE, TOTAL RESIDUAL	Sample Measurement	B144800000000	*************	************	3.0	***************************************	*******	(19)			
1 FFLUENT GROSS VALUE	Perme Requesiment		*************	*********	МИМИМ	999464989444464	*************	mgl		SEE PEPMIT	รย ระบาก
N.TRATE (#13) HE REQUIRED IN THE PERMIT)	Sample Messurement		************	0296+144044	************	**********	4.9 Acc	(19)			
000620 I ATFLUENT GROSS VALUE	Fernit Requiement	14022000000		**********		571,011541200145	12.0	mg/l		SEE PERMIT	JEE PERMIT
MITROGEN, TOTAL (MIN) (IT REQUIRED IN THE PERMIT)	Sumple klessurement	**********	***************************************	40000000000	24661862241401444	5-2000040444444		(15)			
6 0600 1 LFFLUENT GROSS VALUE	Perns Requirement		************	**********	#104/1011 Deprespins	\$44TA444400044W	REPORT DAILY MAX	mpl		SEE PERMIT	SEE PERM
CHODS, EFFLUENT	Sumple Meanwentern		***************	*********	1.37	2116000100000	pecstation	(19)			
980082 Y NNUAL AVERAGE	Petrul Requirement	********	\$40701020057734529		REPORT ANNUAL AVG		F#467498574444	met		SEE PERMIT	SEE PERME
(SS, EFFLUE) (Sample Messurement	*********	######################################	**********	1.91	\$000000000000000	************	(19)			
COSSO Y	Parest Requirement	******	-	94000000000	REPORT AMMUAL AVO	#+14###################################	*************	mpl		SEE PERMIT	SEE PERM

writify 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 intermation. I be under penalty of law that I have personally examined and am familiar with the information submitting false information including the possibility of line and imprisonment

NAME THE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TYPE MAN SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT THE

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Anach additional sheets if necessary.)

Sandalhaven Uti	lity, Inc.
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DAILY SAMPLE RESULTS - PART B

Sandalhaven Util	.1ty	, I	nc.					וע	, III	Y SA											<i>D</i> 1111			Perm 24	niued 25	Capar 26	11y: 127	○ ⁷ .	129	30	31
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PLANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Class Cortificate No.: 625 6

Name: Both Office

Certificate No.: Class: Certificate No.: Cless:

Name:

Class: C Certificate No.: 8946

Name: Robert Pauce

Lead Operator

Limited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: Type of Effluent Disposal or Reclaimed Water Reuse:

Attach additional shoets if necessary to list all certified operators.

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS:

68 // Placida Road

Englewood, FL 34224

FACILITY:

Same

LOCATION:

ATTN:

FDEP LIMITS (REPLACES MOR FORM)

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FACILITY ID: FKA9k4953

GROUP: DOMESTIC GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO .: PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter		Q۱	antity or Loadin	g		Quality or Concer	فريوني المساكن فيني المنابلات بيان فا		Nu Ex.	Frequency of	Sarry le Type
STIMET CODE MON, SITE NA.		Average	Maximum	Units	Minimum	Average	Maximum	Units		And/ re	
Finw	Satspin Managerani	.066	144	023	************	***************************************	*************				
THEY AVE AGE DAILY	Parist Requirement	REPORT :	PERMITTED	HOD	nooned and on the same	***************************************	***********	**********		SEE PERMIT	SEEPEU
Circ DS, INFLUENT	Sample Management		CAPACITY		************	164		((4)			
OFFICENT GROSS VALUE	Patric Representati			errores de la companya del companya della companya	******************	REPORT	REPORT DAILY MAX	mg/L		see pexlist	SEETEN
TOT, INFLUENT	Sample Magazement	********	**************************************	*******	***************************************	263	<u> </u>	(19)			
16110 G	Permit Requirement	********		*********	A A	REPORT MONTHLY AVG	REPORT DAILY MAX.	996/L (134 (135)		TIMEM 228	SET PEVO
C. FGDS, EFFLUI VT	Sample Measurations	********	*************	B=++4++++++++++++++++++++++++++++++++++	***********	<1	<u> </u>	(19)			
TEM UENT GRO S VALUE	Pand Reparement	4479944449		en de la		REPORT NEORTHLY AVO.	REPORT :	pg/L	K.	SET PRINT	SEPHA
TO EFFLUENT	Sample Measurement		***********	*******	************	1.3		(19)	-		
(1001-30 1	Parmi Responses	********		300000000000000000000000000000000000000		REPORT.	DAILY MAK	-0	1	- SEE PEPAIT	SEE PEP.
COLIFORM, FECAL	Sample Measurement	howapshees	P*************************************	********	41	</td <td><1</td> <td>(13)</td> <td><u> </u></td> <td></td> <td></td>	<1	(13)	<u> </u>		
ONE 16 1 FOLLENT GROS VALUE	Patril: Requirement	********			NEFORT WEEKLY AVO	REPORT MONTHLY AVO.	REPORT DAILY HAX	9/190mL	13) 1	BEE PEPMIT	GFAT

nal. 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 st minition is true, e. curate and complete. I am aware that there are significant penalties for submitting false information including the possibility of line and imprisonment.

MANIETTI E OF PRENCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT THE PART SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT TELEPHONE NO. DATE (YYAIM

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheeth if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

PERMITTEE NAME:

Sandalhaven Utility, Inc.

MAILING ADDRESS: 68 // Placida Road

Englewood Fl 34224

FACILITY:

Same

LOCATION:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD--From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO.:

000

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: . 150/3-C** NO DISCHARGE | 1 ***

TYPE OF EFFLUENT DISPOSAL:

Please read instructions before completing this form

Parameter		Qu	antity or Loading	g		Quality or Concen	เนาบ่อม		No. Ex	firaumo ef Valero	Same of Same
PORET CODE MON SITE No	See See	Average	Maximum	Units	Minimum	Average	Maximum	Units	ĺ	1,2,7,3	
7+1	Sample Manuschens	***************************************	Btech#148644104p.	*********	6.5	************	70	(1.2)			<u> </u>
**************************************	Parmet Requirement	400,00000000	Description of the contract of	*********	MININUM	#842#84################################	DAILY MAY	st,		SEE PERMIT	SEE PERMIT
. HLORINE, TOTAL RESIDUAL	Sumple Measurement	********		**********	20	######################################	***************************************	(19)			
"FFLUENT GPOSS VALUE	Perms Requirement	********	***************************************	P41.20.00044	MUIDIUM	\$ 27 to 200 \$ 3 to 4 to 4 To 4	***************************************	mg-L	 	SEE PERMIT	इ≌ स्ट्रा
TRATE (# 15) REQUIRED IN THE PERMIT)	Sample Alexandement	*********	*************	**********	************	######################################	2.62	(19)			1
ACFLUENT GROSS VALUE	Pesson Requirement	***********	*************	************		94499475777	12.0	:mg/l		SEE PERMIT	REPERM
THROGEN, TOTAL (MIN) HE REQUIRED IN THE PERMIT)	Sample Afrontorement	**********	************		***************************************	*************		11.91			
6 9600 1 FFLUENT GROSS VALUE	Premit Requirement	**********	***********			J074057710110474	REPORT DAILY WAY	mg/l		SEE PERNIT	SEE PERMIT
CHODS, EFFLUENT	Surple Newwerecat	********	*************		1.70	***************************************	************	(19)			
NOUSE Y	Prieut Requirement	du 100 00 00 00 00	puese/be-veesy####	*********	REPORT ANNUAL AVO	************	######################################	ngl		SEE PERMIT	SEE PERMIT
SS, EFFLUE OF	Sample Measurement	*********	***************************************	*********	96	001044122220019	dbbbbad222220000	(19)			
NOUNE ANTRAGE	Регля Вершентеры	200000000	**************	*********	REPORT ANNUAL AVO		451,00441007070	engl		SEE PERMIT	SEE TERMIT

to the under personally 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 intermation. I believe mined 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 THE SEFERE CIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT OF A MAIN SIGNATURE OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT

TELEPHONE NO

IMENT ANY SEPLANATION OF ANY VIOLATIONS (Reference all anachments here): (Anach additional sheets if necessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A Sandalhaven Utility, Inc. PERMIT NUMBER: FLA014053-278038

ERMITTEE NAME: **FAILING ADDRESS:** Placida Road

Same

ATTN:

MONITORING PERIOD-From:

Englewood, FL 34224

LIMIT: FINAL

'ACILITY:

CLASS SIZE:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

OCATION:

FACILITY ID: FKA9k4953 DISCHARGE POINT NUMBER:

WAFR SYSTEM ID NO.: PLANT SIZE/TREATMENT TYPE: .150/3-C** NO DISCHARGE [] ***

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TYPE OF EFFLUENT DISPOSAL:

Parameter		Qı	uentity or Loadin	g	ompleting this fo	Quality or Concer			No.	Frequency	Zeaut _e
THE CODE MON. SITE NA.		Average	Maximum	Units	Minimum	Average	Maximum	Units	Ex.	Azuli 18	1
·	Sample Management	.003	,058	(03)	**********		*************	*********			
10 THLY AVERAGE DAILY	Pessir Registration	REPORT. MCMTHLY	PERMITTED	ноо	Police address assesses	**************************************				SHE PERSON	REPER
Car DS, EMPLOEST	Sample Management	AVG	CAPACITY	**********			Section of the	(19)		act ut could	REPER
600.52 G 107; DENT GRO 3 VALUE 151; INFLUENT		Adellotages			100 100 100 100 100 100 100 100 100 100	REPORT MONTHLY AVO.	REPORT DAILY MAX	end/Li		BEF PERMIT	SEE PERU
	Sample (Attackment)	*******	***************************************	***********	***********	293	1111 5.1-1 731	(19)			
165) I G 150 LUENT GRUSS VALUE	Period Repairment	ar the second		20 100000000000000000000000000000000000		REPORT MONTHLY AVO.	REPORT DAILY HAX	= 1 1 1 1 1 1 1 1 1 1		REPERMIT	SEE PEN
Choos, EFFLUI VT	Sample Measurement	*********	*************	000000000	**************	(40) (40) (40) (40) (40) (40) (40) (40)		(19)			
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(in://20)	Stople Housement	************	**************************************	*****	*************	1,3		(12)			
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13. FORM, FECAL	Sarph Management	on opposed	******************	Spinospiosis	21	/1	(1	(11)	***		1
-1: UFRT GROS VALUE	Pennii Requirement	Bredgashee,	45.74 (See	Barthebusses	A VIETO Y	REPORT:	REPORT DAILY MAX	9/1 60mL	· · ·	BEE PER WIT	GEA

u.! anotion is true, a couple and complete. I am aware that there are significant penalties for aubmitting false information including the possibility of fine and imprisonment. NAMED THE LOS PREMICIPAL EXECUTIVE OFFICER OR AUTHORISED AGONT (TOWN POR SIGNATURE OF PHINOMAL EXECUTIVE OFFICER OF AUTHORIZED ADDIT TELEPHONE NV. MINNYT) STAIL

COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional charts if measurery.)

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPO	•
STATISTICAL OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING PERC	ATT TO A POTE A
The state of the s	MITARIA IN

PERMITTEE NAME:	ARTMENT OF ENVIRONMENTAL PROTECTION OF LIMITS	CTION DISCHARGE MONITORING REPLACES MOR FORM	REPORT - PART A
MAILING ADDRESS:		PERMIT NUMBER: MONITORING PERIOD-From:	oct ov
FACILITY: LOCATION:		LIMIT: PINAL, CLASS SIZE: FACILITY ID:	GROUP; DOMESTIC GMS TESTSITE IDNO.:
ATTN:		DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:	WAFR SYSTEM ID NO.: *** NO DISCHARGE [] ***
Parameter	Please read instructions before e	TYPE OF EFFLUENT DISPOSAL: ompleting this form.	
STORET CODE MON. STIE No.	Quantity or Loading Average Maximum Units	Quality or Concentration	No. Programy Stargle Type of Analysis

Parameter	These reas instructions before completing this form.										
	Average	1	Quantity or Loading		Quality or Concentration			No. Ex	Progressy of	Sample Type	
DH NOY. STE No.		Average	Maximum	Units	Minimum	Average	Marinnon	Imits		Anahrin	
900490 1	Sample Metagrapant	Attes beinguis	**************************************	*********	6.5	*************	7.0	01)		<u></u>	<u> </u>
MOMINIM	Passal Requirement	***********			LINNONUM .	10030000000000	DAILYMAX	. 50	2374	BRE PERMIT	STE PLANE
CILORINE, TOTAL RESIDUAL	Sarapho Management	******	***********		20	************		(D9)		, des years	3 8 7
030060 1 EFFLUENT GROSS VALUE	Pegnis Height control	- promonent and	wedstenbugtens see		MINDRIM	ton mentioning the	***************************************	mgi	1.0	STE PERLETT	SEP PERMIT
NITRATE (# N) (IF REQUIRED IN THE PERMIT)	Sample klewigenment	*******	***************************************	•	************	175 A 18 19 4 1 53	2.82	(19)	4.5-7.33	*->*-	500 50
DIIO620 1 EFFLUENT GROSS VALUE	Found Personners		**********	de bone banker	************		70	; mg/t	√./di-	ALE PERUIT	NES PPANT
NITROGEN, TOTAL (41 N) (IF REQUIRED IN THE PERMIT)	Emple Mosterwant	********	***************************************	**********	4 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 - 2 -	\$10 mark (200 m)		(19)			
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CBODS, EPFLUENT	Angle Mempercut	*********	*****************		170	e på fryndfild fil	mage in order of pig	(10)		Payr Ir.	1111-21 14
010082 Y ANNUAL AVERAGE	Provide September	as an all poses	beb gintabacapacata	***************************************	NOCIAL AVO		Padus Calles anyone	mg/L		SMI PERMIT	SEE PERLET
iss, effluent	Sangle Messersment	Cles coupy	************	WET LOOK STORES	,96	************		(89)	48.50	AND SEC.	3.00
000530 Y ANNUAL AVERAGE		fer on a je	Politica de la Proposición de	Property and	KEROPT AMOUNT AVG		Realma Wille	rog/L	(2)	Ste venum	BEZ PERLATI

I certify under pensity of low that I have personally examined and am familiar with the information submitted baselin; and based on my inquiry of those individuals inunciately responsible for obtaining the information, I believe to SAMESTILE OF PROPERTY AND ASSESSED ASSESS

NAMEDITLE OF PRINCIPAL EXECUTIVE OFFICER OR ANTHORIZED AGENT processes 500 MATHORIZED AGENT p						
· · · · · · · · · · · · · · · · · · ·	Stunature of trincipal enecutive difficer or authorized agent	TELEPHONE NO	DATE (YYALANDO)			
COMMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all allocionents here)	abut en fain	()	,			
Control of the state of the sta	(Aftech additional sheets if necessary.)					

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Sandalhaven Utility, Inc.

DAILY SAMPLE RESULTS - PART B Facility 1D: FLA014053 Three-month Average Daily Flow: _

Venth/Year:																					Daily	Flow	% of	Perm	itted (Capel	ily:		327	
Days of the Month	_	2	3	4	5	6	7	ı	9	10	11	12	13	14	15	16	17	18	19	20	_	_	_		25	26		28	29	3031
Flow (MGD)	%	00	8,	056	97	89	%,	065	064	258	OJĀ	060	070	05.	200	06	05	05	ري	06 =	05,0	2	·05-	g,	85	35	字	03	3	067
Chlorine Residual after Contact	2	_		_	<u>, </u>	<u> </u>	1		2.6	2.0	3.	3					$\overline{}$		_	_	. 	_	5		1	5	13			20/
(mg/L as Ch)	ס יי	7.0	90	4,0	Ķο	40	010	90	2,0	20	40	7,0	20	190	20	30	امبد	امزم	30	90	40	70	70	70	حر راه	وبج	ه زوار	120	5 P7. 6	300
CBOD, Influent (mg/L as O ₃)									181															147			T			
TSS Influent (mg/L)									342															143	-	1	十	1	1	
CBOD, Effluent (mg/L as O2)		_	-						<u>ام</u>						 		-			-				K1	\vdash	-	+	+	1	1
TSS EMuent (mg/L)								-	1,8	-				 		-	-		-				-	508	-	+	+	+	+-	1
1.0, Effluent (mg/L 13 %)			-						1113	-	-			-	-	-	-	-		-			-	2.82	+	+	+-	\dagger	1	1
Total N Efficent (nig/L es N)			-	-	 				1	-					-	-	-	-		-	-		\vdash	- 4	-	+-	\dagger	+	-	+
Feral Coliform (#/100ML)		-		-	-	-		-	<1	-		_	-	-		一	-	-	 	-	-	-	 -	<1	+	+-	+	+	1	1
pH effluent, minimum	6,7	6.7	6,7	6)	6.7	66	6.6	6,5		20	20	6.9	6.5	68	6.1	6.9	20	69	6.9	20	68	6.9	6.5	5.9	6,5	5 6.	5 6,	56	5 6,	6.5
pill efficient, maxim in	-	-	<u> </u>	 		,,,	-	-	 	-		<u> </u>	-	┼-	-	 	1	-	+-	 	-	<u> </u>	-	†~	+	-	\top	+	1	
Testiday (N.T.U.)	14%	40,	3/1	157	5	5,	1450	15,	1.40	5	15	180	15/4	1339	130	3/2	13 g,	148	381	- 42	182	1537	185	190	3 81	5 43	8 3	14 9	2 197	561
TYPE OF SAMPLE (C = COMPOSITE, G = CP(AB)	6	/	107	1	12	1//	10	2	G	1		, ′	 	-	100	178	1	1-	+	+	-	 	12	19		+	十	+	· ·	7.1.2
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PLANT STAFFING:

Day Shift Operator

Class: C Certificate No.:

Evening Shift Operator Night Shift Operator Lead Operator

Class: Certificate No.: Class; Certificate No.:

Class: C Certificate No.: 8846

Name: Robtet Pare

Type of Effluent Disposal or Reclaimed Water Reuse:

Limited Wet Westler Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: Attach additional sheets if accessary to list all certified operators.

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM) 11-00

Sandalhaven Utility, Inc.

ALTTEE NAME: 68// Placida Road ING ADDRESS:

Englewood, FL 34224

Same LITY:

ATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL CLASS SIZE:

FKA9k4953 FACILITY ID: DISCHARGE POINT NUMBER:

GROUP: DOMESTIC GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE []***

TYPE OF EFFLUENT DISPOSAL: Reuse

Please read instructions before completing this form. Serate Nu. Quality or Concentration Frequer-y 777 Quantity or Loading Ex. Anah m Parameter Units Maximum Average! Minimum Units Maximum Average MOH. SITE No. *********** ET CODE (0) -----099 Lasple Management 074 : 🕶 TIMUSE 332 SEE PERMIT ************* ----------PERMITTED 3.7° REPORT Parnit Requirement MOD 100 78 A. MONTHEY! (19) CAPACITY THLY AVE AGE DAILY 349 AVG. ------Sample Measurement DS, INFLUENT REPORT SEE PERMIT REPORT SEE PERVIT me L DAILY MAX MONTELY AVO. Petrit Requirement *** :37 G (17) 10 30 30 VENT GRI S VALUE y 38 Sample Measurement ******* INFLUENT REPORT SEE PERMIT SEE PERMIT REPORT . mg/L DAILY MAX *********** 10.71 MONTHLY AVG. Perril Requirement 14 × 14. 510 G All and the second 30.77 (19) VENT GROS VALUE in the first first 4,5 المحتمد المالات Sample Meanment (IDS, EFFLUI, ST rag/L REPORT . SEE PERMIT MEPORT MONTHLY AVO. SEE PERMIT DAILY MAX Possil Requirement MANUTE OF HUENT GROSS VALUE Sample Measurement EFFLUENT MEPORT SE REPORTOR SEE PERMIT SEE PEPMIT MONTHLY AVO. DAILY HAK Formit Requirement ***************** LUENT OROSS VALUE Sumple Messerum ********** J. FORM FECAL PEPORT : 5/100mL GRAB SEE PERMIT REPORT HONTHLY AVO. DAILY MAX Permit Requirement

winder penals; of law that I have personally examined and am familiar with the information submitted hereing and based on my inquiry of those individuals immediately responsible for obtaining the information. I believe the submitted the short penson of the unit a nave personally examined and all istrators with the modernment submitting false information including the possibility of fine and imprisonment. MONATURE OF RESIDERAL EXECUTIVE OFFICER OR AUTHORIZED AGENT 941 8579757 00 12,24 NAMEDTITY : OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (The Principal Control of Prin

Robert Jm PAUer MEENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional thecis if meeting)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - FART A FROM FORM 1/1-00

Sandalhaven Utility, Inc.

ING ADDRESS: 68/1 Placida Road

Englewood F1 34224

TTY:

Same

TION:

ITTEE NAME:

ATTN:

PERMIT NUMBER: FLA014053-378038

MONITORING PERIOD -- From:

LIMIT: FINAL

CLASS SIZE:

GROUP: DOMESTIC

FACILITY ID: FLA014053 GMS TESTSITE ID NO.:
DISCHARGE POINT NUMBER: WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-6 NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter			andty or Loading			orm. Reuse Quality or Concen	uration		No. Ex.	Frequency of Analysis	CALLA Print h
ET CODE MOY SITE No.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
	Surple Maureconni	**********	***********	*********	6.9	**********	72	(12)			
00 1	Fernet Requirement	**********	************	***********	MUMINUM	***************************************	DAILY MAN	SU		SEE PERMIT	SEE PERMIT
INUM ORINE, TOTAL RESIDUAL	Sumple Meurument	*********	>=41444441144114111	*********	1.86	**********	**********	{ē∳]			
60 I LUENT GROSS VALUE	Person Requirements	54-16893-1494	450420290112474024	**********	жимим	************	**********	mp'L		SEE PERMIT	58.5 FERV 177
LATE (U :)	Sample Measurement	*********	***********	********	************	***************************************		(4)			
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UENT GROSS VALUE ROGEN, TOTAL (== N)	Sarrapio Atomau certarri	********	499756466444774115	*******	****************	************		(19)			
EQUIRED IN THE PERMIT)	Petroc Requirement	P40202270420	************	**********	**************	*************	REPORT DAILY MAX	िक्र		SEE PERMIT	SEE PERM
LUENT OROSS VALUE DDS, EFFLUENT	Sumple Alserumenti	********	diesninent etterist	***************************************	1.68	************	***************	(19)			
082 Y	Penni Requirem	' pressure **	\$40000000000000000000000000000000000000	**********	PEPORT UNNUAL AVO	24004000000000000	######################################	mgl		SEE PERMIT	SEE PERM
Val average , efflue: (Sample Alexanderini	AMBARARA	******************		.967	400045000000	************	(19)			
530 Y	Penns Repairment	7000000000	407491449446412249	************	REPORT ANNUAL AVO		**********	արե		SEE PERMIT	92E /FR

They 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 unit symatter. 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 unit symatter information including the possibility of fine and imprisonment.

NAME THE STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT THE PROPERTY OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE OF AUTHORIZED AGENT OF THE COLUMN STRENGTAL EXECUTIVE OFFICE
ROBERT JM PAVER. Operator
MENTANDERPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Anach additional sheets if necessary)

DEPARTM INT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM)

MITTEE NAME:

Sandal aven Utility, Inc.

JLING ADDRESS:

68// Placida Road

Englewood, FL 34224

CILITY:

Same

CATION:

ATTN:

PERMIT NUMBER: FLA014053-278038

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE: FACILITY ID:

FKA9k4953

GROUP: DOMESTIC

GMS TESTSITE ID NO .:

WAFR SYSTEM ID NO .:

PLANT SIZE/TREATMENT TYPE: .150/3-C*** NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

DISCHARGE POINT NUMBER:

Please read instructions before completing this form.

Parameter		Qu	antity or Loadin	g		Quality or Concen-	tration		No. Ex.	Frequency of Areh m	Sarifle Type
DET CODE MON. SITE He.		Average	Maximum	Units	Minimum	Average	Maximum	Units			
(: W	Sample Management	0	.0	ا ن	*************	***************	•••••	***********			
HIN AVENAGE DAILY	Perton Requirement	REPORT	PERMITTED	Mad			227 47		٠.	SEEPERMIT	SEE PERUIT
D3, INFLUENT	Sample Management	•••••	***************************************	••••••	*************	3/3.5	345	(19)			
FI VENT GROS VALUE	Petrik Reparement	************			94-788-4 1988-8-201-4	REPORT MONTHLY AVG	REPORT DAILY MAX	met.		SEE PERLIIT	SEE PERMIT
1, INFLUENT	Sample Measurement	*********			************	242	324	(19)			
CNO G	Permit Requirement	***************************************		98. 19. 10.000000000000000000000000000000000	A STATE OF THE STA	REPORT MONTHLY AVG	REPORT DAILY MAX	mg/L [35]	: 6.	SEE PERMIT	SEE PEPLMT
77-DS, EFFLUI, "T	Sample Measurement	*******			***************************************	2.75	4.5	(19)			
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T, EFFLUENT	Sample Measurement	*******	***************************************	*********	***************************************	20.8	20.8	(19)			
MOND I	Pomet Requirement			7		MONTHLY AVO.	REP(IRT DAILY MAX	mg/L	형. 10년 10년 10년 - 1	SEE PERMIT	SEEPERNIT
O. FORM, FECAL	Sample Measurement	*********	************	***********	1 <1	41.	<.1	(13)			
11.16 1 HUFNTGRO S VALUE	Permit Requirement			3 1	VZEKCY AVII	REPORT MONTHLY AVO.	PEPORT DAILY MAX	#/19Cm2	; . W	SEE PERMIT	GRAR

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

SIGNATURE OF RINGS AL EXECUTIVE OFFICER OR AUTHORIZED AGENT NAME/TO: OF PRINCIPAL EXECUTIVE OFFICER OR AUTHORIZED AGENT (THE - PAGE) HIM: ENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional sheets if

1' Form 67-430-510014", "Tordice November 29, 1994

-1-

(CILTY:

CATION:

[94] | 697-8333

andalhaven Utili

an 16 01 03:03p

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMIT NUMBER: FLA014053-378038

11.00

* WHITTEE NAME: Sandalhaven Utility, Inc. ILING ADDRESS. 68// Placida Road

Englewood Fl 34224

LIMIT: FINAL

GROUP: DOMESTIC

Same CLASS SIZE:
FACILITY ID: FLA014053

GMS TESTSITE ID NO.:

DISCHARGE POINT NUMBER:

MONITORING PERIOD--From:

WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-6 NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

ATTN:

		Please	read instruction	is before co	impleting this fo	rm.	Kej	ect.			
Parameter		Qu	antity or Loading	3		Quality or Concen	tration	,	No. Ex.	F rique ncy ef Analyms	Same e Type
TORET CODE MON SITE NO.	14 to 15 to	Average	Maximum	Units	Minimum	Average	Maximum	Units			
,[Sample Messurement		*************	**********	6.9	***************************************	7.2	(12)			
-00:400 1	Perist Requirement	*****	**************	**********	MINIMUM		DAILY MAX	su		SEE PERMIT	SEE PERMIT
MORINE, TOTAL RESIDUAL	Sangu Metaluerrens	********	***************	*********	1.86	40000000000000000	844200 6840000	(19)			
FFLUENT GROSS VALUE	Perns Requirement	***********	Percentantantings	yattat	минаним	#4;#4-;********	#446=#44##\$	mg-L		SEE PERMIT	SEFERIA
STRATE (# 3)	Sairple Sfrankewenk	**********	***************************************	**********	***********	***************************************	5.2	(19)			
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NITROGEN, TOTAL (M N)	Becapie Measterment		***************	**********		*************	.90	(10)			ļ
6-0600 1 1 FFLUENT GROSS VALUE	Prima Requirems	**********	***************	**********	**************	***************************************	DAILY MAX	(10)		SEE PERMIT	SEE PERMIT
CBODY EFFLUENT	Sumple Measurement	******	************	400000000000	1.68	***********	************	(19)			
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TSS A FLUE IT	Sample Mandra arrand	411711111	************	*******	.967	69221482206940\$	*************	(19)			
(agest) Y	Partsi Requestrati		*************	*******	REPORT ANNUAL AVO	W20724-1-1-1-1-1	************	Jea		SER PERSOT	SEE PERMIT

LAVERACE

The state of law that I have regionally examined and am familiar with the information submitted herein; and based on my inquiry of those individuals immediately responsible for obtaining the material part of law that I have regionally examined and am familiar with the information submitting false information including the possibility of fine and imprisonment.

DEACH JII PAUZO Operator (Anach additional sheets if necessary)

(941)697 - 8959

Sandalhaven Utilit	ty, 1	[nc.					DAI	LYS	A.NI	FDE	, , , ,								_			% of	Pem 24	25	26	w: 1 city:	28	05 T	30/3	1
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ANT STAFFING:

Day Shift Operator

Evening Shift Operator Night Shift Operator

Class:

Certificate No.: ClassiC Certificate No.: 8946

Name: Robert JM RAVER.

mited Wet Wasther Discharge Activated: Yes; No: Not Applicable: X If yes, cumulative days of wet weather discharge; pe of Effluent Disposal or Reclaimed Water Reuse: tisch additional sheets if necessary to list all certified operators.

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS REPLACES WAR FORM)

SANdalhaven Utility, INC ITTEE NAME: NO ADDRESS:

Letil Placidit Road Englewood Fl. 34224

:YTI TION: PERMIT NUMBER:

MONITORING PERIOD -- From:

LIMIT: FINAL. CLASS SIZE:

FACILITY ID:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE:

TYPE OF EFFLUENT DISPOSAL:

12.00

GROUP: DOMESTIC OMS TESTSITE ID NO.: WAFR SYSTEM IDNO.:

*** NO DISCHARGE [] ***

•		Please	read instruction	s before co	mentalino this for	FEFFLUENT DIS rm. Reup Quality or Concen	<u> </u>		No.	(Infore)	Sacrole Type
Parameter		Qui	intity or Loading	3		Secured as a		45-140	EX.	Autsii	
		A constant	Maximum	Unite	Minimum	Average	Mazimun	1 faits			
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LY AVERAOF DAJLY	Sample & Loss areament	AVO	CAPACITY	766 =61717 = 04		130	gelon (g)	111111 1.00	1 30 S 30	18451 318	SEL PERMIT
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O INT GROSS VALUE	People Passing and	20.72	designation of the same	special states	asatarity and a pales	MONTHLY AVO.	DARYALLE	US			
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1 CONTRACTOR	Perroit Registerment		and real property and	neme Edigo a ba	Jenes permissupports	MONTIN YAVE	BANCYALAX	(19)		3,33	
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DRNL FECAL	Earple Lancement		************		1	(/	The bally was	No.		STR VEING	e jour
1	Person Resident			E Indian	WEIKLY AVO	MONTHLY AVO.	e individuale immed	in no-d	Con obt	lining the infor	mation, I be

ify under penalty of law that I have personally examined and am familier with the information submitted herein; and based on my inquiry of these individuals immediately responsible for obtaining the information, I believe the lifet information is true, according to a constant and constant. Term aware that there are a familier with the information are that there are a support to the constant and constant and constant are a support to the constant and constant are a support to the constant and constant are a support to the constant are a supp ilded information is true, accreate and complete. I am aware that there are algorificant procedure for submitting false information including the possibility of five and imprisonment. 19416574797 PLANTITUR OF PRINCIPAL PRECUTIVE OFFICER OR AUTHORISED ACTENT (PORT NAME)

IMENT AND EXPLANATION OF ANY VIOLATIONS (Reference all attachments here): (Attach additional alreats if modessary.)

DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A FDEP LIMITS (REPLACES MOR FORM) 12-00

TTEE NAME: Sandalhaven Utility, Inc.

NG ADDRESS: 68 Placida Road

Englewood F1 34224

ITY:

Same

HON:

ATTN:

FLA014053-378038 PERMIT NUMBER:

MONITORING PERIOD-From:

LIMIT: FINAL

CLASS SIZE:

FACILITY ID: FLA014053 DISCHARGE POINT NUMBER: GROUP: DOMESTIC

GMS TESTSITE ID NO.: WAFR SYSTEM ID NO.:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

TYPE OF EFFLUENT DISPOSAL:

Parameter	District Speciality		read instructio						No.		۽ جسي
		Ç	iantiry or Loadin	8		Quality or Concen	uauon		Ex.	Frequency of Analysia	Type
T CODE MON. SITE No.	Branch Street	Average	Maximum	Units	Minimum	Average	Maximum	Units			
	Surriple Measurement	***************************************			6.8	***********	71	(12)			
MUM	Permet Requarement	***********	************	(11111111111111111111111111111111111111	MINIMUM	***************************************	DAILY MAX	su		SEE PERMIT	SEE PERMIT
DRINE, TOTAL RESIDUAL	Sumple Measurement	*******		**********	2.0	######################################	Pyred47*********	(19)			
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OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A TOEP LIMITS REPLACES NOR FORM)

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ATTN:

ILITY:

ATION:

PERMIT NUMBER: MONITORING PERIOD -- From: 12.00

LING ADDRESS:

LIMIT: FINAL. CLASS SIZE: FACILITY ID:

GROUP: DOMESTIC OMS TESTSITE ID NO .: WAFR SYSTEM IDNO.:

DISCHARGE POINT NUMBER: PLANT SIZE/TREATMENT TYPE: *** NO DISCHARGE [] ***

TYPE OF EPFLUENT DISPOSAL: Davact

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DEPARTMENT OF ENVIRONMENTAL PROTECTION DISCHARGE MONITORING REPORT - PART A

FDEP LIMITS (REPLACES MOR FORM)

PERMIT NUMBER:

FLA014053-378038

MITTEE NAME:

Sandalhaven Utility, Inc.

LING ADDRESS. 68// Placida Road

MONITORING PERIOD -- From: LIMIT: FINAL

GROUP: DOMESTIC

Englewood Fl 34224

GMS TESTSITE ID NO .: CLASS SIZE: FACILITY ID: FLA014053

Same ILITY:

WAFR SYSTEM ID NO .:

:ATION:

PLANT SIZE/TREATMENT TYPE: . 150/3-C* NO DISCHARGE [] ***

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ANT STAFFING:

Day Shift Operator Evening Shift Operator Night Shift Operator

Cisses Class:

Certificate No.: 2356

Certificate No.1 Certificate No.:

Name: Robert Offer Name: Name: Aobert Paver

Class; C Cenificate No.: 3946 Land Operator mited Wet Weather Discharge Activated: Yes: No: Not Applicable: X If yes, cumulative days of wet weather discharge: 1 , 12 is and shoute if meressers to list all certified operators.

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(5) Sanitary Survey and Inspection Reports

Test Year Ended December 31, 2001



leb Bush Governor

Department of

Environmental Protection RECEIVED

South District P.O. Box 2549 Fort Myers, Florida 33902-2549

APR 25 2002

David B. Struhs Secretary

April 23, 2002 UTILITIES, INC.

Donald Rasmussen, Vice President Utilities of Sandalhaven 200 Westhersfield Avenue Altamonte Springs, FL 32714

> Re: Charlotte County - DW Sandalhaven WWTP FLA014053

- Dear Mr. Rasmussen:

A field inspection of the above referenced WWTP on April 2, 2002 indicates that you may be in violation of Chapter 403, Florida Statutes and the rules promulgated thereunder. The resulting observation is listed below:

During the inspection Department personnel observed solids in the dual filters and in the chlorine contact chamber. Florida Administrative Code (F. A. C.) Rule 62-600.410(6) requires that all facilities and equipment necessary for the treatment, reuse, and disposal of domestic wastewater or domestic wastewater residuals shall be maintained at a minimum, so as to function as intended.

You are advised that any activity that may contribute to violations of the above described statutes and rules should cease immediately. Continued operation of a facility in violation of state statutes or rules may result in liability for damages and restoration, and the judicial imposition of civil penalties pursuant to Sections 403.141 and 403.161, Florida Statutes.

Please notify the Department in writing within fifteen (15) days as to what actions you intend to take in order to address these deficiencies.

If you have any question, please do not hesitate to call Elin "EJ" Jackson at (941) 332-6975, ext. 125. Your cooperation is appreciated.

Sincerely,

Keith Kleinmann

Environmental Manager

KK/EJ/jli

UTILITIES, INC. OF SANDALHAVEN

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 www.utilitiesinc-usa.com

April 30, 2002

Mr. Keith Kleinmann FDEP-South District Office P. O. Box 2549 Ft. Myers, FL 33902-2549

Re: Sandalhaven WWTP

Permit No. FLA014053 Charlotte County-DW

Dear Mr. Kleinmann:

This letter is in response to your letter of April 23, 2002 regarding a recent field inspection of the Sandalhaven WWTP by Elin "EJ" Jackson on April 2, 2002. During her inspection, Ms. Jackson observed an accumulation of solids in the sand filters and in the chlorine contact chamber. This accumulation was the result of an upset plant condition that caused solids to wash out of the clarifier due to poor settling conditions.

Since the time of the site visit on April 2, 2002 our lead operator, Robert Paver, has wasted old sludge and reseeded the plant with healthy sludge. As a result, the plant's performance has improved significantly. Robert has scheduled the removal of the sludge from the bottom of the chlorine contact tank for this week. Immediately after completing that task, he will thoroughly backwash each of the two filters

Please contact me if you have any questions regarding this information at 407.869.8588, x242.

Sincerely,

UTILITIES, INC. OF SANDALHAVEN

Patrick C. Flynn Regional Manager

ec: Elin Jackson, DEP

Don Rasmussen, Vice President Bill Coates, Area Manager

Robert Paver, Lead Operator

Page 1 of 1

Operations:19:2:690:kleinmann 4/2/02 inspection

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(6) Permits

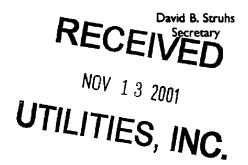
Test Year Ended December 31, 2001



Department of Environmental Protection

Jeb Bush Governor South District P.O. Box 2549 Fort Myers, Florida 33902-2549

STATE OF FLORIDA NOTICE OF PERMIT REVISION



CERTIFIED MAIL NO.: 7000 1670 0005 5300 7159 RETURN RECEIPT REQUESTED

In the Matter of an Application for Permit by:

Don Rasmussen, Vice President Utilities, Inc. of Sandalhaven 200 Weathersfield Avenue Altamonte Springs, Florida 32714 Charlotte County - DW
Permit Number FLA014053
Sandalhaven WWTP
Installation of hypochlorite system
Permit Revision Number: FLA014053-006-DW2/MR
Charlotte Harbor EMA

Dear Mr. Rasmussen:

This letter is in response to your request to revise the above referenced permit to convert the chlorine gas system (two 150-lbs.-chlorine cylinders) to a hypochlorite system (liquid bleach) at the Sandalhaven WWTP. The Department of Environmental Protection ("Department") approves your request to carry out the proposed conversion. The conversion shall be orchestrated and operated in accordance with the permit application and other documents submitted by David A. Weber of PBS&J Engineering.

Specific conditions associated with this permit revision are as follows:

1. Upon completion of the proposed modification and prior to placing the facilities into operation for any purpose other than testing for leaks and equipment operation, the permittee shall complete and submit to the Department DEP Form 62-620.910(12), Notification of Completion of Construction for Domestic Wastewater Facilities. [62-620.630(2), 12-24-96]

All other conditions of the permit shall remain unchanged. This letter must be attached to the referenced permit and becomes a permanent part thereof.

The Department's agency action shall become final unless a timely petition for an administrative proceeding (hearing) is filed pursuant to Sections 120.569 and 120.57 of the Florida Statutes (F.S.), before the deadline for filing a petition. The procedures for petitioning for an administrative hearing are set forth below.

Page I of 4

"More Protection, Less Process"

Notice of Permit Revision Revision Number FLA014053-006-DW2/MR Sandalhaven WWTP

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

Petitions filed by the permit applicant ("permittee") or by any of the parties listed below must be filed within fourteen (14) days of receipt of this written notice. Petitions filed by any person other than those entitled to written notice under Section 120.60(3), F.S., must be filed within fourteen (14) days of publication of the public notice or within fourteen (14) days of receipt of the written notice, whichever occurs first. However, pursuant to Section 120.60(3), F.S., any person who has asked the Department for notice of agency action may file a petition within fourteen (14) days of receipt of such notice, regardless of the date of publication.

The petitioner shall mail a copy of the petition to the permittee at the address indicated above at the time of filing. The failure of any person to file a petition (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative hearing under Sections 120.569 and 120.57, F.S. 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 of the Florida Administrative Code (F.A.C.).

A petition that disputes the material facts upon 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's permit identification number, and the name of 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's action;
- (c) A statement of how each petitioner's substantial interests are affected by the Department's 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 warrants reversal or modification of the Department's 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.

Notice of Permit Revision Revision Number FLA014053-006-DW2/MR Sandalhaven WWTP

A petition that does not dispute the material facts upon which the Department's action is based shall state that no such facts are in dispute and otherwise shall contain the same information as set forth above, as required by Rule 28-106.301, F.A.C.

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.

In addition to requesting an administrative hearing, any petitioner may elect to pursue mediation. The election may be accomplished by filing with the Department a mediation agreement with all parties to the proceeding (which include the permittee, the Department, and any person who has filed a timely and sufficient petition for hearing). The agreement must contain all the information required by Rule 28-106.404, F.A.C., and must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, within ten (10) days after the deadline for filing a petition, as set forth above. Choosing mediation will not adversely affect the right to an administrative hearing if mediation does not result in a settlement.

As provided in Section 120.573, F.S., the timely agreement of all parties to mediate will toll the time limitations imposed by Sections 120.569 and 120.57, F.S., for holding an administrative hearing and issuing a final order. Unless otherwise agreed by the parties, the mediation must be concluded within sixty (60) days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons seeking to protect substantial interests that would be affected by such a modified final decision must file their petitions within the appropriate time period, as set forth above, or they shall be deemed to have waived their right to a proceeding under Sections 120.569 and 120.57, F.S. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under Sections 120.569 and 120.57, F.S., remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This action is final and effective on the date filed with the clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above provisions. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department. Any party to this order has the right to seek judicial review of the order under Section 120.68, F.S., by the filing of a notice of appeal under Rule 9.110 of the Florida Rules of Appellate Procedure with the clerk of the Department in the Office of General Counsel, at 3900 Commonwealth Boulevard, Mail Station 35, 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 thirty (30) days from the date when this order is filed with the clerk of the Department.

Notice of Permit Revision Revision Number FLA014053-006-DW2/MR Sandalhaven WWTP

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Richard W. Cantrell

Director of

District Management

Date: NOVEMBER 8, 2001

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT REVISION and all copies were mailed by certified mail before the close of business on November 8001, to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, pursuant to Section 120.52, F.S., with the designated Department clerk, receipt of which is hereby acknowledged.

RWC/EP/cap

Copies furnished to:

David Weber, P.E. Keith Kleinmann, DEP-Fort Myers



Department of Environmental Protection

Jeb Bush Governor South District P.O. Box 2549 Fort Myers, Florida 33902-2549

(941) 332-6975

/

David B. Struhs Secretary

DR

STATE OF FLORIDA NOTICE OF PERMIT ISSUANCE

CERTIFIED MAIL No.: 7000 1670 0005 5300 2529

RETURN RECEIPT REQUESTED

In the matter of an Application for Permit by:

Sandalhaven Utilities, Inc. Mr. Donald Rasmussen, Vice President 200 Weathersfield Avenue Altamonte Springs, FL 32714 PF rev'd copy

Charlotte County - DW
Sandalhaven WWTP

DEP File Nos. FLA014053-004-DW2P and FLA014053-005-DW2MR

Charlotte Harbor EMA

Enclosed is Permit Number FLA014053 to operate the referenced wastewater treatment facility and reclaimed water disposal system. This permit is issued under Section 403.087, of the Florida Statutes.

A person whose substantial interests are affected by the Department's proposed permitting decision may petition for an administrative hearing in accordance with sections 120.569 and 120.57 of the Florida Statutes, or all parties may reach a written agreement on mediation as an alternative remedy under section 120.573 before the deadline for filing a petition. Choosing mediation will not adversely affect the right to a hearing if mediation does not result in a settlement. The procedures for petitioning for a hearing are set forth below, followed by the procedures for pursuing mediation.

The petition must contain the information set forth below and must be filed (received) in the Department's Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida, 32399-3000. Petitions filed by the permit applicant or any of the parties listed below must be filed within fourteen days of receipt of this notice of intent. Petitions filed by any other person must be filed within fourteen days of publication of the public notice or within fourteen days of receipt of this notice of intent, whichever occurs first. A petitioner must 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 (or a request for mediation, as discussed below) within the appropriate time period shall constitute a waiver of that person's right to request an administrative determination (hearing) under sections 120.569 and 120.57 of the Florida Statutes, or to intervene in this proceeding and participate as a party to it. Any subsequent intervention will be only at the discretion of the presiding officer upon the filing of a motion in compliance with rule 28-5.207 of the Florida Administrative Code.

A petition must contain the following information:

- (a) The name, address, and telephone number of each petitioner; the Department's 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's action;

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"More Protection, Less Process"

- (c) a statement of how each petitioner's substantial interests are affected by the department's action;
- (d) a statement of the material facts disputed by the petitioner, if any;
- (e) a statement of facts that the petitioner contends warrant reversal or modification of the Department's action;
- (f) a statement of which rules or statutes the petitioner contends require reversal or modification of the Department's action; and
- (g) and 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 of intent. Persons whose substantial interests will be affected by any such final decision of the Department on the application have the right to petition to become a party to the proceeding, in accordance with the requirements set forth above.

Any person may elect to pursue mediation by reaching a mediation agreement with all parties to the proceeding (which includes the Department and any person who has filed a timely and sufficient petition for a hearing) and by showing how the substantial interests of each mediating party are affected by the Department's action or proposed action. The agreement must be filed in (received by) the Office of General Counsel of the Department at 3900 Commonwealth Boulevard, Mail Station 35, Tallahassee, Florida 32399-3000, by the same deadline as set forth above for the filing of a petition.

The agreement to mediate must include the following:

- (a) the names, addresses, and telephone numbers of any persons who may attend the mediation;
- (b) the name, address, and telephone number of the mediator selected by the parties, or a provision for selecting a mediator within a specified time;
- (c) the agreed allocation of the costs and fees associated with the mediation;
- (d) the agreement of the parties on the confidentiality of discussions and documents introduced during mediation;
- (e) the date, time, and place of the first mediation session, or a deadline for holding the first session, if no mediator has yet been chosen;
- (f) the name of each party's representative who shall have authority to settle or recommend settlement;
- (g) either an explanation of how the substantial interests of each mediating party will be affected by the action or proposed action addressed in this action or a statement clearly identifying the petition for hearing that each party has already filed, and incorporating it by reference; and
- (h) the signatures of all parties or their authorized representatives.

As provided in section 120.573 of the Florida Statutes, the timely agreement of all parties to mediate will toll the time limitations imposed by section 120.569 and 120.57 for requesting and holding an administrative hearing. Unless otherwise agreed by the parties, the mediation must be concluded within sixty days of the execution of the agreement. If mediation results in settlement of the administrative dispute, the Department must enter a final order incorporating the agreement of the parties. Persons whose substantial interests will be affected by such a modified final decision of the Department have a right to petition for a hearing only in accordance with the requirements for such petitions set forth above, and must therefore file their petitions within fourteen days of receipt of this notice. If mediation terminates without settlement of the dispute, the Department shall notify all parties in writing that the administrative hearing processes under section 120.569 and 120.57 remain available for disposition of the dispute, and the notice will specify the deadlines that then will apply for challenging the agency action and electing remedies under those two statutes.

This action is final and effective on the date filed with the Clerk of the Department unless a petition (or request for mediation) is filed in accordance with the above. Upon the timely filing of a petition (or request for mediation) this order will not be effective until further order of the Department.

Any party to the order has the right to seek judicial review of the order under section 120.68 of the Florida Statutes, by the filing of a notice of appeal under rule 9.110 of the Florida Rules of Appellate Procedure with the Clerk of the Department in the Office of General Counsel, 3900 Commonwealth Boulevard, Mail Station 35, 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 the final order is filed with the Clerk of the Department.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

Richard W. Cantrell

Director of

District Management

CERTIFICATE OF SERVICE

The undersigned duly designated deputy agency clerk hereby certifies that this NOTICE OF PERMIT ISSUANCE and all copies were mailed by certified mail before the close of business on August 14, 2001 to the listed persons.

Clerk Stamp

FILING AND ACKNOWLEDGMENT

FILED, on this date, under section 120.52(11), Florida Statutes, with the designated Department Clerk, receipt of which is hereby acknowledged.

RWC/MHR/jli Copies furnished to:

> Patrick C. Flynn David A. Weber, P.E. Keith Kleinmann, FDEP

> > Page 3 of 3



Department of Environmental Protection

Jeb Bush Governor South District P.O. Box 2549 Fort Myers, Florida 33902-2549

David B. Struhs Secretary

STATE OF FLORIDA DOMESTIC WASTEWATER FACILITY PERMIT

PERMITTEE:

PERMIT NUMBER:

FLA014053

PA FILE NUMBER:

FLA014053-004-DW2P and

FLA014053-005-DW2MR

ISSUANCE DATE: EXPIRATION DATE:

August 14, 2001 August 13, 2006

Utilities Incorporated of Sandalhaven

RESPONSIBLE AUTHORITY:

Mr. Donald Rasmussen Vice President

200 Weathersfield Avenue Altamonte Springs, FL 32714

(407) 869-1919

FACILITY:

Sandalhaven WWTP

6811 Placida Road

Englewood, FL 33533

Charlotte County

Latitude: 26° 52' 23" N Longitude: 82° 18' 22" W

This permit is issued under the provisions of Chapter 403, Florida Statutes, and applicable rules of the Florida Administrative Code. 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:

Operate an existing 0.150 MGD annual average daily flow, AADF, extended aeration domestic wastewater treatment plant consisting of a surge tank, dual pumps, 150,000 gallons of aeration volume, dual blower-motor assemblies, clarifier, dual backwashable filters, dual chlorine contact chambers, lime mix tank, aerobic digester, blower-motor assembly for the digester, continuous monitoring equipment for chlorine residual and turbidity, automatic valving for diversion of reject water to on site ponds, a 0.100 MG lined storage pond, a transfer pumping station and associated piping to deliver water from the on site lined storage pond to an isolated reuse storage lake at Wildflower Country Club Golf Course.

REUSE:

Land Application: An existing 0.150 mgd annual average daily flow (AADF) permitted capacity rapid infiltration basin system (R-001). R-001 consists of three evaporation/percolation ponds (32,670 sq. ft. bottom area). These ponds are located approximately at latitude 26° 52' 23" N, longitude 82° 18' 22" W.

Land Application: An existing 0.100 mgd annual average daily flow (AADF) permitted capacity slow-rate public access (R-002) consisting of a 100,000 gallons on site lined storage pond for reuse water. The reuse water is pumped from the treatment facility's storage pond to an isolated (no overflow structure) lake (Identified as reuse storage lake) located at the Wildwood Country Club Golf Course. From this isolated reuse storage lake, it can be pumped and introduced into the golf course irrigation system or pumped to a second clay lined isolated lake (Identified as High Lake) from where it also can be introduced into the golf course irrigation system. The golf course irrigation system can also be supplied by the main irrigation lake which is supplied by the on site storm water management system. This main irrigation lake is back flow protected through its irrigation pump's check valve.

IN ACCORDANCE WITH: The limitations, monitoring requirements and other conditions set forth in Pages 1 through 26 of this permit.

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"More Protection, Less Process"

FACILITY: Sandalhaven WWTP

PERMITTEE: Utilities Incorporated of Sandalhaven

PERMIA NUMBER: PA FILE NUMBER:

FLA014053

FLA014053-004-DW2P and FLA014053-005-DW2MR

I. RECLAIMED WATER AND EFFLUENT LIMITATIONS AND MONITORING REQUIREMENTS

A. Reuse and Land Application Systems

1. 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 identified as WAFR System I.D. number R-001. Such reclaimed water shall be limited and monitored by the permittee as specified below:

		Reclaimed Water Limitations			1					
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	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-I	
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	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-I	
Coliform, Fecal	#/100ml	Maximum		See Permit Co	ndition 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	

FACILITY: Sandalhaven WWTP PERMIT NUMBER: FLA014053

PA FILE NUMBER: PERMITTEE: Utilities Incorporated of Sandalhaven FLA014053-004-DW2P and

FLA014053-005-DW2MR

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-I	Sample taken after disinfection and at the discharge of the chlorine contact chamber.

- 3. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740 (1) (a) 2.]
- 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, 8-8-99 and 62-600.440(4)(c), 12-24-96]
- 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, 8-8-99 and 62-600.440(4)(b), 12-24-96]

FACILITY: Sandalhaven WWTP

PERMITTEE: Utilities Incorporated of Sandalhaven

PERMII NUMBER: PA FILE NUMBER:

FLA014053 FLA014053-004-DW2P and

FLA014053-005-DW2MR

6. 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 identified as WAFR I.D. number R-002. Such reclaimed water shall be limited and monitored by the permittee as specified below:

		Reclaimed Water Limitations			N					
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	20.0	30.0	45.0	60.0	Every Two Weeks	8-hour flow proportioned composite	EFA-1	
Solids, Total Suspended	mg/l	Maximum	_	-	-	5.0	4 Days/Week	Grab	EFB-1	
рН	s.u.	Range	-	-	-	6.0 to 8.5	5 Days/Week	Grab	EFA-1	
Coliform, Fecal	#/100ml	Maximum		See Permit Condition I.A.9.		4 Days/Week	Grab	EFA-I		
Total Residual Chlorine (For Disinfection)	mg/l	Minimum	•	-	-	1.0	Continuous	Grab	EFA-I	See Cond I.A 10
Turbidity	ntus	Maximum		See Permit Con	dition I.A.11.		Continuous	Meter	EFB-1	

FACILITY: Sandalhaven WWTP

PERMITTEE: Utilities Incorporated of Sandalhaven PERMIT NUMBER:

PA FILE NUMBER:

FLA014053

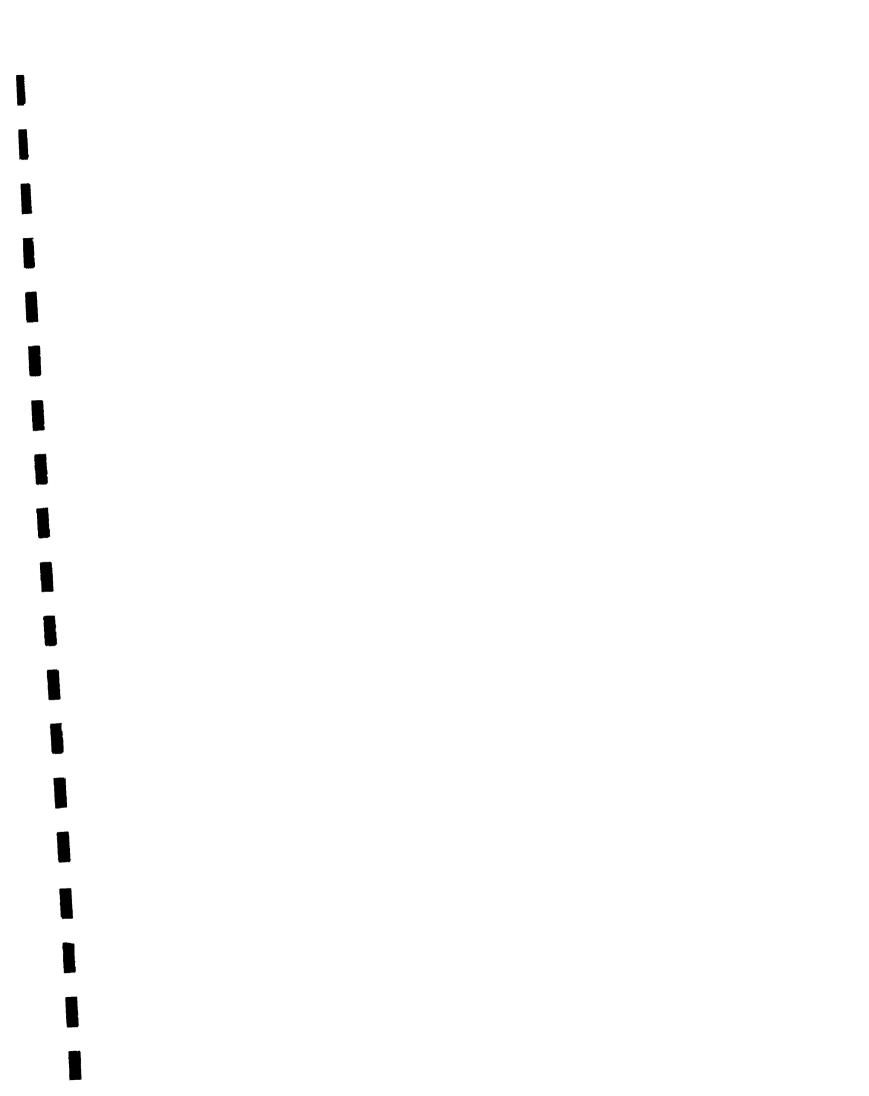
FLA014053-004-DW2P and

FLA014053-005-DW2MR

7. Reclaimed water samples shall be taken at the monitoring site locations listed in Permit Condition I. A. 6. and as described below:

Monitoring Location Site Number	Description of Monitoring Location
EFB-1	Sample taken after filtration and prior to disinfection in the chlorine contact chamber (Filter back wash supply basin).
EFA-I	Sample taken after disinfection and at the discharge of the chlorine contact chamber.

- 8. Grab samples shall be collected during periods of minimal treatment plant pollutant removal efficiencies or maximum hydraulic and/or organic loading. [Rule 62-600.740 (1) (a) 2.]
- 9. Over a 30 day period, 75 percent of the fecal coliform values (the 75th percentile value) shall be below the detection limits. Any one sample shall not exceed 25 fecal coliform values per 100 mL of sample. Any one sample shall not exceed 5.0 milligrams per liter of total suspended solids (TSS) at a point before application of the disinfectant. Note: To report the 75th percentile value, list the fecal coliform values obtained during that month in ascending order. Report the value of the sample that corresponds to the 75th percentile (multiply the number of samples by 0.75). For example, for 30 samples, report the corresponding fecal coliform value for the 23rd value of ascending order. [62-600.440(5)(f), 12-24-96]
- 10. The minimum total chlorine residual shall be limited as described in the approved operating protocol, such that the permit limitation for fecal coliform bacteria will be achieved. In no case shall the total chlorine residual be less than 1.0 mg/L. [62-600.440(5)(b), 12-24-96; 62-610.460(2), 8-8-99; and 62-610.463(2), 8-8-99]
- 11. The maximum turbidity shall be limited as described in the approved operating protocol, such that the permit limitations for total suspended solids and fecal coliforms will be achieved. [62-610.463(2), 8-8-99]



FACILITY: PERMITTEE: Sandalhaven WWTP

Utilities Incorporated of Sandalhaven

PERMII NUMBER:

FLA014053 PA FILE NUMBER: FLA014053-004-DW2P and

FLA014053-005-DW2MR

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 the influent, WAFR System I.D. number R-001 and R-002, monitored by the permittee as specified below:

				Limita	itions]		
Parameter	Units	Max/Min	Annual Average	Monthly Average	Weekly Average	Single Sample	Monitoring Frequency	Sample Type	Monitoring Location Site Number	Notes
Flow (Rapid Rate Ponds)	mgd	Maximum	0.15	-	-	-	5 Days/Week	Recording flow meters and totalizers	OTH-1B	See Cond.I B.4
Flow (Reuse)	mgd	Maximum	0.10	-	-	-	5 Days/Week	Recording flow meters and totalizers	OTH-1A	See Cond.I.B.4
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

FACILITY: PERMITTEE:

Sandalhaven WWTP

Utilities Incorporated of Sandalhaven

PERMIT NUMBER: PA FILE NUMBER:

FLA014053

FLA014053-004-DW2P and

FLA014053-005-DW2MR

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
INF-1	Influent sample taken at the surge pump discharge.
OTH-1A	Continuous recording flow meter located in equipment room. This measures flow at the effluent weir of the chlorine contact chamber. Records what goes to reuse.
OTH-1B	Continuous recording flow meter located in equipment room. This measures flow at the effluent weir of the chlorine contact chamber. Records what goes to the evaporation/percolation ponds.

- 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), 12-24-96]
- 4. Recording flow meters and totalizers shall be utilized to measure flow and calibrated at least annually. [62-601.200(17) and .500(6), 12-24-961
- 5. The treatment facilities shall be operated in accordance with all approved operating protocols. Only reclaimed water that meets the criteria established in the approved operating protocol may be released to system storage or to the reuse system. Reclaimed water that fails to meet the criteria in the approved operating protocols shall be directed to the on site evaporation/percolation ponds. The operating protocol shall be reviewed and updated periodically to ensure continuous compliance with the minimum treatment and disinfection requirements. Updated operating protocols shall be submitted to the Department for review and approval upon revision of the operating protocol and with each permit application. [62-610.320(6) and 62-610.463(2), 8-8-99]
- 6. Instruments for continuous on-line monitoring of total residual chlorine and turbidity shall be equipped with an automated data logging or recording device. [62-610.463(2) and .865(8)(d), 8-8-99]
- 7. Parameters which must be monitored as a result of a surface water discharge shall be analyzed using a sufficiently sensitive method in accordance with 40 CFR Part 136. Parameters which must be monitored as a result of a ground water discharge (i.e., underground injection or land application system) shall be analyzed in accordance with Chapter 62-601, F.A.C. [62-620.610(18), 3-2-00]
- 8. 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), 12-24-96]
- 9. 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 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.

FACILITY: Sandalhaven WWTP PERMIT NUMBER: FLA014053

PERMITTEE: Utilities Incorporated of Sandalhaven PA FILE NUMBER: FLA014053-004-DW2P and FLA014053-005-DW2MR

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 30 April 1 – June 30 July 1 – September 30 October 1 – December 31	April 28 July 28 October 28 January 28
Seminannual	January 1 – June 30 July 1 – December 31	July 28 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 at the address specified in Permit Condition I.B. 13 by the twenty-eighth (28th) of the month following the month of operation.

[62-620.610(18), 3-2-00][62-601.300(1), (2), and (3), 12-24-96]

- 10. 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), 8-8-99]
- 11. The permittee shall maintain an inventory of storage systems. The inventory shall be submitted to the Department at least 30 days before reclaimed water will be introduced into any new storage system. The inventory of storage systems shall be attached to the annual submittal of the Annual Reuse Report. [62-610.464(5), 8-8-99]
- 12. 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 South District Office at the address specified below:

South District Office P.O. Box 2549 Fort Myers, Florida 33902-2549

Phone Number - (941) 332-6975 FAX Number - (941) 332-6969

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, 10-23-00]

II. RESIDUALS MANAGEMENT REQUIREMENTS

- 1. The method of residuals use or disposal by this facility is land application and/or transport to AMS Residuals Management Facility, Facility I.D. No. FLA190284 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), 3-30-98]
- 3. The permittee will not be held responsible for violations resulting from land application of residuals if the permittee can demonstrate that it has delivered residuals that meet the parameter concentrations and appropriate treatment requirements of this rule and the applier (e.g. hauler, contractor, site manager, or site owner) has legally agreed in writing to accept responsibility for proper land application of the residuals. Such an agreement shall state that the applier agrees, upon delivery of residuals that have been treated as required by Chapter 62-640, F.A.C.., that he will accept responsibility for proper land application of the residuals as required by Chapter

FACILITY: Sandalhaven WWTP PERMIT NUMBER: FLA014053

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62-640, F.A.C., and that the applier agrees that he is aware of and will comply with requirements for proper land application as described in the facility's permit. [62-640.300(5), 3-30-98]

- 4. 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), 3-30-98]
- 5. 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, 3-30-98]
- 6. Land application of residuals shall be in accordance with the conditions of this permit, the approved Agricultural Use Plan(s), and the requirements of Chapter 62-640, F.A.C. [62-640, 3-30-98]
- 7. The domestic wastewater residuals for this facility are classified as Class B.
- 8. The permittee shall achieve Class B pathogen reduction by meeting the pathogen reduction requirements in section 503.32(b)(4) (Use of Processes Equivalent to PSRP) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(1)(b), 3-30-98]
- 9. The permittee shall achieve vector attraction reduction by meeting the vector attraction reduction requirements in section 503.33(b)(1) (Reduce the mass of volatile solids by a minimum of 38%) and 503.33(b)(3) (Demonstrate vector attraction reduction with additional aerobic digestion in a benchscale unit) of Title 40 CFR Part 503, revised as of October 25, 1995. [62-640.600(2)(a), 3-30-98]
- 10. Treatment of liquid residuals or septage for the purpose of meeting the pathogen reduction or vector attraction reduction requirements set forth in Rule 62-640.600, F.A.C., shall not be conducted in the tank of a hauling vehicle. Treatment of residuals or septage for the purpose of meeting pathogen reduction or vector attraction reduction requirements shall take place at the permitted facility. [62-640.400(8), 3-30-98]
- 11. The permittee shall sample and analyze the Class A or Class B residuals to monitor for pathogen and vector attraction reduction requirements of Rule 62-640.600, F.A.C., and the parameters listed in the table below at least once every twelve (12) months.

Parameter	Ceiling Concentrations (Single Sample)	Cumulative Application Limits
Total Nitrogen	(Report only) % dry weight	Not applicable
Total Phosphorus	(Report only) % dry weight	Not applicable
Total Potassium	(Report only) % dry weight	Not applicable
Arsenic	75 mg/kg dry weight	36.6 pounds/acre
Cadmium	85 mg/kg dry weight	34.8 pounds /acre
Соррег	4300 mg/kg dry weight	1340 pounds/acre
Lead	840 mg/kg dry weight	268 pounds/acre

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Parameter	Ceiling Concentrations	Cumulative Application			
	(Single Sample)	Limits			
Mercury	57 mg/kg dry weight	15.2 pounds/acre			
Molybdenum	75 mg/kg dry weight	Not applicable			
Nickel	420 mg/kg dry weight	375 pounds/acre			
Selenium	100 mg/kg dry weight	89.3 pounds/acre			
Zinc	7500 mg/kg dry weight	2500 pounds/acre			
рН	(Report only) standard units	Not applicable			
Total Solids	(Report only) %	Not applicable			

(62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98)

- 12. Sampling and analysis shall be conducted in accordance with Title 40 CFR Part 503, section 503.8 and the U.S. Environmental Protection Agency publication <u>POTW Sludge Sampling and Analysis Guidance Document</u>, 1989. In cases where disagreements exist between Title 40 CFR Part 503, section 503.8 and the <u>POTW Sludge Sampling and Analysis Guidance Document</u>, the requirements in Title 40 CFR Part 503, section 503.8 will apply. (62-640.650(1), 62-640.700(1), 62-640.700(3)(b), and 62-640.850(3), 3-30-98)
- 13. Grab samples shall be used for pathogens and determinations of percent volatile solids. Composite samples shall be used for metals. [62-640.650(1)(e), 3-30-98]
- 14. Residuals shall not be land applied if a single sample result for any parameter exceeds the ceiling concentrations given in this permit. Residuals shall not be distributed and marketed if the monthly average of sample results for any parameter exceeds the Class AA parameter concentrations given in this permit. Monthly averages of parameter concentrations shall be determined by taking the arithmetic mean of all sample results for the month. [62-640.650(1)(f), 3-30-98]
- 15. The permittee shall submit the results of all residuals monitoring with the permittee's Discharge Monitoring Report under Chapter 62-601, F.A.C. The analytical results from each sampling event shall be submitted with the report for the month in which the sampling event occurs. [62-640.650(3)(a)&(e), 3-30-98]
- Class B residuals shall not be used on unrestricted public access areas. Use of Class B residuals is limited to restricted public access areas such as agricultural sites, forests, and roadway shoulders and medians. [62-640.600(3)(b), 3-30-98]
- 17. Plant nursery use of Class B residuals is limited to plants which will not be sold to the public for 12 months after the last application of residuals. [62-640.600(3)(b)1., 3-30-98]
- 18. Use of Class B residuals on roadway shoulders and medians is limited to restricted public access roads. [62-640.600(3)(b)2., 3-30-98]
- 19. Food crops, feed crops, and fiber crops shall not be harvested for 30 days following the last application of Class B residuals. [62-640.600(3)(b)6.,3-30-98]
- 20. Food crops with harvested parts that touch the residuals/soil mixture and are totally above the land surface shall not be harvested for 14 months after the last application of Class B residuals. [62-640.600(3)(b)3., 3-30-98]

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21. Food crops with harvested parts below the surface of the land shall not be harvested for 20 months after application of Class B residuals when the residuals remain on the land surface for four months or longer before incorporation into the soil. [62-640.600(3)(b)4., 3-30-98]

- 22. Food crops with harvested parts below the surface of the land shall not be harvested for 38 months after application of Class B residuals when the residuals remain on the land surface for less than four months before incorporation into the soil. [62-640.600(3)(b)5., 3-30-98]
- 23. Animals shall not be grazed on the land for 30 days after the last application of Class B residuals. [62-640.600(3)(b)7., 3-30-98]
- 24. Sod which will be distributed or sold to the public or used on unrestricted public access areas shall not be harvested for 12 months after the last application of Class B residuals. [62-640.600(3)(b)8., 3-30-98]
- 25. The public shall be restricted from application zones for 12 months after the last application of Class B residuals. [62-640.600(3)(b), 3-30-98]
- 26. Residuals that do not meet the requirements of Chapter 62-640, F.A.C., for Class AA designation shall not be used for the cultivation of tobacco or leafy vegetables. [62-640.400(7), 3-30-98]
- 27. Current Agricultural Use Plan(s) identify residuals landspreading on the following sites:

	Site	App.		Sit	e Locat	ion			
Site Name	Туре	Area	County		Latitude	3	Longitude		
	(AG or LR)	(acres)		DD	MM	SS	DD	MM	SS
A. Taylor	AG	331.4	Marion	27	38	00	82	14	00
M.J. Ranch	AG	1783	Manatee	27	19	05	82	10	45

The wastewater treatment facility permittee shall apply for a minor permit revision on DEP Form 62-620.910(9) for new, modified, or expanded residuals land application sites. The facility's permit shall be revised to include the new or revised Agricultural Use Plan(s) prior to application of residuals to the new, modified, or expanded sites, unless all of the following conditions are met:

- a) The permittee notifies the Department within 24 hours that the site is being used;
- b) The site meets the site use restrictions of Rule 62-640.600(3), F.A.C, and the criteria for land application of residuals in Rule 62-640.700, F.A.C.;
- c) The permittee submits a new or revised Agricultural Use Plan for the site with a permit application in accordance with Rule 62-640.300(2), F.A.C., within 30 days of beginning use of the site;
- d) The permittee does not have another approved land application site, another approved disposal method (e.g. landfilling or incineration), or approved storage facilities available for use; and,
- e) The permittee demonstrates during permit application that application of additional residuals to an existing approved application site would have resulted in violation of Department rules, or was not possible due to circumstances beyond the permittee's control.

[62-640.300(2)&(3), 3-30-98]

- 28. Residuals application rates are limited to agronomic rates based on the site vegetation as identified in the Agricultural Use Plan. [62-640.750(2), 3-30-98]
- 29. Residuals shall be applied with appropriate techniques and equipment to assure uniform application over the application zone. [62-640.700(2)(c), 3-30-98]

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30. The spraying of liquid domestic wastewater residuals shall be conducted so that the formation of aerosols is minimized. [62-640.700(2)(d), 3-30-98]

- 31. Residuals storage facilities at land application sites shall be subject to applicable setback requirements for residuals application sites. Residuals stored at land application sites shall be stored in a manner that will not cause runoff or seepage from the residuals, objectionable odors, or vector attraction. Storage areas must be fenced or otherwise provided with appropriate features to discourage the entry of animals and unauthorized persons. At the time of application, the stored residuals must meet the parameter concentrations, pathogen and vector attraction reduction requirements, and cumulative application limits of this permit. Residuals storage facilities at land application sites may be used only for temporary storage of stabilized residuals for no more than 30 days during periods of inclement weather or to accommodate agricultural operations, or up to the period (not to exceed two years) specified in the Agricultural Use Plan. [62-640.700(2)(e), 3-30-98]
- 32. Residuals application sites shall be posted with appropriate advisory signs identifying the nature of the project area. [62-640.700(2)(f), 3-30-98]
- 33. The pH of the residuals soil mixture shall be 5.0 or greater at the time residuals are applied. At a minimum, soil pH testing shall be done annually. [62-640.700(5)(d), 3-30-98]
- 34. The permittee shall maintain records of application zones and application rates and shall make these records available for inspection within seven days of request by the Department, or delegated Local Program. The permittee shall maintain record items a. through e. below in perpetuity, and maintain record items f. through k. for five years:
 - Date of application of the residuals;
 - b. Location of the residuals application site as specified in the Agricultural Use Plan;
 - Identification of each application zone used by the permittee at the application site and the acreage of each zone;
 - d. Amount of residuals applied or delivered to each application zone;
 - Cumulative loading of each application zone;
 - f. The names of all other wastewater facilities using each of the application zones identified in item c.;
 - g. Method of incorporation (if any);
 - h. Measured pH of the residuals soil mixture at the time the residuals are applied (tested at least annually);
 - i. Unsaturated depth of soil above the water table level at the time of application;
 - j. Concentration of parameters in the residuals as required by this permit, and the date of last analysis; and
 - k. The results of any soil testing that is done under Rule 62-640.500(4)(a), F.A.C.

[62-640.650(2), 3-30-98]

- 35. The permittee shall submit an annual summary of residuals application activity to the South District Office on Department Form 62-640.210(2)(b) for all residuals applied during the period of January 1 through December 31. The summary for each year shall be submitted by February 19 of the following year. If more than one facility applies residuals to the same application zones, the summary must include a subtotal of each facility's contribution of residuals to the application zones. [62-640.650(3)(b), 3-30-98]
- 36. If residuals that are subject to the cumulative loading limitations of Rule 62-640.700(3), F.A.C., have been applied to an application zone, and the cumulative loading amount of one or more of the pollutants is not known, no further applications of residuals may be made to that application zone. [62-640.700(3)(f), 3-30-98]
- 37. A minimum unsaturated soil depth of two feet above the water table level is required at the time the residuals are applied to the soil. [62-640.700(6)(a), 3-30-98]
- 38. Residuals shall not be applied during rains that cause runoff from the site or when surface soils are saturated. [62-640.700(7)(a), 3-30-98]

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39. Land application of "other solids" as defined in Chapter 62-640, F.A.C., is only allowed if specifically addressed in the Agricultural Use Plan(s) approved for this facility. Land application of "other solids" is subject to Chapter 62-640, F.A.C., and the permit conditions that apply to land applied residuals. [62-640.860, 3-30-98]

- 40. 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), 3-30-98]
- 41. The permittee shall keep hauling records to track the transport of residuals between facilities. The hauling records shall contain the following information:

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- 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
- Signature of Responsible Party at Source Facility
- Signature of Hauler and Name of Hauling Firm

AMS Residuals Management Facility /Treatment Facility

- 1. Date and Time Received
- 2. Amount of Residuals Received
- 3. Name and ID Number of Source Facility
- 4. Signature of Hauler
- 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), 3-30-98]

42. Storage of residuals or other solids at the permitted facility shall require prior written notification to the Department. [62-640.300(4), 3-30-98]

III. GROUND WATER REQUIREMENTS

The ground water monitoring program for this facility is subject to the provisions of Chapters 62-4, 62-160, 62-520, 62-522, 62-601, 62-620, and 62-610, Florida Administrative Code (F.A.C.), and the following conditions:

- 1. During the period of operation authorized by this permit, the permittee shall sample ground water in accordance with this permit and with Rule 62-522.600, F.A.C.
- 2. The ground water monitoring wells shall be located as depicted on the attached site map.
- 3. Any new monitor well construction shall employ those methods and details as noted in the Department's "Guidelines for Monitor Well Design and Installation" and shall be constructed and installed such that adequate recharge is obtainable within the aquifer being monitored. Prior to construction of any new ground water monitoring wells, a soil boring shall be made at each new monitoring well location in order to properly size the well depth and screen interval. Upon completion of construction, a MONITOR WELL COMPLETION REPORT (DEP Form 62-522.900(3)) shall be completed and submitted to the District Office for each new well.
- 4. The monitoring wells for the Sandalhaven Utilities WWTP are hereby designated as follows:

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Monitoring Well Name	Monitoring Location Site Number	Aquifer Monitored	Monitoring Well Type	New or Existing
SU-1	19947	Surficial	Background	Existing
SU-2	19943		Site Boundry	Existing
SU-3	19945		Intermediate	Existing
SU-4	19944	£6 €6	Compliance	Existing

5. All monitoring wells listed below shall be sampled and analyzed according to the following schedule:

Sampling Period	Monitoring Well	Report Due Date
January-March	SU-1, SU-2, SU-3 and SU-4	April 28
April-June	SU-1, SU-2, SU-3 and SU-4	July 28
July-September	SU-1, SU-2, SU-3 and SU-4	October 28
October-December	SU-1, SU-2, SU-3 and SU-4	January 28

- 6. The following parameters shall be analyzed for each of the wells scheduled above in Item III.5.:
 - a. Water level (NGVD)
 - b. Nitrate (as N)
 - c. Total dissolved solids
 - d. Chloride
 - e. pH
 - f. Sulfate
 - g. Sodium
 - h. Arsenic
 - i. Cadmium
 - j. Chromium
 - k. Lead
 - 1. Specific Conductance (field measurement)
- 7. The sampling and analyses of the monitoring wells and reclaimed water shall be in accordance with Chapter 62-601, 62-160, and 62-610, F.A.C.
- 8. Ground water sampling results shall be reported on the Ground Water Monitoring Report Part D of Form 62-620.910(10) and submitted with the April, July, October and January DMR.
- 9. During the January-March sampling period, the reclaimed water shall be sampled and the analyses reported on the Reclaimed Water or Effluent Analysis Report, Form 62-620.910(15). During subsequent years when an operation permit is not submitted or renewed, a certification stating that no new non-domestic wastewater dischargers have been added to the collection system may be submitted in lieu of the report.
- 10. A Zone of Discharge is hereby established and shall not extend further than one hundred (100) feet beyond the perimeters of the areas of wetted surface of reclaimed water spray irrigation and the wastewater holding ponds, nor shall it extend beyond the limits of the property boundaries should such distance be less than one hundred (100) feet. The vertical zone of discharge shall not extend below the semi-confining zone at the base of the water table aquifer. All ground water quality criteria specified in Chapter 62-520, F.A.C., shall be met at the edge of the zone of discharge and the minimum criteria for ground water as defined in Chapter 62-520, F.A.C. shall be met within the zone of discharge.

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11. All existing monitoring wells, which are not an active part of the monitoring program, are to be maintained for possible future use. Should any of the inactive wells become damaged or inoperable, the well(s) must be plugged and abandoned in accordance with the provisions of Chapter 62-532.500(4), F.A.C., with the details of such plugging submitted to the Department within seven (7) days thereafter.

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- 12. If an active monitoring well becomes damaged or inoperable, the permittee shall notify the Department immediately, and a detailed written report shall be submitted within seven (7) days thereafter. The report shall describe the nature of the problem and the remedial measures that have been taken to prevent a recurrence.
- 13. All monitoring wells shall be properly maintained, easily accessible, prominently marked, secured and kept free of vegetation at all times.

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, 8-8-99]
- 2. The annual average hydraulic loading rate to the three evaporation/percolation ponds shall be limited to a maximum of 7.2 inches per day (as applied to the entire bottom area). [62-610.523(3), 8-8-99]
- 3. The three evaporation/percolation ponds 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), 8-8-991
- 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), 8-8-99]
- 5. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.514 and 62-610.414, 8-8-99]
- 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 South 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), 8-8-99]

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Part III Public Access System(s) (R-002)

7. This reuse system includes the following user:

User Name	User Type	Capacity (MGD)	Acreage
Wildflower Country Club Golf Course	Golf Courses	0.10	60
То	tal	0.10	60

[62-610.800(5), 8-8-99][62-620.630(10)(b), 3-2-00]

- 8. Cross-connections to the potable water system are prohibited. [62-610.469(7), 8-8-99]
- 9. A cross-connection control program shall be implemented and/or remain in effect within the areas where reclaimed water will be provided for use. [62-610.469(7), 8-8-99]
- 10. If a cross-connection between the potable and reclaimed water systems is discovered, the permittee shall:
 - a. Immediately discontinue potable water and/or reclaimed water service to theaffected area.
 - b. If the potable water system is contaminated, clear the potable water lines.
 - c. Eliminate the cross-connection.
 - d. Test the affected area for other possible cross-connections.
 - Within 24 hours, notify the South District Office's domestic wastewater and drinking water programs.
 - f. Within 5 days of discovery of a cross-connection, submit a written report to the Department detailing: a description of the cross-connection, how the cross-connection was discovered, the exact date and time of discovery, approximate time that the cross-connection existed, the location, the cause, steps taken to eliminate the cross-connection, whether reclaimed water was consumed, and reports of possible illness, whether the drinking water system was contaminated and the steps taken to clear the drinking water system, when the cross-connection was eliminated, plan of action for testing for other possible cross-connections in the area, and an evaluation of the cross-connection control and inspection program to ensure that future cross-connections do not occur. [62-555.350(3) and 62-555.360, 9-22-99][62-620.610(20), 10-23-00]
- 11. Maximum obtainable separation of reclaimed water lines and potable water lines shall be provided and the minimum separation distances specified in Rule 62-610.469(7), F.A.C., shall be provided. Reuse facilities shall be color coded or marked. Underground piping which is not manufactured of metal or concrete shall be color coded using Pantone Purple 522C using light stable colorants. Underground metal and concrete pipe shall be color coded or marked using purple as the predominant color. [62-610.469(7), 8-8-99]
- 12. In constructing reclaimed water distribution piping, the permittee shall maintain a 75-foot setback distance from a reclaimed water transmission facility to public water supply wells. No setback distances are required to other potable water supply wells or to any nonpotable water supply wells. [62-610.471(3), 8-8-99]
- 13. A setback distance of 75 feet shall be maintained between the edge of the wetted area and potable water supply wells, unless the utility adopts and enforces an ordinance prohibiting potable water supply wells within the reuse service area. No setback distances are required to any nonpotable water supply well, to any surface water, to

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any developed areas, or to any private swimming pools, hot tubs, spas, saunas, picnic tables, barbecue pits, or barbecue grills. [62-610.471(1), (2), (5), and (7), 8-8-99]

- 14. Reclaimed water shall not be used to fill swimming pools, hot tubs, or wading pools. [62-610.469(4), 8-8-99]
- 15. Low trajectory nozzles, or other means to minimize aerosol formation shall be used within 100 feet from outdoor public eating, drinking, or bathing facilities. [62-610.471(6), 8-8-99]
- 16. A setback distance of 100 feet shall be maintained from indoor aesthetic features using reclaimed water to adjacent indoor public eating and drinking facilities. [62-610.471(8), 8-8-99]
- 17. The public shall be notified of the use of reclaimed water. This shall be accomplished by posting of advisory signs in areas where reuse is practiced, notes on scorecards, or other methods. [62-610.468(2), 8-8-99]
- 18. All new advisory signs and labels on vaults, service boxes, or compartments that house hose bibbs along with all labels on hose bibbs, valves, and outlets shall bear the words "do not drink" and "no beber" along with the equivalent standard international symbol. In addition to the words "do not drink" and "no beber," advisory signs posted at storage ponds and decorative water features shall also bear the words "do not swim" and "no nadar" along with the equivalent standard international symbols. Existing advisory signs and labels shall be retrofitted, modified, or replaced in order to comply with the revised wording requirements. For existing advisory signs and labels this retrofit, modification, or replacement shall occur within 365 days after the date of this permit. For labels on existing vaults, service boxes, or compartments housing hose bibbs this retrofit, modification, or replacement shall occur within 730 days after the date of this permit. [62-610.468, 62-610.469, 8-8-99]
- 19. The permittee shall ensure that users of reclaimed water are informed about the origin, nature, and characteristics of reclaimed water; the manner in which reclaimed water can be safely used; and limitations on the use of reclaimed water. Notification is required at the time of initial connection to the reclaimed water distribution system and annually after the reuse system is placed into operation. A description of on-going public notification activities shall be included in the Annual Reuse Report. [62-610.468(6), 8-8-99]
- 20. Routine aquatic weed control and regular maintenance of storage pond embankments and access areas are required. [62-610.414 and 62-610.464, 8-8-99]
- 21. Overflows from emergency discharge facilities on storage ponds shall be reported as an abnormal event to the Department's South 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), 8-8-99]

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 III, 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 7 days/week. The lead operator must be a C, or higher.

[62-620.630(3), 10-23-00] [62-699.310, 5-20-92] [62-610.462, 8-8-99]

- 2. The lead operator shall be on duty for one full shift each duty day. A certified operator shall be on-site and in charge of each required shift and for periods of required staffing time when the lead operator is not on-site. [62-699.311(10) and (5), 5-20-92]
- 3. A certified operator shall be on call during periods the plant is unattended. [62-699.311(1), 5-20-92]

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4. 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), 12-24-96]

- 5. 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), 12-24-96]
- 6. 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.;
 - 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, 10-23-00]

VI. SCHEDULES

 As indicated in the application, the following corrective actions shall be completed according to the following schedule:

	Corrective Action	Completion Date
1	Operational protocol is not approved and revision of same is required. This needs to be submitted to the department for review by compliance/enforcement.	30 dayas after issuance date of permit.
2	Replace chlorine scales	6 months after issuance date of permit.
3	Replace chlorine ventilation fan.	6 months after issuance date of permit.

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	Corrective Action	Completion Date
4	Pipe percolation pond #2 to diversion structure discharge pipe (downstream of automatic isolation valve) and add isolation valve so that each percolation pond may be loaded and rested. Submit a certification of completion and record drawings to the Department.	6 months after issuance date of permit.
5	Install baffles in chlorine contact chamber. Dye test chamber after installation of baffles and report effective detention time achieve and report to the Department. Submit a certification of completion and record drawings to the Department.	6 months after issuance date of permit.
7	Update reuse agreement with Wildflower Golf Course and submit copy to the Department.	6 months after issuance date of permit.
8	Upgrade lift station number two, (maintenance improvements)	24 months after issuance date of permit.
9	Perform maintenance on all three (3)on site percolation ponds	24 months after issuance date of permit.

[62-600.735(1), 12-24-96]

VII. INDUSTRIAL PRETREATMENT PROGRAM REQUIREMENTS

This facility is not required to have a pretreatment program at this time. [62-625.500, 1-8-97]

VIII. OTHER SPECIFIC CONDITIONS

- 1. An updated capacity analysis report is to be submitted to the Department annually. The day of submittal is to coincide with the issuance date noted on the permit. (BPJ)
- 2. If the permittee wishes to continue operation of this wastewater facility after the expiration date of this permit, the permittee shall submit an application for renewal, using Department Forms 62-620.910(1) and (2), no later than one-hundred and eighty days (180) prior to the expiration date of this permit. [62-620.410(5), 10-23-00]
- 3. 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), 8-8-99][62-640.700(3)(c), 3-30-98]
- 4. 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), 12-24-96 and 62-640.400(6), 3-30-98]
- 5. 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), 12-26-96]

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6. Collection/transmission system overflows shall be reported to the Department in accordance with Permit Condition IX. 20. [62-604.550, 12-26-96] [62-620.610(20), 10-23-00]

7. 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):

PERMIT NUMBER:

- 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
- Which are solid or viscous and obstruct flow or otherwise interfere with wastewater facility operations or treatment; or
- d. Which result in treatment plant discharges having temperatures above 40°C.

[62-604.130(4), 12-26-96]

- 8. 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), 1-9-961 [and 62-600.400(2)(b), 12-24-96]
- 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), 4-23-97]
- 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), 10-23-00]

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), 10-23-00]
- 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 South. [62-620.610(2), 10-23-00]

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3. As provided in Subsection 403.087(6), 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), 10-23-00]

- 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), 10-23-00]
- 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), 10-23-00]
- 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), 10-23-00]
- 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), 10-23-00]
- 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), 10-23-00]
- 9. The permittee, by accepting this permit, specifically agrees to allow authorized Department South 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), 10-23-00]

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 South may be used by the Department South 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

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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), 10-23-00]

- 11. When requested by the Department South, 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 South 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 South, such facts or information shall be promptly submitted or corrections promptly reported to the Department. [62-620.610(11), 10-23-00]
- 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), 10-23-00]
- 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), 10-23-00]
- 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), 10-23-00]
- 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), 10-23-00]
- 16. The permittee shall apply for a revision to the Department permit in accordance with Rules 62-620.300, 62-620.420 or 62-620.450, F.A.C., as applicable, at least 90 days before construction of any planned substantial modifications to the permitted facility is to commence or with Rule 62-620.300 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), 10-23-00]
- 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 South for penalties or revocation of this permit. The notice shall include the following information:
 - 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), 10-23-00]

- 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).

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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. Any laboratory test required by this permit for domestic wastewater facilities shall be performed by a laboratory that has been certified by the Department of Health (DOH) under Chapter 64E1, F.A.C., to perform the test. On-site tests for dissolved oxygen, pH, and total chlorine residual shall be performed by a laboratory certified to test for those parameters or under the direction of an operator certified under Chapter 62-602, F.A.C.
- e. Under Chapter 62-160, F.A.C., sample collection shall be performed by following the protocols outlined in "DER Standard Operating Procedures for Laboratory Operations and Sample Collection Activities" (DER-QA-001/92). Alternatively, sample collection may be performed by an organization who has an approved Comprehensive Quality Assurance Plan (CompQAP) on file with the Department. The CompQAP shall be approved for collection of samples from the required matrices and for the required tests.

[62-620.610(18), 10-23-00]

- 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), 10-23-00]
- 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.
 - 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. For releases or spills of treated or untreated wastewater, unless authorized elsewhere in this permit, oral notifications as required above shall be provided using the following procedures:
 - For unauthorized releases or spills in excess of 1,000 gallons per incident, or where public health or the environment may be endangered, 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 becomes aware of the discharge. The permittee, to the extent known, shall provide the following information to the State Warning Point:

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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.
- j) Other persons or agencies contacted.
- 2. For unauthorized releases or spills of 1,000 gallons or less, per incident, oral reports shall be provided to the Departmentwithin 24 hours from the time the permittee becomes aware of the discharge.
- 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), 10-23-00]

- 21. The permittee shall report all instances of noncompliance not reported under Permit Conditions IX. 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), 10-23-00]
- 22. Bypass Provisions.
 - a. Bypass is prohibited, and the Department South 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.

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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), 10-23-00]

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.
- b. In any enforcement proceeding, the burden of proof for establishing the occurrence of an upset rests with the permittee.

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c. Before an enforcement proceeding is instituted, no representation made during the Department South review of a claim that noncompliance was caused by an upset is final agency action subject to judicial review.

[62-620.610(23), 10-23-00]

Note: In the event of an emergency the permittee shall contact the Department by calling (850) 413-9911. During normal business hours, the permittee shall call (941) 332-6975.

Executed in Fort Myers, Florida.

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

DATE: AUGUST 14, 2001

Richard W. Cantrell

Director of

District Management

RWC/MHR/jli

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(7) Notices

Test Year Ended December 31, 2001

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILLU BYORMAL EVENT REPORT

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILI ABNORMAL EVENT REPORT

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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

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DATE/TIME OF ABNORMA	al event:			
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STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 5-7-01 /0/547
FIRST NOTIFICATION BY: PHONE FAX VOICE MAIL OTHER
DEP PERSON RECEIVING REPORT: Bent to Tom Jackson
DATE/TIME OF ABNORMAL EVENT: 5-7-0/ 0845
DISCHARGE REPORTED BY: NONE PHONE:
NAME OF FACILITY/COLLECTION SYSTEM:
TYPE OF ABNORMAL EVENT: Plant tund sand felters of
LOCATION OF EVENT/DISCHARGE: Sandlales Sandlahaues
APPROXIMATE GALLONAGE DISCHARGED:
DISCHARGE TO: Ground Surface Water Other
IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.
NATURE AND CAUSE OF THE EVENT: Plant turns
STEPS TAKEN TO CORRECT THE PROBLEM/PREVENT ITS RECURRENCE: Jackson / and and from digest
TIME FACILITY WILL BE OPERATING AGAIN: Puill matily
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Att Keith UTILITIES, INC. OF FLORIDA VIOLATION REPORTING FORM

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08/13/2002 11:17 9416978959 SANDALHAVEN UTL PAGE 08 Att Keith UTILITIES, INC. OF FLORIDA VIOLATION REPORTING FORM 1-5-01 DATE OF COMPANY NO. 690 COMPANY NAME SANGALHAVENEL FIGHTS OCCURRENCE 4/5 RotoPlase Green TIME SYSTEMS OUT W. W Sec WASTEWATER Type of Violation **Date Notified** Description of Violation **NPDES** FDEP County/Local Overflow/Spill Compliance one lage on Mato PHase aut. Pump Hilling 1-5.01 . Le tito

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	County/Local		Robert
	Compliance		
	Bactī's	-	

which the was property

Use additional sheets as necessary.

Other

X

Other

100 AMP + 10 Am lunger truck Hupine

Operator Signature

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/13/2	2002 11:17 9	416978959	SANDALHAVEN UTL PAG
		UTILITIES	T AGI
COM	1PANY NO. 69		ME SANdelhaven of Edler OCCURRENCE Z-
	STEWATER SY	STEMS OHL W	W. Sec. Green TIME around mi
	e of Violation	Date Notified	Description of Violation By fas
	NPDES	-	
	FDEP		
	County/Local		
\Box	Overflow/Spill		
_			
\boxtimes	Compliance	12-1-012	Blown Brakestiped Rosel Brakes a
-	•		Ele. Deux Clark Clc. Bak on Verge CA. Still in Resect & FF Claude 4351 Like NTU
	Other		Eft tally clear defor going Back on 1.
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WAT	TER SYSTEMS e of Violation	Date Notified	Description of Violation
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للـــا	County/Local		
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Use additional sheets as necessary.

☐Other

Operator Signature

SANDLÉHAVEN WASTEWAT

PAGE 02

STATE OF FLORIDA DEPARTMENT OF ENVIRONMENTAL PROTECTION

SPILL/ABNORMAL EVENT REPORT

DATE/TIME REPORTED: 4-11-00 /530
FIRST NOTIFICATION BY: PHONE FAX VOICE MAIL OTHER
DEP PERSON RECEIVING REPORT: Kieth Klineman
DATE/TIME OF ABNORMAL EVENT: 4-10-00 1/30pm
DISCHARGE REPORTED BY: Bob Office PHONE: 941-474-5191
NAME OF FACILITY/COLLECTION SYSTEM: Sandal haven of Utilities Inc
TYPE OF ABNORMAL EVENT: Studge Spill
LOCATION OF EVENT/DISCHARGE: Sanda Chaven Usestelletes Plan
APPROXIMATE GALLONAGE DISCHARGED: 30-40, 306
DISCHARGE TO: Ground Surface Water Other
IF DISCHARGE TO SURFACE WATER, samples needed at point of discharge, background and downstream of point of discharge. Attach sample results and sample location map.
NATURE AND CAUSE OF THE EVENT: Playt (pet, Blocket In plant Class Gies Bulket Claying Filtres + mon Flower
midwell
STEPS TAKEN TO CORRECT THE PROBLEMPREVENT IT'S RECURRENCE: Waster to disease and Barkwashul Filters. Tuesde
Skindrees off.
TIME FACILITY WILL BE OPERATING AGAIN: Should have Fribes on
REFERRED TO:
FOLLOW UP:

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(8) Field Employees

Test Year Ended December 31, 2001

UTILITIES, INC. OF SANDALHAVEN

AN AFFILIATE OF UTILITIES, INC. 200 WEATHERSFIELD AVENUE ALTAMONTE SPRINGS, FLORIDA 32714

CORPORATE OFFICES: 2335 Sanders Road Northbrook, Illinois 60062 Telephone: 847-498-6440

Telephone: 407-869-1919 Florida: 800-272-1919 Fax: 407-869-6961 florida@utilitiesinc-usa.com

MEMORANDUM

Date:

August 1, 2002

To:

Don Rasmussen

From:

Patrick Flynn

CC:

Garth Armstrong

Subject:

Sandalhaven Staffing Requirements

Staffing requirements

UTILITIES, INC. OF SANDALHAVEN

- 1. Sandalhaven Wastewater Treatment Plant is a 0.150 mgd AADF extended aeration treatment plant with effluent disposal via a slow –rate public access reuse system.
- Robert Paver, Lead Operator, Florida Class C Drinking Water and Class C Wastewater license
- Per current operating permit, provide compliance coverage at the WWTP six hours per day, 5 days per week
- Maintain collection system and lift stations
- Provide customer service response, after-hours emergency response
- Complete daily service orders and field inspect new sewer connections
- Bob Offer, Contract Operator, six hours per day, two days per week at the WWTP

Page 1 of 1 8/1/02

Operations:690:2: 1:Sandalhaven staffing info

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(9) Vehicles

Test Year Ended December 31, 2001

Calculation of Transportation Expense

				Annual	% to		Annualized			
							Beg Bal	Depr.	End Bal	
	Unit No.	Cost	A/D	Depr.	UIF	Cost	A/D	Exp	A/D	
Vehicles Allocated to Utilities,	Inc. of Sandalhave	n						<u></u>		
Armstrong, Garth	9843	19,500	(13,884)	3,900	4.00%	780	(555)	156	(711)	
Coates, Bill	9811	17,115	(14,158)	3,423	25.00%	4,279	(3,540)	856	(4,396)	
Flynn, Patrick	9925	17,133	(12,199)	3,427	5.00%	857	(610)	171	(781)	
Godwin, Lenny	9832	16,021	(13,250)	3,204	40.00%	6,409	(5,300)	1,282	(6,582)	
Paver, Robert	0227	19,500	0	3,900	100.00%	19,500	0	3,900	(3,900)	
Stewart, Scott	1017	17,969	(9,344)	3,594	2.00% _	359	(187)	72	(259)	
Total						32,184	(10,192)	6,437	(16,629)	
Per Books						0	0	0	. 0	

Utilities, Inc. of Sandalhaven (690 - Sandalhaven WWTP)

Docket No. 020409

25.30-440(10) Customer Complaints

Test Year Ended December 31, 2001

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         UC200
          : -
INT ORDINAL . . TOOSOWAL
            " პიტმბიბპადა
DME: NAME .. .
LCC - ADDREUSY:
           a. 01/12/01
           :. 38
           ** PLEASH CHECK FOR A NOISE 1. THE SLAER LINE, ON THE LIRNER OF GULD FINCH . LANE AND GOLD FINCH TERRAL. THE CALL CARD FROM THE CUSTOMER 21 (6).
EIN "
         - - GOLDFINGH TERK (ROBERT SCHOOL INCO. FLLASC TAG HIS HOME MITH TINDINGS
           . PH.941-697-4409
           :. LIFT STATION NOIS!
JULION.
         :. 02/27/01
IVITION ... OOS90
          # w
[CH. ORDER# :. 505082
                                                                                                                                               29
30
1N: # ... 006900020851
DMER NAME. 4. .
ICE ADDRESS:
           :. 01/16/01
           ÷. 36
           4 _
                                                                                                                                               _36
|37
           . PAGED TO R. PAVER
                                                                                                                                               38
39 (
            . CLOGGED SEWER, PLUMBER RODDED IT BUT INTO A SAID THE CLOG WAS IN OUR
            . LINES. MR SPRAGUE 941-697-3339
                                                                                                                                               10
          .. HAS BEEN FIXED
                                                                                                                                               121
            . PW/RP
                                                                                                                                               42
45
46
46
           :. 02/27/01
IVICION
           *. 00690
           ä .
ICE ORDIR# :. 511152
        :. 006900020801
JN1 //
DMER NAME :. .
ICT ADDRESS:.
           :. 02/14/01
           o. 36
           3. 3321 GOLDFINCH TO FLOODED: AND 3325 GOLDFINCH to TRYING DE FLOOD.
            . JOHN BARTON 941-6-7-1012 PAGED TO R. PAVER.
           :. NOTIFIED CUSTOMER TO CALL FLUMBER FOTH MANHOLIC UP STALEM & DOWN STRUAM
                                                                                                                                               62! (
            . FREE FLOWING
            . PW/SCOTTY S
          :, 00690
IVILION ...
ICS OR: "R# 4. 5113.00
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DMELT MADE -- ---------
ICH ADMIEDS:.
           4. OZ/14/0t
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F.N.
           *• MARTHA HAINES CALLED FROM FIDDLERS IN THE GREEN DUE TO CHNER ODOR
            THAT BOOD FLACIDA RO BUILDING 28- 79-850.
            - PAGED OUT TO SCOTT STEWART.
LULION
           IN YES THERE IS A SMELL. DOING ALL WE CAN. WILL HAVE OF CONTR
           FW/RF
           :. 02/28/01
IN: CION
           00690
ICE ORDLR# :. 513871
          ** 006900067471
OMER NAME :. ,
ICE ADDRESS:.
           ** 02/27/01
           :. 37
ENT
           : MARTHA HAYNES WITH THE CONDO ASSOC. CALLED TO LET US KNOW MANY COMPLAINT
            . OF SEWER ODOR AT BUILDINGS #29 AND #30. PLEASEECHECK OUT AND CALL HER
            . AT 941-697-9359 FROM 9:00 AM TO 1:00PM.
            . ALSO COMPLAINED THAT METAL FENCE IS DETERIORATING. ALSO NEEDS INFO
            . ON SLUDGE TRUCK, WEIGHT AND SIZE.
           *. MOST ALL OF THE CUSTOMERS ARE BACK FROM VACATION AND THERE WILL BE A
LU1 ON
           . SMELL SEEING THAT THE PLANT IS AT THE MAX
            • PW/RP
           :. 02/27/01
IVESTION
           4. 00690
E.
           : .
1CH. DRINER# :. 533953
IUNT#
           :. 00690000000
OMER NAME : . .
TOP ADDRESS:
           :. 05/24/01
           :. 39
           :. SH
           :. CUSTOMER CALLED ANSWERING MACHINE AT APPROIMATELY 6:12 P.M. STATING THAT
IEN I
            . THE ALARM IS GOING OFF AT THE LIFT STATION
          .. CALLED MADERS NEEALS PULLED NEW STARTER AND REG.
           . PW/BOS O
           :. 05/31/01
>IVIGION -
         :. 00690
           :. 690
FICE ONDURA : - 569046
         : 006901007941
ILINT."
OMER NAME : NOONAN'R F
HICE ADDRESS: S103 GOLDFINCH TER
          :- 10/19/01
           :. 39
1E NT
           1. ALARM GUING OFF AT LIFT STATION CUSTUMER MARY UPSET.
            - PAGED ROBERT HAVER @ 8://O AM
LUTION : PER OFFRATOR. THEY WERE DOING WORK ON THE LIFTSTATION ..
           • PW/RD
           :. 11/16/01
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(DEF THE LATE OF T